

EAST LANCASHIRE HOSPITALS NHS TRUST BOARD MEETING



Safe

Personal



Effective

TRUST BOARD MEETING (OPEN SESSION)
14 JULY 2021, 13.00
VIA MS TEAMS
AGENDA

v = verbal
 p = presentation
 d = document
 ✓ = document attached

OPENING MATTERS				
TB/2021/075	Chairman's Welcome	Chairman	v	
TB/2021/076	Apologies To note apologies.	Chairman	v	
TB/2021/077	Declaration of Interest Report To note the directors register of interests and note any new declarations from Directors.	Chairman	d✓	
TB/2021/078	Minutes of the Previous Meeting To approve or amend the minutes of the previous meeting held on 12 May 2021.	Chairman	d✓	Approval
TB/2021/079	Matters Arising To discuss any matters arising from the minutes that are not on this agenda.	Chairman	v	
TB/2021/080	Action Matrix To consider progress against outstanding items requested at previous meetings.	Chairman	d✓	Information
TB/2021/081	Chairman's Report To receive an update on the Chairman's activities and work streams.	Chairman	v	Information
TB/2021/082	Chief Executive's Report To receive an update on national, regional and local developments of note.	Chief Executive	d✓	Information
QUALITY AND SAFETY				
TB/2021/083	Patient/Staff Story To receive and consider the learning from a patient story.	Executive Director of Nursing	d	Information/ Assurance
TB/2021/084	Corporate Risk Register To receive an update on the Corporate Risk Register and approve revisions based on the Board's insight into performance and foresight of potential and current risks to achieving the strategic and operational objectives.	Deputy Medical Director	d✓	Assurance/ Approval
TB/2021/085	Board Assurance Framework Review To receive an update on the Board Assurance Framework and approve revisions based on the Board's insight into performance and foresight of potential and current risks to achieving the strategic objectives.	Deputy Medical Director	d✓	Assurance/ Approval
TB/2021/086	Serious Incidents Assurance Report To receive information in relation to incidents in month or that may come to public attention in month and be assured about the associated learning.	Deputy Medical Director	d✓	Information/ Assurance

ACCOUNTABILITY AND PERFORMANCE				
TB/2021/087	<p>Integrated Performance Report</p> <p>To note performance against key indicators and to receive assurance about the actions being taken to recover areas of exception to expected performance. The following specific areas will be discussed, with items being raised by exception:</p> <ul style="list-style-type: none"> • Introduction (Chief Executive) • Safe (Executive Medical Director and Executive Director of Nursing) • Caring (Executive Director of Nursing) • Effective (Executive Medical Director) • Responsive (Chief Operating Officer) • Well-Led (Executive Director of HR and OD and Executive Director of Finance) 	Executive Directors	d✓	Information/ Assurance
GOVERNANCE ITEMS				
TB/2021/088	<p>NHS Improvement Annual Board Self-Certification</p>	Director of Corporate Governance	d✓	Information/ Approval
GOVERNANCE				
TB/2021/089	<p>Finance and Performance Committee Information Report</p> <p>To note the matters considered by the Committee in discharging its duties.</p>	Committee Chair	d✓	Information
TB/2021/090	<p>Quality Committee Information Report</p> <p>To note the matters considered by the Committee in discharging its duties.</p>	Committee Chair	d✓	Information
TB/2021/091	<p>Audit Committee Information Report</p> <p>To note the matters considered by the Committee in discharging its duties.</p>	Committee Chair	d✓	Information
TB/2021/092	<p>Trust Charitable Funds Committee Information Report</p> <p>To note the matters considered by the Committee in discharging its duties.</p>	Committee Chair	d✓	Information
TB/2021/093	<p>Trust Board Part Two Information Report</p> <p>To note the matters considered by the Committee in discharging its duties.</p>	Chairman	d✓	Information
FOR INFORMATION				
TB/2021/094	<p>Any Other Business</p> <p>To discuss any urgent items of business.</p>	Chairman	v	
TB/2021/095	<p>Open Forum</p> <p>To consider questions from the public.</p>	Chairman	v	

<p>TB/2021/096</p>	<p>Board Performance and Reflection To consider the performance of the Trust Board, including asking:</p> <ol style="list-style-type: none"> 1. Have we, as the Board, via the agenda and our discussions fulfilled our objective of supporting our: <ol style="list-style-type: none"> a. Communities b. Staff c. Stakeholders 2. Have we, as the Board fulfilled our statutory obligations 	<p>Chairman</p>	<p>v</p>	
<p>TB/2021/097</p>	<p>Date and Time of Next Meeting Wednesday 08 September 2021, 1.00pm, via MS Teams</p>	<p>Chairman</p>	<p>v</p>	

TRUST BOARD REPORT

Item **77**

14 July 2021

Purpose Information

Title

Declaration of Interest Report

Author

Mrs A Bosnjak-Szekeres, Director of Corporate Governance/Company Secretary

Summary: Section 5 of the Trust’s Standing Orders describes the duties and obligations of Board Members in relation to declaring interests. The Register is available for public inspection. The presented Directors’ Register of Interest has been included in the Trust’s Annual Report 2020/21.

Recommendation: The Board is asked to note the presented Register of Directors’ Interests as included in the Annual Report. Board Members are invited to notify the Company Secretary of any changes to their interests within 28 days of the change occurring.

Report linkages

Related to key risks identified on assurance framework

The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal

Yes Financial No

The Trust would be in breach of its own Standing Orders and its regulatory obligations should it omit to have proper arrangements in place for the Directors’ declarations of interests.

Equality

No Confidentiality No

Name and Title	Interest Declared	Date last updated
<p>Professor Eileen Fairhurst MBE Chairman</p>	<ul style="list-style-type: none"> • Honorary Doctorate UCLan awarded 2018 • Visiting Professor, Chester University 	01.03.2021
<p>Kevin McGee Joint Chief Executive Officer and Accountable Officer for East Lancashire Hospitals NHS Trust (ELHT) and Blackpool Teaching Hospitals NHS Foundation Trust (BFWH) (From 01.10.2019)</p>	<ul style="list-style-type: none"> • Spouse is the Director of Finance and Commercial Development at Warrington and Halton Hospitals NHS Foundation Trust • Honorary Fellow at University of Central Lancashire • Interim Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust (from 01.05.2019), this became a permanent appointment across both Trust's on 01.10.2019. • Lancashire & South Cumbria Hospital Cell Lead from 01.04.2020 	26.02.2021
<p>Patricia Anderson Non-Executive Director</p>	<ul style="list-style-type: none"> • Accountable Officer at Wigan Borough CCG (until 31.05.2018). • Public Sector Director on One Partnership (LIFTCO) (January 2015 until 31.05.2018) • Spouse is a recently retired Consultant Psychiatrist formerly employed at Mersey Care NHS Trust • Assignment with Knowsley Clinical Commissioning Group, supporting the Accountable Officer for a period of six months (10.05.2019 to 01.10.2019). During this time Mrs Anderson took a leave of absence from the Trust Board at ELHT. 	01.12.2020

Name and Title	Interest Declared	Date last updated
	<ul style="list-style-type: none"> Interim Chair of Partnership of East of London Collaborative (PELC) 1.5 days per month (from December 2020 until February 2021). 	
<p>Professor Graham Baldwin Non-Executive Director</p>	<ul style="list-style-type: none"> Director of Centralan Holdings Limited Director of UCLan Overseas Limited Deputy Chair and Director of UCEA Director of University Alliance Chair of Maritime Skills Commission Member of Universities UK Treasurer of Million Plus 	30.03.2020
<p>Stephen Barnes Non-Executive Director</p>	<ul style="list-style-type: none"> Chair of Nelson and Colne College. Member of the National Board of the Association of Colleges (from 02.03.2017). Chair of the National Council of Governors at the Association of Colleges Chair of the Nelson Town Regeneration Board 	30.03.2020
<p>Michelle Brown Executive Director of Finance</p>	<ul style="list-style-type: none"> Vice Chair of Board of Governors and Chair of the Finance and Resources Committee of St Catherine's Catholic Primary School, Leyland. (No known association with ELHT). Spouse works for the North West Ambulance Service as a Paramedic. 	23.10.2020

Name and Title	Interest Declared	Date last updated
<p>Harry Catherall Associate Non-Executive Director</p>	<ul style="list-style-type: none"> Member STAR Multi Academy Trust former Tauheedul Academy Trust Former Chief Executive Blackburn with Darwen Council. Interim Chief Executive at St Helens Council (from 07.10.2019 to 11.03.2020) 	30.03.2020
<p>Sharon Gilligan Chief Operating Officer (Commenced 01.10.2020)</p>	<ul style="list-style-type: none"> Positive nil declaration 	30.03.2021
<p>Martin Hodgson Deputy Chief Executive Officer/ Executive Director of Service Development</p>	<ul style="list-style-type: none"> Partner is the Chief Operating Officer at Liverpool University Hospital NHS Foundation Trust. 	22.10.2020
<p>Jawad Husain Executive Medical Director</p>	<ul style="list-style-type: none"> Clinical Advisor to Health and Social Care Ombudsman Spouse is a GP in Oldham 	02.10.2020

Name and Title	Interest Declared	Date last updated
<p>Naseem Malik Non-Executive Director</p>	<ul style="list-style-type: none"> • Independent Assessor for Student Loans Company (Department for Education), public appointment. • Fitness to Practice Panel Chair: Health & Care Professions Tribunal Service (HCPTS) - independent contractor (until 31.07.2020) • Investigations Committee Panel Chair at Nursing & Midwifery Council (NMC) - independent contractor. • Relative (first cousin) is a GP in the NHS (GP Practice). • Relative (brother-in-law) is a registered nurse employed by Lancashire and South Cumbria Care NHS Foundation Trust. 	<p>04.08.2020</p>
<p>Tony McDonald Executive Director of Integrated Care and Partnerships (from 03.12.2020)</p>	<ul style="list-style-type: none"> • Spouse is an employee of Oxford Health NHS Foundation Trust • Member of Board of Trustees for Age Concern Central Lancashire 	<p>02.03.2021</p>
<p>Kevin Moynes Executive Director of Human Resources & Organisational Development</p>	<ul style="list-style-type: none"> • Spouse is a very senior manager at Health Education England (from 02.10.2017) • Governor of Nelson and Colne College (until 01.02.2018). • Joint Appointment as Executive Director of HR and OD at East Lancashire Hospitals NHS Trust and Blackpool Teaching Hospitals NHS Foundation Trust (10.10.2018) 	<p>27.10.2020</p>

Name and Title	Interest Declared	Date last updated
<p>Feroza Patel Associate Non-Executive Director</p>	<ul style="list-style-type: none"> Positive Nil Declaration 	<p>01.04.2020</p>
<p>Christine Pearson Executive Director of Nursing</p>	<ul style="list-style-type: none"> Seconded to Manchester Health Care Commissioning as Clinical/Nursing Board member for 4 days per month (from 01.12.2019) 	<p>26.10.2020</p>
<p>Khalil Rehman Non-Executive Director (from 01.02.2021) Associate Non-Executive Director (01.01.2020 to 31.01.2021)</p>	<ul style="list-style-type: none"> Director at Salix Homes Ltd Director at Medisina Foundation. Non-Executive Director at Leeds Community Healthcare Trust (from 01.12.2020) 	<p>31.03.2021</p>
<p>Richard Smyth Non-Executive Director</p>	<ul style="list-style-type: none"> Consultant Solicitor with DLA Piper UK LLP Law Firm. DLA Piper undertakes work for the NHS (until 01.11.2020). Spouse is a Lay Member of Calderdale CCG (until 31.01.2019). Spouse is a Patient & Public Involvement and Engagement Lay Leader for the Yorkshire and Humber Patient Safety Translational Research Centre, based at Bradford Institute for Health Research, Bradford Royal Infirmary. Sister is an advanced clinical nurse practitioner with Pennine Acute Hospitals Trust based at the Royal Oldham hospital. 	<p>31.03.2021</p>

Name and Title	Interest Declared	Date last updated
	<ul style="list-style-type: none"> Member of the Law Society. Spouse is a Non-Executive Director at Lancashire Teaching Hospitals Foundation Trust as from 04.02.2019. 	
<p>Michael Wedgeworth Associate Non-Executive Director</p>	<ul style="list-style-type: none"> Positive Nil Declaration. 	01.04.2020
<p>Shelley Wright Joint Executive Director of Communications and Engagement for East Lancashire Hospitals NHS Trust (ELHT) and Blackpool Teaching Hospitals NHS Foundation Trust (BFWH) (from 04.01.2021)</p>	<ul style="list-style-type: none"> Joint Appointment as Executive Director of Communications and Engagement for East Lancashire Hospitals NHS Trust and Blackpool Teaching Hospitals NHS Foundation Trust (from 04.01.2021) 	01.03.2021

TRUST BOARD REPORT

Item

78

14 July 2021

Purpose Approval

Title

Minutes of the Previous Meeting

Author

Mr D Byrne, Corporate Governance Officer

Executive sponsor

Professor E Fairhurst, Chairman

Summary: The minutes of the previous Trust Board meeting held on 12 May 2021 are presented for approval or amendment as appropriate.

Report linkages

Related strategic aim and corporate objective

As detailed in these minutes

Related to key risks identified on assurance framework

As detailed in these minutes

Impact

Legal

Yes

Financial

No

Maintenance of accurate corporate records

Equality

No

Confidentiality

No

Previously considered by: NA

**EAST LANCASHIRE HOSPITALS NHS TRUST
TRUST BOARD MEETING, 1.00PM, 12 MAY 2021
MINUTES**

PRESENT

Professor E Fairhurst	Chairman	Chairman
Mr K McGee	Chief Executive/Accountable Officer	
Mrs T Anderson	Non-Executive Director	
Professor G Baldwin	Non-Executive Director	
Mr S Barnes	Non-Executive Director	
Mrs M Brown	Executive Director of Finance	
Mr H Catherall	Associate Non-Executive Director	Non-voting
Mrs S Gilligan	Chief Operating Officer	
Mr M Hodgson	Deputy Chief Executive/Executive Director of Service Development	
Miss N Malik	Non-Executive Director	
Mr T McDonald	Executive Director of Integrated Care, Partnerships and Resilience	Non-voting
Mr K Moynes	Joint Executive Director of HR and OD (ELHT and BTHT)	Non-voting
Mrs C Pearson	Executive Director of Nursing	
Mr K Rehman	Non-Executive Director	
Mr R Smyth	Non-Executive Director	
Mr M Wedgeworth	Associate Non-Executive Director	Non-voting
Miss S Wright	Joint Executive Director of Communications and Engagement (ELHT and BTHT)	Non-voting

IN ATTENDANCE

Mr D Byrne	Corporate Governance Officer	Minutes
Mrs E Davies	Deputy Director of HR&OD	
Dr C Gardner	Deputy Medical Director	
Mrs S Germaine-Cox	Associate Director of Workforce and Organisational Capacity, Birmingham and Solihull Mental Health NHS Foundation Trust	Observer

Miss K Ingham	Corporate Governance Manager/ Assistant Company Secretary	
Mr S McGirr	Director of Clinical System Analytics	
Dr N Mirza	Non-Executive Director, Airedale NHS Foundation Trust	Observer
Mr M Pugh	Corporate Governance Officer	Minutes
Mrs K Quinn	Operational Director of HR and OD	
Mrs L Whalley	Independent Management Consultant	Observer

APOLOGIES

Mrs A Bosnjak-Szekeres	Director of Corporate Governance/ Company Secretary	
Mr J Husain	Executive Medical Director	
Mrs F Patel	Associate Non-Executive Director	Non-voting

TB/2021/051 CHAIRMAN'S WELCOME

Professor Fairhurst welcomed Directors and members of the public to the meeting. It was noted that Dr Gardner was in attendance in place of Mr Husain and that Mrs Davies was also present as part of her development. Professor Fairhurst also extended a warm welcome to Dr Mirza, Mrs Germaine-Cox and Mrs Whalley as part of their respective development programmes.

TB/2021/052 APOLOGIES

Apologies were received as recorded above.

TB/2021/053 DECLARATIONS OF INTEREST REPORT

There were no changes to the Directors Register of Interests and no declaration of interest made in relation to agenda items.

RESOLVED: Directors noted the position of the Directors' Register of Interests.

TB/2021/054 MINUTES OF THE PREVIOUS MEETING

Directors having had the opportunity to review the minutes of the previous meeting approved them as a true and accurate record.

RESOLVED: The minutes of the meeting held on 10 March 2021 were approved as a true and accurate record.

TB/2021/055 MATTERS ARISING

There were no matters arising from the minutes of the previous meeting.

TB/2021/056 ACTION MATRIX

Directors noted that all items on the action matrix were reported as complete, had been updated via the action matrix report or were to be presented as agenda items at the meeting or subsequent meetings. The following updates were provided:

TB/2021/040: Flu Vaccination Programme Final Report 2020/21 – Mrs Quinn reported that the Trust had achieved third place nationally and second in the North West region. She stated that it was worth noting that the organisation that had come first had vaccinated around 3,000 staff, whereas the Trust had successfully vaccinated over 9,000.

Professor Fairhurst agreed that the volume of Trust staff successfully vaccinated was very impressive and extended her congratulations to the occupational health team.

RESOLVED: Directors noted the position of the action matrix.

TB/2021/057 CHAIRMAN'S REPORT

Professor Fairhurst updated Directors on the work she had been involved in since the previous meeting, advising that the majority of her activity had been in the wider systems work, both at a Pennine Lancashire level and at an Integrated Care System (ICS) level. Professor Fairhurst reported she had also been invited to be a panel member on health inequalities at a recent Health Service Journal (HSJ) Leadership Virtual Congress, to participate in a Citizens Summit for financial governance in public service and to be part of an NHS England/Improvement (NHSE/I) advisory group developing guidelines between Chairs and Chief Executives.

RESOLVED: Directors received and noted the update provided.

TB/2021/058 CHIEF EXECUTIVE'S REPORT

Mr McGee referred Directors to the previously circulated report and highlighted several matters for information across national, regional and Trust specific areas.

Mr McGee reported that more than 32,000,000 people had now received their first dose of the COVID-19 vaccine and that a significant portion had also received their second. He advised that both Sir Simon Stevens, NHS Chief Executive and Bill McCarthy, North West Regional Director, had recently announced their intentions to step down from their positions by the end of July 2021 and paid tribute to both for their leadership, particularly during the previous 14

months of the pandemic. Mr McGee confirmed that a substantial amount of change was taking place in the wider systems that the Trust worked in and that several ICS bodies would be developed across the country over the coming months. He clarified that the Trust would work within the Lancashire and South Cumbria (LSC) ICS, which would play an important role in coordinating strategic planning, performance management and finances across the region. Mr McGee explained that five Integrated Care Providers (ICPs) would also be developed across LSC and would be focused on working alongside local authorities and third sector colleagues to support those in local communities. He informed Directors that other work was being done in regard to provider collaboration, with a formal Provider Collaboration Board now established, and confirmed that more formal work would be done through this area going forward.

Mr McGee went on to provide an update on regional vaccinations levels, reporting that more than 880,000 patients had now had their first vaccine within LSC and 237,000 had received their second dose. He added that this had been made possible via the vaccination hubs based at Royal Blackburn Teaching Hospital (RBTH), Burnley General Teaching Hospital (BGTH), Blackburn Cathedral and The Mall in Burnley, all of which had been run through the Trust. Mr McGee stated that these results were a clear tribute to the work of the staff members involved. He went on to report that the New Hospital Programme (NHP) was progressing well and, although primarily intended to rebuild hospital services in Preston and Lancaster, would undoubtedly have a significant impact on the rest of LSC as well. Mr McGee confirmed that both clinical and management teams within the Trust were playing an active role in the NHP and reported that a number of other programmes of work had taken place around stroke and mental health as well. Directors noted that other work done in LSC around suicide prevention had received national plaudits and awards.

Mr McGee commented that a significant amount of good work had taken place throughout the Trust during the pandemic and advised that an extra day of leave and a voucher for all eligible staff had been approved across all LSC hospitals as a thank you gesture. He reported that one of the Trust's Laundry Assistants recruited through the Prince's Trust, Thomas Pemberton, had recently won an award for national achiever of the year and offered his congratulations to Thomas and the work he had done. Mr McGee confirmed that the Trust's charity, ELHT&me, was now back to working normally after having to reduce its activities during the pandemic and informed Directors that the next 'NHS Big Walk' event was planned to take place in July 2021. He also confirmed that formal approval had now been given for a new Electronic Patient Record (EPR) system and extended his thanks to the Trust's Associate

Director Performance and Informatics, Mark Johnson, and his team for their efforts towards achieving this.

Mr McGee reported that a significant amount of work had recently taken place in the Trust's Emergency Department (ED) as it moved towards its vision of an 'Emergency Village' and advised that a number of major capital investments had been made over recent years to accomplish this. He stressed that the importance of this development to the Trust could not be overstated as it consistently had the highest levels of ambulance conveyances in the region but still had one of the smallest emergency departments in terms of size.

Mr McGee concluded his update by noting it was International Nurses Day and by paying tribute to the work done by the Trust's nursing and midwifery colleagues.

RESOLVED: Directors received and noted the update provided.

TB/2021/059 PATIENT/STAFF STORY

Mrs Pearson thanked Professor Fairhurst and Mr McGee for their recognition of International Nurses Day and explained that she felt it pertinent for the staff story being presented to be one from a nursing perspective. She advised that the story in question had been written by one of the Trust's ward managers and detailed her experiences both before and during the pandemic.

Mrs Pearson began by providing some brief background information, advising that the ward in question had originally been opened as a temporary ward in November 2018 and was later changed into a step-down rehabilitation unit. During March 2020 when COVID-19 was rapidly becoming more a factor the ward was then notified that they would become a COVID community ward and were assured that any extra support required would be provided. The announcement was reported as being an emotional one for the staff working on the ward and concerns were raised around the supply of Personal Protective Equipment (PPE). Additional work was also needed to discharge the existing patients on the ward before any COVID admissions could take place and this was achieved with extra support from social workers and the Trust's discharge teams. The author of the story reported that despite these initial difficulties the ward staff ultimately came to realise the importance of their work and that there was a real sense of community spirit. In time the function of the ward was revised to a step-across unit for patients who were unwell but not enough to be on critical care. Several patients also died and were unable to receive visits from relatives and the staff on the ward became a lifeline for them.

Things changed from September 2020 onwards when the numbers of COVID patients began to surge, as there was no additional support due to clinics still running. Although every effort was made to maintain standards, staff on the ward were exhausted and others had to be redeployed due to them not being able to work on a COVID ward. Staff also felt that they felt much less supported in general from members of the public and sickness levels were higher than they had been during the first wave. Despite the challenges faced the story author stated that they were glad that their ward had been used to care for COVID patients and that they were proud of the staff for everything they had done.

Mrs Pearson commented that the story was obviously a very personal account from the nurse in question and that it had made it clear that a lot would need to be done to support the Trust's workforce going forward.

Professor Fairhurst agreed that it had been a very powerful account and noted it was a clear example of how much of an impact activities taking place outside of the hospital could have on those taking place within it.

Dr Gardner stated that that the Trust owed a huge amount to the younger workforce that had come in to provide support during the pandemic and had a duty to ensure that they were supported over the coming months and years.

Mr McDonald agreed that the story had been a powerful and moving account of staff's experiences during the pandemic. He commented that, as one of the leaders involved in the decisions to convert the ward in question to a COVID unit, it had provided the opportunity to reflect on the decisions made and had resonated on both a professional and personal level.

Mr McGee acknowledged that Trust staff had been under enormous pressure, particularly over recent months, but stressed that this was unlikely to ease anytime soon due to the substantial patient backlog that had built up during the pandemic. He stated that, while the pressure on staff was as intense as it had ever been, this had been accompanied by a significant rise in the numbers of people wanting to come and work for the NHS, particularly for nursing posts.

Mr Moynes provided assurances that every effort would be made to ensure that staff received the support and recognition that they deserved for their efforts during the pandemic, adding that it would also be key to maximise the increased interest in the NHS as much as possible going forward.

Mrs Quinn noted that aspects of the story aligned with some of the results from the National NHS Staff Survey for 2020. She stated that it was clear that more support was needed for staff than ever before and that in many cases the effects of the previous 15 months were only now starting to become apparent.

In response to a comment from Mr Smyth, Mr Hodgson confirmed that the senior leadership team had taken the time to visit and speak to staff wherever possible both during the pandemic and subsequently.

Mr Catherall commented that the country was indebted to nursing and other frontline workers and that the sections detailing low morale among Trust staff had been particularly upsetting. He stated that he would appreciate further updates on both the support being provided to staff and on any proactive strategies that could be put in place to tackle any morale issues.

Mrs Anderson suggested that it could be worthwhile to encourage staff to record their experiences as much as possible both as a cathartic exercise for them and to give the opportunity for further reflection at a later date.

Mr McGirr stated that Directors also deserved thanks and recognition for their efforts, as a number of significant asks had been made of them over recent months.

RESOLVED: A further update on the support being provided to staff and any proactive strategies being put in place to address morale issues will be provided at a future meeting.

TB/2021/060 CORPORATE RISK REGISTER (CRR)

Dr Gardner referred Directors to the previously circulated report and confirmed that the format had been amended to include the summary of any changes at the start, along with an eight week projection to help provide more guidance as to expected plans for specific risks.

Dr Gardner reported that Risk ID 7762, associated with providing High-Dependency Unit (HDU) care in District General Hospitals (DGH) with no funding for HDU provision, still sat with specialist commissioners. He clarified that there had been a major change in paediatric diseases over the course of the pandemic, with a reduction in high dependency and an increase in non-infectious disease patterns, and stated that he suspected this was influencing the commissioner decision making progress. He added that the situation would continue to be closely monitored.

Dr Gardner confirmed that every effort was being made to reinstate the service review in relation to Risk ID 8221, relating to the lack of recurrent investment and review of CNP (Community Neurodevelopmental Paediatrics). He explained that one of the positives to come out of the previous 12 months was the significant progress made in remote appointments and advised that plans were underway to expand this to other multidisciplinary assessments.

Dr Gardner reported that good progress had made with the implementation of an end to end maternity system but clarified that Risk ID 8243 (absence of an end to end IT maternity system) would remain on the CRR until it had been fully implemented.

Mr Rehman praised the way the information had been presented in the report. He noted that there seemed to be wider issues linking back to Clinical Commissioning Groups (CCGs) and enquired if there was a broader risk to consider as they were wound down in relation to decisions needing to be made. Mr McGee provided assurances that a potential situation regarding a lack of decision making was already something being considered by CCG colleagues and informed Directors that a commissioning group had been formed to ensure any items requiring a decision were addressed over the coming weeks.

Professor Fairhurst requested confirmation from Directors that assurance had been provided both by the report and the responses provided to any queries raised. Directors confirmed that they were content with the assurance provided.

RESOLVED: Directors approved the register.

An update on Risk ID 7762 (Risks associated with providing HDU care in DGH with no funding for HDU provision) will be provided at a future meeting.

An update on Risk ID 8243 (Absence of an end to end IT maternity system) will be provided at a future meeting.

TB/2021/061 BOARD ASSURANCE FRAMEWORK (BAF)

Professor Fairhurst referred Directors to paragraph 19 of the report referring to her as a member of the System Leader's Executive and clarified that, as a Non-Executive Director, she would not participate in this particular group.

Dr Gardner summarised the main changes to the BAF since it was previously presented, explaining that more references to ICS projects, the NHP and the elective recovery cell had been added to risk 1. He also informed Directors that there had been increase in the score for risk 3 (partnership working) to 16, which had been prompted by recent information provided at the ICS Board. Directors noted that relevant excerpts from the Trust's risk appetite statement were also now included for each risk.

Mr Barnes stated that he would like further debate on certain areas of the BAF to get more assurance but advised he would pursue this at the next meeting of the Finance and Performance Committee. He added that he would bring back any relevant comments to the next meeting for further discussion if required.

Mr Hodgson clarified that the increase in score for risk 3 was, to an extent, an unavoidable consequence of the move to statutory ICS bodies and the development of ICPs.

Professor Fairhurst agreed and stated that she would expect the score to change once again when these wider changes had been implemented. She requested confirmation from Directors that assurance had been provided based on the paper and the additional information provided by Dr Gardner and Mr Hodgson. Directors confirmed that they were content with the assurance provided.

RESOLVED: Directors received, discussed and approved the updated Board Assurance Framework.

An update on the discussions regarding the BAF at the Finance & Performance Committee to be provided at the next meeting.

TB/2021/062 SERIOUS INCIDENTS ASSURANCE REPORT

Dr Gardner referred Directors to the previously circulated report, raising awareness to the number of incidents and provided assurance that whilst the number has increased due to changes and differing ways of working which have adapted over the previous 12 months, there is a good safety culture in the Trust and incidents are being reported.

Directors noted that in response to previous reports, learning has taken place resulting in a pilot of Nutritional and Hydration quality improvement work on Wards C2 and C4 and, further learning is taking place related to pressure ulcers. Dr Gardner advised that key learning is important to enable a high functioning team to perform well at every level when providing multidisciplinary care, including from patients and relatives. He added that the past 12 months had seen the loss of relatives giving background information and clinical teams both value and recognise this input and welcome a safe way to reintroduce this.

Mrs Pearson commented that she is working closely with Dr Gardner and the CCG and would continue to investigate every reported pressure ulcer, learning from the actions, and would share this in a future report.

Professor Fairhurst stated it was pleasing there has been an emphasis on lessons learned as this is an important aspect for many members of the Board and gave thanks to the quality improvement team for the work being accomplished.

RESOLVED: Directors received the report and noted its content.

TB/2021/063 INTEGRATED PERFORMANCE REPORT (IPR)

a) Introduction

Mr Hodgson introduced the item and confirmed that it covered the period to the end of March 2021. He explained that there had been a prevalence of COVID patients in that time and although there had been a notable reduction, with March starting with 69 patients and ending with 12 positive, it was still having an impact on how the hospital was being run operationally. He continued, adding that as life is returning to normal, there have been increased attendances through the Urgent Care Centres and Emergency Department which is impacting on the 4-hour target. Mr Hodgson advised the Board that Hospital Standardised Mortality Ratio (HMSR) is above the expected range, resulting in a significant discussion at the Quality Committee and he is engaging with Dr Foster Intelligence to set up a bespoke session for the Trust Board to understand the reasons behind this.

b) Safe

Mrs Pearson referred Directors to the previously circulated report, advising that the Nurse Staffing Data for March had shown there had been a continued challenge with staffing at times. In addition, the month saw a period of stability with reduced ward moves and no need to open escalation areas. Mrs Pearson advised the data shows actual vs planned staffing and staff continue to feel under pressure with high acuity rates, usage of additional agency staff and difficulty in filling all registered and support worker shifts. Directors were informed that 86 additional Healthcare Support Workers have been recruited which should help support any pressures and this data would be reflected in future reports. Furthermore, a nurse lead for recruitment has been appointed and has been looking at international recruitment. Directors noted that the 6 international nurses due to join the Trust in the previous week had been unable to do so due to travel restrictions related to the ongoing pandemic. Directors were informed that there is the aim to recruit an additional 40 nurses by the end of October 2021.

Dr Gardner advised that there had only been 1 new C-Difficile infection in March, which had been investigated and no lapses in care were identified. He commented on the Methicillin-Resistant Staphylococcus Aureus (MRSA) infections discussed at the previous Trust Board meeting, providing an update that following testing, different strains were identified showing there had been no cross infection between patients. He added that there are plans to reduce blood stream infections, with workstreams in place around catheter care, improving hydration and sepsis.

Professor Fairhurst encouraged Mr McGee to share any knowledge held on what work will be undertaken nationally in relation to international recruitment. Mr McGee explained that a

significant amount of work is underway, both nationally and internationally, for recruitment including the use of bursaries and work with Health Education England (HEE) to attract international staff. He advised that, given the issues in other countries, it would be inappropriate to reduce their numbers of nursing staff at present but there will be a big push, dependant on the pandemic over the coming months.

Professor Fairhurst commented that there was an ethical issue with recruiting internationally from some countries at the moment and had received sufficient assurance both from the submitted paper and the additional comments.

RESOLVED: Directors noted the information provided within the Safe section of the Integrated Performance Report.
An update on the progress of the recruitment of the additional 40 nurses will be provided.

c) Caring

Mrs Pearson referred Directors to the previously circulated report and highlighted that due to the pandemic, the collection of Friends and Family tests had been suspended between April and September 2020. Directors were informed that the performance response figures were now increasing and returning to within the expected levels. Continuing, Mrs Pearson advised that a number of complaints had been received in respect of not being able to visit patients whilst in the Trust. It was noted that a pilot had commenced to allow limited visiting in a number of areas which will be monitored closely. Mrs Pearson provided an overview of the process for arranging visiting through the pilot and confirmed that only one visitor was permitted per patient for the duration of their stay.

Professor Fairhurst stated that it was important to note that the Trust was aware of the consequences of families not being able to visit their loved ones and acknowledged the important step forward in providing patient care.

RESOLVED: Directors noted the information provided under the Caring section of the Integrated Performance Report.

d) Effective

Dr Gardner drew Directors' attention to the Hospital Standardised Mortality Ratio (HMSR) and Summary Hospital Mortality Indicator (SHMI) figures and provided an overview of the importance of correct interpretation of the current data. Directors were informed that the Senior Clinical team had received an update from Dr Foster Intelligence and found this to be

insightful, noting that when COVID-19 figures were included in mortality statistics, the North West region was reporting at 111, but when discounted from the statistics, the reporting ratio was 101.7. Dr Gardner explained that this reflected the burden of COVID-19 and when compared with Trusts with similar demographics and populations, the Trust's mortality position was 100.7.

Dr Gardner informed Directors that there had been an increase in the number of Structured Judgement Reviews (SJR's) that were taking place, in addition to a backlog of SJRs as a result of COVID-19. He advised that the decision has been taken to examine a number of COVID-19 deaths to give assurance in the absence of statistical models and that the medical examiner system would review 100% of deaths with 10% of all deaths receiving an SJR. Dr Gardner explained that additional reviewers had been recruited with a number of trainees filling the role which had provided a refreshing view on mortality. He went on to confirm that there were a considerable number of lessons learned which were being taken back to the clinical teams for implementation. He continued by mentioning that there was still a backlog in relation to SJRs for patients with learning disabilities due to them undergoing two reviews to ensure that the care provided was appropriate.

Professor Fairhurst thanked Dr Gardner and Directors noted that sufficient assurance had been provided.

RESOLVED: Directors noted the information provided under the Effective section of the Integrated Performance Report.

e) Responsive

Mrs Gilligan referred Directors to the previously circulated information, noting the deterioration to Emergency Care performance to 86.9% across the Pennine Lancashire system for the reporting month. She explained that the performance for the current month (May 2021) stood at 81.78% to date and was due to a number of factors including increased attendance figures which had exceeded the 2019/20 figures for the same period and the need for separate pathways for COVID-19 positive. Directors were informed that an improvement plan had been developed for use across the ICS and that the Trust was working with system partners to continue improvements. Mrs Gilligan advised that work was ongoing in relation to staff rotas to ensure the right balance of workforce was in place for to manage the demand. Directors were informed that there had been an increase in the number of 12-hour breaches in the reporting month, however all were noted to be patient awaiting input from mental health

services. Mrs Gilligan confirmed that work was ongoing with Lancashire and South Cumbria NHS Foundation Trust (L&SCFT) to address this issue.

Mrs Gilligan advised that the Cancer performance data was in the process of being validated, however there had been significant month on month improvements in the numbers of patients waiting in excess of 52 weeks for treatment. Directors were informed that referrals were back to pre-pandemic levels and restoration was either being achieved or ahead of trajectory in all areas. Mrs Gilligan emphasised the importance of staff being fully supported to enable patients to be treated, in particular for cancer services and routine operations. Directors noted how the ICS organisations were working together to accelerate restoration as much as possible.

Mr Rehman referred to Mrs Gilligan's earlier comment regarding mental health services and queried whether an indication of a timeline could be provided for what is being done to provide a positive impact. In response, Mrs Gilligan advised that she was unable to provide a definitive timeline for completion of the work but confirmed that significant investment in mental health services was required. She added that the matter was not due to a lack of effort by system partners, but rather was due to the significant increases in the number of referrals being made, particularly due to the events of the last year. Directors were informed that a timeline would be shared when it was available.

Professor Fairhurst commented that L&SCFT have recently undertaken a reorganisation and had dedicated teams for each of the ICPs within the ICS. She went on to suggest that this would go a long way to improving the mental health service provision in the area.

Mr McGee explained that mental health provision was a national issue and that there is concern about the build-up of mental health referrals across the country. He went on to confirm that there was a shortage of specialist mental health beds within the area. He confirmed that it is not that the Trust is not receiving support, but there are occasions where there are no suitable mental health beds within the region, or indeed nationally for patients. He added that Child and Adolescent Mental Health Services (CAMHS) will become an issue over the coming months as, although the Trust provides a CAMHS service up to Tier 3, it does not provide the service for the most acutely unwell patients.

Professor Fairhurst thanked Mrs Gilligan, noting that the Board recognised and received assurance on the provided information which steered discussion.

RESOLVED: Directors noted the information provided under the Responsive section of the Integrated Performance Report.

Mrs Gilligan to provide a Mental Health timeline to the Board once it has been developed.

f) Well-Led

Mrs Quinn confirmed that staff sickness levels were decreasing as the level of COVID-19 falls. She reported that the staff sickness levels have been tracked over the past 12 months and, with the removal of COVID related sickness, the staff sickness levels were at a lower rate than the previous year. Directors observed that the Early Access to Support for Employees (EASE) programme continued to be implemented and although some sickness meetings were suspended over the past year, so as not to place staff under additional pressure, they were now being reinstated. Mrs Quinn commented that the Trust had been one of the better performing Trusts across the North West in relation to staff sickness and had been asked to share sickness management knowledge with other organisations.

Referring to the earlier comments by Mrs Pearson and staff costs, Mrs Quinn clarified that these were now beginning to reduce both in terms of the Trust and across the ICS. This was being achieved in part by working collaboratively across the ICS to manage costs, particularly agency and locum staffing costs.

Continuing, Mrs Quinn explained that work had been taking place with Jane Lewis, recruitment specialists, to assist with overseas recruitment of nurses in addition to the Trust acting as the lead employer for the mass vaccination programme, which has resulted in a number of the temporary staff expressing an interest in remaining with the Trust at the end of the programme. Concluding, Mrs Quinn advised that the appraisal scheme had been suspended during the pandemic but had now recommenced with the revised focus of a health and wellbeing conversation. It was noted that an update on the appraisal process would be provided at a future Trust Board session.

Mrs Brown provided an update on the Trust's financial position and confirmed that it had met the expected financial year end position for 2020/21 of a £3,000,000 deficit, which was in line with previous reports to the Board. Directors noted that despite the past 12 months being difficult there had been good financial stewardship, and that £20,000,000 for impairments had been met by central funding. Mrs Brown confirmed that COVID-19 related costs for the year had been in the region of £41,400,000. Mrs Brown highlighted the financial forecast for 2021/22 and confirmed that there was uncertainty around the second half of the year, due to the lack of guidance on funding. Directors noted that there were significant financial

challenges ahead. Directors observed that there was a balanced plan for the first 6 months (H1), and an agreement to bridge the system-wide financial gap with a 3% waste reduction programme and a shared deficit across all organisations.

Mr McGee confirmed that it had been a difficult year in terms of finances, particularly during the pandemic, due to the unknown levels of expenditure. He gave thanks to the strong leadership of Mrs Brown and her team.

Professor Fairhurst commented it was important to record that, notwithstanding the continued positive financial stewardship that has long been a characteristic of the Trust, the allocation for H2 is currently unknown. Consequently, the Board were presented with unknown challenges and as such it was not possible to gain full assurance.

Professor Fairhurst commented that the IPR drew together everything discussed so far during the meeting. Continuing, she added that it was important that the Trust was looking to the future in relation to recovery, the work to continue serving the local population and colleagues, noting this was evidenced in how the appraisal system was being altered to focus on health and wellbeing.

RESOLVED: Directors noted the information provided under the Well-Led section of the Integrated Performance Report.
Mrs Quinn to provide an update on the appraisal process at a future Trust Board meeting.

TB/2021/064 WORKFORCE UPDATE

a) National NHS Staff Survey 2020 Results ICP/ICS Update

Mrs Quinn presented the update and confirmed that there had been some anxiety over the possible level of engagement with the survey due to the events of the previous year. As a result, the Trust's Staff Engagement team worked with the Trust's Occupational Health service to link the Staff Survey with the annual Flu Campaign which had resulted in an increase of 8% on the previous year's response rate.

Directors were informed there had been a 55% response rate across the full 9,174 workforce and had scored above average in 8 out of 10 areas, with a rating of average against immediate line managers and safe working environment. She confirmed that 6 of the areas had seen a reduction in the score which, although disappointing, in the context of the last 12 months was understandable. In addition, the 'Big Conversations' would be restarting with care being given to improving morale which had suffered due to the COVID-19 pandemic. Directors noted that

action plans would be developed from the 'Big Conversations', which would see specific actions incorporated into the People Strategy Implementation Plan.

Mrs Quinn informed Directors of the adoption of an additional staff engagement tool that would be used at team level and provide real time data. It was noted that funding has been secured to enable this to be implemented across the ICS. In addition, the Staff Guardian team has recruited a number of Freedom to Speak Up Champions.

Professor Fairhurst thanked Mrs Quinn for the report and commented that it was a good news story and observed that it was a clear demonstration of the commitment of staff. Several Non-Executive Directors echoed this thanks and praised the report, stating that it provided assurance and noted that for areas where the scores has fallen, these were not bad results but an opportunity to improve further to make a better environment for the staff and organisation. In response to a query from Mrs Malik, Mrs Quinn and Mr Moynes confirmed that the majority of recommendations were underway and work undertaken by HR and OD over the last few years has highlighted areas for focus and development.

b) People Strategy Update and Implementation Plan

Mrs Davies provided a presentation to the Directors and highlighted the key areas. Directors noted how the Trust had been the lead employer for the mass vaccination programme and had recruited 408 staff on fixed-term contracts and a further 270 through the staff bank. Mrs Davies explained that many of the staff recruited had previously been unemployed as a result of the pandemic. Directors noted that many were keen to stay within the NHS after the programme had ended. In addition, the increased use of agile working had led to an improved work/life balance for many staff and a saving for the trust, particularly related to travel expenses, printing and stationary expenditure. Directors were informed that there had been an 11% increase in staff speaking to the Staff Guardian team which is a positive sign that Trust staff felt able and comfortable to speak up. In addition, the Trust had launched a reverse mentoring scheme with 12 employees from protected characteristic areas including Black, Asian and Minority Ethnic (BAME) heritage, Disability and LGBTQ+, mentoring Executive Directors to help them understand their lived experiences. Praise was also given to the Occupational Health team who had assisted in the delivery of the vaccine with 33,391 delivered at the time of the meeting.

Mrs Davies explained that priorities had been reviewed based on the latest COVID-19 wave and the need to restore services. She confirmed that one of the workstreams is for those members of the mass vaccination programme who wish to stay in employment in the NHS.

The work is initially focused on the Blackpool site due to its mass vaccination centre being the first to be stepped down and over 50% of staff have indicated they would like to stay, with opportunities for reskilling, particularly for those moving into healthcare support worker roles. Mrs Davies added that similar conversations will take place for the Trust when appropriate. Directors noted that work was ongoing within the Trust to encourage staff to disclose any protected characteristics they may have. This would enable the Trust to ensure that it is better placed to support staff, including by reviewing the recruitment process with staff network representatives, to be more inclusive and diverse.

Mrs Davies concluded by noting that as the Trust gains a better understanding of the impact of COVID-19 on the workforce, it is looking to recruit a Consultant Clinical Psychologist to help with the legacy of COVID-19. She advised that she would update the Board in due course on the progress made.

Professor Baldwin raised several questions, asking about international recruitment and if those recruited would be on permanent or fixed term contracts, whether there were any additional costs incurred as a result of agile working and any longer term plans for the Trust's estate and raising the issue of sustainability and the environment. In response, Mrs Brown explained there had been significant costs associated with enabling agile working and confirmed that part of the £41,000,000 costs attributed to COVID-19 were as a result of enabling 2,000 staff members to work remotely. This included equipment costs but also the need to increase infrastructure including bandwidth capability. Continuing she explained that more work needed to be done regarding estates and the need to ensure a balance between flexible working and the needs of the services.

Mr Barnes echoed the comment about sustainability, adding their needed to be clear targets and milestones set. Mrs Pearson responded to the recruitment query, explaining the strap line was "Earn, Learn, Return" for overseas staff who would have three years in which to develop and utilise additional skills once they return home, although some may choose to stay for a longer period.

Mrs Quinn explained that guidance on agile working was developed quickly and there was evidence to suggest that staff did not want to be based at home all the time. She advised that it is about getting the right balance that maintains agile working benefits but with the connection into the organisation they may have missed. Mrs Quinn noted that not everyone will be able to work on an agile basis but there would be an expectation that most staff would ask for flexibility.

Mr McGee advised Directors that a sustainability paper had been presented to the Board previously and many of the ideas in the paper had been implemented, including where we source raw materials for patient and staff meals, and utilising local suppliers with smaller footprints. He added that with large estate works, sustainability is built into the specifications and agile and flexible working was also built around sustainability. Mr McGee asked the Executive Directors to reflect on this and queried if there was the need for a more cohesive strategy to be brought to the Board.

Professor Fairhurst thanked Directors for their contributions and made a formal recommendation that the Executive Team provide an updated sustainable strategy plan to the Board at a future meeting.

RESOLVED: Directors received the report and noted its content.
An update on the progress made with the conversion of mass vaccination volunteers to substantive roles within the Trust will be provided to the Board.
Executive Team to update the sustainable strategy plan and present to a future Trust Board meeting.

TB/2021/065 FINANCE AND PERFORMANCE COMMITTEE INFORMATION REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its content.

TB/2021/066 QUALITY COMMITTEE INFORMATION REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its contents.

TB/2021/067 AUDIT COMMITTEE INFORMATION REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its contents.

TB/2021/068 TRUST CHARITABLE FUNDS COMMITTEE INFORMATION REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its contents.

TB/2021/069 REMUNERATION REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its contents.

TB/2021/070 TRUST BOARD (CLOSED SESSION) INFORMATION REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its contents.

TB/2021/071 ANY OTHER BUSINESS

There were no further matters of business raised.

TB/2021/072 OPEN FORUM

Professor Fairhurst noted that a question had been received from a member of the public in reference to the guidance on atrial fibrillation (NG196) by the National Institute for Clinical Excellence (NICE). The question was whether the Trust had a process to ensure that applicable NICE guidance was implemented and if assurance could be provided that the recommendation would be carried out.

In response, Dr Gardner advised that the Trust does have robust processes in place and that the guidance had been circulated to the clinical teams for response as per the agreed process for NICE guidance.

Professor Fairhurst commented that in relation to the query, a detailed written response would be provided to the member of the public outside of the meeting.

RESOLVED: Directors noted the question.

A written response to be provided to the member of the public.

TB/2021/073 BOARD PERFORMANCE AND REFLECTION

Professor Fairhurst sought the views of the Directors in relation to the meeting.

Mrs Anderson commented that although it was clear that some areas in the Trust still required improvement, most of the items presented during the course of the meeting had clearly shown the exemplary work being done by colleagues across all areas of the Trust in difficult circumstances.

Mr McGee noted that a significant amount of focus had been on the Trust's staff and stated that he felt this was appropriate given the enormous pressure they had been under throughout the year.

RESOLVED: Directors noted the feedback provided.

TB/2021/074 DATE AND TIME OF NEXT MEETING

The next Trust Board meeting will take place on Wednesday, 14 July 2021 at 13:00, via MS Teams.

TRUST BOARD REPORT

Item **80**

14 July 2021

Purpose Information

Title	Action Matrix
Author	Mr D Byrne, Corporate Governance Officer
Executive sponsor	Professor E Fairhurst, Chairman

Summary: The outstanding actions from previous meetings are presented for discussion. Directors are asked to note progress against outstanding items and agree further items as appropriate

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do Invest in and develop our workforce Work with key stakeholders to develop effective partnerships Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care. Recruitment and workforce planning fail to deliver the Trust objectives Lack of effective engagement within the partnership organisations of the Integrated care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities. The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework. The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

ACTION MATRIX

Item Number	Action	Assigned To	Deadline	Status
TB/2020/033: Chief Executive's Report	A Trust specific strategy relating to the national Greener NHS Campaign will be presented to the Board at a later date.	Deputy Chief Executive/Executive Director of Integrated Care and Partnerships	July 2021	Complete: Mr McDonald and Mr Smyth met following the last Board meeting to discuss the matter. Sustainability has been added as a standing agenda item for the Audit Committee from July 2021 onwards. Mrs Brown is the nominated Executive lead for sustainability.
TB/2021/041: Black and Minority Ethnic (BAME) Big Conversations Report	An update on the progress made with the Trust's WRES action plan is to be provided at the meeting due in September 2021.	Executive Director of HR&OD/Operational Director of HR&OD	September 2021	Agenda Item: September 2021
TB/2021/059: Patient/Staff Story	A further update on the support being provided to staff and any proactive strategies being put in place to address morale issues will be provided at a future meeting.	Executive Director of HR&OD/Operational Director of HR&OD	July 2021	Agenda Item: September 2021 - This item will be addressed via a presentation on Staff Wellbeing and Engagement Strategies at the September 2021 meeting.
TB/2021/060: Corporate Risk Register	An update on Risk ID 7762 (Risks associated with providing HDU care in DGH with no funding for HDU provision) will be provided at a future meeting.	Executive Medical Director	July 2021	This item will be addressed under Agenda Item 84: Corporate Risk Register at the meeting in July 2021.

Item Number	Action	Assigned To	Deadline	Status
	An update on Risk ID 8243 (Absence of an end to end IT maternity system) will be provided at a future meeting.	Executive Medical Director	July 2021	This item will be addressed under Agenda Item 84: Corporate Risk Register at the meeting in July 2021.
TB/2021/061: Board Assurance Framework	An update on the discussions regarding the BAF at the Finance & Performance Committee is to be provided at the next meeting.		July 2021	Complete: Mr Hodgson and Mrs Brown discussed Mr Barnes' queries with him outside of the meeting and it was agreed that the item would be discussed at the Board Strategy session scheduled for 6 July 2021. Due to the COVID restrictions across the UK not being lifted as planned this session has not yet taken place. Further discussions between Mr Barnes, Mrs Brown and Mr Hodgson have addressed the concerns raised.
TB/2021/063: Integrated Performance Report - Safe	An update on the progress of the recruitment of the additional 40 nurses will be provided.	Executive Director of Nursing	July 2021	Update: Due to improvements to the COVID-19 situation in India, the UK Government has lifted the pause to all international travel from India for nurses taking up employment in the NHS. All nurses have to undergo a period of isolation on arrival into the UK. 11 Indian nurses for ELHT were due to arrive in the UK

Item Number	Action	Assigned To	Deadline	Status
				on the 27th June with a further 3 on the 6th July. The rest of the expected nurses will arrive over the coming months.
TB/2021/063: Integrated Performance Report – Responsive	Mrs Gilligan to provide a Mental Health timeline to the Board once it has been developed.	Chief Operating Officer	July 2021	Complete: Professor Fairhurst and Mr McGee have had a successful meeting with Mr Eva and Mrs Donovan, Chair and Chief Executive of LSCFT, to discuss CAMHS services. It was agreed that this will be discussed a future Board Strategy session and that both Mr Eva and Mrs Donovan would be invited to attend. An expansion roadmap for the LSCFT bed base has also been shared with Board members.
TB/2021/063: Integrated Performance Report – Well-led	Mrs Quinn to provide an update on the appraisal process at a future Trust Board meeting.	Operational Director of HR&OD	July 2021	Update: Appraisal has recommenced across the Trust with a focus on wellbeing conversations to support staff experience and wellbeing. Compliance levels, key themes and feedback will be discussed at the October 2021 Board meeting.

Item Number	Action	Assigned To	Deadline	Status
TB/2021/064: Workforce Update - People Strategy Update and Implementation Plan	An update on the progress made with the conversion of mass vaccination volunteers to substantive roles within the Trust will be provided to the Board.	Executive Director of HR&OD/Operational Director of HR&OD	July 2021	Update: A verbal update will be provided at the Board meeting in July.
	Executive Team to update the Sustainable Strategy Plan and present to a future Trust Board meeting.	Executive Directors	September 2021	Agenda Item: September 2021
TB/2021/072: Open Forum	A written response to be provided to the member of the public.	Corporate Governance Team	May 2021	Complete: A written response was sent to the member of the public who submitted the question immediately after the meeting and has been circulated to Board members for information.

TRUST BOARD REPORT

Item

82

14 July 2021

Purpose Information

Title	Chief Executive's Report
Author	Mrs E-L Cooke, Joint Deputy Director Communications and Engagement
Executive sponsor	Mr K McGee, Chief Executive

Summary: A summary of national, health economy and internal developments is provided for information.

Recommendation: Members are requested to receive the report and note the information provided.

Report linkages

Related strategic aim and corporate objective

- Put safety and quality at the heart of everything we do
- Invest in and develop our workforce
- Work with key stakeholders to develop effective partnerships
- Encourage innovation and pathway reform, and deliver best practice

Related to key risks identified on assurance framework

- Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.
- Recruitment and workforce planning fail to deliver the Trust objectives
- Lack of effective engagement within the partnership organisations of the Integrated care System (ICS) for Lancashire and South Cumbria and the Integrated Care Plan (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.
- The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal	Yes	Financial	Yes
Equality	No	Confidentiality	No

Previously considered by: N/A

CEO Report

July 2021

This report is divided into five sections. Section one details major national headlines, section two reports news from across Lancashire and South Cumbria, and section three notes Trust news and initiatives which are aligned to the Trust's values. The fourth section shows the external communications and engagement interactions with the final section summarising the Chief Executive's diary.

An additional section has been included in this report to provide an update on nosocomial infections.

One - National Headlines

Top news reports gathered from NHS England, NHS Improvement, NHS Providers and other reputable news sources.

UK COVID-19 vaccine programme

The NHS in England has now delivered more than 60 million vaccinations with nearly 36 million adults, in England, receiving their first vaccine dose, and over 26 million having their second jab.

More than one million jab appointments were booked since the NHS vaccination programme opened for every adult in England. People rushed to book 1,008,472 appointments in just two days – an average of more than 21,000 every hour, or six every second over the weekend of 19 and 20 June. The figure does not include appointments made through local GP-led vaccination services or people getting jabbed at walk-in centres.

The figures do reveal that four in five adults have now received their first dose of the jab, and three in five already fully vaccinated after receiving two doses.

The NHS is contacting people aged 40 and over to bring forward their second dose in line with updated JCVI advice with the NHS booking service now showing earlier time slots available for those who are eligible to rebook.

All adults can book at one of the 1,600 vaccination centre, pharmacy or general practice sites across the country that are available through the [national booking service](#). Vaccination centres are also available in convenient locations such as mosques, museums and football stadiums.

Record number of people seen in March following urgent cancer referrals

New figures have shown that hard working NHS staff saw a record number of people, who were referred for urgent cancer checks, in March.

Almost quarter of a million people with suspected cancer were seen as NHS services began to bounce back after the peak of the winter COVID-19 wave.

More than 230,000 people were checked in March, alongside rapid progress by the NHS delivering the COVID-19 vaccination programme and providing care to 12,000 seriously ill patients with COVID requiring hospital treatment.

The latest statistics, published in May, also confirm that for every COVID patient cared for by the NHS between January and March 2021, 18 other patients got treatment for non-COVID conditions, while NHS staff carried out 300,000 more diagnostic tests in March than in February.

NHS ahead of target in recovery of elective care, and mental health services

The latest NHS figures show operations and other routine care are ahead of ambitions set out in April, with mental health services back at pre-pandemic levels.

Despite the extensive disruption to care caused by the pandemic, it's encouraging that the figures show routine operations, cancer and mental health care are rebounding. Average waits for non-urgent care have fallen to 11 weeks, and the number of people waiting over 52 weeks fell by more than 50,000 in April. Mental health services are back at pre-pandemic levels, and treatment rates for cancer are also now back to usual levels, with nearly nineteen out of twenty people starting treatment for the disease within one month.

The NHS is committed to restoring services to pre-pandemic levels and has recently invested £1 billion in elective recovery. The [Elective Accelerator programme](#) will see a dozen Trusts and five specialist children's hospitals receive a share of £160 million to increase the number of elective operations they deliver.

The NHS also faced one of its busiest months on record in terms of emergency care in May, with staff responding to more than 800,000 incidents – an increase of over 70,000 from two years previously.

In addition to increased demand, staff in emergency departments are having to work differently from how they did pre-pandemic, with extra time needed for applying personal protective equipment and performing rapid COVID-19 tests on patients. Social distancing and enhanced infection prevention control measures have also meant fewer beds and less clinical space.

ICS design framework

NHS England and NHS Improvement has published a new [integrated care system \(ICS\) design framework](#), to support progression and development.

It sets out some of the ways NHS leaders and organisations will operate with their partners in ICSs from April 2022. It is subject to legislation, which is expected to begin passage through Parliament before the end of summer.

There are big challenges ahead as ICS leaders and their constituent organisations adjust to the complexities of system working.

A key concern is that these NHS reforms - the most far reaching for nearly a decade - will take place against a challenging backdrop as Trusts work to clear backlogs of care, restore routine services, and tackle pent up demand across urgent and emergency care, mental health and community health services.

Wide support for more comprehensive urgent care indicators

Patients, clinicians and the public have welcomed proposals for a comprehensive set of indicators for urgent care. The [updated standards](#) aim to capture what matters clinically to patients, end hidden waits and reduce the risk of spreading COVID-19.

The proposed bundle of 10 measures takes account of changes in the way that urgent and emergency care is delivered such as the roll-out of Same day Emergency Care and strengthening of NHS 111.

Hospitals will be expected to see and assess patients within 15 minutes, one of 10 indicators which also include 111 performance, ambulance response times, through to time spent in Emergency Departments.

Developed with clinical leaders, the proposed measures – which come 15 years after the existing targets were introduced – aim to improve patient flow to prevent crowding and ensure A&Es work more efficiently and effectively than the current standards.

Thousands of lives to be saved by making every contact count

Health MOTs at NHS vaccination services, pharmacies and clinics are set to save thousands of lives.

Chief Operating Officer, Amanda Pritchard has set out how the health service will make 'every contact count' by rolling out opportunities for health checks at times when patients already have other appointments.

The NHS will offer a range of targeted tests including blood pressure, heart-rhythm and cholesterol checks when people drop in for top-up covid jabs or flu vaccinations this autumn.

With one stroke prevented and 37 people with irregular heart rates diagnosed for every 5,000 people offered heart checks at vaccination centres, it is estimated that more than 1,000 strokes could be prevented every year if everyone over 65 was offered an annual heart rhythm check.

First patient treated with the ‘world’s most expensive drug’

A five-month old baby has become the first patient to receive a potentially life-saving drug on the NHS that can prevent paralysis and prolong the lives of children with Spinal Muscular Atrophy (SMA). Arthur Morgan, who was diagnosed with SMA, received the one-off gene therapy at Evelina London Children’s Hospital on 25 May 2021.

Untreated SMA is the leading genetic cause of death for children, and until two years ago there were no treatment options available for youngsters diagnosed with the cruel disease. But now gene therapy can potentially give babies the ability to sit, crawl and walk.

The [NHS Long Term Plan](#) committed to using cutting edge treatments and therapies to save and improve patients’ lives.

Zolgensma, which has a list price of £1.795 million per single dose, was made available on the NHS following a landmark deal struck with manufacturers Novartis Gene Therapies in March this year.

Patients with type 1 diabetes to get artificial pancreas on the NHS

An ‘artificial pancreas’ designed to revolutionise the life of people with Type 1 diabetes will be provided by the NHS, 100 years after the discovery of insulin. Up to 1,000 patients will benefit from a pilot of the innovative ‘closed loop technology’, which continually monitors blood glucose and automatically adjusts the amount of insulin given through a pump. It can eliminate finger prick tests and prevent life-threatening hypoglycaemic attacks.

This means the NHS is going above and beyond its [Long Term Plan](#) goal on non-invasive glucose monitoring, with two in five people with Type 1 diabetes already now benefiting from this technology.

Up to 1,000 patients from around 25 specialist diabetes centres in England will benefit from the pilot programme. Participating centres will submit data via the NHS’s world-leading National Diabetes Audit and the results will feed into the evidence assessment undertaken by the [National Institute for Health and Care Excellence](#) (NICE).

£52 million investment to fast track online maternity records

Every mum to be will be able to access their maternity records on their smart phones. Bulky paper records would soon be a thing of the past as pregnant women will be able to access information on their

pregnancy at their fingertips on phones or other electronic devices if they choose to. Although, women can also choose to keep paper records, depending on their preference.

The NHS investment of £52 million is to fast track its [Long Term Plan](#) commitment to ensure that all women will have access to all of their maternity notes and information through a smart phone or other device by 2023/24.

Giving women easy access to their maternity records, whether on a smart phone or online, allows them to take full control of their pregnancy journey by having all the information and decisions about their care at their fingertips. Midwives, GPs, and other clinicians caring for a pregnant woman will also have easy access to information, no matter where or when the mum-to-be is seen. Not only will this help improve the experience for women by reducing the burden of repeating information to each healthcare professional that they see throughout their pregnancy, but it will also improve safety.

It will help NHS maternity professionals to ensure the best health and care outcomes by preventing important details from being missed.

While some Trusts have some form of digital maternity records in place, the new system will be the gold standard and ensure that there are no variations in quality of platform across the country.

Anne Longfield appointed to help transform care

The NHS has appointed former Children's Commissioner Anne Longfield OBE to help transform the care of children and young people with a learning disability and autism.

As the new independent chair of the Learning Disability and Autism Children and Young People's Steering Group, Anne will champion the rights of children and young people to ensure they get the support they need at the right time and work closely with the Ministerial led '[Building the Right Support Board](#)'.

Rise in NHS annual health checks for people with a learning disability

Three quarters of people with a learning disability aged 14 and over have received an annual health check two years ahead of an [NHS Long Term Plan](#) target.

Every year, people with a learning disability die sooner than they should and many from potentially avoidable conditions, such as constipation or aspiration pneumonia. Despite the pandemic, the NHS has ensured that three quarters of people over the age of 14 with a learning disability have received their annual health check, two years ahead of the Long Term Plan target – the health MOT's from local GPs are crucial in identifying and tackling major health conditions and preventable causes of early death.

The news comes as the [fifth annual learning disability review and action report](#) are published. Most recent data shows that 97% of eligible reviews were completed within six months, a rise of a third compared to the previous year.

This important report reminds us why improving the health of people with a learning disability is a priority for the NHS and it is vital we use this to make real and lasting change to help close the health inequality gap seen throughout society.

Funding boost for young people's mental health services

Children and young people will benefit from a cash injection to mental health services which includes addressing the increasing demand for the treatment of eating disorders.

An extra £40 million has been allocated to address the COVID impact on children and young people's mental health and enhance services across the country.

One way the additional money will be spent is to support ensuring the right type of beds are in the right places, or that alternatives to admission are in place, supporting parts of the country that have more challenges in their range of bed capacity.

This pandemic has hit our young people hard and while services have remained open throughout, there has been an increase in the numbers of children and young people seeking help from the NHS for their mental health.

This additional funding is in recognition of the rising demand. It also supports the NHS's continued commitment to provide the best care as early as possible and the work involved to prevent children and young people needing hospital treatment. And if they are in hospital that they receive the right treatment before being supported back at home.

England's top NHS nurse says volunteering surge can be positive COVID legacy

Increased volunteering across the NHS and beyond can be a positive legacy of COVID. New research showed that giving up time for the health service or other good causes can significantly boost quality of life.

Speaking at the start of Volunteers Week, Chief Nursing Officer for England Ruth May thanked hundreds of thousands of volunteers across the country who have played their part in the fight against COVID and urged them to stick at it as the country recovers.

New figures released show that 436,000 people from the NHS Volunteer Responders Programme, set up at the start of the pandemic, have so far carried out almost two million tasks for those who needed to stay at home during the pandemic. Roles range from phone calls to the isolated to delivering medicines and medical devices, while thousands have given up their time to steward vaccination sites as part of the biggest jabs drive in NHS history.

NHS kicks off ‘CPR Army’ following footballer’s collapse

England’s National Medical Director, Professor Stephen Powis, is sending out an army of volunteers to teach CPR after international footballer Christian Eriksen was saved by quick thinking medics during the Euro 2020 match.

With only one in three people in England giving CPR when they witness someone going into cardiac arrest, Professor Powis says thousands more lives could be saved if more people knew what to do.

A new partnership with [St John Ambulance](#) has been launched to deliver an NHS programme encouraging everyone to learn CPR and how to use defibrillators. The health and first aid charity recently trained 27,000 vaccination volunteers in these lifesaving skills and will seek to train an additional 60,000 people as part of this new programme.

Two - Lancashire and South Cumbria

Headlines

Important updates and information reflecting work being carried out across Healthier Lancashire and South Cumbria and Healthier Pennine Lancashire.

New Role for Kevin Magee

BTH and ELHT's Chief Executive, Kevin McGee, has been appointed as Chief Executive of Lancashire Teaching Hospitals NHS Trust. Kevin has agreed to take up the role following the departure of their current Chief Executive Karen Partington later this year. Kevin will continue with his work as lead Chief Executive for the Provider Collaborative Board

It is an incredibly important time for the Lancashire and South Cumbria Integrated Care System and there is no doubt that improved collaboration across NHS organisations, and specifically providers through the Provider Collaborative Board, will be key to our future success.

Both BTH and ELHT will be recruiting new Chief Executive Officers to focused on the individual Trusts.

It's important to know that our direction of travel remains unchanged. The Trust remains committed and focused on providing sustained improvement in the quality of safe and effective clinical services and all providers across Lancashire and South Cumbria remain committed to working together to improve the system as a whole for our communities.

In the meantime Kevin remains actively engaged and visible across both organisations. Whilst his start date at LTHTR has not been confirmed, there will be work ongoing across all three Trusts to ensure a smooth handover is in place for staff and patients.

COVID-19 update

In the North West community COVID-19 infection rates have started to rise across the whole of the region, which significant challenges in Lancashire. It is notable that cases are high in younger people. Health care providers are continuing to urge people to come forward for vaccinations as soon as they become eligible, particularly as cohorts open up to those younger groups to ensure protection for families, friends and communities.

In response to some of the areas in Lancashire where higher rates of prevalence are being seen, the Government, the DHSC, and PHE have made surge testing available to those communities to help to break the cycle of transmission.

While hospitalisation rates have been gradually rising, it is too early to tell whether the rise in cases will lead to any more significant impact on the NHS. As the vaccination offers some level of protection, there is reason to be optimistic that the impact will not be on the same scale as the previous waves of the virus. Many of those hospitalised in recent weeks are younger people, some who have not received one or both doses of the vaccine yet, and some with other underlying health conditions. It is also the case that those patients who are being hospitalised are recovering quicker and spending less time in hospital.

The variants of concern are being closely monitored to look out for any increasing levels of sickness in those infected, any growth in hospital admissions and any cases that develop in people who have been vaccinated.

At this time, we continue to see lower numbers of patients being treated for COVID-19 in our hospitals and intensive care units, and thankfully lower rates of hospital acquired infection as well.

Given the rise in rates of community and as restrictions continue to ease, it is now more important than ever that we resist complacency and wasting the gains we have made in the past few months. It is important to continue to follow the protective measures learnt over the last year, and encourage our staff, patients, and communities to do the same, to ensure we minimise the risk of the infection rates rising again.

Where areas are seeing rising rates of community transmission again, we will ensure we are focusing our support and monitoring efforts on those areas that continue to see significant challenges.

The vaccine continues to be our best route out of the pandemic. We are ensuring work is done with communities in areas where vaccine uptake has been lower to understand any reasons for this and ensure those who are eligible for vaccines are encouraged to do so at the first opportunity. We are urging anyone who qualifies for a jab but has not yet received one to not delay and book an appointment.

Virtual COVID-19 wards have now been rolled out across the system, providing an effective way of monitoring people recovering from Covid in their own homes, using pulse oximetry technology to remotely monitor blood oxygen levels.

The NHS and its workforce have worked under immense pressure now for over a year and their heroic efforts should be a point of pride to everyone across the country, but especially in Lancashire and South Cumbria, where that pressure was greater and lasted longer. Colleagues went above and beyond the call of duty over and over again to ensure the NHS was able to continue to treat patients, including those requiring care for reasons unrelated to COVID-19. It is vital that we continue to concentrate significant efforts, including plans for the long term, to support their health and wellbeing, physically and mentally, ensuring colleagues are aware of the support available to them, and taking every opportunity to celebrate the herculean efforts we have seen from them to date, while understanding the impact the last year is likely to have had on individuals.

The Government continues to consider the next steps on its [roadmap out of lockdown](#) lifting most legal restrictions on meeting others outdoors, and updating guidance on social distancing measures, with more

businesses reopening, and the numbers of people able to attend weddings, receptions, funerals, and wakes rising to 30.

Vaccination programme update

More than 1 million people in Lancashire and South Cumbria have now had at least 1 dose of the COVID-19 vaccine as part of the largest vaccination programme in NHS history – and over 50 million people have been vaccinated across the UK.

In the first three months of 2021, volunteers gave more than 50,300 hours of their time as marshals at over 30 different community vaccination clinics and 7 mass vaccination centres across Lancashire and South Cumbria. Marshals help patients navigate through the site, from directing them to a parking space, checking they have an appointment, managing the queues and helping them to exit sites safely after their vaccination.

People aged 18 and over are now being invited to come forward and book appointments to receive their vaccinations, people over 16 who live with adults with weakened immune systems are also being offered a vaccine. Anyone aged 45 and over or who has a learning disability, is clinically vulnerable, clinically extremely vulnerable (at high risk from coronavirus) or an unpaid carer is also being invited to book their appointment.

Elective Care Recovery

Recovery continues to be a primary focus of our work and it is vital we stand back up as much of our elective care programme as possible, while at the same time working to ensure those who have already waited for considerable time for care are treated as soon as possible. Mutual aid is proving an invaluable tool to ensure the sickest patients are treated as quickly as possible in the most appropriate place, including cancer patients who, where necessary are being treated through our surgical hubs.

Where appropriate, online outpatient appointments and innovative ways of delivering surgery are helping to ensure people get the care they need in a timely way.

In addition to working as one NHS across Lancashire and South Cumbria (and the North West) to provide mutual aid to deliver vital services, we continue to work with the private sector to provide resource to address the backlog in our elective care programme and get patients treated as quickly as possible.

This area of work must remain a priority for the NHS in the coming months so we can begin to address the substantial growth in our waiting lists with thousands of patients now waiting more than a year for non-covid treatment.

Some services are already back up and operating at more than 110% in comparison to the 2018/2019 baseline numbers which means we are not just back up and operational in those areas, but also starting to make some inroads into the backlog and those patients who have waited for some time for care.

In May, [the NHS announced a £160 million initiative to tackle waiting lists and develop a blueprint for elective recovery](#) as early reports show the health service is recovering faster after the second wave of the coronavirus pandemic. This includes an [‘elective accelerator’ pilot led by Lancashire and South Cumbria ICS](#), which will see ELHT along with Blackpool Teaching Hospitals NHS FT, Lancashire Teaching Hospitals NHS FT, Lancashire and South Cumbria NHS FT and University Hospitals of Morecambe Bay NHS FT working together to make significant inroads into our collective waiting lists over the next three months. The programme has already exceeded its April ambitions and is progressing well.

As we continue the work of restoring services impacted by the pandemic, it is vital that we ensure this is balanced with the recovery and resilience of our colleagues. Supporting colleagues who have been going above and beyond the call of duty now for more than a year is a crucial piece of the jigsaw and putting all of our efforts into that principle is the only way we will prepare the NHS for the work we will need to do as we start to move away from the most intense moments of the pandemic.

The impact of the third wave meant unfortunately some elective activity had to be paused, although emergency and cancer procedures continue to be delivered. These measures were in line with our surge planning and allowed us to ensure the most urgent operations and cancer care could go ahead despite the pressures, as well as ensuring that we had capacity to treat COVID-19 patients in our hospitals.

New Hospitals Programme

In line with the NHS England and NHS Improvement (NHSE/I) process for assuring service change, the New Hospitals Programme presented the draft Case for Change and Communications and Engagement Strategy to a regional NHSE/I stage 1 assurance panel at the end of May. This was well-received and, with minor amendments, the panel supported the programme continuing to develop proposals to respond to the Case for Change.

The New Hospitals Programme Case for Change seeks to demonstrate a compelling case for why Lancashire and South Cumbria needs new hospital facilities. Using input from the programme’s Case for Change workshops and stakeholder input - including staff and patient representatives, a strong rationale has been set out, clearly demonstrating the challenges around the condition of hospital estate at the Royal Lancaster Infirmary, Royal Preston Hospital and Furness General Hospital.

Following feedback from NHSE/I and system partners, the Case for Change has been updated and will be presented for final approval to the Lancashire and South Cumbria Strategic Commissioning Committee on 15 July. The Case for Change will then be made available to the public through the New Hospitals Programme website and social media channels. Public-facing engagement events are planned as soon as COVID guidelines permit them to safely take place.

It is important to note no decisions have yet been made and all options are on the table. A variety of factors will influence proposals, such as:

- Patient accessibility

- Clinical outcomes
- Affordability
- Sustainability

System wide work is underway to develop proposals which deliver against the challenges detailed in the Case for Change. The key milestones are:

- Agreement of demand and capacity modelling and associated assumptions – the output of this will determine the size and cost of hospital facilities for 2030 and beyond
- Development of the longlist of proposals
- Assessment criteria (critical success factors)
- Appraisal of the longlist to shortlist.

Proposals for new hospital facilities will be led by data, research and clinical expertise and they will be reviewed and guided by NHS partners and local authorities. Throughout this process, the programme is seeking the input of our people (staff and patient representatives) to emerging proposals and also the assessment criteria.

The programme remains on track to deliver the final business case by mid-2024 and to start building in 2025, with new hospital facilities opening by 2030.

The programme will be subject to a series of checks and balances, including scrutiny and agreement from decision makers within the NHS, the Government and local authorities. As our proposals develop, there will be greater clarity regarding the scope of any public consultation.

The New Hospitals Programme is committed to involving and engaging our workforce, patients and population. The programme has launched a Lancashire and South Cumbria New Hospitals Programme website and initial social media channels: New Hospitals Programme Twitter and New Hospitals Programme Facebook accounts.

The New Hospitals Programme Big Chat online conversation is now live, with active engagement from staff across Lancashire and South Cumbria, with all NHS colleagues encouraged to register and join in the conversation. Since launching, as of 29 June 2021, the Big Chat online conversation has received 6,244 visits with 15,939 interactions - with contributions focused on hopes and desires, fears and concerns and specific clinical benefits of new hospital facilities.

In addition, work has begun with Healthwatch, to encourage local people to get involved in sharing their views about what new hospital facilities would mean to them. Preparations are underway for six focus group/workshop sessions in July/August, with a focus on outreach to people who are digitally excluded.

NHS pelvic health clinics to help tens of thousands of women

Tens of thousands of pregnant women and new mums will receive support to prevent and treat incontinence and other pelvic floor issues, thanks to new clinics being set up. Lancashire and South Cumbria will be one of 14 areas in the country where this will be initially piloted with up to 17,000 women set to benefit from the additional support every year

Clinics will offer a one stop shop for women with symptoms, bringing together midwives, specialist doctors and specialist physiotherapists under one roof. It is understood that many women don't report issues with incontinence because they are embarrassed about seeking help. Bringing together experts in pelvic health in one place will offer women a way of seeking help quickly and easily, as well as sending the message that postnatal incontinence is nothing to be ashamed of and can be treated.

Every woman receiving maternity care in the pilot sites will be able to access the service throughout their pregnancy. Being supported by physiotherapists from the start means exercises can be provided to help to prevent problems from developing in the first place.

Queen's Birthday Honours

One of Lancashire's leading Consultant immunologists, Professor Anthony Rowbottom, has been awarded an MBE in The Queen's Birthday Honours List 2021 in recognition of his services to Pathology during the Covid-19 pandemic.

Dr Rowbottom is Professor of Clinical Immunology and Laboratory Director for Immunology at Lancashire Teaching Hospitals. He is also the Clinical Director for the Lancashire and South Cumbria Pathology Service and has most notably been instrumental in part leading the Covid-19 swabbing programme across Lancashire and South Cumbria.

In just a short space of time, the Covid-19 testing programme has grown considerably and is now able to offer tens of thousands of tests to the population per day across Lancashire and South Cumbria.

An MBE is an appointment to the Order of the British Empire and are handed out twice a year - in the New Year Honours List and The Queen's Birthday Honours List. MBEs are awarded for an outstanding achievement or service to the community which will have had a long-term, significant impact and stand out as an example to others.

Dare to Care

An innovative pilot scheme, which supports unpaid carers to pursue a career in local care homes, will be launching in Lancashire and South Cumbria in June this year.

['Dare to Care'](#) is a free 12-week training programme that provides unpaid carers – including young carers aged 16-18 years – an opportunity to develop new skills, receive training certificates and build confidence to become a volunteer and potentially job-ready for a career in the care sector.

The 'Dare to Care' programme has been developed by the Integrated Voluntary Services Project in partnership with the Health Innovation Campus at Lancaster University, Lancashire County Council and Healthwatch in Blackpool (Empowerment Charity) and Healthwatch Lancashire and is a brilliant example of organisations working in partnership across Lancashire and South Cumbria

Transforming Pathology Services

The transformation work for pathology services is continuing. The Lancashire and South Cumbria Pathology Collaboration is currently developing models, with one of the models including a new Pathology Hub. However, each hospital will continue to retain emergency pathology services within the hospital site.

A robust and transparent process was put in place for choosing a location for a Pathology Hub, and Leyland, near Centurion Way, was endorsed as the preferred clinical option. An independent review of available sites in Leyland and the wider South Ribble area was undertaken by NHS Improvement in April 2021 and this identified that the Enterprise Zone site in Samlesbury as the most suitable location for the Hub. This was endorsed by the Pathology Collaboration Board on 28 May 2021.

The Pathology Hub will provide a purpose-built environment bringing together highly qualified clinical and scientific staff from across the network who will drive adoption of new technology, maximise future investment and increase our ability to continue providing a high-quality pathology service.

The Outline Business Case was submitted to NHS England and NHS Improvement in March 2021 and work is now progressing on the Full Business Case by September 2021.

LSC Together

Health and care partners across Lancashire and South Cumbria have agreed to run an 'LSC Together' initiative between 21 – 25 June. Traditionally called a 'Perfect Week' the work will ensure the whole health and care system focuses on building from the learning of responding to the Coronavirus pandemic, test new ways of working and ensuring people have the best possible experience of our health and care services which includes primary care, hospital care, mental health, social care or the community care sector.

With significant pressures and challenges across the health and care system it is extremely challenging operationally to deliver the kind of care we want to for all our patients whenever they present. This initiative aims to help us to capture learning and build on the experiences of COVID-19 to improve our services for our 1.8million population across Lancashire and South Cumbria.

Three - ELHT Headlines

Important news and information from around the Trust which supports our vision, values and objects.

Use of the Trust Seal

The Trust seal has been applied to the following document since the last report to the Board:

- On 6 July 2021 the seal was applied to a Reservation of Rights letter between the Trust and Consort Healthcare (Blackburn) Limited in relation to essential works due to be carried out as part of the Urgent Emergency Care Programme. The form was signed by Kevin McGee, Chief Executive and Martin Hodgson, Deputy Chief Executive.

Celebrating OPDs

On National ODP Day, the Trust celebrated the work of all our wonderful Operating Department Practitioners. ODPs look after patients on their journey through surgery in our operating theatres across ELHT, and are trained in three key areas: anaesthetics, the operation itself and in-patient recovery, with patient safety being the key objective of ODPs at all times.

This varied role includes everything from providing comfort to patients to preparing operating theatres with the correct equipment needed for the upcoming procedures and providing a vital link between the surgical and theatre teams and other clinical teams.

Part of the celebrations included hearing how the working lives of two OPDs, based in Burnley General Teaching Hospital theatres, changed when they were redeployed to the Critical Care Unit at Royal Blackburn Teaching Hospital. You can read more about Maria Qamar and Claire Matthews stories [here](#).

Ground-breaking reconstructive head and neck surgery

ELHT surgeons are successfully treating patients with complex head, neck and oral cancers through ground-breaking microsurgery. Across East Lancashire, over 100 patients are diagnosed with oral cancer each year and 75% of these patients will need major reconstruction surgery once the cancer has been removed. Previously, East Lancashire residents had to travel outside of the region to undergo the extensive surgery. But now two new surgeons at ELHT are able to offer the complex procedure much closer to home.

Mr Leo Vassiliou and Mr Panos Kyzas, both established Head and Neck surgeons, were appointed to ELHT in May, 2020 to help the Trust rebuild this vital service for its population. They have successfully treated 75 patients in their first year, all with a 100% success rate. The service is now one of the highest performing in the UK and ELHT is the only Trust in the North West that has continued to offer

uninterrupted, unchanged and state of the art treatment to its oral cancer patients since the Covid-19 pandemic began. You can read more of this amazing story [here](#).

ELHT Consultant lead author on a Cochrane Review

It has been announced that Clinical Director for Respiratory, Dr Iain Crossingham is the lead author on a [Cochrane Review paper](#) published recently. The review was also co-authored by Sally Turner, Respiratory Advanced Nurse Practitioner, Dr Phillip Webb, Respiratory Specialist Trainee, and Rebekah Richardson, Respiratory Nurse.

Cochrane reviews are important collaborative systematic reviews and the involvement in our team in this one is a positive illustration of how the team is actively working to achieve the best possible evidence-based care for our patients.

Plant-Based Week

The Catering Team at ELHT recently took part in the Public Sector Catering magazine and website's 'Plant-Based Week'. The demand for plant-based meals is increasing as more people adopt a 'flexitarian' approach to eating, there is evidence that both vegetarianism and veganism are gaining in popularity too. It is believed that this switch is being driven by concerns about health, the environment and animal welfare.

In recognition and support of Plant Based Week, our Catering Team in the Grane Restaurant on the Royal Blackburn Teaching Hospital site offered a range of delicious plant-based meal options throughout the week. The team also created a series of new delicious recipe cards to be taken away and tried at home. Public Sector Catering also hosted daily cooking demos with experienced chefs creating plant based meals. But don't worry, if you missed them, [you can still watch them here](#).

Local singer songwriter finds true calling

At the start of the pandemic, singer-songwriter Stephen Bayliss, suddenly found himself unable to do the job he has lived, breathed and loved for nearly 35 years. As hospitality venues across Lancashire closed and his work stopped, this meant he needed to find a new source of income. But he also wanted to make himself useful.

Knowing that Stephen always puts people above all else, a friend suggested he applied to be a Patient Services Assistant (PSA) at the Trust. When he searched for more information, he found that this was the perfect solution for him and joined the ELHT family in September last year.

Throughout the years, Stephen has turned his hand to a range of roles - from tree surgeon and car valeting to car salesman. But now he feels he has found his true calling in the NHS. Stephen loves his job

and proudly tell those who ask that he is a cleaner and a singer. Colleagues of Stephen, ask him to sing to patients when they are feeling down and it is a great gift to be able to do that and see their spirits lift.

National walking month

As part of National Walking Month, colleagues were invited to walk and talk with Operational Director of Human Resources and Organisational Development, Kate Quinn. The walk was an opportunity to catch-up with Kate and discuss celebrations and successes, concerns, issues and ideas for improvement across the Trust, as well as a chance to get away from the workplace for some fresh air.

Walking is great for your physical and mental health, and talking is too! At ELHT we want to encourage a culture of sharing our successes and good news, suggesting new ideas and working through issues, to improve the health and wellbeing of our staff.

A good walk can do wonders for your mental wellbeing and it's not just about the occasional one-off feel-good factor. Being active has a whole range of benefits, including improving self-perception and self-esteem, mood and sleep quality. It also reduces stress, anxiety and fatigue. In older people, staying active can improve cognitive function such as memory, attention and processing speed and reduce the risk of cognitive decline and dementia.

There's also a wide range of health and wellbeing programmes and support available from the Trust, to keep our teams healthy and well both in and out of work. Check out the Trust's [Wellbeing Directory](#) for information on the resources available and the monthly Wellbeing Calendar for sessions and training provided by our Well Team.

ELHT volunteers return

Our volunteers have been making an invaluable contribution in supporting the promotion and delivery of a safe, personal and effective service for more than 40 years. They commit their time, enthusiasm and experience to support our patients, families, visitors and staff in many different ways. Volunteers also play a vital role in supporting us to serve our community by actively contributing to the Trust's service development and feedback projects.

This last year has been a real challenge as we have had to stand down many of our vulnerable volunteers to protect them from the Covid-19 virus and reduce footfall on our sites as they form a pivotal part of many teams, which is why it was great to see them return.

Over the last two months a number of new roles have emerged due to the pandemic so a new cohort of volunteers have been recruited and have merged seamlessly with the current team, helping in such vital roles as patient drop off's, supporting visitors with changing masks and hand sanitising upon entering buildings and the vaccination hubs.

Working within the voluntary services is so much more than just a job, it is a reward. For anyone interested in joining the volunteer family, please visit the [Lancashire Volunteer Partnership website](#).

Celebrating PRIDE month

Colleagues across ELHT came together to celebrate Pride Day, a day to recognise and celebrate the LGBTQ+ communities all around the world. Whether it was wearing an item of rainbow clothing or using the dedicated MS Teams backgrounds, colleagues all came together to promote the importance of equality and diversity across the Trust.

The day was organised by the Trust's LGBTQ+ network, which works hard to create a culture and environment where everyone feels comfortable to be themselves. The network is firmly committed to ELHT's Inclusion agenda and promotes and champions LGBTQ+ diversity, inclusion and equality in the workplace and makes recommendations to the Trust on appropriate initiatives and activities that will enable this.

Across the Trust at RBTH, BGTH and our Community sites, staff were asked to wear an item of rainbow clothing to take part in the celebrations. Specially decorated cakes were brought round to various departments supplied by the Catering Team and sites such as the Rakehead Rehab Centre organised their own party with a special board created to showcase significant figures in Pride history. As well as the celebrations, a number of colleagues also signed up to the Trust's Rainbow Badge Training which is an e-learning module on the Learning Hub and a 'Rainbow badge' is received on completion. This initiative is a way for NHS staff to demonstrate that they are aware of the issues that the LGBTQ+ community can face when accessing healthcare and the badge is intended to be a visual symbol identifying its wearer as someone who you can feel comfortable talking to about issues relation to sexuality or gender identity.

Pedalling for charity

During the Covid-19 pandemic, it has been particularly hard for some people to keep fit with the closure of gyms and restructure of ways of working. But for Gemma Latham-Geall that's not the case, as she's used the time to hone her cycling skills ready for a huge 400-mile bike ride across the month of June to raise money for three charities. Gemma, a Clinical Site Manager at the Trust, is an avid ice hockey player but due to the closure of ice rinks over the pandemic, wanted to find a new hobby to challenge herself. She took up cycling in February with her friend and as the rides gradually got longer and she got fitter, she wanted to find a challenge which would not only push herself to her limits, but also help raise vital funds for charities which meant a lot to her.

Her challenge began on 31 May and ended on 30 June after cycling 100-miles per week to reach her 400-mile distance. Gemma fitted in the cycling around her shifts at the Trust and has been supported by her husband Andy and colleague Helen Campbell, who also accompanied her on most of her rides.

Alongside ELHT&Me, Gemma is raising money for Alder Hey Children's Hospital and Ronald McDonald House and she hopes to raise £500 for each charity.

Four – Communications and Engagement

A summary of the external communications and engagement activity.

May 2021

Communications and Engagement

Monthly Media Update

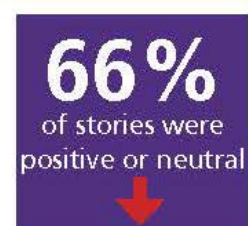
Top Stories...

- Maple Team is another branch to community midwifery services
- "I go home every day knowing I've made someone happy"
- Celebrating National Operating Department Practitioner's Day
- ELHT paves the way in treating head and neck cancer with ground-breaking reconstructive surgery



Accelerating care across Lancashire and South Cumbria

Press and Media Relations...



Projects the Communications Department has supported...

- Restoration
- ELHT&Me
- COVID vaccination hub
- Inclusion
- Staff wellbeing

Website...



Our website got **128,850** page views by **47,505** people.

The most viewed webpage was – Waiting times



Social media and digital...



*We had a flurry of activity following the story re the Maple Team and subsequent debate regarding the terminology used

The most talked about issues on our social networks..

- Central Birth Suite at Lancashire Women and Newborn stats for April, 18/05 = 14,799
- Maternity services update - lifting of restrictions, 11/05 = 14,639
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- Emergency Medicine Day post thanking colleagues, 27/05 = 9,071
- Critical Care Unit's thank you event for colleagues in the T garden, 12/05 = 8,873

Posts of the month...



Top Tweet earned 517K impressions

We are delighted to be offering support to pregnant people with diabetes across East Lancashire, from our Maple Team!

The team have had training to develop and strengthen their knowledge, to provide enhanced care for parents-to-be 🍁

Read more - ow.ly/RQr50EGZIP
pic.twitter.com/dREFBckW7T



1476 8 22

Facebook review rating:

4.6 out of 5

Routine activity:

- Weekly staff bulletin
- COVID briefing
- Stakeholder Briefing
- Other News
- Website updates
- Sharepoint/OLI updates

June 2021

Communications and Engagement

Monthly Media Update

Top Stories...

- Local Singer-Songwriter finds true calling as a COVID hero during pandemic
- "Please help reduce pressure on local A&E" plea from East Lancashire clinicians
- System Wide Perfect Week 2021
- Rebecca Baxter is June's Employee of the Month



Press and Media Relations...

32

mentions in all media



26

Media enquiries handled



5

media releases issued this month



81%

of stories were positive or neutral



Projects the Communications Department has supported...

- Inclusion
- Restoration
- ELHT&Me
- Health and wellbeing
- Corporate branding and templates

Website...



Our website got **133,229** page views by **47,097** people.

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Five - Chief Executive's Meetings

Below are a summary of the meetings the Chief Executive has chaired or attended since the last board meeting.

June 2021 Meetings

Date/Frequency	Meeting
Bi-weekly – Monday	Lancashire and South Cumbria (LSC) Out of Hospital and Hospital Cell Touchpoint
Weekly – Monday	North West Hospital Cell Gold Command Escalation
Weekly – Monday	Executive Team
Weekly – Tuesday	David Flory, Independent Chair, (LSC) Integrated Care System
Weekly – Wednesday	LSC Chief Executives Briefing
Weekly – Wednesday	North West Regional Leadership Group
Weekly – Thursday	Chairman/Chief Executive Briefing
Weekly – Friday	North West Capacity Oversight Group
Weekly – Monday and Wednesday	LSC Hospital Cell Team
Bi-weekly - Tuesday	COVID-19 STP Hospital Cell – Bill McCarthy
2 June	ICS Board
2 June	Accelerator System
8 June	ICS Development Oversight Group
8 June	PL Chairs and Chief Officers
9 June	Board Strategy
9 June	NHS Providers
15 June	Tea Brief
16 June	LSC System Leaders

17 June	Confed 21 roundtable
17 June	CEO Advisory Group
23 June	Provider Collaboratives – Good Practice event
24 June	LSC Diagnostics Programme Board
25 June	LSC Pathology Collaboration Board
25 June	LSC Provider Collaboration Board
29 June	Employee of the Month

July 2021 Meetings

Date/Frequency	Meeting
Weekly – Monday	Lancashire and South Cumbria (LSC) Out of Hospital and Hospital Cell Touchpoint
Weekly – Monday	North West Hospital Cell Gold Command Escalation
Weekly – Monday	Executive Team
Weekly – Tuesday	David Flory, Independent Chair, (LSC) Integrated Care System
Bi weekly – Wednesday	LSC Chief Executives Briefing
Weekly – Wednesday	North West Regional Leadership Group
Weekly – Thursday	Chairman/Chief Executive Briefing
Weekly – Friday	North West Capacity Oversight Group
Weekly – Monday and Wednesday	LSC Hospital Cell Team
Bi-weekly - Tuesday	COVID-19 STP Hospital Cell – Bill McCarthy
Bi-weekly – Wednesday	North West Coast Vaccine Alliance Steering Group
Monthly - Tuesday	ICS Development Oversight Group

6 July	Board Briefing Session
6 July	LSC Clinical Haematology
13 July	ICS Development Oversight Group
13 July	PL Chairs and Chief Officers Advisory Group
13 July	Cardiac Network
14 July	Trust Board
15 July	Extraordinary Collaboration Board
20 July	LSC & Wigan Vascular Network Board
21 July	LSC System Leaders
23 July	CEO Advisory Group

TRUST BOARD REPORT

Item **84**

14 July 2021

Purpose Monitoring

Title	Corporate Risk Register
Author	Mr M Stephen, Head of Safety & Risk
Executive sponsor	Dr J Husain, Executive Medical Director

Summary: This report presents an overview of the Corporate Risk Register (CRR) as of the 23/05/2021 these risks have been reviewed at RAM on the 28/05/2021 and will be reviewed in the next meeting on the 25/06/2021

Recommendation: Members are requested to receive, review, note and approve this report and to gain assurance that the Trust Corporate Risk Register is robustly reviewed, scrutinised and managed in line with best practice.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do Invest in and develop our workforce Work with key stakeholders to develop effective partnerships Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation and improvement schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care. Recruitment and workforce planning fail to deliver the Trust objectives Lack of effective engagement within the partnership organisations of the Integrated Care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities. The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework. The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact



Legal	Yes	Financial	Yes
Equality	No	Confidentiality	Yes

Previously considered by: Quality Committee (30 June 2021)

Changes to the report since last month;

1. A controls review has taken place across all Corporate Register risks and there is now only one risk which is listed as having 'Poor' controls in place. Risk **8221 Lack of recurrent investment and review of CNP services**, has been reviewed by the handler and the controls have not been updated. Family Care division, have been asked to review those controls and provide an update by the next report.
2. All other risks have controls in place and these are regularly reviewed, those that are 'Limited' in controls may have active controls that are working but may have some GAPS within those controls which are stopping them from being fully effective. Further work to review these is underway. A lack of 'Adequate' controls may stop the risk from bringing the likelihood of the risk occurring, down.

Risk Performance information;

1. **1756** risks are currently open.
2. **292** of these risks are currently **OVERDUE**. Just over **16%** of risks are currently overdue, which is an increase from last month.
3. In Divisions, risks that are overdue are being managed at later dates and are picked up by the Divisional Quality teams. This has been due to increased staffing pressures and capacity as a result of restoration activity. There has been a huge focus on operational activity during May/June which has impacted Datix updates based on feedback from the Divisions.
4. Risk Management Framework training has started to take place, there has been an increase of Risk Management e-learning being undertaken in the recent weeks.
5. **105 staff members** have recently taken the Risk Management E-learning and Risk Management Framework virtual training. Virtual training is conducted over MS teams and the recently updated E-learning is available via the Learning Hub.
6. Risks with '**Health & Safety**' have increased over the last 12 months. Under-review, this has been down to increased risk assessments for clinical/non-clinical spaces in relation to Social Distancing/PPE and good compliance with the Trust's Social Distancing Policy and COVID Guidelines. There has also been a Trust increase in Fire Safety awareness and risk management which will have an impact on H&S risks for a short period whilst these are reviewed.

Table 1: List of Corporate Risks

No	ID	Where is this risk being managed?	Title	Impact score	Likelihood score	Rating (current)	Effectiveness of Controls (taken from Datix)
1	8441	Corporate Services	Coronavirus (COVID-19) Outbreak	5	4	20	Limited
2	8126	Corporate Services	Aggregated Risk - Potential to compromise patient care due to lack of Trust-wide advanced Electronic Patient Record (EPR) System	4	5	20	Limited
3	7762	Family Care (FC)	Risks associated with providing HDU care in DGH with no funding for HDU provision	4	5	20	Limited
4	8061	Corporate Services	Management of Holding List	4	4	16	Limited
5	8221	Family Care (FC)	Lack of recurrent investment and review of CNP services resulting in service at risk	4	4	16	Poor
6	6190	Surgical and Anaesthetic Services (SAS)	Insufficient Capacity to accommodate the volume of patients requiring to be seen in clinic within the specified timescale.	4	4	16	Limited
7	7067	Medicine and Emergency Care (MEC)	Aggregated Risk - Failure to obtain timely MH treatment impacts adversely on patient care, safety and quality	3	5	15	Adequate
8	1810	Medicine and Emergency Care (MEC)	Aggregated Risk - Failure to adequately manage the Emergency Capacity and Flow system	3	5	15	Limited
9	5791	Corporate Services	Aggregated Risk-Failure to adequately recruit to substantive nursing & midwifery posts may adversely impact on patient care.	3	5	15	Adequate
10	7008	Surgical and Anaesthetic Services (SAS)	Failure to comply with the 62 day cancer waiting time target	3	5	15	Limited
11	8257	Diagnostic and Clinical Support (DCS)	Loss of Transfusion Service.	5	3	15	Limited
12	8243	Family Care (FC)	Absence of an end to end IT maternity system	3	5	15	Limited
13	8652	Corporate Services	Failure to meet internal & external financial targets for 2021-22	5	3	15	Adequate
14	8543	Surgical and Anaesthetic Services (SAS)	Fracture Clinic Capacity & Demand	3	5	15	Limited
15	8839	Surgical and Anaesthetic Services (SAS)	Failure to achieve performance targets (SAS)	3	5	15	Limited
16	8914	Diagnostic and Clinical Support (DCS)	Potential interruption of high-flow oxygen therapy to critically ill patients across RBTH	5	3	15	Limited
17	8808	Corporate Services	BGTH - Breaches to fire stopping in compartment walls and fire door surrounds allowing spread of fire and smoke	5	3	15	Adequate
18	7764	Corporate Services	RBTH- Breaches to fire stopping in compartment walls and fire door surrounds allowing spread of fire and smoke	5	3	15	Adequate
19	8960	Family Care (FC)	Risk of undetected foetal growth restriction and possible preventable stillbirth given non-compliance with national US guidelines	5	3	15	Limited
20	4932	Corporate	Patients who lack capacity to consent to their placements in hospital may be being unlawfully detained.	3	5	15	Limited

Table 2: Detailed risk information

No	ID	Title						
1	8441	Coronavirus (COVID-19) Outbreak						
Lead		Tony McDonald	Current score	20	Score Movement			
Description		This risk is to capture the risk to our patients and staff in the event of further infection rates across the UK from the coronavirus (COVID-19) outbreak.		Actions	<ol style="list-style-type: none"> Continuous actions managed and monitored through the ICC meetings and regular OCC meetings throughout the trust. Mass Vaccination rollout 	<p align="center">All actions managed by Tony McDonald (Continued actions under development as pandemic progresses through the appropriate meetings)</p>		
Top Controls		<ol style="list-style-type: none"> Co-ordination centre set up Trust HQ to enable the management and implementation of plans, processes and procedures, with daily update meetings taking place. ICC meetings currently once a week with a Senior Leadership meeting once a week for key decision making and escalation. Increased staffing during core hours to alleviate pressures - including current winter pressures measures. Regular communications about next steps/working group outcomes to keep staff and patients informed Social Distancing Group in place within the EPRR meeting (Monthly) to review key issues and escalations. Established executive oversight group which will support A) Asymptomatic staff testing B) Mass staff vaccination C) Mass Vaccination. Mass vaccination programme underway and launched 18/01/2021 Enhanced monitoring of Oxygen flow and capacity. Regularly reported on and discussed in Patient Flow meetings/ICC. Increased activity within mass vaccinations to roll out vaccinations to younger age groups due to the variants of concern. 						
Update since the last report		<p>23/06/2021 –The Delta Variant has become the most dominant in East Lancs and inpatient numbers have risen over the past few weeks (from 10 (inc 2 in critical care) on 20th May to 49 total (inc 9 in critical care) on the 23rd June. Locality surge vaccination programme has been undertaken with army support and work is ongoing to support all cohorts (over 18+) getting their vaccine. No adverse impact on restoration of services at this time. Community transmission high but appears to be levelling off.</p>		Date Last reviewed	20/05/2021			
				Risk by Quarter 2021	Q1	Q2	Q3	Q4
				8 week score projection	20	X	X	X
				Current issues	20			Impacted by COVID-19. Indian variant causing higher numbers of infections locally.

No	ID	Title						
2	8126	Aggregated Risk - Potential to compromise patient care due to lack of Trust-wide advanced Electronic Patient Record (EPR) System						
Lead		Mark Johnson	Current score	20	Score Movement			
Description		The absence of a Trust Wide Electronic Patient System, the reliance on paper case notes, assessments, prescriptions and the multiple minimally interconnected electronic systems in the Trust.		Actions	<p align="center">All actions completed – awaiting new update for the risk as this has now become a project risk expected to last until September 2022.</p>			
Top Controls		<ol style="list-style-type: none"> Stable PAS system (albeit 25+ years old) ICE system EMIS system Improved infrastructure (including storage) to maintain and manage existing systems. Register of non-core systems capturing patient information in 						
Update since the last report		<p>20/05/2021- Work has now started on Patient Track – which is the</p>		Date Last reviewed	23/06/2021			
				Risk by	Q1	Q2	Q3	Q4

	electronic capture and device integration system. We are expecting the first pilot wards to go LIVE in the next 16 weeks. The project is being ran in parallel with the new clinical communications tool (Smart Page) which integrates with the EPR system. Awaiting a risk review to review the risk score given the project launch. NO CHANGE	Quarter 2021	20	X	X	X
		8 week score projection	15			
		Current issues	The risk is currently moving into a Project so further discussions will take place about the future management of this.			

No	ID	Title					
3	7762	Risks associated with providing HDU (High Dependency Unit) care in DGH with no funding for HDU provision (Family Care)					
Lead	Neil Berry	Current score	20	Score Movement			
Description	ELHT provides HDU (High Dependency Unit) care as does most District General Hospitals with the tertiary centres providing formal HDU In recent years with increasing demand and limited tertiary capacity the provision for HDU care is increasing. We have received no funding to manage this provision and yet provide an estimated 1404 HDU days per year (70 % being Level 2 HDU).		Actions	1. STP leading review of DGH HDU care	1. Vanessa Holme	1. 26/06 /2021 (Was 09/03 /2021 and 28/03 /2021)	
Top Controls	<ol style="list-style-type: none"> 1. Safer staffing is reviewed for nursing on a daily basis at Matron and Trust Director of nursing level. Staffing is managed according to acuity and therefore managed in a safe manner. 2. Medical staffing actions have been taken to mitigate risk of medical cover to HDU activity in winter months -specific winter planning takes place. 3. HDU competencies and training completed and co-ordinated in the Directorate to ensure suitable skills. 4. Safer staffing for nursing completed on a daily basis and acuity of patients managed at Matron/Trust level. 5. Medical staffing support monitored and winter planning actions put in place to support increased HDU activity. 						
Update since the last report	23/06/2021- Demand is higher than the current amount of commissioned beds in the unit. There is a review underway with the ICS to look at funding the additional surge demand which is expected to take through past winter 2021. The original part of this risk is not resolved by this additional funding.		Date last reviewed	17/06/2021			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
			8 week score projection	20	X	X	X
			Current Issues	CCG currently not funding L2 Critical care activity. Awaiting decision from the ICS. Surge in HDU use expected past winter 2021.			

No	ID	Title				
4	8061	Aggregated Risk - Management of Holding List				
Lead	Victoria Bateman	Current score	16	Score Movement		
Description	Patients waiting past their intended date for review appointment and subsequently coming to harm due to a deteriorating condition or suffering complications due to delayed decision making or clinical intervention.		Actions	1. Weekly review of the holding list	1. Victoria Bateman	1. 02/08 /2021
Top Controls	<ol style="list-style-type: none"> 1. There is a process in place to ensure all follow up patients are assigned a RAG rating at time of putting them on the holding list. This process is for outpatients predominantly. A process forward is currently being developed. 2. There is an automated daily report to provide oversight of the holding lists by speciality. 3. Underlying demand and capacity gaps must be quantified and plans put in place to support these specialities in improving the 					

	<p>current position and reduce the reliance on holding lists in the future.</p> <ol style="list-style-type: none"> Report being provided weekly to the Executive Team. Holding List performance is discussed as part of the weekly performance meetings. 					
Update since the last report	<p>23/06/2021- We currently have 9012 patients on the surgical holding list. 4965 of these patients sit within the Ophthalmology specialty. All the current controls are still in place, but we are obviously very concerned as a team to be having this number of patients sat without review dates. We have had approval today to offer an increased rate of pay to the consultants to try and incentivize them coming forward to do extra clinics. We are hopeful this will deal with some of the red and over 6 months patients first.</p>	Date last reviewed	23/06/2021			
		Risk by Quarter 2021	Q1	Q2	Q3	Q4
		8 week score projection	16			
		Current issues	Impacted by COVID-19			

No	ID	Title				
5	8221	Lack of recurrent investment and review of CNP (Community Neuro developmental Paediatrics) services resulting in service at risk (Family Care)				
Lead	Debbie Mawson		Current score	16	Score Movement	
Description	<p>CNP is currently undergoing a service review which has stalled due to lack of resource from a CCG perspective. This is due to the service working under a block contract which has not been reviewed for a number of years. A number of roles and services are being funded non recurrently and this funding stops in march 2020 but has been continued at present due to COVID.</p>		Actions	<p>1. Conduct CNP Service review post COVID measures</p>	<p>1. Debbie Mawson</p>	<p>1. 12/07/2021 (was 30/11/2020 and 22/03/2021)</p>
Top Controls	<ol style="list-style-type: none"> Review meetings with our commissioner monthly. Escalated through CNP spec board and DMB (Divisional Management Board) also SMWRG (Senior Management Group) with DGM (Divisional General Manager) and Lead for Children and Young People Pennine CCG. Risk assessment completed. Funding continuing throughout review period but capacity issues remain the same. 					
Update since the last report	<p>01/06/2021- Seconded General Paeds speciality doctor into vacant post for 12 months and will advertise role nearer the end of the secondment. Contacted Royal College of Paediatrics re review but no response as staffs are still furloughed. Funding non-recurrent from CCG given for 12 months to commence ASD pilot. However unable to recruit to posts leaving the matron delivering the role 3 days per week</p>	Date last reviewed	01/06/2021			
		Risk by Quarter 2021	Q1	Q2	Q3	Q4
		8 week score projection	15			
		Current Issues	Funding has been extended because of COVID but that does not mitigate the risk as we still provide the service with no additional funding and uncertainty post COVID.			

No	ID	Title						
6	6190	Insufficient Capacity to accommodate the volume of patients requiring to be seen in clinic within the specified timescale (Ophthalmology)						
Lead		Victoria Bateman	Current score	16	Score Movement			
Description		Insufficient clinic capacity for patients to be seen in outpatient clinics resulting in unbooked new patients and a very large holding list of overdue patients. In some cases there is significant delay and therefore risk to patients. The demand far outweighs capacity, and this has been exacerbated since the covid pandemic, with the requirement for social distancing meaning less patients can be accommodated in waiting areas. All patients are risk stratified (red, amber, green), however still cannot be seen within timescales and additional risk that amber patients could become red over time etc.		Actions	<ol style="list-style-type: none"> Community stable Glaucoma Outsourcing of OCT & Visual Fields 	<ol style="list-style-type: none"> Vikas Shankar Vikas Shankar 	<ol style="list-style-type: none"> 16/04/2021 (Action under review) 02/08/2021 	
Top Controls		<ol style="list-style-type: none"> Failsafe Officer in place - focuses on appointing the red patients and the longest waiters. Validates the holding list. Capacity sessions where doctors willing and available. Used locums previously - however not currently in place due to (i) lack of available space, (ii) calibre of personnel is questionable, (iii) specialised areas of expertise, and (iv) in practice they do not tend to discharge and it therefore adds to holding list concerns at a later date. Flexibility of staff Integrated Eye Care Service in place for specific pathways, keeping relevant patients out of hospital eye services where possible. 						
Update since the last report		21/05/2021- The position within ophthalmology has remained similar to last month's update but the service has now moved to the 4 site model as of the 26/04/2021. We have now moved over to four sites and currently working through the IT issues that have arisen due to the move. Main area of concerns moving forward is band 2/3 staffs which are required to run clinic. (support workers). NO CHANGE		Date last reviewed	21/06/2021			
				Risk by Quarter 2021	Q1	Q2	Q3	Q4
				8 week score projection	15			
				Current Issues	Impacted by COVID-19			

No	ID	Title					
7	7067	Aggregated Risk - Failure to obtain timely mental health (MH) treatment impacts adversely on patient care, safety and quality					
Lead		David Simpson	Current score	15	Score Movement		
Description		ELHT is not a specialist provider or equipped to provide inpatient mental health services. Patients with mental health need do present to the Trust and they may require both physical and mental health assessments, treatment and referral to specialist services. Due to lack of specialist knowledge, this may cause deterioration of the patient.		Actions	<ol style="list-style-type: none"> ELHT to audit the number of patients admitted to the MHUAC from 1st of April on a monthly basis 	<ol style="list-style-type: none"> Rafia Naser David Simpson David 	<ol style="list-style-type: none"> 30/06/2021 (was 30/04/2021) 30/06/2021

Top Controls	<ol style="list-style-type: none"> Daily system mental health teleconference, attended by ELHT Clinical Site Managers. Discussion and review at four times daily clinical flow meeting Expanded mental health liaison team service based in emergency department. Treat as one group established to oversee the response to physical and mental health needs of patients. This group is chaired by the director of nursing and includes representatives from ELHT and LSCFT, LCC, BWDBC, CCG, Police. TAO group currently stood down but multiple meetings across the trust still cover core essentials. Multi agency oversight group also in place. Mental Health Shared Care Policy including out of hours escalation process for MH patients. 		<ol style="list-style-type: none"> Review impact of MH service provision with opening of MHUAC To establish and embed clinical model of review times from MHLT 	Simpson	021 (was 03/06/2021) 3. 06/08/2021	
Update since the last report	<p>04/06/2021 - Risk remains the same. There is current powerBI issues with capturing how many mental health patients present to the department. This has now been escalated to informatics and discussed at Divisional Management Board for June 2021. There were 9, 12 hour mental health breaches in May 2021, with multiple delays for patients with mental health need. The number of patients going to the MHUAC remains low which is up to 13 max per week.</p>	Date last reviewed	04/06/2021			
		Risk by Quarter 2021	Q1	Q2	Q3	Q4
			15	X	X	X
		8 week score projection	12			
		Current issues	Clinical model to be embedded, this has been added as a new action this month.			

No	ID	Title					
8	1810	Aggregated Risk - Failure to adequately manage the Emergency Capacity and Flow system					
Lead	David Simpson		Current score	15	Score Movement		
Description	Lack of capacity across the Trust can lead to extreme pressure resulting in a delayed delivery of the optimal standard of care across departments. At times of extreme pressure this increase in the numbers of patients within the emergency pathway makes medical/nursing care difficult and impacts on clinical flow		Actions	<ol style="list-style-type: none"> Nursing Assurances to be provided regarding care delivery to patient in ED Review impact of NWAs direct streaming to AECU 	<ol style="list-style-type: none"> Jacqueline Murray David Simpson 	<ol style="list-style-type: none"> <li style="background-color: yellow;">31/03/2021 27/08/2021 	
Top Controls	<ol style="list-style-type: none"> Further in-reach to department to help to decrease admission Workforce redesign aligned to demands in ED Review of processes across Acute / Emergency medicine in line with Coronial process and incidents. Work with CCG on attendance avoidance Phase 6 build commenced - completion Nov 2020 Business plan in place to review the footprint of ED and urgent care. 						
Update since the last report	<p>07/06/2021- Risk reviewed and remains the same at present, which is supported by our current monthly performance of 80%. noted increased demand, busiest month and busiest 2 days on record in May 2021 for ED.</p>		Date Last reviewed	07/06/2021			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
				15	X	X	X
			8 week score projection	15			
			Current issues	Impacted by COVID-19			

No	ID	Title						
9	5791	Aggregated Risk - Failure to adequately recruit to substantive nursing and midwifery posts may adversely impact on patient care and finance.						
Lead		Julie Molyneux/Chris Pearson	Current score	15	Score Movement			
Description		Use of agency staff is costly in terms of finance and levels of care provided to patients		Actions	1. Twice yearly professional judgment review of nurse and midwifery staffing requirements 2. Ongoing recruitment, locally, nationally, and internationally	1. All actions owned and managed by Julie Molyneux	1. 31/01/2022 (was 01/03/2021) 2. On-going	
Top Controls		1. Daily staffing teleconference, chaired by Divisional Director of Nursing, who balances and mitigates risks based on professional judgment, debate and acuity and dependency. 2. The use of the Safe Care Tool within Allocate to support decisions regarding acuity and dependency 3. E rostering - Planned and actual nurse staffing numbers recorded daily and formally reported monthly following quality assurance processes; 4. Dashboard review of good rostering compliance 5. Monitor red flags, IR1s, complaints and other patient experience data						
Update since the last report		21/06/2021 - No change in risk score - we have engaged with an agency called Jane Lewis on international recruits however due to pandemic the Indian nurses we usually recruit has been temporarily suspended.		Date Last reviewed	23/06/2021			
				Risk by Quarter 2021	Q1	Q2	Q3	Q4
				8 week score projection	15	X	X	X
				Current issues	Some impact from COVID but risk has been in place for a while and recruitment nationally is still an issue.			

No	ID	Title					
10	7008	Failure to comply with the 62 day cancer waiting time.					
Lead		William Wood	Current score	15	Score Movement		
Description		Cancer treatment delayed. Potential to cause clinical harm to a patient if the treatment is delayed.		Actions	1. Creation of comprehensive Cancer PT and automated Hot list 2. Implementation of Rapid cancer diagnostic and assessment pathways 3. Capacity & Demand Review 4. Investment of Alliance Funding in pathway to improve	All actions managed by William Wood	1. 30/06/2021 (was 31/03/2021) 2. 31/09/2021 (Was 31/12/2020 and 30/03/2021) 3. 31/03/2022 (was 30/03/2021) 4. 31/03/2022 (was 30/03/2021)
Top Controls		1. CNS engagement with virtual PTL 2. Cancer escalation process modified and re-issued 3. Cancer Hot List issued twice weekly 4. Additional theatre capacity with additional capacity being attained throughout other hospital services. 5. Lancashire Cancer Tactical Group, Trust and CCG colleagues discuss performance, progress, and ideas for improvement. 6. Cancer Performance Improvement group has been established and is chaired by the Lancashire/South Cumbria Alliance.					

			processes.			30/03/2021)
Update since the last report	26/05/2021- Performance now being scrutinised again, provided an exception report to explain non-achievement for Mar-21. Backlog has been climbing for the last few weeks, concentrated effort being undertaken to reduce this before month end in order to achieve trajectory. 104s remain at a consistent level. Due to recommence breach analysis process so we can start to take learning from breaches and incorporate additional actions into the recovery plan.	Date Last reviewed	26/05/2021			
		Risk By Quarter 2021	Q1	Q2	Q3	Q4
		8 week score projection	15			
		Current issues	Impacted by COVID-19			

No	ID	Title				
11	8257	Loss of Transfusion Service				
Lead	Lee Carter	Current score	15	Score Movement		
Description	Denial of the laboratory premises at RBH, especially blood transfusion, due to: 1. Planned evacuation due to fire alarm test. 2. Unplanned evacuation, in response to local fire alarm activation 3. Evacuation due to actual fire within the laboratory.		Actions	All actions have been completed. The risk is being reviewed and should reduce in score and move to the 'Trust Wide' Risk register. Awaiting further updates.		
Top Controls	1. Emergency bloods can be stored in temporary insulated boxes for a period of time 2. The BMS (Bio Medical Scientist) would either station themselves outside the entrance to the laboratory, where they could issue emergency units out 3. If level 0 was out of bounds, clinical flow room would be point of contact skilled staff. 4. Hospital Transfusion Committee in place and review of meeting still underway.					
Update since the last report	22/06/2021 –The electronic blood banks have arrived on site and are awaiting installation. Installation on the RBTH site requires building works to alter a room, to specifically serve as the blood bank room. BGTH site involves a co-ordinate effort with Obs & Gyn to remove and re-site existing blood bank in theatres (also to be retrofitted with an electronic kiosk, to seamlessly link with the new electronic system). Once agreement has been reached to fund the change, this can go ahead. The new blood bank is to be placed in the existing area, but alteration works (data points) are required. Liaising with estates for work to be progressed, but also to see if there are temporary areas, across the Trust where we can start the validation work.	Date Last reviewed	22/06/2021			
		Risk by Quarter 2021	Q1	Q2	Q3	Q4
		8 week score projection	10			
		Current issues	The siting of the fridges is being discussed and when in place they will need to go through change control.			

No	ID	Title						
12	8243	Absence of an end to end IT maternity system (Family Care)						
Lead		Neil Berry/Tracy Thompson	Current score	15	Score Movement			
Description		Inability to have an end to end IT record of a woman's care throughout her antenatal, intrapartum and postnatal care. Impact on midwives work load as data capture will be manual, time consuming with an inconsistent approach to collect, no additional resources are available to collate this data manually which would equal at a minimum a full time post. Potential gaps and risks of inaccurate data capture		Actions	All actions completed, awaiting further actions as risk is close to mitigation.			
Top Controls		<ol style="list-style-type: none"> The ICS procurement process is nearing its conclusion and the supplier for the new maternity system should be decided by the 30st September 2020. A divisional, multidisciplinary maternity system steering group has been formed and will meet every fortnight from the 14th October. The group will begin by discussing and developing the business case for the new system, discuss and look at setting up the project team once the chosen supplier is known and then discussing the choice and purchase of new IT infrastructure, again once the chosen supplier known. Review of equipment used by midwives in the community for accessing systems is underway 						
Update since the last report		11/06/2021 The DSS server build and IT equipment rollout were again delayed. Super user training has been reorganised to commence in July 2021 and all other user training is due to start in August 2021. Clinical customisation continues, current state process mapping complete, admin process mapping underway and future process mapping being organised with Q&I team. Communication and reporting workstream should initiate imminently.		Date Last reviewed	11/06/2021			
				Risk by Quarter 2021	Q1	Q2	Q3	Q4
					15	X	X	X
				8 week score projection	12			
				Current issues	Roll out has been delayed which has paused some of the training.			

No	ID	Title				
13	8652	Failure to meet internal & external financial targets for 2021-22				
Lead		Michelle Brown	Current score	15	Score Movement	
Description		Failure to meet financial targets is likely to lead to the imposition of special measures and limit the ability of the Trust to invest in the services it provides. Continued failure to meet financial targets may lead to the Trust being taken over by another provider.		Actions	<ol style="list-style-type: none"> Submit monthly financial monitoring returns to NHSEI To ensure we have a financial training programme in place to support the wider organisation and network To work across the Trust with non-financial colleagues 	
Top Controls		<ol style="list-style-type: none"> Robust financial planning arrangements, to ensure financial targets are achievable and agreed based on accurate financial forecasts; Financial performance reports distributed across the organisation to allow service managers and senior managers to monitor financial performance against financial plans, supported by the Finance Department; Enforcement of Standing Financial Instructions through financial controls to ensure expenditure commitments to incur expenditure are made in accordance with delegated limits; Arrangements to monitor and improve delivery of the Waste Reduction Programme Enforcement of Standing Financial Instructions through financial controls to ensure expenditure commitments to incur expenditure are made in accordance with delegated limits 				

Update since the last report	<p>26/05/2021- The NHS financial regime continues to be impacted by the Covid-19 pandemic. The contracting round for 2021-22 has been suspended, for at least the first 6 months of the financial year (H1), and the Trust remains on block contracts for the majority of its income streams. Financial envelopes continue to be set at an Integrated Care System (ICS) level, with the expectation that systems deliver a position no worse than breakeven in H1. Trust funding is made up of a combination of block contract values and non-recurrent system funding.</p> <p>Organisations are currently being monitored against H1 draft plans agreed with the ICS, to date there has been no requirement to submit an annual I&E plan. For H1, the Trust is working to achieve a £6.9 million adjusted deficit</p>	Date Last reviewed	26/05/2021			
		Risk by Quarter 2021	Q1	Q2	Q3	Q4
		8 week score projection	15			
		Current issues	Deficit under review with NHSI			

No	ID	Title				
14	8543	Fracture Clinic, Capacity & Demand				
Lead	Michelle Turton/Victoria Hampson	Current score	15	Score Movement		
Description	<p>Accommodation is currently being shared with UCC to support COVID green pathway for E/D. Inability to social distance in Fracture clinic due to it being used by 2 different departments. To support social distancing the main waiting room can only safely accommodate 17 patients. The numbers of patients attending both UCC and fracture clinic are increasing month on month. UCC use the waiting room to return patients to while they are waiting for investigations/results. Fracture clinic patients are having to wait on chairs on the corridor. Medical students and trainee ACP's are unable to be accommodated due to lack of space so will impact on learning. ACP's are being moved to the BGH site so will not have the direct supervision they may require. Fracture clinic would be used for training but due to lack of space but is no longer an option.</p>		Actions	1. Regular management meetings with Medicine	1. Victoria Hampson	1. On-going
Top Controls	<ol style="list-style-type: none"> Fracture clinic staff have worked on flow through the department so that patients are seen as promptly as possible and are moved from the main wait. A member of staff are placed at the front door to advise patients about infection control measures, advised where to wait and to support waiting patients. Spacing of Fracture clinic appointments to try to prevent over capacity. Fracture clinic making non face to face appointments as much as possible. Patient seating made available of hospital corridor. Move what can be moved to BGH fracture clinic. 					
Update since the last report	<p>25/05/2021- The risk is still very much live and causing concern daily. As a direct result of lack of space the following has occurred. Our waiting times for new fractures have gone up. Social distancing is extremely challenging and sometimes impossible. Paed patients are not given a smooth pathway separate to adults. UCC patient numbers have risen. Lack of rooms means patients are waiting longer for their appointments. Qualified ACPs are unable to run independent clinics due to lack of space.</p>	Date Last reviewed	25/05/2021			
		Risk by Quarter 2021	Q1	Q2	Q3	Q4
		8 week score projection	15			
		Current issues	Impacted by COVID-19			

No	ID	Title						
15	8839	Failure to meet performance targets (SAS)						
Lead		Victoria Bateman	Current score	15	Score Movement			
Description		<p>The concern is the Division's ability to meet the national performance targets set for referral to treatment times. Non achievement on the standards ultimately impacts and causes delays in patient treatment. Due to covid 19 all surgical specialities are currently significantly challenged for meeting RTT. Failure of the standard means that individual patient care is impacted upon as patients have to wait an extended length of time for treatment. Impact on patient experience and patient treatment plan. Patients may deteriorate waiting for treatment for extended lengths of time.</p> <p>As this standard is monitored externally, failure to meet this standard has reputational issues for the Trust and patients may choose to not be treated at ELHT.</p>		Actions	1. Utilise independent sector	1. Victoria Bateman	1. 01/07/2021	
Top Controls		<ol style="list-style-type: none"> Strong monitoring at Trust, Divisional and Directorate Level. Weekly PTL meeting within division to ensure awareness of current position and to ensure controls are continuously put in place to focus on achievement of the standard. Bi-weekly performance meeting with Directorate Managers led by the Director of Operations. Planning & information produced for trajectories. Monitoring at directorate and divisional level at Directorate meetings and DMB. Recovery plans being updated weekly by Directorate Managers. Attendance of divisional information manager at directorate meetings to provide information regarding current position. Strong management of standard at DMB and performance meeting with exec team. Exception reports provided by divisional information manager for all specialities where the 28DR standard is not met. Monthly performance meeting with exec team and DMB where divisional position is reported discussed and challenged. Regular meetings with CCG colleagues to work together on demand management 						
Update since the last report		<p>23/06/2021 – Recovery plan is being updated weekly by directorate managers and this is to be fed back to to division giving current position. Discussion at monthly DMB, with each Clinical Director giving feedback. Issues: the outpatient capacity due to social distancing and volume of backlogs causing significant gaps to fill. Theatre staff have returned to theatre and the majority of lists have been reinstated but the increased backlog will take significant recovery</p>		Date Last reviewed	10/06/2021			
				Risk by Quarter 2021	Q1	Q2	Q3	Q4
					15	X	X	X
				8 week score projection	15			
				Current issues	Impacted by COVID-19			

No	ID	Title					
16	8914	Potential interruption of high-flow oxygen therapy to critically ill patients across RBTH					
Lead		Susan Chapman/Andrew Appiah	Current score	15	Score Movement		
Description		<p>Risks to continuity of medical oxygen supply from the VIE due to inadequate resilience in current infrastructure. The designed maximum oxygen flow limits of the current VIE tank and vaporisers has been near enough exceeded during this pandemic. This could have potentially led to an interruption of essential treatment of critically ill patients, such as invasive ventilation and low- and high-flow oxygen therapies. When the total oxygen draw from the patients and devices exceed the designed limit of the vaporisers, the system</p>		Actions	1. Review outcome of funding	1. Andrew Appiah	1. 30/04/2021

	would not be able to turn liquid oxygen into gas quickly enough; hence it could start drawing liquid oxygen into the system potentially damaging it.					
Top Controls	<ol style="list-style-type: none"> 1. Protocols for the Management of Oxygen during periods of High Demand have been developed. 2. Elevated clinical demand for oxygen is monitored throughout the day and escalated. 3. Appropriate escalation measures have been allocated to various departments to avoid interruption of supply for patient's clinical care 					
Update since the last report	23/06/2021- During the 16th June Capital planning board meeting the Exec Finance Director shared the Finance proposal to grant Estates a budget for high risk items which will allow an upgrade of the current VIE system to deliver an increased maximum flow capacity from 2400L/min to 5000L/min to address any surges/potential breaches in winter. The breaches during the last winter occurred at 3600L/min. Air Products will need at least 14 weeks lead time to order the upgrade equipment, hence the funds to procure this needs to be approved by the end of June.	Date Last reviewed	10/06/2021			
		Risk by Quarter 2021	Q1	Q2	Q3	Q4
			15	X	X	X
		8 week score projection	15			
		Current issues	Impacted by COVID-19			

No	ID	Title					
17	8808	Burnley Hospital (BGTH) - Breaches to fire stopping in compartment walls and fire door surrounds allowing spread of fire and smoke.					
Lead	Tony McDonald/Michelle Brown		Current score	15	Score Movement		
Description	Deficiencies in provision of fire barriers in external cavity walls in Area 7 Phase 5, BGTH. This is a PFI building, not owned by the Trust. Excess gaps around fire doors have been identified, with inadequate fire stopping. Additionally issues have been identified within the Fascial Cavity Barrier & External Wall survey. Kingspan render/insulation is present but no test evidence to show fire resistance properties have been provided by Project Co or Kingspan. This has been requested by the Trust. The Trust has currently suspended fire stopping work internally due to COVID.		Actions	There are a list of actions actively monitored in the Fire Stopping cell group which is led by the Executive Director of Finance and the Executive Director of Integrated Care, Partnerships and Resilience. These actions are regularly monitored whilst the Trust starts restoration on previous Fire Stopping works.			
Top Controls	<ol style="list-style-type: none"> 1. Fire alarm system throughout the building to provide early warning in case of fire. Tested, serviced and maintained. 2. External monitoring of fire alarm and connected to RBTH switchboard. 3. Staff completes fire safety training. 4. Fire Policy in place. 5. Engie Fire Risk Assessments for non-Trust locations, these include Plant Room areas which are not occupied by the Trust. 6. Contractual arrangements in place between PFI and the Trust for maintenance of systems and PPM's. 7. Monthly meeting between lead execs and support team to review this risk and outstanding fire stopping issues. Meeting will review the trust position on fire stopping each month and all parties aware of contractual agreements. 						
Update since the last report	17/06/2021- Capita Fire Alarm Condition Report 03/06/21 received. Project Co and Engie reports being forwarded to Trust.		Date Last reviewed	17/06/2021			
	Defect Reports received: Admin 13/10/2020 Rehab 13/10/2020		Risk by Quarter 2021	Q1	Q2	Q3	Q4
				15	X	X	X

Ward 16 13/04/2021 Plantrooms 10/05/2021 Corridors 07/05/2021 Stairwells 10/05/2021 Work ongoing to review all Fire Risk Assessments within the PFI and non-PFI estate. Training across the organisation being rolled out to bring back compliance with standards into a better position.	8 week score projection	15
	Current issues	Impacted by COVID-19

No	ID	Title					
18	7764	Royal Blackburn Hospital (RBTH) Breaches to fire stopping in compartment walls and fire door surrounds allowing spread of fire and smoke					
Lead	Tony McDonald/Michelle Brown		Current score	15	Score Movement		
Description	<p>There has been a Covid suspension of planned fire stopping works on site from March 20 but this will be reviewed in a regular monthly meeting with the Exec Director of Finance, PFI Partners, H&S (Fire) and Estates. The exception is for capital and restore and restoration work only. Additional issues have been identified in a recent 3rd party sample survey -Fascial Cavity Barrier & External Wall Internal lining Investigations. The decision to stop such works transfers the risk of fire on the main site at Blackburn to the Trust. Project Co (PFI) cannot be held responsible until the Trust decides to reinstate such works which is being reviewed monthly.</p>		Actions	<p>There are a list of actions actively monitored in the Fire Stopping cell group which is led by the Executive Director of Finance and the Executive Director of Integrated Care, Partnerships and Resilience. These actions are regularly monitored whilst the Trust starts restoration on previous Fire Stopping works.</p>			
Top Controls	<ol style="list-style-type: none"> 1. Fire alarm system throughout building providing early warning of fire 2. Evacuation procedures in place 3. Fire Wardens in most areas 4. All staff trained in awareness of alarm and evacuation methods 5. Fire policy in place 6. On site fire team response 7. Total Fire Safety Ltd have also started the programme of works on phases 1-4 8. Balfour Beatty carrying out work in Phase 5. 9. Monthly meeting in place with executives and senior management to review the trust position on the works being stopped and deal with escalations. First meeting 23/11/2020. The trust will review the position of this each month. 10. Contractual arrangements in place between PFI and the Trust for maintenance of systems and PPM's. 						
Update since the last report	17/06/2021 - No further Capita survey reports received. PFP Works continuing as per agreed programme. Review underway for external provider to support conducting non-PFI estate surveys.		Date Last reviewed	17/06/2021			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
				15	X	X	X
			8 week score projection	15			
		Current issues	Impacted by COVID-19				

No	ID	Title						
19	8960	Risk of undetected foetal growth restriction and possible preventable stillbirth given non-compliance with national Ultrasound guidelines						
Lead		Helen Collier	Current score	15	Score Movement			
Description		Diagnosis of intrauterine growth restriction could be missed some due to inability to report/action Pulsatility Index on uterine artery doppler measurement. The introduction of national/international recommendations will require investment of resources including the introduction of Viewpoint as the obstetric reporting package, an increase in sonography hours and midwife sonography hours currently allocated and updated ultrasound machines within maternity services.		Actions	1. To complete a business case for additional staffing	1. Charlotte Aspden	1. 25/06/2021 (was 30/04/2021)	
Top Controls		1. We have an additional ultrasound machine funded and due to arrive in the department in the next couple of weeks. 2. We have staff within the department trained in measuring and interpreting pulsatility index. 3. We have Viewpoint reporting software which allows us to interpret and report pulsatility index. 4. At present we are reporting umbilical artery end diastolic flow as present, absent or reversed with no measurement of the pulsatility index. This will identify some babies with foetal growth restriction but is less sensitive than the recommended pulsatility index. Those babies that we feel demonstrate foetal growth restriction is referred to placenta clinic for further management. 5. Currently only women at very high risk of early-onset growth restriction are seen within Placenta clinic.						
Update since the last report		17/06/2021- Continued review on the Ockenden actions underway. Still awaiting update on the business case for additional staffing.		Date Last reviewed	17/06/2021			
				Risk by Quarter	Q1	Q2	Q3	Q4
					15	X	X	X
				8 week score projection	15			
				Current issues	Business case for sonographer hours is being reviewed, awaiting update on approval of this.			

No	ID	Title					
20	4932	Patients who lack capacity to consent to their placements in hospital may be being unlawfully detained.					
Lead		Howard Stanley	Current score	15	Score Movement		
Description		Patients referred to Lancashire County Council and Blackburn with Darwen Council (Supervisory Body) for a Deprivation of Liberty Safeguards (DOLS) authorisation are not being assessed by these agencies within the statutory timescales or at all, which means the DOL is in effect unauthorised. The Local Authority (Supervisory Body) is aware but has not been able to process the assessments within the statutory timescales.		Actions	New risk added – action plan being developed.		

<p>Top Controls</p>	<ol style="list-style-type: none"> 1. The Mental Capacity Act Policy (C82v5) and DOLS procedure is being adhered to by wards and applications are being made in a timely manner. They are being supported by the Adult Safeguarding Team. 2. The policy was updated and agreed at Policy Council and includes up to date information regarding the 2014 Supreme Court Judgement. 3. Non mandatory MCA/DOLS Training Programme is available to all Trust employees. 4. Additional support and training to ward based staff has been provided by the Mental Capacity Act Lead and other members of the Adult Safeguarding Team. 5. Applications are tracked by the Adult Safeguarding Team and changes in patient status are relayed to the local authority (Supervisory Body). 6. Ability to extend the Urgent Authorisation for all patients up to 14 days in total, which provides some defence to ELHT. 7. Legal advice and support available to the Trust 8. Despite the legal framework issues, it is anticipated that the patients will not suffer any adverse consequences or delays in treatment etc, and Principles of the Mental Capacity Act will still apply. 					
<p>Update since the last report</p>	<p>21/06/2021- The score remains the same, and we are seeing an increase in DoLS applications year on year which is adding to the pressures on the safeguarding team to manage the process for each individual. Also we are planning for the change from DoLS to Liberty Protection Safeguards (LPS) which is planned for implementation from April 2022. Risk actions underway and being reviewed ahead of the next report.</p>	<p>Date Last reviewed</p>	<p>21/06/2021</p>			
		<p>Risk by Quarter 2021</p>	<p>Q1</p>	<p>Q2</p>	<p>Q3</p>	<p>Q4</p>
			<p>15</p>	<p>X</p>	<p>X</p>	<p>X</p>
		<p>8 week score projection</p>	<p>15</p>			
		<p>Current issues</p>				

TRUST BOARD REPORT

14 July 2021

Item 85

Purpose Assurance
Approval

Title	Board Assurance Framework (BAF) Review
Authors	Mrs A Bosnjak-Szekeres, Director of Corporate Governance/Company Secretary Miss K Ingham, Acting Head of Corporate Governance
Executive Sponsor	Mr J Husain, Executive Medical Director

Summary: The Executive Directors have revised the BAF and examined the controls and assurances, together with any gaps, to establish whether they have changed since the May 2021 Trust Board meeting.

The Quality Committee received the BAF at their meeting on 30 June 2021 and the Finance and Performance Committee received the BAF at their meeting on 7 July 2021. The cover report has been reviewed to summarise the key changes, specifically to the key controls, sources of assurance, actions and any gaps in assurance or control. All new items added are indicated in red within the document and any out of date information has been removed.

Recommendation: Directors are asked to discuss and approve the content as per the recommendations from the Committees.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do Invest in and develop our workforce Work with key stakeholders to develop effective partnerships Encourage innovation and pathway reform, and deliver best practice
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Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: Quality Committee (30 June) and Finance & Performance Committee (7 July).

1. The Board Assurance Framework (BAF) brings together in one document all of the relevant information on the risks to the Trust's strategic objectives. By regularly reviewing it, the Trust is in a position to identify whether the BAF remains fit for purpose and whether it provides the Board with real confidence that it is having a thorough oversight of the strategic risks.
2. The effective application of assurance processes in producing and maintaining the BAF is enabling the Board to consider the process of securing the necessary assurance using formal procedures that promote good governance and accountability, whilst gaining a clear and comprehensive understanding of the risks faced by the Trust in pursuing its strategic objectives.
3. The BAF informs the Board about the types of assurance currently obtained, so consideration can be given whether they are effective and efficient and enables the Board to identify areas where the existing controls might be failing and the risks that are more likely to occur as a consequence. The BAF also gives the Board the ability to better focus the existing assurance resources.
4. Some of the BAF risks are considered by both the Quality Committee and Finance and Performance Committee (risks 1, 2, 3 and 5) due to their overarching nature, however each Committee only discusses the risk elements under their specific remits and are aligned to their Terms of Reference.
5. Please note that where sources of assurance have been removed, this is to enable the document to be more streamlined/high-level and does not mean that the assurance is no longer in place.

Risk 1: Transformation and improvement schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.

6. It is proposed that the risk score remains at **16 (likelihood 4 x consequence 4)**,
7. Key controls have been updated with two new controls; they are the following:
 - a) Work is being undertaken to review and revise the Trust's Quality Strategy and Quality Priorities for the next 12 months. This is being done via engagement with Senior Leadership Group, Quality Committee, all staff representatives, patients, and other partners.
 - b) A review and revision of the Trust's Strategic Framework is underway and will lead to agreement of revised strategic goals. Work programmes will then be

- aligned to key organisational strategies and be underpinned with partnership working.
8. Some elements have been removed to ensure an up to date and streamlined document. In addition to minor updates/clarifications highlighted in the main document, the internal and external sources of assurance have been updated with two additions which are shown in red text.
 9. The 'gaps in control' section has been updated as follows:
 - a) Whilst capacity and resilience building in relation to improvements is in the early phase, it is currently being addressed through development of a capability and training programme.
 - b) The ongoing effect of COVID-19 on restoration, staff wellbeing and morale.
 10. Mitigating actions have been updated and the dates for completion clearly set out and are shown in red text.

Risk 2: Recruitment and workforce planning fail to deliver the Trust objectives

11. It is proposed that the **risk score remains at 20** (likelihood 4 x consequence 5).
12. The key controls section has been updated and three new controls have been added as follows:
 - a) Workforce transformation is being worked into the Trust's improvement methodology.
 - b) The Trust is in the process of reviewing and revising the workforce controls process to review all vacancies and support the Workforce Transformation Strategy.
 - c) As a result of COVID-19 pressures the Trust continually monitors opportunities to offer escalation rates to ensure safe staffing to avoid the need to use agency staff.
13. Internal and external assurances have had minor revisions for readability and clarification purposes, but there have been no material changes since the last report to the Board.
14. Gaps in controls and assurance have been updated and are shown in red text.
15. Mitigating actions has been updated to include the following:
 - a) An ICS-wide bid for Health and Wellbeing investment had been completed, the outcome of which is expected during the month of July 2021.
 - b) In addition to the addition of the aforementioned action, there have been changes to the expected completion dates for two actions, one relating to Health Care Assistant recruitment, which is now an ongoing piece of work. The second being

the delay of the ICS-wide Allied Healthcare Professionals Job Planning Programme which is now due for completion by the end of September 2021.

Risk 3: Lack of effective engagement within the partnership organisations of the Integrated Care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.

16. The **risk score remains at 16** (likelihood 4 x consequence 4).
17. Key controls have been updated with minor revisions for clarification and readability purposes. In addition, there have been the following new controls added:
 - a) Each Executive lead is involved in their associated specialist group at ICS and ICP level, e.g. the Director of Finance is involved in Financial Assurance Committee at ICS level.
 - b) Diagnostic Programme Board
 - c) Appointment process being undertaken for a Consultant in Interface Medicine which will act as the main link between Primary Care and Secondary Care.
18. The sources of assurance section have been updated to reflect minor changes for clarification. In addition, there have been two new sources of assurance added:
 - a) A Strategic Co-ordination Group has been established, which is chaired by the Provider Collaboration Board (PCB) Director and is made up from the Executive Directors of the five NHS Trusts within the ICS. The role of the group is to progress the work which comes from the PCB.
 - b) Financial Assurance Committee
19. The gaps in control section has been revised and three new items have been added and are shown in red text.
20. Actions and updates have been updated to include the following:
 - a) There will be a refresh of the Trust's strategic framework, particularly the strategic goals of the Trust. This work is being done in conjunction with David Fillingham, Executive Sensei for the Vital Signs Programme in the context of the White Paper, system working and the ICS system design framework. The session is being planned for either late July or early September 2021, depending upon the lifting if the UK's COVID-19 lockdown restrictions.

Risk 4: The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework

21. There is a proposed revision of the risk descriptor as follows (please note the proposed changes are emboldened): The Trust fails to achieve a **recurrent** sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework. **The Trust fails to achieve H1 financial balance, with a further risk associated with lack of clear guidance for H2 planning.**
22. The **risk score remains at 20** (likelihood 5 x consequence 4).
23. The key controls section has been updated to provide clarity on a number of points, but also includes a new control, which is the agreement of the Trust's financial plan for the first half of the 2021/22 financial year (H1).
24. The internal and external sources of assurance have been updated together with the gaps in controls section and are shown in the BAF in red text.
25. In addition to the revision of the completion date for the review of the 2021/22 financial forecast, there have been a number of new actions included for BAF risk 4, they are as follows:
 - a) The Trust's Director of Finance is the lead for ERF/accelerator finances across the ICS, this work will continue throughout Q1 and 2 of the 2021/22 financial year.
 - b) Reviews of both pay and non-pay controls are currently underway and will conclude during Q2.
 - c) A restructuring of the Trust's Senior Finance team is currently being undertaken and will conclude towards the end of Q2. The restructure is being carried out with the intention of supporting capacity requirements.

Risk 5: The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

26. The **risk score** remains at **16** (likelihood 4 x consequences 4).
27. Key controls have been updated with eight new additions which are shown in the BAF in red text.
28. The internal sources of assurance and gaps in controls sections have been updated with a small number of minor updates and new additions shown in red text
29. The action relating to the utilisation of the independent sector for planned surgical activity has been updated to confirm that it is now in place and is an ongoing action.



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V:\Corporate Governance\Corporate Meetings\TRUST BOARD\2021\03 July\Part 1\085) 1 TB Board Assurance Framework COVER

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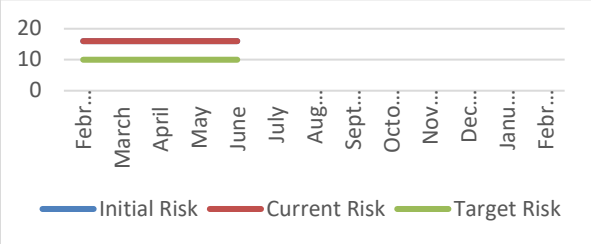
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Retain 30 years

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Appendix – Board Assurance Framework (Full)

BAF Risk 1

<p>Objective theme: Quality, Delivery, Workforce and Finance</p>	<p>Executive Director Lead: Deputy Chief Executive, Director of Finance and Medical Director, Director of HR and OD and Director of Nursing</p>						
<p>Risk Description: Transformation and improvement schemes fail to deliver their anticipated benefits, thereby impeding the Trust’s ability to deliver safe personal and effective care.</p>	<p>Date of last review: June 2021</p>						
<p>Risk Rating: Initial Risk Score: 4 x 4 = 16 Current Risk Score: 4 x 4 = 16 Target Risk Score: 2 x 5 = 10</p> 	<p>Effectiveness of controls and assurances:</p> <table border="1" data-bbox="1322 526 1682 672"> <tr> <td></td> <td>Effective</td> </tr> <tr> <td>X</td> <td>Partially Effective</td> </tr> <tr> <td></td> <td>Insufficient</td> </tr> </table> <p>Risk Appetite: The Trust has Low risk appetite for any risk which has the potential to compromise our reduction of cost base and the Waste Management Programme.</p>		Effective	X	Partially Effective		Insufficient
	Effective						
X	Partially Effective						
	Insufficient						
<p>Controls:</p> <ul style="list-style-type: none"> The programme is monitored through the Improvement Practice Office reporting to the Senior Leadership Group (SLG), Finance and Performance Committee, Quality Committee, and the Executives through the Executive Leadership Wall (virtual wall in development). The 4 elements of Quality, Delivery, Morale and Finance are monitored through internal governance groups. Divisional improvement is monitored through the Divisional Governance structures. Improvement Practice Priorities and development strategy – three-year plan. 12-month plan in development Patient Participation Panel involvement in transformation projects delayed due to ongoing pandemic response. Trust involvement in ICS restoration and recovery programmes including Adapt and Adopt Improvement Programmes. Work to review and revise the Trust’s Quality Strategy and Quality Priorities for the next 12 months, through engagement with Senior Leadership Group, Quality Committee, all staff representatives, patients and other partners. Review and revision of the Trust’s Strategic Framework underway to agree revised strategic goals and work programmes aligned to key organisational strategies underpinned with partnership working. 	<p>Assurances:</p> <p><u>Internal Assurances</u></p> <ul style="list-style-type: none"> The Trust planning process has identified a single set of key work programmes and improvement priorities for the Trust in conjunction with ICP Partners. The priorities identified are aligned to the Trust’s Clinical Strategy, the ICP priorities as outlined in the Pennine Plan, key ICS and national restoration priorities and to the NHS Long-Term Plan. Ownership and embedding of the improvement plans across the Pennine Lancashire ICP. The Trust has adopted and is implementing a consistent improvement approach (improving Safe Personal and Effective Care Plus (SPE+) based on Lean and is a founder Trust of the Vital Signs programme. The Trust has invested in dedicated improvement capacity through the development of the Improvement Hub Office and seeks, through the planning round, to align capacity across the organisation to the delivery of a single plan. The improvement hub is developing a revised training and capability programme for improvement to be launched in summer 2021. Operational and Executive oversight is provided via: <ul style="list-style-type: none"> Executive Visibility Wall (virtual in development) Executive Team meeting- weekly Senior Leadership Group Monthly Clinical Leaders Forum and bi-monthly Joint Clinical Leaders Forum Weekly Medical Director meetings 						

Appendix – Board Assurance Framework (Full)

BAF Risk 1

	<ul style="list-style-type: none"> Monthly Board assurance is provided via reporting to: <ul style="list-style-type: none"> Finance and Performance Quality Committee Trust Board (bi-monthly reporting) <p><u>External Assurances</u></p> <ul style="list-style-type: none"> Work is on-going to align improvement approaches and deliver associated training to upskill across the ICP. Reporting of improvement activities to the Trust Quality Review meetings with the CCG. There has been good participation by system partners in several system-agreed improvement events. There is ongoing alignment of improvement resources across the ICP including commissioning portfolios. System-wide Programme Boards have been developed to focus on delivery of system priorities and dovetail to Trust's information and transformation plans. These Boards cover Urgent and Emergency Care, Scheduled Care, Integrated Community Care and Mental Health. A Programme Co-ordination Group, consisting of senior responsible officers and delivery leads, established to oversee delivery. New Hospitals programme The Trust is part of the ICS level Elective Cell Recovery Group 								
<p>Gaps in controls and assurance:</p> <ul style="list-style-type: none"> Capacity and resilience building in relation to improvement is in early phase but being addressed through development of capability and training programme. Dependency on stakeholders to deliver key pieces of transformation Financial constraints Transformation priorities not yet fully aligned to appraisal and objective setting Capacity and time to release staff to attend training related to improvement in order to build improvement capability across the organisation. 	<p>Mitigating actions:</p> <table border="1"> <thead> <tr> <th>Action</th> <th>Target Date</th> </tr> </thead> <tbody> <tr> <td>There will be a re-focus on delivery and impact via the Executive Visibility Virtual Board which will improve assurance to Trust Board subcommittees.</td> <td>Q1/2 2021/22</td> </tr> <tr> <td>Continued alignment of improvement approach for the Trust and launch of revised capability package in Q2.</td> <td>Q1/2 2021/22</td> </tr> <tr> <td>Revision of strategic framework and sign off with Trust Board and development of strategy deployment approach with Divisional teams.</td> <td>(Q2 2021/22)</td> </tr> </tbody> </table>	Action	Target Date	There will be a re-focus on delivery and impact via the Executive Visibility Virtual Board which will improve assurance to Trust Board subcommittees.	Q1/2 2021/22	Continued alignment of improvement approach for the Trust and launch of revised capability package in Q2.	Q1/2 2021/22	Revision of strategic framework and sign off with Trust Board and development of strategy deployment approach with Divisional teams.	(Q2 2021/22)
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Appendix – Board Assurance Framework (Full)

BAF Risk 1

<ul style="list-style-type: none"> • Adequate assurance mechanism that the service integration plans are on track together with the rigour of governance arrangements/lack of delegation from the sovereign bodies to the system. • Impact of ICP/ICS governance changes on improvement plans. • Ongoing effect of COVID-19 on restoration, staff wellbeing and morale. 	Possible session with David Fillingham re strategy and strategy deployment linked to the improvement practice (3 year)	Q1 2021/22
	Refresh of the Trust's Quality Strategy and Quality Priorities	Q2 2021/22
	Trust Wide Electronic Patient System approval and implementation	August 2022

Appendix – Board Assurance Framework (Full)

BAF Risk 2

<p>Objective theme: Workforce</p>	<p>Executive Director Lead: Director of HR and OD</p>																																																										
<p>Risk Description: Recruitment and workforce planning fail to deliver the Trust objectives</p>	<p>Date of last review: June 2021</p>																																																										
<p>Risk Rating:</p> <p>Initial Risk Score: 4 x 4 = 16 Current Risk Score: 4 x 5 = 20 Target Risk Score: 2 x 5 = 10</p> <table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Initial Risk</th> <th>Current Risk</th> <th>Target Risk</th> </tr> </thead> <tbody> <tr><td>February</td><td>16</td><td>16</td><td>10</td></tr> <tr><td>March</td><td>16</td><td>20</td><td>10</td></tr> <tr><td>April</td><td>16</td><td>20</td><td>10</td></tr> <tr><td>May</td><td>16</td><td>20</td><td>10</td></tr> <tr><td>June</td><td>16</td><td>20</td><td>10</td></tr> <tr><td>July</td><td>16</td><td>20</td><td>10</td></tr> <tr><td>August</td><td>16</td><td>20</td><td>10</td></tr> <tr><td>September</td><td>16</td><td>20</td><td>10</td></tr> <tr><td>October</td><td>16</td><td>20</td><td>10</td></tr> <tr><td>November</td><td>16</td><td>20</td><td>10</td></tr> <tr><td>December</td><td>16</td><td>20</td><td>10</td></tr> <tr><td>January</td><td>16</td><td>20</td><td>10</td></tr> </tbody> </table>	Month	Initial Risk	Current Risk	Target Risk	February	16	16	10	March	16	20	10	April	16	20	10	May	16	20	10	June	16	20	10	July	16	20	10	August	16	20	10	September	16	20	10	October	16	20	10	November	16	20	10	December	16	20	10	January	16	20	10	<p>Effectiveness of controls and assurances:</p> <table border="1"> <tr> <td></td> <td>Effective</td> </tr> <tr> <td>X</td> <td>Partially Effective</td> </tr> <tr> <td></td> <td>Insufficient</td> </tr> </table> <p>Risk Appetite: The Trust has NO risk appetite for any risk surrounding NICE guidance which has the potential to cause harm to patients and staff.</p> <p>The Trust has a Low risk appetite to any risk that could affect patients, staff, contractors, public and Trust assets.</p>		Effective	X	Partially Effective		Insufficient
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X	Partially Effective																																																										
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<p>Controls:</p> <ul style="list-style-type: none"> • Workforce transformation is being worked into the Trust's improvement methodology. • Divisional Workforce Plans aligned to Business & Financial Plans through the planning process. • SLG monitor on-going performance, actions and risks. • Regular reports to Finance & Performance Committee and Board on delivering the People Strategy. • Trust is in the process of reviewing and revising the Workforce Controls process to review all vacancies and support the Workforce Transformation strategy. • Pennine Lancashire ICP Workforce Strategy agreed, and ICP People Board established. • ICS People Board established, and complementary workforce strategy developed to enable collaboration. • People Strategy aligned to deliver National ICS, ICP and Trust workforce objectives and is cognisant of the NHS People Plan. • Increased staffing during core hours to alleviate pressures. 	<p>Assurances:</p> <p><u>Internal Assurances</u></p> <ul style="list-style-type: none"> • On-going monitoring of vacancies and bank/agency usage via Trust IPR, performance measures, time limited focus groups with action plans, Board and Committee reports, regulatory and inspection agencies, stakeholders, internal audit. • WRES and WDES action plans with timelines in place. Regular reporting to the Board on progress. Ongoing monitoring of workforce diversity through the re-establishment of the Diversity and Inclusion Steering Group and Trust staff networks. • Joint Medical and Non-Medical Agency Group in place. Dashboard giving overview of bank/agency usage presented monthly. Additional scrutiny from a nursing perspective. • Integrated Performance Report, Performance Assurance Framework, Workforce Dashboard reporting key performance indicators within Divisions on a monthly basis, Details of these reported on a quarterly basis to the Finance & Performance committee. • Lean Programme (Vital Signs) overall linking into workforce transformation. Improvement priorities are now being identified as part of the delivery of the People Strategy, working to embed in culture. • Completion rates of the annual staff survey and low rates of turnover, uptake of flu vaccine across the workforce. 																																																										

Appendix – Board Assurance Framework (Full)

BAF Risk 2

<ul style="list-style-type: none"> • As a result of COVID pressures the Trust continually monitors opportunities to offer escalation rates to ensure safe staffing to avoid the need to use agency staff. • Staff upskilling across the Trust to support in other areas of the Trust during increased demand. • Workforce tools such as Safe Care, e-rostering and dashboards to monitor safe staffing levels, revised in light of winter and COVID-19 • International, band 5 nurse and HCA recruitment • Vaccinations and LAMP testing of staff groups • Mutual aid arrangements in place across ICS • Job planning in light of service demands • Medical Training Initiative Scheme • COVID-19 implemented agile working schemes • Daily medical and workforce huddles to identify gaps in staffing levels 	<ul style="list-style-type: none"> • Workforce dashboard developed and showing on Power BI (Business Intelligence System). • Implementation of new absence management process to support staff attendance and to mitigate need for use of bank and agency. • A Senior Medical Staffing Performance Review Group established - responsibility for reviewing all consultant job plans, consultant vacancies etc. adding further rigor on our appropriate use of resource. • Revised appraisal process linked to talent management and succession planning with plans to increase compliance post-Covid • E&D Action Plan updated. • Development of a Trust-wide leadership development offer to align values and behaviours with the aspiration to create a culture of inclusion and compassion. • The Equality and Inclusion Group has been established to consider the wider diversity agenda. Four staff networks established (BAME, LGBTQ, Mental Health and Disability). • First Shadow Board cohort completed, with participants being offered Talent Conversations and a second cohort planned. • Partners programme participation (NHSLA/ NHSI) senior leadership representation on the programme. • Nurse Recruitment role is now in post. • Reverse mentoring scheme commenced and will be a perpetual scheme. • Occupational Health team supporting testing and isolation advice • Ongoing international and domestic recruitment • Commitment to achieving ICP priority of recruitment of 1,000 local people into Health and Social Care roles. <p><u>External Assurances</u></p> <ul style="list-style-type: none"> • Staff Friends and family test (further detail in BAF risk 5) • Benchmarking of agency spend is available through the Model Hospital data.
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Appendix – Board Assurance Framework (Full)

BAF Risk 2

	<ul style="list-style-type: none"> • Collaboration across the ICS on agency usage. Participation in ICS Bank and Agency Collaborative to manage agency rates across the region. ICS collaboration on Careers, International Recruitment and Workforce mobility. ICS wide People Board - looking at nurse recruitment across the whole system. • Joint work taking place across the ICS to consider implications and options to mitigate the impact on pensions. The Trust has agreed a range of measures with ICS colleagues to help address the pensions challenges along with implementation of NHSE's interim solution for financial year 2019/20. • Establishment of a Pennine Lancashire and a Lancashire and South Cumbria People Board. • Improving staff survey completion rate • WRES/WDES results 										
<p>Gaps in controls and assurance:</p> <ul style="list-style-type: none"> • National recruitment shortages, capacity for delivery of transformation programmes, financial restrictions. Reduction of CPD monies from HEE (could be offset by the apprenticeship levy). Varying incentive schemes/packages across provider sector. • Additional gap in relation to the unknown impact of COVID on long term travel plans, which may affect international recruitment. • The impact of the changes to the pension rules and taxation has resulted in a significant reduction in capacity and additional work being undertaken by senior medical staff. This has resulted in a reduction in clinical capacity. • Inability to control external factors (COVID-19, Brexit, visas etc). • Regulators stance on safe staffing and substitution of roles in place of registered workforce. • Lack of data/intelligence regarding the number of nurses and clinical staff in the 55+ age category and the related risk of 'brain drain' in the coming years. Work has been done by ICS across the system but it does not contain the level of detail needed for each Trust. Efforts need to be made to understand and refine the workforce data in order to address the issues in the Trust. • Risk of staff leaving the NHS due to post COVID burnout • Potential ongoing staff sickness from COVID-19 	<p>Mitigating actions:</p> <table border="1"> <thead> <tr> <th>Action</th> <th>Target Date</th> </tr> </thead> <tbody> <tr> <td>Annual Festival of Inclusion planned for October 2021.</td> <td>October 2021</td> </tr> <tr> <td>HCA recruitment continues, contributing to the reduction in HCA bank shift requests adding further stability and flexibility to our support workforce. 100 HCA applicants being processed following recent campaign and are currently in pre-employment stages with envisaged start dates in Q1 2021/22</td> <td>Ongoing</td> </tr> <tr> <td>AHP job planning project underway across the ICS</td> <td>Due for completion September 2021</td> </tr> <tr> <td>ICS bid for Health and Wellbeing investment</td> <td>Outcome expected July 2021</td> </tr> </tbody> </table>	Action	Target Date	Annual Festival of Inclusion planned for October 2021.	October 2021	HCA recruitment continues, contributing to the reduction in HCA bank shift requests adding further stability and flexibility to our support workforce. 100 HCA applicants being processed following recent campaign and are currently in pre-employment stages with envisaged start dates in Q1 2021/22	Ongoing	AHP job planning project underway across the ICS	Due for completion September 2021	ICS bid for Health and Wellbeing investment	Outcome expected July 2021
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ICS bid for Health and Wellbeing investment	Outcome expected July 2021										

Appendix – Board Assurance Framework (Full)

BAF Risk 2

- | | |
|--|--|
| <ul style="list-style-type: none">• COVID-19 impact on appraisals• COVID-19 impact on Black and Minority Ethnic (BAME) population | |
|--|--|

Appendix – Board Assurance Framework (Full)

BAF Risk 3

<p>Objective theme: Quality, Delivery, Workforce and Finance</p>	<p>Executive Director Lead: Deputy Chief Executive, Director of Finance, Director of Service Development and Medical Director</p>																																																														
<p>Risk Description: Lack of effective engagement within the partnership organisations of the Integrated Care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.</p>	<p>Date of last review: June 2021</p>																																																														
<p>Risk Rating:</p> <p>Initial Risk Rating: 4 x 4 = 16 Current Risk Rating: 4 x 4 = 16 Target Risk Rating: 3 x 4 = 12</p> <table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Initial Risk</th> <th>Current Risk</th> <th>Target Risk</th> </tr> </thead> <tbody> <tr><td>February</td><td>16</td><td>12</td><td>12</td></tr> <tr><td>March</td><td>16</td><td>16</td><td>12</td></tr> <tr><td>April</td><td>16</td><td>16</td><td>12</td></tr> <tr><td>May</td><td>16</td><td>16</td><td>12</td></tr> <tr><td>June</td><td>16</td><td>16</td><td>12</td></tr> <tr><td>July</td><td>16</td><td>16</td><td>12</td></tr> <tr><td>August</td><td>16</td><td>16</td><td>12</td></tr> <tr><td>September</td><td>16</td><td>16</td><td>12</td></tr> <tr><td>October</td><td>16</td><td>16</td><td>12</td></tr> <tr><td>November</td><td>16</td><td>16</td><td>12</td></tr> <tr><td>December</td><td>16</td><td>16</td><td>12</td></tr> <tr><td>January</td><td>16</td><td>16</td><td>12</td></tr> <tr><td>February</td><td>16</td><td>16</td><td>12</td></tr> </tbody> </table>	Month	Initial Risk	Current Risk	Target Risk	February	16	12	12	March	16	16	12	April	16	16	12	May	16	16	12	June	16	16	12	July	16	16	12	August	16	16	12	September	16	16	12	October	16	16	12	November	16	16	12	December	16	16	12	January	16	16	12	February	16	16	12	<p>Effectiveness of controls and assurances:</p> <table border="1"> <tr> <td></td> <td>Effective</td> </tr> <tr> <td>X</td> <td>Partially Effective</td> </tr> <tr> <td></td> <td>Insufficient</td> </tr> </table> <p>Risk Appetite: The Trust has a Moderate risk appetite for opportunities which enable achievement of the Trust’s strategic objectives, and collaboration with system partners in the Integrated Care System (ICS) and Integrated Care Partnership (ICP) within the available resources.</p> <p>The Trust has a Low risk appetite for risk, which may affect the reputation of the organisation.</p>		Effective	X	Partially Effective		Insufficient
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<p>Controls:</p> <ul style="list-style-type: none"> • CEO and Deputy CEO are members of the ICS Board and System Leaders Executive. The Chairman, CEO and Deputy CEO are members of the ICS PCB. • Number of senior clinicians involved with ICS work groups. Professional Leadership Committee (PLC) has ELHT representation. • The ELHT Accountable Officer is the senior responsible officer (SRO) for the Pennine Lancashire Transformation Programme, sits on the System Leaders Forum and on the Integrated Care System for Lancashire and South Cumbria (ICS) Programme Board. • Working relationships with stakeholders in relation to mental health services including shared policies. • Multiple COVID-19 initiatives at ICP level. • Strategic planning – planning guidance received (regional and ICS planning groups established, Deputy CEO on both and COO on ICS level group). 	<p>Assurances:</p> <p><u>Internal Assurances</u></p> <ul style="list-style-type: none"> • Standing agenda item at Trust Board where approvals will be established, and permissions are provided by the Board to let Executives progress the generation of ideas and options with external stakeholders. Standing agenda item at Executive meetings. • Potential gains in strengthened reputation with regulators and across the ICS and region. • Early stage discussions being undertaken for creating single teams across the system, e.g., 'one workforce' with timelines for implementation. Progress covered under BAF risk 2. • Board CEO report including updates on system developments and engagement. • Refreshed Clinical Strategy – presented at Board Strategy Session. <p><u>Internal/External Assurances</u></p> <ul style="list-style-type: none"> • The Pennine Lancashire and ICS Cases for Change have been published. 																																																														

Appendix – Board Assurance Framework (Full)

BAF Risk 3

<ul style="list-style-type: none"> • ICP level – relationships between partners have developed in strength, particularly between the P care, PCNs and Trust, based on the COVID working that has taken place over the last 12 months. Agreed set of priorities developed for future working. • Agreed co-chairs of the A&E Delivery Board (Executive Director of Integrated Care, Partnerships and Resilience, Medical Director for East Lancashire CCG). • Each Executive lead is involved in their associated specialist group, eg Director of Finance is involved in Financial Assurance Committee at ICS level. • Pathology collaboration programme. • ICS Clinical strategy. • Long COVID clinics in partnership with the local CCGs and Lancashire and South Cumbria Care NHS Foundation Trust – move to BAF risk 3. • Strategic / Annual Planning Process. • Socialisation of the refreshed Clinical Strategy which has a system focus. • ELHT input into the ICP maturity matrix report and subsequent task and finish group (Deputy Chief Executive) and development plan. An agreed set of priorities for the ICP now developed. • Chairman / Chief Executive / Deputy Chief Executive input to ICS Board / Provider Collaboration Board / System Leaders Executive and New Hospitals Programme. • Hospital cell led by the Chief Executive with ELHT represented by Deputy Chief Executive • ICP Providers meeting on a regular basis • Provider Chief Operating Officer (COO) / Director of Operations group led by ELHT COO • Diagnostic Programme Board • Appointment process being undertaken for consultant interface medicine (this post will be the link between Primary Care and Secondary Care) 	<ul style="list-style-type: none"> • Fostering good relationships with GP practices through Primary Care Network development and wider out of hospital working. • Pennine Lancashire ICP MoU agreed by stakeholders workplan in place after Tripartite Board session. Revised governance and delivery standards. Programme Boards established with good ELHT representation. • ELHT hosting the Providers Programme Director for the ICS Provider Board who reports to the Chief Executive of ELHT. Deputy CEO leading on the construction of the work programme with the Directors of Strategy from all the providers. Component business cases at Pennine Lancashire level forming a draft overarching ICP plan. Plan on a page for the ICP, connecting to the Plan on a page for ELHT completed and shared with the Commissioners. CEO of ELHT and Accountable Officer of East Lancashire CCG jointly chairing the Pennine Lancashire ICP Programme. Cultural development programme for system level leadership established with involvement of all senior leaders across the ICP. • ICS architecture on clinical services is developing (e.g. pathology, stroke and frailty). Positive feedback from service reviews (stroke and endoscopy). Structures in place for the Out of Hospital stream with the Trust significantly contributing to the workstream. Across the ICS footprint the Medical Directors of the four Trusts agreed to focus on urology, vascular services, stroke, emergency department, interventional radiology and gastrointestinal bleed, and neonatology. Meetings are ongoing regarding the acute Programme and more focused work is taking place in Stroke, Vascular, Head and Neck and Diagnostics. At ICS level all providers met to formulate work programme - 3 categories of services agreed: <ul style="list-style-type: none"> – services that are fragile now – services where there is no immediate risk but possible in the not too distant future – services that need to be managed across the whole footprint. Agreement on the way of taking this forward to be agreed. Prioritisation of diagnostics, pathology and cancer work streams agreed. • Developed work programme discussed by the Provider Collaboration Board at ICS level. and work on developing future configuration continues, no timelines for completion set at this stage. Revised set of governance arrangements in place. • Clinical leadership through the Professional Leadership Committee (PLC) at Pennine Lancashire ICP level giving consistent message about the importance of working as a system. Strengthening the relationship with primary care networks' leadership. Associate Medical Director for Service Improvement appointed, increasing our capacity for clinical leadership in relation to service improvements.
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Appendix – Board Assurance Framework (Full)

BAF Risk 3

	<ul style="list-style-type: none"> Vital Signs is a system wide transformation programme across the Pennine Lancashire ICP. Patient experience strategy envisages good patient and public involvement to support the collaborative transformation. Progress with work covered under BAF risk 1. A system financial and investment group for the ICP looking into the priorities and aligning them with the financial envelope for the local system. Underpinning governance of the ICS Provider Collaboration Board (PCB) recently reviewed with a view to expedite decision making for improved provider collaboration. Strategic Co-ordination Group established, comprising Executives from across the 5 NHS Trusts. Role of the group is to be the engine room of the PCB. The group is under the chairmanship of the PCB Director. Regular communication with NHS England, NHS subsidiaries, Commissioners and Senior/Exec Management between teams. (BAF 5) New Hospitals Programme (NHP) Emergency Care Recovery Group (ECRG) leading on recovery and restoration planning. Financial Assurance Committee 						
<p>Gaps in controls and assurance:</p> <ul style="list-style-type: none"> The capacity of the Trust Directors to continue to work at Trust level and also at ICP and ICS level to the degree that is required. There is a need for consistent leadership across the system. in order to ensure that we continue prioritising in line with system affordability. Building trust and confidence and agreeing collaborative approaches to service provision. Point being reached relating to ICS workstreams (e.g. Head and Neck services) where dependent on scoring implications there may be an impact on priorities and risks to the Trust. Lack of clarity regarding the investment priorities across the ICP have the potential to destabilise acute services. Lack of unified approach in relation to procurement by Commissioners. Ensuring consistent capacity to work externally as well as internally by building system collaboration into the leadership roles and having good joined leadership programmes. 	<p>Mitigating actions:</p> <table border="1"> <thead> <tr> <th>Action</th> <th>Target Date</th> </tr> </thead> <tbody> <tr> <td>Developing relationships with the ICP and ICS</td> <td>Ongoing work</td> </tr> <tr> <td>Refresh of the Trust's strategic framework, particularly the strategic goals of the Trust. This work is being done in conjunction with David Fillingham, Executive Sensei for the Vital Signs Programme in the context of the White paper and system working and the ICS system design framework.</td> <td>End July 2021</td> </tr> </tbody> </table>	Action	Target Date	Developing relationships with the ICP and ICS	Ongoing work	Refresh of the Trust's strategic framework, particularly the strategic goals of the Trust. This work is being done in conjunction with David Fillingham, Executive Sensei for the Vital Signs Programme in the context of the White paper and system working and the ICS system design framework.	End July 2021
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Appendix – Board Assurance Framework (Full)

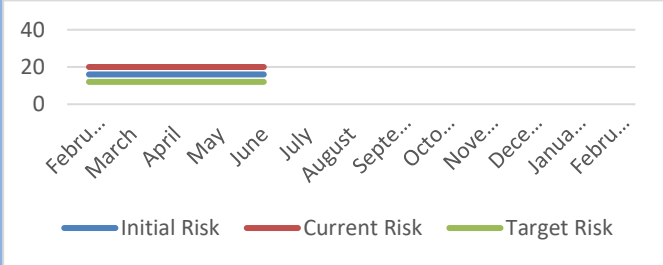
BAF Risk 3

- Adequate assurance mechanism that the service integration plans are on track together with the rigour of governance arrangements/lack of delegation from the sovereign bodies to the system.
- It is unclear what the impact of the changes in senior leadership in partner organisations will be.
- Understanding what is happening to providers with regard to financial milestones in the ICS.
- Understanding the ramifications of system working on the Trust, particularly the role of NEDs.
- Costs associated with the ICP/ICS 5-year plan may have an effect on Trust finances.
- Agreed at ICP that the interim leadership arrangements will remain as they currently are, (no interim place-based leader). This is not a sustainable position for the medium term and is a holding position for the time being.
- ICS level – design framework, alongside national guidance about the structuring of the ICS's and PCB guidance (technical) is expected to follow. The make-up of the PCB is likely to be similar to the LSC makeup.



Appendix – Board Assurance Framework (Full)

BAF Risk 5

<p>Objective theme: Finance</p>	<p>Executive Director Lead: Director of Finance</p>						
<p>Risk Description: The Trust fails to achieve a recurrent sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework. The Trust fails to achieve H1 financial balance, with a further risk associated with lack of clear guidance for H2 planning.</p>	<p>Date of last review: June 2021</p>						
<p>Risk Rating: Initial Risk Rating: 4 x 4 = 16 Current Risk Rating: 5 x 4 = 20 Target Risk Rating: 3 x 4 = 12</p> 	<p>Effectiveness of controls and assurances:</p> <table border="1" data-bbox="1317 561 1994 704"> <tr> <td></td> <td>Effective</td> </tr> <tr> <td>X</td> <td>Partially Effective</td> </tr> <tr> <td></td> <td>Insufficient</td> </tr> </table> <p>Risk Appetite: The Trust has a Low risk appetite to financial risk which could threaten the financial stability of the Trust.</p> <p>The Trust has NO risk appetite for any risk which has the potential to compromise data security.</p> <p>The Trust has Low risk appetite for any risk which has the potential to compromise our reduction of cost base and the Waste Reduction Programme.</p>		Effective	X	Partially Effective		Insufficient
	Effective						
X	Partially Effective						
	Insufficient						
<p>Controls:</p> <ul style="list-style-type: none"> Budgetary controls (income & expenditure) in place including virement authorisation, workforce control and variance analysis. Measures to mitigate financial risk overseen by the Finance Assurance Board reporting to the Finance and Performance Committee. Financial Assurance Board in operation, which reviews the financial position, making recommendations for improvement. Financial investment/recovery strategy is in development. Robust financial planning arrangements supported by financial reporting Standing Financial Instructions enforcement Waste Reduction Programme National block contract in place to continue for H1 and likely H2 Robust costing systems to support block contract monitoring 	<p>Assurances:</p> <p><u>Internal Assurances</u></p> <ul style="list-style-type: none"> Regular reporting to Finance and Performance Committee and the Board to reflect financial position. Financial objective included in individual appraisals. Robust financial forecasting Use of data sources (e.g. model hospital and PLICS data) to drive improvement and mitigate deterioration. Evidencing the routine use of benchmarking data to drive positive change. Alignment and involvement in all ICS collaborative working opportunities including agency group, pathology etc. Full alignment to the ICS Finance Assurance Committee Counter fraud updates, including new Counter Fraud Champion (Deputy Director of Finance) 						

Appendix – Board Assurance Framework (Full)

BAF Risk 5

<ul style="list-style-type: none"> Capital programme overseen by Capital Planning Board Agreed financial plan for H1 	<p><u>External Assurances</u></p> <ul style="list-style-type: none"> External audit view on value for money. Model Hospital benchmarking (including cost per Weighted Activity Unit). ICS Led benchmarking Getting It Right First Time (GIRFT) Programme Shared Cost Improvement Programme (CIP) and Quality, Innovation, Productivity and Prevention (QIPP) group established with the CCGs. 																
<p>Gaps in controls and assurance:</p> <ul style="list-style-type: none"> Uncertainty of Financial envelope for H2 2021-22 Uncertainty of ERF funding and costs for H1 Deterioration in the underlying financial position outside of NHSE/I request requiring additional improvement schemes in 2021/22. Workforce policies and procedures may require amendments. Controls around improvement schemes and WRP to be monitored by the FAB. Lack of standardisation in applying rostering controls. Weaknesses in discretionary non-pay spend. Officers operating outside the scheme of delegation. Inadequate funding assumptions applied by external bodies (pay awards). Hidden costs of additional regulatory requirements - highlighted with NHSE/I. Cost shunting of public sector partners increasingly managed through ICS and ICP. Significant external pressures which may intensify internal financial pressure. Ensuring consistent capacity to work externally as well as internally by building system collaboration into the leadership roles and having good joined leadership programmes. Lack of funding to meet provision of HDU capacity and Community Neuro Developmental Paediatric services (CNP). Impact of COVID-19 wave three and restoration could impact the forecast position. 	<p>Mitigating actions:</p> <table border="1"> <thead> <tr> <th>Action</th> <th>Target Date</th> </tr> </thead> <tbody> <tr> <td>Review funding with CCG on level 2 critical care and CNP</td> <td>End of March 2022</td> </tr> <tr> <td>Greener NHS Campaign Trust Strategy</td> <td>Q2 2021/22</td> </tr> <tr> <td>2021/22 financial forecasting being reviewed for robustness</td> <td>Q1 2021/22</td> </tr> <tr> <td>ELHT DOF is the lead for ERF/accelerator Finances in the ICS</td> <td>Q1/2 2021/22</td> </tr> <tr> <td>Non-pay control review underway</td> <td>Q2 2021/22</td> </tr> <tr> <td>Pay control review underway</td> <td>Q2 2021/22</td> </tr> <tr> <td>Senior Finance Team restructure to support capacity requirements, currently being implemented</td> <td>Q2 2021/22</td> </tr> </tbody> </table>	Action	Target Date	Review funding with CCG on level 2 critical care and CNP	End of March 2022	Greener NHS Campaign Trust Strategy	Q2 2021/22	2021/22 financial forecasting being reviewed for robustness	Q1 2021/22	ELHT DOF is the lead for ERF/accelerator Finances in the ICS	Q1/2 2021/22	Non-pay control review underway	Q2 2021/22	Pay control review underway	Q2 2021/22	Senior Finance Team restructure to support capacity requirements, currently being implemented	Q2 2021/22
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Appendix – Board Assurance Framework (Full)

BAF Risk 5

<p>Objective theme: Quality, Delivery and Finance</p>	<p>Executive Director Lead: Chief Operating Officer, Director of Nursing and Medical Director</p>																																																														
<p>Risk Description: The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil the regulatory requirements defined in the NHS Constitution and relevant legislation.</p>	<p>Date of last review: June 2021</p>																																																														
<p>Risk Rating: Initial Risk Rating: 4 x 4 = 16 Current Risk Rating: 4 x 4 = 16 Target Risk Rating: 3 x 4 = 12</p> <table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Initial Risk</th> <th>Current Risk</th> <th>Target Risk</th> </tr> </thead> <tbody> <tr><td>February</td><td>16</td><td>16</td><td>12</td></tr> <tr><td>March</td><td>16</td><td>16</td><td>12</td></tr> <tr><td>April</td><td>16</td><td>16</td><td>12</td></tr> <tr><td>May</td><td>16</td><td>16</td><td>12</td></tr> <tr><td>June</td><td>16</td><td>16</td><td>12</td></tr> <tr><td>July</td><td>16</td><td>16</td><td>12</td></tr> <tr><td>August</td><td>16</td><td>16</td><td>12</td></tr> <tr><td>September</td><td>16</td><td>16</td><td>12</td></tr> <tr><td>October</td><td>16</td><td>16</td><td>12</td></tr> <tr><td>November</td><td>16</td><td>16</td><td>12</td></tr> <tr><td>December</td><td>16</td><td>16</td><td>12</td></tr> <tr><td>January</td><td>16</td><td>16</td><td>12</td></tr> <tr><td>February</td><td>16</td><td>16</td><td>12</td></tr> </tbody> </table>	Month	Initial Risk	Current Risk	Target Risk	February	16	16	12	March	16	16	12	April	16	16	12	May	16	16	12	June	16	16	12	July	16	16	12	August	16	16	12	September	16	16	12	October	16	16	12	November	16	16	12	December	16	16	12	January	16	16	12	February	16	16	12	<p>Effectiveness of controls and assurances:</p> <table border="1"> <tr> <td></td> <td>Effective</td> </tr> <tr> <td>X</td> <td>Partially Effective</td> </tr> <tr> <td></td> <td>Insufficient</td> </tr> </table> <p>Risk Appetite: The Trust has Low risk appetite for risks which are non-clinical but affecting the day-to-day services the Trust provides. The Trust has a Low risk appetite for risk, which may potentially slightly affect the delivery of services without compromising the quality of those services.</p>		Effective	X	Partially Effective		Insufficient
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<p>Controls:</p> <ul style="list-style-type: none"> Weekly operational performance meeting covering RTT, holding lists and key operational indicators. Separate dedicated weekly cancer performance meetings. Weekly performance is reviewed at SLG and operational update provided to the Executive Team. Engagement meetings with CQC in place monitoring performance against the CQC standards. Work is being undertaken to prepare for the transitional monitoring approach (virtual visit) – 7 core services to be reviewed between July 2021 and Feb 2022. Quality and safety compliance assessed by each division and assurance through the Divisional Quality and Safety Boards (DQSB) reporting into the TWQG. Pre-Covid meeting structure to be re-introduced in April 2021. A revised version is being implemented. Eg patient safety, patient experience and clinical effectiveness committees have been realigned into two committees. Divisional assurance boards feeding into the operational sub-committees and the Quality Committee. 	<p>Assurances:</p> <p><u>Internal Assurances</u></p> <ul style="list-style-type: none"> IPR reporting to the SLG and at Board/Committee level, also presented to JNCC for information Regular deep dive into the IPR through Quality and Finance and Performance Committees including RTT, all cancer standards and the emergency care standards. Performance monitoring provided through the weekly operational meeting, Scheduled Care Board (joint Board with CCG) Regular reporting from the divisions into the operational sub-committees and the Quality Committee. Alignment with national priorities through the quality and safety governance mechanisms. Silver accreditation under the Nursing Assessment and Performance Framework following three successive green assessments continues. Rolling programme of assessments under the framework planned for all inpatient wards and departments including Community Services. 																																																														

Appendix – Board Assurance Framework (Full)

BAF Risk 5

<ul style="list-style-type: none"> • Nursing Assessment Performance Framework reporting through to the Quality Committee and involvement of NEDs on the SPEC Panels. Board approval for the award of SPEC awards. • A&E Delivery Board (co-chaired by the Executive Director of Integrated Care, Partnerships and Resilience and the Medical Director for East Lancashire CCG) with Emergency Care Pathway assurance feeding into it. • Elective, Diagnostic and Cancer Board with elective pathway assurance feeding into it. • Elective Care Recovery Group set up across the ICS (Chief Operating Officer, Executive Medical Director and Director of Finance attend). • Daily nurse staffing review using safe care/allocate Nursing and Midwifery. • Medical Staffing Group held weekly to review rotas and address gaps. • Weekly Medical Staffing Review - Nursing and Midwifery staffing review feeding into the annual professional judgement review for all wards. Professional Judgement Review deferred until October 2021 due to COVID-19 response. • Daily operational flow meetings at 08.30, 12.30, 15.30 and 19.30. Site walkaround carried out by COO/Deputy COO at around 18.00 instead of the meeting. • Everyday matters meeting held daily to assist patient flow, discharge and long Length of Stay improvement. • Incident Management Team (for COVID-19) has been re-established currently on a weekly basis to manage the increasing numbers of patients. • Re-established the Critical Care daily meetings with Executive Directors and the Management Team of the division and department to ensure management of COVID-19 and non-COVID patients. • Process implemented to ensure elective smoothing for patients requiring critical care post-op to ensure cancellations are reduced/removed. • Weekly ED / urgent care performance and improvement meeting. • Appointed Clinical Scheduled Care Lead (Deputy Medical Director) who will work with Clinical Leads to create and monitor improvement plans for the RTT and holding list positions. • NHS 111 referral measures - including home testing and support to alleviate UCC/ED (Urgent Care and Emergency Department) pressures. 	<ul style="list-style-type: none"> • Independent Complaints Review Panel being established with Non-Executive Director representation. • Quality Committee will oversee the CQC action plan. A full plan is in place for the TMA, core services are beginning to collect evidence – urgent and emergency services are the first to be inspected (27 July 2021). • Reduction in use of nursing agency staff continues. The Trust is also part of the ICS-wide agency staffing collaborative. • Staffing escalation process for nursing including forecast gaps in staffing and senior decision making. Standard Operating Procedure (SOP) developed and monitoring through Nursing and Midwifery Leaders' Forum reported to Quality Committee. • Maternity Floor to Board report presented to the Quality Committee at each meeting. The Trust also has named Maternity Champions, one Executive Director and one Non-Executive Board member. • Infection Prevention and Control (IPC) feeds into the Quality Committee • CEC is recommencing and feeds into TWGC • Director of Nursing and the Executive Medical Director are working on enhanced SIRI processes • Virtual Quality Walk rounds in all clinical areas. • Weekly monitoring of complaints at the Executive Team and reporting to the Patient Safety and Experience Committee and End of Life Care Group, focusing on reducing any 50+ day complaints (non-currently in the system). • NAPF - operational monitoring through the Nursing and Midwifery Leaders' Forum monthly, receiving assurance from the Assistant Director of Nursing and NAPF team and monitoring by matrons at ward level where they carry out mini-NAPFs on a weekly basis to keep up the improvement work and report to Quality Committee (every other meeting). • Trust response to Ockenden Review of Maternity Services covering the seven immediate and 12 urgent clinical priorities and monitored through the Trust's Quality Committee. • Assessment against GIRFT, NICE and national audits. • Single points of contact being set up across all divisions/directorates to ensure smoother communication and delivery (operational co-ordination centres).
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Appendix – Board Assurance Framework (Full)

BAF Risk 5

- Cancer performance improvement group chaired by the ICS Cancer Alliance
- Extended ED and plans for restoration. Performance and restoration update provided weekly to Executive team and SLG as well as monthly to Finance and Performance Committee and each Trust Board.
- Insourcing supporting endoscopy, pain management and oral surgery.
- Weekly Medical and Clinical Directors meetings.
- Joint Leadership Clinical Forum.
- ICS been selected as an accelerator system aiming to deliver 120% of the activity based on 2019/20 figures from July 2021.
- Job Planning Scrutiny Panel for delivery of service.

External Assurances

- Trust rated 'Good' by CQC in 2018 with improvements in various areas and some outstanding services.
- Nurse staffing review as part of the IPR. Staff Care Allocate and daily monitoring of allocation for staff and three times daily matrons' meetings to monitor. Audit carried out by MIAA for nurse staffing received significant assurance.
- MIAA have carried out an emergency care risk assessment audit which gained an assurance rating of 'Significant Assurance'.
- Cancer Alliance commissioned a review of internal processes for cancer performance management and patient tracking. Highly commended with strong processes in place.
- Guardian of Safe Working Hours reporting to Quality Committee.

Internal / External Assurances

- System wide approach to Emergency Care Pathway, as part of monthly A&E Delivery Board.
- PLACE assessments - percentage improved in all areas and monitoring continues. Annual PLACE report presented to the Quality Committee for assurance. Nursing and Midwifery Leaders' Forum also monitor. Patient Experience Committee receives minutes of the PLACE Steering Group. NAPF Team also monitors environmental issues linking to PLACE Assessments. **No dates for when the PLACE assessments will recommence.**
- Positive responses to Friends and Family Test and patient surveys with improvement areas identified. Monitoring at ward level, local divisions prepare monthly patient experience action plans that feed into the Patient Experience Committee that reports to the Quality Committee. Monthly monitoring is provided by the Nursing and Midwifery Leaders' Forum.
- Positive response and results from the 2020 National Staff Survey.
- Inpatient survey 2019/20 results were presented to the Executive team by Quality Health. Inpatient survey for current year deferred due to COVID-19.
- Daily Incident reporting from the central governance team - daily updates and analysis sent through to the ICC (Incident Co-ordination centre) who collate and share this information.

Appendix – Board Assurance Framework (Full)

BAF Risk 5

	<ul style="list-style-type: none"> Nosocomial Infections Report highlighting patients who have died following COVID-19 and requiring a structured judgement review Mental Health Urgent Assessment Unit opened. 												
<p>Gaps in controls and assurance:</p> <ul style="list-style-type: none"> Restrictions in the supply of medical, nursing, midwifery and other staff groups to meet demand. Reference in BAF risk 2. Risk of mental health providers not being able to ensure sufficient assessment and treatment capacity although work is taking place to address this. Restrictions in the primary care system to ensure sufficient capacity. Insufficient capacity to deliver comprehensive seven-day services across all areas. Insufficient capacity in the ED and Urgent Care workforce to manage the demands and surges in attendance (unpredictable pressure on A&E with around 700 attendances per day). Pathology industrial action extended from one month to two, therefore potential impact on service provision. Mitigation is in place to minimise impact. Exploring conciliation with ACAS to help bring resolution to the dispute. Insufficient bed capacity to ensure there are no delays from decision to point of admission. Histopathology pressures affecting cancer performance. Outsourcing in place but external firms are unable to deliver within the required timeframes. Lack of unified approach in relation to procurement by Commissioners. Priorities of CCGs starting to be aligned with priorities for pathway redesign (e.g. stroke) but this work is still in the early phases. Future role of NHSE/NHSI merged teams to be determined. Ensuring consistent capacity to work externally as well as internally by building system collaboration into the leadership roles and having good joined leadership programmes. Adequate assurance mechanism that the service integration plans are on track together with the rigour of governance arrangements/lack of delegation from the sovereign bodies to the system. Understanding what is happening to providers with regard to financial milestones in the ICS. Costs associated with the ICP and ICS 5-year plan may have an effect on Trust finances. 	<p>Mitigating actions:</p> <table border="1"> <thead> <tr> <th>Action</th> <th>Target Date</th> </tr> </thead> <tbody> <tr> <td>Systems are in place to monitor audits to provide ongoing assurance in relation to the CQC action plan. The Action Plan is monitored by the CQC and through the Quality Committee.</td> <td>Ongoing</td> </tr> <tr> <td>Elective Recovery Cell Group work in progress to ensure equity of access across the ICS and address long waiters</td> <td>Ongoing</td> </tr> <tr> <td>Utilisation of independent sector for planned surgical capacity</td> <td>In place and ongoing</td> </tr> <tr> <td>Mini mock-CQC visits regularly carried out and focussing on all areas with regular reporting back to the Quality Committee. The next round will be scheduled to take place in Q1 of 2021/22</td> <td>Q1/2 2021/22</td> </tr> <tr> <td>PLACE assessments oversight of the reports will be provided by the Quality Committee and summary updates as part of the committee updates to the committee to the Board. Training for key members of the inspection teams was completed by the Trust's Estates and Facilities team prior. Results will be included in the PLACE Annual Report to the Quality Committee.</td> <td>TBC – Deferred as a result of COVID-19</td> </tr> </tbody> </table>	Action	Target Date	Systems are in place to monitor audits to provide ongoing assurance in relation to the CQC action plan. The Action Plan is monitored by the CQC and through the Quality Committee.	Ongoing	Elective Recovery Cell Group work in progress to ensure equity of access across the ICS and address long waiters	Ongoing	Utilisation of independent sector for planned surgical capacity	In place and ongoing	Mini mock-CQC visits regularly carried out and focussing on all areas with regular reporting back to the Quality Committee. The next round will be scheduled to take place in Q1 of 2021/22	Q1/2 2021/22	PLACE assessments oversight of the reports will be provided by the Quality Committee and summary updates as part of the committee updates to the committee to the Board. Training for key members of the inspection teams was completed by the Trust's Estates and Facilities team prior. Results will be included in the PLACE Annual Report to the Quality Committee.	TBC – Deferred as a result of COVID-19
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Appendix – Board Assurance Framework (Full)

BAF Risk 5

<ul style="list-style-type: none">• Capacity to manage COVID patients.• Capacity in critical care beds/staffing.• Staff exhaustion, resilience and availability as a result of the pandemic response.	
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TRUST BOARD REPORT

14 July 2021

Item 86

Purpose Information Assurance

Title	Serious Incident Assurance Report
Author	Mrs J Hardacre, Assistant Director Safety and Risk
Executive sponsor	Mr J Husain, Executive Medical Director

Summary: The Trust Board is asked to receive the paper as a summary update on the serious incidents reported to CCG and evidence of issues identified regarding Falls have been actioned to maintain patient safety as a priority focus.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do Invest in and develop our workforce Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation and improvement schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care. The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework. The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: No formal Committee

1. Serious Incidents Reported from 26th Feb 2021 to 30th April 2021

1.1 From 1st May 2021 to 30th June 2021 the Trust reported 27 Serious Incidents to our commissioners. The top 2 categories:

- 10 Pressures Ulcers (PUs) (reduction of 6 on the previous two months)
- 4 Slips, Trips and falls

1.2 The Trust has seen a reduction of PUs externally reported partially due to the 3 month pilot which started in May with the introduction of the Pressure Ulcer Checklist for all unstageable damage within the Community. Only unstageable PUs are now being reported where it has been identified as damage due to issues with care and treatment. This pilot will be reviewed with the CCG at the end of July for full approval.

1.3 There have been three incidents reported under the Never Event criteria in 2021/22:

- I. Wrong site surgery (Endoscopy - biopsy) Moderate harm – Rapid review, duty of candour and round table completed.
Immediate learning identified and action taken to ensure 2 person check of scope in placed in right area as per JAG best practice guidance. Full RCA investigation being completed, report due at August SIRI Panel.
- II. Wrong site surgery (Endoscopy – wrong person for colonoscopy) Moderate Harm – Rapid review, duty of candour and round table completed.
Immediate learning identified regarding IT equipment and rebooking of repeat procedures completed before patient leaves clinic room. Full RCA investigation being completed, report due at August SIRI Panel.
- III. Wrong implant (Ophthalmology- Lens) No Harm – Rapid review, duty of candour and round table completed. Human factors identified misinterpretation of the request for lens size.
Immediate action taken to have lens ready and checked before surgery starts. Full RCA investigation being completed, report due at August SIRI Panel.

1.4 A Never Event Round Table took place between NHSE/I, CCG, CQC and the Trust on 5th July 2021 to provide an overview and assurance of the three recently reported incidents. It was noted at the meeting that there was confidence that immediate actions had been taken by the Trust following each incident and the patients and staff involved had been supported. It was discussed that the wrong site surgery due to wrong person and wrong implant surgery will be brought forward for de-escalation as Never Events on completion of the investigation reports.

1.5 There have been no breaches of duty of candour reported in May and June 2021.

2. CCG Assurance Dashboard (Appendix A)

2.1 The East Lancashire Care Commissioning Group (CCG) provides a serious incident dashboard each month to the Trust (see appendix A). At the time of the Dashboard being produced the Trust had 131 Serious Incidents open for investigation and learning with the local CCG.

- 84 are under investigation
- 3 investigations have been completed and awaiting closure or de-escalation by the CCG
- 41 investigation reports further information has been requested from divisions before closure agreed
- 3 are HSIB investigations

2.2 The CCG dashboard highlights that 59 reported StEIS incidents have been de-escalated on completion of the investigations to date for 2020.

2.3 The three top externally reported incident categories:

- Pressure Ulcers
- Slips/trips/falls
- Maternity/Obstetric

3 SIRI Panel Overview (May and June)

3.1 SIRI Panels held during May and June 2021 (including PU SIRI Panel) discussed a total of 35 investigation reports:

- 18 reports were approved with learning

- 12 reports approved and de-escalation requested (8 where PUs)
- 5 not approved as further work required

3.2 A summary of themes is conducted at each Serious Incidents Requiring Investigation Panel (SIRI), at the May and June meetings the following themes were identified:

- Reports on ICE not being reviewed in a timely manner. Action – Deputy Medical Director highlighting issue with all divisions and doctors to ensure that reports are reviewed and checks in place.
- The importance of the requirement of senior nurse reviews (pressure ulcers). Action has been taken with the development of a new SOP. PU SIRI panel have asked for feedback on implementation and monitoring.
- Issues with documentation/waterlow scores/MUST scores, much due to junior staff supporting / covering for more senior colleagues during Covid. Action - Safety huddles are now in place to support junior staff in discussing cases; these are being monitored by matrons.
- Continuing delays in referring to TVN. This was recognised as partly due to IT restrictions (wifi) as District Nurses are unable to make referrals whilst out in the community and have to wait until back in office where access is restricted due to Covid. Action - There is a Risk Assessment in place around IT problems which is being monitored.
- Communication to outside agencies, interaction and feedback received when completing incident investigations. Action - Being reviewed as part of the patient safety incident response framework (PSIRF).
- Investigation reports highlighted good examples of family/patient engagement and involvement within the incident investigation process. This is due to early coordination processes now linking the patient experience team and the allocation of Family Liaison Officers to all cases.
- A theme regarding diabetes management and hearing impairment/reasonable adjustments was raised at SIRI Panel. Action - this will be raised at Trust Wide Governance meeting.

4 Serious Incident Lessons Learnt

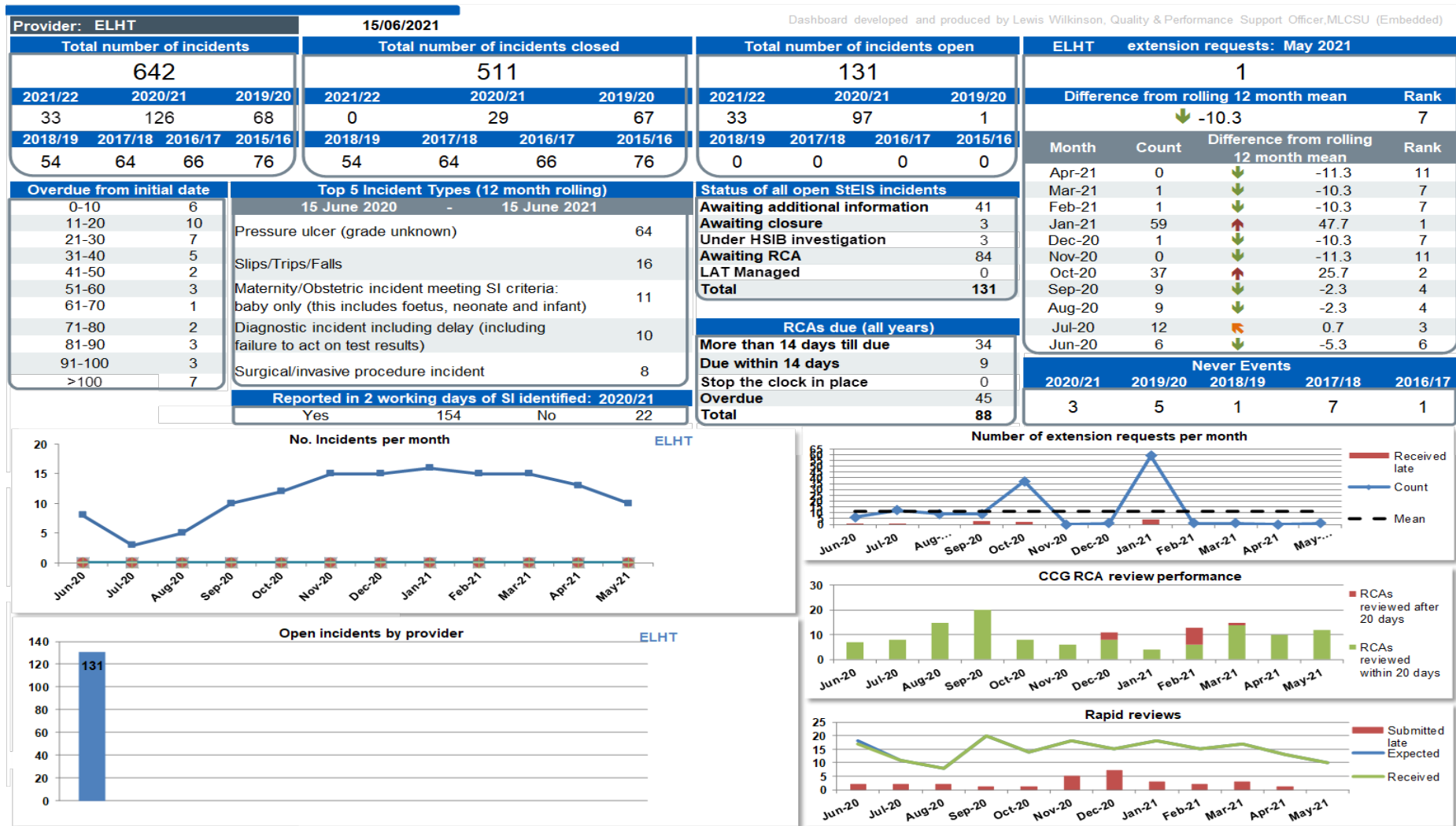
4.1 The Falls Prevention Lead has completed a review of falls up to the end of 2020 following a theme escalated last month through Trust Wide Quality Governance meeting. The findings indicated that the Trust had not seen an increase in falls leading to moderate or above harm but there had been an increase in no harm incidents. Each division have developed falls action plans which will be monitored at the Fall Prevention Group and assurance provided to Trust Wide Governance Group. A number of Trust wide actions have been identified as a priority regarding falls

- 4.1.1 Online training for all health care workers undertaking enhanced care to be made available and monitored through divisions (this is now on the learning hub and staff encouraged to complete, monitored through NAPF)
- 4.1.2 Review the levels of enhanced care policy agree changes through policy council and share through the falls prevention group and nurse leadership at ward level. (Completed, changes being embedded through divisions and will be monitored through NAPF)
- 4.1.3 Re invigorate the use and implementation of the enhanced care policy including launch of new Baton for staff use on all wards in relation to baton being handed over prior to leaving patient bay or room. To reduce the likelihood if no staff available staff member leaving area.

Jacquetta Hardacre, Assistant Director Safety, Risk and Clinical Effectiveness

6th July 2021

Appendix A: Serious Incident Dashboard produced by East Lancashire CCG on 15th June 2021



TRUST BOARD REPORT

Item **87**

14 July 2021

Purpose Information Assurance

Title	Integrated Performance Report
Author	Mr M Johnson, Associate Director of Performance and Informatics
Executive sponsor	Mrs S Gilligan, Chief Operating Officer

Summary: This paper presents the corporate performance data at May 2021

Recommendation: Members are requested to note the attached report for assurance

Report linkages

Related strategic aim and corporate objective	<p>Put safety and quality at the heart of everything we do</p> <p>Invest in and develop our workforce</p> <p>Work with key stakeholders to develop effective partnerships</p> <p>Encourage innovation and pathway reform, and deliver best practice</p>
Related to key risks identified on assurance framework	<p>Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust’s ability to deliver safe personal and effective care.</p> <p>Recruitment and workforce planning fail to deliver the Trust objectives</p> <p>Lack of effective engagement within the partnership organisations of the Integrated care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.</p> <p>The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework.</p> <p>The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements</p>

Impact

Legal	Yes	Financial	Yes
Equality	No	Confidentiality	No

Previously considered by: N/A

Board of Directors, Update

Corporate Report

Executive Overview Summary

Positive News

- There were no never events reported in May
- There were no maternal deaths in May.
- There were no medication errors causing serious harm.
- There were no confirmed post 2 day MRSA bacteraemia in May.
- The complaints rate remains below threshold.
- There were no breaches of the 28 day standard for operations cancelled on the day.
- Non-elective length of stay has significantly reduced.

Areas of Challenge

- There were 5 healthcare associated clostridium difficile infections detected during May ('Hospital onset healthcare associated (HOHA)' /'Community onset healthcare associated (COHA)').
- There were 10 steis reportable incidents in May.
- The HSMR is 'above expected'.
- The weekend HSMR is above expected.
- There were 5 stillbirths in May.
- Friends & family scores have deteriorated in A&E, outpatients, community & maternity.
- The 'Emergency Care 4 hour standard' (Pennine A&E Delivery Board) was not achieved in May at 80.6%
- There were 9 breaches of the 12 hour trolley wait standard in May (all mental health).
- There were 481 ambulance handovers > 30 minutes and 14 > 60 minutes in May. Following validation, 4 of the 14 were ELHT breaches. The trend is showing significant improvement.
- The cancer 62 day standard was not met in April at 70.6%.
- There were 8 breaches of the 104 day cancer wait standard.
- The 6wk diagnostic target was not met at 18.9% in May.
- The Referral to Treatment (RTT) number of total ongoing pathways has increased on last month to 31,936, however the number over 40 weeks has remained similar at 1819.
- There were 1043 breaches of the RTT >52 weeks standard due to COVID-19, which is below the monthly trajectory.
- Elective length of stay has significantly increased in May.
- Sickness rates are above threshold at 5.6% in May.

- Trust turnover rate is showing a significant increase.
- Compliance against the Appraisal (AFC staff) remains below threshold. Appraisals were on hold until March.
- Compliance against the Information Governance Toolkit is 94%, below the 95% target.
- Temporary costs as % of total pay bill remains above threshold at 10%.
- The Trust is reporting a £2.0 million adjusted deficit in Month 02, which is on plan.

No Change




- The SHMI has remained as expected at 1.07.
- VTE risk assessment performance remains above threshold.
- Inpatient friends & family scores remain above threshold.
- All areas of core skills training are above threshold, with the exception of information governance and basic life support.
- The emergency readmission rate is showing no change
- There were 36 operations cancelled on the day (non clinical). This continues to show a significant reduction on previous levels.
- Vacancy rates remain below threshold.
- CQUIN schemes are on hold until September.

Introduction




This report presents an update on the performance for May 2021 and follows the NHS Oversight Framework. The narrative provides details on specific indicators under the five areas; Safe, Caring, Effective, Responsive, Well Led















Key to Scorecard Symbols

Variation

	No significant variation or change in the performance data (Common cause variation)
	Significant improvement in the performance data that is not due to normal variation (Special case variation)
	Significant deterioration in the performance data that is not due to normal variation (Special case variation)

Assurance

	The indicator may or may not meet the target - the variation in data sometimes meets the target and sometimes not
	The indicator will consistently meet the target. The variation in the data always falls within the target
	The indicator will consistently fail the target. The variation in the data always falls outside the target

Safe					
	Indicator	Target	Actual	Variation	Assurance
M64	CDIFF - HOHA	not set for 2020	2		No target set to provide assurance against
M64.3	CDIFF - COHA	not set for 2020	3		
M64.4	Cdiff Cumulative from April (HOHA& COHA)	not set for 2020	0		
M65	MRSA	not set for 2020	0		
M124	E-Coli (post 2 days)	not set for 2020	7		
M155	P. aeruginosa bacteraemia (total post 2 days)	not set for 2020	0		
M157	Klebsiella species bacteraemia (total post 2 days)	not set for 2020	0		
M66	Never Event Incidence	0	0		
M67	Medication errors causing serious harm (Steis reported date)	0	0		
M68	Maternal deaths	0	0		
M64.2	C Diff per 100,000 Occupied Bed Days (HOHA)	No Threshold Set	7.6		
M69	Serious Incidents (Steis)	No Threshold Set	10		
M70	CAS Alerts - non compliance	0	0		
C29	Proportion of patients risk assessed for Venous Thromboembolism	95%	98%		

Caring					
	Indicator	Target	Actual	Variation	Assurance
C38	Inpatient Friends and Family - % who would recommend	90%	95%		
C31	NHS England Inpatients response rate from Friends and Family Test	No Threshold Set	47%		
C40	Maternity Friends and Family - % who would recommend	90%	92%		
C42	A&E Friends and Family - % who would recommend	90%	79%		
C32	NHS England A&E response rate from Friends and Family Test	No Threshold Set	8%		
C44	Community Friends and Family - % who would recommend	90%	92%		
C38.5	Outpatient Friends and Family - % who would recommend	90%	91%		
C15	Complaints – rate per 1000 contacts	0.40	0.20		
M52	Mixed Sex Breaches	0			
Effective					
	Indicator	Target	Actual	Variation	Assurance
M53	Summary Hospital Mortality Indicator (HSCIC Published data)	Within Expected Levels	1.07		
M54	Hospital Standardised Mortality Ratio (DFI Indicative) (as at Feb-21)	Within Expected Levels	112.7		
M74	Hospital Standardised Mortality Ratio - Weekday (as at Feb-21)	Within Expected Levels	111.0		
M75	Hospital Standardised Mortality Ratio - Weekend (as at Feb-21)	Within Expected Levels	118.0		
M73	Deaths in Low Risk Conditions (as at Feb-21)	Within Expected Levels	7.93		
M159	Stillbirths	<5	5		
M160	Stillbirths - Improvements in care that impacted on the outcome	No Threshold Set			
M89	CQUIN schemes at risk	CQUIN Suspended for 2020/21			

Responsive					
	Indicator	Target	Actual	Variation	Assurance
C2	Proportion of patients spending less than 4 hours in A&E (Trust)	95.0%	79.7%		
C2ii	Proportion of patients spending less than 4 hours in A&E (Pennine A&E Delivery Board)	95.0%	80.6%		
M62	12 hour trolley waits in A&E	0	9		
M82.1	Handovers > 30 mins ALL (Arrival to handover)	0	481		
M84	Handovers > 60 mins (Arrival to handover)	0	14		
C1	RTT admitted: percentage within 18 weeks	No Threshold Set	51.6%		
C3	RTT non admitted pathways: percentage within 18 weeks	No Threshold Set	87.3%		
C4.1	RTT waiting times Incomplete pathways Total	No Threshold Set	31,936		
C4.2	RTT waiting times Incomplete pathways -over 40 wks	No Threshold Set	1819		
C37.1	RTT 52 Weeks (Ongoing)	1213	1043		
C17	Diagnostic waiting times: patients waiting over 6 weeks for a diagnostic test	1.0%	18.9%		
C18	Cancer - Treatment within 62 days of referral from GP	85.0%	70.6%		
C19	Cancer - Treatment within 62 days of referral from screening	90.0%	91.9%		
C20	Cancer - Treatment within 31 days of decision to treat	96.0%	89.3%		
C21	Cancer - Subsequent treatment within 31 days (Drug)	98.0%	98.8%		
C22	Cancer - Subsequent treatment within 31 days (Surgery)	94.0%	88.9%		
C36	Cancer 62 Day Consultant Upgrade	85.0%	91.4%		
C25.1	Cancer - Patients treated > day 104	0	8		
M9	Urgent operations cancelled for 2nd time	0	0		
C27a	Not treated within 28 days of last minute cancellation due to non clinical reasons - actual	0	0		
M138	No.Cancelled operations on day	No Threshold Set	36		
M55	Proportion of delayed discharges attributable to the NHS	New reporting in development			
C16	Emergency re admissions within 30 days	No Threshold Set	14.6%		
M90	Average LOS elective (excl daycase)	No Threshold Set	4.5		
M91	Average LOS non-elective	No Threshold Set	4.4		

Well Led					
	Indicator	Target	Actual	Variation	Assurance
M77	Trust turnover rate	12.0%	9.4%		
M78	Trust level total sickness rate	4.5%	5.6%		
M79	Total Trust vacancy rate	5.0%	4.6%		
M80.3	Appraisal (AFC)	90.0%	55.0%		
M80.35	Appraisal (Consultant) Reported up to February - now suspended	90.0%	98.0%		
M80.4	Appraisal (Other Medical) Reported up to February - now suspended	90.0%	95.0%		
M80.2	Safeguarding Children	90.0%	95.0%		
M80.21	Information Governance Toolkit Compliance	95.0%	94.0%		
F8	Temporary costs as % of total paybill	4%	10.0%		
F9	Overtime as % of total paybill	0%	0%		
F1	Variance to H1 financial performance surplus / (deficit) (£m)	(£17.7)	£0.1		
F2	Variance to H1 WRP achieved (£m)		-£2.40		
F3	Liquidity days	>(14)	(7.0)		
F4	Capital spend v plan	85.0%	39.0%		
F18a	Capital service capacity	>1.25	1.0		
F19a	H1 I&E margin	>(3%)	-1.9%		
F12	BPPC Non NHS No of Invoices	95.0%	98.2%		
F13	BPPC Non NHS Value of Invoices	95.0%	98.8%		
F14	BPPC NHS No of Invoices	95.0%	94.3%		
F15	BPPC NHS Value of Invoices	95.0%	99.7%		

NB: Finance Metrics are reported year to date.

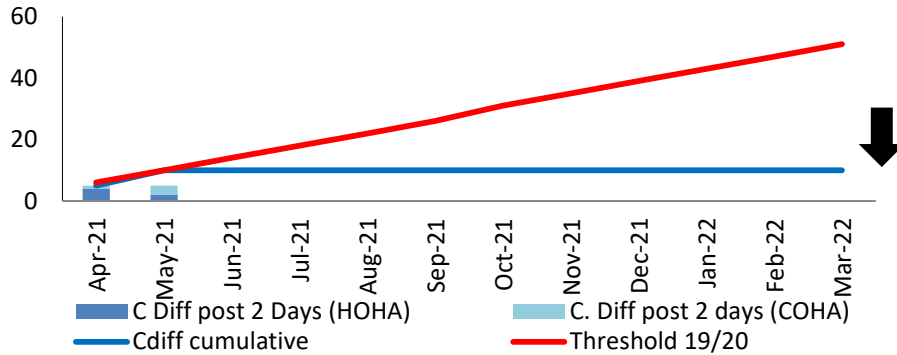
KEY

SPC Control Limits

The data period used to calculate the SPC control limits is Apr 18 - Mar 20.

Variation			Assurance		
Special Cause Concerning variation	Special Cause Improving variation	Common Cause	Consistently hit target	Hit and miss target subject to random	Consistently fail target

C Difficile

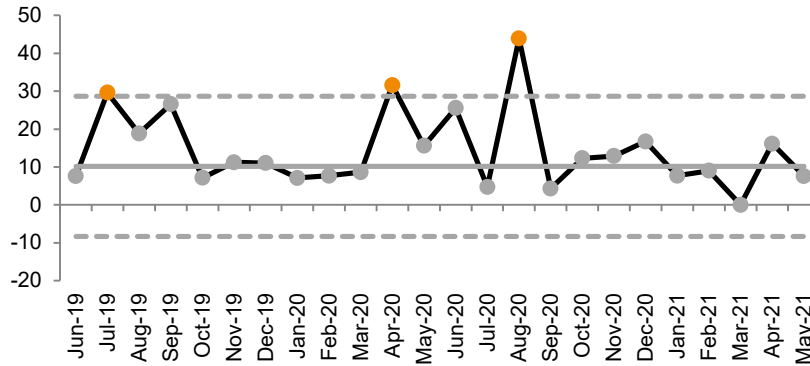


There were no post 2 day MRSA infection reported in May. So far this year there have been 0 cases attributed to the Trust.

The objective for 2019/20 was no more than 51 cases of 'Hospital onset healthcare associated (HOHA)' /'Community onset healthcare associated (COHA)' . The final figure for cases reported in 2020/21 was 69.

The 2021/22 objective has not yet been set. An indicative threshold based on 2019/20 is shown in the chart.

C Diff per 100,000 Occupied Bed Days (HOHA)



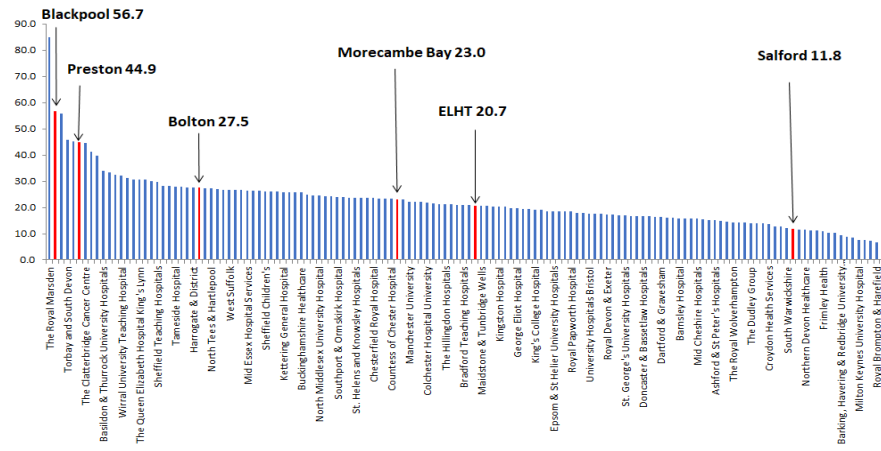
There were 5 healthcare associated Clostridium difficile toxin positive isolates identified in the laboratory in May, post 2 days of admission, of which there were 2 'Hospital onset healthcare associated (HOHA)' and 3 'Community onset healthcare associated (COHA)'

The year to date cumulative figure is 10 (HOHA & COHA). The detailed infection control report will be reviewed through the Quality Committee.

The rate of HOHA infection per 100,000 bed days has remained at normal levels in May.

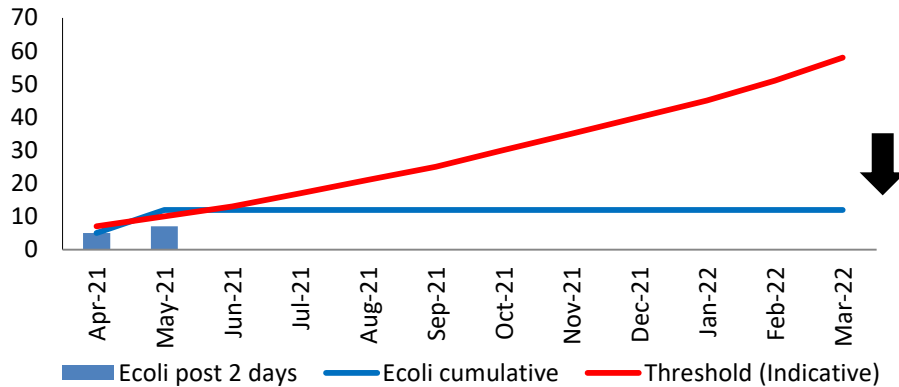
C Difficile benchmarking

Cdiff Benchmarking for Acute Trusts per 100,000 occupied bed days, 2019-20
Trust Apportioned HOHA & COHA
Source: Public Health England



ELHT ranked 75th out of 146 trusts in 2019-20 with 20.7 HOHA & COHA clostridium infections per 100,000 bed days. The best performing trust had 0 and the worst performer had 85.0 infections per 100,000 bed days.

E. Coli



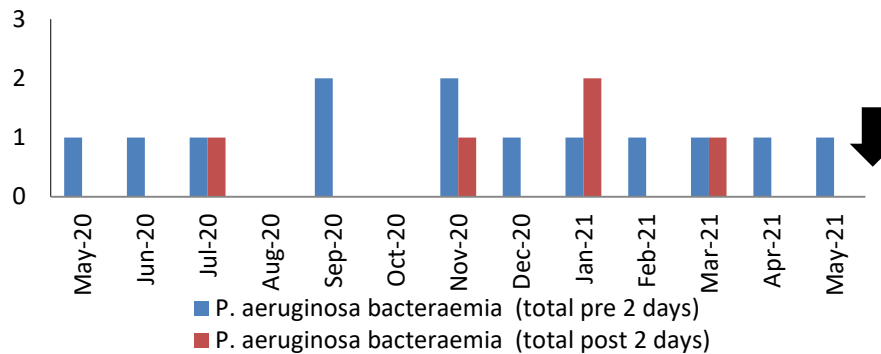
The Government initiative to reduce Gram-negative bloodstream infections by 50% by 2021 has been revised and now is to deliver a 25% reduction by 2021-2022 with the full 50% by 2023-2024.

The year end figure for 2019/20 was 70 cases and for 2020/21 was 54.

This year's trajectory for reduction of E.coli has not yet been published, so an indicative trajectory of 58 has been included for information.

There were 7 post 2 day E.coli bacteraemia detected in May, which is below the indicative monthly threshold.

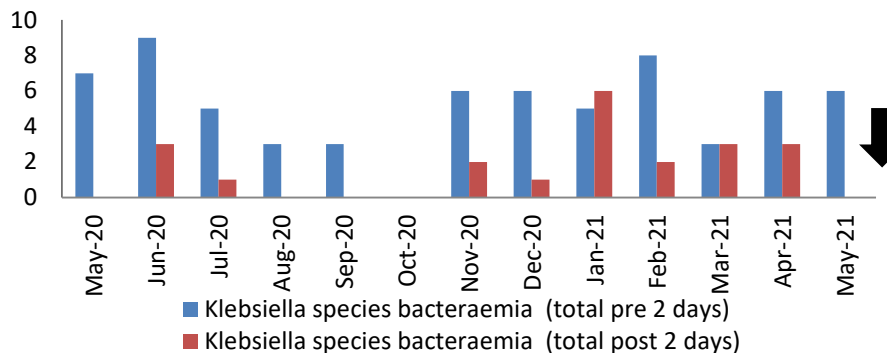
P.aeruginosa



From April 2017, NHS Trusts must report cases of bloodstream infections due to *Klebsiella species* and *Pseudomonas aeruginosa* to Public Health England.

Surveillance will be undertaken in line with current requirements (e.g. E. coli bacteraemia). This surveillance will be carried out by the Infection Prevention and Control Team.

Klebsiella

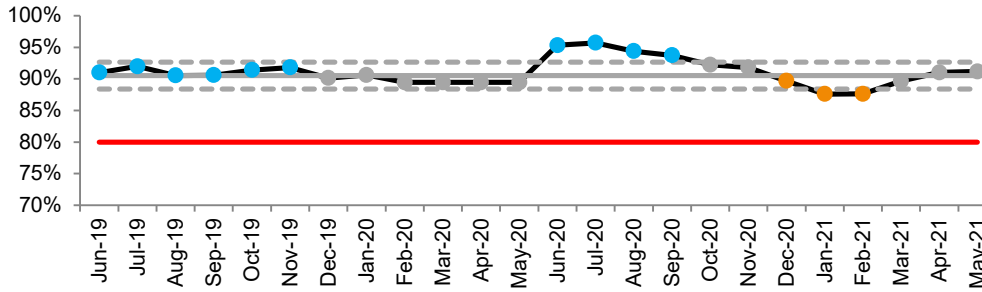


The work on catheter care, prevention of line infections, sepsis and improving hydration will help prevent healthcare associated bloodstream infections

NB: Mar - May 20 figures were not collected due to COVID 19, so are estimated here for purposes of calculating the SPC control limits

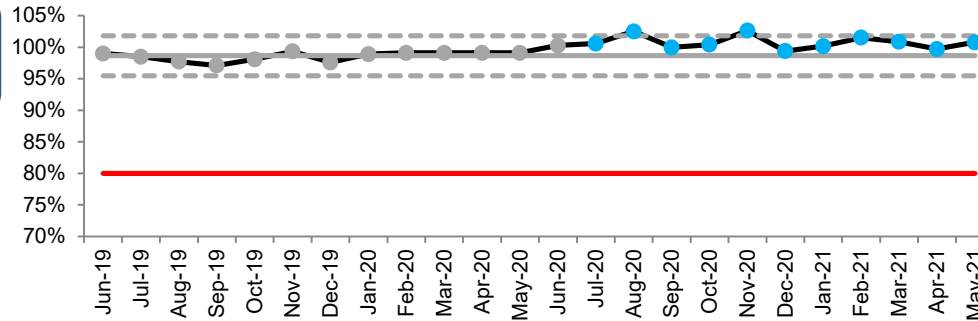
SAFE

Registered Nurses/
Midwives - Day



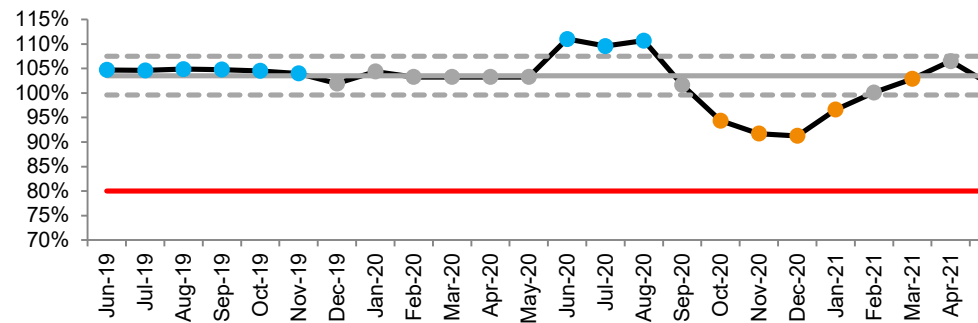
The average fill rate for registered nurses/midwives during the day is showing normal variation, however based on current variation will consistently be above threshold.

Registered Nurses/
Midwives - Night



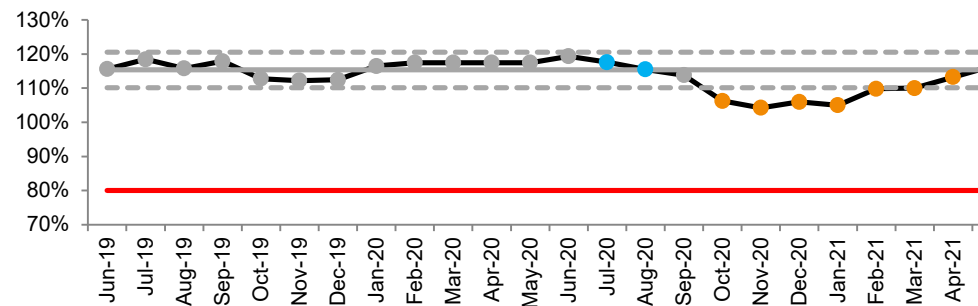
The average fill rate for registered nurses/midwives at night continues to show a significant increase and based on current variation will consistently be above threshold.

Care Staff - Day



The average fill rate for care staff during the day is showing a return to normal variation and based on current variation will consistently be above the threshold.

Care Staff - Night



The average fill rate for care staff at night is showing a return to normal variation, however based on current variation will consistently be above threshold.

Staffing in May 2021 has continued to be challenging however the number of wards <80% average fill rate for registered nurses/ midwives is the lowest it has been since October 2020. Trust Covid restoration and recovery plans are underway but the already established vacancies, impact of acuity and staff sickness remains challenging.

1 ward fell below the 80% for registered nurses in May for the day shift. The filling of Health Care Support Worker shifts remains a challenge

Wards below 80% for Registered Nurses during day shifts:

CIC

- Rakehead - Mainly due to the lack of coordinators which is in addition to safe staffing number

It should be noted that actual and planned staffing does not denote acuity, dependency, the number of women in labour or bed occupancy. The divisions consistently risk assess and flex staffing resources to support staffing.

Latest Month

Average Fill Rate

Month	Average Fill Rate				CHPPD		Number of wards < 80 %			
	Day		Night		Midnight Counts of Patients	Care Hours Per Patient Day (CHPPD)	Day		Night	
	Average fill rate - registered nurses /midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses /midwives (%)	Average fill rate - care staff (%)			registered nurses/ midwives	care staff	registered nurses/ midwives	care staff
May-21	91.2%	101.9%	100.8%	116.4%	26,351	9.71	1	1	0	0

Monthly Trend

	Average Fill Rate				CHPPD		Number of wards < 80 %			
	Day		Night				Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Sum of Midnight Counts of Patients	Care Hours Per Patient Day (CHPPD)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Aug-20	94.40%	110.70%	102.50%	115.50%	22750	10.53	1	1	0	2
Sep-20	93.70%	101.60%	100.00%	113.80%	23140	10	0	2	0	3
Oct-20	92.2%	94.4%	100.4%	106.3%	24,373	10.13	6	4	0	2
Nov-20	91.8%	91.7%	102.6%	104.2%	23,311	10.68	7	3	0	3
Dec-20	89.7%	91.2%	99.4%	106.0%	23,893	10.53	8	7	0	2
Jan-21	87.6%	96.6%	100.2%	105.0%	25,962	9.74	12	3	0	2
Feb-21	87.6%	100.1%	101.5%	109.8%	22,251	10.28	13	5	0	1
Mar-21	89.6%	102.9%	100.9%	110.0%	24,868	10.31	9	1	0	1
Apr-21	91.0%	106.5%	99.7%	113.3%	24,821	10.15	7	1	0	2
May-21	91.2%	101.9%	100.8%	116.4%	26,351	9.71	1	1	0	0

Red Flags:

CIC – No red flags reported

SAS- No red flags reported

MEC

- eIR1206820 unplanned omission of medications, no staff or patient harm
- eIR1207398 enhanced care staff gaps, 2 patient falls occurred on shift, no staff or patient harm
- eIR1207474 unplanned omission of medications and vital signs not assessed as per care plan, no staff or patient harm

Whilst restoration is ongoing, anecdotally staff continue to feel tired and some very effected by the pandemic against a backdrop of high acuity, usage of a high proportion of agency staff, junior skill mix and the constant moving of staff to support other areas,.

Support is ongoing to all areas through the divisional and corporate teams and working groups with the recruitment lead nurse and divisions to work collaboratively to address recruitment are about to commence

Actions taken to mitigate risk

- Safe staffing conference at 10:00 am followed up with meetings throughout the day where required to ensure safe staffing, with contingencies agreed for weekends and out of hours, utilising the acuity and dependency tool (Safe Care)
- Extra health care assistant shifts are used to support registered nurse gaps if available
- Relaunch of recruitment strategy
- New Lead Recruitment Nurse post appointed to and now in post
- Increase to student nurse placement
- On and off framework agencies constantly engaged with looking for block bookings
- Impact of COVID 19 on nursing and midwifery staffing levels and care provision paper ratified through ICC specifying expected staffing levels and minimum staffing levels in extremis with contingency for supporting ward staffing with the mobilisation of support from Allied Health Professionals and specialist nurses.
- We have recruited a total of 43 overseas nurses, however ,due to travel restrictions their start dates are temporarily delayed

Family Care

Red Flag Events- There has been one red flag Nursing or midwifery red flag reported in the month of May 2021.

- eIR1206718 less than 2 registered midwives present on a ward during any shift, no staff or patient harm

Maternity (Midwife to Birth Ratio)

Month	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Staffed to full Establishment	01:27	01:26.5	01:24	01:26	01:26	01:25	01:26	01:27	01:26	01:27	01:27	01:28
Excluding mat leave	01:28	01:28	01:26	01:27	01:27	1:26.71	01:27	01:28	01:27	01:28	01:28	01:29
With gaps filled through ELHT Midwife staff bank	Bank usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage
Per week	9.86wte	15wte	8.40wte	10.14wte	13.15wte	10.52wte	8.03wte	18.82wte	18.90wte	19.53wte	11.25wte	24.14wte

SAFE

Maternity- The bank filled rate hours covering vacancies/ pregnancy shielding and sickness is 24.14. This is the highest weekly bank usage to date this year, sickness and pregnancy shielding is having a huge impact on this aside vacancies which are recruited to, safe staffing levels have remained in place with the backfill of bank and redeployment at all times including COC team redeployment as and when required to maintain safe staffing.

ELHT have 24 midwives recruited to commence in post following qualification in September 2021, this includes the continuity of carer COC business case agreed for the x8 WTE midwives.

Bi- annual maternity staffing paper completed and presented at ELHT Quality committee on the 2nd June, Ockenden investment bid is aligned. The third continuity of carer (COC) team went live on the 24th May 2021.

Safe Staffing levels remain to be reviewed with appropriate risk assessments throughout the day at each safety huddle on the Central Birth Suite; midwives are redeployed to other areas to support acuity and activity as and when required.

Safe staffing plans are reflected daily with contingencies, mitigation and actions in line with the maternity situation report.

Neonatology - Bank and agency use required for staff related absences and minimal staff shielding continues. There have been intermittent periods of high acuity and activity in the month of May. Safe staffing calculated in line with the North West connect tool, reflected in the safety huddles to demonstrate, all duties are covered to achieve safe staffing levels when required. The unit has remained closed to external admissions in view of the outbreak for the month of May 2021.

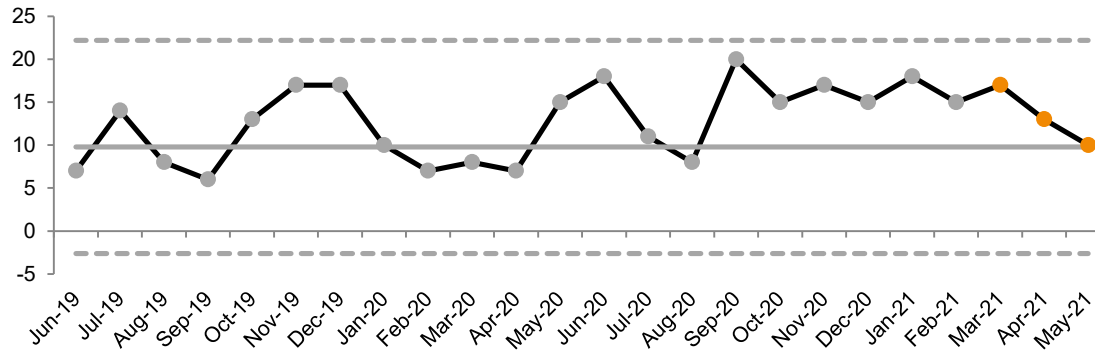
Paediatrics- Activity/Acuity has increased in capacity following a period of lower activity over the last four months, x2 band 5 posts to recruit at present, no nursing red flags reported within the month of May. Volunteers of Band 5 nurses- x5, HCAs x 5 and x1 play leader redeployed to Critical Care have all returned to paediatrics aside x2 nurses who have secured posts in ITU following rotation.

Planned and actuals narrative - "2 new starters (RN) started in May were supernumerary and there are 10 newly qualified due to start in September. Subsequently the roster wasn't fully established on publishing. Short term sickness, self-isolating and 1 episode of long term sickness impacted adversely on staffing levels. Activity/acuity was assessed on a shift by shift basis and bank requested were needed to ensure safe staffing levels."

Gynaecology – Staff shielding, absences, specialist posts all covered with bank/additional clinics where required to maintain services and the service provision of hot clinics, this remains as safe with relevant contingency plans in place. No nursing red flags reported.

Please see appendix1 for UNIFY data and appendix 2 for nurse sensitive indicator report.

Serious Incidents



There were no never events reported in May.

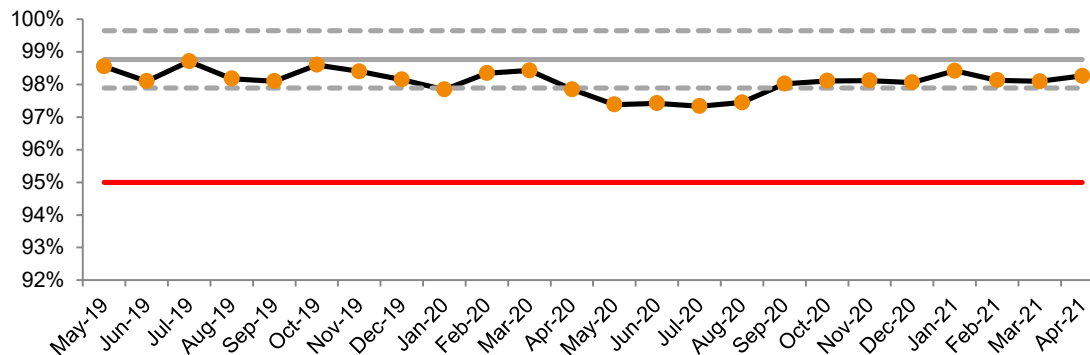
The Trust unverified position for incidents reported to the Strategic Executive Information System (StEIS) in May was 10 incidents.

The trend is showing a significant increase.

StEIS Category	No. Incidents
Pressure ulcer	5
Maternity/Obstetric (baby only)	2
Slips Trips Falls	1
Disruptive/ aggressive/ violent behaviour	1
Sub-optimal care of deteriorating patient	1

A detailed report providing assurance on the management of each of the STEIS reported incidents is submitted monthly to the Patient Safety and Risk Assurance Committee.

VTE assessment

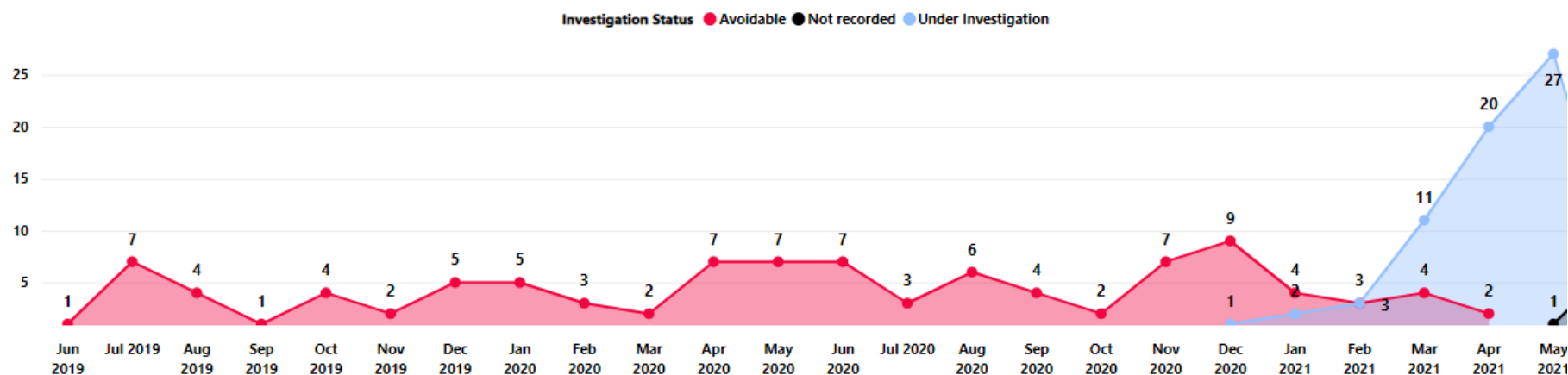


The VTE assessment trend is showing a deterioration, however based on recent performance will consistently achieve the standard.

Pressure Ulcers

For May we are reporting the current unvalidated pressure ulcer position, pending investigation, as follows:

Developed / Deteriorated (Avoidable, Under Investigation & Not Recorded) Pressure Ulcers by Reported Date and Investigation Status - Last 2 Years



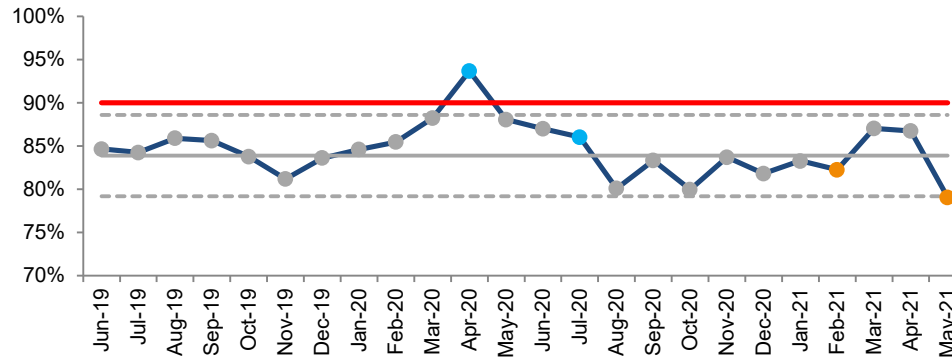
A meeting was held with NHS England, North West and CCG, to discuss our pressure ulcer data. A request was made to NHS England to standardise reporting across Lancashire & South Cumbria. A further update is to be provided in due course

At the meeting it was agreed not to Steis report unstageable pressure damage for a community setting for a test of change for 3 months. It will be Steis reported once the level of harm has been verified. The 3 month trial is continuing

The FFT question – “Overall how was your experience of our service” is being used to collect feedback via SMS texting and online via links on the Trust’s website.

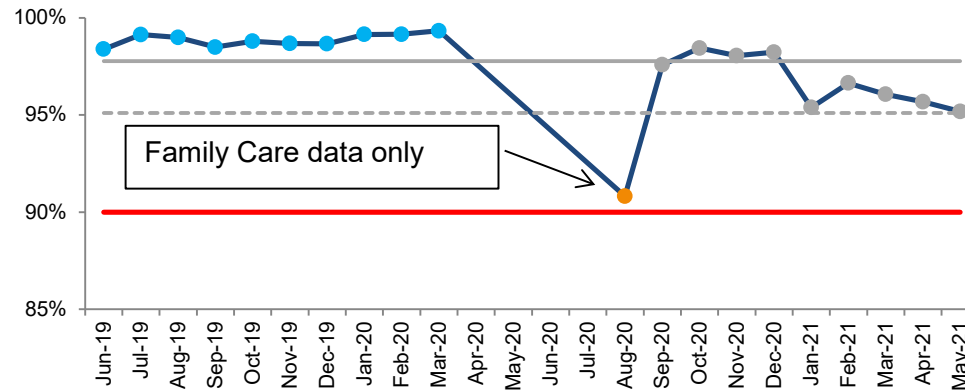
Inpatient data collection was suspended April 20 - Sep 20 due to COVID

Friends & Family A&E



A&E scores are showing a significant deterioration in May. Based on current variation this indicator is not capable of hitting the target routinely.

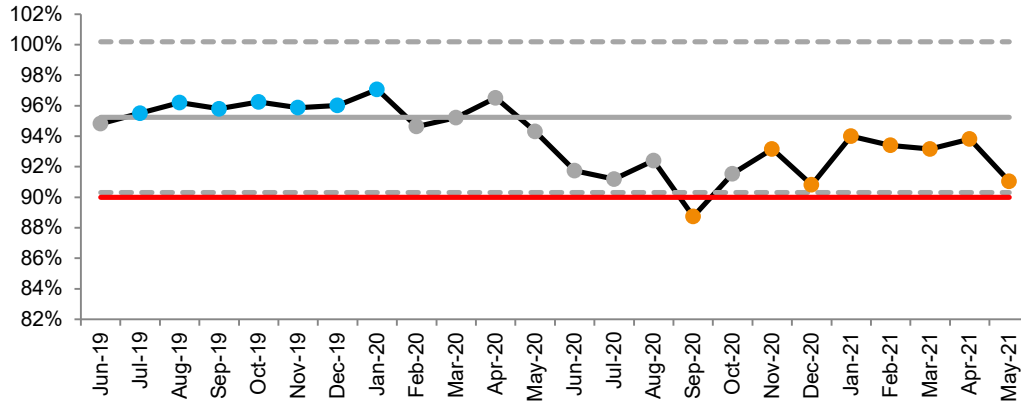
Friends & Family Inpatient



Inpatient data was suspended April - September 20 due to the COVID pandemic. Paper surveys were resumed in Family Care from 1st August 20 and across all areas from 1st September 20.

The trend is showing normal variation this month.

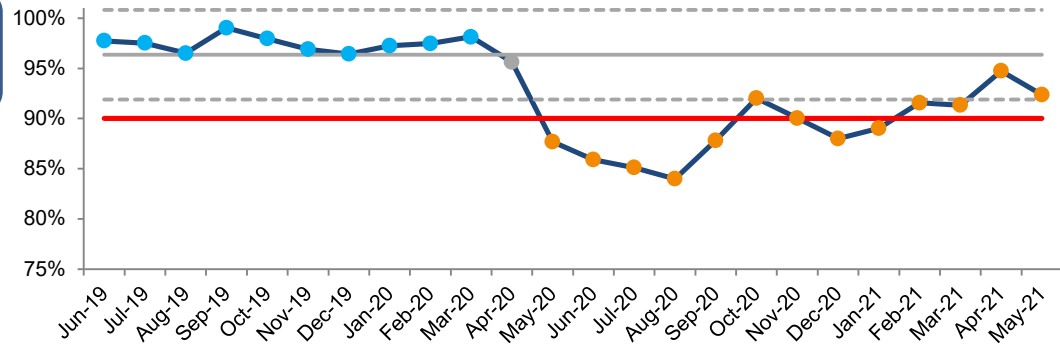
Friends & Family Outpatients



Outpatient scores continue to be below usual levels, however remain above target.

Based on current variation this indicator should consistently hit the target.

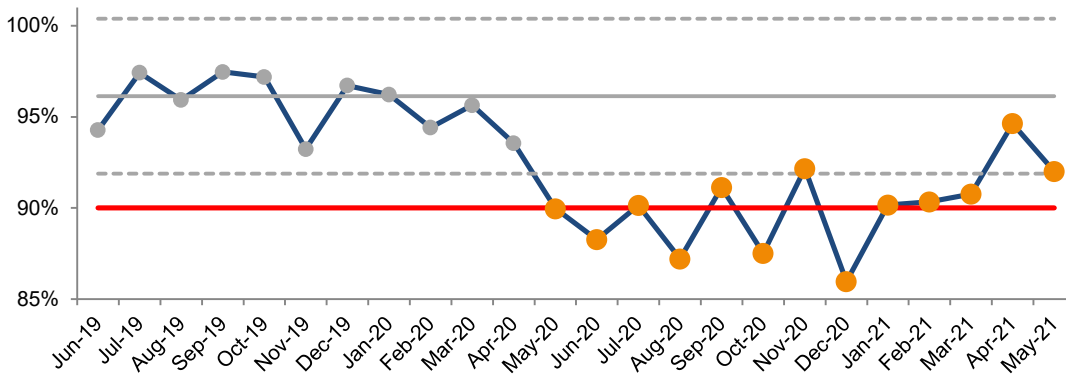
Friends & Family Community



Community scores are above target this month but are showing a reduction, which is significantly lower than usual variation.

Based on normal variation this indicator should consistently hit the target.

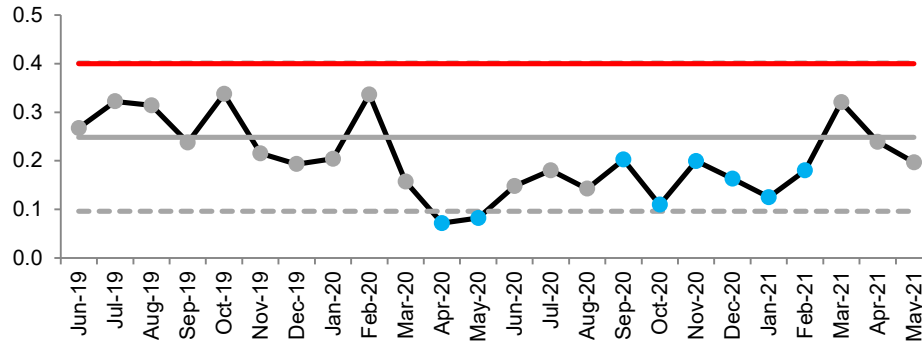
Friends & Family Maternity



Maternity scores are above target but showing a reduction, which is significantly lower than usual variation.

Based on normal variation this indicator would consistently hit the target.

Complaints per 1000 contacts



The Trust opened 23 new formal complaints in May.

ELHT is targeted to achieve a threshold of at or less than 0.4 formal complaints per 1,000 patient contacts – made up of inpatient, outpatient and community contacts.

For May the number of complaints received was 0.20 Per 1,000 patient contacts.

The trend is showing normal variation and based on current variation will remain below the threshold.

Patient Experience

Type	Division	Dignity Average Score	Information Average Score	Involvement Average Score	Quality Average Score	Overall Average Score
Community	Community and Intermediate Care Services	96.55	94.62	94.71	96.58	95.43
Community	Diagnostic and Clinical Support	100.00	93.33	97.83	100.00	97.13
Delivery	Family Care	100.00	-	100.00	100.00	100.00
ED_UC	Surgery	91.67	83.33	75.00	87.50	83.33
Inpatients	Community and Intermediate Care Services	95.00	92.50	91.67	95.45	93.60
Inpatients	Diagnostic and Clinical Support	100.00	86.59	95.35	98.15	92.74
Inpatients	Family Care	94.64	89.58	91.82	92.00	92.09
Inpatients	Medicine and Emergency Care	88.51	80.56	79.45	83.33	82.25
Inpatients	Surgery	94.14	88.79	89.03	91.23	90.58
OPD	Diagnostic and Clinical Support	100.00	100.00	100.00	94.17	96.63
OPD	Family Care	100.00	100.00	100.00	100.00	100.00
OPD	Medicine and Emergency Care	100.00	97.62	93.75	81.25	92.31
OPD	Surgery	100.00	92.31	100.00	-	95.83
Paediatric	Family Care	99.42	100.00	100.00	99.13	99.49
Postnatal	Family Care	100.00	99.43	100.00	100.00	99.84
SDCU	Family Care	100.00	98.96	100.00	98.21	99.50
	Total	95.87	90.58	91.37	94.63	92.92

From 1st May 2020 the Trust moved to a new system, CIVICA to manage FFT and patient experience surveys.

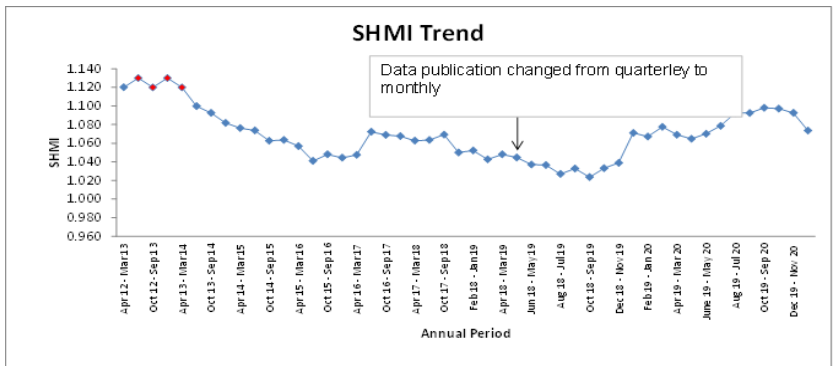
The new reports have now been configured and the table demonstrates divisional performance from the range of patient experience surveys in May 2021.

The threshold is a positive score of 90% or above for each of the 4 competencies.

The overall Trust performance from the range of patient experience surveys is above the threshold of 90% for all 4 competencies in May 2021

Divisions are encouraged to review survey feedback to identify areas for improvement.

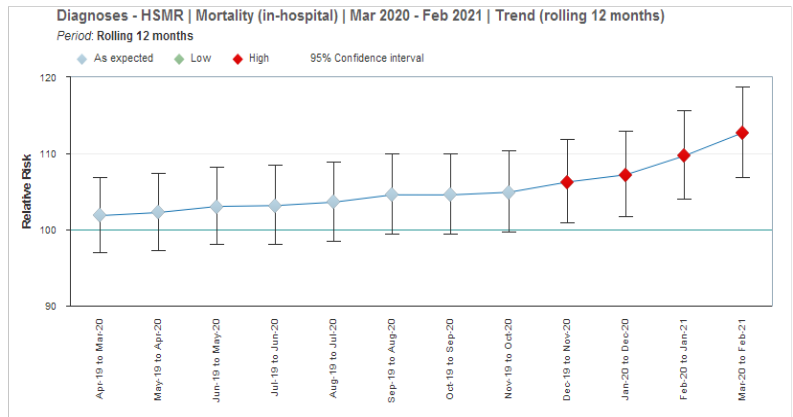
SHMI Published Trend



Dr Foster HSMR rolling 12 month

	HSMR Rebased on latest month March 20 – February 21 (Risk model Nov 20)
TOTAL	112.71 (CI 106.88 – 118.77)
Weekday	104.72 (CI 98.55 – 111.17)
Weekend	118.02 (CI 106.19 – 130.81)
Deaths in Low Risk Diagnosis Groups	7.93 (CI 4.09 – 13.85)

Dr. Foster HSMR monthly



The latest Trust SHMI value as reported by the Health and Social Care Information Centre and Care Quality Commission for the period January 21 to December 20 has remained within expected levels at 1.07, as published in May 21.

The latest indicative 12 month rolling HSMR (March 20 – February 21) has deteriorated from last month and is 'above expected' at 112.7 against the monthly rebased risk model.

Excluding COVID-19 cases, the relative risk is within expected levels at 103.0

There are currently six HSMR diagnostic groups with significantly high relative risk scores;

Pneumonia, Urinary tract infection, Acute cerebrovascular disease, Aspiration pneumonitis/ food/ vomitus, Congestive heart failure, Biliary tract disease

Pneumonia and Secondary Malignancies are currently also alerting on the nationally monitored SHMI groups.

These are being investigated through the mortality steering group and each have a nominated clinical lead and associated action plan.

The Trust has an established mortality steering group which meets monthly to review performance and develop specific action plans for any alerting mortality groups identified.

Learning Disability Mortality Reviews (LeDeR)

No update provided in May

Structured Judgement Review Summary

The new structured judgement review process was launched at the beginning of December 2017 for deaths meeting specified criteria. A team of reviewers have been trained on how to complete SJR's and are now undertaking the monthly reviews.

The table below shows a breakdown of SJR's completed and the scores allocated. Any death allocated a SJR score of 1 or 2 will have a stage 2 SJR completed.

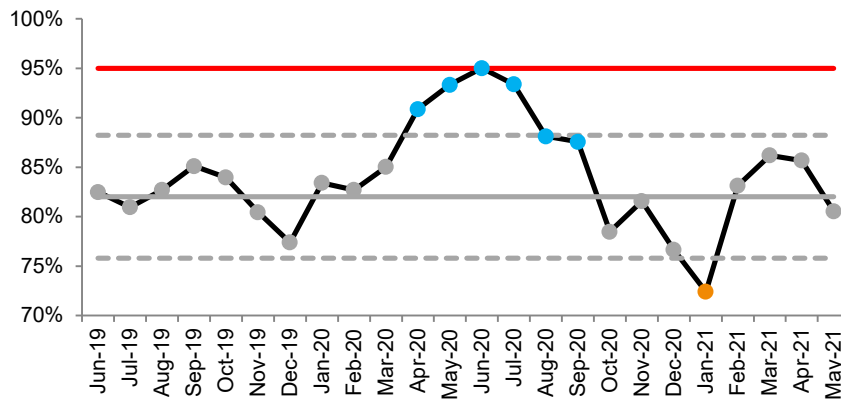
The stage 2 SJR reviewer will determine whether or not any lapses in care may have contributed to the death and if so a SIRI and RCA will be triggered.

Stage 1	Month of Death																		TOTAL
	pre Oct 17	Oct 17 - Mar 18	Apr 18 - Mar 19	Apr 19 - Mar 20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	
Deaths requiring SJR (Stage 1)	46	212	250	260	12	15	15	6	9	16	16	36	14	12	20	15	13	12	907
Allocated for review	46	212	250	259	12	15	15	6	9	16	16	36	14	8	19	12	7	7	906
SJR Complete	46	212	250	259	12	15	15	6	9	15	14	34	12	5	19	8	4	3	899
1 - Very Poor Care	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
2 - Poor Care	8	19	22	34	0	1	4	1	0	1	3	10	3	1	2	2	0	1	106
3 - Adequate Care	14	68	70	67	4	4	4	2	6	4	5	8	4	2	4	2	0	1	260
4 - Good Care	20	106	133	129	7	7	6	3	3	10	6	14	4	2	12	4	3	1	448
5 - Excellent Care	3	18	25	29	1	3	1	0	0	0	0	2	1	0	1	0	1	0	83
Stage 2																			
Deaths requiring SJR (Stage 2)	9	20	22	34	0	1	4	1	0	1	3	10	3	1	2	2	0	1	108
Deaths not requiring Stage 2 due to undergoing SIRI or similar	3	2	1	4	0	0	1	0	0	0	0	0	0	0	0	0	0	0	11
Allocated for review	6	18	21	30	0	1	3	1	0	1	3	10	3	1	2	2	0	1	97
SJR-2 Complete	6	18	21	30	0	1	3	1	0	1	3	9	3	1	1	2	0	0	96
1 - Very Poor Care	1	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
2 - Poor Care	3	6	7	13	0	0	2	1	0	1	0	3	2	0	1	1	0	0	38
3 - Adequate Care	2	10	13	13	0	1	1	0	0	0	3	5	1	1	0	1	0	0	49
4 - Good Care	0	1	0	2	0	0	0	0	0	0	0	1	0	0	0	0	0	0	4
5 - Excellent Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	pre Oct 17	Oct 17 - Mar 18	Apr 18 - Mar 19	Apr 19 - Mar 20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Total
stage 1 requiring allocation	0	0	0	1	0	0	0	0	0	0	0	0	0	4	1	3	6	5	1
stage 1 requiring completion	0	0	0	0	0	0	0	0	0	1	2	2	2	3	0	4	3	4	7
Stage 1 Backlog	0	0	0	1	0	0	0	0	0	1	2	2	2	7	1	7	9	9	8
stage 2 requiring allocation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
stage 2 requiring completion	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	1	1
Stage 2 Backlog	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	1	1

As per the guidance on finance and contracting arrangements for H1 2021/22, the block payments approach for arrangements between NHS commissioners and NHS providers in England will now remain in place for the first half of the 2021/22 financial year. Block payments to NHS providers are deemed to include CQUIN, and there will be no 2021/22 CQUIN scheme (either CCG or specialised) published at this stage.

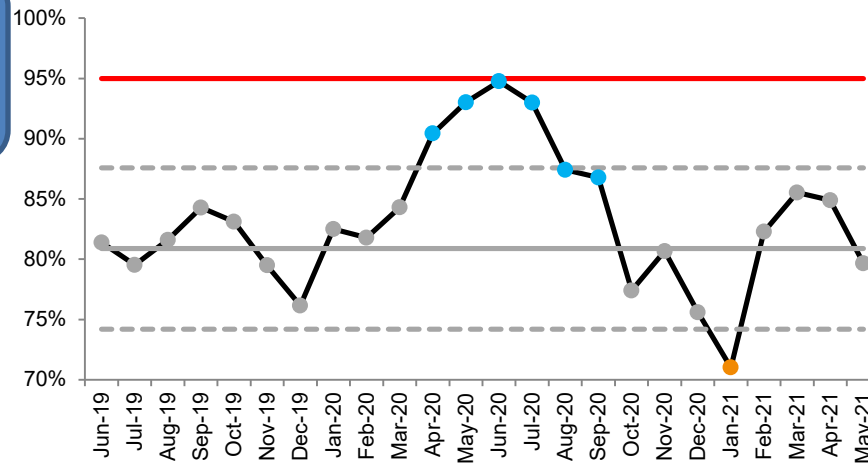
A&E 4 hour standard % performance - Pennine



Overall performance against the 'Pennine A&E Delivery Board' Accident and Emergency four hour standard was 80.6% in May, which is below the 95% threshold and the Trust trajectory (86%)

The trend is showing normal variation this month and based on current variation is not capable of hitting the target routinely.

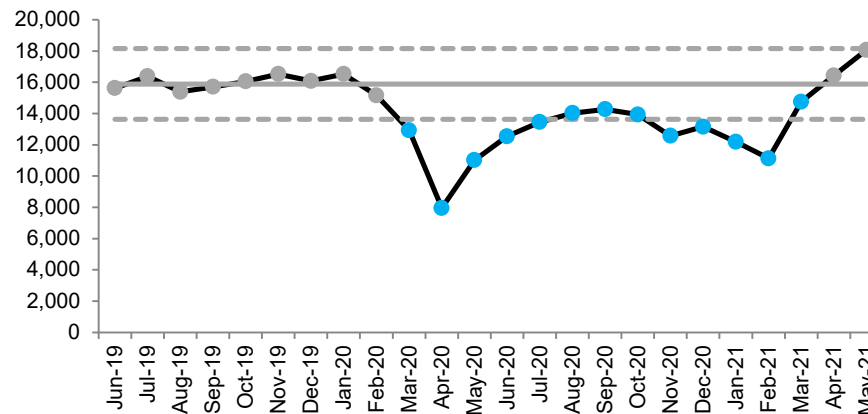
A&E 4 hour standard % performance - Trust



Performance against the ELHT four hour standard was 79.7% in May.

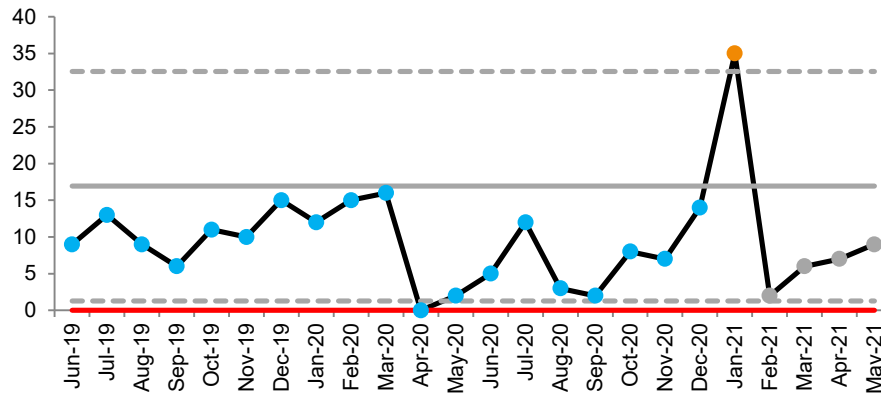
The national performance was 83.7% in April (All types) with 4 of the 112 reporting trusts with type 1 departments achieving the 95% standard.

A&E Attendances - Trust



The number of attendances during May was 18,065, which is the highest number of attends since May 18 (19,345).

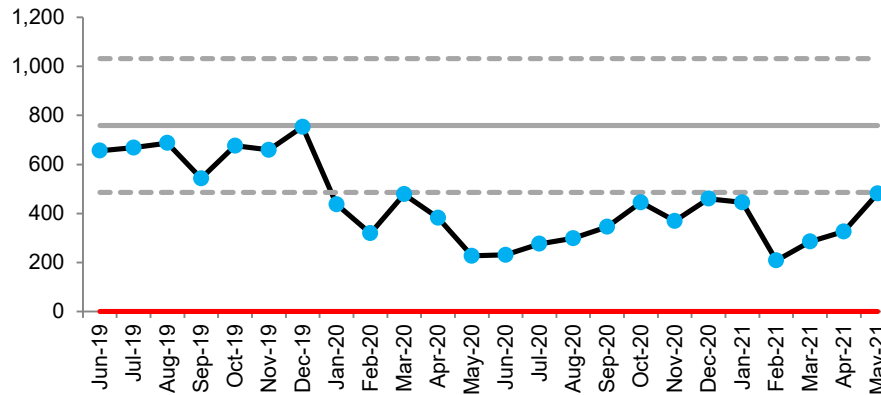
12 Hr Trolley Waits



There were 9 reported breaches of the 12 hour trolley wait standard from decision to admit during May. These were all mental health breaches.

Rapid review timelines are completed in accordance with the NHS England Framework for all breaches and a root cause analysis will be undertaken.

Ambulance Handovers - >30Minutes



	Mental Health	Physical Health
No. 12 Hr Trolley Waits	9	0
Average Wait from Decision to Admit	21hr 11 min	n/a
Longest Wait from Decision to Admit	33hr 17 min	n/a

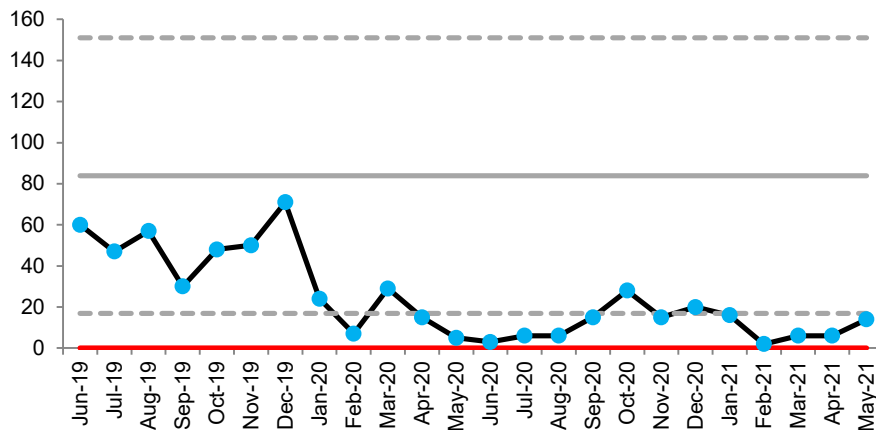
Following a review of NWAS data and reporting, the ambulance handover metrics have been amended and now show the arrival to handover time, having previously shown the notification to handover.

There were 481 ambulance handovers > 30 minutes in May. The trend is still showing significant improvement.

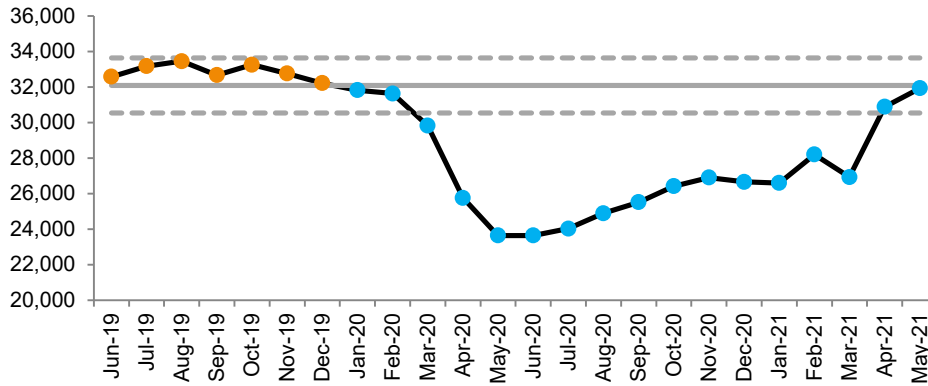
There were 14 ambulance handovers > 60 minutes in May, which continues to demonstrate a significant improvement. Following validation, 4 of the 14 were actual ELHT breaches and 10 were NWAS delays.

The average handover time was 20 minutes in May and the longest handover was 1hr 48 minutes.

Ambulance Handovers - >60 Minutes

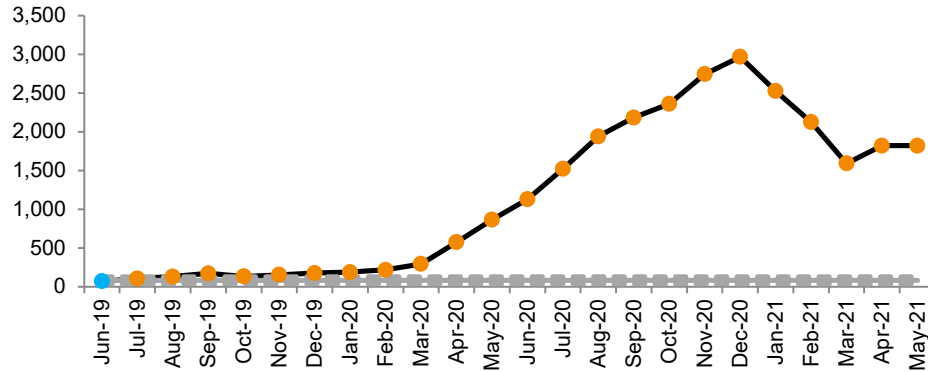


RTT Total Ongoing



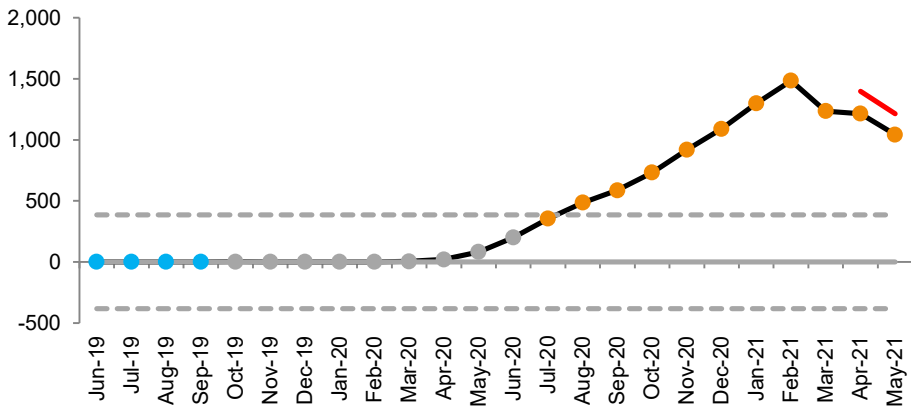
At the end of May, there were 31,936 ongoing pathways, which has increased on last month but remains below pre COVID levels.

RTT Total Over 40 wks



The number of pathways over 40wks decreased by 1 in May with 1819 patients waiting over 40 wks at month end.

RTT Total Over 52 wks

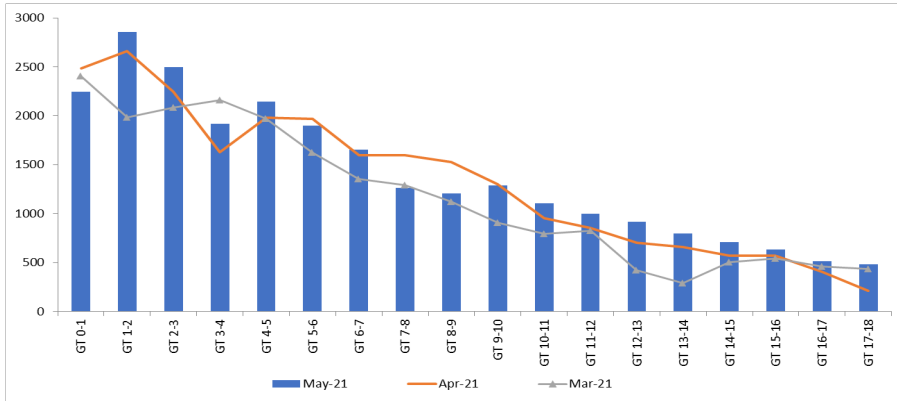


There were 1043 patients waiting over 52 weeks at the end of May, due to the COVID-19 pandemic, which was below the month end trajectory (1213).

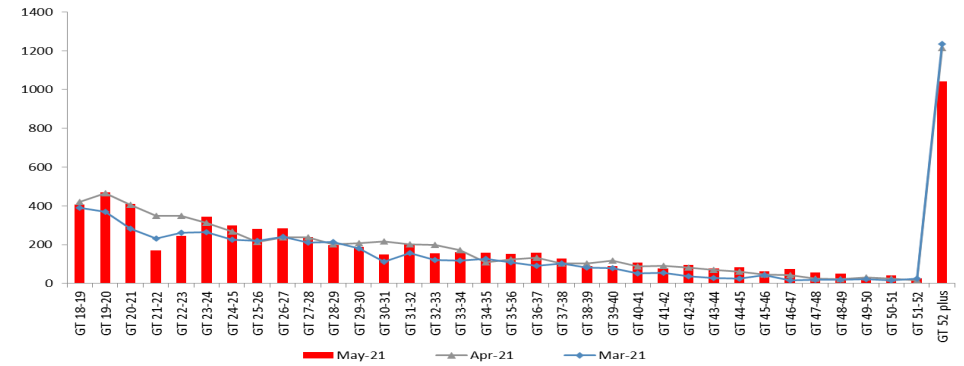
There were no patients waiting over 104 weeks.

The bar charts show the numbers of RTT ongoing pathways by weekband, compared with previous 2 months.

RTT Ongoing 0-18 Weeks

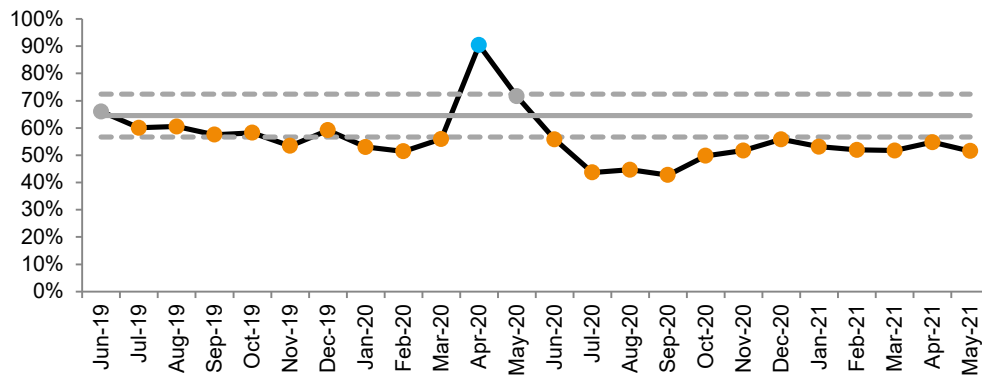


RTT Over 18 weeks

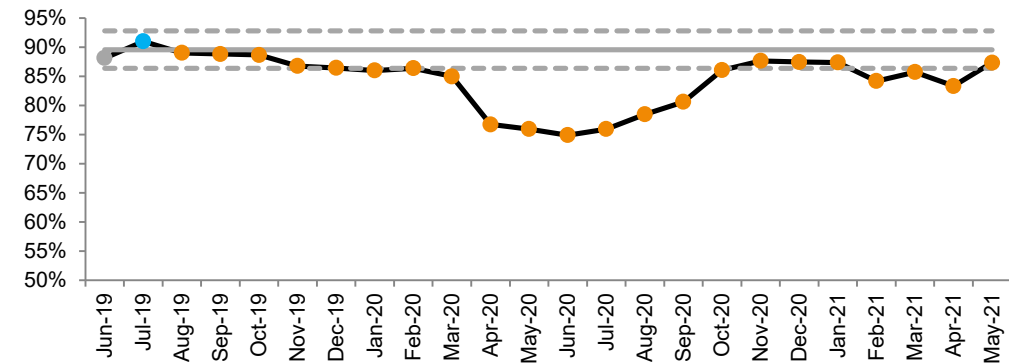


Although no longer a national target, the proportion of admitted and non-admitted patients, admitted within 18 weeks is included for information. During April 20 and May 20, only priority and urgent patients were admitted.

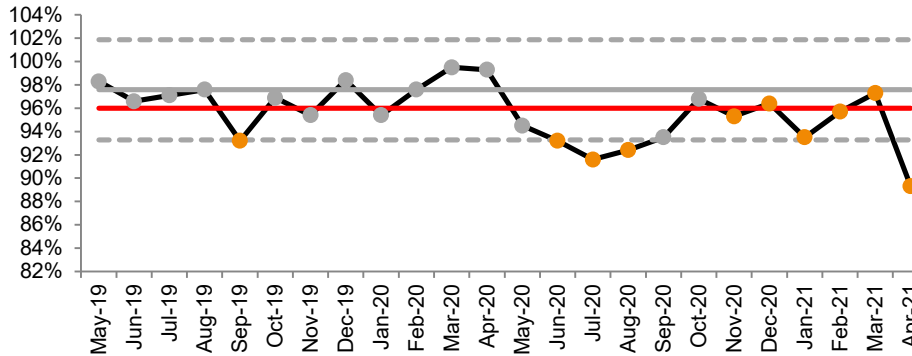
RTT Admitted



RTT Non-Admitted



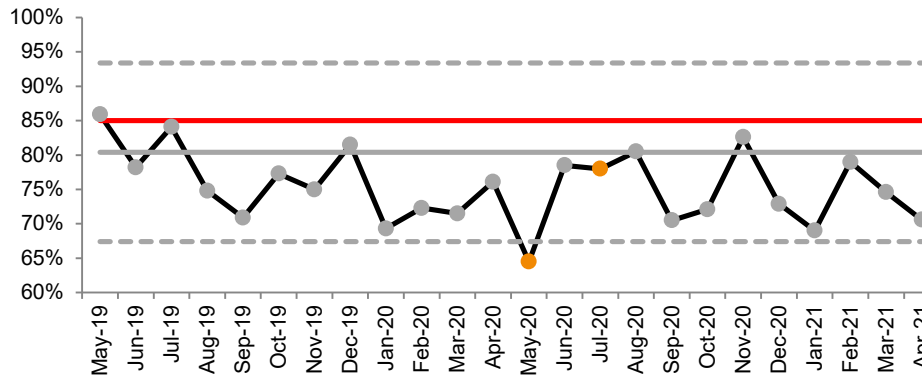
Cancer 31 day



The 31 day standard was not achieved in April at 89.3%, below the 96% threshold.

The trend is showing deteriorating performance and based on current variation, the indicator is at risk of not meeting the standard.

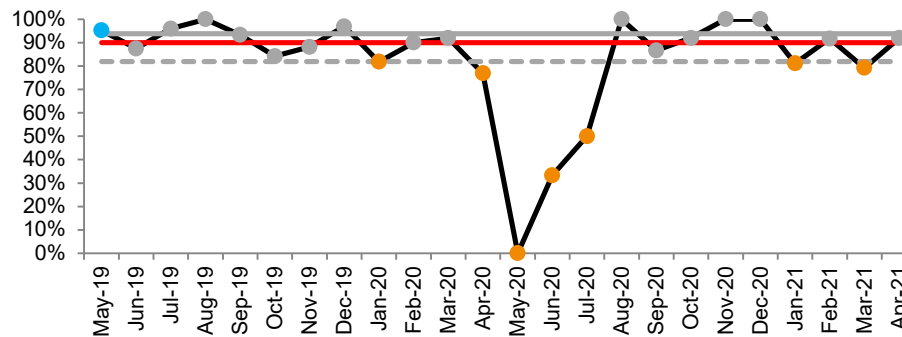
Cancer 62 Day



The 62 day cancer standard was not achieved in April at 70.6% below the 85% threshold.

The trend is showing normal variation this month and based on the current variation, the indicator remains at risk of not meeting the standard.

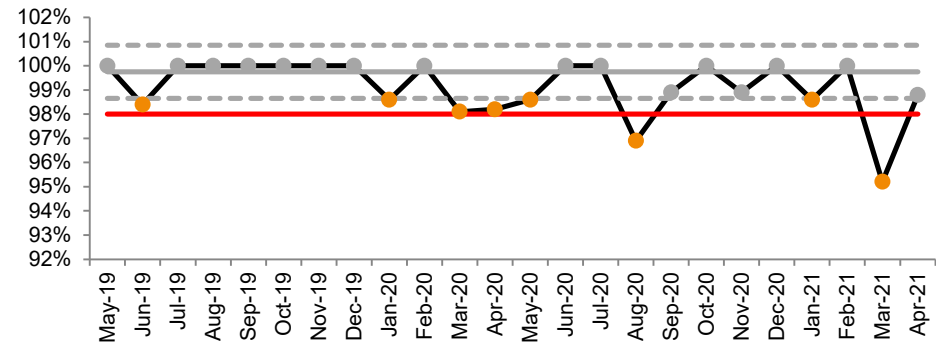
Cancer 62 Day Screening



The 62 day screening standard was achieved in April at 91.9%, above the 90% threshold.

The trend is showing normal variation this month.

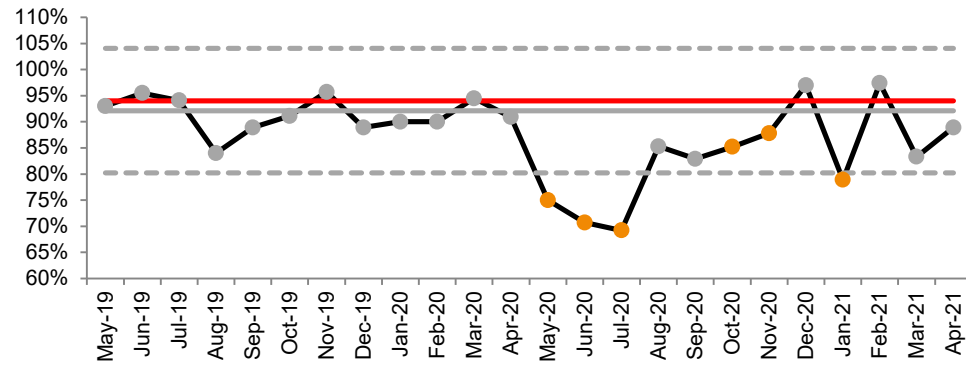
Cancer - Subsequent treatment within 31 days (Drug)



The subsequent treatment - drug standard was met in April at 98.8%, above the 98% threshold.

The trend is showing normal variation this month and based on the usual variation, the indicator should consistently achieve the standard.

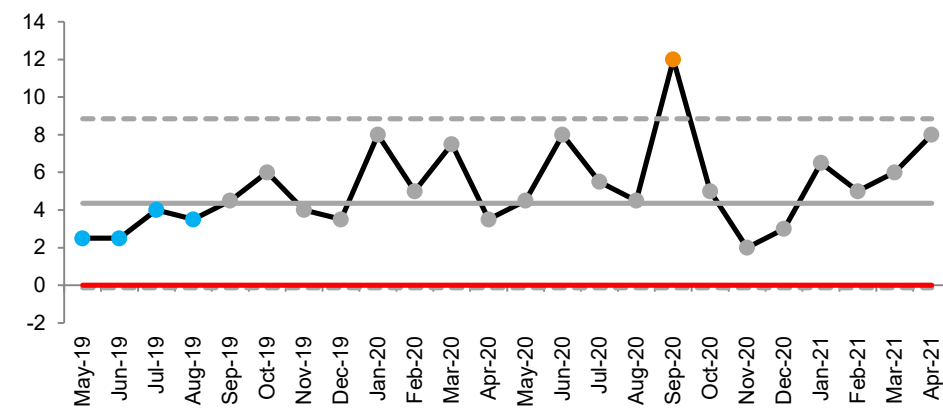
Cancer - Subsequent treatment within 31 days (Surgery)



The subsequent treatment - surgery standard was not met in April at 88.9%, below the 94% standard.

The trend is showing normal variation this month and based on the current variation, the indicator is at risk of falling below threshold.

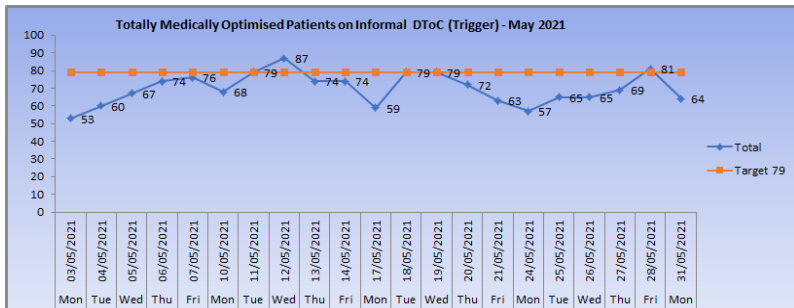
Cancer Patients Treated > Day 104



There were 8 breaches allocated to the Trust, treated after day 104 in April and will have a detailed root cause analysis undertaken by the clinical director for cancer with the cancer oncology directorate manager liaising with the consultants involved in the pathway as required.

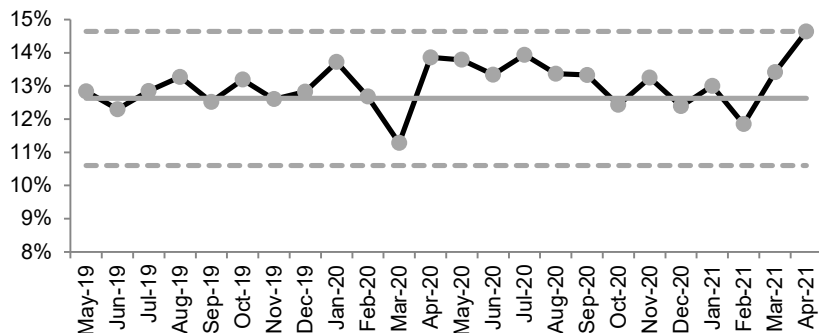
The trend is showing normal variation.

Delayed Discharges



The formal reporting has now stopped as performance around discharge is being monitored regionally and nationally by the DPTL. (Discharge Patient Tracking List) The aim is to have fewer than 79 patients delayed in hospital and this is monitored daily. The delayed transfer of care work is now monitored locally and on a daily basis with a case management focus of the MFFD list. (Medically fit for discharge).

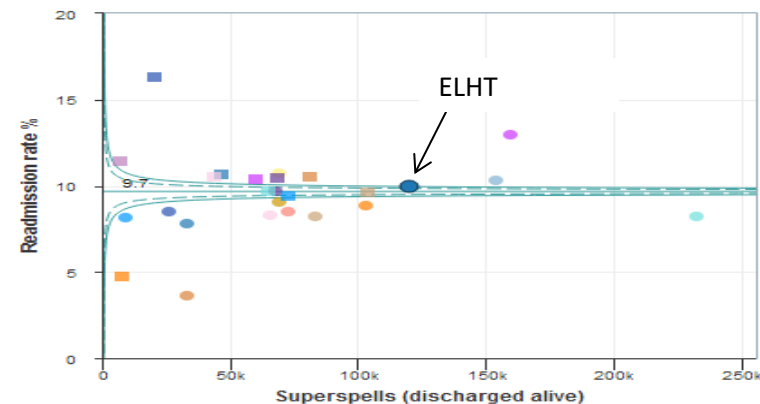
Emergency Readmissions



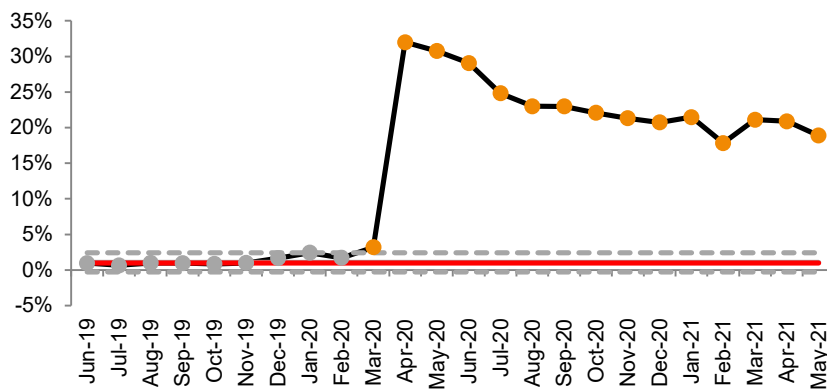
The emergency readmission rate trend is within the 'normal' range.

Dr Foster benchmarking shows the ELHT readmission rate is below the North West average.

Readmissions within 30 days vs North West - Dr Foster
October 2019 - September 2020



Diagnostic Waits



In May 18.8% of patients were waiting longer than 6 weeks for a diagnostic procedure, which is above the 1% threshold.

The trend remains significantly higher than normal and based on current variation this indicator is at risk of failing the target.

Nationally, the performance is failing the 1% target at 24.0% in April (reported 1 month behind).

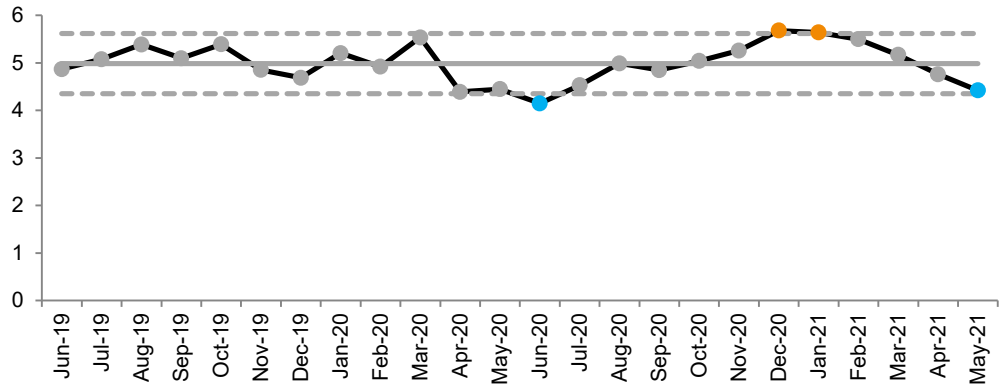
Average length of stay benchmarking

Dr Foster Benchmarking March 20 - February 21

	Spells	Inpatients	Day Cases	Expected LOS	LOS	Difference
Elective	43,867	7,104	36,763	3.3	2.5	-0.8
Emergency	51,835	51,835	0	4.3	4.2	-0.1
Maternity/ Birth	12,547	12,547	0	2.1	2.1	0.1
Transfer	146	146	0	8.9	23.6	14.7

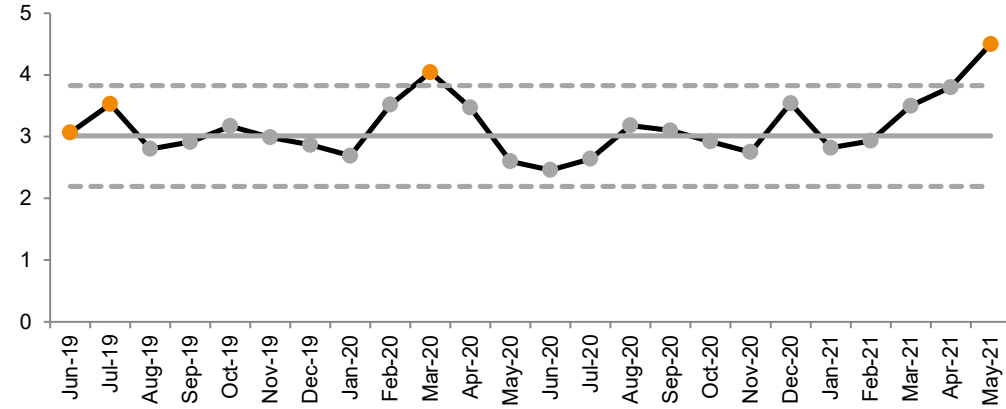
Dr Foster benchmarking shows the Trust length of stay to be below expected for non-elective and for elective when compared to national case mix adjusted, for the period March 20 - February 21.

Average length of stay - non elective



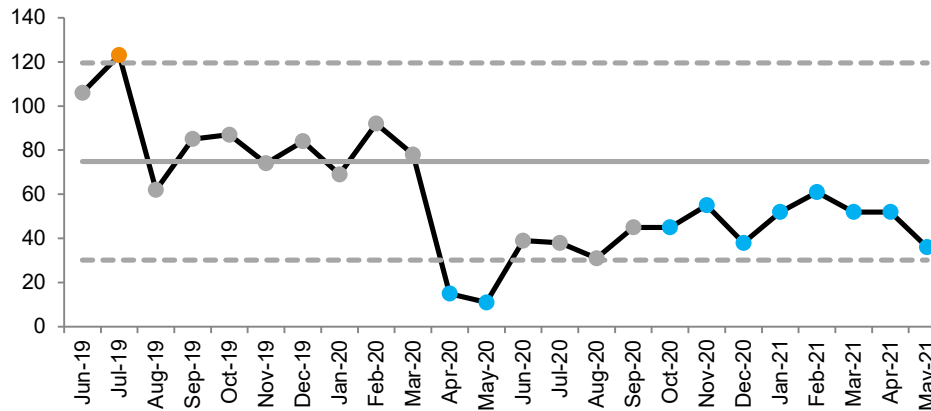
The Trust non-elective average length of stay is showing a reduction this month.

Average length of stay - elective



The Trust elective average length of stay is showing a significant increase.

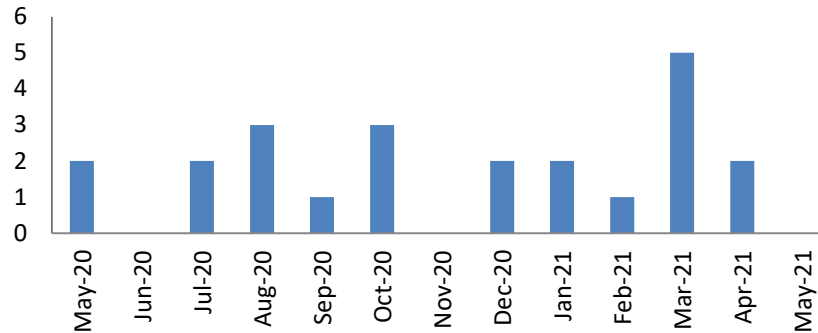
Operations cancelled on day



There were 36 operations cancelled on the day of operation - non clinical reasons, in May.

The trend is showing a significant improvement.

Operations cancelled on day - breaches of 28 day standard



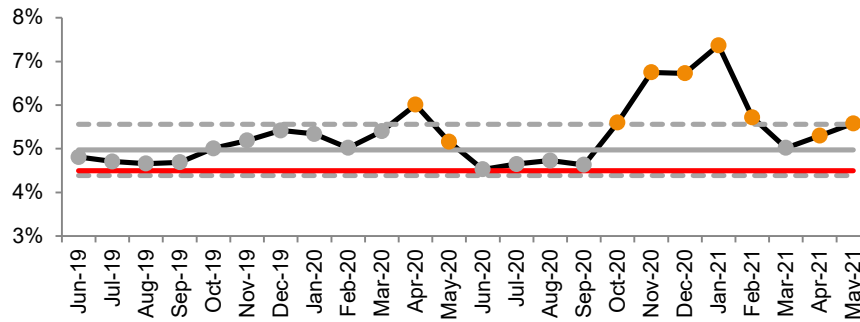
All 'on the day' cancelled operations were rebooked within 28 days in May.

Patients that had procedures cancelled on the day are monitored regularly to ensure dates are offered within the 28 days. Risks are escalated to senior managers and escalated at the weekly operations meeting.

■ Not treated within 28 days of last minute cancellation due to non clinical reasons - actual

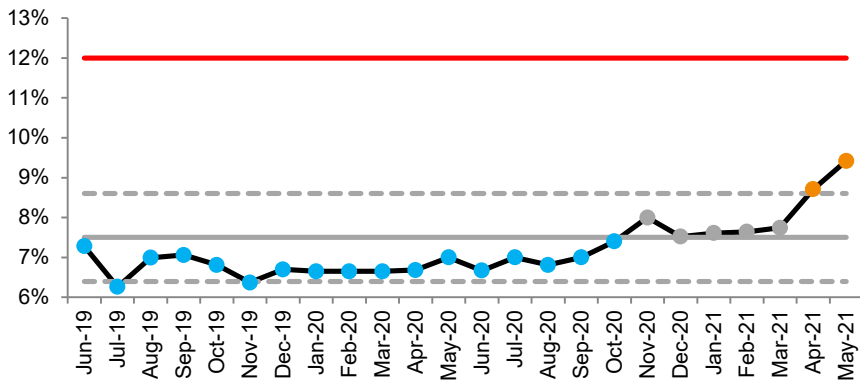


Sickness



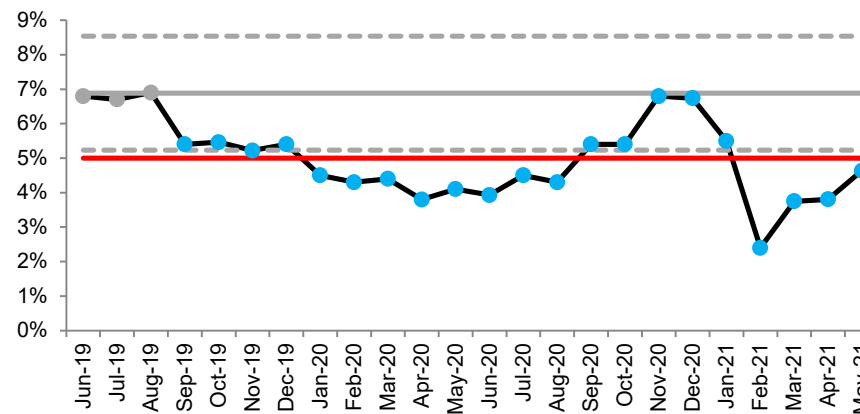
The sickness absence rate was 5.6% for May which is above the threshold of 4.5%. The trend is showing a significant increase and based on the current level of variation, remains unlikely to achieve the target.

Turnover Rate



The trust turnover rate is showing a significant increase at 9.4% in May, however remains below threshold. Based on current variation, the indicator will consistently be below the threshold.

Vacancy Rate



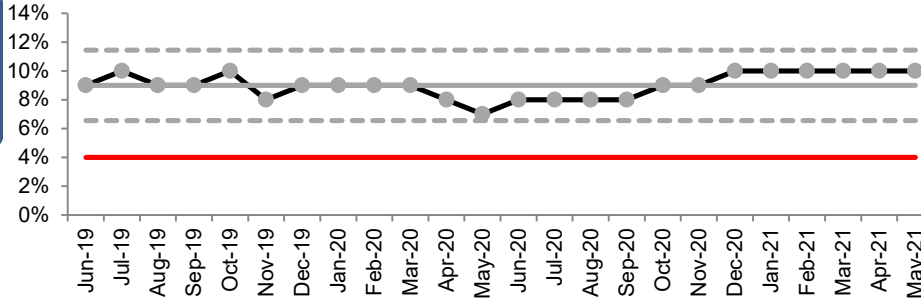
The vacancy rate is 4.6% for May which is below the 5% threshold.

This continues to be a significant reduction on previous levels.

A detailed action plan has been developed and a quarterly progress update will be provided to the Trust Board.

WELL LED

Temporary costs and overtime as % total pay bill



In May 2021, £3.4 million was spent on temporary staff, consisting of £1.2 million on agency staff and £2.2 million on bank staff.

WTE staff worked (9,189 WTE) which was 138 WTE more than is funded substantively (9,051 WTE).

Pay costs are £0.3 million more than budgeted establishment in May.

At the end of May 21 there were 403 vacancies

The temporary staffing cost trend shows no significant change and is not capable of hitting the target.

Appraisal and revalidation was suspended during 20/21 due to COVID-19.

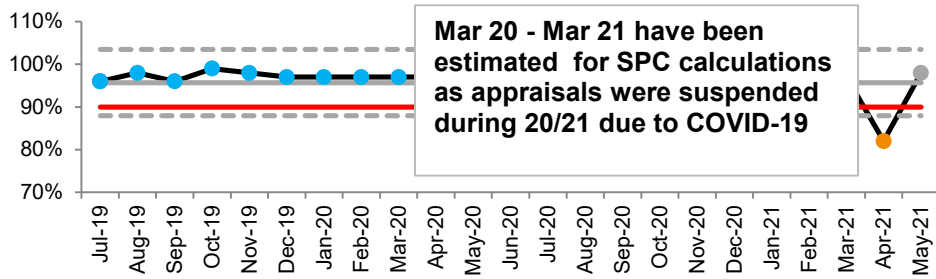
The appraisal rates for consultants and career grade doctors are reported cumulative year to date to May 21 and reflect the number of reviews completed that were due in this period.

The AFC appraisal rate continues to be reported as a rolling 12 month figure and remains below threshold. Appraisals were suspended until March 21, due to COVID pressures.

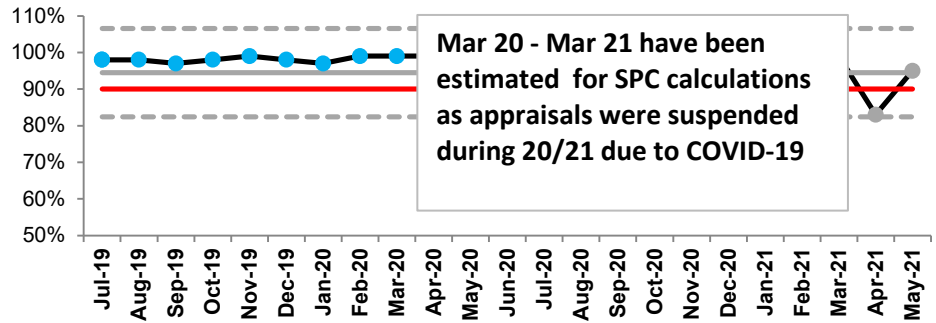
The trend is showing significant deterioration and based on current variation the indicator is not capable of achieving the target

There has been a range of Trust wide actions to support compliance which are on-going. These actions are monitored through the Finance & Performance Committee.

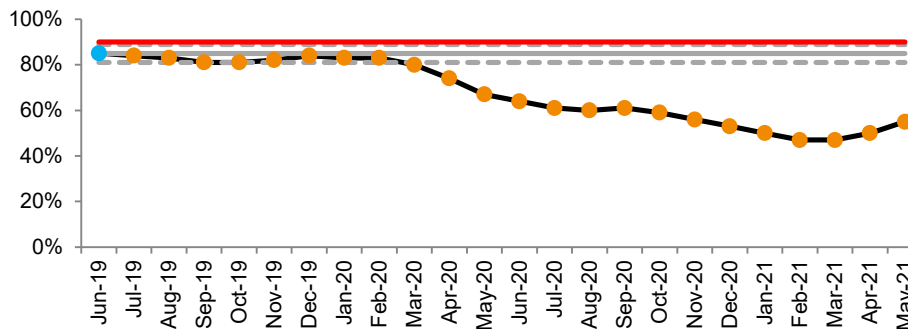
Appraisals, Consultant



Appraisals, Other Medical



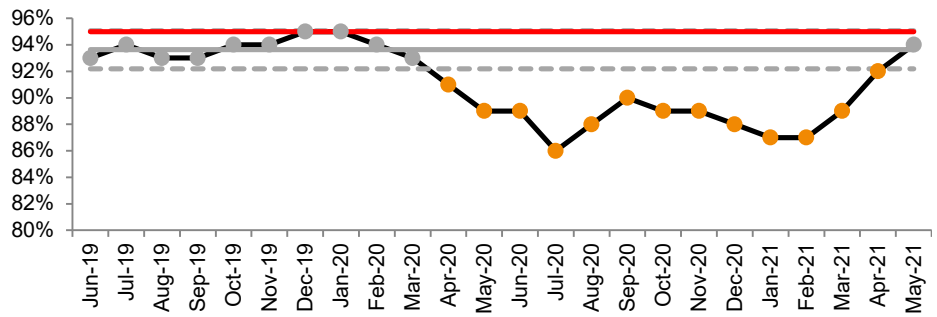
Appraisals AFC



Job Plans

Stage	Consultant	SAS Doctor
Not Published	0	0
Draft	3	1
In discussion with 1st stage manager	190	26
Mediation	0	0
Appeal	0	0
1 st stage sign off by consultant	48	1
1 st stage sign off by manager	34	1
2nd stage sign off	20	2
Signed off	45	1
Locked Down	0	0

Information Governance Toolkit Compliance



Core Skills Training %

	Target	Compliance at end May
Basic Life Support	90%	88%
Conflict Resolution Training Level 1	90%	97%
Equality, Diversity and Human Rights	90%	96%
Fire Safety	90%	96%
Health, Safety and Welfare Level 1	90%	97%
Infection Prevention	90%	96%
Information Governance	95%	94%
Prevent Healthwrap	90%	96%
Safeguarding Adults	90%	96%
Safeguarding Children	90%	95%
Safer Handling Theory	90%	96%

As at May 2021, there were 340 Consultants and 32 SAS doctors registered with a job plan on Allocate. The table shows the numbers in each stage of the job planning process.

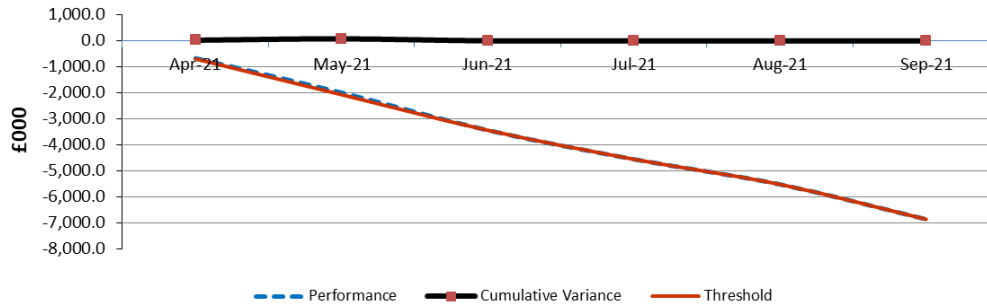
Information governance toolkit compliance is 94% in May which is below the 95% threshold. The trend is showing a return to normal variation, however based on current variation, the indicator is not capable of achieving the target routinely.

The core skills framework consists of eleven mandatory training subjects. Training is via a suite of e-learning modules and knowledge assessments on the learning hub. The threshold has been set at 90% for all areas except Information Governance which has a threshold of 95%

All training is above threshold except for information governance and basic life support

New starters are now being requested to complete as much of their Core Skills e-Learning requirements as possible prior to attending the Trust Induction training programme via the e-Learning for Healthcare platform. Additionally, there will be a limited amount of time for new starters to undertake any incomplete Core Skills e-Learning/training during the one-day Trust Induction training programme.

Finance & Use of Resource metrics



Adjusted financial performance surplus

WELL LED

Efficiency Savings

The NHS financial regime continues to be impacted by the Covid-19 pandemic. The contracting round for 2021-22 has been suspended, for at least the first 6 months of the financial year (H1), and the Trust remains on block contracts for the majority of its income streams. Financial envelopes continue to be set at an Integrated Care System (ICS) level, with the expectation that systems deliver a position no worse than breakeven in H1. Trust funding is made up of a combination of block contract values and non-recurrent system funding.

The Trust is reporting an £2.0 million adjusted deficit in Month 02, which is on plan.

The cash balance at the 31st May 2021 is £35.1 million, a reduction of £9.0 million since 30th April 2021, largely due to a £5.7 million increase in NHS receivables and a £3.5 million reduction in capital payables.

The 2021-22 capital programme currently stands at £26.1 million, of which £0.5 million has been spent in Month 02.

TRUST BOARD REPORT

Item 88

14 July 2021

Purpose Information Approval

Title NHS Improvement Annual Board Self-Certification

Author Mrs A Bosnjak-Szekeres, Director of Corporate Governance/Company Secretary

Summary: NHS providers need to self-certify after the end of the financial year as to whether they have:

1. Effective systems to ensure compliance with the conditions of the NHS provider licence, NHS legislation and the duty to have a regard to the NHS Constitution (condition G6)
2. Complied with governance arrangements (condition FT4) and
3. (for Foundation Trusts only) The required resources available if providing Commissioner requested services (CRS) (condition CoS7)

Although NHS Trusts do not need to hold a provider licence, they are legally subject to the equivalent of certain provider licence conditions and are required to self-certify under these licence conditions.

The attached documents provide the draft self-certification by ELHT for the financial year 2020/21 against the conditions G6 and FT4.

It is recommended that the Trust self-certifies as confirming compliance with both conditions. The narrative setting out the factors for confirming compliance is provided in the attached templates issued by NHS Improvement.

The Board is asked to review the draft self-certification and agree for it to be signed by the Chairman and the Chief Executive before its publication on the Trust website.

Recommendation: The Board is asked to agree the annual self-certification for signing by the Chairman and the Chief Executive before its publication on the Trust website.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice

Impact: Directions from the Secretary of State for Health and Social Care require NHS Improvement to ensure that NHS Trusts comply with conditions equivalent to those in the NHS provider licence. The Trust is required to carry out an annual self-certification against the set criteria and publish it on its website.

Legal	Yes	Financial	No
Equality	No	Confidentiality	No

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)

1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

Confirmed

OK

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

Please Respond

OR

3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

Please Respond

OR

3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

Please Respond

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

ELHT is not a Foundation Trust, so we have not responded to question 3a, 3b and 3c as they are not applicable.

The Trust has worked within its ICS to determine H1 plans for the period April to September 2021 and is reporting a break-even financial performance inclusive of monthly block payment, a monthly top-up payment, a funding application for COVID related expenditure and Elective recovery funding.

At the time of this declaration, the key financial risk facing the Trust in this declaration is that no further guidance on the financial funding mechanism for the period October 2021 to March 2022 and beyond has been issued.

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Signature

Name

Name

Capacity

Capacity

Date

Date

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

Corporate Governance Statement (FTs and NHS trusts)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

Corporate Governance Statement	Response	Risks and Mitigating actions
1 The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	Embedded Board and Committee structures have been adjusted to release capacity during the COVID-19 pandemic. Board development programme ongoing. The Trust was awarded 'good' rating by CQC overall and in the well-led domain following an inspection in September 2018 with some service areas rated 'outstanding'.
2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	As above; risk strategy and risk appetite reviewed by the Board; annual review of risks as part of the Annual Governance Statement; review of the BAF and Corporate Risk Register by the Audit Committee; regular review of the BAF and CRR at Board and committee level. Governance processes reviewed in light of the COVID-19 pandemic to ensure swift decision making within the revised corporate governance framework (eg ICC).
3 The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed	As response under statement 1 and effective operational structures; Divisional accountability framework is in place; Senior Leasership Group acts as a senior operational decision body with delegated authority, annual self-assessment of the effectiveness and escalation of matters to the Trust Board and Board Committees. With the onset of the Covid-19 pandemic the Corporate Governance structures were reviewed in order to continue receiving assurance whilst at the same time releasing capacity to fight the pandemic. This escalation was implemented as and when required, dependant on COVID levels in the hospital. These processes were reviewed by internal audit and for assurances and reported back to the Audit Committee.
4 The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	Confirmed	Oversight of each of the matters under this statement is overseen by the Trust Board and where appropriate delegated to the relevant risk and assurance committee. In instances where matters require escalation then the Board has the final oversight and decision making authority on further mitigation and residual risks.

#REF!

#REF!

#REF!

#REF!

<p>5 The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and</p> <p>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>	<p>Confirmed</p>	<p>Board composition reviewed as part of the Board development plan and concentrates on good governance and risk management. All Executive (voting Director) positions are held by full time employees of ELHT and the vacancies for NED positions are filled in a timely manner working with NHSI; the Quality Committee which is a subcommittee of the Board meets bi-monthly and receives reports from various risk committees in relation to patient care and quality of services and sends summary reports to the Board.</p> <p>The Trust received overall rating of 'Good' by the CQC following an inspection in September 2018 with some services rated 'Outstanding'.</p>	<p>#REF!</p>
<p>6 The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p>	<p>Confirmed</p>	<p>See response for statement 5 in relation to the Board composition; the Board members undertake an annual FPPT check and the Company Secretary reports to the Remuneration Committee on the outcome of the same. All Board Executive and Non-Executive Director positions are filled on a permanent basis and there is a number of Associate Non-Executive Directors working with the Board. The HR department is supporting talent management and succession planning at all levels of the organisation.</p>	<p>#REF!</p>

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Signature

Name: Professor Eileen Fairhurst

Name: Mr Kevin McGee

Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.

A The Trust continues to monitor its risks and review the action plans where performance of the national standards requires improvement.

OK

TRUST BOARD REPORT

Item **89**

14 July 2021

Purpose Information

Title	Finance and Performance Committee Update Report
Author	Mr M Pugh, Corporate Governance Officer
Executive sponsor	Mr S Barnes, Non-Executive Director, Committee Chair

Summary: The report sets out the matters discussed and decisions made at the Audit Committee meeting held on 28 April and 2 June 2021.

Recommendation: The Board is asked to note the content of the report.

Report linkages

<p>Related strategic aim and corporate objective</p>	<p>Put safety and quality at the heart of everything we do</p> <p>Invest in and develop our workforce</p> <p>Work with key stakeholders to develop effective partnerships</p> <p>Encourage innovation and pathway reform, and deliver best practice</p>
<p>Related to key risks identified on assurance framework</p>	<p>Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.</p> <p>Recruitment and workforce planning fail to deliver the Trust objectives</p> <p>Lack of effective engagement within the partnership organisations of the Integrated care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.</p> <p>The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework.</p> <p>The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements</p>

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously Considered by: NA

Finance and Performance Committee Update

At the meeting of the Finance and Performance Committee held on 28 April 2021 members considered the following matters:

1. The Committee received the financial performance report for the month 12 financial position. Members noted the month 12 position had hit the forecast deficit of £3,000,000. They noted that the Trust cash balance was £56.6 million at the end of March and all suppliers were being paid within 7 days of receiving the invoice. Members were updated on the H1 financial plan and advised that the draft deficit of £51,200,000 is inline with other providers across the Integrated Care System (ICS) and does not include and system funding share, which based on the previous year, would take the deficit to £19,000,000. Members noted that the current planning guidance is for the system to break even, furthermore, member noted that the Waste Reduction Plan (WRP) had a 3% savings target for each Integrated Care Partner (ICP). It was confirmed that the Lancashire Procurement Cluster (LPC) have identified £2,100,000 in WRP savings and have sufficient staff to manage contracts effectively. Members asked that the major achievements to reach the financial position be highlighted at the Trust Board.
2. The members received an update advising that work continues to identify and mitigate and risks caused by the UK exit from EU. It was confirmed that there was nothing specific for escalation to the Committee at this present time and that future updates would be provided on an exception report basis.
3. The Committee received the Integrate Performance Report, noting that the Trust had 5 COVID positive patients and Critical Care capacity had reduced back to 28 beds against a core capacity of 24. Members noted that there had been some mental health pressures resulting in 12 hour breaches and increasing attendance in the Emergency Department and Urgent Care Centre which resulted in 720 attendances across emergency care on Monday 26 April. It was noted that referral demand is roughly back to pre-COVID levels and cancer referrals have been increasing. In addition, a surgical prioritisation committee has been established to improve cancer provision across Lancashire and South Cumbria with the option for patients to be moved to other areas within the ICS if they were unable to be treated within the Trust and if the patient is agreeable to do so. Members noted that Outpatients, Elective and Day Case and Endoscopy were all performing well, however there was some pressure with the other diagnostic specialities, including MRI.

4. The members were updated on the accelerated recovery planning, noting that 120% activity needs to be achieved compared against the figures from 2019/20, however by signing up, a non-refundable upfront payment was made to the ICS. In addition to the sign up bonus, a share of the recovery fund would also be provided, equivalent to the 120% tariff, based on value and not volume. Members noted that Greater Manchester and Cheshire and Merseyside ICSs did not bid to take part in the exercise. Members were informed that the Trust was meeting and in some cases, exceeding Core targets and was committed to tracking the P2 backlogs.
5. An updates provided on the Trust workforce. Members noted that the Trust had lead on the mass vaccination recruitment for the ICS and recruited 380 people. In addition, since January 2021, 126.99 whole time equivalent health care support workers had been recruited. Members were informed that there had been a 33% increase in concerns raised with the Staff Guardian, noting this was a positive sign that staff felt able to speak up and raise any concerns that they may have and that most of these concerns were focussed on issues that arose during the pandemic. Members noted there had been an increase in the Staff Survey returns to 55% and with the exception of two areas which rated as average, all other areas were above average. In addition, an update was provided on Equality and Diversity and Inclusion. Members were informed that excluding COVID related absences, overall sickness had reduced in Q4, however there had been an increase in mental health related absences. Furthermore, as of 22 April, 30,854 vaccines had been distributed. Following a discussion it was agreed that future workforce reports would show the information split by anchor institution. In addition, an update was requested on the ongoing work to reduce temporary staffing costs across the ICS.
6. The Committee received a presentation on the work undertaken by the Improvement team between January and March 2021, focussing in particular on the revised priorities to respond to the third COVID wave, whilst recognising the need to keep some of the previous work streams in order to support ongoing restoration targets. It was agreed that the once completed, the final version of the report demonstrating the work achieved by the Improvement Team would be shared with the members.
7. Members were updated on the Trust's Private Finance Initiative (PFI) partners, noting that following discussions with Engie and the staff unions, security staff will be transferred back under NHS Terms and Conditions. There will be some recompense to Engie for the surplus proceeds they will lose and the transfer will take a few

months to complete. An update was provided on the work taking place to resolve the highlighted issues at the Blackburn and Burnley PFI sites, with surveys and reports due to be completed.

8. In the interest of time, the items on the Board Assurance Framework review and the Corporate Risk Registered were presented for information only and to be discussed at the next meeting.

At the meeting of the Finance and Performance Committee held on 2 June 2021 members considered the following matters:

9. The Committee were updated on the ICS, being advised that each Trust had been tasked with achieving a 3% efficiency target. It was noted that Core, Core Plus and Accelerator levels of activity had been set at 80%, 90% and 120% of the 2019/20 activity levels respectively. Members were advised that the H2 financial plans Are currently unknown and the ICS is trying to create stretch targets which could be recurrent savings. Members were advised that the ICS had been awarded £15,400,000 in upfront funding to help achieve the 120% target and would be used to improved discharges and wraparound support. The Month 1 position showed a breakeven for financial performance and there is the expectation that substantial costs will be incurred for the restoration work that commenced in April. Members noted that work had been undertaken by the Head of Radiology on the replacement of all diagnostic equipment and this would be brought to a future meeting. A discussion occurred around the responsibilities for the other ICS Trusts to meet their targets and what would happen if this did not occur. It was agreed that a report would be presented that explained System funding transparently and compared the deficits across all organisations.
10. The Committee received an update from the Improvement team focussed on the Emergency Care Improvement Plan and Surgical Electives, noting that attendances have been nearly 10% higher than envisaged. Members noted that there will be a nationally drive on elective restoration which will focus on high volume and low complexity pathways to reduce waiting lists.
11. Members were updated on the Integrated Performance Report, noting that although the number of 12 hour mental health breaches was not improving, a number of initiatives were being implemented and single figures were recorded each month. Furthermore, Lancashire and South Cumbria NHS Foundation Trust (L&SCFT) has

commissioned beds out of the area but with increasing mental health issues across the population, they were struggling to find available beds nationally. Members recorded that the Information Governance training figures had increased to 94% with a further push to achieve 95%. Furthermore, staff appraisals were being refocussed to look at personal health and wellbeing and work is hoped to look at this as part of a wider piece of work across the ICS.

12. Members noted that there had been 4,557 attends at A&E in May 2021 compared with 3,759 in May 2019. It was noted that GP and Cancer referrals had returned to previous levels. Referral to Treatment (RTT) figures were shown to be improving due to a combination of more work being undertaken and fewer referrals a year ago. Concerns were raised about delivery and the workforce being able to achieve 120% restoration whilst facing rising COVID figures and fatigue.
13. The Committee received the Board Assurance Framework, noting that this is to be further reviewed at the forthcoming Board Strategy Session in July.
14. A PFI update was provided to the members, noting that experts had now reviewed the report for Burnley and several elements had been highlighted that require remedial work. A report for Blackburn is expected to be received in July. The Committee requested a summary level report to be brought to a future meeting that would cover all PFI issues known.
15. The Committee received the Corporate Risk Register, noting there had been a reduction in the number of risks. A discussion was held about the High Dependency Unit risk, where the Executive Director confirmed the risk is still with the commissioners in the ICS due to the Trust not being commissioned to provide the service. Members were updated about the strike action by the Biomedical team, noting that this had progressed to an all-out strike but contingencies were in place.

Martyn Pugh, Corporate Governance Officer, 14 July 2021

TRUST BOARD REPORT

Item **90**

14 July 2021

Purpose Information

Title	Quality Committee Information Report
Author	Mr D Byrne, Corporate Governance Officer
Executive sponsor	Mrs P Anderson, Committee Chair

Summary: The report sets out the summary of the papers considered and discussions held at the Quality Committee meetings held on 28 April 2021 and 02 June 2021.

Recommendation: The Board is asked to note the report.

Report linkages

Related strategic aim and corporate objective	<p>Put safety and quality at the heart of everything we do</p> <p>Invest in and develop our workforce</p> <p>Work with key stakeholders to develop effective partnerships</p> <p>Encourage innovation and pathway reform, and deliver best practice</p>
Related to key risks identified on assurance framework	<p>Transformation and improvement schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.</p> <p>Recruitment and workforce planning fail to deliver the Trust objectives</p> <p>Lack of effective engagement within the partnership organisations of the Integrated Care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.</p> <p>The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements</p>

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Quality Committee Update

At the meeting of the Quality Committee held on 28 April 2021 members considered the following matters:

1. Members received an update on the transmission rates of COVID-19 in the local community and the numbers of COVID positive patients being treated in the Trust. Members also noted that there had been a significant increase in the activity being seen in the emergency department at Royal Blackburn Teaching Hospital (RBTH) and that work was underway to establish whether this was related to the difficulties being experienced by patients in accessing primary care.
2. The Committee received an update from the Trust's Infection Prevention and Control (IPC) team and were informed that the Trust had exceeded its trajectory for Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia for the previous year. It was also reported that there had been a small outbreak of COVID-19, affecting three patients, on one of the Trust's surgical wards.
3. The Committee received an update on recent mortality performance. It was noted that the Trust's performance in its Hospital Standardised Mortality Ratio (HSMR) measure had deteriorated but, when compared against the Summary Hospital-level Mortality Indicator (SHMI) and its peers, was performing within expected levels. Members were informed that there were significant issues with the modelling being used by the team at Dr Foster and that work was underway to improve the accuracy of reporting going forward.
4. The Committee members received an update on patient safety and experience matters. Members noted the first meeting of the refreshed Patient Safety and Experience Group (PSEG) had taken place and that the Serious Incidents Requiring Investigation (SIRI) panels and Trust Wide Quality Governance (TWQG) meetings continued to meet on a regular basis. Members were also informed that the number of pressure ulcers recorded in the Trust had increased and that work was taking place with local Clinical Commissioning Groups (CCGs) to determine which would need to be reported.
5. Committee members were updated on the progress being made with the review of nosocomial infections and deaths that had occurred in the Trust during the pandemic. It was noted that the Trust's mortality rate of 15% for nosocomial infections was lower than the 22% reported for the North West as a whole and that the overall nosocomial infection rate of 7.8% was positive given the high volume of patients treated over recent months.

6. A summary of the activity undertaken by the Trust's Health and Safety team during the pandemic was provided to members as well as the pressures and opportunities that it had afforded.

Dan Byrne, Corporate Governance Officer, 01 July 2021

At the meeting of the Quality Committee held on 02 June 2021 members considered the following matters:

1. The Committee received an update from the Trust's Infection Prevention and Control (IPC) team and noted that there had been no new cases of Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia reported since the previous meeting. A rise in clostridium difficile (c.diff) infections was reported and members were informed that this was suspected to have been caused by the continued use of broad spectrum antibiotics. Members noted that the rates of blood culture contamination in the Trust had halved from the previous month despite the high levels of activity reported in the emergency department. It was also reported that the numbers of COVID positive patients coming into the Trust continued to rise. Members were advised that a significant package of measures had been put in place to address an outbreak of Escherichia coli (E. coli) on the Trust's Neonatal Intensive Care Unit (NICU), including the embedding of an IPC nurse onto the unit twice a week for observation.
2. The Committee members received an update on patient safety and experience matters. It was noted that a new approach to the reporting of pressure ulcers had been agreed with local Clinical Commissioning Groups (CCGs) and that there had been no new never events or breaches in duty of candour reporting. Members were informed that issues had been identified with the Trust's root cause analysis (RCA) investigation process and noted that a business case was being developed to support the expansion of the team involved to address them.
3. The Committee members received an update on clinical effectiveness activity, including a summary of the work undertaken by the Trust's Nutrition Steering Group and the progress made in the reduction of its backlog for National Institute for Health and Care Excellence (NICE) guidance. Members were also informed that the Trust had formally appointed to the role of Head of Clinical Audit and Effectiveness.

4. Members were informed that the Trusts performance in the Hospital Standardised Mortality Ratio (HSMR) measure had deteriorated since the previous meeting although it was noted that when compared against its peers it was well within expected tolerances. An increase in the numbers of structured judgement reviews (SJR) being carried out was also reported and members noted one of two Regulation 28 notices issued by the coroner had been closed.
5. Committee members were informed that the Care Quality Commission (CQC) would be carrying out a risk review exercise of the Trust's seven core service lines from July 2021 to February 2022 rather than an unannounced inspection. It was noted that as part of this process interviews would be arranged with a number of senior leaders in the Trust and that the final dates for these would be confirmed at a later date.
6. The Committee received an update on the work underway to develop the Trust's Quality Priorities for 2021 through to 2024, which would include the development of a new three-year Quality Strategy based on the existing Patient Safety Incident Response Framework (PSIRF).
7. Members were updated on the progress made with the submission of evidence in response to the Ockenden review of maternity services and noted the final deadline as the 30 June 2021. The Committee was also informed on the progress made to demonstrate compliance against the ten safety actions from the Clinical Negligence Scheme for Trusts (CNST).
8. Updates were provided to members on the work being done in relation to maternity staffing and wider nursing staffing through the professional judgement review (PJR) process.
9. A summary of recent figures from the Royal Blackburn Teaching Hospital (RBTH) critical care department were presented to members for information.

Dan Byrne, Corporate Governance Officer, 01 July 2021

TRUST BOARD REPORT

Item **91**

14 July 2021

Purpose Information

Title	Audit Committee Information Report
Author	Mr M Pugh, Corporate Governance Officer
Executive sponsor	Mr R Smyth, Non-Executive Director, Committee Chair

Summary: The report sets out the matters discussed and decisions made at the Audit Committee meeting held on 13 April and 14 June 2021.

Recommendation: The Board is asked to note the content of the report.

Report linkages

<p>Related strategic aim and corporate objective</p>	<p>Put safety and quality at the heart of everything we do</p> <p>Invest in and develop our workforce</p> <p>Work with key stakeholders to develop effective partnerships</p> <p>Encourage innovation and pathway reform, and deliver best practice</p>
<p>Related to key risks identified on assurance framework</p>	<p>Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.</p> <p>Recruitment and workforce planning fail to deliver the Trust objectives</p> <p>Lack of effective engagement within the partnership organisations of the Integrated care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.</p> <p>The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework.</p> <p>The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements</p>

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously Considered by: NA

Audit Committee Update

At the meeting of the Audit Committee held on 13 April 2021 members considered the following matters:

1. The Committee received a progress update to the changes implemented since the MIAA internal audit report on Catering Services (Financial Procedure) had been presented. It was noted that all sites had now mitigated the risks with the exception of Clitheroe Community Hospital due to delays in the implementation of new point of sale (POS) devices and card readers due to the ongoing COVID-19 pandemic, however all teams have received new standard operating procedures (SOP) and training. An update report is to be presented to the committee in October showing the effects since implementation of the recommendations.
2. Members noted that the Translation Services and the Board Assurance Framework Phase 3 reviews had been completed. Translation Services was awarded Limited Assurance due to concerns around spend. Members noted that owing to the COVID-19 pandemic and the Trust focus on patient safety, the follow up position was not as complete as previous years, however there was nothing of concern with the exception of Legal Services and any associated lack of movement. Furthermore, members were updated on any audit plan changes and the work undertaken by MIAA in respect of a suspected salary overpayments review and a collaborative piece of work across Lancashire and South Cumbria in relation to Agency work.
3. Members received the Internal Audit Charter for 2021/22 and acknowledged the standards that the internal auditors, Mersey Internal Audit Agency (MIAA), will operate to.
4. Members received the Draft Internal Audit Plan for 2021/22. Members noted that the prices listed within are from the previous financial year and will have a small percentage uplift of between 1.5% and 1.8% added and the final plan will be formalised once the figure has been received. Members approved the draft plan in the current form.
5. The Committee received an update on the Legal Services review, noting the team is under pressure due to workforce issues. It was noted that in response to the original MIAA recommendations, the Inquest Management Policy had been updated, with job descriptions reviewed and a standardisation of the inquest process. Furthermore, a closure report has been developed but due to the current workload, not yet implemented. Members noted that the Coroner had provided support to the Trust with a training video to help support staff involved in inquests and a link had been established with colleagues at Lancashire Teaching Hospitals NHS Foundation Trust

- (LTHTR) to provide further support and best practice examples. Following discussion, it was agreed for the points raised to be reported to the Executive Team and for Divisional support to be provided to the Legal Services team.
6. Members were informed that the External Audit Progress Report should be titled the Audit Strategy Memorandum and that what was being presented is as required under the professional standards, with the timetable agreed with the Finance team and currently on progress to meet. Members noted that Mazars had changed their approach to how they audit reports from the financial systems and despite their staff remaining remote and not coming on site, there should be no difference to the effectiveness of the audit.
 7. Members received the Anti-Fraud Service Progress Report and noted the progress being made in relation to referrals and investigations. In addition, members were informed that work will be taking place over the coming months to implement the changes for the new standards that commenced from 1 April.
 8. The Committee were updated on the Draft 202/21 Anti-Fraud Work Plan, noting that the fees listed in the report are based on the previous year and a national uplift is to be applied as per NHS planning guidance. Members approved the work plan.
 9. Members were provided a copy of the Waivers Report. It was noted that the Trust is pushing back on waivers and the Committee should see a reduction in the future due to tender exercises and other processes being followed.
 10. Committee members were presented with the draft 2020/21 Annual Report and Accounts Timetable and informed that the targeted deadline for submission is 15 June. Members were advised that the Trust has applied for the extended deadline and given the appointment of new external auditors, this has been granted, however it is hoped that the earlier deadline would be met. Members approved the draft timetable, noting the deadline of 15 June for completion.
 11. Members were presented with the accounting policies, noting several changes to the previous iteration including changes to wording around revenue and funding arrangements. Members were advised that there has been a further deferral of the IFRS16 leasing standard to the 2022/23 financial year. Members approved the updated policies.
 12. The Committee were informed that a draft version of the Annual Governance Statement 2020/21 had been prepared. The statement contained many references to COVID and how practices have changed over the previous 12 months. Members were asked to review the document for content and style and advised that a subsequent version would be distributed for review before final sign off.

13. Members were advised that following recent guidance from NHE E/I on 1 April, the assessment of going concern is now based on services, rather than other financial events or conditions that have been taken into account previously. Members were advised that on the basis the Trust is not aware of dissolution, the adoption of going concern can take place. Members approved the going concern statement
14. Committee members also received copies of the minutes from the Quality Committee and the Finance and Performance Committee.

At the meeting of the Audit Committee held on 14 June April 2021 members considered the following matters:

1. Members were presented with the Head of Internal Audit Opinion for review and approval. They were informed that MIAA had completed 5 reviews and a full update would be provided at the July Audit Committee meeting. Members noted sufficient work had been completed to deliver an overall opinion that meets Public Sector stands and recorded that Substantial Assurance had been provided. Members provided their approval for the Head of Internal Audit Opinion report.
2. Members were presented with the Anti-Fraud Annual Report 2020/21, noting that the overall rating is green. It was noted that there had been over 50 alerts during year with the majority focussed on COVID, fraud and personal protective equipment. Members noted the report had been received and acknowledged.
3. Committee members were presented with a new report from East Lancashire Financial Services (ELFS) for the 2020/21 financial year. Members noted this had been created by Grant Thornton and had been planned for several years. The report was provided for assurance and documented and described the controls in place for ELHT and other ELFS clients. Queries were raised regarding the development of controls and improvement processes and recommendations and feedback on the report were to be presented to the ELFS Shared Management Committee.
4. Members reviewed the Response from Those Charged with Governance, noting that this is an annual exercise and involves the external auditors looking at the processes and controls used. The Committee was advised that there was nothing that required flagging or bringing to their attention and was presented for approval. Members reviewed and approved the response.
5. Members were presented with the Audit Completion Report from Mazars, the External Auditors for the Trust. They were informed that there was the need for a follow up piece of work to complete all areas and this would be shared with the members. Members were informed that the Letter of Representation requires signing

by the Trust and returning to the Audit Committee and would be sent once the final version of the Audit Completion Report is received. Members approved the report in principle, pending the final agreement.

6. Members received the audited annual accounts and financial statements for review and approval. Following an explanation of a small number of changes that had been made following distribution of the papers, members approved the accounts.
7. Members received the Annual Report and the Annual Governance Statement. A summary was provided from the Deputy Chief Executive. Members were informed of some minor but important changes to the remuneration section of the report following distribution of the papers. Members noted the updates provided, approving the Annual Report and Annual Governance Statement subject to a small update to the Chief Executive introduction to include further reference to the work on inclusion at the Trust.
8. Members were advised that the Modern Slavery Statement is published as part of the Annual Report and had been developed with the Safeguarding team and the Lancashire Procurement Cluster (LPC) and was presented for approval and publication. Members approved the statement for publication at the same time as the Annual Report.

Martyn Pugh, Corporate Governance Officer, 14 July 2021

TRUST BOARD REPORT

Item **92**

14 July 2021

Purpose Information

Title Trust Charitable Funds Committee Information Report
Author Mr D Byrne, Corporate Governance Officer
Executive sponsor Mr S Barnes, Non-Executive Director

Summary: The report sets out the matters discussed and decisions made at the Trust Charitable Funds Committee meetings held on 28 April 2021.

Recommendation: The Board is asked to note the content of the report.

Report linkages

Related strategic aim and corporate objective NA

Related to key risks identified on assurance framework NA

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously Considered by: NA

Trust Charitable Funds Committee Update

At the meeting of the Trust Charitable Funds Committee held on 28 April 2021 members considered the following matters and undertook to ensure actions would be taken as outlined in the report.

1. The Committee received an update on the ELHT&me investment portfolio from Peter Ryan, Divisional Director and Head of Charities and Institutional Investment Management at Brewin Dolphin plc. Members noted that the performance of the charity's investments had remained positive despite the wider impacts of the COVID-19 pandemic and agreed to continue with the existing low risk portfolio approach.
2. Members were updated on recent applications to use funds requests and the overall performance of the charitable funds.
3. The Committee received an update on the progress made with a proposed transfer of funds from the Mackenzie Medical Centre charity, initially established in 1965 to support medical education in Burnley, Pendle and Rossendale, to ELHT&me. Members were informed that these funds, once transferred, would be placed into a restricted fund and would only be used to support clinical education in the Trust. It was agreed for a small working group to be formed after the meeting in order to progress this proposal for formal sign off at the meeting due on 28 July 2021.
4. An update on the recent activities of the ELHT&me Fundraising Manager was presented to members. It was noted that there had been positive engagement with the Euro Garages Group and other corporate sponsors and that a substantial amount had been donated to ELHT&me during the 2020/21 financial year.
5. The Committee was updated on the progress made with the development of the ELHT&me Strategic Plan for 2021 to 2023. Members noted that the document had been updated following its circulation to trustees after the previous meeting and a number of minor amendments were requested prior to final approval being granted at a later date.
6. The Committee was updated on the activities of the Trust's staff lottery and members discussed a number of proposals as to how the funds held in the lottery could be better managed. It was agreed for these proposals to be discussed with the colleagues sitting on the Staff Lottery Committee after the meeting.
7. Updated versions of the charity's risk and complaints policies were presented to members for noting. It was agreed that requests for potential amendments would be discussed outside of the meeting.



Dan Byrne, Corporate Governance Officer, 05 July 2021

TRUST BOARD REPORT

Item **93**

14 July 2021

Purpose Information

Title	Trust Board Part Two Information Report
Author	Miss K Ingham, Head of Corporate Governance
Executive sponsor	Professor E Fairhurst, Chairman

Summary: The report details the agenda items discussed in closed session of the Board meetings held on 12 May 2021.

As requested by the Board it can be confirmed that, in preparing this report the external context has been taken into account, such as regulatory requirements placed on NHS providers. Other elements such as local needs, trends and engagement with stakeholders would not be applicable in this instance.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do Invest in and develop our workforce Work with key stakeholders to develop effective partnerships Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care. Recruitment and workforce planning fail to deliver the Trust objectives Lack of effective engagement within the partnership organisations of the Integrated care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities. The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework. The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Trust Board Part Two Information Report

1. At the meeting of the Trust Board on 12 May 2021, the following matters were discussed in private:
 - a) Round Table Discussion: ICP/ICS Update
 - b) Round Table Discussion: New Hospitals Programme Quarter 4 Board Report
 - c) Blood Sciences Tender
 - d) NICHE Report
 - e) Regulation 28 Notices
 - f) Fire Safety Update
 - g) Nosocomial Infection Update Report
 - h) Performance: Field Tested Standards
 - i) Draft Annual Report 2020/21
2. The matters discussed were private and confidential and/or identified individuals and/or were commercially sensitive at this time and so the decision was taken that these items should not be discussed in the public domain. As these items progress, reports will be presented to part 1 of Board Meetings at the appropriate time.