

EAST LANCASHIRE HOSPITALS NHS TRUST BOARD MEETING



Safe

Personal



Effective

TRUST BOARD MEETING (OPEN SESSION)

9 MARCH 2022, 13.00

VIA MS TEAMS

AGENDA

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

OPENING MATTERS				
TB/2022/026	Chairman's Welcome	Chairman	v	
TB/2022/027	Apologies To note apologies.	Chairman	v	
TB/2022/028	Declaration of Interest Report To note the directors register of interests and note any new declarations from Directors.	Chairman	v	Information/ Assurance
TB/2022/029	Minutes of the Previous Meeting To approve or amend the minutes of the previous meeting held on 19 January 2022.	Chairman	d✓	Approval
TB/2022/030	Matters Arising To discuss any matters arising from the minutes that are not on this agenda.	Chairman	v	
TB/2022/031	Action Matrix To consider progress against outstanding items requested at previous meetings.	Chairman	d✓	Information
TB/2022/032	Chairman's Report To receive an update on the Chairman's activities and work streams.	Chairman	v	Information
TB/2022/033	Chief Executive's Report To receive an update on national, regional and local developments of note.	Interim Chief Executive	d✓	Information
QUALITY AND SAFETY				
TB/2022/034	Patient Story To receive and consider the learning from a patient story.	Executive Director of Nursing	p	Information/ Assurance
TB/2022/035	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.	Executive Medical Director	d✓	Assurance/ Approval
TB/2022/036	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.	Executive Medical Director	d✓	Assurance/ Approval
TB/2022/037	Patient Safety Incident Response Framework Assurance Process Report	Executive Medical Director	d✓	Information/ Assurance

TB/2022/038	Ockenden Review of Maternity Services – One Year On	Executive Director of Nursing	d✓	Information/ Assurance
ACCOUNTABILITY AND PERFORMANCE				
TB/2022/039	Integrated Performance Report 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: a) Introduction (Interim Chief Executive) b) Safe (Executive Medical Director and Executive Director of Nursing) c) Caring (Executive Director of Nursing) d) Effective (Executive Medical Director) e) Responsive (Chief Operating Officer) f) Well-Led (Executive Director of HR and OD and Executive Director of Finance)	Executive Directors	d✓	Information/ Assurance
STRATEGIC ISSUES				
TB/2022/040	New Hospitals Programme Q3 Report	Programme Director, New Hospitals Programme	d✓	Information /Assurance
TB/2022/041	NHS Green Plan	Director of Finance	d✓	Information /Assurance
GOVERNANCE				
TB/2022/042	Trust Charitable Funds Committee Information Report To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✓	Information
TB/2022/043	Finance and Performance Committee Information Report To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✓	Information
TB/2022/044	Quality Committee Information Report To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✓	Information
TB/2022/045	Audit Committee Information Report To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✓	Information
TB/2022/046	Trust Board (Closed Session) Information Report To note the matters considered by the Committee in discharging its duties.	Chairman	d✓	Information

FOR INFORMATION				
TB/2022/047	Any Other Business To discuss any urgent items of business.	Chairman	v	
TB/2022/048	Open Forum To consider questions from the public.	Chairman	v	
TB/2022/049	Board Performance and Reflection To consider the performance of the Trust Board, including asking: <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 	Chairman	v	
TB/2022/050	Date and Time of Next Meeting Wednesday 11 May 2022, 1.00pm, via MS Teams	Chairman	v	

TRUST BOARD REPORT

Item 29

9 March 2022

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 19 January 2022 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, 10 NOVEMBER 2021
MINUTES**

PRESENT

Professor E Fairhurst	Chairman	Chairman
Mr M Hodgson	Interim Chief Executive/Accountable Officer	
Mrs P Anderson	Non-Executive Director	
Mrs K Atkinson	Interim Director of Service Development and Improvement	Non-voting
Professor G Baldwin	Non-Executive Director	
Mr S Barnes	Non-Executive Director	
Mrs M Brown	Executive Director of Finance	
Mrs S Gilligan	Chief Operating Officer	
Mr J Husain	Executive Medical Director	
Miss N Malik	Non-Executive Director	
Mr T McDonald	Executive Director of Integrated Care, Partnerships and Resilience	Non-voting
Mr K Moynes	Executive Director of HR and OD	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

Mrs L Barnes	Associate Director Staff Wellbeing & Engagement	Item: TB/2022/015
Mrs A Bosnjak-Szekeres	Director of Corporate Governance/ Company Secretary	
Mr D Byrne	Corporate Governance Officer	Minutes
Professor D Harrison	Director of Public Health, Blackburn with Darwen Council	
Mr S McGirr	Director of Nursing & Urgent Care, Midlands and Lancashire CSU and Director of Integrated System and	

Clinical Analytics at East Lancashire Hospitals NHS

Trust (on behalf of LSC ICS)

Mr M Pugh

Corporate Governance Officer

Minutes

Mrs K Quinn

Operational Director of HR and OD

APOLOGIES

Mrs F Patel

Associate Non-Executive Director

TB/2022/001 CHAIRMAN'S WELCOME

Professor Fairhurst welcomed attendees to the meeting and wished all a Happy New Year. She also welcomed any members of the public who may have joined to observe proceedings via livestream. Directors noted that both Mrs Anderson and Miss Malik would be temporarily leaving the meeting but would re-join as soon as they were able.

TB/2022/002 APOLOGIES

Apologies were received as recorded above.

TB/2022/003 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/2022/004 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 November 2021 were approved as a true and accurate record.

TB/2022/005 MATTERS ARISING

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

TB/2022/006 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.

RESOLVED: Directors noted the position of the action matrix.

TB/2022/007 CHAIRMAN'S REPORT

Professor Fairhurst reminded Directors that it had been her longstanding practice to recognise the contribution of the Trust's volunteers by hosting an annual Christmas party, but advised that due to the ongoing COVID-19 pandemic, it had not been possible to do so in the current year. She advised that she had instead sent a personal letter of thanks to all volunteers across the Trust, as well as a box of chocolates to all volunteers working on site and had also entered them into a Christmas raffle. Professor Fairhurst acknowledged the enormous contributions that volunteers continued to make to the Trust and expressed her hopes that their efforts could be properly recognised in the following year.

Professor Fairhurst informed Directors that more and more Trust staff were beginning to come back to working on site but stressed that this would be done on a rolling basis and would be subject to any infection prevention and control (IPC) requirements. She advised that she had recorded a personal thank you message to all Trust staff over the Christmas period.

Professor Fairhurst informed Directors that the majority of her time since the previous meeting had been spent working at a system level through the Pennine Lancashire Partnership, and the Integrated Care System (ICS) Board. In addition, she reported that she had also continued to attend meetings of the Health Sector Board of the Lancashire Enterprise Partnership (LEP), where the Trust was contributing to the development of the Lancashire Strategic Plan. Professor Fairhurst explained that her ongoing involvement in the Lancashire and South Cumbria (LSC) Health Equity Commission would enable the system to address the longstanding issues around health inequalities in the region and that this would likely form part of a new approach which would work under the umbrella of The Marmot Review. She stressed that this would be an important opportunity for the Trust to influence national policy and that more information would be provided over the coming months as the situation developed.

RESOLVED: Directors received and noted the update provided.

TB/2022/008 CHIEF EXECUTIVE'S REPORT

Mr Hodgson explained that in light of the declaration of a Level 4 National Incident by NHS England/Improvement in December 2021, he would be providing updates on national and regional headlines together due to the significant number of corollaries between them. He reported that the number of COVID-19 inpatients being cared for in the Trust had risen from 31 just before Christmas, up to 173 as of the previous day and confirmed that this rise had been reflected nationally, particularly in the capital. Mr Hodgson explained that the increasing numbers of COVID inpatients had placed significant pressure on general beds but had, fortunately, not impacted the critical care bed base as drastically as it had in previous waves. He informed Directors that the Trust had received correspondence on New Year's Eve regarding maximising its discharges to free up additional capacity, to ensure that relevant patients were being cared for in virtual ward settings and to open up additional surge capacity, as well as planning for workforce pressures and to continue with elective activity where possible. Mr Hodgson reported that the Trust's work around discharges with its partner organisations had been a great success and that it continued to benchmark well. He also confirmed that disruption to the Trust's elective activity had been minimal and stated that this was a clear testament to the work being done by colleagues. Directors noted that workforce absences had reached a high of 13% over recent weeks, but that this figure was now starting to fall and that the Trust had continued to be able to safely staff wards and other areas despite these additional pressures.

Mr Hodgson informed Directors that the Trust had also recently received the new Operational Planning Guidance from NHSE/I, outlining the ten main priorities for NHS bodies to consider in the 2022/23 financial year and advised that these very much mirrored those already outlined from a national and regional perspective. He went on to clarify that these priorities included investing in the workforce, responding to the COVID-19 pandemic and to continue delivering elective care. Mr Hodgson explained that due to the pandemic and the requirement to respond to it, the deadlines for organisations to submit their plans had been delayed and that final submission would not be required until April 2022. He confirmed that colleagues were already working to develop the Trust's response and that the Board would be kept apprised over the coming weeks and months. Mr Hodgson advised that the guidance had also provided new timeframes for the development of the Integrated Care Board (ICB) and its wider bodies and that it would be given statutory powers from the 1 July 2022. Directors noted that following a robust national recruitment process, Kevin Lavery had been appointed as the Chief Executive Designate of the LSC ICB and that recruitment to other senior positions was likely to have

concluded by the end of February 2022. Mr Hodgson reiterated the importance of the Health Equity Commission to the health and wellbeing of the LSC population and confirmed that the Trust continued to play a key role in its activities.

Mr Hodgson went on to provide a summary of recent developments within the Trust and stated that he was pleased to report that there had been a substantial amount of positive news despite the ongoing pressures. He drew Directors' attention to the requests in his report from the Elective Care Centre and Wilson Hey Theatre to be granted 'Silver' status as part of the Trust's Safe Personal and Effective Care (SPEC) process and requested confirmation that members were content to approve these. Directors confirmed that they were content to approve both requests. Mr Hodgson advised that one of the Trust's senior clinicians, Professor Iqbal Singh, and its previous Chief Executive Officer, Kevin McGee, had both been recognised in the New Year's Honours List and extended his congratulations to both. He also reported that the Trust's Pancreatic Cancer Rapid Diagnostic Service had recently received an award and that two of our chefs had been declared Chefs of the Year in the NHS Chef 2021 Competition. Directors noted that the Trust's Enhanced Respiratory Unit and its Black, Asian and Minority Ethnic (BAME) Network had been shortlisted for awards. Mr Hodgson concluded his update by advising members that the Trust's colorectal team had recently reached an important milestone by carrying out their 100th robotic surgery procedure and that one of the Trust's Anaesthetic Nurses, Anna Grey, had been shortlisted in the NHS Heroes Casualty Writing Contest.

RESOLVED: Directors received the report and noted its contents.

TB/2022/009 PATIENT STORY

Mrs Pearson explained that the story being presented related to feedback provided by a member of the public (referred to as DM) whose daughter had received care at the Trust when she had fractured her wrist the previous year. Mrs Pearson confirmed that the majority of care received by DM and her daughter had been good, but that their story had highlighted some areas where improvements could be made for other children accessing the service in the future.

DM first arrived at Burnley General Teaching Hospital (BGTH) at around 19:45 and her daughter was seen by a triage nurse at 21:15. It was immediately obvious to the nurse that the patient's wrist was broken, and pain relief was promised to them after it had been X-rayed but ultimately this was not provided until after they were taken to Royal Blackburn Teaching Hospital (RBTH) several hours later. Upon arrival at RBTH, DM and her daughter were seated

in the main waiting room near adults who were obviously under the influence of drugs and alcohol and had also received a rude reception from the nurse in charge at the time. DM's daughter was then seen by a nurse and admitted to the children's ward for surgery in the morning but both were then placed in another inappropriate waiting room. DM did raise concerns around this but was met by the same nurse who had been rude to them earlier and reported her as being generally unhelpful and uncaring. DM's daughter was finally taken to the children's ward at 3:15 and DM reported the care she received from staff on the unit as outstanding and they had gone the extra mile to make sure they were both comfortable. DM also praised the care that her daughter received from theatre staff. DM had fed back that, on the whole, the care her daughter received was good but stated that she felt the prolonged waits had been unnecessary. DM also recommended that children should not be placed in waiting rooms at night, particularly when surrounded by adults under the influence. DM stated that she hoped that highlighting these issues would result in positive changes to facilitate more seamless care for future patients.

Mrs Pearson confirmed that a number of actions had been taken following the receipt of the story and that learning had been shared with relevant teams. She advised that the new Children's Emergency Department would address many of DM's concerns around waiting room environments at RBTH and would provide additional cubicles for adolescent children, breast feeding and baby changing. Mrs Pearson informed Directors that the Patient Experience team had been working closely with a group of young people put forward by Healthwatch Blackburn with Darwen and reported that this group had recently met with the Trust's Capital Project Coordinator, and Children's Emergency Department Manager and Matron to share ideas and feedback for the design and décor of the department. Mrs Pearson confirmed that trends around reception and triage staff attitudes had already been picked up with the colleagues involved.

Professor Fairhurst thanked Mrs Pearson for reading out the patient story and acknowledged the clear implications for the future care of young people.

RESOLVED: Directors received the Patient Story and noted its content.

TB/2022/010 CORPORATE RISK REGISTER (CRR)

Mr Husain referred Directors to the previously circulated report and requested that it be taken as read. He confirmed that the Trust had successfully appointed an Assistant Director for Health and Safety and Risk since the previous meeting and advised that the report had been reviewed by Mrs Bosnjak-Szekeres and updated following feedback provided at the most

recent meeting of the Audit Committee. He added that all risks continued to be regularly reviewed at the Trust's Risk Assurance Meeting (RAM).

Mr Husain explained that a recommendation was being made to the Board to remove risk ID 8914 (Potential interruption of high flow oxygen therapy to critically ill patients across RBTH) from the Corporate Risk Register (CRR) as a number of actions had taken place to mitigate the issues that had led to it being added, resulting in its score being lowered from 20 to 10.

Mr Wedgeworth noted that, in relation to risk ID 7762 (Risks associated with providing HDU care in DGH with no funding for HDU provision), the Trust had been providing High-Dependency Unit (HDU) care for a significant amount of time and that the ongoing funding issues had still not been addressed. He suggested that, in light of the imminent changes to commissioning structures, it was an opportune time for the Trust to push on resolving the matter. Mr Husain explained that many other Trusts were facing the same dilemma regarding the provision of a HDU service and confirmed that when the Executive team had met with specialised commissioner colleagues in October 2021, they had sought a solution to the current impasse. He stated that he was hopeful that the changes to commissioning would result in a long-term solution, but the risk would need to remain on the CRR until then. Mr Husain added that the issue was a national one and that until a national agreement was reached by commissioners there was unlikely to be any significant progress made.

Mrs Brown informed Directors that due to the changes in NHS funding caused by the pandemic the Trust had, for the first time, recently received funding for its HDU service despite still not being formally commissioned to provide it. She stated that every effort would be made to keep this in place as the Trust finalised its new contracts for 2022/23.

Mr Husain continued his update, reporting that three other risks were due to have their scores reduced and would also likely be taken off the CRR in the future. He clarified that these were risk ID 8126 (potential to compromise patient care due to lack of Trust wide advanced electronic patient record (EPR) system), risk ID 8243 (absence of an end to end IT maternity system) and risk ID 8257 (loss of Transfusion Service) and confirmed that they would be kept on the CRR in the interim until assurance was provided that actions and mitigations had been properly embedded.

Mr Smyth advised that the CRR had been considered in detail at the most recent meeting of the Audit Committee and that it had been noted that there were 45 risks scoring 15 or above that were currently not included on the register. He expressed concern that this could mean that the Board was not properly sighted on these risks and requested assurance around the length of time that would need to elapse before they were reviewed and on where the decisions

would potentially be made around adding them to the CRR. Mr Smyth noted that there had been a substantial amount of activity that had taken place since the Audit Committee and that all risks had been reviewed in the last month and stressed that his concerns related to those risks not currently on the CRR.

Mr Husain provided assurances that all risks were regularly reviewed, including any mitigations and actions in place, at the RAM and that risks were then added to the CRR based on the recommendation of this group. He also confirmed that any concerns raised in relation to any of the other risks scoring 15 or over not currently included on the CRR were highlighted at the other Board Sub-Committees and operational groups.

Mr Hodgson informed members that additional information regarding the implementation of the mandatory vaccination policy had been added to risk ID 8441 (Coronavirus (COVID19) Outbreak), as this was a significant risk for all NHS providers. He advised that focused conversations were taking place with any staff members in the Trust who were still unvaccinated.

Professor Fairhurst requested confirmation from Directors that they were content with the assurance provided by the report and with the proposal to remove risk ID 8914. Directors confirmed that they were content.

RESOLVED: Directors received the report and noted its contents.
Directors approved the removal of risk ID 8914 from the Corporate Risk Register.

TB/2022/011 BOARD ASSURANCE FRAMEWORK (BAF)

Mr Husain summarised the main changes to the BAF and explained that any additional information added since the previous meeting was highlighted in green. He confirmed that further work was taking place to revise the BAF following the feedback received from the Board Sub-Committees and Non-Executive colleagues and advised that a meeting would be arranged during Quarter 4 to facilitate any changes.

Mr Husain provided brief summaries of the additional narrative added to each of the risks on the BAF, including additional information regarding the mandatory vaccination programme added to risk 2 (Recruitment, Retention and Workforce Planning fail to deliver the Trust Objectives) and additional information regarding collaborative working between the various organisations in the wider Integrated Care System (ICS) added to risk 3 (Lack of effective engagement within the partnership organisations of the 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).

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

TB/2022/012 SERIOUS INCIDENTS ASSURANCE REPORT

Mr Husain referred Directors to the previously circulated report and requested it be taken as read. He confirmed that the Trust had now moved onto using the new Patient Safety Incident Response Framework (PSIRF) and that the initial outcomes from this process would be shared at future meetings. Mr Husain explained that four new case investigators would be appointed to investigate any patient safety incidents and that they were also developing information leaflets for staff, patients and carers around the PSIRF. He informed Directors that Root Cause Analysis (RCA) investigations would no longer be taking place and that any Executives wishing to sign off reports would need to undertake a two-hour training session before being able to do so. Mr Husain clarified that the next report provided to the Board would comprise of three sections, the first around activity numbers and incident investigations, the second regarding patient safety risks and the final section summarising any outcomes and learning. Directors noted that learning groups were currently being formed and that accompanying Terms of Reference (TOR) were being drafted. Mr Husain concluded his update by reporting that two of the four Never Events discussed at previous meetings had been successfully de-escalated and that the remainder were still being considered by local Clinical Commissioning Groups (CCGs).

Mr Rehman recalled that an overview of the PSIRF arrangements had been provided to the Board the previous year and requested that any updated information was circulated when available. He also requested clarification on whether the numbers of deaths and pressure ulcers currently reported under the Serious Incidents Framework (SIF) would be transferred to the PSIRF. Mr Husain advised that an updated overview of the PSIRF had been provided at the Quality Committee a number of months earlier and confirmed this would be circulated after the meeting. In response to Mr Rehman's second query, he clarified that any deaths or pressure ulcers would still be taken through the Serious Incidents Requiring Investigation (SIRI) panel process until the Trust had fully moved to the PSIRF.

Professor Fairhurst stated that she welcomed the return to the greater emphasis on lessons learned that would be provided through the PSIRF as it would be more relevant to the population that the Trust serve. She enquired if the PSIRF team developing the new information leaflets were coordinating their efforts with the Trust's communications team to ensure that the language used therein would be understandable for members of the public. Mr Husain clarified that much of the information provided in the leaflets had been prescribed by NHS England (NHSE), but agreed that it would be helpful to consult communications colleagues to ensure that it did not become too technical in nature.

**RESOLVED: Directors received the report and noted its contents.
Updated information regarding the PSIRF process will be circulated to Directors.**

TB/2022/013 INTEGRATED PERFORMANCE REPORT (IPR)

a) Introduction

Mr Hodgson introduced the item and confirmed that it covered the period to the end of November 2021. He stressed that much had changed since then in terms of operational pressures and that the data in the report should be viewed in the context of the significant COVID-19, winter and workforce related pressures on the Trust at the time. Mr Hodgson confirmed that these pressures had been reflected in the wider system and that the Trust had still performed relatively well when compared with other areas.

b) Safe

Mr Husain requested that the safe section of the report be taken as read and provided a summary of highlights. He reported that there had been one case of Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia reported since the previous period which, upon further investigation, had been deemed to be unavoidable. Directors also noted that there had been five cases of Clostridium difficile (C. diff) identified since the previous period and that there had been a total of 38 cases for the year, well below the Trust's trajectory target of 67. Mr Husain confirmed that there had been no severe harms as a result of any of these infections, no new Never Events and no medication errors that had resulted in any harm. He reported that Venous thromboembolism (VTE) assessments were high at 98%, above the threshold of 95%. Mr Husain informed Directors that the Trust's trajectory for gram-negative bacteraemia was 142 for the year and it had currently reported a total of 102, adding that it

was aiming for a 50% reduction in cases by 2025. He reported that the total numbers of nosocomial COVID-19 infections in the Trust stood at 209 probable and 285 definite. He also confirmed that the outbreak of Escherichia coli (E. coli) on the Neonatal Intensive Care Unit (NICU) was ongoing and that the Trust was being supported by local and regional teams to manage the situation.

Mrs Pearson referred Directors to the staffing data provided in the report and reported that nursing and midwifery staffing had been extremely challenging during this period, with several wards falling below the 80% fill rate. She advised that the actions taken to mitigate these issues were listed in the report and had included increasing the numbers of Healthcare Assistant (HCA) to support registered nurse gaps and continuing to recruit international staff where possible. Directors noted that several newly qualified midwives had commenced in post and that there had been no incidents or red flags reported since the previous period.

Mr Rehman noted that a number of staff had now completed their training for the BadgerNet maternity system and enquired if any feedback had been provided as to how well it was being integrated. Mrs Pearson advised that some colleagues had initially found it difficult to adapt to the new system but that the benefits it provided were becoming clearer as time went on. She confirmed that the system was now embedded properly, and that staff were familiarising themselves with the new processes involved.

Mr Smyth observed that the patient experience feedback provided in the report was very positive overall but that the sections related to emergency and accident care were all showing as red. He enquired if there were any themes arising out of these results and, if so, whether they resonated with any of the issues raised in the patient story earlier in the meeting, particularly those concerning waiting areas. Mrs Pearson explained that the section that Mr Smyth had referred to was a summary of the in-house patient experience data that the Trust collected and that the intense pressures in the emergency department (ED) had likely been the main contributing factor to the results shown. She went on to explain there were too many variables at play to be able to draw any direct parallels to the issues raised in the patient story but confirmed that any feedback provided was regularly scrutinised and allowed the Trust to better focus on any areas requiring attention.

RESOLVED: Directors noted the information provided within the Safe section of the Integrated Performance Report.

c) Caring

Mrs Pearson referred Directors to the Caring section of the report and requested that it be taken as read. She reported that the levels of feedback being provided through the Friends and Family Test (FFT) were still below what the Trust would expect and that text messages were being sent out to every attendee requesting their comments.

Mrs Pearson informed Directors that a number of formal complaints had been received in November 2021 and confirmed that work was continuing to ensure more timely responses. Directors confirmed that they were content with the assurance provided in relation to the matters presented in the caring section of the report.

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

d) Effective

Mr Husain drew Directors' attention to the Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI) and reported the Trust's performance as 100.4 and 1.07 respectively. He reported that the only diagnostic group alerting on the HSMR was pneumonia, but explained that this was to be expected to some degree due to the ongoing prevalence of COVID-19. Directors noted that the Trust was continuing to work with teams to address their backlogs in terms of assessments of death or Structured Judgement Reviews (SJRs).

Professor Fairhurst stated that it was important to acknowledge that these crucial elements of the Trust's work had been maintained despite the recent pressures.

Directors confirmed that they were content with the assurance provided under the Effective section of the report.

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

An update on the progress made with the reduction of backlogs of deaths and SJR investigations will be provided at the next meeting.

e) Responsive

Mrs Gilligan provided a brief summary of operational data. She reported that the Trust's performance for the 4-hour standard had deteriorated through December 2021 and January 2022, as had its 12-hour from Decision to Admit (DTA) performance. She informed Directors that, despite these issues, the Trust's ambulance handover times had remained consistently

low, with only three patients waiting for 60 minutes or more. Directors also noted that the numbers of patients on the Trust's ongoing Referral to Treatment (RTT) pathways remained below trajectory at 34,991 as did its number of patients waiting 52 weeks or 104 weeks or more for treatment. Mrs Gilligan confirmed that the Trust was still carrying out elective activity and had treated more patients in its outpatient department over recent months than it had done during the same period in 2019/20. She added that it had also achieved results above 2019/20 levels in all diagnostic areas.

Professor Baldwin commented that the news regarding ambulance handover times was very positive, particularly in light of the significant pressures facing the Trust. He noted that the Trust's point of comparison for its performance data was prior to the COVID-19 pandemic and requested clarification on whether this would continue, or whether it would start to benchmark itself against data gathered during the pandemic in future reports. Mrs Gilligan confirmed that the Trust would continue to measure its performance against its 2019/20 data.

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

f) Well-Led

Mrs Quinn reported that there had been increased demand on bank and agency staffing over recent months, which was reflected in the costs shown in the report. She stressed that the Trust had made every effort to utilise its own bank staff where possible and had had significant success, but had still needed to rely on agencies for its contingent workforce. Mrs Quinn informed Directors that work was underway across the ICS to address this but advised that a significant amount of time and effort would also need be required as part of the workforce transformation agenda to improve vacancy rates. She reported that non-medical staffing appraisal compliance had started to improve over recent weeks, but advised that a temporary suspension had been put in place until March 2022 due to the current pressures on the Trust. Mrs Brown informed Directors that the Trust was currently on plan for both its revenue and capital positions but explained that there were two significant risks related to the elective recovery fund and the expected costs of COVID-19 surges caused by the Omicron variant. She advised that the Trust was still awaiting guidance around its financial envelopes for 2022/23 and stated that she hoped to be able to provide more assurance around this at the next meeting.

RESOLVED: Directors noted the information provided under the Well-Led section of the Integrated Performance Report.

An update on the expected financial envelope for the 2022/23 financial year will be provided at the March meeting.

TB/2022/014 RAISING CONCERNS ANNUAL REPORT

Mrs Quinn referred Directors to the previously circulated report and requested that it be taken as read. She highlighted the information in the report regarding the extension of Freedom to Speak Up training to staff and the other measures being taken to ensure that managers and Executives in the Trust were fully up to date with Freedom to Speak Up principles. Mrs Quinn also advised that the Trust had recently recruited ten additional Freedom to Speak Up Champions from a range of different backgrounds to ensure that all staff were able to feel that there was someone to speak to regarding any concerns that they may have. She confirmed that the appointment of these new champions had been widely publicised across the Trust and that more information regarding the service had now been added to the induction process. Mrs Quinn informed Directors that the number of cases coming into the service had increased from the previous year but explained that she saw this as a positive development, as it showed that the Trust had a culture where staff felt able to speak up. She went on to advise that the majority of cases had been COVID-19 related but that a number had related to behaviours, adding that work was taking place to determine how the Staff Guardian office could support the implementation of the Trust's new Behavioural Framework. Directors noted that there had been three whistleblowing complaints raised, one of which had been raised directly to the Board, and that these were all being actively investigated, either externally or by Staff Guardian colleagues.

Mr Wedgeworth observed that the third highest reported theme was a lack of support from managers and requested clarification on whether it was possible to distinguish between unavoidable shortages of available support caused by the pandemic and which were due to genuine poor behaviour. Mrs Quinn stated that she would speak with colleagues in the Staff Guardian team to investigate whether this level of detail was available.

Mrs Anderson agreed that the rise in numbers of incidents being reported should be taken as a positive as it reflected the levels of openness and transparency within the Trust.

Professor Fairhurst welcomed the report on the behalf of the Board and acknowledged its importance to the Trust, adding that it was a good example of its focus on compassionate leadership.

RESOLVED: Directors received the report and noted its content.

Mrs Quinn to liaise with the Staff Guardian team to determine if further data is available regarding complaints made regarding a lack of support from managers.

TB/2022/015 ELHT STAFF HEALTH AND WELLBEING PROGRAMME ACTION PLAN

Mrs Barnes requested that the paper be taken as read and presented a summary of highlights to Directors. She explained that the report summarised what colleagues had articulated mattered the most to them in improving their experience at work and outlined the actions planned in response. Mrs Barnes advised that the plan had been developed in conjunction with key stakeholders and multidisciplinary teams across a number of departments within the Trust to ensure that it was relevant and meaningful for all colleagues. She stated that the actions were intended to be achievable and realistic and requested that the Board confirm their support and approval for the programme, adding that it would also support the Trust's goal to be considered the best employer in the region.

Mrs Anderson praised the content of the report and agreed that its goals were achievable and realistic. She noted that many of the actions built on and enhanced activities already being taking place in the Trust and that she felt that that it was in keeping with its spirit and ethos of valuing its staff.

Miss Malik also stated that she welcomed the report but enquired how likely some of the completion dates for the included actions were, as some were due to have been implemented by the following month. Mrs Barnes explained that any actions with a completion date of quarter 4 in 2021/22 were building on previous actions that had been in place for some time and that she was confident that they would be completed to schedule.

Mrs Barnes went on to inform Directors that preliminary scoping work was taking place around a shared service approach to staff health and wellbeing and would be focused on proving an equitable offer across the whole system. She stressed the importance of such a development to not only staff, but also to patients.

Mr Hodgson confirmed that he was content to support the action plan and suggested that it would be helpful for an update on the progress made to be provided to the Board in six months' time.

RESOLVED: Directors approved the Staff Health and Wellbeing Programme Action Plan.

An update on the progress made with the implementation of the Staff Health and Wellbeing actions will be provided at the meeting in July 2022.

TB/2022/016 TRUST CHARITABLE FUNDS REPORTING

a) Trust Charitable Funds Update Report

The report was presented to the Board for information.

The Board met as the Corporate Trustee for this item.

b) Charity Annual Accounts and Report

Professor Fairhurst explained that the Board was being asked to approve the annual accounts and report for Trust's Charity in its role as Trustees.

Mrs Brown referred Directors to the previously circulated documents and confirmed that they had been fully reviewed by the Trust's external auditors, Mazars LLP. She added that they were due to be submitted to the Charities Commission by the end of the month. Mrs Brown reported that total income for the year stood at £997,000 and total expenditure at £1,500,000, leaving total funds at £1,600,000 for the year. Directors noted that the principal source of income to the Charity had been donations, with a total of £244,000 worth of goods given to the Trust both from individuals and from local businesses. Mrs Brown reported that the main source of expenditure had been £343,000 spent on equipment and £200,000 spent to support the leasing of its Da Vinci surgical robots. She confirmed that the accounts had received a good audit opinion and that both reports had been reviewed and approved for recommendation to the Board at the most recent meeting of the Trust Charitable Funds Committee.

Mr Barnes noted that charity work and fundraising had been one of the areas hit hardest by the pandemic and praised the enthusiasm of the Trust's Charity Manager, Denise Gee, Miss Wright and the rest of the Charity team for their efforts over the previous two years. He informed Directors that the Committee had agreed how to secure funding for the next two years of leasing for the surgical robots and that a £30,000 grant had been secured for the development of a new Charity Hub and Retail Outlet which would be based at the main entrance of RBTH. He stated that this new hub would significantly change how the Charity operated in the future.

Professor Fairhurst acknowledged the enthusiasm shown by Charity colleagues and confirmed that the Board was content to approve the annual report and accounts to be submitted to the Charities Commission.

RESOLVED: Directors approved the ELHT&me annual accounts and annual report for submission to the Charities Commission.

TB/2022/017 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/2022/018 QUALITY COMMITTEE INFORMATION REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its contents.

TB/2022/019 AUDIT COMMITTEE INFORMATION REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its contents.

TB/2022/020 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/2022/021 REMUNERATION COMMITTEE INFORMATION REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its contents.

TB/2022/022 ANY OTHER BUSINESS

Professor Fairhurst informed Directors that both she and Mr Hodgson had been asked to join a meeting over Zoom with the Prime Minister the previous week to speak with him around the current situation in the NHS.

Mr Hodgson advised that he had paid tribute to the work of Mr McDonald and the Trust's community teams over the previous two years during this meeting, as they had been instrumental in achieving the current position.

TB/2022/023 OPEN FORUM

Professor Fairhurst invited Professor Harrison to advise the Board on any wider public health matters.

Professor Harrison noted that, over the period of the pandemic, Pennine Lancashire had been an area of enduring and high transmission rates and stated that the Board was already aware of many of the factors in the region that had contributed to this, including the higher proportion of its residents working in frontline roles that were unable to lockdown fully. He also explained that the significant amount of terraced housing in the region occupied by larger than average

families had also contributed to the challenges seen with clustering and transmission. Professor Harrison advised that, despite these higher transmission rates, mortality rates in LSC had stayed well within the English national average and that it had been among one of the first areas to bring in measures to control the spread of the virus. He confirmed that hospitalisation numbers from the Omicron variant were low, thanks in part to the increased immunity among the local population from previous waves of the pandemic and reported that the proportion of hospitalisations turning into critical care cases or deaths had also remained low. Professor Harrison explained that the pressures from the Omicron variant were being reflected in the Trust's bigger than average waiting lists and advised that the Government had pledged additional funding to help NHS organisations. He also pointed out that there would be more challenges in the future in regard to restoring the general health and wellbeing of the local population that had been lost over recent years.

TB/2022/024 BOARD PERFORMANCE AND REFLECTION

Professor Fairhurst sought feedback from Directors as to whether they felt the Board had appropriately addressed and fulfilled its objectives in relation to its communities, staff and stakeholders.

Mr Hodgson commented that he felt the Board had been able to appropriately articulate the scale of the ongoing pressures and provide assurance around how they were being addressed. He noted that the patient story had provided many positive areas to consider but had also provided a number of points for improvement and stressed the importance of the Trust not resting on its laurels.

Mr Wedgeworth stated that he felt the general mood of the meeting had been much more positive than at the previous meeting and that he hoped this was being reflected among other colleagues in the Trust.

Mrs Atkinson commented that she had been struck by what the Trust had been able to achieve over the previous 12 months in the face of substantial adversity and that she was impressed at the balance that had been struck in managing emergency pressures, elective care and supporting staff.

Mr Barnes stated that he had found the meeting to be very fast moving, particularly in its first half and enquired if more needed to be done to keep the local community up to speed with any changes. Professor Fairhurst informed Directors that she was due to meet with two local Members of Parliament (MPs) alongside Mr Hodgson in the near future and that she would take Mr Barnes' suggestion into account.

Mr Smyth noted that substantial progress was being made in a number of areas and that he had felt it to be a very positive meeting overall. He commented that the patient story had highlighted the need for detail as well as the difficulty for staff in maintaining their professionalism despite the immense ongoing pressures.

Mrs Gilligan agreed that the meeting had felt more optimistic and stated that although the patient story had been upsetting to listen to in some areas, it had also clearly shown that the Trust was making the right decisions in others.

Mrs Quinn observed that the Trust's successes had only been possible because of the flexibility and resilience of its staff and emphasised the importance of the work being done to support staff to ensure that they were able to continue.

RESOLVED: Directors noted the feedback provided.

TB/2022/025 DATE AND TIME OF NEXT MEETING

Professor Fairhurst informed Directors that the next Trust Board meeting would be taking place on Wednesday, 9 March 2022 at 13:00, via MS Teams.

TRUST BOARD REPORT

Item

31

9 March 2022

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/2021/112: Pennine Lancashire ICP Update and Partnership Agreement for 2021-22	A further update on the Pennine Lancashire IPC will be provided at a future meeting.	Interim Chief Executive	March 2022	Agenda Item: March 2022
TB/2021/134: Board Assurance Framework (BAF)	The Board Assurance Framework annual review will be completed in Quarter 4 and presented at a future meeting.	Executive Medical Director	May 2022	Agenda Item: May 2022
TB/2021/139: Behavioural Framework Launch	An update on the progress made with the rollout of the Trust's new Behavioural Framework will be provided at a future meeting.	Executive Director of HR & OD	May 2022	Agenda Item: May 2022
TB/2022/012: Serious Incidents Assurance Report	Any updated information regarding the PSIRF process will be circulated to Directors after the meeting.	Executive Medical Director	March 2022	Complete

Item Number	Action	Assigned To	Deadline	Status
TB/2022/013: Integrated Performance Report (IPR) - Effective	An update on the progress made with the reduction of backlogs of deaths and SJR investigations will be provided at the next meeting.	Executive Medical Director	March 2022	Update: As a consequence of pressures to deliver on elective recovery and the unprecedented increase in unscheduled care there still remains a backlog with SJRs (which has also resulted from the increased scrutiny of deaths by the Medical Examiner service). Work has been undertaken to eliminate SJR requests in cases where there is already a case review being undertaken for another reason. The Trust is exploring the option of recruiting senior medical trainees to help in undertaking SJRs whilst continuing the effort to increase the number of its available clinicians (doctors, nurses and allied health professionals).
TB/2022/013: Integrated Performance Report (IPR) – Well-led	An update on the expected financial envelope for the 2022/23 financial year will be provided at the next meeting.	Executive Financial Director	March 2022	Update: The details for the 2022/23 financial envelope have not yet been confirmed, the draft financial plan is due for submission on 17 March 2022.

Item Number	Action	Assigned To	Deadline	Status
TB/2022/014: Raising Concerns Annual Report	Mrs Quinn to liaise with the Staff Guardian team to determine if further data is available regarding complaints made around lack of support from managers.	Operational Director of HR & OD	March 2022	A verbal update will be provided at the meeting taking place on 9 March 2022.
TB/2022/015: ELHT Staff Health and Wellbeing Programme Action Plan	An update on the progress made with the implementation of the Staff Health and Wellbeing actions will be provided at the meeting in July 2022.	Executive Director of HR & OD	July 2022	Agenda Item: July 2022

TRUST BOARD REPORT

Item

33

9 March 2022

Purpose

Information

Title

Chief Executive's Report

Author

Mrs E-L Cooke, Joint Deputy Director Communications and Engagement

Executive sponsor

Mr M Hodgson, Interim 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

March 2022

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 update

Vaccines will remain the first line of defence against Covid-19 as the Prime Minister sets out the Government's plans to live with and manage the virus.

The UK was the first country in the world to authorise the use of the Pfizer and Oxford-AstraZeneca vaccines, the first European country to vaccinate 50% of its population and has delivered the fastest booster programme in Europe. Over 31 million boosters have been administered across England and almost 38 million UK wide helping break the link between infections and hospitalisations. In England, the number of cases, hospitalisations and deaths continue to decline and are far below the levels of previous waves, with boosters offering strong protection against severe illness and hospitalisation.

Thanks to the hugely successful vaccination programme, the immunity built up in the population and the new antiviral and therapeutics tools, the UK is in the strongest possible position to learn how to live with Covid and end government regulation.

The [Living with COVID19](#) Plan, sets out how vaccines and other pharmaceutical interventions will continue to form our first line of defence. An additional booster will be offered to all adults aged over 75, all residents in care homes for older adults, and all over 12s who are immunosuppressed. An autumn annual booster programme is under consideration, subject to further advice.

The plan covers four main pillars:

- Removing domestic restrictions while encouraging safer behaviours through public health advice, in common with longstanding ways of managing other infectious illnesses
- Protecting the vulnerable through pharmaceutical interventions and testing, in line with other viruses
- Maintaining resilience against future variants, including through ongoing surveillance, contingency planning and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency
- Securing innovations and opportunities from the COVID-19 response, including investment in life sciences

The public are encouraged to continue to follow public health advice, as with all infectious diseases such as the flu, to minimise the chance of catching Covid and help protect family and friends. This includes by letting fresh air in when meeting indoors, wearing a face covering in crowded and enclosed spaces where you come into contact with people you don't normally meet, and washing your hands.

NHS Elective Care Recovery Plan published

The NHS and government set out a blueprint to address backlogs built up during the COVID pandemic and tackle long waits for care with a massive expansion in capacity for tests, checks and treatments.

The ['Delivery plan for tackling the COVID-19 backlog of elective care'](#) will also give patients greater control over their own health and offer greater choice of where to get care if they are waiting too long for treatment.

The plan sets out a vision for how the NHS will recover elective services over the next three years. Its central ambitions include timelines for the service to bring down long waits for elective care, with specific focus on the time between referral and treatment for cancer. The most immediate change to note is the deadline for eliminating waits of over two years by July this year.

The plan also covers how this will be delivered across four key areas of intervention. The first is to increase capacity, including an immediate recruitment drive and making more use of the independent sector. The second is to focus more on clinical prioritisation. The third looks at the transformation of care and proposes new community diagnostic centres and surgical hubs. The fourth intervention aims to improve information for patients, most notably with a new platform through [My Planned Care](#) to increase transparency.

The planned expansion of surgical hubs and community diagnostic centres is particularly welcome. This will give patients greater choice about where they can seek treatment, making the best of NHS resources and in providing services closer to their homes.

NHS cancer checks at record high with quarter of a million in one month

According to the latest data, record numbers of people are coming forward for cancer tests, with almost a quarter of a million referrals in one month. The figures show that 246,000 people were checked for cancer in November – three times as many compared to the beginning of the pandemic in April 2020, when people were reluctant to come forward.

NHS chiefs are now urging anyone with worrying signs and symptoms not to put off vital checks and to follow the example of the hundreds of thousands of people who are already coming forward each month. Previous research found that when the COVID-19 pandemic hit, half (49%) of people said they would delay coming forward because they didn't want to burden the health service.

Monthly figures also show that more than nine in ten people received their first treatment within a month – a standard that has not dipped below 90% throughout the pandemic despite the NHS treating more than half a million COVID patients and delivering 114 million vaccinations to date.

Lung cancer patients to benefit from revolutionary new drug on NHS

Thousands of lung cancer patients in England will be fast-tracked a ground-breaking new drug which can significantly reduce the risk of cancer returning. The effective therapy Atezolizumab has been approved to treat non-small cell lung cancer (NSCLC), with more than 850 patients in England expected to be eligible for the drug in the first year, rising to more than 1000 in the third year.

Atezolizumab is the first immunotherapy approved for patients with early-stage NSCLC whose tumours express the PD-L1 mutation, and who have undergone surgery and chemotherapy. These patients are at risk of their cancer returning, and England is only the second country in Europe to make this cutting-edge treatment available.

Hundreds of thousands more dental appointments to help recovery of services

The NHS will provide patients with hundreds of thousands more dental appointments, thanks to a £50 million funding injection. Funding will secure up to 350,000 additional dental appointments allowing people suffering from oral pain, disease, and infection to get the care they need, as services drive back to pre-pandemic levels.

Locally, NHS teams will use the funds to secure increase care capacity amongst local dentists already operating to help patients suffering from oral ill-health. The North West is set to receive £7,310,000.



East Lancashire Hospitals

NHS Trust

A University Teaching Trust

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.

Elective Care Recovery

The NHS across Lancashire and South Cumbria is working together to make inroads into waiting lists, ensuring patients with the greatest clinical need and who have waited the longest are prioritised for care and treatment.

Recently announced plans show how the NHS will address backlogs built up during the COVID-19 pandemic and tackle long waits for care, with a massive expansion in capacity for tests, checks and treatments.

The [delivery plan](#) for tackling the COVID-19 backlog of elective care, published recently by NHS England, sets out plans to positively transform services. The plan focuses on four areas:

1. Increasing health service capacity
2. Prioritising diagnosis and treatment
3. Transforming the way we provide elective care
4. Providing better information and support to patients

The plan sets out ambitions, guidance and best practice to help systems address key issues, ensuring there is consistent focus on elective recovery for years to come. Supporting staff is also a key part of the recovery of elective services, recognising staff need to be looked after so they can look after patients. This plan will help the NHS deliver millions more tests, checks and procedures to patients.

In Lancashire and South Cumbria, funding already received from NHS England has proved critical in helping treat as many people as we can, as quickly as possible. This funding has helped to provide additional bed capacity in hospitals, improve pre- and post-operative patient assessments, and monitor patients remotely to reduce unnecessary admissions.

Initiatives to support elective recovery already underway include:

- [ChatBot](#). The simple AI contacts long waiting patients to check on their health status. The automated call system guides patients through a series of questions, which lets the NHS know if

their condition has significantly worsened and possibly speed up their treatment, or lets them know if they no longer require treatment.

- In Morecambe Bay, the [Set for Surgery](#) programme aims to optimise the health of all patients approaching surgery to reduce cancellations and improve their post-operative outcomes. Encouraging patients to exercise more, eat more healthily and adopt healthier behaviours can help reduce the length of stay in hospital, reduce complications from treatments, enhance recovery and, in some cases, avoid the need for an operation completely.
- Creating additional bed capacity. A total of 101 beds have already been mobilised utilising accelerator funding.

We have also successfully secured further funding to support elective recover, for schemes including increasing elective and critical care capacity and additional digital solutions.

The NHS nationally has also launched an online platform, [My Planned Care](#), allowing patients on waiting lists to find the average waiting time at their local hospital for the specialist area they need treatment in, as well as offering advice on how to keep well for their surgery or treatment. Work is underway to determine how best to promote the platform locally.

Independent Non-Executive Members appointed for new NHS organisation

Five new non-executive members have been appointed as designate members of the Lancashire and South Cumbria Integrated Care Board as the Lancashire and South Cumbria Integrated Care System prepares to continue to build partnership working across health and care in our area.

Subject to passage through Parliament, the Health and Care Bill is set to create a new NHS organisation and a statutory local Health and Care Partnership. Their purpose will be to:

1. Improve outcomes (population health and care)
2. Tackle inequalities in outcomes and access
3. Enhance productivity and value for money
4. Support broader social economic development

The NHS Lancashire and South Cumbria ICB is set to be established in July 2022. David Flory CBE, the ICB Chair Designate has named five critical designate appointments to the new board. The appointments are Professor Ebrahim Adia, Sheena Cumiskey, Jim Birrell - Audit Committee Chair, Professor Jane O'Brien and Roy Fisher - Remuneration Committee Chair. The non-executive roles will commence in time for the establishment of the ICB.

New Hospitals Programme update

Following the publication of the [Case for Change report](#) in July 2021, the [Lancashire and South Cumbria New Hospitals Programme](#) has now entered an important phase. The programme team has collected information on everything from what future clinical and technological developments might be needed to be accommodated in new hospital facilities, to potential land availability and building specifications. Thousands of patients, staff and stakeholders have been involved in conversations to start to build a picture of how new hospital facilities should operate.

In September 2021, a [longlist of ten possible solutions](#) was published to address some or all of the main challenges facing Royal Preston Hospital and Royal Lancaster Infirmary, with investment in Furness General Hospital (established as the priority for investment through the Case for Change). Proposals on the longlist include rebuilding on the existing sites, rebuilding on new sites, building a completely new hospital on a single site, and refurbishing existing buildings and facilities.

Members of the public have had the opportunity to have their say in person at roadshows with Healthwatch Together, as well as through an online survey, which received nearly 3,500 responses. A range of focus groups and workshops were also held, targeting people likely to be most impacted by new hospital facilities. NHS staff and Foundation Trust members shared their feedback, and 1,895 people joined the Big Chat online discussion. MPs and local authorities have also been kept up-to-date with progress.

As of 30 November 2021, 12,281 different individuals have been involved in one or more New Hospitals Programme engagement activities. Public and patients account for 29% of these interactions and Trust staff account for 23%. Inclusion groups (including those with protected characteristics) and service users (especially those who have difficulty with mobility, stamina, dexterity and mental cognisance) each make up 22% of interactions. The remaining interactions have come from expert patient groups and political stakeholders.

All the feedback received is being used to narrow down the proposals to a shortlist, currently anticipated to conclude in spring 2022. For all the latest news and information on how to get involved, visit the [New Hospitals Programme website](#).

Update on Health Equity Commission evidence gathering and report

In September last year, with the help of Professor Sir Michael Marmot, and partners across the region, the Health Equity Commission (HEC) for Lancashire and Cumbria was launched. Throughout October, November and December evidence gathering sessions were held, facilitated by members of the team from the Institute of Health Equity and the HEC team. These were themed to help the HEC understand the issues for our region, place-based partnerships. The initial findings can be found on the HEC pages

of the [Healthier Lancashire and South Cumbria website](#). In addition, in December the Health Equity Commission (HEC) heard from each of the Health and Wellbeing Boards and the Integrated Care Partnerships in Lancashire and Cumbria in presentations that were powerful, heart-wrenching and challenging in equal measure.

Institute for Health Equity (IHE) has produced some draft recommendations and an associated action plan. This is now being considered by the HEC Panel and the HEC Steering Group. This is the first phase of the process of consultation, towards the production and sharing of a final draft which HEC will consult with everyone about, including stakeholders in February with the final report and recommendations being shared at the Health Equity Summit on Thursday 21 April 9:30-14:45 at Lancaster University. For further information on the summit or to be involved, email elccg.hec@nhs.net

New initiative opens the door for more people to have vaccines at home

More people in Lancashire and South Cumbria can now get a COVID-19 vaccine from the comfort of their own homes. The NHS in Lancashire and South Cumbria launched an initiative so that anyone who is shielding or doesn't feel comfortable using the existing vaccine services can now book to be vaccinated at home.

The initiative adds to the wide range of options available with the aim of offering a COVID-19 vaccine to as many residents as possible – you can simply book online at healthierlsc.co.uk/VacAtHome or by phoning 0300 790 6856 (between 10 am to 8 pm daily).

On completion of a quick questionnaire, someone from the vaccine programme outreach team will be in touch to arrange a convenient time to visit and administer the jab.

Urgent appeal for carers to boost borough's social care workforce

People with caring experience and relevant skills are being targeted in a recruitment drive to boost the social care workforce in Blackburn with Darwen.

Although the dominant Omicron variant is considered to be much milder than previous Covid variants, staff absence through self-isolation is placing significant pressure on local adult social care services. These services provide a lifeline to some of the borough's older and more vulnerable residents.

The additional social care support worker roles will be paid and temporary. Working alongside an experienced member of staff, social care support worker duties may include:

- Providing personal care including bathing, toileting, dressing and feeding

- Supporting service users on social, educational and leisure activities
- Working within a variety of care/support situations including day service, residential homes, respite service, community, and intermediate care
- Performing tasks in care plans to support individuals' health needs such as giving medication.

Relevant training will be provided, together with appropriate Personal Protective Equipment.

Doctor urges people in Lancashire and South Cumbria to keep booking cervical screening appointments

During Cervical Cancer Prevention Week (17-23 January 2022), people in Lancashire and South Cumbria were urged to book their cervical screening appointments.

The Cancer Director for Lancashire and South Cumbria encouraged women and people with a cervix to attend screening if they receive an appointment invitation.

Cervical screening is a free health test that helps prevent cervical cancer. It checks for a virus called human papillomavirus (HPV) and if you have HPV, cervical cell changes (abnormal cells).

Women and people with a cervix aged 25 to 49 are screened every three years, and those aged 50 to 64 every five years. People aged over 65 are only screened if one of their last three tests was abnormal.

West Lancashire Nurse named as Practice Nurse of the Year

A nurse in West Lancashire has achieved more national recognition for innovative clinics established at the height of the COVID-19 pandemic.

Maggi Bradley, Practice Nurse at Aughton Surgery, received Practice Nurse of the Year at the 13th Annual General Practice Awards for her work on Video Group Clinics (VGCs).

VGCs ensured patients with chronic health conditions could receive the same high-quality care and peer support without meeting face-to-face, a model which has since been adapted for use by nurses up and down the country.

The first beneficiaries of the groups included cancer patients and it has since been expanded to include others with long-term chronic conditions, such as patients with diabetes.

The further accolade comes just weeks after Maggi's team were nominated at the Nursing Times Awards as just one of two practice-based nominees in the entire awards.

Commenting on her victory, the judges said Maggi had motivated student nurses to become a part of the future of Primary Care through their involvement in the clinics and had “given us a reason to clap our hands”.

Lung Health Check gives peace of mind

The Targeted Lung Health Check (TLHC) programme aims to find and treat lung cancer at an early stage before symptoms start. Early diagnosis leads to better outcomes for patients and improved survival rates. Those eligible will be invited to make a TLHC appointment with the first step being an assessment over the telephone and then potentially, a CT scan to check their lungs.

People living in Blackburn and Blackpool, aged between 55 and 74 are being invited for an NHS Targeted Lung Health Check if they have ever smoked.

Since the TLHC programme started in July 2021, 15,000 invitations have been sent and over 6,600 people have had their lung health check appointment. Over 95% of people who accept the offer of a Targeted Lung Health Check have required no further treatment. It provides them with valuable reassurance on an issue that may well have been nagging away at them and that peace of mind means they can get on with their lives.

Invitations are encouraging more eligible people to come forward for their lung MOT every day with the programme continuing until July 2022. Early diagnosis saves lives.

Successful Lancashire scheme helping patients return home to support their recovery

Teams from the NHS, social care and voluntary sector are working together, to come up with innovative ways to improve care for people and reduce pressures on health and care services. One example of a small scheme but with big potential, has been developed by Lancashire County Council, NHS England and University Hospitals of Morecambe Bay, and has so far helped 40 patients and saved more than 100 nights in hospital.

The Hospital Discharge Home Recovery Scheme helps people across Lancashire return home from hospital in a safe and timely way and is working so well it is now being extended, with other regions looking at it with interest.

It works by giving family and friends practical and financial support to enable informal care to be provided for up to six weeks, with input from the local carers service. It can include a grant through which one-off items or services can be purchased to help people recuperate safely home.

Over an initial 6-month period it has helped 26 people to return home more quickly and has saved a total of 67 hospital bed nights.

The scheme is incrementally being extended across Lancashire and is aimed at people who need some support to recover or recuperate, but who otherwise would have been delayed in hospital until a package of care could be arranged. A further 14 people have been supported through the scheme, nine to return home more quickly saving a further 41 hospital bed nights, and five to remain in their home safely. The scheme has also just been extended to include discharges from Acute Mental Health wards.

As well as helping people return home to continue their recovery, the scheme also benefits the flow of patients in hospital and limits the need for formal care at a time when both areas are under increasing pressures due to the pandemic.

Although the numbers are small so far, local partners believe the potential of the scheme is significant, not just for the release of bed nights in the hospitals, but importantly in better and more personalised outcomes for people.

Lancashire County Council is working closely with three other Local Authorities to extend the scheme across the Lancashire and South Cumbria Integrated Care System.

Don't let COVID-19 stop you from acting FAST against stroke

Residents in Lancashire and South Cumbria are being urged not to delay seeking help if they have signs of having a stroke and to 'Act FAST' to help save lives.

NHS staff have been working together to ensure that stroke care and urgent treatment can safely continue while responding to the coronavirus pandemic. Clinicians are concerned that people are putting off getting help when they need it due to coronavirus worries or may be failing to recognize the signs of a stroke. The main signs of stroke can be remembered with the word FAST:

- Face – has their face fallen on one side? Can they smile?
- Arms – can they raise both arms and keep them there?
- Speech – is their speech slurred?
- Time to call 999

When somebody has a stroke, every second that goes by is crucial. It's important to remember that the sooner a person receives treatment for a stroke, the less damage is likely to happen.

Millions being invested in children's mental health in Lancashire and South Cumbria

Health leaders in Lancashire and South Cumbria have been awarded an additional £10.7million pounds of investment to improve children's mental health and emotional wellbeing.

The announcement came ahead of Children's Mental Health Week (7-13 February 2022) when landmarks across the region were lit green to demonstrate the importance of children and young people's mental health.

Over the past three years, health and care partners have been working together to develop the THRIVE model of care which looks to prevent poor mental health and wellbeing, as well as supporting young people as soon as they start to experience difficulties.

NHS organisations, local authorities, education, the police, and representatives from the voluntary, community, faith, and social enterprise sector (VCFSE) have been working with parents, carers and young people to redesign services for children and young people aged 0-19.

The £10.7million investment is part of a government commitment to support health providers to offer quality mental health services for children and young people.

This will reduce waiting times, improve experience and quality of care, and make sure young people receive consistent levels of care wherever they live in the region. There will also be a focus on developing crisis care and making sure there is support for young people at any time of the day or night, reducing the need for young people to be admitted to hospital.

The investment will support the recruitment of more primary mental health workers who are trained and experienced in working within the community to promote positive mental health and wellbeing, giving advice and support at an early stage.

Plans are also in place to implement locality based Initial Response Services (IRS) across Lancashire and South Cumbria. This will mean all mental health referrals for adults and children will be received through one front door, either by self-referral, a single telephone number or email address.

Finally, as part of the government commitment to make sure three million pupils nationally receive mental health support in schools by 2023, we will see more Mental Health Support Teams (MHSTs) across Lancashire and South Cumbria over the three years.

Know the early signs and symptoms of cancer and don't delay seeking advice

Ahead of World Cancer Day (4 February) people across Lancashire and South Cumbria were being reminded of the signs and symptoms of cancer and the importance of seeking advice from local healthcare services if they are worried.

Dr Neil Smith, local GP and Cancer Director for Lancashire and South Cumbria Integrated Care System (ICS) advised people not to put off vital checks, and instead follow the lead of the many people coming forward each month to get either reassurance or early diagnosis following the discovery of signs or symptoms of potential cancer.

NHS staff are working hard to ensure that those who are coming forward for checks can be seen quickly, so that cancer can be caught at an earlier stage.

In 2021, the NHS announced a £20 million investment to speed up cancer diagnosis so that thousands more people can get potentially life-saving cancer checks.

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 documents since the last report to the Board:

- On 27 January 2022 the seal was applied to the Supplemental Agreement between the Trust and Consort Healthcare relating to the instillation of the Siemens Sola platform. The agreement was signed by Mr Martin Hodgson, Interim Chief Executive, and Mrs Sharon Gilligan, Chief Operating Officer.
- On 2 March 2022 the seal was applied to a Reservation of Rights letter between the Trust and Consort Healthcare relating to the Hybrid Theatre programme. The agreement was signed by Mr Martin Hodgson, Interim Chief Executive, and Mrs Sharon Gilligan, Chief Operating Officer.
- On 2 March 2022 the seal was applied to the Reservation of Rights letter between the Trust and Consort Healthcare in relation to the Haslingden Road Roundabout. The agreement was signed by Mr Martin Hodgson, Interim Chief Executive, and Mrs Sharon Gilligan, Chief Operating Officer.

Why not home, why not today

Our recent 'Home for Christmas' campaign was a huge success, thanks to the team work of everyone across the Trust and out in the wider health and social care system. As we entered a tremendously difficult and complex time, keeping our focus on discharges was going to be key. For this reason, we continued the Trust-wide campaign with a slight change of name to 'Why Not Home? Why Not Today?'

The campaign provides clear focus on ensuring patients are discharged as soon as possible or are supported to stay at home in the first place. The new campaign introduced the concept of the 'Golden Patient', enabling ward teams to identify patients for next day discharge before 10am.

Following key actions and steps has helped to make a positive impact on discharges, patient flow and bed capacity across the Trust, and the wider system, during one the of the most challenging winter periods the NHS will ever experience. It also helped to maintain a position where the Trust was better able to cope with unexpected surges in demand.

The why not home, why not today campaign was also the focus of much attention during the ICS wide Improvement Week held during January.

ELHT Sounds

The ELHT Audio podcast channel was set up in January 2022, to provide an extra channel of communication for colleagues, patients and our local community.

The introduction of the podcast channel has allowed colleagues to engage in larger discussions about current topics, whether that is an awareness day, discussion on a particular element of healthcare or to talk about and promote our larger scale events, such as the 'Take A Moment Week' and our Inclusion Festival.

Currently there are a number of 'special edition' podcasts on the channel, including a discussion on health equity and a chat with LGBTQ+ Network members on LGBTQ+ History Month. Dr Jawad's weekly medical updates are also uploaded in audio format as well as being available to view as a video. There are a number of podcasts planned, including a follow-up on the health equity discussion. This will include a chat with the vaccine outreach team and the work they are doing. The next in line is an International Women's Day podcast, recorded with female members of the Executive team discussing women in leadership and management roles.

In the coming months there will be a selection of awareness day podcasts lined up, along with a special edition podcast planned for our Take A Moment week. This will look back on the last two years at the Trust and provide an opportunity to reflect on positive stories sent in by colleagues.

Currently the podcast channel has had 38 plays with two special edition episodes uploaded so far. It is still very much in its infancy but would have the scope to expand and grow as more content is added to the channel.

The most listened to podcast is 'Health Equity', with statistics showing 100% of the audience was female, with 67% of those in the 28-34 age bracket, 17% aged 35-44 and 17% 45-59.

New online Surgery School helps support ELHT patients

The Trust has launched a new online 'Surgery School' as part of the Enhanced Recovery Programme. The platform, which is hosted on the Trust's main website, is used for patients prior to their surgery to support and inform them on things such as how to prepare for their surgery, what to expect whilst in hospital and how to recover at home. There are a number of resources available including easy-to-follow videos.

The Surgery School was originally delivered in person through classroom lessons but since the COVID-19 pandemic began, the Trust has found new and innovative ways to deliver the information. The

Enhanced Recovery Programme is an up-to-date programme that is evidenced based and has been proven to reduce the risks of complications.

Managing the continued pressure on our services

There has been an intense and sustained pressure felt by everyone in the NHS nationally, regionally and within the Lancashire and South Cumbria ICS for some time now. At the Trust, we continue to see significant pressures with patient flow which has an impact on all areas of the Trust including our Emergency Department.

A great deal of work is ongoing to help ease these pressures within these departments such as the implementation of the patient streaming tool within both Burnley and Blackburn UTCs. Although it is still early days, we have already seen a significant reduction in crowding and waiting times. The benefits to patients have been clear. In the first week of operation at Burnley, 682 patients provided their details via the smart device and 630 were given an allotted appointment time to return. This resulted in an average time to triage a patient of 15 minutes, a waiting to be seen by a clinician time averaging at 46 minutes and 95 percent of non-admitted patients being consistently managed within four hours.

Pressures have been exacerbated by the continued need for different pathways and areas for patients who have tested positive for COVID-19, many of whom are attending for conditions unrelated to COVID-19. We can only anticipate this will continue as restrictions are lifted.

We maintaining momentum and progress we have made over the winter period and are focusing efforts in key areas such as utilisation of the IHSS/ICAT and Home First services, identifying patients who can be moved from wards into the discharge lounge to release beds and early booking of transportation.

We are doing everything we can to get as many people in for treatment as possible across a range of departments and procedures. We are also constantly looking at finding new approaches and ways to highlight the challenges our colleagues face in A&E to both the public and media in a human, relatable and accessible way.

This is a challenge for the Communications Team who has been supporting colleagues to help reduce footfall and increase patient flow where safe and possible to do so. Ongoing activity have included regular social media activity highlighting demand, wait times and alternative pathways and treatment routes, internal messages through the Trust and wider health and social care sector to highlight the issues and promote the sense 'we are all in it together' and media work designed to raise awareness about appropriate use of emergency pathways and alternatives.

In addition, the Communications Team has been creating new ways of supporting staff health and well-being and, in particular, trying to raise morale. The creation of a staff Facebook group which is private,

has provided a safe space for colleagues to post about being at the Trust and enabled important messages to be shared at key times.

Ambitious plans are in place to take our story into homes by staging an A&E Live event. Designed to highlight the range of challenges in A&E, the 24 hour social presence will report directly from the Emergency Department at Royal Blackburn Teaching Hospital. Neighbouring Trusts will be briefed and encouraged to host similar events, posting shared resources, during the same week as part of a LSC approach.

HRH Visit

It was an honour and a privilege to welcome the Duke and Duchess of Cambridge at Clitheroe Community Hospital. As joint patrons of NHS Charities Together, Duke and Duchess' visit was to highlight the challenges faced by rural health providers in the face of the pandemic and to understand how NHS Charities Together is supporting the mental health of ELHT colleagues.

The Duke and Duchess met with GPs, nurses and other colleagues who work across the community, both to understand their experiences and to congratulate them on continuing to deliver a high standard of care for elderly and sick patients, within the hospital and in the rural community, despite services being the busiest on record.

The day also provided an opportunity for the latest addition to the ELHT Family to make his debut, Alfie - an apricot cockapoo puppy. Funding received from NHS Charities Together has enabled the recruitment of Alfie, who will be trained as a therapy dog to support patients and colleagues at the hospital. He will join Jasper, a six-year-old cockapoo and award-winning therapy dog already supporting staff and patients across the Trust.

Across the Trust, over £300,000 of funding allocated by the charity has helped establish wellbeing services that support over 9,000 staff, including break-out spaces, wellness packages, and therapies. At Clitheroe, this funding will provide a staff wellbeing room, among other services.

eLancs update

The Trust is less than 300 days away from the implementation of the new Cerner Electronic Patient Record system. This is one of the biggest programmes of work in ELHT's history, improving the way we care for our patients by switching our paper-based patient records to a digital system. This huge transformation project is by no means an easy task, however everyone involved in the implantation keeps patients at the front and centre of every decision being made are going above and beyond to

keep everything on track, despite the impact of the pandemic.

Our clinical and clerical colleagues have attended almost 200 localisation sessions over the last three months, where they have worked tirelessly to build a user-friendly system which will massively improve workflows. It will ultimately improve patient care across the health and social care system, enabling quicker access to information and more effective decisions.

The next major milestone in the project will be the Future State Validation event at the end of March. This will be the very first look at the system for those who have been working on creating the platform so far and an opportunity to agree the future workflows. All colleagues will get the chance to see the system in the near future to understand how it will work for each individual role, to ask questions and raise any concerns, with Trust-wide training beginning in September.

Running in tandem and as part of our digital transformation journey, the Trust has also implemented PatientTrack and Badgernet, which have had a truly positive impact on how we provide care to our patients.

Four – Communications and Engagement

A summary of the external communications and engagement activity.

January 2022

Communications and Engagement

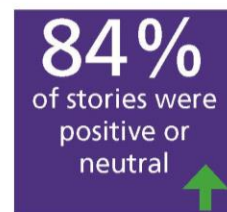
Monthly Media Update

Top Stories...

- The Duke and Duchess of Cambridge visit Clitheroe Community Hospital
- CBE awarded to ELHT Consultant Physician in New Year's Honours List
- New urgent treatment streaming tool launched at Burnley General and Accrington Victoria Hospitals
- Online Surgery School supports ELHT patients



Press and Media Relations...



Projects the Communications Department has supported...

- Inclusion
- Restoration
- Health and wellbeing
- ED Pressures
- EPR (E-Lancs)

Website...



Our website got **186,875** page views by **148,409** people.

The most viewed webpage was – Waiting times



Social media and digital...



The most talked about issues on our social networks..

- Our A&E is extremely busy (104k)
- The Duke and Duchess of Cambridge visit Clitheroe Community Hospital (19k)
- Launch of the patient streamer tool at Accrington Victoria Hospital (17k)
- Shining star Shamim is our Employee of the Month (12k)

Posts of the month...



Routine activity:
 COVID bulletins
 Website updates
 Sharepoint/OLI updates
 CEO Blog
 Social media

Staff Facebook Group
 Total members - **1,468** ↑

Staff App
 Total downloads - **1,375** ↑

February 2022

Communications and Engagement

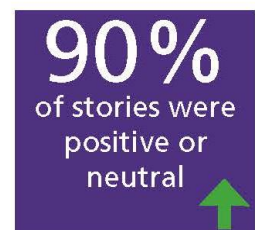
Monthly Media Update

Top Stories...

- ELHT treats COVID vulnerable patients with new lifesaving medicines
- New urgent treatment streaming tool to reduce waiting times and ensure those who need immediate attention seen first
- Super Sue is the latest ELHT Employee of the Month -
- New organ donation mural unveiled at Royal Blackburn Teaching Hospital



Press and Media Relations...



Projects the Communications Department has supported...

- Inclusion
- Restoration
- Health and wellbeing
- ED Pressures
- EPR (E-Lancs)

Website...



Our website got **157,088** page views by **124,799** people.

The most viewed webpage was – Waiting times

Social media and digital...



The most talked about issues on our social networks..

- Our A&E is extremely busy (20 posts accumulating over 143k total reach)
- New opportunities within Estates (14.8k reach)
- New staff retreat introduced in Emergency Department (15k)
- Online streaming tool launched (12.5k)

Posts of the month...

! IMPORTANT !

Our Emergency Departments are extremely busy right now and you may experience long waits to be seen. We currently have 122 patients waiting to be seen at Royal Blackburn Teaching Hospital - 79 in our Emergency Department and 36 in our Urgent Care Centre.

If it's not a 999 emergency please use 111 and visit <https://orlo.uk/12Hyp> to check your symptoms and get advice. We need your support ❤️

How amazing does our new staff retreat room look in our Emergency Department! 🌞

The health and wellbeing of our #ELHTFamily is so important and this new space will give them a place to reflect and debrief so they can provide the best care to our patients and relatives ❤️

Routine activity:

- COVID bulletins
- Website updates
- Sharepoint/OLI updates
- CEO Blog
- Social media

Staff Facebook Group ↑
Total members - **1,542**

Staff App ↑
Total downloads - **1,518**

Five - Chief Executive's Meetings

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

February 2021 Meetings

Date/Frequency	Meeting
Weekly – Tuesday	Executive Team
Weekly – Tuesday	Senior Leadership Group
Weekly – Tuesday	Chairman/Chief Executive Briefing
2 February	LSC ICS Board
2 February	System Model Showcase
3 February	NHSE Midwifery meeting
4 February	MP meeting
7 February	Cerner meeting
8 February	HPL Peer to Peer Review
8 February	PL Chairs and Chief Officers Advisory Group
9 February	Board Strategy
9 February	LSC CEO Briefing
14 February	Lancashire, South Cumbria and Wigan Vascular Network Board
16 February	LSC System Leaders
17 February	Provider Collaboration Board
17 February	Team Brief Live
18 February	Joint VMI/VS Transformation Guiding Board (TGB)

21 February	New Hospital Programme Group
22 February	MP meeting
23 February	Joint Quality, Finance and Performance Meeting - Finance and Performance Section
23 February	Swearing of Coronial Oath at Lancaster Castle
24 February	CEO visit to Phlebotomy Service
24 February	EPR Webinar
25 February	LSC Pathology Service Board

March 2022 Meetings

Date/Frequency	Meeting
Weekly – Tuesday	Executive Team
Weekly – Tuesday	Senior Leadership Group
Weekly – Tuesday	Chairman/Chief Executive Briefing
1 March	Employee of the Month
2 March	LSC ICS Board
3 March	Anchors in Pennine Lancashire
8 March	NHSE visit to the catering team
8 March	PL Chair and Chief Officers Advisory Group
9 March	Trust Board
9 March	LSC CEO Briefing
10 March	Task and Finish Group
11 March	LSC draft 22/23 Financial plan

14 March	Memorial Service to begin week of Covid remembrance
16 March	LSC System Leaders
16 March	Pennine Lancashire Partnership Leaders' Forum
17 March	Provider Collaboration Board
17 March	Employee Sponsor Group
18 March	Kevin Lavery, ICS Lead to visit ELHT
18 March	Joint VMI/VS Transformation Guiding Board (TGB)
21 March	Lancashire, South Cumbria and Wigan Vascular Network Workshop
21 March	New Hospitals Programme Group
22 March	Combined NW System Leaders and Chairs Call
23 March	CEO - Back to the Floor
23 March	LSC CEO Briefing
24 March	MP meeting
24 March	Trust Board Development session
25 March	LSC Pathology Service Board
30 March	Joint Quality, Finance and Performance Meeting - Finance and Performance Section

TRUST BOARD REPORT

Item

35

9 March 2022

Purpose Monitoring

Title

Corporate Risk Register

Author

Mr J Houlihan, Assistant Director of Health, Safety and Risk

Executive sponsor

Mr J Husain, Executive Medical Director

Summary: This report provides an overview of the Corporate Risk Register (CRR) as of the 14/02/2022. Risks continue to be managed through interim process aligned to the Quality Governance Framework during COVID-19 measures.

Recommendation: Members are requested to note and approved the contents of this report and seek assurances the CRR is being reviewed, scrutinised and managed in line with best practice and guidance.

Report linkages

Related strategic aim and corporate objective

Put safety and quality at the heart of everything we do
Work with key stakeholders to develop effective partnerships

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

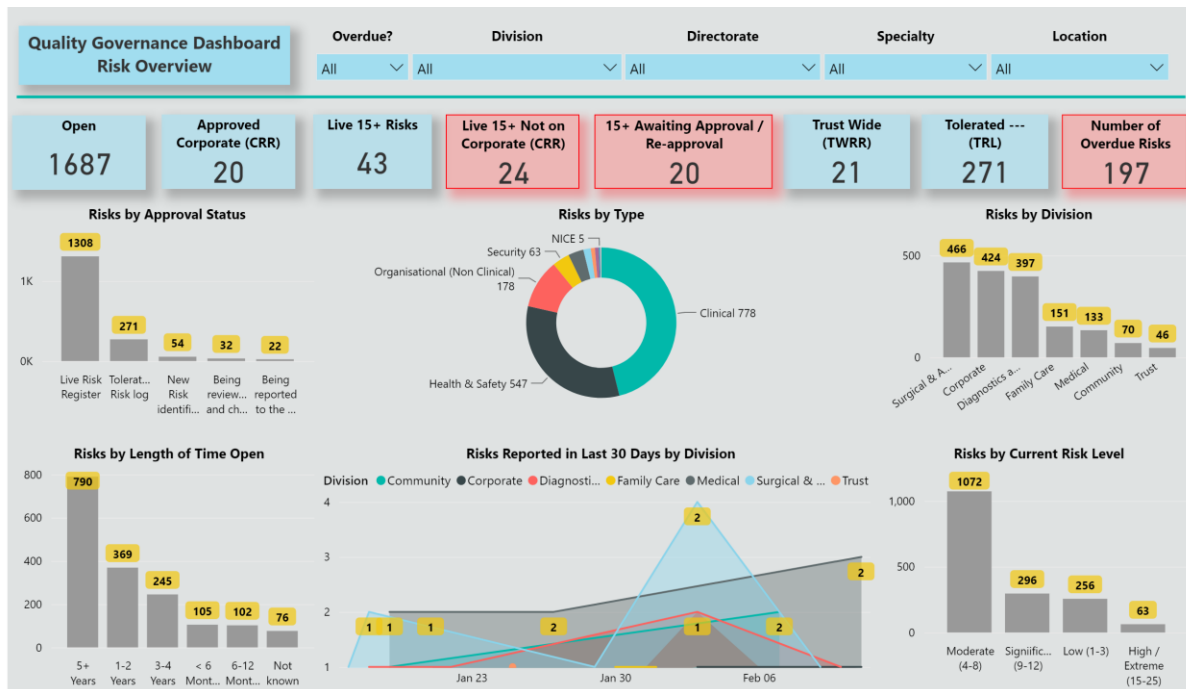
No

Confidentiality

Yes

Risk Performance

There are a total of 1687 open risks on the risk register, of which 20 are on the Corporate Risk Register. The total number of overdue risks has decreased since the last report, from 230 to 197, a decrease of 33. A summary overview is included below.



An initial review of open risks on the Risk Register by the new Assistant Director of Health, Safety and Risk Management has highlighted the following:

- Divisions are identifying risks but require better direction from a risk management perspective.
- The majority of risks randomly sampled do not refer to or benchmark against statute legislation and or regulatory standards, with some expressing difficulty of establishing what the material breach is.
- A number of live risks do not include a review or monitoring of incidents as a control measure.
- Some live risks are deemed 'fanciful' i.e. there may be a risk of as opposed to there being an actual risk of etc. with little or no assurances or justification provided as to their outcome
- Many of the live risks are duplicated and or require better standardisation.
- Stating there is a policy as a control measure does not provide quality assurance. Monitoring the arrangements and key performance indicators of policy however does.
- There appears to be no evidence of any input or review of live risks from some of the subject matter experts, who should be monitoring legislative compliance, implementing risk reduction strategies and or monitoring and reviewing existing control measures to ensure the systems and processes they introduce remain effective and are the most appropriate method of control. This is heavily impacting on the quality of risks.

- There are a number of live risks that have been on the risk register for some time and by default have become tolerated.

Work has already commenced to review and challenge all live risks on the risk register with the handlers and risk leads so as to ensure:

- risk types remain accurate
- review dates are maintained
- scores reflect the actual level of risk
- control measures being introduced or monitored remain suitable and sufficient and are the most appropriate method of control

Where services are unsure of any risk control measures, further advice can be sought by the Assistant Director of Health, Safety and Risk Management. All risks are regularly monitored and reviewed through the Risk Assurance Meetings (RAM) with additional support, advice and guidance contained within risk management strategy, policy and or procedures and risk management training.

Changes to the report since last updated

DATIX ID 8221 regarding the lack of recurrent investment and review of CNP services resulting in service still has 'inadequate' control measures in place that is reflective of the risk scoring and relates to external factors regarding funding.

All other risks on the Corporate Risk Register have controls in place and are regularly reviewed. Those risks having 'limited' controls may have active controls that are working but may have some gaps in assurances preventing them from being fully effective. Work continues on reviewing all these risks. A lack of 'adequate' controls may also prevent the likelihood of risk score from being reduced further.

Risks on Corporate Risk Register anticipated to reduce risk score in the next quarter due to ongoing improvements in controls or action taken to address the issues

1. 8126 - Aggregated Risk - Potential to compromise patient care due to lack of Trust-wide advanced Electronic Patient Record (EPR) System
2. 7762 - Risks associated with providing HDU (High Dependency Unit) care in DGH with no funding for HDU provision (Family Care)
3. 8257 - Loss of Transfusion Service
4. 8243 - Absence of an end to end IT maternity system

Risks due for removal from the Corporate Risk Register due to suitability of controls

1. 9073 - Risk to patient safety due to unavailability of test results due to industrial action within the Blood Sciences Department. Anticipated risk scoring of 12 or 8.

2. 8914 - Potential interruption of high-flow oxygen therapy to critically ill patients across RBTH.

Risk scoring has now reduced to 10

Both risks are to be presented at the next RAM for removal from the Corporate Risk Register with further monitoring at Divisional level.

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	7762	Family Care	Risks associated with providing HDU care in DGH with no funding for HDU provision	4	5	20	Limited
2	8126	Corporate	Aggregated Risk – Potential to compromise patient care due to lack of Trust Wide advanced electronic patient record (EPR) system	4	5	20	Limited
3	8441	Corporate	Coronavirus (COVID19) Outbreak	5	4	20	Adequate
4	9224	Family Care	Outbreak of Infection on Neonatal Unit	5	4	20	Limited
5	6190	Surgical & Anaesthetic Services	Insufficient capacity to accommodate the volume of patients requiring to be seen in clinic within the specified timescale	4	4	16	Limited
6	8061	Corporate	Management of Holding List	4	4	16	Limited
7	8221	Family Care	Lack of recurrent investment and review of CNP services resulting in service at risk	4	4	16	Inadequate
8	9073	Diagnostics & Treatment	Risk to patient safety due to unavailability of test results due to industrial action in Blood Sciences Department	4	4	16	Limited
9	4932	Trust Wide	Patients who lack capacity to consent to their placements in hospital may be being unlawfully detained	3	5	15	Limited
10	5791	Corporate	Aggregated Risk – Failure to adequately recruit to substantive nursing and midwifery posts may adversely impact on patient care	3	5	15	Adequate
11	7008	Surgical & Anaesthetic Services	Failure to comply with the 62 day cancer waiting time target	3	5	15	Limited
12	7067	Medical	Aggregated Risk – Failure to obtain timely MH treatment impacts adversely on patient care, safety & quality	3	5	15	Adequate
13	7764	Corporate	RBTH – Breaches to fire stopping in compartment walls and fire door surrounds allowing spread of fire and smoke	3	5	15	Adequate
14	8243	Family Care	Absence of an end to end IT maternity system	3	5	15	Limited
15	8257	Diagnostics & Treatment	Loss of Transfusion Service	5	3	15	Limited
16	8652	Corporate	Failure to meet internal & external financial targets for 2021-22	5	3	15	Adequate
17	8808	Corporate	BGTH – Breaches to fire stopping in compartment wall and fire door surrounds allowing spread of fire and smoke	5	3	15	Adequate
18	8839	Surgical & Anaesthetic Services	Failure to achieve performance targets	3	5	15	Limited
19	8960	Family Care	Risk of undetected foetal growth restriction & possible preventable still birth given non-compliance with PI (Ultrasound Guidance)	5	3	15	Limited
20	8914	Diagnostics & Treatment	Potential interruption of high flow oxygen therapy to critically ill patients across RBTH	5	2	10	Limited

Table 2: Detailed risk information

No	ID	Title						
1	7762	Risks associated with providing HDU (High Dependency Unit) care in District General Hospitals (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 do most District General Hospitals (DGH) 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	Review by Chief Nurse completed. Controls and actions in place to mitigate risks, but the issue of funding is still outstanding.			
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		There has been limited resolution following meetings with commissioners and spec commissioners - this issue is still outstanding.		Date last reviewed	20/01/2022			
		Whilst the risks are managed on a day to day basis to ensure patient safety, longer term operational plans are limited by limitations in funding to support further investment in HDU care.		Risk by Quarter 2021	Q1	Q2	Q3	Q4
					20	20	20	X
		GIRFT report from 2021 highlighted gaps in commissioning and pressures this will put on the system		8 week score projection	20			
Current Issues	CCG currently not funding L2 Critical care activity. Awaiting decision from the ICS. Surge in HDU use to continue.							

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	Work with Cerner continues on the planned implementation.			
Top Controls	<ol style="list-style-type: none"> 1. Stable PAS system (albeit 25+ years old). 2. Extra-med patient flow system, including capture of nursing docs. 3. ICE and EMIS systems. 4. Winscribe digital dictation system. 5. Win-dip scanning solution. 6. Orion Portal. 7. 24/7 system support services and additional administrative staff. 8. Paper contingencies for data capture. 9. All critical systems managed by informatics or services with direct links to Informatics. 10. Register of non-core systems capturing patient information (feral systems) in place. 11. Improved infrastructure (including storage) to maintain and manage existing systems. 						
Update since the last report	Work remains ongoing to develop with Cerner the planned implementation schedule to take place in November 2022.		Date Last reviewed	16/12/2021			
	Anticipated that this risk will be removed from the Corporate Risk Register in Quarter 4, due to the ongoing implementation of EPR.		Risk by Quarter 2021	Q1	Q2	Q3	Q4
				20	20	20	X
			8 week score projection	20			
	Current issues	Work ongoing with Cerner on implementation.					

No	ID	Title					
3	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 Operational Command and Control (OCC) meetings throughout the Trust. Mass Vaccination rollout 			
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. Incident Command and Control (ICC) meetings currently stepped up to daily on weekdays with a Senior Leadership meeting once a week for key decision making and escalation. Senior nurse and operational management presence on-site based at Royal Blackburn Teaching Hospital (RBTH) at weekends (in addition to on-call team) now instigated. Daily Trust-wide Covid-19 Bulletin implemented (previously weekly). Mobile Vaccination Unit deployed and mobilised at RBTH for public and staff including walk-ins. 						
Update since the last report	Focus on staff requiring vaccination as a condition of employment with targeted one to one discussions and support with staff in scope. Mobile Vaccination Unit deployed and mobilised at RBTH for public and staff including walk-ins.		Date Last reviewed	13/01/2022			
	Additional COVID Wards mobilised across acute and community settings.		Risk by Quarter 2021	Q1	Q2	Q3	Q4
	"Why not home, why not today?" campaign to maximise discharges, patient flow and bed capacity commenced.		8 week score projection	20			
	Surge capacity plan in place with phase 1 (24 beds at RBTH) and phase 2 (24 beds at Victoria Wing, Burnley General Teaching Hospital) mobilised.		Current issues	Impacted by COVID-19. Omicron variant causing high numbers of infections.			

No	ID	Title					
4	9224	Outbreak of Infection on Neonatal Unit					
Lead	Tracy Thompson	Current score	20	Score Movement			
Description	Unable to give 1:1 care to intensive care babies without an infection. When a baby does present with an infection and requires isolation and 1:1 care this is not always possible due to availability of staff and a side room or cubicle		Actions	<ol style="list-style-type: none"> IPC audits and action plan Regular review and update of risk assessment Monitoring of incident reporting 			
Top Controls	<ol style="list-style-type: none"> Continue with standardised IPC audits Enhance frequency of hand hygiene audits to weekly Collaborative action plan developed by IPC and NICU Team Continuation of weekly infant surveillance swabbing to keep abreast of microbial flora Review and implementation of mandatory IPC education and e-learning teaching package to ensure all staff are up to date 3 x daily completion of North West Connect Staffing Tool to monitor safer staffing levels 						
Update since the last report	In the event of an infant requiring barrier nursing at any point within their admission period, the nursing staffing ratios need to be reviewed point prevalent with a plan. This is the expectation and direction from ELHT IPC Team as the result of an infant requiring barrier nursing		Date Last reviewed	14/01/2022			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
				X	X	20	X
			8 week score projection	20			
Current issues			Impacted by COVID-19. Omicron variant causing high numbers of infections				

No	ID	Title					
5	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-19 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	Investment in additional clinical staff to reduce and maintain holding list. Agree new contract for integrated eye service to develop new community pathways.			
Top Controls	<ol style="list-style-type: none"> 1. 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. 2. 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. 3. Flexibility of staff. 4. Integrated Eye Care Service in place for specific pathways, keeping relevant patients out of hospital eye services where possible. 5. The development of virtual pathways where clinically appropriate. 						
Update since the last report	Holding list remains high at 3,442 at 13/01/22. Actions in place to reduce and maintain the holding list.		Date last reviewed	13/01/2022			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
			8 week score projection	16	16	16	X
			Current Issues	16		Impacted by COVID-19	

No	ID	Title					
6	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	<ol style="list-style-type: none"> Continued micro-management at speciality level. Implementation of new patient led follow up and virtual pathways. Capacity and demand reviews at speciality level for longer term management. Internal auditors (MIAA) undertaking an audit starting in January 2022 to review holding management. 			
Top Controls	<ol style="list-style-type: none"> 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. There is an automated daily report to provide oversight of the holding lists by speciality. Underlying demand and capacity gaps must be quantified and plans put in place to support these specialities in improving the current position and reduce the reliance on holding lists in the future. A weekly performance report goes to the Executive Team Meeting and Senior Leadership Group. 						
Update since the last report	<p>The issues surrounding the holding list still remain challenging. We have a lack of capacity to date our holding list patients which is compounded by longer backlogs since COVID and higher volumes of cancer and urgent patients requiring treatment. Each speciality is working on their highest risk and clinically urgent first.</p> <p>14,495 patients past the intended date for review as at 13/01/2022.</p> <p>Actions in place to mitigate and manage the risk.</p>		Date last reviewed	18/01/2022			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
				16	16	16	X
			8 week score projection	16			
Current issues	Impacted by COVID-19						

No	ID	Title					
7	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	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 stopped in March 2020 but has been continued at present due to COVID-19.		Actions	Conduct CNP Service review post COVID measures			
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>Recent confirmation of CCG funding for the ASD pathway from 2022 will allow better resourcing of this element of CNP provision and recruitment process has started with an injection of £250k in advance of this to help develop an integrated pathway across East Lancashire Child and Adolescent Services (ELCAS). Other providers do seem to be pulling support from service, specifically Speech and Language Therapies which has added to the mitigation, and is included in the staffing plan.</p> <p>The issue remains that the block contract for CNP has not been reviewed for more than 10 years and is consequently short of the level required to provide the service now demanded.</p> <p>No change to previous update. Service still remains stretched with increased demand with shortages in clinical and administrative areas. Business case for each element of the risk to be undertaken to take account of block contract and implementation of ASD integrated pathway.</p>		Date last reviewed	15/02/2022			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
			8 week score projection	16	16	16	X
			Current Issues	Business case for each element of risk to be undertaken. Implementation of ASD integrated pathway			

No	ID	Title					
8	9073	Risk to patient safety due to unavailability of test results due to industrial action in Blood Sciences Department					
Lead	Kathryn Brownbill / Emma Davies		Current score	16	Score Movement		
Description	There is concern that reduced staffing levels within the blood sciences department due to proposed industrial action will result in reduced testing capacity and or delays and unavailable test results.		Actions	Terms of reference for mediation being developed. Risk being managed and mitigated.			
Top Controls	<ol style="list-style-type: none"> All Hospital tests to be performed on site at Royal Blackburn Teaching Hospital (RBTH)/Burnley General Teaching Hospital (BGTH) as appropriate. Prioritising samples from urgent hospital locations (e.g. Emergency Department (ED)/Acute Medical Units (AMU)) as per current Standard Operating Procedure (SOP). Critical shifts that are empty to be covered by non-striking staff. Expected reduced staffing numbers on shifts. To enable the lab to deliver the first 2 priorities, other workload will have to be reduced by: Request sent to GPs to reduce workload by only sending clinically important samples during the industrial action. Reduced repertoire of tests made available to GPs based on clinically important tests. ICE requesting page for GPs updated to enable electronic requesting and transmission of results to clinical users. Any test required that is not in the repertoire and is clinically urgent for patient safety can be accessed by discussion with a Consultant Biochemist. Some non-urgent testing performed at reduced periodicity (e.g. electrophoresis), some testing not available (allergy testing, thrombophilia), no supplementary testing. GPs/Primary care services have been asked to send as many samples as are available for delivery to the lab on the earliest delivery rather than waiting until the end of the day when there are less staff in the lab. Off-track biochemistry work to be sent to Royal Preston Hospital (RPH) for testing. Majority of biochemistry GP work to be sent to RPH for testing. Wellbeing department involved to highlight support available to staff, including making one-to-one counselling available. 						
Update since the last report	The likelihood of risk is currently being reviewed with the anticipation that the risk scoring will be lowered. Whilst there remains a risk that staff could take strike action, the arbitration process is being managed in the event of breakdown. The reduced likelihood will lead to removal of the risk from the Corporate Risk Register		Date Last reviewed	13/01/2022			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
				x	x	16	X
			8 week score projection	8			
		Current issues	Risk is being managed and mitigated				

No	ID	Title					
9	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	<p>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.</p> <p>The Local Authority (Supervisory Body) is aware but has not been able to process the assessments within the statutory timescales.</p>		Actions	<p>Increase in DoLS applications which adds to pressures on safeguarding team being monitored. Plans to change from DoLS to Liberty Protection Safeguards (LPS) planned for implementation April 2022.</p>			
Top Controls	<ol style="list-style-type: none"> 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. The policy was updated and agreed at Policy Council and includes up to date information regarding the 2014 Supreme Court Judgement. Non mandatory Mental Capacity Act (MCA)/DoLS Training Programme is available to all Trust employees. 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. Applications are tracked by the Adult Safeguarding Team and changes in patient status are relayed to the local authority (Supervisory Body). Ability to extend the Urgent Authorisation for all patients up to 14 days in total, which provides some defence to ELHT. Legal advice and support available to the Trust. 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. 						
Update since the last report	The risk scoring remains the same due to increased year on year DoLS applications adding to pressures on the safeguarding team to manage the process for each individual and planned changes from DoLS to Liberty Protection Safeguards (LPS) due for implementation from April 2022		Date Last reviewed	20/01/2022			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
				15	15	15	X
			8 week score projection	15			
		Current issues	Awaiting response from LA and escalation to Commissioners and NHS England				

No	ID	Title					
10	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	<ol style="list-style-type: none"> Twice yearly professional judgment review of nurse and midwifery staffing requirements. Ongoing recruitment, locally, nationally, and internationally. Professional judgement review in progress to be completed and presented to the Quality and Safety Committee in Quarter 4. 			
Top Controls	<ol style="list-style-type: none"> Daily staffing teleconference, chaired by Divisional Director of Nursing, who balances and mitigates risks based on professional judgment, debate and acuity and dependency. The use of the Safe Care Tool within Allocate to support decisions regarding acuity and dependency. E-rostering - Planned and actual nurse staffing numbers recorded daily and formally reported monthly following quality assurance processes. Dashboard review of good rostering compliance. Monitor red flags, Incident Reporting (IR1s), complaints and other patient experience data. 						
Update since the last report	Nurse staffing levels continues to remain extremely challenging. Concerns with the onset of new variants and further impact on staffing.		Date Last reviewed	12/01/2022			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
				15	15	15	X
			8 week score projection	15			
		Current issues	Risk from COVID-19 remains in place and recruitment nationally remains an issue.				

No	ID	Title					
11	7008	Failure to comply with the 62 day cancer waiting time.					
Lead	Sharon Gilligan	Current score	15	Score Movement			
Description	Cancer treatment delayed. Potential to cause clinical harm to a patient if the treatment is delayed.		Actions	<ol style="list-style-type: none"> Implement Rapid Diagnostic Centre (RDC) pathways – utilising funding from Cancer Alliance. Review of current pathways against timed pathways to identify areas for improvement. Continued micro-management of Patient Treatment List (PTL). Regular review of the Cancer Action Plan. Working closely with the Cancer Alliance to manage cancer on a system (ICS footprint). 			
Top Controls	<ol style="list-style-type: none"> Full cancer action plan in place covering all specialities. Cancer escalation process modified and re-issued. Cancer Hot List issued twice weekly. Additional theatre capacity with additional capacity being attained throughout other hospital services. Lancashire Cancer Tactical Group, Trust and CCG colleagues discuss performance, progress, and ideas for improvement. Cancer Performance Improvement group has been established and is chaired by the Lancashire/South Cumbria Alliance. 						
Update since the last report	Significant challenges within endoscopy, lower gastrointestinal demand, clinical oncology, pathology and outpatient capacity across all specialities.		Date Last reviewed	13/01/2022			
	Weekly micro-management at speciality level.		Risk By Quarter 2021	Q1	Q2	Q3	Q4
	In January 2022 the increased COVID-19 prevalence had impacted on workforce across the elective pathway and patient availability for investigation and surgery.		8 week score projection	15			
			Current issues	Impacted by COVID-19			

No	ID	Title					
12	7067	Aggregated Risk - Failure to obtain timely mental health (MH) treatment impacts adversely on patient care, safety and quality					
Lead	Tony McDonald	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	<p>Expansion of MHLT team can only have an impact if this is measured against demand for service.</p> <p>Limited documentation from MHLT at present, and limited input from consultant team. Current documentation is completed mainly by nursing ED team.</p> <p>Clinical model to be embedded.</p>			
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 (MHLT) service based in Emergency Department (ED). Treat as One (TAO) 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 Lancashire and South Cumbria NHS Foundation Trust (LSCFT), Lancashire County Council (LCC), Blackburn with Darwen Borough Council (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 and Standard Operating Procedure have been reviewed to ensure inclusion of escalation process for mental health patients. 						
Update since the last report	Risk scoring continues to be regularly reviewed and remains the same.		Date last reviewed	02/02/2022			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
				15	15	15	X
			8 week score projection	15			
		Current issues	Clinical model to be embedded.				

No	ID	Title					
13	7764	Royal Blackburn Teaching 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, Private Finance Initiative (PFI) Partners, Health and Safety (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. 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 Planned Preventative Maintenance (PPM). 						
Update since the last report	<p>Project Co are in receipt of actions and are progressing these. Lancashire Fire and Rescue Services have attended site to review action plan. Work on action plan remains ongoing.</p>		Date Last reviewed	03/02/2022			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
			8 week score projection	15	15	15	X
			Current issues	15			Impacted by COVID-19

No	ID	Title					
14	8243	Absence of an end to end IT maternity system (Family Care)					
Lead	Tracy Thompson	Current score	15	Score Movement			
Description	<p>Inability to have an end to end IT record of a woman's care throughout her antenatal, intrapartum and postnatal care.</p> <p>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.</p>		Actions	All actions completed, controls and plans are in place to mitigate risks. IT meetings set up to regularly review.			
Top Controls	<ol style="list-style-type: none"> An Integrated Care System (ICS) procurement process is nearing conclusion with Badgernet Maternity IT system being the chosen supplier. A divisional, multidisciplinary maternity system steering group has been formed which meets every fortnight to oversee and monitor implementation. Review of equipment used by midwives in the community for accessing systems underway. 						
Update since the last report	<p>The Badgernet Maternity IT system has been purchased for all Trusts in the Local Maternity System. Badgernet went live for bookings in November followed by intrapartum use in December.</p> <p>The current system is being used until fully free of paper records in May 2022 so as to align the records onto the system.</p>		Date Last reviewed	10/02/2022			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
				15	15	15	X
			8 week score projection	12			
		Current issues	Roll out has been delayed which has paused some of the training.				

No	ID	Title				
15	8257	Loss of Transfusion Service				
Lead	Kathryn Brownbill	Current score	15	Score Movement		
Description	Denial of the laboratory premises at Royal Blackburn Teaching Hospital (RBTH), especially blood transfusion, due to <ol style="list-style-type: none"> Planned evacuation due to fire alarm test. Unplanned evacuation, in response to local fire alarm activation. Evacuation due to actual fire within the laboratory. Evacuation due to flooding within the laboratory. 	Actions	All actions have been completed. The risk is being reviewed and in due course should reduce in score as the Trust overall plan for electronic release of blood, from remote fridges is rolled out.			
Top Controls	<ol style="list-style-type: none"> Emergency bloods can be stored in temporary insulated boxes for a period of time. The Bio-Medical Scientist (BMS) would station themselves outside the entrance to the laboratory where they could issue emergency units out. If level 0 was out of bounds, clinical flow room would be point of contact skilled staff. 					
Update since the last report	Risk scoring remains the same despite the completed purchase of the blood track system due to the system requiring installation and validation which can take up to 12 months. Risk scoring continues to be monitored and will reduce as the system is being rolled out.	Date Last reviewed	13/01/2022			
		Risk by Quarter 2021	Q1	Q2	Q3	Q4
			15	15	15	X
		8 week score projection	10			
		Current issues	Risk scoring will reduce as the blood track system is being rolled out			

No	ID	Title					
16	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, limiting the ability of the Trust to invest in services it provides. Continued failure to meet financial targets may lead to the Trust being acquired by another provider.		Actions	The recent Omicron outbreaks and subsequent shortage of staff puts a risk to the elective activity plan but is being closely monitored			
Top Controls	<ol style="list-style-type: none"> 1. Robust financial planning arrangements, to ensure financial targets are achievable and agreed based on accurate financial forecasts. 2. 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. 3. Enforcement of Standing Financial Instructions through financial controls to ensure expenditure commitments to incur expenditure are made in accordance with delegated limits. 4. Arrangements to monitor and improve delivery of the Waste Reduction Programme. 5. Training and guidance for budget holders. 						
Update since the last report	The Trust remains on course to meet its financial plan to breakeven. This is not without risk with the expectation of receiving system monies for ERF. Financial and non-financial colleagues are working closely to ensure we are doing everything we can. The team is working to meet its capital departmental expenditure limit for the financial year.		Date Last reviewed	01/02/2022			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
				15	15	15	X
			8 week score projection	15			
		Current issues	Impacted by COVID-19				

No	ID	Title				
17	8808	Burnley General Teaching 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	<p>Deficiencies in provision of fire barriers to external cavity walls in Area 7 Phase 5, BGTH. This is a Private Finance Initiative (PFI) building, not owned by the Trust. Excess gaps around fire doors have been identified, with inadequate fire stopping.</p> <p>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.</p> <p>The Trust has currently suspended fire stopping work internally due to COVID.</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 continues restoration on previous Fire Stopping works.</p>			
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 Royal Blackburn Teaching Hospital (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 Planned Preventative Maintenance (PPM). 7. Monthly meeting between lead Executives 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 are aware of contractual agreements. 					
Update since the last report	Meetings ongoing to progress remedial works.	Date Last reviewed	03/02/2022			
	03/02/22 A technical sub group meeting led by Equans has been set up which initially met on 18/01/22 to create an agreed action plan for remedial works specifically at this stage for renal and retail areas as a priority.	Risk by Quarter 2021	Q1	Q2	Q3	Q4
		8 week score projection	15	15	15	X
		Current issues	15			
		Impacted by COVID-19				

No	ID	Title					
18	8839	Failure to meet performance targets (SAS)					
Lead	Victoria Bateman	Current score	15	Score Movement			
Description	<p>There is a concern of the Division's ability to meet national performance targets set for referral to treatment times, with non-achievement on the standards impacting on delays in patient treatment.</p> <p>Due to COVID-19 all surgical specialities are currently significantly challenged for meeting Referral to Treatment (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	<p>(1) Weekly micro-management at speciality level.</p> <p>(2) Maximise existing capacity through improved utilisation and reducing cancellations on the day.</p> <p>(3) Continue to explore external options for capacity.</p>			
Top Controls	<ol style="list-style-type: none"> Strong monitoring at Trust, Divisional and Directorate Level. Weekly Patient Treatment List (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 Divisional Management Board (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 28 Day Reattendance (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 Regular discussion of performance across ICS. Exploring options for mutual aid where possible and outsourcing capacity 						
Update since the last report	Due to the introduction of national P priority codes this means most clinically urgent patients are treated first, leaving a bigger backlog patients waiting to be seen due to lack of capacity. At the end of December 2021, we had 3 patients that have had a 104 week breach.		Date Last reviewed	18/01/2022			
	In January 2022 increased COVID-19 prevalence has impacted on workforce across the elective pathway and patient availability for surgery.		Risk by Quarter 2021	Q1	Q2	Q3	Q4
				15	15	15	X
	We also have a proportion of patient choice patient that we are trying to work through and re offer dates to in their specified time frame. The risk is still very much valid and a constant challenge for the services across the trust to achieve performance standards.		8 week score projection	15			
Current issues			Increased COVID-19 prevalence has impacted on workforce across the elective pathway and patient availability for surgery				

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/Tracy Thompson		Current score	15	Score Movement		
Description	<p>Diagnosis of intrauterine growth restriction could be missed due to inability to report/action pulsatility index on uterine artery doppler measurement.</p> <p>The introduction of national/international recommendations will require investment of resources including the obstetric reporting package, increase in sonography and midwife sonography hours currently allocated and an update of ultrasound machines within maternity services.</p>		Actions	<p>The mitigation of this risk was dependent on enhancing the midwifery ultrasonography workforce which is now in place but requires further recruitment and training (training typically taking 18 months to 2 years)</p> <p>We are currently awaiting results of an audit which is intended to quantify the future capacity needs of the foetal growth restriction service.</p>			
Top Controls	<ol style="list-style-type: none"> 1. An additional ultrasound machine funded and has arrived. 2. We have staff (midwifery & Ultrasonography) 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. This will be rolled out and available to general sonography following the rollout of Badgernet on the 9 November 2021. 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 are 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. 6. Full recruitment to the midwifery sonography team of 163 hours of band 7 is now in place. All are qualified, however there is no maternity vacancy backfill - with 1 planned for maternity leave and 1 pending. An expression of interest to be sought to backfill and succession planning to meet CNST requirements. 7. Planned 4 weeks audit in November 2021 to assess PI within midwife sonography services to understand potential volumes of demand going forward has now been completed. Outcome report is awaited. 						
Update since the last report	<p>Current lack of Ultrasonography capacity for dating and anomaly scans has exacerbated the ability to mitigate this risk because the midwifery sonographers are now being used to support the Diagnostics and Clinical Services (DCS) colleagues.</p> <p>An audit has now commenced which is intended to quantify future capacity needs of the foetal growth restriction service.</p> <p>Increased midwifery sonography training for another member of staff to join the team</p>		Date Last reviewed	12/01/2022			
			Risk by Quarter	Q1	Q2	Q3	Q4
			8 week score projection	10			X
			Current issues	Capacity issues and operational pressures have impacted on the mitigation of the risk.			

No	ID	Title						
20	8914	Potential interruption of high-flow oxygen therapy to critically ill patients across Royal Blackburn Teaching Hospital (RBTH)						
Lead		Susan Chapman/Andrew Appiah	Current score	10	Score Movement			
Description		<p>Risks to continuity of medical oxygen supply from the VIE due to inadequate resilience in current infrastructure.</p> <p>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 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.</p>		Actions	Risk currently being closely monitored to maintain effectiveness. Risk to be removed from Corporate Risk Register.			
Top Controls		<ol style="list-style-type: none"> 1. Complete installation of new VIE vaporiser system. 2. New high flow manifold commissioned to act as a back-up. 3. Protocols for the Management of Oxygen during periods of High Demand have been developed. 4. Elevated clinical demand for oxygen is monitored throughout the day and escalated. 5. Appropriate escalation measures have been allocated to various departments to avoid interruption of supply for patient's clinical care. 						
Update since the last report		Recent events from the surge of COVID patients on site, the very cold winter (sub 0°C temperatures), coupled with inadequate vaporiser management pushed the VIE vaporiser system close to its limits. A vaporiser upgrade was completed 22nd November 2021 which has doubled the capacity. In addition, a new high flow manifold has been commissioned on 17 Dec 2021 that will act as a back-up the VIE.		Date Last reviewed	04/01/2022			
				Risk by Quarter 2021	Q1	Q2	Q3	Q4
					15	15	15	X
				8 week score projection	10			
				Current issues	Impacted by COVID-19 but risk successfully mitigated and recommendation to remove from the Corporate Risk Register			

TRUST BOARD REPORT

Item **36**

9 March 2022

Purpose Assurance
Approval

Title	Board Assurance Framework (BAF)
Author	Mrs A Bosnjak-Szekeres, Director of Corporate Governance/Company Secretary Miss K Ingham, Acting Head of Corporate Governance

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 January 2022 Trust Board meeting.

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 green within the document and any out of date information has been removed.

Work has commenced by the Executive Team on the BAF based on the feedback from the Committees and Non-Executive Directors. The Executive is planning to conclude this work by the end of quarter 4 (March 2022) and a Board workshop will be planned to discuss the revised BAF before presentation to the first Board of the new financial year. The review will include a review of the Trust’s risk appetite and will be carried out at the same time as the review of the BAF risks.

Recommendation: Directors are asked to discuss and approve the content of the revised BAF and note the work being undertaken by the Executive on the revision.

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

Legal	No	Financial	No
Equality	No	Confidentiality	No

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 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 or controls have been removed, this is to enable the document to be more streamlined/high-level and does not mean that the assurance or control is no longer in place.
6. The Executive team have commenced their annual reviews of the BAF and of the risk appetite statement and a meeting will be held on 8 March 2022 to review the document in full. Following this meeting a Board session will be arranged in April 2022 to present a revised BAF to the Non-Executive Directors for a discussion and feedback. The newly revised BAF will be presented to the Board in May 2022.

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

7. It is proposed that the **risk score remains at 16** (likelihood 4 x consequence 4).
8. The assurance section has been revised to confirm that the launch of the Integrated Care System (ICS) Improvement approach took place in January 2022.
9. The target date for the completion of the strengthening of the Executive leadership wall has been revised to be completed in the first quarter of the new financial year.

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

10. It is proposed that the **risk score remains at 20** (likelihood 4 x consequence 5).
11. Internal and external assurances have been updated to add further information and clarification to existing items. In addition, three new sources of assurance have been included, as follows:
 - a) A task and finish group has been established to improve Junior Doctor recruitment. The first meeting was held on 10 February 2022, the group is looking to undertake targeted workforce planning activity and streamlining recruitment processes
 - b) The Trust is leading the Enhanced Health and Wellbeing Programme for the ICS.
 - c) The Trust has agreed to act as the lead employer for the ICS NHS Reservists Programme.
12. The gaps in control and assurance section has been reviewed and a small number of items have been removed as they are no longer relevant. In addition, the following new gap has been included:
 - a) There is a potential impact on employee relations as a result of the Government's pause of the Vaccination as a Condition of Deployment (VCoD).
13. The following actions have been included in the mitigating actions section:
 - a) The Trust is awaiting the outcome of the Government's consultation regarding VCoD.
 - b) Junior Doctor Recruitment Task and Finish Group established and are planning to undertake a recruitment event to attract new recruits in the first quarter of the 2022/23 financial year.

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.

14. The **risk score remains at 16** (likelihood 4 x consequence 4) and will be revised, along with the rest of the BAF risks following feedback from the Board and Committees as part of the annual review of the BAF that is currently being undertaken.
15. Key controls and sources of assurance sections have been updated with minor revisions for clarification and readability purposes.

16. The mitigating actions section has been revised to include an update on the action to refresh the Trust's strategic framework. The deployment of the framework will be carried out as part of the planning process.

Risk 4: 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 financial balance, at the end of H2.

17. The **risk score remains at 20** (likelihood 5 x consequence 4).
18. The risk has been reviewed by the Director of Finance in advance of the Board Sub-Committees and no changes or additions were made to the risk.

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

19. The **risk score remains at 16** (likelihood 4 x consequences 4).
20. Key controls have been reviewed in depth and a number of controls have been removed from the risk for purposes of readability and clarity. A total of five new controls have been added are shown in the document in green text.
21. The sources of assurance section have been updated and a number of minor revisions have been made to the existing items. In addition, two new sources of assurance have been included:
 - a) The annual Nursing Assessment and Performance Framework (NAPF) report was presented to the Quality Committee in February 2022.
 - b) In January 2022 the Trust had a visit from the Chief Midwifery Officer where positive feedback was received. Furthermore, a visit from the regional Maternity (North West region) will take place on 21 February 2022.
22. The gaps in control section has been updated to add the following new item:
 - a) Risk and challenge associated with the requirement in the newly published Health and Social Care Integration White Paper regarding the joining of care for people, places, and population with a single person accountable for delivering of shared outcomes at place level by spring 2023. The challenge relates to the Trust as place-based partnerships have not yet been formalised.
23. There have been three new mitigating actions added to this section of the BAF, they are:
 - a) Significant reduction in the number of complaints that are open in excess of 60 days and a plan is in place to close the remaining cases during March 2022.

- b) Recruitment of Community Medical Examiners to join the Trust which is in-keeping with the NHS requirements of reviewing all deaths in healthcare systems. This will be undertaken in the first quarter of the 2022/23 financial year.
- c) A plan to respond to the national delivery plan for COVID backlogs is in development with a stocktake currently being undertaken and will be presented to the Board in March 2022.

BAF Risk 1

<p>Objective theme: Quality, Delivery, Workforce and Finance</p>	<p>Executive Director Lead: Deputy Chief Executive, Director of Finance, Interim Director of Service Development and Improvement and Medical Director, Director of HR and OD and Executive Director of Nursing</p>						
<p>Risk Description: Service Development 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: February 2022</p>						
<p>Risk Rating (Consequence x likelihood):</p> <p>Initial Risk Score: 4 x 4 = 16</p> <p>Current Risk Score: 4 x 4 = 16</p> <p>Target Risk Score: 2 x 5 = 10</p>	<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 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"> Improvement priorities are determined from key delivery programmes and development requirements where the use of a standardised improvement approach will support improved outcomes. The Trust-wide Corporate Improvement Programme is facilitated and monitored through the Improvement Hub Office reporting to the Senior Leadership Group (SLG), Finance and Performance Committee and Quality Committee. Improvement activity outcomes are measured across 4 domains of Quality, Delivery, Morale (staff/patient experience) and Finance and are monitored through internal governance groups. Divisional improvement programmes are delivered and monitored through the Divisional Governance structures. The ELHT improvement method (SPE+) is based on evidence-based standardised improvement tools/methods. There is a supporting capacity/capability programme in place to train staff in the use of the method. Patient Participation Panel involvement in service development and improvement projects has in some instances been delayed due to ongoing pandemic response but alternative virtual engagement is used where possible. 	<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 Integrated Care Partnership (ICP) partners. The priorities identified are aligned to the Trust’s Clinical Strategy, the ICP priorities as outlined in the Pennine Plan, key Integrated Care System (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 has developing a revised training and capability programme, the first phase of which has commenced. Operational and Executive oversight is provided via: <ul style="list-style-type: none"> Executive Team meeting- weekly Senior Leadership Group 						

BAF Risk 1

<ul style="list-style-type: none"> • There is strong Trust involvement in ICS restoration and recovery programmes including Adapt and Adopt Improvement Programmes in order to facilitate sharing of best practice. • 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, is nearing completion and a new Quality Strategy will be signed off in March 2022. • The Trust’s Strategic Framework has been reviewed and updated. A new strategy deployment framework has been agreed and the process is now in development to ensure robust Trust, divisional and directorate plans are in place as part of the annual planning process. 	<ul style="list-style-type: none"> – Monthly Clinical Leaders Forum and bi-monthly Joint Clinical Leaders Forum – Weekly Medical Director meetings <ul style="list-style-type: none"> • Assurance is provided via reporting to: <ul style="list-style-type: none"> – Finance and Performance Committee – Quality Committee – Trust Board <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 and ICS with a model for improvement approved at the provider Collaboration Board (PCB) in September 2021 and launched in January 2022. • Reporting of improvement activities to the Trust Quality Review meetings with the Clinical Commissioning Group (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. • The Trust is part of the ICS level Elective Cell Recovery Group.
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<p>Gaps in controls and assurance:</p> <ul style="list-style-type: none"> • Additional executive oversight through the executive leadership wall to be developed and strengthened. • 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 	<p>Mitigating actions:</p> <table border="1"> <thead> <tr> <th>Action</th> <th>Target Date</th> </tr> </thead> <tbody> <tr> <td>Additional executive oversight through the executive leadership wall to be developed and strengthened</td> <td>Q1 2022/23</td> </tr> <tr> <td>Ongoing alignment of Trust improvement approach to ICP and ICS</td> <td>Q3/4 2021/22</td> </tr> </tbody> </table>	Action	Target Date	Additional executive oversight through the executive leadership wall to be developed and strengthened	Q1 2022/23	Ongoing alignment of Trust improvement approach to ICP and ICS	Q3/4 2021/22
Action	Target Date						
Additional executive oversight through the executive leadership wall to be developed and strengthened	Q1 2022/23						
Ongoing alignment of Trust improvement approach to ICP and ICS	Q3/4 2021/22						

BAF Risk 1

<ul style="list-style-type: none"> 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. 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. Electronic Patient Record is a key enabler to support delivery of improvement work streams. To ensure the future development of the Improvement Practice and systems to support improvement there is an underpinning Improvement Practice Development Plan in development. 	Refresh of the Trust's Quality Strategy and Quality Priorities.	Q4 2021/22
	Implementation of new Strategy Deployment Framework via annual planning process	Q4 2021/22

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, retention and workforce planning fail to deliver the Trust objectives.</p>	<p>Date of last review: February 2022</p>																																																										
<p>Risk Rating (Consequence x likelihood):</p> <p>Initial Risk Score: 4 x 4 = 16</p> <p>Current Risk Score: 4 x 5 = 20</p> <p>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>20</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	20	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
Month	Initial Risk	Current Risk	Target Risk																																																								
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X	Partially Effective																																																										
	Insufficient																																																										
<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. Senior Leadership Group (SLG) monitor ongoing performance, actions and risks. Regular reports to Finance and 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. People Strategy aligned to deliver National ICS, ICP and Trust workforce objectives and is cognisant of the NHS People Plan. Workforce tools such as Safe Care, e-rostering and dashboards to monitor safe staffing levels, revised in light of winter and COVID-19 International and domestic band 5 nurse campaigns ongoing 	<p>Assurances:</p> <p><u>Internal Assurances</u></p> <ul style="list-style-type: none"> On-going monitoring of recruitment and retention issues/risks via Trust IPR and quarterly reporting to Finance and Performance Committee. Workforce Race Equality Standard (WRES) and Workforce Diversity Equality Standard (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. Reducing Waste Programme linking into workforce transformation. Improvement priorities are now being identified as part of the delivery of the People Strategy, working to embed in culture. Annual analysis of NHS Staff Survey results to identify areas of highly engaged workforce and those areas where further intervention/targeted work is required to support recruitment and retention. Uptake of flu vaccine and COVID-19 booster across the workforce. 																																																										

Appendix – Board Assurance Framework (Full)

BAF Risk 2

<ul style="list-style-type: none"> • Work is ongoing to appoint clinical (medical, nursing and Allied Healthcare Professionals (AHP's) staff via targeted recruitment activity. • Mutual aid arrangements continue across ICS • Daily medical and workforce huddles to identify gaps in staffing levels 	<ul style="list-style-type: none"> • Extended health and wellbeing offer introduced across the organisation and ICS Enhancing Health and Wellbeing projects to support staff and reduce sickness absence/associated bank and agency usage. • 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-19. Activity underway to increase compliance and incorporate wellbeing conversations. • Task and finish group established to improve Junior Doctor recruitment. First meeting held 10.02.2022 the group is looking to undertake targeted workforce planning activity and streamlining recruitment processes • Development of a Trust-wide leadership development offer to align values and behaviours with the aspiration to create a culture of inclusion and compassion. • Partners programme participation with the NHS Leadership Academy (NHSLA) and NHS Improvement (NHSI) senior leadership representation on the programme. • Nurse Recruitment Strategy Group and action plan. • Reverse mentoring scheme commenced and will be a perpetual scheme (first cohort completed; second cohort being determined). • Launch of the flexible working manifesto and a number of flexible working pilots to support recruitment and retention. • AHP job planning project is now being embedded across the ICS. <p><u>External Assurances</u></p> <ul style="list-style-type: none"> • Quarterly People Pulse (formally known as the Staff Friends and Family Test). • Benchmarking of agency spend is available through the Model Hospital data and is used for comparison with providers across the ICS and region.
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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. • Establishment of a Pennine Lancashire and a Lancashire and South Cumbria People Board. • Improved staff survey completion rate. • The Trust is leading the Enhanced Health and Wellbeing Programme for the ICS. • £1.5m secured for the ICS to develop an enhanced health and wellbeing offer. • The Trust has agreed to act as the lead employer for the ICS NHS Reservists Programme. • Ongoing development of national performance dashboard to support delivery of the people plan. 								
<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 continuing professional development (CPD) monies from Health Education England (HEE) (could be offset by the apprenticeship levy). Varying incentive schemes/packages across provider sector. • 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. • Regulators stance on safe staffing and substitution of roles in place of registered workforce. • Risk of staff leaving the NHS due to post COVID burnout. • Potential ongoing staff sickness from COVID-19. • COVID-19 impact on Black and Minority Ethnic (BAME) population. • Potential impact on employee relations as a result of the Government’s pause of the Vaccination as a Condition of Deployment (VCoD). 	<p>Mitigating actions:</p> <table border="1"> <thead> <tr> <th>Action</th> <th>Target Date</th> </tr> </thead> <tbody> <tr> <td>Nurse and HCA recruitment strategy, first phase complete, with a second cohort to commence shortly.</td> <td>Q1 2022/23</td> </tr> <tr> <td>Awaiting outcome of the Government consultation regarding VCoD.</td> <td>March 2022</td> </tr> <tr> <td>Junior Doctor Recruitment Task and Finish Group established and are planning to undertake a recruitment event to attract new recruits.</td> <td>Q1 2022/23.</td> </tr> </tbody> </table>	Action	Target Date	Nurse and HCA recruitment strategy, first phase complete, with a second cohort to commence shortly.	Q1 2022/23	Awaiting outcome of the Government consultation regarding VCoD.	March 2022	Junior Doctor Recruitment Task and Finish Group established and are planning to undertake a recruitment event to attract new recruits.	Q1 2022/23.
Action	Target Date								
Nurse and HCA recruitment strategy, first phase complete, with a second cohort to commence shortly.	Q1 2022/23								
Awaiting outcome of the Government consultation regarding VCoD.	March 2022								
Junior Doctor Recruitment Task and Finish Group established and are planning to undertake a recruitment event to attract new recruits.	Q1 2022/23.								

Appendix – Board Assurance Framework (Full)

BAF Risk 3

<p>Objective theme: Quality, Delivery, Workforce and Finance</p>	<p>Executive Director Lead: Executive Medical Director/Deputy Chief Executive, Director of Finance and Interim Director of Service Development and Improvement</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: February 2022</p>																																																														
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<p>Controls:</p> <ul style="list-style-type: none"> The Chief Executive Officer (CEO) is a member of the ICS Board and System Leaders Executive. There is Executive representation at the new Programme Co-ordination Group. The Chairman, CEO and Deputy CEO are members of the ICS PCB. PCB guidance released. PCB Business Plan in development, final version due by the end of March 2022. Number of senior clinicians involved with ICS work groups. Professional Leadership Committee (PLC) has ELHT representation. Working relationships with stakeholders in relation to mental health services including shared policies. Multiple COVID-19 initiatives at ICP level. 	<p>Assurances:</p> <p><u>Internal Assurances</u></p> <ul style="list-style-type: none"> The Trust has a number of senior leaders/Directors who are SROs at PCB level. 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 is closely linked to the ICS clinical strategy 																																																														

Appendix – Board Assurance Framework (Full)

BAF Risk 3

<ul style="list-style-type: none"> • Planning guidance received (regional and ICS planning groups established, Deputy CEO on both and Chief Operating Officer (COO) on ICS level group). • Place based partnership – relationships between partners have developed in strength, particularly between primary care, Primary Care Networks (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 and currently being refreshed for 2022/23. • 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, e.g. 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. • Strategic / Annual Planning Process is being strengthened to align to Place, PCB and ICS planning processes. • Further development work underway to refresh and socialise the ELHT 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. • Hospital cell: ELHT represented by CEO • ICP Providers meeting on a regular basis • Provider Chief Operating Officer / 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). • Close to completion of the clinical harms review across the ICS (one policy and guidance) 	<p><u>Internal/External Assurances</u></p> <ul style="list-style-type: none"> • The Pennine Lancashire and ICS Cases for Change have been published. • Fostering good relationships with GP practices through Primary Care Network development and wider out of hospital working. The Trust is now the prime provider of the PWE GP practices (3 practices). • Pennine Lancashire ICP Memorandum of Understanding (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. 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.
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Appendix – Board Assurance Framework (Full)

BAF Risk 3

<ul style="list-style-type: none"> • <i>Thevaluecircle</i> and collaborative working of the providers at PCB/ICS level. 	<ul style="list-style-type: none"> • Haematology services at ELHT are under significant pressure as a consequence of partnership working with University Hospitals of Morecambe Bay NHS Foundation Trust (UHMB) and Blackpool Teaching Hospitals NHS Foundation Trust (BTH) is resulting in advice and guidance service and clinicians from BTH are providing mutual aid. • 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. • 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). • Elective Care Recovery Group (ECRG) leading on recovery and restoration planning. • There are a number of service areas being assessed in terms of clinical priorities across the ICS area. This work is undertaken by the Medical Directors and Chief Operating Officers within the ICS area.
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Appendix – Board Assurance Framework (Full)

BAF Risk 3

<p>Gaps in controls and assurance:</p> <ul style="list-style-type: none"> • 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. • 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. • 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. • Availability of the workforce will be a limiting factor in delivering objectives across the ICS. 	<p>Mitigating actions:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #cccccc;">Action</th> <th style="background-color: #cccccc;">Target Date</th> </tr> </thead> <tbody> <tr> <td>Developing relationships with the Place based partnership and ICS</td> <td>Ongoing work</td> </tr> <tr> <td>Refresh of the Trust's strategic framework, particularly the strategic goals of the Trust has been completed. The agreed strategy deployment framework will be put in place as part of the annual planning process (as per BAF risk 1) and this will dovetail to the PBC and ICS planning processes.</td> <td>Q4 2021/22</td> </tr> <tr> <td>Clinical strategy workshops to be held to develop more detailed delivery plans for next 3 years (as per BAF risk 1).</td> <td>Q4 2021/22</td> </tr> </tbody> </table>	Action	Target Date	Developing relationships with the Place based partnership and ICS	Ongoing work	Refresh of the Trust's strategic framework, particularly the strategic goals of the Trust has been completed. The agreed strategy deployment framework will be put in place as part of the annual planning process (as per BAF risk 1) and this will dovetail to the PBC and ICS planning processes.	Q4 2021/22	Clinical strategy workshops to be held to develop more detailed delivery plans for next 3 years (as per BAF risk 1).	Q4 2021/22
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Appendix – Board Assurance Framework (Full)

BAF Risk 4

<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 financial balance, at the end of H2 (second half of the financial year).</p>	<p>Date of last review: February 2022 Please note this risk has been reviewed but no changes have been made.</p>																																																														
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<p>Controls:</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. 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. 	<p>Assurances:</p> <p><u>Internal Assurances</u></p> <ul style="list-style-type: none"> Current forecasting for 2021/22 is showing as on plan but with significant risks. Financial risks for 2021/22 to be managed equally across the ICS. Use of data sources (e.g. model hospital and Patient Level Information and Costing System (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 																																																														

Appendix – Board Assurance Framework (Full)

BAF Risk 4

<ul style="list-style-type: none"> • Robust financial planning arrangements supported by financial reporting. • Waste Reduction Programme. • Robust costing systems to support service review. • Director of Finance is the finance lead for the Elective Care Recovery. 	<ul style="list-style-type: none"> • Counter fraud updates, including new Counter Fraud Champion (Deputy Director of Finance) • Representation on ICS Financial Sustainability Group. <p><u>External Assurances</u></p> <ul style="list-style-type: none"> • ICS financial reporting. • 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. • ELHT Director of Finance is the lead for ERF/accelerator Finances in the ICS 										
<p>Gaps in controls and assurance:</p> <ul style="list-style-type: none"> • Significant risk to financial position 2021/22 may not be fully mitigated – continually being reviewed. • 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. • 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 of funding with CCG on level 2 critical care and CNP as set out in BAF risk 5 and Corporate Risk Register.</td> <td>End of March 2022</td> </tr> <tr> <td>Draft NHS Green Plan submission to ICS in January 2022, further work based on the feedback from Board members for final presentation to the Board in March 2022.</td> <td>Q4 2021/22</td> </tr> <tr> <td>Non-pay control review underway, due for completion at the end of March 2022.</td> <td>Q4 2021/22</td> </tr> <tr> <td>Pay control review underway, due for completion at the end of March 2022.</td> <td>Q4 2021/22</td> </tr> </tbody> </table>	Action	Target Date	Review of funding with CCG on level 2 critical care and CNP as set out in BAF risk 5 and Corporate Risk Register.	End of March 2022	Draft NHS Green Plan submission to ICS in January 2022, further work based on the feedback from Board members for final presentation to the Board in March 2022.	Q4 2021/22	Non-pay control review underway, due for completion at the end of March 2022.	Q4 2021/22	Pay control review underway, due for completion at the end of March 2022.	Q4 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: February 2022</p>																																																														
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<p>Controls:</p> <ul style="list-style-type: none"> Engagement with the Divisions and Directorates re the clinical strategy, session planned for 22 February to commence this engagement. Enablers actively involved to deliver on the Clinical Strategy, Board Development Session took place 9 February 2022 where the Strategy was presented and planning events in March/April to ensure signoff for presentation at the Board in May for approval. 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. Emergency Care Improvement Group which provides oversight reports into the Trust and AEDB. National Delivery plan for tackling Elective Care Backlog as a result of COVID-19 published and the Trust's response is in development. 	<p>Assurances:</p> <p><u>Internal Assurances</u></p> <ul style="list-style-type: none"> Trust Quality and Safety performance update provided to Executive Team meetings on a weekly basis. Trust Operational performance report is presented by the COO on a weekly basis to the Exec Team and SLG to monitor progress. Integrated Performance Report (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). 																																																														

Appendix – Board Assurance Framework (Full)

BAF Risk 5

<ul style="list-style-type: none"> Engagement meetings with Care Quality Commission (CQC) in place monitoring performance against the CQC standards. The Trust is preparing for its next Well-Led review, via Task and Finish Group working. Quality and safety compliance assessed by each division and assurance through the Divisional Quality and Safety Boards (DQSB) reporting into the Trust-Wide Quality Group (TWQG). The meetings have reverted back to the pre-COVID structure. Divisional Assurance Boards feeding into the operational sub-committees and the Quality Committee. Nursing Assessment Performance Framework reporting through to the Quality Committee and involvement of Non-Executive Directors on the Safe Personal and Effective Care (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). ICS wide Diagnostic Programme is now chaired by the Executive Director of Integrated Care, Partnerships and Resilience. 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. Incident Management Team (for COVID-19) has been re-established currently on a weekly basis to manage the increasing numbers of patients. Process implemented to ensure elective smoothing for patients requiring critical care post-op to ensure cancellations are reduced/removed. 	<ul style="list-style-type: none"> 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 and Community Services visits will commence in April 2022 due to the need to redeploy staff to manage COVID. The annual NAPF report will be presented to the Quality Committee in February 2022. Independent Complaints Review Panel established with Non-Executive Director representation. Quality walkrounds have been reinstated and due to COVID IPC measures we may have a mixture of virtual and in person walkrounds (4 per month from February 2022). Reduction in use of nursing agency staff continues. The Trust is also part of the ICS-wide agency staffing collaborative – a hold is on this until April 2022 due to operational pressures. 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. Visit to the Trust by Jacqueline Dunkeley-Bent, Chief Midwifery Officer in January 2022 with positive feedback received. In addition, a visit from the regional Maternity (North West region) will take place on 21 February. Infection Prevention and Control (IPC) feeds into the Quality Committee. Clinical Effectiveness Committee has re-commenced and feeds into TWGC.
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Appendix – Board Assurance Framework (Full)

BAF Risk 5

<ul style="list-style-type: none"> • Weekly Emergency Department / urgent care performance and improvement meeting. • Deputy Medical Director will work with Clinical Leads to create and monitor improvement plans for the Referral to Treatment (RTT) and holding list positions. • NHS 111 referral measures - including home testing and support to alleviate Urgent Care (UC) and Emergency Department (ED) pressures. • Cancer performance improvement group chaired by the ICS Cancer Alliance. • Weekly Medical and Clinical Directors meetings. • Joint Clinical Leaders Forum (quarterly), Clinical Leaders Forum and Nursing Leaders Forum are both monthly meetings. • Job Planning Scrutiny Panel for delivery of service, including policy review. • The Trust is providing mutual aid to Lancashire Teaching Hospitals NHS Foundation Trust (LTHTR) to reduce long wait lists for varicose veins and work is also being undertaken to formalise mutual aid to reduce long waiters in Oral Maxilla Facial Surgery (OMFS) at LTHTR. • Vascular Board has been stood up to establish the delivery of services across the ICS. • COVID-19 related harms are being reviewed across the ICS by Medical Directors and Chief Operating Officers. • Utilisation of independent sector for planned surgical capacity. • SAS currently working with GIRFT for Ophthalmology - High Volume Low Complexity (HVLC) work at the BGTH site • The Trust is part of the Clinical Integration Group, which in turn feeds into the Provider Collaboration Board structure. 	<ul style="list-style-type: none"> • Director of Nursing (J Molyneaux) and the Executive Medical Director review SIRI reportable incidents prior to them being presented to the SIRI panel the Root Cause Analysis and actions associated • Weekly complex care meeting which discusses complex cases, inquests and serious incidents. • 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 60+ day complaints (currently standing at 23). Complaint reviews are being undertaken with both Exec and Non-Executive leads following conclusion of a complaint. • Nursing Assessment Performance Framework (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, National Institute for Health and Care Excellence (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). • Mortality Steering Group which meets on a monthly basis and reviews the Hospital Standardised Mortality Ratios (HSMR), Summary Hospital Mortality Indicator (SHMI) and related mortality indicators. <p><u>External Assurances</u></p> <ul style="list-style-type: none"> • Trust rated 'Good' by CQC in 2018 with improvements in various areas and some outstanding services.
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Appendix – Board Assurance Framework (Full)

BAF Risk 5

	<ul style="list-style-type: none"> • 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'. • Guardian of Safe Working Hours reporting to Quality Committee. • COO is the lead for restoration across the ICS region. • Doctors appraisal and revalidation processes are in place and annual report submitted to NHSE/I in December 2021. <p><u>Internal / External Assurances</u></p> <ul style="list-style-type: none"> • System wide approach to Emergency Care Pathway, as part of monthly A&E Delivery Board. • Patient Led Assessments of the Care Environment (PLACE) Lite 2021 assessments have been completed. 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. Audits completed and results will be reported to the Quality Committee in February 2022. • 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. Current survey results are due in February 2022. • Incident reporting from the central governance team - updates and analysis sent through to the ICC (Incident Co-ordination Centre) who collate and share this information on a weekly basis.
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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. The report was presented to the Board in November regarding lessons learned from the pandemic, particularly nosocomial infections, and duty of candour. All duty of candour requirements has been carried out with all the affected patients/families. Mental Health Urgent Assessment Unit is now fully operational. 										
<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 and challenge associated with the requirement in the newly published Health and Social Care Integration White Paper regarding the joining of care for people, places and population with a single person accountable for delivering of shared outcomes at place level by spring 2023. The challenge relates to the Trust as place-based partnerships have not yet been formalised. Risk of mental health providers not being able to ensure sufficient assessment and treatment capacity although work is taking place to address this. Meeting took place in early December, with a further meeting arrange for mid-December to discuss and review management of mental health services. 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 to manage the demands and surges in attendance with a continuing increase in acuity of patients presenting (unpredictable pressure on A&E with increased attendances on previous years). Pathology industrial action remains ongoing, 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. 	<p>Mitigating actions:</p> <table border="1"> <thead> <tr> <th>Action</th> <th>Target Date</th> </tr> </thead> <tbody> <tr> <td>Elective Recovery Cell Group work in progress to ensure equity of access across the ICS and address long waiters.</td> <td>Q4 2021/22</td> </tr> <tr> <td>Clearing of 60+ day complaints</td> <td>End February 2022</td> </tr> <tr> <td>Advertisement for Community Medical Examiners to join the Trust, in-keeping with NHS requirements of reviewing all deaths in healthcare systems.</td> <td>Q1 2022/23</td> </tr> <tr> <td>Working on plan to response to the national delivery plan for COVID backlogs. Stocktake currently being undertaken and will be presented to the Board in March 2022</td> <td>March 2022.</td> </tr> </tbody> </table>	Action	Target Date	Elective Recovery Cell Group work in progress to ensure equity of access across the ICS and address long waiters.	Q4 2021/22	Clearing of 60+ day complaints	End February 2022	Advertisement for Community Medical Examiners to join the Trust, in-keeping with NHS requirements of reviewing all deaths in healthcare systems.	Q1 2022/23	Working on plan to response to the national delivery plan for COVID backlogs. Stocktake currently being undertaken and will be presented to the Board in March 2022	March 2022.
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Appendix – Board Assurance Framework (Full)

BAF Risk 5

<ul style="list-style-type: none"> • Histopathology pressures affecting cancer performance. Outsourcing in place but external firms are unable to deliver within the required timeframes. This is being addressed through the pathology collaborative. • The Trust continues to provide Paediatric High Dependency Unit (HDU) and Community Neurodevelopmental Paediatrics (CNP) services despite not being funded for the provision. Surge in HDU use expected past winter 2021. Review of CNP service has stalled as a result of lack of capacity at CCG level. • Lack of unified approach in relation to procurement by Commissioners. • Future role of NHSE/I and HEE 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. • Capacity to manage COVID patients and unscheduled admissions. • Capacity in critical care beds/staffing at regional level. • Staff exhaustion, resilience, sickness and availability as a result of the ongoing pandemic response. • Guidance on self-isolation for NHS staff is affecting the availability of staff and is open to interpretation, particularly in relation to the Omicron mutation. • Similar to the above point, there is an unavailability of staff within care homes which has a negative effect on the discharge of patients, therefore affecting patient flow in the Trust. 	
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TRUST BOARD REPORT

9 March 2022

Item 37

Purpose Information Approval

Title	Patient Safety Incident Response Framework Assurance Process Report
Author	Mrs J Hardacre, Assistant Director of Patient Safety and Effectiveness
Executive sponsor	Mr J Husain, Executive Medical Director

Summary: The Trust Board is asked to receive the paper as a summary of the internal assurance and external assurance processes with ELHT CCG on the management of incidents in line with the new Patient Safety Incident Response Framework.

The Board is asked to receive and approve the assurance arrangement for PSIRF.

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. Introduction

1.1 The Patient Safety Incident Response Framework (PSIRF) changes the way ELHT and the CCG will seek assurance on patient safety risks identified from incident reporting. Within the new framework ELHT Trust Board are now accountable (not the CCG) for the approval and closure of all Patient Safety Incident Investigations which are externally reportable. This paper provides an overview of the internal assurance process for PSIRF and assurance arrangements with the CCG.

2. Purpose / Background

2.1 Under PSIRF the Trust has produced a Patient Safety Incident Response Plan (PSIRP). This plan sets out how the Trust will investigate and respond to patient safety incidents. It incorporates not only those incidents that will be investigated as Patient Safety Incident Response (PSII), but also alternative methods for incidents that no longer meet the new National reporting criteria, which are now known as patient safety responses (PSRs).

2.2 PSII reports will no longer be submitted to the CCG for sign off; the Trust Board will be accountable for approval and closure of PSII with the responsibility being delegated to the Trusts Patient Safety Incidents Response Investigation (PSIRI) Panel for approval of reports and actions plans.

3. Methods of assurance

3.1 Initial Incident Notifications and Reporting

Deciding what to investigate through a PSII process will be a flexible approach, informed by the national and local priorities. Our objective is to facilitate an approach that involves decision making through the incident reported triage process to identify National and local priorities, the potential for learning, improvement, and system risks. Serious Incidents will still be reported to the Strategic Executive Information System (StEIS) but only to log any incidents that meet the national priorities and incidents defined under the local reporting criteria. All incident details and the date the PSII started will be reported on StEIS. The CCG will monitor this regularly to obtain information on the number of PSII being undertaken by the Trust. The CCG will check against ELHT PSIRP to ensure that we are delivering within the plan and the resources identified. However once StEIS is subsumed by its successor (the new Learning from Patient Safety Events (LSPSE)) this will be used to obtain assurance of patient safety within the Trust.

3.2 Duty of Candour

Under PSIRF not every incident of moderate harm or above will be subject to a PSII. However, the statutory obligation for Trusts to complete Duty of Candour (DoC) for moderate harm and above remains. The timescale for DoC to be completed within 10 days has been removed, however ELHT will still be using this timescale to ensure compliance with DoC legislation. ELHT and CCG have agreed that where DoC has not been served within 10 days, that this will be discussed within the regular Quality Review meeting with the CCG, to understand reasons for delays, but they will not incur any penalties.

3.3 Divisional Patient Safety Incident Reporting Group (DPSIRG)

Receive National, Local (PSIIs) and Divisional incident investigation (PSR) reports at a Divisional and Trust level to review and approve the quality of the investigations carried out by either the Patient Safety Incident investigator (PSII) Lead or named Divisional lead for PSRs. This includes the learning from incidents, lessons to be shared and agree appropriate safety improvement plan to be taken to reduce the likely hood of a similar incident happening again. To identify any trends, clusters or risks which cannot be actioned and take appropriate actions and escalate if required to PSIRI and / or Patients Safety Group.

3.4 Patient Safety Incident Response Investigation (PSIRI) Panel

Receive national and local priority incident investigation reports (PSIIs) at a Trust level to review and approve the quality of the investigations carried out by the investigator which includes the learning from incidents, lessons to be shared and agree appropriate safety improvement plan to be taken to reduce the likely hood of a similar incident happening again. To identify any trends, clusters or risks which cannot be actioned and take appropriate action, escalating when required to appropriate group / committee.

3.5 Patient Safety Group (PSG) and Lessons Learnt Group

Receive bi-monthly reports from the Divisions regarding all PSIIs meeting the national or local reporting criteria, all PSRs and Duty of Candour has been completed for all incidents of moderate harm or above. The reports will review any trends or clusters of incidents to ensure appropriate action is taken and escalated

any areas of concern. Review and monitor safety improvement plans to ensure they are fully implemented and reduce the likelihood of a similar incidents happening again within the Trust.

3.6 Quality Committee and Trust Board

Receive bi-monthly report regarding the reporting and monitoring of investigation and safety improvement plans for all PSIIIs meeting the national or local reporting criteria and all PSRs. The report will provide a review of any trends or clusters of incidents to ensure appropriate action is taken or escalation.

3.7 CCG Quality Review Meeting and Assurance

CCG Quality Review Meetings are the established method of seeking assurance via regular meetings between the CCG and the Trusts Quality Governance Team and will provide assurance that an appropriate response is being taken for incidents and actions under PSIRF. The CCG will also have a nominated member in attendance at the Trusts PSIRI Panel, Patient Safety Group and Lessons Learnt Group which will allow them to gain assurance on the integrity of information on quality matters submitted to the Trusts Quality Committee and Trust Board regarding patient safety incidents.

4. Conclusion

4.1 The Quality Governance Team have worked to identify assurance mechanisms, which will allow the Trust Board and commissioners to assess the effectiveness of our systems to respond to patient safety incidents, continue to learn and improve services for patients and improve the safety culture of ELHT.

5. Recommendations

5.1 Trust Board members are asked to approve the PSIRF Assurance processes set out above.

Jacquetta Hardacre – Assistant Director of Patient Safety and Effectiveness

8th February 2022

TRUST BOARD REPORT

9 March 2022

Item 38

Purpose Information
Action
Monitoring

Title	Ockenden Review of Maternity Services: One Year On
Author	Miss T Thompson Head of Midwifery/Family care Divisional director of Nursing. Maternity Safety Champion
Executive sponsor	Mrs C Pearson Executive Director of Nursing/ Board level Maternity / Neonatal Safety Champion

Summary: To provide an update one year on from the December 2020 Ockenden report. Emerging findings and recommendations from the independent review of – Maternity services at the Shrewsbury and Telford hospital NHs Trust.

Recommendation: Members are asked to receive the report, note the contents and to approve any risks or recommendations. These are to Support the implementation of the 7 Immediate and essential actions (IEAS) and 12 clinical priorities outlined in the Ockenden report with the plan to ensure full compliance alongside the maternity service workplan update.

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/No	Financial	Yes/No
Equality	Yes/No	Confidentiality	Yes/No

Ockenden implementation: One year On

1. The Ockenden Report as you may remember was published on the 11th December 2020 titled “Emerging findings and recommendations from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust” The report identified 7 immediate essential actions (IEAS) and 12 clinical priorities to redouble efforts to bring forward sustained improvements in our maternity services.

Following the publication of the report a letter was sent dated 14th December 2020 to Trusts Chief Executives, Chairs, STP, ICS and CCG leaders outlining the immediate response required of all Trusts providing maternity services and next steps nationally. The letter outlined despite considerable progress having been made in improving maternity safety that there continued to be too much variation in experience and outcomes for women and their families.

Trusts were advised to begin implementing the full set of Ockenden immediate essential actions or IEA’s along with the 12 clinical priorities together with a self-declaration of their current position on the 21st December signed off by the Chief Executive.

A further letter has been received dated 25th January 2022 to Trusts Chief Executives, Chairs, STP, ICS and CCG leaders.

Primarily this letter is thanking trusts for all efforts in response to the Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust published in December 2020, and for their continued focus on the Immediate and Essential Actions (IEAs) despite the sustained pressure on services throughout the pandemic. Further highlighting as progress continues, we need to prepare for the publication of further reports into maternity services during 2022.

Secondary within the letter an update of progress with the implementation of the 7 IEAS and 12 clinical priorities and the plan to ensure compliance with maternity services workforce plans evidenced through an assurance and assessment tool has been asked for discussion at Trust public Board.

2. The national response to the Ockenden report included a £95.6M investment into maternity services across England including funding for: 1200 additional midwifery roles, 100 fulltime posts for consultant obstetricians, backfill for MDT training, International recruitment programme for midwives, Support towards recruitment and retention.

All trusts submitted a bid in June 2021 as part of this national investment aligned with the Assurance and Assessment Tool, which includes the recommendations from the Morecambe Bay investigation report and the Ockenden report to benchmark their position against all recommendations.

The bid outcome here at ELHT resulted in some allocated funds as requested in the bid to implement some of the recommendations. This funding included an increase to employ just under 8 clinical midwife posts, three consultant obstetrician sessions and other monies to cover some aspects of multi-disciplinary training.

We have recruited to half of the midwife posts, all the consultant sessions and implemented the actions within the relevant IEAS and clinical priorities required to deliver on Multidisciplinary training. Recruitment and retention are both a key and high priority within our maternity service workforce plans.

3. ELHT have submitted our position in January 2022 against the 12 clinical priorities being fully compliant against 10 of the priorities and partially compliant against 2 of them. This includes partial compliance with (Implementing a Revised perinatal clinical quality surveillance model – majority of the elements are implemented. A gap analysis aligned with the five principles are nearing full implementation.

The perinatal model is designed to function in the emerging architecture in the NHS, whereby ICS with full involvement of providers and commissioners will be responsible for system planning, governance and accountability, management of performance and reducing unwarranted variation in care and outcomes.

4. Our other partial compliance is that further assurances and completion with aligning budgets ringfenced for maternity multi-disciplinary training is required. ELHT can demonstrate this ask, although realignment within direct maternity budgets will evidence this recommendation with completeness.

Maternity workforce plans

5. ELHT have completed a professional judgement staffing review within maternity services in November 2021, Ockenden bid monies received have filled some of the midwifery workforce requests within the professional judgement review.
6. A birth rate plus review has commenced on the 24th January 2022 due to complete early May 2022.

Birth rate plus is a midwifery Workforce planning and decision-making tool following the collation of data over a three-month period. The tool is recommended to provide an accurate means to calculate the required midwifery staffing levels in each maternity unit and sits as an expectation of Ockenden assurance.

The birth rate plus analysis will provide assurance with point prevalent recommendations for the midwifery staffing within all aspects of care delivery and 121 care in labour. These findings will be based on the current birth rate and acuity levels of both mothers and infants who book for maternity care at East Lancashire hospitals.

Conclusion

East Lancashire maternity services remain the largest maternity provider within the Lancashire and south Cumbria system. (LMS) This continues to be an exceptional and popular service for all women and families, we remain both vigilant and diligent using robust processes for monitoring to ensure safe, personal, and effective maternity care is maintained including all the Ockenden and Morecambe bay recommendations.

Recommendations

The Board is asked to:

- a) Review the report.
- b) To reflect on whether the assurance mechanisms within the trust are effective and, with local maternity system are assured that poor care and avoidable deaths with no visibility or learning cannot happen in our organisation.
- c) Support the discussions. It is being asked that Trusts complete and take to board the completed assurance and assessment part two document due for submission on the 15th April 2022 to the Local maternity system (LMS) and Integrated care system (ICS).

The maternity services assurance and assessment (part two) tool will include progress and implementation one year on with:

- a) All 7 IEA's
- b) NICE guidance relating to maternity
- c) Compliance against CNST safety actions
- d) Current work force gap analysis
- e) Midwifery leadership responsibilities, aligned with the Royal college of midwives - RCM manifesto

Trusts are being asked to confirm that they have a midwifery staffing workforce plan in place, confirming timescales for implementation

Further reading, references and supporting documentation

Ockenden report: 10th December 2020 - Emerging Findings and recommendations from the independent review of Maternity services at the Shrewsbury and Telford hospital NHS Trust

To: NHS Trust and Foundation Trust Chief Executives

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

cc. Trust Chairs and Directors of Nursing
ICS, CCG, LMS Leaders,
Regional Directors,
Regional Chief Nurses,
Regional Chief Midwives,
and Regional Obstetricians

25 January 2022

Dear colleagues,

Ockenden review of maternity services – one year on

Thank you for all your efforts in response to the [Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust](#) published in December 2020, and for your continued focus on the Immediate and Essential Actions (IEAs) despite the sustained pressure on your services throughout the pandemic. As well as ensuring progress continues, we need to prepare for the publication of further reports into maternity services during 2022.

The national response to the Ockenden report included a £95.6M investment into maternity services across England including funding for:

- 1200 additional midwifery roles,
- 100 wte equivalent consultant obstetricians,
- backfill for MDT training
- International recruitment programme for midwives
- Support to the recruitment and retention of maternity support workers

In our letter of [14 December 2020](#), we asked you to use the [Assurance Assessment Tool](#), which includes the recommendations from the Morecambe Bay investigation report and the Ockenden report, to support a discussion at your trust public Board. One year on, we are asking that you again discuss progress at your public Board before the end of March 2022.

We expect the discussion to cover:

- Progress with implementation of the 7 IEAs outlined in the Ockenden report and the plan to ensure full compliance,
- Maternity services workforce plans,

Ensuring local system oversight of maternity services was a key element in the Ockenden review and therefore you should ensure progress is shared and discussed with your LMS and ICS. Progress must also be reported to your regional maternity team by 15 April 2022.

As you will no doubt agree, women and families using our maternity services deserve the best of NHS care. We recognise the huge efforts being made across the system and thank you for your continued commitment and support in driving the improvements required.

Yours faithfully



Sir David Sloman
Chief Operating Officer
NHS England and NHS Improvement



Ruth May
Chief Nursing Officer, England
NHS England and NHS Improvement

TRUST BOARD REPORT

9 March 2022

Item 39

Purpose Information Monitoring

Title	Integrated Performance Report
Author	Mr M Johnson, Chief Information Officer
Executive sponsor	Mrs S Gilligan, Chief Operating Officer

Summary: This paper presents the corporate performance data at January 2022.

Recommendation: Directors 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 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 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>

(Item Number) Agenda Item Title

Impact

Legal Yes/No Financial Yes/No

Equality Yes/No Confidentiality Yes/No

Previously considered by: Finance and Performance Committee and Quality Committee
February 2022.

Board of Directors, Update

Corporate Report

Executive Overview Summary

Positive News

- There were no medication errors causing serious harm.
- There were no never events reported in month.
- There were no confirmed post 2 day MRSA bacteraemia in month.
- Average fill rates for registered nurses/midwives and care staff remain above threshold, although continue to be extremely challenging. Fill rates for registered nurses/midwives and care staff for day, and care staff for night showed significant deterioration in January.
- The complaints rate remains below threshold.
- The emergency readmission rate is within the normal range.
- The Trust vacancy rate is below threshold at 4.0%.

Areas of Challenge

- There were 2 healthcare associated clostridium difficile infections detected in month (2 'Hospital onset healthcare associated (HOHA)').
- There were 4 incidents meeting national or local priorities reported onto steis in month.
- Friends & family scores have deteriorated in all areas. A&E is below threshold.
- The 'Emergency Care 4 hour standard' (Pennine A&E Delivery Board) was not achieved in January at 70.04%.
- There were 233 breaches of the 12 hour trolley wait standard (19 mental health and 214 physical health), which is a significant deterioration.
- There were 459 ambulance handovers > 30 minutes and 12 > 60 minutes. Following validation, 4 of the 12 were ELHT breaches. The trend is showing significant improvement.
- The Hospital Standardised Mortality Ratio (HSMR) has increased and is 'above expected levels'.
- Performance against the cancer 31 and 62 day standards has deteriorated and the standards were not met in December at 94.0% and 61.1%.
- There were 8.5 breaches of the 104 day cancer wait standard.
- The 28 day faster diagnosis standard was not met in December at 69.8% and showed significant deterioration.
- The 6wk diagnostic target was not met at 20.53% in January.
- In January, the Referral to Treatment (RTT) number of total ongoing pathways has

increased on last month to 36,161, and the number over 40 weeks has increased to 1,486.















- In January, there were 555 breaches of the RTT >52 weeks standard due to COVID-19, which is below the monthly trajectory.
- In January, there were 8 breaches of the 28 day standard for operations cancelled on the day.
- Sickness rates are above threshold at 7.5% (December)
- Trust turnover rate is showing a significant increase, but remains below threshold.
- Compliance against the Appraisal (AFC staff) remains below threshold. Appraisals were on hold until March 21.
- Compliance against the Information Governance Toolkit remains below the 95% target at 91%
- Temporary costs as % of total pay bill remains above threshold at 12%.
- All areas of core skills training are above threshold, with the exception of information governance, fire safety, and basic life support.

No Change

- The Summary Hospital-level Mortality Indicator (SHMI) has remained as expected at 1.06.
- Venous Thromboembolism (VTE) risk assessment performance remains above threshold.
- Length of stay is within normal levels.
- There were 65 operations cancelled on the day (non-clinical). This has returned to pre-covid levels.
- CQUIN schemes are on hold until March 22.

Introduction

This report presents an update on the performance for January 2022 and follows the NHS Oversight Framework. The narrative provides details on specific indicators under the five areas; Safe, Caring, Effective, Responsive, Well Led

Safe					
	Indicator	Target	Actual	Variation	Assurance
M64	Clostridium difficile (C.diff) - 'Hospital onset healthcare associated (HOHA)'	n/a	2		No target set to provide assurance against
M64.3	Clostridium difficile (C.diff) - 'Community onset healthcare associated (COHA)'	n/a	0		
M64.4	Clostridium difficile (C.diff) Cumulative from April (HOHA& COHA)	67	43		
M65	MRSA	0	0		
M124	E-Coli (HOHA)	n/a	5		
M155	P. aeruginosa bacteraemia (HOHA)	n/a	0		
M157	Klebsiella species bacteraemia (HOHA)	n/a	5		
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	7.0		
M69	Serious Incidents (Steis)	No Threshold Set	4		
M70	Central Alerting System (CAS) Alerts - non compliance	0	3		
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%	97%		
C31	NHS England Inpatients response rate from Friends and Family Test	No Threshold Set	34%		
C40	Maternity Friends and Family - % who would recommend	90%	91%		
C42	A&E Friends and Family - % who would recommend	90%	70%		
C32	NHS England A&E response rate from Friends and Family Test	No Threshold Set	11%		
C44	Community Friends and Family - % who would recommend	90%	94%		
C38.5	Outpatient Friends and Family - % who would recommend	90%	94%		
C15	Complaints – rate per 1000 contacts	0.40	0.13		
M52	Mixed Sex Breaches	0			
Effective					
	Indicator	Target	Actual	Variation	Assurance
M53	Summary Hospital Mortality Indicator (HSCIC Published data)	Within Expected Levels	1.06		
M54	Hospital Standardised Mortality Ratio (DFI Indicative) (as at Oct-21)	Within Expected Levels	109.7		
M74	Hospital Standardised Mortality Ratio - Weekday (as at Oct-21)	Within Expected Levels	109.5		
M75	Hospital Standardised Mortality Ratio - Weekend (as at Oct-21)	Within Expected Levels	110.1		
M73	Deaths in Low Risk Conditions (as at Oct-21)	Within Expected Levels	n/a		
M159	Stillbirths	<5	4		
M160	Stillbirths - Improvements in care that impacted on the outcome	No Threshold Set	n/a		
M89	CQUIN schemes at risk	CQUIN Suspended for 2021/22			

Responsive					
	Indicator	Target	Actual	Variation	Assurance
C2	Proportion of patients spending less than 4 hours in A&E (Trust)	95.0%	68.5%		
C2ii	Proportion of patients spending less than 4 hours in A&E (Pennine A&E Delivery Board)	95.0%	70.0%		
M62	12 hour trolley waits in A&E	0	233		
M82.1	Handovers > 30 mins ALL (Arrival to handover)	0	459		
M84	Handovers > 60 mins (Arrival to handover)	0	12		
C1	Referral to Treatment (RTT) admitted: percentage within 18 weeks	No Threshold Set	51.3%		
C3	Referral to Treatment (RTT) non- admitted pathways: percentage within 18 weeks	No Threshold Set	79.9%		
C4.1	Referral to Treatment (RTT)waiting times Incomplete pathways Total	No Threshold Set	36,161		
C4.2	Referral to Treatment (RTT) waiting times Incomplete pathways -over 40 wks	No Threshold Set	1486		
C37.1	Referral to Treatment (RTT) 52 Weeks (Ongoing)	679	555		
C17	Diagnostic waiting times: patients waiting over 6 weeks for a diagnostic test	1.0%	20.5%		
C18	Cancer - Treatment within 62 days of referral from GP	85.0%	61.1%		
C19	Cancer - Treatment within 62 days of referral from screening	90.0%	80.0%		
C20	Cancer - Treatment within 31 days of decision to treat	96.0%	94.0%		
C21	Cancer - Subsequent treatment within 31 days (Drug)	98.0%	98.1%		
C22	Cancer - Subsequent treatment within 31 days (Surgery)	94.0%	94.4%		
C36	Cancer 62 Day Consultant Upgrade	85.0%	81.9%		
C25.1	Cancer - Patients treated > day 104	0	9		
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	8		
M138	No.Cancelled operations on day	No Threshold Set	65		
M55	Proportion of delayed discharges attributable to the NHS	New reporting in development			
C16	Emergency re-admissions within 30 days	No Threshold Set	11.6%		
M90	Average length of stay elective (excl daycase)	No Threshold Set	3.2		
M91	Average length of stay non-elective	No Threshold Set	5.1		

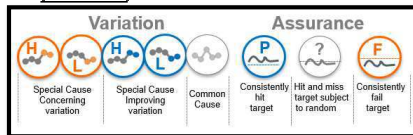
Well Led					
	Indicator	Target	Actual	Variation	Assurance
M77	Trust turnover rate	12.0%	8.9%		
M78	Trust level total sickness rate	4.5%	7.5%		
M79	Total Trust vacancy rate	5.0%	4.0%		
M80.3	Appraisal (Agenda for Change Staff)	90.0%	64.0%		
M80.35	Appraisal (Consultant)	90.0%	98.0%		
M80.4	Appraisal (Other Medical)	90.0%	98.0%		
M80.2	Safeguarding Children	90.0%	93.0%		
M80.21	Information Governance Toolkit Compliance	95.0%	91.0%		
F8	Temporary costs as % of total paybill	4%	12.0%		
F9	Overtime as % of total paybill	0%	0%		
F1	Variance to H1 financial performance surplus / (deficit) (£m)	£0.0	£0.0		
F2	Variance to H1 Waste Reduction Programme (WRP) achieved (£m)	£0.0	-£1.60		
F3	Liquidity days	>(7)	(6.3)		
F4	Capital spend v plan	85.0%	91.0%		
F18a	Capital service capacity	>1.25	1.7		
F19a	H1 Income & Expenditure margin	>(2.5%)	0.0%		
F12	Better Payment Practice Code (BPPC) Non NHS No of Invoices	95.0%	97.4%		
F13	Better Payment Practice Code (BPPC) Non NHS Value of Invoices	95.0%	97.5%		
F14	Better Payment Practice Code (BPPC) NHS No of Invoices	95.0%	94.8%		
F15	Better Payment Practice Code (BPPC) NHS Value of Invoices	95.0%	97.3%		

NB: Finance Metrics are reported year to date.











KEY

SPC Control Limits

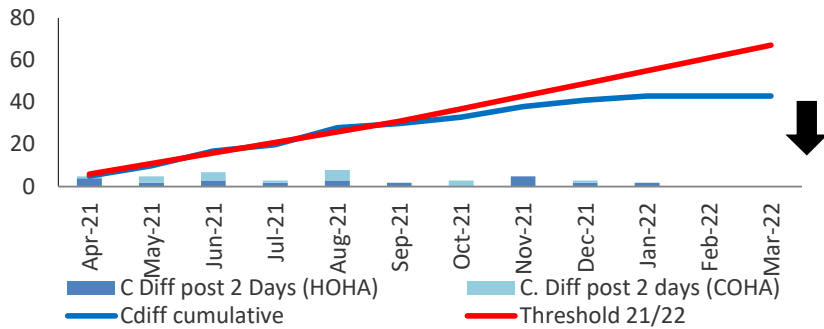
The data period used to calculate the SPC control limits is Apr 18 - Mar 20.



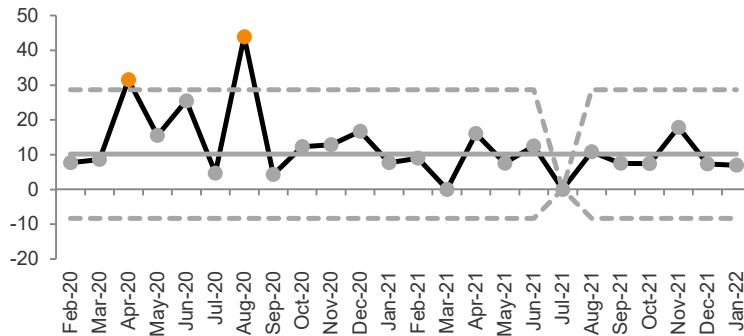
PRIVATE BOARD ONLY

	Indicator	Target	Actual	Variation	Assurance
C46	Cancer - 28 Day faster diagnosis standard	75.0%	69.8%		
C24	Cancer - seen within 14 days of urgent GP referral	93.0%	80.9%		
C25	Cancer - breast symptoms seen within 14 days of GP referral	93.0%	57.1%		
C4.3	Referral to Treatment (RTT) waiting times Incomplete pathways - Average Wait	8.7	12.8		
C4	Referral to Treatment (RTT) waiting times Incomplete pathways %	92.0%	75.6%		

C Difficile



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



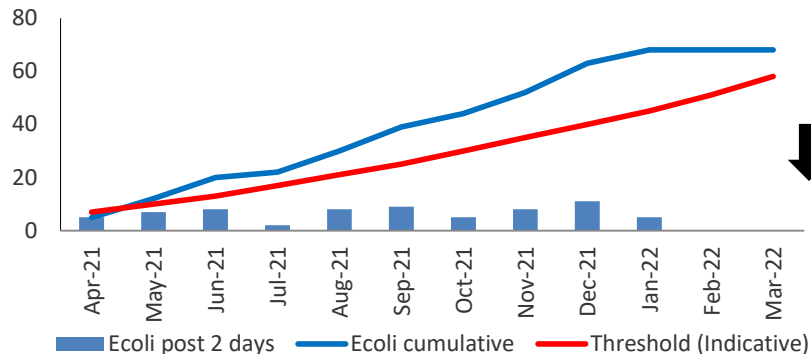
There were no post 2 day MRSA infection reported in January. So far this year there have been 2 cases attributed to the Trust.

The objective for 2021/22 is to have no more than 67 cases of 'Hospital onset healthcare associated (HOHA)' /'Community onset healthcare associated (COHA)'. The final figure for cases reported in 2020/21 was 69.

There were 2 healthcare associated *Clostridium difficile* toxin positive isolates identified in the laboratory in December, post 2 days of admission, both of which were 'Hospital onset healthcare associated (HOHA)'. The year to date cumulative figure is 43 (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 similar levels in January.

E. Coli (HOHA)



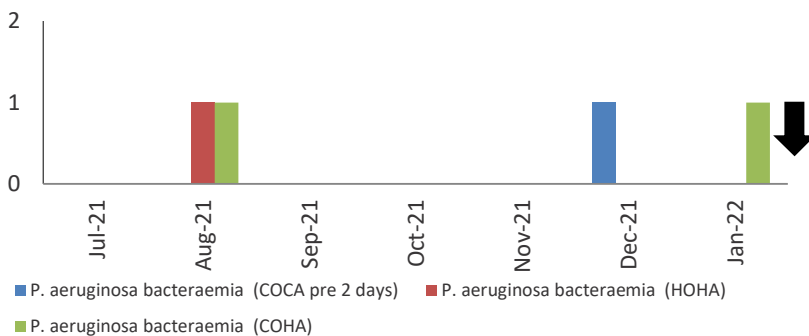
The Government initiative to reduce Gram-negative bloodstream infections by 50% by 2021 has been revised and now is to deliver a 25% reduction by 2021-2022 with the full 50% by 2023-2024.

This year's trajectory for reduction of E.coli is 142 which includes both HOHA & COHA.

There were 5 post 2 day E.coli bacteraemia (HOHA) detected in January and 12 COHA cases.

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

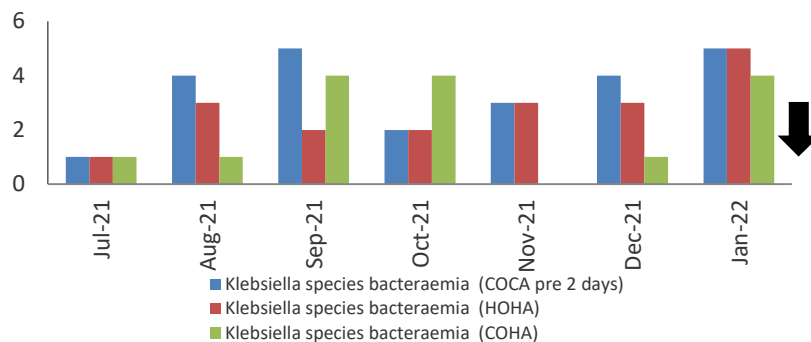
P.aeruginosa



From 21/22 the a trajectory has been introduced for *Klebsiella* and *Pseudomonas*. The Trust should have no more than 35 cases this year for *Klebsiella* and 8 cases for *Pseudomonas*.

So far this year, there have been 46 *Klebsiella* cases and 4 *Pseudomonas*

Klebsiella

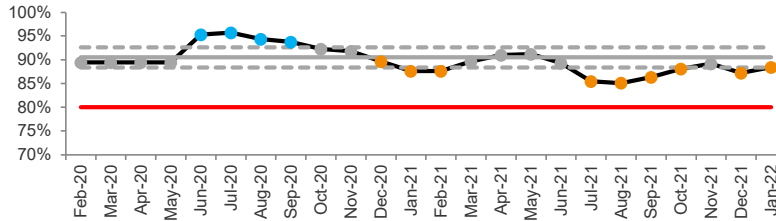


Surveillance will be undertaken in line with current requirements (e.g. E. coli bacteraemia). This surveillance will be carried out by the Infection Prevention and Control Team.

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

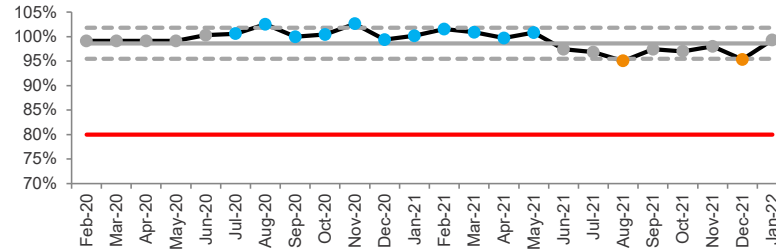
NB: Mar - May 20 figures were not collected due to COVID 19, so are estimated here for purposes of calculating the Statistical Process Control (SPC) limits

Registered Nurses/
Midwives - Day



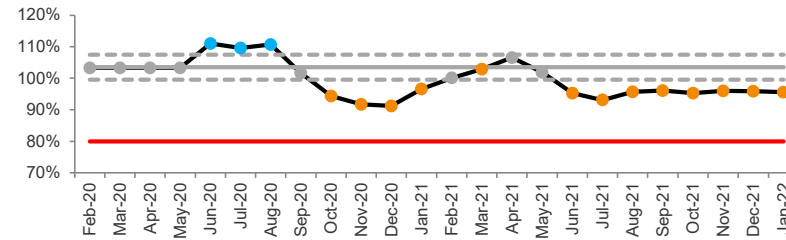
The average fill rate for registered nurses/ midwives during the day is showing a significant reduction in January, however based on current variation will consistently be above threshold.

Registered Nurses/
Midwives - Night



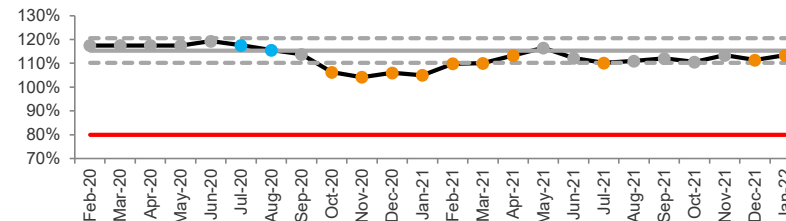
The average fill rate for registered nurses/ midwives at night is showing no significant variation in January, and based on current variation will consistently be above threshold.

Care Staff - Day



The average fill rate for care staff during the day is showing a significant reduction however 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 significant reduction however based on current variation will consistently be above threshold.

Staffing in January 2022 was extremely challenging, particularly as a consequence of the OMICRON variant, impacting on staff sickness, isolation and pressures due to last minute sickness.

The already established vacancies, maternity leave, and effect of acuity is also impacting on staffing. Lots of cross cover between wards and the high use of bank and agency staffing continues. The constant movement of staff to cover other areas is having an effect on staff morale. Escalated bank and agency rates continued. Preparedness for the continuation of the effects of OMICRON commenced with the updating of a previously produced briefing paper (Impact of the Pandemic on nursing and midwifery staffing levels) to highlight the potential minimal staffing levels for each ward. Other measure include:

SOP for safe maternity staffing levels in extremis – support particularly for out of hours

The planning of training and education provision for staff to access, particularly for non-ward-based registered nurses to update their skills (from early January) alongside Allied Health professional colleagues

Other training being made available for staff to access, from non-clinical background should the need arise to support ward staff for example, serving meals, drinks, answering telephones etc, as well as training for those staff able to deliver fundamentals of care such as hygiene needs

Planning for further support from volunteer workforce

Additional staffing calls with Executive nurse, Director of nursing and senior nursing teams planned

3 wards fell below the 80% for Registered Nurses/Midwives in January for the day shift, and 2 for the night shift, the night shifts were within maternity and will be discussed under the heading of Family Care. The filling of Health Care Support Worker shifts remains extremely challenging, and much work is ongoing looking at recruitment of more HCSW staff.

MEC

Ward C5 - This was due to a lack of shift coordinators. No harm was identified as a consequence

C9 - This was due to a lack of shift coordinators. No harm was identified as a consequence

Marsden - This was due to a lack of shift coordinators. No harm was identified as a consequence

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.

Red Flags

SAS

C18A - 2 x RNs on the late shift (18 patients) 3rd RN moved to support safe staffing across the hospital. Night staff came on duty, 1 x band 4 and 1 x band 5 with 1 x HCA, staff handed over jobs that had not been completed on the day shift. Antibiotics and observations delayed. 2 x stoma bags leaking and patients waiting for assistance, patient required changing as drain had been leaking. Apologies given to patients and outstanding jobs prioritised to maintain patient safety. No harm identified but acknowledged poor patient and staff experience

CIC

Ward 19 A registered nurse did not arrive for duty on ward 19 as planned for a night duty, resulting in the submission of a red flag datix. The site management team supported the movement of staff to cover the ward, and the day staff stayed to support until the Nurse arrived. There were no patient harms.

Hartley Ward -Due to the staffing pressures within the Trust during January, there was unavailability of staff to cover the staffing gaps on Hartley Ward. Unfortunately, some delays in the delivery of analgesia and intentional rounding were experienced. However, despite some delays in care delivery, there were no patient harm on that day because of this.

Anecdotally staff resilience is low, they are tired, and some remain affected by the pandemic against a backdrop of high acuity, usage of a high proportion of agency staff, junior skill mix, shielding and the constant moving of staff to support other areas. Staff are working extremely hard and are doing a remarkable job. Staffing the wards safely and supporting staff remains the highest of priority. Through the senior nursing teams, discussion has taken place particularly in relation to ensuring rest breaks are provided and supported with encouragement to the staff to report inability to take breaks to the matron and or clinical site manager.

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, this will now be an internal QI project

Nurse recruitment lead working closely with divisions demonstrating recruitment data dashboard to enable and empower divisions to proactively manage recruitment

On and off framework agencies constantly engaged to with looking for block bookings

Professional judgement reviews now completed

Financial incentive offered to staff to support staffing levels and identified gaps in rotas

Temporary Staffing Team have created a bank shift option for Nursing Associates and monitoring fill rates

Imminent Health Care Support Worker Recruitment drive to recruit 30 with no Health and Social Care experience. Also recruiting HCA's to the Kick Start programme

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
Jan-22	88.4%	95.6%	99.3%	113.4%	28,602	8.88	3	5	2	2

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 (%)
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
Jun-21	89.3%	95.2%	97.4%	112.2%	23,966	10.05	3	3	0	0
Jul-21	85.5%	93.1%	96.8%	110.1%	26,936	9.08	8	3	0	1
Aug-21	85.1%	95.7%	95.1%	111.0%	27,582	8.81	10	4	0	2
Sep-21	86.3%	96.0%	97.4%	112.0%	26,615	8.96	6	4	1	2
Oct-21	88.1%	95.3%	97.0%	110.6%	28,426	8.61	6	3	0	2
Nov-21	89.2%	96.0%	98.0%	113.4%	27,594	8.77	4	4	0	2
Dec-21	87.2%	95.9%	95.3%	111.4%	27,266	9.06	3	3	1	2
Jan-22	88.4%	95.6%	99.3%	113.4%	28,602	8.88	3	5	2	2

Family Care Staffing summary

Red Flag Events

On reviewing Datix, 8 incidents were reported overall as Staffing Red Flag events in Family Care Division in January 2022.

6 incidents were reported in Maternity and 2 in Neonatology

The incidents were reported under the following category and sub-categories:

Maternity Services

5 Staffing issues/Staff Shortages-Midwives

1 Staffing issues/ Inability to attend rostered training due to staffing shortages

All these were graded No Harm Impact Not Prevented. 4 Of the staff shortages incidents reported the Blackburn Birth Centre had to close for intrapartum care and divert women in labour to Lancashire Women's and new-born Centre. The 5th incident reported the Burnley Birth Centre had to divert to the Central Birth Suite due to staff shortages.

Neonatology

1 Staffing issue/ staff shortages

1 Staffing issue/ some nurses only could attend mandatory training due to staffing shortages

These 2 were graded as No Harm Impact Prevented. However, 1 of these incidents reported stated that due to staff shortages they were unable to give 1-1 care to a baby insolation.

All three incidents were reported under the NPSA category of no harm – impact prevented or no harm – impact not prevented. There was appropriate escalation and

Maternity (Midwife to Birth Ratio)

Month	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Staffed to full Establishment	01:27	01:26	01:27	01:27	01:28	01:27	01:26	01:26	01:28	01:26	01:27	01:27	01:26
Excluding mat leave	01:28	01:27	01:28	01:28	01:29	01:27	01:27	01:27	01:29	01:27	01:28	01:29	01:27
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	Bank Usage
Per week	18.82wte	18.90wte	19.53wte	11.25wte	24.14wte	17.98wte	17.40wte	18.54wte	21.84wte	16.71wte	23.40 wte	17.43	42.28

Maternity

January bank filled hours were 42.28WTE covering vacancies/ pregnancy shielding, extensive short, long-term sickness and extended staff isolation periods. A specialist midwife rota to cover gaps in addition to bank was completed towards month end to continue in January.

An Enhanced hourly rate of pay in view of the significant increase with self-isolation/sickness/ substantive gaps continued in January.

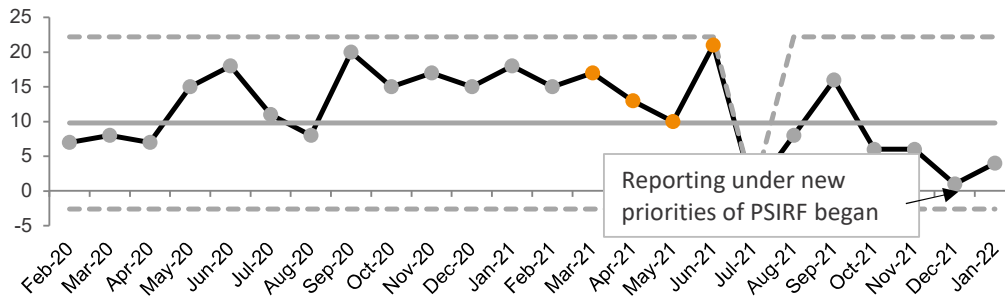
Safe midwifery Staffing levels continued to be reviewed with the appropriate risk assessments throughout the day at each safety huddle (plus additional staffing/ leadership huddles most days in view of extreme staffing pressures to mitigate throughout the whole of maternity services; midwives were redeployed to other areas to support acuity and activity as and when required, bank uptake was in great demand as reflected in the monthly figures, highest recorded. Additional staffing huddles are always scheduled in times of additional pressures.

Daily and weekend bespoke staffing plans are summarised with a further review of skillset and experience for each midwife prior to redeployment. The CBS coordinator will receive the staffing plan at the onset of duty with a view to redirect if deemed appropriate at handover in tandem with the duty manager cover at the weekend. Close monitoring with a proactive approach to breaks particularly in times of shortfalls being supported by the CBS coordinator and duty manager.

Neonatology

All Nursing duties were covered to safe staffing levels aligned with the x 3 daily staffing NW connect tool in January. Cross divisional working with paediatrics to cover x2 nursing gaps in view of an increase in staff isolation periods, primarily in the nursery room 5 from paediatrics to cover room one. Enhanced pay remained in place to cover staffing gaps with request to agency where required and not covered with internal bank shifts.

Serious Incidents



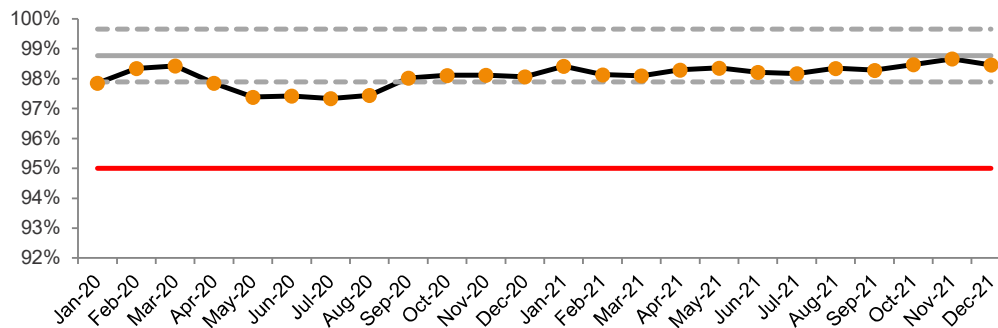
There were no never events reported in January.

Four incidents meeting a national or local priority and whereby a patient safety incident investigation (PSII) is underway, have been reported onto STEIS. The Trust starting reporting under these priorities on 1st December 2021.

PSIRF Category	No. Incidents
National priority - maternity and neonatal incidents	2
National priority - incidents resulting in death	1
Local priority - nutrition and hydration	1

A detailed report providing assurance on the management of each of the STEIS reported incidents is submitted monthly to the Trust Board and Quality Committee.

VTE assessment

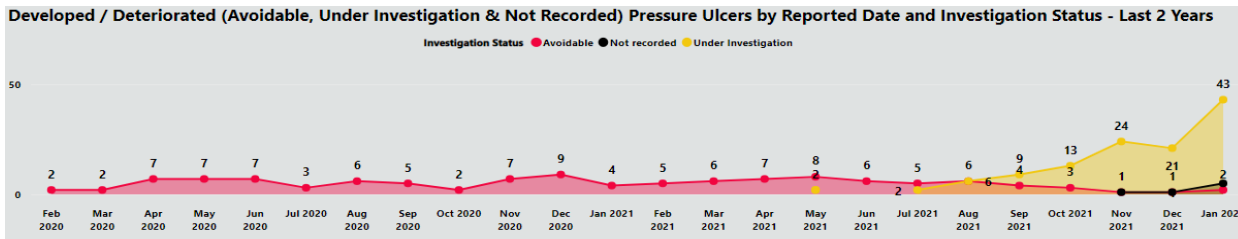


The Venous Thromboembolism (VTE) assessment trend continues to be below previous levels, however is still above the threshold.

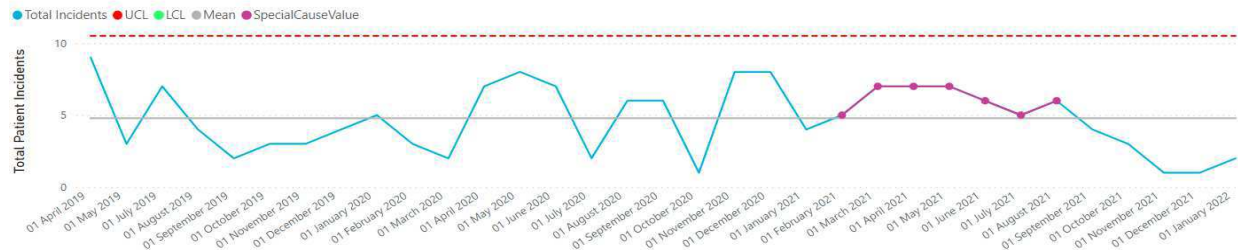
Pressure Ulcers

For January 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



X Chart - Total Pressure Ulcers Developed in ELHT - Avoidable, UCL (3σ), LCL (3σ), Mean and Target by Date



The data shows the current position of pressure damage. Months of May 21-December 21 are currently pending investigation. The number of incidents can fluctuate when the incident is approved via the SIRI process, the CCG final approval and the quality and safety corporate team final approval process.

Following the final approval of one of the February incidents, there was an increase of one which has now caused significant variation in the trend between February 21-August 21. The reason for the delay in this was the feedback for closure from the CCG came through in January 22.

There are still remaining 7 reports awaiting final approval by the CCG, and 11 yet to be reviewed by SIRI panel and then to CCG, these are on the agenda for March 22 SIRI panel.

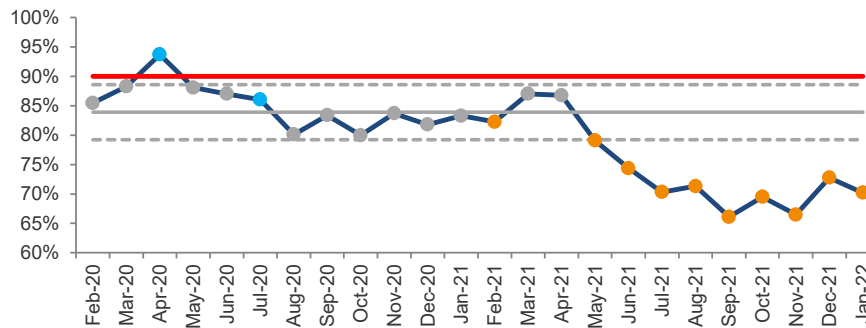
On reporting, there is a high number investigations in progress, a delay in the completion of these investigations is due to staffing pressures across the trust currently. Divisions have been informed of the number of outstanding investigations for their attention and action.

We have requested benchmarking information from NHS England.

The Friends & Family Test (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.

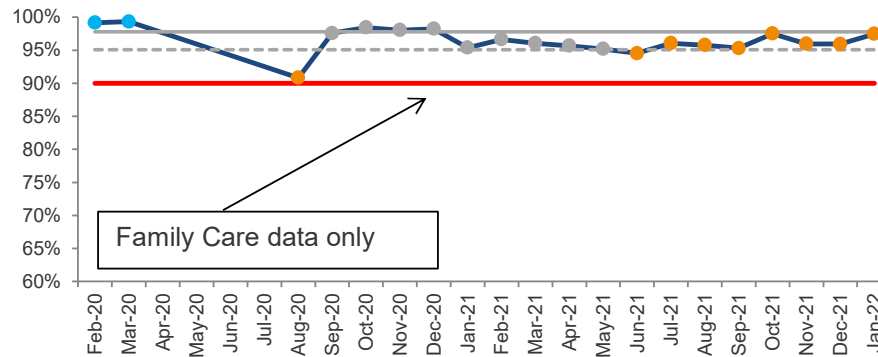
Inpatient data collection was suspended April 20 - Sep 20 due to COVID

Friends & Family A&E



A&E scores are showing a significant deterioration in the last 6 months. Based on current variation this indicator is not capable of hitting the target routinely.

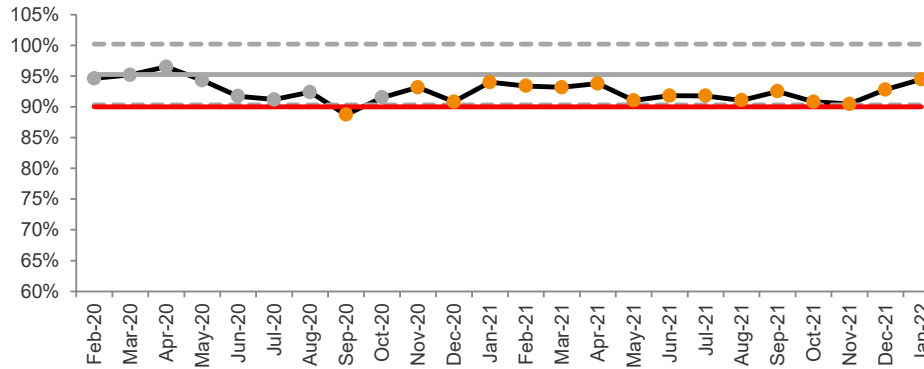
Friends & Family Inpatient



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 significant deterioration, however based on recent performance will consistently be above threshold.

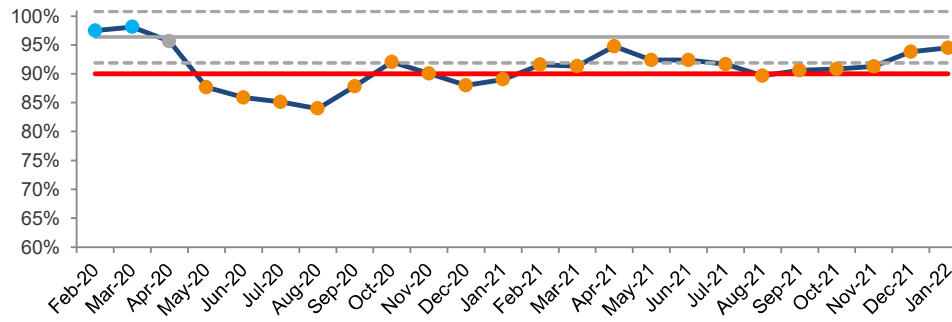
Friends & Family Outpatients



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

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

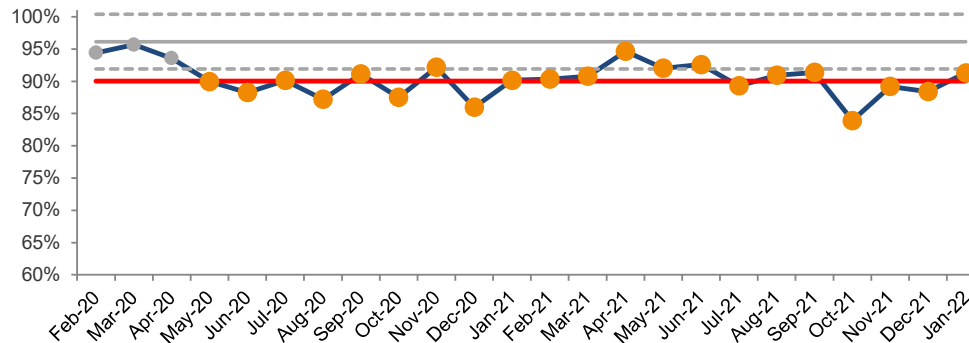
Friends & Family Community



Community scores are just above target this month but are showing continued deterioration, which is significantly lower than usual variation.

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

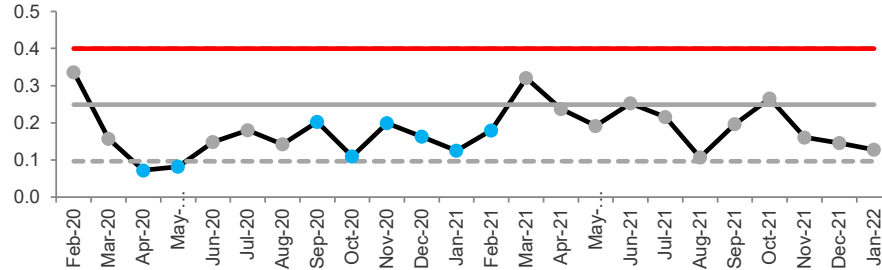
Friends & Family Maternity



Maternity scores continue to show a reduction, which is significantly lower than usual variation, but is above the threshold.

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

Complaints per 1000 contacts



Patient Experience

Type	Division	Dignity	Information	Involvement	Quality	Overall
		Average Score	Average Score	Average Score	Average Score	Average Score
Community	Community and Intermediate Care Services	96.72	95.12	95.34	96.68	95.81
Community	Diagnostic and Clinical Support	100	88.75	88.89	-	93.89
Community	Family Care	100	-	-	83.33	87.5
Community	Surgery	95	92.59	-	-	93.24
Delivery	Family Care	100	-	100	100	100
Inpatients	Community and Intermediate Care Services	50	38.89	28.57	12.5	30.95
Inpatients	Diagnostic and Clinical Support	100	100	94.12	100	98.21
Inpatients	Family Care	96.49	94.51	93.92	93.57	94.69
Inpatients	Medicine and Emergency Care	80.21	57.39	62.57	63.66	62.65
Inpatients	Surgery	94.73	80.48	84.95	85.31	85.98
OPD	Diagnostic and Clinical Support	100	-	99.07	97.32	98.41
OPD	Family Care	95.65	91.67	95.9	95.9	95.2
OPD	Medicine and Emergency Care	100	100	98.44	97.92	99.05
OPD	Surgery	100	86.84	94.83	98.3	94.61
Paediatric	Family Care	100	100	100	97.62	99.32
Postnatal	Family Care	100	100	100	100	100
SDCU	Family Care	97.12	95	95.71	96.88	96.08
	Total	96.46	83.89	89.24	92.07	90.13

The Trust opened 16 new formal complaints in January.

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 January the number of complaints received was 0.13 Per 1,000 patient contacts.

The trend is showing normal variation and based on current variation is at risk of not meeting the standard.

From 1st May 2020 the Trust moved to a new system, CIVICA to manage the Friends & Family Test (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 January 2022.

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 2 of the 4 competencies. Performance against the Information competency fell below at 84% and the Involvement competency fell slightly below at 89%.

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

SHMI Published Trend



The latest Trust Summary Hospital-level Mortality Indicator (SHMI) value as reported by the Health and Social Care Information Centre and Care Quality Commission for the period Sep 20 to Aug 21 has remained within expected levels at 1.06, as published in January 22.

Dr Foster HSMR rolling 12 month

HSMR Rebased on latest month Nov 20 – Oct 21	
ALL	
TOTAL	109.7
Weekday	109.5
Weekend	110.1
Deaths in Low Risk Diagnosis Groups	Not Available

The latest indicative 12 month rolling Hospital Standardised Mortality Ratio (HSMR), (Nov 20 – Oct 21) has increased from last month and is 'above expected levels' at 109.7 against the monthly rebased risk model.

The benchmark model has been adjusted this month to account for data upto July 21, meaning risk scores are increasingly adjusted for changes seen during the pandemic. This has resulted in a general positive shift in HSMR scores nationally.

There are currently five HSMR diagnostic groups with a significantly high relative risk score: Chronic obstructive pulmonary disease and bronchiectasis, Acute cerebrovascular disease, Urinary tract infections, Septicemia (except in labour), and Pneumonia.

Cancer of bronchus, lung is also currently also alerting on the nationally monitored SHMI groups.

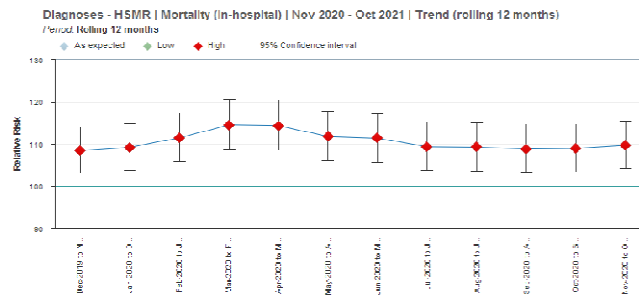
These are being investigated through the mortality steering group and each have a nominated clinical lead and associated action plan.

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

No update available

Dr. Foster HSMR monthly trend



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.

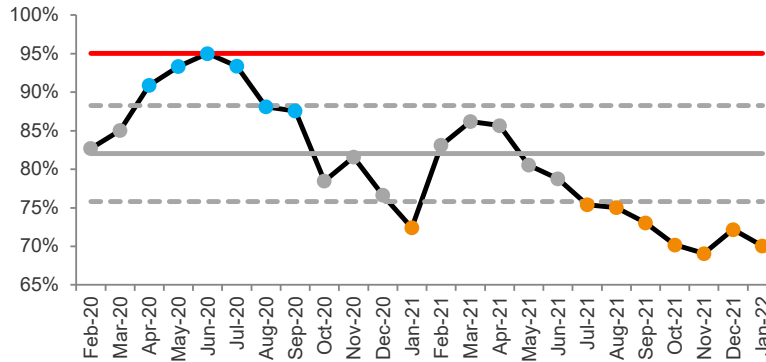
The stage 2 SJR reviewer will determine whether or not any lapses in care may have contributed to the death and if so a SIRI and RCA will be triggered.

Stage 1	Month of Death														TOTAL
	pre Oct 17	Oct 17 - Mar 18	Apr 18 - Mar 19	Apr 19 - Mar 20	Apr 20 - Mar 21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	
Deaths requiring SJR (Stage 1)	46	212	250	262	215	15	20	15	25	17	14	14	6	12	138
Allocated for review	46	212	250	262	215	15	20	15	23	16	12	9	3	3	116
SJR Complete	46	212	250	262	206	15	19	14	21	13	9	6	3	1	101
1 - Very Poor Care	1	1	0	0	1	0	0	0	0	0	0	0	0	0	0
2 - Poor Care	8	19	22	34	32	0	4	3	3	2	2	0	0	0	14
3 - Adequate Care	14	68	70	70	63	3	4	3	4	5	3	1	1	0	24
4 - Good Care	20	106	133	129	101	10	9	7	13	6	3	5	1	1	55
5 - Excellent Care	3	18	25	29	9	2	2	1	1	0	1	0	1	0	8
Stage 2															
Deaths requiring SJR (Stage 2)	9	20	22	34	33	0	4	3	3	2	2	0	0	0	14
Deaths not requiring Stage 2 due to undergoing SIRI or similar	3	2	1	4	1	0	0	0	0	0	1	0	0	0	1
Allocated for review	6	18	21	30	32	0	4	3	3	2	1	0	0	0	13
SJR-2 Complete	6	18	21	30	32	0	4	2	2	2	1	0	0	0	11
1 - Very Poor Care	1	1	1	2	0	0	0	0	0	0	0	0	0	0	0
2 - Poor Care	3	6	7	13	12	0	2	1	1	1	0	0	0	0	5
3 - Adequate Care	2	10	13	13	19	0	2	1	1	1	1	0	0	0	6
4 - Good Care	0	1	0	2	1	0	0	0	0	0	0	0	0	0	0
5 - Excellent Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Commissioning for Quality and Innovation
(CQUIN)

As per the guidance on finance and contracting arrangements for H2 2021/22, the block payments approach for arrangements between NHS commissioners and NHS providers in England will now remain in place for remainder 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 Clinical Commissioning Group or specialised) published at this stage.

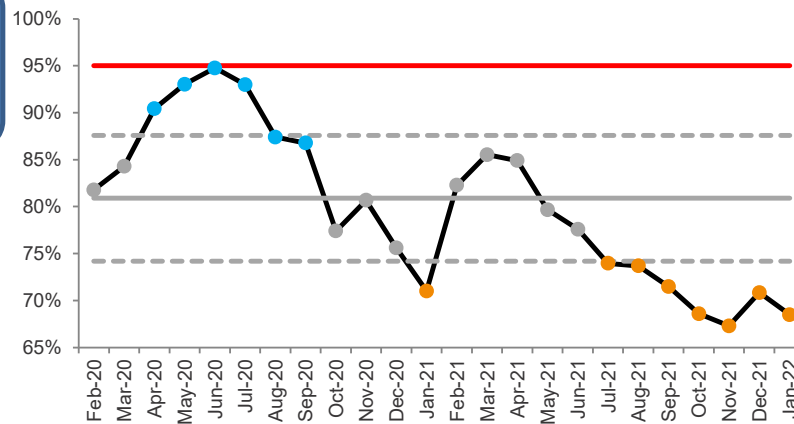
A&E 4 hour standard % performance - Pennine



Overall performance against the 'Pennine A&E Delivery Board' Accident and Emergency four hour standard was 70.04% in January, which is below the 95% threshold and the Trust trajectory (87%)

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

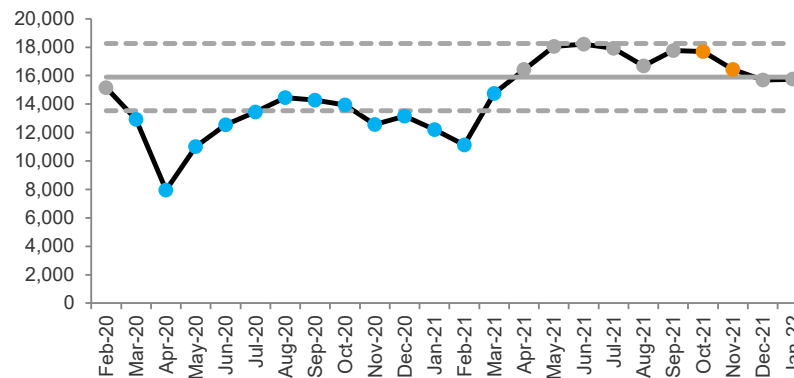
A&E 4 hour standard % performance - Trust



Performance against the ELHT four hour standard was 68.49% in January.

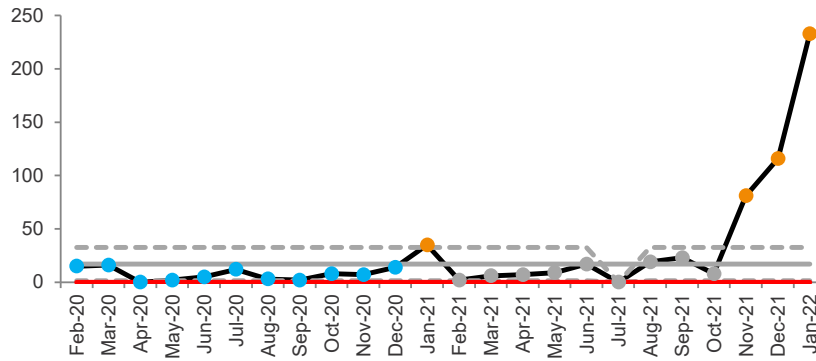
The national performance was 74.3% in January (All types) with none of the 111 reporting trusts with type 1 departments achieving the 95% standard.

A&E Attendances - Trust



The number of attendances during January was 15,750, which is within the normal range.

12 Hr Trolley Waits

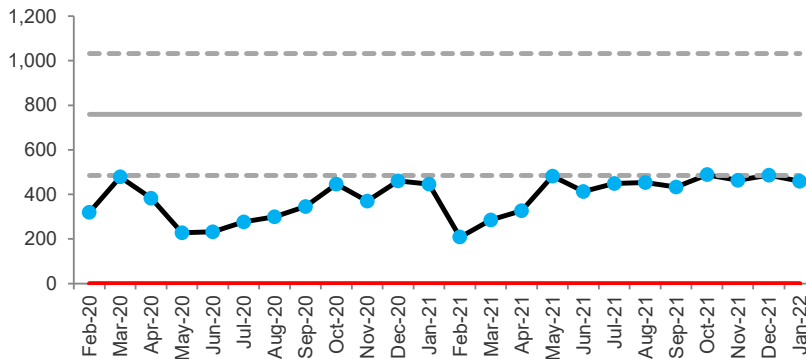


There were 233 reported breaches of the 12 hour trolley wait standard from decision to admit during January, which is higher than the normal range. 19 were mental health breaches and 214 were physical health.

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

	Mental Health	Physical Health
No. 12 Hr Trolley Waits	19	214
Average Wait from Decision to Admit	28hr 27 min	17hr 17 min
Longest Wait from Decision to Admit	117hr 40 min	28hr 07 min

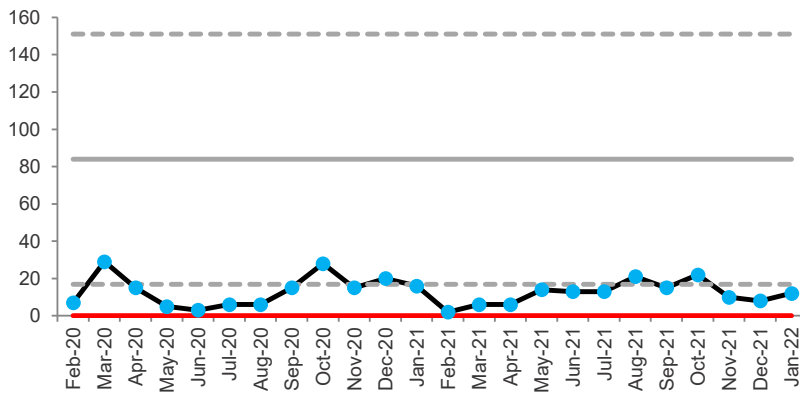
Ambulance Handovers -



Following a review of North West Ambulance Service 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 459 ambulance handovers > 30 minutes in January. The trend is still showing significant improvement from previous levels, but based on current variation is not capable of hitting the target routinely.

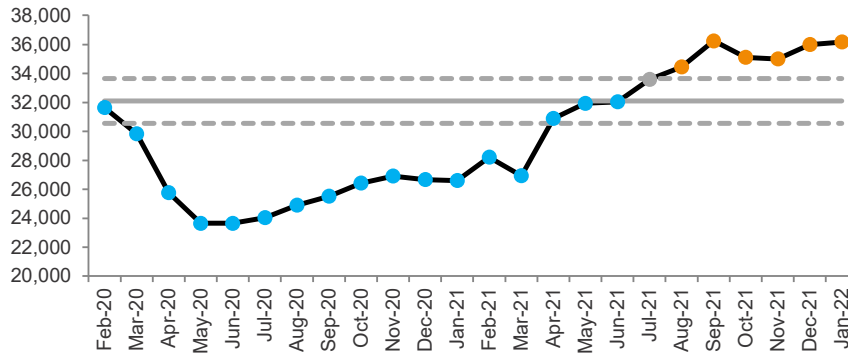
Ambulance Handovers - >60 Minutes



There were 12 ambulance handovers > 60 minutes in January, which continues to demonstrate a significant improvement. Following validation, 4 of the 12 were actual ELHT breaches and 8 were due to non-compliance with the handover screen.

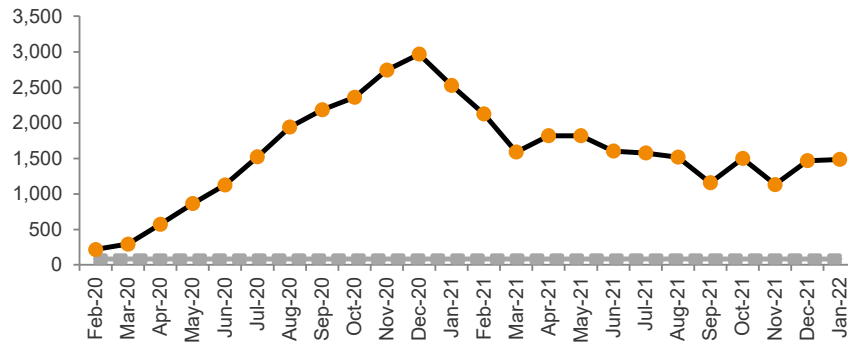
The average handover time was 22 minutes in January and the longest handover was 1hr 30 minutes. Due to increased > 60 minutes numbers reported by NWS for 31st October and 1st November, the average arrival to handover times may have been overinflated.

Referral to Treatment (RTT) Total Ongoing



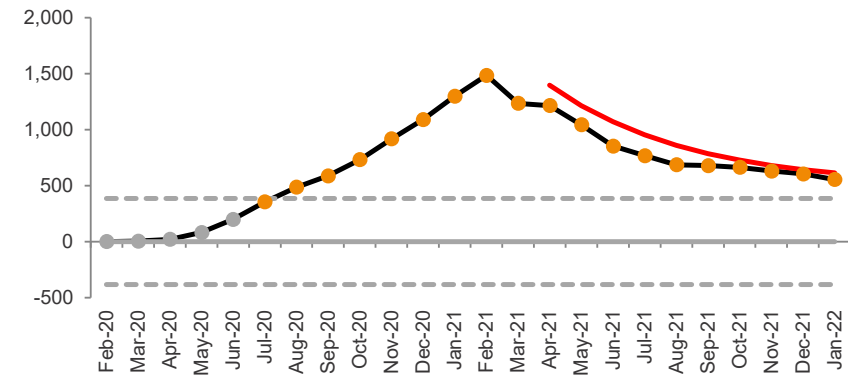
At the end of January, there were 36161 ongoing pathways, which has increased on last month and is above pre-COVID levels.

RTT Total Over 40 wks



The number of pathways over 40wks increased in January with 1486 patients waiting over 40 wks at month end.

RTT Total Over 52 wks

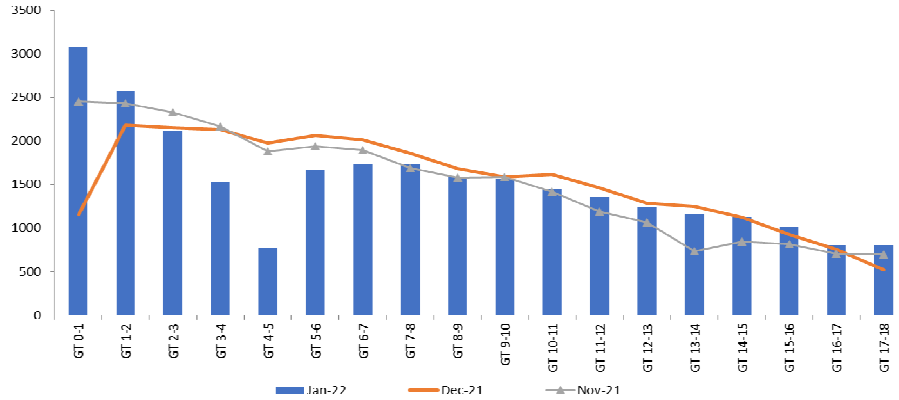


There were 555 patients waiting over 52 weeks at the end of January, due to the COVID-19 pandemic, which was below the month end trajectory (679).

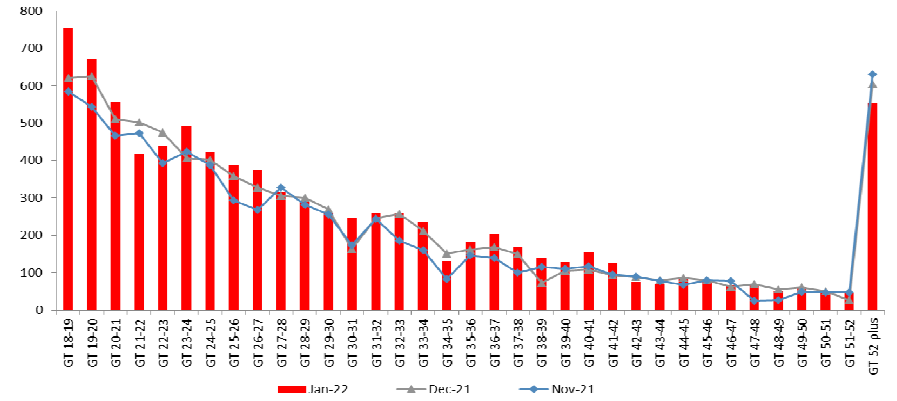
There were 4 patients waiting over 104 weeks.

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

RTT Ongoing 0-18 Weeks

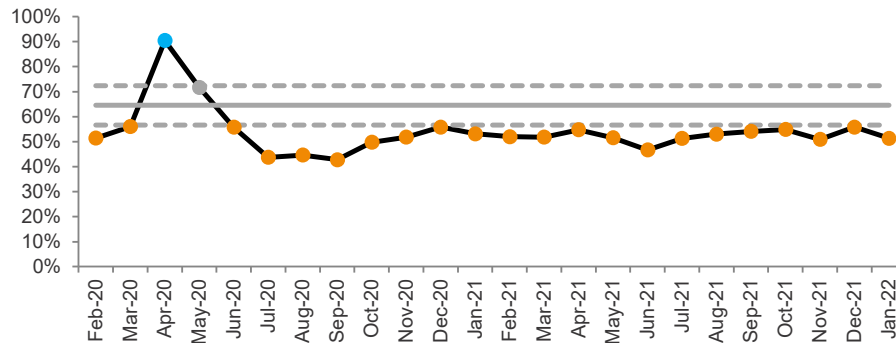


RTT Over 18 weeks

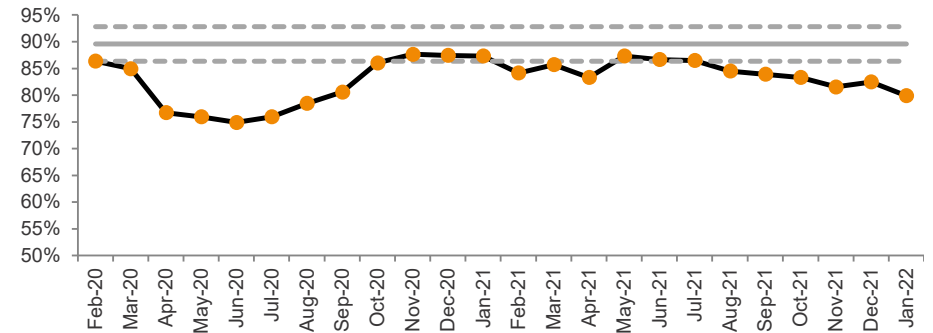


Although no longer a national target, the proportion of admitted and non-admitted patients, admitted within 18 weeks is included for information. During April 20 and May 20, only priority and urgent patients were admitted.

RTT Admitted

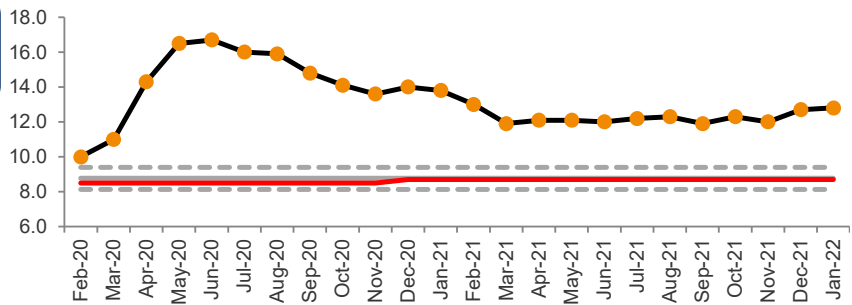


RTT Non-Admitted



PRIVATE BOARD ONLY - RTT Average Wait & % Within 18 Weeks

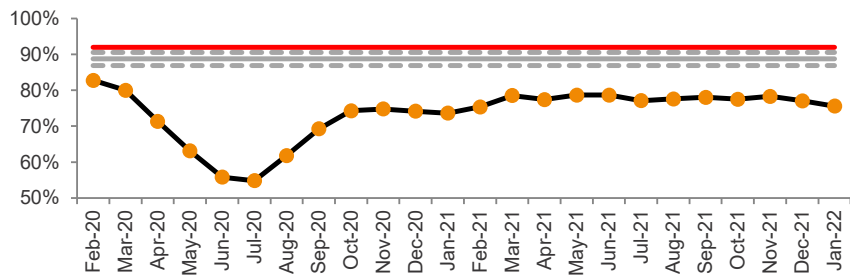
RTT Average Wait (Weeks)



The Trust commenced field testing of the new Referral to Treatment (RTT) average wait standard in August 2019, with a local target of 8.7 weeks.

The performance in January was above target at 12.8 weeks. The trend remains significantly higher than previous levels and based on current performance the indicator remains at risk of failing.

RTT Ongoing %

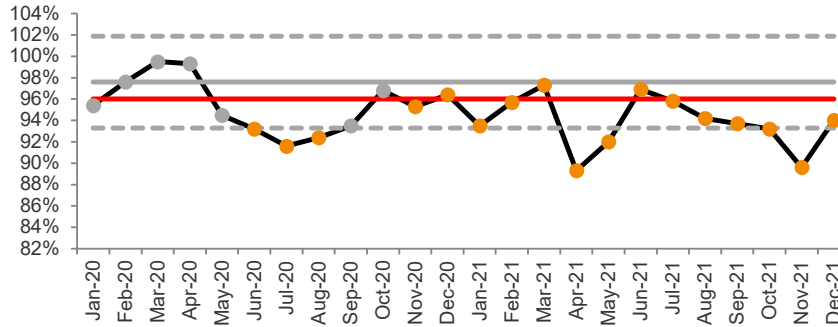


The 18 week referral to treatment (RTT) % ongoing position was not achieved in January with 75.6% patients, waiting less than 18 weeks to start treatment at month end.

The trend remains significantly lower than previous levels and based on current variation this indicator remains at risk of failing the target.

The latest published figures from NHS England show continued failure of the ongoing standard nationally (reported 1 month behind), with 63.8% of patients waiting less than 18 weeks to start treatment in December.

Cancer 31 day

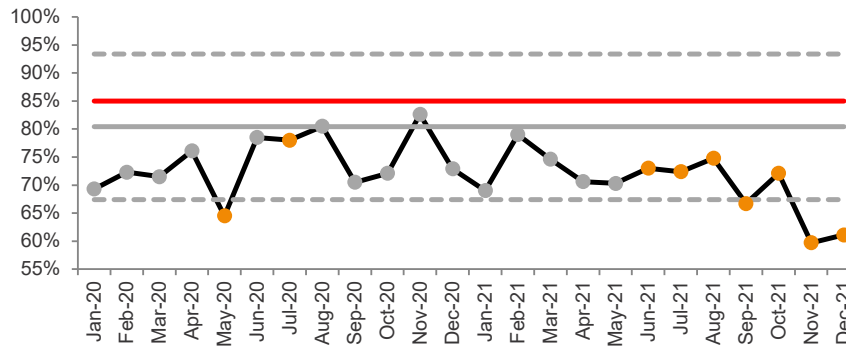


The 31 day standard was not achieved in December at 94.0%, below the 96% threshold.

Q3 was not achieved at 92.3%

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

Cancer 62 Day

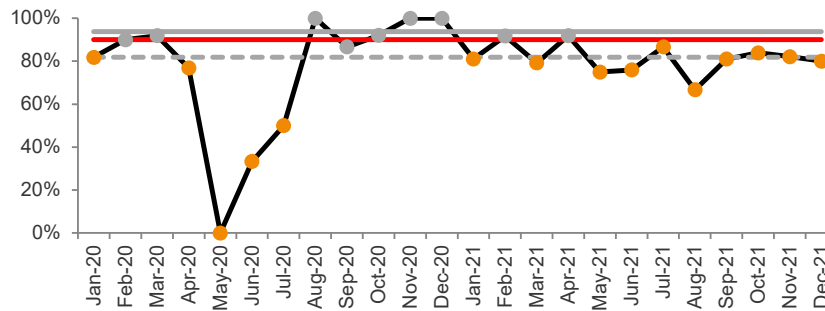


The 62 day cancer standard was not achieved in December at 61.1% below the 85% threshold.

Q3 was not achieved at 67.0%

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

Cancer 62 Day Screening

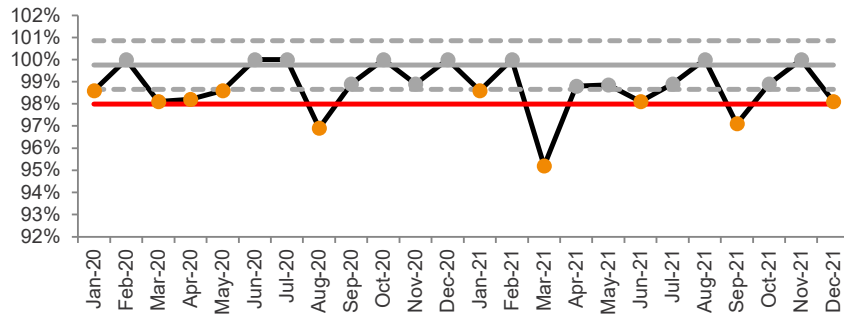


The 62 day screening standard was not achieved in December at 80.0%, below the 90% threshold.

Q3 was not achieved at 82.6%

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

Cancer - Subsequent treatment within 31 days (Drug)

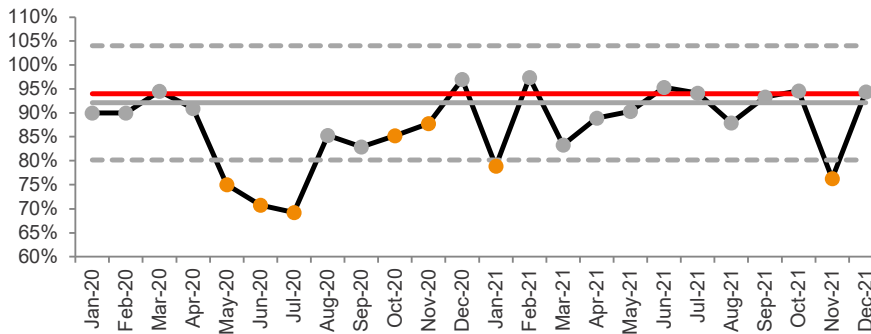


The subsequent treatment - drug standard was met in December at 98.1%, above the 98% threshold.

Q3 was achieved at 99%*

* Following further validation, June 21 performance has been revised up to 98.1% from the nationally submitted position of 95.6%. This was resubmitted in November 21.

Cancer - Subsequent treatment within 31 days (Surgery)



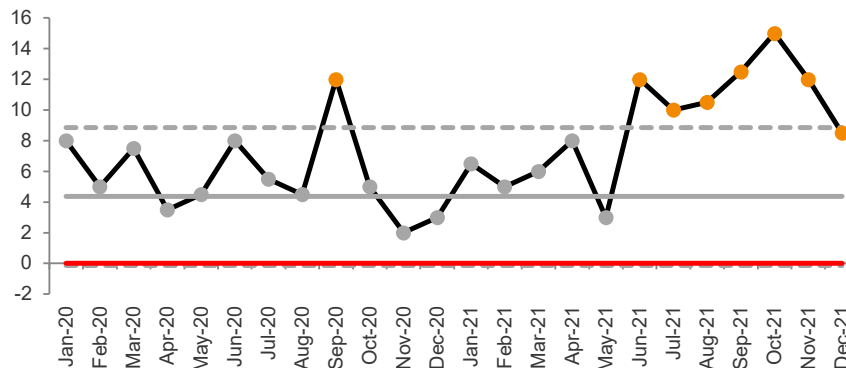
The trend is showing deteriorating performance and based on the current variation, the indicator should consistently achieve the standard.

The subsequent treatment - surgery standard was met in December at 94.4%, above the 94% standard.

Q3 was not achieved at 88.1%

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



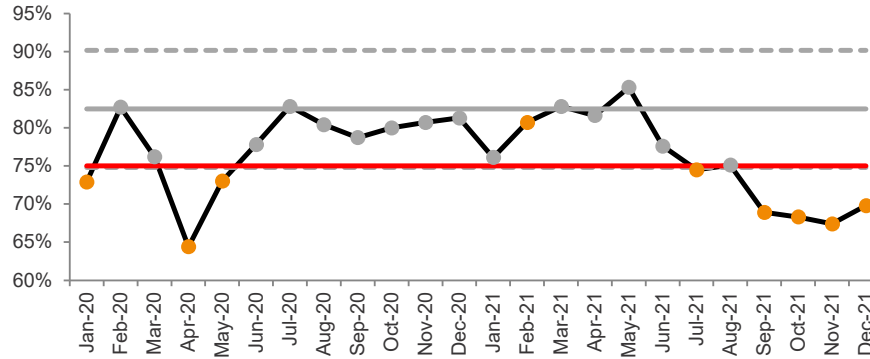
There were 8.5 breaches allocated to the Trust, treated after day 104 in December and will have a detailed root cause analysis undertaken by the clinical director for cancer with the cancer oncology directorate manager liaising with the consultants involved in the pathway as required.

The trend is showing a significant increase this month.

PRIVATE BOARD ONLY - Cancer 2 week wait & 28 day faster diagnosis

RESPONSIVE

Cancer 28 Day faster diagnosis



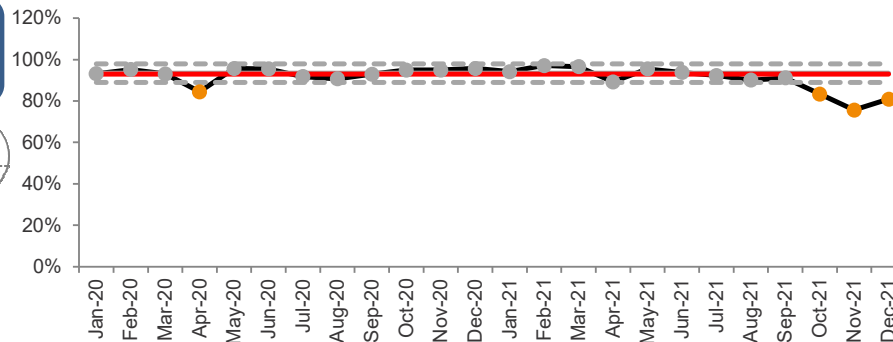
The Trust commenced testing of the new 28 day faster diagnosis standard from August 2020, which has been shadow monitored in previous months.

The Trust will be monitored against a baseline target of 75%. The performance in December was below target at 69.8%

Q3 was not achieved at 68.5%

The trend is showing significant deterioration this month.

Cancer 2 Week



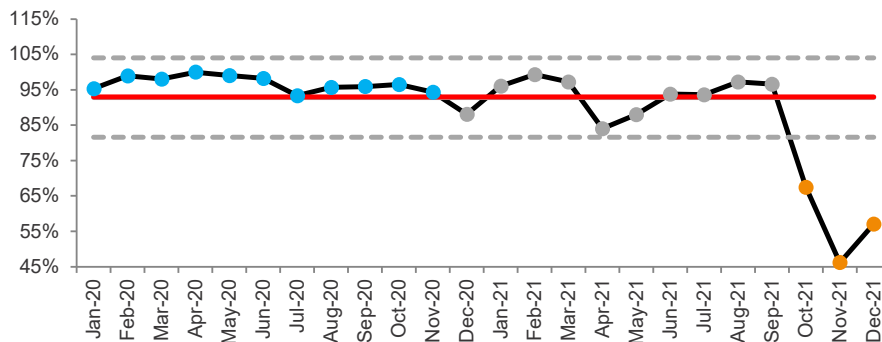
During the field test, the 2 week wait standard will be removed and is shown here for information only.

The cancer 2 week wait for GP referrals standard was not achieved in December at 80.9%, below the 93% threshold.

Q3 was not achieved at 79.9%

The trend is showing deteriorating performance and based on current variation, the indicator is at risk of failing the standard.

Cancer 2 Week - breast

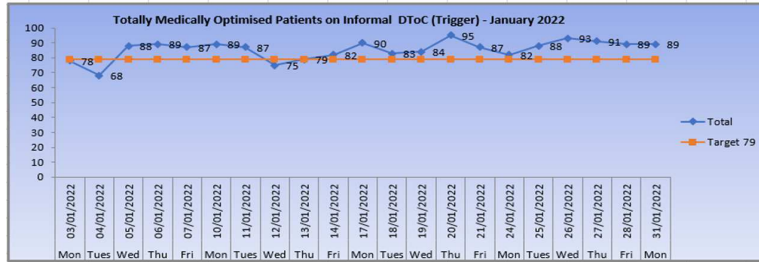


The 2 week breast symptomatic standard was not achieved in December at 57.1%, below the 93% threshold.

Q3 was achieved at 59.6%

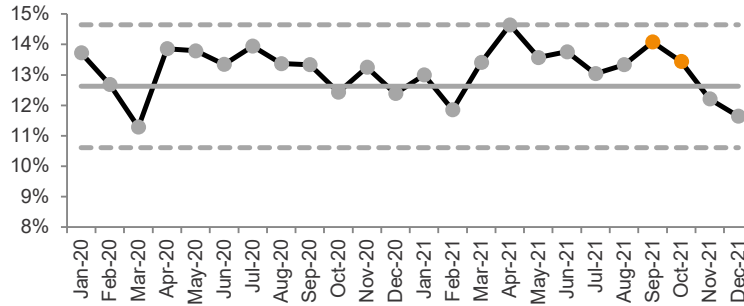
The trend is showing deteriorating performance and based on current variation this indicator is at risk of failing the standard.

Delayed Discharges



The formal reporting has now stopped as performance around discharge is being monitored regionally and nationally by the 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).

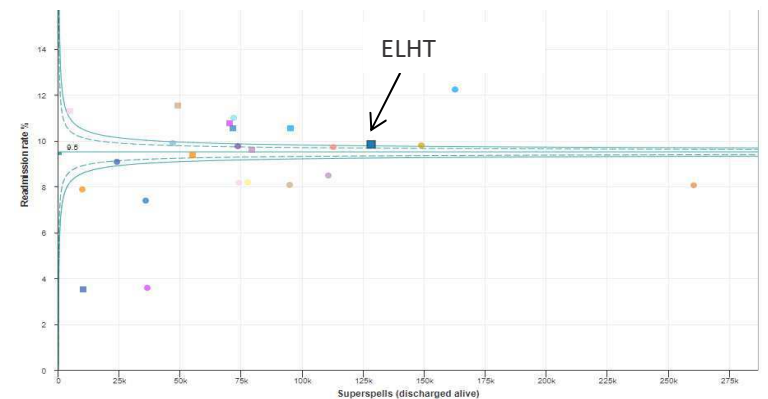
Emergency Readmissions



The emergency readmission rate trend is within the normal range.

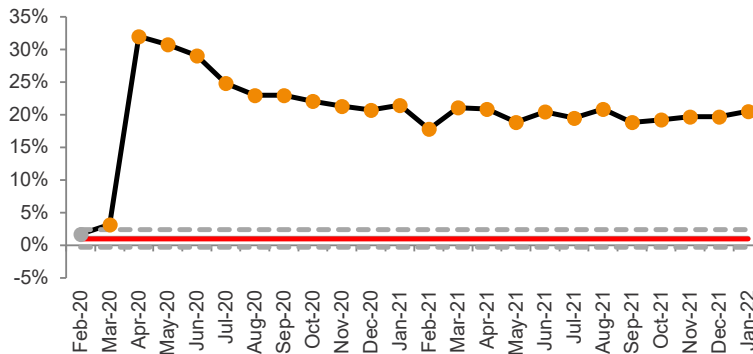
Dr Foster benchmarking shows the ELHT readmission rate is higher than the North West average.

Readmissions within 30 days vs North West - Dr Foster



In January 20.53% of patients were waiting longer than 6 weeks for a diagnostic procedure, which is above the 1% threshold.

Diagnostic Waits



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 29% in December (reported 1 month behind).



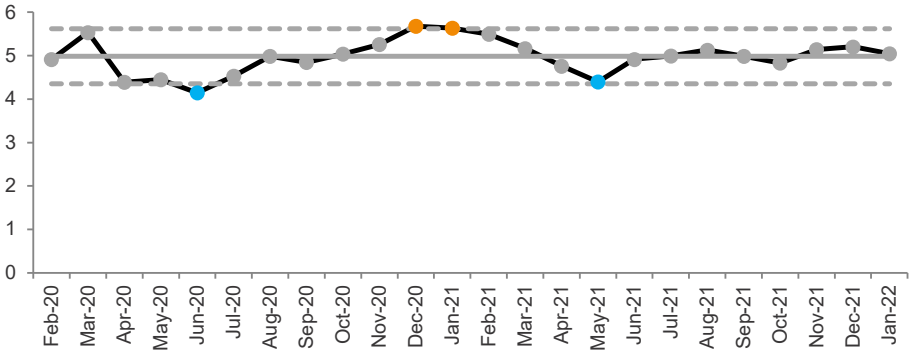
Average length of stay

Dr Foster Benchmarking November 20 - October 21

	Spells	Inpatients	Day Cases	Expected LOS	LOS	Difference
Elective	57,886	9,111	48,775	3.3	2.6	-0.7
Emergency	61,489	61,489	0	4.3	4.2	-0.1
Maternity/ Birth	13,151	13,151	0	2.3	2.1	-0.1
Transfer	207	207	0	9.2	23.4	14.2

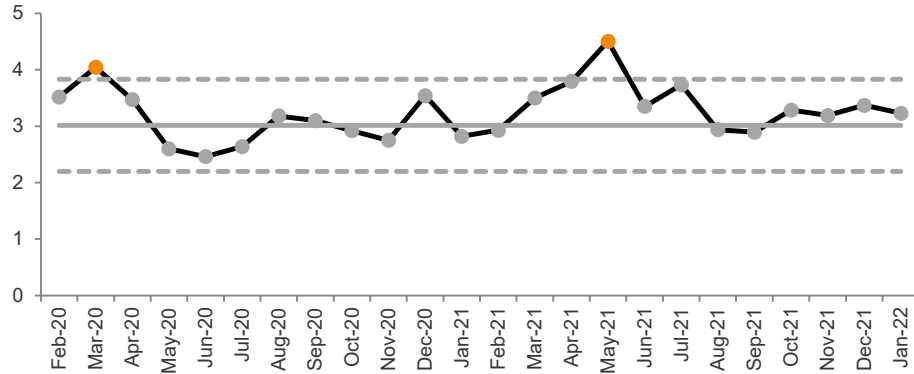
Dr Foster benchmarking shows the Trust length of stay to be below expected for non-elective, elective, and maternity/birth when compared to national case mix adjusted, for the period November 20 - October 21.

Average length of stay - non elective



The Trust non-elective average length of stay is showing normal variation this month.

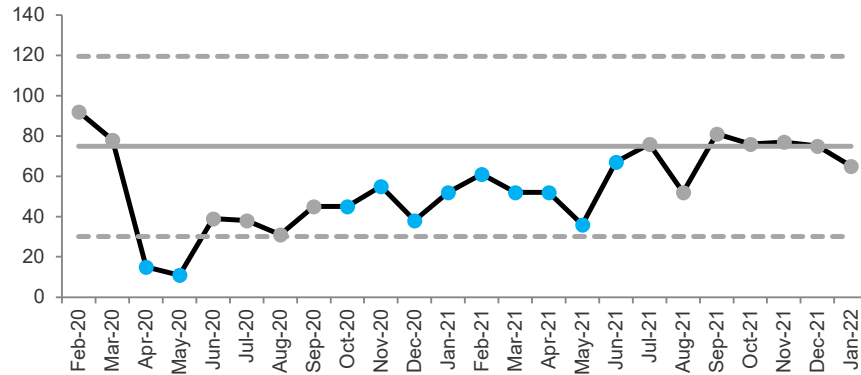
Average length of stay - elective



The Trust elective average length of stay is showing normal variation.

RESPONSIVE

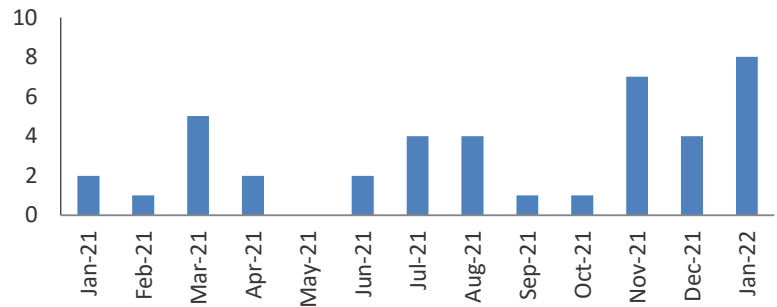
Operations cancelled on day



There were 65 operations cancelled on the day of operation - non clinical reasons, in January.

The trend is showing a return to normal variation.

Operations cancelled on day - breaches of 28 day



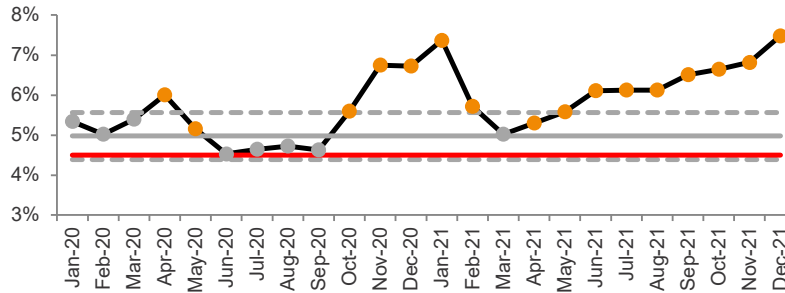
■ Not treated within 28 days of last minute cancellation due to non clinical reasons - actual

There were 8 'on the day' cancelled operations not rebooked within 28 days in January. These will be provided to the Finance & Performance Committee.

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.

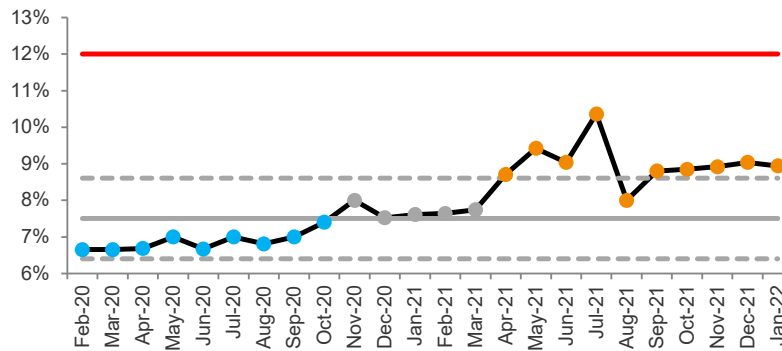


Sickness



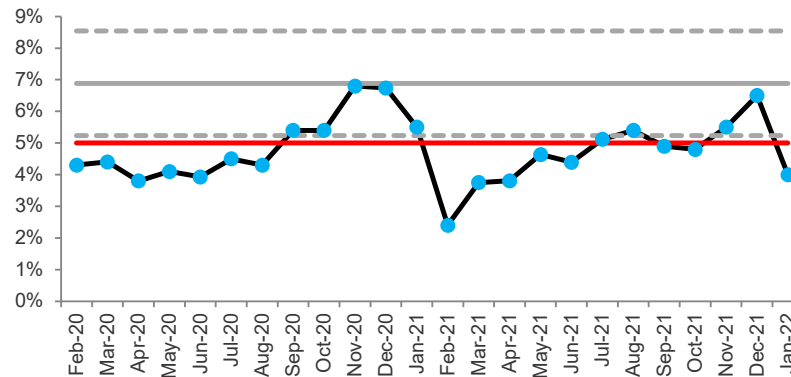
The sickness absence rate was 7.5% for December which is above the threshold of 4.5%. The trend is showing a significant increase and based on the current level of variation, is at risk of being above threshold.

Turnover Rate



The trust turnover rate continues to be higher than normal at 8.9% in January, however remains below threshold. Based on current variation, the indicator will consistently be below the threshold.

Vacancy Rate

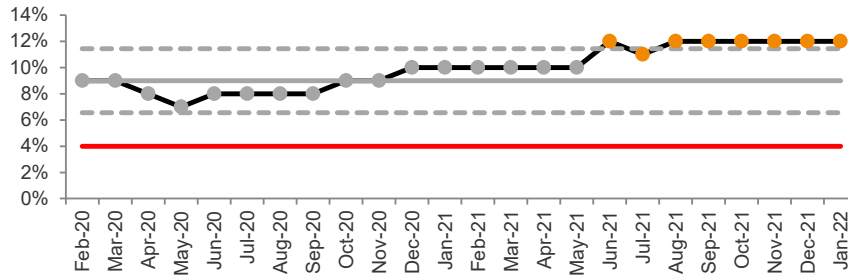


The vacancy rate is 4.0% for January which is below the 5% threshold.

This is a significant improvement from normal variation but based on current variation this indicator is not capable of hitting the target routinely.

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

Temporary costs and overtime as %

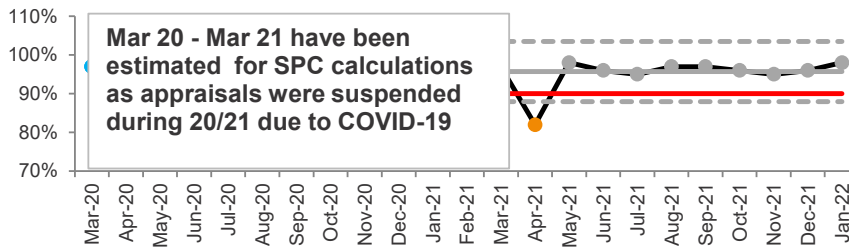


In January 2022 £5.6 million was spent on temporary staff, consisting of £1.4 million on agency staff and £4.2 million on bank staff.

WTE staff worked (9,473 WTE) was 273 WTE more than is funded substantively (9,200 WTE).

Pay costs are £4.6 million more than budgeted establishment in January.

Appraisals, Consultant

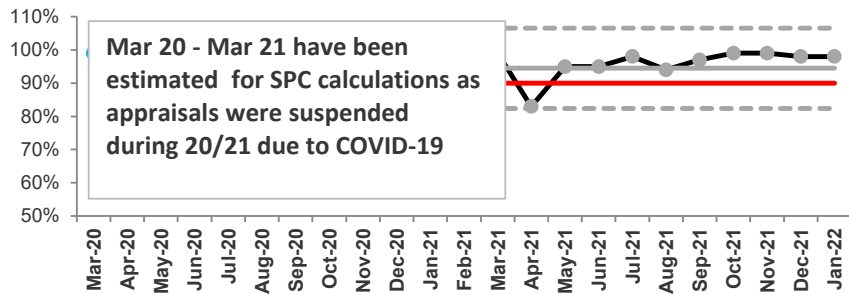


At the end of January 22 there were 360 vacancies

The temporary staffing cost trend shows a significant increase and is not capable of hitting the target.

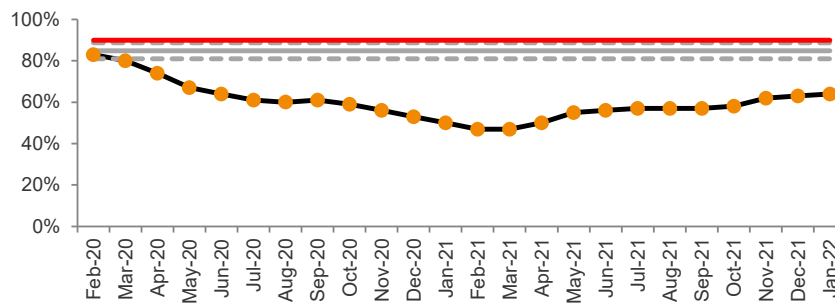
Appraisal and revalidation was suspended during 20/21 due to COVID-19.

Appraisals, Other Medical



The appraisal rates for consultants and career grade doctors are reported cumulative year to date to January 22 and reflect the number of reviews completed that were due in this period.

Appraisals Agenda for Change (AFC) Staff



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

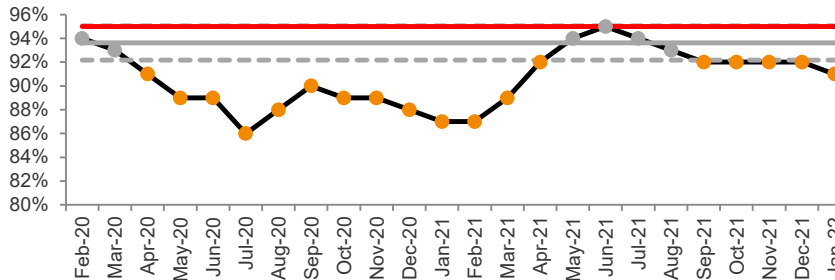
There has been a range of Trust wide actions to support compliance which are on-going. These actions are monitored through the Finance & Performance Committee.

Job Plans

Stage	Consultant	SAS Doctor
Not Published	0	0
Draft	12	1
In discussion with 1st stage manager	185	35
Mediation	0	0
Appeal	0	0
1 st stage sign off by consultant	41	5
1 st stage sign off by manager	36	5
2nd stage sign off	32	6
3rd stage sign off	34	12
Signed off	22	1
Locked Down	0	0

As at January 2022, there were 362 Consultants and 65 Specialty Doctor/ Associate Specialist (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



Information governance toolkit compliance is 91% in January which is below the 95% threshold. The trend is showing deterioration and based on current variation, the indicator is at risk of not meeting the target.

Core Skills Training % Compliance

	Target	Compliance at end January
Basic Life Support	90%	85%
Conflict Resolution Training Level 1	90%	96%
Equality, Diversity and Human Rights	90%	95%
Fire Safety	95%	92%
Health, Safety and Welfare Level 1	90%	96%
Infection Prevention L1	90%	95%
Infection Prevention L2	90%	92%
Information Governance	95%	91%
Prevent Healthwrap	90%	95%
Safeguarding Adults	90%	95%
Safeguarding Children	90%	93%
Safer Handling Theory	90%	94%

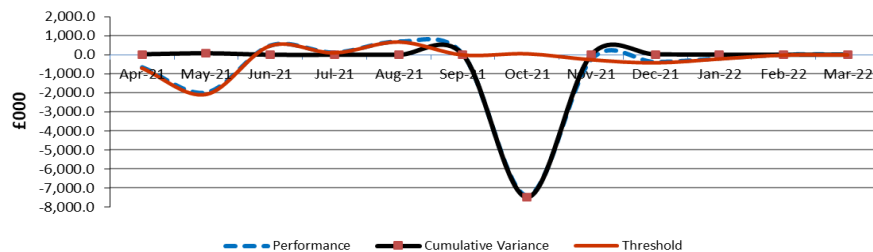
The core skills framework consists of twelve mandatory training subjects. Training is via a suite of e-learning modules and knowledge assessments on the learning hub. The threshold has been set at 90% for all areas except Information Governance and Fire Safety which have thresholds of 95%

Three core training modules are below threshold; Basic Life Support, Fire Safety, and Information Governance.

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.

Adjusted financial

Adjusted financial performance surplus/ (deficit)



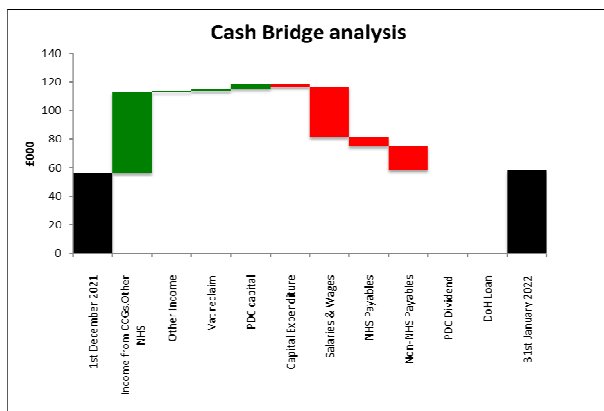
The Trust is reporting an adjusted surplus of £0.2 million in month 10, and a £0.2 million year to date adjusted deficit, in line with plan.

The cash balance as at 31st January 2022 was £58.2 million, an increase of £2.0 million on the position at the end of the previous month.

Following the receipt of £1.6 million of funding for a number of capital schemes, the 2021-22 capital programme has increased to £32.5 million, of which £3.1 million has been spent in month 10, and £18.5 million for the year to date.

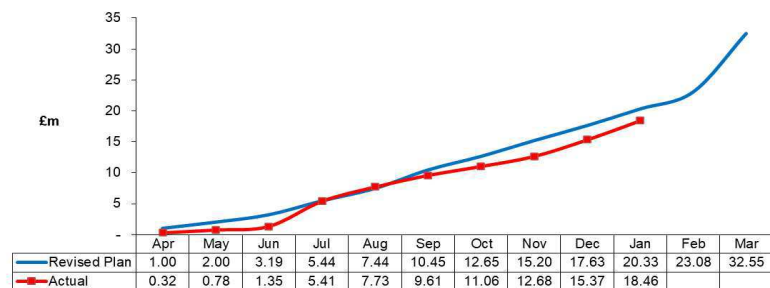
Cash

Cash bridge



Capital expenditure

Capital expenditure profile



TRUST BOARD REPORT

Item **40**

9 March 2022

Purpose Information

Title	New Hospitals Programme Quarter 3 Board Report
Author	Mr J Hawker, Programme SRO Mrs R Malin, Programme Director Mr M Burrow, Project Manager
Executive sponsor	Mr M Hodgson, Director of Service Development

Summary: The purpose of this report is to provide an update on the New Hospitals Programme for the quarter 3 period; October – December 2021.

The report includes progress on the revised governance, progress against plan including the key products to support business case development along with the public, patient and workforce communications and engagement activities underway.

This quarterly report is presented to the following Boards;

- University Hospitals of Morecambe Bay FT
- Lancashire Teaching Hospitals FT
- East Lancashire Hospitals Trust
- Blackpool Teaching Hospitals FT
- Lancashire & South Cumbria FT
- Integrated Care System (ICS)
- Provider Collaborative

And the Strategic Commissioning Committee.

Recommendation:

- Note the progress undertaken in Q3.
- Note the progress in developing key products to support business case (section 3).
- Note the activities planned for the next period namely appraising the longlist to a shortlist of options.

Report linkages

Related strategic aim and corporate objective	Transformation and improvement schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.
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Related to key risks identified on assurance framework

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

NEW HOSPITALS PROGRAMME Q3 BOARD REPORT

1. Introduction

- 1.1 This report is the 2021/22 Quarter 3 update from the Lancashire and South Cumbria (L&SC) New Hospitals Programme.

2 Background

- 2.1 Lancashire Teaching Hospitals NHS Foundation Trust (LTHTr) and University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) are working with local NHS partners to develop a case for investment in local hospital facilities. The programme is part of the Government's commitment to build 40 new hospitals by 2030. Together with eight existing schemes, this will mean 48 hospitals built in England over the next decade, the biggest building programme in a generation. Further information can be found on the ['Our NHS buildings' website \(opens in new window\)](#).
- 2.2 The L&SC New Hospitals Programme (NHP) offers a once-in-a-generation opportunity to transform the region's ageing hospitals and develop new, cutting-edge hospital facilities that offer the absolute best in modern healthcare.
- 2.3 This is a national programme, which continues to shape and develop. The national New Hospital Programme team continues to work with schemes to determine the best national and local approach to demand modelling, clinical vision and strategy, assessing benefits of new hospital facilities as well as understanding the most effective commercial framework that can be applied. The national team continue to visit schemes across the country and L&SC look forward to welcoming colleagues in the near future.
- 2.4 Whilst the L&SC programme and extended team work through the complexities that come with such a programme, it remains an exciting opportunity to secure significant investment in our ageing hospital facilities and region as a whole.

3 Progress against plan (for the period October – December 2021)

- 3.1 In Q3, ICS leaders and NHSEI met to discuss wider system delivery, focusing on achievement of sustained operational, quality and financial improvement. This has enabled the NHP to be firmly placed in the scope of longer term system improvement.

- 3.2 Given this context, the programme has provided input to the review led by the PCB Clinical Integration Group to develop a strawman Hospitals Clinical Strategy for 2030 and beyond. This is an item of significance for the NHP given the interdependency between hospital sites and services. This important work will continue to be led by our clinicians and is embedded in the vision for L&SC hospitals to work in a networked way, enabled by digital technologies. The NHP will receive ongoing updates throughout Q4 to ensure hospital facilities are designed in line with the Hospitals Clinical Strategy.
- 3.3 Our hospitals are just one part of a health and care system and can only provide high quality, efficient care in partnership with colleagues from across L&SC. As the NHP progresses the detail around the longlist of proposals - including the size of new hospital facilities, it is clear the hospitals can only be rightsized for future demand if our Primary and Community care services and infrastructure are developed in parallel. This is both an interdependency and risk for the NHP. An ICS primary and community strategy group has recently been established and will start to create a case for change and strategic plan during Q4.
- 3.4 **Key products to support business case development** – During Q3, a number of key products have been developed. These products represent key building blocks in the development of the business cases. The products are:
- 3.5 **Site solutions** – this has been an energetic and intensive period where our clinical, operational and estates/site professionals have worked together with architects and other technical experts to understand the art of the possible for rebuild/partial rebuild and refurbishment on the existing sites. This has resulted in realistic examples and designs of where and how the existing sites could be developed, grouping clinical services and buildings for maximum benefit. Colleagues have relished this challenge and opportunity, bringing professional input and enthusiasm to working through such a complex jigsaw puzzle. The output will be used in Q4 to help narrow down the longlist of proposals to a shortlist.
- 3.6 **Longlist of proposals** – following approval of the longlist of proposals in Q3, the programme has held several workshops with our clinical, operational, estates/site, finance and infrastructure colleagues. These have focused on developing the required detail of the estates options, socio-economic value, aligning the NHP and the ICS

Clinical Strategy and benefits identification. This has provided real and tangible information regarding each proposal, which will now be used to appraise the longlist.

As part of the programme's continued commitment to communicating and listening to our staff, public, patients and wider stakeholders, a series of engagement events regarding the longlist of proposals have taken place. Section 4 provides more detail on these activities. The insight gained from such activities is invaluable and will be used as a key input to the workshop to appraise the longlist.

3.7 Identification and quantification of benefits – work has commenced with clinical and estates colleagues, supported by external advisors, to create a log of benefits and associated risks. Whilst this is a formal and somewhat technical element of the business cases, this important step allows the programme to capture and quantify the true impact of our ageing estate and the benefit new hospital facilities will bring.

3.8 Assessing the options workshop – this is a significant milestone for the programme as the longlist of proposals is narrowed to a shortlist. The first of two workshops was held in October 2021, where patient representatives and wider stakeholders positively worked alongside clinical, operational, estates and finance colleagues to discuss the longlist of proposals and Critical Success Factors (CSFs). Such workshops allow for a really important wide range of perspective. The programme is pleased to report workshop attendees formally approved the longlist and CSFs, subject to some recommended amendments to the CSFs.

The second workshop will take place in February 2022, when the programme is looking forward to another session of positive and lively input from attendees. This workshop will use the CSFs to appraise the longlist. The output of this will be a shortlist of options, which the programme looks forward to announcing in Q4.

4 Public, patient and workforce communications and engagement

4.1 A number of key communications, involvement and engagement activities have taken place during this period namely:

4.2 Ongoing proactive communications to encourage local people, staff and stakeholders to get involved and have their say, well supported by all Lancashire and South

Cumbria NHS partners through internal and external communications channels.

- 4.3 A range of [new blogs and updates](#) have been published on the NHP website and shared through NHP and partner social media channels, to raise awareness about the programme, explain the process that is being followed and encourage people to share feedback. The programme launched a [NHP Programme Director blog](#) to describe how the longlist was developed.
- 4.4 Through October and November 2021, an advertising campaign was delivered to promote the New Hospitals Programme and encourage local residents to get involved – including local print and online media, radio adverts and social media advertising.
- 4.5 A wide range of proactive engagement on the longlist of proposals has been conducted, including market research; public roadshow events; workshops and focus groups with under-represented communities; online surveys; stakeholder meetings; online discussion on the NHP Big Chat; staff meetings and briefings; and social media. Reporting on the longlist engagement to date has concluded and an insight synthesis report has been shared with the Communications and Engagement Oversight Group.
- 4.6 Engagement highlights to date are summarised below at an engagement mechanism level:
- 3,824 responses to NHP online surveys;
 - 22,374 visits to the Big Chat website (12,586 unique visitors), with 3,000 people joining the online discussion;
 - Two waves of market research completed, with 1,000 people interviewed in each (telephone, in-person and online);
 - 879 staff attended two dedicated colleague summits;
 - Social media reach of 720K; 1,258 followers across Facebook and Twitter;
 - 11,713 people have visited the NHP website to date; with 4,503 page views for the longlist blog update;
 - 234 participants from 29 different groups have participated in Healthwatch Together focus groups;
 - Face-to-face conversations held with 796 local people through Healthwatch-led roadshow events, which visited 16 local community sites;

- Across all engagement channels, 4,689 seldom heard group representatives have become involved; and
- In total, 12,281 unique individuals have been engaged with online and face-to-face, including 6,470 members of the public and patients.

4.7 This important stream of work continues throughout Q4, including sharing and discussing the shortlist of options and a follow up colleague summit providing an opportunity for NHS colleagues across L&SC to receive an update on the programme and take part in another engaging question and answer session.

5 Stakeholder management

5.1 Board members will recognise there is a breadth of stakeholders in such a programme. During Q3, there has been a continuation of stakeholder updates, meetings and correspondence with MPs, local authorities and community groups. Work on the socio-economic benefits of new hospital facilities continues, working closely with the Lancashire Local Enterprise Partnership (LEP). The programme looks forward to continuing this important strand of the programme in Q4, in particular sharing the shortlist of options.

6 Programme governance and risk

6.1 During Q3, MIAA (Mersey Internal Audit Agency) Advisory Services have undertaken an independent review of the programme governance and assurance arrangements across the NHP. A draft report has been issued for comment with the programme and Governance Advisory Group providing initial comments. An updated version will be presented to the group in January 2022. The final report will include an action plan and decision making matrix in line with programme and statutory body governance frameworks, as well as that of the business case processes.

6.2 Throughout Q3, the programme has strengthened the risk register and progressed interdependency mapping. The full risk register is reviewed and reported to the various groups within the programme governance framework. Risks scoring 15 and above are then reported and discussed at the Strategic Oversight Group (SOG) each month.

An interdependency workshop has taken place with ICS colleagues, producing a draft map of all interrelated projects and programmes. This then allows active management of dependent relationships.

7 Next period – Q4 2021/22

7.1 The key focus of Q4 will be preparing and delivering the formal appraisal of the longlist of proposals, which will establish a shortlist (as per section 3.8) of options which will progress towards the SOC or PCBC stage. This is a significant milestone for the programme and will involve a formal workshop (February 2022) with wide ranging attendees, including patient representatives and stakeholders. The short listing process will use information comprising, but not limited to, the Framework Model of Care, estates/buildings solutions, benefits assessment, reports into net zero carbon, a digital blueprint and the output of the public and staff engagement undertaken to date, with each proposal being appraised against the Critical Success Factors evidence.

Following the workshop, the programme will publish the shortlist of options and welcomes discussions with wider stakeholders, including Health Overview and Scrutiny Committees, community groups, MPs etc.

It is worth noting formal approval from statutory bodies is required ahead of submitting business cases and the programme will continue to keep Boards sighted on progress and provide assurance on the process being followed.

8 Conclusion

8.1 This paper is a summary of progress on the New Hospitals Programme throughout Quarter 3 2021/22.

9 Recommendations

9.1 The Board is requested to:

- Note the progress undertaken in Q3.

- Note the progress in developing key products to support business case (section 3).
- Note the activities planned for the next period namely appraising the longlist to a shortlist of options.

Rebecca Malin
Programme Director
January 2022

Jerry Hawker
Programme SRO

TRUST BOARD REPORT

Item **41**

9 March 2022

Purpose Information

Title	NHS Green Plan
Author	Mrs M Brown, Director of Finance
Executive sponsor	Mrs M Brown, Director of Finance

Summary: The ELHT Green Plan sets out our road map to Net Zero through a detailed action plan covering nine areas of focus and is aligned with the Trust’s Clinical, Quality, Financial and Estates strategies. The Green Plan will be delivered through key stakeholder engagement across the Trust as well as collaboration with other likeminded organisations including the local Integrated Care System (ICS), social care providers, our supply chain and the wider community through the Local Authorities.

Recommendation: The Board is asked to approve the NHS Green plan presented.

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 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
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Equality

No

Confidentiality

No

Previously considered by:

Audit Committee (January 2022)

Executive Team (January 2022)

Green Plan

2022 - 2025

Safe | Personal | Effective

Version Control

Version	Date Issued by Trust	Ratification / Description of Key Changes	Date Authorised by Trust
1	06/01/2022	Update provided by Trust leads. Now requires Trust Board approval.	
2	11/01/2022	Amended scope of Plan to cover 2022-2025.	

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Foreword

Since its establishment in 2003, East Lancashire Hospitals NHS Trust (ELHT) has sought to provide high quality acute secondary healthcare for the people of East Lancashire and Blackburn with Darwen. In delivering this care, ELHT also recognises its responsibility to maintain economic, environmental and social sustainability whilst adapting to global challenges such as climate change and pandemics.

As the largest employer in Europe, the NHS is responsible for 4% of the UK carbon emissions. ELHT understands its role as part of the NHS in helping to reduce this impact and is committed to achieving the Net Zero goals of 2040 for controllable emissions and 2045 for emissions it is able to influence, as set out in the Delivering a Net Zero NHS Guidance.

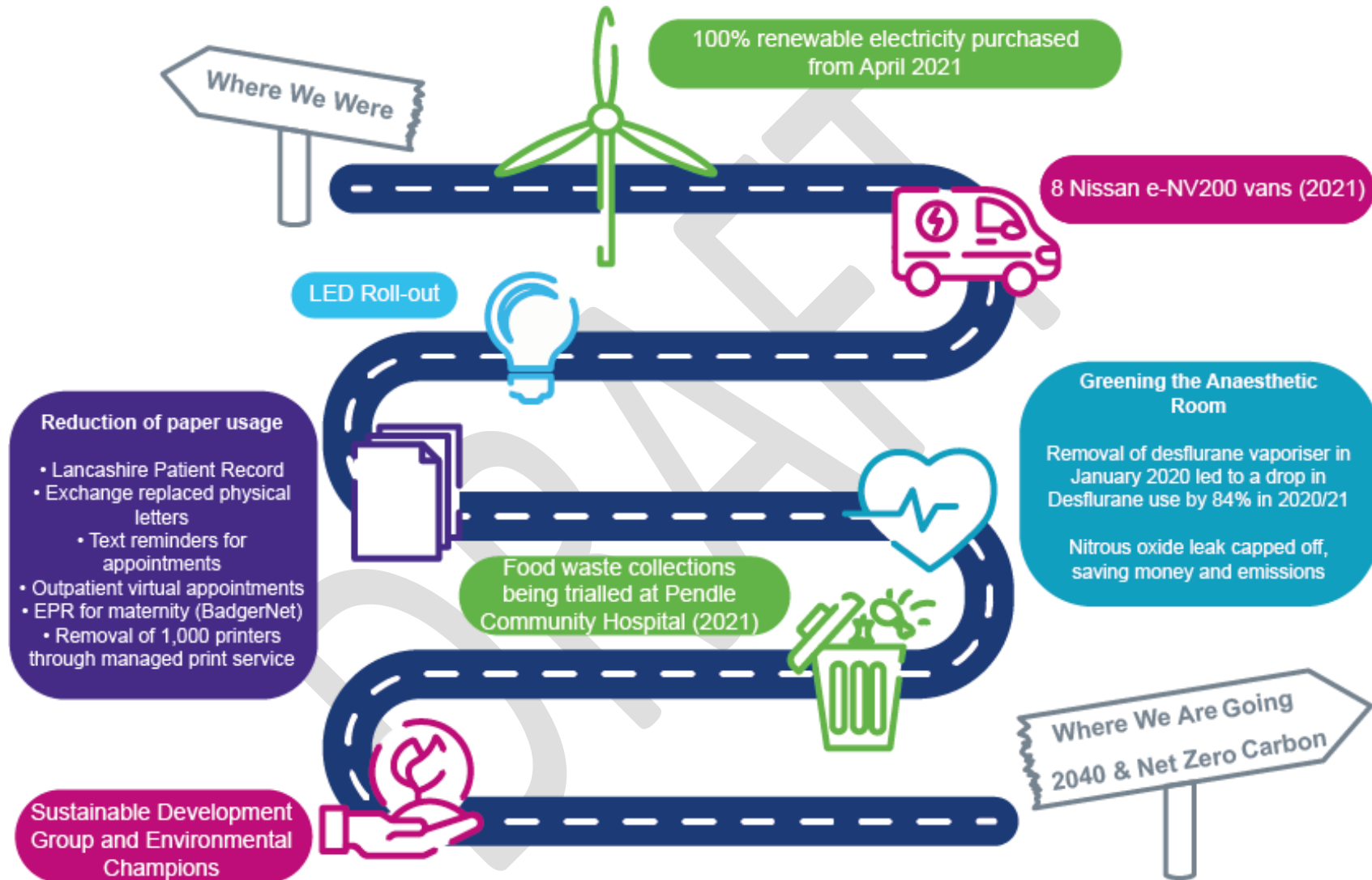
In addition to the Net Zero goals of the NHS, ELHT is committed to supporting its staff, its patients and the wider community in reducing their own emissions, fulfilling its role as an anchor institution. Achieving Net Zero will not only be beneficial to the Trust, it will also benefit those living in the region through improved environmental conditions and improved health.

This ELHT Green Plan sets out our road map to Net Zero through a detailed action plan covering nine areas of focus and is aligned with the Trust's Clinical, Quality, Financial and Estates strategies. The Green Plan will be delivered through key stakeholder engagement across the Trust as well as collaboration with other likeminded organisations including the local Integrated Care System (ICS), social care providers, our supply chain and the wider community through the Local Authorities.

I am pleased to support ELHT's vision to be a leader in the provision of sustainable healthcare across the region through the endorsement of this plan as it is the right thing to do.

**Professor Eileen Fairhurst,
Chairman, East Lancashire Hospitals NHS Trust.**

Highlights



Introduction

“While the NHS is already a world leader in sustainability, as the biggest employer in this country and comprising nearly a tenth of the UK economy, we’re both part of the problem and part of the solution.

That’s why we are mobilising our 1.3 million staff to take action for a greener NHS, and it’s why we have worked with the world’s leading experts to help set a practical, evidence-based and ambitious route map and date for the NHS to reach net zero.”

Sir Simon Stevens, former NHS Chief Executive

East Lancashire Hospitals NHS Trust (ELHT) is proud to share our Green Plan, which seeks to integrate sustainable development in the way we offer vital healthcare services and help the NHS to become the first health service in the world with net zero greenhouse gas (GHG) emissions.

This Green Plan will provide a useful steer as to what extent the Trust has reached previous goals, and how these will be improved upon over the next three years as we continue our journey towards net zero.

The climate crisis is also a health crisis. Rising temperatures and extreme weather will disrupt care and impact the health of our patients and the public, especially the most vulnerable in our society. ELHT has a central role to play in reducing health inequalities and helping the NHS to reach net zero.

This Green Plan serves as the central document for ELHT’s sustainability agenda and provides the rationale for sustainability at the Trust. This Green Plan will allow ELHT to work with our staff, patients and partners to take action on sustainable development and climate change mitigation as part of our commitment to offer the highest quality care to our communities.

The progress will be reported formally to the Trust Board and other key stakeholders annually and updated where necessary to ensure continual improvement.

East Lancashire Hospitals NHS Trust provides a range of acute, community and child mental health services, and operates five hospitals - in Accrington, Blackburn, Burnley, Clitheroe and Pendle.

East Lancashire NHS Trust in 2020/21

Number of employees (FTE):
8,700

Key Services:
Acute Hospital Care, Community Care,
Child mental health (ELCAS)

Footprint of Sites:
90,000 m²

Geography:
Main clinical sites in Blackburn,
Burnley, Accrington, Clitheroe
and Pendle

Hospital services:
Accident and Emergency care and emergency
surgery; elective surgery in many specialties;
Hepatobiliary, Head & Neck, Urology,
Cardiology and Neonatal services.

Patient Numbers:
700,000

Number of Sites:
5 (with clinical presence for
outpatient services at 35 community
sites)

Community services:
district nursing, intermediate care,
occupational therapy and physiotherapy,
community dental services and palliative
care



Key Resources



Building Energy
105.6 GWh

Baseline year for Plan 2020/2021



Waste Arisings
2,174 tonnes



Procurement Activity
£76,721,923



Water Supplied
608,159 m³



Business Travel including staff commuting
47,347,925 km



Patient/Visitor Travel
46,560,715 km



Organisational Vision



Figure 1 ELHT 2022 Strategic Framework

Safe | Personal | Effective

www.elht.nhs.uk

Our Green Plan adds further environmental and social dimensions to the delivery of care, especially in terms of the widely accepted climate and ecological crisis.

Our Green Plan Vision

Net Zero: resource consumption and Greenhouse Gas (GHG) emission reductions that align with NHS net zero targets

Climate Resilience: reducing the environmental impact of our activities and provide a basis for us to become a climate change-resilient organisation

Social Value: actions that leverage our role as a place-based anchor institution to accomplish social value

Our Green Plan has nine Areas of Focus that appraise our status and set actions to be achieved within the next three years:

1. Workforce and Systems Leadership
2. Sustainable Models of Care
3. Digital Transformation
4. Travel and Transport
5. Estates and Facilities
6. Medicines
7. Supply Chain and Procurement
8. Food and Nutrition
9. Adaptation



Image: ELHT Signpost. Source: ELHT Library

Our Drivers for Change

ELHT recognises the urgency in becoming a sustainable organisation and the positive impact that this will have on its local communities. We are committed to deliver the NHS Long Term Plan, Standard Contract, the recommendations in the Priorities and Operational Planning Guidance and ‘Delivering a Net Zero NHS’ report, all of which have informed our Green Plan and shape our Vision.

We will work through this plan to fulfil sustainable development requirements from the NHS (as shown in Figure 2) and other relevant legislation (as listed on the next page in Figure 3) that are aligned with the relevant United Nations (UN) Sustainable Development Goals (SDGs). This includes obligations to minimise adverse impacts on the environment and secure wider social, economic and environmental benefits for our communities.

We are also committed to reviewing and participating in regional partnerships and strategies related to sustainable development wherever appropriate.

NHS England has released a number of documents that will inform the targets set by the Trust in the Action Plans. These are detailed in Figure 2. In addition, international legislation and UK guidance drives climate change initiatives which have been detailed in Figure 3.



Clitheroe Source: ELHT Library

Priority	Link to our Green Plan
NHS NHS Long Term Plan (LTP)	<p>2.18 Take action on healthy NHS premises.</p> <p>2.21 Reduce air pollution from all sources.</p> <p>2.24 Take a systematic approach to reduce health inequalities.</p> <p>2.3 Improve preventative care.</p> <p>2.37 Commission, partner with and champion local charities, social enterprises and community interest companies.</p> <p>4.38 Make the NHS a consistently great place to work – promoting flexibility, wellbeing and career development.</p> <p>4.42 Place respect, equality and diversity at the heart of workforce plans.</p> <p>16 Play a wider role in influencing the shape of local communities.</p> <p>17 Lead by example in sustainable development and in reducing use of natural resource and the carbon footprint of health and social care</p> <p>18 Create social value in local communities as an anchor institution.</p>
NHS NHS Standard Contract 21/22 SC18	<p>18.1 Take all reasonable steps to minimise adverse impact on the environment.</p> <p>18.2 Maintain and deliver a Green Plan, approved by the Governing Body, in accordance with Green Plan Guidance.</p>
NHS NHS Planning Guidance 21/22 PG	<p>C1 Where outpatient attendances are clinically necessary, at least 25% should be delivered remotely by telephone or video consultation</p>
NHS NHS Estates 'Net Zero' Carbon Delivery Plan NZCDP	<ol style="list-style-type: none"> 1. Making every kWh count: Investing in no-regrets energy saving measures 2. Preparing buildings for electricity-led heating: Upgrading building fabric 3. Switching to non-fossil fuel heating: Investing in innovative new energy sources 4. Increasing on-site renewables: Investing in on-site generation
NHS NHS Greener NHS / Net Zero Plan	<p>Net zero by 2040 for the NHS Carbon Footprint, with 80% reduction by 2028 to 2032.</p> <p>Net zero by 2045 for the NHS Carbon Footprint 'Plus', with an ambition for an 80% reduction by 2036 to 2039.</p>

Figure 2 NHS Environmental Drivers

Legislative Drivers	UK guidance
Civil Contingencies Act 2004	National Policy and Planning Framework 2012
Climate Change Act 2008 (as amended)	Department of Environment, Food and Rural Affairs (DEFRA) The Economics of Climate Resilience 2013
Public Services (Social Values) Act 2012	Department for Environment, Food and Rural Affairs (DEFRA) Government Buying Standards for Sustainable Procurement 2016
Mandatory; those mandated within the NHS	The Stern Review 2006; the Economics of Climate Change
Standard Form Contract requirements	Health Protection Agency (HPA) Health Effects of Climate Change 2012
HM Treasury's Sustainability Reporting Framework	The National Adaptation Programme 2013; Making the country resilient to the changing climate
Public Health Outcomes Framework	Department of Environment, Food and Rural Affairs (DEFRA) 25 Year Plan
International	Health-Specific Requirements
Intergovernmental Panel on Climate Change (IPCC) AR5 2013	Delivering a Net Zero National Health Service 2020 and Greener NHS guidance
UN Sustainable Development Goals (SDGs) 2016	Five Year Forward View 2014
World Health Organisation (WHO) toward environmentally sustainable health systems 2016	Sustainable Development Strategy for the Health and Social Care System 2014-2020
World Health Organisation (WHO) Health 2020	Adaptation Report for the Healthcare System 2015
The Global Climate and Health Alliance. Mitigation and Co-benefits of Climate Change	The Carter Review 2016
	National Institute for Clinical Excellence (NICE) Physical Activity; walking and cycling 2012
	Health Technical Memoranda (HTM)'s and Health Building Notes (HBN)'s
	Sustainable Transformation Partnerships (STP) Plans

Figure 3 Legislative Drivers with UK Guidance

The UN Sustainable Development Goals

Our Trust is working meaningfully towards the United Nations (UN) Sustainable Development Goals (SDGs) through our Green Plan, which we have aligned to relevant SDG targets.

The SDGs underpin a global action framework to 2030, adopted by every UN member country to address the biggest challenges facing humanity.

Each goal has targets and indicators to help nations and organisations prioritise and manage responses to key social, economic and environmental issues.

“The NHS belongs to all of us” *

The NHS and its people contribute to multiple SDGs through the delivery of its core functions, for example, target 3.8, to achieve universal health coverage.

Established on 5 July 1948, the UK’s National Health Service is the world’s first modern fully universal healthcare system, free at the point of use and celebrating its 75th year in 2023.

* Constitution of NHS England



Linking our Green Plan to NHS Net Zero

Contributing around 4% of the country's carbon emissions, and over 7% of the economy, the NHS has an essential role to play in meeting the net zero targets set under the Climate Change Act.

Two clear and feasible net zero targets for NHS England are outlined in the ['Delivering a 'Net Zero' National Health Service'](#)-report (aka NHS Net Zero Report):

- **The NHS Carbon Footprint** for the emissions we control directly, net zero by **2040**
- **The NHS Carbon Footprint 'Plus'** for the emissions we can influence, net zero by **2045**.

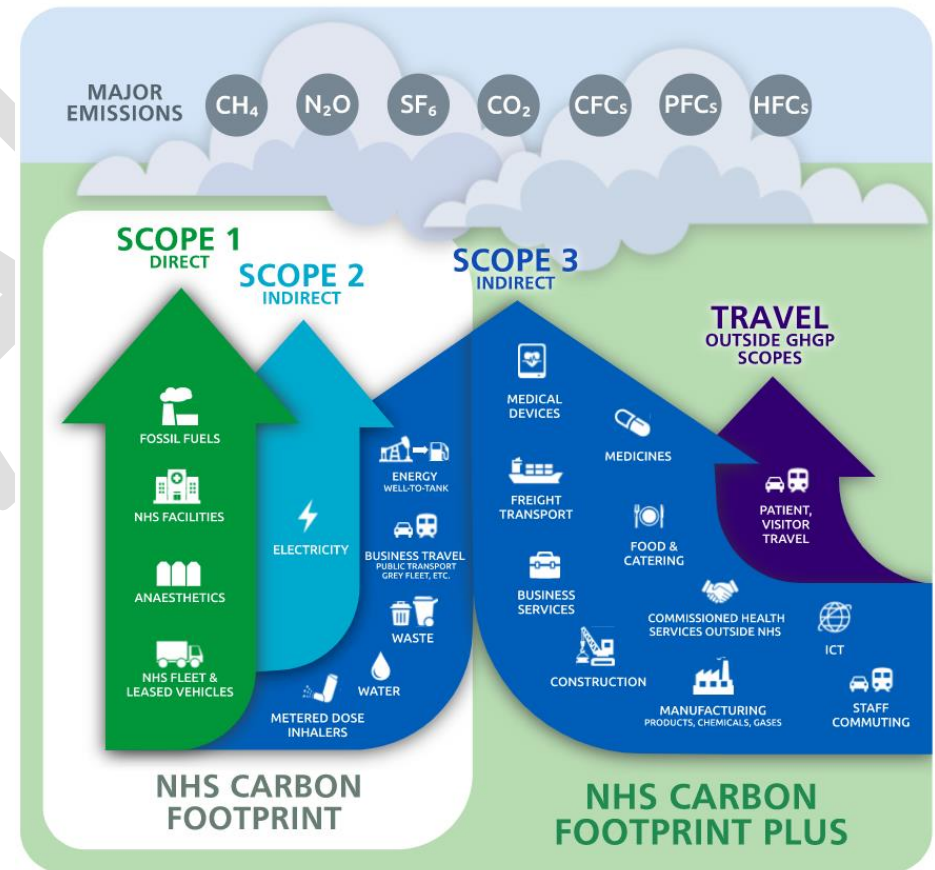
All NHS trusts are to align their Green Plans with NHS England's net zero ambitions. We have calculated those emissions from all the sources listed in the NHS Net Zero Report to be reduced by approximately 4% year-on-year (akin to Science Based Targets) until each of the target dates, respectively.

Greenhouse Gas Emissions

Greenhouse gas emissions are conventionally classified into one of three 'scopes', dependent on what the emission source is and the level of control an organisation has over the emission source. They are reported in 'tonnes of carbon dioxide equivalent' (t CO₂e).

Scope 1 and 2 emissions are those that we can control and directly influence. Some scope 3 emissions such as waste and business travel can also be directly influenced, while for others such as commissioned health services, we cannot directly control. The emission sources and their 'scopes' are shown in further detail this infographic (Figure 4).

Figure 4 Greenhouse gas emission sources and their 'scopes'



Data and methodology

The result of a GHG emissions calculation varies in accuracy depending on the data set provided. The more accurate the data supplied, the more accurate the result, which will subsequently allow for better targeting of areas where improvements can be made.

Our GHG Emissions footprint was calculated following an internationally recognised methodology for compiling a GHG emissions inventory. This methodology was guided by published reporting and best practise guidance from the UK Government, which is aligned with the GHG Protocol for Corporate Reporting and ISO 14064:1.

We have calculated our Trust's carbon footprint from 2018/19 to 2020/21 in terms of building energy and delivery of care, travel and our supply chain, as per the categorisations in the NHS Net Zero report. Data for 2021/22 was projected based on these calculations.

We have used the following primary data:

- resource consumption (electricity, gas, water) data from utility bills
- waste arisings from data sets from waste contractors
- number of inhalers from our prescribing data
- business miles travelled (by car) from our expenses system
- business travel (by rail, air etc.) from our travel operator system
- published procurement spend

We have used the NHS' Health Outcomes of Travel Tool (HOTT) to estimate emissions from staff commuting, patient and visitor

travel and our published procurement expenditure to derive spend-based emission values for categories within our supply chain. We are using 2020/21 as our baseline year to set targets against, as calculations were made before the 2021/22 financial year was complete.



Image: Blackburn labs Source: ELHT Library

ELHT's Net Zero ambitions

ELHT fully commits to reducing our greenhouse gas emissions to Net Zero to prevent the worst impacts of climate change and meeting NHS Net Zero commitments. This plan outlines high-level emissions reductions and enabling actions for each area of focus.

This means ELHT needs to act now to reduce our emissions from a variety of direct and indirect sources; from our estate to the care that we deliver and beyond, each year from now until we achieve Net Zero.

We are using this Green Plan to improve our Net Zero-related data collation, carbon footprint and reporting capacity over time.

This Includes:

Determining weaknesses in our current reporting processes and taking remedial action to ensure robust data is collected

Developing processes to measure/record emissions we have not previously tracked, such as emissions related to volatile anaesthetics and our supply chain

Identifying reduction actions for categories we cannot yet easily measure

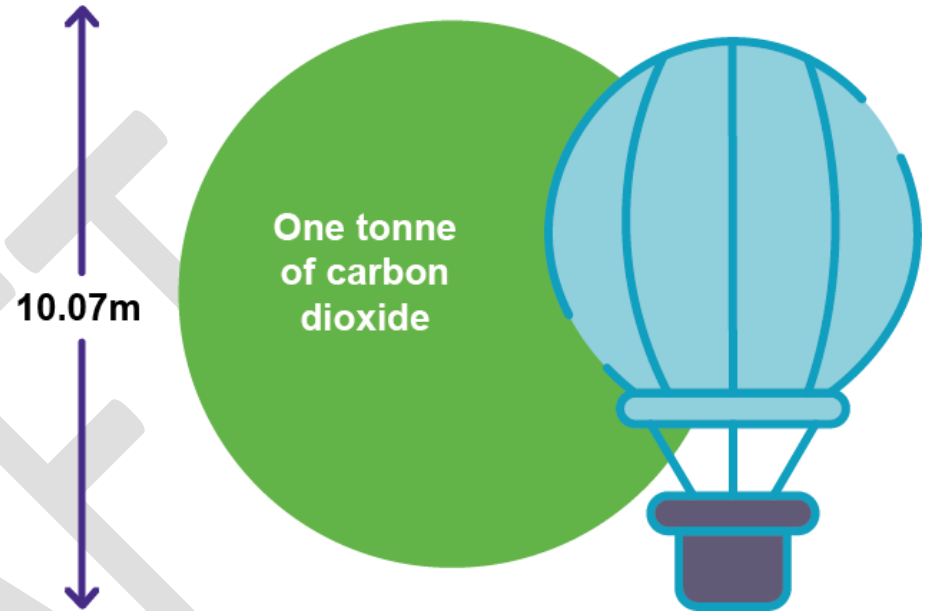


Image: Doctor using medical equipment Source: ELHT Library

An emissions-reduction trajectory for each emission source has been given in each Area of Focus (if applicable) for the next three years until 31 March 2025. To achieve these emissions reductions, we have listed a series of actions in each Area of Focus. Where possible, we have given an indicative emission reduction rating: little, moderate and significant for each action.

The environmental impacts of improving health for all are extremely difficult to detect and measure. However, reduced requirements for inpatient care and carbon-intensive resources will result in a healthier population, along with environmental and social benefits.

Throughout the Green Plan, we are using the metric of 'tonnes of carbon dioxide equivalent (tCO_{2e}).



What does one tonne of carbon dioxide look like?

One tCO_{2e} can be visualised as a volume of gas the size of a hot air balloon – a sphere about 10 metres in diameter.

The average 3-bedroom semi-detached home in North West England emits around one tCO_{2e} per year from electricity consumption and almost two tCO_{2e} from the use of natural gas for heating and cooking.

Our Current Position

Our Carbon Footprint in 2020/21 was **122,650 tCO₂e**

To meet the NHS Net Zero commitments, we need to avoid around **4,700 tCO₂e** from all sources each year until 2045.

Similar to the findings in the NHS Net Zero report, most of our emissions (78.6%) came from sources we have little or no control over: 74.1% from our supply chain and a further 4.5% from patient and visitor travel.

The remaining 21.4% arise from sources we can control or strongly influence: 12.6% of our emissions came from the operation of our buildings, 4.7% from our prescription of inhalers and volatile anaesthetics and 4.1% from transport associated with the delivery of care.

See Figure 5 for the split of each emission category, as per the NHS Net Zero report categorisation.

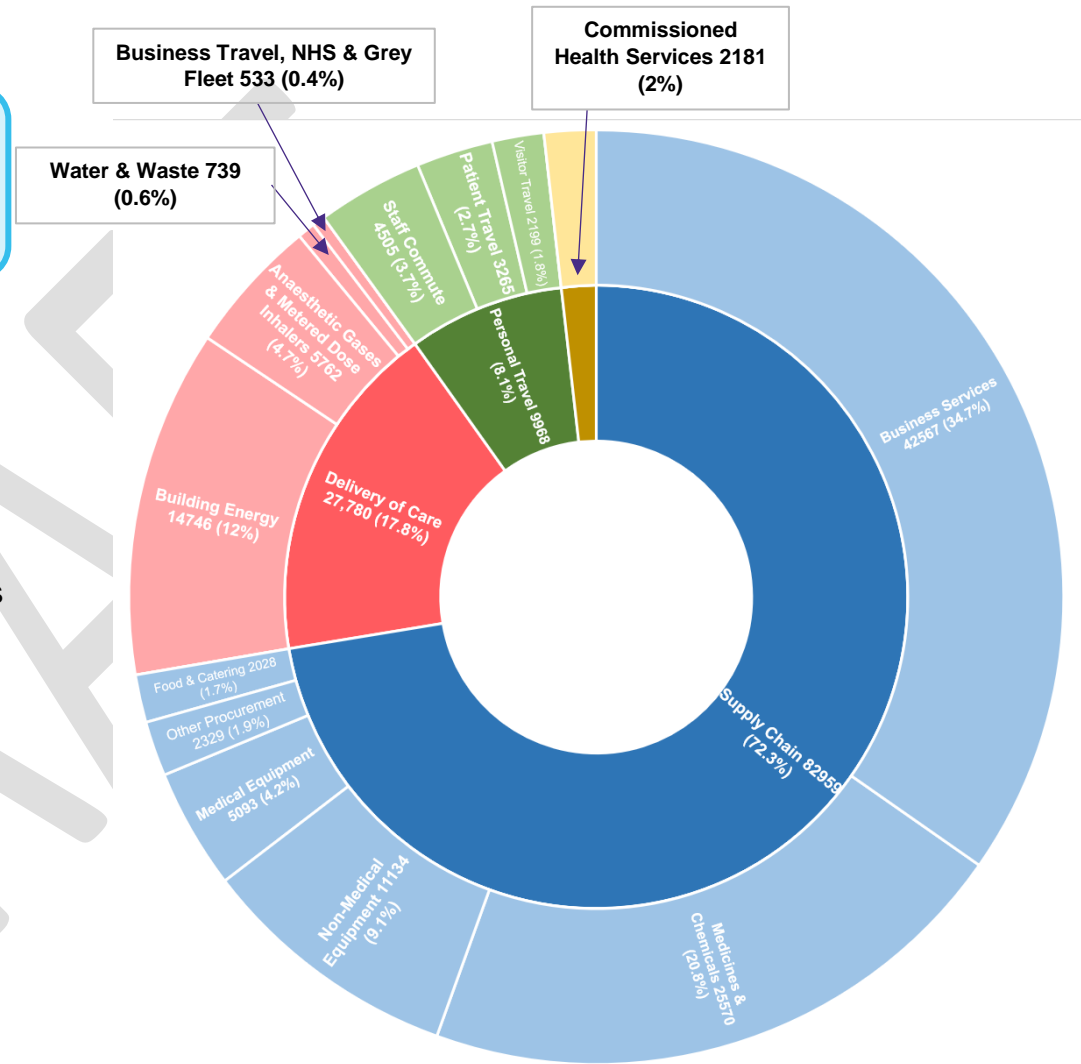
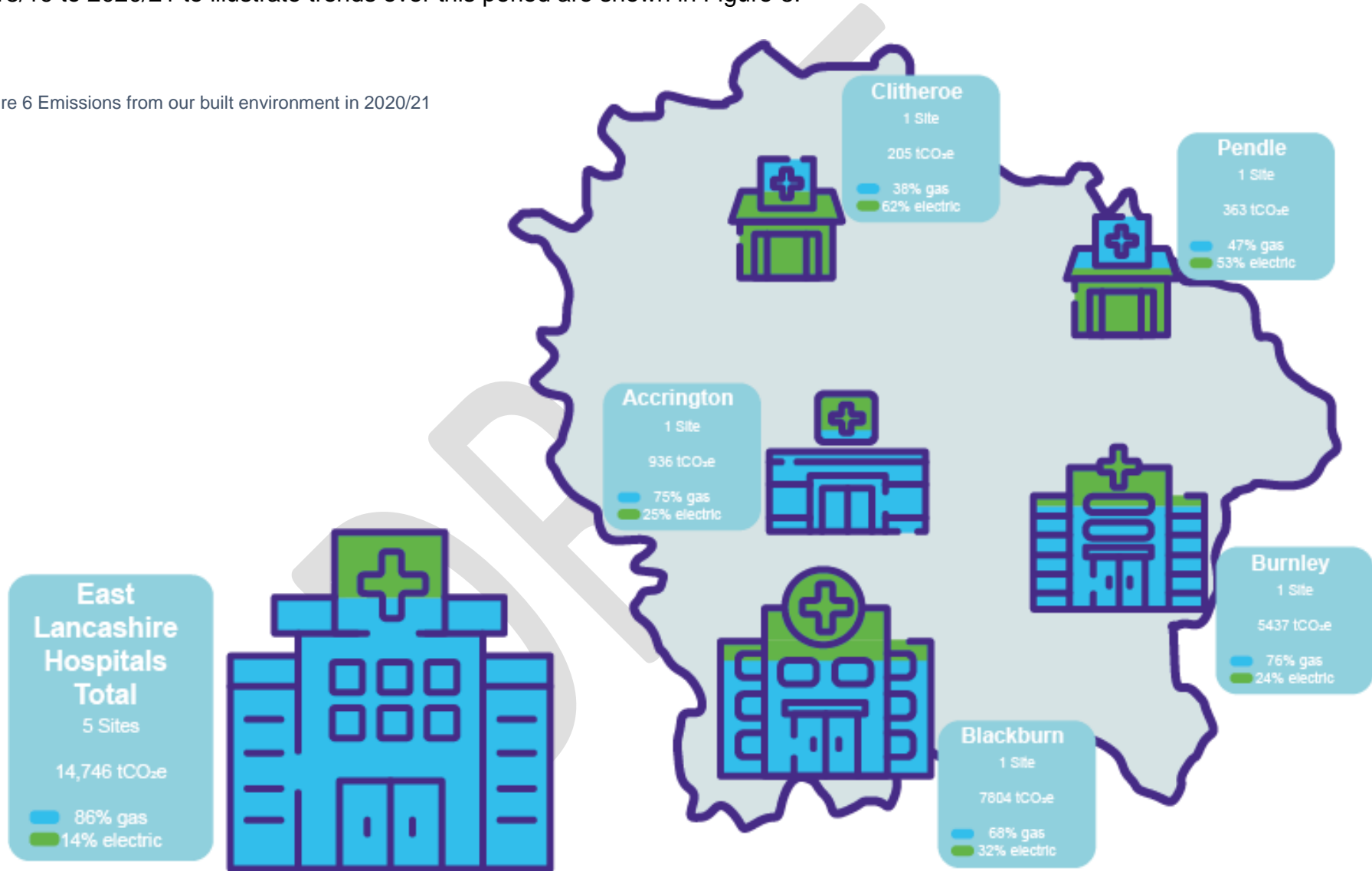


Figure 5 ELHT total carbon footprint breakdown in 2020/21

Emissions from our built environment are shown in Figure 6 and a more detailed breakdown of emission sources for the financial years 2018/19 to 2020/21 to illustrate trends over this period are shown in Figure 8.

Figure 6 Emissions from our built environment in 2020/21



Grouped Emission Source and metric	2018/19		2019/20		2020/21		Trend
	Total Consumption /output	Total Emissions (tCO ₂ e)	Total Consumption /output	Total Emissions (tCO ₂ e)	Total Consumption /output	Total Emissions (tCO ₂ e)	
Building Energy (kWh and kWh/th)	86,815,696	20,478	93,513,506	20,741	105,940,958	14,746	↓
Water Consumption and Treatment (m ³)	306,287	311	317,864	323	608,159	618	↑
Waste Arisings - Clinical Waste - Incineration (tonnes)	305	7	269	6	345	7	↑
Waste arisings - Clinical Waste - Alternative Treatment (recycled) (tonnes)	304	7	322	7	435	9	↑
Waste Arisings – Offensive waste (landfilled) (tonnes)	160	16	182	18	170	78	↑
Waste arisings - Dry Mixed Recycling (tonnes)	279	6	399	9	517	11	↑
Waste Arisings – Confidential waste (recycling) (tonnes)	76	2	147	3	206	4	↑
Waste Arisings – General waste (RDF incineration) (tonnes)	1512	32	1049	22	711	15	↓
Waste Arisings – WEEE waste (recycling) (tonnes)	15	0.3	138	3	2	0.05	↓
Business Travel (kilometres) inc. staff commuting	44,765,608	4,875	48,021,217	5322.64	47,347,925	5,038	↓
Patient and Visitor Travel (kilometres)*	46,560,715	5,912	46,560,715	5,676	46,560,715	5,463	↓
Inhalers (No. MDIs Prescribed)	Not known	Not known	5616	244.634	5153	225	↓
Inhalers (No. of DPIs Prescribed)	Not known	Not known	5396	11	3193	6	↓
Nitrous oxide (litres of N ₂ O only)	Not known	Not known	11,996,350	2,989	19,327,450	5,111	↑
Methoxyflurane (No. of Pentrox™ inhalers)	Not known	Not known	640	0.01	688	0.01	↑
Desflurane (No. 240ml bottles)	Not known	Not known	515	2,738	79	420	↓
Supply Chain (£ spent)	£55,298,702	70,837	£56,984,232	64,146	£76,721,923	90,902	↑
TOTAL		102,484		102,258		122,655	↑

*Distance calculated based on HOTT tool data from a 2018 baseline.

Figure 7 Summary carbon footprint for 2018/19 to 2020/21

Our Emissions-reduction trajectory

We have grouped emission sources together and calculated yearly emission reduction targets to 2024/25 (Figure 8). Emissions rose in 2020/21 compared to 2019/20. This is due to our response to the COVID-19 pandemic, entailing a higher procurement spend and additional waste arisings.

We need to reduce our total emissions by 18,479 tCO₂e from our 2020/21 baseline, by 2024/25. This roughly equates to **4,600 tCO₂e** per annum from 2021/22.

It is worth noting the drop in emissions associated with 'Building Energy' in 2020/21, despite an increase in overall energy consumption (as shown in Figure 7). This can be attributed to our procurement of 100% renewable electricity in April 2020 and will be discussed later in the Plan.

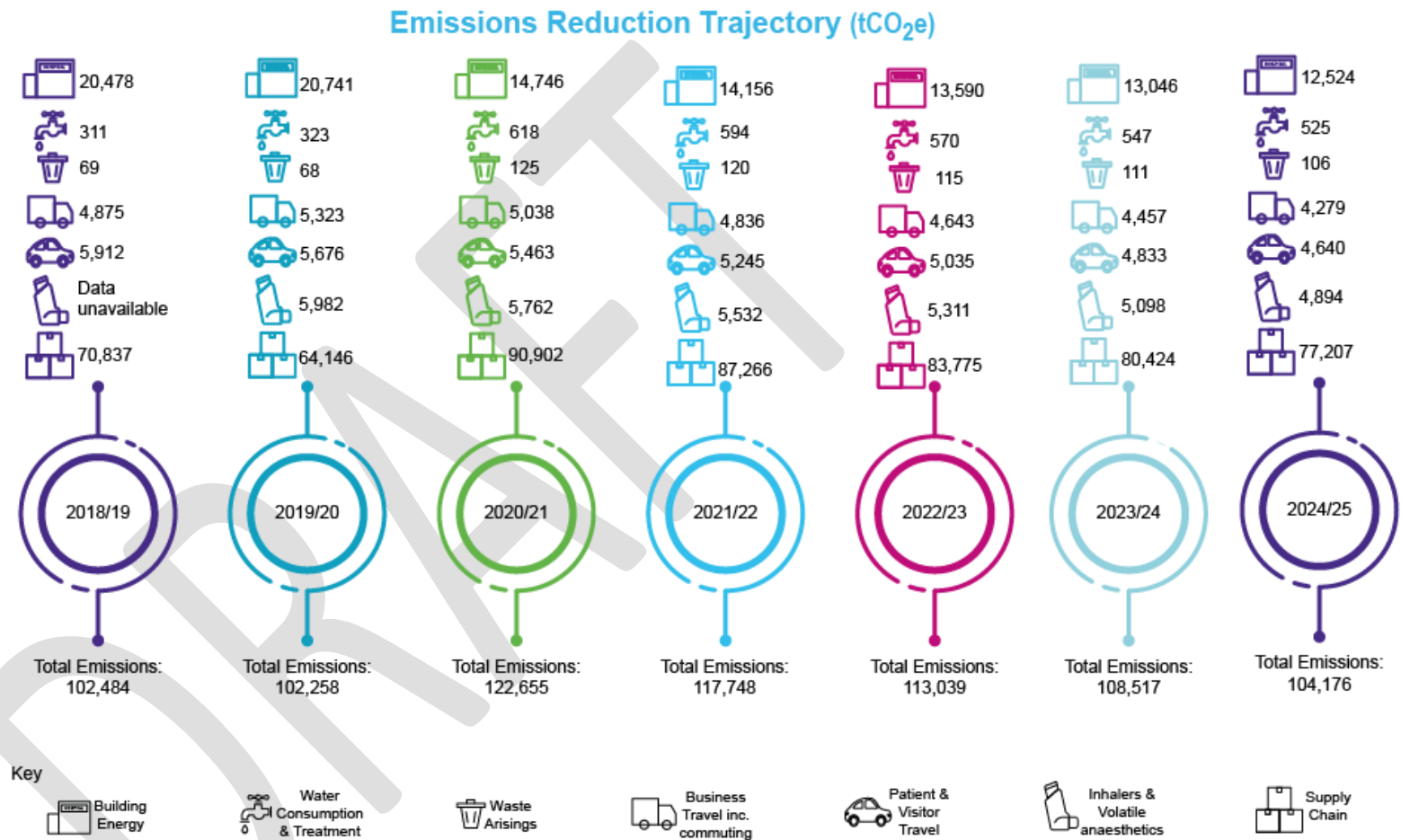


Figure 8 ELHT's Estimated GHG Reduction Target for three years by activity to meet 'Delivering a Net Zero NHS'

Areas of Focus Contents

The following 'Areas of Focus' give an overview of our current performance/status and an Action Plan.

The Action Plans state individual actions to achieve our Green Plan goals over the next three years. Individual actions are to be monitored and evaluated routinely and progress status changed accordingly.

We have given indicative costs and emission reductions. These are very high-level assumptions. We have also indicated which emissions scopes are being impacted. A key is given below.

Key:


Indicative Cost to achieve:

£ No or low cost

£ Moderately expensive


£ Significantly expensive

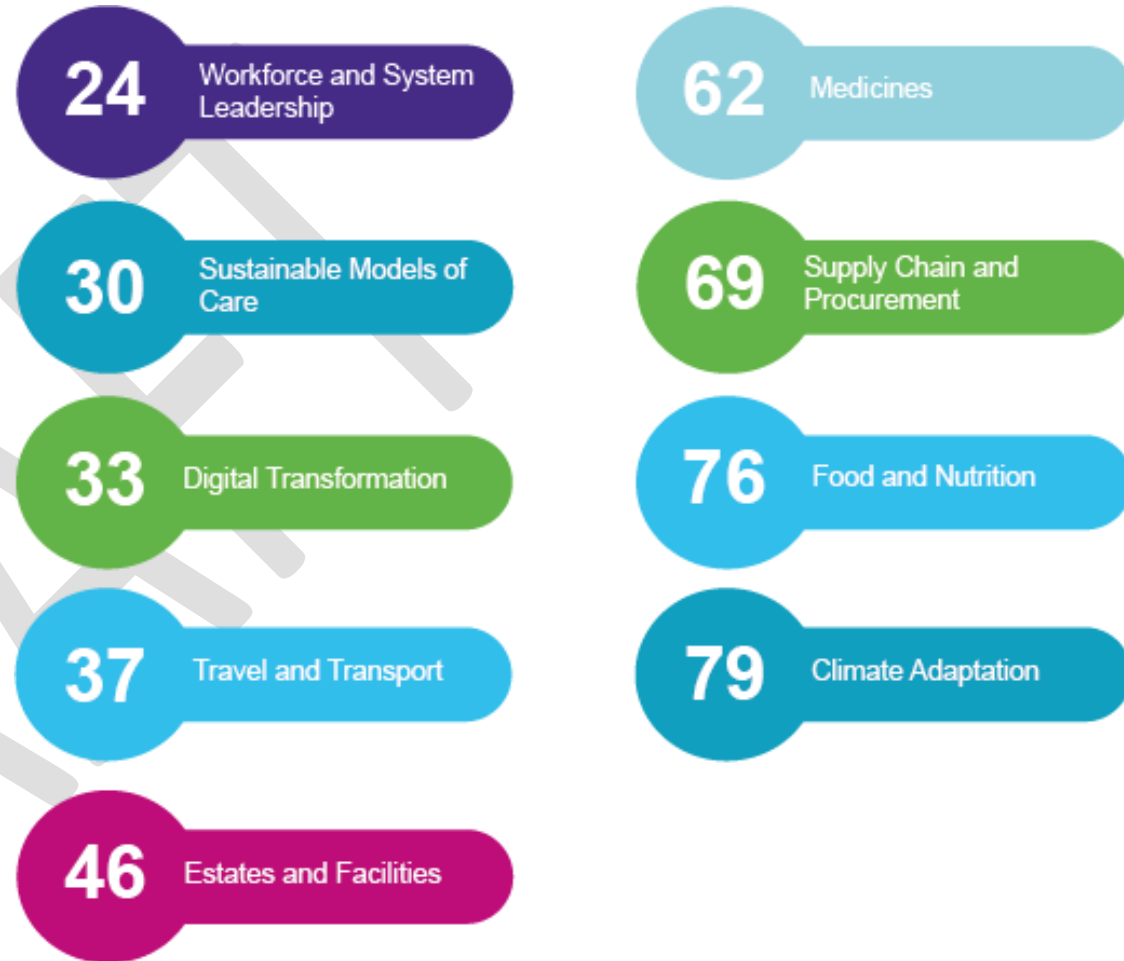
Indicative Emissions reduction and related emissions scope:

 1,2,3 Low or incremental reduction

 1,2,3 Moderate reduction

 1,2,3 Significant reduction

 Not applicable



Workforce and System Leadership

We will build our Green Plan into our strategic planning and governance, including our clinical and operational policies and procedures to ensure sustainable development is a part of our daily work and how we measure success.

Following our work with the Pennine Lancashire Accountable Health and Care Partnership and agreeing new system-governance principles with Healthier Lancashire and Pennine Lancashire partners, our Green Plan provides a sharper focus on how, as a Trust, we can deliver sustainable development.

We have a board-level Net Zero lead, who will oversee the resourcing and delivery of this Green Plan. Adequate budgets are being set aside for energy efficiency upgrades to our buildings, improvements to systems, processes and staff development. We will also seek internal and third-party funding to support the roll-out of Green Plan actions.

This Green Plan is approved by our Board of Directors and will be reviewed (and revised if necessary) at least annually to keep us on track with the NHS net zero and ELHT's own targets. These reviews and our progress against the actions in the Green Plan will be submitted to our Coordinating Commissioner.

**Lancashire and Cumbria
Integrated Care System /
Provider Collaborative**

**Pennine Lancashire Place-
based Partnership**

**East Lancashire Hospitals
NHS Trust**

No	ELHT Green Plan Actions	Trust Area	Target Year	Pro-gress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Review and approve the plan at our Board level, monitoring delivery at Board meetings and relevant committees.	Governance and policy	21/22		£		Board of Directors	SC 18.2
02	Nominate and empower a Net Zero Lead, Climate Change Adaptation Lead and a Health Equalities Lead and keep the Co-ordinating Commissioner informed at all times of the persons holding these positions.	Governance and policy	On-going		£		Board of Directors	LTP 2.24,17 SC 18.2.2
03	Identify budgets for the delivery of each 'area of focus' and the Green Plan as a whole.	Governance and policy	22/23		£		Board of Directors	LTP 2.24,17
04	Streamline data collection processes and produce a comprehensive monthly data report with relevant Green Plan metrics	Governance and policy	21/22		£		Estates and Facilities (E&F)	NZ 3.1.1, 3.1.2
05	Produce an annual granular carbon account in line with HM Treasury's 'Public sector annual reports: sustainability reporting guidance', with the intention of widening its scope and data quality when possible, along with an annual review of the progress against the Green Plan actions / emission reduction targets	Core responsibilities	22/23		£		E&F	SC 18.3
06	Ensure staff are resourced to undertake Green Plan duties and nominate a lead person or department for each Green Plan area of focus to develop and coordinate action through the existing Sustainability Working Group.	Governance and policy	22/23		£		Board of Directors	LTP 2.24,17
07	Ensure the Green Plan delivery is reflected in our corporate risk register.	Governance and policy	22/23		£		Board of Directors	LTP 2.24,17
08	Review procurement plan at board level to achieve a net zero supply chain. Fulfilling our role as an anchor institution to achieve social value and wider benefits for our communities, particularly, for our care groups.	Procurement and Supply Chain	22/23		£		Board of Directors	LTP 2.24,17
09	Identify and action ways to engage patients and community in Green Plan delivery, including links between health inequality and climate action.	Working with patients, staff and communities	22/23		£		E&F/HR/Comms. and Engagement	LTP 2.24,17
10	Identify internal and third-party funding to enable key Green Plan actions.	Governance and policy	On-going		£		E&F	LTP 2.24,17





No	ELHT Green Plan Actions	Trust Area	Target Year	Pro- gress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
11	Work in partnership with neighbouring NHS trusts and public authorities to enhance the delivery of the Green Plan and share best practice	Governance and policy	On-going		£	 1,2,3	Board of Directors	LTP 2.24,17
12	Ensure quarterly Greener NHS Data Collection uploads are made	Core responsibilities	On-going		£		E&F	NZ 3.1.1, 3.1.2

Figure 9 Green Plan actions for system leadership

Indicative cost:

 No or low cost

 Moderately expensive


 Significantly expensive

Indicative emissions reduction:

 Low or incremental reduction

 Moderate reduction

 Significant reduction

 Not applicable

Workforce

All our colleagues are needed for our Green Plan to be successful.




The NHS is the biggest employer in Europe and the world's largest employer of highly skilled professionals and the NHS Long Term Plan aims to ensure it is a rewarding and supportive place to work.

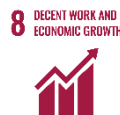
A 2018 national survey of NHS staff showed that 98% of those surveyed thought it was important that the health and care system works in a way that supports the environment and ELHT will enable our colleagues to lead the way to achieve a greener NHS.

We will inspire and empower our people to actively engage in this Green Plan by providing relevant training and platforms. This Green Plan and progress updates will be widely communicated and accessible to all staff and stakeholders.

This is a shared journey and we ask our colleagues to be a part of it. Therefore, we have committed to training and appointing environment champions, supported by key managers and patient representatives.

A Sustainable Development Group was introduced to enhance the organisation's sustainability capacity. The key function of the group was to ensure that the work we do contributes to the national effort for sustainability in alignment with the Sustainable Development Goals.

 LTP 4.1, 4.3, 4.39, 4.42, 4.43, 4.7
 SC 13.1 through 13.10




Target 8.5 Full employment and decent work with equal pay



Target 13.3 Build knowledge and capacity to meet climate change







Target 16.B Promote and enforce non-discriminatory laws and

Since the beginning of the pandemic, meetings of this group have been suspended. Building on our experience of leading a person-centred trust, we will explore how Green Plan objectives can be embedded within staff workplans and performance reviews to ensure our Green Plan becomes a core driver in the care we deliver.



Healthcare Assistants Source: ELHT Library

No	ELHT Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Restart the Sustainable Development Group and hold regular meetings to discuss and deliver this Green Plan.	Governance and policy	21/22		£	✗	E&F/HR	LTP 4.1, 4.3, 4.39, 4.42 SC 13.1 to 13.10
02	Building on our current practice, review our policies and processes against NHS aims for ensuring: <ul style="list-style-type: none"> o rewarding, flexible and supportive work and o positive action on promoting equalities, including through the Workforce Race Equality Standard and new Workforce Disability Equality Standard, and o regular reporting against the NHS Model Employer Strategy. 	Governance and policy	On-going		£	✗	E&F/Directorate of Education Research and Innovation (DERI)/HR	LTP 4.1, 4.3, 4.39, 4.42 SC 13.1 to 13.10
03	Incorporate the Green Plan into the Essential Mandatory Training and Induction policies.	Governance and policy	22/23		£	 1,2,3	E&F/Comms. and Engagement/DERI	NZ 4.2.1
04	Create Green Plan intranet pages for staff access and external webpages for other stakeholders; upload Green Plan content and progress updates accordingly.	Governance and policy	21/22		£	✗	E&F/Comms. and Engagement	NZ 4.2.1
05	Use the Green NHS 'ONE YEAR ON' Communications Toolkit and/or the ' Healthier Planet, Healthier People ' Toolkit to create and share communications about our Green Plan.	Working with patients, staff and communities	22/23		£	 1,2,3	E&F/Comms. and Engagement	NZ 4.2.1
06	Sign up to the NHS Greener Community and encourage staff to be active participants in this and other fora such as the Greener AHP Hub, Centre for Sustainable Healthcare and related workspaces on the Future NHS platform.	Working with patients, staff and communities	22/23		£	 1,2,3	E&F/HR/Comms. and Engagement	NZ 4.2.1
07	Consult, explore and action how clinical and non-clinical staff can best participate in our Green Plan delivery, ensuring this is incorporated into workplans, work-time allocations, performance reviews and collaborating with other trusts where appropriate.	Governance and policy	22/23		£	 1,2,3	E&F/DERI/HR	NZ 4.2, 4.2.1, 4.2.2, 4.3.3



No	ELHT Green Plan Actions	Trust Area	Target Year	Pro-gress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
08	Provide training related to this Green Plan to build capability in all staff, including on the link between climate change and health and practical actions that staff can take to help achieve net zero	Core responsibilities	22/23		£	 1,2,3	E&F/DERI/HR	NZ 4.2.1
09	Work with our suppliers to ensure that onsite workers are subject to the Real Living Wage, fair working practices and protections against discrimination.	Procurement and People and OD	22/23		£		E&F/Lancashire Procurement Cluster (LPC)/HR	LTP 4.1, 4.3, 4.39, 4.42

Figure 10 Green Plan actions for workforce

Indicative cost:

-  No or low cost
-  Moderately expensive
-  Significantly expensive

Indicative emissions reduction:

-  Low or incremental reduction
-  Moderate reduction
-  Significant reduction
-  Not applicable

Sustainable Models of Care

The NHS Long Term Plan updates the NHS service model, with a focus on preventative care in communities and tackling health inequalities, now and in the future. This has been linked to emissions reductions and greener activities.

Our Trust provides high quality acute secondary healthcare with a full range of hospital and adult community services for the people of East Lancashire and Blackburn with Darwen.

We have five active sites and a total of 1041 beds, including Royal Blackburn Teaching Hospital, Burnley General Teaching Hospital, Clitheroe Community Hospital, Accrington Victoria Community Hospital and Pendle Community Hospital.

Additionally, we have seven primary care centres, two clinics, and seven health centres, leased for our use via the Clinical Care Group (soon to be Integrated Care system) and are therefore outside the scope of this Plan.

The National Patient Safety Improvement Programmes and the Investment Impact Fund indicators (IIF) provide underpinning principles for sustainable models of care, such as preventative care interventions and reducing health inequalities. Staff training and empowerment, as detailed in the previous sections, are critical to enhancing sustainable models of care.



Staff caring for patient. Source: ELHT Library

Our community outreach and outpatient services allow us to provide excellent preventative care. Adhering to the Getting it Right First Time-programme (GIRFT) helps to avoid additional hospital bed days and patient and visitor travel to our clinics and their associated environmental impacts. Strong interagency partnership working enhances GIRFT, providing a better care package.

Our Same Day Emergency Care programme manages patients that need more care than an outpatient appointment or an A&E attendance, but do not need admitting to an acute ward. We also have a Virtual Ward for patients that do not need to be in an acute bed but do need regular clinical support. These patients will be visited daily by a consultant and have a range of tools available in their home for ongoing monitoring.

Our Trust will commit to link GHG reductions with our delivery of the Long Term Plan sustainable care model.

We will work with our clinicians, patients and community to identify environmental benefit opportunities through sustainable care.



Staff Source: ELHT Library

No	ELHT Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Build on current efforts (GIRFT, National Safety Improvement Programme and CMPP) to reduce health inequalities and improve early intervention, linking this work to potential emissions reductions.	Governance and policy	On-going		£	1,2,3	Board of Directors and relevant clinical leads	LTP 2.26 SC13.9.118.4.2.1 NZ 4.1.3
02	Use the Embedding Public Health into Clinical Services Programme's toolkit and Sustainability in Quality Improvement (SusQI) Framework to ensure the best possible health outcomes with minimum financial and environmental costs, while adding positive social value at every opportunity.	Governance and policy	On-going		£	1,2,3	Board of Directors and relevant clinical leads	LTP 2.26 SC13.9.118.4.2.1 NZ 4.1.3
03	Continue to collaborate with other trusts and public authorities on the population's health.	Governance and policy	On-going		£	1,2,3	Board of Directors	LTP 1.53 SC 18.6 NZ 4.1.3
04	Appoint a Health Inequalities Lead to coordinate delivery of an updated Health Inequalities Action Plan.	Core Responsibilities	21/22		£		Board of Directors	LTP 2.26 SC 13.9.2, 13.10 NZ 4.1.3
05	Follow Greener NHS guidance or support the development of GHG emissions reduction metrics linked with sustainable care actions, including establishing links between better health outcomes and reduction in emissions from avoided care and travel.	Core responsibilities	22/23		£		E&F and relevant clinical leads	SC 18.4.2.1 NZ 4.1.1, 4.1.2
06	Work to engage suppliers related to sustainable care in relevant emissions reduction and health equalities activities.	Procurement	22/23		£		E&F/LPC	NZ 4.1.3
07	Explore new ways of delivering care at or closer to home, meaning fewer patient journeys to hospitals.	Working with patients, staff and communities	On-going		£	1,2,3	E&F/LPC and relevant clinical leads	NZ 4.1.1

Figure 11 Green Plan actions for Sustainable care models

Indicative cost:

No or low cost

Significantly expensive

Moderately expensive

Indicative emissions reduction:

Low or incremental reduction

Moderate reduction

Significant reduction

Not applicable

Digital Transformation

The NHS Long Term Plan commits all NHS bodies to focus on digital transformation by establishing a 'digital front door' enabling digital first care.

The NHS Planning Guidance requires that at least 25% of all clinically necessary outpatient appointments should be delivered remotely by telephone or video consultation. Streamlining and digitising administrative functions also reduces paper waste and expedites processes.

ELHT is well-placed to lead the development of digital care as a tool to promote inclusion and increase access to quality care in the East Lancashire region and is committed to ensuring that digital services are tailored to meet the needs of our different specific care groups. Through the 'eLancs' Programme the Trust is investing in full electronic patient records and digital systems to enhance patient care, improve efficiency and remove waste from the system. Cloud based computing, electronic capture of observations and the removal of paper from the Trust has significant green benefits.

The '[What Good Looks Like](#) framework', designed to guide Trusts towards the successful integration of digital care systems, neatly summarises:

'The pandemic enabled us to achieve a level of digital transformation that might have otherwise taken several years. As we move into the recovery period, it is critical that we build on the progress we've made and ensure that all health and care providers have a strong foundation in digital practice'.



ELHT Da Vinci Robot and Staff member Source: ELHT Library

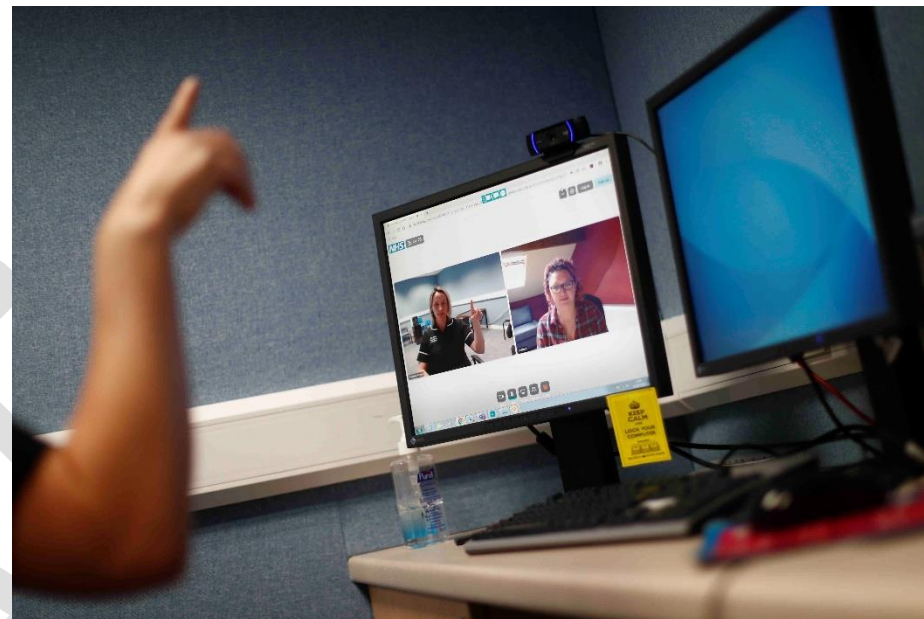
Digital Services

Our digital services complement and link to our in-person services. Since the beginning of the pandemic, we have started recording the number of face-to-face, telephone and video consultations. However, there will always be a need for face-to-face appointments and consultations for some of our patient groups.

The implementation of an electronic expense claim reimbursement system called EASY has helped to ease the transition away from a reliance on paper. Whilst health records are currently kept in paper format, two projects are being introduced to move towards a digital approach to medical records: BadgerNet (in Maternity) and Electronic Patient Records (EPR) across the whole Trust.

BadgerNet, is now fully operational with the bookings system going live at the beginning of November 2021 and the intrapartum element live in January 2022. The system allows expectant mothers to be registered on the maternity pathway and for all elements of their care to be monitored and recorded, so all records are consistent throughout that pathway. This also offers significant reductions in paper use, travel, and improvements in the appropriateness and effectiveness of clinical and operational interventions.

As a part of the ongoing implementation of EPR, 27,000 digital letters are currently sent per month, making 25% of patient letters digital. SMS texts are also used as reminders for patients and 250,000 of these are sent per month. All discharge letters and ED letters are sent out electronically via the LPRES platform.



Staff on zoom call. Source: ELHT Library

The implementation of electronic observations capture via the Patient Track system has removed virtually all patient observation paperwork from the Trust, resulting in a significant reduction in paper and all the associated printing and disposal costs. Over 200,000 observations a month are now captured by this system.

At the Public Sector Paperless Awards 2019, our directorate manager for outpatient services was awarded '[Best Use of a Digital Solution](#)' in recognition of the Trust's successful introduction of new Patient Portal technology.

The Trust has also rolled out Microsoft teams and Office 365 across the whole estate, most meetings are now held virtually, reducing travel and improving efficiency.

The COVID-19 pandemic has led to a blended working approach, especially for our administrative staff – a mixture of office and home-based working. However, we must be cautious not to 'outsource' these environmental impacts to our staff. E-learning for our staff has been integrated into a learning hub, reducing the need for travel and paper.



Patient using digital services. Source: ELHT Library

No	ELHT Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Build on our current practice and current online patient guidance, participate in delivery of the Long-Term Plan commitments for digital first primary care and an NHS digital front door, linking this to potential emissions reductions.	Governance and policy	On-going		£	⊗	Performance and Informatics	LTP 1.43, 1.44, 5 NZ 4.1.4
02	Follow NHS guidance on information collection, including any subsequent process for GHG emissions reduction metrics linked with digital-first care actions, such as the CSH's Carbon Calculator for Avoided Patient Travel	Governance and policy	On-going		£	⊗	Performance and Informatics	SC 28
03	Offer more digital and remote appointments: set targets against the baseline recorded in June 2021.	Working with patients, staff and communities	21/22		£	☁️ ₃	Performance and Informatics	PG C1
04	Use the What Good Looks Like Framework , the Greening Government: ICT and Digital Services Strategy 2020-25 and The Technology Code of Practice as guides to ensure the Trust has robust ICT systems in place to deliver on digital transformation.	Procurement and Performance and Informatics	22/23		£	☁️ ₂	Performance and Informatics	NZ 4.1.4
05	Build on current practice of engaging staff and care groups in digital care channels, meaning fewer patient journeys.	Working with patients, staff and communities	On-going		£	☁️ ₃	Performance and Informatics	NZ 4.1.4 PG C1
06	Transfer paper-based systems such as prescribing, bed state, observations, ward state, referrals, expense claims forms to a digital alternative.	Working with patients, staff and communities	22/23		£	☁️ ₃	Performance and Informatics	LTP 1.43, 1.44, 5
07	Planned migration of data systems to cloud based systems. Adoption of staff and patient portals. Continued cyclical replacement programme of IT hardware including the provision of smart phones to all front-line staff.	Working with patients, staff and communities	22/23		£	☁️ ₂	Performance and Informatics	LTP 1.43, 1.44, 5
08	Planned development of Cerner Millennium EPR as part of ongoing EPR improvements.	Performance and Informatics	22/23		£	☁️ ₂	Performance and Informatics	LTP 1.43, 1.44, 5

Figure 12 Green Plan actions for digital transformation

Indicative cost:

- £ No or low cost
- £ Significantly expensive
- £ Moderately expensive

Indicative emissions reduction:

- ☁️ Low or incremental reduction
- ☁️ Moderate reduction
- ☁️ Significant reduction
- ⊗ Not applicable

Travel and Transport

Emissions associated with the Trust's business travel and transport amounted to around 5,038 tCO₂e or 4.1% of all emissions in 2020/21. Out of this, 243 tCO₂e was emitted by staff undertaking their work duties using their own vehicles (grey fleet), travelling over 1.4 million kilometres.

Our own fleet of vehicles and company cars produced 290.2 tCO₂e, with a combined distance of over 1.1 million kilometres travelled.

Business travel attributed to rail and air transport by staff emitted only 0.3 tCO₂e, a significant drop of 96% compared with 2019/20, reflecting the changes in working practice due to COVID-19.

Using the NHS' Health Outcomes Travel Tool (HOTT), staff commuting gave rise to 4,505 tCO₂e and 5,463 tCO₂e attributed to patient and visitor travel.



Helipad with Air Ambulance. Source: ELHT Library

ELHT Fleet Vehicles - Facilities

We operate a fleet of 40 vehicles ranging from cars to large vans, used for the operation of our estate and community services and 887 company cars for general Trust business. In 2020/21, these vehicles travelled just over 1.1 million kilometres, emitting 290 tCO₂e (down from 319 tCO₂e the previous year). See Figure 13.

We have several large vans, many of which are more than five years old. These vehicles, by their size, are the most polluting we operate.

The new NHS Non-Emergency Patient Transport Services (NEPTS) target is to have:

- From 2023, **50%** of all fleet vehicles to be of the latest emissions standards, Ultra-low Emission Vehicles (ULEVs, such as plug-in electric hybrid), or Zero Emission Vehicles (ZEVs, such as electric cars)
- From 2025, **75%** of all fleet vehicles to be of the latest emissions standards, ULEVs or ZEVs
- From 2030, **100%** of all fleet vehicles to be ULEVs or ZEVs, including a minimum of 20% ZEVs

At present, ULEV and ZEV large vans are limited, though more are coming onto the market.

ULEV and ZEV small vans and cars are becoming commonplace, with many options available. We have already procured eight Nissan e-NV200 electric vans and operate a Bradshaw electric vehicle. As of 2019, 83% of the Trust vehicle fleet were petrol/diesel, whilst 17% were electric.

We need to undertake a fleet review to see how our vans and large vans are being used and whether suitable ULEV and ZEVs are available. Additionally, we must review the choice of company cars on offer and change the specifications to reflect the targets within the NEPTS.

If we changed all our fleet vehicles to ZEVs, based on 2020/21 data and using **100% renewable** electricity, we would see a likely 90% drop in emissions (emissions associated with electric vehicles are due to transmission and distribution losses in the national grid). This would result in total emissions dropping to less than 30 tCO₂e per year, with the added benefit of no tail pipe emissions.

Aside from the electrification of transport, we need to reduce emissions from our fleet by 44 tCO₂e by 2024/25, equating to 11 tCO₂e per year.

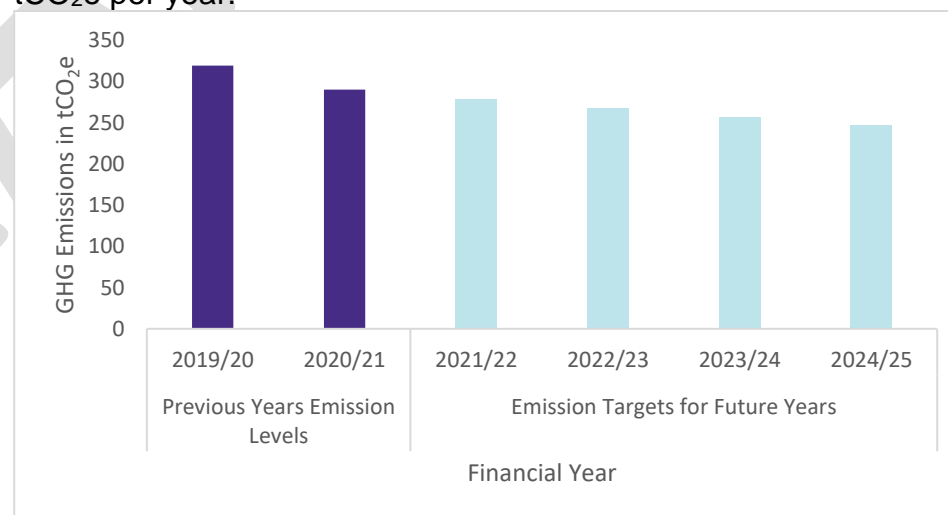


Figure 1313 Emissions from fleet vehicles and emissions reduction trajectory to 2024/25

Other Fleet Vehicles

We operate a salary sacrifice lease car scheme, open to all staff. Emissions released on this lease scheme are out of scope for this report.

However, the Trust can limit the availability of vehicles on offer based on their engine size and emissions. Furthermore, we can incentivise staff to choose Ultra Low Emission Vehicles (plugin hybrid cars) or Zero Emission Vehicles (electric cars).

Grey Fleet

We have an extensive 'grey fleet' within our Trust.

Grey fleet refers to employees' own vehicles and/or hire cars used for business purposes. As a Trust that provides care in the community, emissions associated with our grey fleet are sizeable.

We reimburse staff and bank staff for the fuel used in line with their duties through our expenses system. In 2020/21, we travelled over 1.4 million kilometres reimbursed, which equates to roughly 243 tCO₂e.

It is worth noting that in 2019/20, the grey fleet travelled over 447,000km, emitting 72 tCO₂e. The drop of over 20% can be attributed to the impact of COVID-19 and how it affected working styles, such as no longer attending face-to-face business meetings. However, the significant amount of travelling in 2020/21 reflects our core provision of community care throughout the lockdowns.

In reference to sustainable models of care and digital transformation, this significant drop in emissions (and cost) illustrates that these changes in working practice should continue.

As the electrification of transport continues, the emissions will reduce accordingly and highlights the issue of providing additional electric vehicle charge points in the future.

Using 2020/21 as a baseline, we aim to reduce emissions from our grey fleet by 37 tCO₂e, to 206 tCO₂e in 2024/25, as shown in Figure 14.

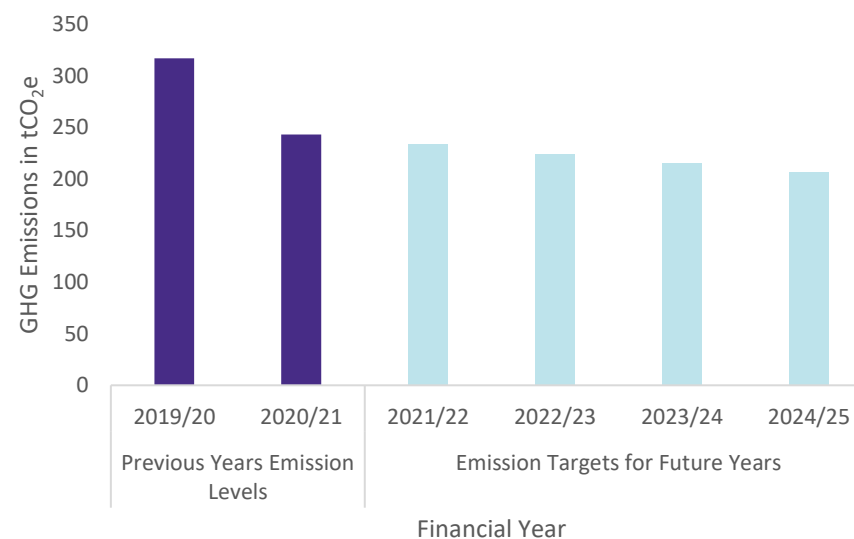


Figure 14 Emissions from fleet vehicles and emissions reduction trajectory to 2024/25

Electric Vehicle Charging Infrastructure

We have a total of seven 7kW EV charge points at our Burnley and Blackburn sites. These charge points are for the sole use of our electric estate vehicles at present. We do not have any electric vehicle charge points at our other sites, as we do not have estate vehicles based there.

However, as more staff buy and use ZEV or ULEVs and we increase the proportion of ZEV/ULEVs of our company cars, we will need to install more charge points to accommodate this transition. Furthermore, it will be expected to provide charging facilities to members of the public.

We must be mindful to provide charge points that are appropriate for business use: community teams using electric vehicles and larger estate vehicles will need access to high-power rapid chargers of 50kW or more, to expedite charging times.



Electric Fleet Vehicle Source: ELHT Library

Business Travel (public transport)

Before the pandemic in 2019/20, our staff took 397 train journeys, 597 taxi journeys and 5 flights, emitting an estimated 6.8 tCO_{2e}.

This had dropped to 7 train journeys, 422 taxi rides and zero flights in 2020/21 respectively, emitting just 0.13 tCO_{2e}. Like our fleet and grey fleet travel, the impact of COVID-19 resulted in fewer face-to-face meetings and exemplifies how remote working has had a beneficial impact in terms of carbon emissions and air quality.

The emissions reduction target by 2024/25 is just 0.02 tCO_{2e} (as shown in Figure 15), a negligible amount, achievable if remote working and video conferencing continues.

We operate a free shuttlebus for staff, that runs from the Royal Blackburn and Burnley hospitals. However, travel data and related emissions are not collated for this service.

We have had to use proxies to determine the distance travelled and related emissions, as our expenses system does not capture the to- and from- destinations. Embedding additional criteria in our expenses system is needed to assure a more accurate representation of our business travel.



Figure 15 Bar chart to show total emissions from business travel and reduction trajectory to 2024/25

Commuting, Visitor/patient travel

Emissions associated with commuting, visitor and patient travel far outweigh our Trust's transport emissions. We can only influence our staff to commute via less polluting means, such as cycling or car sharing. Enabling home working in 20/21 has reduced travel and risk for staff significantly.

The Trust has a Green Travel plan that is reviewed and monitored by a Sustainable Development Committee with membership across all divisions.¹

Together with our partners at Blackburn with Darwen and Lancashire County Councils we have put significant effort into highlighting alternatives to single occupier car journeys and launched our first staff car sharing scheme in 2013. There are 25 spaces allocated within car park Q for staff signed up to the scheme.

We utilise the Shared Wheels scheme, which is a free online car sharing database that staff can register with and be matched with potential car sharing partners. We have also worked with the council to ensure that bus routes serve the Trust, to and from the town centre.

The Trust encourages cycling, which is an efficient, healthy and environmentally friendly means of transport. Cycle parking and showers are provided at hospital sites, available to staff. Lockers are available to certain departments and staff members, dependent on their role and duties.



Carpark Source: ELHT Library

¹ Due to Covid-19, the Travel Plan and its management have been dormant, though we anticipate rectifying this with the publication of this Green Plan.

The Trust provides the government-based initiative 'Cycle2Work', whereby the Trust can provide a tax free 'salary sacrifice' scheme over a 12-month period, for the purchase of bicycles and bicycle safety equipment for cycling to work for all permanent staff.

Increasing the number of cycle parking spaces, improving shower/changing facilities and offering other incentives for active travel will be explored.

Public transport provision to or near our sites remain a vital service to the communities we serve and helps to reduce health inequalities. Public transport also plays an important role in reducing emissions; catching the bus to work instead of driving a car reduces traffic and potentially improves air quality. Therefore, we incentivise staff to use public transport.

Our last Travel Plan survey results showed the over 80% of respondents drive to work by themselves, with only 0.8% cycling and 7% getting the bus. Decreasing the rate of non-single occupancy commuting, whether it be by an increase in cycling or car sharing, will have a large impact on reducing emissions and improving air quality.

In lieu of exact commuting data and distance travelled, we have used the NHS' HOTT Tool to estimate the emissions associated with staff commuting and patient and visitor travel. The HOTT Tool uses national and regional datasets to generate figures for transport mode, distances and emissions from a 2018 baseline and projections into the near future (shown in Figure 16).

However, these figures are indicative and need to be bolstered and verified by local travel plan survey data. Hence, the impacts

of COVID, with less need for commuting, do not fully feature in the results for 2020/21 and the projected 2021/22 data (the sequentially lower emissions are attributed to improvements in vehicle efficiencies and electrification of transport).

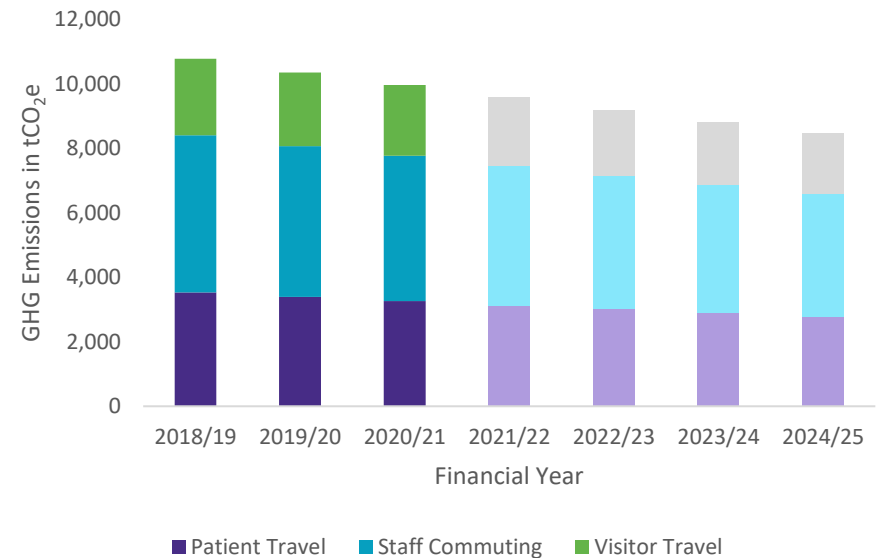


Figure 16 Stacked bar chart to show total emissions from patient, visitor and staff travel

Air Quality

Air quality forms a direct link between climate change and health outcomes, and the NHS Net Zero plan calculates that reaching UK ambitions on emissions reductions in line with Paris Agreement targets could save 38,000 lives with improved air quality.

This issue is particularly pertinent to East Lancashire, as lung cancer is among the top 4 causes contributing to a gap in life expectancy between the most and least deprived areas.

According to the World Health Organisation (WHO), poor air quality leads to over 7 million deaths globally and that 9 out of 10 people worldwide breathe polluted air.

Travel is a key contributor to air pollution and with as many as one in 20 road journeys in the UK attributable to the NHS, our activity has enormous potential impact both on our communities' air quality and our ambition to reduce emissions. Additionally, our gas-fired boilers contribute to air pollution and the decarbonisation of heating will address these pollutants in the future.

We commit to tackling this issue through investment and engagement with staff, patients and our partner local authorities. We will give special consideration to the air quality surrounding our estate and opportunities to improve its impacts on our care groups.



Emergency Vehicles. Source: ELHT Library














No	ELHT Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Embed an updated sustainable travel plan, with new modal shift targets to be supported by an active travel expenses policy and a facilities review.	Governance and policy	22/23		£	 3	E&F/Finance/HR	LTP 2.21, 3.82, 17 SC 18.4.1.3 NZ 3.2, 3.2.2
02	Restart the Sustainable Development Group (as per 'Workforce') and manage the delivery of the Green Travel Plan	Governance and policy	21/22		£		E&F	NZ 3.2, 3.2.2
03	Conduct annual Travel Plan surveys to quantify staff commuting and visitor travel and verify HOTT Tool outputs.	Working with patients, staff and communities	Annual, ongoing		£		E&F	NZ 3.2, 3.2.2
04	Review existing staff lease scheme and incorporate additional incentives for the uptake of ULEV and ZEVs.	Governance and policy	22/23		£	 3	Finance	NZ 3.2, 3.2.2
05	Ensure that any new vehicle purchased or leased are ultra-low emission (ULEV) or zero emission (ZEV) from 2023, in line with the latest NHS non-emergency transport guidance.	Core Responsibilities	22/23		£	 3	E&F/Finance/LPC	SC.18.4.1.1, 18.4.1.4 NZ 3.2.1
06	Enhance the staff mileage reimbursement system to collate vehicle type/engine size and fuel type data to allow more accurate emissions foot printing, monitoring and reduction targets.	Governance and policy	22/23		£		Finance	NZ 3.2, 3.2.2
07	Enhance the business travel expense system to capture to the to- and from- destinations for rail, air, bus, taxi journeys	Governance and policy	22/23		£		Finance	NZ 3.2, 3.2.2
08	Improve stores provision and work with our suppliers to consolidate goods orders through better planning wherever possible, reducing transport emissions.	Procurement	22/23		£	 3	Finance/LPC	NZ 3.2, 3.2.2
09	Work with staff currently home-working under pandemic conditions to explore voluntary blended working.	Working with patients, staff and communities	22/23		£	 3	E&F/ICT/Finance/HR	NZ 3.2, 3.2.2

Figure 1714 Green plan actions for Travel, Logistics and Air Quality

Indicative cost:

-  No or low cost
-  Significantly expensive
-  Moderately expensive

Indicative emissions reduction:

-  Low or incremental reduction
-  Significant reduction
-  Moderate reduction
-  Not applicable

Estates and Facilities

As an NHS Trust, the carbon footprint of our built environment is significant. Overall, the health and care system in England is responsible for an estimated 4-5% of the country's carbon emissions.

As we provide critical services 24 hours a day, our energy and resource consumptions are substantial. Therefore, we need to optimise energy use in our buildings and move away from using fossil fuels to meet NHS Net Zero goals.

Our estate comprises a mixture of buildings of different types, ages and usage, which presents challenges to retrofitting resource efficiency measures and heating improvements.

We will be following the four-step approach within the NHS' 'Estates 'Net Zero' Carbon Delivery Plan' to address our estate:

1. Making every kWh count: Investing in no-regrets energy saving measures.
2. Preparing buildings for electricity-led heating: Upgrading building fabric.
3. Switching to non-fossil fuel heating: Investing in innovative new energy sources.
4. Increasing on-site renewables: Investing in on-site generation.

Estates & Facilities – Energy

- **14,746 tCO₂e** emitted from buildings across our estate in **2020/21**.
- We have procured 100% renewable electricity since April 2020, resulting in a **76%** decrease in emissions compared to 2019/20 (despite more electricity being consumed).
- We need to reduce energy consumption by over 3,700,000 kWh per year to achieve the emissions reduction target of **12,524 tCO₂e** in **2024/25**.

Energy and emissions

In 2020/21, we had five active sites where we were directly responsible for procuring the energy supply contracts.

Our main hospitals provide critical care and it is essential that there are no disruptions to our power supply. By the nature of medical equipment and care environment, The Royal Blackburn Teaching Hospital is the largest emitter, with 7,804 tCO₂e in 2020/21. Burnley General Hospital follows suit with 5,734 tCO₂e.

Figure 18 shows the energy consumption and emissions from our five sites as bubble graph. The size of the bubble relates to the combined emissions arising from both gas and electricity use as each site. The 'x' axis represents the amount of gas consumption (mainly used for heating, reflecting the positions of both Royal Blackburn and Burnley hospitals on the graph) and the 'y' axis is electricity use.

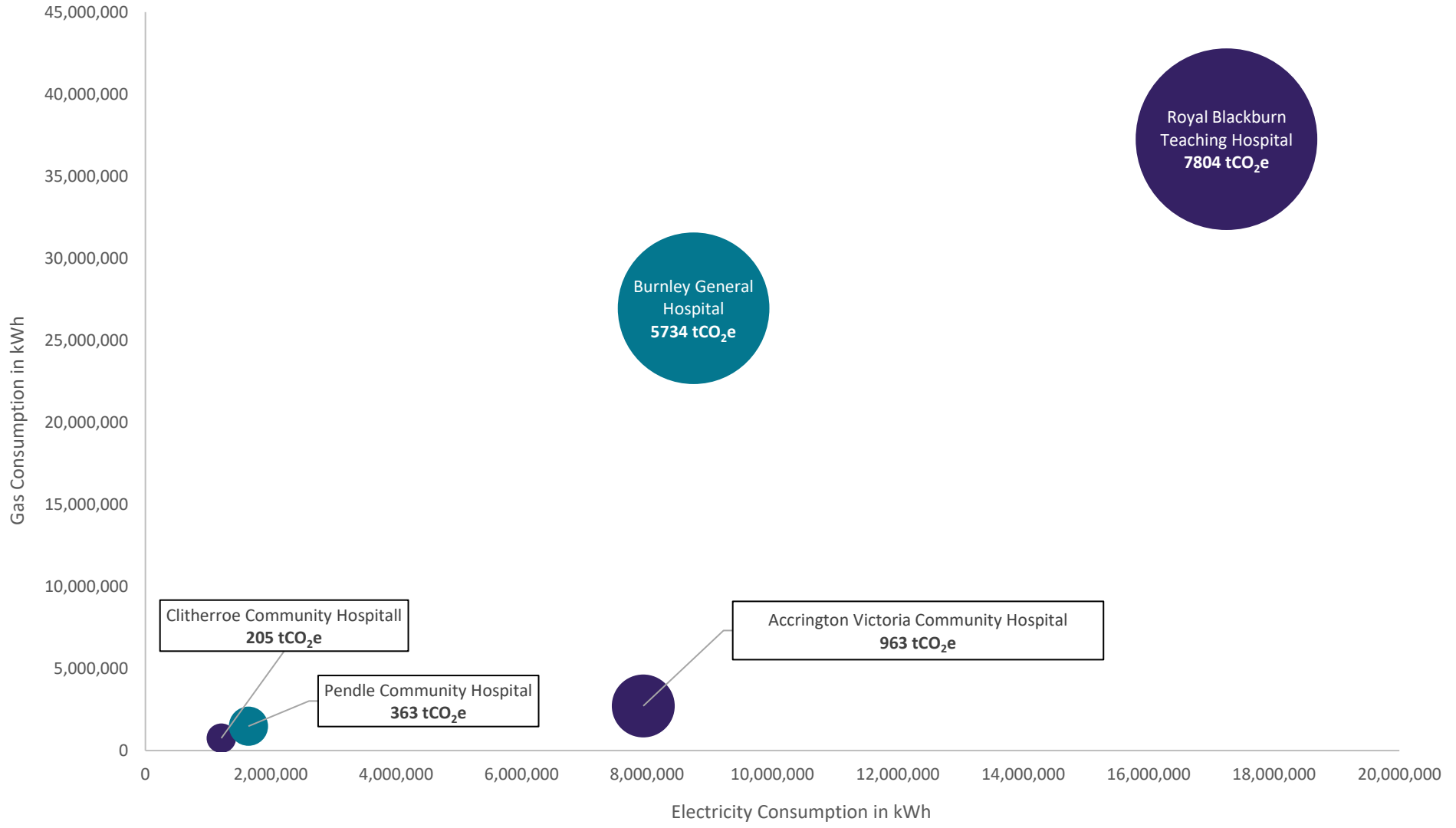


Figure 18 Bubble graph showing building energy consumption at our sites in 2020/21. The size of the 'bubble' is relative to the GHG emissions

Figure 19 shows the total emissions liberated from electricity, gas, heating oil consumption from 2018/19 to 2020/21 and emissions reduction trajectory. We need to reduce emissions by 2,222 tCO₂e by 2024/25 from our 2020/21 baseline.

Since April 2021, the Trust has procured 100% renewable electricity, resulting in an 76% reduction in emissions arising from procured electricity. The emission reductions from this and how it affects our future targets is illustrated in Figure 20.

In terms of reducing our emissions, gas consumption remains a challenge (see Figure 21). In 2020/21, emissions from gas across our estate equated to 12,696 tCO₂e, 86% of all building energy emissions.

We also use heating oil at the Royal Blackburn Teaching Hospital and Burnley General Hospital, emitting at total of 27.7 tCO₂e in 2020/21.

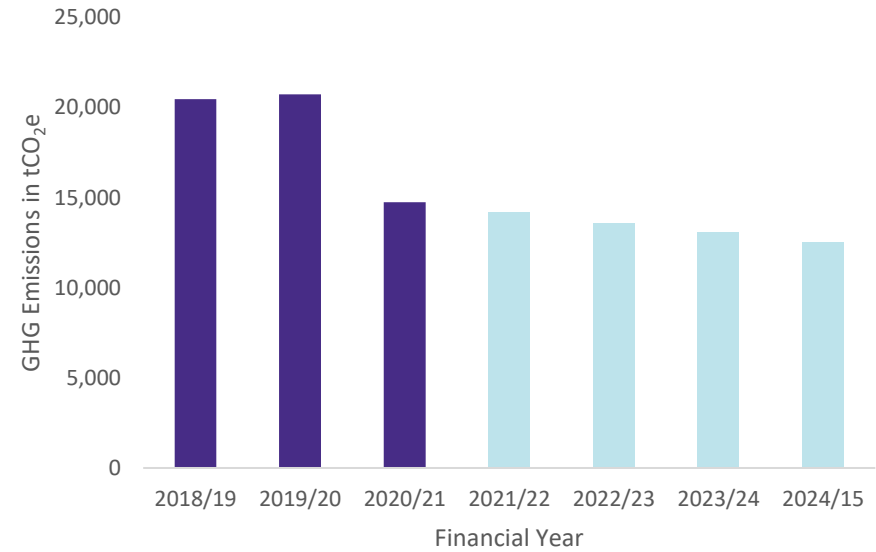


Figure 19 Emissions from energy used in our built environment

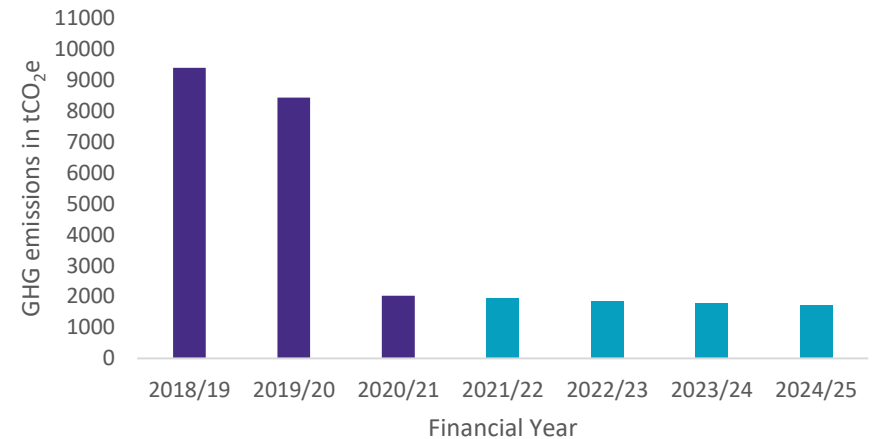


Figure 20 Emissions from electricity consumption and emission reduction trajectory to 2024/25 (note the difference following the procurement of 100% renewable electricity in April 2021)

Despite the negated emissions from renewable electricity procurement, we must still reduce both our electricity and gas consumption at all our sites, at a rate of 3,700,000 kWh per year.

Further detailed building energy surveys will be needed to provide robust energy efficiency recommendations at each of our sites, building upon the works already completed.

Decarbonising our heating systems shall also be explored during these surveys. This will be the start of developing our Heat Decarbonisation Plan. As a priority, we need to focus on removing oil-fired plant, as this is one of the most polluting forms of heating.

The decarbonisation of heat will entail switching gas and oil-fired systems to electrically powered alternatives. Moving away from fossil fuels is vital to achieve net zero targets: electrically powered heating systems, such as heat pumps and infrared heating, while using a 100% renewable electricity tariff, will result in zero emissions (at point of use).

This transition will inevitably result in much higher electricity consumption and of particular concern is the viability of increasing the electrical site capacity (load in kilovolt-amperes) from the electricity grid.

In the future, on-site renewable energy systems, such as solar photovoltaics and integrated large battery storage technologies,

will provide additional resilience to power outages, with the potential to negate using our back-up diesel generators.

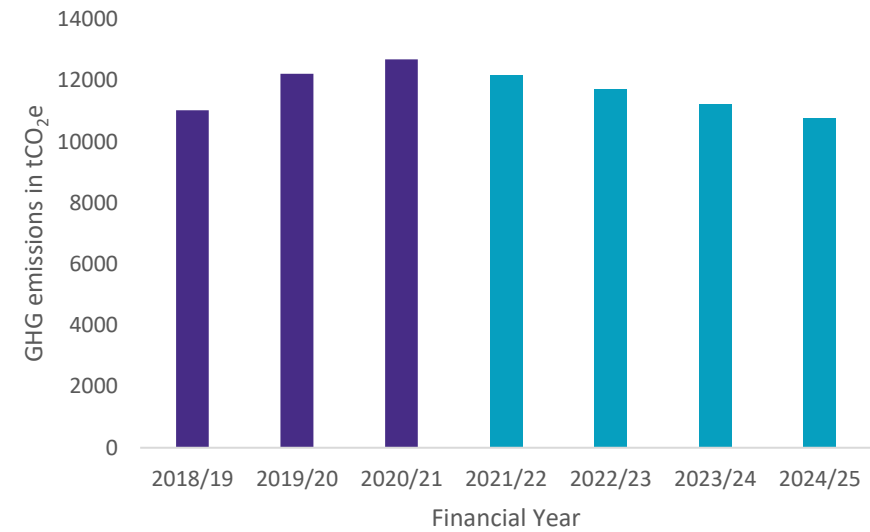


Figure 21 Emissions from gas consumption and emission reduction trajectory to 2024/25

No	ELHT Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Enhance Planned Preventative Maintenance (PPMs) of our facilities and assets to be proactively energy-focused and to identify opportunities to upgrade equipment/plant.	Core responsibilities	21/22		£	1,2	E&F	LTP 17 SC 18.4.2.1 NZ 3.1.1, 3.1.2
02	We currently procure 100% of renewable electricity with Renewable Energy Guarantees of Origin (REGO) certificates backed by EDF.	Procurement	21/22		£	2	E&F/LPC	SC 18.5
03	Access the NHS Energy Efficiency Fund (NEEF) to upgrade all lighting to LED alternatives.	Core responsibilities	23/24		£	2	E&F/LPC	LTP 17 SC 18.4.2.1 NZ 3.1.1, 3.1.2
04	Follow Estates 'Net Zero' Carbon Delivery Plan guidance on efficiency and decarbonisation protocols for the built environment.	Core responsibilities	21/22 and on-going		£	1,2	E&F/LPC	NZCDP NZ 3.1.1, 3.1.2
05	Optimise energy use by embedding networked Automatic Meter Readers (AMRs) across the Estate with appropriate controls to reduce energy consumption. Monitor and assess risk from overheating events where room temperature exceeds 26 degrees.	Core responsibilities	22/23		£	1,2	E&F/LPC	LTP 17 SC 18.4.2.1 NZ 3.1.1, 3.1.2
06	Conduct detailed building energy surveys to identify further energy/thermal efficiency opportunities.	Core responsibilities	22/23		£	1,2	E&F/LPC	LTP 17 SC 18.4.2.1 NZ 3.1.1, 3.1.2
07	Develop a Decarbonisation of Heat Plan that focuses on the phaseout of existing gas-fired boilers and replacement with low-carbon alternatives, where feasible.	Governance and policy	On-going		£	1	E&F/LPC	LTP 17 SC 18.4.2.1 NZ 3.1.1, 3.1.2






No	ELHT Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
08	Explore the possibility of creating District Heat Networks with neighbouring partners.	Working with patients, staff and communities	On-going		£	 1	E&F/Electrical and Biomedical Engineering (EBME)	LTP 17 SC 18.4.2.1 NZ 3.1.1, 3.1.2
09	Look to procure 'green gas' through the Green Gas Certification Scheme as and when existing energy contracts are due for renewal.	Procurement	22/23		£	 1	E&F/LPC	SC 18.5
10	Incorporate energy conservation into staff training and education programmes and deliver behaviour-based energy saving campaigns.	Working with patients, staff and communities	22/23		£	 1,2	E&F/HR/DERI	NZ 3.1.1
11	Develop communication materials for our patients that highlight energy efficiency projects, discuss plans with the local community, including exploring potential community energy projects.	Working with patients, staff and communities	22/23		£		E&F/HR/Comms. and Engagement	NZ 3.1.1
12	Explore how the Trust can implement an ISO 50001 Energy Management System.	Governance and policy	23/24		£	 1,2	E&F/LPC	NZ 3.1.1

Figure 22 Green plan action table for Energy and Emissions from the built environment


Indicative cost:

£ No or low cost

£ Moderately expensive


£ Significantly expensive

Indicative emissions reduction:

 Low or incremental reduction

 Moderate reduction

 Significant reduction

 Not applicable

Capital Projects

The Built Environment of the NHS influences both the quality of our care and our environmental impact.

How we design and construct our buildings in the future will play a decisive role in our collective ability to achieve net zero.

Buildings have significant environmental impacts in terms of emissions resulting from the use of gas, electricity and water. Improving the energy efficiency of a building is pivotal to reducing these impacts. However, there are embodied carbon emissions within materials, such as cements, steel and glass which are used in the construction of buildings. These indirect 'Scope 3' emissions are generally much greater than emissions caused by the operation of a building.

Cement and concrete production on its own accounts for a huge 8% of all global greenhouse gas emissions from all sources, according to the [Dutch Environmental Assessment Agency](#).

Our Trust, furthering a previous commitment to ensure all capital development complies with the Building Research Establishment Environmental Assessment Method's (BREEAM) 'Excellent' or above, ensures that our plans will focus on the reduction of building emissions from all sources.

NHS LTP 16

NHS SC 18.4.2.1,
18.4.2.3

NHS NZ 3.1.1,
3.3.1



Target 8.5 Full employment and decent work with equal pay



Target 9.4 Upgrade all industries and infrastructures for sustainability



Target 13.1 Strengthen resilience and adaptive capacity to climate-related disasters

Target 13.2 Integrate climate change measures into policy and planning

Estates & Facilities - Capital Projects:

- Building energy efficiency standards for new builds and refurbishments, such as BREEAM 'Excellent' and the Zero Carbon Hospital Standard and on-site renewables.
- Construction supplier alignment to net zero commitments, such as onsite contractor measures on waste reduction, low emission construction plant etc.
- Low carbon substitutions and product innovation, such as lower embodied carbon construction materials.







No	ELHT Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Implement the upcoming Net Zero Hospital Building Standard in any new builds and BREEAM 'Excellent' for any major refurbishments.	Governance and policy	On-going		£	 1,2,3	E&F	LTP 16 SC 18.4.2.1 NZ 3.1.1
02	Explore options to achieve emissions reductions in smaller works and projects in our acute and primary care estate.	Core Responsibilities	21/22		£	 1,2,3	E&F/LPC	NZ 3.1.1
03	Ensure capital development accounts for risks identified in climate adaptation plans and addresses these in design/delivery.	Core responsibilities	22/23		£		E&F/LPC	SC 18.4.2.3
04	Encourage and measure local subcontractor and supply chain spend as part of our anchor institution approach.	Procurement	21/22		£	 3	E&F/LPC	NZ 3.3.1
05	Work with our Procurement team to enable specification of low and zero carbon materials and designs, as well as achieving waste reduction and other opportunities through contractor engagement.	Procurement	22/23		£	 3	E&F/LPC	NZ 3.3.1
06	Continue to ensure our design process is informed by staff, patients and community views for capital projects.	Working with patients, staff and communities	22/23		£		E&F/LPC/HR and clinical leads	LTP 16 SC 18.4.2.1 NZ 3.1.1

Figure 23 Green plan action table for Capital Projects


Indicative cost:

£ No or low cost

£ Moderately expensive


£ Significantly expensive

Indicative emissions reduction:

 Low or incremental reduction

 Moderate reduction

 Significant reduction

 Not applicable

Water Efficiencies

In 2020/21, we used 608,159m³ of water, which cost at total of £847,866.

There are emission impacts associated with the supply of fresh water and treatment of wastewater, equating to 618 tCO₂e in 2020/21 (see Figure 24).

In 2020/21, there was an increase in water consumption of 152%, or 290,295m³ compared to the previous year. We are aware the above water data includes anomalies which are being resolved with the water supplier.

Although the emissions are low compared to those produced by energy use, being water efficient is important to prevent and alleviate water stress.

As a water efficiency and leak preventative measure, we will look to install Automatic Meter Readers (AMRs) to our water network. This will help us pinpoint areas of high water usage, understand how and where water is being used, locate leaks and take remedial action.

Water conservation and sustainable drainage shall also be explored. Rainwater harvesters collect rainwater for non-potable purposes, such as for flushing toilets. They will help reduce water stress and potentially alleviate flooding by attenuating surface water run-off in storm events.

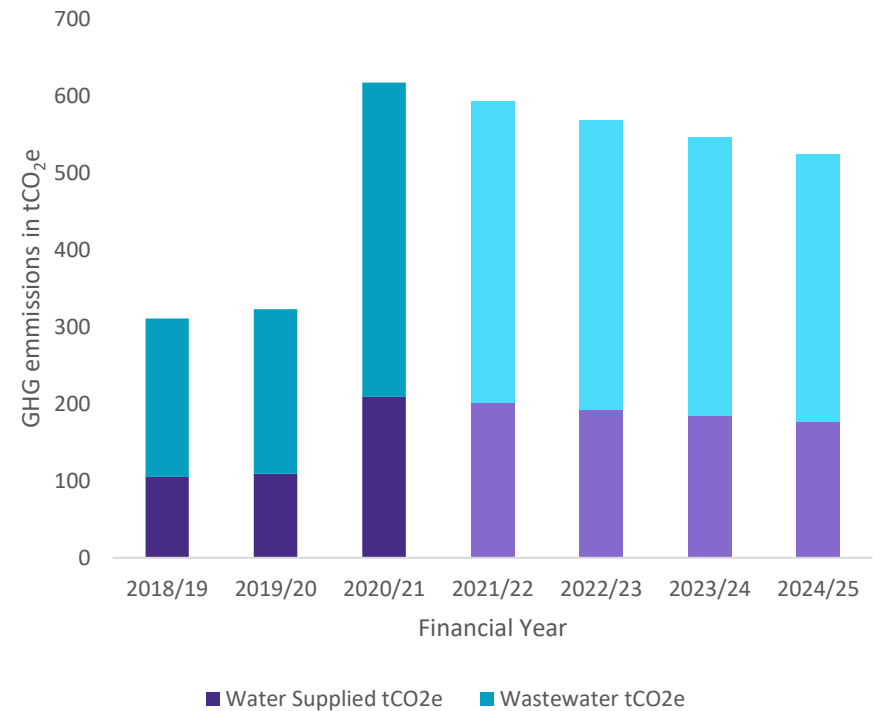


Figure 24 Stacked bar chart to show total water emissions from supply and wastewater treatment and emissions reduction trajectory to 2024/25

Estates & Facilities – Water:

- We used **608,159m³** of water in 2020/21 – enough to fill 243 Olympic-size swimming pools.
- **618 tCO₂e** was attributed to the supply of water and wastewater treatment.
- We need to reduce water consumption by **91,621 m³** by 2024/25.
- Water efficiency and sustainable drainage will become ever more important in the future.










No	ELHT Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Explore and implement water efficiency targets on areas of the highest impact in our estate and delivery of care.	Governance and policy	On-going		£	 3	E&F/LPC	LTP 17 SC 18.4.3.1 NZ 3.1
02	Develop new water intensity metrics and incorporate these into our greenhouse gas emissions reporting.	Governance and policy	22/23		£		E&F/LPC	NZ 3.1
03	Install Automatic Meter Readers on the water network in our largest buildings to determine water use patterns and aid leak detection.	Core Responsibilities	22/23		£	 3	E&F/LPC	NZ 3.1
04	Utilise the most water efficient technologies, such as low flow taps throughout our estate, when replacing equipment and developing new sites	Core responsibilities	22/23		£	 3	E&F/LPC	NZ 3.1
05	Explore where rainwater harvesting and grey water systems can be installed and utilised.	Procurement	22/23		£	 1,2,3	E&F/LPC	NZ 3.1
06	Look to consolidate the suppliers across the estate to choose one or two that can provide the service, price, and efficiency we expect.	Procurement	On-going		£		E&F/LPC	LTP 17
07	Work with our staff and patients by communicating the importance of water efficiency.	Working with patients, staff and communities	On-going		£		E&F/DERI/ HR/ Comms. and Engagement	NZ 3.1
08	Incorporate water efficiency measures within our climate change adaptation work with the local community.	Working with patients, staff and communities	22/23		£		E&F/LPC/HR /Comms. and Engagement	NZ 3.1

Figure 25 Green plan action table for Water


Indicative cost:

 No or low cost

 Significantly expensive


 Moderately expensive

Indicative emissions reduction:

 Low or incremental reduction

 Moderate reduction

 Significant reduction

 Not applicable

Waste and Recycling

We collect four main waste types: general, clinical/offensive, dry mixed recycling and waste electrical and electronic equipment (WEEE).

We have collections for other waste streams, such as metal, furniture, fluorescent lamps, waste cooking oil, batteries and so on, though amounts collected are not included in this Report.

Our Waste Management Policy specifies how our waste is managed and collected.

Figure 26 shows our total waste arisings for the previous three years and a waste reduction trajectory to 2024/25.

Estates & Facilities - Waste:

- **2174 tonnes** of waste were produced, emitting **121tCO₂e** in 2020/21 (missing RDF data will add approximately 5 tCO₂e to this total).
- **170 tonnes of offensive waste were sent to landfill** in 2020/21, emitting **78 tCO₂e (65%** of all emissions from waste).
- Our General Waste is sorted for recyclable materials and Refuse Derived Fuel (non-recyclable materials) is incinerated at an energy-from-waste facility.
- Food waste collections are being trialled at Pendle Community Hospital, with a view to rolling this out at all sites (except Accrington Victoria Community Hospital).
- Recycling rates need to be increased and dedicated dry mixed recycling bins may help this.
- The reuse of PPE should be explored where clinically appropriate.

Despite the impacts of COVID-19 and an increase in the use of single-use disposable items, our total waste arisings (in tonnes) have been steadily decreasing. In terms of emissions, however, there was a significant increase in 2020/21 (see Figure 27).

Offensive waste is sent to deep landfill and in 2020/21, the government’s emission factor for landfill increased by almost 360% compared to 2019/20.

Landfilling waste, especially ‘putrescible’ waste, liberates significantly more emissions than other disposal routes or processes. Furthermore, waste in landfill is a lost resource.

Some of our clinical waste is incinerated (sharps), whilst other types are ultra-high temperature--processed (alternative treatment) before being further recycled. Offensive waste is sent directly to landfill, as mentioned.

We use general waste bins for non-clinical and non-hazardous waste in the buildings we operate and manage. This general waste is segregated at the waste-handling centre, where recyclable materials are extracted and residual waste is sent for incineration at an energy-from-waste facility.

Food waste (kitchen waste and returned patient meals) is mostly disposed of through macerators in the kitchens into the foul drainage. In 2020/21, only 300kg of food was wasted, which works out at 0.25% of all food served.

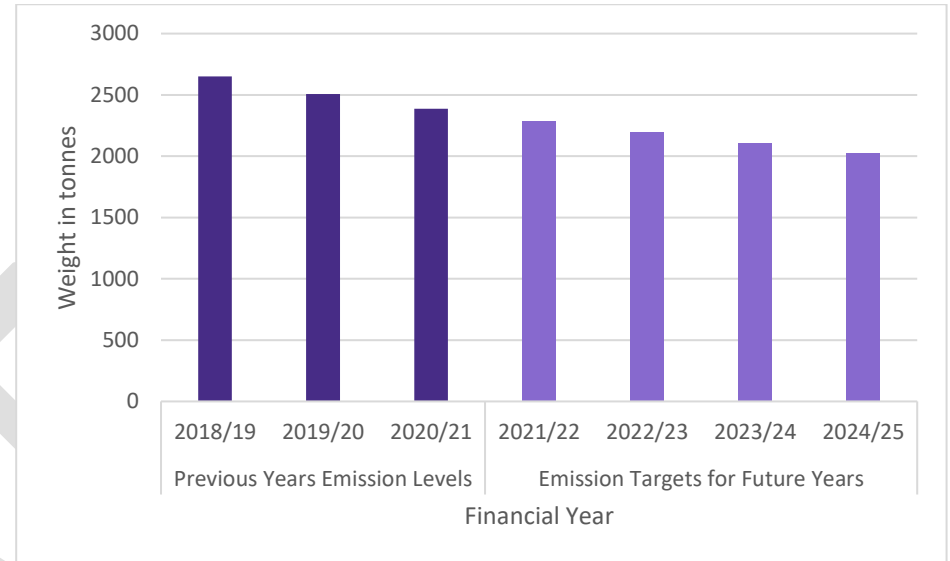


Figure 26 Total waste arisings (all waste streams) from 2018/19 to 2020/21 and weight reduction trajectory to 2024/25

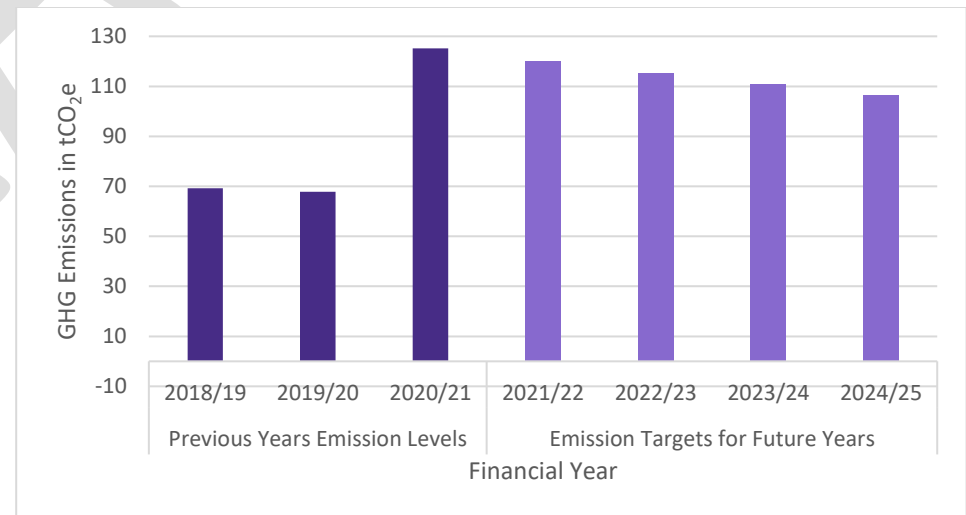


Figure 27 Emissions from all waste streams and reduction trajectory to 2024/25

We have recently started food waste collections at Pendle Community Hospital, where food waste is sent to an anaerobic digestion plant, generating both power and fertiliser.

Disposable catering equipment (knives and forks, cups etc.) are either made from wood or bioplastics. However, these items will be used as Refuse Derived Fuel (RDF) from the general waste stream, as they are currently not recyclable. RDF data for Accrington, Clitheroe and Pendle for 2020/21 was unavailable at the time of issue and will be sourced. This anomaly has simulated an estimated reduction of 5 tCO_{2e}.

Waste reduction (negation) needs to be our aim. In line with the NHS' net zero plan, we should reduce our waste arisings by 359 tonnes in 2024/25 from our 2020/21 baseline (equating to 19 tCO_{2e} emission reduction).

We are mindful of the environmental impacts of single-use items throughout their lifecycle, such as the crude oil used in their manufacture to the difficulty in recycling them at the end-of-use.

Innovations are coming on to the market for reusable Personal Protection Equipment (PPE), such as face masks and aprons, that meet the various clinical safety standards. These alternatives should be explored to help reduce waste arisings.

We do refurbish and re-use approximately 5% of walking aids issued by our Occupational and Physiotherapy teams.

Improving our recycling rates is also an important step in reducing emissions and keeping useful materials in circulation. The waste hierarchy of Reduce, Reuse, Recycle, Recovery (energy from waste) before disposal (landfill) must be embedded

to ensure we are maintaining our waste duties of care and circular economic principles.



Staff member using waste bin. Source: ELHT Library

No.	ELHT Green Plan Actions	Trust Area	Target year	Progress	Indicative Cost to Achieve	Indicative Emissions Reduction	Responsible Lead/Dept.	NHS Req.
01	Collate all waste stream data from all sites (including sites we are not responsible for waste collection) and produce monthly reports.	Core Responsibilities	21/22		£	⊗	E&F	NZ 3.1
02	Ensure that single use items in catering adhere to current legislation and elect to use sustainable alternatives as listed by NHS Supply Chain,	Core Responsibilities	21/22		£	☁ ₃	E&F/LPC	LTP 17 SC 18.4.3.1 NZ 3.1
03	Install Dry Mixed Recycling (DMR) bins across all sites and start DMR collections,	Core Responsibilities	21/22		£	☁ ₃	E&F/LPC	LTP 17 SC 18.4.3.1 NZ 3.1
04	Install food waste bins across all remaining sites and start food waste collections.	Core Responsibilities	22/23		£	☁ ₃	E&F/LPC	NZ 3.1
05	Work with our staff and patients by communicating the importance of waste segregation	Procurement	On-going		£	⊗	E&F/HR/Comms. and Engagement and clinical leads	NZ 3.1
06	Explore whether reusable alternatives to single-use PPE items (aprons, wipes, face masks) are clinically appropriate.	Core Responsibilities	22/23		£	☁ ₃	E&F/LPC and clinical leads	NZ 3.1
07	Explore how the Trust can implement an ISO-14001 Environmental Management System.	Governance and policy	22/23		£	☁ _{1,2,3}	E&F/HR	LTP 17 SC 18.4.3.1 NZ 3.1

Figure 28 Green plan action table for Waste

Indicative cost:

£ No or low cost

£ Moderately expensive

£ Significantly expensive

Indicative emissions reduction:

☁ Low or incremental reduction

☁ Moderate reduction

☁ Significant reduction

⊗ Not applicable

Biodiversity and Greenspace

“Access to greenspaces has positive mental and physical health impacts and these beneficial effects are greatest for those from socioeconomically disadvantaged groups. However, these groups also have the least access to green spaces.” –

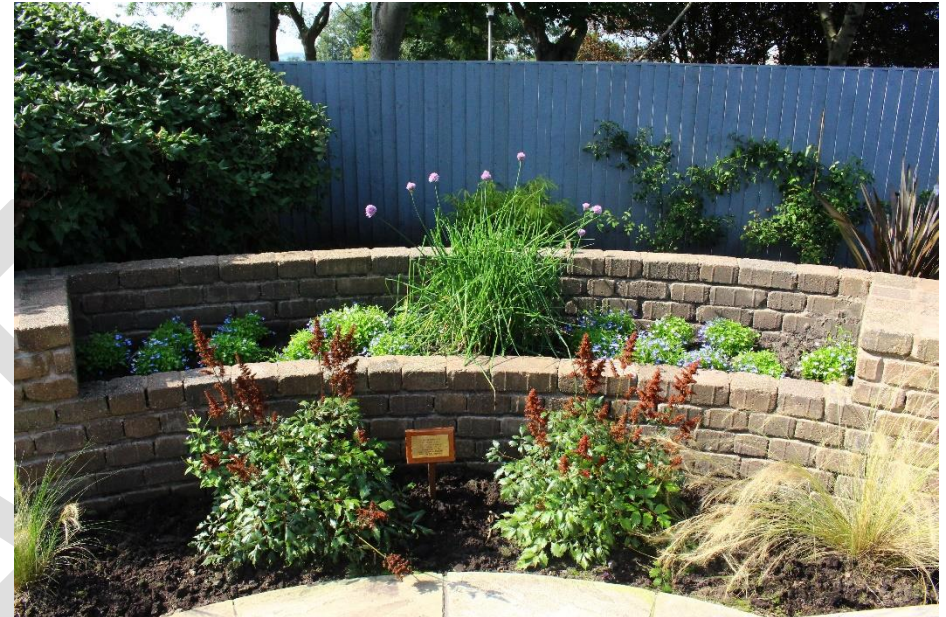
Delivering a Net Zero NHS

Our Trust wants to protect biodiversity within our estate and region and reduce our negative impact on biodiversity, both locally and globally.

Green space and nature are important for the health and wellbeing of patients and colleagues alike. At a global scale, green space affects the planet’s ability to absorb carbon dioxide.

Our Trust will promote access to green space, considering areas of operations where this may be lacking.

We will also consider opportunities and risks for biodiversity in the areas we operate, for example priority woodland areas in our region.




Walled Garden Source: ELHT Library

NHS LTP 17
NHS SC 18.4.3, 18.4.3.1 to 18.4.3
NHS NZ 3.1.1, 3.3.2

11 SUSTAINABLE CITIES AND COMMUNITIES

Target 11.6 Reduce the environmental impacts of cities, focusing on air quality and waste

3 GOOD HEALTH AND WELL-BEING

Target 3.9 Reduce illnesses and deaths from hazardous chemicals and pollution

13 CLIMATE ACTION

Target 13.2 Integrate climate change measures into policy and planning

No	ELHT Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Review our policies and practices around green space and biodiversity, to ensure that our impact on these is reduced. Identify opportunities to provide safe and easy access to green space, where appropriate.	Governance and policy	22/23		£	⊗	E&F/ Wellbeing and Engagement	LTP 17 SC 18.1 NZ 3.5
02	Engage with regional partners to ensure that adequate green space and identified native species are considered and supported in planning and operations of our estates wherever possible. This includes supporting bees and other pollinators.	Core responsibilities	22/23		£	☀️ ₃	E&F/ Wellbeing and Engagement	SC 18.1 NZ 2.2, 3.5
03	Work to better understand biodiversity and habitat risks and opportunities in our procurement. Where possible, apply evidenced standards or engage with our suppliers to address issues, such as food production and provenance of meat, avoiding Palm Oil or limiting to RSCO-certified Palm Oil in food and cleaning products.	Procurement	22/23		£	☀️ ₃	E&F/LPC	SC 18.1
04	Continue to engage our staff, patients, and communities in green space initiatives.	Working with patients, staff and communities	On-going		£	⊗	E&F/HR/ Wellbeing and Engagement	NZ 2.2, 3.5

Figure 29 Green plan action table for Greenspaces

Indicative cost:

£ No or low cost

£ Moderately expensive

£ Significantly expensive

Indicative emissions reduction:

☀️ Low or incremental reduction

☀️ Moderate reduction

☀️ Significant reduction

⊗ Not applicable

Medicines - Volatile Anaesthetic Gases and Inhalers

In addition to carbon dioxide emissions, NHS' clinical activity and prescriptions, such as using inhalers, nitrous oxide and volatile inhaled anaesthetics like desflurane, contribute a considerable proportion of the NHS' GHG footprint.

The Long Term Plan commits the NHS to reduce GHG emissions from anaesthetic gases by 40% (which on its own could represent 2% of the overall NHS England carbon footprint reduction target that the NHS must meet under Climate Change Act commitments) and significantly reduce GHG emissions by switching to lower global warming potential (GWP) inhalers.

Nitrous oxide

Our use of Equanox™ (50/50 medical grade oxygen and nitrous oxide) and medical grade nitrous oxide, combined, contributed over 5,111 tCO₂e in 2020/21, up from 2,998 tCO₂e in 2019/20.

ELHT runs 'The Great Escape: The Nitrous Oxide Mitigation Project for East Lancashire'. This project, initiated by our anaesthetists, involved checking nitrous oxide manifolds for leaks, a review of nitrous oxide use from anaesthetic machine data and a survey and evaluation of anaesthetist's clinical use of nitrous oxide.

The project found a huge disparity between the manifold usage logs and clinical use. Clinical nitrous oxide consumption was almost 100,000 times less than the manifold readings. Upon

further investigation, a major leak was discovered and the nitrous oxide pipeline capped off, saving both emissions and money.

Medicines: Volatile anaesthetics and inhalers

- We used over 19,000,000 litres of Nitrous oxide, emitting **5,111 tCO₂e** in 2020/21.
- Desflurane use emitted **419 tCO₂e** in 2020/21.
- We prescribed 688 Pentrox™ (methoxyflurane) inhaler pens in 2020/21, emitting just 12kg CO₂e.
- Inhaler prescriptions emitted **232tCO₂e** in 2020/21
 - **38% of all inhalers prescribed were DPIs – above the NHS target of 30%.**



Prepping for surgery Source: ELHT Library

We now use compact nitrous oxide cylinders attached directly to the back of anaesthetic machines.

There are innovations in capturing and catabolising exhaled nitrous oxide, including 'cracking' devices. Such devices are being trialled by other NHS trusts and if rolled out, will dramatically reduce the amount leaking into the atmosphere.

Furthermore, nitrous oxide use is steadily falling in surgery, as more efficacious anaesthetic and analgesic agents are superseding its use. However, Equanox™ still plays an important role in maternity.

With the decommissioning of our piped nitrous oxide, we will be using cannisters of nitrous oxide going forward, which will significantly reduce our nitrous oxide consumption.

We do you use methoxyflurane (Penthrox™) pen-inhalers to treat moderate to severe pain associated to trauma in our Accident and Emergency department. Methoxyflurane can be self-administered under medical supervision, in a similar fashion to nitrous oxide. It has a lower global warming potential (GWP) than nitrous oxide and switching to methoxyflurane would lessen emissions at point-of-use.

However, this comes at a cost, as methoxyflurane is delivered in non-reusable 3ml inhaler pens, creating additional non-recyclable waste. We prescribed 688 inhaler pens in 2020/21, emitting around 12kg of CO₂e.

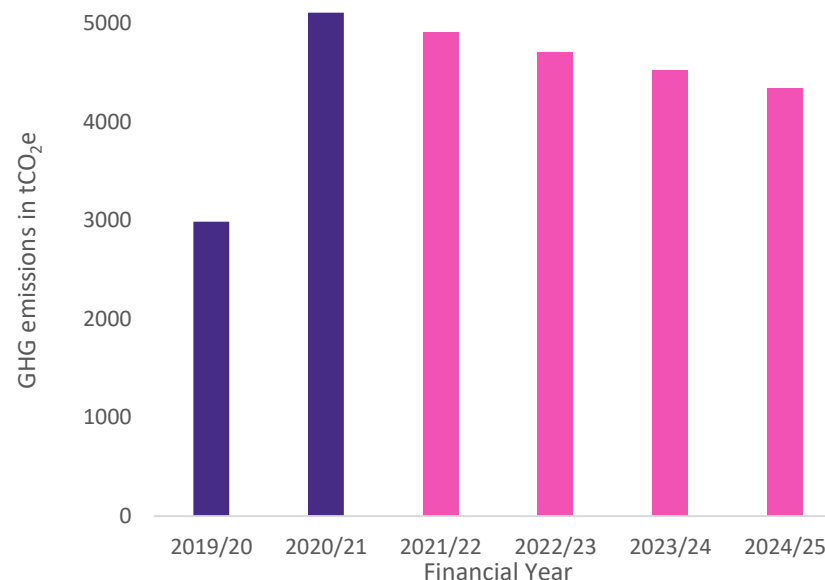


Figure 30 Nitrous Oxide (N₂O) Emissions in 2019/20 to 2020/21 and emission reduction trajectory to 2024/25

Desflurane

Desflurane is a fluorinated volatile anaesthetic. Like many fluorinated compounds (such as refrigerants and propellants), it has a very high GWP. Desflurane has a GWP rating of 2,540, which means it is 2,540 more potent as a greenhouse gas than carbon dioxide.

Other volatile anaesthetics, such as sevoflurane and isoflurane have far lower GWP ratings, 130 and 510 respectively. Shifting away from desflurane to these alternatives will significantly reduce emissions. However, both sevo- and isoflurane use will have an impact on the atmosphere.

The NHS Standard Contract and engagement efforts with clinicians have targeted a reduction of desflurane as a percentage of all volatile gas use by volume, from 20% in 2020/21 to 10% in 2021/22 across all NHS providers.

We used 79 bottles of desflurane in 2020/21, emitting 419 tCO₂e, down from 515 bottles and 2,738 tCO₂e respectively, in 2019/20.

This drop in usage follows innovative work by our anaesthetists whereby desflurane vaporisers were removed from anaesthetic machines in January 2020 (though available upon request). 'Greener Anaesthetic Room' posters were distributed and a green newsletter is now sent out every 6 months.

There was a corresponding initial drop in the use of sevoflurane following the removal of desflurane vaporisers that resulted in a combined saving of over £100,000 in 12 months.

Desflurane use now accounts for only 4% of volatile anaesthetics used, with 95% being sevoflurane – exceeding the NHS Standard Contract target.



Surgery Source: ELHT Library

Inhalers

We prescribe both Dry-powder (DPI) and Metered Dose Inhalers (MDI). Metered dose inhalers use fluorinated gases as the propellant: in 2020/21, the prescription of 5,133 MDIs contributed to 225 tCO₂e, whereas the 3,193 prescribed DPIs equated to around 5.8 tCO₂e.

The NHS Standard Contract stipulates that 30% of all inhalers prescribed across NHS England should be DPIs, potentially saving 374 ktCO₂e per year, according to the NHS Net Zero report.

New [Impact and Investment Fund \(IIF\) indicators](#) have been released, which provide an additional steer on prescribing lower-carbon inhalers.

DPIs are an appropriate choice for many patients and contain as little as 4% of the GHG emissions per dose compared with MDIs. Fluorinated gases in MDIs mean that each 10ml to 19ml inhaler cannister has the equivalent emissions of 30 to 80kg of carbon dioxide!

In 2019/20, 49% of all inhalers prescribed were DPIs. In 2020/21, DPIs only accounted for 38% of all inhalers prescribed by the Trust. This is a drop of 11% compared to 2019/20, but still 8% above the target rate. However, that does not mean we should not try and increase this rate. Aiming for 50% of all inhalers prescribed being DPIs will save an additional 41 tCO₂e, as shown in Figure 32.

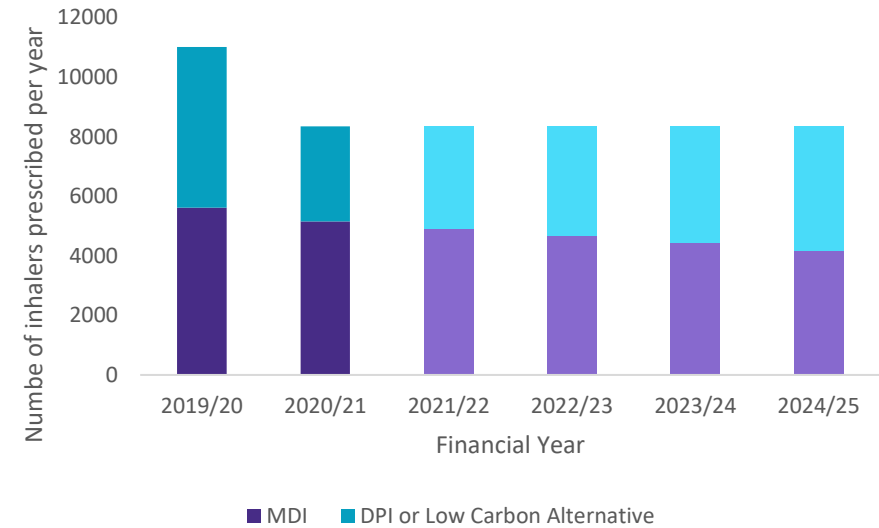


Figure 31 Prescriptions of MDIs and DPIs with 50% total DPI prescription uplift trajectory to 2024/25

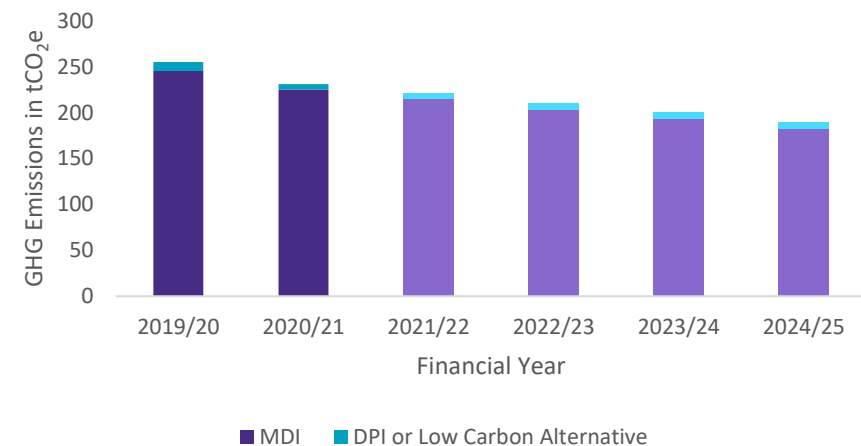


Figure 32 Emissions from inhalers with a forecast in emission reductions until 2024/25 (if 50% are DPI)

At the end of use, inhalers still contain as much as 20% of high-GWP propellant.

Greener disposal of these items, where residual fluorinated gases are captured and destroyed, is therefore another key priority. Lastly, overuse of inhalers leads to 250,000 tonnes of equivalent carbon emissions (250 ktCO_{2e}) annually across the UK, according to a [new study](#).

ELHT will work across our Trust to address disposal and overuse and work with our clinical staff and patients through the [NICE Patient decision aid](#) to help increase the uptake of low-carbon inhalers wherever clinically appropriate.



Medical Items Source: ELHT Library

No	ELHT Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Collate inhaler prescribing data and report quarterly.	Working with patients, staff and communities	21/22		£	✘	Clinical Pharmacy Team	LTP 17
02	Collate volatile anaesthetic gas use data and report quarterly.	Working with patients, staff and communities	21/22		£	✘	Clinical Pharmacy Team	LTP 17
03	Collate methoxyflurane (Pentrox™) use data and report monthly	Working with patients, staff and communities	21/22		£	✘	LPC/Clinical Pharmacy Team	LTP 17
04	Explore the procurement and use of nitrous oxide 'cracking' devices.	Procurement; Working with patients, staff and communities	22/23		£	☁️ 1	Procurement	LTP 17 SC 18.4.2.2 NZ 3.4.1
05	Switch to methoxyflurane (Pentrox™) in preference to nitrous oxide analgesia/anaesthesia where clinically appropriate.	Working with patients, staff and communities	22/23		£	☁️ 1	Clinical Pharmacy Team	LTP 17 SC 18.4.2.2 NZ 3.4.1
06	Work with our anaesthetists and pharmacy to significantly reduce the use of desflurane in surgical procedures to less than 10% of total volatile anaesthetic gas by volume.	Working with patients, staff and communities	22/23		£	☁️ 1	Clinical Pharmacy Team	SC 18.6 NZ 3.4.1
07	Set a target of prescribing at least 50% DPIs for all inhaler types.	Working with patients, staff and communities	22/23		£	☁️ 3	Clinical Pharmacy Team	NZ 3.4.1
08	Set a goal to reduce MDIs to 25% of all non-salbutamol inhalers by prescribing DPIs and soft mist inhalers, where clinically appropriate	Working with patients, staff and communities	23/24		£	☁️ 3	Clinical Pharmacy Team	IIF ES-01 LTP 17
09	Set a goal of reducing the average emissions from salbutamol inhalers to 11.1kg per inhaler, where clinically appropriate	Working with patients, staff and communities	23/24		£	☁️ 3	Clinical Pharmacy Team	IIF ES-02 LTP 17
10	Work with our clinicians and Clinical Pharmacy Team to enable uptake of alternative inhalers where appropriate.	Governance and policy	On-going		£	☁️ 3	Clinical Pharmacy Team	SC 18.6 NZ 3.4.1

No	ELHT Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
11	Promote greener disposal of inhalers, through a review of our Medicine Management and Waste Policy informing patients and clinicians.	Core responsibilities	22/23		£	3	Clinical Pharmacy Team	NZ 3.4.1
12	Follow any new Greener NHS / NHS Digital guidance and tools to ensure purchasing enables greener inhaler options and facilitates simple collection of relevant data.	Procurement	22/23		£	3	Clinical Pharmacy Team	NZ 3.4.1
13	Work with clinicians and patients to address overuse of inhalers.	Working with patients, staff and communities	22/23		£	3	Clinical Pharmacy Team	NZ 3.4.1

Figure 33 Green plan action table for volatile anaesthetics and inhalers

Indicative cost:

No or low cost

Moderately expensive

Significantly expensive

Indicative emissions reduction:

Low or incremental reduction

Moderate reduction

Significant reduction

Not applicable

Supply chain and procurement

The NHS is a major purchaser of goods and services, with NHS England alone procuring around £30 billion of goods and services annually. Procurement has major potential social, economic and environmental impacts both locally and globally.

This includes the power of using local suppliers, the climate performance of our equipment and estate and preventing modern slavery in supply chains.

ELHT is committed to engage with our suppliers to meet the Green Plan and support the sustainable procurement objectives of NHS England wherever practicable.

Procurement and Climate Action

Our supply chain emissions represent a huge portion of ELHT's overall carbon footprint. We have baselined our estimated supply chain emissions for 2020/21 utilising the GHG Protocol 'Scope 3' spend-based method. Spend-based emissions change yearly with total spend and will not help measure progress initially. However, they will help ELHT to identify our carbon hotspots and plan for actions.

Supply Chain and Procurement

- Emissions from our supply chain were estimated to be **70,117 tCO₂e** in 2019/20.
- A new NHS Sustainable Supplier Framework will be launched in January 2022 and will require all suppliers to publish progress reports and continued carbon emissions reporting by 2030.
- An ISO 20400 Sustainable Procurement Strategy would enhance the Trust's environmental and social performance of its supply chain.
- Ensure tenders adopt the new social value procurement note PPN 06/20 and carbon management PPN 06/21 in major contracts from April 2022 and 2023 respectively.
- Reusable items such as face masks and aprons would reduce waste (as per the Waste section)
- Reclaiming mobility aids and other devices from patients will prevent waste and save money

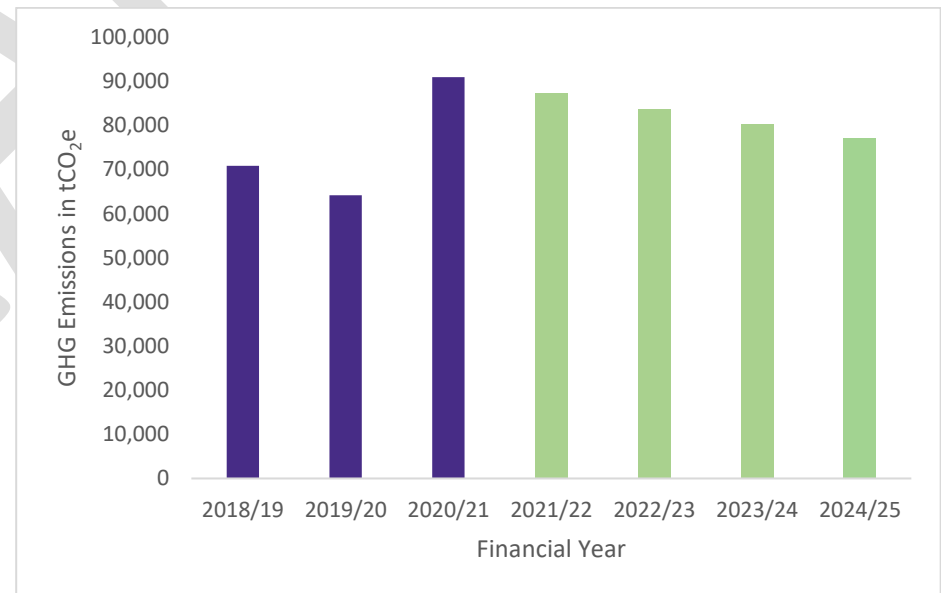


Figure 34 Emissions from our supply chain with reduction trajectory to 2024/25

As a Trust, we procure most items and services through centralised NHS/government frameworks, such as NHS Supply Chain. These centralised frameworks already provide best value through bulk purchasing power and consolidation of orders. We cannot control or influence the sustainability aspects of these routes of procurement and will benefit from the decisions made in how these frameworks operate.

Being fully aligned to the NHS Supply Chain model and logistics service, we maximise opportunities for consolidated deliveries and we will continue to channel the maximum volume of product possible through this route.

However, for more specialised and local service provision, we can look to enhance the environmental and social outcomes of these suppliers through our tendering process.

The NHS, in line with recent government requirements, is mandated to adopt a new social value and environmental standard in the future. A new Sustainable Supplier Framework will be launched in January 2022 and from April 2022, all NHS tenders will include a minimum 10% net zero and social value weighting (as per [Policy Procurement Note 06/20](#)).

From April 2023, contracts above £5 million will require suppliers to publish a carbon reduction plan for their direct emissions as a qualifying criterion (as per [Policy Procurement Note 06/21](#)).

By 2030, all suppliers will be required to demonstrate progress in line with the NHS' net zero targets, through published progress reports and continued carbon emissions reporting.

These additional requirements will enable us to determine the carbon and social impact of the products and services we buy more accurately and ensure suppliers are reducing the emissions associated with their operations and products. In the interim, we will explore ways to reduce single-use plastic items and research how we can incorporate reusable items such as masks and aprons.



Staff member with records Source: ELHT Library

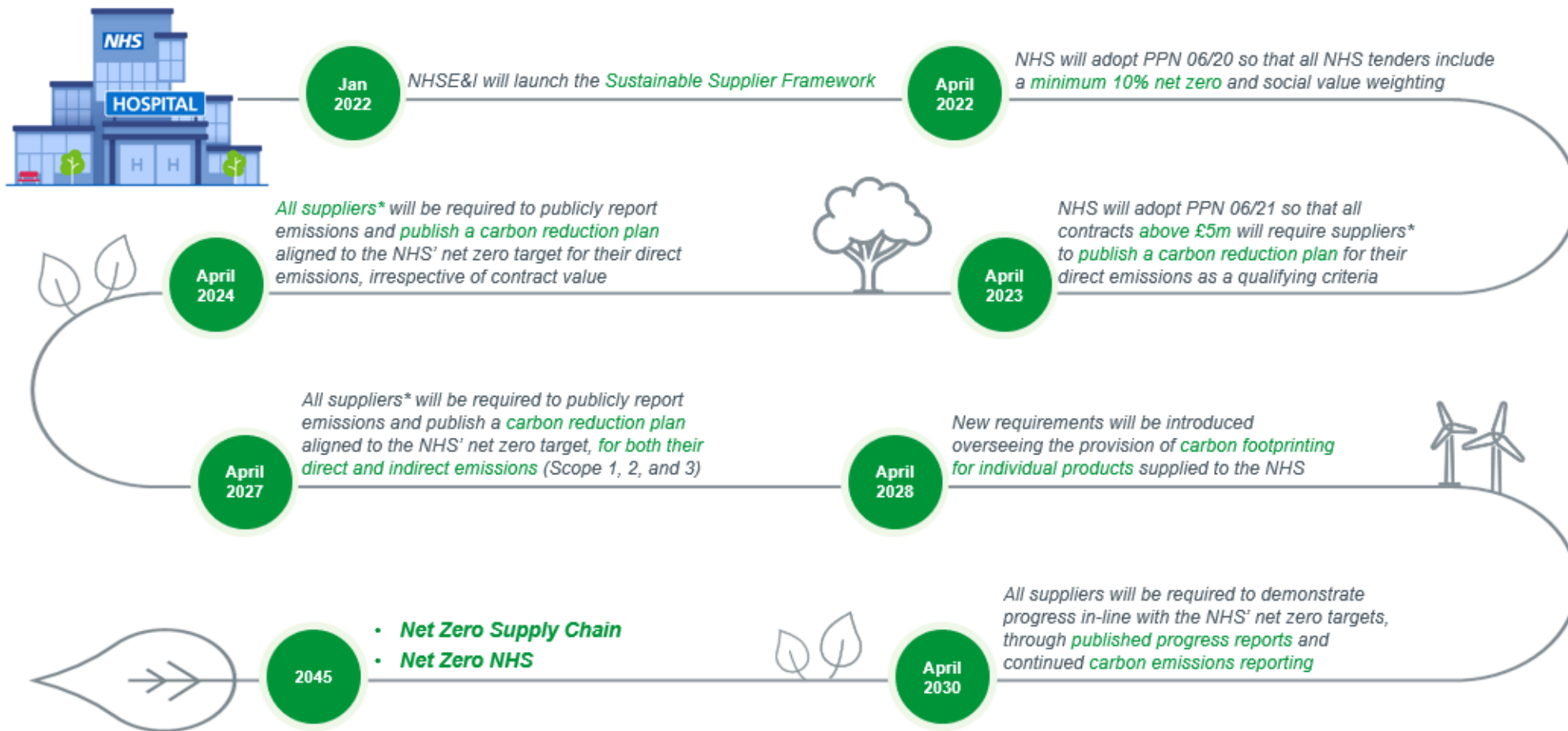


Figure 35 Building net zero into NHS Procurement – shows how NHS England will require all suppliers to provide carbon and social value reporting by 2030

Product retainment and lifecycle extension

Procuring well, ensuring best value for money as well as social and environmental benefits, will remain a core principle for the wider NHS and our Trust.

However, keeping products in service for as long as possible, through maintenance and repair, is fundamental to a circular economy and drives down waste.

Critical care medical products are kept in good working order at our Trust, as per manufacturer's and the Medical and Healthcare Products Regulatory Agency's (MHRA) guidance. Only when an item is no longer supported by the manufacturer, or is beyond economic repair, do we consider disposal.

Most 'obsolete' working medical equipment is sent to an auctioneer, where it is sold on, often abroad, for continued use, which has both social and environmental benefits.

Equipment that is beyond repair is disposed of through the appropriate waste channels and components are recycled.

Mobility aids, such as walking frames, crutches and walking sticks, are given to outpatients where appropriate.

For occupational therapy and physiotherapy in ELHT, approximately 5% of walking aids (frames and crutches) are refurbished and re-used. However, the remaining 95% are not reclaimed and potentially end up in outpatients' domestic waste.

Mobility aids are robust pieces of kit, with long service lives. Reclaiming, cleaning/refurbishing and reissuing more of these

mobility aids will negate useful items being scrapped and could save the Trust money.



Medical Equipment Source: ELHT Library

Our role as an anchor trust

In partnership with the Lancashire and South Cumbria Health and Care Partnership, ELHT is pursuing social value and anchor institution opportunities into spend areas, such as waste and food.

This involves identifying opportunities for regional Small and Medium-sized Enterprises (SMEs) and engaging suppliers to ensure wider community benefits are met.

While we cannot reserve spend locally, we do take proactive steps to support inclusive growth, including a policy on the payment of the Real Living Wage for our service suppliers.

NHS England Sustainable Procurement Objectives		
Net Zero	Modern Slavery	Social Value
Achieve the NHS Supply Chain Net Zero Targets.	Eliminate Modern Slavery in the NHS supply chain both domestically and abroad.	Ensure NHS procurement is a force for good helping local economies and improving wider determinants of health.

Figure 36 Official NHS Sustainable Procurement Objectives Source: website



ELHT Staff Source: ELHT Library

No	ELHT Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Review our sustainable procurement approach to find relevant links that enable our Green Plan and work closely with NHS Supply Chain and NHS Improvement to promote their sustainability programmes.	Governance and policy	Ongoing		£	✘	LPC	LTP 6.17, 17
02	Identify wider social, economic and environmental benefits for the local community and population when considering the purchase and specification of products and services, discussed and agreed with the Coordinating Commissioner.	Governance and policy	22/23		£	✘	LPC	SC 18.6
03	Adhere to the requirements of the NHS Sustainable Supplier Framework.	Governance and policy	January 2022		£	☁️ ₃	LPC	SC 18.6
04	Ensure tenders adopt the new social value procurement note PPN 06/20 and carbon management PPN 06/21 in major contracts from April 2022 and 2023 respectively.	Governance and policy	April 2022		£	☁️ ₃	LPC	NZ 3.3, 3.3.1
05	Ensure tenders adopt the carbon management PPN 06/21 in major contracts in April 2023.	Governance and policy	April 2023		£	☁️ ₃	LPC	SC 18.6
06	Ensure the purchase of 100% closed-loop recycled paper.	Core Responsibilities	21/22		£	☁️ ₃	Finance/LPC	SC 18.6
07	Create a new system for cataloguing and reclaiming mobility aids and other devices from patients.	Governance and policy	22/23		£	☁️ ₃	LPC/Physio and Occupational Therapy	NZ 3.3, 3.3.1
08	Engage a key supplier on plans to align their operations and delivery with NHS Net Zero targets over time. Leverage NHS England and NHS Improvement Supplier Engagement Strategy approach for fostering partnerships.	Core responsibilities	22/23		£	✘	LPC/Trust-wide	NZ 3.3, 3.3.1
09	Work to identify impactful future supply chain emissions reductions opportunities and links to climate adaptation and other Green Plan commitments in procurement specifications and through contract delivery	Procurement	23/24		£	✘	LPC/Trust-wide	NZ 3.3, 3.3.1

No	ELHT Green Plan Actions	Trust Area	Target Year	Pro- gress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
10	Work with NHS Supply Chain to address Modern Slavery and domestic and international supply chain environmental, and human rights risks, including those linked to PPE.	Procurement	22/23		£	⊗	LPC	SC 18.6
11	Explore the creation of an ISO 20400 Sustainable Procurement Strategy.	Procurement	22/23		£	☁ ₃	LPC	SC 18.6
12	Enable procurement to support Social Value and Anchor Institution NHS aims, e.g., understanding and increasing local, SMEs and social enterprise spend or collaborating with suppliers to promote positive action in equalities or to collaborate on innovation or climate action.	Working with patients, staff and communities	Ongoing		£	⊗	LPC	LTP 18

Figure 37 Table to show green plan actions for supply chain management and procurement

Indicative cost:

£ No or low cost

£ Moderately expensive

£ Significantly expensive

Indicative emissions reduction:

☁ Low or incremental reduction

☁ Moderate reduction

☁ Significant reduction

⊗ Not applicable

Food and nutrition

Food illustrates the links between climate change and public health. The NHS Long Term Plan commits us to promote plant-forward diets and reduce unhealthy options like sugary drinks on NHS premises. Not only will these actions help prevent obesity and non-communicable disease, but they will also play a role in reducing our greenhouse gas emissions and environmental impact.

Food production accounts for up to 26% of global greenhouse gas emissions². Food and livestock production also has a huge impact on biodiversity and according to research collected by [Our World in Data](https://ourworldindata.org) “of the 28,000 species evaluated to be threatened with extinction on the IUCN Red List, agriculture and aquaculture is listed as a threat for 24,000 of them”.³

While promoting healthier foods and reducing emissions, the NHS can also source more food from local and regional producers where possible, increasing the positive economic impact for our communities and reducing the emissions associated with food transport.

ELHT will work to fulfil Long Term Plan priorities for food provision on our premises, promoting plant-forward diets, higher welfare and more sustainable food options, supporting regional producers wherever we can.



Staff preparing food Source: ELHT Library

² <https://ourworldindata.org/environmental-impacts-of-food>

³ Source: Poore, J., & Nemecek, T. (2018). [Reducing food's environmental impacts through producers and consumers](https://ourworldindata.org/environmental-impacts-of-food). *Science*, 360(6392), 987-992. Via <https://ourworldindata.org/environmental-impacts-of-food>

From April 2020 to March 2021, we served 1,080,765 inpatient meals (3 meals per day) and 98,666 patient/visitor meals. Over the same period, we recorded 300kg of food waste being produced (kitchen waste and returned meals), which averages at 25kg per month and only 0.25% of all food served.

Hot meals are cooked fresh on site. We source many local ingredients: 28% of ingredients are sourced from local suppliers and 58% from UK producers. This lessens the number of food-miles generated and bolsters the British rural economy.


We run menu cycles for 2 weeks at a time, offering 5 menu options at the restaurant and 7 options for patients. Currently, vegetarian and vegan options account for 18% of all meals served and we have specific promotions linked to low-carbon menus in the form of 'meat-free' menu days.


As well as adhering to [Government Buying Standards for Food and Catering Services](#), we use Vegware and comply with the [CQUIN framework](#), which reduces the quantity of high-sugar drinks offered, replacing them with healthy alternatives.




Staff member in canteen Source; ELHT Library

NHS LTP 2.18, 17
NHS SC 19.1, 19.2, 19.3
NHS NZ 3.3.2

2 ZERO HUNGER

Target 2.2 End all forms of malnutrition (including obesity)

3 GOOD HEALTH AND WELL-BEING

Target 3.4 Reduce mortality from non-communicable diseases and promote mental health

13 CLIMATE ACTION

Target 13.2 Integrate climate change measures into policy and planning

14 LIFE BELOW WATER

Target 14.4 Sustainable Fishing

No	ELHT Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Indicative Emissions reduction	Responsible lead/dept.	NHS Req.
01	Review food and catering to explore opportunities to push forward Long Term Plan plans to address obesity, benefit ELHT's local area, and reach Net Zero emissions.	Governance and policy	On-going		£		E&F/LPC	LTP 2.18, 17 SC 19.1, 19.2 NZ 3.3.2
02	Phase in more Plant-forward diets and other updated NHS requirements and explore greater seasonal menu changes.	Governance and policy	22/23		£		E&F/LPC	LTP 2.18
03	Limit sugary drinks sales at our facilities and fulfil other updated NHS requirements.	Core Responsibilities	22/23		£		E&F/LPC	SC 19.3
04	Explore a digital meal system for at least one NHS site to enable accurate meal planning and reduce food waste.	Core responsibilities	22/23		£		E&F/LPC/ICT	NZ 3.3.2
05	Work with NHS Supply Chain to ensure positive impacts from contract management and maintain updates to Government Buying Standards sustainable food criteria.	Procurement	22/23		£		E&F/LPC	SC 19.3
06	Work with regional partners to identify opportunities for local and SME food producers for ELHT.	Procurement	On-going		£		E&F/LPC	NZ 3.3.2
07	Ensure all food providers meet or exceed the requirements outlined in Report of the Independent Review of NHS Hospital Food	Core responsibilities	22/23		£		E&F/LPC	SC 19.3
08	Review internal and NHS strategies for sustainable food procurement, including sustainable fish, elimination of palm oil or limit to RSPC-certified palm oil and Fairtrade items where relevant.	Procurement	22/23		£		E&F/LPC	LTP 17
09	Continue to work with patients and partners on the link between food, health and obesity, as well as the emissions impact.	Working with patients, staff and communities	On-going		£		E&F/DERI/Wellbeing and Engagement and clinical leads	LTP 2.18 SC 19.1, 19.2 NZ 3.3.2

Figure 38 Table to show green plan actions for food and nutrition

Indicative cost:

- No or low cost
- Significantly expensive
- Moderately expensive

Indicative emissions reduction:

- Low or incremental reduction
- Moderate reduction
- Significant reduction
- Not applicable

Adaptation

Climate change will make extreme weather, such as heatwaves, droughts and flooding, more prevalent. Sea level rise and increased risk of Vector Borne Diseases, such as Lyme's Disease, may also impact our local communities.

The changing climate poses risks for vulnerable populations in our community, but also impacts our Trust's estate, ability to operate and supply chain.

We already engage with other public authorities and partners in tackling extreme weather events, such as heat waves and flooding. We worked with Blackburn and Darwen Borough Councils on the 'Connecting East Lancashire' programme, where climate change adaptation was discussed.

Building on our existing Heat Wave and extreme weather plans, ELHT will analyse climate change risks and develop actions for our care delivery, estate planning and management, including flood risks across our estate and service area.



Thank You NHS Sign Source: ELHT Library

Climate Change Adaptation

“As climate change accelerates globally, in England we are seeing direct and immediate consequences of heat waves and extreme weather on our patients, the public and the NHS. Adaptation is the process of adjusting our systems and infrastructure to continue to operate effectively while the climate changes. It is critical that the NHS can ensure both continuity of essential services and a safe environment for patients and staff in even the most challenging times.” - [Greener NHS](#)

No	ELHT Green Plan Actions	Trust Area	Target Year	Progress	Indicative Cost to achieve	Responsible lead/dept.	NHS Req.
01	Appoint a Climate Change Adaptation lead and follow the recommendations of the third Health and Social Care Sector Climate Change Adaptation Report.	Governance and policy	22/23		£	Board of Directors	LTP 17 SC 18.4.2.3 NZ 1
02	Embed Climate Change as a strategic risk within our corporate risk register and manage appropriately	Governance and policy	22/23		£	Board of Directors	SC 18.4.2.3 NZ 1
03	Create an ISO14090 Climate Change Adaptation Plan including plans for adapting our premises to mitigate climate change and extreme weather risks, using a recognised methodology, that is routinely reviewed considering the changing climate and scientific advancements.	Core responsibilities	22/23		£	E&F	SC 18.4.2.3 NZ 1
04	Work with NHS Supply Chain to better understand the climate change risks in our supply chain and proactively seek to make our supply chain 'climate-ready'.	Procurement	22/23		£	LPC/Trust-wide	SC 18.4.2.3 NZ 1
05	Embed and adapt existing health-related contingency planning, such as Heat Wave Plans to reflect predicted climate change impacts.	Working with patients, staff and communities	22/23		£	Emergency Planning/E&F/Wellbeing and Engagement	SC 18.4.2.3 NZ 1
06	Incorporate newly emerging climate-related health care risks into our contingency planning, such as the increasing prevalence of Vector Borne Diseases	Working with patients, staff and communities	22/23		£	Emergency Planning/E&F/DERI and clinical leads	SC 18.4.2.3 NZ 1

Figure 39 Table to show green plan actions for climate adaptation

Indicative cost:

- £ No or low cost
- £ Significantly expensive
- £ Moderately expensive

Conclusion

This Green Plan is a living document and will be regularly reviewed for progress against the action plans. As such, actions and targets may be revised where necessary.

We will endeavour to allocate adequate budgets and resources to achieve our goals and deliver sustainable care. We will look to achieve the 'quick wins' first, though significant investment is anticipated in future years, especially in making our buildings 'climate-ready'.

Climate Change poses many threats to our care population and how we deliver care. This Green Plan will enable us to become an adaptable and resilient organisation. It will help steer our direction of travel with other local anchor institutions, bolstering our ability to provide a continued critical service.

Our dedicated workforce is core to our care provision and delivery of this Green Plan. With the necessary structures in place, it will be our people and service users who will drive the changes to make us a more sustainable organisation. We will continue an open dialogue with all stakeholders to improve our Green Plan and the care we deliver.



East Lancashire Hospitals

NHS Trust

A University Teaching Trust

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This Green Plan was created for East Lancashire Hospitals NHS Trust in partnership with Inspired PLC.



TRUST BOARD REPORT

Item **42**

9 March 2022

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 12 January 2022.

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 12 January 2022 members considered the following matters and undertook to ensure actions would be taken as outlined in the report.

1. Members were updated on recent applications to use funds requests and the overall performance of the charitable funds. It was noted that the Charity's financial position as of November 2021 stood at £1,948,700 and that total income stood at £701,200.
2. The Committee received an update on the recent activities of the Trust's Staff Lottery and were informed that discussions were taking place around folding it into the Charity going forward.
3. An update was provided to members on the recent activities of the Charity manager. It was noted that a number of in-person activities that had been planned to take place over the Christmas period had needed to be stood down due to the Omicron variant of COVID-19 but that online fundraising efforts had been successful.
4. The Committee was updated on the funding arrangements and structural development plan for the ELHT&me Charity Hub and Retail Outlet. Members were informed that the Hub would be based close to the main entrance of the Royal Blackburn Teaching Hospital (RBTH) site and would provide an office space for four staff members. It was agreed for a working group to be formed outside of the Committee to discuss the retail aspect of the Hub in more detail, as well as any other financial or estates issues requiring further consideration.
5. The annual accounts and annual report for the Charity were presented to members for review and recommendation to the Corporate Trustee.

Dan Byrne, Corporate Governance Officer, 01 February 2022.

TRUST BOARD REPORT

Item **43**

9 March 2022

Purpose Information

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

Summary: The report sets out the matters discussed and decisions made at the Finance and Performance Committee meeting held on 26 January and 23 February 2022.

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 26 January 2022 members considered the following matters:

1. Members received the financial performance report for the month 9 financial position. Members noted the month 9 position had a £400,000 deficit in line with the financial plan and was forecasting a breakeven position at year end. They noted that the Trust cash balance was £56 million, and that deferred income had reduced to £21 million. Members were advised that the work continued to identify recurrent savings and that planning for the 2022/23 financial year was underway.
2. Members received an update on the Electronic Patient Record (EPR) project and other associated works as part of the eHealth programme. They noted that a new Obstetrics EPR had been introduced in Trust, as well as a new Endoscopy system and that a bid had been placed for a new Ophthalmology system that would be used across three of the Integrated Care System's (ICS) Provider Trusts. Members were informed that the EPR project was on track and budget and it was expected that the project will hit the go live date in late 2022.
3. Members received a presentation on how the Trust had taken part in an improvement practice event across Lancashire and South Cumbria (L&SC) focussed on discharges and reducing bed occupancy. Members noted that following the exercise there had been a 35% decrease in the number of patients who do not meet the criteria to reside and work was taking place to ensure all patients had a robust discharge date.
4. The Committee received the Integrated Performance Report, noting that the Trust sickness level had reduced to 7.6% overall. It was noted that the 4-hour A&E performance had improved and that COVID pressures were reducing with a decrease in community prevalence.
5. Members were advised that restoration continued to perform well, however due to a prevalence of COVID amongst staff and patients, some outpatient clinics and lists had been cancelled. Members were informed that work continued to improve the Patient Initiated Follow Up (PIFU) and the advice and guidance statistics.
6. An update on the Trust's Private Finance Initiative (PFI) partners was provided, along with current work being undertaken. Members noted that work continues with the PFI partners at both sites.

7. The members were updated on the Corporate Risk Register, noting that minor updates were required to the High Dependency Unit (HDU) risks to mention commissioning instead of funding.

At the meeting of the Finance and Performance Committee held on 23 February 2022 members considered the following matters:

1. Finance Reporting, including Financial Performance 2021/22, Financial Envelopes and Planning 2022/23 and the Capital Plan Update
2. Improvement Update
3. PLICS and Model Hospital Update
4. Integrated Performance Report: Workforce and Operations Update
5. Quarterly Workforce Update
6. COVID-19 & Restoration Update
7. PFI Update
8. Board Assurance Framework
9. Corporate Risk Register

A more detailed report from this meeting will be provided at the next Board meeting.

Martyn Pugh, Acting Corporate Governance Team Leader, 9 March 2022

TRUST BOARD REPORT

Item 44

9 March 2022

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 26 January 2022 and 23 February 2022.

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>
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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>
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Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Quality Committee Update

At the meeting of the Quality Committee held on 26 January 2022 members considered the following matters:

1. Members received an update on the numbers of COVID positive patients being cared for by the Trust and noted that there had been a significant fall from the same period the previous year.
2. Members were updated on the changes in the Trust's reporting and governance structures that had been enacted in response to the surge in COVID activity caused by the Omicron variant over the Christmas period.
3. The Committee received an update from the Trust's Infection Prevention and Control (IPC) team. Members noted that there had been a decrease in the numbers of Methicillin Susceptible Staphylococcus Aureus (MSSA) bacteraemia. Members were informed that the outbreak of Escherichia coli (E. coli) on the Trust's Neonatal Intensive Care Unit (NICU) was ongoing but noted that there had not been any recent cases and that a request would be made soon for it to be stood down.
4. Members received a presentation summarising the main priorities of the Trust's revised Quality Strategy and noted that they had been developed following a series of workshop events with stakeholders earlier in the year. It was confirmed that the full initial draft of the Strategy would be provided at the following meeting for consideration.
5. The Committee received the initial draft of the Trust's Annual Safeguarding Report prior to it being presented to the Trust Board later in the year. Members were informed that there would be a move in the wider system in the near future from the use Deprivation of Liberty Safeguards (DOLS) to Liberty Protection Safeguards (LPS) and that this would have significant implications on the Trust's resources.
6. In addition to the above items the Committee also received updates on a number of standing agenda items, including Patient Safety, Mortality, Corporate Risk Register and Maternity Services.

At the meeting of the Quality Committee held on 23 February members considered the following matters:

1. Members received an update on the Trust's work with the NHS Food Review Group and the national recommendations, published in October 2020, that it was working towards to improve standards. Members noted that there had been a number of

successes in many areas, including two of the Trust's chefs recently winning the first NHS Chef of the Year competition, but that a substantial amount of work was still required.

2. The Committee received an update from the Trust's Infection Prevention and Control (IPC) team. It was confirmed that more weekly focused swabbing would be taking place on the Trust's Neonatal Intensive Care Unit (NICU) in relation to the outbreak of Escherichia coli (E. coli) and that its external partners were content with its management of the situation. Members were also informed that there had been no hospital acquired cases of Methicillin Susceptible Staphylococcus Aureus (MSSA) or Methicillin Resistant Staphylococcus Aureus (MRSA) in January 2022.
3. Members received an update on Clinical Effectiveness matters, including a summary of outstanding audit activity and the progress made with the implementation of National Institute for Clinical Excellence (NICE) guidelines.
4. An update was provided on the Trust's mortality performance and members were informed that a rebasing exercise had recently taken place which had resulted in its Hospital Standardised Mortality Ratio (HSMR) showing as outside of expected ranges. It was confirmed that extensive work was taking place to monitor and manage any alerting groups. Members also noted that the Trust's Medical Examiner service was due to be rolled out to community areas from the 1 April 2022 onwards.
5. A preliminary draft of the Trust's revised Quality Strategy was provided to members for feedback and comments. It was confirmed that the document would be updated and presented to the Committee again at a later date, with a view to presenting it to the Trust Board later in the year for ratification.
6. An update was provided on the Trust's Nursing Assessment Performance Framework, including a summary of annual performance figures.
7. In addition to the above items the Committee also received updates on a number of standing agenda items, including Maternity Services, the Corporate Risk Register, the Board Assurance Framework and the CQC Well-led Inspection Update.

Dan Byrne, Corporate Governance Officer, 01 March 2022.

TRUST BOARD REPORT

Item 45

9 March 2022

Purpose Information

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

Summary: The report details the agenda items discussed in the Audit Committee meeting held on 11 January 2022.

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

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

Audit Committee Update

At the meeting of the Audit Committee held on 11 January 2022, members considered the following matters:

1. The Committee received an update following the Mersey Internal Audit Agency (MIAA) review into Records Management, noting that a full action plan was being created and that the implementation of the Electronic Patient Record (EPR) system would help to address many of the issues identified.
2. The Committee received an update on Cyber Security and patch management, noting that work continues to strengthen the Trust's cyber security processes.
3. Members received the Internal Audit Progress report, noting that in the period October to December 2021, one review had been completed covering Risk Management which had received moderate assurance. Furthermore, members were advised that MIAA were on track to complete the workplan.
4. Members received the Consultant Job Planning Update, noting that the process was progressing well and 53% of job plans were in the discussion phase. Members noted that significant progress had been made.
5. Members received the Trust's Draft NHS Green Plan, noting the baseline position and plan to reduce emissions.
6. Members were presented with the External Audit – Audit Strategy Memorandum, noting that the document highlighted risks regarding material statements and the timetable for planned work.
7. The Committee received the Anti-Fraud Service Progress report for the period October to December 2021, noting the progress being made in relation to referrals and investigations.
8. Members received the Tender Waivers report for the period August to November 2021, noting that two waivers had been approved in this period.
9. Members discussed the Board Assurance Framework (BAF) and Corporate Risk Register (CRR), commenting that work is taking place to refine the BAF. It was noted that the CRR was to be reviewed to ensure assurance is provided.
10. Members were informed that following any further updates since the session of the Trust Board in November 2021, the Standing Financial Instructions (SFIs) would be presented at the April 2022 meeting of the Audit Committee.
11. The Committee were updated on the draft 2021/22 Annual Report and Accounts timetable, noting that the full timetable had not yet been issued by NHS England/Improvement (NHSE/I).

12. The Committee were informed that the draft template for the Review of Accounting Policies had not yet been issued and the policies would be presented at a future meeting.
13. Committee members also received copies of the minutes from the Quality Committee, Finance and Performance Committee and the Information Governance Steering Group.

Martyn Pugh, Acting Corporate Governance Team Leader, 09 March 2022

TRUST BOARD REPORT

Item 46

9 March 2022

Purpose Information

Title Trust Board (Closed Session) Information Report

Author Mr D Byrne, Corporate Governance Officer

Executive sponsor Professor E Fairhurst, Chairman

Summary: The report details the agenda items discussed in closed session of the Board meetings held on 19 January 2022.

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 19 January 2022, the following matters were discussed in private:
 - a) Round Table Discussion: Site Operational Pressures
 - b) Round Table Discussion: ICB / PCB / Pathology Collaboration Update
 - c) Nosocomial Infections Update
 - d) Pathology Industrial Action
 - e) Fire Safety Update
 - f) EPR Update
 - g) Staff Survey Preliminary Update
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.