Council of Governors

25 July 2023 | 10.30am | Microsoft Teams

Agenda

№	Item	Time	Encl.	Purpose	Presenter
1.	Chair and quorum	10.30am	Verbal	Information	Chair
2.	Apologies for absence	10.31am	Verbal	Information	Chair
3.	Declaration of interests	10.32am	Verbal	Information	Chair
4.	Minutes of the previous meeting held on 27 April 2023	10.33am	✓	Decision	Chair
5.	Matters arising and action log update	10.34am	✓	Information	Chair
6.	Chairman and Chief Executive's opening remarks • Current Position of Governors and Way Forward	10.35am	Verbal	Information	Chair/Chief Executive
7.	Update from Subgroup Chairs	10.50am	Verbal	Information	J Miller/ P Spadlo
8.	STRATEGY AND PERFORMANCE				
8.1	Patient Experience and Involvement Annual Report 2022-23	11.05am	✓	Information	S Cullen
8.2	Research Strategy update	11.20am	✓	Information	P Brown
8.3	Focus on the work of the Parkinson's Care Service	11.35am	Pres	Information	J Dawber/ N Mason
8.4	New Hospitals Programme update	11.50am	Verbal	Information	K McGee
9.	GOVERNANCE AND COMPLIANCE				
9.1	Annual Report and Accounts 2022-23 (laid before Parliament) including the ISA260 report and Annual Audit report	11.55am	✓	Information	J Foote
9.2	Format of meetings including Annual Members' Meeting	12.05pm	✓	Decision	J Foote
9.3	Non-Executive Director update – Safety and Quality Committee Chair	12.15pm	Pres	Assurance	K Smyth
10.	ITEMS FOR INFORMATION (taken as read)				
10.1	Quality Account 2022-23		✓		

№	Item	Time	Encl.	Purpose	Presenter
10.2	Governor Opportunities and Activities Summary		✓		
10.3	Governor Issues Report		✓		
10.4	Cycle of Business		✓		
10.5	**Minutes of Governor Subgroups**: (a) Care and Safety Subgroup – 23 March and 15 May 2023 (b) Chairs, Deputy Chairs and Lead Governor – 5 January 2023 (c) Membership Subgroup – 6 February 2023		✓		
10.6	Date, time and venue of next meeting: *2 November 2023, 1.00pm, Microsoft Teams*	12.25pm	Verbal	Information	Chair
11.	REVIEW OF MEETING PERFORMANCE				
11.1	Discussion on how the meeting in public has been conducted	12.26pm	Verbal	Information	All
12.	RESOLUTION TO REMOVE PRESS AND PUBLIC				
12.1	Resolution to exclude members of the press and public	12.30pm	Verbal	Information	Chair

Council of Governors Public Meeting

27 April 2023 | 1.00pm | Microsoft Teams

PRESENT	DESIGNATION	27/04/23	25/07/23	02/11/23	23/01/24
CHAIRMAN AND GOVERNORS					
Professor P O'Neill (Chair)	Interim Chair	P			
Tricia Whiteside	Acting Vice Chair *(for items 43-46)*	P			
Will Adams	Appointed Governor (Local Authority)	P			
Pav Akhtar	Public Governor	P			
Takhsin Akhtar	Public Governor	P			
Peter Askew	Public Governor	P			
Sean Barnes	Public Governor	P			
David Blanchflower	Public Governor	P			
Alistair Bradley	Appointed Governor (Local Authority)	P			
Sheila Brennan	Public Governor	P			
Kristinna Counsell	Public Governor	A			
Steven Doran	Staff Governor	A			
Dr Margaret France	Public Governor	P			
Graham Fullarton	Public Governor	P			
Steve Heywood	Public Governor	P			
Lynne Lynch	Public Governor	P			
Janet Miller	Public Governor	P			
Eddie Pope	Appointed Governor (Local Authority)	P			
Frank Robinson	Public Governor	P			
Suleman Sarwar	Appointed Governor (Local Authority)	P			
Mike Simpson	Public Governor	A			
Piotr Spadlo	Staff Governor	P			
Paul Wharton-Hardman	Public Governor	A			
Feixia Yu	Public Governor	A			
IN ATTENDANCE					
Karen Brewin *(minutes)*	Associate Company Secretary	P			
Ailsa Brotherton	Director of Continuous Improvement	-			
Faith Button	Chief Operating Officer	-			
Victoria Crorken	Non-Executive Director	P			
Sarah Cullen	Chief Nursing, Midwifery and AHP Officer	-			
Stephen Dobson	Chief Information Officer	-			
Gary Doherty	Director of Strategy and Planning	-			
Naomi Duggan	Director of Communications	-			
Jennifer Foote	Company Secretary	P			
Kevin McGee	Chief Executive	A			
Ann Pennell	Non-Executive Director	-			
Dr Gerry Skailes	Chief Medical Officer	-			
Kate Smyth	Non-Executive Director	-			
Karen Swindley	Chief People Officer	-			
Tim Watkinson	Non-Executive Director	-			
Michael Wearden	Associate Non-Executive Director	-			
Jim Whitaker	Non-Executive Director	P			
Peter Wilson	Associate Non-Executive Director	-			
Jonathan Wood	Deputy Chief Executive/Chief Finance Officer	D			

P – present | **A** – apologies | **D** – Deputy
***Quorum**: 9 members must be present of which at least 1 must be a Public Governor; 1 must be a Staff Governor; and 1 must be an Appointed Governor*

In attendance: L Graham, Deputy Director of Workforce and OD *(for item 36/23)*

29/23 Chair and quorum

Having noted that due notice of the meeting had been given to each member and that a quorum was present the meeting was declared duly convened and constituted.

30/23 Apologies for absence

Apologies for absence were received and recorded in the attendance matrix.

31/23 Declaration of interests

There were no conflicts of interest declared by governors in respect of the business to be transacted during the meeting.

32/23 Minutes of the previous meeting

The minutes of the meeting held on 26 January 2023 were approved as a true and accurate record.

33/23 Matters arising and action log

A copy of the action log had been circulated and all actions had been completed.

34/23 Chair's and Chief Executive's opening remarks

The Chair referred to the interviews for a permanent Chair which had been held on 30 March 2023 although an appointment had not been made. The Council would receive an update on next steps in the part II Council meeting.

The Chair acknowledged the workforce for their diligence and hard work throughout the winter season and periods of strike action. Reference was made to the joint Board and Council Workshop on 20 April 2023 when those attending received a presentation on the Trust's financial position and the forward plan for 2023/24. Moving into 2023/24 the financial challenge was significant and available finances across the system seriously constrained meaning Trusts could not continue to work in the way they had in previous years. The size of the challenge could not be overestimated, and work was being undertaken on the plans to address inefficiencies and recover the financial deficit.

The scale of the financial challenge reflected at the joint Board and Council Workshop was not unique to the Trust or the northwest. During the session it was explained that delivering recurrent cost improvement in the Trust at a scale to meet future sustainability would be essential. In addition, de-escalation of costs would be important as funding had been withdrawn at the end of March 2023 which had previously supported pressures, such as Covid-19. The majority of Integrated Care Boards (ICB) had been asked to achieve a breakeven position although the Lancashire and South Cumbria ICB was looking to recover a £100m deficit. Discussions were ongoing as a system to determine the stretch that would be required to achieve that ask. The deadline for the system submission to region was 2 May 2023.

An update was provided on the forthcoming industrial action. Council was informed of the detrimental effect of industrial action on the Trust's financial position due to lost activity which would need to be recovered and delivered at an additional cost.

35/23 Update from Chair of each Subgroup

The Chairs of the Care and Safety and Membership Subgroups summarised the topics discussed at recent meetings and the following points were noted:

(a) *Care and Safety Subgroup (CaSS)*

The meeting on 23 March 2023 was not quorate and was stood down in line with good practice. However, J Miller noted a range of issues that had been discussed informally, such as patient experience issues including moving patients and discharges after 10pm, the lack of hot meals late at night, and the pressures under which staff were working.

In respect of the patient experience issues, it was acknowledged that actions had been raised in a range of forums, such as the Patient Experience Involvement Group and the points were being addressed through the Safety Triangulation Accreditation Review (STAR) audits and by the Patient Experience and PALS team.

Clarification was requested regarding whether there was a system in place to track patient moves and discharges late at night. It was confirmed that tracking was undertaken and during the winter months many organisations had experienced challenges particularly through December to February. The position was closely monitored along with assessing the impact on patients and how the position could be managed effectively with discharges being undertaken earlier in the day. It was noted that the issue had also been raised through the governors' process map as it was understood that consent was required when patients were moved. The Chair added that the Safety and Quality Committee analysed data at their monthly meetings on patient moves and the risk was also captured in the Board Assurance Framework. During discussion Council members recognised that clinical need would also inform the decision to move patients or discharge them later in the day.

Discussion was held regarding the lack of a hot food offer for patients late at night or for staff working long shifts to provide nutritional support. Council noted that the Trust had trialled a range of ways to provide hot meals ensuring funding was directed appropriately. The points were noted, and the facilities team was reviewing anything additional that could be introduced.

(b) Membership Subgroup

The subgroup met on 6 February 2023 and reviewed outstanding actions and updates on the Strategic Action Plan for membership. Management attendance at the meeting had been negatively impacted due to industrial action. An open invitation was extended for all governors to attend Membership Subgroup meetings.

The Subgroup Chair and Deputy Chair had met with the Interim Chair and Company Secretary to discuss delivery of the Membership Strategy. It was noted that a review would be undertaken of the governor role, commissioned by the permanent Chair and Chief Executive, to look at how governors discharged their responsibilities going

forward, and a positive review of how the Council and Board jointly moved forward in the organisation and across the wider system. The Trust had a statutory responsibility around membership and there was a need to be clear on how that was discharged, including responsibility for membership and the strategy.

36/23 Workforce and OD Strategy 'Our People Plan' Update

A presentation was delivered on the 2023-26 Our People Plan which had been published on 1 April 2023. The presentation outlined the Trust's strategy on creating a Great Place to Work and detailed the intentions for delivery of year one ambitions using a 5-step approach. The presentation would be circulated to governors for information.

In response to a question regarding what was meant by protected characteristics, it was explained that nine protected characteristics were outlined in the Equality Act relating to people belonging to a minority group who were protected by law in terms of discrimination.

Discussion was held regarding whether there were clinical staff available within organisations across the region who could return to clinical practice, for example trained nurses in corporate roles, to contribute to supporting the waiting list backlog and whether there was potential to combine those roles across the region. It was explained that the Trust did work in collaboration with other Trusts within the system and mutual aid that could be provided. In respect of converting corporate roles to support the waiting list backlog, there would be a need to understand such roles within corporate functions and the business-critical nature of the roles being carried out. There was also an element of personal choice moving to a different career pathway. However, during particularly challenging periods, the Trust did look to whether corporate colleagues could work in clinical areas, for example during the Covid-19 pandemic, and through organisational change to determine whether specific roles could be repurposed and what needed to be delivered in broader terms.

Reference was made to the intention to look for staff with a second language to support translation and sense check information to support international colleagues and the Deputy Director would forward further information to P Spadlo, as requested. A point was also raised regarding attracting and retaining members of staff and it was noted the Workforce and Organisational Development team monitored information such as levels of recruitment and exit interviews to determine whether there were any root causes that could be resolved to support attracting and retaining staff.

Attention was drawn to the staff survey results which recognised that not all staff had an equitable experience around training and career opportunities and basic networks that helped people with career progression. Specific reference was made to international recruits with extensive experience who had joined the NHS on a lower band. It was explained that the points had been reflected in the 2022-23 WRES submission. Actions were being introduced to address the issues, which included the introduction of an International Colleagues group, ring-fencing a number of places on training, and challenge at a local level when it was evident opportunities for career progression were not being introduced. A talent pool of international colleagues was also being created to ensure they reached their aspirations for career progression.

Discussion was held regarding the ageing estate in which people were required to work and some human factors, such as availability of hot meals during long shifts, which negatively impacted on the staff experience. The importance of the New Hospitals Programme (NHP) was recognised which would ensure the Trust attracted and recruited good staff. It was also noted that without the NHP the Trust would struggle to prioritise its capital to invest in its ageing estate. There was a need to prioritise some funding from the capital programme, under a constrained envelope, so there was a fine balance between the requirement for expensive equipment versus improvements to the ageing estate.

The Council noted that this would have been the last meeting the Chief People Officer would have attended before retiring although recognised there had been reasons why she could not attend. However, the Council deemed it appropriate to recognise and thank the Chief People Officer for the time and commitment afforded to supporting governors during her time caretaking the Company Secretary role.

The Chair thanked the Deputy Director of Workforce and Organisational Development for a helpful presentation and thoughtful questions from Council. The Chair also extended thanks to the wider team and the Council's appreciation would be communicated to the Chief People Officer.

37/23 New Hospitals Programme Update

Council was reminded that an announcement regarding capital funding for the NHP had been expected in March although nothing had been received to date and further delays would be experienced due to purdah restrictions for the local elections on 4 May 2023. The Chair noted that once confirmation had been received regarding capital funding then work would be progressed as soon as possible.

38/23 Non-Executive Director Update – Education, Training and Research Committee Chair

A presentation was delivered on the role and responsibilities of the Chair of the Education, Training and Research Committee and a brief summary of his role as Non-Executive Director. Particular attention was paid to the significant achievements during the past 12 months, the challenges faced and future developments for education training and research. Finally, thanks were extended to the Deputy Director of Research and Development, and tribute paid to the Chief People Officer and Deputy Director of Education both of whom would be retiring from the Trust in May 2023. A copy of the slide presentation would be circulated to governors for information.

Discussion was held regarding whether education, training and research was being seen as a collaborative opportunity or a risk by the ICB. It was noted that discussions had been held with the ICB and collaborative provision was being seen as a positive way forward through a network approach and support structure. Whilst the Trust was a leader in the field, moving forward there would be partnership working and progress would be about bringing people together.

Reference was made to future developments in terms of the national challenge around the lack of clinical cover and clarification was requested regarding the Trust's plans to bridge the gaps. It was explained that there was a range of work being undertaken in the organisation around extended roles, such as advanced nurse practitioners and

physician associates. A key issue that would need to be progressed would be professional bodies allowing people to work at that top level once their skills profile had been developed to meet the needs of patients. It was noted that a significant amount of time was invested for consultants to be trained and achieve that status although there was a need to look at developing extended roles. Non-medical prescribing had become a major topic and it was recognised that others outside the role of a doctor could prescribe so there was a need to develop those support roles. It was suggested that Council may find it helpful to receive a further update on extended roles at some point in the future.

Non-Executive Directors left the meeting.

39/23 Feedback on Non-Executive Directors' Appraisals 2022/23

A summary was provided of the outcome of the 2022/23 appraisals of Non-Executive Directors. It was noted the Senior Independent Director had been appraised by the Acting Vice Chair and the Chair had been appraised by the Senior Independent Director. Feedback on the outcome of both those appraisals would be provided later once the Chair had stepped out of the meeting.

The Chair had appraised four of the Non-Executive Directors and one appraisal remained outstanding due to the need for some additional information. Feedback on the appraisals had been presented in detail to the Nominations Committee on 20 April 2023 and the Committee was content that the appraisals provided assurance on the satisfactory performance of the individuals for the year 2022/23. It was noted that all appraisals had been positive, identified the work undertaken during the year and the strengths of individuals, and evidenced the commitment provided by the Non-Executive Directors.

The 360 feedback from governors amounted to three or four returns for each Non-Executive Director and whilst helpful it was decided to combine the feedback with that provided by Board colleagues which allowed sufficient numbers for stability of judgement. It was noted that the feedback received provided positive results for each of the Non-Executive Directors.

In terms of achievement of objectives during 2022/23, it was noted that as the appraisals had been re-aligned to coincide with the end of the fiscal year the timescales to deliver all objectives had been shortened as the previous appraisals had been undertaken in August 2022. Some of the objectives had been achieved and, where appropriate, objectives had been rolled forward to 2023/24 with some revisions and in discussion and agreement with each Non-Executive Director.

40/23 Re-appointment of Non-Executive Director

The report provided information for the Council to consider re-appointment of J Whitaker (year one of three annual re-appointment) and an overview of the contents was provided. The Nominations Committee considered the proposal at its meeting on 20 April 2023 and recommended re-appointment as outlined in the report.

The Council RESOLVED to re-appoint J Whitaker for the period 3 July 2023 to 2 July 2024 (year one of three annual re-appointment).

41/23 Meeting Arrangements

Discussion was held regarding whether the Council reverted to in person meetings or continued to meet virtually. A range of views and observations were put forward, both for and against changing the current arrangement, the possibility of a hybrid model, and the potential benefits and disadvantages to changing what was currently in place.

The Chair thanked Council members for their views which would be considered alongside observations the permanent Chair may have once appointed. It was noted that formal Board and Committee meetings continued to be held virtually and worked well. Owing to the limited attendance at recent Council and joint Council/Board sessions, it was important to note that quoracy must be achieved for Council of Governors' meetings in line with the regulations outlined in the Trust Constitution, in whatever location meetings were held, otherwise the meeting could not progress.

It was proposed that a report be developed for presenting at the July Council meeting setting out potential options for the future. The report would contain information on in person, virtual, and hybrid meetings including costs for technology and any changes to the estate that may be required to support hybrid meetings.

In response to a question regarding whether the Chairs, Deputy Chairs and Lead Governor meetings would continue, it was confirmed that the decision around governor subgroup meetings would need input from the incoming Chair.

42/23 Items for information

The Chair welcomed new governors who were attending their first Council meeting and congratulated those who had been re-elected. Congratulations were also extended to J Miller on her appointment as lead governor for the next 12 months.

The following reports which had been circulated with the agenda for information:

(i) Governor Elections 2023
(ii) Appointment of Lead Governor
(iii) Appointment of Nominations Committee
(iv) Governor Opportunities and Activities Summary
(v) Governor Issues Report
(vi) Minutes of Governor Subgroups:
- Care and Safety Subgroup – 16 January 2023
- Membership Subgroup – 10 October 2022

The Interim Chair left the meeting, and the chair was taken by the Acting Vice Chair.

43/23 Chair's Appraisal and SID Appraisal

Feedback was provided to Council on the 2022/23 appraisal of the Senior Independent Director which had been conducted by the Acting Vice Chair. Feedback had been positively received by the Nominations Committee on 20 April 2023 and assurance provided on the satisfactory performance of the individual during 2022/23.

S Heywood provided an update on the outcome of the Interim Chair's appraisal which had been presented to the Nominations Committee on 20 April 2023 by the Senior Independent Director. The Committee recognised the positive outcome of the appraisal which resonated with views of Nomination Committee members and the results of the 360 survey feedback.

At this point, Council recognised the work undertaken by the Interim Chair who had stepped into the role at short notice and recorded their thanks for the leadership provided from September 2022 to date. The Vice Chair echoed the view and added that the Interim Chair had made a significant positive impact during his interim period in terms of working with the Executive Directors and Non-Executive Directors, and the external activity delivered on behalf of the Board.

As a general point, Council reflected that the training session for governors in completing 360 surveys should be revised for next year as the expectation was not delivered at the session on 9 March 2023.

44/23 Date, time and venue of next meeting

The next meeting of the Council of Governors will be held on Tuesday, 25 July 2023 at 10.00am using MS Teams.

45/23 Reflections on how the meeting had been conducted

The following reflections were noted:

- There had been an issue with the meeting pack, which had been published on the Trust website on the morning of the meeting.
- Governors should be reminded of the requirement within the Trust Constitution that they attend three out of four Council meetings.

46/23 Resolution to exclude press and public

RESOLVED THAT press and public be excluded from the meeting.

Action log: Council of Governors (part I) – 27 April 2023

There are no outstanding actions from previous Council meetings.

COMPLETED ACTIONS ***(for information)***

№	Min. ref.	Meeting date	Action and narrative	Owner	Deadline	Update
1.	36/23 and 38/23	27 Apr 2023	*Our People Plan and Education, Training and Research presentations* – slides to be circulated to governors for information.	Associate Company Secretary	25 Jul 2023	**Completed** **Update for 25 July 2023** – slides circulated by email on 19 May 2023.
2.	36/23	27 Apr 2023	*Staff with a second language* – further information on the four languages to support learning packages to be sent to P Spadlo.	Deputy Director of Workforce and OD	25 Jul 2023	**Completed** **Update for 25 July 2023** – information emailed 22 May 2023.
3.	41/23	27 Apr 2023	*Meeting Arrangements* – a report to be produced setting out potential options, including in person, virtual and hybrid meetings, and costs for technology and changes to the estate that may be required to support hybrid meetings.	Company Secretary	25 Jul 2023	**Completed** **Update for 25 July 2023** – scheduled on the agenda.

Excellent care with compassion

Trust Headquarters

NHS Lancashire Teaching Hospitals NHS Foundation Trust

Council of Governors

Patient Experience Annual Report 2022/2023

Report to:	Council of Governors	**Date:**	25th July 2023
Report of:	Chief Nursing Officer	**Prepared by:**	J Howles, C Gregory

Purpose of Report

For assurance	☒	**For decision**	☐	**For information**	☐

Executive Summary

The purpose of this report is to provide an update to the Council of Governors on the outcomes associated with the Patient Experience and Involvement Strategy 2022 to 2025. The report demonstrates what progress has been achieved over the last 12 months.

A summary of the 2022/23 position is:

I. The new strategy has been launched and every clinical department in the organisation has a patient experience champion, trained and part of a patient experience network.
II. During 2022/23 a total of 2,664 compliments were received.
III. Friends and Family Test response rates have improved compared to 2021/22 with 7075 more valuable pieces of feedback collected in 2022/23.
IV. Friends and Family ratings for adults have remained above 90% recommendation for outpatients and day case. Maternity and Adult/Children inpatients are not yet achieving consistent performance of greater than 90% recommended, although Maternity has achieved a 90% quarter recommendation in one quarter of the year.
V. 3036 patients have had the opportunity to talk about what safety means to them when in hospital, the feedback from those who have not felt safe (8%) has been the need to improve delays and communication.
VI. The number of complaints has reduced by 93 when comparing 2021/22 to 2022/23.
VII. There have been 4 Parliamentary Health Service Ombudsman (PHSO) referrals in the last 12 months, these numbers remain relatively small but represent families and patients who have not been satisfied with the response received.
VIII. National Picker survey results demonstrate upper quartile performance in Cancer and Maternity services, performance in line with median in Emergency Medicine and lower quartile performance in Adult inpatient services.
IX. A number of significant improvements have been noted during 2022/23 in response to patient feedback.

The transformation programme for Urgent and Emergency Care aims to reduce the time patients spend in the Emergency Department (ED) and delayed in hospital and plays a key role in addressing the negative patient experiences described. The outpatient transformation programme aims to create a more efficient experience for patients and the elective transformation programme aims to reduce the backlog and extended waiting times for patients. In addition to this, the Our Culture counts work, part of the Leadership and organisational development

strategy and the Magnet for Europe research study are aimed at creating positive care environments for colleagues and patients and therefore improve the way colleagues feel about their work leading to the provision of higher quality care.

It is recommended that the Council of Governors:

I. Notes the update on year one Patient Experience and Involvement Strategy 2022-2023
II. Notes the Learning Disability Plan 2023-2026.

Appendix 1 – Patient Experience and Involvement strategy.
Appendix 2 – Learning Disability Plan 2023-2026.

Trust Strategic Aims and Ambitions supported by this Paper:

Aims		Ambitions	
To provide outstanding and sustainable healthcare to our local communities	☒	Consistently Deliver Excellent Care	☒
To offer a range of high quality specialised services to patients in Lancashire and South Cumbria	☒	Great Place To Work	☐
To drive health innovation through world class education, teaching and research	☒	Deliver Value for Money	☒
		Fit For The Future	☒

Previous consideration

None.

1. Introduction

The mission of Lancashire Teaching Hospitals 'Excellent care with compassion'. This Trust published its three-year Patient Experienced Involvement Strategy for 2022 to 2025 in 2022/23. This strategy was developed and co-produced with our patients, families, carers, and staff. This report outlines what has been achieved in the first year of the strategy. As part of this report, it is important to remember that people's lived experience is a powerful tool to improve existing services and meeting their holistic needs. This report will demonstrate how we have used the patient voice to develop pathways and improve experiences within the organisation.

2. Discussion

2.1 Patient Experience and Involvement

The new strategy has set the tone to listen more and act on patient experiences, this means really listening to the experience of patients and families when they do not go well and also when they do go well. We asked patients, relatives, carers, colleagues, governors and patient and partner organisations to contribute to setting the actions in the strategy. We have actively sought the views of patient groups who represent those with protected characteristics and recognise the importance of intersectionality when considering this feedback. The patient experience and involvement strategy has strong links with a number of Trust strategies including the Equality, Diversity and Inclusion, Leadership and Organisational Development - Our people plan, the Mental Health, Dementia and the Always Safety First (ASF) strategy.

The structure is divided into 3 sections:

1. Insight - improving our understanding of patient experience and involvement by listening and drawing insights from multiple sources of information.
2. Involvement - equip patients, colleagues and partners with the skills and opportunities to improve patient experience throughout the whole system.
3. Improvement - design and support improvement programmes that deliver effective and sustainable change.

2.2 Year 1 strategy review

To support the delivery of the strategy, three key things have occurred which have enabled the strategy to progress and move forward in its first year. Firstly, the appointment of the Associate Director of Quality and Experience is now in place. The official launch of the strategy through a webinar was completed with great success. The recruitment of patient champions across the organisation is now complete.

The achievements of the year are outlined below.

Insight

- Patient experience dashboard has been launched that pull together for each area at a glance friends and family, complaints and compliments to make it easy for leaders to share and talk about experience with their teams.

- Increase in the satisfaction ratings through friends and family feedback from 86% to 87%. The data demonstrates a deteriorated picture in Quarter 1 compared to last year but an improvement in Quarter 2, Quarter 3 and Quarter 4 compared to last year.
- It is now possible to differentiate experience captured through friends and family from patients who present with a mental health diagnosis in the Emergency Department.
- Continued participation in the patient experience research led by Imperial College Healthcare NHS Foundation Trust.
- The Governors are now involved with the STAR accreditation visits and lead the 15 step process.
- Thematic review of patient experience feedback collated through STAR to enable key learning to be shared within the divisions.
- A reduction of 93 complaints when comparing 2021/22 to 2022/23.
- Increase of 7075 more responses in friends and family.

Involvement

- The new 'Patients as Partners' role has been agreed, linked to the Always Safety First strategy. Recruitment expected to be complete by June 2023.
- Patient champions recruited from all clinical and a growing number of administrative parts of the organisation with a champions event held in partnership with advocacy services, patients and colleagues.
- Volunteer recruitment to Patient Advice Liaison Service (PALS) team.
- Continued work with partners Galloway's, Healthwatch and NCompass.
- Forums (Carers, Cancer) have been used to help change policy within the Trust.
- Patients' involvement in recruitment.
- Growth of the use of the Essential Carer role.
- Continued improvement in leaflet standards by increasing the languages available, introduction of QR codes and size of font.

Improvement

- Revised approach to complaint quality sign off introduced.
- Thematic reviews have taken place in Maternity and Children's services leading to a focus on maternity triage, antenatal clinic experiences and the paediatric emergency pathway.
- Agreement of a set of actions that will be undertaken to support multi faith events.
- Patient group review of the Nutrition and Hydration policy using feedback from STAR to shape this.
- Recruitment of a Patient Experience lead for children leading on improving the experience of patients and families with protected characteristics within Children and Young People services.
- The main entrance Gordon Hesling renovation work is completed, creating a welcome desk, volunteer area and a place to rest for visitors.
- The Charters restaurant renovation and the café at Preston (yet to be named) have been renovated to provide increased quality environments.
- Multifaith resources have been created to support the end of life CARING campaign to help make it easy to respond to the spiritual needs of patients at the end of life.
- The renovation of the multifaith area and Muslim prayer room at Preston provides a calm, respectful culturally appropriate area for patients and staff to pray. CDH prayer facilities will be the next focus.
- The remembrance garden has been renovated next to charters with a tree recognising those that have donated organs created as a centre piece, providing a calm outdoor space for patients and colleagues.

- The remembrance garden at Chorley and South Ribble District General Hospital (CDH) opened in 2022 enabling the same quiet, reflective space at the CDH site. The baby remembrance garden will be the next focus.
- Finney House opened as an alternative for patients who do not meet the criteria to reside.
- Property policy reviewed with the intention of reducing the amount of lost property of patients.
- Transformation Programme Boards launched to focus on urgent, elective and outpatient care.
- Cancer forum used to access feedback from patients to help support projects and policies such as Patients Contribution to Case Notes (PCCN).
- Patient Experience lead in place for radiotherapy focusing on improving the experience on attendance to radiotherapy by arranging department visits for future patients.
- Flow Coaching Academy (FCA) big rooms running and routinely use patient stories to open the rooms.
- Neonatal Intensive care have been awarded a green standard award for Family Integrated Care. (Ficare)
- Created in Carers week June 2021, a now well-established Carers forum is in place, run in collaboration with Lancashire Carers Service which continues to support our carers with speakers from the ambulance and fire services.
- Renal service opened a new unit in Blackburn, Burnley and Ulverston improving the experience of our renal dialysis patients.
- Chorley & South Ribble District General Hospital is one of eight surgical hubs to be awarded Getting it Right First Time (GIRFT) accreditation as part of a pilot scheme to ensure the highest standards in clinical and operational practice.

2.3 Always Safety First – what our patients say and feel about safety?

The Always Safety First (ASF) programme of work led to the development of a strategy launched in 2021. As part of this strategy, there was a commitment to involve patients in their care and treatment in relation to safety, to meet the requirements of the National Framework for Involving Patients in Patient Safety.

The Patient Experience and Patient Advice and Liaison Service (PALS) team visited wards across the organisation to visit patients and ask them a series of questions. The pilot was initiated to ascertain what safety means to patients. We asked patients the following questions.

- Have you felt safe and if so, why was that?
- Have you felt unsafe at any time and why was that?
- Overall, what has been positive/negative about your hospital stay?
- Overall, what improvements do you think we could make?

Over the last 12 months, a total number of 3036 surveys were completed across the Chorley and South Ribble District General Hospital and the Royal Preston Hospital sites. Out of the 3036 surveys completed, 250 patients described not feeling safe in our hospitals. Out of the 250, 2 key themes were clearly evident.

1. Waiting for investigations or medications
2. Communication

When patients were asked **'What does safety mean to you? '**

470 people told us it was linked to feeling looked after, spoken to by compassionate people and this made them feel safe. A summary of the words chosen is shown in image one.

Image 1 – Patient Feedback (n3036) on what safety means 1st April 2022 – 31st March 2023

2.4 Patient and Experience and Involvement Group

Throughout the last 12 months the Patient Experience and Involvement Group meets monthly and provides a chairs report to the Trusts Safety and Quality Committee. The group is very diverse and is represented by all divisions, patients, support groups, governors and advocacy groups. The group gains monthly updates from a variety of different services and divisions.

In the last 12 months a review of the terms of reference and cycle of business has been carried out allowing for clarity of expectations.

3. Patient Feedback

3.1 Friends and Family Feedback

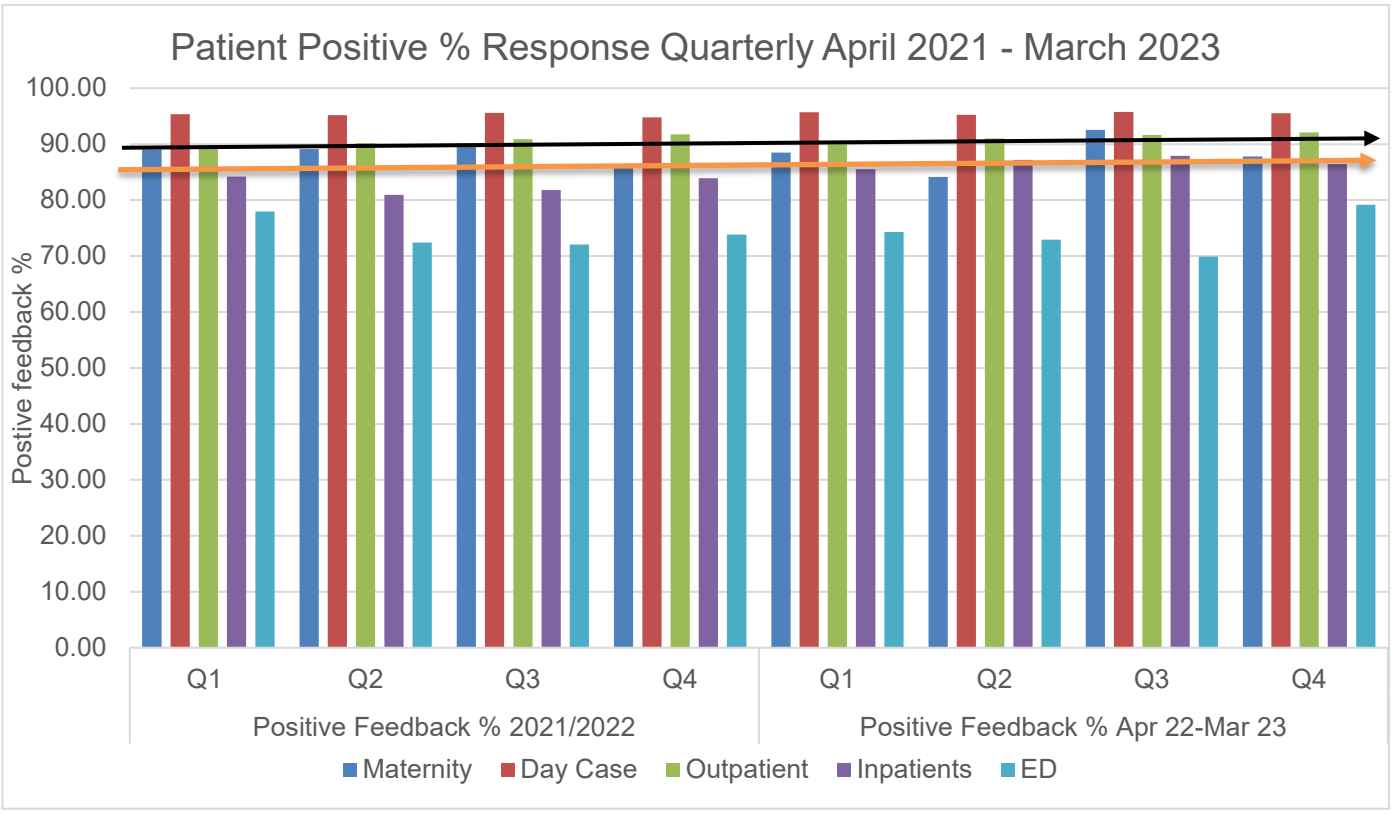
The Friends and Family Test (FFT) is used as a national measure to identify whether patients would or would not recommend the services of our hospitals to their friends and family. The national requirement is to report on the following areas:

- Maternity
- Day Case
- Outpatients
- Inpatients
- Emergency Department

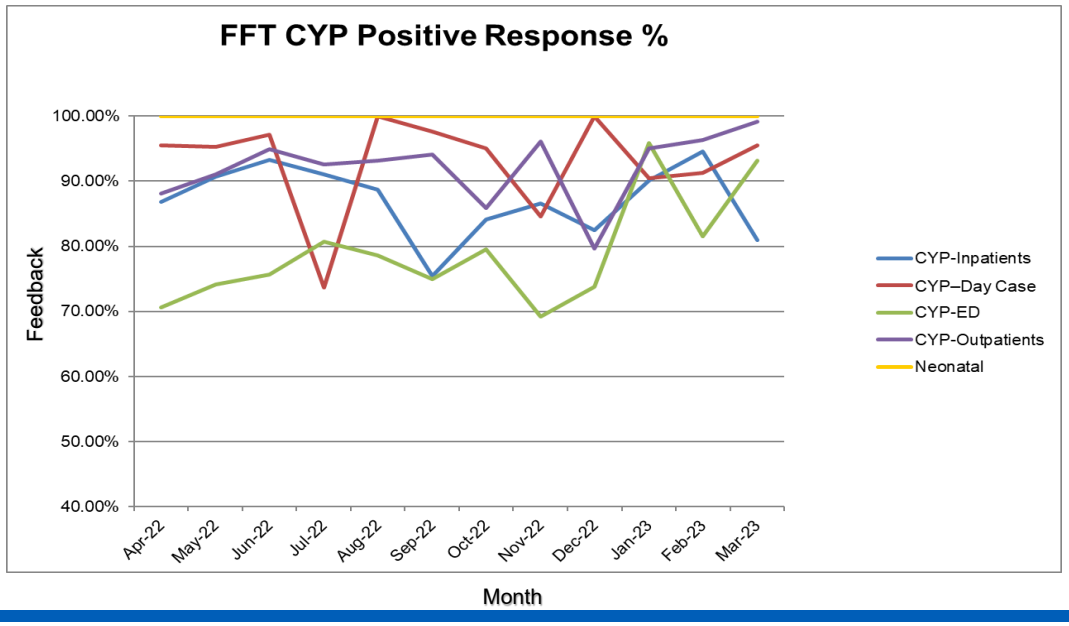
A target of 90% (black line) is set for patients who would recommend services to friends and family in four of the areas, with a target of 85% in the Emergency Department (orange line). Image 2 below demonstrates

that Maternity has achieved this in Q3, Day case have consistently achieved in excess of 90% in all four quarters, outpatients have achieved this for the past three quarters with inpatients and the Emergency Department under the target percentage in all four quarters. The data in Graph 1 demonstrates an overall increase in responses and an increase in usage of the various methods of collection.

Graph 1- Positive patients responses through friends and family recommendation question



Graph 2 – Children and young people Friends and Family response



The Trust also undertakes surveys in Children and Young People's services. The neonatal service has maintained a sustained performance of 100% recommended care. Children's ED and inpatients have remained a focus for some time with positive evidence in both the friends and family test and the most recent Picker survey's that experiences are improving. The development of a child specific ED pathway and staffing model alongside focus on the Paediatric assessment pathway is starting to demonstrate positive results.

3.2 Friends and Family response rate

Expanding the methods used to collect feedback is important if we are to understand what matters to patients. The response rate is an area we set out to improve and the data below demonstrates this has been achieved with a total of 7075 more valuable pieces of feedback than what was collected in 2021/22.

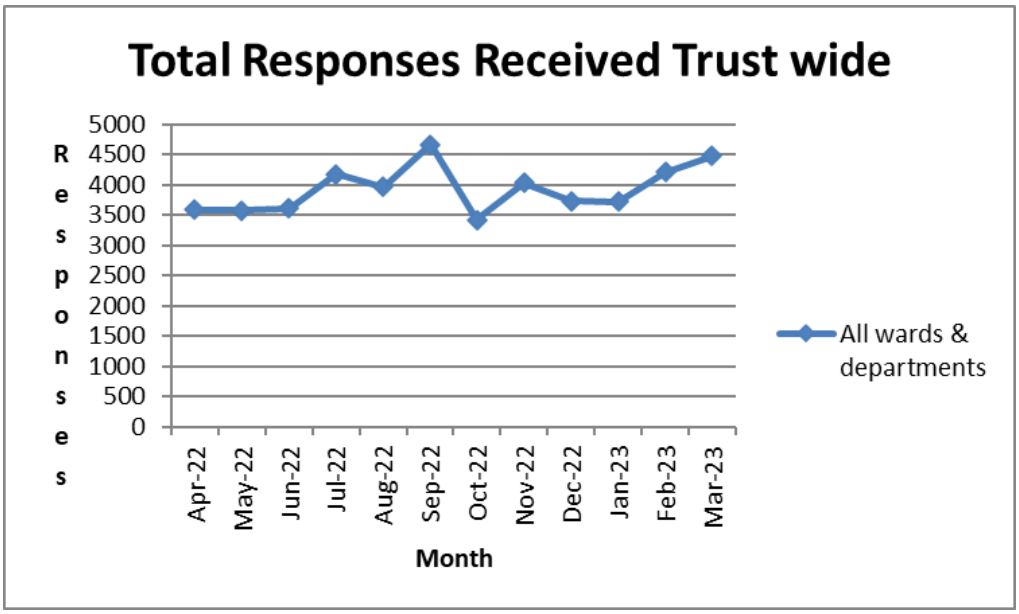
It is not yet possible to view this feedback through the lens of protected characteristics of deprivation. However, this will be part of the plan for the health inequalities work for 2022/23.

When comparing 2021/22 to 2022/23 there has been an increase in the amount of feedback received.

- 1437 more QR code/online link responses totalling 2905 responses for 2022/23.
- 3959 more paper survey responses totalling 6788 responses for 2022/23
- 737 more telephone survey responses totalling 4421 responses for 2022/23
- 942 more text message responses totalling 37,070 responses for 2022/23.

We are actively training staff to use the system and ensure the patient experience boards are kept updated with the "You said, we did" posters and various reports that can be downloaded using CIVICA. Monthly reports are being sent to all governance and divisional leads to ensure the results are being reviewed and shared throughout the Trust.

Graph 3 – friends and family Total responses received 2021/22



3.3 Complaints

During 2022/2023 the Trust received 487 formal complaints, a decrease of 93 (16%) from 2021/2022. It is important to note, in the previous year there was a substantial increase in complaints, following the COVID-19 pandemic. Whilst there has been a reduction in the complaints received into the Organisation, they appear to be more complex than previously.

Table 1 - Comparator data for Complaints 2020 to 2022/23

Year	Complaints received	Increase/reduction
2020-21	361	-96
2021-22	580	+219
2022-23	487	-93

Table 2 - Trend of ratio of complaints per patient contact 2020 to 2022/23

Year	No of complaints	Total episodes (inpatient/outpatient)	Ratio of complaints topatient contacts
2020-21	361	717,213	1:1,987
2021-22	580	821,526	1:1,416
2022-23	487	849,328	1:1,744

Source: LTHTR Datix

Table 3 - Number of Complaints by Division – April 2022 to March 2023

Division	Number (%)	Division	Number (%)
Medicine	189 (40%)	Women and Children's Services	80 (16%)
Surgery	172 (35%)	Diagnostics and Clinical Support	31 (6%)
Estates and Facilities	6 (1.2%)	Corporate Services	9 (1.8%)

3.4 Complaint Themes

Whilst there are many more compliments than complaints,complaints are an important source of feedback. There are a number of key complaints themes that run across all divisions. These are communication, consent, confidentiality, clinical assessment and nursing care.

Diagnostic clinical support (DCS)

Within the diagnostic clinical support division, the key theme is communication. A trend from within this, is clearly related to communication in regard to appointments and explanation of procedures and diagnostics. Patients have shared examples of wasted journeys, unanswered questions and communications of ongoing plans.

Action: The outpatient transformation board will oversee a series of actions to create a more efficient outpatient experience for patients.

Action: The division is working on improving the information provided within letters and in the internet site that informs patients.

Medicine

From a medical division perspective, the Emergency Department length of stay and subsequent delays is a key theme. There are several key work streams and continuous improvement projects in progress to

consistently ensure it is acknowledged as a key priority. Whilst these issues are being resolved, action has been taken to continually review the number and skill mix of nurses and doctors within the department alongside improvements in the equipment available to attempt to mitigate extended waits. Patients describe being sat in the waiting room for extended periods of time and delays in treatment and an overall challenging experience in the department.

Action: The Urgent and Emergency care transformation board will drive improvements in the length of time patients wait to be seen and spend in hospital through projects such as ambulance handover, same day emergency care, virtual wards, discharge lounge use.

Action: Finney house opened in November 2022 and has led to a 4% reduction in patients who no longer meet the criteria to reside and a more appropriate rehabilitation environment for patients. The number of complaints in comparison to being in hospital is remarkably lower with one formal complaint received to date in a 6 month period of 64 beds being open.

Action: The clinical environment of the RPH Emergency Department was expanded during covid, leading to more patients spending longer period of time in the ED. Plan to reduce the size again, decreasing occupancy and length of stay in the ED have so far led to 7% fewer patients waiting longer than 12 hours from October 2022 to April 23. A further improvement in the median time to triage of 15 minutes has now consistently being achieved from 16 minutes in July 22 to 10 mins in March 23.

Surgery

The surgical division shows the key themes of consent, confidentiality and communication. A key trend in particular is around communication of plans in relation to care, treatment and discharge. The patients describe missing communication regarding future plans.

Action: The accreditation of the CDH as the elective care hub aims to streamline patients that require elective surgery into an elective hub environment. Evidence nationally suggests hubs are more efficient and effective and patient outcomes are better. It is anticipated this will improve urgent patients experiences by reducing occupancy levels in inpatient wards.

Action: The division is continuing to role out the essential carer role which aims to improve the communication and plans with patients and families.

Womens and children (WACS)

Within the women's and children's division there is a key theme around treatment. Within women services the experience of patients from the emergency department to gynaecological teams requires focus as does the experience of early pregnancy loss. Some of the negative experiences are described as hurtful and have further impacts on patients mental health. Within maternity feedback on antenatal, induction and triage processes features as areas that lead to a loss of confidence. In children the communication of ongoing plans and treatment is a key trend.

Action: A specific improvement project is in place for early pregnancy and the Gynae Assessment Area (GAU). A recognised gap in leadership around GAU and increased activity has been highlighted and is being addressed as part of the safe staffing review 2022/23. The environment requires upgrading and a capital programme is in development to address this.

Action: The appointment of a patient experience lead for the children's team has allowed for improved information and timely feedback thus allowing improvements to be made.

Action: Maternity service have redesigned maternity triage to provide an improved experience and confidentiality. Antenatal clinic has also undergone a significant number of changes in response to the feedback from women regarding long delays. The induction process and communication around this has been strengthened with partner sleep over facilities made available to support women.

3.5 The Parliamentary Health Service Ombudsman (PHSO)

Complainants have the right to request that the Parliamentary and Health Services Ombudsman (PHSO) undertakes an independent review into their complaint in instances where local resolution has not been achieved. Between the period 1st April 2022 to 31st March 2023 there were 4 cases referred to the PHSO; 1 was not upheld and 3 are ongoing. During this period, the PHSO sent final reports for 3 cases which were opened prior to April 2022 and the outcome of these were that 1 was not upheld and 2 were partly upheld. In addition, there was 1 other case opened prior to April 2022 which the PHSO closed as premature (Trust to undertake further local resolution). There are a further 2 cases referred to the PHSO prior to April 2022 which are still under investigation by the PHSO, and a final decision is yet to be reached. Also, during this period a further 2 cases have been referred to the PHSO which are being actioned through the PHSO's local dispute resolution process; 1 has been resolved, 1 is ongoing with a view to a meeting date is to be arranged.

3.6 Compliments

The Trust receives formal and informal compliments from patients and their families in relation to their experience of care. During 2022/23 a total of 2,664 compliments and thank you cards were received by wards, departments and through the Chief Executive's Office. There has been an increase in the number of compliments received this year by 574. Departments are being encouraged to actively log compliments on the Datix system which has its own module for this purpose. This provides teams with the opportunity to celebrate success locally and as part of their wider teams and divisions.

3.7 Involvement services

Our Patient Experience and Involvement Strategy is centred on engaging with people who use our services by providing opportunities to share their views, identify areas for change and shape our services. Our overall ambition is to deliver excellent care through promoting positive patient experiences, improving outcomes and reducing harm. Involvement has gone from strength to strength over the last year with more collaborative workstreams than ever before.

Patient forums help us to learn and engage with our service users. They give us the opportunity to understand the experience felt by our patients and actively work together to ensure the pathways and services are designed to meet expectations.

Through our patient forums many improvements and developments have been made:

- Ward Activity Boxes
- Policy for Registered Assistance Dogs
- Reasonable Adjustments via the Harris Flex system
- Patient contribution to case notes document (PCCN)
- Multi Faith Boxes on all wards
- Lancashire Eye Centre
- Signage

- Patient Information Leaflets
- The design of the new Renal Centres
- The Hospital Passport
- The Multi-Faith Guidebook

Created in Carers week June 2021, we have a well established Carers forum, which is run in collaboration with the Lancashire Carers Service. The forum is designed for carers who use services throughout Lancashire and South Cumbria. Attendees are also Carers UK, Age Concern, NW Disability Equality, Alzheimer UK and chairs representing the North West Ambulance Service (NWAS), NCompass and the V.I forum. The purpose of the group is to work with Carers, listen to experiences that are gained through using the hospital, the wider NHS and council/community services throughout the region. Since it's beginning the group have redesigned and contributed to services in the following areas:

- The Carers Charter, Carers Lanyard and the Essential Carers Guide.
- Discharge process and inclusion of the Carers Role in all activities.
- Inpatient Physiotherapy processes.

They have also provided feedback and support many projects:

- Talking Table Project
- NWAS transport facilities
- Hospital Passports
- Hospital Mealtimes

4. National Surveys

4.1 Maternity Survey 2022

Lancashire Teaching Hospitals NHS Foundation Trust is ranked 19th out of 65 Trusts in 2022 surveyed by Picker. This is compared to the 2021 survey, where the Trust was ranked 11th out of the 66 Trusts surveyed. The response rate to the Maternity survey of 44% was lower than the national average of 48%.

There were no areas identified where the Trust was significantly worse than the 2021 survey.

There were 2 areas identified where the Trust was significantly better than the 2021 survey:

- Partner/companion involved (during labour and birth) – 95% compared to 86% in the 2021 survey.
- Found partner was able to stay with them as long as they wanted (in hospital after birth) – 94% compared to 36% in 2021.

We were significantly better that the national Picker average on the following five questions:

- Offered a choice of where to have baby – 93% compared to Picker average of 81%.
- Partner/companion involved (during labour and birth) – 95% compared to Picker average of 91%.
- Found partner was able to stay with them as long as they wanted (in hospital after birth) – 94% compared to Picker average of 41%.
- Involved enough in decisions about their care – 96% compared to Picker average of 92%.
- Not left alone when worried (during labour and birth) – 82% compared to Picker average of 73%.

We were significantly worse that the national Picker average on the following two questions:

- Provided with relevant information about feeding their baby – 73% compared to Picker average of 82%.
- Given information/advice on risks of induced labour – 47% compared to Picker average of 64%

Overall, the results for our Trust showed:

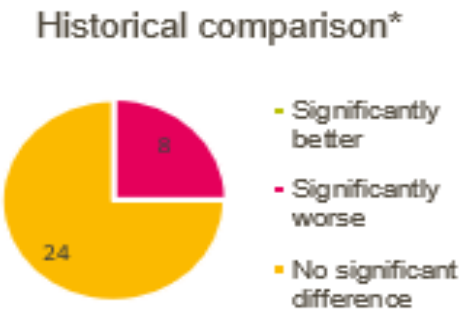
- 97% treated with respect and dignity (during labour and birth)
- 95% had confidence and trust in staff (during labour and birth)
- 95% involved enough in decisions about their care (during labour and birth)

4.2 Emergency and Urgent Care survey 2022 (this remains embargoed)

It is a requirement that CQC Surveys are undertaken in a uniformed way to allow national comparisons. Picker administered 62 UK organizations to undertake the Urgent and Emergency Care Survey 2022. The Type 1 survey is based on a sample of patients who attended the Emergency Department between 7th November 2021 and 10th March 2022 inclusive. A total of 1250 patients from Lancashire Teaching Hospitals were sent a questionnaire. 1207 patients were eligible for the survey, of which 301 returned a completed questionnaire, giving a response rate of 25%, a decrease of 13% from the 2020 survey. The average response rate for the 62 'Picker' Trusts in 2022 was 22%. It should be noted that nationally overall there has been a decrease in response across most organisations surveyed.

Have we improved since the 2020 Type 1 survey?

A total of 59 questions were used in the 2022 Type 1 survey, of these 33 can be compared historically to questions in 2020. Compared to the 2020 survey, Lancashire Teaching Hospitals has achieved a positive score change and is ranked 18th out of the 62 Trusts surveyed, compared to 34th out of the 66 Trusts in 2020.



Significantly better than the last survey

There were no areas identified where the Trust was significantly better for any of the questions than the last survey.

Significantly worse than the last survey on the following 8 questions

1. Waited under four hours in A&E to speak to a doctor/nurse – 91%, compared to 97% in 2020
2. Informed how long would need to wait – 21%, compared to 47% in 2020

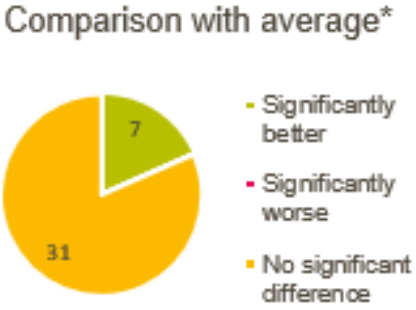
3. Understood results of tests – 83%, compared to 99% in 2020
4. Staff helped control pain – 81%, compared to 90% in 2020
5. A&E department was very or fairly clean – 95%, compared to 98% in 2020
6. Did not feel threatened by other patients or visitors – 91%, compared to 96% in 2020

7. Staff discussed transport arrangements before leaving A&E – 47%, compared to 61% in 2020
8. Rated experience as 7/10 or more – 75%, compared to 88% in 2020

Overall

- 75% rated care as 7/10 or more
- 95% treated with respect and dignity
- 93% doctors and nurses listened to patient

How do we compare to other Trusts?



Significantly better than the Picker average on the following 7 questions

1. Enough privacy when discussing condition - 91%, compared to the average of 87%
2. Waited under an hour in A&E to speak to a doctor/nurse - 86%, compared to the average of 71%
3. Waited under four hours to be examined by a doctor/nurse – 91%, compared to the average of 85%
4. Able to get help whilst waiting – 56%, compared to the average of 46%
5. Able to get suitable food or drink – 73%, compared to the average of 64%
6. Staff discussed the need for further health/social care after leaving A&E – 81%, compared to the average of 70%
7. Expected care and support available after leaving A&E – 78%, compared to the average of 68%

Significantly worse than the Picker average on the following question

There were no areas identified that were significantly worse for any of the questions compared to other Trusts.

Views from survey about the Trust as a whole	**2020**	**2022**
Overall: rated experience as 7/10 or more	88%	75%
Overall: treated with respect or dignity	97%	95%
Doctors: had confidence and trust	95%	93%
Trust Top 5 Scores (compared to Picker average)	**Trust**	**Picker Avg**
1. Waited under an hour in A&E to speak to a doctor/nurse	86%	71%

2. Staff discussed need for further health/social care after leaving A&E	81%	70%
3. Expected care and support available after leaving A&E	78%	68%
4. Able to get help whilst waiting	56%	46%
5. Able to get suitable food or drink	73%	64%
Trust Bottom 5 scores (compared to average)	**Trust**	**Picker Avg**
1. Enough information to care for condition at home	77%	80%
2. Informed how long would need to wait	21%	24%
3. Understood explanation of condition and treatment	89%	91%
4. Understood results of tests	83%	86%
5. Family/friend/carer able to talk to health professional	84%	86%
Trust Most improved from 2018 Survey	**2020**	**2022**
1. Staff discussed need for further health/social care after leaving A&E	75%	81%
2. Told side-effects of medications	52%	56%
3. Told about symptoms to look for	72%	74%
4. Able t get suitable food or drink	72%	73%
5. Doctors/nurses didn't talk in front of patients as if they weren't there	84%	85%
Trust Least improved from 2018 survey	**2020**	**2022**
1. Informed how long would need to wait	47%	21%
2. Understood results of tests	99%	83%
3. Staff discussed transport arrangements before leaving A&E	61%	47%
4. Rated experience as 7/10 or more	88%	75%
5. Able to get help whilst waiting	66%	56%

4.3 Cancer Services

The 2021 National Cancer Patient Experience survey (NCPES) involved all adult patients confirmed with a primary diagnosis of cancer who were discharged from an inpatient episode or day case attendance for cancer related treatment during the period of April - June 2021. The fieldwork was undertaken during period of October 2021 - February 2022.

The survey is designed to:

- Monitor national progress on cancer care,
- Provide information to drive local quality improvements,
- Assist providers and to inform the work of the various stakeholders supporting cancer patients,
- Understand what patients think about their cancer care.

The survey reflects the views of 1,233 patients with a response rate of 56%, which is lower than the previous year response of 65% but just above the national rate of 55%. Most of the respondents completed the survey by paper and were white British aged over 55. Only 3% of respondents were from an ethnic minority

background. The distribution between male and females' responses were almost equal and responses from males were more positive overall.

LTH areas of good practice with teams achieving 100% score:

- The patient has a main contact - Upper Gastro-Intestinal (UGI) team.
- The patient found advice from their main contact very helpful - Head & Neck (H&N) and UGI teams.
- Review of care plans with patients - all teams except Gynae team
- The patient received all the information about diagnostic tests - Gynae team.
- Patients receiving easily understandable information - H&N team (all other teams scored well)
- The patient was given information regarding side effects - UGI team.
- Patients were given enough information regarding radiotherapy - H&N and Colorectal teams.
- Information given regarding progress with radiotherapy treatment - Colorectal team.

LTH areas to improve care.

- To improve information regarding referral particularly with the lung and gynae pathways
- Finding out the patient has cancer in lung and gynae pathways.
- Discussing treatment options
- Supporting information for families and loved ones on how to care for patient at home.
- Respect and dignity whilst an inpatient
- UGI and Prostate scores were lower regarding inpatient care.

The positive results of the survey and many positive patient comments regarding the care of cancer patients at Lancashire Teaching Hospitals cancer centre show the dedication and effort of our staff to provide a highly specialised service with patient care at the centre of our work.

4.4 Children's and Young People

There have not been any picker survey results in this reporting period for Children and Young People but is due in June 2023.

5. Financial implications

None.

6. Legal implications

None.

7. Risks

Inpatient experience is the most significant area within the organisation that requires improvement. This is predominantly as a result of flow and communication. Both topics have strategies aimed at resolving the challenges.

8. Closing year 1, moving into year 2

The strategy identifies the actions that will be taken in year 2, however a number of year 1 strategies will be carried over to be delivered also. From the year 1 strategy the delivery of a training package for leaders to understand local resolution, concerns and complaints will be commenced. The revitalisation in regard to PCCN, bedside handovers and CARING will be a key focus of delivery. The continued work and expansion of forums to be used to influence Trust policy, pathways across the organisation with be a key driver in change and delivery.

The impact of the patient safety as partners will be evident as they will sit on a number of meetings and will support in the delivery of the Always Safety first strategy. Alongside this progress with the volunteers and expansion of them in recommended areas or pathways will be progressed.

The continued focus on end of life care delivery and cancer care will be a further developed using the cancer forum as support. A focus on MPACE project alongside McMillan will be delivered.

The continued socialisation of the patient voice through the use of patient case studies in appropriate meetings alongside the recording of patient pod casts so that families stories can be heard, will enable valuable learning.

9. Equality, Diversity, and Inclusion

The Equality, Diversity and Inclusion strategy is the golden thread that runs through the Patient Experience and Involvement Strategy. It is vitally important that as part of this strategy we are always consciously inclusive in everything we do. As part of being wholly inclusive and diverse we need to ensure we gather as much patient voice from those who are hard to reach, so a real focus on those with protected characteristics alongside those in deprivation using the core20plus5 as a guiding strategy.

The requirement to understand experience by protected characteristic and deprivation is not yet available easily and will form a large part of the focus on data for year 2 of the strategy.

10. Conclusion

The continued drive to engage and listen to our patients and work in partnership in regard to their lived experience is clearly evident. There is evidence of increased engagement this year as the organisation recovers from the pandemic. A reduction in complaints, increased friends and family recommendations and increase in improvement work aims to continue to address feedback received from patients and families and in year 2 improvements will be prioritised around the emergency pathways across all specialties.

11. Recommendations

It is recommended that the Council of Governors:

I. Notes the update on year one Patient Experience and Involvement Strategy 2022-2023
II. Notes the Learning Disability Plan 2023-2026.

Together

NHS
Lancashire Teaching Hospitals
NHS Foundation Trust







Patient Experience and Involvement Strategy
2022–2025

Excellent care with compassion

Always Safety First

@LancsHospitals

Contents

Patient Experience is everybody's business

Foreword

"Patients and their carers are our best witnesses of healthcare. Being centre of the healthcare process, unlike most staff, they observe almost the whole process of care, meaning that they can provide invaluable insights into the quality and delivery of care provision. An evidence-based approach to patient experience can help improve services for both patients, and those delivering services" (Health Foundation 2013).

At Lancashire Teaching Hospitals NHS Foundation Trust, we understand that improving the experience for patients and their carers, our staff and our partners is fundamental to everything that we do. As we launch our second Patient Experience and Involvement strategy, we have reviewed the evidence base for improving patient experience and engaged with our patients, families, carers, colleagues, and governors as our strongest partners to co-produce our vision, strategy and implementation plan to continually improve our patients experience.

In developing this strategy our teams have reviewed the Patient Experience Improvement Framework (NHS England, 2018), an evidence-based organisational development tool that gives Trusts a framework to assess their current approaches to experience of care. This framework uses the areas of leadership, culture, collecting data, triangulating data, learning for improvement and reporting to inform the development of Patient Experience strategies and delivery plans to cover all aspects of experience of care from patients, families and carers as well as staff.

We understand that during the Covid-19 pandemic improving patient experience was difficult for healthcare organisations, especially during times when visitors were not permitted. As we launch this strategy, we commit to maximising improvements in patient experience. By working together, we can build on our compassionate culture, recognising the connectivity between staff and patient experience and nurture the conditions required for continuous improvement in patient experience to flourish.

People's lived experience is a powerful tool to improve existing services and identify new and better ways to meet their needs (King's Fund, 2022). We will listen and learn from the local communities that we serve in a variety of different ways moving forward. Through this strategy we commit to using the insights and intelligence from our extensive sources of data from local Healthwatch teams to large scale national patient surveys, citizen assemblies and service user stories to co-produce our improvements.

We also commit to learning from the best as we further involve our patients and local communities. Co-production is a meeting of minds coming together to find shared solutions. From the launch of this strategy, we will involve people who use our services not only in consultations but through working together from the start to the end of any project that affects them, we will co-produce better solutions and services together. "When co-production works best, people who use services and their carers are valued by organisations as equal partners, can share power and have influence over decisions made" (King's Fund 2022) and this is our commitment to the communities we serve.

Through this strategy and implementation plan we will also embed patient experience into our improvement programmes at every level and will co-produce and deliver an ambitious patient experience improvement programme, aiming to learn from global leaders in this field.

We thank our patients, local communities, staff, partners and governors who have been involved in the development of this strategy and look forward to working with you as equal partners to deliver this strategy.

Sarah Cullen
Nursing, Midwifery & AHP Director

Kevin McGee
Chief Executive

Prof. Paul o'Neill
Acting Chairman

Dr. Gerry Skailes
Medical Director

Strategy overview

Our three year strategy (2022-2025) is designed around our Trust ambition to Consistently Deliver Excellent Care for our patients and describes the Lancashire Teaching Hospitals ambition to deliver a positive patient experience delivered in partnership, whilst improving outcomes and reducing harm, getting it right first time and ensuring a safe, caring environment.

Developing the strategy

Our previous Patient Experience and Involvement Strategy ended in March 2022. Continuing the work, we have focused on listening and learning, whilst setting a vision for our new Patient Experience and Involvement Strategy 2022-2025. We asked patients, relatives, carers, colleagues, governors, and partner organisations to contribute to setting the actions in the strategy. We have actively sought the views from patient groups who represent those with protected characteristics and recognise the importance of intersectionality when considering this feedback. We have also used intelligence and insight from patient feedback, national patient surveys, friends and family tests, complaints, concerns and compliments and Care Quality Commission (CQC) reports to inform our actions. We will continue to work in partnership with these forums to review progress and constantly look for ways to improve and involve patients in any changes we make to our services.

We understand that patient experience has been impacted upon by the COVID-19 pandemic and this has potentially changed what good patient experience feels and looks like whilst also changing some of the processes and ways of working in clinical environments. Whilst challenging, this brings an opportunity to reshape what good looks like in the 'living with Covid-19' world.

We have learned from our feedback that whilst we often get things right for our patients, further improvements are required to ensure consistency across pathways of care and coordinated compassionate care in all of our services.

The Patient Experience and Involvement Strategy is closely linked to a number of our Trust strategies including our Equality, Diversity and Inclusion strategy, our Workforce Strategy, our Mental Health and Dementia Strategy and also our Safety Strategy, Always Safety First. We know that patients and families often identify risks and if listened to, this provides an opportunity to avoid harm in healthcare settings. This is an important part of our strategy and aligns closely to the Always Safety First Strategy.

We also know the environment where care is provided has a significant impact on experience. Lancashire Teaching Hospitals is part of the New Hospitals Programme nationally. This recognises the age of the estate and the limitations this presents in upgrading estate work. However, our patients tell us that cleanliness is one of the most important features and we will strive, particularly where the estate remains challenging to ensure cleanliness is prioritised.

It is important to us that our staff feel proud of the care they deliver and would recommend the organisation as a place to work and a place to receive care. These principles should be seen as golden threads throughout the strategy.

Defining our approach to patient experience

NHS Improvement published a patient experience improvement framework in June 2018 which identified the following consistent themes which have been incorporated into the framework to support self-assessment at an organisational level. The self-assessment will be undertaken in partnership with our patients to provide a baseline measure.

Theme	Key elements that impact on patient experience
Leadership	• Where all the workforce and stakeholders were aware of and worked with an organisation strategy with an explicit patient safety focus, this reflected services that were well designed to meet the needs of patients. • Where staff were proud of the organisation and engagement in quality improvement and the strategy were strong, this was reflected in excellent interactions between staff and patients and between staff themselves. • Visible and accessible leadership sets the tone for the staff. • Where the board heard a patient story at every meeting the executive and non-executive directors appeared to have an understanding of patients' experiences.
Organisational Culture	• An open and transparent organisational culture has a positive impact on staff and patients. • Where there were highly encouraged and evident innovation and quality improvement programmes, there was also a notable improvement in the patient experience. • Where there is a culture of all staff groups showing pride in their work and in being part of the organisation, this seemed to lead to a real commitment to learn from mistakes. • Where staff were proud of their organisation as a place to work and spoke highly of the culture coupled with consistently high levels of constructive engagement, staff at all levels were keen to contribute to service improvement which led to a positive patient experience. • Patients also have a positive experience where there is a culture of safety across an organisation that puts the patient first and gives patient experience the highest priority with the implementation of real-time patient feedback.
Compassionate Care	• Patient experience is positive when staff give care that is compassionate, involves patients in decision-making and provides them with good emotional support. • Patient experience was enhanced when staff ensured there was time for patients to ask questions, when people using the services were treated as individuals and their specific emotional needs considered, including their cultural, emotional and social needs. • Patients and public voice should be heard through a number of sources including the council of governors feeding information into the trust, with clear processes for feedback. • Where staff created a strong, visible, person-centred culture, they were highly motivated and inspired to offer the best possible care to patients. • The appointment of a head of patient experience indicated organisational commitment to this aspect of quality. • Patient experience was positive when patients and their families felt involved and understood what to expect in relation to their care. Patient experience was improved where staff treated patients with dignity and respect at all times.

Safe Staffing Levels	• Nurse staffing levels appear to be a decisive factor in good patient experience. • When escalation processes were well defined and embedded throughout the organisation to ensure safe staffing this appeared to link to a positive patient experience. Staff did not appear to feel the burden of nurse vacancies when staffing levels and skill mix were planned, implemented and reviewed to keep patients safe at all times. • A strong culture of shared ownership for patients, along with effective multidisciplinary working, had a direct impact on patient and staff experience. • Effective multidisciplinary working secured good outcomes and seamless care. Where a multidisciplinary approach was actively encouraged there were examples of co-ordinated care having a positive impact on patient experience. When staff in all disciplines worked well together for the benefit of patients, patient experience was positive, and this correlated with Friends and Family Test and the staff survey
Consistent Incident Reporting and learning lessons	• Where there was a strong 'just'* culture staff felt empowered to report incidents and recognised the importance of reporting them to ensure patient safety. • Patients had a positive experience even when complaining as long as complaints were responded to in a timely and appropriate manner. This usually resulted from in a conversation with the patient and being open about the incident. In these cases the Duty of Candour was followed and trust processes were open and transparent for patients, families and carers. • Where there was a wide range of data to monitor and measure clinical outcome this was related to a positive patient experience, assurance provided at board level and an Outstanding-rated organisation. • Where there was effective governance and assurance the board had clear oversight of the risks affecting the quality, experience, and safety of care for patients.

Source: Adapted from the NHS Improvement Patient Experience Framework
*This has been updated from the self assessment of the framework to reflect the latest work on just culture.

Coproduction - a new way of working (King's Fund 2022)

Coproduction outlines a different way of working in which the relationship between patients and local communities who use our services changes from basic engagement or consultation to a more meaningful form of involvement with a more equitable level of power between partners. Within this strategy we make a commitment to work in partnership with our patients, their carers, staff, governors and wider partners to coproduce the service improvements that will deliver improvements in patient experience on an equal footing. Working together we will design and deliver a comprehensive patient experience programme.

Our patients' experience is also a key component of quality improvement, where patient feedback can identify areas that need improving and how they could be improved. There is a strong link between people having positive experiences of care and other aspects of quality, including clinical effectiveness and patient safety *(Doyle et al 2013)*.

Measuring Impact

The Health Foundation have undertaken an evidence scan focused on measuring patient experience which included a review of 328 empirical studies.

Strategies for measuring patient experience can be viewed along a continuum, from those that collect detailed descriptive feedback to those that collate numerical data. The measurement plan for this strategy will include both quantitative and qualitative data.

The Strategy

The strategy has been divided into three sections:

(i) **Insight**: Improve our understanding of patient experience and involvement by listening and drawing insight from multiple sources of information.

(ii) **Involvement**: Equip patients, colleagues and partners with the skills and opportunities to improve patient experience throughout the whole system.

(iii) **Improvement**: Design and support improvement programmes that deliver effective and sustainable change.

Through this strategy we recognise the opportunity to shape a culture that is more sensitive to listening and acting on feedback that is consciously inclusive, individualised and sensitive to the needs of the patient and family. By doing this we aim to change the way services are delivered to design out the health inequalities in our systems and processes.

Our ambition is to better and consciously meet the needs of people, who due to protected characteristics are more likely to incur negative experiences.

Key enablers and stakeholders are identified within the strategy, specifically creating the infrastructure for improving patient experience. The successful delivery of this strategy is underpinned by culture, leadership, engagement and education programmes of work. These programmes of work will be supported by robust data analysis at patient group level to ensure we are able to listen and act more effectively.

Measurement Strategy

We will have a suite of outcome measures that will enable us to measure success and these are aligned to Our Big Plan. The improvement measures are identified within the insight section of the strategy and include:

- Reduction in complaints
- Improved recommendations via Friends and Family test
- Increased responses to Friends and Family test
- Increased compliments
- Improved outcomes in National patient surveys
- Improved response times to concerns and complaints
- Reduced number of 2nd complaints
- Increased evidence of patient co-production
- Improved training metrics in communication, customer care and early resolution

Our Big Plan strategy

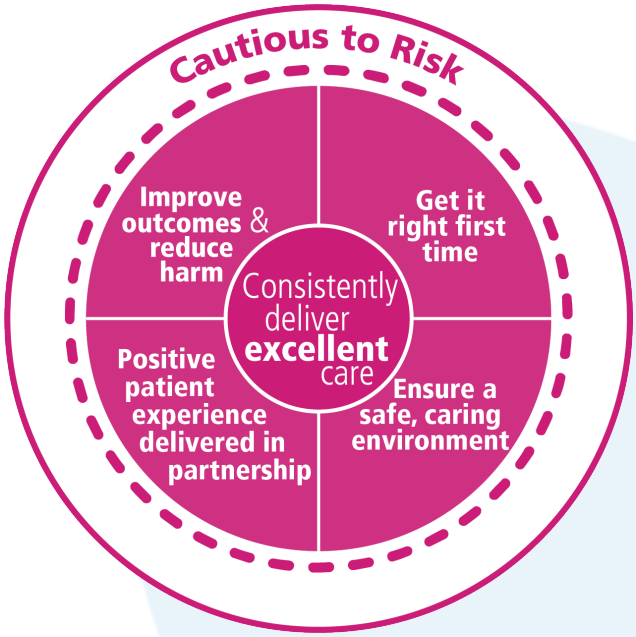
Alignment to Trust objectives

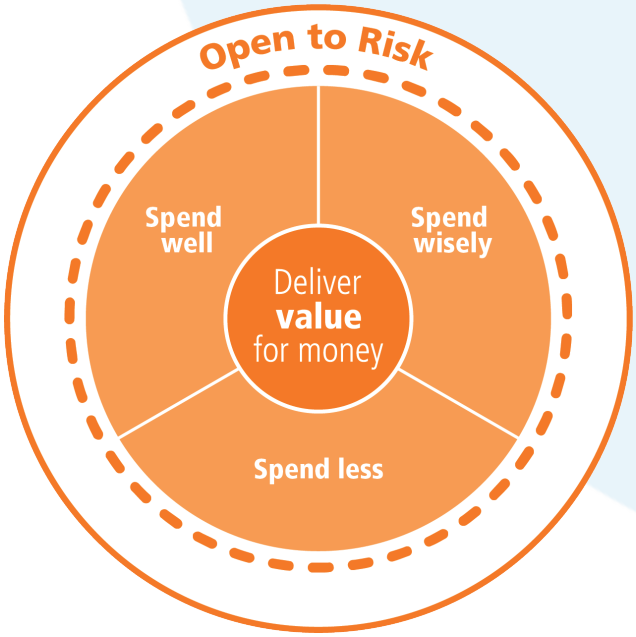
The objectives defined in this plan are framed on the Trust's core objectives which are:

- To provide sustainable and outstanding healthcare to our local communities
- To offer a range of high quality services to patients in Lancashire and South Cumbria
- To drive health innovation through world class education, training and research

These objectives are translated into key deliverables founded on four ambitions:

Our three year strategy (2022-2025) is designed around our Trust ambition to Consistently Deliver Excellent Care for our patients and describes the Lancashire Teaching Hospitals ambition to deliver a positive patient experience delivered in partnership, whilst improving outcomes and reducing harm, getting it right first time and ensuring a safe, caring environment. However, patient experience is reliant on each of the ambitions within our big plan and as such the strategy should be read alongside Our Big plan and supporting strategies.





How our patients will see and feel our values in action

At Lancashire Teaching Hospitals our values set out the behaviours we expect our staff to show to one another when caring for you as one of our patients. Our values are at the very centre of what we all do and define who we are both as individuals and as an organisation.

Our values are more than just words, they are the bedrock of our organisation and should remain constant in every situation. We seek to live by our values so we can create a positive, trusting, supportive atmosphere enabling us to always deliver an exceptional quality of care. We have high standards for our staff, we believe that we should always act with professionalism, integrity, compassion, empathy, understanding, showing dignity and respect to staff, patients and families from all groups or backgrounds.

We hope as a patient or relative you will be able to see us live the values in how we communicate, behave, work and care, we would want them to be apparent in every interaction we have with you.

The five core values we live by are;

Being Caring and Compassionate

To demonstrate we are working in line with this value we will:

- Use every opportunity to show care and compassion
- Have 'I'm here to help' frame of mind
- Try to understand what it is like to be in your shoes
- Be honest
- Give you the time and opportunity to express how you feel
- Take action to help make things better
- Provide you with information as a way of reducing the fear of the unknown
- Provide feedback to explain what has happened if things go wrong
- Be welcoming and friendly at all times

Recognising Individuality

To demonstrate we are working in line with this value we will:

- Listen to you in order to understand your views
- Ask you how you feel about your treatment
- Seek to understand your needs so we can provide you with the most appropriate care or service
- Check that you understand what we have said and provide you with a more simple explanation if need be
- Be self aware, understanding the impact our behaviour has on you and your relatives
- Try to understand your feelings and identify what we can do to assist you
- Give feedback in a sensitive yet constructive manner
- Be respectful of all

Seeking to Involve

To demonstrate we are working in line with this value we will:

- Ask you for your opinion, making you feel equal in any conversation
- Address you and not talk in front of you as though you are not there
- Use a communication style that emphasises listening over lecturing
- Seek to involve other colleagues, in order to provide you with the right level of expertise and determine what approach would be the best for you
- Give thanks and value all contributions regardless of who makes it
- Offer to get involved rather than waiting to be asked
- Explain why, so you can understand the reasons for the decision and what it means for you
- Offer guidance when complex choices have to be made

Building Team Spirit

To demonstrate we are working in line with this value we will:

- Work as one joined up team towards a common goal – providing you with high quality care
- Do what it takes to provide a high quality service by stepping outside of our 'normal' job roles if necessary to smooth out problem areas
- Take a shared approach to your care by effectively communicating across the team, ensuring colleagues have the information they need to understand your situation and to prevent you from having to repeat information
- Make use of each others' strengths, using colleagues' skills and knowledge to provide the best possible service
- All work to the same standards providing a seamless service regardless of the situation, time of day and who is involved
- Be courteous and polite
- Challenge colleagues in an appropriate manner if standards are not being met or values are not being 'lived'
- Use tact and tolerance when dealing with others

Taking Personal Responsibility

To demonstrate we are working in line with this value we will:

- Welcome constructive feedback then take steps to make changes in line with the feedback received
- Reflect on our own behaviour/performance identifying what could be improved
- Take a problem solving approach to challenges, issues or difficulties
- Propose solutions to resolve problems or processes that are not working
- Take issues on as they arise, rather than pretending we haven't noticed them in the hope someone else will sort it out
- Recognise that each of us is responsible for our own deeds, actions and language used
- Apologise for mistakes made and seek to put things right
- Be concerned when things are 'not right'

Delivering the Plan

The Patient Experience and Involvement Group, a sub-committee of the Safety and Quality Committee will oversee the implementation of this strategy, the committee will focus on the three major areas of work: insights, involvement and improvement.

This committee is made up of patients, carers, patient and carer groups, governors and staff colleagues and has a flattened hierarchy of team members to optimise our data and experience driven intelligence to identify the improvement priorities ('insights'),further improving the involvement of our patients, staff and stakeholders in designing the improvements required ('involvement') and overseeing the design, testing, implementation and monitoring of our improvement programmes ('improvement').

The deliverables outlined in this strategy will be delivered through the Patient Experience and Involvement sub-committee and monitored by the Trust Safety and Quality Committee, the committee will use the intelligence created through the subcommittee to inform future priorities of 'Our Big Plan'.

Progress will be monitored through a Patient experience dashboard, which will be developed. Progress will be reported via an annual report to the Safety and Quality Committee.

The Safety Triangulation Accreditation (STAR) Programme will be a key vehicle to test the deliverables of the strategy in action from ward to board and reported to Safety and Quality Committee and Board.

The strategy is applicable to all areas of the organisation including inpatient, outpatient, community and satellite services, adult,children and young people, maternity, intensive care and rehabilitation services.

The action plan will be reviewed quarterly to ensure delivery continues to remain on track and to ensure it continues to fully align with the Trust's Big Plan

The strategy will be considered as a fundamental strategy of the organisation and will evolve each year, considering broader learning elicited through other strategies across the organisation.

Our clinical and corporate teams will work together to implement this strategy. Each team will have a clearly defined role in supporting improvements in patient experience.

The 3 Year Patient Experience and Involvement implementation Plan

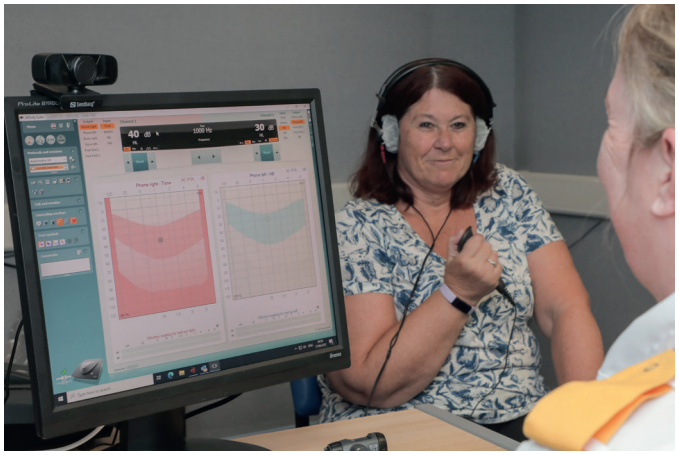
1. INSIGHT	**AIM:** *Improve our understanding of patient experience and involvement by listening and drawing insight from multiple sources of information.*

We will adopt and promote key patient experience measurement principles and use culture metrics to better understand how good patient experience is by:.

- Having an emphasis on continual feedback from patients, families and carers and measurement for improvement.
- Listening to patients
- Identify opportunities for improvement based on real feedback and act on these responsively

Year 1	Year 2	Year 3
Driving improvement We will create a dashboard of patient experience and involvement measures. Initiate key programmes of work and define reporting and monitoring arrangements for programmes of work. The dashboard will triangulate feedback sources e.g., themes from complaints, Friends and Family test, patient surveys to keep focus on our key areas of improvement.	**Driving improvement** We will use intelligence from the patient experience and involvement committee to inform improvement priorities for MCA.	**Driving improvement** We will review and refine the approach. We will deliver the improvement programme identified at the end of year 2.
Defining key programmes of work We will define key improvement (top 5 programmes of work) and initiate Plan-Do-Study-Act (PDSA) cycles on leading patient experience programmes of work.	**Defining key programmes of work** We will evaluate outcome of the PDSA methodology, refine and apply to next set of key programmes of work. We will establish a way to capture live feedback that enables services to be more responsive.	**Defining key programmes of work** We will design an improvement programme focused on leveling up the clinical areas to the level of the best.
Patient experience equality, diversity and inclusion We will mandate collection of each protected characteristic to enable the analysis of inequalities and patient experience processes, functions and outcomes. We will organise reports within the organisation to enable teams to review data through the eyes of people with protected characteristics developing a road map for year 2.	**Patient experience equality, diversity and inclusion** Based on a year 1 of analysis, we will identify key priorities within each area based on protected characteristic data. We will expand the definition of protected characteristics to include Indices of multiple deprivation analysis.	**Patient experience equality, diversity and inclusion** We will demonstrate improvements in identified areas of inequalities based on year 1 and 2 analysis and programmes of work.
Thematic analysis We will carry out a thematic analysis of patient complaints and concerns to be undertaken in each division, using the outcomes to inform areas of focus to improve patient experience. We will use this to understand gap where there may be an under-representation of feedback, and consider opportunities for feedback in the patient's journey (for example mental health).	**Thematic analysis** We will repeat thematic analysis to identify new themes to address, building the findings into the work programme.	**Thematic analysis** We will repeat thematic analysis to identify new themes to address, building the findings into the work programme.

Year 1	Year 2	Year 3
Friends and family feedback We will ensure all departments are actively participating in friends and family. We will increase the number of ways that patient can provide feedback including paper and other languages and acting upon the responses.	**Friends and family feedback** We will increase by 10% the volume of feedback from Friends and family looking at maximising ways to do this and acting upon the responses.	**Friends and family feedback** We will maintain the increase in friends and family feedback acting upon responses.
Patient experience culture We will establish baseline measurement of patient experience culture triangulating information from surveys, and patient feedback (including information communicated through patient forums).	**Patient experience culture** We will agree how to measure culture in relation to patient experience.	**Patient experience culture** We will repeat and embed learning from the feedback.
Research We will participate in The Health Foundation 'Scale, Spread and Embed' research project coordinated by Imperial College Healthcare NHS Foundation Trust. As a Phase 1 site, we will collaborate and test the use of natural language processing of free text specifically on patient experience feedback.	**Research** We will continue to participate in The Health Foundation 'Scale, Spread and Embed' research project coordinated by Imperial College Healthcare NHS Foundation Trust. In collaboration with the Phase 1 and 2 sites, refine and innovate to develop intelligence and insights provided by the digital advances testing the approach through continuous improvement methodology. We will proactively seek to be involved in research relating to patient experience.	**Research** We will internally develop advances made within the research period to refine and embed the digital advances to support Trust improvement initiatives specifically relating to patient feedback.



Year 1	Year 2	Year 3
National patient experience surveys We will ensure that results of each of the national surveys learning to be presented to Patient Experience and Involvement sub-committee and Safety and Learning Group to broaden opportunity to learn and develop action plans in response.	**National patient experience surveys** We will ensure delivery of the actions agreed in response to the National patient experience surveys.	**National patient experience surveys** We will evaluate the success to date and plan and deliver the work programme for year 3.
We will benchmark national survey and Benchmarking Standard responses to peer organisations to learn from what is working well elsewhere and strive to improve the national ranking position.	We will incorporate learning from peer organisations into Trust action plans and aim to improve the national ranking position.	We will evaluate actions to date and aim to improve the national ranking position to the next best quartile.
Improving patient experience communications We will link with the communications team to ensure that key lessons learned from thematic analysis of patient feedback is cascaded across the organisation and externally.	**Improving patient experience communications** We will develop sources of communication to ensure that learning is far reaching and evaluate the approach.	**Improving patient experience communications** We will re-evaluate lessons learned and modes of communication to continue to reiterate key messages.
We will link with the Always Safety First Committee to ensure that key patient experience themes related to safety are incorporated into the Always Safety First Bulletin and be physically displayed throughout key public areas of the organisation demonstrating a transparent approach to learning from safety within the organisation.	We will ensure that learning from Always Safety First will be evident throughout the organisation, with case studies and teams celebrating the successes of the programmes.	Teams will be supported to gain national recognition for their achievements.
We will ensure that colleague and patient experience feedback is displayed in all areas.	We will evaluate the display of patient experience feedback and improve if and where necessary.	We will continually improve the way that patient feedback is displayed and increase learning from other organisations and external partners.
STAR accreditation We will review the patient experience metrics embedded within the STAR process. We will reintroduce Governors to be involved in the STAR accreditation visits to enable real time patient feedback. We will collate themes and trends from patient experience measures to inform opportunities for improvement. Plans will be monitored.	**STAR accreditation** We will evaluate actions and improvements in response to STAR accreditation visits,. re-evaluate questions and actions agreed.	**STAR accreditation** We will continually learn from thematic analysis from STAR accreditation process to inform actions and learning.
Seldom Heard groups We will define those at highest risk and agree the approach to collecting feedback on what matters to the people in these groups. We will seek new ways to collect insights from groups that are less heard.	**Seldom Heard groups** A programme of improvement work will be created for these groups to spread learning across the organisation.	**Seldom Heard groups** We will build on the new insights and agree year 3 actions with the evolving sources of feedback.
Equality Quality Impact Assessment We will review the policy to ensure EQIA are undertaken in partnership with patients and the results are meaningful and apply to all change projects.	**Equality Quality Impact Assessment** We will develop a mechanism for sharing the outputs of EQIA processes to broaden insight in all divisions on patients views and feelings on change proposals.	**Equality Quality Impact Assessment** We will routinely access patient views and have mechanisms in place in all divisions to do so in an inclusive way.

2. INVOLVEMENT	**AIM:** *Equip patients, colleagues and partners with the skills and opportunities to improve patient experience throughout the whole system.*

We will commit to nurture a culture in our organisation where all teams are focused on creating a positive experience for each other and our patients:

- Plan and deliver people's care and treatment with them, including what is important and matters to them.
- Work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.
- Treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.
- Listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.

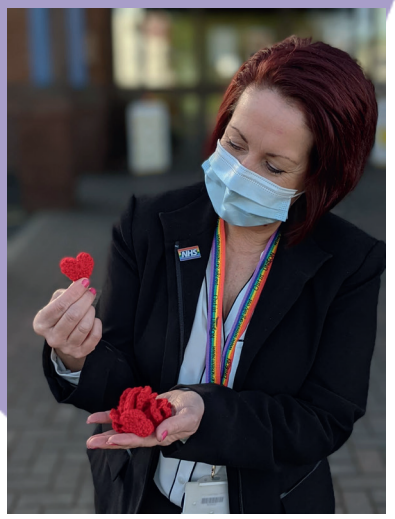
Year 1	Year 2	Year 3
Patients, carers, families and lay people as partners in safety We will align with the Always Safety First strategy and recruit to the role of Patient Safety Partners (PSP) representative of the community we serve. We will ensure that the PSP will reflect the diversity of the community we serve.	**Patients, carers, families and lay people as partners in safety** We will take feedback from the PSP to review the Always Strategy First year 1 and ensure year 2 reflects the areas that are important to them.	**Patients, carers, families and lay people as partners in safety** We will evaluate the PSP role and identify priorities for delivery in year 3.
The PSP will join the Always Safety First subcommittee and participate in the evaluation of evidence and design of solutions focusing on what matters to patients. We will recruit a senior midwifery advocate.	We will create a network of advocates and Patient safety Partners across the organisation to share experiences across specialities.	We will take the learning from year 1 and 2 and agree year 3 with the Patient safety Partners and senior Midwifery advocate.
Leadership We will define the role of leaders within the organisation in relation to patient experience and involvement and working with patients as partners.	**Leadership** We will ensure that Leaders at every level of the organisation will have an objective linked to improving patient experience as part of their annual appraisal.	**Leadership** We will evaluate effectiveness of interventions and activity in year 2 and use to inform year 3 priorities.
We will commit that all clinical areas will identify patient experience and involvement champions. The champions will continue to work with existing mental health , safeguarding and learning disability champions.	Representatives from the champions will be present to share their views at the patient experience and involvement group.	Patient champions will ensure that patient forums are established in their specialties.
We will increase ward leadership in wards greater than 28 beds in recognition of the challenges of managing large clinical areas.	We will commit to evaluating the impact on patient experience and involvement that having 2 leaders on large wards has made.	We will embed the learning from the evaluation once we understand the impact made on experience and involvement having 2 leaders has made.
Patient experience and involvement training We will agree a training programme and hierarchy of training needs.	**Patient experience and involvement training** We will train all clinical and non-clinical department managers as per training requirements.	**Patient experience and involvement training** We will monitor the training plan at departmental level.
We will develop leaders aligned with our Organisational Development programme so that living the values is directly linked to patient experience front and centre in all that we do.	We will showcase leaders who are creating cultures focused on patient experience.	We will continue to showcase leaders who are creating cultures focused on patient experience.

Year 1	Year 2	Year 3
We will develop a training module for leaders to understand the principles of local resolution, concern and complaints and how to respond.	We will achieve training for leaders by 50%. We will ensure this training is implemented and evaluated for effectiveness.	We will further increase training for leaders by 50%. We will continue to embed training and evaluate contribution to improving patient experience during annual appraisal.
Training in co-design will be identified, this will be delivered through FCA and MCA programmes.	All clinical departments will participate in improvement via FCA and MCA and embrace the patient co-design work.	Evaluate the impact of MCA and FCA participation on patient experience.
We will support all staff and students with a booklet about our Involvement services for patients, carers and our community.	We will increase access to this information ensuring colleagues can access the involvement booklet via clinical practitioners, induction, QR codes and our staff intranet.	We will maintain and update the Involvement booklet via our Patient Experience and Involvement team.
We will develop training sessions that have experts by experience co-delivering the training, to ensure learning from the patient, family or carer.	We will continue to develop the training to enhance the skills of our staff to support patients in enhanced levels of care and the use of activity or helpful strategies.	We will provide training in intersectional approach understanding that no one has just one identity and making sure that one identity e.g. a physical disability is not seen as a stand alone issue.
Volunteer involvement We will create a template and single point of contact for volunteers to give feedback on areas that can improve patient experience and involvement.	**Volunteer involvement** We will ensure that this feedback is acted upon and monitored for improvement.	**Volunteer involvement** We will develop the volunteer service via feedback and learning to continue to improve.
We will recruit a core group of volunteers to work with the patient experience team to enhance involvement and promote improvements. We will ensure full representation of the local diverse community to share their views on services and what matters most to them through the Patient Experience Involvement Group and other annual events, such as PRIDE, Windrush etc.	We will enhance volunteer training to enable them to support patient experience projects. We will use the feedback from each event to make a commitment to improve an area based on the feedback received.	We will continue to use feedback from patients/carers to explore and develop projects such as 'Navigation guides' using the volunteer service.
Working in partnership We will refresh the organisations approach to. "Hello my name is". We will ensure that all staff names are visible to patients.	**Working in partnership** We will ensure that "hello my name is" becomes embedded and is assessed via the STAR process.	**Working in partnership** We will continue to promote "Hello my name is". We will continue to assess via STAR process.
We will ask all inpatients what matters to them, and bed boards will be completed holistically and specifically based on the patient's preferences.	We will ensure that this process is embedded using direct feedback and the STAR process.	We will evaluate the use of bedboards.
We will engage with external partners and charities e.g. Galloways, Healthwatch, NCompass and our local Partnership Boards, amongst others via the patient experience and involvement group to be fully inclusive and ensure views and experiences are heard.	We will review membership and continue to check we are fully inclusive and learning.	We will continue to review membership of the involvement group and continue to check we are fully inclusive and learning from lived experiences.

Year 1	Year 2	Year 3
We will agree an approach that engages patients in new developments from their inception. We will continue to promote access to healthcare by events such as 'Our Health Day' for people with a learning disability and / or autism.	We will ensure that patients views are paramount and heard in all change and new developments using a checklist approach.	We will ensure that no new projects can be agreed unless it is evident that patient's views have been sought as part of the scoping work.
We will ensure that holistic assessment of patient's requirements are made and any reasonable adjustment plans are in place where needed.	We will ensure all staff are trained in Reasonable adjustments on internal systems.	We will ensure use of data from reasonable adjustments for clarity on our communities' diverse needs.
We will work in partnership to promote shared decision making between disabled people and health services, utilising the Kings fund publication Partnering for inclusion. https://www.kingsfund.org.uk/sites/default/files/2022-07/Partnering_for_inclusion_easy_read.pdf.	We will ensure all chairs of Trust patient forums report and feed into the Patient Experience and Involvement Group.	We will use new approaches developed through partnering for inclusion to hear more from those less well heard and design improvements fro specific groups.
We will build on current internal patient forums and connect with external partners to make system changes that affect a large number of people most likely to experience inequalities.	We will agree priorities as a system and work with partners across central Lancashire to improve experiences f those most likely to suffer health inequalities.	We will encourage collaboration and promotion of projects beneficial to patients and our communities.
Sharing lived experiences We will use narrative, data and lived experience to frame issues and engage towards a shared purpose with staff, patients and carers to improve learning and effect change in team meetings.	**Sharing lived experiences** We will have evidence examples of learning from sharing lived experiences and provide examples of positive patient experience change as a result.	**Sharing lived experiences** We will share examples of lived experiences as part of learning bulletins and partnership with patients to improve services.
Engaging with faith leaders We will ensure that we listen to what our patients tell us they need in relation to their faith.	**Engaging with faith leaders** We will continue to ensure representation of all faiths and cultures.	**Engaging with faith leaders** We will continue to provide information and education support for all staff in the production of guidebooks around culture and faiths.
We will continue to improve on recognising the needs from patients in all ethnic and religious groups.	We will use STAR to test the availability of faith resources as agreed in our faith forums.	We will continue to research and provide staff with support around any additional religious needs that may be required.
We will ensure that the bereavement boxes are present on every ward and this is tested as part of STAR. We will acknowledge religious events and ensure that these are treated with respect.	We will continue to provide and update the Trust Equality Diversity and Inclusion calendar to share relevant religious dates.	We will enhance our participation in religious events which will be inclusive of more services such as catering and communications.
We will provide the appropriate faith leader (if requested) to work collectively to deliver end-of-life care.	When requested cultures and faiths are respectfully recognised and represented during the patient journey.	Chaplaincy will ensure multi-faith representation is available.

Year 1	Year 2	Year 3
Patient Contribution to Case Notes (PCCN), Forget Me Not, Patient passports We will develop and implement a plan to ensure wards and departments are effectively using tools to enhance patient experience whilst in hospital. We will monitor progress via STAR. We will embed these tools in the role of the clinical area patient experience champions.	**Patient Contribution to Case Notes (PCCN), Forget Me Not, Patient passports** We will evidence increased utilisation of the tools, gathering feedback around their effectiveness.	**Patient Contribution to Case Notes (PCCN), Forget Me Not, Patient passports** We will share examples of the contribution these tools have made to improving patient experience and continue to embed.
Interpreter services We will assess the interpreter services provision for the current service needs to ensure current technology, advice and guidance for staff to access on behalf of patients and their carers.	**Interpreter services** We will evaluate interpreter service provision to ensure it maintains fit for purpose.	**Interpreter services** We will continue to evaluate interpreter service provision. Interpreter services to be commissioned jointly with patients and carers.
We will increase recruitment of volunteers who can use sign language.	We will create a data base for volunteers who can use sign language.	We will continue to recruit volunteers who use British sign language to welcome patients before contracted interpreters are sourced.
We will measure feedback and satisfaction with users of interpreting services.	We will act upon feedback from users of interpreting services.	We will continue to evaluate and act upon feedback as part of quality assurance meetings with providers.
We will carry out thematic review of any incidents/complaints in relation to interpreter services.	We will ensure an action plan is in place to respond to learning from incidents/ complaints regarding interpreter services.	We will ensure actions are embedded in practice and continue to evaluate.
Bedside handovers We will engage with patients to review our process for bedside handovers, updating policy and maintaining confidentiality. We will consider areas that can be used for confidentiality when discussing sensitive matters or when external assessment is being completed (for example mental health).	**Bedside handovers** We will audit the process via STAR.	**Bedside handovers** We will review and re-audit the process.
Transformation programmes We will ensure that patients are involved in co-production of transformation projects ensuring that value-added components of the programmes is intrinsically linked to patients value added.	**Transformation programmes** We will ensure that all transformation programmes have evidence of patient involvement.	**Transformation programmes** We will ensure that all transformation programmes have evidence of patient involvement and co-production.
Making every contact count We will ensure that we take every opportunity to promote healthy lifestyles engaging in opportunities to offer advice and guidance around smoking cessation, reducing alcohol intake and promoting healthy lifestyles.	**Making every contact count** We will capture health promotion information and discussions on Quadramed.	**Making every contact count** We will capture health promotion information and discussions on Quadramed.

Year 1	Year 2	Year 3
Accessible Information Standard We will obtain a baseline of current standards that are met and mitigate any gaps creating an action plan towards making health care information accessible to identify, record, flag, share and meet information and communication support needs of patients, service users, carers and patients with a disability, impairment or sensory loss. https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/	**Accessible Information Standard** We will review annually in order to benchmark current position ensuring actions are being progressed and audit under the responsive Key Line of Enquiry to confirm k compliance with the standard.	**Accessible Information Standard** We will review annually to benchmark current position ensuring actions are being progressed and audit under the responsive Key Line of Enquiry to confirm compliance with the standard.
Patients Key Contacts We will respond to the feedback from patients with chronic or long term conditions who tell us that they value the role of a key worker as a point of contact to help navigate and support decision making. We will review what is working well and set this as our standard and benchmark where there are gaps in this provision.	**Patients Key Contacts** We will ensure that patients who do not have a key worker are informed of who they should contact and work towards improving this provision.	**Patients Key Contacts** We will ensure that patients who do not have a key worker are informed of who they should contact and work towards improving this provision.
Research We will continue to raise the profile of involving patients in research by promoting research studies and explaining why involvement in research is important for overall patient experience.	**Research** We will increase the number of patients involved in research and share stories of what this has meant to them and how this has affected their experience.	**Research** We will promote patient experience at research topics for internal degree and masters research topics and share the outcomes.



3. IMPROVEMENT	**AIM:** *Design and support improvement programmes that deliver effective and sustainable change.*

We will commit to continuously improve the experiences of patients and families in our organisation. We will seek to improve:

- the patient journey from admission, treatment and discharge
- the successful handover of accurate information to reduce duplication and increase confidence in the care patients and families receive.
- waiting and confidential areas for patients and families
- the therapeutic interventions for people in hospital beds

Year 1	Year 2	Year 3
Nutrition and hydration and assistance with meals We will provide food which is inclusive, tailored to patient's needs at the right time, right place and right patient.	**Nutrition and hydration and assistance with meals** We will measure the quality and provision of catering as a thematic review to establish whether actions taken have led to improvements.	**Nutrition and hydration and assistance with meals** We will gather feedback and continue to evaluate the effectiveness of actions taken to improve, identifying and responding to new intelligence.
We will celebrate with inclusive food faith events ensuring this is time sensitive when necessary.	We will improve the rating of food in the national surveys. We will improve the PLACE rating.	We will improve the rating of food in the national surveys. We will improve the PLACE rating.
We will ask you what you want to order and provide you with information so that you can make the right choice for yourself. We will ensure that patients with special requirements have their needs met e.g. such as patients who have Parkinson's and need to eat with medication. This will be tested through STAR. We will ensure all that require support at meal times, receive this and this is tested through STAR.	We will increase the availability of reasonable adjustments to support nutrition and hydration.	We will test the effectiveness of this using experts by experience.
Quality assurance We will agree a process to quality assure the responses to complaints and concerns and implement this process.	**Quality assurance** We will agree a process to quality assure the responses to complaints and concerns and implement this process.	**Quality assurance** We will agree a process to quality assure the responses to complaints and concerns and implement this process.
Maternity & Neonatal Transformation We will ensure that women will not feel alone and will treat them with kindness and respect. This will be measured through the national maternity survey.	**Maternity & Neonatal Transformation** We will utilise national initiatives such as the "15 steps" approach and "Whose Shoes?" to review and improve the care provided and environment it is provided in.	**Maternity & Neonatal Transformation** We will continue to gather feedback and evaluate the effectiveness of actions taken to improve the maternity service.
We will make sure that women have the contact details of their midwife. We will ensure that women are able to make a personalised care and support plan during their pregnancy, for labour and birth and following the birth of their baby.	We will continue to implement new national directives as they emerge and ensure action plans are shared with the Maternity Voices Partnership.	We will continue to implement new national directives as they emerge and ensure action plans are shared with the Maternity Voices Partnership.
We will ensure women can access help and advice and advice about feeding their babies during their care journey.	We will ensure breastfeeding areas will be improved across the organisation and in line with the baby friendly initiative.	We will increase the number of breastfeeding areas will increase. We will increase compliance with baby friendly Initiative (BFI) accreditation.

Year 1	Year 2	Year 3
We will seek to receive feedback in addition to Friends and Family and complaints to understand ways in which our services can improve experience for parents.	We will continue to co-design service improvements. We will upgrade the provision of birthing pools to ensure water births are accessible for all who choose this as a birthing option.	We will continue to co-design service improvements.
We will involve parents in the co-production of neonatal services utilising the "neomates" group to facilitate this.	We will become a neonatal network accredited Family Integrated Care Unit (FiCare).	We will respond to family feedback and focus on improvement in response to their experience
We will ensure partners can stay and support women during antenatal periods on the ward.	We will provide an outdoor space for women in labour that is conducive to the birth process.	We will identify the next area to improve with our Maternity Voices Partnership.
We will improve the facilities and experience for women who experience miscarriage. We will participate and achieve accreditation in standards set to support women who have had a miscarriage.	We will provide an improved baby memorial area. We will provide 7-day bereavement support services.	We will improve the facilities further for women who experience miscarriage.
Children and Young People We will ensure that children and young people have therapeutic activities which are fully implemented in clinical areas.	**Children and Young People** We will ensure that children and young people have therapeutic activities which are fully implemented in clinical areas and monitor.	**Children and Young People** We will ensure that children and young people have therapeutic activities which are fully implemented in clinical areas and monitor.
We will improve overnight facilities to optimise young people and children's outcomes.	We will improve review feedback on overnight facilities to optimise young people and children's outcomes.	We will review feedback on overnight facilities to optimise young people and children's outcomes.
We will ensure that age-appropriate activities are provided for 16 and 17 year olds being cared for on adult wards.	We will ensure that age-appropriate activities are provided for 16 and 17 year olds being cared for on adult wards.	We will ensure that age-appropriate activities are provided for 16 and 17 year olds being cared for on adult wards.
We will introduce a parent group to gain feedback and promote co-production in service change.	We will agree parent priorities to improve and co design these.	We will continue to work in partnership exploring the needs of looked after children using social care advocates
We will provide a multi-sensory space for children with disabilities at the Broadoaks site.	We will explore the provision of outdoor play for children on each of our sites.	We will implement increases in outdoor play provision.
We will introduce the role of patient experience lead for children to provide additional support across all areas.	We will learn from this and adopt the learning to clinical areas where children are seen in across the organisation.	We will continue to share the learning from the patient experience lead.
We will ensure that children and young people have an appropriate process to raise concerns or make a complaint and we will ensure feedback from the Emotional Health Family and Friends Test is collated and reviewed for learning. We will identify a training plan in relation to play for children's ward and ED.	We will enact the plan and train 50% of the staff in formal play training. We will roll out the process for children to raise a concern to all clinical areas they are seen in the organisation.	We will monitor the impact of the improvements through the national patient and parent surveys.

Year 1	Year 2	Year 3
Estate In recognition of the impact that our estate makes on patient experience we commit to a refurbishment plan for three clinical areas each year. Year 1 . • Gordon Hesling Building entrance – introduction of volunteer support space • Mental health facilities in ED for Children and adults • Create an alternative to hospitals for patients who do not meet the criteria to reside.	**Estate** We will commit to a refurbishment plan for three further clinical areas each year.	**Estate** We will commit to a refurbishment plan for three further clinical areas each year.
Pain management We will focus on improving pain management and test the effectiveness of this through STAR.	**Pain management** We will share learning from areas that manage pain more effectively.	**Pain management** We will see improvements in national audits relating to pain management.
End of life care We will continue to use the end of life Big Room to deliver integrated, collaborative palliative and end of life care and improve patient and carer experience and service outcomes based on principles of respect, dignity and compassion.	**End of life care** We will explore areas to be used for end of life quiet rooms for families.	**End of life care** Provide quiet areas for families of patients at end of life and for bereaved families.
We will define an increased target audience for advanced communication skills training.	We will achieve the target set once the audience is reviewed.	We will extend the number of people training in advanced communication skills.
We will embed the CARING model as our pledge to patients in last days of life and their loved ones.	We will monitor and evaluate CARING through the STAR audit.	We will continue to evaluate the impact of the CARING approach.
We will recruit families who have had experiences of bereavement to work in partnership to improve services.	We will use the national NACEL audit to drive the areas we focus on improving.	We will review and set an improvement goal for each of these in year 3.
We will deliver in partnership a Hospice at Home service to increase the number of patients who are able to die in their preferred place of care.	We will create the case to formally commission hospice at home pending outcome measures supporting hypothesised benefits.	We will deliver in partnership a hospice at home service that meets the need of the local population.
We will ensure bereavement services are available to all who experience loss 7 days per week.	We will ensure bereavement services are available to all who experience loss 7 days per week.	We will ensure bereavement services are available to all who experience loss 7 days per week.
Lost property We will ensure our processes around patient valuables is robust using patient experiences to build on the procedures we have in place.	**Lost property** We will ensure our process is established within all areas and test this using STAR. We will investigate when items are lost and share lessons learned to reduce the occurrence of this.	**Lost property** We will monitor this service regularly and listen to feedback in order to instil confidence from our patients and visitors to the Trust.

Year 1	Year 2	Year 3
Improve facilities for people while they wait We will ensure patients know timescales of any delays in clinical areas.	**Improve facilities for people while they wait** We will ensure details are provided of expected wait times and regularly update this information.	**Improve facilities for people while they wait** We will monitor wait times in clinical areas and adapt time slots if data shows continual trends of long waits.
We will provide comfortable and appropriate seating, that meets the needs of those using it in line with reasonable adjustments. This will be tested through STAR.	We will ensure that areas that experience long waits such as ED will have access to comfortable environments.	We will continue to listen to feedback from our patients and develop services.
Improving patient flow We will engage in improvement programmes via the Urgent and Emergency care transformation board to improve our patient flow throughout the hospital. This will reduce time patients spend in the emergency department and assessment units and ensure that patients time in hospital is value added and reduce waiting for services that will progress the pathway of care. We will ensure that discharge is well coordinated and occurs early in the day.	**Improving patient flow** We will continue to monitor our performance and seek out opportunities to continually improve patient flow, asking patients what matters to them.	**Improving patient flow** We will monitor our outcome measures and seek new ways to maintain progress.
Improve patient experience for those living with dementia We will promote understanding of our dementia community.	**Improve patient experience for those living with dementia** We will ensure all staff complete Dementia training.	**Improve patient experience for those living with dementia** We will continue to educate staff through e-learning packages.
We will ensure purple activity boxes are available to all patients and tested through STAR.	We will ensure purple activity boxes are available to all patients and updated following patient feedback over the year.	We will introduce innovative approaches to managing the experience of patients with dementia.
We will ensure promotion of Dementia champions in all clinical areas. We will ensure this Patient Experience Strategy is in line with the Dementia Strategy and progress monitored in relation to pathways, the Dementia Experience and Empowerment project (DEEP) and co-production with patients living with a dementia and their families and carers.	We will continue to promote the use of Forget Me Not passports. We will report progress on the Mental health and dementia strategy to the safeguarding Board and patient experience group.	We will report progress on the Mental health and dementia strategy to the safeguarding Board and patient experience group.

Year 1	Year 2	Year 3
Improve facilities for patients with a physical disability, autism, learning disability, mental health condition We will continue to promote the use of the Hospital Passport.	**Improve facilities for patients with a physical disability, learning disability, mental health condition** We will ensure a copy of the passport is taken so we can provide specific individualised care.	**Improve facilities for patients with a physical disability, learning disability, mental health condition** We will provide staff with information and updates on sources available through our Patient experience and Involvement team.
We will ensure all reasonable adjustments are recorded on our systems and test the use of this through STAR.	We will collate data so future appointments can be adapted to the requirements of the patient.	We will evidence increased use of reasonable adjustment tab on Quadramed.
We will ensure staff liaise with the Learning Disabilities team for specialist advise.	We will review progress with our partners to agree the next set of actions for blind, visually impaired	We will evidence an increased number of MDT care planning forums take place leading to improved person centred care.
We will continue to provide ward activity boxes for partially sighted or blind communities and test this through STAR.	We will review progress with our partners to agree the next set of actions for blind, visually impaired.	We will review progress with our partners to agree the next set of actions for blind, visually impaired.
We will continue to upgrade estate with hearing adjuncts in line with best practice and ensure we work with local groups to test the impact of our focus on hard of hearing and deaf communities.	We will review progress with our partners to agree the next set of actions for deaf and hard of hearing	We will review progress with our partners to agree the next set of actions for deaf and hard of hearing.
We will engage in the Learning Disability partnership Board and Autism Partnership Board working alongside experts by experience and our multi-agency partners to re-establish a Health sub group.	We will implement the national learning disability and autism strategy.	We will implement the national learning disability and autism strategy.
We will ensure promotion of the Learning Disability Champions and Mental health Champions. We will ensure this Patient Experience Strategy is in line with the Mental Health Strategy, the Learning Disability Plan and Autism Strategy.	We will monitor this through the safeguarding and patient experience and improvement group.	We will monitor this through the safeguarding and patient experience and improvement group.
Cancer care We will introduce a patient experience lead in Radiotherapy with a focus on improving the experience for patients attending for radiotherapy and establish a service user group.	**Cancer care** We will evaluate the impact that the patient experience lead in Radiotherapy with a focus on improving the experience for patients attending for radiotherapy and establish a service user group.	**Cancer care** We will ensure the patient experience lead is embedded in practice.
We will establish a cancer patient listening service to gain live feedback from cancer patients and address issues at the time if possible.	We will explore involvement in addressing the needs and support of service users receiving services from different clinical teams e.g. Buddying in different services and co-facilitating training with Macmillan Engagement Facilitator to build confidence, skills and knowledge.	We will involve patients and volunteers to work alongside the Macmillan assistant manager to work with patients in the community and provide care closer to home.
We will develop a cancer and end of life service user recruitment strategy.	We will continue Service users to be involved with the MPACE project and close working with key Macmillan figures.	We will explore a partnership approach with the third sector to share volunteer opportunities and collaborative working.
We will provide the Hope course using service users to facilitate the course in partnership with third sector partners..	We will continue to implement Service user involvement in all cancer interviews. We will continue to deliver and promote the HOPE courses for patients with cancer.	We will ensure Cancer patient and carers forum increases in membership.

Year 1	Year 2	Year 3
We will develop a work programme for the promotion of service user opportunities.	We will increase the diversity of patients and partners.	We will develop a process for patients as partners to present to the Board of Directors the progress made in this area.
We will develop a virtual forum for patients and carers to link in when they want and to choose which opportunities, they wish to be involved in.	We will continue to recruit service users for the forum and widen recruitment to the forum for diverse range of services users and carers to include BME, LGBTQ, over 75s, working age, disabilities, from all economic backgrounds etc.	We will deliver on the areas determined as priority areas for each protected characteristic group.
We will develop an standard operating procedure. to involve service users in all interviews for cancer staff. We will develop a training package guide for service users to assist in opportunities they can be involved in.	We will evaluate the effectiveness of this approach in partnership with patients.	We will focus on specialities that evaluate less effectively in the national cancer survey.
We will continue Service user involvement with the MPACE project and close working with key Macmillan figures.	We will test the cancer website against the exemplar and agree the next year improvements.	We will celebrate achievements and share the positive areas of practice.
We will continue to work with patients in develop the cancer website.	We will focus on specialities that evaluate less effectively in the national cancer survey	We will continue to focus on specialities that evaluate less effectively in the national cancer survey.
Patient involvement in safe discharge We will commence discharge planning from the time patients are admitted to the hospital	**Patient involvement in safe discharge** We will use discharge improvement work to ensure discharge occurs earlier in the day for patients and families.	**Patient involvement in safe discharge** We will continue to evidence improvement in this area.
We will ensure that discharge needs are clearly documented and shared with partner organisations where consent is given, this will reduce the need for patients and carers to repeat needs and wishes to achieve safe discharge.	We will commit that learning from discharge incidents will be shared and actions agreed.	We will learn from discharge incidents wand this will be shared and actions agreed.
We will review our patient information leaflet and relaunch this so it is shared with all patients to ensure a safe discharge.	We will ensure that the use of the patient information leaflet is tested through STAR.	We will ensure that use of the patient information leaflet will continue to be monitored.
We will introduce live feedback on the discharge process, this will be used to drive improvement in this area. Wards will be tested on this through STAR.	We will use feedback to change process or information shared.	We will build a reporting dashboard that tracks and time stamps discharge process.
We will continue to plan ahead for discharges and ensure where possible discharge letter and take-home medication is on the ward with the patient the day before their planned discharge.	We will work closely with carers service to better identify informal carers when planning patient discharges and offer onward referral for carers support and assessment. We will fully embed the "nothing said about me without me" principle for all discharge planning discussions.	We will evaluate the effectiveness of these interventions through the national patient survey.
We will implement post discharge follow up calls to a minimum of 50 patients per week (within 48hrs of discharge) who have has an inpatient stay, this will support ensuring they are safe, identify if any unmet needs were missed prior to discharge and ensure signposted or referred for relevant support. We will also gather feedback around their discharge and what could be improved.	We will include patient representatives on future improvement workstreams internally and across partner organisation improvement work. We will implement using patient feedback, changes and improvements to the process, this will be tested through the national patient survey.	We will implement using patient feedback, changes and improvements to the process, this will be tested through the national patient survey.

Year 1	Year 2	Year 3
We will have consistent representation at the care home collaborative to understand discharge impact on care and nursing homes with the aim to improve relationships and trust between organisations building further on the trusted assessor model.	We will demonstrate a year on year increase in the number of trusted assessments between the regulated care sector. We will evaluate progress on improving discharges with regulated care settings and agree priorities.	We will evaluate progress on improving discharges with regulated care settings and agree priorities.
Essential carer role We will introduce the essential carer role into a small number of adult inpatient test sites and evaluate the effectiveness using Plan, Do, Study, Act (PDSA) cycles.	**Essential carer role** Following evaluation of the test sites we will role this out to all wards in order to meet patient's needs.	**Essential carer role** We will embed the principles of the essential carer role as standard practice.
We will develop an Essential carer role standard operating procedure and an information leaflet to support implementation.	Based on the feedback and learning we will adapt the essential carer role so we achieve the best patient and essential carer experience.	We will embed changes using feedback to promote better Carer experience.
We will continue to support our Carers via our Carers Forum.	We will share learning from carers forums and use to influence improvement.	We will set year 3 priorities based on listening to carers.
We will consistently ensure we use Carers Lanyard.	We will use Carers stories and experiences to develop and improve services.	We will monitor and record Carer feedback, involvement and inclusion in all areas of patient care.
We will promote services available to Carers such as Z beds. We will continue to promote our Carers Charter and test this in practice using STAR.	We will use our Involvement services to educate staff around services available for our Carers.	We will improve facilities for carers to take a break form caring when in the organisation.
We will ensure Carers involvement in all clinical assessments and test this through STAR. We will incorporate Johns Campaign into our way of doing things.	We will ensure all clinical services recognise carer involvement.	We will include carer involvement in the newly designed electronic patient record and test this through STAR.
Promote get up get dressed keep moving We will encourage patients to get up, get dressed and keep moving wherever possible to prevent deconditioning and maximise rehabilitation and experience. We will embed this in practice in 3 wards across the organisation.	**Promote get up get dressed keep moving** We will share the learning from the pilot sites to role out across all inpatient wards.	**Promote get up get dressed keep moving** We will embed these principles as our standard.
Promote occupational and purposeful activities for our inpatients We will encourage our inpatients to engage in occupational and purposeful activities and when indicated provide suitable resources. e.g. activity packs with items such as colouring, paint sets, knitting, cross stitch, cross words, puzzles, poetry, creative writing etc. We will ensure the Intranet has accessible resources for staff to download for our patients. We will roll out the newly developed Reminiscence Boxes for use with our patients living with dementia.	**Promote occupational and purposeful activities for our inpatients** We will review resources and gather feedback from patients and staff.	**Promote occupational and purposeful activities for our inpatients** We will review resources and gather feedback from patients and staff.

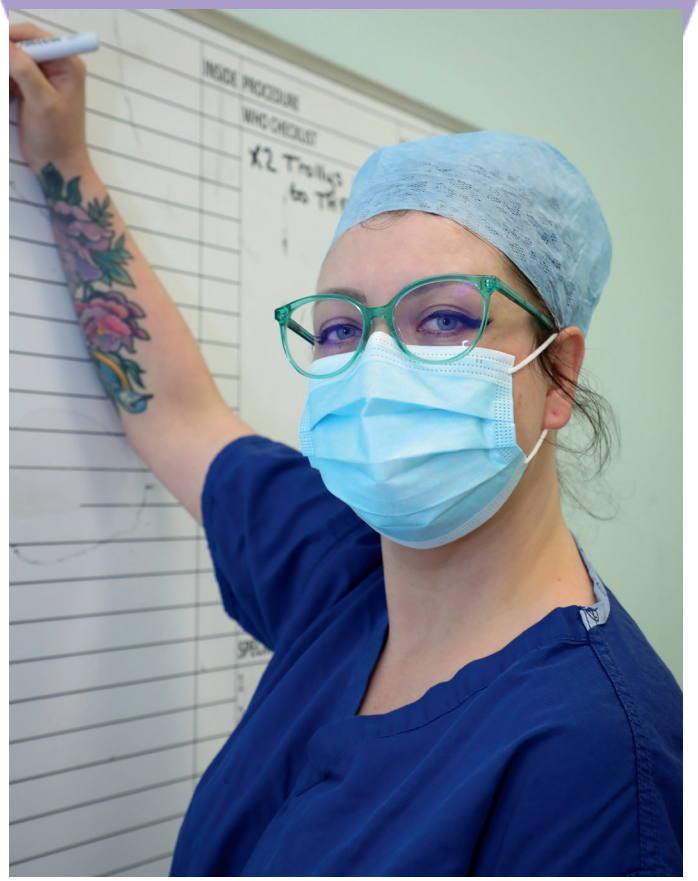
Reference List

Doyle, Lennox & Ball (2013) A systematic review of evidence on the links between patient experience and clinical safety and effectiveness accessed at https://bmjopen.bmj.com/content/3/1/e001570

NHS Improvement The Patient Experience framework accessed here https://www.england.nhs.uk/wp-content/uploads/2021/04/nhsi-patient-experience-improvement-framework.pdf

The Heath Foundation (2013)Measuring patient experience https://bit.ly/3SmPuBV

The Kings Fund (2022) How does the health and care system hear from people and communities? accessed at https://www.kingsfund.org.uk/publications/health-care-system-people-and-communities



Together

NHS
Lancashire Teaching Hospitals
NHS Foundation Trust

Learning Disability Plan
2023–2026

Together, we do extraordinary things

Excellent care with compassion

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Sections

Introduction

The aim of this document is to set out a 3-year plan (2023-2026) to support patients who have a learning disability throughout their journey of care in Lancashire Teaching Hospitals NHS Foundation Trust (LTHTR). The Learning Disability Plan considers care within the Emergency Departments, Inpatient and Outpatient areas.

At LTHTR we are committed to providing outstanding, patient-centred, and individualised care. It is crucial that our patients feel safe, listened to and have confidence in the knowledge and skills of our staff. The plan aims to ensure positive experiences and involvement of families and carers who play a pivotal role in their loved ones / patient's journey. This Learning Disability Plan builds on the work that has been completed over recent years. It provides a clear commitment for continuing this progress and aims to ensure continued development, drive to reduce health inequalities and co-production with people with a lived experience of a learning disability and experts by experience (families/carers).

This document has been named a 'plan' rather than a strategy following consultation with people with a learning disability and covers all ages (children, young people and adults). A separate Learning Disability Plan and Autism Strategy has been identified as important for our patients with a lived experience of either a Learning Disability or Autism. The Trust and consultation events have recognised the unique difference between a Learning Disability and Autism, and although action plans may overlap, the importance of separating the strategies was clearly voiced.

The Trust recognises and welcomes the opportunity to work in partnership with our multi-agency partners including health, social care, voluntary agencies, our Integrated Care Board/System colleagues (responsible for planning and ensuring provision of health services) and patient/user involvement groups. Through working in partnership, we will ensure our collaborative efforts contribute to improving the health and outcomes of those with a learning disability.

This plan is a document that can be added to following further local or national guidance (for example: further guidance is awaited for The Down Syndrome Act (2022).

This plan will be made available in an Easy Read version.

Context to the Plan

The Learning Disability Plan is led by information collated for the NHS England and NHS Improvement (NHSEI) Learning Disability Benchmarking Standards which have been developed with patients and families to continuously assess and improve care. The standards for Lancashire Teaching Hospitals NHS Foundation Trust (LTHTR) includes:

Respecting and Protecting People's rights

Inclusion & Engagement

Workforce

The Learning Disability Plan is also led by patient, family, carer and staff feedback.

The document includes our commitment for continuous improvement within the agendas of Special Education Needs and/or Disabilities (SEND) and Learning from lives and deaths – people with a learning disability and autistic people (LeDeR).

The Equality Act 2010 ensures that all people accessing healthcare have equal opportunities to care and to treatment. Equality for people with disabilities may require the organisation to make reasonable adjustments to its service to accommodate specific or additional support needs of those with disabilities. As a Trust we are committed to ensure that all patients have equal rights, feel listened to, have the opportunity for involvement in improvement programmes with an aim of co-production.

The Learning Disability Plan ensures a shared vision in the implementation of reasonable adjustments, aims to reduce health inequality, and is committed to ensuring that patients with a learning disability and SEND have a positive experience from a skilled workforce.

Following a number of consultation events with people with a lived experience we have recognised that there are overlapping priorities in the action plan for services delivering care for people with either a Learning Disability or Autism (or both), including SEND, LeDeR and the NHSEI Benchmarking Standards. However, we also understand the unique difference between a Learning Disability and Autism and therefore a separate Learning Disability Plan and Autism Strategy has been developed.

There are approximately 1.5 million people in the UK who have a learning disability.

The Down Syndrome Act 2022 recognises that there are approximately 47,000 people living in the UK with Down Syndrome

A Learning Disability is different for everyone, and support needs will vary. It is important that we understand the strengths and needs of every individual person.

A Learning Disability is life long and should not be confused with Learning Difficulties (such as dyslexia and ADHD) which does not affect intellectual ability.

Learning Disability:

Mencap defines a learning disability as:

- A reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money which affects someone for their whole life.
- People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complicated information and interact with other people.
- People with a learning disability may have more than one diagnosis and conditions that are unique to them. This may include physical and emotional needs

Special Education Needs and/or Disability (SEND)

Special Educational Needs and/or Disabilities (SEND) forms Part 3 of the Children and Families Act (2014) and covers the age range of 0-25 years.

Schools are funded to meet the majority of Special Educational Needs (SEN) and support and adjustments will be arranged to meet the child or young person's needs – set out in a SEND support plan.

At times an Education, Health, and Care Plan (EHCP) is needed to ensure health, social care and education work together to meet these needs. The Trust is committed into their statutory obligation for SEND, the EHCP process and ensuring our services are identified in the SEND Local Offer (which describes the services offered by agencies).

Learning from Lives and Deaths: People with a Learning Disability and Autistic People (LeDeR)

The LeDeR programme aims to improve health and social care for people with a learning disability and autistic people, to reduce health inequalities and to stop people from dying too soon by making care better.

A LeDeR review will look at a person's life as well as how the person died, this helps to identify good practice, improvements for care (health and social) and agencies work together to understand any lessons learned. We as a Trust are committed to learning and being part of the LeDeR process.

National and Local Drivers for Change

This plan sets out the Trust's commitment in line with the national strategy – The NHS Long Term Plan and the NHSI Learning Disability Improvement standards (2018).

The Long-Term Plan sets out a number of ambitions to support improvement of care and better services for people living with Learning Disability including:

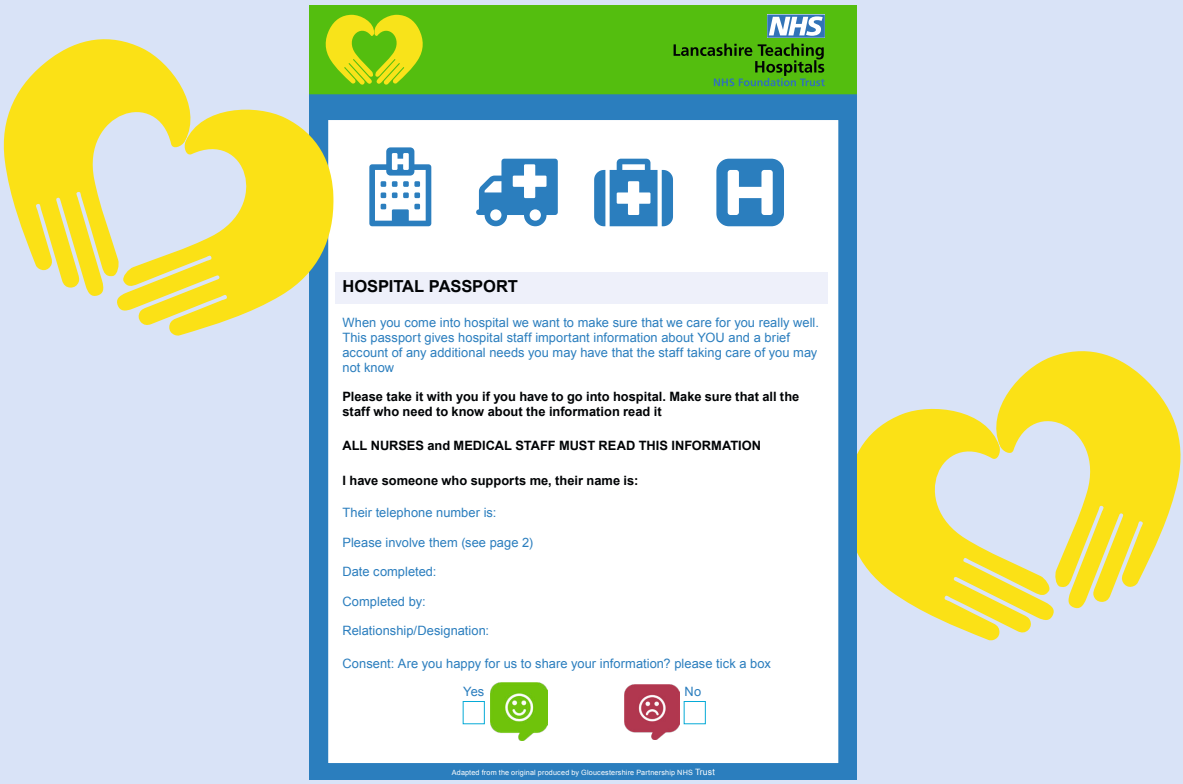
- Ensuring that NHS commissioned services are providing good quality health care and treatment to people with a learning disability and autistic people and their families.
- In doing so, NHS staff need to be supported in making the changes needed (reasonable adjustments) to make sure people with a learning disability, autism or both get equal access to, experience of and outcomes from care and treatment.
- Also, to make sure that the NHS as a whole has an awareness of the needs of people with a learning disability, autism or both and by working together improves the way it cares, supports, listens to, works with and improves the health and wellbeing of individuals and their families.

This plan has also been led by:

- Valuing People – A New Strategy for Learning Disability for the 21st Century (2001).
- The Learning from lives and deaths – People with a learning disability and autistic people (LeDeR) policy (2021).
- Lancashire SEND Plan 2021–2025.
- Safeguarding statutory requirements and Mental Capacity Act (2005).
- The Lancashire & South Cumbria Strategy (2022) All-Age System Strategy for Learning Disability.

Where are we now?

- The Trust has invested in a Matron for Mental Health, Learning Disabilities, Autism Dementia and Learning Disability Specialist Practitioner/Nurse who support patients, families and specialist teams to consider reasonable adjustments, to deliver person centred care and to work closely with multi-agency partners including the Local Authority, Community Learning Disability services, other Acute Trusts, local community Trusts and the Integrated Care Board.
- Has ensured the completion of the annual NHSE/NHSI Learning Disability Benchmarking Standards for 4 years and submission for the 5th year – providing data analysis to the standards, patient feedback and staff feedback.
- Developed and implemented 'The Care of Patients with a Learning Disability and/or Autism within Lancashire Teaching Hospitals' policy to support the needs of patients with a Learning Disability – ensuring capacity or best interest process is followed, resources are available to staff supporting in the patient's journey (for example, Hospital Passports).
- A Reasonable Adjustment flag on electronic patient records which identifies Learning Disability (along with other needs for example autism or physical disability) which allows us to ensure staff are aware of the changes (adjustments) that are needed to support care – for example, adjusted times and length of appointments, changes to support sensory needs or communication aids. This flag (or LTHTR picture for Learning Disability) has been developed with patients with a learning disability.
- The develop of a staff Intranet with various resources (for example Communication books and 'Now and Next' cards.
- The development of Easy Read information specific to individual care plans or information leaflets (for example, PALS leaflet).
- The development of personalised Social Stories (booklets or videos) to help understanding of the planned appointment, medical intervention, or pictures of multidisciplinary team to reduce anxiety about accessing healthcare.
- The development and implementation of LTHTR Hospital Passports, and education around their use and improvements for patient care.



- Bespoke training sessions with our Learning Disability and Autism Champions and specialist teams often co-delivered with people with lived experience. An e-learning module on Learning Disabilities, and recent co-working with the Trust Neurodiversity Lead to develop a Core Module which has been mandated.
- Have established Learning Disability and Autism Champions who provide the ward with increased knowledge, receive training including by people with a learning disability and are the link to positive patient experience on the wards and departments.

- Prior to COVID-19 we held 'Our Health Day' annual events which was an event co-produced with people with a learning disability to inform the community about different health needs, screening in relation to health and aimed to ensure access and reduce health inequality.
- Involvement in the Integrated Care Board (ICB) task and finish groups including Managing Deteriorating Health and Health Inequalities group - Ensuring learning into action for service development.
- Engagement with the LeDeR (Learning from lives and deaths, people with a learning disability and autistic people) Steering Group. Active involvement, and implementation of lessons learned and learning from patient experiences, and internal processes to ensure LeDeR notifications are submitted.
- Involvement in Lancashire & South Cumbria SEND Partnership - including a SEND clinical lead and SEND Champion, working with the SEND Designated Clinical Officer into the completion of Educational Care Health Care Plans (EHCP).
- Established a SEND Improvement group share the message of SEND, ensure service improvements are aligned to the SEND priorities and the Trust are driving forward SEND (for example Transition, data capturing and Neurodevelopmental pathways).

- Improved systems to understand patient experience and incidents – changes made to the Trust incident reporting system to include Learning Disability and Autism (as per NHSE/NHSI Standards) which can capture compliments, concerns and complaints of patients, families and carers. Close working with the patient experience team.
- Continued attendance and close working with members of the Lancashire Learning Disability Partnership Board active planning/involvement into the Live Healthier, Live Longer group.
- A Special Care Dentistry service which is focused on ensuring our patients with a Learning Disability, autism or mental health difficulty are supported to access dental care, have reasonable adjustments ensured, close working with families and carers and a dedication to reducing anxiety by using different methods (for example: written or video social stories).
- Special Care Dentistry working on transition clinics, so children with complex needs have a transition plan is developed from starting High School/age 11 years.

It is recognised that although we have had a journey of improvement, our progress has been significantly stalled as a result of Covid-19 and much of the work commenced is to be re-started or continued. The Learning Disability Plan 2023-2026 aims to focus the next three years improvement.

Consultation: Who have we listened to in developing this strategy

Consultation with people with lived experience (a learning disability), experts by experience (families and carers) and multi-agency consultation has been key for the development of this Learning Disability Plan.

Key people have included:

- Two consultation events including people with a learning disability, families and carers.
- The Learning Disability Partnership Board including people with a learning disability, providers, 3rd sector agencies and multi-agency partners.
- Local advocacy groups.
- Lancashire Teaching Hospitals NHS Foundation Trust Patient Experience and Involvement Group
- Lancashire Teaching Hospitals NHS Foundation Trust Learning Disability Champions
- Lancashire Teaching Hospitals NHS Foundation Trust Specialist Teams and staff across the Emergency Departments, Outpatient, and Inpatient areas.
- Lancashire Teaching Hospitals NHS Foundation Trust Patient Experience and Patient Advisory Liaison Service (PALS) teams.
- Lancashire Teaching Hospitals NHS Foundation Trust Governors.
- Multi-agency partners across the Integrated Care Board including leads/members from SEND and LeDeR groups.
- Lancashire Teaching Hospitals NHS Foundation Trust SEND Improvement Group.

You said in the consultation:

What should our first 3 priorities be for the Learning Disability plan?

Ideas for Co:production

Our Alignment to Trust Values, Objectives and Strategies

Our Values

This strategy aligns with the Trust mission, ambitions, and values. Our values were designed by our staff and patients and are embedded in the way we work on a day to day basis, are at the core of everything we do and are embedded to guide high quality, patient-centered care:

Being caring and compassionate

Being caring and compassionate is at the heart of everything we do, we will understand what each person needs and strive to make a positive difference in whatever way we can.

Recognising individuality

We appreciate differences, making staff and patients feel respected and valued.

Seeking to involve

We will actively get involved and encourage others to contribute and share their ideas, information, knowledge and skills in order to provide a joined up service.

Building team spirit

We will work together as one team with shared goals doing what it takes to provide the best possible service.

Taking personal responsibility

We are each accountable for achieving improvements to obtain the highest standards of care in the most professional way, resulting in a service we can all be proud of.

Alignment to Trust Objectives

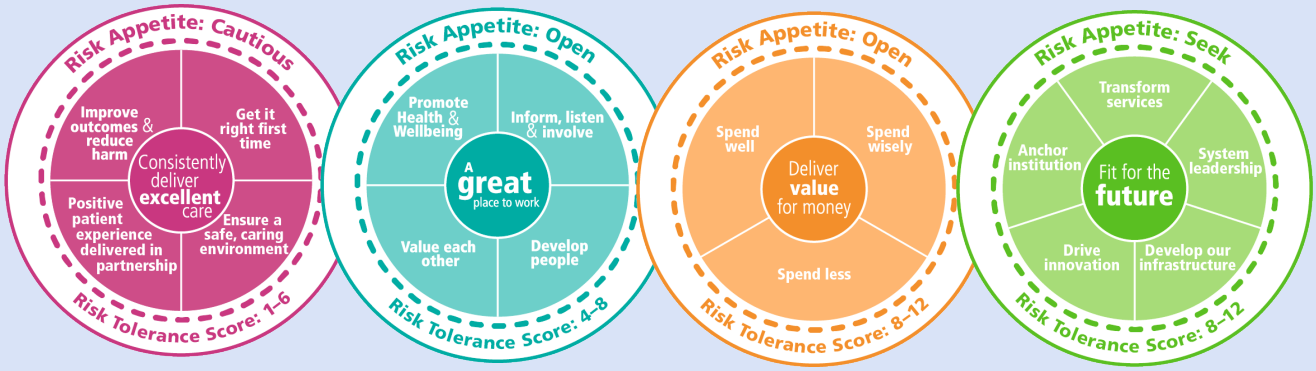
The objectives defined in this plan are framed on the Trust's core objectives which are:

To provide sustainable and outstanding healthcare to our local communities

To offer a range of high-quality services to patients in Lancashire and South Cumbria

To drive health innovation through world class education, training, and research

These objectives are translated into key deliverables founded on four ambitions:



The Learning Disability Plan is also closely aligned to other Lancashire Teaching Hospital (LTHTR) strategies including:

The Autism Strategy 2023-2026

The Patient Experience and Involvement Strategy 2022-2025

The Equality, Diversity, and Inclusion Strategy 2022-2025

There are several key commitments in the LTHTR Learning Disability action plan that overlap the LTHTR Autism Strategy including: SEND, LeDeR, the use of Hospital passports, the consideration and implementation of reasonable adjustments and social stories to prepare for health interventions. The National Strategy for autistic children, young people, and adults 2021-2016 recognises that Autism is not a Learning Disability but around 4 in 10 autistic people have a Learning Disability. The NHSE/NHSI Learning Disability Benchmarking Standards also now include autism.

It has also been key to align this strategy with 'The Patient Experience and Involvement strategy,' and the 'Equality, Diversity and Inclusion strategy'. These strategies similarly provide a clear plan to improve patient experience at LTHTR through the Trust ambition to 'Consistently deliver excellent care' and the aim for co-production with a more meaningful level of involvement and equal footing for decision-making.

Delivering the Plan

The delivery and success of this Learning Disability Plan will be governed through a number of established groups within Lancashire Teaching Hospitals including:

- The SEND Improvement Group for the SEND specific focused improvement and action planning.
- The Patient Experience and Involvement Group, a sub-committee of the Safety and Quality Committee with specific focus on patient experience and quality.
- The LTHTR Safeguarding Board within which the mental health, learning disabilities, autism and dementia team report into. The action plan will be reviewed on a quarterly basis by the learning disability and autism workforce to ensure it remains on track.
- The Trust Mortality Committee where LTHTR LeDeR annual feedback will be ensured and an annual report benchmarking against the national annual report in context of learning will be completed.

The Learning Disability Plan recognises the need for patient involvement and a drive to achieve co-production. Further opportunities for a Learning Disability Plan group with people with a lived experience and experts by experience will form part of the Trust vision.

Strategic Priorities

Commitment: Respecting and Protecting Rights

Aim:

1. We will demonstrate the ability to isolate and disaggregate specific outcome data for patients with a Learning Disability as per NHSEI Learning Disability Standards
2. We will demonstrate reasonable adjustments to care pathways to ensure patients can access highly personalised care and achieve equality of outcomes.
3. Patient feedback and experience will indicate a culture of reasonable adjustments and positive, high quality care.
4. Children, Young People and Adults with a Learning Disability will have their rights protected in line with the mental capacity act and least restrictive practice

Year 1	Year 2	Year 3	Consistently deliver excellent care	A great place to work	Deliver value for money	Fit for the future	NHS
Outcome	**Outcome**	**Outcome**	✔	✔	✔	✔	✔
We will work alongside the Patient Experience team to increase the knowledge, use and understanding of the Reasonable Adjustments tab on electronic patient records (Harris). There will be evidence of 30% of patients captures on the Reasonable Adjustments tab if appropriate.	The Reasonable Adjustment tab will have the function to 'be pulled' from electronic patient records onto Outpatient whiteboards, Emergency Department whiteboard and Inpatient Safety Surveillance Boards to guide individualised care. There will be evidence of 60% of patients captures on the Reasonable Adjustments tab if appropriate.	There will be evidence of above 90% population of people with a Learning Disability with a Reasonable Adjustments tab/flag. The flag will be added with consent or in best interest.	✔			✔	✔
We will routinely capture the number of patients with a Reasonable Adjustment tab through Business Intelligence evidencing improvement of Trust knowledge and implementation.	The Reasonable Adjustments outpatient's department pilot will be analysed and extended to additional outpatient areas.	All outpatient clinics will use the Reasonable Adjustment tab to inform adaptations for people with a learning disability accessing outpatient clinics.	✔			✔	✔
We will be able to 'run reports' for forthcoming outpatient clinics and be able to identify patients with reasonable adjustment needs prior to the appointment so the appropriate support and adjustments can be planned. A pilot will be established for identified clinics.	We will capture patients with a Learning Disability and be able to disaggregate waiting times and re-emergency admissions for children, young people, and adults with a Learning Disability.	We will analyse the data for waiting times, re-emergency rates for people with a Learning Disability and evidence.	✔			✔	✔
We will audit whether any outpatient areas intermittently contact children, young people, or adults on waiting lists to see if presentation has changed.	As a reasonable adjustment we will have processes in place to intermittently contact children, young people and adults who have a learning disability on waiting times to see if their presentation has changed and if existing timeframes require reviewing. Pilot areas for outpatient clinics will be identified.	We will have analysed the pilot for contacting our children, young people and adults on waiting lists and implemented process for contacting.	✔			✔	✔

Year 1	Year 2	Year 3	Consistently deliver excellent care	A great place to work	Deliver value for money	Fit for the future	NHS
Outcome	**Outcome**	**Outcome**	✔	✔	✔	✔	✔
We will ensure that this Learning Disability Strategy is in line with the Patient Experience and Involvement Strategy and ensure STAR results in relation to the Reasonable Adjustment is analysed for the impact and efficacy for people with a Learning Disability.	The monthly STAR audit into the use of the hospital passport will be reviewed and analysed to consider improvement opportunities.	The monthly STAR audit and analyse in the analyse of compliments, complaints and concerns evidencing 'You said, we did'.	✔			✔	✔
The use of the Hospital Passport will continue to be pivotal as a tool to inform staff about Reasonable Adjustments and individual needs - the Hospital Passport will be emphasised at the re-established 'Health Day'.	NHSE /NHSI Benchmarking Standards Year 6 will be completed to include organisational data, patient and staff feedback which will allow analyse of positive patient experience.	NHSE /NHSI Benchmarking Standards Year 7 will be completed to include organisational data, patient and staff feedback which will allow for analysis of positive patient experience.	✔			✔	✔
The Internet will be updated with a page on the Learning Disability Team and key documents such as the Hospital Passport and information on the Reasonable Adjustment flag.	We will continue to work alongside multi-agency partners and the Integrated Care Board groups to embed Hospital Passports in the community, primary care and within families, carers, and providers.	Audit will indicate increased use of Hospital Passports across LTHTR.	✔			✔	✔
An new annual report will be completed to benchmark the national LeDeR finding to LTHTR lessons learned and show evidence of learning into action.	The annual LeDeR benchmarking report against national findings will be completed to provide assurance and action planning.	The annual LeDeR benchmarking report against national findings will be completed to provide assurance and action planning.	✔			✔	✔
We will continue to ensure the principles of Mental Capacity Assessment (MCA) and Best Interest decision making is followed. We will ensure a referral to an Independent Mental Capacity Advocate (IMCA) where indicated for any patient known to the LTHTR Learning Disability Nurse/Matron.	Learning from internal MCA audit or outcomes from LeDeR in relation to MCA will be actioned for our patients with a Learning Disability.	We will continue to action any learning from internal MCA audit or outcomes from LeDeR in relation to MCA will be actioned for our patients with a Learning Disability.	✔			✔	✔

Strategic Priorities

Commitment: Inclusion and Engagement

Aim:

1. To ensure inclusion and engagement with children, young people and adults with a Learning Disability, their families, and carers
2. To aim to a partnership of co-production
3. To ensure accessibility to healthcare and a positive patient experience

Year 1	Year 2	Year 3	Consistently deliver excellent care	A great place to work	Deliver value for money	Fit for the future	NHS
Outcome	**Outcome**	**Outcome**	✔	✔	✔	✔	✔
We will re-establish a 'Health Day' in June 2023 which aids to increase knowledge of specialist teams and interventions, reduce anxieties, increase access to healthcare and reduce health inequalities. Plan the Health Day with people with a learning disability, family, and carers	Our Health Day to be planned with people with a lived experience for 2024 – feedback from attendee's to be reviewed to improve or learn from the event.	Our Health Day will be planned with people with a lived experience for 2025 and will ensure that any learning from LeDeR, national strategies and feedback from previous events will be considered.	✔			✔	✔
The LTHTR Learning Disability team will work alongside partners for the Learning Disability Partnership board 'Live Healthier, Live Longer' to ensure improvement will influence patient experience in LTHTR and reduce health inequality.	We will collate and audit the information provided for Learning Disability patients, their families, and carers in waiting areas to ensure resources are highlighted including Hospital Passports, Learning Disability Champions, activities, the LTHTR Learning Disability Team and the Reasonable Adjustments.	We will have a catalogue of social stories and videos accessible on the Internet and Intranet for families and teams to support the patient journey. A standardised format for Easy read will be developed for specialist teams to use and will be ratified by the Trust Learning Disability Nurse and Patient Experience and Involvement Group.	✔			✔	✔
We will seek interest for the establishment of a new forum for people with a learning disability which will lead and monitor the Learning Disability Plan. We will work to co-produce and co-chair the forum and Learning Disability Plan.	We will develop a Learning Disability forum (to include family and carers) and ensure close working with our Patient Experience lead/team. The Learning Disability Forum will have evidence of embedding and driving forward the Learning Disability Plan.	The Learning Disability Forum will monitor the achievement of the Plan, consider ongoing or outstanding work and we will highlight opportunities to showcase the achievements.	✔	✔		✔	✔
We will work alongside colleagues in the New Hospitals Programme to ensure feedback from our patients with a Learning Disability, their families and carers are heard to influence the environment (for example quieter waiting areas).	We will continue to work with colleagues for the New Hospitals Programme and environmental issues/ improvements for our people with a learning disability will be considered.	Leads within the New Hospitals Programme will have engaged with the Learning Disability Forum and we will receive feedback of any developments in relation to suggestions.	✔	✔		✔	✔

Year 1	Year 2	Year 3	Consistently deliver excellent care	A great place to work	Deliver value for money	Fit for the future	NHS
Outcome	**Outcome**	**Outcome**	✔	✔	✔	✔	✔
Completed or draft versions of Easy Read information will be reviewed and ratified through the Patient Experience and Involvement Group.	We will work with our Facility Department to develop Easy Read menus so that patients with a Learning Disability are able to independently choose their food and understand options.	Audit of the Easy Read menus will evidence improved patient experience and independence.	✔			✔	✔
We will look at opportunities for people with a learning disability to be employed by the Trust in paid and meaningful roles.	There will be job description/identified roles identified within the Facilities and Estates Department for people with a Learning Disability.	We will have provided an opportunity to recruit into roles, and appropriate support within work be ensured.		✔		✔	

ACTION PLAN

Strategic Priorities

Commitment: Workforce

Aim:

1. To increase and maintain the knowledge and skills of our workforce in delivering high quality care for patients with a learning disability
2. To ensure or families and carers caring for loved ones/patients with a learning disability are supported, involved in decisions where appropriate and resilience of the family / carer is recognised as key.

Year 1	Year 2	Year 3	Consistently deliver excellent care	A great place to work	Deliver value for money	Fit for the future	NHS
Outcome	**Outcome**	**Outcome**	✔	✔	✔	✔	✔
The Learning Disability and Neurodiversity- Core module E-learning module will be developed and mandated across the Trust (which references the Oliver McGowan training).	We will monitor compliance of the mandatory Learning Disability and Neurodiversity training through the Safeguarding Board and workforce.	Audit of compliments, complaints and concerns/ patient experience will consider the correlation of the mandated core module and if patient experience has been improved.	✔	✔		✔	✔
We will review our Learning Disability and Autism Champion events to ensure it includes a Patient Story from the LeDeR reviews as a standard agenda to consider learning, how to implement learning into action.	We will work to extend our co-delivery of training to include the experience of families and carers.	We will source external speakers and training for our Learning Disability and Autism Champions to ensure learning continues and positive patient experience is enhanced.	✔	✔			✔

Year 1	Year 2	Year 3	Consistently deliver excellent care	A great place to work	Deliver value for money	Fit for the future	NHS
Outcome	**Outcome**	**Outcome**	✔	✔	✔	✔	✔
A training package for SEND will be available as an e-learning module.	We will work to develop the SEND training package to make it bespoke for LTHTR to include case scenarios for children, young people and adults on the wards to ensure information and knowledge to transfer to practice.	We will have the numbers of the staff that have completed the SEND awareness module. THE SEND Improvement Group will indicate an increased awareness across the Trust.	✔	✔		✔	
We will review our training (face to face and e-learning) and education opportunities to increase knowledge of • Communication Aids • Communication Profiles that may be brought into hospital with patients. • Positive Behaviour Support Plans which may be brought into hospital. • Pain assessment PAINAD • Reasonable Adjustments In raising the profile of the aids/tools we will work alongside specialist teams – for example the Pain team.	We will continue to increase our workforce's engagement through activities to improve patient experience, reduce likelihood of boredom and anxiety. In addition to the Intranet resources, we will continue to increase activities for individual patients – i.e., Charitable bid for fidget toys, IPAD use with apps embedded by IT.	Patient experience will be sought in the use of activities and resources to consider impact and further developments.	✔	✔		✔	
We will work with our pharmacy team and Consultants to highlight STOMP/STAMP. A focus in the Community Neurodiversity Teams, Paediatrics, and medical teams. (Although STOMP/STAMP does not apply as LTHTR do not often prescribe psychotropic medication (antidepressants, anxiety medication and antipsychotic) we may have prescribing requests from specialist teams i.e., mental health or following admissions and liaison with Learning Disability teams).	STOMP/STAMP will be highlighted through a number of education opportunities – Champion meetings, the Intranet and will be considered within MDT individual meetings or joint working.	STOMP/STAMP will be noted within policy and understood by specialist teams.	✔	✔		✔	✔

Strategic Priorities

Commitment: Special Educational Needs and Disabilities (SEND)

Aim:

1. To improve the outcomes for children, young people and young adults with SEND
2. To improve communication for children, young people and young adults with SEND
3. To improve the SEND journey
4. To ensure preparation for adulthood and transition pathways
5. To improve access to services

Year 1	Year 2	Year 3	Consistently deliver excellent care	A great place to work	Deliver value for money	Fit for the future	NHS
Outcome	**Outcome**	**Outcome**	✔	✔	✔	✔	✔
We will develop a LTHTR SEND Action Plan which reflects and compliments the Lancashire SEND Plan (2021-2025), although specific to health. The LTHTR SEND Action plan will be based on a SEND self-assessment.	The LTHTR SEND Action Plan will be analysed for evidence of completed actions, further improvement opportunities and action planning.	The LTHTR SEND Action Plan will be reviewed in line with any new SEND Plan for Lancashire. The SEND Improvement Group will consider whether the LTHTR Action Plan requires new focus.	✔	✔		✔	
We will reach an understanding of the SEND data to be captured in line with the Integrated Care Board.	A SEND Data Dashboard will be established and used for review in Divisional Governance meetings and the SEND Improvement Group.	Work will continue on the SEND data dashboard in line with ability to capture number of children, young people and adults with a Learning Disability. We will analyse the data and consider opportunities to capture patients with SEND.	✔			✔	
We will identify areas of good practice for Transition.	We will raise the awareness of Transition across the Adult services and share areas of good practice.	We will be able to able to evidence impact and implementation of Transition – for example use of Transition tools and documented conversation.	✔	✔		✔	
We will work closely with the ICB Designated Clinical Officers (DCOs) to understand compliance with Education Health and Care Plan (EHCP) statutory processes/ returns of health advice. We will highlight Quality Assurance training for EHCPs across the Trust.	We will consider the process of EHCPs, monitoring in relation to a Trust hub for administration. We will understand any Quality Assurance challenges within the Trust and work with the DCOs if improvement is necessary.	A hub model for administration will be in place, and returns will be monitored through the SEND data dashboard.	✔			✔	

Indicators of Success

This Learning Disability Plan for Children, Young People and Adults provides a clear direction for continuous improvement for Lancashire Teaching Hospitals NHS Foundation Trust for the period of 2023 – 2026.

Our plan is aligned to NICE guidance and developments within the Lancashire and Cumbria Integrated Care Board (ICB).

Lancashire Teaching Hospitals NHS Foundation Trust is committed to ensuring that as an organisation we make this reality through our own value system, strong leadership, the development of our workforce and seeking to involve experts by experience, families, carers and multi-agency partners in everything we do.

The progress of this plan will be driven and monitored through a newly established forum for people with a Learning Disability and their families and carers. This plan will also be delivered through our SEND Improvement Group and Patient Experience and Involvement Group. Assurance will be provided to the Trust Safeguarding Board, Mortality Committee and Safety and Quality Committee.

Indicators of success will include:

- Positive Patient, family, and carer Experience.
- The continued alignment to the ICB, multi-agency working and drive to ensure access to health care.
- Progress for co-production and co-delivery of the Learning Disability Plan.
- The evidence of increased Reasonable Adjustments recorded on electronic patient records.
- The re-establishment of our Health Day in June 2023.
- A workforce who feel confident and knowledgeable to use communication aids, ensure the use of Hospital Passports and are engaged in the Learning Disability and Autism Champion events.
- Quarterly and annual reports which highlight continuous improvement, established processes and outcomes of audit.
- The increased availability of a catalogue of Social Stories and Easy Read leaflets in relation to health and LTHTR Specialist Teams.


Digestive system

Excellent care with compassion

Trust Headquarters

NHS Lancashire Teaching Hospitals NHS Foundation Trust

Council of Governors Report

Research and Innovation (R&I) Update & Showcase			
Report to:	Council of Governors	**Date:**	25 July 2023
Report of:	Interim Chief People Officer	**Prepared by:**	P Brown

Purpose of Report					
For assurance	☐	**For decision**	☐	**For information**	☒

Executive Summary:

The purpose of this report is to update the council on the progress within R&I of the strategy 2022-2025 which began in October 2022. The Council is asked to read and acknowledge the content, progress, direction taken as the department is managing financial turnaround. Also, to note some of the barriers and hurdles re finance, university interactions and that the strategy is only 9m old.

The Council is particularly asked to note:

- Patient/participant recruitment
- Good news generated and the ask to R&I to generate regular positive communications.
- Direction of travel for system working in R&I and working with universities
- Direction of travel for innovation at the Trust and notably Edovation and issues with university access
- Progress with inclusivity and involvement.

Trust Strategic Aims and Ambitions supported by this Paper:

Aims		Ambitions	
To offer excellent health care and treatment to our local communities	☐	Consistently Deliver Excellent Care	☒
To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria	☐	Great Place To Work	☒
To drive innovation through world-class education, teaching and research	☒	Deliver Value for Money	☒
		Fit For The Future	☒

Previous consideration

N/A

1. **Introduction**

The Centre for Research & Innovation (R&I) produces a 3-yearly strategy to coincide with the Trust's 'Big Plan'. This paper helps to monitor progress with this but also to update on achievements etc in the R&I team, and help set a direction of travel for a refreshed strategy and financial recovery.

2. **Discussion**

Included is a copy of the strategy with commentary on progress after 9m of year 1, together with a accompanying presentation to frame this for the council.

3. **Financial implications**

The R&I team are clear we must strive for a massively improved position in 23/24 and this coming about as per Aim 3 *To Rebuild a sustainable and growth-focussed department*

4. **Legal implications**

None

5. **Risks**

Finance – should recovery stumble there is a definite potential to affect risk 1292865 on the Board Assurance Framework.

6. **Impact on stakeholders**

None to note

7. **Conclusion**

The Council is particularly asked to note:

- Patient/participant recruitment
- Good news generated and the ask to R&I to generate regular positive communications.
- Direction of travel for system working in R&I and working with universities
- Direction of travel for innovation at the Trust and notably Edovation and issues with university access
- Progress with inclusivity and involvement.

Research and Innovation (R&I) Strategy 2022-2025: Month 9 Update (July 2023)

Caring and compassionate Recognising individuality Seeking to involve Team working Taking personal responsibility	Always provide excellent care with compassion	To provide outstanding healthcare to our local communities	To offer a range of high-quality, specialist services in Lancashire and South Cumbria (L&SC)	To drive innovation through world class education, training, and research

- **Caring and compassionate (CC)**. We treat everyone with dignity and respect, doing everything we can to show we care.
- **Recognising individuality (RI)**. We respect, value and respond to every person's individual needs.
- **Seeking to involve (StI)**. We will always involve you in making decisions about your care and treatment and are always open and honest.
- **Team working (TW)**. We work together as one team, and involve patients, families, and other services, to provide the best care possible.
- **Taking personal responsibility (TPR)**. We each take personal responsibility to give the highest standards of care and deliver a service we can always be proud of.

Outline

The Trust's R&I strategy aims to channel the Trusts values above and embedded where possible in the aims. It not only reflects our ambitions of providing secondary and tertiary services care but also act as the cornerstone of research endeavours within the Integrated Care System (ICS) and our local partner trusts therein. The ICS caters for a significant population of circa 2 million and as such an equitable research infrastructure as other similar sized systems should be the aim. An active research philosophy improves clinical outcomes contributes to a Trust's reputation both regionally & nationally and attracts & retains health professionals. The trust has ambitious plans to develop all facets of a research strategy, including to develop an equitable academic capability to other systems.

1) The majority of systems/networks have established medical schools with clinical academic infrastructure across medicine, surgery and other specialities with academic units embracing medicine, nursing, midwifery, and other allied health professional (AHP) specialities. Clinical professors develop teams of senior lecturers / lecturers, research fellows and administrators who all augment clinical services, add to the combined educational / research agenda, and ultimately add to the reputation of the Trust. We plan to build on the developments in neurology including stroke, surgical / medical / radiotherapy oncology, and other areas with Lancaster University, UCLan and Manchester Universities. Develop a distinct profile and envelope for such activity.
2) Over the last decade, the R&I team have developed the infrastructure and capacity to undertake studies on the National Institute of Health and Care Research (NIHR) Clinical Research Network (CRN) portfolio. The studies vary from clinical Randomised Controlled Trials (RCTs), observational studies and industry studies evaluated new drugs/ technologies. In the last 4 years, we have had a Clinical Research Facility (CRF) funded by the NIHR to enable us to undertake early phase studies such as early safety trials of new drugs and vaccines. A high recruitment into portfolio trials from early to late phase studies adds to the global research culture, improves reputation, and generates income to pay the salaries of research nurses and administrators. Collaborating with industry will also improve commercial revenue.
3) We have developed an in-house innovation hub and developed a regional Edovation support agency in collaboration with UCLan and Lancaster Universities to develop new viable commercial ideas conceived by our employees. We aim for Edovation to support the whole of the ICS. Digital innovation has the scope for enhancing health care but also population-based research.

Therefore, our strategic aims (see below) encompass:

1) Develop with local and regional Universities the capacity for own clinical academic excellence
2) Develop and sustain the capacity to recruit into national portfolio studies
3) Develop infrastructure to commercialise employees' ideas
4) Develop the credibility to be the hub for R&I activity across the ICS, notably in Experimental Medicine (EM) via the CRF, innovation and digital
5) Facilitate trust agendas such as improvement and transformation
6) Raising profile including with our local population and increasing diverse participation in research projects
7) Developing sub-strategies in key areas e.g., CRF,

Achievements in the last 24 months

1) Renewed NIHR funding for Clinical Research Facility £1,000,000 over 5 years for early phase research studies
2) Partner in successful Manchester Biomedical Research Centre (£750,000 over 5 years) will fund collaborative research in early detection of cancer, novel radiotherapy, biomarkers, and neurology. Will fund a surgical research fellow in colorectal cancer for 3 years jointly working with Professor in Surgery Andre Renehan at Manchester University. Ambition to have an on-going joint colorectal research collaboration
3) Agreement to develop a neurological academic centre with Lancaster University. Plan to add further clinical academics complimenting the Trust's only medical Professor.
4) Development of stroke research with Dame Professor Caroline Watkins and Prof Elizabeth (Liz) Lightbody to compliment the Stroke Service
5) Appointed a Senior Clinical Academic Radiotherapist with Lancaster University
6) Successful MD / PhDs in renal medicine, gynaecological oncology, upper GI surgery, neurology
7) Agreement to develop an academic strategy with CEO for the Trust and ICS for the next decade

Key Obstacles

1) The pandemic and Brexit have taken a toll on income generation in R&I and we have now to specifically plan more for leveraging opportunities to increase funding. The pandemic also impacted on the development of academic collaborations
2) Activity is problematic and we need to get back to pre-pandemic levels of recruitment into portfolio clinical trials. Cancer recruitment has dropped significantly
3) Absence of embedded divisional personnel. Need pro-active agreement across all divisions to fund clinical research fellows where feasible so we can support embryonic academic strengths in stroke, neurology, surgery.

This document sets out the Research and Innovation strategy for the next three years.

Aim 1

Forge better links to our Local/partner Higher Educational Institutions (HEIs) *and significantly increase clinical academic appointments at all levels in The Trust.*

Aim 2

Continue build the ***capability and capacity*** *within the Trust to lead and deliver high quality research and innovation and offer our patients greater access an enhanced experience and better care through access to research, clinical trials and via the Lancashire Clinical Research facility (LCRF) experimental medicine (EM).*

Aim 3

To Rebuild a sustainable and growth-focussed department

Aim 4

To ***increase the presence and profile (P&P) in and out of The Trust including the ICS****, widening public involvement and encouraging EDI.*

Aim 5

Enhance the ***commercial strategy*** *for R&I that feed into The Trust's plans for commercialisation*

Aim 6

Develop an ***Innovation and Digital strategy*** *for R&I that feed into The Trust's plans for commercialisation, that* will forge a way for the inventors and entrepreneurs in The Trust to seek out opportunities for commercialisation, and likewise commercial entities such as SMEs to reach-in.

Aim 7

Complement and service The Trust's plans for Continuous Improvement

Aim 1

Forge better links to our Local/partner Higher Educational Institutions (HEIs) *and significantly increase clinical academic appointments at all levels in The Trust.*

Over time the aspiration is to build and replicate the infrastructure that other systems/networks have achieved with medical schools in the UK that not only deliver undergraduate and postgraduate education for health professionals but also a research / academic focus for the health economy. Examples of such institutions are Warwick, York, Peninsula, Keele Medical Schools. If successful we would like this to be a beacon for the other ICS partners.

Area (Value)	Year One (22/23)	Progress (Green – on track, amber – begun, red – not yet started)	Comments	Person Responsible
Engagement with HEIs (TW)	Re-establish Quarterly strategy meetings with HEI partners to align key strategic objectives	**Achieved and progressing well**	Currently UCLan and Lancaster	Pierre Martin-Hirsch Paul Brown CEO and exec team
Clinical Academic Roles (RI)	The Trust to continue and review/support academic posts, including honorary, to take advantage of the local health services research expertise. Including in NMAHPS positions.	**Progressing well with 4 permanent CAs now in post and several fellows across departments**	New Fellow established with University of Manchester in colorectal surgery	Pierre Martin-Hirsch, Paul Brown CEO and exec team
CAF (TW)	Maintain the present Clinical Academic Faculty (CAF) body of work and staffing to ensure throughput of clinical and AHP research and service improvement projects through R&I, the wider trust staffing, medical students and HEI teams Link departments into divisions/ clinical academics and clinical priorities	**CAF is being maintained well but on a small budget – not yet strategically aligned to Divisions**	Maintaining a NMAHP research strategy alongside that of medics etc is important	Philippa Olive, Alex Williams, Matron
Academic Office / single global wrapper for academic activity (TW)	Develop a strategic grouping of clinical academics. Collate a database of all health professionals undertaking higher degrees, collate all higher degrees achieved, collate all publications from such activity	**Not yet underway**		Pierre Martin-Hirsch, Paul Brown

Aim 2

*Continue build the **capability and capacity** within the Trust to lead and deliver high quality research and innovation and offer our patients greater access an enhanced experience and better care through access to research, clinical trials and via the Lancashire Clinical Research facility (LCRF) experimental medicine (EM).*

Building on the successes both pre- and post-pandemic we must continue to develop the relationships with the NIHR CRN and thus increase recruitment to trials, develop staffing; develop both the experimental medicine portfolio and partnerships around the LCRF to position ourselves for expansion; and develop our own investigators, workforce, support services and estate to be fit for purpose in the future.

Area (Value)	Year One (22/23)	Progress (Green – on track, amber – begun, red – not yet started)	Comments	Person Responsible
Patient Recruitment (CC/Stl)	To be consistently one of/the top recruiters of patients and participants in Lancashire and South Cumbria	**Achieved**	On target for 2500-3000 in 23/24 (vs 2000 in 22/23)	R&I Managers
LCRF /EM (TW)	Establish LCRF as the home for EM in L&SC ICS with at least 2 collaborative trials	**Achieved**	Studies now ongoing with LSCFT and BTH	Dennis Hadjiyiannakis, Jacqui Bramley
Divisions and Divisional Representation (TW/RI/TPR)	Attend each Divisional Board and work with divisional triumvirates to support the development of their own R&I sub-strategies Appoint a Divisional Research Lead in at least one Division	**Ongoing** – good progress made in Women/Childrens (WC)Division	This is an ongoing priority alongside provision of job planning/time allocation for researchers	Pierre Martin-Hirsch.
Support Service Reviews (TW)	Draft SLAs with key support services (imaging, pathology, and pharmacy) as a basis for ongoing mutual support, starting with one as a pilot	**Ongoing** – good progress made in Pharmacy		Paul Brown, Kina Bennett, Service Leads
Education (TPR)	Develop an NMAHP educational research professional development process for clinical staff in the trust, appointing to post in year 1 and professional development lead for research within education	**Not yet Begun**		Nichola Verstraelen, Philippa Olive, Alex Williams
Neurosciences incl Stroke (CC)	Launch the neurosciences elements of the main clinical strategy as embedded in R&I Include Hyperacute Stroke Research Centre (HSRC) planning	**Not yet Begun**		Hedley Emsley, Pierre Martin-Hirsch

Estate and New Hospital Programme (CC)	Conduct a review with investigators of the potential for more proportionate presence of R&I at Chorley DH to improve, recruitment and improved estate. Publish findings to Education, Training and Research (ETR) and develop strategy. Maintain a presence in New Hospital Programme (NHP) proceedings	**Not yet Begun** **Wide representation**		Pierre Martin-Hirsch, Paul Brown

Aim 3

To Rebuild a sustainable and growth-focussed department

The pandemic and Brexit have taken a toll on income generation in R&I, and we have now to specifically plan more for leveraging opportunities to increase funding and building the workforce.

Area (Value)	Year One (22/23)	Progress (Green – on track, amber – begun, red – not yet started)	Year Three (24/25)	Person (S) Responsible
Budget (TPR)	Minimise overspend aiming for break-even	**Significant progress made with overspend cut by 70% since July 2022**	8 from last 10 months on or close to break-even.	R&I Senior Team
Income (TPR)	Increase non-commercial grant funding by 10% on previous year, and challenge un-funded work	**Ongoing**	This has increased hence improved position but life for like (LFL) yest to be quantified	Paul Brown, Matthew Johns
Commercial Studies (TPR)	Increase commercial grant funding by 50% on previous year	**Not yet achieved at M4**	This has increased hence improved position but life for like (LFL) yest to be quantified	R&I Senior Team
Supporting Professional Activities (RI)	Develop Research Planned Activities (PA)tariff proposal to agree with ETR Committee/Exec	**Ongoing – proposal drafted with Deputy CMO**	Will require ratification via ETR and Workforce Committee	Pierre Martin-Hirsch, Karen Swindley
Research Funds (StI)	N/A in y1	N/A		Paul Brown, Matthew Johns
Staffing recruitment and retention for LTHTr (StI/RI)	Discuss with workforce leadership proactive promotion of R&I as a career at LTHTr	**Not yet Begun**		Paul Brown/Nichola Verstraelen

Aim 4

*To **increase the presence and profile (P&P) in and out of The Trust including the ICS**, widening public involvement and encouraging EDI.*

We want to the opportunities for staff, patients, and the public to engage with the research agenda and provide a route for them to direct and influence Trust research and innovation priorities, and for the public to access research. Our patient and public involvement/engagement/participation (PPI/E/P) agenda is key. We are keen to involve patients and members of the public, not just as participants of research studies, but in the development and conduct of our research activity. The NIHR encourages patients and the public to access and be actively involved in all health research as it leads to better research, clearer outcomes, and faster uptake of new evidence. All the NIHR's Research Programmes actively engage patients and the public in all stages of research. Building on the successes fashioned around the hugely successful Lay Research Group we intend to have broader and more measurable KPIs in this area. Equality, Diversity and Inclusivity (EDI) are hugely important to both LTHTr and its broader aims but also the NIHR and its strategy and programmes. Allied to the PPI/E/P agenda this will develop with the needs of our community.

Area (Value)	Year One (22/23)	Progress (Green – on track, amber – begun, red – not yet started)	Year Three (24/25)	Person Responsible
Outputs (TPR)	From the research repository, with the library team, monitor and publish publication outputs to ETR and set benchmarks for next 3 years	**Ongoing – 22/23 publications collated**		Pierre Martin-Hirsch
Regional Links (RI)	Increase Clinical Research Network (CRN) Speciality Research Leads (SRL)at The Trust to 5 Academic Health Science Network (AHSN) – maintain a presence on steering group NIHR Applied Research Collaborative (ARC) – maintain a presence on all main committees and encourage internships Northern Health Science Alliance (NHSA) – maintain presence at AGM and on Council, develop membership of Frailty and Data Groups	**Achieved and ongoing**	All areas presently covered	Pierre Martin-Hirsch/Paul Brown/CAF/Anthony Rowbottom
Research Champions (StI)	Maintain 90+ Research Champions (RC) set up champions forums			Nichola Verstraelen

GCP (CC)	Encourage GCP as mandatory training for all consultants in line with Trust Research Quality policy requirements	**Achieved and ongoing**		Pierre Martin-Hirsch /Kina Bennett
Lay Research Group (Stl)	Retain and build Lay Research Group (LRG) with members encouraging a larger and more diverse membership. Renew the 3-year sub-strategy	**Achieved and ongoing**		CAF/LRG Lead, Jacqui Bramley
PPI/E Research (Stl)	Active portfolio of PPI/E research activity developed ≥ 2 live projects	**Achieved and ongoing**		LRG Lead
Sponsorship (Stl)	Patient and public involvement in 20% of studies sponsored by and funding bids developed by Trust	**Achieved and ongoing**		Kina Bennet/PPI Lead
Patient Access – EDI (Stl)	To review where our recruited patients come from and establish demographic but also equality and diversity baseline. Create EDI strategy for CRF and R&I to support staff and patients	**Ongoing – 22/23 data to be collated via TRE** **Strategy approved by NIHR**		R&I Management team, DK, AR, PPI Lead
Co-Designed Research (Stl)	Embed the concept of patient-centred research in R&I	**Ongoing – widely discussed at R&I Committee**		Richa Gupta/Paul Brown

Aim 5

*Enhance the **commercial strategy** for R&I that feed into The Trust's plans for commercialisation*

Equally as important as developing investigators through an enhanced clinical academic apparatus, as per Aim 1, are the growth of commercial clinical trials that will create financial sustainability (aim 3) to enable growth in the areas outlined in this strategy. Moreover we will forge important links with commercial collaborators to boost the health and wealth of local economy.

Area (Value)	Year One (22/23)	Progress (Green – on track, amber – begun, red – not yet started)	Comments	Person Responsible
Pharma partners – Commercial (TW)	Set up links with CROs and Pharma companies to explore preferred site arrangements, specifically: Panthera CRA Synexus Formalise Medpace arrangement	**Ongoing**	Studies with each are ongoing	Nina Vekaria/Kina Bennett/Paul Brown
Commercial Trials (TCC)	Increase commercial clinical trials activity to represent increase in study mix to 20% by year end and income by 10%	**Ongoing**	Approx. 15% at time of writing	Nina Vekaria, R&I Team Leaders
LCRF (TPR/TW)	Brand the NIHR CRF for EM trials across LSC	**Ongoing**	Studies with LSCFT and BTH Opportunity at regional showcase	Dennis Hadjiyiannakis, Jacqui Bramley

Aim 6

*Develop an **Innovation and Digital strategy** for R&I that feed into The Trust's plans for commercialisation, that* will forge a way for the inventors and entrepreneurs in The Trust to seek out opportunities for commercialisation, and likewise commercial entities such as SMEs to reach-in.

Area (Value)	Year One	Progress (Green – on track, amber – begun, red – not yet started)	Comments	Person Responsible
Innovation (TW)	Establish The Trust's Innovation Hub with brand roll-out, as an NHS entity to cross-fertilise in education and innovation projects. Work actively with UCLan and Medicomm. Establish 15 projects at any one time.	**Ongoing**	Uncertainty re University support at time of writing	Paul Brown, Anthony Rowbottom, Karen Swindley, Susan Maxwell
Innovation Pathway (CC/StI)	Re-approve the innovation pathway to link to collaborators, SMEs and HEIs for The Trust PI's and vice versa	**Not yet Begun**	Uncertainty re University support at time of writing	Paul Brown, Anthony Rowbottom, Karen Swindley, Innovation Coordinator, Susan Maxwell
Innovation/Pharma partners – Commercial (TW)	Set up links with SMEs and innovation companies to explore preferred site arrangements	**Not yet Begun**	Awaiting formalisation of the innovation company	Paul Brown/Nina Vekaria/Kina Bennett/Susan Maxwell
Trusted Research Environment (StI)	Development of the Trust's Trusted Research Environment (TRE) enabling a shared, secure, and structured collaboration environment with Research, academia and industry. Collaboration with commercial partners TriNetX with Anonymised data sharing to create income streams supporting data science.	**Achieved and ongoing**	Data coordinator appointed to assist with these ongoing projects with data science team	Data Science Team
Digital/Data (StI)	Develop support and business case for an ICS wide longitudinal Primary and Secondary care data warehouse to support statutory reporting, continuous improvement, data science, PHM, research,	**Achieved and ongoing**	Data coordinator appointed to assist with this	

	and collaboration. Use Neurosciences as starting point			

Aim 7 - *Complement and service The Trust's plans for Continuous Improvement*

The trust is committed to create an environment of continuous improvement where talent, creativity and care can flourish, and will establish new models of clinical care, embed new patient pathways and to reset our systems to ensure that we remove the current waste and duplication. Within R&I (and the wider Trust) there are clearly a number of linked service improvement projects in progress and planning that can be linked into this overarching programme of work. The Trust has committed to the implementation of robust quality improvement methodology, building capability widely across the organisation. Ultimately, we wish to take this ethos and work to the ICS partners.

Level of Improvement	Year One	Progress (Green – on track, amber – begun, red – not yet started)	Year Three	Person Responsible
Trust to System level Improvement (CC)	Promote R&I with R&2I theme (Research, Innovation and *Improvement*) at LTHTr	**Work commenced and ongoing**	Review at closer alignment in progress	Paul Brown/Ailsa Brotherton
Pathway Level Improvement (CC)	Support strategically chosen Big Rooms (suggest Frailty as a must) ensuring research informs the design of the improvements Participate in the flow coaching academy programme Connect the teams participating in the big rooms to colleagues in universities where appropriate	**Not yet Begun**		Paul Brown/Ailsa Brotherton
Links to CAF (Stl)	Continue the programme of improvement linked to CAF work in R&I and specifically Rapid Conversion Evidence Summaries (RaCES) Link a Fellow to this piece of work at LTHTr	**Achieved and ongoing**		Philippa Olive/Jackie Twamley

Excellent care with compassion

Trust Headquarters

NHS Lancashire Teaching Hospitals NHS Foundation Trust

Council of Governors Report

Annual Report and Accounts 2022-23 (laid before Parliament)							
Report to:	Council of Governors			**Date:**	25 July 2023		
Report of:	Company Secretary			**Prepared by:**	K Brewin		
Part I	✓			**Part II**			
Purpose of Report							
For assurance	☐	**For decision**	☐	**For information**	☒		

Executive Summary:

The Annual Report and Financial Accounts for 2021-22, including the Annual Governance Statement, were laid before Parliament on 4 July 2023, in accordance with the statutory deadline and following the process for e-laying this year outlined by the Department of Health and Social Care.

The report is attached for information and includes the External Auditors ISA260 report and their Annual Audit report for 2022-23. The report has also been published on the Trust's website.

The Council is asked to receive the report for information.

Trust Strategic Aims and Ambitions supported by this Paper:

Aims		Ambitions	
To provide outstanding and sustainable healthcare to our local communities	☒	Consistently Deliver Excellent Care	☒
To offer a range of high quality specialised services to patients in Lancashire and South Cumbria	☒	Great Place To Work	☒
To drive health innovation through world class education, teaching and research	☒	Deliver Value for Money	☒
		Fit For The Future	☒

Previous consideration

Audit Committee (23 June 2023)
Board of Directors (27 June 2023)

Together

NHS
Lancashire Teaching Hospitals
NHS Foundation Trust

Lancashire Teaching Hospitals NHS Foundation Trust

Annual Report and Accounts 2022–23

Excellent care with compassion

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Lancashire Teaching Hospitals NHS Foundation Trust

ANNUAL REPORT AND ACCOUNTS 2022–23

Presented to Parliament pursuant to schedule 7,
paragraph 25(4) (a) of the National Health Service Act 2006

CONTENTS

This symbol indicates that more information is available on our website:

www.lancsteachinghospitals.nhs.uk

CHAIR'S AND CHIEF EXECUTIVE'S WELCOME

It is important that we begin our welcome by saying a sincere 'thank you' to all Lancashire Teaching Hospitals colleagues who have contributed towards the achievements, targets and developments highlighted in this report. In the face of adversity, their efforts throughout 2022–23 have been nothing short of incredible and it is still amazing to see the positivity and kindness displayed on a day-to-day basis.

We must also express our thanks towards the many wider system partners who have all, despite their own challenges and circumstances, proven that collaboration can truly have a positive impact on patient care across Lancashire and South Cumbria. Clear evidence of system-wide working through our developing Provider Collaborative strengthens the need for further collaboration to drive up quality, standardise best practice and reduce unwarranted variation and duplication. The establishment of the Lancashire and South Cumbria Care Board (ICB) in July 2022 also strengthens this system-wide working, making sure our communities all have the same access to services and get the same outcomes from treatment.

A heartfelt thank you also goes out to our local communities who have once again displayed extraordinary support towards our hospitals. Our new Patient Experience and Engagement Strategy aims to harness this support, working with communities to deliver better and improved care across our hospitals. This includes our extended Trust family made up of volunteers and governors who have given an enormous amount of their time and assistance.

Part of the legacy of the COVID-19 pandemic is that performance across the board, both emergency and elective, has been impacted as with operational pressures and infection prevention and control measures experienced through the year. Despite this, the Trust has continued to make progress on the restoration of services, particularly elective restoration to eliminate 104+week waits, which we are pleased to say is on track to deliver, with a number of important measures and accolades helping towards compliance against expected standard. We do of course appreciate how difficult and distressing it can be for those waiting for appointments and treatment and remain committed to delivering improvements at pace.

Due to reducing pressures from COVID-19, we were pleased to close the Nightingale Surge Hub situated at Royal Preston Hospital, and to reduce infection prevention and control measures across the Trust in line with Government guidance. Although we now see a reduction in COVID-19 cases both within our hospitals and the local community, alongside the Government's latest 'Living with COVID-19' guidance, it is important that we do not become complacent and continue to follow the relevant measures appropriate to keep our patients, staff and our local communities safe.

To help our elective recovery, colleagues have gone the extra mile to establish the Community Healthcare Hub at Finney House, providing 64 health-led time-limited community beds, reducing pressure on our hospitals as a result. Alongside this, the establishment of an Acute Assessment Unit has seen reductions of time spent in the Emergency Department and new Virtual Ward pathways have also helped ease capacity within our hospitals. Teams across the Trust were instrumental in helping to get these new facilities up and running and we must recognise the significant volume of additional work undertaken during this period.

A wide range of other major service developments were undertaken during the year, particularly at Chorley and South Ribble Hospital where the Elective Care Hub was accredited with 'Getting It Right First Time' (GIRFT) status. As one of only eight surgical hubs in England, it means that we can ensure the highest standards in clinical and operational practice. Meanwhile, Royal Preston Hospital has seen the opening of Skylark, an 11-bed mental health ward run by staff from Lancashire and South Cumbria Foundation Trust, meaning patients can be closer to home and their loved ones whilst they are getting treatment.

The de-escalation of COVID-19 meant we were able to close the doors of Preston's largest vaccination centre, after vaccinating over 200,000 people to protect against the virus. The staff testing POD also closed its doors, having performed tens of thousands of PCR swabs for colleagues, helping to identify and confirm thousands of positive results to avoid nosocomial infections within our hospitals. You can read about this and all our Major Service Developments on page 52.

It is also important to recognise and celebrate our existing facilities which have evolved over time and continue to provide an excellent service to our local communities. In August we celebrated ten years of our Major Trauma Centre, which has since helped to treat over 11,500 patients with life-threatening or life-changing injuries. We have also been developing existing facilities for our colleagues, including a fantastic new restaurant and relaxation space in Charters Restaurant at Royal Preston Hospital.

During the year we have been pleased to celebrate the numerous achievements of our colleagues and departments – many of whom have been recognised nationally for their incredible work over the last 12 months. Many colleagues have been awarded honorary professorships, have been recognised with Honours or have scooped prestigious accolades or accreditations. Much more about these can be found on the Trust website.

The Trust is committed to embedding a culture of continuous improvement across our organisation and has launched its second Continuous Improvement Strategy, with implementation of the first year of the strategy being delivered throughout the year. Following the success of the Always Safety First Strategy, we are now developing a Phase II approach which focuses much more on the scale and sustainability of our improvements, which will combine learning and new methods to deliver rapid testing and development of change solutions. Over the last 12 months we have also embarked on a new approach to deliver system-level improvement across our Lancashire and South Cumbria ICS. You can read more about CI on page 37.

Alongside this improvement, the Trust is also working towards delivering a net zero NHS, approving a three-year Green Plan in support of the NHS strategy. This means that we will be looking to use more sustainable models of care, increase digital transformation, develop longer-term plans to decarbonise our sites, as well as introducing sustainable waste management systems alongside much more.

Education and Training continues to play an important role in supporting the development of our current and future workforce at Lancashire Teaching Hospitals, providing opportunities for NHS careers from all backgrounds and abilities. We continue to be amongst the top performing training providers in the North and were pleased to receive a rating of Good in August 2022 from OFSTED. Innovative ideas to bolster the nursing and medical workforce have also come into fruition over the last year, such as our partnership with UCLan University to introduce an innovative Practice Based Pathway which offers a unique entry route into nursing. More about education can be seen on pages 78 to 82.

As we now look towards the future, we were delighted to hear that the Government has announced a record investment of more than £20 billion, ring-fenced for the next phase of the national New Hospital Programme, which brings proposals for new cutting-edge hospital facilities for Lancashire and South Cumbria a step closer with plans to replace Royal Preston Hospital and Royal Lancaster Infirmary as part of a rolling programme of national investment in capital infrastructure beyond 2030. There is still further work to be completed in this area but we can now look forward with confidence to planning for our new hospital.

Going forward, it is clear that partnership working is key in helping to improve health and healthcare for the people of Lancashire and South Cumbria. The five local NHS Trusts and the Integrated Care Board are working together to drive up quality by sharing skills and best practice, pooling our resources and standardising the way we work to reduce variation and duplication. We want to ensure patients have equal access to the same high-quality care wherever they live. We also want our colleagues to have the same high-quality experience wherever they work. More than the sum of our parts, by working together all of the Trusts benefit and will achieve more for our patients, communities and colleagues than if we worked separately.

Thank you once again to our communities, partners and key stakeholders for your overwhelming support for our hospitals and our staff.

Professor Paul O'Neill
Acting Chair
27 June 2023

Kevin McGee OBE
Chief Executive
27 June 2023

Lancashire Teaching Hospitals NHS Foundation Trust

PERFORMANCE REPORT 2022–23

OVERVIEW OF PERFORMANCE

The purpose of this report is to inform the users of the Trust of its performance and to help them assess how the Directors have performed in promoting the success of the Trust.

This report is prepared in accordance with sections 414A, 414C and 414D of the Companies Act 2006 (as inserted/amended by the Companies Act 2006 except for sections 414A(5) and (6) and 414D(2) which are not relevant. For the purposes of this report, we have treated ourselves as a quoted company. Additional information on our forward plans is available in our operational plan on our website. Information on any mandatory disclosures included within this report is provided on pages 87 to 90.

The accounts contained within this report have been prepared under a direction issued by NHS Improvement (NHSE) under the National Health Service (NHS) Act 2006.

Who we are

Lancashire Teaching Hospitals NHS Foundation Trust was established on 1 April 2005 as a public benefit corporation authorised under the Health and Social Care (Community Health and Standards) Act 2003. We are registered with the Care Quality Commission (CQC) without conditions to provide the following regulated activities:

- diagnostic and screening services
- maternity and midwifery services
- surgical procedures
- termination of pregnancies
- treatment of disease, disorder or injury
- management of supply of blood and blood-derived products
- assessment or medical treatment for persons detained under the Mental Health Act 1983
- vaccination hub satellite service
- accommodation for persons who require nursing or personal care

We are a large acute Trust providing district general hospital services to over 395,000 people in Chorley, Preston and South Ribble and specialist care to 1.8m people across Lancashire and South Cumbria.

Our mission is to always provide excellent care with compassion which we do from four facilities:

- Chorley and South Ribble Hospital
- Royal Preston Hospital
- the Specialist Mobility and Rehabilitation Centre (based at Preston Business Centre)
- Finney House Community Healthcare Hub

We are a values-driven organisation. Our values were designed by our staff and patients and are embedded in the way we work on a day-to-day basis:

- **Caring and compassionate:** We treat everyone with dignity and respect, doing everything we can to show we care.
- **Recognising individuality:** We respect, value, and respond to every person's individual needs.
- **Seeking to involve:** We will always involve you in making decisions about your care and treatment and are always open and honest.
- **Team working:** We work together as one team, and involve patients, families, and other services, to provide the best care possible.
- **Taking personal responsibility:** We each take personal responsibility to give the highest standards of care and deliver a service we can always be proud of.

We believe that to provide the best care, we need to continually improve the way in which we provide services. If we are to be the best, we need to continually seek improvement and embrace change, empowering our teams to develop ideas and drive them forward. In order to do this, we have adopted a Continuous Improvement approach and developed a strategy to support this.

Our strategic objectives are:

- To provide outstanding and sustainable healthcare to our local communities
- To offer a range of high-quality specialised services to patients in Lancashire and South Cumbria
- To drive health innovation through world class education, training, and research

The delivery of excellent services to our local patients through the provision of district general hospital services is at the core of what we do. To achieve this, we need to ensure we focus on meeting key quality and performance indicators so our patients can be assured of safe and responsive services.

As well as providing healthcare for our local patients, we are proud to be the regional centre for a range of specialist services. These services include:

- Adult Allergy and Clinical Immunology
- Cancer (including radiotherapy, drug therapies and cancer surgery)
- Disablement services such as artificial limbs and wheelchairs
- Major Trauma
- Neurosciences including neurosurgery and neurology (brain surgery and nervous system diseases)
- Renal (kidney diseases)
- Specialist vascular surgery

Our portfolio of services will continue to develop as the strategy for the provision of services across our region is developed, but the delivery of specialist services will remain at the heart of our purpose and the decisions we take in our day-to-day activities will be taken in the context of ensuring we remain as the Lancashire and South Cumbria Integrated Care System (ICS) specialist hospital.

When we were established in 2005, we were the first Trust in the country to be awarded 'teaching hospitals' status. We believe that developing the workforce of the future is central to delivering high quality healthcare into the future. We know we are a local leader in respect of our education, training, and research and as the only National Institute for Health and Care Research (NIHR) Clinical Research Facility in Lancashire and South Cumbria, and a leading provider of undergraduate education, we will continue to drive forward the ambitions described in our education and research strategies.

Our business model

The governance structure of a Foundation Trust is prescribed through legislation and is reflected within our Constitution. All Foundation Trusts are required to have a Board of Directors and a Council of Governors as well as a membership scheme, which is open to members of the public and staff who work at the Foundation Trust. Members vote to elect governors and can also stand for election themselves. The Council of Governors is responsible for representing the interests of the general public and staff in the governance of the Trust. It remains the responsibility of the Board to design and then implement agreed priorities, objectives, and the overall strategy of the organisation. Governors have an important role in making the Trust publicly accountable for the services it provides. They bring valuable perspectives and hold Non-Executive Directors to account for the performance of the Board.

Our strategic framework

Integrated Care System in Lancashire and South Cumbria

The Trust is part of the Lancashire and South Cumbria ICS. The role of the ICS is to join up health and care services, improve people's health and wellbeing, and to make sure everyone has the same access to services and gets the same outcomes from treatment. The ICS also has the duty to monitor and manage how money is spent and make sure health services work well and are of high quality.

Lancashire and South Cumbria ICS has a clear vision outlining a strong community focus working in harmony with a high performing hospital system. To achieve this the Lancashire and South Cumbria ICS supports multi-professional teams across health and social care working within agreed protocols and pathways and within aligned financial incentives to deliver clear and mutually agreed goals and targets for the benefit of local communities.

Integrated Care Board in Lancashire and South Cumbria

The Lancashire and South Cumbria Integrated Care Board (ICB) was formally established as a new statutory body on 1 July 2022, replacing the eight Clinical Commissioning Groups (CCGs) across Lancashire and South Cumbria.

Although a new organisation, the ICB aims to build on the successful work by all the health and care organisations operating within Lancashire and South Cumbria, including CCGs, over the last few years. The role of the ICB is to undertake scrutiny and oversight of the ICS.

The Chief Executive of the Trust sits as a partner member on the ICB.

Our principal issues and risks

The Trust continues to identify potential risks to achieving its strategic aims and ambitions as part of established organisational governance processes. The Board Assurance Framework (BAF) is used to identify the strategic risks to the Trust alongside actions being taken to mitigate them. This enables the Board of Directors to evaluate whether there are the appropriate systems, policies, and people in place to operate in a manner that is effective in driving the delivery of the Trust's objectives.

During 2022–23, there were six principal risks:

Risk		Risk ID	Risk Summary
Risk to delivery of Strategic Aim to drive health innovation through world class Education, Training & Research.		860	There is a risk that we are unable to deliver world class education, training and research due to challenges in effectively implementing high quality, appropriately funded and well-marketed education, training and research opportunities due to a range of internal and external constraints. This impacts on our ability to develop our reputation as a provider of choice sustaining our position in the market, supporting business growth and retaining our status as a teaching hospital.
Risk to delivery of the Trust's Strategic Aim of Providing a Range of the Highest Standard of Specialised Service		859	There is a risk to the Trust's ability to continue delivering its strategic aim of providing high quality specialist services due to integration and reconfiguration of specialist services across the ICS. This may impact on our reputation as a specialist services provider and commissioning decisions leading to a loss of services from the Trust portfolio and further unintended consequences affecting staff and patients
Risks to delivery of Strategic Aim of providing outstanding and sustainable healthcare to our local communities	Risk to delivery of Strategic Ambitions.. Consistently Delivering Excellent Care	855	There is a risk that we are unable to deliver the Trust's strategic aim of offering excellent health care and treatment to our local communities, as well as the strategic objective of consistently delivering excellent care due to: a) Availability of staff b) High Occupancy levels c) Fluctuating ability to consistently meet the constitutional and specialty standards and d) Availability of some services across the system e) Existing health inequalities across the system This may, result in adverse patient outcomes and experiences.
	Risk to delivery of Strategic Ambitions.. Great Place to Work	856	There is a risk to the delivery of the Trust's Strategic ambition to be a great place to work due to the inability to offer a good working environment; inability to treat staff fairly and equitably; poor leadership; inability to support staff development. This could lead to staff losing confidence in the Trust as an employer and result in poor staff satisfaction levels, impacting on the organisations reputation and culture subsequently affecting the ability to attract and retain staff, causing key workforce shortages, increasing the use of temporary staffing and poor patient care.
	Risk to delivery of Strategic Ambitions.. Deliver Value for Money	857	There is a risk that we are unable to deliver the Trust's strategic objective 'deliver value for money' due to the inability of the Trust to transform given the range of internal and external constraints (relating to complex models of care, workforce transformation, planning processes, capital resources and dealing with high levels of backlog maintenance) which could result in a failure to move toward segment 2 of SOF and less than a 'good' rating from the use of resources of inspection.
	Risk to delivery of Strategic Ambitions.. Fit For the Future	858	There is a risk to the delivery of the Trust's Strategic Objective to be fit for the future due to the challenges of effectively implementing and developing Place and System (i.e. Integrated Care System and Provider Collaborative) level working we fail to deliver integrated, pathways and services which may result in Lancashire Teaching Hospitals no longer being fit for purpose and our healthcare system becoming unsustainable.

All principal risks are reported to the Board of Directors and to the relevant aligned Committees of the Board. Principal risks are reviewed to consider the effectiveness of controls, assurances and mitigation plans to support the achievement of the target risk score, as determined by the Trust's risk appetite set and approved by the Board.

In addition to the principal risks identified, during 2022–23 there have been four operational high risks escalated to the Board within the BAF, these are:

- **Impact of exit block on patient safety** which has been escalated to the Board via the Safety and Quality Committee since December 2020 but remains a risk with long lengths of stay in the Emergency Department and high ambulance handover times. To mitigate this risk, Standard Operating Procedures are in place which describe the processes for patient reviews, reporting of patient harm incidents and associated clinical governance arrangements. These procedures have been supplemented with a series of actions, including virtual wards, frailty, therapy pathway improvements and an increase in community bed base through the acquisition of Finney House Community Healthcare Hub, which are reflected within the urgent and emergency care transformation plan and reported to the Finance and Performance Committee. Monthly safety forums are also in place to identify further opportunities to improve flow and reduce long waits in the Emergency Department.
- **Elective restoration following the COVID-19 pandemic** which has been escalated to the Board via the Safety and Quality Committee since June 2021 with patients continuing to wait for a significant amount of time to receive non-urgent surgery. Plans remain in place to eliminate 104+ week waits and reduce waits with weekly reviews to oversee achievements and ensure performance against the trajectory is on track to deliver.

- **The impact of strikes on patient safety following announcement of the national pay award and the probability of ongoing strikes** which has been escalated to Board via the Safety and Quality Committee since October 2022. Over the last 12 months, strikes have taken place for nursing, ambulance, and physiotherapists but further strikes are suspended at the end of March 2023. This is due to a negotiated pay offer for Agenda for Change staff under review by union members. In March 2023, the Trust has also experienced a 72-hour consecutive period of strike action from junior doctors, with further strikes planned. The risks associated with ongoing strikes called across differing profession cohorts have been effectively managed in partnership with Staff Side, workforce, and clinical leaders at the Strike Action Emergency Planning Group with evidence of significant planning undertaken and learning implemented from previous strikes.
- **Impact of COVID-19** which was re-escalated to Board in December 2021. This risk was de-escalated in October 2022 following a recommendation from the Safety and Quality Committee, as the COVID-19 step-up, step-down criteria designed by the ICS Director of Infection Prevention and Control and Medical and Nursing Directors had been met. The guidance was also considered in detail by medical and nursing leads in the Trust to ensure teams had been involved in shaping how the new guidance was implemented in practice which led to a reduction in the risk.

The Annual Governance Statement, contained on pages 93 to 110, further outlines the Trust's approach to risk management. The Trust continues to support risk mitigation strategies to deal with the recovery and restoration of services post-pandemic and the evolving external environment and will continue to engage and strengthen relationships with patients, staff, public and strategic partners to ensure long-term sustainability in the delivery of its strategic objectives.

The organisational culture is built on trust, openness, transparency and empowerment with clear lines of accountability and responsibility, underpinned by continuous learning and improvement. The Annual Governance Statement also includes the Trust's system of internal control which is designed to manage risk within the organisation. The Trust continues to perform well against a number of standards and metrics (please refer to the separate Quality Account 2022–23 on the Trust website for full details). However, it is acknowledged that there has been underperformance in some key metrics including, but not limited to Clostridium difficile, hospital acquired pressure ulcers and the 12-hour Emergency Department metrics. The Trust remains focused on embedding a continuous improvement approach within the organisation and continues to work closely with system partners where support is required externally.

Our performance

The performance of Lancashire Teaching Hospitals NHS Foundation Trust is measured against a range of patient safety, access and experience indicators identified in the NHSE compliance framework and the acute services contract.

The NHS continued to face significant challenges in 2022–23 and like all other NHS Trusts, Lancashire Teaching Hospitals has continued to experience pressures as a result of the COVID-19 pandemic. Performance across the board, both emergency and elective has been impacted with operational pressures and infection prevention and control measures experienced through the year resulting in non-compliance in relation to a number of key standards.

Whole health economy system pressures in response to increased demand resulted in high bed occupancy throughout the year with the need to focus both on COVID-19 non-elective activity and elective recovery as mandated nationally. The number of patients not meeting the criteria to reside remained high throughout the year. This, together with both influenza and COVID-19 demand resulted in significant capacity and demand pressures. Workforce capacity to undertake elective activity was also impacted by sickness absence and industrial action throughout the latter part of the year.

A health economy system-wide action plan is in place to address the urgent care system and pressures; with identified primary, community and social care initiatives/schemes delivering a level of sustainability across the health economy. In 2022–23 the Trust took a lead role in bringing together operational delivery of the system-wide urgent and emergency care programme. This included the following key transformational work streams identified and prioritised by all system partners: a Community Healthcare Hub at Finney House, providing health-led community bed capacity, the introduction of Virtual Wards, and additional Home First capacity and crisis hours to support people to stay safe at home and to expedite timely discharge from hospital.

Since the beginning of the COVID-19 pandemic the Trust has put in place a range of measures that continued into 2022–23:

- Additional medicine bed capacity to meet increased demand.
- Re-zoning of our estate to meet infection prevention and control requirements.
- Delivery of Same Day Emergency Care (SDEC).
- Additional Intensive Therapy Unit surge beds with additional staffing through redeployment.
- Nightingale Surge Hub capacity to support increased demand as a result of the Omicron variant of COVID-19.

During 2022–23 the Trust has:

- Stood down the Nightingale Surge Hub and established the Community Healthcare Hub at Finney House, providing 64 health-led time-limited community beds, reducing medicine bed capacity in hospital as a result.
- Reduced infection prevention and control measures, in line with guidance.
- Established an Acute Assessment Unit to reduce time spent in the Emergency Department and reflect the changes to zoning put in place during COVID-19.
- Launched Virtual Ward pathways for Frailty, Respiratory and Acute Medicine.
- Increased internal escalation measures, including Full Capacity Protocol to support ambulance handovers and capacity in the Emergency Department.

These actions have all helped to support the Trust during these unprecedented times. However, the Trust has failed to achieve its objectives in relation to a range of measures within the risk assessment framework, including the 4-hour standard for Accident and Emergency (A&E), the 18-week incomplete access target, and the 62-day cancer treatment standard. The significant growth in the number of long waiters in both referral to treatment and cancer pathways was directly impacted by the COVID-19 pandemic and the reduction in elective activity during the peak periods of the pandemic with the prioritisation of urgent elective activity as part of the elective restoration plan. 2022–23 has focused on recovery and significant progress has been made with both cancer 62-day performance and reductions in our longest waits to no more than 78 weeks. After a downturn in performance during the course of 2022–23, the Trust's position against these indicators is improving with elimination of waits over 104 weeks unless patients are choosing to wait longer for treatment.

Going concern

The accounts have been prepared on a going concern basis which the directors believe to be appropriate for the following reasons.

The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Guidance from the Department of Health and Social Care indicates that all NHS bodies will be considered to be going concerns unless there are ongoing discussions at department level regarding the winding up of the activity of the organisation. The Trust has not been informed by NHS England (NHSE) that there is any prospect of its dissolution within the next 12 months and it anticipates the continuation of the provision of services in the foreseeable future as evidenced by the inclusion of financial provision for those services in published documents and contracts for services with commissioners.

Based on these indications the directors believe that it remains appropriate to prepare the accounts on a going concern basis.

The Trust remains in a deficit position and will need to work with its partners across the local healthcare system, Provider Collaborative Board (PCB) and the ICB to achieve efficiencies, and maximise the use of its assets to achieve a sustainable financial balance.

Performance Analysis

The summary position detailing performance in 2022–23 is shown in the table below:

ANNUAL REPORT 2022–23
KPI'S 2022–23 COMPARED TO 2021–22

Indicator	2021–22	2022–23	Current Period
A&E - 4 hour standard	78.3	75.3	% - Cumulative to end Mar 2023 Position includes both ED and UCC locations.
Cancer - 2 week rule (All Referrals) - New method	77.7	58.6	% - Cumulative to end Mar 2023
Cancer - 2 week rule - Referrals with breast symptoms	54.6	82.2	% - Cumulative to end Mar 2023
Cancer - 31 day target	87.2	83.3	% - Cumulative to end Mar 2023
Cancer - 31 Day Target - Subsequent treatment – Surgery	72.4	59.3	% - Cumulative to end Mar 2023
Cancer - 31 Day Target - Subsequent treatment – Drug	99.3	96.8	% - Cumulative to end Mar 2023
Cancer - 31 Day Target - Subsequent treatment -Radiotherapy	97.7	82.3	% - Cumulative to end Mar 2023
Cancer - 62 day Target	55.8	43.2	% - Cumulative to end Mar 2023
Cancer - 62 Day Target - Referrals from NSS (Summary)	58.6	29.2	% - Cumulative to end Mar 2023
28 day faster diagnosis standard – compliance	72.0	57.5	% - Cumulative to end Mar 2023
MRSA	1	0	Cumulative to end Mar 2023
C.difficile Infections	129	196	Cumulative to end Mar 2023
18 weeks - Referral to Treatment - % of Incomplete Pathways < 18 Weeks	58.5	50.5	% - sum of Apr- Mar 2022–23
% of patients waiting over 6 weeks for a diagnostic test	45.07	50.44	% - Cumulative to end Mar 2023

During an unprecedented year for urgent and emergency care demand, performance against the 4-hour standard has been above the national average for most of 2022–23. Performance against cancer indicators has been challenged during the course of 2022–23, however, a significant transformation programme is now in place that has seen the Trust's performance start to recover during the latter part of the year.

Our finances

Income Generation

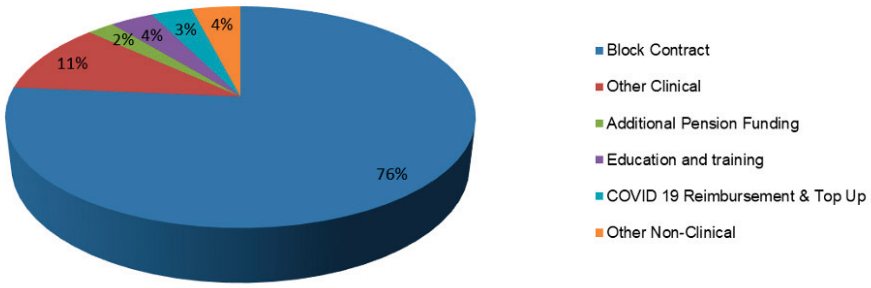
As a consequence of the COVID-19 pandemic income from commissioners was received through a block contract basis to minimise the financial effect of reduced patient activity.

During 2022–23 the Trust generated income from patient care, including through a block contract of £689m (2021–22: £660m), an increase of 4% from 2021–22.

The Trust received reimbursement and top up funding of £3m (2021–22: £22m) to cover the additional costs associated with the COVID-19 pandemic and the restoration of elective activity.

A further £79m (2021–22: £61m) was generated from other income sources which includes training levies, research funding, car parking, catering, and rental outlets and from providing services to other organisations.

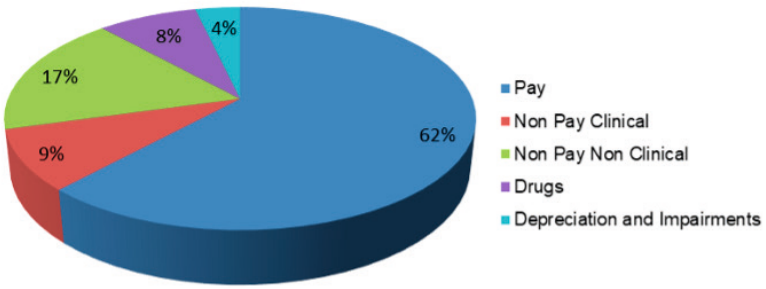
Income Analysis



Expenditure

Operating expenditure (excluding impairments) for the year was £779m (2021–22: £743m), the chart below shows the main categories of expenditure at the Trust. The main reason for the rise in costs can be attributed to the additional Agenda for Change pay award and restoration of elective and outpatient activity.

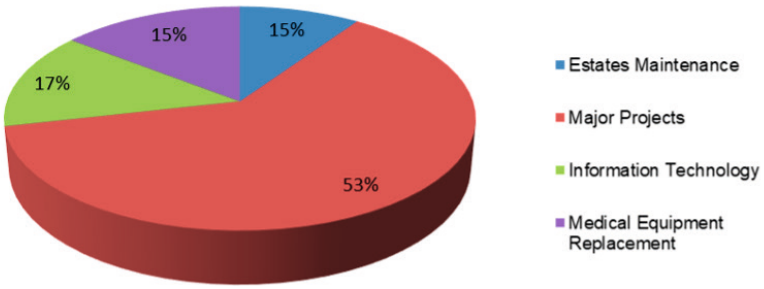
Expenditure



Capital Investment

In 2022–23 £50m excluding leases (2021–22: £41m) was invested in the Trust's capital programme to maintain the asset base of the Trust as illustrated in the chart below. Major projects completed in year included the new facilities to increase elective capacity such as the Cuerden Ward, additional procedure rooms, additional Endoscopy capacity, and an additional theatre. £9m was spent on new and replacement medical equipment.

Capital Expenditure



Forward Look

The operational and financial planning process for 2023–24 has been developed in line with the expectations set out in the national planning guidance. The key focus of the guidance is to:

1. **Recover core services and productivity.**
2. **Make progress in delivering the key ambitions in the Long-Term Plan.**
3. **Continue transforming the NHS for the future.**

The key requirements of that national guidance include the following:

- Improve A&E waiting times to >76% of patients seen within 4 hours by March 2024.
- Reduce general and acute bed occupancy to 92% or below.
- Eliminate waits of over 65 weeks for elective care by March 2024.
- Reduce the number of patients waiting over 62 days for cancer treatment.
- Deliver a balanced net system financial position for 2023–24.

The Trust's financial plans for 2023–24 have been based on the 2023–24 national planning guidance. The overriding principle for 2023–24 is that systems are expected to deliver a balanced net financial position for 2023–24. The key areas of the planning guidance are:

- ICBs and NHS primary and secondary care providers are expected to work together to plan and deliver a balanced net system financial position.
- Plans must be triangulated across activity, workforce, and finance.
- £3.3bn in 2023–24 and 2024–25 for the NHS to 'respond to current pressures' with two-year revenue allocations in 2023–24 and 2024–25.
- Total ICB allocations nationally (including COVID-19 funding reduction and increases to elective recovery funding) are flat in real terms.
- Additional funding available to expand capacity where it is warranted – elective care and the move back to a Payment by Results system. In part cash associated with the 25% improvement in outpatient follow ups is also reprioritised. Failure to reduce activity in this area will result in a net pressure (total estimated value £10m).
- Capital allocations will be increased by £300m nationally – prioritised for systems that deliver agreed plans in 2022–23.
- Contract default (between ICBs and providers) – elective inpatients and day cases together with outpatient procedures, outpatient first attendances, diagnostic imaging and chemotherapy delivery will all be subject to a volume-based tariff. A block payment will be applied to outpatient follow ups.
- Provider activity targets agreed through allocating the Elective Recovery Fund on a fair shares basis to systems. It has been confirmed that against a 2019–20 baseline, the Lancashire and South Cumbria system target for elective activity is a 108% (average) increase across 2023–24: 112% by 31 March 2024. Lancashire Teaching Hospitals currently sits at c99% against the 2019–20 base (the planned level of activity for 2022–23 was 104%).
- NHSE will cover the additional costs of elective care where systems exceed agreed activity levels.

The Trust's financial plan for 2023–24 has been agreed as part of the wider Lancashire and South Cumbria ICB system plan with an allowable deficit plan of 'better than £100m'. All parties in the system agreed a range of measures aligned to that deficit plan. To build a financially sustainable Trust for the future, there will be a renewed focus on cost improvement and service transformation during 2023–24. A cost improvement target of 5.5% for 2023–24 has been agreed with the ICB and the Trust has identified and allocated risk rated targets to divisions and activities and will monitor performance using the cost improvement reporting mechanism. Due to the range of additional pressures over and above this 5.5% plan the Trust is developing a three-year Financial Improvement Plan. In this context it is expected that the Trust will need to work with system partners to resolve the balance of 'unfunded infrastructure'. Performance against the Financial Improvement Plan will be reported monthly to the Finance and Performance Committee. The Trust continues to work in partnership within the ICS and Central Lancashire Integrated Care Partnership and is part of the New Hospitals Programme looking at site development in future years.

Better Payment Practice Code

We aim to treat all suppliers ethically and to comply with the Better Payment Practice Code (BPPC) target, which states that we should aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. For 2022–23 we paid 96% of invoices to this timescale.

	NHS		NON-NHS		TOTAL	
	No.	Value £'000	No.	Value £'000	No.	Value £'000
Invoices paid within 30 days	2,302	128,554	81,860	410,688	84,162	539,241
Invoices not paid within that 30 day period	627	4,167	15,710	19,689	16,337	24,000
Total Invoices	**2,929**	**132,721**	**97,570**	**430,377**	**100,499**	**563,241**
BPPC	**78.6%**	**96.9%**	**83.9%**	**95.1%**	**83.7%**	**95.8%**
Total amount of any liability to pay interest	0	0	7	1	7	1

Reconciliation of underlying trading position for year ending 31 March 2023

In 2022–23 the Trust received reimbursement funding which amounted to £3.2m (2021–22: £21.6m). The Trust delivered an accounting deficit for the year of £19.0m (2021–22: £11.2m). After adjustment for accounting movements relating to impairment charges and income and expenditure for donated assets, the Trust delivered a revised trading deficit of £20.8m (2021–22: £0.0m).

	Group	
	2022/23	2021/22
	£000	£000
Deficit for the year pre-Top-Up	(15,827)	(32,784)
Base Top-Up Income	3,176	21,589
Deficit for the year	(19,003)	(11,195)
Add back income and expenditure impairments	(1,426)	9,411
Add back losses on transfers by absorption	0	1,054
Remove net donated income	(763)	(1,086)
Remove DHSC centrally procured inventories (donated)	408	1,840
Revised trading surplus/(deficit)	**(20,784)**	**24**

Being a Good Corporate Citizen

In 2022, the Trust Board approved a three-year Green Plan in support of the NHS Strategy on 'Delivering a net zero National Health Service'. The plan focuses on drivers of change and sources of carbon emissions across the Trust in 12 key areas which are shown below, along with a high-level summary of our key achievements in 2022–23:

1. Workforce and System Leadership

(i) Sustainability workforce leads have been identified for each area of the Green Plan.

(ii) We have developed a Trust-wide network of Sustainability Champions.

(iii) An e-learning package has been developed for existing staff around sustainability and has been incorporated into the new starters' induction.

2. Sustainable Models of Care

(i) Action has been taken to reduce the use of desflurane as an anaesthetic agent.

(ii) Action has been taken to identify and reduce wasted medicines through optimising pharmacy stock management.

3. Digital Transformation

(i) Increased video conferencing/teleconferencing to 25% of all outpatient clinics, through the implementation of Attend Anywhere across all of the Trust.

(ii) Maintained high levels of Microsoft Teams meetings throughout the Trust.

4. Travel and Transport

(i) Explored opportunities to transition to a fleet of electric vehicles and purchased an Electric Waste vehicle for onsite transfers within the Portering team. The Trust has also increased access to electric charging points to 18 locations across multiple sites. We are working closely with the NHS Carbon and Energy Fund to develop longer-term plans to decarbonise our sites in line with NHS targets.

5. Estates

(i) Developed a sustainability policy and design criteria for new builds and refurbishments.

(ii) The use of a sustainability decision-making tool for capital projects, including refurbishments and decommissioning, to encourage estate repurposing, material reuse, resource efficiency, and a culture of reducing raw material consumption.

6. Energy and Water

Over the last year we have seen significant increases in energy costs as a result of international geo-political issues. This has further emphasised the importance of reducing consumption. We have continued to invest in projects that will provide reductions in energy consumption, thus reducing carbon emissions and utility costs. During 2022–23 we have:

(i) Made significant investment to improve our heating systems in order to reduce energy consumption, reduce carbon emissions, and save on energy cost.

(ii) Continued to maximise the benefits of the Combined Heat and Power plants on our two hospital sites. The Trust uses this equipment to generate over 60% of its own electricity on site. This reduces the cost of purchasing electrical energy from the National Grid.

(iii) Continued to purchase green renewable electricity from the National Grid for all our sites, thus reducing our carbon footprint.

(iv) Continued to develop schemes to reduce water consumption, which provides financial benefits and reduces the Trust's carbon emissions. We have invested in equipment to better monitor water usage, to help identify areas of excessive usage, and assist in identifying leaks.

(v) Installed energy efficient boilers to reduce our gas consumption, resulting in lower carbon emissions and reducing the overall cost to the Trust of purchasing gas.

(vi) As part of our capital programme, constructed all new buildings and refurbished our existing estate to achieve higher levels of energy efficiency. For example, we invest in the use of low-energy LED lighting and install LEDs as standard in any new developments or refurbishment schemes. We also improve the insulation of buildings to reduce thermal losses resulting in reduced energy consumption, carbon emissions, and revenue costs.

In the coming year we will be undertaking further improvements to our buildings and infrastructure with the aim of reducing energy consumption.

7. Green Space and Biodiversity

(i) Identify an opportunity for mindfulness in nature within the psychological wellbeing service to deliver over the next financial year.

(ii) Develop a green space and biodiversity plan, which includes outdoor seating.

8. Waste

Waste production within our hospitals is now returning to more normal levels following the pandemic, which is allowing us to focus more on sustainable waste management systems.

(i) All our non-clinical waste continues to be recycled or recovered, with zero waste to landfill.

(ii) We have separate recycling streams for cardboard, plastic bottles, wood, metal waste, electrical and electronic equipment, batteries, mattresses, fluorescent tubes, confidential paper waste (following shredding), and cooking and engine oils.

(iii) Food waste is recovered via anaerobic digestion and green waste from our grounds is composted.

(iv) The Trust's reuse portal for furniture and equipment continues to grow in membership. This reduces waste volumes and disposal costs and also saves money from reusing rather than procuring new items.

(v) We have contracted a local company to provide a re-upholstery service for various types of furniture, allowing more items to be reused rather than disposed of.

Over the next year the Trust will be implementing further waste management initiatives, including a new colour-coding system for clinical waste streams. This will ensure that we are not over-treating waste as well as moving to more cost-effective disposal routes. We will also be looking at how to further minimise food waste to reduce the amount we need to treat. We will be working with our suppliers and providers to review their sustainability policies and procedures. This must involve less reliance on single-use products, in particular plastics. A key element of making changes to our waste management systems will involve raising awareness and staff training, to encourage staff to think differently about waste and prioritise waste minimisation, reuse, recycling, and recovery.

9. Procurement

(i) Whole life cost and Social Value are now included in every procurement and for carbon reduction plan procurements over £5m require suppliers to either have plans in place or aspirations to achieve targets.

10. Food and Nutrition

(i) The Trust promotes healthy and nutritious plant-based meal options and reduce the consumption of animal products in our food outlets as much as possible.

(ii) The Trust recycles kitchen waste materials including cooking oils and packaging wherever possible.

11. Adaptation

(i) The Trust has incorporated climate change adaptation into our corporate risk register.

12. Our Approach

(i) The Trust has established a process to seek ideas from staff on how to improve our environmental and sustainability performance, through the sustainability hub and sustainability newsletter.

Social, community and human rights

The Widening Participation team continues to provide career inspiration and opportunities for employment to our local community. The team run several events and programmes that provide support, information, advice, and experience for those who are at a disadvantage to others and who aspire to a career in the NHS. By working collaboratively with the ICB and organisations such as local colleges, Department for Work and Pensions (DWP), Prince's Trust, Lancashire County Council, children in care charities and SHOUT business networking group, we can ensure we cast the net wide to be as inclusive as possible and target those who may need additional support.

Many of our departments have supported our work familiarisation programme for over 14 years now. Students with learning difficulties from local colleges and supported educational organisations attend timetabled activities to learn about different job roles. Some sessions include a 'behind the scenes' tour. Sessions are delivered by colleagues from departments that include security, portering, catering, healthcare, radiography, linen services, and domestic services. This programme runs twice a year at both Preston and Chorley sites with approximately 60 students completing it every 12 months. Nearly 1,000 students have completed this programme to date and some have gone on to find employment at the Trust.

Every programme ends with a celebration where students receive a recognition award for their commitment. The programme continues to be extremely popular and very successful with both the Trust and the Colleges involved.

We have recommenced our commitment to offer work experience placements to people of all ages across Chorley, Preston and South Ribble following a break due to COVID-19. Prior to COVID-19 we offered over 700 individual placements per year, and we are currently working hard to achieve these figures again. Since reinstating work experience in November 2022, we have placed 80 students on work experience and have a further 35 starting in May 2023. We are also supporting college curriculum by providing T-level students with work-based hours as part of their study programme, in particular health and social care students. As of September 2023, we will be expanding this offer to those studying sciences and IT. Students who are studying health and social care at college and complete 100 hours of work experience with us are offered the opportunity to join our Healthcare Assistant bank. Many of them want to go on to do their nurse training, therefore supporting them on their career pathway is essential to their success and to the Trust's workforce plans.

Since becoming a training provider for apprenticeships, the Trust has continued to exceed the public sector target for new starts each year. We continue to be amongst the top performing training providers in the North and achieved an Office for Standards in Education, Children's Services and Skills (OFSTED) rating of good in August 2022. We offer a growing range of apprenticeships for both clinical and non-clinical roles in occupations from accountancy to pre-nursing. Apprenticeship programmes delivered by the Trust and by external providers during 2022–23 include:

- Nursing Associate
- Accountancy Taxation Professional
- Senior Healthcare Support Worker
- Adult Nursing
- Learning Mentor
- Business and Administration
- Pharmacy
- Pathology Laboratory Technician
- And many more

As an approved apprenticeship training provider for five years, we have grown from strength to strength which is demonstrated in our achievement rates. We are consistently performing above the national average with an achievement rate of 78.2% in 2022 against the national average of 58.3%.

Our Level 3 Learning Mentor apprenticeship offers a formal qualification to qualified staff nurses who supervise students, new and junior staff members. The apprenticeship supports the strengthening of communication skills and provides new knowledge and skills on how to mentor and support learners in the workplace. Some

of these learning outcomes help address CQC recommendations as well as being recognised as demonstrating best practice for other NHS organisations. Since the apprenticeship began in October 2018, Lancashire Teaching Hospitals has proudly supported 185 employees to become accredited Learning Mentors, 65 of which have already advanced in their careers by gaining a promotion or taking on additional responsibilities within their role. This is 35% of graduates in four years.

Our Level 3 Senior Healthcare Support Worker apprenticeship offers a recognised qualification and provides training and development as part of the career pathway for Healthcare Assistants. This apprenticeship is recognised as an entry qualification into adult nursing with Bolton University or Trainee Nurse Associate programme with the University of Central Lancashire. We currently accommodate four cohorts of 20 each year with an excellent achievement rate of 82.1%.

We are scoping further opportunities for apprenticeships and aspire to deliver to external partners within the next 12 months.

We have continued to offer the Preston Widening Access Programme which supports young people to access a career as a doctor. This is another extremely popular and successful programme that offers places to A-level students from our local colleges and sixth forms who meet the widening participation criteria following an application process. This programme is in its ninth year and continues to be popular, providing a much-needed pipeline into a career in medicine.

Our 'Careers in the NHS' event has continued as an annual event, which is run at both Preston and Chorley sites, where over 30 of our departments, both clinical and non-clinical, provide activities and give careers guidance to high school and college students. These events are hugely successful seeing hundreds of students and prospective employees through the door. We are also continuing to support careers events, provide careers advice, deliver assemblies and attend 'mock interview' days at local schools and colleges.

The Trust is committed to providing opportunities for NHS careers to people from all backgrounds and abilities. As a large employer we are also committed to supporting the unemployed in the local community back into work. The Trust has proudly run the pre-employment programme since 2013. By working with partners including DWP, Community Gateway and Prince's Trust we offered 20 people places on the programme which has run twice since January 2022. This programme runs for eight weeks and feeds into recruitment deficits within the Trust. The programme consists of a mixture of classroom and work-based learning and is tailored for the area where employment opportunities will be available upon successful completion. Every successful candidate will be guaranteed employment either on the bank or in a substantive post. In 2022, 32 candidates gained employment at the Trust.

Last year we made an addition to the pre-employment programme through the introduction of 'Reboot', for candidates who are a little more work ready but still need support to enable them to get through the application and interview process. 'Reboot' provides taster days in an area of choice subject to vacancies and qualification requirements, and this supports organisational recruitment and retention, providing candidates with knowledge of job roles so they are making an informed decision upon application. In 2022 we delivered this programme twice with 22 candidates completing the programme successfully. All candidates found employment across healthcare and hotel services such as catering services, portering and security.

In 2023 we also launched 'Ready, Steady, Apply', a two-week programme to support those who are work ready but find the application process and interview a barrier to employment. The programme aims to provide candidates with the skills and confidence to complete the recruitment processes successfully.

The Learning Inspirations for Future Employment (LIFE) Centre continues to be a popular choice of venue hosting a variety of activities including visits from schools and colleges, networking events with our NHS partners, training nurses and healthcare assistants as well as hosting all our widening participation activity, inspiring the local community into NHS careers. LIFE is managed by the Widening Participation team and widening participation activity has increased significantly since the opening of LIFE. By running these programmes, we are able to ensure the Trust fulfils its social responsibility including community engagement, aiding social mobility, equality and diversity and promotes the Trust as an employer of choice. Programmes prepare learners giving them the knowledge and experience needed to be recruited into vacancies at the Trust aiding recruitment and retention and helping to reduce agency costs.

In early 2023 our organisation achieved the Level 1 social value quality mark, providing an opportunity to ensure added value as an anchor institution. Development of key value indicators, under the principle of health and wellbeing as part of this process, has enabled clear identification of our priorities and has confirmed our commitment to social value within our health and wellbeing plan.

As an anchor institution, we have an important role in engaging with our local partners and organisations, working alongside them to address health, social and lifestyle issues. Examples of progress in the last year include:

- Our Health and Wellbeing team has registered and joined Preston Wellfest, a network of health and wellbeing organisations that are based and/or work in Preston. Wellfest is coordinated by Lancashire County Council and members range from large organisations to small businesses and individual members. As part of our role in the network so far, we have committed to deliver three free training courses in 2023 for network members covering Menopause, Make Every Contact Count, and an Introduction to Cognitive Behavioural Therapy Skills.
- We have connected with Let's Grow Preston, an award-winning, community-based, charitable organisation promoting volunteer opportunities and aiding recovery through social therapy. There are opportunities for us to signpost colleagues to the charity who may benefit from involvement as part of a recovery programme, and this will also benefit Let's Grow through additional promotion of their work.
- To support availability of healthy, affordable nutritional options at our hospital sites, we have introduced a weekly fruit and vegetable stall at both hospitals. The stall is open to both colleagues and patients and has been facilitated in partnership with a local trader.

Health promotion has a significant ability to raise awareness of health conditions and seeks to prevent future diagnosis of serious diseases, particularly for individuals with increased risk factors. We have therefore delivered a range of health and wellbeing campaigns aimed at preventing health inequalities within the workforce. This includes a health check programme specifically for colleagues at higher risk of developing serious illness as a result of COVID-19 infection. Health checks offered include Vitamin D screening, COVID-19 antibody testing, blood pressure checks, opportunities for confidential conversations and a lifestyle questionnaire. 251 colleagues participated in this programme as a whole, with a further 204 accessing blood pressure checks. We are pleased to have been able to signpost a number of colleagues requiring further monitoring or guidance to their GP, highlighting the value of proactively supporting the wellbeing of our workforce.

Counter fraud

We have a policy in respect of countering fraud and corruption which includes contact details of the national helpline and a local independent counter fraud officer. The Trust has an accredited anti-fraud specialist provided by Mersey Internal Audit Agency (MIAA) and they deliver the service in line with NHS Counter Fraud Authority's standards.

Health and safety performance

The Trust's policy is to safeguard the health and safety of all its employees, patients, visitors, and anyone who may be affected by Trust activities by ensuring the Trust is compliant with the Health and Safety at Work Act (1974). This is the primary legislation covering occupational health and safety in the United Kingdom (UK) and defines the fundamental structure and authority for the regulation and enforcement of workplace health, safety, and welfare within the UK.

The overall responsibility for leading and implementing health and safety arrangements rests with the Chief Executive and the Board of Directors. The Board fulfils its obligations through the designated Director responsible for health and safety – the Chief Nursing Officer. The Director of Estates and Facilities has management responsibility for physical health and safety and the Associate Director of Safety and Learning for delivering health and safety governance.

The Trust has an appointed Health and Safety Manager who is the designated Trust competent person with the necessary qualifications as defined in the requirements of the Management of Health and Safety at Work Regulations and they have a significant remit of reviewing and managing health and safety governance operationally across the hospital sites. The Health and Safety Manager is supported by a number of subject-matter experts within the Trust and through a number of responsible officers whose role it is to co-ordinate and lead health and safety within their own particular area or service. These roles are supported with a programme of training to further upskill the Trust in health and safety management.

Health and safety reports into two key groups that monitor delivery and compliance across the Trust. These are the Health and Safety Governance Group with membership comprising manager representatives from all the Trust's clinical divisions and key corporate teams. The Health and Safety Governance Group reports to the Safety and Quality Committee and is co-chaired by the Director of Estates and Facilities and the Associate Director of Safety and Learning.

The cycle of business for the Health and Safety Governance Group includes the following areas:

- Action plan progress including any inspections
- Audit schedule
- Fire safety
- Security
- Decontamination
- Violence-Prevention-Reduction Standard
- Incident reporting
- Health and safety
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
- Claims' update
- Occupational Health
- Compliance with relevant Safety Alerts
- Occupational Health update
- Moving and Handling update
- Asbestos (via Chair's report)
- Waste (via Chair's report)
- Sharps safety (via Chair's report)
- Medical devices management (via Chair's report)
- Legionella water safety (via Chair's report)
- Infection prevention and control (via Chair's report)
- Radiation Protection Committee (via Chair's report)
- Joint Consultative Committee (via Chair's report)

The Health and Safety Governance Group's activities continue to be strengthened and reinforced through wide engagement with stakeholders from external regulators and organisations, trade union representatives, staff, patients, and departments operating throughout the Trust.

The Health and Safety Joint Consultation Committee (HSJCC) is a forum for engagement with staff representatives on safety matters, meeting the statutory requirements of the Safety Representatives and Safety Committee Regulations 1977 (as amended) and the Health and Safety (Consultation with Employees) Regulations 1996 on the duty to consult. The meetings are productive with positive engagement from all. The Associate Director of Safety and Learning attends HSJCC meetings.

The Staff Side health and safety partnership lead is a member of both the Health and Safety Governance Group and the HSJCC and this further supports engagement and involvement of staff representatives with the health and safety governance agenda. Their remit is to:

- Raise the profile of health and safety representatives within the organisation, so that staff and managers understand and support the role, what it can offer, and when there needs to be consultation with the representatives.

- Contribute to the development of training and e-learning modules related to leadership responsibilities for health and safety.
- Proactively engage in the development, review and update of health and safety-related policies including researching legislative changes.
- Work collaboratively with the Health and Wellbeing team to support implementation of the aspects of their strategy which are linked with health and safety in particular stress risk assessments.
- Contribute to the development of the Violence Prevention and Reduction Strategy and implementation of the actions.
- Work with the Physical Risk team to improve the quality and completion rates of risk assessments including undertaking audits.
- Support implementation of specific actions related to Health and Safety Executive inspections.
- The Trust's commitment to health and safety improvement and performance monitoring has ensured the following key achievements:
  - ◊ Robust health and safety governance delivered by the Clinical Governance team and collaborative working with estates and facilities on the functions for health and safety.
  - ◊ A continued positive working relationship with regulators such as the Health and Safety Executive, the National Accreditation Body for the UK (UKAS), Lancashire Fire and Rescue Service, and the CQC.
  - ◊ Use of technologies to support and standardise inspections, risk assessments and audits. For example, use of the Alcumus Sypol Control of Substances Hazardous to Health risk management system and development of an electronic process for risk assessments.
  - ◊ Continued scrutiny of accidents, incidents and near miss events by the Health and Safety team and greater focus on shared learning.
  - ◊ Positive engagement with Staff Side representatives supported by a nominated Staff Side lead.

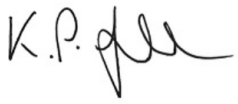
Prohibition or enforcement notices

The Trust has not received any prohibition or enforcement notices during the year.

Overseas operations

The Trust does not have any subsidiaries overseas.

This Performance Report is signed on behalf of the Board of Directors by:



Kevin McGee OBE
Chief Executive
27 June 2023

Lancashire Teaching Hospitals NHS Foundation Trust

ACCOUNTABILITY REPORT 2022–23

DIRECTORS' REPORT

The Directors present their annual report on the activities of Lancashire Teaching Hospitals NHS Foundation Trust.

This Directors' report is prepared in accordance with:

- sections 415, 416 and 418 of the Companies Act 2006 (section 415(4) and (5) and sections 418(5) and (6) do not apply to NHS Foundation Trusts) as inserted by SI 2013 (1970)
- Regulation 10 and Schedule 7 to the Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2008. All the requirements of schedule 7 applicable to the Trust are disclosed within the report
- additional disclosures required by the Treasury's Financial Reporting Manual
- additional disclosures required by NHSE in its Annual Reporting Manual

Our Board of Directors

Our Board of Directors is a unitary Board and has a wide range of skills with a number of Directors having a medical, nursing or other health professional background. The Non-Executive Directors have wide-ranging expertise and experience, with backgrounds in finance, audit, IT, estates, commerce, quality and service improvement, health and social care, risk, governance and regulation, and education. Whilst the Board is balanced it has carried one vacancy during the year but its membership is appropriate to the requirements of the organisation.

Please note that (I) indicates that the Non-Executive Director is considered independent.

Non-Executive Directors

Professor Paul O'Neill, Interim Chair 1 September 2022 to 31 March 2023 (I)

Appointment: 4 March 2019 to 3 March 2025

Paul is Professor Emeritus at the Manchester University and formerly a Consultant Physician at Manchester Foundation Trust with special interests in elderly care and stroke medicine. He has been the Head of School and Deputy Dean for the Faculty of Medical and Human Sciences. He received a National Teaching Fellowship and has published extensively in medical education and clinical research, as well as co-authoring six books. Internationally, Paul was a member of Faculty for the Harvard-Macy medical educators programme and acts as an education consultant internationally. On behalf of the Medical Schools Council, he led the work on devising a new selection system for the Foundation Programme implemented in 2012. He has an interest in patient and public involvement in medical education and established the Doubleday Centre for Patient Experience at Manchester. In 2013, he was awarded the President's Medal of the Academy of Medical Educators for his achievements. Paul continues to work extensively for the General Medical Council in quality assuring undergraduate and postgraduate medical education. Paul is the Chair of the Trust's Education, Training and Research Committee.

Paul served as Senior Independent Director from 31 August 2019 to 31 July 2022. He was appointed Vice Chair from 4 August 2022 and on 1 September 2022 he was appointed Interim Chair of the Trust.

Tim Watkinson, Non-Executive Director (I)

Appointment: 1 April 2016 to 31 March 2024

Tim is a qualified accountant with over 25 years' experience in senior audit positions in the public sector. He was previously the Group Chief Internal Auditor for the Ministry of Justice and prior to that was a District Auditor with the Audit Commission, including terms of office in Lancashire County Council, Preston City Council and Chorley Borough Council. Tim has led national teams and taken a lead role for the Audit Commission in the development of methodology for improving the performance of local authorities. Tim has experience of working in major accountancy firms providing audit and consultancy services to the public sector including the NHS. He has also been employed as an accountant and a Chief Internal Auditor within the NHS.

Tim served as Vice Chair of the Trust until the end of July 2022 and was appointed as the Senior Independent Director (SID) on 20 September 2022. He continues as the Chair of the Trust's Audit Committee. He is also the Non-Executive Board lead for Freedom to Speak Up and a member of the Rosemere Management Committee. Outside the Trust, Tim is an independent member of the UK Statistics Authority's Audit and Risk Assurance Committee.

Tricia Whiteside, Non-Executive Director (I)

Appointment: 9 September 2019 to 8 September 2025

Tricia is a transformational leader with a wealth of financial services experience having held a number of senior leadership roles within large Fortune 500 and FTSE100 organisations. Her experience gathered over 25 years includes owning aspects of global control frameworks and assuring compliance to the expected standards of control, establishing Strategic Change Portfolios, operational delivery of integration programmes following organisational mergers/acquisitions and leading upon significant business transformations. Over the last 11 years she successfully established her consultancy business which provided interim management support, with focus on setting up new operational functions and building sustainable internal capabilities, creating portfolios of strategic change to improve operational performance and financial stability, strengthening governance and control regimes, consulting on risk management strategies, and positively responding to increased regulatory scrutiny. Tricia is the Chair of the Trust's Finance and Performance Committee.

Since 1 September 2022 she has been Acting Vice Chair of the Trust.

Victoria Crorken, Non-Executive Director (I)

Appointment: 24 January 2022 to 23 January 2025

Victoria is an experienced senior leader within public sector and commercial environments. With 26 years' operational policing experience in Lancashire Constabulary, she has a deep understanding of the complex socio-economic and health challenges within local communities and has developed collaborative cross-sector partnerships to tackle inequality. Currently the Head of Risk for the Co-op Group Ltd, Victoria led the transformational change of the Crime, Security, Regulatory Compliance and Business Resilience strategy and her particular areas of expertise are stakeholder partnership collaborations, governance, risk management and regulatory oversight. Victoria has an MBA from the University of Central Lancashire Business School and is also the Vice Chair of Governors for Co-op Academy Leeds.

Ann Pennell, Non-Executive Director (I)

Appointment: 7 January 2019 to 6 January 2025

Ann has had a long Executive career in local government including senior roles in children's services, corporate improvement and housing. She has held Non-Executive Director posts at Cheshire and Wirral Partnership NHS Foundation Trust and prior to that, she was Non-Executive Director and Vice Chair at Southport and Ormskirk Hospital NHS Trust. Ann is the Chair of the Trust's Safety and Quality Committee and Non-Executive Director Lead for maternity safety. Ann is also the Trust's Board-level Maternity Safety Champion.

Ann resigned as a Non-Executive Director on 31 May 2023.

Kate Smyth, Non-Executive Director (I)

Appointment: 4 February 2019 to 3 February 2025

Kate is a chartered town planner and worked in planning and economic development for many years in local authorities across the North West. She then ran her own consultancy business for 25 years specialising in economic development and disability and has extensive experience working in the public and community and voluntary sectors. From 2012 to 2019, she was the Lay Member (Patient and Public Involvement) at Calderdale CCG. Kate was also the equality lead and the lead for deprivation, poverty and housing. From 2010 to 2019, she was an independent Board member (latterly, the Deputy Chair) at Kirklees Neighbourhood Housing and the Equality Champion. She is currently a Lay Leader at Yorkshire and Humber Patient Safety Research Collaboration and in 2019 was appointed to the North West Regional Stakeholder Network, established by the Cabinet Office

Disability Unit. In October 2020 Kate co-founded the Disabled NHS Directors Network, and was elected Co-Chair in March 2021. Kate is the Chair of the Trust's Charitable Funds Committee. In 2023 Kate was appointed to serve on the ICB People Board.

Jim Whitaker, Non-Executive Director (I)

Appointment: 3 July 2017 to 2 July 2023

Jim is an experienced Executive currently working at BT Enterprise, where he is Director of Project Management. During his career, Jim has led many large-scale IT transformation programmes for customers in the UK and abroad; these have typically been high complexity and operationally critical in nature. He has worked with customers in many sectors including Government, Defence, Investment Banking and Retail. Jim is a Chartered IT Professional with the British Computer Society and holds project management qualifications, which include APM RPP, MSP and Prince 2. His areas of particular expertise are strategic planning, managing change, governance, and risk management. Jim is the Chair of the Trust's Workforce Committee.

Associate Non-Executive Directors (non-voting)

Michael Wearden, Associate Non-Executive Director (I)

Appointment: 10 June 2022 to 9 June 2024 (two-year fixed term)

Michael is a values-driven leader with significant strategic experience of working within the Third Sector, driving business transformation and managing diverse teams in the delivery of health-related programmes across the North West. He is currently Managing Director of Lancashire charity Red Rose Recovery, the largest Lived Experience Recovery Organisation in the country and has over 15 years' experience in developing and managing innovative programmes that support people of all ages, backgrounds and complex needs from across the UK to flourish and create a positive impact on individual wellbeing and life changes.

Michael is also Non-Executive Director for Lancashire-based CIC U-Develop and Founder and Director of MWD Consultants which supports various Health and Wellbeing, voluntary, community, faith and social enterprise (VCFSE) sector organisations from across the North of England to grow and thrive.

Peter Wilson, Associate Non-Executive Director (I)

Appointment: 16 June 2022 to 15 June 2024 (two-year fixed term)

Executive Directors

Kevin McGee OBE, Chief Executive

Permanent post – appointment from 1 September 2021

Kevin brings with him a wealth of experience within the NHS having held director and Chief Executive positions for over 23 years. In addition to his role at the Trust, Kevin is also the Chief Executive Lead for the Lancashire and South Cumbria Provider Collaborative.

Earlier in his career, Kevin, who is a qualified accountant, was Director of Finance and Information for North Sefton and West Lancashire Community Trust (1998–1999) and Ashworth Special Hospital Authority (1999–2000).

Kevin first came to Lancashire in 2000, joining University Hospitals of Morecambe Bay as the Director of Finance (2000–2004) before he became Chief Operating Officer (2004–2006) and then Acting Chief Executive (2006–2007).

Kevin them moved to NHS North Lancashire as the Director of Commissioning and Performance Management (2007–2010).

Kevin briefly left Lancashire for a four-year period to take up Chief Executive roles at Heart of Birmingham Primary Care Trust (2010–2011) and George Elliot Hospital (2011–2014) before he returned to the county as Chief Executive at East Lancashire Hospitals NHS Trust in 2014. In 2019 he also became Chief Executive for Blackpool

Teaching Hospitals NHS Foundation Trust and maintained responsibility for both Trusts until taking up his current role. On 1 July 2022 Kevin was appointed a partner member of the Lancashire and South Cumbria ICB.

Kevin was awarded an OBE in the New Year's Honours list 2022 for services to the NHS.

Faith Button, Chief Operating Officer

Permanent post – appointment from 1 May 2019

After graduating Faith joined the NHS and has worked in a number of acute Trusts in senior roles in London and the South with over 20 years' experience. She has a strong background in senior operational management and performance management having been a Director of Performance at her last two Trusts. She joined the Trust in 2017 having been the Deputy Chief Operating Officer and was appointed to Chief Operating Officer in May 2019. Faith is the Interim Chief Operating Officer across the Integrated Care Partnership (ICP).

Sarah Cullen, Chief Nursing Officer

Permanent post – appointment from 1 August 2019

Sarah is a Registered Nurse with experience in a variety of nursing and operational roles in a broad range of specialties. Sarah spent 18 years of her career at University Hospitals of Morecambe Bay and joined Lancashire Teaching Hospitals in 2017 as the Deputy Nursing, Midwifery and AHP Director becoming the Executive Nursing, Midwifery and AHP Director in 2019. Sarah is the Executive lead with responsibility for the hospital charity, clinical governance, maternity, children and safeguarding. She is also a trustee of the post graduate education charity.

Gerry Skailes, Chief Medical Officer

Permanent post – appointment from 1 March 2018

Gerry graduated from Guys Hospital in London and spent the early years of her medical training in London and the South Coast before moving to the Christie Hospital to undertake specialist training in Clinical Oncology. She was appointed as a Consultant at Royal Preston Hospital in 1997 with an interest in treating lung and gynaecological cancers. She has held a number of leadership roles within the Trust and North West region including Clinical Lead for the Lancashire and South Cumbria Cancer Alliance and Deputy Medical Director of the Trust. Gerry continues to work as a Consultant in Oncology undertaking a weekly acute oncology ward round and is actively involved in a number of the ICP and ICS Committees. Gerry was appointed as the Trust's full-time Medical Director from March 2018 and is also our Caldicott Guardian.

Karen Swindley, Chief People Officer

Permanent post – appointment from 1 November 2011

Karen was appointed to the role of Director of Workforce and Education in November 2011 having previously worked as Associate Director of Human Resources Development in the Trust since 2001. In December 2018 she managed the Trust's strategic portfolio as Workforce, Education and Strategy Director until the appointment of a Director of Strategy and Planning in January 2022. Having been employed in the NHS for over 26 years, she has held a number of senior posts in education, training and organisational development both in the NHS and the private sector. Karen is responsible for leadership and management of human resources, training and education, and research. Outside of the Trust she is the Chair and Trustee of Derian House Children's Hospice.

Jonathan Wood, Chief Finance Officer/Deputy Chief Executive

Permanent post – appointment from 1 August 2019

After graduating, Jonathan joined the North Western financial management training scheme in 1992 where he worked with a number of Health Authorities within Greater Manchester. Since qualifying he has worked for a number of NHS organisations, including Salford Royal, the North West Strategic Health Authority, East Lancashire Hospitals NHS Trust and Leeds Teaching Hospitals NHS Foundation Trust. He has supported a number of hospital developments over the years and enjoys working with teams in resolving complex problems.

Executive Directors (non-voting)

Ailsa Brotherton, Director of Continuous Improvement

Permanent post – appointment from 1 December 2017

Ailsa joined the Trust in 2017 from Manchester Foundation Trust where she was the Director of Transformation for the Single Hospital Programme. Prior to this Ailsa held clinical quality and improvement roles with the Trust Development Authority/NHSE. She has also held a post-doctoral senior research fellow post, has a Masters in Leadership (Quality Improvement) from Ashridge Business School and is a Health Foundation Generation Q Fellow. Ailsa has extensive experience of designing and delivering quality improvement and large-scale change programmes. In 2019 Ailsa was awarded an honorary professorship in the School of Health and Wellbeing at the University of Central Lancashire and is working with our academic partners to ensure all our improvement programmes are evidence-based and evaluated.

Stephen Dobson, Chief Information Officer

Permanent post – appointment from 1 April 2020

Stephen joined the Trust in April 2020 from Greater Manchester's Health and Care Partnership where he was the Chief Digital Officer. Prior to this Stephen spent eight years as Chief Information Officer for Wrightington, Wigan and Leigh NHS Foundation Trust. He has also spent over 10 years working for Pfizer Pharmaceuticals within the USA and UK within a variety of roles including Pharmacogenomics, Clinical Trials, Informatics and Knowledge Management. Stephen has a PhD in Molecular Genetics and extensive experience leading digital programmes.

Gary Doherty, Chief Strategy and Planning Officer

Permanent post – appointment from 30 January 2022

Gary joined the Trust in February 2020 on a fixed term contract prior to permanent appointment in 2022. He is an experienced NHS leader having worked in operational and planning roles at a range of levels including Chief Executive. He has over 25 years NHS experience and has worked in both the English and Welsh NHS, mainly in hospital provision but also at a regional level for the Department of Health and Social Care.

Naomi Duggan, Director of Communications and Engagement

Permanent post – appointment from 1 April 2020

Naomi joined the Trust in April 2020 having previously undertaken a similar role at University Hospitals of North Midlands from October 2016 where she was a member of the Board and Executive team. Prior to this, Naomi has held senior communications and engagement roles at Tameside and Glossop Primary Care Trust, Oldham Metropolitan Borough Council and within private sector retail.

Naomi has run her own consultancy business and after her first degree she started her career as a Management trainee on the Blue Chip British Coal Corporation graduate scheme. Naomi has worked on a number of transformational projects for the NHS including Better Care Together in Morecambe Bay and Healthier Together in Greater Manchester, as well as controversial retail schemes which needed positive engagement to win the hearts and minds of a range of key stakeholders in order to secure planning permission and political and community support.

A graduate of Leeds University, Naomi has an MBA from Leeds University Business School, a Postgraduate certificate in Marketing from Sheffield Business School and the Chartered Institute of Marketing Diploma. She is also a member of the Chartered Institute of Public Relations.

Jennifer Foote MBE, Company Secretary

Permanent post – appointment from 1 July 2022

Jennifer joined the Trust in July 2022 and has extensive experience of corporate governance across the public sector, including working as part of the Further Education Commissioner's Team in the Department of Education as a National Leader of Governance. Jennifer was awarded the MBE in 2017 for services to governance.

Board members whose term of office ended during 2022–23

The following Board member stepped down during 2022–23:

Professor Ebrahim Adia (Chair) (I)

Appointment: 2 December 2019 to 1 December 2022

Ebrahim was appointed Vice-Chair of the newly formed Lancashire and South Cumbria ICS on 1 July 2022 and therefore stepped down from the Trust on 31 August 2022 to concentrate on this new role.

Appointment and removal of Non-Executive Directors

Appointment and, if appropriate, removal of Non-Executive Directors is the responsibility of the Council of Governors. When appointments are required to be made, usually for a three-year term, the Trust Nominations Committee oversees the process and makes recommendations to the Council as to appointments. Non-Executive Directors who are appointed beyond six years are always subject to annual reappointment, and the maximum term of office is nine years in aggregate, in line with the Trust's Constitution. The procedure for removal of the Chair and other Non-Executive Directors is laid out in our Constitution which is available on our website or on request from the Company Secretary.

Division of responsibilities

There is a clear division of responsibilities between the Chair and the Chief Executive. The Chair ensures the Board has a strategy which delivers a service that meets the expectations of the communities we serve, and that the organisation has an Executive team with the ability to deliver the strategy. The Chair facilitates the contribution of the Non-Executive Directors and their constructive relationships with the Executive Directors. The Chief Executive is responsible for leadership of the Executive team, for implementing our strategy and delivering our overall objectives, and for ensuring that we have appropriate risk management systems in place.

Review of Effectiveness

All Non-Executive Directors completed satisfactory individual appraisals of their performance for 2022–23 in March 2023. This was reported through to Council in April 2023. Executive Directors undertook parallel reviews, reported through to the Appointments, Remuneration and Terms of Employment (ARTE) Committee.

A Committee effectiveness review is undertaken annually in order for the Board to receive assurance that all Committees have discharged their collective responsibilities. This is then reported through to an overall Board effectiveness review. An improvement and development plan for the Board is then drafted, with actions against this assessed as part of the review the following year.

Declaration of interests

All Directors have a responsibility to declare relevant interests, as defined within our Constitution. These declarations are made to the Company Secretary, reported formally to the Board, and entered into a register which is available to the public. The register is also published on our website and a copy is available on request from the Company Secretary.

Independence of Directors

The role of Non-Executive Directors is to bring strong, independent oversight to the Board and all Non-Executive Directors are currently considered to be independent. The Board is made up of a majority of independent Non-Executive Directors who have the skills to challenge management objectively. There is also a strong belief in the importance of ensuring continuity of corporate knowledge, whilst developing and supporting new skills and experience brought to the Board by new Non-Executive Directors.

In recognition of our role as a teaching hospital, one of our Non-Executive Director posts is held by a University representative. This allows the post holder to use their detailed knowledge and their experiences within the field of academia to play a key role on the Board and this post is occupied by Professor Paul O'Neill.

Board meeting attendance summary 2022–23

PRESENT	07/04/ 2022	09/06/ 2022	04/08/ 2022	06/10/ 2022	01/12/ 2022	02/02/ 2023	A	B	Percentage of meetings attended
VOTING NON-EXECUTIVE DIRECTORS									
Ebrahim Adia	P	Ab	P				3	2	67%
Victoria Crorken	P	P	P	Ab	P	P	6	5	83%
Paul O'Neill	P	Ab	P	P	P	P	6	5	83%
Ann Pennell	P	P	Ab	Ab*	P	P	5	4	80%
Kate Smyth	P	P	P	P	P	P	6	6	100%
Tim Watkinson	P	P	P	P	P	P	6	6	100%
Jim Whitaker	Ab	P	P	P	P	P	6	5	83%
Tricia Whiteside	P	P	P	P	P	P	6	6	100%
VOTING EXECUTIVE DIRECTORS									
Faith Button	P	P	P	P	P	P	6	6	100%
Sarah Cullen	P	P	P	P	P	P	6	6	100%
Kevin McGee	P	P	P	P	P	P	6	6	100%
Gerry Skailes	P	P	P	P	P	P	6	6	100%
Karen Swindley	P	P	P	P	P	P	6	6	100%
Jonathan Wood	P	P	P	P	P	P	6	6	100%
NON-VOTING ASSOCIATE NON-EXECUTIVE DIRECTORS									
Michael Wearden			Ab	Ab	P	P	4	2	50%
Peter Wilson			Ab	P	P	P	4	3	75%
NON-VOTING EXECUTIVE DIRECTORS									
Ailsa Brotherton	P	P	P	P	P	Ab	6	5	83%
Stephen Dobson	P	Ab	Ab	P	P	P	6	4	67%
Gary Doherty	P	P	P	P	P	P	6	6	100%
Naomi Duggan	P	P	P	P	P	P	6	6	100%

P = Present | Ab = Absent | A = Maximum number of meetings the Director could have attended | B = Meetings attended
**Absence due to recognised exceptional circumstances*

Evaluating performance and effectiveness

The CQC last undertook a Well Led inspection at the Trust in 2019 and rated the Trust as 'Good' for Well Led. The Trust, as a whole, reviews its own leadership and governance arrangements periodically, in line with the requirements of NHSE as part of the Well Led framework which requires providers to carry out developmental reviews.

The last externally facilitated review using the Well Led framework was carried out by MIAA in February 2021. However, in 2022–23, the Good Governance Institute (GGI) undertook a Risk and Assurance review from February to November 2022. The review was positive about the risk and governance arrangements at the Trust and did not identify any legislative or regulatory requirements that were not being met. There were 26 recommendations for the Trust to consider, which were largely practical and supportive suggestions, recognising the maturing governance arrangements of the Trust and an action plan was developed.

In 2022–23 there have also been reviews undertaken by Internal Audit in relation to Divisional Risk Maturity and the Confidential Risk process which both received significant assurance.

Further information on performance and effectiveness can be found in the Annual Governance Statement.

Update on progress with the Well Led and Governance Maturity Plan 2021–23

Since the last Well Led inspection, the Trust developed a Well Led and Governance Maturity Plan to drive improvement in the Well Led domain of the organisation and this incorporated recommendations from a review undertaken of the divisional governance arrangements (by the Quality Governance lead from the Nursing Directorate at NHSE which identified the Trust as an exemplar organisation in October 2020), a Risk Maturity Self-Assessment tool supported by MIAA, and the MIAA developmental Well Led review in February 2021. In addition, two external consultants were engaged: firstly, an external leadership consultant undertook a series of development sessions with the Board; and secondly, there was a Risk and Assurance review undertaken by the GGI and the actions are being monitored via the Well Led and Governance maturity plan.

The Modern Slavery Act 2015

The Trust has zero tolerance to slavery and human trafficking and is committed to ensuring that there is no modern slavery or human trafficking in our supply chains or in any part of our service. The Trust is fully aware of the responsibilities it bears towards patients, employees and the local community and, as such, we have a strict set of ethical values that we use as guidance with regard to our commercial activities. We therefore expect that all suppliers to the Trust adhere to the same ethical principles. The summary below sets out the steps the Trust takes to ensure that slavery and human trafficking is not taking place in our supply chains or in any part of our service:

- **Assessing risk related to human trafficking and forced labour associated with our supply base:** we do this by supply chain mapping and developing risk ratings on labour practices of our suppliers to understand which markets are most vulnerable to slavery risk.
- **Developing a Supplier Code of Conduct:** we will issue our Supplier Code of Conduct to our existing key suppliers as well as those that are in a market perceived to be of a higher risk (for example, catering, cleaning, clothing and construction). The Supplier Code of Conduct will also be included within our tendering process. We will request confirmation from all our existing and new suppliers that they are compliant with our Supplier Code of Conduct.
- **Monitoring supplier compliance with the Act:** we will request confirmation from our key suppliers that they are compliant with the Act.
- **Training and provision of advice and support for our staff:** we are further developing our advice and training about slavery and human trafficking for Trust staff through our Safeguarding Team to increase awareness of the issues and how staff should tackle them.
- **Monitoring contracts:** we continually review the employment or human rights contract clauses in supplier contracts.
- **Addressing non-compliance:** we will assess any instances of non-compliance with the Act on a case-by-case basis and will then tailor remedial action appropriately.

Political donations

The Trust has neither made nor received any political donations during 2022–23.

Directors' declaration

All directors have confirmed that, so far as they are aware, there is no relevant audit information of which the auditor is not aware and that they have taken all steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the NHS Foundation Trust's auditor is aware of that information. All directors understand that it is their responsibility to prepare the annual report and accounts, and that they consider the annual report and accounts, taken as a whole, to be fair, balanced and understandable, and to provide the information necessary for patients, regulators and other stakeholders to assess the performance of Lancashire Teaching Hospitals NHS Foundation Trust, including our business model and strategy.

If you would like to make contact with a director, please contact the Company Secretary by email: **company.secretary@lthtr.nhs.uk** or telephone **01772 522647**.

Also available on our website:

Register of directors' interests
Director biographies
Statement on the division of responsibilities between Chairman and Chief Executive

QUALITY IMPROVEMENT

Below highlights some of the key developments made by the Trust to improve service quality and an overview of the Trust's arrangements in place to govern service quality. Additional information on quality is available in our 2022–23 Quality Account which will be available on the Trust website at the end of June 2023 and within our Annual Governance Statement (pages 93 to 110).

Continuous Improvement

The Trust has launched its second Continuous Improvement (CI) Strategy and implementation of the first year of the Strategy has been delivered throughout the year.

The Lancashire and South Cumbria Flow Coaching Academy is now well established, delivering two cohorts and a third is currently in progress. 61 Flow Coaches have been trained and have applied the methodology in the following Big Rooms: Brain Tumour, Cauda Equina Syndrome, Chemotherapy, Colorectal, Deteriorating Patients, Do Not Attempt Cardiopulmonary Resuscitation, Emergency Mental Health, Enhanced Care, End of Life, Endoscopy, Ears Nose and Throat, Frailty, Gynaecology, Inflammatory Bowel Disease, Lung Cancer, Major Trauma, Neurology (Headache), Nutrition, Pain Management (Spine), Pneumonia, Pre-operative and Pre-habilitation, Respiratory, Sepsis, Stroke, and Vascular Surgery.

A third cohort is due to complete the programme in June 2023, adding a further 21 Flow Coaches and a further 10 Big Rooms will be established. These Big Rooms are: Breast Reconstruction, Deconditioning, Eating Disorders, Entry to Emergency and Urgent Care, Falls Prevention, Inpatient Avoidance, Inpatient Pre-operative Pain Management, Kidney Care, Neonatal, and Radiotherapy.

The Lancashire Microsystem Coaching Academy programme has now delivered four cohorts and a new fifth cohort is commencing in April 2023. With 50 areas trained in the Microsystem Coaching Academy methodology and 87 Coaches, the addition of the fifth cohort will see a further 15 areas and 20 Coaches skilled up and working on local level improvements.

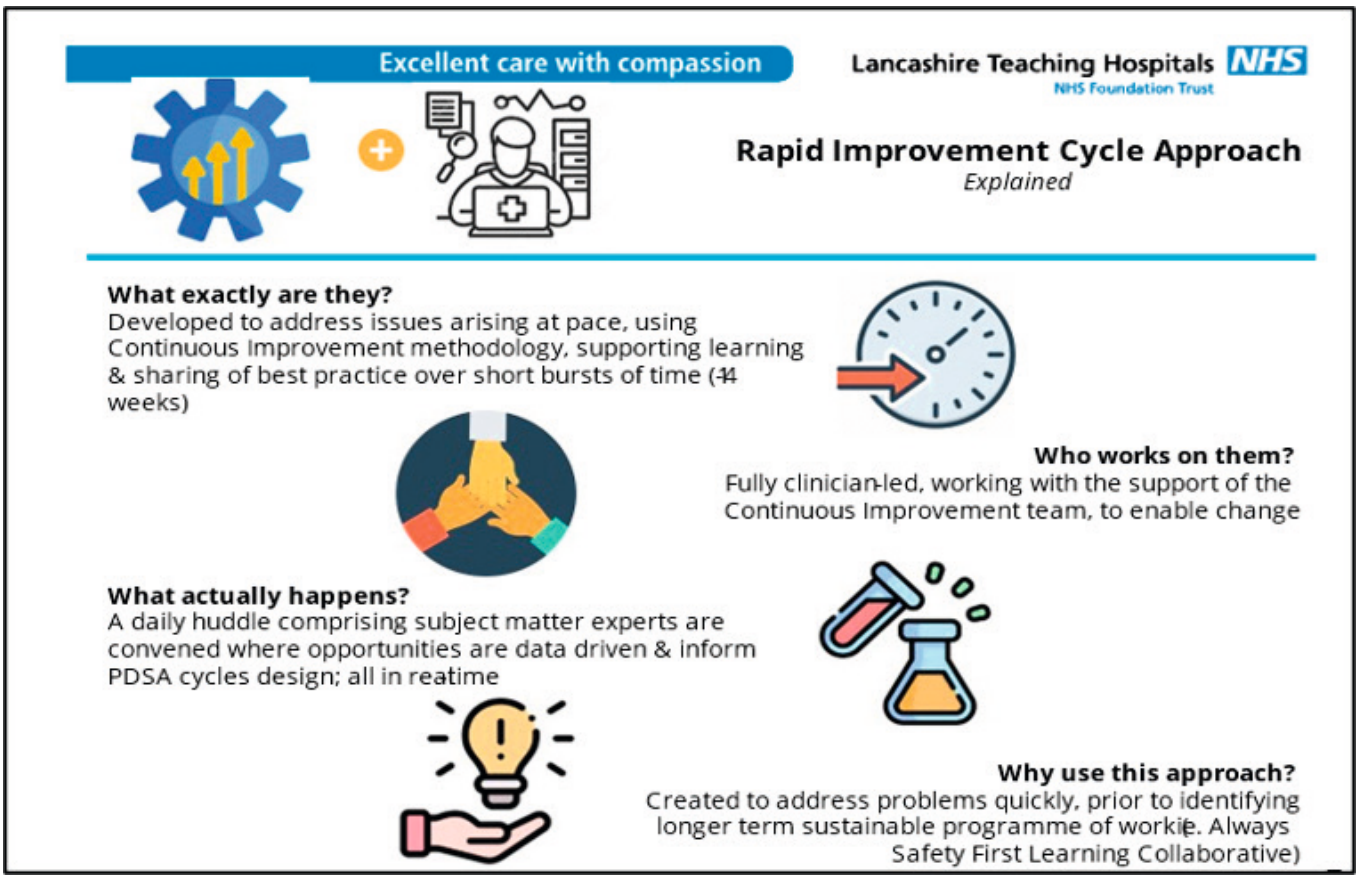
Over the last 12 months we have also embarked on a new approach to deliver system-level improvement across our Lancashire and South Cumbria ICS. Working in partnership with the Engineering Design Centre at Cambridge University we are working to improve services across the ICS for people living with frailty and who have respiratory conditions. As an ICS system cohort, we are using the Engineering Better Care model to develop and test new ways to deliver healthcare for this population group. More locally across central Lancashire the team participating in the programme is focusing their efforts on reducing conveyance from care homes to the Emergency Department by working with place and system partners to develop more joined-up support services and pathways to mitigate the need for Emergency Department attendance and support patients to live well and age well.

There has been a continued focus throughout the year on building CI capability across the organisation through the delivery of the CI Building Capability Strategy in line with the NHSE report and dosing formula for provider organisations for year one of the strategy.

CI support has been provided to a number of the divisions and corporate teams with the design, testing and implementation of improvement priorities in response to specific requests (outside the formal improvement programmes), often in response to organisational pressures. In year, this has included:

- Supporting the Trust's Always Safety First Strategy delivery and improvement programmes aimed at reducing avoidable harm through the development of highly reliable systems and processes.
- Supporting pharmacy to use a CI methodology to improve compliance to prescribing oxygen and development of a prioritisation process.
- Supporting the development of a waste programme within a number of divisions.
- Supporting organisational flow through the following initiatives: discharge lounge utilisation, patient flow programme, Be a Bed Ahead, Green Means Go.
- Supporting the Patient Experience team to drive improvements in patient experience, including participating in the Imperial College and Health Foundation Scale, Spread and Embed Research Project.

- Utilising a CI approach to support the adoption of patient-initiated follow up.
- Working collaboratively with regional partners to improve the timely handover of patients from ambulances through the ICS collaborative: Hospital Handover led by North West Ambulance Service (NWAS) and the Advancing Quality Alliance.
- Co-ordinating the Lancashire and South Cumbria Together Improvement Weeks in response to operational pressures.
- Improvement project in maternity triage assessment unit.
- A patient flow improvement programme.



Always Safety First

The Always Safety First improvement programme has been delivered in line with the Always Safety First Strategy (the Trust's response to the National Patient Safety Strategy), facilitating improvement in safety metrics across the organisation.

The Board recognises the benefits of embedding a culture of CI across our organisation, supporting our staff to design, test, embed and sustain changes that benefit patients and our local population. To achieve a culture of CI in our patient safety metrics, the Trust developed Always Safety First, our long-term approach to transforming the way services are delivered for the better, utilising a robust improvement methodology.

Always Safety First is based on proactive regular review of our safety metrics and safety intelligence to inform our priorities, improvement co-designed with our staff and patients, shared governance, collaborative working across divisions and clinical specialties, and learning to improve. Our work is underpinned by a real-time safety surveillance system making our data visible from Ward to Board. Always Safety First is focused on achieving high reliability through standardisation, system redesign and ongoing development of pathways of care, built on a philosophy of CI led by frontline clinical staff.

How is continuous improvement in patient safety, access and patient experience delivered?

The Always Safety First Strategy is our Trust response to the NHS National Patient Safety Strategy. This ambitious strategy outlines our plans and aspirations to improve quality of care and safety for our patients, service users and staff. To support the delivery of this strategy an Always Safety First Group continues to meet and is chaired by our Trust Patient Safety Specialists with representation from a wide group of staff across the organisation. This specialist multidisciplinary group is enabling a culture of CI and cross-system working to build the will to improve safety, making safety everyone's role.

By reviewing systematic data from harms, incidents, and our Safety Surveillance System, the group is initiating new targeted programme design and delivery to tackle our biggest challenges around safety, including pressure ulcers and medication safety.

The Always Safety First programme continues to mature its delivery and our teams are building on the learning and facilitation of virtual collaborative learning sessions. At these sessions participating teams are brought together to learn about the improvement interventions to be embedded through shared learning and best practice, building improvement capability and actively participating, thereby forming a positive CI culture.

The Trust is now developing an Always Safety First Phase II approach which is focusing much more on the scale and sustainability of our improvements which were developed and tested through our founding Breakthrough Series Collaboratives. This new approach will combine our learning and new improvement methods to deliver rapid testing and development of change solutions, which can then be guided through a formal scale and sustainability process, supported by measurement, communication, and governance to ensure our new improved ways of working are embedded.

Research participation in clinical research

In 2022–23, the number of Trust patients recruited to participate in research approved by a research ethics committee was 1,820. Of these, 1,664 patients were recruited to NIHR portfolio adopted studies. In total, there are currently 214 active research studies recruiting patients at the Trust. The return to a more balanced, pre-pandemic style research portfolio has been pleasing and we have begun to see commercial trials and studies recommencing with a year-end position of 16% of commercial trials compared to 9% at the beginning of the financial year.

Research Governance

The Department of Health and Social Care benchmarks for the set up and delivery of clinical research in the NHS are currently suspended. We did, however, grant local confirmation of capacity and capability and opened 55 new studies during this year.

Our Achievements in Research

Key achievements to note are:

Infrastructure:

- We were successful in securing ongoing funding for the NIHR Lancashire Clinical Research Facility (LCRF) and secured a 33% uplift in funding for 2022–25 of £1m.

- Implementation of the new NIHR Manchester Biomedical Research Centre of which the Trust is a partner. This will bring core funding of £750k (2022–27) via the LCRF. Professor Pierre Martin-Hirsch, Director of Research and Development notes that "The collaboration with Manchester University Hospitals and Lancashire Teaching Hospitals will stimulate the development of primary research across the two institutions. The clinicians, students and patients will benefit from integration of academic activity in healthcare in Lancashire, benefiting not only patient outcomes but will also raise the standard and profile of services."

Workforce:

- Leading Principal Investigators, Professor Shondipon Laha, Consultant in Critical Care Medicine and Anaesthesia, won the regional Future NHS Award for his commitment to improving health care, championing research, and introducing innovative ideas throughout the COVID-19 pandemic, and was shortlisted for 2022 NHS Parliamentary Awards.
- Clinical Academic Faculty Lead and Speech and Language Therapist, Sarah Edney, has been awarded a Clinical Research Training Fellowship by 4ward North PhD Scheme. The prestigious fellowship combines research with clinical practice.
- Research nurse, Deepsi Khatiwada has been seconded until March 2023 as a nurse inclusion lead with NHSE North West to drive the equality, diversity and inclusion agenda, both for patients and workforce across the region.
- Deputy Director of Research and Innovation (Ops), Paul Brown, has been appointed UK Clinical Research Facility Network Director after Manchester University Hospitals NHS Foundation Trust successfully won the NIHR bid to host the network.
- Director of Research, Professor Pierre Martin-Hirsh was awarded with the Royal College of Obstetricians and Gynaecologists Annual Academic award. The award distinguishes service to academic obstetrics and gynaecology. Nominees are recognised for their outstanding contribution to the academic aspects of this speciality (scientific discovery, pre-clinical and clinical research, academic education, and training). As winner, Pierre will be invited to give a keynote lecture at the 2023 Annual Academic Meeting.
- Katrina Rigby, Senior Research Midwife, has been accepted on to the NIHR Senior Leadership Programme which commences in April 2023. This is one of only 15 places across England.
- Nichola Verstraelen, Matron, has completed her lead role for the NHSE project on a research toolkit for the Matron's Handbook and becoming Programme Lead for Research for the ICS.
- Research Scholars: never having had a successful application for the NIHR Northwest Coast Clinical Research Network's Scholar scheme (to train new Consultant-level clinicians and nurses, midwives and allied health professionals as Investigators) before 2022, we are delighted that this year we have had three successes.
- Candiss Argent, Paediatric Research Physiotherapist has been appointed as the Allied Health Professional Research Champion for the Northwest Coast 2023. This is part of a joint scheme between the Council for Allied Health Professions Research and the NIHR to develop a network of Research Champions.

Studies/Trials/Research:

- The data from a cancer study we participated in, FOxTROT has now been published in the Journal of Clinical Oncology online. Dr Deborah Williamson was our local Principal Investigator for the study that looked at new treatment strategies to cut risk of bowel cancer return. The results show the new strategy can cut risk of return to 28%, along with confirming the safety of the approach and the importance of Mismatch repair status in selecting patients who benefit most.
- We have been successful in recruiting the UK's first participant into the innovative TRIDENT study for newly diagnosed glioblastoma patients. The study was brought to us by one of our former neurosurgical consultants, Mr Charles Davis. The study uses a device called Optune®, which delivers mild electrical fields called TTFields intended to disrupt cancer cell division. The study will use the TTFields concurrently with chemotherapy and radiotherapy. Congratulations to our local Principal Investigator, Mr Isaac Phang and the rest of the multi-disciplinary team involved with this complex study.
- In collaboration with the International Agency of Research Against Cancer, a specialised agency of the World Health Organisation, Professor Martin-Hirsch, along with fellow local specialist, Professor Ihtesham Rehman from the University of Central Lancashire has secured a multi-million-dollar grant from the National Institute of Health in the USA to fund their research into early diagnosis of womb, cervical and lung cancer.

- Two commercial studies recently delivered by our Chronic Conditions team contributed toward study drugs that have been licenced. Both looked at the use of HIF-PHI oral medication for the correction of anaemia in chronic kidney disease. The Dolomites study (Astellas Pharma Inc and AstraZeneca) drug Roxadustat has been licenced in Europe and has National Institute for Health and Care Excellence (NICE) approval. The cost is the same as the therapy currently in use but much better for patients as it is an oral medication where currently they must give themselves an injection. It will also provide improved management for their anaemia. The Ascend D (GSK) study drug, Daprodustat, will be licenced imminently.

PATIENT EXPERIENCE

Improving patient experience is a key ambition for the Trust underpinned by the mission to provide 'Excellent Care with Compassion'.

Acquiring and acting upon the feedback provided by our patients, families and carers on their experience is an important component to achieving that ambition. This year, the Trust co-produced a new three-year Patient Experience Involvement Strategy for 2022–25. The strategy was developed and co-produced with patients, families, carers, governors, and staff. The Trust has actively sought the views of patient groups who represent those people who have protected characteristics and recognises the importance of intersectionality when considering the feedback. The strategy closely links to a number of Trust strategies, including Equality, Diversity and Inclusion, Leadership and Organisational Development, Mental Health, Learning Disability and Autism, Dementia, and Always Safety First. The actions within the strategy are monitored through the Patient Experience and Involvement Group, which is a diverse group consisting of governors, patient representatives, carers, voluntary sector organisations and staff members and provides assurance to the Trust Safety and Quality Committee.

The strategy is divided into three sections: **Insight** – improving understanding of patient experience and involvement by listening and drawing insights from multiple sources of information. **Involvement** – to equip patients, colleagues and partners with the skills and opportunities to improve patient experience throughout the whole system. **Improvement** – to design and support improvement programmes that deliver effective and sustainable change.

The outcome measures that will evidence the delivery of the strategy include:

- Reduction in complaints
- Improved recommendations via friends and family feedback
- Increased response rates to friends and family test
- Increased compliments and improved outcomes in our National Patient Surveys
- Improved response time to concerns and complaints
- Reduced number of second complaints
- Increased evidence of patient co-production and improved training, metrics, communication and patient experience and Patient Experience and Patient Advice and Liaison Service (PALS) with early resolution

Our PALS team works alongside colleagues, patients, carers and other stakeholders in a responsive way. The team do this by:

- Providing information to patients, relatives, and carers
- Resolving problems and concerns before they escalate to become complaints
- Providing data about the experiences of patients, their relatives, and carers to inform improvements in the quality of services
- Informing people about the complaints procedure and how it can be accessed
- Acting as an early warning system for the Trust
- Identifying opportunities for learning from the experience of patients, relatives, and carers
- Working in partnership with the teams of other healthcare providers and partner organisations

Complaints and Concerns

Comparator data for Complaints 2020–2023

Year	Complaints received	Increase/reduction
2020–21	361	- 96
2021–22	580	+ 219
2022–23	487	- 93

Source: LTHTR Datix

During 2022–23, the Trust received 487 formal complaints, a decrease of 93 from 2021–22. The decrease represents a percentage of 16%. In the previous year there was a substantial increase in complaints following the COVID-19 pandemic. The trend in the ratio of complaints to patient contacts over the past three years is detailed in the table below.

Trend of ratio of complaints per patient contact 2022–23:

Year	No of complaints	Total episodes (inpatient/outpatient)	Ratio of complaints to patient contacts
2020–21	361	717,213	1:1,987
2021–22	580	821,526	1:1,416
2022–23	487	849,328	1:1,744

Source: LTHTR Datix

Of the 487 complaints received between April 2022 and March 2023, 417 (86%) related to care or services provided at the Royal Preston Hospital, 68 (13.9%) to care or services provided at Chorley and South Ribble Hospital, and two (0.4%) to care or services provided at Preston Business Centre. In addition to the 487 complaints received, the Patient Experience and PALS team also responded to seven cases which were deemed to be outside of the 12-month timescale set out under the NHS Complaints Procedure.

Number of complaints by division 2022–23:

Division	Number (%)	Division	Number (%)
Medicine	189 (40%)	Women and Children's Services	80 (16%)
Surgery	172 (35%)	Diagnostics and Clinical Support	31 (6%)
Estates and Facilities	6 (1.2%)	Corporate Services	9 (1.8%)

Source: LTHTR Datix

During this financial year there were 516 cases due to be closed. The outcome of these can be broken down into the following outcomes – 44 (8%) of the complaints had been upheld, 310 (60%) were partly upheld, and 127 (25%) had not been upheld. The one (0.5%) remaining record was a case that was withdrawn, and 34 (6.5%) cases currently remain open.

The NHS Complaints Regulations determine that all complaints should be acknowledged within three working days of receipt. In the current reporting period, 97% of complainants received an acknowledgement within that timescale where complaints were received into the Patient Experience and PALS team.

Second letters may be received because of dissatisfaction with the initial response or as a result of the complainant having unanswered questions. During the period April 2022 to March 2023, we received 29 second letters.

During the period April 2022 to March 2023, 555 complaints were closed. 70% of complaints received in 2022–23 were closed within the internally set target of 35-day timescale (these included some carried over from prior year). This is reported to the Safety and Quality Committee on a monthly basis. The Patient Experience and PALS team has dealt with a total of 2,413 concerns and 4,727 enquiries during the year.

Top 3 themes from complaints by division:

Division	Themes
Diagnostic and Clinical Support	1. Consent, confidentiality, or communication 2. Clinical assessment 3. Nursing care
Women and Children	1. Treatment/procedure 2. Consent, confidentiality, or communication 3. Staff behaviour or attitude
Medicine	1. Consent, confidentiality, or communication 2. Clinical assessment 3. Nursing care
Surgery	1. Consent, confidentiality, or communication 2. Treatment/procedure 3. Clinical assessment

The Parliamentary Health Service Ombudsman

Complainants have the right to request that the Parliamentary and Health Services Ombudsman (PHSO) undertakes an independent review into their complaint in instances where local resolution has not been achieved.

Between the period April 2022 to March 2023 there were four cases referred to the PHSO: one was not upheld and three are ongoing. During this period, the PHSO sent final reports for three cases which were opened prior to April 2022 and the outcome of these were that one was not upheld and two were partly upheld. In addition, there was one other case opened prior to April 2022 which the PHSO closed as premature and allowed the Trust to undertake further local resolution. There were a further two cases referred to the PHSO prior to April 2022 which are still under investigation by the PHSO, and a final decision is yet to be reached. Also, during this period a further two cases have been referred to the PHSO which are being actioned through the PHSO's local dispute resolution process: one has been resolved and one is ongoing with a view to a meeting being arranged.

Compliments

The Trust receives formal and informal compliments from patients and their families in relation to their experience of care.

During 2022–23, a total of 2,664 compliments and thank you cards were received by wards, departments and through the Chief Executive's office. There has been an increase in the number of compliments received this year. Departments are being encouraged to actively log compliments on the Datix system which has its own module for this purpose. This provides teams with the opportunity to celebrate success locally and as part of their wider teams and divisions.

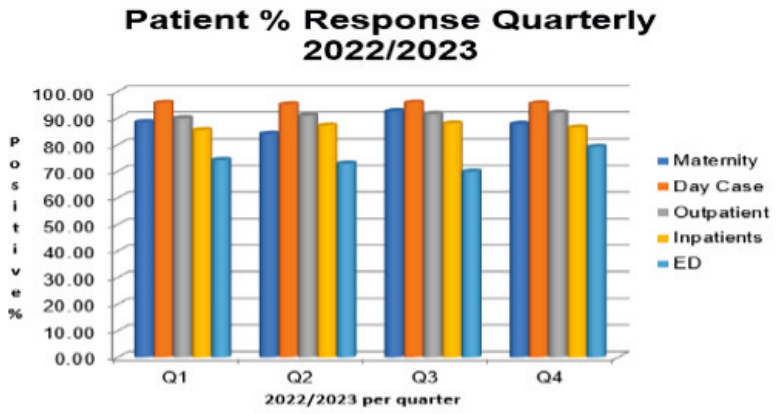
Patient Experience Feedback

Friends and Family Test

The Friends and Family Test (FFT) is used as a national measure to identify whether patients would or would not recommend the services of our hospitals to their friends and family. FFT is reported at departmental level, to the Safety and Quality Committee, and through to the Board of Directors. The national requirement is to report on the following areas:

- Maternity
- Day Case
- Outpatients
- Inpatients
- Emergency Department

Graph 1 – Quarterly percentage of positive responses

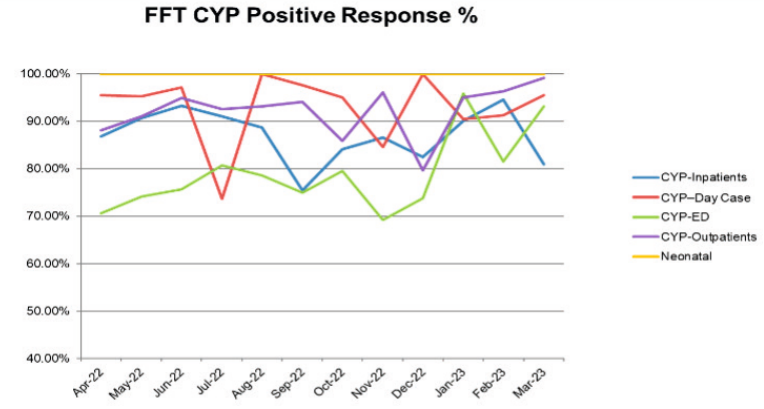


Source: FFT data Civica

Historically, a target of 90% is set for patients who would recommend services to friends and family in four of the areas, with a target of 85% in the Emergency Department. Maternity has achieved the target in quarter three, Day Case have consistently achieved in excess of 90% in all four quarters, Outpatients have achieved this for the past three quarters with Inpatients and the Emergency Department under the target percentage in all four quarters. A redesign of the Emergency Department is taking place to address the number of patients in the department and the number of patients spending extended periods of time in the Emergency Department. This is aimed to improve overall experience for patients and families.

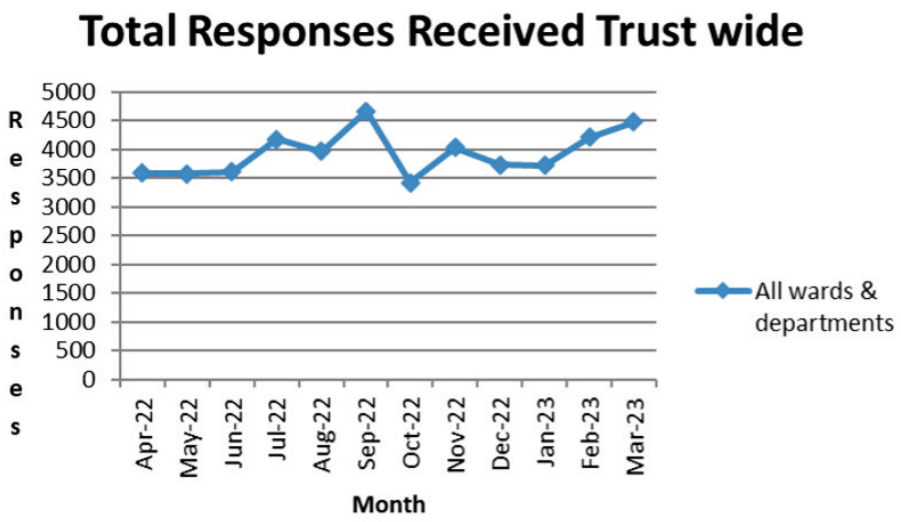
Although not a national requirement, the Trust undertakes surveys in Children and Young People's (CYP) services to ensure an equitable approach to measurement of experience. Positive increases in CYP Emergency Department experiences have been demonstrated in 2022–23 and work continues to improve the experience of families and children in the children's inpatient area. The neonatal service has maintained a sustained performance of 100%.

Graph 2 – CYP quarterly percentage of positive results



Source: FFT data Civica

Graph 3 – FFT percentage response Trust-wide



Source: FFT data Civica

The data above demonstrates an overall increase in responses and an increase in usage of the various methods of collection.

- Between April 2021 and March 2022 we received 1,468 surveys completed using the QR codes/online links, 2,829 paper surveys, 3,684 telephone surveys, and 36,128 SMS surveys.
- Between April 2022 and March 2023 we received 2,905 surveys completed using the QR codes/online links, 6,788 paper surveys, 4,421 telephone surveys, and 37,070 SMS surveys.

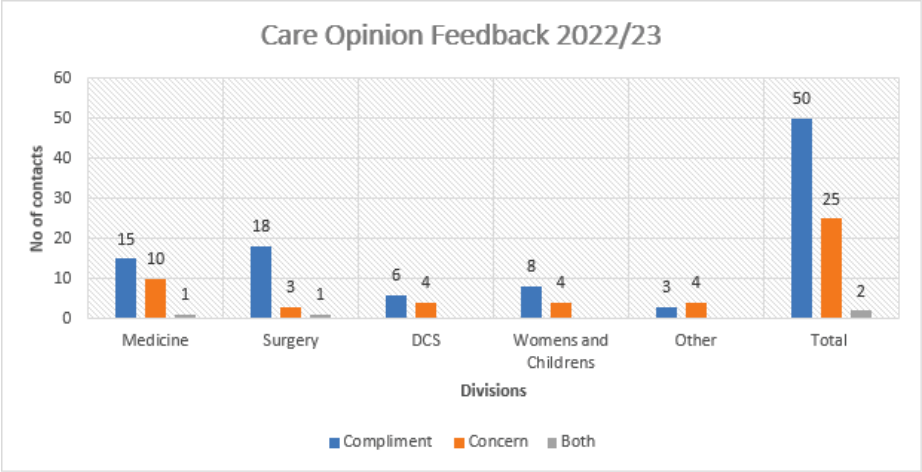
We are actively training staff to use the system and ensure the patient experience boards are kept updated with the 'You said, we did' posters and various reports that can be downloaded using Civica. Monthly reports are being sent to all governance and divisional leads to ensure the results are being reviewed and shared throughout the Trust.

Care Opinion website (www.careopinion.org.uk)

Care Opinion is a place where patients can share their experience of health or care services and help make them better for everyone. It provides patients with the ability to post reviews for both Royal Preston (which includes Preston Business Centre) and Chorley and South Ribble Hospitals.

The Care Opinion website is monitored and responded to on a regular basis by the Patient Experience and PALS team. All reviews are responded to in order to acknowledge them, provide assurance that their feedback will be shared and provide the Patient Experience and PALS contact details for those who wish their concerns to be raised or looked into further. All feedback and compliments are logged on the Datix governance reporting system and shared with the relevant divisions and staff. A quarterly report is provided from the reviews left on Care Opinion and shared with the Clinical Governance team.

It is difficult to establish themes due to the low numbers provided. During the past financial year, there have been a total of 77 reviews posted on the website consisting of 50 compliments, 25 concerns, and two with a mix of both compliments and concerns.



National Patient Survey Results

Surveys stated in this section refer to the most recent available published data.

Maternity Survey 2022

Lancashire Teaching Hospitals NHS Foundation Trust is ranked 19 out of 65 Trusts in 2022 surveyed by Picker. This is compared to the 2021 survey where the Trust was ranked 11 out of the 66 Trusts surveyed. The response rate to the Maternity survey of 44% was lower than the national average of 48%.

There were no areas identified where the Trust was significantly worse than the 2021 survey. There were two areas identified where the Trust was significantly better than the 2021 survey:

- Partner/companion involved (during labour and birth) – 95% compared to 86% in 2021
- Found partner was able to stay with them as long as they wanted (in hospital after birth) – 94% compared to 36% in 2021

We were significantly better than the national Picker average on the following five questions:

- Offered a choice of when to have baby – 93% compared to Picker average of 81%
- Partner/companion involved (during labour and birth) – 95% compared to Picker average of 91%
- Found partner was able to stay with them as long as they wanted (in hospital after birth) – 94% compared to Picker average of 41%
- Involved enough in decisions about their care – 96% compared to Picker average of 92%
- Not left alone when worried (during labour and birth) – 82% compared to Picker average of 73%

We were significantly worse than the national Picker average on the following two questions:

- Provided with relevant information about feeding their baby – 73% compared to Picker average of 82%
- Given information/advice on risks of induced labour – 47% compared to Picker average of 64%

Overall, the results for our Trust showed:

- 97% treated with respect and dignity (during labour and birth)
- 95% had confidence and trust in staff (during labour and birth)
- 95% involved enough in decisions about their care (during labour and birth)

Children and Young People's survey 2020

We have seen an increase for the year 2020 in satisfaction of the parents, children and young people surveyed based on the 2018 survey. The Trust is ranked 31 out of the 67 Trusts nationally. This is compared to the 2018 survey, where the Trust was ranked 58 out of 66 Trusts surveyed. Parents rated experience of care as seven out of 10 or more and this is at part with the Picker national average.

We were significantly better than the last survey on the following seven questions:

- Parents had new members of staff introduce themselves – 97% compared to 92% in 2018
- Parent felt that wi-fi was good enough for child to do what they wanted – 81% compared to 57% in 2018
- Parent kept informed by staff about what was happening – 92% compared to 90% in 2018?
- Parent had access to hot drinks facilities in hospital – 84% compared to 74% in 2018
- Parent felt that staff were available when child needed attention – 97% compared to 93% in 2018
- Parent felt hospital room or ward was clean – 99% compared to 96% in 2018
- Child felt hospital was quiet enough to sleep – 86% compared to 68% in 2018

We were significantly worse than the last survey on the following question:

- Parents felt that there was not enough for their child to do – 73% compared to 91% in 2018

We were significantly better than the Picker average on the following two questions:

- Parent had access to hot drinks facilities in hospital – 84% compared to 78%
- Parent able to prepare food in hospital – 70% compared to 41%

We were significantly worse than the Picker average on the following question:

- Parent rated overnight facilities as good or very good – 50% compared to 69%

Overall, the results for our Trust showed:

- 93% parent felt well looked after by staff
- 93% child felt well looked after in hospital
- 94% parent felt staff agreed a plan with them for child's care

Urgent and Emergency Care Survey 2020

The Trust is ranked 34 out of 66 Trusts nationally. This is compared to the 2018 survey, where the Trust was ranked 47 our of 69 Trusts surveyed. This shows an improvement on the previous survey.

We were significantly better than the last survey on the following three questions:

- Waited under an hour in the ambulance – 97% compared to 89% in 2018
- Waited under an hour in A&E to speak to a doctor/nurse – 90% compared to 82% in 2018
- Staff helped control pain – 90% compared to 84% in 2018

We were significantly worse than the last survey on the following question:

- Right amount of information given on condition or treatment – 74% compared to 83% in 2018

We were significantly better than the Picker average on the following five questions:

- Understood results of tests – 99% compared to 97%
- Saw the cleaning of surfaces – 82% compared to 74%
- Saw tissues available – 83% compared to 78%
- Did not feel threatened by other patients or visitors – 96% compared to 93%
- Staff discussed transport arrangements before leaving A&E – 61% compared to 50%

We were significantly worse than the Picker average on the following question:

- Spent under 12 hours in A&E – 88% compared to 94%

Overall, the results for our Trust showed:

- 88% rated care as 7 our of 10 or more
- 97% treated with respect and dignity
- 95% doctors and nurses listed to patient

Adult Inpatient Survey 2021

The Trust is ranked 55 out of the 73 Trusts surveyed by Picker. This is compared to the 2020 survey where the Trust was ranked 61 out of 71 Trusts surveyed. This demonstrates an overall improvement.

We were significantly better than the last survey on the following two questions:

- Did not have to wait a long time to get a bed on ward – 78% compared to 69% in 2021
- Was involved in decisions about care and treatment – 82% compared to 75% in 2021

We were significantly worse than the Picker average on the following nine questions:

- Did not have to wait long time to get to bed on ward – 69% compared to Picker average 74%
- Not prevented from sleeping at night – 48% compared to Picker average 47%

- Food was very good or fairly good – 48% compared to Picker average 69%
- Always or sometimes enough nurses on duty – 86% compared to 90%
- Was involved in decisions about care and treatment – 75% compared to Picker average 80%
- Felt involved in decisions about discharge from hospital – 71% compared to Picker average 76%
- Knew what would happen next with care after leaving hospital – 80% compared to Picker average 84%
- Told who to contact if worried about discharge – 70% compared to Picker average 75%
- Asked to give views on quality of care during stay – 8% compared to Picker average 13%
- Overall, the results for our Trust showed:
- 80% rated experience as 7 out of 10 or more
- 97% treated with respect or dignity
- 97% had confidence and trust

National Cancer Patient Experience Survey

The 2021 National Cancer Patient Experience survey (NCPES) involved all adult patients confirmed with a primary diagnosis of cancer who were discharged from an inpatient episode or day case attendance for cancer related treatment during the period April to June 2021. The fieldwork was undertaken during the period October 2021 to February 2022.

The survey was designed to:

- Monitor national progress on cancer care
- Provide information to drive local quality improvements
- Assist providers and to inform the work of the various stakeholders supporting cancer patients
- Understand what patients think about their cancer care

The survey reflects the views of 1,233 patients with a response rate of 56%, which is lower than the previous year's response of 65% but just above the national rate of 55%. Most of the respondents completed the survey by paper and were white British aged over 55. Only 3% of respondents were ethnic minority background. The distribution between male and female responses were almost equal and responses from males were more positive overall.

Areas of good practice with teams achieving 100% score:

- The patient has a main contact – Upper Gastro-Intestinal (UGI) team
- The patient found advice from their main contact very helpful – Head & Neck (H&N) and UGI teams
- Review of care plans with patients – all teams except Gynae team
- The patient received all the information about diagnostic tests – Gynae team
- Patients receiving easily understandable information – H&N team (all other teams scored well)
- The patient was given information regarding side effects – UGI team
- Patients were given enough information regarding radiotherapy – H&N and Colorectal teams
- Information given regarding progress with radiotherapy treatment – Colorectal team

Areas to improve care:

- To improve information regarding referral particularly with the Lung and Gynae pathways
- Finding out the patient has cancer in Lung and Gynae pathways
- Discussing treatment options
- Supporting information for families and loved ones on how to care for patient at home
- Respect and dignity whilst an inpatient
- UGI and Prostate scores were lower regarding inpatient care

The positive results of the survey and many positive patient comments regarding the care of cancer patients at the Trust's Cancer Centre show the dedication and effort of our staff to provide a highly specialised service with patient care at the centre of our work.

Patient Experience and Involvement

Our Patient Experience and Involvement Strategy is centred on engaging with people who use our services by providing opportunities to share their views, identify areas for change and shape our services. Our overall ambition is to deliver excellent care through promoting positive patient experiences, improving outcomes, and reducing harm.

Involvement has gone from strength to strength over the last year with more collaborative working streams than ever before. Patient groups and forums include:

Patient Information Group	Visually Impaired Forum
Cancer Patient Information Group	Preston Dystonia/Migraine Group
Cancer Patient and Carers Forum	Renal Strategy Group
Carers Forum	Plastics Patient Forum
Specialist Mobility Rehabilitation Centre (SMRC) Mobility Matters	Lancashire Learning Disability and Autism Partnership
SMRC – Complex Regional Pain Syndrome	Renal Dialysis Service Group
Youth Forum	Renal Roadshow across Lancashire and South Cumbria Dialysis Units
Maternity Voices Partnership	Patient Research Group
Oncology Patient Support Group	Diabetes Workshop focusing on learning disabilities
Colorectal Risk Stratified Cancer Pathway	Critical Care – Former Patients and Relatives Support Group
Trache Patient Forum	Asian Ladies Forum

Patient forums help us to learn and engage with our service users. They give us the opportunity to understand the experience felt by our patients and actively work together to ensure the pathways and services are designed to meet expectations.

Through our patient forums many improvements and developments have been made:

- Ward activity boxes
- Policy for registered assistance dogs
- Reasonable adjustments via the Harris Flex system
- Patient contribution to case notes (PCCN) document
- Multi-faith boxes on all wards
- Lancashire Eye Centre
- Signage
- Patient information leaflets
- Design of the new Renal Centres
- Hospital passport
- Multi-faith guidebook

Carers

Created in Carers Week, we have a well-established carers forum which we run in collaboration with Lancashire Carers Service. The forum is designed for carers who use services throughout Lancashire and South Cumbria. Attendees are also Carers UK, Age Concern, NW Disability Equality, Alzheimer UK, and chairs representing NWAS, n-compass, and the visually impaired forum. The purpose of the group is to work with carers, listen to experiences that are gained through using the hospital, the wider NHS and council/community services throughout the region. Since its beginning the group has redesigned and contributed to services in the following areas:

- The Carers Charter, Carers lanyard and the Essential Carers Guide
- Discharge process and inclusion of the carer's role in all activities
- Inpatient physiotherapy processes

Carers have also provided feedback and support to many projects, including the Talking Table Project, NWAS transport facilities, hospital passports, and hospital mealtimes.

The group meet monthly and although well attended has plans to recruit more carers externally. Information is key at these forums and many organisations present regularly to cascade their services. These include Lancashire Fire and Rescue, n-compass, Age Concern, NW Disability Equality and charitable organisations.

Collaborative Working

Feedback is a key requirement to all improvements and this year we have increased our engagement in this area. Friends and family survey productivity has increased through promotion of data and the ability to adapt surveys to key areas. Likewise, collaborative working with external partners has also provided real time data and an opportunity to understand our communities from an external point of view. Healthwatch is now a regular attendee to our hospitals collecting information from our patients and visitors to better understand our services and we are working in collaboration with the ICB to also ensure a wider promotion and delivery of engagement with and feedback from all stakeholders to improve patient experience.

Patient Experience and Involvement Group

A well-established group that has recently undergone some real improvements with the introduction of more patient involvement. The group focuses on services available within the hospital and through working together with representatives from all departments, external representation from Lancashire Carers Service, n-compass, Healthwatch, along with patient and carer voices, it brings the good ideas and great examples of working into one place, thus delivering both impact and improvement.

Equality, Diversity and Inclusion

We have partnership working with several organisations to ensure inclusion for all our communities. The visually impaired forum, Galloways, who now have Eye Liaison Officers on site, along with Deafways, n-compass, Quwwat Education Centre, Deafblind UK and NW Disability Equality have been pivotal in helping support staff and provide involvement with details around diverse community needs. Some of the support that has been provided includes:

- On-line training for staff in deaf culture and basic British Sign Language (BSL)
- On-line training for staff in Deafblind sensory support
- Development of a multi-faith communication book
- Expansion of Chaplaincy services
- On-line training for staff on visual support services
- Contracted services of Co-Sign BSL providers following deaf community consultation

As part of the general duty of the Equality Act (2010) we have in place services to aid our community whose first language is not English. This includes face-to-face language interpreters, along with on-demand video translation, telephone and written translated documents. We also cover the needs of our deaf community by providing hearing loops, hospital communication books, BSL face-to-face interpreters and on-demand BSL video access.

The creation of patient information is a key area in communication, and we have increased our production of easy-read leaflets along with BSL information videos. All our patient information is approved by a group which includes staff, external organisations, patients, and governors, along with representation from the LGBTQ+ community. The provision of good information is vital to the patient's ability to make valued decisions and informed choices about their treatment and care. Our Trust website also includes an option to change its information into different languages, font size and amend to an audio option.

To support disabilities, we have introduced several mechanisms through discussion with patients and organisations, these include:

AccessAble – an online detailed guide to our facilities to aid informed choices on access

Changing Places – large rooms created to provide a safe space toilet and wash facility

Hidden Disabilities Sunflower Scheme – support for all patients/visitors and staff whose disability may not be visible

Registered assistance dog policy – to support patients and staff with information on assistance dogs and procedures to allow them on Trust sites

Patient Stories

Patients' experiences are key to us understanding our service. Over the last two years we have encouraged patients and families to tell us their stories. We have collected these and with permission shared with staff to encourage learning and improvement of our services. Many patients sit on different forums including patient information to ensure their voices are continually present in all we produce and do.

Each of our Divisions deliver a patient story to the Board on a regular basis and the messages from those stories are cascaded through to various other meetings across the organisation to share experiences, discuss and learn.

Our Flow Coaching Academy Big Rooms routinely use patient stories to commence the work of the Big Room and ensure our work remains patient-focused.

Celebrating what we do is something that we also want to focus on. This past year our staff have excelled in their compassion and care, and provided some valuable patient and community experience.

Patient Experience Champions

As part of our Patient Experience and Involvement Strategy we have now introduced our Patient Experience Champion roles. To date, 170 staff have signed-up to this volunteer role which is key to ensuring our involvement services reach and support every area of our hospitals. This role makes a real difference to our patients by having an individual to speak to straight away and thus improve the patient/carer experience by dealing with issues instantly. These Champions empower other colleagues by driving forward support services and ensuring their areas are up to date with all resources, activities and information.

Our first induction event was held in March 2023 with patient stories and staff showing true commitment to our Patient Experience and Involvement Strategy that emphasised how patient experience is everybody's responsibility.

MAJOR SERVICE DEVELOPMENTS

Despite significant challenges across the Lancashire and South Cumbria healthcare system due to winter pressures and the restoration of activity following the COVID-19 pandemic, we continued to implement a number of major service developments during 2022–23 which have benefitted both patients and colleagues, with some working to help alleviate demand on our emergency care pathways and improve flow across our sites.

These developments are testament to the resilience of our hard-working and dedicated colleagues and key partners who have remained committed to enhancing services available to our patients and improving the experience they received. The major service developments during the past year are outlined below.

Nightingale and Cuerden Ward

In June 2022, the Nightingale demountable facility at Royal Preston Hospital officially closed its doors after over five months in service. The facility cared for around 1,000 low acuity patients who were nearing discharge with the additional bed base allowing the system to improve flow during the exceptionally busy winter and spring periods.

The facility was originally erected by NHSE to deal with a potential surge of the COVID-19 Omicron variant but it was agreed that Preston's Nightingale Surge Hub would open in January 2022 to help alleviate sustained and severe pressures and high bed occupancy across the Lancashire and South Cumbria ICS.

Both clinical and non-clinical staff were involved in the set-up, delivery and take-down of the facility and all colleagues are proud of the part they have played in ensuring its success.

Following its closure, elements of the new Cuerden Ward at Chorley and South Ribble Hospital opened to add some much-needed capacity back into the system to improve patient flow. The new ward created 24 additional beds and has provided additional capacity at the hospital to help care for diabetes, endocrinology, and general medical patients.

Renal services across Lancashire and South Cumbria

Lancashire Teaching Hospitals is responsible for renal services across Lancashire and South Cumbria.

In September 2022, the Laurie Solomon Renal Centre was opened by the Trust, as part of a programme of improvements to renal facilities across the local healthcare system.

The new centre, which was purpose-built on the site of Royal Blackburn Hospital, provides 24 haemodialysis stations and outpatient clinical facilities for patients from across the region and was named in honour of a doctor who recently celebrated 50 years with the NHS.

Finney House – Lancashire Community Healthcare Hub

Our new Lancashire Community Healthcare Hub at Finney House in Preston has been hugely successful in helping to improve flow across our acute hospital sites. The Trust officially opened the Hub on 30 November 2022, having become the CQC registered provider of services two weeks' earlier following a lease agreement with L&M Healthcare.

Alongside the care of around 30 residents, Lancashire Teaching Hospitals currently manages 64 beds within the facility. The beds are aimed at caring for patients who are medically fit for discharge within our hospitals but do not yet have the current support in place to go back into their community setting. The facility is making huge strides in increasing flow across our hospitals, enabling us to manage patient care effectively and in an environment where they can best recover.

By 31 March 2023, the facility had seen 550 admissions and over 490 discharges with an improving portfolio of services available to patients, including on-site rehabilitation. Its early success was documented in a special BBC feature on The One Show which highlighted how Lancashire Teaching Hospitals is one of the few Trusts nationally to step into this space to help improve discharges.

By freeing up acute beds at a quicker rate, the facility is helping to reduce the waiting times and pressures within Royal Preston Hospital's Emergency Department, giving both staff and patients a much better environment and experience.

So far, feedback from patients has been extremely positive which is testament to the excellent facilities the Trust offers and the work all colleagues are doing to increase flow across our hospital sites.

COVID-19 Vaccination and Testing Programme

After two years and eight months, the Royal Preston Hospital COVID-19 staff testing POD closed for use in November 2022, following changes to Government guidance for testing.

Over that time, the team performed tens of thousands of PCR (polymerase chain reaction) swabs for colleagues, system partners and initially immediate family members, helping to identify and confirm thousands of positive results to help avoid nosocomial infections within our hospitals.

A month later, Preston's largest vaccination centre, run by Lancashire Teaching Hospitals and located in St John's shopping centre, also closed its doors for the final time after vaccinating over 200,000 people to protect against the COVID-19 virus.

The site opened in January 2021 but closed its doors following vaccinations moving to be delivered within primary care – either in GP surgeries or pharmacies.

Skylark

Skylark, based at Royal Preston Hospital but run by staff from Lancashire and South Cumbria NHS Foundation Trust (LSCFT), was officially opened by LSCFT's Chief Executive, Chris Oliver, in February 2023 at a special ceremony attended by staff and families of those receiving care on the ward.

Previously a rehabilitation facility within the Avondale Unit, the 11-bed ward will now accommodate adult females aged 65 and over. It is a new ward offering to those who live or have strong family and carer connections to Preston, South Ribble and West Lancashire, meaning they can be closer to home and their loved ones while they are getting treatment.

Surgical Hub meeting top clinical and operational standards

In March 2023, Chorley and South Ribble Hospital was one of eight surgical hubs awarded Getting It Right First Time (GIRFT) accreditation as part of a pilot scheme to ensure the highest standards in clinical and operational practice.

The scheme, run by NHSE's GIRFT programme in collaboration with the Royal College of Surgeons of England, assesses hubs against a framework of standards to help deliver faster access to some of the most common surgical procedures such as cataract surgeries and hip replacements.

Surgical hubs, which are separated from emergency services, are part of plans nationally to increase capacity for elective care with more dedicated operating theatres and beds. The hubs exclusively perform planned surgery and maintain focus on high volume, low complexity surgery across various specialties including ophthalmology, general surgery, orthopaedics, gynaecology, ear nose and throat, and urology.

Hubs bring together the skills and expertise of staff under one roof, with protected facilities and theatres, helping to deliver shorter waits for surgery. The hub beds are designated for patients waiting for planned surgical procedures, and are protected from emergency admissions, reducing the risk of short-notice cancellations.

STAKEHOLDER RELATIONS

Lancashire Teaching Hospitals is a key part of the ICS which is a partnership of all organisations that deal with improving care, health and wellbeing for the people of Lancashire and South Cumbria. This includes all the healthcare organisations and local authorities in the region who work together as an ICP.

The ICP works together to address the health, social care, and public health needs of their communities, always making sure the public's voice is at the heart of decision-making. Partners include local authorities, NHS organisations (including primary care), business, education, Healthwatch and VCFSE organisations.

As part of the Health and Social Care Act 2022, NHS Lancashire and South Cumbria ICB and the unitary and upper tier local authorities have a statutory duty to coordinate Lancashire and South Cumbria ICP together.

We have seen that joining forces as equal partners can have significant benefits. Collaboration during the COVID-19 pandemic demonstrated what we can do together at scale to support our colleagues and patient care. Examples of key stakeholder relations in 2022–23 are set out below:

Lancashire and South Cumbria Provider Collaborative

Our partnership brings together the five provider NHS Trusts in Lancashire and South Cumbria to improve health and healthcare and reduce health inequalities for patients, their families and communities across the whole of the area.

Lancashire and South Cumbria Provider Collaborative

The Provider Collaborative Board's vision, as agreed by the Chairs and Chief Executives of the five Trusts, is to ensure:

- The best health and wellbeing of our population
- High-quality services
- A happy and resilient workforce
- Financial sustainability

The Provider Collaborative Board has agreed seven priorities:

- Develop a joint clinical vision
- Develop a joint vision for central (non-clinical) services
- Achieve parity of esteem between mental and physical health
- Recover and restore elective care and other operational services
- Improve the emergency and urgent care performance of the system
- Develop our leadership and ensure a great place to work with a resilient workforce
- Develop a clear financial strategy

There are many good examples of collaboration making a difference across Lancashire and South Cumbria within both a clinical and non-clinical setting which you can read about on the Provider Collaborative website.

Lancashire and South Cumbria New Hospitals Programme

The Lancashire and South Cumbria New Hospitals Programme (NHP) plans to develop cutting-edge facilities, offering the absolute best in modern healthcare and addressing significant problems with the current ageing Royal Preston Hospital and Royal Lancaster Infirmary buildings.

- Following on from the announcement of the shortlist of proposals for new hospital facilities in March 2022, the Lancashire and South Cumbria NHP team has carried out a detailed assessment of the shortlisted options. As a reminder, the published shortlist was as follows:
- A new Royal Preston Hospital on a new site, with partial rebuild/refurbishment of Royal Lancaster Infirmary
- A new Royal Lancaster Infirmary on a new site, with partial rebuild/refurbishment of Royal Preston Hospital
- Investment at both Royal Preston Hospital and Royal Lancaster Infirmary, allowing partial rebuilding work on both existing sites
- Two new hospitals to replace Royal Preston Hospital and Royal Lancaster Infirmary (new sites)

Each shortlisted proposal has been comprehensively assessed for deliverability, affordability, value for money, and viability, considering feedback from patients, local people and staff.

This work has resulted in recommendations for preferred options and alternative options for both Royal Preston Hospital and Royal Lancaster Infirmary. In September 2022, the NHS in Lancashire and South Cumbria stated its preference for new hospitals on new sites for both Royal Preston Hospital and Royal Lancaster Infirmary as part of the NHP.

We are delighted that this option has been approved and work on delivering the NHP outcome in line with the revised timeline has now commenced.

Listening to the views of people living and working here is the only way we can fully understand what is required when shaping plans and proposals for new hospital facilities. The NHP team would like to say a huge thank you to everyone who has taken the time to share their views so far.

Lancashire and South Cumbria Pathology Collaborative

Four hospital Trusts in Lancashire and South Cumbria are working together to improve pathology services for patients, these are Blackpool Teaching Hospitals NHS Foundation Trust, East Lancashire Teaching Hospitals Trust, Lancashire Teaching Hospitals NHS Foundation Trust, and University Hospitals Morecambe Bay NHS Foundation Trust. The ambition for the Lancashire and South Cumbria Pathology Service is to provide a world-class service for the benefit of all patients that delivers quality research and innovation.

In April 2022, the Pathology Collaborative Board agreed to a renewed process of engagement to capture all voices and invite views on an appropriate structure for the future service, the clinical model and future delivery framework focusing on how the future service will be provided. This engagement ran over a three-month period and formed the basis of recommendations to determine a decision about how pathology services should be configured across Lancashire and South Cumbria.

In August 2022, the service's Managing Director, Mark Hindle, passed on the leadership of the service to Professor Anthony Rowbottom MBE, Lancashire Teaching Hospitals' Clinical Director for Pathology, who had been closely involved with the project. This came prior to Mark's retirement in January 2023 after 45 years of service to the NHS.

Since then, work has been progressing to form a single pathology service for Lancashire and South Cumbria to establish a clinical model and delivery framework that will support working as one service. It describes network priorities that will deliver transformation and ensure that by 2025 the service is operating as a NHSE-defined mature network.

Local Networks

The Trust continues to support the equality, diversity and inclusion of colleagues across its workforce with its established Inclusion Ambassador Forums, including Living with Disabilities Forum, LGBTQ+ Forum, and Ethnicity Forum. The Forums help provide a voice, give support, discuss issues, review policies and procedures, and educate colleagues to truly embrace and celebrate difference. The Forums have Board-level sponsors and help promote Lancashire Teaching Hospitals as an inclusive employer. These are complimented with wellbeing-specific forums such as the Menopause Champions and Carers' Forum.

We understand that it is important that our patients, their loved ones, and the local population are involved in decision-making about the care and services that we provide. The Patient Experience and Involvement Group provides a platform for staff to engage and consult with patients and the public to identify their needs. The Trust has several service-user groups and forums covering all different aspects of patient care.

Communications and Engagement

In June 2022, the Trust published its Communications and Engagement Strategy 2022–25 which outlines our intent towards stakeholder engagement over the next three years. This work has been underpinned with establishing effective working relationships with professional communication colleagues across the local system following the development of the Provider Collaborative. The Trust's Director of Communications and Engagement is the Senior Responsible Officer for the Provider Collaborative, and the Head of Communications and Engagement chairs the weekly Heads of Communications meeting which aims to align activity across the local area.

Throughout the last 12 months the Communications team has been involved in activity at a national, regional, and local level. The Trust has been proactive in facilitating television, radio and press interviews, particularly surrounding industrial action, and wider NHSE key messaging.

Airing in October and November 2022, the Trust worked alongside Lancashire County Council and Lancashire Police to deliver the four-episode Channel 5 documentary Cause of Death to provide insight into the work of HM Coroner's office.

Joint Hospital and Out of Hospital Cell

The Trust has continued to play an integral part in a number of command and control cell structures including the Joint Hospital and Out of Hospital Cell in response to the COVID-19 pandemic and wider system pressures.

The role of the cells has been to provide Executive strategic oversight and decision-making, co-ordinate joint activity, review risk and mitigation and ensure effective links between sub-cells, places, Trusts, Councils, and other partners.

This has included the provision of mutual aid and shared responsibility for patient care across the whole system, breaking down traditional barriers and ensuring a more equitable approach.

National networks

Executive team members have maintained their memberships in professional networks throughout the year to ensure partnership working at a national level. This has enabled shared learning nationally to implement best practice for our local population and included shared learning with the wider networks from innovation and best practice adopted within our Trust.

Kate continues her work with the Disabled NHS Directors' Network. The Network set out to raise awareness of the lack of disabled people in leadership positions in the NHS and the benefits of diversity in leadership positions, provide a supportive environment for members to share issues and lobby for improved selection processes for Non-Executive Directors to ensure more accurate representation of the communities that Boards represent – especially in relation to disabled people. The Network has an accessible website, has established a mentoring scheme for aspiring and recently appointed disabled NEDs and Executives, is working with Executive Search Firms to improve their performance in relation to delivering diverse long and short lists, and works closely with NHS Confederation, NHS Providers, NHS Employers and NHSE especially in relation to the Workforce Disability Equality Standard Team.

REMUNERATION REPORT

The NHS Foundation Trust annual reporting manual requires NHS Foundation Trusts to prepare a remuneration report in their annual report and accounts. The reporting manual and NHSE requires that this remuneration report complies with:

- Sections 420 to 422 of the Companies Act 2006 (section 420(2) and (3), section 421(3) and (4) and section 422 (2) and (3) do not apply to NHS Foundation Trusts)
- Regulation 11 and Parts 3 and 5 of Schedule 8 of the Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2008 (SI 2008/410) ("the Regulations")
- Parts 2 and 4 of Schedule 8 of the Regulations as adopted by NHSE in the reporting manual
- Elements of the NHS Foundation Trust Code of Governance.

REMUNERATION COMMITTEES

There are two Committees which deal with the appointment, remuneration and other terms of employment of our directors. The Nominations Committee, a Committee of the Trust, is concerned with the Chair and other Non-Executive Directors. The ARTE Committee, as a Committee of the Board, deals with the pay and conditions of senior Executives.

Nominations Committee

The Committee comprises the Chair (except where there is a conflict of interest in relation to the Chair's role, when the Vice Chair or Senior Independent Director will attend), two public governors, one staff governor, and one appointed governor. The members have a nominated deputy who attends in their place if they are unable to attend. The Company Secretary advises the Committee as appropriate, and the Chief Executive is invited to attend all meetings.

The Council of Governors appoint the members of the Nominations Committee for a two-year period and elections are held to replace any Committee member who ceases to be a governor following the annual governor elections or retirement of a governor in-year.

The composition of the Committee during 2022–23 is detailed in the attendance summary below.

Nominations Committee attendance summary

Name of Committee member	A	B	Percentage of meetings attended (%)
Professor Ebrahim Adia, Chair	1	1	100%
Professor Paul O'Neill, Interim Chair	7	7	100%
Tim Watkinson, Senior Independent Director	3	3	100%
Rebecca Allcock, Staff Governor	10	9	90%
Alistair Bradley, Appointed Governor	10	9	90%
Janet Miller, Public Governor	10	10	100%
Mike Simpson, Public Governor	10	5	50%
Substitutes			
Pav Akhtar, Public Governor	2	2	100%
Suleman Sarwar, Appointed Governor	0	0	-

A = maximum number of meetings the member could have attended | B = number of meetings the member actually attended
NB: There was no Staff Governor Substitute during 2022–23

Work of the Committee

During 2022–23, the Committee met on 10 occasions which enabled it to:

- Receive feedback on the outcome of the Chair's appraisal for 2022–23.
- Receive feedback on the outcome of the Non-Executive Directors' appraisals for 2022–23.
- Receive, consider and recommend to the Council of Governors re-appointment of three Non-Executive Directors whose terms of office were due to come to an end during 2022–23.
- Consideration and recommendation of the Interim Chair arrangements for the period 1 August 2022 to 31 May 2023.
- Support the shortlisting and interview process for the position of Trust Chair.

Executive search agencies were engaged to support the search for the Trust Chair on three occasions at a total cost of £34,600.

Appointments, Remuneration and Terms of Employment Committee

All Non-Executive Directors are members of the Committee. The Chief Executive and Chief People Officer are normally in attendance at meetings of the Committee, except when their positions are being discussed. The Company Secretary also attends meetings as appropriate to provide advice and expertise and the Committee has the option to seek further professional advice as required.

During 2022–23 the Committee used independent advice and the services of a Director of the Trust on one occasion to materially assist in consideration of a matter.

Appointments, Remuneration and Terms of Employment Committee attendance summary

Name of Committee member	A	B	Percentage of meetings attended (%)
Professor Ebrahim Adia	2	2	100%
Victoria Crorken	5	4	80%
Professor Paul O'Neill	5	5	100%
Ann Pennell	4	3	75%
Kate Smyth	5	5	100%
Tim Watkinson	5	4	80%
Jim Whitaker	5	2	40%
Tricia Whiteside	5	5	100%

A = maximum number of meetings the member could have attended | B = number of meetings the member actually attended

Work of the Committee

During 2022–23, the Committee met on five occasions. The Committee meetings involved a range of business in line with its terms of reference which enabled it to:

- Consider and approve the process for interim arrangements following the retirement of the Chief People Officer planned for May 2023.
- Receive feedback on the outcome of the Executive Directors' appraisals for 2022–23.
- Approve the executive pay award for 2022–23.
- Consider and approve the re-designation of certain posts to Chief Officer (with no increase in remuneration).
- Receive details of the Executive team portfolios.

ANNUAL STATEMENT ON REMUNERATION

At Lancashire Teaching Hospitals, we understand that our Executive remuneration policy is key to attracting and retaining talented individuals to deliver our business plan, whilst at the same time recognising the constraints that public sector austerity measures bring.

In line with the Trust's agreed policy, the annual national pay award was applied to all VSM posts in the year.

Professor Paul O'Neill
Interim Chair of the Appointments, Remuneration and Terms of Employment Committee

SENIOR MANAGERS' REMUNERATION POLICY

As detailed in the Chair's statement above, the remuneration policy is designed to attract and retain talented individuals to deliver the Trust's objectives at the most senior level, with a recognition that the policy has to take account the pressures on public sector finances.

This report outlines the approach adopted by the ARTE Committee when setting the remuneration of the Executive Directors and the other Executives who have authority or responsibility for directing or controlling the major activities of the organisation. The following posts have been designated as fitting this criterion by the ARTE Committee and are collectively referred to as the senior Executives within this report:

Executive Directors

- Chief Executive
- Chief Finance Officer/Deputy Chief Executive
- Chief Nursing Officer
- Chief Medical Officer
- Chief Operating Officer
- Chief People Officer

Other Executives

- Director of Communications and Engagement
- Director of Continuous Improvement
- Chief Strategy and Planning Officer
- Chief Information Officer
- Company Secretary

Details on membership of the ARTE Committee and individual attendance can be found on page 61 of this report.

Our policy on Executive pay

Our policy on the remuneration of senior Executives is set out in a policy document approved by the ARTE Committee. When setting levels of remuneration, the Committee takes into account the remuneration policies and practices applicable to our other employees, along with any guidance received from the sector regulator and the Department of Health and Social Care. In addition, the Committee takes into account the need to ensure good use of public funds and delivering value for money. The maximum of any component of senior managers' remuneration is determined by the ARTE Committee.

Each year, the Chief Executive undertakes appraisals for each of the senior Executives, and the Chair undertakes the Chief Executive's appraisal. The results of these appraisals are presented to the ARTE Committee, and they are used to inform the Committee's discussions. The Committee considers matters holistically when considering Executive remuneration, such as the individual Executive's performance, the collective performance of the Executive Team and the performance of the organisation as a whole. A revised process for senior Executive appraisal was implemented in 2019–20.

The remuneration package for senior Executives comprises:

Salary: As determined by the ARTE Committee and reviewed annually

Senior Executives do not receive any additional benefits that are not provided to staff as part of the standard AFC contract arrangements. No senior Executives have tailored arrangements outside of those described above.

The remuneration package for Non-Executive Directors comprises:

Salary: As determined by the Council of Governors and reviewed in line with the national guidance on remuneration of Non-Executive Directors. Current rates are:

- £13,000 p.a. for Non-Executive Directors
- £2,000 p.a. as additional responsibility payment payable to the Vice Chair, Senior Independent Director, Audit Committee Chair, and Ockenden Champion (if two or more roles are undertaken by the same individual only one enhanced payment will be applied)
- £55,000 p.a. for the Chair

In addition the following has been determined:

- £6,500 p.a. for Associate Non-Executive Directors

Additional benefits: Gym membership discounts with NHS identification

- Access to NHS staff benefits offered by retailers
- Onsite therapies at discounted rates
- Salary sacrifice schemes

There is no provision for bonuses to be paid to any senior manager within the Trust.

All senior Executives are employed on contracts with a six-month notice period. In the event that the contract is terminated without the Executive receiving full notice, compensation is limited to the payment of salary for the contractual notice period. No additional provision is made within the contracts for compensation for early termination and there is no provision for any additional benefit, over and above standard NHS pension arrangements, in the event of early retirement. In line with all other employees, senior Executives may have access to mutually agreed resignation schemes (MARS) where these have been authorised.

Our Non-Executive Directors are requested to provide three months' notice in the event that they wish to resign before their term of office comes to an end. They are not entitled to any compensation for early termination.

During the year no Executive Director, Non-Executive Director or Very Senior Manager received a payment for loss of office.

ANNUAL REPORT ON REMUNERATION

Details of the Board members in post during 2022–23 are included on pages 24 to 30. Details of our Council of Governors are included on pages 128 and 129.

Business expenses

As with all staff, we reimburse the business expenses of Non-Executive Directors and senior Executives that are necessarily incurred during the course of their employment, including sundry expenses such as car parking and transport costs such as rail fares.

The expenses paid to Directors during the year were:

	2021–22	2022–23
Total number of Directors in office as at 31 March:	19	22
Number of Directors receiving expenses:	6	8
Aggregate sum of expenses paid to Directors (£00s):	£1,747	£2,190

Salary and pension contributions of all Directors and senior Executives

Information on the salary and pension contributions of all Directors and senior Executives is provided in the tables on the following pages. The information in these tables, and in the remainder of this remuneration report, has been subject to audit by KPMG LLP. Additional information is available in the notes to the accounts.

Each of the Chief Executive's, the Chief Finance Officer's and the Chief Medical Officer's salary is above £150,000 per annum but within or below the national average, when benchmarking against other Trusts. In order to ensure the level of remuneration paid by the Trust is reasonable, on an annual basis we carry out a rigorous process of benchmarking against all other Trusts (including Trusts with comparable income, with comparable headcount, by Trust type and by region). We also take into account the individual Executive's performance, the collective performance of the Executive Team and the performance of the organisation as a whole. Furthermore, we consider the remuneration policies and practices applicable to our other employees, along with any guidance received from the sector regulator and the Department of Health and Social Care. Taking such factors into account, the ARTE Committee considers the remuneration for the Chief Executive, the Chief Finance Officer and the Chief Medical Officer to be reasonable.

During the financial year a payment of £35,000 (2021–22, nil) was made to a person that was not a director at the time it was made, but who had been a director of the Trust previously.

Remuneration Report 2022–23:

		2021/22				2022/23			
Name	**Title**	**Salary and Fee** (bands of £5,000)	**Taxable Benefits** (to the nearest £100)	**All pension related benefits** (bands of £2,500)	**TOTAL of all items** (bands of £5,000)	**Salary and Fees** (bands of £5,000)	**Taxable Benefits** (to the nearest £100)	**All pension related benefits** (bands of £2,500)	**TOTAL of all items** (bands of £5,000)
		£'000	**£**	**£'000**	**£'000**	**£'000**	**£**	**£'000**	**£'000**
Kevin McGee	Chief Executive Officer	150–155	4,700	0	155–160	270–275	5,800	0	275–280
Karen Partington	Chief Executive Officer (left 31 December 2021)	140–145	0	55.0–57.5	195–200	0	0	0	0
Faith Button	Chief Operating Officer	140–145	0	65.0–67.5	205–210	150–155	0	75.0–77.5	225–230
Jonathan Wood	Chief Finance Officer / Deputy Chief Executive Officer	170–175	0	65.0–67.5	240–245	175–180	0	50.0–52.5	230–235
Geraldine Skailes	Chief Medical Officer	185–190	0	145–147.5	330–335	205–210	0	152.5–155.0	360–365
Sarah Cullen	Chief Nursing, Midwifery and AHP Officer	130–135	800	30.0–32.5	160–165	145–150	4,800	50.0–52.5	200–205
Karen Swindley	Chief People Officer	135–140	0	52.5–55.0	190–195	140–145	0	5.0–7.5	145–150
Stephen Dobson	Chief Information Officer	115–120	0	37.5–40.0	150–155	115–120	0	27.5–30.0	145–150
Gary Doherty	Director of Strategy and Planning	130–135	0	0	130–135	140–145	0	0	140–145
Naomi Duggan	Director of Communications and Engagement	45–50	0	35.0–37.5	80–85	115–120	0	35.0–37.5	155–160

Ailsa Brotherton	Director of Continuous Improvement and Transformation	110–115	0	67.5–70.0	180–185	115–120	0	30.0–32.5	145–150
Angela Mulholland -Wells	Operational Director of Finance (from 17 October 2022)	0	0	0	0	55–60	0	15.0–17.5	70–75
Jennifer Foote	Company Secretary (from 1 July 2022)	0	0	0	0	80–85	0	12.5–15.0	95–100
Ebrahim Adia	Chair (left 31 August 2022)	45–50	0	0	45–50	20–25	0	0	20–25
Paul O'Neill	Interim Chair (from 1 September 2022) / Non-Executive Director	10–15	0	0	10–15	35–40	0	0	35–40
Tricia Whiteside	Acting Vice Chair (from 6 October 2022 / Non-Executive Director	10–15	0	0	10–15	10–15	0	0	10–15
Tim Watkinson	Senior Independent Director (from 20 September 2022) / Non-Executive Director	15–20	0	0	15–20	15–20	0	0	15–20
Geoff Rossington	Non-Executive Director (left 30 September 2021)	5–10	100	0	5–10	0	0	0	0
Ann Pennell	Non-Executive Director	10–15	0	0	10–15	10–15	0	0	10–15
James Whitaker	Non-Executive Director	10–15	0	0	10–15	10–15	0	0	10–15
Kate Smyth	Non-Executive Director	10–15	0	0	10–15	10–15	0	0	10–15
Victoria Crorken	Non-Executive Director	0.5	0	0	0.5	10–15	0	0	10–15
Peter Wilson	Associate Non-Executive Director (from 16 June 2022)	0	0	0	0	5–10	0	0	5–10
Michael Wearden	Associate Non-Executive Director (from 10 June 2022)	0	0	0	0	5–10	0	0	5–10

Notes:
All members have been in post for the whole year unless otherwise stated
Non-Executive Directors do not receive any pensionable remuneration

Pension benefit:

	2022/23							
	Real increase in pension at pension age (bands of £2,500)	**Real increase in pension lump sum at pension age** (bands of £2,500)	**Total accrued pension at pension age at 31 March 2023** (bands of £5,000)	**Lump sum at pension age related to accrued pension at 31 March 2023** (bands of £5,000)	**Cash Equivalent Transfer Value at 1 April 2022**	**Real increase in Cash Equivalent Transfer Value** (CETV)	**Cash Equivalent Transfer Value at 31 March 2023**	**Employer's contribution to stakeholder pension**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Kevin McGee Chief Executive (1)	0	0	0	0	0	0	0	0
Jonathan Wood Chief Finance Officer / Deputy Chief Executive	2.5–5.0	0.0–2.5	75–80	155–160	1,339	84	1,465	0
Geraldine Skailes Chief Medical Officer	7.5–10.0	12.5–15.0	100–105	235–240	1,949	216	2,226	0
Sarah Cullen Chief Nursing, Midwifery and AHP Officer	2.5–5.0	0.0–2.5	35–40	60–65	462	50	527	0
Ailsa Brotherton Director of Continuous Improvement	2.5–5.0	0	55–60	0	793	77	875	0
Karen Swindley Chief People Officer (2)	0.0–2.5	0	50–55	100–105	1,013	12	1,080	0
Faith Button Chief Operating Officer	2.5–5.0	2.5–5.0	45–50	90–95	702	82	806	0
Stephen Dobson Chief Information Officer	0.0–2.5	0	25–30	0	328	37	375	0
Ailsa Brotherton Director of Continuous Improvement and Transformation	0.0–2.5	0	60–65	0	875	52	954	0
Naomi Duggan Director of Communications and Engagement	2.5–5.0	0	25–30	0	305	44	359	0
Gary Doherty Director of Strategy and Planning (3)	0	0	0	0	0	0	0	0
Jennifer Foote Company Secretary (4)	0.0–2.5	0	0–5	0	0	16	22	0
Angela Mulholland-Wells Operational Director of Finance	0.0–2.5	0	0–5	0	11	11	35	0

Cash equivalent transfer value (CEVT) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023–24 CETV figures.

Notes:
(1) Kevin McGee has chosen not to be covered by the NHS pension arrangements during the reporting year having opted out.
(2) Karen Swindley opted out of the NHS Pension Scheme in July 2022.
(3) Gary Doherty chose not to be covered by the NHS pension arrangements during the reporting year, having opted out of the scheme in April 2021.
(4) Jennifer Foote joined the Trust during 2022 and has no previous NHS pension, therefore the increases in benefits cannot be calculated.

Fair pay disclosure

We are required to disclose the relationship between the remuneration of the highest-paid director in our organisation against the 25th percentile, median and 75th percentile of total remuneration of our organisation's workforce.

The banded remuneration of the highest-paid director in Lancashire Teaching Hospitals NHS Foundation Trust in the financial year 2022–23 was £270,000 – £275,000 (2021–22, £260,000 - £265,000). This is a change between years of 3.8% (2021–22, 43.8%). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

Set out below, the total remuneration of the employee at the 25th percentile, median and 75th percentile, is further broken down to disclose the salary component. The pay ratio shows the relationship between the remuneration of the highest paid director in Lancashire Teaching Hospitals NHS Foundation Trust against each percentile of the remuneration of the organisation's workforce.

Pay ratio information table:

	2022–2023			2021–22 Restated			2021–22		
	25th percentile	Median	75th percentile	25th percentile	Median	75th percentile	25th percentile	Median	75th percentile
Total remuneration (£)	23,830	31,380	44,029	20,929	27,834	40,583	20,863	27,739	40,139
Salary component of total remuneration (£)	23,830	31,380	44,029	20,929	27,834	40,583	20,863	27,739	40,139
Pay ratio information	11.4	8.7	6.2	12.5	9.4	6.5	12.6	9.5	6.5

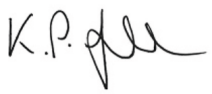
In 2022–23, 2 (2021–22, 2) employees received remuneration in excess of the highest-paid director in 2022–23. Remuneration ranged from £20 to £303,297 (2021–22, £18 to £313,536).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The average percentage change from the previous financial year for salaries and allowances (based on total for all employees on an annualised basis, divided by full time equivalent number of employees; both excluding the highest paid director) for employees of the Trust as a whole is 7.4% (2021–22 restated, 5.0%; audited 2021–22, 4.2%). On the same basis, the average percentage change from the previous financial year for performance pay and bonuses payable is down 18.4% (2021–22, down 7.3%). The 2021/22 figures have been restated as the remuneration included salary sacrifice deductions in error.

The Group Accounting Manual requires temporary agency staff to be included within the above median pay disclosures. However, due to the lack of availability of the detailed information required to calculate a meaningful annualised cost per temporary staff member the Trust has excluded temporary staff from the above calculations and comparative. The Trust will work with our agency providers to obtain this information such that temporary staff can be included within the disclosure in future years. Temporary agency staff costs equated to £22.2m in the year (2021–22: £21.0m).

This Remuneration Report is signed on behalf of the Board of Directors by:



Kevin McGee OBE
Chief Executive
27 June 2023

STAFF REPORT

Our people

As at 31 March 2023, we employed 9,974 substantive members of staff. This number is broken down as show in the table below; note that some staff hold roles that fall under different staff groups, thus the figures in the table do not sum to the stated distinct headcount.

Staff Group	Headcount
Additional Clinical Services	2,318
Additional Professional, Scientific and Technical	209
Administrative and Clerical *(including NEDs)*	1,889
Allied Health Professionals	661
Estates and Ancillary	913
Healthcare Scientists	274
Medical and Dental *(excluding Lead Employer Doctors)*	809
Nursing and Midwifery Registered	2,905

A comparison of our workforce over the past three financial years is provided in the table below, and our staff turnover can be accessed via the information published by NHS Digital at the following link:
NHS workforce statistics - NHS Digital

	2022–23 HC	% of Total HC	2021–22 HC	% of Total HC	2020–21 HC	% of Total HC
Age (years)						
Under 20	74	0.7 %	57	0.6 %	61	0.7 %
20 - 29	1,853	18.6 %	1,778	19.0 %	1,404	15.8 %
30 - 39	2,713	27.2 %	2,359	25.2 %	2,161	24.3 %
40 - 49	2,176	21.8 %	2,091	22.3 %	2,043	23.0 %
50 - 59	2,140	21.5 %	2,157	23.0 %	2,173	24.4 %
60 - 69	961	9.6 %	890	9.5 %	998	11.2 %
70 and over	57	0.6 %	47	0.5 %	53	0.6 %
Ethnicity						
BAME: Asian	1,964	19.7 %	1,637	17.5 %	1,308	14.7 %
BAME: Black	334	3.3 %	196	2.1 %	153	1.7 %
BAME: Mixed	157	1.6 %	141	1.5 %	136	1.5 %
BAME: Other	156	1.6 %	144	1.5 %	120	1.3 %

White: Other	294	2.9 %	267	2.8 %	254	2.9 %
White: UK & ROI	6,935	69.5 %	6,897	73.5 %	6,847	77.0 %
Not Stated	134	1.3 %	97	1.0 %	75	0.8 %
	2022–23 HC	**% of Total HC**	**2021–22 HC**	**% of Total HC**	**2020–21 HC**	**% of Total HC**
Gender						
Male	2,309	23.2 %	2,200	23.5 %	2,068	23.3 %
Female	7,665	76.8 %	7,179	76.5 %	6,825	76.7 %
Recorded Disability	477	4.8 %	396	4.2 %	346	3.9 %

As at 31 March 2023, the gender split of our Board of Directors (including Non-Executive Directors) was seven male and eight female. The gender split of our senior Executives, as defined by the ARTE Committee, was four male and eight female, with an average age of 53 years.

As an organisation we are required to publish our Gender Pay Gap report annually. The report can be accessed on our website.

Attendance management

Sickness absence data is reported on a calendar year basis (January to December 2022):

Figures Converted by Department of Health to Best Estimates of Required Data Items:	
Average FTE 2022	8,306
Adjusted FTE days lost (to Cabinet Office definitions)	119,119
Average sick days per FTE	14.3
Statistics published by NHS Digital from ESR Data Warehouse:	
FTE days available	3,045,609
FTE days recorded sickness absence	194,502

Source: NHS Digital - Sickness Absence and Publication - based on data from the ESR Data Warehouse Period covered: 1 January 2022 to 31 December 2022

The 12-month average sickness absence rate for the period 1 January to 31 December 2022 was 6.44%, compared to 5.98% in the previous year. Short-term sickness absence has increased by 33.8% over the year to 2.46% FTE, which has contributed to staffing pressures. The reasons for this include changes in the recording of COVID-19-related absences (100% increase) and a higher than usual prevalence of flu, colds and other seasonal viruses (81% increase), mirroring community trends.

Long-term absence has reduced throughout the year by 3.7% from 4.13% to 3.98%. It has been challenging to support some colleagues back to work due to continued delays in NHS surgery or treatment following the pandemic, and in many cases the complexity of physical and mental health conditions. We also continue to observe several colleagues affected by long Covid.

Mental ill-health remains the top reason for working days lost due to sickness absence, but it is encouraging to observe an in-year reduction of 11.4% for this absence rate (from 1.78% to 1.58%), with it now accounting for just under one-quarter of all sickness absence (down from three-tenths). It is the primary reason for colleagues seeking support from our wellbeing services. We recognise that colleagues have been working under sustained pressure for the last three years and we have continued to evolve our psychological wellbeing services to expand the options for support around issues such as stress, anxiety, burnout, and trauma. We have also worked closely with the Lancashire and South Cumbria Resilience Hub to ensure that colleagues access the most appropriate and timely support pathway available to them.

Musculoskeletal conditions are the second highest reason for working days lost due to sickness absence (when excluding infectious diseases), but it is pleasing to observe an in-year reduction of 13.8% for this absence rate (from 0.96% to 0.83%), reflecting the work delivered in the last year to develop new educational resources around protecting musculoskeletal health. We have also collaborated with Lancashire and South Cumbria Occupational Health and Wellbeing partners to jointly engage an external physiotherapy provider to deliver a rapid access remote service to colleagues in work but struggling with musculoskeletal issues. This is a preventative approach to sickness absence and the service will be piloted and evaluated during 2023–24.

Supporting colleagues at higher risk of serious illness from COVID-19 has also been a key focus for us, and we have delivered targeted support which also links to workforce wellbeing priorities around addressing health inequalities. This has included specific group support and health promotion campaigns; and health checks providing blood pressure and BMI monitoring and lifestyle advice.

Our wellbeing strategy that considers the multiple factors that may lead to sickness absence and other key achievements in the last year includes:

- training a cohort of Menopause Advocates to help raise awareness on this important subject, which affects a significant proportion of our workforce. The advocates deliver educational sessions, provide peer support and act as a consultative group to help us develop our policies and working practices.
- further development of rest and recreation areas, with four local break areas upgraded and Charters restaurant refurbished. Five new outdoor seating areas are also in development and will be ready by Summer 2023. These schemes have been supported through charitable donations and grants.
- extended opening hours in our catering outlets, enabling increased access to food and drink for colleagues. New water machines have also been installed in several clinical areas to support colleagues to stay hydrated whilst at work.
- launch of a leadership pledge campaign for our leaders to publicise how they will support the wellbeing of their teams.
- introduction of new workshops, including sleep support, weight management through Cognitive Based Therapy and coping with alcohol difficulties in self and others
- delivery of over 5,500 flu vaccinations and over 3,500 COVID-19 booster jabs to our workforce.

Priorities for the next year include:

- implementation of a physical activity strategy.
- development of rehabilitation pathways to support colleagues to return to work from serious illnesses, for example cancer.
- launch of 'Making Every Contact Count' training, which is a behavioural science approach to maximising everyday interactions to support conversations about health and can be used to support the development of wellbeing cultures within teams.
- recognising the impact of abuse and aggression from patients and service users on the wellbeing of our colleagues, we will launch zero tolerance resources and deliver enhanced training in preventing and de-escalating incidents.

We will also continue working with colleagues from the Lancashire and South Cumbria ICS to share practice and develop system-wide wellbeing approaches and delivery models.

Equality Diversity and Inclusion

To support our vision of providing Excellent Care with Compassion, we have an Equality, Diversity and Inclusion (EDI) Strategy 2021–26. The vision behind the strategy is to be consciously inclusive in everything we do for our colleagues and communities. Through this we commit to treating everyone we meet; patients, their families, carers, colleagues, temporary workers, volunteers and colleagues from other organisations with dignity, respect, kindness and understanding.

The strategy outlines a set of five principles which aim to provide a framework of ideas and options to create systematic changes, these are:

1. **Demonstrating collective commitment to equality, diversity and inclusion**
2. **Being evidence-led and transparent**
3. **Recognising the importance of lived experiences**
4. **Being representative of our community**
5. **Bringing about change through education and development**

Over the past 12 months a number of actions have been progressed, including:

- Creation and subsequent launch of an online toolkit which demonstrates how to be an active bystander, i.e., how to support colleagues who may be on the receiving end of bullying, harassment, abuse, violence or discrimination, seeking to effectively challenge negative behaviours or language in the moment and de-escalate situations. The toolkit will be enriched by the delivery of a short bystander intervention masterclass, helping colleagues to develop the skills and awareness to challenge negative behaviours, language or culture which is not in line with our zero tolerance expectations.
- Re-writing our Transgender and Non-Binary Policy; a joint piece of work engaging with the Chair of our LGBTQ+ Ambassador Forum, the EDI Team and Dr Lewis Turner, Chair of Lancashire LGBTQ+.
- Holding dedicated Schwartz Rounds to discuss EDI-related topics, such as going through hormonal changes in the workplace, the topic of this round has been commended by the Point of Care Foundation as innovative practice. During the round we heard from the panellists and members of the group about their experiences of going through different types of hormonal change in the workplace such as menopause and IVF treatment.
- Signing up to the Disability Employment Charter and the Care Leavers Covenant. The Disability Employment Charter sets out nine areas supporting organisations commit to putting in place to address the disadvantages disabled people encounter in their working lives. The Care Leavers Covenant is a national inclusion programme which supports Care Leavers, aged 16–25, to live independently.
- Several colleagues have been involved in a Reverse Mentoring programme across the Lancashire and South Cumbria ICS. This programme of work involves colleagues in a senior position being mentored by someone in a more junior position than themselves. The programme gives our senior colleagues and leaders insight into what it is like to be working for our organisation as a colleague who belongs to an under-represented/ marginalised group. Within the next quarter, we will launch our own internal Reverse Mentoring programme for colleagues across the Trust.
- The development of Equality Impact Assessment training to support colleagues to review their policies, procedures, processes, practices, events, and decision-making processes are fair and do not present barriers to participation or disadvantage any protected groups from participation.

We have undertaken a review of our workforce profile by ethnic group and pay band so we can understand where minority ethnic colleagues may be experiencing barriers to career progression.

The greatest representation of minority ethnic colleagues in non-clinical roles are in band 2 and below (below band 1 tend to be apprentices) and in band 8b (26.3% of band 8b colleagues are from an ethnic minority background). With the exception of apprentices, band 2 and band 8b colleagues, ethnic minority colleagues are underrepresented across all other bands when compared against the overall non-clinical ethnic minority workforce.

From a clinical workforce perspective, the highest percentage of minority ethnic colleagues can be found in band 5 roles which could, in part, be due to extensive international recruitment in the last 12 plus months. With the exception of band 3 and band 5 clinical roles, minority ethnic colleagues are underrepresented in all other bands when compared against the overall clinical minority ethnic workforce.

From a medical and dental workforce perspective, the highest percentage of minority ethnic colleagues can be found in non-consultant specialist roles. Minority ethnic colleagues are underrepresented at Consultant level and above, when compared against the overall medical and dental minority ethnic workforce.

In addition to this our 2022 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) staff survey data tells us that:

- 48% of minority ethnic colleagues believe our organisation provides equal opportunities for career progression and promotion as opposed to 62% of white colleagues. The disparity ratio falls outside of 0.8–1.2 indicating there is an adverse impact on minority ethnic colleagues.
- 52.2% of colleagues with a long-term condition (LTC)/disability believe our organisation provides equal opportunity for career progression or promotion versus 61.3% of colleagues without a LTC/disability. The disparity ratio falls between 0.8–1.2 indicating for this metric there is no adverse impact for colleagues with a LTC/disability.

To ensure minority ethnic colleagues have greater opportunity to access development, are supported in their talent and career aspirations, as well as trying to create greater diversity in our senior, Executive and Non-Executive Director level posts, we launched an Inclusive Leadership in Lancs Programme in 2021. The programme took a modular approach and consisted of successful courses already delivered across the organisation alongside some bespoke sessions. This included completing:

- **Talent Management Programme** – which aims to support participants to reflect on their career journey to date and to start to map out the career journey they want moving forward. It also supports participants to reflect on their values, skills, strengths and areas for development.
- **Core People Management Skills** – this 5-session programme provides new and experienced managers with the fundamental management skills in essential areas of recruitment, induction, performance management, team management, health and wellbeing and what to do when things do not go to plan.
- **Microsystem Coaching Academy Programme** – aims to support participants to have the skills to influence, rethink and redesign services by having the knowledge, skills and abilities to apply quality and continuous improvement science in their teams through taking a team coaching approach.
- **RADA Personal Impact Training** – this consisted of three short modules involving actors and role play to support participants to build their personal presence, leadership approach, ability to influence and negotiate.

The first cohort has just drawn to a close, so we are now in a position to undertake a first level evaluation with a view to offering further cohorts across the organisation.

Furthermore, we have ring-fenced a proportionally representative percentage of accredited (such as Institute of Leadership and Management Level 2, and Consultant Leadership Development) and non-accredited (such as CI Programmes, Core People Management Skills, and Senior Leadership Development) taught programmes for colleagues with protected characteristics.

Our WDES staff survey data also told us 75.1% of colleagues who have a disability or LTC say the organisation has made reasonable/adequate adjustments to enable them to carry out their work. This is slightly above the national average for this measure (71.8%). There has been a deterioration in the proportion of colleagues with a disability/LTC who felt under pressure to come into work when not feeling well enough (-1.8%). Whilst this is better than the national average, we have already commenced a review in respect of reasonable/adequate adjustments to understand what the barriers colleagues experience when requesting this support, in addition to what actions we can take to overcome those barriers.

We have seen some increases in the percentage of colleagues who have disclosed a disability/LTC across our workforce as a whole, with 4.7% of our non-clinical workforce who have a disability/LTC and 4% of our clinical workforce. It is positive to also note an increase in colleagues occupying clinical bands 7 and 8b, as well as in non-clinical bands 7 and 8c, disclosing a disability/LTC. Despite these successes we know there is still a significant

gap between the number of colleagues who declare they have a disability/LTC on our ESR (Employee Staff Record) system. Over the next 12 months we will undertake a campaign to bust any myths surrounding how data is used but also support staff to update their EDI data on ESR, which will hopefully improve disability declaration rates.

Within both WRES and WDES we measure the likelihood of disabled and ethnic minority candidates being shortlisted. There have been slight improvements in the last 12 months in relation to the likelihood of disabled candidates being appointed from shortlisting, showing a reduction of adverse impact for disabled candidates compared against the experience of non-disabled candidates. However, for minority ethnic candidates, we need to take further action as the race disparity ratio for this indicator has deteriorated since last year, moving to 1.28 (from 1.23). This means that white candidates are 1.28 times more likely to be appointed from shortlisting than candidates from an ethnic minority group. The disparity ratio is slightly above the range of 0.8–1.2 indicating there is an adverse impact on minority ethnic candidates.

Over the next quarter we will begin work on reviewing our recruitment, selection and induction processes from end to end, to identify processes which may be open to bias and determine actions required to eliminate bias and encourage diversity and inclusion from each stage of the process. This could include having diverse recruitment panels as standard, along with equality representatives who have the authority to stop selection processes if deemed unfair. In addition, all interviews for roles banded 8a and above will include a requirement for candidates to demonstrate the legacy of past EDI work they have undertaken.

We will also schedule and deliver EDI Masterclasses to equip leaders and managers with the skills, competence and confidence to have conversations with colleagues about ethnicity, religion, disability, sexuality or generational differences aligned to their experience of work. As well as enabling them to understand what additional needs colleagues may have and how they may be able to support them to fulfil their potential.

The EDI Strategy Group monitor progress against the delivery and tangible impact of the actions outlined in the strategy. The group also provides support, guidance, direction and engagement to our divisions in the localisation of equality, diversity and inclusion actions in clinical services and to improve colleagues with protected characteristics experience of work. The EDI Strategy Group reports to the Board with aspects of the strategy reporting to the Workforce Committee. Both the Board and the Workforce Committee receive a number of key equality-driven performance reports within its routine cycle of business alongside strategy update-specific reports.

Staff engagement and consultation

Staff engagement

We believe staff engagement is the very essence of what creates positive employment experiences and develops a positive organisational culture. It helps us to retain our talent with individuals wanting to stay working for us and supports high performance, so staff go the extra mile.

Organisations that have higher levels of staff engagement deliver better patient care. Staff engagement remains a priority for us as a Trust to enable us to deliver high quality services, achieve our financial plans and support future organisation change and transformation programmes.

Our approach to staff engagement is driven through the Workforce and Organisational Development People Plan, which sets out our strategic direction as part of our aim to be a Great Place to Work.

The annual programme of work includes measuring and understanding of staff engagement, satisfaction and experience of work in order to drive improvement. This is delivered through the following methods:

Annual National Staff Survey

This takes place September to November each year with all colleagues invited to participate including temporary bank colleagues. Once embargo is lifted, results are cascaded across the organisation for action to be taken at every level.

As a Trust we develop a corporate level action plan to address key themes which support organisational-wide changes along with progressing the existing People Plan strategic actions. This year, we have also used the results to identify teams from each division to receive the offer of enhanced support as part of a more proactive approach to raise levels of staff engagement and satisfaction.

At Divisional level, we have asked leaders to cascade their results, review these against their existing people plans and identify up to two further actions they feel they need to take, along with participating in their own team engagement plan using our internal Team Engagement and Development (TED) tool.

The Workforce Committee and Divisional Workforce Committees are responsible for the oversight of these.

At team level we enable all managers to have access to the staff survey results along with guidance to support them to share their staff survey results with their team. Managers are provided with training and asked to use our internal TED tool with their team which supports them to have conversations about their team engagement and effectiveness and co-create their own team development action plan sharing ownership and team responsibility for delivering it.

National Quarterly Pulse Survey

This shorter survey is undertaken electronically (in quarters 1, 2 and 4) with all colleagues invited to participate. It provides an opportunity for colleagues to share their feedback at more regular times throughout the year as opposed to a one-off survey.

The response rate for this engagement method is typically lower than the national staff survey and whilst this is not unique to our Trust, a priority will be to improve our participation and develop increased awareness across teams about how and why we measure engagement, helping them to feel confident we are taking action and making improvements in response to their feedback.

Team Engagement and Development Tool

The internal TED tool has been used across the organisation for the last seven years and is designed to be used by team leaders to enable them to have a conversation about their team's levels of effectiveness and engagement. It supports team and individual engagement by providing staff with the opportunity to share their feedback and collectively identify solutions as part of the team development action plan.

As part of our work with NHSE to enable the TED tool to be used with other Trusts we were also able to complete additional data analysis to examine the relationship between the use of the TED tool and the process and delivery of improved organisational performance in satisfaction and engagement as measured by the NHS Staff Survey.

The analysis has found that where we have increased TED completion, we typically have higher levels of staff satisfaction across the People Promise Elements and are more likely to be at or above the national average. We can also see that higher levels of TED completion are found to have a positive impact on team working questions and line manager effectiveness as measured in the National Staff Survey.

In the last 12 months there has been a deliberate, renewed focus on encouraging teams to take part in TED with a target of 159 teams to complete TED. This target has been exceeded with 169 undertaken to date achieving the highest since TED was launched.

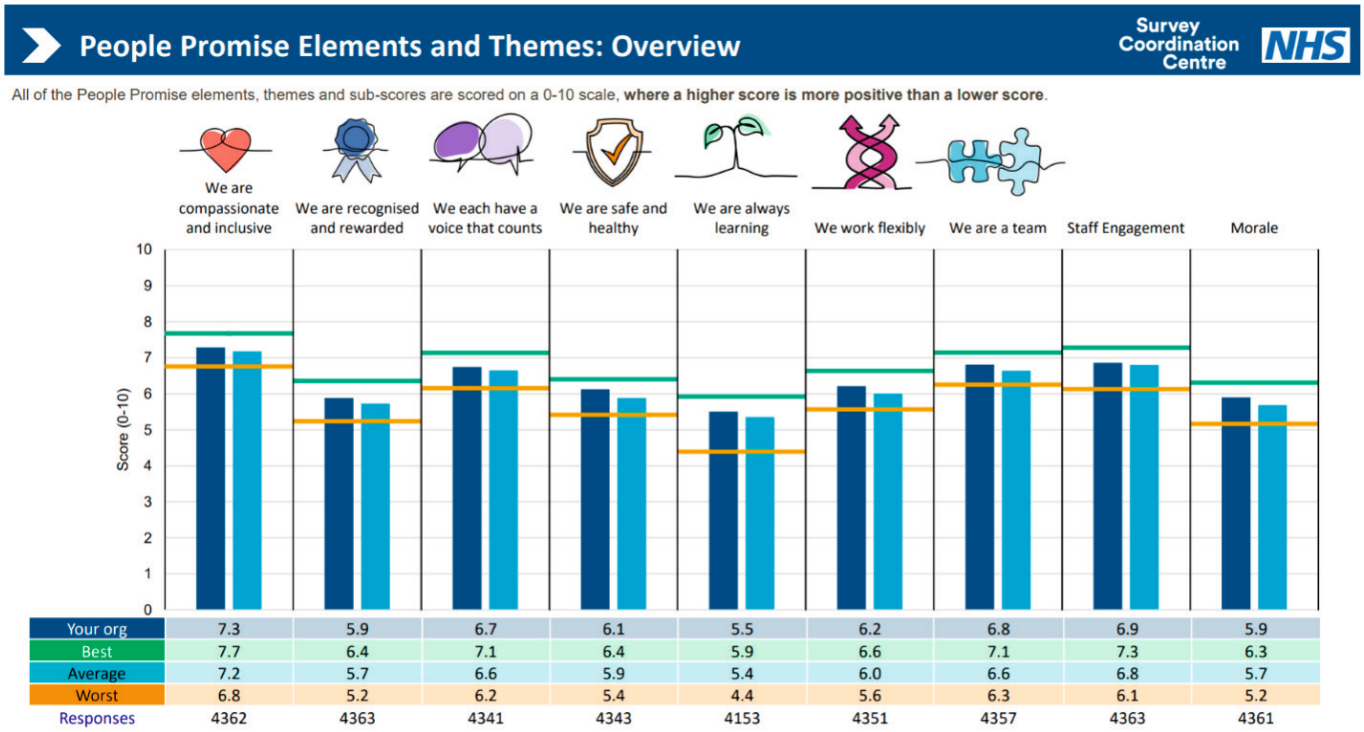
Growing the use of TED will continue to be a key priority in 2023 as part of Our Big Plan aim for all teams to use the TED tool on an annual basis.

NHS Staff Survey

The NHS staff survey is conducted annually. From 2018 onwards, the results from questions are grouped to give scores in 10 indicators. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those.

The Trust's response rate to the 2022 survey was 47%. This is a 10% increase from the 2021 survey (37%) and is above the national average (44%) in our benchmarking group (Acute and Acute and Community Trusts).

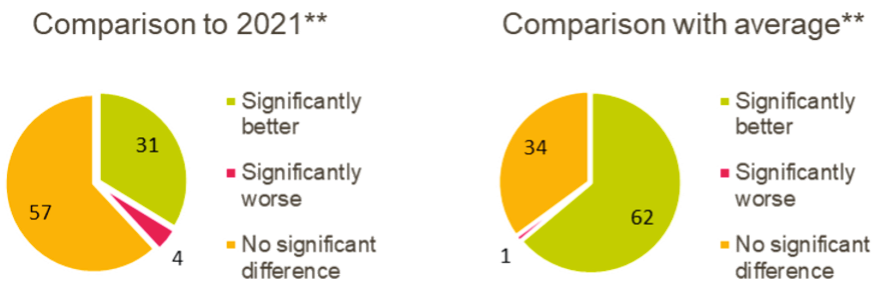
Scores for each indicator together with that of the survey benchmarking group are presented below.



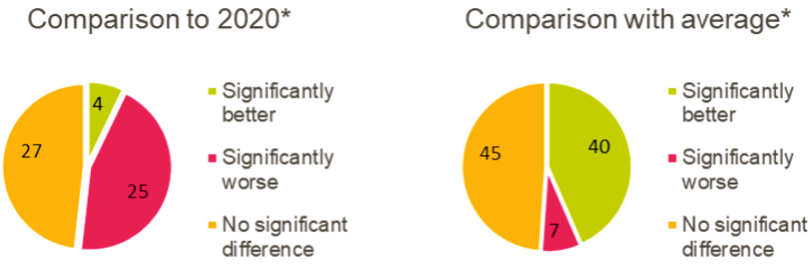
As indicated in the summary above, against the nine elements, we have performed above the national average for all of the people promise elements in 2022. This is the first time we have achieved this and whilst the results still show us where the areas for improvement are, we can see we are continuing to make progress towards our aspiration of being the 'best' in the NHS.

From the results, we know a key area of focus for us is to improve our levels of staff advocacy, however looking at trends across acute trusts in the North West, we can also see that we are the only Trust that has not declined over the last three years when asked if they would recommend our Trust as a place to work. This indicates that the work we continue to do around staff engagement and satisfaction is helping us as an organisation to see improvements with overall levels of engagement.

In summary a total of 117 questions were asked in the 2022 survey, of these, 112 can be compared to 2021 and 97 can be positively scored. The pie charts below show how our 2022 scores have compared against how we performed in 2021 against the Picker average.



Below shows our 2021 scores for comparison:



Staff Engagement

The scores below detail the overall staff engagement score for 2022 and the breakdown of scores for items which measure the three facets of team engagement, namely motivation, involvement and advocacy. The results compare our scores against our 2020 and 2021 results and the national average for this year.

The table below shows that for staff engagement we have seen improvements in all except two questions which have slightly deteriorated and one that has stayed the same in comparison to both our 2021 results and the national benchmarking average.

Description	Organisation 2020	Organisation 2021	Organisation 2022	National Average
Motivation	**7.2**	**7.0**	↑ 7.1	7.0
I look forward to going to work.	**56.8%**	51.8%	↑ 55.2%	52.5%
I am enthusiastic about my job.	74.1%	68.7%	↑ 70.2%	67.7%
Time passes quickly when I am working.	77.2%	75.5%	↓ 74.5%	72.5%
Involvement	**6.8**	**6.9**	↑ 7.0	6.8
There are frequent opportunities for me to show initiative in my role.	73.6%	74.8%	↑ 75.7%	72.8%
I am able to make suggestions to improve the work of my team / department.	76.5%	73.6%	↑ 74.6%	70.9%
I am able to make improvements happen in my area of work.	55.5%	53.7%	↑ 56.5%	54.7%
Advocacy	**7.0**	**6.6**	● 6.6	6.6
Care of patients/service users is my organisation's top priority.	78.8%	72.6%	↑ 72.8%	73.5%
I would recommend my organisation as a place to work.	63.6%	56.2%	↑ 57.2%	56.5%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	69.1%	61.9%	↓ 59.9%	61.9%
Overall Staff Engagement Score	**7.0**	**6.8**	↑ 6.9	6.8

To summarise the staff engagement findings:

- In the majority of areas, our results show that we are making improvements and are now above or on the national average benchmarking data.
- Whilst our overall staff engagement score has only slightly increased since 2021 by 0.1 point, we are again, slightly above the national average.
- When we look at the engagement questions relating to motivation, we can see some encouraging increases in relation to looking forward to going to work (+3.4%) and feeling enthusiastic about work (1.5%) with both above national average. This shows us important progress after our 2021 results had seen declines in both these questions.
- When we look at the engagement questions relating to involvement, we can see improvement here for all three questions in comparison to our 2021 results and when looking at this in comparison to the national average, this is an area of strength in our results.
- When looking at the engagement questions relating to advocacy, we can see this remains an area of focus for us. Whilst overall we have remained stagnant in this sub theme, there is work to be done to improve how colleagues feel with regard to if they would recommend the organisation as a place of work and if a friend or relative needed treatment, they would be happy with the standard of care with both these questions being below the national average for our benchmarking group.

Future priorities and targets

The 2022 results show where we are making progress to improve our overall staff experience and they help us to understand our priorities and key areas we need to pay attention to over the next 12 months.

Many actions will continue to be delivered by the Workforce and Organisational Development team as outlined in Our People Plan which identifies our key strategic aims and deliverables. Alongside this our three priority areas are:

1. **Colleagues experiencing physical violence, bullying, harassment or abuse from patients/ public or from other colleagues.**
2. **Resolving health, safety and building issues raised, as well as colleagues' lack of access to adequate materials, supplies and equipment to do their work.**
3. **Improvements to the way colleagues feel able to raise concerns and their need to be updated on what action has been taken, so they know they have been heard and listened to.**

The NHS Staff Survey free text comments also shows us how we need to support colleagues to feel more recognised and valued for their contribution at Lancashire Teaching Hospitals and support team members to feel more involved in changes and team decision making.

Finally, as indicated in the data above our results showed a 2% decrease in the number of colleagues who would be happy with the standard of care provided by the organisation if a friend/relative member needed treatment and a 1% increase in colleagues saying they would recommend our organisation as a place to work. We know we can do better to improve these areas and our corporate level action plan will detail the actions we will be taking to make improvements to these areas.

Progress against our priorities and measurement of impact will be reported to the Workforce Committee through the regular cycle of business.

Volunteers

Our volunteers provide a huge service to the Trust, they give up their time to provide support to our patients, families, visitors and staff. Many of our volunteers support us because of a personal connection to our hospitals or because they want to give something back. For others, it is an opportunity to develop new skills, knowledge and experience to support their employability prospects. Whatever their reason, we truly value the role they play and the contribution they make.

We have 384 volunteers registered with us and this includes Baby Beat, third party volunteers such as RVS, Families and Babies, Galloways, Action for the Blind and Macmillan. Many of our volunteers continue in the original roles they started but we have also seen existing volunteers try completely new roles this year to support areas of need in the Trust, after years in their original role. Feedback has been that this has been successful with some reporting learning lots of new skills.

Volunteer roles and activities undertaken during 2022–23 include:

- **Meet and Greet and Assistance** – helping patients and visitors to find their way and assisting with wheelchair transportation and supporting at the Meet and Greet desks encouraging visitors, staff and patients about social distancing, mask wearing and hand sanitising. Feedback from our patients tells us how valued this is.
- **Chaplaincy support** – visiting patients and providing pastoral support. This has been particularly important while visitor restrictions have been in place, and so valued by our patients.
- **Volunteer dogs** – two specially trained dogs and their volunteer handlers have been visiting specific patients and staff. There is Iska, the patient therapy dog who visits patients and staff on request weekly. There is also Bentley, a Labrador who is a health and wellbeing dog to support staff weekly. The feedback on both dogs is so positive with staff commenting on the uplift in morale and feeling of wellbeing.

Bentley

Iska

- **Clinical support** – outpatient clinics, blood clinics, cardiorespiratory discharge lounge.
- **Administrative support** – helping with photocopying, envelope filing, delivering information, making phone calls.
- **Ward/department support** – helping with beverages and snacks for patients and staff as necessary, undertaking errands.
- **Hospital Radio** – both stations have returned to live broadcasting from our studios at Preston and Chorley Hospitals as well as broadcasting from home games at Preston North End Football Club and some of the horserace meets taking place in the North West.

Posters were developed and distributed to all wards. We also undertook an interview with the Lancashire Evening Post about our radio stations.

Engagement

We continue to work hard to keep in touch with our volunteers throughout the year:

- We send them the CEO communication briefs.
- We inform them of new volunteering opportunities that they may be interested in trying and encourage them to try new roles.
- We send regular email updates on anything of interest taking place within the Trust and also the Health and Wellbeing newsletters and information.
- We also have an open door to our offices on both hospital sites when volunteers can arrange to meet us, socially distanced, to discuss any issues they may have and telephone support is always available on both sites.

Raising visibility of our volunteers and the work they do

We invested in new uniforms for all volunteers in 2022. After engaging with our volunteers, we opted for a bright colour to make them more visible and so they can be easily identified alongside all the different staff uniforms. The new uniforms have gone down really well and are being worn by the majority of volunteers. They have the choice of yellow tabards or polo shirts and grey fleeces for those in open areas and contrasting volunteer lanyards.

We promoted our new uniforms by placing posters around the organisation to notify visitors, patients and staff. The feedback on the uniforms continues to be positive with people reporting the new colour makes them stand out and much easier to spot.

We have developed and extended our social media channels and increased sharing the activity our volunteers undertake on Facebook, Instagram, Linked-in and Twitter.

Colleagues and networks

To stay in touch with colleagues across our networks, we continue to attend regular virtual meetings with the National Association of Voluntary Service Managers as well as accessing all the resources available on the NHSE Futures Platform. This has enabled us to discuss and share ideas, best practices and to hear what others up and down the country are doing which helps us evolve each other's services. There are monthly Volunteer Q&A Forums supported by NHSE with Trusts across the country attending which we attend and contribute to.

Recruitment

We have welcomed some new volunteers throughout 2022–23 in specific areas and have plans to reopen general recruitment for volunteers in line with organisational requests.

We have been engaging with staff groups and departments to develop new roles and increase the profile of volunteers across the Trust, specifically within the dementia service, Patient Advice and Liaison Service (PALS), Eye Clinic and recently to provide a service to Finney House.

We have recently had discussions with RVS volunteers who will no longer support the Trust through the RVS, to discuss them joining our Volunteer Service instead. A number of those volunteers have indicated they are happy to continue volunteering with the Trust and look forward to trying out new roles with us.

Going forward linked to our equality and diversity plan, we will be concentrating on improving representation across our volunteers. We will be looking at ways to engage and share the roles and opportunities we have with all ages, backgrounds and ethnicity and to be able to report on demographics of our volunteers and how they compare to other areas.

Funding for volunteer activities

Last year we were successful in receiving funding from NHSE for a number of initiatives – one of which allowed us to purchase activity items for volunteers to engage with dementia patients and to train for the specific role which we hope to put in place shortly. We engaged with the Alzheimer's Society to make up packs and for these to be distributed across the Trust by volunteers.

Identifying where volunteers are needed

We have been considering ways to expand the support volunteers can offer and developing new roles, these include:

- **Discharge Lounge** – volunteers to assist with beverages, chatting and message running.
- **Dementia Team** – to help with distraction therapy and socialising within our wards but also to develop a team for Finney House.
- **PALS** – to engage with patients on wards and outpatients to obtain views and comments.
- **Gordon Hesling Block** – volunteers to support Meet and Greet in this newly refurbished area.

We plan to do more work this year ensuring all wards/departments can easily engage with us if they want to request a volunteer and simplify the process. We will be developing an intranet page all about our Volunteer Service.

Key areas and priorities

Some of our key areas of focus over the next 12 months are:

- Develop and deliver a Volunteer Service Recovery plan, to return our volunteers to the roles they love, as well as continuing to attract and recruit new volunteers from all backgrounds and communities.
- Launch a Volunteer Handbook and monthly newsletter.
- Continue to monitor our volunteer ESR records to keep them up-to-date and investigate new methods of recording volunteer movement and attendance on rosters, so we can provide better visibility of the impact our volunteers continue to make.
- Develop the profile and visibility of volunteers across the Trust, which will include the development of a new intranet site, with information for our managers to enable them to better understand the role of volunteers and the role profiles – those available and opportunities to develop new ones.
- To raise the profile of how volunteers can proactively support service delivery, ensuring our volunteers are embedded into clinical teams, and pro-actively supported in the workplace.
- Improve positive celebration of volunteering through case studies, awards, social media posts, posters, volunteers' stories such as Schwartz rounds and communications to showcase the immersive and uplifting culture of volunteering.
- Investigate the introduction of 'guaranteed interviews' for volunteers who are looking to progress into employment with the Trust.
- Develop a calendar of events with recruitment and education to ensure our Volunteer Service is promoted.

Learning and Development

This section provides a summary overview of learning, development, education, and training activity delivered during 2022–23. This was the final year of the Education and Training Strategy 2020–23; however, objectives and associated timescales were adjusted over the lifetime of the strategy to offer maximum flexibility in response to critical service pressures. The strategy has therefore been extended by one year for 2023–24 to allow a further year to complete the objectives as far as possible and prepare for a full strategy refresh.

Mandatory training is a key enabler to delivering safe and effective patient care, reducing organisational risk, and ensuring a safe working environment. Of the training subjects which are nationally mandated, either through the national Core Skills Training Framework or other relevant legislation, at the end of March 2023 the Trust has demonstrated target compliance (95% for Information Governance, 90% for all other subjects) in 21 out of 26 subjects. This is an improvement from the year-end position reported in 2021–22 where the target compliance was achieved in 19 out of 26 subjects. This performance over the two-year period is exceptional from a 2020–21 baseline position of target compliance demonstrated in 9 out of 26 subjects.

Overall medical device compliance across the Trust exceeds the interim target of 80%, which demonstrates a 9–10% improvement since April 2022. The target compliance will be increased to 90% as from 1 April 2023 aligned to Our Big Plan metrics. An e-learning based system has been implemented which aligns to the mandatory training model with individual medical device compliance reporting and automatic reminders sent to staff members. During 2023–24 this model will continue to develop to include clinical competencies and point of care training.

The Skills Passport Programme, funded by Health Education England, is an initiative the Trust is leading on behalf of Trusts in the Lancashire and South Cumbria ICS with the aim of developing an ICS-level common mandatory training framework, ICS-level agreement on required training and associated training levels for practitioners, developing a model that supports skills and training transferability across the ICS, enhances staff mobility and offers the potential to deliver cost efficiencies through an integrated service delivery model. This is a two-year programme scheduled to complete in Spring/Summer 2024. However, this will need to be an ongoing work programme supported by the ICS to realise the full benefits that a fully integrated delivery model could offer.

During 2022–23, the Clinical Skills Education team has delivered a broad range of activity including:

- 563 newly qualified staff attended preceptorship.
- 431 Healthcare Assistants (HCAs) completed HCA induction programme and Care Certificate
- Finney House induction programme for 23 new HCAs.
- 20 days of Clinical Competency Assessment (CCA) medical student examinations.
- Run ‘Doctor for a Day’ and supported career events.
- Fit tested 3,435 staff with 8,367 mask fit tests conducted.
- Delivered 5 courses for 24 Return to Training doctors.

In November 2022 our new Virtual Reality Suite opened offering interactive and immersive learning environments to enable learners to train in different scenarios. The suite has advanced technology that creates a simulated environment with sights and sounds that mirror clinical environments. Learners can develop skills through simulated high pressure and complex simulations, community-based practice, or other environments such as clinic rooms and theatre settings.

The resuscitation defibrillator replacement programme commenced in December 2021 to replace all defibrillators in the Trust with modernised equipment and is scheduled to complete by Summer 2023.

The Clinical Skills Education team, alongside senior managers from corporate services, has facilitated a review of the Trust's Clinical Educator service. This programme was delivered within a six-month timescale and completed in February 2023. The final report with key recommendations for driving service improvements was presented to Executive Leads in March 2023 and is currently under consideration by the Chief Nursing Officer for taking the review findings forward.

During 2022–23 1,351 learners (excluding postgraduate and other trainees) were successfully placed in clinical departments as part of their clinical placement requirement. As part of our refreshed Learner Offer, learner boards have been installed across all ward and clinical areas providing learners with information and signposting to available resources. A small task and finish group has led the development of our enhanced approach to recognising success and celebrating achievements, with the first multi-professional staff awards event scheduled for June 2023. Placement Welcome material is available to help learners understand the environments in which they are on placement, key contacts, and other helpful information to ensure they have a high-quality learning experience whilst in the Trust.

This year we received our first cohort of nine T Level students. T levels are Level 3 classroom-based technical programmes that equip students with the skills, knowledge and behaviours needed to progress into skilled employment. As part of the curriculum, students must undertake a minimum of 315 hours on an appropriate industry placement. The Trust has commenced industry placements in clinical and non-clinical services and is growing its offer aligned to demand from our local partner colleges.

We offer an accessible and comprehensive Learner Support service for all learners in the Trust, providing information, guidance, and advice on a wide range of issues such as academic, health, personal, financial, and pastoral/welfare support. Targeted and personalised support is available for any learners requiring additional interventions relating to their wellbeing and successful personal development. During 2022–23, 511 learners/trainees have accessed the service.

In Postgraduate Medical Education, achievements include:

- Organised and ran 16 Skills in Practice courses to support International Medical Graduates settle into their first training post in the UK.
- Reviewed 215 trainee portfolios as part of the trainees' Annual Review of Competency Progression (ARCPS).
- Co-ordinated 228 teaching sessions across the Foundation, GP Specialty (GPST) and Internal Medicine Training programmes.
- Member of our team won Specialist, Associate Specialist and Specialty Doctors (SAS) Administrator of the Year 2022 at the annual Health Education England North West (HENW) SAS Awards 2022.
- Arranged Junior Doctor induction for 259 new trainees across all grades joining the Trust.
- Continued to develop our training programmes with the introduction of new Integrated Training posts for the GPSTs in Inclusive Health, and the expansion of Longitudinal Integrated Foundation Training (LIFT) posts for Foundation trainees.
- Secured funding from HENW to run 14 different courses to support the development of SAS doctors.
- Delivered a Compassionate Leadership Programme for Foundation Doctors with positive evaluation received from the General Medical Council.
- Increased Foundation Doctor recruitment following successful competitive application process.
- Through Covid recovery funding, appointed Associate Director of Medical Education to support trainee wellbeing.

The Medical Intern Programme (MIP) that was launched in 2020 has seen its third cohort recruited with 16 international doctors joining the programme in 2022, and the programme extended across the Lancashire and South Cumbria footprint to include Blackpool Teaching Hospitals NHS Foundation Trust. Upon completion these doctors can opt to apply for specialty training and thus remain in the UK. A programme is under development for middle grade doctors, the Overseas Registrar Development and Recruitment (ORDER) programme. If successful, this programme will help to address chronic gaps in medical workforce supply and introduce an annual pipeline

of additional specialty trainees. These two programmes are both important in contributing to our future medical workforce and will be further developed in 2023–24. MIP was also shortlisted for Workforce Initiative of the Year in the 2022 Health Service Journal Awards.

In partnership with the University of Central Lancashire, the new Practice-Based Pathway successfully launched in January 2023 with 25 students enrolling on the programme. This programme is an innovative approach to delivering a hospital-based pathway for the BSc Hons Pre-Registration Nursing (Adult) Programme and is based on additionality thus offering additional pre-registration nursing students and growth in future registered nurse workforce supply.

The Registered Nurse Degree Apprenticeship, delivered in partnership with Northumbria University, has continued with the final cohort recruited in September 2022 from within the funding received from Health Education England. Since programme commencement in September 2020 a total of 84 participants have been recruited, with 21 having completed (the first cohort completed in July 2022), 63 currently in training and the last cohort scheduled to complete in March 2024. Opportunities to secure additional funding are being pursued with the aim of integrating this model of training with the Practice-Based Pathway.

Other achievements within Professional Education Development include:

- Delivering 100 clinical skills sessions for 98 Bolton University nursing students.
- Supporting Trainee Nurse Associates with 23 qualifying in 2022–23.
- Delivering the support requirements for 267 international nurses recruited during 2022–23 (April to December).

Apprenticeships continue to be a government priority and offer structured learning pathways towards meaningful employment. During 2022–23, we have delivered a range of apprenticeships targeted towards workforce supply and skills gaps. Outcomes include:

- 58 Level 3 Healthcare Support Worker apprenticeships.
- 77 Level 3 Learning Mentor apprenticeships.
- 2.3% new staff recruitments as apprentices.
- 116 outsourced apprenticeships across clinical and non-clinical pathways.
- 78.2% Qualification and Achievement Rate against a target of 62%.

The first Lancashire and South Cumbria NHS Health and Social Care Apprenticeship Awards were delivered in 2022–23 with a prestigious event held in June 2022. The Trust was shortlisted for Apprentice Employer of the Year alongside 12 apprentices from the Trust being shortlisted across the range of categories. One apprentice received a highly commended award in the Non-Clinical Apprentice of the Year category.

In August 2022, the Trust was inspected by the Office for Standards in Education, Children's Services and Skills (OFSTED) with the following outcome (overall grade and sub-domain grades):

Overall outcome	**Good**
Quality of education	Good
Behaviours and attitudes	Outstanding
Personal development	Good
Leadership and management	Good

This was the first OFSTED inspection since the Trust became an Apprenticeship Training provider in 2017 and is a significant achievement demonstrating the high quality of our apprenticeship provision.

The Education Governance team is responsible for collecting learner feedback and monitoring compliance against internal and external quality standards. Improved reporting has been implemented across all clinical divisions during 2022–23 aligned to Health Education England's Quality Framework and the NHS Education Contract. The introduction of internal learner surveys has further supported this approach, with questions now aligned to specific themes to ensure that data collected from surveys and targeted focus groups is used to inform action plans and drive continuous quality improvements.

Improved promotion and engagement with learners and trainees led to a significant increase in national survey completions with General Medical Council survey participation increasing by 6.2% on the previous year to 87.9% and National Education and Training Survey participation increasing by 191% up to 382 survey completions from 131 the previous year.

Aligned to the mechanisms for managing education investment through contracts with the clinical divisions, service level agreements have been developed during 2022–23 for managing educational investment across corporate services. These agreements will be effective from 1 April 2023 and will provide enhanced accountability for educational income and expenditure.

Recognising the importance of good governance in relation to departmental effectiveness, the education and training team has completed several operational reviews during 2022–23, including the following:

- Fundamental review of Datix risks aligned to the Trust's risk maturity framework.
- Review of all education policies to ensure currency and relevance.
- Review of information assets, business continuity plans and other relevant information governance requirements.
- Review of COVID-19 decisions log and review and closure of associated action log.
- Review and refresh of all Education and Training Subcommittees and operational groups.
- Full refresh of consolidated education income and expenditure profile.

The above provides a brief overview of activity during 2022–23; other key achievements include:

- Our newsletter, Education Matters, first edition was published during the Winter period.
- Upgrades to Education Centre 1 including a newly created Multimedia Studio and a dedicated Microsoft Teams videoconferencing suite.
- A range of digital developments have been implemented including multiple media for Virtual Reality and Mixed Reality technology and a Polecam medical rig providing live feed birds-eye view of surgical procedures.
- The third year of the three-year Continuing Professional Development funding for non-medical healthcare professionals representing £952,000 investment for 2022–23 in developing our workforce.
- Secured bid investment totalling in excess of £500,000 for Postgraduate Medical Education recovery funding, workforce upskilling and other programme activity.

A full refresh of the Education and Training Strategy for 2024–27 will take place during the next business year, and key areas for strategic focus include:

- Leading system-level developments to develop more integrated ways of working, drive solutions to chronic supply gaps and enhance staff mobility.
- Be the training provider of choice for the ICS and extend our regional, national and international reach; this will focus on apprenticeship training opportunities, simulation and surgical simulation developments, and further partnership opportunities with academia.
- Support clinical and technological advancements in healthcare through enhanced simulation and digital education and blended delivery models.
- Develop a commercial delivery model to maximise income generation opportunities and promote agility of educational investment.
- Strategy to be reflective of and align to all relevant Trust strategies, wider Trust agenda, and external drivers recognising the broader landscape and system-wide pressures.
- Drive efficiencies through cost improvements, digital developments, harmonising approaches across our service delivery, and streamlined ways of working.

Occupational health

In 2022–23, our Occupational Health Services were provided in three ways:

1. The services related to pre-employment screening, management referrals, immunisations, health surveillance and support for needle-stick injuries were provided by Wellbeing Partners (our joint venture with Wigan, Wrightington and Leigh NHS Foundation Trust). The last year has been a period of change for Wellbeing Partners with the loss of some commercial contracts. However, the business remains profitable with a predicted surplus at the end of the financial year, and the strategy has been refocused including the planned upgrade of digital technology.
2. Occupational Health physiotherapy is an in-house service, aligned with our Core Therapies Team. Over the last 12 months the service has provided rapid access assessment and treatment for colleagues suffering from musculoskeletal injuries or conditions, in addition to providing valuable support to health promotion campaigns.
3. Psychological Wellbeing services are also provided in-house by a small team of Clinical Psychologists, Cognitive Behavioural Therapy Therapists, Counsellors, and Psychological Wellbeing Practitioners. Support options have been developed in the last year with an expanded range of individual and group therapies available, along with mindfulness programmes, drop-in sessions, and education around supporting mental health. Our psychological wellbeing helpline is the main point of access for support, and this has been enhanced to include outreach calls to colleagues off sick for mental health related reasons.

In addition, we offer an Employee Assistance Programme to colleagues which is provided by VIVUP. Uptake of this has increased over the last year with more colleagues accessing online self-help resources and telephone advice.

A programme of collaborative work has commenced in the last 12 months with colleagues from the five provider organisations in Lancashire and South Cumbria coming together to begin shaping a standardised wellbeing offer for our workforce, and future delivery models for services. This follows the national 'Growing Occupational Health and Wellbeing Together' Strategy which provides a long-term roadmap to improve the health and wellbeing of our NHS people.

Staff Costs

			2022/23	2021/22
	Permanent	Other	Total	Total
	£0	£0	£0	£000
Salaries and wages	362,927	36,018	**398,945**	352,293
Social security costs	38,492	3,785	**42,277**	33,762
Apprenticeship levy	1,810	179	**1,989**	1,737
Employer's contributions to NHS pensions	54,263	5,390	**59,653**	54,408
Pension cost – other	212	21	**233**	177
Other post-employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Termination benefits	-	-	**-**	-
Temporary staff	-	22,210	**22,210**	21,021
NHS charitable funds staff	-	-	**-**	-
Total gross staff costs	**457,704**	**67,603**	**525,307**	**463,398**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**457,704**	**67,603**	**525,307**	**463,398**
Of which				
Costs capitalised as part of assets	2,543	1,118	**3,661**	3,343

Consultancy costs	
2022/23	2021/22
£0	£0
5,000	116,000

Average number of employees (WTE basis)

			2022/23	2021/22
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	982	119	1,101	1,024
Ambulance staff	3	0	3	2
Administration and estates	1,366	72	1,437	1,384
Healthcare assistants and other support staff	2,799	471	3,270	3,103
Nursing, midwifery and health visiting staff	2,486	263	2,749	2,554
Nursing, midwifery and health visiting learners	-	-	-	-
Scientific, therapeutic and technical staff	748	23	771	732
Healthcare science staff	243	8	252	247
Social care staff	-	-	-	-
Other	34	-	34	34
Total average numbers	**8,660**	**956**	**9,616**	**9,080**
Of which:				
Number of employees engaged on capital projects	39	20	59	55

Pensions/retirement benefits and senior employees' remuneration

Accounting policies for pensions and other retirement policies and details of senior employees' remuneration are set out in the notes to the accounts and on pages 62 to 64 of this report.

Off-payroll arrangements

Table 1: Highly paid off-payroll worker engagements as at 31 March 2023 earning at least £245 per day or greater:

Number of existing engagements as of 31 March 2023	1
Of which:	
Number that have existed for less than one year at time of reporting	0
Number that have existed for between one and two years at time of reporting	0
Number that have existed for between two and three years at time of reporting	1
Number that have existed for between three and four years at time of reporting	0
Number that have existed for four or more years at time of reporting	0

Table 2: All highly paid off-payroll workers engaged at any point during the year ending 31 March 2023 earning £245 per day or greater:

Number of off-payroll workers engaged during the year ended 31 March 2023	6
Not subject to off-payroll legislation *	0
Subject to off-payroll legislation and determined as in-scope of IR35 *	0
Subject to off-payroll legislation and determined as out-of-scope of IR35 *	6
Number of engagements reassessed for compliance or assurance purposes during the year	0
Of which:	
Number of engagements that saw a change to IR35 status following review	0

** A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Trust must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.*

Table 3: For any off-payroll engagements of Board members and/or senior officials with significant financial responsibility, between 1 April 2022 and 31 March 2023 Trusts must also disclose:

Number of off-payroll engagements of Board members and/or senior officials with significant financial responsibility, during the financial year	0
Number of individuals that have been deemed Board members and/or senior officials with significant financial responsibility during the financial year. This figure must include both off-payroll and on-payroll engagements	0

Staff exit packages

	2022/23			2021/22		
Exit packages cost band including any special payment element	**Number of compulsory redundancies**	**Number of other departures agreed**	**Total number of exit packages by cost band**	**Number of compulsory redundancies**	**Number of other departures agreed**	**Total number of exit packages by cost band**
<£10,000	5	-	5	1	2	**3**
£10,000 - £25,000	2	1	3	-	1	**1**
£25,001 - £50,000	1	-	1	1	-	**1**
£50,001 - £100,000	-	-	-	-	1	**1**
£100,001 - £150,000	-	-	**-**	-	-	**-**
£150,001 - £200,000	-	-	**-**	-	-	**-**
>£200,000	-	-	**-**	-	-	**-**
Total number of exit packages by type	**8**	**1**	9	**2**	**4**	**6**
Total resource cost	**£84,000**	**£16,000**	**£100,000**	**£40,000**	**£103,000**	**£143,000**

Exit packages: non-compulsory departure payments

	2022/23		2021/22	
	Payments Agreements Number	Total Value of Agreements £000	Payments Agreements Number	Total Value of Agreements £000
Voluntary redundancies including early retirement contractual costs	-	-	1	16
Mutually agreed resignations contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	1	16	2	7
Exit payments following Employment Tribunals or court orders	-	-	1	80
Non-contractual payments requiring HMT approval	-	-	-	-
Total	1	16	4	103
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	-	-	-	-

Value of special severance payments approved by NHS Improvement

No special severance payments were submitted to NHSE for approval in 2022–23.

Facilities and Time Off for Union Representatives

The 2022–23 collation and reporting of facilities and time off for union representatives falls outside of the timing of this report. Based on 2021–22 however the organisation had a headcount of 61 local trade union representatives, equating to 52.77 whole-time equivalents. Two of these were seconded into our Partnership team for 100% of working hours. Of the remaining representatives:

- There were no representatives who had between 51% and 99% of their working hours as facilities time
- 18 representatives had between 1% and 50% of their working hours as facilities time
- 41 representatives had 0% of their working time as facilities time

The hours spent totalled 3,748.5 and of these 429.5 hours (12.26%) were for paid trade union duties. The total cost of facility time was £87,278.64, representing 0.02% of the pay bill.

DISCLOSURES SET OUT IN THE NHS FOUNDATION TRUST CODE OF GOVERNANCE

The purpose of the code of governance is to assist NHS Foundation Trust Boards in improving their governance practices by bringing together the best practice of public and private sector corporate governance. The code is issued as best practice advice but requires a number of disclosures to be made within the annual report.

The NHS Foundation Trust code of governance contains guidance on good corporate governance. NHSE, as the healthcare sector regulator, is keen to ensure that NHS Foundation Trusts have the autonomy and flexibility to ensure their structures and processes work well for their individual organisations, whilst making sure they meet overall requirements. For this reason, the code is designed around a 'comply or explain' approach.

Lancashire Teaching Hospitals NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. Whilst a new code is in place from 1 April 2023, for the purpose of this report the NHS Foundation Trust Code of Governance, as revised in July 2014, and based on the principles of the UK Corporate Governance Code issued in 2012 has been reported against. The Trust is committed to the principles of the Code, which is supported by its robust internal governance arrangements, meets the statutory disclosure requirements in this annual report and also adheres to all other 'comply or explain' requirements.

Comply or explain

NHSE recognises that departure from the specific provisions of the code may be justified in particular circumstances, and reasons for non-compliance with the code should be explained. This 'comply or explain' approach has been in successful operation for many years in the private sector and within the NHS Foundation Trust sector. In providing an explanation for non-compliance, NHS Foundation Trusts are encouraged to demonstrate how its actual practices are consistent with the principle to which the particular provision relates.

Whilst the majority of disclosures are made on a 'comply or explain' basis, there are other disclosures and statements (which we have termed 'mandatory disclosures' in this report) that we are required to make, even where we are fully compliant with the provision.

Mandatory disclosures

Code ref.	Summary of requirement	See page(s):
A.1.1	The schedule of matters reserved for the board of directors should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the Boards and which are delegated to the executive management of the board of directors.	11, 33, 112
A.1.2	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors.	28–31, 34, 58, 59, 121
A.5.3	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	112, 113
FT ARM	The annual report should include a statement about the number of meetings of the council of governors and individual attendance by governors and directors.	113
B.1.1	The board of directors should identify in the annual report each non-executive director it considers to be independent, with reasons where necessary.	28–30, 34

Code ref.	Summary of requirement	See page(s):
B.1.4	The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS Foundation Trust.	28–31
FT ARM	The annual report should include a brief description of the length of appointments of the non-executive directors, and how they may be terminated	27–33
B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments.	33, 59
FT ARM	The disclosure in the annual report on the work of the nominations committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a chair or non-executive director.	NOT APPLICABLE
B.3.1	A Chairperson's other significant commitments should be disclosed to the council of governors before appointment and included in the annual report. Changes to such commitments should be reported to the council of governors as they arise, and included in the next annual report.	28
B.5.6	Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	111, 117
FT ARM	If, during the financial year, the governors have exercised their power under paragraph 10C of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report.	NOT EXERCISED
B.6.1	The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted.	33, 59
B.6.2	Where there has been external evaluation of the board and/or governance of the trust, the external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the trust.	NOT APPLICABLE
C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	36, 98
C.2.1	The annual report should contain a statement that the board has conducted a review of the effectiveness of its system of internal controls.	93–110
C.2.2	A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	120
C3.5	If the council of governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the board of directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the council of governors has taken a different position.	NOT APPLICABLE
C.3.9	A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include: • the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; • an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and • if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.	118–121
D.1.3	Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	NOT APPLICABLE

Code ref.	Summary of requirement	See page(s):
E.1.5	The board of directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	111–112
E.1.6	The board of directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	116–117
E.1.4	Contact procedures for members who wish to communicate with governors and/or directors should be made clearly available to members on the NHS Foundation Trust's website and in the annual report.	36, 115, 168
FT ARM	The annual report should include: • a brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership; • information on the number of members and the number of members in each constituency; and • a summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership, including progress towards any recruitment targets for members.	116–117
FT ARM	The annual report should disclose details of company Directorships or other material interests in companies held by governors and/or Directors where those companies or related parties are likely to do business, or are possibly seeking to do business, with the NHS foundation trust.	106

'FT ARM' indicates that the disclosure is required by the NHS Foundation Trust Annual Reporting Manual rather than the code of governance.

Other disclosures in the public interest

NHS Foundation Trusts are public benefit corporations and it is considered to be best practice for the annual report to include 'public interest disclosures' on the Foundation Trust's activities and policies in the areas set out below.

Summary of disclosure	See page(s):
Actions taken to maintain or develop the provision of information to, and consultation with, employees.	71–77
The foundation trust's policies in relation to disabled employees and equal opportunities.	69, 70, 71
Information on health and safety performance and occupational health.	24–26, 82
Information on policies and procedures with respect to countering fraud and corruption.	24, 120
Statement describing the better payment practice code, or any other policy adopted on payment of suppliers, performance achieved and any interest paid under the Late Payment of Commercial Debts (Interest) Act 1998.	19
Details of any consultations completed in the previous year, consultations in progress at the date of the report, or consultations planned for the coming year.	NOT APPLICABLE
Consultation with local groups and organisations, including the overview and scrutiny committees of local authorities covering the membership areas.	49–51
Any other public and patient involvement activities.	49–51
The number of and average additional pension liabilities for, individuals who retired early on ill-health grounds during the year.	Note 5.2 to the accounts
Detailed disclosures in relation to "other income" where "other income" in the notes to the accounts is significant.	Note 2.5 to the accounts
A statement that the NHS Foundation Trust has complied with the cost allocation and charging guidance issued by HM Treasury.	15, 64
Sickness absence data.	67–68
Details of serious incidents involving data loss or confidentiality breach.	107–108

Voluntary disclosures

We have also included a number of 'voluntary disclosures' (as defined by the Foundation Trust annual reporting manual) in this report. These can be found as follows:

Summary of disclosure	See page(s):
Sustainability / environmental reporting	20–21
Equality reporting	69–71
Slavery and human trafficking statement (Modern Slavery Act 2015)	35

NHS OVERSIGHT FRAMEWORK

NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

(a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care; access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)

(b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS Foundation Trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

Segmentation

NHSE placed the Trust in segment 3. This segmentation information is the Trust's position as at November 2021. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHSE website.

On 12 November 2021 enforcement undertakings were revised and these were formally accepted by the Trust on 2 December 2021. For details of the enforcement undertakings and the Trust's progress made against them, please see the Annual Governance Statement.

STATEMENT OF ACCOUNTING OFFICER'S RESPONSIBILITIES

Statement of the Chief Executive's responsibilities as the accounting officer of Lancashire Teaching Hospitals NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHSE.

NHSE, in exercise of the powers conferred by the NHS Act 2006, has given Accounts Directions which require Lancashire Teaching Hospitals NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Lancashire Teaching Hospitals NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

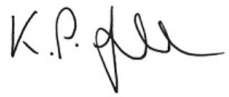
In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHSE, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance;
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy; and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the Foundation Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.



Kevin McGee OBE
Chief Executive
27 June 2023

ANNUAL GOVERNANCE STATEMENT 2022–23

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Lancashire Teaching Hospitals NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Lancashire Teaching Hospitals NHS Foundation Trust for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Leadership and accountability

The Chief Executive has overall responsibility for ensuring that effective risk management systems are in place within the Trust, for meeting all statutory requirements, and for adhering to guidance issued by NHSE and other regulatory bodies in respect of risk and governance. The Chief Executive ensures the work of the Committees of the Board is reviewed by the Board of Directors.

The Trust has the capacity to handle risk through delegated responsibilities in place as defined in the Scheme of Reservation and Delegation of Powers, and the Risk Management Policy, both of which are approved by the Board of Directors. The policy outlines the Trust's approach to risk, accountability arrangements and the risk management process including identification, analysis, evaluation and approval of the risk appetite and tolerance.

Accountability arrangements for risk management in 2022–23:

(a) the Board of Directors has overall responsibility for ensuring robust systems of internal control, encouraging a culture of risk management, routinely considering risks and defining its appetite for risk;

(b) Committees of the Board scrutinise those risks that fall within their terms of reference on behalf of the Board of Directors, recommending new or revised risks to the Board as appropriate;

(c) the Audit Committee on behalf of the Board of Directors ensures that the Trust's risk management systems and processes are robust;

(d) the Senior Leadership Team (formerly Executive Management Group) reviews risks relevant to its remit and advises all Committees of the Board on potential/existing strategically significant risks, as well as liaising with the Divisional Boards to ensure the consistency of risk reporting and also overseeing the Trust's Risk Register;

(e) the Chief Executive, as the Trust's Accountable Officer, has overall responsibility for the risk management processes and Risk Management Policy;

(f) the Chief Nursing Officer, supported by the Associate Director of Risk and Assurance (appointed May 2022) and Associate Director of Safety and Learning advises the Trust Board on all matters relating to clinical governance, risk and quality;

(g) the Company Secretary (appointed July 2022) advises the Trust Board on corporate governance and regulation;

(h) each member of the Executive team has responsibility for the identification and management of risks within their executive portfolios;

(i) the Chief Finance Officer/Deputy Chief Executive has responsibility for ensuring that the Trust has sound financial arrangements that are controlled and monitored through financial regulations and policies;

(j) the Chief Information Officer is responsible for ensuring that there are mechanisms in place for assuring the quality and accuracy of the performance data which informs reporting; and

(k) the Deputy Associate Director of Risk and Assurance was the Nominated Individual with the CQC from November 2021 and this was changed to the Chief Nursing Officer from October 2022. The Chief Nursing Officer was also made the Registered Manager with CQC for Finney House Community Healthcare Hub upon its acquisition in November 2022.

The BAF and Risk Register have been regularly scrutinised and reviewed through the Trust's governance structure and have been subject to various internal and external reviews. The Trust's strategic intentions, policies, procedures, BAF and supporting documentation are openly accessible via the intranet for all staff to reference.

The existing organisational management structure and Risk Management Policy illustrate the Trust's commitment to effective governance and quality governance, including risk management processes.

There is a central Risk Management team and a centralised Health and Safety team, supported by Divisional Governance and Risk teams, led by a Lead Clinical Governance and Risk Manager in each division.

As Accounting Officer, I have overall accountability for risk management within the Trust, however the Risk Management Policy describes the responsibility of every member of staff to recognise, respond to, report, record and reduce risks while they are undertaking work for the Trust.

Training and learning

Trust policies are available on the Trust's intranet and staff are encouraged to participate in the consultation of new and updated policies, such as the new Risk Management Policy, which was approved by the Board of Directors in August 2022. Newly approved policies are published through a network of policy leads and notified in a monthly briefing issued to staff.

Risk management training is provided through the Datix training programme, available to all staff. Training for individual roles continues to be identified by managers and agreed with staff through personal development plans. Divisional Governance teams also deliver localised risk management training for their services and for those who have requested additional support.

Incident reporting training is provided, and additional risk management training is delivered to staff who manage risks. There is additional risk management and incident management training available for staff on a monthly basis.

Mandatory training for all staff reflects essential training needs and includes risk management processes such as health and safety, fire safety, infection prevention and control, safeguarding children and vulnerable adults, patient safety for all staff, information governance, moving and handling, conflict resolution, fraud and bribery in the NHS, and equality, diversity and human rights.

Monitoring of training compliance and escalation arrangements are in place via the Education, Training and Research Committee, and the Divisional Improvement Forums to ensure that the Trust maintains good performance and can ensure targeted action in respect of areas or staff groups where performance is not at the required level. Where performance is below expected levels, the Trust Executive team oversees tailored support for the Divisions and Corporate teams in line with the Accountability and Oversight Framework to underpin sustainable improvement and delivery of plans, objectives and required outcomes.

The Trust also delivers additional risk management training and development to Board members (both Executive and Non-Executive Directors), the Senior Leadership Team and Divisional Governance Teams. During 2022–23, a risk maturity workshop was held with Executive and Non-Executive Directors and as a result the Board has reviewed and updated the risk appetite statement developed during 2020–21 to ensure it remains fit for purpose.

The output of this was shared through a series of further training and development sessions with the Senior Leadership Team and Divisional Governance Teams for cascading to staff throughout the Trust.

As a learning organisation, the Trust takes an Always Safety First approach and has a strategy and dedicated group which seeks to ensure good practice is identified and shared via corporate and divisional governance arrangements using multiple mediums, learning from mortality reviews, complaints, incidents and claims to reduce the risk of repeated issues. The Board of Directors receives assurances from the Safety and Quality Committee relating to the management of all serious untoward incidents, including Never Events.

The risk and control framework

Risk management is a fundamental part of operational working and service delivery. As set out in the Risk Management Policy, it is the responsibility of all employees and requires commitment and collaboration of both clinical and non-clinical staff.

The development of effective risk management across the organisation is underpinned by clear processes and procedures which include:

(a) overarching strategic aims for risk management;

(b) the Trust's Risk Management Policy;

(c) the organisational process for risk identification and analysis;

(d) a definition of significant risk and acceptable risk within the organisation;

(e) organisational risk management structures;

(f) the development and application of risk registers within the organisation;

(g) incident reporting;

(h) the accountability and responsibility arrangements for risk management; and

(i) the BAF.

Throughout the reporting period the Education, Training and Research Committee, Finance and Performance Committee, Safety and Quality Committee and Workforce Committee were the Committees of the Board charged with scrutinising the arrangements in place for specific areas of risk. They are supported by a number of sub-groups, including but not limited to:

- Divisional Management Groups
- Health and Safety Governance Group
- Infection Prevention and Control Group
- Medicines Governance Group
- Patient Experience and Involvement Group
- Safeguarding Board
- Mortality and End of Life Group
- Safety and Learning Group
- Capital Planning Forum
- Information Governance Forum
- Emergency Preparedness, Resilience and Response Group
- Always Safety First Group
- Raising Concerns Group

These arrangements are supported by the work of the Audit Committee which receives assurances on the effectiveness of the risk management framework annually through the Head of Internal Audit Opinion. This is based on an Internal Audit Programme which tests key aspects of the Trust's governance arrangements through a series of risk-based reviews undertaken throughout the year, which are also reported to the Audit Committee.

The Risk Management Policy

The Trust's Risk Management Policy was revised in 2022–23 and changed from a strategy document to a policy following an external governance review. The policy provides a framework for managing risk within the Trust and outlines the objectives and structures in place to support the management of risk across the organisation.

The policy defines risk in the context of clinical, health and safety, organisational, business, information, financial or environmental risk, and provides a definition of risk management. It details the Trust's approach to:

- the provision of high-quality services to the public in ways aimed at securing the best outcome for all involved. To this end, the Trust ensures that appropriate measures are in place to reduce or minimise risks to everyone for whom we have a responsibility;
- the implementation of policies and training to ensure that all appropriate staff are competent to identify risks, are aware of the steps needed to address them and have authority to act;
- management action to assess all identified risks and the steps needed to minimise them. This comprises continuous evaluation, monitoring and reassessment of these risks and the resultant actions required;
- the designation of Chief Officers with responsibility for implementation of the policy and the execution of risk management through operational and monitoring committees;
- action plans to maintain compliance with regulatory standards, which contribute to the delivery of the risk control framework; and
- the process by which risks are evaluated and controlled throughout the organisation. In support of the Risk Management Policy, a range of supplementary policies exist that provide clear guidance for staff on how to deal with concerns, complaints, claims, accidents, and incidents on behalf of patients, visitors or themselves.

To ensure consistency, risks are systematically identified using a standardised approach. The potential consequence and likelihood of the risk occurring are scored and the sum of the scores determines the level in the organisation at which the risk is reported and monitored to ensure effective mitigation. Risk control measures are identified and implemented to reduce the potential for harm. A target risk score is created and monitored through the risk management process. In recognition that a risk may not be eliminated, this score must be set at the lowest tolerable level.

Each division has governance arrangements in place including a systematic process for assessing and identifying risk in line with the policy. Risk assessments are undertaken, and this information is utilised to populate the relevant divisional risk register via our online system. Risks are continually reassessed and upon implementation of mitigating actions, where it is considered that the mitigation provides a tolerable level of risk in line with the Trust's risk appetite, the risk can be considered controlled. The responsibility for the management and control of a particular risk rests with the division concerned.

Risks are escalated to the Senior Leadership Team when an action to control a particular risk falls outside the control or responsibility of that division or, where local control measures are considered potentially inadequate, require significant financial investment or the risk is 'rated high'. The Senior Leadership Team may escalate a particular risk to the appropriate Committee of the Board for further consideration when required and the Committee may, in turn, choose to escalate an operational risk to the Board of Directors for oversight.

The Trust has in place a BAF which is designed to provide a structure and process to enable the Trust to identify those strategic and operational risks that may compromise the achievement of the Trust's high level strategic objectives and is made up of two parts: the **Strategic Risk Register**, those risks that threaten the delivery of the strategic objectives and are not likely to change over time; and the **Operational Risk Register**, those risks that sit on the divisional and corporate risk registers and may affect and relate to the day-to-day running of the organisation. They mainly affect internal functioning and delivery and are managed at the appropriate level within the organisation.

Responsibility for reviewing and updating the strategic risk and providing assurance to the Board on the controls and mitigations in place is retained by the relevant Chief Officer. The BAF is also presented in full to the Audit Committee at each meeting once given approval by the Board.

All operational risks are categorised in line with the Trust aims or ambitions that they predominantly impact upon. Any higher scoring operational 15+ risks are also presented to Committees of the Board to which the strategic aims or ambitions are aligned.

At the end of 2023, the risk profile of the Trust remains similar to that at the end of 2022 with 488 overall risks in March 2023 compared to 482 in March 2022, and 92 high risks in March 2023 compared to 93 in March 2022. High risk themes continue to be reflective of the following:

- increasing demand;
- use of escalation areas;
- suboptimal capacity to meet targets/manage backlog following COVID-19;
- staffing challenges;
- physical environment/estate being suboptimal; and
- mental health care provision.

There is a continued focus on risk maturity and this is being achieved through the embeddedness of risk management within the Trust by various means, including:

- The Risk Management Policy, which is available to all staff through the Trust's internet and intranet sites.
- Effective use of the strategic and operational risk registers at both divisional and corporate level, and the BAF.
- Compliance with the mechanisms for the reporting of all accidents and incidents using an online incident reporting system.
- Ensuring that there is a robust process in place to escalate all risks, including divisional risks, with a rating of 15+ to Committees of the Board and the Board, if required.
- Embedding the use of dashboards, including themes, risk appetite, heat-maps, trajectory of risk and qualitative narrative on actions and mitigations.
- Introduced automated governance dashboards for each division, providing easy access and removing the need for manual creation dashboards. These are monitored as part of the accountability framework in Divisional Improvement Forums with a specific risk section.
- Strengthening of divisional accountability processes through Divisional Boards and the Accountability Framework through challenging performance of risk at Clinical Business Unit and Specialty Business Unit level.
- Continued training at all levels of the organisation in line with the National Patient Safety Strategy.
- Engaging with the Board of Directors using risk information to drive the Board workshop agenda.
- The Senior Leadership Team meeting used as a forum to discuss risk and share learning from the management of risks cross-divisionally with the Executive team. This is achieved through presentation of a high risks report which contains key performance indicators each month alongside divisional and corporate risk registers on a cyclical basis.
- Actively monitoring all serious incidents at the Safety and Quality Committee on a quarterly basis and the Board annually.
- Using outcomes from complaints, incidents, claims, Safety Triangulation Accreditation Review (STAR) visits and internal and external reviews, to mitigate future risks and aggregating these to identify Trust-wide risks.
- Connecting performance across the Trust at Board, Committee, Divisional and Specialty level using integrated performance reports which provides Ward to Board reporting that includes a range of metrics encompassing each of the elements of Our Big Plan by strategic ambition and includes quality, operations, finance and workforce.
- Creating an open and accountable reporting culture whereby staff are encouraged to identify and report risk issues.
- Report cover sheets linked to the Trust's strategic aims and ambitions.
- Information within specific reports is categorised by and presented by strategic ambitions, for example the Chief Executive's report and integrated performance report.
- Risks within Committee papers are connected to strategic risks within the BAF.

- Freedom to Speak Up team in place for staff to raise concerns. The team is promoted within the Trust and any concerns are triangulated with other processes for management, improvement, and shared learning.
- Use of an equality impact assessment policy which links to the planning framework and outlines the requirements of divisional management and Board members in assessing and monitoring the impact of service changes.

Risk Appetite

The Trust's Risk Appetite Statement was refreshed by the Board of Directors following developmental work undertaken with the GGI. The Risk Appetite Statement outlines the level of risk that the Trust is prepared to accept, after balancing the potential opportunities and threats a situation presents. In addition, the Trust's risk tolerance levels were also updated to outline the boundaries within which the Board is willing to allow the true day-to-day risk profile of the Trust to fluctuate while executing strategic objectives.

The Risk Appetite Statement set by the Board is as follows:

Providing safe and effective care for patients is paramount and so we have a low tolerance of risks which would adversely affect the quality and safety of clinical care. However, to **Consistently Provide Excellent Care**, we recognise that, in pursuit of this overriding objective, we may need to take other types of risk which impact on different organisational aims. Overall, our risk appetite in relation to consistently providing excellent care is cautious – we prefer safe delivery options with a low degree of residual risk, and we work to regulatory standards.

We have an open appetite for those risks which we need to take in pursuit of our commitment to create a **Great Place to Work**. By being open to risk, we mean that we are willing to consider all potential delivery options which provide an acceptable level of reward to our organisation, its staff and those who it serves. We tolerate some risk in relation to this aim when making changes intended to benefit patients and services. However, in recognising the need for a strong and committed workforce this tolerance does not extend to risks which compromise the safety of staff members or undermine our trust values.

We also have an open appetite for risk in relation to our strategic ambition to **Deliver Value for Money** and our strategic aim to **offer a range of high-quality specialist services to patients in Lancashire and South Cumbria**, maintaining and strengthening our position as the leading tertiary care provider in the local system, where we can demonstrate quality improvements and economic benefits. However, we will not compromise patient safety whilst innovating in service delivery. We are also committed to work within our statutory financial duties, regulatory undertakings, and our own financial procedures which exist to ensure probity and economy in the Trust's use of public funds.

We seek to be **Fit for the Future** through our commitment to working with partner organisations in the local health and social care system to make current services sustainable and develop new ones. We also seek to lead in **driving health innovation through world class Education, Training & Research** by employing innovative approaches in the way we provide services. In pursuit of these aims, we will, where necessary, seek risk - meaning that we are eager to be innovative and will seek options offering higher rewards and benefits, recognising the inherent business risks.

Quality Governance

The Trust has strong quality governance arrangements in place, which are overseen by the Safety and Quality Committee. There is a thorough cycle of business in place to ensure assurance is received about safety, patient experience, and effectiveness.

A suite of quality metrics aligned to the Trust's strategic objective to Consistently Deliver Excellent Care are provided in Our Big Plan on a monthly basis to track performance which supports the Committee in understanding areas to focus attention. This is replicated in other Committees of the Board where versions of Our Big Plan metrics are aligned to the relevant strategic objective overseen by the Committee. The Board of Directors also receive an overview of Our Big Plan metrics related to all strategic objectives.

This approach is replicated at divisional level with a detailed set of key performance indicators aligned to Our Big Plan, split by strategic objective, produced for divisions. These are considered as part of Divisional Improvement Forums which are chaired by a member of the Executive Team as part of the Accountability Framework.

Safety, Quality and Patient Experience

The Trust has in place a range of mechanisms for managing and monitoring risks in respect of safety and quality including:

- An Always Safety First Strategy (2021–24) which outlines the Trust's response and approach to implementing the National Patient Safety Strategy, published in 2019 and updated in 2021, as well as local priority areas.
- A Patient Experience and Involvement Strategy (2022–25) which was launched this year.
- A Safety and Quality Committee which meets monthly and is chaired by a Non-Executive Director.
- Publication of an Annual Quality Account as a separate document to the Annual Report.
- Arrangements and monitoring processes to ensure ongoing compliance with NICE guidance and service accreditation standards.
- The Chief Medical Officer has an identified Deputy Chief Medical Officer who is the Trust Lead for mortality and reports regularly to the Safety and Quality Committee in respect of mortality.
- STAR Quality Assurance Framework is operated in all clinical departments.
- A Board Safety and Experience Programme is in place to maintain Board visibility and contact with staff delivering services.
- A safe staffing dashboard is in place to monitor nurse staffing levels across all wards and departments and a monthly staffing report is presented to the Safety and Quality Committee through the mandated safe staffing report. This is triangulated with measures of harm (for example hospital-acquired infections) and patient experience (friends and family test) for maternity services, children and neonatal services and adult inpatients including the Emergency Department.
- The Trust routinely considers and acts upon the recommendations of national quality benchmarking exercises, for example national patient surveys and other national publications such as the Ockenden Report and reports from the Health Service Investigation Branch.
- The Trust acts upon patient feedback from complaints and concerns and from feedback from patient and public involvement representatives, such as Healthwatch and Trust governors.
- Patient and staff stories are presented to the Trust Board and actions and lessons learned are widely shared.
- There is a process for the management of all patient safety and medical device alerts, field safety notices, estates and facilities alerts, service disruption alerts and all alerts that arise as a result of actions identified by NHSE or other national bodies are acted upon. 2022–23 has seen a process initiated to test and ensure actions from all safety alerts (since publications began in 2006) remain in place.
- Where appropriate, risk alerts are made to partner organisations in line with statutory responsibilities, such as for safeguarding purposes.
- Operational and quality breaches are discussed at the relevant operational and governance forums and ICB meetings with remedial action plans enacted.

Clinical Effectiveness

With respect to clinical audit, the Trust has an annual clinical audit and effectiveness plan for the year 2022–23 which incorporates national audits, corporate audits, audits associated with Trust-wide priorities, audits of national guidelines, as well as other audits commissioned specifically in response to areas of identified risk and concern. The Chief Medical Officer has an identified Deputy Chief Medical Officer who is the Trust Lead for Clinical Audit.

The Audit Committee and the Safety and Quality Committee both receive audit and effectiveness reports to provide assurance that the Trust has effective controls in place and is responsive to areas of concern, which may have been highlighted through the audit process, as well as audit outcomes which demonstrates best practice.

Capacity and Flow Waiting

The NHS continues to be faced with significant pressures in 2022–23 and like all other NHS Trusts across the country Lancashire Teaching Hospitals remains challenged by the COVID-19 pandemic, influenza, and periods of industrial action. As a result, performance, both emergency and elective, continues to be impacted with operational pressures experienced through the year resulting in non-compliance in relation to a number of key standards.

Whole health economy system pressure in response to increased demand resulted in high bed occupancy throughout the year, together with the requirement to recover and restore services and activity impacted during the COVID-19 pandemic. A system-wide action plan remains in place to address the urgent care capacity and demand pressures; with identified primary, community and social care initiatives/schemes delivering a level of sustainability.

Since the beginning of the COVID-19 pandemic the Trust has put in place a range of measures that continued into 2022–23:

- Additional medicine bed capacity to meet increased demand.
- Re-zoning of our estate to meet infection prevention and control requirements.
- Delivery of SDEC.
- Additional Intensive Therapy Unit surge beds with additional staffing through redeployment.
- Nightingale Surge Hub capacity to support increased demand as a result of the Omicron variant of COVID-19.

The Trust has also introduced new changes in 2022–23 to support recovery, including:

- Standing down the Nightingale Surge Hub and establishing the Community Healthcare Hub at Finney House, providing 64 health-led time-limited community beds, reducing medicine bed capacity in hospital as a result.
- Reduced infection prevention and control measures, in line with guidance.
- Established an Acute Assessment Unit to reduce time spent in the Emergency Department and reflect the changes to zoning put in place during COVID-19.
- Launched Virtual Ward pathways for Frailty, Respiratory and Acute Medicine.
- Increased internal escalation measures, including Full Capacity Protocol to support ambulance handovers and capacity in the Emergency Department.

Alongside internal work, the Trust continues to undertake collaborative work with other partners in the local health economy through:

- A health economy-wide action plan to address the urgent care system and pressures; with identified primary and social care initiatives/schemes expected to deliver a level of sustainability.
- A range of continuous improvement and transformational work streams that include patient flow.
- The Flow Coaching Academy, applying team coaching skills and improvement science at care pathway level to improve patient flow and experience through the healthcare system.

We recognise that the longevity of system resilience is dependent on all stakeholders across our local health economy, and we anticipate that there will be continued operational and subsequent compliance issues against key access targets during 2023–24 with the development and delivery of the Trust's new Transformation Programmes.

STAR Quality Assurance Framework

The Trust ensures assurance of delivery of CQC standards and recommendations through the Trust's STAR Quality Assurance Framework which provides evidence of the standard of care delivery, including what works well and where further improvements are required, through:

- Ward/clinical department to Board reporting arrangements through Our Big Plan and reporting cycle.
- STAR monthly reviews – 17 audit questions are undertaken by the Matron or professional leads, peer reviewed for each area.
- STAR accreditation visits – an in-depth, unannounced CQC-style audit is undertaken by the Quality Assurance team with support from staff, governors, and volunteers from across the Trust. Follow up to the visits is risk stratified depending on the outcome of the previous review.

Annual Quality Account

In line with the Health Act 2009, subsequent Health and Social Care Act 2012 and the National Health Service (Quality Accounts) Regulations 2010 organisations are required to produce an annual Quality Account if they deliver services under an NHS Standard Contract, have staff numbers over 50 and NHS income greater than £130k per annum.

NHSE has updated the guidance for 2022–23 and confirmed that NHS Foundation Trusts are not required to produce a Quality Account as part of their Annual Report and as such the Trust will continue to produce a separate Quality Account for 2022–23. ICBs have assumed responsibilities for the review and scrutiny of Quality Accounts for 2022–23.

Data Quality and Security

The Trust has a clear focus on data quality. Performance information is triangulated with other known information to identify any areas of weakness and where data requires further exploration, specific reviews are undertaken. For example, the Trust identified an error in its children's emergency re-admissions data whereby latest national guidance had not been applied. The Internal Audit team was asked to conduct a review to assess how the Trust could improve processes to ensure that controls were in place to minimise the risk of such error in its performance data, and to assess how the Trust could identify areas of high data risk in order to then efficiently direct its assurance resources and establish confidence levels that reported performance is a true and fair reflection of activity.

A data quality management review was undertaken in 2022–23 and some recommendations provided. In response, the Trust is taking forward a refreshed data quality group in relation to high priority performance metrics and a data quality audit will be undertaken in 2023–24.

The Digital and Health Informatics Directorate continue to secure the Trust's data and services with monitoring through the NHSE Data Security and Protection Toolkit (DSPT). Regional Health Information and Management Systems Society Infrastructure Adoption Model assessments have also been undertaken, with recommendations assessed and added to the Cyber Security action plan and monitored through the Cyber Security Committee.

The Trust has a high risk (scoring 15) related to the potential for a cyber-attack. The risk is reviewed and updated monthly as controls are continuously improved. All eligible Windows servers and workstations have been onboarded to enhanced national threat detection and monitoring systems. Cyber recovery solutions have been procured to protect critical server backups and over 11,000 staff members have been onboarded to multi-factor authentication, thus protecting Trust email and applications.

Principal Risks

The most significant risks that threaten the achievement of the Trust's aims and ambitions are identified within the BAF, alongside controls and assurances which describe how the Trust manages and mitigates these risks. These are robustly monitored by the Board and Committees of the Board to ensure achievement of the Trust's strategic objectives.

During 2022–23, the principal risks related to:

- **The inability to consistently deliver excellent care**, provide a positive patient experience and demonstrate sufficient responsiveness in the organisation's recovery and restoration plans due to a shortage of suitably trained staff and high occupancy levels; further impacted by COVID-19 and the requirement to configure services differently to accommodate infection status.

  To mitigate this, the Trust continues to undertake novel and targeted recruitment and retention campaigns, expand and develop relationships with community leaders and partners with increased focus on reducing health inequalities, reduce inefficiencies in internal processes and strengthen system-wide partnerships to enhance the flow of patients in and out of the hospital. During 2022–23 the Trust continued elective recovery and restoration work as well as targeted work to improve cancer performance following the pandemic. The Trust has also increased the bed base with the acquisition of Finney House Community Healthcare Hub in November 2022 which provides 96 beds over three floors with 32 rooms per floor, and single room facilities. The Community Healthcare Hub provides care for up to 36 residents who reside in Finney House, and also provides short-term care to patients who no longer meet the criteria to reside in hospital. This has been a positive acquisition for the Trust in providing opportunities for flow and reducing extended lengths of stay within the Emergency Department.

- **The inability to deliver value** for money due to the ageing hospital estate and workforce challenges associated with multi-site clinical delivery. An ongoing reliance on temporary workforce continues to materially impact financial pressures. System-wide transformational solutions are being sought to adopt optimum service configurations and improve operational efficiencies, including the NHP. This will support effective financial management by delivery of planned efficiencies that enables provision of sustainable services by ensuring the Trust's estate, infrastructure and plans are all focused on the long-term, supported by effective business and clinical systems. The Trust is working on financial plans for 2023–24 noting that delivery of these plans continues to have material risks which in the main relate to external factors.

- **The inability to be a great place to work** due to the continued effects of the COVID-19 pandemic on staff resilience, coupled with local and national workforce shortages, an ageing estate and national strike action relating to the pay deal for staff. To ensure effective and sustainable solutions are implemented, the Trust continues to invest in psychological support for staff and has identified innovative ways of engaging with staff and enhanced its focus on equality, diversity, and inclusion. The Trust continues to participate in the Magnet4Europe research study which has a specific aim to improve the mental health and wellbeing of staff and reduce staff burnout.

- **The inability to be fit for the future** including sustained delivery of specialist services due to the ability to develop and implement key change programmes within required timescales. To mitigate this, we continue to successfully drive change through the Trust's strategy Our Big Plan, governance and risk maturity programmes, the CI Strategy, the Always Safety First Strategy, and a number of other key programmes of work, including research. Over the next 12 months, the Trust will continue to focus on opportunities to transform service development and maintain and enhance relationships it has developed with system partners.

- **The inability to drive innovation through world class education, training and research**. The impact of the pandemic on social distancing and recruitment has continued to impact the Trust's education, training and research functions. However, this is reducing and the Trust continues to mitigate this through the use of virtual, original and hi-tech solutions as part of the Trust's ambition to develop our reputation as a provider of choice, sustain our position in the market, support business growth and our status as a teaching hospital. Future opportunities to invest may be limited by the tightening of rules relating to the treatment of deferred income and mitigations are being considered alongside the Trust's financial plans.

All principal risks listed are reported to the Board of Directors and appropriate Committees of the Board for review and scrutiny to consider the effectiveness of controls and mitigation plans identified to achieve the risk target as determined by the risk appetite, approved by the Trust Board.

Operational High Risks escalated to the Board

During 2022–23, there have been four operational high risks escalated to the Board within the BAF. These are:

- **Impact of exit block on patient safety** which has been escalated to the Board via the Safety and Quality Committee since December 2020 and remains a risk with long lengths of stay in the Emergency Department and high ambulance handover times. To mitigate this risk, standard operating procedures are in place which describe the processes for patient reviews, reporting of patient harm incidents and associated clinical governance arrangements. These procedures have been supplemented with a series of actions, including virtual wards, frailty, therapy pathway improvements and an increase in the community bed base through the acquisition of the Community Healthcare Hub, which are reflected within the urgent and emergency care transformation plan and reported to the Finance and Performance Committee. Monthly safety forums are also in place to identify further opportunities to improve flow and reduce long waits in the Emergency Department.
- **Elective restoration following the COVID-19 pandemic** which has been escalated to the Board via the Safety and Quality Committee since June 2021 with patients continuing to wait for a significant amount of time to receive non-urgent surgery. Plans remain in place to eliminate 104+ week waits and reduce waits with weekly reviews to oversee achievements and ensure performance against the trajectory is on track to deliver.
- **The impact of strikes on patient safety following announcement of the national pay award and the probability of ongoing strikes** which has been escalated to the Board via the Safety and Quality Committee since October 2022. Over the last 12 months, strikes have taken place for nursing, ambulance and physiotherapy staff and further strikes are suspended at the end of March 2023. This is due to a negotiated pay offer for staff, covered by Agenda for Change terms and condition, which is under review by union members. In March 2023, the Trust has also experienced a 72-hour consecutive period of strike action from junior doctors, with further strikes planned. There is also a potential risk of strikes by consultants with the British Medical Association having undertaken a consultative ballot with consultants. The risks associated with ongoing strikes have been effectively managed in partnership with Staff Side, workforce and clinical leaders at the Strike Action Emergency Planning Group with evidence of significant planning undertaken and learning implemented from previous strike action.
- **Impact of COVID-19** which was re-escalated to the Board in December 2021. This risk was de-escalated in October 2022 following a recommendation from the Safety and Quality Committee as the COVID-19 step-up, step-down criteria designed by the ICS Director of Infection Prevention and Control and Medical and Nursing Directors had been met. The guidance was also considered in detail by medical and nursing leads in the Trust to ensure teams had been involved in shaping how the new guidance was implemented in practice which led to a reduction in the risk.

Financial Sustainability

During the 2022–23 financial year the Trust's underlying financial deficit position has been temporarily and partially offset by the arrangements put in place by the Department of Health and Social Care to support the NHS to deal with the pandemic. Ongoing changes to the financial regime for Trusts, with the shift away from activity-based payment to block income contracts have also helped give greater certainty over income levels. The additional non-recurrent income that was provided to meet excess demand on urgent and emergency care pathways are being withdrawn by NHSE. New rules applied to urgent care pathways now means that Trusts are unable to recover the cost of these services, resulting in unfunded infrastructure. This has directly contributed to the overspending position in 2022–23. With further reductions to non-recurrent income going into 2023–24 and a challenging efficiency requirement set by NHSE, the Trust expects to continue in an overspending position through the course of 2023–24 and in to 2024–25. However, as a Trust we are working hard to deliver the necessary financial improvements, many of which will require system-wide working and collaboration across the ICS. Our commitment to this is reflected in the Trust's operational plans for 2023/24.

The pandemic and associated operational pressures in 2022–23 have meant that savings have been delivered but largely on a non-recurrent basis, and the Trust has received significant additional income to support the recovery post-pandemic.

At the end of 2022–23 there remained two outstanding areas in relation to our existing enforcement undertakings to the regulator:

i. Long-term sustainability: With respect to the Trust's long-term sustainability, both clinically and financially, we recognise that sustainable financial balance needs to come through engagement with the wider health economy; this requires not only the Trust to achieve service efficiencies but to maximise the use of its sites and support the wider transformational change in service delivery. The Trust is an active participant in the ICB delivery boards which aim to implement robust pathways of care. We are also working within the ICB on specific projects to maximise efficiency opportunities (these arrangements transitioned from the ICS to the ICB from 1 July). We, along with our local and system partners, are together seeking sustainable solutions through the NHP where we are working towards producing a range of options for the future provision of services. We will then complete a pre-consultation business case containing evidence of the work undertaken through the solution design process, following which a formal public consultation will be required.

ii. Funding conditions and spending approvals: With respect to this undertaking the Trust will endeavour to adhere to the terms and conditions relating to financing that is provided, will comply with reporting requests that are made by NHSE, and will comply with any spending approvals processes that are deemed necessary by NHSE.

Well Led

The CQC last undertook a Well Led inspection at the Trust in 2019 and rated the Trust as 'Good' for Well Led. The Trust as a whole reviews its own leadership and governance arrangements periodically in line with the requirements of NHSE that providers carry out developmental reviews.

Since the last Well Led inspection, the Trust has developed a Well Led and Governance Maturity Plan to drive improvement in the Well Led domain of the organisation and this incorporates recommendations from a review undertaken of the divisional governance arrangements by the Quality Governance lead from the Nursing Directorate at NHSE which identified the Trust as an exemplar organisation in October 2020, a Risk Maturity self-assessment tool supported by MIAA, and a MIAA developmental Well Led review in February 2021. In addition, two external consultants have been engaged from July 2021 to date. Firstly, an external leadership consultant undertook a series of development sessions with the Board. Secondly, the GGI undertook a Risk and Assurance Review from February to November 2022.

Effectiveness of Governance and Risk Maturity

The effectiveness of the Trust's governance structures continued to be internally tested during 2022–23 via the process of internal and external audit, CQC inspections, Royal College Reviews, national audits, national staff surveys and external reviews. The Trust is confident that the measures and frameworks as articulated throughout this report effectively discharges its duties of compliance with its NHS Provider Licence.

In 2022–23, the GGI undertook a Risk and Assurance Review commissioned by the Board of Directors from February to November 2022. The review was positive about the risk and governance arrangements at the Trust and did not identify any legislative or regulatory requirements that were not being met. There were 26 recommendations for the Trust to consider, which were largely practical and supportive suggestions, recognising the maturing governance arrangements of the Trust. An action plan was developed which was adopted by the Board of Directors and will be monitored by the Audit Committee as part of the Well Led and Governance Maturity Plan.

In addition to the GGI review, there have also been reviews undertaken by Internal Audit in relation to Divisional Risk Maturity and the Confidential Risk process. Both reviews received significant assurance.

Head of Internal Audit Opinion 2022–23

The overall opinion for the period 1 April 2022 to 31 March 2023 provides Substantial Assurance that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

Workforce

To ensure that short, medium and long-term workforce strategies and staffing systems are in place, the Trust has an annual workforce plan aligned to the operational planning cycle and with a focus on resourcing strategies to fill our long-term or hard to fill workforce gaps.

This is reviewed and approved by the Workforce Committee and commended to the Board. The workforce plan takes into account changes to services, investment and cost improvement plans, recruitment issues, turnover, and predictive workforce supply. It also considers external factors that may influence services including commissioning strategies, local demographics, service transformations, service sustainability, nursing acuity reviews and local workforce challenges such as gaps in establishment, retention issues, roles which are difficult to fill, new roles, training opportunities and apprenticeships.

To balance workforce supply and demand, workforce plans and regular skills gap analyses have taken place to inform localised or profession-specific recruitment and retention plans, these plans detail the programme of activity to reduce gaps through proactive campaigns.

Actions have also been identified to look at opportunities to work across the ICS to support workforce supply.

Recruitment trajectories are monitored and reviewed by the Workforce Committee for key staff groups such as nurses and healthcare support workers. There continues to be a focus on international recruitment for registered nurses and medical staff.

Succession plans are in place at Trust and divisional level to ensure a continual supply of staff with the skills to be effective in business-critical roles in the future.

Developing workforce safeguards reports are presented to the Safety and Quality Committee.

Care Quality Commission

System Inspection

The CQC undertook a system-wide inspection of urgent and emergency care pathways across Lancashire and South Cumbria. This system inspection was a new kind of inspection conducted in March and April 2022 looking at services across the ICS including GPs, NWAS, nursing homes, urgent care, mental health, and acute hospital providers and included an inspection of Urgent and Emergency Care and Medical Services of the Trust on the Royal Preston Hospital site. The CQC published its findings on 22 July 2022.

Overall, the Urgent and Emergency Care Services at Royal Preston Hospital remained 'Requires Improvement' with inspectors providing a 'Good' rating for being Effective, Caring and Well Led, and 'Requires Improvement' rating for being Safe and Responsive.

Whilst Medical Services at Royal Preston Hospital were also inspected, no overall rating was given due to it being a focussed inspection looking at flow pathways and the Responsive domain.

In the main, the report highlighted several areas of good practice in both the Emergency Department and across the medical division, recognising improvements and positive changes the Trust has made to drive its safety and improvement culture while acknowledging various challenges including shortages of nursing and medical staff, bed pressures and flow. Inspectors also highlighted areas where further work was needed, including compliance with infection prevention and control practices and oxygen prescribing. An improvement plan was developed and progress has been monitored through the Safety and Quality Committee.

Radiotherapy Inspection

The CQC also carried out a routine inspection of the Radiotherapy Service on 11 May 2022 to assess the department's compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 and to check that radiotherapy was being safely delivered at the Trust.

The final inspection report was received on 23 June 2022. Although no overall rating was provided, inspectors concluded that staff were knowledgeable about their roles and felt supported to achieve and maintain competency. Inspectors also felt that the Trust had appropriate oversight of radiation protection through its governance structures and that this was clearly documented.

The report did identify two breaches. These breaches did not justify regulatory action but the CQC did make recommendations for action to prevent the Trust from failing to comply with legal requirements and to improve the quality of services. The Trust formulated an action plan in response to these recommendations which have been monitored through the Safety and Quality Committee.

Finney House

The Trust acquired Finney House Community Healthcare Hub in November 2022 and the registration was duly authorised by CQC. Prior to acquisition, Finney House was operated by a private provider and during the last inspection by CQC there were some areas for improvement identified and breaches of regulations. As part of its due diligence, the Trust undertook to develop an action plan to address the identified areas for improvement and progress is being monitored through the Safety and Quality Committee.

The Trust is fully compliant with the registration requirements of the CQC.

Declarations of Interest

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff, as defined by the Trust's Code of Business Conduct Policy (TP-200) within the past 12 months and as required by Managing Conflicts of Interest in the NHS guidance.

NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Equality and Diversity Legislation

Control measures are in place to ensure that all the organisation's obligations under equality and diversity legislation are complied with.

As required through the NHS Standard Contract the Trust completes and publishes compliance against the WRES and WDES processes.

Greener NHS Programme

The Trust has undertaken risk assessments and has plans in place which take account of the Delivering a Net Zero Health Service report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust published its Green Plan in January 2022 where it has confirmed its commitment to working towards the Delivering a Net Zero Health Service standards for the Greener NHS programme.

Review of Economy, Efficiency and Effectiveness of the Use of Resources

We have continued to develop our systems and processes to help us deliver an improvement in financial performance, including:

- Trust-wide commitment to the adoption of a CI approach, which has involved undertaking extensive staff engagement to identify priorities for improvement and is informing the development of a system-wide CI Strategy for the whole health economy;
- approval of the annual budget by the Board;

- monthly Finance and Performance Committee meetings to ensure directors meet their respective financial targets reporting to the Board;
- monthly Divisional Improvement Forums attended by members of the Executive team to ensure that divisions meet their required level of performance for key areas;
- continued grip and control activities for both requisitions and filling of vacancies by the Vacancy Control Panel, by ensuring established vacancy prior to recruitment and review of budgets before approval to recruit. Improvements have been made to the business planning processes with a clearer separation of business cases with a return on investment and net funding which might be required for a development or safety and quality issue;
- further strengthening the budget setting processes to give greater visibility to not only agreeing a budget but also to agreeing a funded establishment. We have had our nursing controls and establishment reviewed by NHSE which provided a positive assurance on our approach;
- the divisions continuing to play an active part in ongoing review of financial performance including cost improvement requirements;
- monthly reporting to the Board of Directors on key performance indicators covering finance and activity; quality and safety; and workforce targets through the Integrated Performance Report; and
- the Trust continuing to have in place a Quality Impact Assessment and robust governance systems that require clinical approval of all cost improvement programme schemes that have a clinical impact.

Going Concern

Guidance from the Department of Health and Social Care indicates that all NHS bodies will be considered to be going concerns unless there are ongoing discussions at Department level regarding the winding up of the activity of the organisation. There are no such conversations regarding this Trust and as such it is regarded as a going concern.

Trust Clinical Strategy

In support of the draft strategy 'Our Integrated Care System Strategy' published by the ICS, the Trust is supporting clear governance arrangements for the planning and delivery of the Trust's Clinical Strategy. This in turn enhances the requirements for the CQC's assessment on Use of Resources as it acts as an enabler for best use of public sector investment to be considered on a population health outcomes basis incorporating the wider determinants of health with the Trust recognised by the ICP and System Delivery Boards as an anchor institution. The Trust is committed to the development of ICS arrangements as it seeks to deliver improved health and wellbeing of local communities, joined-up care closer to home and safe and sustainable, high-quality services and reduce inequalities. However, the Trust is cognisant of the challenges associated with any proposed reconfiguration and the interdependences and risks which may impact on the Trust as a result of decisions outside the Trust's control being made at an ICS level.

Information Governance

The confidentiality and security of information regarding patients, staff and the Trust is maintained through governance and control policies, all of which support current legislation and is reviewed on a regular basis. Personal information is increasingly held electronically within secure IT systems. It is inevitable that in a complex NHS organisation a small number of data security incidents occur. The Trust is diligent in its reporting and investigation of such incidents, in line with statutory, regulatory and best practice obligations. Any incident involving a breach of personal data is handled under the Trust's risk and control framework, graded and the more serious incidents are reported to the Department of Health and Social Care and the Information Commissioner's Office (ICO) where appropriate.

The Trust experienced four externally reportable serious incidents in the 2022–23 period: two of the incidents reached the reporting criteria and were sent to the ICO. For all incidents full internal processes were followed. All four incidents were reported using the DSPT.

As part of our annual assessment, the DSPT is reviewed annually and updated to ensure Trust standards are aligned with current best practice. The status for the 2021–22 DSPT is 'standards met'.

The Trust has established a dedicated information risk framework with Information Asset Owners throughout the organisation which is embedded with responsibilities in ensuring information assets are handled and managed appropriately. There are robust and effective systems, procedures and practices to identify, manage and control information risks. Alongside training and awareness, incident management is part of the risk management framework and is a mechanism for the immediate reporting and investigation of actual or suspected information security breaches and potential vulnerabilities or weaknesses within the organisation. This will ensure compliance in line with the General Data Protection Regulations and Data Protection legislation.

Although the Board of Directors is ultimately responsible for information governance it has delegated operational oversight to the Information Governance/Records Committee which is accountable to the Finance and Performance Committee. The Information Governance Committee is chaired by the Chief Medical Officer who is also the Caldicott Guardian. The Board appointed Senior Information Risk Owner is the Chief Finance Officer.

The Information Governance Management Framework brings together all the statutory requirements, standards and best practice and in conjunction with the Information Governance Policy, is used to drive continuous improvement in information governance across the organisation. The development of the Information Governance Management Framework is informed by the results from DSPT assessment and by participation in the Information Governance Assurance Framework.

Data Quality and Governance

The Trust has a clear focus on data quality and was commended nationally through the CHKS top hospitals programme data quality awards in 2019 which recognised achievements by acute sector organisations in clinical coding and data quality. Good quality information is vital to enable individual staff and the organisation to evidence they are delivering high quality care.

As such a Data Quality team, via the Trust's Data Quality Policy and Framework, continuously monitor data; looking for, correcting and feeding back to divisional teams for improved data capture on areas such as:

- Outpatient appointments
- Waiting lists
- Inpatient commissioning services
- GP information
- NHS numbers
- Addresses
- Visits
- Discharge dates
- Length of stay information
- Duplicates
- Coding

In addition, a separate team validates waiting lists to ensure future events are correctly associated with their original referrals. This involves a combination of algorithmic and human validation with further checks on data consistency performed by the national team as data is submitted. Validated data is updated onto the Trust's electronic patient record.

The Trust has initiated an external data quality audit to identify areas of focus, as commissioning activity returns to payment by results following a period of block contract during the COVID-19 pandemic. The output of this audit will be combined with an earlier review by MIAA, looking at assurances over the processes by which source data is rolled up into measures of performance, and will drive the agenda for a new Executive-led Data Quality Committee.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal audits, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the results of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and Safety and Quality Committee, and a plan to address weaknesses and ensure continuous improvement of the systems is in place.

The process that has been applied in maintaining and reviewing the effectiveness of the system of internal control, include:

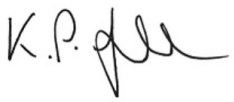
- The Head of Internal Audit Opinion for 2022–23 that Substantial Assurance can be given that there is an adequate system of internal control.
- The Assurance Framework and the monthly performance reports, which provides evidence that the effectiveness of the controls in place to manage the risks to the organisation achieving its principal objectives, have been reviewed.
- The internal audit plan which is risk-based and reported to the Audit Committee at the beginning of every year. Progress reports are then presented to the Audit Committee on a regular basis with the facility to highlight any major issues. The Chair of the Audit Committee can, in turn, raise any areas of concern at the Board. Minutes of the Audit Committee and a Committee Chair's report are considered at Board meetings.
- Internal audit's review on the BAF and the effectiveness of the system of internal control as part of the annual internal audit plan to assist in the review of effectiveness, which concluded the Trust's BAF is structured to meet the NHS requirements, is visibly used by the Board, and clearly reflects the risks discussed by the Board.
- The Board undertakes bi-monthly reviews of the BAF, and the Committees of the Board at each meeting undertake detailed scrutiny of assurance received or gaps identified in relation to risks assigned to that particular Committee.
- The Audit Committee reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisations' activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives.
- The Executive Directors and senior managers meet on a weekly basis and have a process whereby key issues such as performance management, action plans arising from external reviews, and risk management are considered both on a planned timetable and an ad-hoc basis if there is a need.
- All relevant Committees have a clear timetable of meetings, cycles of business and a clear reporting structure to allow issues to be raised.
- The findings of the MIAA Well Led review noted governance structures were working effectively.

Conclusion

In conclusion, my review confirms that Lancashire Teaching Hospitals NHS Foundation Trust has an adequate system of internal control and that there have been no significant control issues at the Trust in 2022–23. Where control issues have been identified, action has been taken or action/improvement plans are in place to address such issues.

The Trust Board recognises the challenges that the Trust faces to make the necessary service improvements and achieve financial sustainability, which will require both a continuous focus by the Trust and a collaborative approach for solutions across the health system. The Trust will work collaboratively towards making these improvements during 2022–23, whilst responding to the consequences and additional pressures arising from COVID-19. Where appropriate these action/improvement plans will be tested via relevant external scrutiny and review processes. The challenges the Board has focused on to deliver the Trust's aims and ambitions are robustly articulated in the strategic risk register that underpins the BAF in line with the Risk Management Policy.

This Annual Governance Statement is signed on behalf of the Board of Directors by:



Kevin McGee OBE
Chief Executive
27 June 2023

COUNCIL OF GOVERNORS' REPORT

The Council of Governors comprises elected and appointed governors who represent the interests of the members and the wider public. It also has an important role in holding Non-Executive Directors of the Board to account.

The Council of Governors has an essential function in influencing how the Trust develops its services to meet the needs of patients, members and the wider community in the best way possible. The Council needs to be assured the Trust Board has considered the consequences of decisions on other partners within their system, and the impact on the public at large.

At the end of 2022–23, the Council comprises 28 governor seats, of which: 18 are elected governors who represent the public constituency; five are elected governors who represent the staff constituencies; one is appointed by our University partnership organisations (University of Central Lancashire, Lancaster University and University of Manchester); and four are appointed by local authorities (being Lancashire County Council, Preston City Council, Chorley Council and South Ribble Borough Council).

The Trust Chair also chairs the Council of Governors and the Chief Executive usually attends formal meetings. Other Directors and senior managers attend meetings, depending on the issues under discussion. Many governors also commit a significant amount of time outside of formal meetings to be involved in subgroups and in other ways to fulfil their role of representing the views of their constituents.

Elections

The governor election process takes place between January and March each year, and governors generally serve a three-year term of office, beginning in April. At the end of March 2023, the terms of office of eight public governors and two staff governors came to an end. Vacancies for the University partnership governor and the staff governor representing doctors and dentists were vacated following in-year resignations. Six public governors were returned uncontested. No nominations were received for the staff governors representing doctors and dentists, other healthcare professionals/healthcare scientists or unregistered healthcare and support workers. Following an election Steven Doran was duly elected as staff governor for nurses and midwives.

Ahead of this year's election process, various governor recruitment activities were undertaken to promote the role of the governor, including, issuing dedicated pre-election mailing to all members; advertising governor vacancies within the 'Trust Matters' magazine and advertising on media screens at both hospital sites; two pre-election workshops were held virtually to encourage members to stand for election; and social media was used to highlight the election opportunities.

Council of Governors Subgroups

Two governor subgroups are in place to consider specific issues in more detail than is possible at formal Council meetings. The subgroups focus on care and safety, and membership. Both the subgroups have clear terms of reference and report their activities to formal Council of Governors' meetings. Each subgroup also has a Non-Executive Director in attendance. In addition, the Council nominates governors as members of the Trust Nominations Committee.

Understanding the views of Governors and Members

Directors develop an understanding of the views of governors and members about the organisation through attendance at the Annual Members' Meeting, Council of Governors' meetings and workshops, linkages with the Council subgroups and an annual interactive forward planning session with the Board each year. The impact of the pandemic has meant that members' events and meetings during 2022–23 have been held either in person or through using digital technology as appropriate, to reflect both the need to maintain safe working conditions and to allow those isolating but well to contribute as much as possible.

During the year we continued to focus on maintaining an effective relationship between the Board and governors through a number of ways, including the following:

(i) Governor attendance at public Board meetings (in the capacity of observer) is encouraged and governor attendance is recorded within the Board minutes. Attendance has increased during the past two years through the benefit of attending Board meetings virtually.

(ii) There is Non-Executive Director representation at each of the governor subgroup meetings.

(iii) Board members are invited to every Council of Governors' meeting and Non-Executive Directors in particular are invited to comment on the Trust's performance. Non-Executive Directors also deliver presentations to the Council on a cyclical basis outlining their involvement and providing insight into their roles and responsibilities of the Committees of the Board. Governors have the opportunity to ask them questions and seek assurances that Non-Executive Directors are holding the Executive team to account.

(iv) As part of the Trust's forward planning process, the Board and the Council of Governors have a joint interactive workshop annually where Board members and governors review the Trust's priorities for the year ahead and governors provide feedback from members and the wider public on such priorities.

(v) Information flows through a variety of events, including the Strategic Operational Group weekly feedback meeting, consultation on Trust strategic plans, and a range of working groups on patient-specific topics such as car parking and patient letters.

(vi) Opportunities for visits to clinical areas, such as the newly introduced Cuerden Ward on the Chorley site, following relaxation of on-site restrictions towards the end of the year. For 2023 onwards, such opportunities will increase significantly as on-site restrictions are permanently lifted.

Board and Council engagement

The Trust Chair leads both the Board of Directors and the Council of Governors and, as such, is an important link between the two bodies. To strengthen communication and engagement further there is Non-Executive Director representation on each of the core governor subgroups. There are a range of other ways in which the two bodies work together, including joint Board and Council development sessions and written communications.

To help governors fulfil their important role of holding the Board to account, governors receive updates on progress against Our Big Plan at their quarterly Council of Governors' meetings. Non-Executive Directors also routinely attend Council of Governors' meetings which provides governors with the opportunity to report their activities to Non-Executive Directors and to raise questions. Regular briefings are also provided to governors on topical issues. In line with good practice, there is a policy on engagement between the Board and Council, which was reviewed and refreshed during 2021–22. The lead governor role (with a remit as set out in the Code of Governance) during 2022–23 was held by public governor Janet Miller.

The importance of joint working between the Board and the Council is acknowledged by the members of both bodies, who are committed to building on the progress that they have made in this area. The benefits of sharing good practice across NHS organisations is recognised and governors benefit from networks with colleagues in other Foundation Trusts in the North West as well as involvement in events arranged by organisations such as NHS Providers and MIAA. This interaction has been impacted by the COVID-19 pandemic although opportunities have been provided more recently for engagement using digital technology.

Declaration of interests

All governors have a responsibility to declare relevant interests as defined in our Constitution. These declarations are made to the Company Secretary and are subsequently reported to the Council and entered into a register. The register is published on our website or is available on request from the Company Secretary.

Attendance summary

There were four formal Council meetings during 2022–23, which were quarterly meetings scheduled for April, July and November 2022 and January 2023.

The table below shows governors' attendance at Council meetings:

Name of governor	Term of office	Type of governor	A	B	Percentage of meetings attended (%)
Keith Ackers	01/04/20 – 31/03/23	Public	4	4	100%
Will Adams	01/04/22 – 31/03/23	Appointed	4	3	75%
Pav Akhtar	01/04/18 – 31/03/24	Public	4	4	100%
Takhsin Akhtar	01/04/19 – 31/03/25	Public	4	3	75%
Rebecca Allcock	01/04/14 – 31/03/23	Staff: other healthcare professionals and healthcare scientists	4	3	75%
Peter Askew	01/04/19 – 31/03/25	Public	4	3	75%
Sean Barnes	01/04/21 – 31/03/24	Public	4	3	75%
Alistair Bradley	01/07/22 – 31/06/23	Appointed	4	4	100%
Sheila Brennan	01/04/22 – 31/03/25	Public	4	4	100%
Paul Brooks **	01/04/20 – 20/09/22	Public	2	2	100%
Anneen Carlisle	01/04/20 – 31/03/23	Staff: nurses and midwives	4	1	25%
David Cook **	01/04/20 – 27/11/22	Public	3	1	33%
Kristinna Counsell	01/04/22 – 31/03/25	Public	4	1	25%
Margaret France	01/04/17 – 31/03/23	Public	4	4	100%
Steve Heywood	01/04/16 – 31/03/25	Public	4	4	100%
Waqas Khan **	01/04/21 – 05/10/22	Staff: doctors and dentists	2	0	0%
Lynne Lynch	01/04/15 – 31/03/24	Public	4	3	75%
Janet Miller	01/04/17 – 31/03/23	Public	4	4	100%
Jacinta Nwachukwu **	01/07/20 – 12/09/22	Appointed: Universities	2	0	0%
Eddie Pope	10/06/21 – 09/06/25	Appointed	4	2	50%
Frank Robinson	01/03/19 – 31/03/23	Public	4	4	100%
Suleman Sarwar	19/05/22 – 18/05/23	Appointed	4	2	50%
Anne Simpson	01/04/20 – 31/03/23	Public	4	2	50%
Michael Simpson	01/04/18 – 31/03/25	Public	4	4	100%
Piotr Spadlo	01/04/21 – 31/03/24	Staff: non-clinical	4	4	100%
David Watson	01/04/20 – 31/03/23	Public	4	3	75%
Paul Wharton-Hardman	01/04/22 – 31/03/25	Public	4	4	100%

A = maximum number of meetings the governor could have attended during 2022–23
B = number of meetings the governor actually attended during 2022–23
*** Term of office ended due to resignation in 2022–23*

Director attendance at Council of Governors' meetings

The following Directors attended Council meetings during 2022–23:

- Ebrahim Adia, Chair (April and July 2022)
- Paul O'Neill, Interim Chair
- Faith Button, Chief Operating Officer
- Victoria Crorken, Non-Executive Director
- Sarah Cullen, Chief Nursing Officer
- Gary Doherty, Chief Strategy and Planning Officer
- Naomi Duggan, Director of Communications and Engagement
- Kevin McGee, Chief Executive

- Ann Pennell, Non-Executive Director
- Kate Smyth, Non-Executive Director
- Karen Swindley, Chief People Officer
- Tim Watkinson, Non-Executive Director
- Michael Wearden, Associate Non-Executive Director
- Jim Whitaker, Non-Executive Director
- Tricia Whiteside, Non-Executive Director
- Peter Wilson, Associate Non-Executive Director

Governor training and development

The importance of providing effective training and development opportunities for our governors is understood and is achieved in a number of ways.

On appointment, governors receive formal induction training to enable them to understand the context in which they are carrying out their role, including information on their statutory duties, as well as practical information such as the various subgroups available to them. The induction covers areas such as the local and national context, the role of regulatory bodies, the Foundation Trust provider licence, as well as practical details such as the calendar of meetings and the ways in which they will be expected to contribute in formal and subgroup meetings. Emphasis is placed on the respective roles of the Board and the Council of Governors. Induction is a continuous, tailored process, with skills and knowledge being identified and developed at an early stage.

A number of governor training sessions and workshops are held each year that form a key part of the governor development process, the topics of which are largely governor-led. The opportunity is also taken at workshops for updates on operational performance, communications with the regulator and topical issues affecting the Trust.

During 2022–23, our governors have participated in a number of workshops which included the following topics:

- A joint Board and Council session to discuss the new world of the ICS, Our Big Plan refresh and the winter plan.
- Engagement with governors on the annual Quality Account for 2022–23, the Patient Experience Strategy including Patients as Partners, and the Council Workshop programme.
- An introductory session with the new Company Secretary.
- A focused session on Digital Health Inequalities, covering what are health inequalities and what work has been completed at the Trust, how data collection has been improved to be able to support it, and what the future data architecture needed to be to tackle digital health equalities at scale across the ICS.
- Trust governance and the impact of the revised Code for Council, how the Council can support the Trust in the new system way of working, and the code of conduct and communication.
- A dedicated session to discuss NHS finances.
- A dedicated session to provide an update on planning.

Expenses claimed by Governors

Whilst governors do not receive payment for their work with us, we have a policy of reimbursing any necessary expenditure. During 2022–23 no expenses were claimed by our governors:

	2021–22	2022–23
Total number of governors in office (as at 31 March)	28	23
Total number claiming expenses:	0	0
Aggregate sum of expenses (£00s):	£0	£0

Contacting your Governors

If you wish to contact a governor then please email: **governor@lthtr.nhs.uk** or alternatively contact the Company Secretary email: **company.secretary@lthtr.nhs.uk.**

MEMBERSHIP REPORT

Membership is free and aims to give local people and staff a greater influence on the provision and development of our services.

Public membership is open to members of the public aged 16 or over who live in our membership area which comprises all of the component electoral wards in the following Local Authority areas:

Blackburn with Darwen	Blackpool	Bolton
Bury	Cheshire East	Cheshire West
Cumbria	Halton	Knowsley
Liverpool	Lancashire	Manchester
Oldham	Rochdale	Salford
Sefton	St Helens	Stockport
Tameside	Trafford	Warrington
Wigan	Wirral	

Eligible staff members automatically become Foundation Trust members unless they choose to opt out. Staff eligible for Foundation Trust membership are those who either:

- hold a permanent contract of employment with us;
- are contracted to work for a period of 12 months or longer or have held a series of temporary contracts adding up to more than 12 months; or
- are employed by the private sector or other partners (for example local Government or other NHS Trusts) and work at the Trust on a permanent basis or fixed-term contract of 12 months or more.

Our membership

Lancashire Teaching Hospitals NHS Foundation Trust has one of the largest membership populations in the North West although this was largely established when Foundation Trust status was gained in 2005. The table below shows member numbers by constituency including the percentage change compared to the previous year:

Constituency	31.03.22	31.03.23	Difference	% Difference
Public	9,767	9,366	- 401	- 4.28%
Staff	9,335	9,314	- 21	- 0.23%
Total Membership	**19,102**	**18,680**	**- 422**	**- 2.26%**

Source: Civica Membership Database

During 2022–23 regular data cleansing was carried out to ensure that records continue to be as accurate as possible. This has resulted in a number of members being removed from the database for reasons such as people moving out of the catchment area and also ensuring that deceased members have been removed, minimising potential distress to relatives caused by sending out communications addressed to them.

The membership database has continued to be updated with more members confirming their preference for receiving information from the Trust by email. This helps with more effective and efficient engagement with members as well as reducing expenditure on printing and postage costs.

The Health and Care Act 2022 recognised that NHS Foundation Trusts now operate within the new system way of working. The Council of Governors is assessing how it will discharge its wider duty to consider the Board's performance in part of the Trust's contribution to system-wide plans and their delivery, and its openness to collaboration with other partners, including with other providers through Provider Collaboratives. In holding Non-Executive Directors to account for the performance of the Board, the Council of Governors now considers whether the interests of the public at large have been factored into Board decision-making and be assured of the Board's performance in the context of the system as a whole, and as part of the wider provision of health and social care.

Review of 2022–23

Trust Matters, our members' magazine, is produced twice a year providing up-to-date information to members regarding the Trust's service developments and delivery against strategic priorities. The magazine also includes a dedicated section in which governors are able to inform members of the various ways in which they represent them and report back to members on how they have helped influence decision-making and service development from their views and feedback.

The Trust hosted its third virtual Annual Members' Meeting on 12 October 2022. The event provided an opportunity for patients, staff members and the public to find out about what had been happening at Royal Preston Hospital and Chorley and South Ribble Hospital and gave a detailed update on the progress and innovations the Trust had made during the last year. At the meeting, the Trust's Chief Officers shared a review of the organisation's 2021–22 annual report and accounts and an outline of the plans for 2022–23 and beyond. This was followed by two insightful and well-planned clinical presentations relating to the 'Patient Contribution to Case Notes (PCCN)' and 'Set for Surgery' initiatives within the Trust.

The virtual Annual Members' Meeting attracted good attendance when compared to previous years. Following the live meeting, a link to watch a recording of the event was published on the Trust's website which benefitted those unable to join the live presentation as they were able to watch it at their convenience and from their own home or place of work.

In partnership with the Communications and Engagement Team, social media has continued to prove a useful tool throughout the year to promote Trust events, elections to the Council of Governors and to provide information to the public and members.

Assessment of the membership and ensuring representativeness

As a Foundation Trust, we are required to have a membership strategy in place, together with a clear work plan for its implementation. The refreshed three-year Membership Management and Engagement Strategy (2022–25) was approved in January 2022 by the Council of Governors and the Trust Board. The strategy will be subject to a short review each year by the Governor Membership Subgroup to test for any significant changes in the Trust or membership which may impact on delivery of the strategy.

Our vision for our membership is to have an informed, engaged and involved membership who are able to fully represent the needs and experiences of our community by actively participating in influencing and shaping how our services are provided both now and in the future.

We aim to have a Council of Governors elected from and by the membership which is effective in representing the membership and supporting the Board in formulating strategy, shaping culture and ensuring accountability.

Further details and a copy of our three-year Membership Management and Engagement Strategy can be found on the Trust website.

Members can contact the Corporate Affairs Office via:
Website: https://www.lancsteachinghospitals.nhs.uk/get-involved
Email: **corporateaffairs@lthtr.nhs.uk**
Members can contact governors direct via:
Email: **governor@lthtr.nhs.uk**

Also available on our website:

Further information on our membership scheme
Information on our annual members' meetings

AUDIT COMMITTEE REPORT

I am pleased to present the Audit Committee report for 2022–23. The Committee's role is to review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisation's activities.

Introduction

In essence the Audit Committee's remit is to assure the Board that the systems and processes that the Trust relies upon that inform its financial statements, its operational decision making and its compliance with healthcare and governance standards are accurate, robust and can be relied upon. The Committee's work is focused on providing the Trust Board with these assurances, which allow the Board to discharge its own responsibilities with regard to the outputs of our systems and processes with confidence.

During 2022–23 the Audit Committee comprised four independent Non-Executive Directors: Ann Pennell, Jim Whitaker, Tricia Whiteside and myself, providing a broad range of experience to provide effective challenge on behalf of the Board.

The Audit Committee has met four times between 1 April 2022 and 31 March 2023 and is assisted in its work through the routine attendance at meetings of our internal and external auditors and our counter-fraud specialist. If required, the Committee can also access independent legal or other professional advice to help in its work.

It is the responsibility of the Chief Executive, as the Accountable Officer of the Trust, to establish and maintain processes for governance and he is supported in this by a number of Executive Directors. The regular attendance of the Chief Finance Officer, Chief Nursing Officer, the Company Secretary and the Associate Director of Risk and Assurance, as a result of their lead roles in matters to be addressed by the Committee, is of further assistance to us.

The Trust's overriding priority post-pandemic has been responding to the establishment of a safe and financially sustainable delivery model in order to deliver the quadruple aims of the NHS.

The Trust has sought to maintain strong oversight and governance during the year with all Board and Council of Governors meetings, and all meetings of Committees of the Board continuing to take place through the medium of Microsoft Teams. The Audit Committee has met (virtually) in accordance with the agreed schedule throughout the year.

Financial Reporting

The Audit Committee has reviewed the 2022–23 annual financial statements. In discharging its responsibilities, the Committee has in particular focused on:

- compliance with financial reporting standards;
- areas requiring significant judgements in applying accounting policies;
- the accounting policies; and
- whether the accounts and annual report are a fair reflection of the Trust's performance.

The Committee considered the financial statements audit risks including the areas where the Trust has applied judgement in the treatment of revenues and costs to ensure that annual accounts represented a true and fair position of the Trust's finances.

The external audit plan for 2022–23 highlighted as significant audit opinion risks:

(i) valuation of land and buildings

(ii) fraud risk from expenditure recognition

(iii) management override of controls

(iv) financial sustainability

The Committee was assured that these identified risks were common across NHS bodies of our size and nature and are included as 'rebuttable presumptions' or in recognition of the inherent risk to an organisation of our size and complexity within the NHS.

The Committee routinely reviews management reports on losses and special payments, single tender waivers and off payroll arrangements to consider their appropriateness and correct implementation of management controls.

The Committee has considered the appropriateness of the accounts being prepared on a going concern basis and drawn on the views of management and the external auditors to support the conclusion that it is appropriate for the accounts to be prepared on this basis. The Committee has also considered and agreed with the proposal to consolidate the accounts of the Lancashire Hospitals Services Limited subsidiary but not to consolidate the accounts for the Trust's Charities, as in previous years.

Overall assurances on integrated governance, risk management and internal control

With respect to the internal audit reports issued this year, the table below confirms the assurance levels provided and the Committee has reviewed and discussed the work carried out by the internal auditors:

No	Audit	Assurance Level
(i)	Payroll	High
(ii)	Estates Statutory Compliance	High
(iii)	Divisional Risk Maturity	Substantial
(iv)	Confidential Risk Management	Substantial
(v)	Data Protection and Security Toolkit	Substantial
(vi)	Maternity (BadgerNet System)	Substantial
(vii)	Freedom to Speak Up	Substantial
(viii)	Critical Application – FM First	Substantial
(ix)	Waiting List Management	Moderate
(x)	WHO Checklist	Moderate
(xi)	Theatre List Management	Limited
(xii)	Assurance Framework	No rating
(xiii)	HFMA Financial Sustainability Checklist	No rating
(xiv)	Data Quality	No rating

Assurance ratings were not applicable to three reviews due to the nature of the work.

The Committee receives all internal audit reports and pays particular attention to any 'Limited Assurance' or 'No Assurance' internal audit reports. Any significant issues arising out of such reports are escalated by the Committee to the Board. In addition, Limited Assurance reports are referred to responsible Committees of the Board with Executive leads invited to attend the Audit Committee to provide assurance on the delivery of the audit recommendations. There were no reports during the year providing No Assurance. There was one report during the year providing Limited Assurance.

The internal auditors also completed reviews on the Assurance Framework, HFMA Financial Sustainability Checklist, and Data Quality but provided no assurance rating.

The Director of Internal Audit has provided an overall opinion of Substantial Assurance based on the work of internal audit during 2022–23.

The Committee draws heavily on the conclusions from the work of internal audit but also on the Committee members' own knowledge of the Trust, as members of the Trust Board. The overall source of assurance comes from the work of the Audit Committee but the other Committees of the Board also have a role in providing assurance to the Board and work collaboratively to provide this assurance with frequent cross referrals between the Committees of the Board.

In addition, a number of reports on systems and processes reviewed by internal audit received High or Substantial Assurance. However, the Trust has continued to experience some difficulty in meeting its operational targets and the Trust's underlying financial position is unsustainable. The Committee will continue to seek assurance on the steps being taken to ensure improvements can be made in 2023–24 and beyond, recognising the critical importance of addressing the underlying financial deficit whilst ensuring services continue to be delivered safely and effectively. The Committee recognises that many of the solutions are dependent on the Trust being able to work collaboratively with partners in the Lancashire and South Cumbria ICS. As the Committee's chair I am working with my fellow chairs of Audit Committees across the ICS to encourage this collaborative approach.

Compliance

Under the revised NHS Oversight Framework, the Trust continues to be placed in segment 3. NHSE undertook a review of enforcement actions pertaining to breaches of the Health and Social Care Act 2012, as prevailing undertakings do not reflect the current financial position. A draft set of undertakings (relating to financial planning, and funding conditions and spending approvals) were shared with the Trust in a letter dated 12 November 2021 and remain in place.

Our external auditors

One of the Committee's roles is to provide oversight of the performance of our external auditors. We judge KPMG through the quality of their audit findings, management's response and stakeholder feedback. This qualitative assessment, in conjunction with the use of key performance indicators within the contract for services, allows the Committee to be confident that the Trust is receiving high quality services. No decisions are taken by KPMG over the design of internal controls, and they do not perform the role of management as part of any work they undertake. In addition, after each formal meeting, the Committee holds a private discussion with the internal and external auditors on an alternating basis. This is recognised best practice and allows for a frank exchange of views, without any management presence.

In addition to attending the Audit Committee, KPMG attend and report to the Council of Governors their findings for the year. Our auditors have also provided valuable support to the Trust by sharing their thoughts and guidance from across the sector and from the wider financial regulatory frameworks.

Our internal auditors

The Committee has considered the various procurement options bearing in mind discussions amongst Trusts within the Lancashire and South Cumbria ICS region regarding the possibility of creating a region-wide internal audit service, however, at year end no firm plans had materialised. In order to provide the Trust with continuity of services whilst discussions conclude and allow flexibility to participate in any regional arrangements that may emerge, it was decided to extend the short-term contract arrangements with MIAA for a further 12 months.

It is the role of the Committee to provide oversight of MIAA's performance. Our team at MIAA is led by an Engagement Lead along with a dedicated Audit Manager. The internal audit programme is risk-based and is aligned to our strategic risk assessment. The internal audit plans are developed in compliance with national standards and guidance. In addition, MIAA has supported the Committee and the Trust by sharing best practice from across the sector and delivering valuable sector-wide training to members of the Committee along with other Audit Committee members across the North West.

Counter fraud

We have a policy in respect of countering fraud and corruption which includes contact details of the national helpline and a local independent counter fraud officer. The Trust has an accredited anti-fraud specialist provided by MIAA and they deliver the service in line with NHS Counter Fraud Authority's standards. In 2022–23 the anti-fraud specialist has completed the work programme in accordance with the agreed plan.

Audit Committee attendance summary from 1 April 2022 to 31 March 2023

Name of Committee member	A	B	Percentage of meetings attended (%)
Tim Watkinson (Committee Chair)	4	4	100%
Ann Pennell	4	3	75%
Jim Whitaker	4	4	100%
Tricia Whiteside	4	3	75%

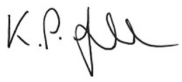
A = maximum number of meetings the member could have attended during 2022–23
B = actual meetings attended during 2022–23

Audit Committee effectiveness

The Committee undertakes a self-assessment on an annual basis. In July 2022, Committee members participated in a survey of its effectiveness, the results of which were considered by the Committee prior to submission to the Board. I am confident that the Committee has discharged its functions and responsibilities in accordance with its terms of reference, recognising the important role of this Committee to provide assurance to the Board.

Tim Watkinson
Audit Committee Chair
27 June 2023

This Accountability Report is signed on behalf of the Board of Directors by



Kevin McGee OBE
Chief Executive
27 June 2023

Lancashire Teaching Hospitals NHS Foundation Trust

FINANCIAL REVIEW 2022–23

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Lancashire Teaching Hospitals NHS Foundation Trust ("the Trust") for the year ended 31 March 2023 which comprise the Consolidated Statement of Comprehensive Income, Group and Trust Statements of Financial Position, Group and Trust Statements of Changes in Equity and Group and Trust Statements of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Group's and Trust's affairs as at 31 March 2023 and of the Group's and Trust's income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in March 2023 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Group and Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to either cease the Group and Trust's services or dissolve the Group and Trust without the transfer of their services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over their ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the Group and Trust over the going concern period.

Our conclusions based on this work:

- we consider that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified and concur with the Accounting Officer's assessment that there is not a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Group's and Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the Group and Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the Group's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Group's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported financial performance as a result of the need to meet external expectations.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any usual or unexpected relationships.
- Reviewing the Group's accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards and taking into account possible pressures to meet financial improvement trajectory targets, we perform procedures to address the risk of management override of controls, in particular the risk that Group management may be in a position to make inappropriate accounting entries and the risk of bias in accounting estimates and judgements such as asset valuations and impairments. On this audit we do not believe there is a fraud risk related to revenue recognition due to the NHS funding arrangements that have been in place throughout the financial year and, due to their non-variable nature, we don't believe there to be an opportunity to materially manipulate other operating income streams that are material.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to expenditure recognition, particularly in relation to completeness of year-end accruals.

We did not identify any additional fraud risks.

We also performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included entries made to unrelated accounts linked to the recognition of expenditure and other unusual journal characteristics.
- Assessing significant estimates for bias.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Assessing the completeness of recorded expenditure through inspecting a sample of expenditure invoices around the year end and carrying out a search for unrecorded liabilities to determine whether expenditure had been recognised in the correct period.

Identifying and responding to risks of material misstatement related to non-compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the directors and other management (as required by auditing standards), and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

As the Group is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity's procedures for complying with regulatory requirements.
We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.
The potential effect of these laws and regulations on the financial statements varies considerably.

The Group is subject to laws and regulations that directly affect the financial statements including financial reporting legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the Group is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Accounting Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2022/23. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in all material respects, in accordance with the NHS Foundation Trust Annual Reporting Manual 2022/23.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 92, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Group and Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the Group and Trust or dissolve the Group and Trust without the transfer of their services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement set out on page 92, the Accounting Officer is responsible for ensuring that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Under Section 62(1) and paragraph 1(d) of Schedule 10 of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have planned our work and undertaken our review in accordance with the Code of Audit Practice and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if any reports to the Regulator have been made under paragraph 6 of Schedule 10 of the National Health Service Act 2006. We have nothing to report in this respect.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Lancashire Teaching Hospitals NHS Foundation Trust for the year ended 31 March 2023 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

Timothy Cutler
for and on behalf of KPMG LLP
Chartered Accountants
1 St Peter's Square
Manchester
M2 3AE

30 June 2023

Foreword to the accounts

Lancashire Teaching Hospitals NHS Foundation Trust

These accounts, for the year ended 31 March 2023, have been prepared by Lancashire Teaching Hospitals NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

The notes on pages 134 to 167 form part of these accounts

Signed 

Name **Kevin McGee**
Job title **Chief Executive**
Date **27 June 2023**

Consolidated Statement of Comprehensive Income

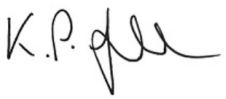
		Group	
		2022/23	2021/22
	Note	£000	£000
Operating income from patient care activities	2.1	688,858	660,105
Other operating income	3	79,086	82,804
Operating expenses	6, 8	(778,824)	(745,066)
Operating surplus/(deficit) from continuing operations		**(10,880)**	**(2,157)**
Finance income	10	973	74
Finance expenses	11	(551)	(226)
PDC dividends payable		(8,443)	(7,636)
Net finance costs		**(8,021)**	**(7,788)**
Other gains / (losses)	12	(102)	(196)
Gains / (losses) arising from transfers by absorption	31	-	(1,054)
Deficit for the year		**(19,003)**	**(11,195)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	3,584	(9,203)
Revaluations		4,954	1,893
Total comprehensive expense for the period		**(10,465)**	**(18,505)**
Deficit for the period attributable to:			
Non-controlling interest, and		-	-
Lancashire Teaching Hospitals NHS Foundation Trust		(19,003)	(11,195)
TOTAL		**(19,003)**	**(11,195)**
Total comprehensive expense for the period attributable to:			
Non-controlling interest, and		-	-
Lancashire Teaching Hospitals NHS Foundation Trust		(10,465)	(18,505)
TOTAL		**(10,465)**	**(18,505)**

Statements of Financial Position

	Note	Group 31 March 2023 £000	Group 31 March 2022 £000	Trust 31 March 2023 £000	Trust 31 March 2022 £000
Non-current assets					
Intangible assets	14	11,416	7,388	11,416	7,388
Property, plant and equipment	15	339,088	304,394	339,082	304,387
Right of use assets	18	39,075		39,075	-
Receivables	20	6,379	6,461	7,879	7,461
Total non-current assets		**395,958**	**318,243**	**397,452**	**319,236**
Current assets					
Inventories	19	14,719	13,876	13,669	12,904
Receivables	20	47,844	35,518	48,004	36,659
Cash and cash equivalents	21	14,502	61,887	14,129	61,340
Total current assets		**77,065**	**111,281**	**75,802**	**110,903**
Current liabilities					
Trade and other payables	22	(105,123)	(99,855)	(105,354)	(100,470)
Borrowings	24	(13,727)	(2,360)	(13,727)	(2,360)
Provisions	25	(505)	(1,808)	(505)	(1,808)
Other liabilities	23	(5,224)	(16,506)	(5,224)	(16,506)
Total current liabilities		**(124,579)**	**(120,529)**	**(124,810)**	**(121,144)**
Total assets less current liabilities		**348,444**	**308,995**	**348,444**	**308,995**
Non-current liabilities					
Borrowings	24	(30,449)	(4,937)	(30,449)	(4,937)
Provisions	25	(3,379)	(3,805)	(3,379)	(3,805)
Other liabilities	23	(197)	(608)	(197)	(608)
Total non-current liabilities		**(34,025)**	**(9,350)**	**(34,025)**	**(9,350)**
Total assets employed		**314,419**	**299,645**	**314,419**	**299,645**
Financed by					
Public dividend capital		541,952	516,713	541,952	516,713
Revaluation reserve		41,019	33,443	41,019	33,443
Income and expenditure reserve		(268,552)	(250,511)	(268,552)	(250,511)
Total taxpayers' equity		**314,419**	**299,645**	**314,419**	**299,645**

The notes on pages 134 to 167 form part of these accounts

Signed



Name **Kevin McGee**
Position **Chief Executive**
Date **27 June 2023**

Consolidated Statement of Changes in Equity for the year ended 31 March 2023

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**516,713**	**33,443**	**(250,511)**	**299,645**
Impact of implementing IFRS 16 on 1 April 2022	**-**	**-**	**-**	**-**
Surplus/(deficit) for the year	-	-	(19,003)	**(19,003)**
Other transfers between reserves	-	(962)	962	**-**
Impairments	-	3,584	-	**3,584**
Revaluations	-	4,954	-	**4,954**
Public dividend capital received	25,239	-	-	**25,239**
Taxpayers' and others' equity at 31 March 2023	**541,952**	**41,019**	**(268,552)**	**314,419**

Consolidated Statement of Changes in Equity for the year ended 31 March 2022

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**496,896**	**41,783**	**(240,346)**	**298,333**
Surplus/(deficit) for the year	-	-	(11,195)	**(11,195)**
Other transfers between reserves	-	(1,030)	1,030	**-**
Impairments	-	(9,203)	-	**(9,203)**
Revaluations	-	1,893	-	**1,893**
Public dividend capital received	19,817	-	-	**19,817**
Taxpayers' and others' equity at 31 March 2022	**516,713**	**33,443**	**(250,511)**	**299,645**

Consolidated Statement of Changes in Equity for the year ended 31 March 2023

Trust	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**516,713**	**33,443**	**(250,511)**	**299,645**
Impact of implementing IFRS 16 on 1 April 2022	-	-	-	**-**
Surplus/(deficit) for the year	-	-	(19,003)	**(19,003)**
Other transfers between reserves	-	(962)	962	**-**
Impairments	-	3,584	-	**3,584**
Revaluations	-	4,954	-	**4,954**
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Revaluations	-	1,893	-	**1,893**
Public dividend capital received	19,817	-	-	**19,817**
Taxpayers' and others' equity at 31 March 2022	**516,713**	**33,443**	**(250,511)**	**299,645**

Statements of Cash Flows

	Note	Group 2022/23 £000	Group 2021/22 £000	Trust 2022/23 £000	Trust 2021/22 £000
Cash flows from operating activities					
Operating (deficit) / surplus		(10,880)	(2,157)	(10,880)	(2,157)
Non-cash income and expense:					
Depreciation and amortisation	6	32,215	18,984	32,213	18,984
Net impairments	7	(1,426)	9,411	(1,426)	9,411
Income recognised in respect of capital donations	3	(1,471)	(1,639)	(1,471)	(1,639)
(Increase) / decrease in receivables and other assets		(12,708)	(3,550)	(13,087)	(5,691)
(Increase) / decrease in inventories		(843)	2,025	(765)	2,997
Increase / (decrease) in payables and other liabilities		(14,853)	18,135	(14,377)	19,173
Increase / (decrease) in provisions		(1,750)	1,861	(1,750)	1,861
Net cash flows from / (used in) operating activities		**(11,716)**	**43,070**	**(11,543)**	**42,939**
Cash flows from investing activities					
Interest received	10	973	74	973	74
Purchase of intangible assets		(5,999)	(4,936)	(5,999)	(4,936)
Purchase of PPE and investment property		(35,435)	(44,852)	(35,434)	(44,845)
Sales of PPE and investment property		40	48	40	48
Receipt of cash donations to purchase assets		1,471	1,520	1,471	1,520
Net cash flows from / (used in) investing activities		**(38,950)**	**(48,146)**	**(38,949)**	**(48,139)**
Cash flows from financing activities					
Public dividend capital received		25,239	19,817	25,239	19,817
Movement on loans from DHSC		(2,167)	(3,376)	(2,167)	(3,376)
Movement on other loans		(76)	(452)	(76)	(452)
Capital element of lease liability repayments		(11,203)	(382)	(11,203)	(382)
Interest on loans		(124)	(222)	(124)	(222)
Interest paid on lease liability repayments		(408)	(24)	(408)	(24)
PDC dividend (paid) / refunded		(7,979)	(7,653)	(7,979)	(7,653)
Net cash flows from financing activities		**3,281**	**7,708**	**3,281**	**7,708**
Increase in cash and cash equivalents		**(47,385)**	**2,632**	**(47,211)**	**2,508**
Cash and cash equivalents at 1 April - brought forward		**61,887**	**59,255**	**61,340**	**58,832**
Cash and cash equivalents at 31 March	21	**14,502**	**61,887**	**14,129**	**61,340**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2022/23 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention
These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern
These accounts have been prepared on a going concern basis which the directors believe to be appropriate for the following reasons.

The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Guidance from the Department of Health and Social Care indicates that all NHS bodies will be considered to be going concerns unless there are ongoing discussions at department level regarding the winding up of the activity of the organisation. The Trust has not been informed by NHS England that there is any prospect of its dissolution within the next twelve months and it anticipates the continuation of the provision of services in the foreseeable future as evidenced by the inclusion of financial provision for those services in published documents and contracts for services with commissioners.

It is clear that outside of the pandemic response the Trust remains in a deficit position and will need to work with its partners across the local healthcare system to achieve efficiencies, maximise the use of its assets and sustainable financial balance. The Trust will work with NHS England and its stakeholders to achieve this objective.

In addition to the matters referred to above, the Trust has not been informed by NHS England and NHS Improvement that there is any prospect of its dissolution within the next twelve months and it anticipates the continuation of the provision of services in the foreseeable future as evidenced by the inclusion of financial provision for those services in published documents and contracts for services with commissioners.

Based on these indications the directors believe that it remains appropriate to prepare the accounts on a going concern basis.

Note 1.3 Consolidation
Subsidiary entities are those over which the trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines.

The Trust is corporate trustee of the Lancashire Teaching Hospitals NHS Foundation Trust Charity and the Rosemere Cancer Foundation Charity. The Trust has assessed its relationship to the charitable funds and determined them to be subsidiaries because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable funds and the ability to affect those returns and other benefits through its power over the funds. However the combined charitable funds are not material to the Trust and therefore consolidation is not required.

The Trust is sole owner of Lancashire Hospitals Services (Pharmacy) Limited, a company dispensing prescription drugs to Trust patients. The company has traded throughout the 2022/23 financial year. As sole owner the company therefore constitutes a subsidiary of the Trust and the financial results of the company through the financial year have been consolidated with the Trust to form the Group. The Trust is also the sole owner of Edovation Limited which has not been consolidated due to it being a dormant company.

Note 1.4 Segmental Reporting

An operating segment is a component of the Trust that engages in activities from which it may earn revenues and incur expenses, including revenues and expenses that relate to transactions with any of the the Trust's other components.

The chief operating decision maker for the Trust is the Board of Directors. The Board receives the monthly financial reports for the whole Trust and subsidiary information relating to income and divisional expenses. The board makes decisions based on the effect on the monthly financial statements.

The single segment of Healthcare has therefore been identified consistent with the core principle of IFRS 8 which is to enable users of the financial statements to evaluate the nature and financial effects of business activities and economic environments.

Note 1.5 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

In 2022/23 fixed payments are set at a level assuming the achievement of elective activity targets. These are termed 'aligned payment and incentive' contracts.

Elective recovery funding provides additional funding for the delivery of elective services. In 2022/23 elective recovery funding was included within the aligned payment and incentive contracts. In 2021/22 income earned by the system based on achievement of elective recovery targets was distributed between individual entities by local agreement and income earned from the fund was accounted for as variable consideration.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration. The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner. In 2022/23 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations have been satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.6 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract. Other income includes income from car parking and catering which is recognised at the point of receipt of cash consideration.

Note 1.7 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.8 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. The modern equivalent may be smaller than the exisitng asset, for example, due to technological advances in plant and machinery or reduced operational use. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

Note 1.9 Property, plant and equipment (continued)

The land and buildings of the Trust have been revalued as at 31st March 2023 by Cushman & Wakefield Ltd. The valuation is based on rules issued by RICS, interpreted in accordance with Trust accounting policies and DHSC guidance. There have been no changes in the estimation techniques used by the valuers since the last valuation

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation
Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments
In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition
Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Note 1.9 Property, plant and equipment (continued)

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	1	80
Plant & machinery	5	15
Transport equipment	7	7
Information technology	3	12
Furniture & fittings	7	10

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.10 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the Trust intends to complete the asset and sell or use it
- the Trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits, e.g., the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset and
- the Trust can measure reliably the expenses attributable to the asset during development.

Note 1.10 Intangible assets (continued)

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluation gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS40 or IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation
Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets
Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Information technology	5	10
Software licences	2	-
Licences & trademarks	2	10
Patents	-	2

Note 1.11 Inventories
Inventories are valued at the lower of cost and net realisable value.

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.12 Cash and cash equivalents
Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

Note 1.13 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.14 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.14 Leases (continued)

Initial application of IFRS 16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust is an intermediate lessor, classification of all continuing sublease arrangements has been reassessed with reference to the right of use asset.

2021/22 comparatives

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line or other systematic basis.

Note 1.15 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2022:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	0.47%	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.70%	0.18%
Long-term	After 10 years up to 40 years	0.95%	1.99%
	Exceeding 40 years	0.66%	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2022:

	Inflation rate	Prior year rate
Year 1	4.00%	1.20%
Year 2	2.60%	1.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.30% in real terms (prior year: minus 0.95).

Note 1.15 Provisions (continued)

Clinical negligence costs
NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 25.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling
The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.16 Contingencies
Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 26 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 26, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:
• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.17 Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.18 Value added tax
Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.19 Corporation tax
The Trust is a health service body within the meaning of s519A ICTA 1988 and accordingly is exempt from taxation in respect of income and capital gains within categories covered by this. There is a power for HM Treasury to disapply the exemption in relation to specified activities of a Foundation Trust (S519A(3) to (8) ICTA 1988). Accordingly, the Trust is potentially within the scope of corporation tax in respect of activities which are not related to, or ancillary to, the provision of healthcare.

Note 1.20 Climate change levy
Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.21 Foreign exchange
The functional and presentational currency of the trust is sterling. A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction. Any resulting exchange gains or losses are recognised in income or expense in the period in which they arise.

Note 1.22 Third party assets
Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.23 Losses and special payments
Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.24 Transfers of functions to/from other NHS bodies/local government bodies
For functions that have been transferred to the trust from another NHS / local government body, the transaction is accounted for as a transfer by absorption. The assets and liabilities transferred are recognised in the accounts using the book value as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain / loss corresponding to the net assets / liabilities transferred is recognised within income / expenses, but not within operating activities.

For property, plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

For functions that the trust has transferred to another NHS / local government body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net loss / gain corresponding to the net assets/ liabilities transferred is recognised within expenses / income, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve. Adjustments to align the acquired function to the trust's accounting policies are applied after initial recognition and are adjusted directly in taxpayers' equity.

Note 1.25 Early adoption of standards, amendments and interpretations
No new accounting standards or revisions to existing standards have been early adopted in 2022/23.

Note 1.26 Critical judgements in applying accounting policies
In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

Note 1.27 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

The revaluations of hospitals have been carried out by Cushman & Wakefield, who have applied the modern equivalent asset (MEA) valuation. This approach assumes that the asset would have been replaced with a modern equivalent, not a building of identical design, with the same operational value as the existing asset. The modern equivalent may well be smaller that the existing asset, for example, due to technological advances in plant and machinery or reduced operational use. The application and assesment of the valuation has been informed by Trust management in respect of the estimated requirements of a modern equivalent hospital. Estimation uncertainty within the revaluation is primarily driven by the following key assumptions:

- Selection of individual Building Cost Information Services (BCIS) values for each individual building component fror within a published range, reflecting the condition and specifications of the actual component.
- The application of a 'location factor' adjustment to the overall BCIS index movement to reflect specific local factor relating to the cost of construction.
- The application of physical obsolescence adjustments to the valuation of individual buildings to reflect the building' age and condition, and application of functional obsolescence adjustments to reflect the extent to which a modern equivalent asset would be configured in a more efficient manner and over a reduced gross internal area.

It is impracticable to disclose the extent of the possible effects of an assumption or another source of estimation uncertainty at the end of the reporting period. Outcomes within the next financial year that are different from the assumption around the valuation of our land or PPE could require a material adjustment to the carrying amount of the asset recorded in note 15.

Note 2 Operating income from patient care activities (Group)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.5

Note 2.1 Income from patient care activities (by nature)	2022/23 £000	2021/22 £000
Acute services		
Income from commissioners under API contracts*	569,982	566,175
High cost drugs income from commissioners (excluding pass-through costs)	60,346	57,641
Other NHS clinical income	266	331
All Trusts		
Private patient income	812	387
Elective recovery fund	19,376	17,033
Agenda for change pay award central funding ***	16,911	-
Additional pension contribution central funding**	18,163	16,548
Other clinical income	3,002	1,990
Total income from activities	**688,858**	**660,105**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2022/23 National tariff payments system documentation.

https://www.england.nhs.uk/publication/past-national-tariffs-documents-and-policies/

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

*** In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.

Note 2.2 Income from patient care activities (by source)

Income from patient care activities received from:	2022/23 £000	2021/22 £000
NHS England	245,792	204,020
Clinical commissioning groups*	105,889	453,362
Integrated care boards	332,847	-
Department of Health and Social Care	2	15
Other NHS providers	266	331
Local authorities	250	-
Non-NHS: private patients	672	171
Non-NHS: overseas patients (chargeable to patient)	50	216
Injury cost recovery scheme	3,002	1,909
Non NHS: other	88	81
Total income from activities	**688,858**	**660,105**
Of which:		
Related to continuing operations	688,858	660,105
Related to discontinued operations	-	-

*Clinical Commissioning Groups (CCGs) were dissolved in July 2022 when they ceased to exist as a statutory organisation. CCG functions were subsumed into Integrated Care Boards (ICBs) and their duties were taken on by the new Integrated Care Boards (ICBs) from this date.

Note 2.3 Overseas visitors (relating to patients charged directly by the provider)

	2022/23	2021/22
	£000	£000
Income recognised this year	50	216
Cash payments received in-year	50	65
Amounts added to provision for impairment of receivables	9	179
Amounts written off in-year	120	87

The above note relates to the treatment of overseas visitors charges directly by the Trust in accordance with Guidance on implementing the overseas regulations 2015 issued by the Department of Health and Social Care.

Amounts written off in-year 2022/23: 32 customers (2021/22: 63 customers)

Note 3 Other operating income (Group)

	2022/23			2021/22		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
Other operating income from contracts with customers	£000	£000	£000	£000	£000	£000
Research and development	3,179	-	**3,179**	2,603	-	**2,603**
Education and training	34,488	1,953	**36,441**	26,303	1,605	**27,908**
Non-patient care services to other bodies	12,426		**12,426**	8,710		**8,710**
Reimbursement and top up funding	3,176		**3,176**	21,589		**21,589**
Receipt of capital grants and donations and peppercorn leases		1,471	**1,471**		1,639	**1,639**
Charitable and other contributions to expenditure		999	**999**		1,948	**1,948**
Revenue from operating leases		1,766	**1,766**		1,628	**1,628**
Other income (see note 3.1)	19,628	-	**19,628**	16,779	-	**16,779**
Total other operating income	**72,897**	**6,189**	**79,086**	**75,984**	**6,820**	**82,804**
Of which:						
Related to continuing operations			79,086			82,804
Related to discontinued operations			-			-

Note 3.1 Breakdown of Other income recognised in 'Other Operating Income' (Group)

	2022/23	2021/22
	£000	£000
Car Parking income	2,435	1,573
Catering	1,263	1,036
Pharmacy sales	2,419	2,135
Staff accommodation rental	411	370
Non-clinical services recharged to other bodies	372	838
Clinical excellence awards	152	149
Other income generation schemes (recognised under IFRS 15)*	12,576	10,678
Total Other Income	**19,628**	**16,779**

*Charges for discretionary services and sales of goods.

Note 4.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2022/23	2021/22
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	16,439	7,571
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	10,637	-

Note 4.2 Transaction price allocated to remaining performance obligations

	31 March 2023	31 March 2022
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	£000	£000
within one year	5,027	16,506
after one year, not later than five years	197	608
after five years	-	-
Total revenue allocated to remaining performance obligations	**5,224**	**17,114**

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from:
(i) contracts with an expected duration of one year or less and,
(ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 4.3 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2022/23	2021/22
	£000	£000
Income from services designated as commissioner requested services	684,528	657,382
Income from services not designated as commissioner requested services	-	-
Total	**684,528**	**657,382**

Note 5 Operating leases - Lancashire Teaching Hospitals NHS Foundation Trust as lessor

This note discloses income generated in operating lease agreements where Lancashire Teaching Hospitals NHS Foundation Trust is the lessor. These leases relate to parts of the Trust buildings which are occupied by third parties to (for example) use as retail outlets.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis. This includes a different maturity analysis of future minimum lease receipts under IAS 17 compared to IFRS 16.

Note 5.1 Operating leases income (Group)

	2022/23	2021/22
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	1,620	1,570
Variable lease receipts / contingent rents	146	58
Total in-year operating lease income	**1,766**	**1,628**

Note 5.2 Future lease receipts (Group)

	31 March 2023
	£000
Future minimum lease receipts due at 31 March 2023:	
- not later than one year	1,124
- later than one year and not later than two years	711
- later than two years and not later than three years	702
- later than three years and not later than four years	702
- later than four years and not later than five years	702
- later than five years	607
Total	**4,548**

	31 March 2022
	£000
Future minimum lease receipts due at 31 March 2022:	
- not later than one year;	1,606
- later than one year and not later than five years;	3,238
- later than five years.	1,308
Total	**6,152**

Note 6 Operating expenses

	Group		Trust	
	2022/23	2021/22	2022/23	2021/22
	£000	£000	£000	£000
Staff and executive directors costs (see note 8)	521,562	460,014	520,623	459,119
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	67,343	60,104	67,273	61,032
Supplies and services - clinical (excluding drugs costs)	56,177	61,512	56,177	61,512
Premises	35,373	51,819	36,473	51,801
Depreciation on property, plant and equipment and right of use assets	30,068	17,679	30,066	17,679
Clinical negligence	20,186	21,369	20,186	21,369
Purchase of healthcare from non-NHS and non-DHSC bodies	18,335	17,991	18,335	17,991
Supplies and services - general	11,236	13,117	11,221	13,111
Establishment	4,641	3,630	4,641	3,630
Education and training	4,611	3,881	4,611	3,881
Transport (including patient travel)	3,235	4,017	3,223	4,017
Amortisation on intangible assets	2,147	1,305	2,147	1,305
Expenditure on short term leases (current year only)	1,357	-	1,357	-
Expenditure on low value leases (current year only)	800	-	800	-
Insurance	775	805	763	777
Legal fees	758	1,399	758	1,399
Purchase of healthcare from NHS and DHSC bodies	601	115	601	115
Other	505	2,396	498	2,332
Inventories written down	250	775	221	872
Research and development	214	47	214	47
Increase/(decrease) in other provisions	201	100	201	100
Remuneration of non-executive directors	180	185	180	185
Audit services *	155	150	141	136
Internal audit costs	114	78	114	78
Redundancy	84	41	84	41
Losses, ex gratia & special payments	55	24	55	24
Consultancy costs	5	116	5	116
Change in provisions discount rate(s)	(217)	67	(217)	67
Movement in credit loss allowance: contract receivables / contract assets	(501)	320	(501)	320
Net impairments	(1,426)	9,411	(1,426)	9,411
Operating leases expenditure (comparative only)	-	12,599	-	12,599
Total	**778,824**	**745,066**	**778,824**	**745,066**
Of which:				
Related to continuing operations	778,824	745,066	778,824	745,066
Related to discontinued operations	-	-	-	-

* Total audit services relate soley to statutory external audit. No additional work has been undertaken.

Note 6.1 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £2 million (2021/22: £2 million).

Note 7 Impairment of assets (Group)

	2022/23	2021/22
Net impairments charged to operating surplus / deficit resulting from:	**£000**	**£000**
Changes in market price	(1,426)	9,411
Total net impairments charged to operating surplus / deficit	**(1,426)**	**9,411**
Impairments charged to the revaluation reserve	(3,584)	9,203
Total net impairments	**(5,010)**	**18,614**

Note 8 Employee benefits (Group)

	2022/23 Total £000	2021/22 Total £000
Salaries and wages	398,945	352,293
Social security costs	42,277	33,762
Apprenticeship levy	1,989	1,737
Employer's contributions to NHS pensions	59,653	54,408
Pension cost - other	233	177
Temporary staff (including agency)	22,210	21,021
Total gross staff costs	**525,307**	**463,398**
Recoveries in respect of seconded staff	-	-
Total staff costs	**525,307**	**463,398**
Of which		
Costs capitalised as part of assets	3,661	3,343
Operating expenditure analysed as redundancy	84	41
Total staff costs	**521,562**	**460,014**

Employer's contributions to NHS Pensions includes the costs of the increased contribution rate referred to in note 2.1

Note 8.1 Retirements due to ill-health (Group)
During 2022/23 there were 15 early retirements from the trust agreed on the grounds of ill-health (7 in the year ended 31 March 2022). The estimated additional pension liabilities of these ill-health retirements is £632k (£634k in 2021/22).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as at 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 at 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

Note 10 Finance income (Group)

Finance income represents interest received on assets and investments in the period.

	2022/23	2021/22
	£000	£000
Interest on bank accounts	973	32
Other finance income	-	42
Total finance income	**973**	**74**

Note 11 Finance expenditure (Group)

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2022/23	2021/22
	£000	£000
Interest expense:		
Interest on loans from the Department of Health and Social Care	102	149
Interest on other loans	18	72
Interest on lease obligations	409	25
Interest on late payment of commercial debt	1	-
Total interest expense	**530**	**246**
Unwinding of discount on provisions	21	(20)
Total finance costs	**551**	**226**

Note 11.1 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015 (Group)

	2022/23	2021/22
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	1	-
Amounts included within interest payable arising from claims made under this legislation	1	-

Note 12 Other gains / (losses) (Group)

	2022/23	2021/22
	£000	£000
Gains on disposal of assets	12	-
Losses on disposal of assets	(114)	(196)
Total gains / (losses) on disposal of assets	**(102)**	**(196)**

Note 13 Trust income statement and statement of comprehensive income

In accordance with Section 408 of the Companies Act 2006, the trust is exempt from the requirement to present its own income statement and statement of comprehensive income. The trust's deficit for the period was £19.0 million (2021/22: £11.2 million). The trust's total comprehensive expense for the period was £10.5 million (2021/22: £18.5 million).

Note 14.1 Intangible assets - 2022/23 (Group)

Group	Software licences £000	Licences & trademarks £000	IT (internally generated and 3rd party) £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2022 - brought forward	**21,354**	**13**	**1,381**	**-**	**22,748**
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	-	-	-	-	**-**
Transfers by absorption	-	-	-	-	**-**
Additions	1,655	-	434	3,910	**5,999**
Reclassifications	180	-	-	-	**180**
Disposals / derecognition	(9,823)	-	-	-	**(9,823)**
Valuation / gross cost at 31 March 2023	**13,366**	**13**	**1,815**	**3,910**	**19,104**
Amortisation at 1 April 2022 - brought forward	**15,310**	**6**	**44**	**-**	**15,360**
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	-	-	-	-	**-**
Provided during the year	1,941	7	199	-	**2,147**
Reclassifications	4	-	-	-	**4**
Disposals / derecognition	(9,823)	-	-	-	**(9,823)**
Amortisation at 31 March 2023	**7,432**	**13**	**243**	**-**	**7,688**
Net book value at 31 March 2023	**5,934**	**-**	**1,572**	**3,910**	**11,416**
Net book value at 1 April 2022	**6,044**	**7**	**1,337**	**-**	**7,388**

Note 14.2 Intangible assets - 2021/22 (Group)

Group	Software licences £000	Licences & trademarks £000	IT (internally generated and 3rd party) £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2021 - as previously stated	**18,003**	**13**	**214**	**240**	**18,470**
Transfers by absorption	213	-	(624)	-	**(411)**
Additions	2,898	-	1,791	-	**4,689**
Reclassifications	240	-	-	(240)	**-**
Disposals / derecognition	-	-	-	-	**-**
Valuation / gross cost at 31 March 2022	**21,354**	**13**	**1,381**	**-**	**22,748**
Amortisation at 1 April 2021 - as previously stated	**14,055**	**-**	**-**	**-**	**14,055**
Provided during the year	1,255	6	44	-	**1,305**
Reclassifications	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	**-**
Amortisation at 31 March 2022	**15,310**	**6**	**44**	**-**	**15,360**
Net book value at 31 March 2022	**6,044**	**7**	**1,337**	**-**	**7,388**
Net book value at 1 April 2021	**3,948**	**13**	**214**	**240**	**4,415**

Note 15.1 Property, plant and equipment - 2022/23

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022 - brought forward	**16,475**	**219,195**	**11,558**	**135,645**	**214**	**52,798**	**1,772**	**437,657**
IFRS 16 implementation - reclassification to right of use assets	-	(100)	-	-	-	-	-	**(100)**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Additions	3	22,998	1,228	14,506	-	5,095	33	**43,863**
Impairments	-	(17)	-	-	-	-	-	**(17)**
Reversals of impairments	462	3,347	-	-	-	-	-	**3,809**
Revaluations	12	(140)	-	-	-	(1,385)	-	**(1,513)**
Reclassifications	-	1	-	(182)	-	1	-	**(180)**
Disposals / derecognition	-	-	-	(61,922)	(126)	(29,840)	(1,553)	**(93,441)**
Valuation/gross cost at 31 March 2023	**16,952**	**245,284**	**12,786**	**88,047**	**88**	**26,669**	**252**	**390,078**
Accumulated depreciation at 1 April 2022 - brought forward	**-**	**1,189**	**-**	**91,489**	**188**	**38,808**	**1,589**	**133,263**
IFRS 16 implementation - reclassification to right of use assets	-	-	-	-	-	-	-	**-**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Provided during the year	-	7,083	-	7,534	11	4,051	24	**18,703**
Impairments	-	5,307	-	-	-	738	-	**6,045**
Reversals of impairments	-	(7,263)	-	-	-	-	-	**(7,263)**
Revaluations	-	(5,082)	-	-	-	(1,385)	-	**(6,467)**
Reclassifications	-	-	-	(4)	-	-	-	**(4)**
Disposals / derecognition	-	-	-	(61,768)	(126)	(29,840)	(1,553)	**(93,287)**
Accumulated depreciation at 31 March 2023	**-**	**1,234**	**-**	**37,251**	**73**	**12,372**	**60**	**50,990**
Net book value at 31 March 2023	**16,952**	**244,050**	**12,786**	**50,796**	**15**	**14,297**	**192**	**339,088**
Net book value at 1 April 2022	**16,475**	**218,006**	**11,558**	**44,156**	**26**	**13,990**	**183**	**304,394**

Note 15.2 Property, plant and equipment - 2021/22

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2021 - as previously stated	**20,395**	**201,800**	**22,619**	**128,070**	**214**	**54,186**	**1,734**	**429,018**
Transfers by absorption	-	-	-	-	-	(643)	-	**(643)**
Additions	-	5,760	20,011	8,731	-	2,122	38	**36,662**
Impairments	(3,920)	(8,577)	-	-	-	-	-	**(12,497)**
Reversals of impairments	-	2,397	-	-	-	-	-	**2,397**
Revaluations	-	(13,257)	-	-	-	(2,867)	-	**(16,124)**
Reclassifications	-	31,072	(31,072)	-	-	-	-	**-**
Disposals / derecognition	-	-	-	(1,156)	-	-	-	**(1,156)**
Valuation/gross cost at 31 March 2022	**16,475**	**219,195**	**11,558**	**135,645**	**214**	**52,798**	**1,772**	**437,657**
Accumulated depreciation at 1 April 2021 - as previously stated	**-**	**2,570**	**-**	**85,307**	**175**	**36,378**	**1,569**	**125,999**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Provided during the year	-	7,149	-	7,094	13	3,403	20	**17,679**
Impairments	-	12,204	-	-	-	1,894	-	**14,098**
Reversals of impairments	-	(5,584)	-	-	-	-	-	**(5,584)**
Revaluations	-	(15,150)	-	-	-	(2,867)	-	**(18,017)**
Reclassifications	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	(912)	-	-	-	**(912)**
Accumulated depreciation at 31 March 2022	**-**	**1,189**	**-**	**91,489**	**188**	**38,808**	**1,589**	**133,263**
Net book value at 31 March 2022	**16,475**	**218,006**	**11,558**	**44,156**	**26**	**13,990**	**183**	**304,394**
Net book value at 1 April 2021	**20,395**	**199,230**	**22,619**	**42,763**	**39**	**17,808**	**165**	**303,019**

Note 15.3 Property, plant and equipment financing - 31 March 2023

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	16,952	241,811	12,786	47,172	15	14,050	183	**332,969**
Owned - donated/granted	-	2,239	-	3,624	-	247	9	**6,119**
NBV total at 31 March 2023	**16,952**	**244,050**	**12,786**	**50,796**	**15**	**14,297**	**192**	**339,088**

Note 15.4 Property, plant and equipment financing - 31 March 2022

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	16,475	215,803	11,558	41,383	25	13,637	173	**299,054**
Finance leased	-	100	-	-	-	-	-	**100**
Owned - donated/granted	-	2,103	-	2,773	1	353	10	**5,240**
NBV total at 31 March 2022	**16,475**	**218,006**	**11,558**	**44,156**	**26**	**13,990**	**183**	**304,394**

Note 15.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	3,831	-	-	-	-	-	**3,831**
Not subject to an operating lease	16,952	240,219	12,786	50,796	15	14,297	192	**335,257**
NBV total at 31 March 2023	**16,952**	**244,050**	**12,786**	**50,796**	**15**	**14,297**	**192**	**339,088**

Note 16.1 Property, plant and equipment - 2022/23

Trust	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022 - brought forward	**16,475**	**219,195**	**11,558**	**135,645**	**214**	**52,798**	**1,765**	**437,650**
IFRS 16 implementation - reclassification of existing leased assets to right of use assets	-	(100)	-	-	-	-	-	(100)
Transfers by absorption	-	-	-	-	-	-	-	**-**
Additions	3	22,998	1,228	14,506	-	5,095	32	**43,862**
Impairments	-	(17)	-	-	-	-	-	**(17)**
Reversals of impairments	462	3,347	-	-	-	-	-	**3,809**
Revaluations	12	(140)	-	-	-	(1,385)	-	**(1,513)**
Reclassifications	-	1	-	(182)	-	1	-	**(180)**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	(61,922)	(126)	(29,840)	(1,553)	**(93,441)**
Valuation/gross cost at 31 March 2023	**16,952**	**245,284**	**12,786**	**88,047**	**88**	**26,669**	**244**	**390,070**
Accumulated depreciation at 1 April 2022 - brought forward	**-**	**1,189**	**-**	**91,489**	**188**	**38,808**	**1,589**	**133,263**
IFRS 16 implementation - reclassification of existing leased assets to right of use assets	-	-	-	-	-	-	-	**-**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Provided during the year	-	7,083	-	7,534	11	4,051	22	**18,701**
Impairments	-	5,307	-	-	-	738	-	**6,045**
Reversals of impairments	-	(7,263)	-	-	-	-	-	**(7,263)**
Revaluations	-	(5,082)	-	-	-	(1,385)	-	**(6,467)**
Reclassifications	-	-	-	(4)	-	-	-	**(4)**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	(61,768)	(126)	(29,840)	(1,553)	**(93,287)**
Accumulated depreciation at 31 March 2023	**-**	**1,234**	**-**	**37,251**	**73**	**12,372**	**58**	**50,988**
Net book value at 31 March 2023	**16,952**	**244,050**	**12,786**	**50,796**	**15**	**14,297**	**186**	**339,082**
Net book value at 1 April 2022	**16,475**	**218,006**	**11,558**	**44,156**	**26**	**13,990**	**176**	**304,387**

Note 16.2 Property, plant and equipment - 2021/22

Trust	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2021 - as previously stated	**20,395**	**201,800**	**22,619**	**128,070**	**214**	**54,186**	**1,727**	**429,011**
Transfers by absorption	-	-	-	-	-	(643)	-	**(643)**
Additions	-	5,760	20,011	8,731	-	2,122	38	**36,662**
Impairments	(3,920)	(8,577)	-	-	-	-	-	**(12,497)**
Reversals of impairments	-	2,397	-	-	-	-	-	**2,397**
Revaluations	-	(13,257)	-	-	-	(2,867)	-	**(16,124)**
Reclassifications	-	31,072	(31,072)	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	(1,156)	-	-	-	**(1,156)**
Valuation/gross cost at 31 March 2022	**16,475**	**219,195**	**11,558**	**135,645**	**214**	**52,798**	**1,765**	**437,650**
Accumulated depreciation at 1 April 2021 - as previously stated	**-**	**2,570**	**-**	**85,307**	**175**	**36,378**	**1,569**	**125,999**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Provided during the year	-	7,149	-	7,094	13	3,403	20	**17,679**
Impairments	-	12,204	-	-	-	1,894	-	**14,098**
Reversals of impairments	-	(5,584)	-	-	-	-	-	**(5,584)**
Revaluations	-	(15,150)	-	-	-	(2,867)	-	**(18,017)**
Reclassifications	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	(912)	-	-	-	**(912)**
Accumulated depreciation at 31 March 2022	**-**	**1,189**	**-**	**91,489**	**188**	**38,808**	**1,589**	**133,263**
Net book value at 31 March 2022	**16,475**	**218,006**	**11,558**	**44,156**	**26**	**13,990**	**176**	**304,387**
Net book value at 1 April 2021	**20,395**	**199,230**	**22,619**	**42,763**	**39**	**17,808**	**158**	**303,012**

Note 16.3 Property, plant and equipment financing - 31 March 2023

Trust	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	16,952	241,811	12,786	47,172	15	14,050	177	**332,963**
Owned - donated / granted	-	2,239	-	3,624	-	247	9	**6,119**
Total net book value at 31 March 2023	**16,952**	**244,050**	**12,786**	**50,796**	**15**	**14,297**	**186**	**339,082**

Note 16.4 Property, plant and equipment financing - 31 March 2022

Trust	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	16,475	215,803	11,558	41,383	25	13,637	166	**299,047**
Finance leased	-	100	-	-	-	-	-	**100**
Owned - donated / granted	-	2,103	-	2,773	1	353	10	**5,240**
Total net book value at 31 March 2022	**16,475**	**218,006**	**11,558**	**44,156**	**26**	**13,990**	**176**	**304,387**

Trust	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	3,831	-	-	-	-	-	**3,831**
Not subject to an operating lease	16,952	240,219	12,786	50,796	15	14,297	186	**335,251**
Total net book value at 31 March 2023	**16,952**	**244,050**	**12,786**	**50,796**	**15**	**14,297**	**186**	**339,082**

Note 17 Donations of property, plant and equipment

In 2022/23, the Trust received medical equipment donations total £1,471k from the non-consolidated charity. Of the total, £1,295k related to the purchase of a surface guided radiation therapy system.

Note 18 Leases - Lancashire Teaching Hospitals NHS Foundation Trust as a lessee

The Trust leases many assets including land and buildings, vehicles, machinery, equipment, and IT. This note details information about leases for which the Trust is a lessee.

Land & Buildings leases

The Trust leases clinical space within other NHS sites which are owned by NHS Property Services or other NHS Foundation Trusts. These leases run for 5 to 12 years and amounts payable under the leases are revised annually using inflation factors as set out in NHS Planning guidance issued by NHSE.

The Trust also has two leases with commercial landlords; one for Preston Business Centre and one for Finney House. The lease for Preston Business Centre is for 10 years and commenced on 1st December 2021. The amount payable under this lease is revised at five yearly intervals as per the clauses in the lease. The lease for Finney House commenced on the 15th November 2023 for a 5 year term. The lease terms provide for an annual rental review each April using the consumer price index from the preceding February.

The Trust leases some of it's premises under operating leases (see note 5.1)

Some leases contain extension options exercisable by the Trust in accordance with the lease terms. The Trust seeks to include extension options in new leases to provide operational flexibility. The extension options are exercisable only by the Trust and not by the lessors. The Trust assesses at lease commencement whether it is reasonably certain to exercise the extension options. It reassesses whether it is reasonably certain to exercise options if there is a significant event or significant change in circumstances within int control.

Other leases

The Trust leases vehicles and equipment, with terms between 1 to 8 years. In some cases the Trust has options to purchase the assets at the end of the contract term; in other cases the Trust is obliged to return the items to the lessor or negotiate a secondary lease. Neither are considered to be obligations and therefore the Trust is not estimating liabilities beyond the original lease terms.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

Note 18.1 Right of use assets - 2022/23

Group	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000	Of which: leased from DHSC group bodies £000
forward	**-**	**-**	**-**	**-**	**-**	**-**	**-**
existing leased assets from PPE or intangible	100	-	-	-	-	**100**	-
operating leases / subleases	24,488	18,393	260	6	21	**43,168**	11,581
Additions	8,684	1,123	-	-	-	**9,807**	-
Disposals / derecognition	(3,111)	-	-	-	-	**(3,111)**	(3,011)
Valuation/gross cost at 31 March 2023	**30,161**	**19,516**	**260**	**6**	**21**	**49,964**	**8,570**
brought forward	-	-	-	-	-	**-**	-
Provided during the year	4,284	6,999	70	2	10	**11,365**	2,109
Disposals / derecognition	(476)	-	-	-	-	**(476)**	(376)
Accumulated depreciation at 31 March 2023	**3,808**	**6,999**	**70**	**2**	**10**	**10,889**	**1,733**
Net book value at 31 March 2023	**26,353**	**12,517**	**190**	**4**	**11**	**39,075**	**6,837**

Net book value of right of use assets leased from other NHS providers	6,795
Net book value of right of use assets leased from other DHSC group bodies	42

Note 18.2 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 24.

	Group 2022/23 £000	Trust 2022/23 £000
Carrying value at 31 March 2022	**99**	**99**
IFRS 16 implementation - adjustments for existing operating leases	43,168	43,168
Lease additions	9,807	9,807
Interest charge arising in year	409	409
Early terminations	(2,647)	(2,647)
Lease payments (cash outflows)	(11,611)	(11,611)
Carrying value at 31 March 2023	**39,225**	**39,225**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

The Trust does not sub lease any right of use assets so the value included within revenue from operating leases in note 3 all relates to Trust owned property that is leased.

Note 18.3 Maturity analysis of future lease payments at 31 March 2023

	Group		Trust	
	Total 31 March 2023 £000	Of which leased from DHSC group bodies: 31 March 2023 £000	Total 31 March 2023 £000	Of which leased from DHSC group bodies: 31 March 2023 £000
Undiscounted future lease payments payable in:				
- not later than one year;	12,386	1,774	12,386	1,774
- later than one year and not later than five years;	21,378	5,229	21,378	5,229
- later than five years.	6,527	-	6,527	-
Total gross future lease payments	**40,291**	**7,003**	**40,291**	**7,003**
Finance charges allocated to future periods	(1,066)	(133)	(1,066)	(133)
Net lease liabilities at 31 March 2023	**39,225**	**6,870**	**39,225**	**6,870**
Of which:				
- Leased from other NHS Providers	12,062	1,717	12,062	1,717
- Leased from other DHSC group bodies	27,163	5,153	27,163	5,153

Note 18.4 Maturity analysis of finance lease liabilities at 31 March 2022 (IAS 17 basis)

The following table details the maturity of obligations under leases the trust previously determined to be finance leases under IAS 17 at 31 March 2022.

	Group 31 March 2022 £000	Trust 31 March 2022 £000
Undiscounted future lease payments payable in:		
- not later than one year;	101	101
Total gross future lease payments	**101**	**101**
Finance charges allocated to future periods	(2)	(2)
Net finance lease liabilities at 31 March 2022	**99**	**99**
of which payable:		
- not later than one year;	99	99

Note 18.5 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the trust previously determined to be operating leases under IAS 17.

	Group	Trust
	2021/22	2021/22
	£000	£000
Operating lease expense		
Minimum lease payments	12,599	12,599
Total	**12,599**	**12,599**

	31 March 2022	31 March 2022
	£000	£000
Future minimum lease payments due:		
- not later than one year;	12,244	12,244
- later than one year and not later than five years;	26,389	26,389
- later than five years.	9,810	9,810
Total	**48,443**	**48,443**
Future minimum sublease payments to be received	-	-

2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 14.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

	Group	Trust
	1 April 2022	1 April 2022
	£000	£000
Operating lease commitments under IAS 17 at 31 March 2022	**48,443**	**48,443**
rate		
IAS 17 operating lease commitment discounted at incremental borrowing rate	**46,976**	**46,976**
Finance lease liabilities under IAS 17 as at 31 March 2022	99	99
Total lease liabilities under IFRS 16 as at 1 April 2022	**43,267**	**43,267**

Note 19 Inventories

	Group		Trust	
	2023	31 March 2022	2023	2022
	£000	£000	£000	£000
Drugs	5,093	4,077	4,043	3,105
Work In progress	-	-	-	-
Consumables	9,457	9,593	9,457	9,593
Energy	143	196	143	196
Other	26	10	26	10
Charitable fund inventory	-	-	-	-
Total inventories	**14,719**	**13,876**	**13,669**	**12,904**
of which:				
Held at fair value less costs to sell	-	-		

Inventories recognised in expenses for the year were £92,406k (2021/22: £80,002k). Write-down of inventories recognised as expenses for the year were £250k (2021/22: £775k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2022/23 the Trust received £999k of items purchased by DHSC (2021/22: £1,573k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 20 Receivables

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
Current				
Contract receivables	41,818	30,253	42,201	31,886
Allowance for impaired contract receivables / assets	(1,764)	(1,892)	(1,764)	(1,892)
Prepayments (non-PFI)	4,234	2,940	4,226	2,930
Operating lease receivables	169	152	169	152
PDC dividend receivable	224	688	224	688
VAT receivable	1,308	2,156	1,093	1,674
Corporation and other taxes receivable	25	49	25	49
Other receivables	1,830	1,172	1,830	1,172
Total current receivables	**47,844**	**35,518**	**48,004**	**36,659**
Non-current				
Contract receivables	5,916	6,849	5,916	6,849
Allowance for impaired contract receivables / assets	(619)	(1,627)	(619)	(1,627)
Other receivables	1,082	1,239	2,582	2,239
Total non-current receivables	**6,379**	**6,461**	**7,879**	**7,461**
Of which receivable from NHS and DHSC group bodies:				
Current	33,436	25,414	33,221	24,932
Non-current	1,082	1,239	1,082	1,239

Note 20.1 Allowances for credit losses

	Group		Trust	
	2022/23	2021/22	2022/23	2021/22
	£000	£000	£000	£000
Contract receivables and contract assets				
Allowances as at 1 April - brought forward	**3,519**	**4,157**	**3,519**	**4,157**
New allowances arising	575	700	575	700
Changes in existing allowances	(838)	128	(838)	128
Reversals of allowances	(238)	(508)	(238)	(508)
Utilisation of allowances (write offs)	(635)	(958)	(635)	(958)
Allowances as at 31 March	**2,383**	**3,519**	**2,383**	**3,519**

Note 21 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	2022/23	2021/22	2022/23	2021/22
	£000	£000	£000	£000
At 1 April	**61,887**	**59,255**	**61,340**	**58,832**
Net change in year	(47,385)	2,632	(47,211)	2,508
At 31 March	**14,502**	**61,887**	**14,129**	**61,340**
Broken down into:				
Cash at commercial banks and in hand	392	565	19	18
Cash with the Government Banking Service	14,110	61,322	14,110	61,322
Total cash and cash equivalents as in SoFP	**14,502**	**61,887**	**14,129**	**61,340**
Total cash and cash equivalents as in SoCF	**14,502**	**61,887**	**14,129**	**61,340**

Note 21.1 Third party assets held by the trust (Group)

Lancashire Teaching Hospitals NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	Group and Trust	
	31 March 2023	31 March 2022
	£000	£000
Bank balances	6	7
Total third party assets	**6**	**7**

Note 22 Trade and other payables

	Group		Trust	
	2023	2022	2023	2022
	£000	£000	£000	£000
Current				
Trade payables	15,029	18,298	15,139	18,316
Capital payables	26,713	18,285	26,713	18,285
Accruals	46,810	46,469	46,947	47,083
Social security costs	5,459	5,357	5,451	5,350
Other taxes payable	5,048	4,847	5,042	4,839
Pension contributions payable	5,662	5,204	5,662	5,204
Other payables	402	1,395	400	1,393
Total current trade and other payables	**105,123**	**99,855**	**105,354**	**100,470**
Of which payables from NHS and DHSC group bodies:				
Current	9,682	6,095	9,682	6,095
Non-current	-	-	-	-

Note 23 Other liabilities

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
Current				
Deferred income: contract liabilities	5,224	16,506	5,224	16,506
Total other current liabilities	**5,224**	**16,506**	**5,224**	**16,506**
Non-current				
Deferred income: contract liabilities	197	608	197	608
Total other non-current liabilities	**197**	**608**	**197**	**608**

Cancer Alliance funding has been received by the Trust to support staff posts over a 2 year period. A proportion that represents funding for the second year is deferred as non-current and the remainder is included in the current balance.

Note 24 Borrowings

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
Current				
Loans from DHSC	1,586	2,182	1,586	2,182
Other loans	79	79	79	79
Lease liabilities*	12,062	99	12,062	99
Total current borrowings	**13,727**	**2,360**	**13,727**	**2,360**
Non-current				
Loans from DHSC	2,870	4,445	2,870	4,445
Other loans	416	492	416	492
Lease liabilities*	27,163	-	27,163	-
Total non-current borrowings	**30,449**	**4,937**	**30,449**	**4,937**

* The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 18.

Note 24.1 Reconciliation of liabilities arising from financing activities (Group)

Group - 2022/23	Loans from DHSC	Other loans	Lease liabilities	Total
	£000	£000	£000	£000
Carrying value at 1 April 2022	**6,627**	**571**	**99**	**7,297**
Cash movements:				
Financing cash flows - payments and receipts of principal	(2,167)	(76)	(11,203)	**(13,446)**
Financing cash flows - payments of interest	(106)	(18)	(408)	**(532)**
Non-cash movements:				
IFRS 16 implementation - adjustments for existing operating leases / subleases	-	-	43,168	**43,168**
Additions	-	-	9,807	**9,807**
Application of effective interest rate	102	18	409	**529**
Early terminations	-	-	(2,647)	**(2,647)**
Carrying value at 31 March 2023	**4,456**	**495**	**39,225**	**44,176**

Group - 2021/22	Loans from DHSC	Other loans	Finance leases	Total
	£000	£000	£000	£000
Carrying value at 1 April 2021	**10,005**	**1,022**	**480**	**11,507**
Cash movements:				
Financing cash flows - payments and receipts of principal	(3,376)	(452)	(382)	**(4,210)**
Financing cash flows - payments of interest	(151)	(71)	(24)	**(246)**
Non-cash movements:				
Application of effective interest rate	149	72	25	**246**
Carrying value at 31 March 2022	**6,627**	**571**	**99**	**7,297**

Note 25 Provisions for liabilities and charges analysis (Group)

Group	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000
At 1 April 2022	**1,563**	**248**	**3,802**	**5,613**
Change in the discount rate	(217)	-	(974)	**(1,191)**
Arising during the year	46	150	912	**1,108**
Utilised during the year	(99)	(122)	(1,001)	**(1,222)**
Reversed unused	(20)	-	(447)	**(467)**
Unwinding of discount	21	-	22	**43**
At 31 March 2023	**1,294**	**276**	**2,314**	**3,884**
Expected timing of cash flows:				
- not later than one year;	97	276	132	**505**
- later than one year and not later than five years;	702	-	74	**776**
- later than five years.	495	-	2,108	**2,603**
Total	**1,294**	**276**	**2,314**	**3,884**

Permanent injury benefits

Payments are made on a quarterly basis to the NHS Pension Scheme and NHS Injury Benefit Scheme respectively.

Clincians pension tax

Clinicians who were members of the NHS Pensions Scheme and who as a result of work undertaken in the tax year (2019/20) face a tax charge in respect of growth of their NHS pension benefits above their pensions savings annual allowance threshold will be able to have this charge paid by the NHS Pension Scheme.

Dilapidation provisions

The Trust has created a provision for the reinstatement of leased properties (dilapidations). Payments will be made as and when leases expire and agreements are reached with Landlords.

Note 25.1 Clinical negligence liabilities

At 31 March 2023, £324,548k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Lancashire Teaching Hospitals NHS Foundation Trust (31 March 2022: £464,126k).

Note 26 Contingent assets and liabilities(Group)

			Trust	
	31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
Value of contingent liabilities				
NHS Resolution legal claims	(113)	(111)	(113)	(111)
Gross value of contingent liabilities	**(113)**	**(111)**	**(113)**	**(111)**
Amounts recoverable against liabilities	-	-		
Net value of contingent liabilities	**(113)**	**(111)**	**(113)**	**(111)**

The Trust has no contingent assets to disclose.

Note 27 Contractual capital commitments (Group)

			Trust	
	31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
Property, plant and equipment	3,159	4,433	3,159	4,433
Total value of contractual capital commitments	**3,159**	**4,433**	**3,159**	**4,433**

The contractual capital commitments represent the value of works committed to on

Note 28 Financial Instruments

Note 28.1 Financial risk management

International Financial Reporting Standard 9 requires disclosure of the role which Financial Instruments have had during the period in creating or changing the risks which a body faces in undertaking its activities. Because of the continuing service provider relationship which the Trust has with its Commissioners, and the way in which those Commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also, Financial Instruments play a much more limited role in creating or changing risk for the Trust than would be typical of listed companies, to which these standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and Financial Assets and Liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's Treasury Management operations are carried out by the Finance Department, within parameters defined formally within the Trust's Standing Financial Instructions, and policies agreed by the Board of Directors. The Trust's treasury activities are also subject to review by Internal Audit.

Liquidity Risk

Net operating costs of the Trust are funded under annual Service Agreements with NHS Commissioners, which are financed from resources voted annually by Parliament. While the Trust is in deficit it is accessing working capital support by means of PDC through DHSC. The Trust largely finances its capital expenditure from internally generated cash, and funds made available by the DHSC. Additional funding by way of loans has been arranged with the Foundation Trust Financing Facility to support major capital developments. The Trust is, therefore, exposed to liquidity risks from the loan funding - however these risks are approved, and comply with Monitor's Risk Assessment Framework.

Currency Risk

The Trust is a domestic organisation with the overwhelming majority of transactions, assets and liabilities being in the UK and Sterling based. The Trust has no overseas operations, and therefore has low exposure to currency rate fluctuations..

Interest Rate Risk

100% of the Trust's financial assets and 100% of its financial liabilities carry nil or fixed rates of interest. The Trust is not, therefore, exposed to significant interest rate risk.

Credit Risk

The majority of the Trust's Income comes from contracts with other public sector bodies, and therefore the Trust has low exposure to credit risk. The maximum exposure as at 31 March 2023 is within Receivables from customers, as disclosed in the Trade and Other Receivables note to these Accounts.

Note 28.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2023	Group		Trust	
	Held at amortised cost	Total book value	Held at amortised cost	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	48,457	**48,457**	50,340	**50,340**
Cash and cash equivalents	14,502	**14,502**	14,129	**14,129**
Total at 31 March 2023	**62,959**	**62,959**	**64,469**	**64,469**

Carrying values of financial assets as at 31 March 2022	Group		Trust	
	Held at amortised cost	Total book value	Held at amortised cost	Total book value
	£000	£000		
Trade and other receivables excluding non financial assets	36,193	**36,193**	38,823	**38,823**
Cash and cash equivalents	61,887	**61,887**	61,340	**61,340**
Total at 31 March 2022	**98,080**	**98,080**	**100,163**	**100,163**

Note 28.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2023	Group		Trust	
	Held at amortised cost	Total book value	Held at amortised cost	Total book value
	£000	£000	£000	£000
Loans from the Department of Health and Social Care	4,456	**4,456**	4,456	**4,456**
Obligations under leases	39,225	**39,225**	39,225	**39,225**
Other borrowings	495	**495**	495	**495**
Trade and other payables excluding non financial liabilities	89,358	**89,358**	89,603	**89,603**
Total at 31 March 2023	**133,534**	**133,534**	**133,779**	**133,779**

Carrying values of financial liabilities as at 31 March 2022	Group		Trust	
	Held at amortised cost	Total book value	Held at amortised cost	Total book value
	£000	£000	£000	£000
Loans from the Department of Health and Social Care	6,627	**6,627**	6,627	**6,627**
Obligations under finance leases	99	**99**	99	**99**
Other borrowings	571	**571**	571	**571**
Trade and other payables excluding non financial liabilities	89,651	**89,651**	86,797	**86,797**
Total at 31 March 2022	**96,948**	**96,948**	**94,094**	**94,094**

Note 28.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	Group		Trust	
	31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
In one year or less	103,290	93,219	103,535	90,365
In more than one year but not more than five years	23,750	3,698	23,750	3,698
In more than five years	8,021	1,524	8,021	1,524
Total	**135,061**	**98,441**	**135,306**	**95,587**

Note 29 Losses and special payments (Group)

	2022/23		2021/22	
Group and trust	**Total number of cases Number**	**Total value of cases £000**	**Total number of cases Number**	**Total value of cases £000**
Losses				
Cash losses	1	-	-	-
Bad debts and claims abandoned	753	162	1,685	141
Stores losses and damage to property	3	216	3	343
Total losses	**757**	**378**	**1,688**	**484**
Special payments				
Compensation under court order or legally binding arbitration award	2	15	-	-
Ex-gratia payments	81	620	51	171
Total special payments	**83**	**635**	**51**	**171**
Total losses and special payments	**840**	**1,013**	**1,739**	**655**

Note 30 Related parties

Lancashire Teaching Hospitals NHS Foundation Trust is a public interest body, a Department of Health and Social Care (parent of the group) Group body, authorised by NHS Improvement, the Independent Regulator for NHS Foundation Trusts. During the year none of the Board members or members of key management staff or parties related to them has undertaken any material transactions with Lancashire Teaching Hospitals NHS Foundation Trust.

Council of Governors

The roles and responsibilities of the Council of Governors of the Foundation Trust are carried out in accordance with the Trust's Provider Licence:

The Council has specific powers including:

- appointment and, if appropriate, removal of the Chair and other non-executive Directors
- approval of the appointment of the Chief Executive
- to decide the remuneration and allowances and the other terms and conditions of office of the Chair and other non-executive Directors
- to appoint and, if appropriate, remove the Trust's external auditors
- to appoint or remove any other external auditor
- to receive the annual accounts, annual report and any report on them by the auditor
- to provide their views to the board of directors when the board of directors is preparing the Trust's forward plan
- to hold the non-executive directors individually and collectively to account for the performance of the board of directors
- to represent the interests of the members of the Trust as a whole and of the public
- to approve 'significant transactions' as defined within the constitution
- to approve an application by the Trust to enter into a merger, acquisition, seperation or dissolution
- to decide whether the Trust's private patient work would significantly interfere with the Trust's principal purpose
- to approve any proposed increase in private patient income of 5% of total income or more in any financial year
- to approve, along with the Board of Directors, any changes to the Trust's consititution
- to require the attendance of one or more directors at a Council of Governors meeting, for the purpose of obtaining information about the Trust's performance of its functions or the directors' performance of their duties (and for deciding whether to propose a vote on the Trust's or directors' performance).

The Foundation Trust maintains a register of interests for the Board and for members of the Council of Governors. Of the total of 24 members of the Council of Governors, 4 represent the interests of other organisations who the Trust has identified as key partners in the delivery of healthcare to the population of Preston Chorley and South Ribble.

Note 30 Related parties (continued)

Members of the Council of Governors, Executive Directors and Non-Executive Directors, or close family members of the same, who have interests in or hold positions with organisations with which the trust has had transactions during the year, are listed below:

	Income	Expenditure	Receivable	Payable	Relationship
	£000	£000	£000	£000	
Lancashire and South Cumbria ICB	327,829	76	6,681	1,895	Council of Governors Chief Executive Officer
Health Education England	28,226	5	310	773	Corporate Director
NHS England & NHS Improvement	22,367	9	17,704	2,102	Corporate Director
East Lancashire Hospitals NHS Trust	3,782	3,274	2,239	1,754	Non-Executive Director
Manchester University NHS Foundation Trust	341	359	83	263	Non-Executive Director
Southport and Ormskirk NHS Trust	276	5	134	3	Council of Governors
Lancashire County Council	255	9	5	76	Council of Governors
University of Central Lancashire	209	719	164	10	Executive Director Corporate Director
St Catherine's Hospice	96	3	10	-	Executive Director
NHS Blood and Transplant	80	2,115	-	131	Council of Governors
Warrington and Halton Hospitals NHS Trust	72	25	20	5	Chief Executive Officer
North West Ambulance Service NHS Trust	27	254	8	59	Non-Executive Director Executive Director
West Lancashire Borough Council	24	-	7	-	Council of Governors
Derian House Children's Hospice	23	-	-	-	Executive Director
South Ribble Borough Council	6	-	1	27	Council of Governors
Red Rose Recovery Lancashire	-	-	-	-	Associate Non-Executive Director
Preston City Council	-	-	-	2,009	Council of Governors
Chorley Borough Council	-	-	-	684	Council of Governors
University of Manchester	-	60	22	5	Non-Executive Director Corporate Director
Calderdale and Huddersfield NHS Foundation Trust	-	-	-	3	Non-Executive Director
BT Enterprise	-	3	-	-	Non-Executive Director

The Trust previously established a wholly owned subsidiary, Lancashire Hospitals Services (Pharmacy) Ltd. Lancashire Hospitals Services (Pharmacy) Ltd took over the outpatient pharmacies accross the Trust on 1 October 2018. Being wholly owned, the Trust has prepared its financial statements on a Group basis, consolidating the results of Lancashire Hospitals Services (Pharmacy) Ltd .

The Trust is Corporate Trustee of two charities which means that the Trust has control over the charities. Both Charities are registered with the Charity Commission and produce a set of annual accounts and an annual report (separate to that of the NHS Foundation Trust) These documents will be available in December 2023, on request from the Finance Department of the Trust. Details of the charities and of material transactions between them and the Trust are detailed below.

Charity	Registered Number	Donations received	Receivable	Payable
		£000	£000	£000
Lancashire Teaching Hospitals Charity	1051194	124	51	0
Rosemere Cancer Foundation	1131583	1,347	593	0

Note 31 Transfers by absorption (Group)

During 2021/22 the Trust received PDC capital funding for projects across the ICS. In delivering these projects certain assets were purchased on behalf of other entities and these were transferred to those entities as transfers by absorption on the 31st March 2022. The Trust was also a recipient of assets where other entities purchased assets on behalf of the Trust. There were no such transfers during 2022/23.

	2022/23	2021/22
	£000	£000
Inward transfers (from)		
East Lancashire Hospitals NHS Trust	-	(322)
Blackpool Teaching Hospitals NHS Foundation Trust	-	(295)
Outward transfers (to)		
East Lancashire Hospitals NHS Trust	-	460
Blackpool Teaching Hospitals NHS Foundation Trust	-	654
University Hospitals of Morecambe Bay NHS Foundation Trust	-	557
Net transfers - recognised in the SOCI as a loss due to transfers by absorption	**-**	**1,054**

Note 32 Events after the reporting date

The Boards of Lancashire Teaching Hospitals NHS Foundation Trust (LTH) and Northern Care Alliance NHS Foundation Trust have agreed that with effect from the 1st June 2023 the ELFS Shared Services will be transferred to LTH. The transfer will be accounted for as a transfer by absorption on the transfer date, and thereafter the service will trade as a LTH business activity. The values of assets, liabilities and reserves to be transferred are under negotiation but are not considered to be material. From the 1st June 2023 the income, expenditure, assets and liabilities arising from ELFS trading activities will be reported within the future annual accounts of LTH.

If you have any queries regarding this report, or wish to make contact with any of the Directors or Governors, please contact:

Company Secretary
Lancashire Teaching Hospitals NHS Foundation Trust
Royal Preston Hospital, Sharoe Green Lane,
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PR2 9HT

T: **01772 522010**
E: **Company.Secretary@lthtr.nhs.uk**

For more information about Lancashire Teaching Hospitals NHS Foundation Trust see:

www.lancsteachinghospitals.nhs.uk

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lancshospitals

KPMG

Auditor's Annual Report 2022/23

Lancashire Teaching Hospitals NHS Foundation Trust

30 June 2023

Key contacts

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Contents	Page

This report is addressed to Lancashire Teaching Hospitals NHS Foundation Trust (the Trust) and has been prepared for the sole use of the Trust. We take no responsibility to any member of staff acting in their individual capacities, or to third parties.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

Summary

Introduction

This Auditor's Annual Report provides a summary of the findings and key issues arising from our 2022-23 audit of Lancashire Teaching Hospitals NHS Foundation Trust (the 'Trust'). This report has been prepared in line with the requirements set out in the Code of Audit Practice published by the National Audit Office and is required to be published by the Trust alongside the annual report and accounts.

Our responsibilities

The statutory responsibilities and powers of appointed auditors are set out in the Local Audit and Accountability Act 2014. In line with this we provide conclusions on the following matters:

Accounts - We provide an opinion as to whether the accounts give a true and fair view of the financial position of the Trust and of its income and expenditure during the year. We confirm whether the accounts have been prepared in line with the Group Accounting Manual prepared by the Department of Health and Social Care (DHSC).

Annual report - We assess whether the annual report is consistent with our knowledge of the Trust. We perform testing of certain figures labelled in the remuneration report.

Value for money - We assess the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the Trust's use of resources and provide a summary of our findings in the commentary in this report. We are required to report if we have identified any significant weaknesses as a result of this work.

Other reporting - We may issue other reports where we determine that this is necessary in the public interest under the Local Audit and Accountability Act.

Findings

We have set out below a summary of the conclusions that we provided in respect of our responsibilities:

Accounts	We issued an unqualified opinion on the Trust's accounts on X June 2023. This means that we believe the accounts give a true and fair view of the financial performance and position of the Trust. We have provided further details of the key risks we identified and our response on Page 4.
Annual report	We did not identify any significant inconsistencies between the content of the annual report and our knowledge of the Trust. We confirmed that the Annual Governance Statement had been prepared in line with the DHSC requirements.
Value for money	We are required to report if we identify any significant weaknesses in the arrangements the Trust has in place to achieve value for money. We have nothing to report in this regard.
Other reporting	We did not consider it necessary to issue any other reports in the public interest.

Accounts Audit

The table below summarises the key risks that we identified to our audit opinion as part of our risk assessment and how we responded to these through our audit.

Risk	Findings
Valuation of land and buildings Land and buildings are required to be held at fair value. As hospital buildings are specialised assets and there is not an active market for them they are usually valued on the basis of the cost to replace them with a 'modern equivalent asset'. There is a risk the assumptions used to determine the valuation are not accurate.	We identified one misstatement from our work on this significant risk, relating to the inclusion within the net book value of Buildings an amount of £4.9m relating to capital costs accrued close to the year end that should have been impaired as part of the year-end valuation process. Amending for this would lead to a decrease in the net book value of Property, Plant and Equipment, however we did not consider this to be material. We raised a low-priority recommendation to management to ensure that this matter does not reoccur in next year's financial statements. We determined that the judgements made by the external valuers and adopted by the Trust were balanced. We noted increased documentation of scrutiny by management around the draft valuation presented by Cushman and Wakefield, including challenging year-on-year movements on individual buildings that appeared to be outside of the average for the valuation as a whole.
Fraudulent expenditure recognition Auditing standards suggest for public sector entities a rebuttable assumption that there is a risk expenditure is recognised inappropriately. The setting of a planned surplus or deficit for the year can create an incentive for management to understate the level of non-pay expenditure compared to that which has been incurred. We consider this would be most likely to occur through omitting accruals, for example, pushing back expenditure to 2023-24 to mitigate financial pressures in the current financial year both at the Trust and also the ICS level.	We identified a total of three misstatement impacting on the level of expenditure recorded in the year, relating to the overstatement of accruals for goods and services received but not invoiced, overstatement of the pay award accrual at year end, and the overstatement of accrued costs relating to the Provider Collaborative Board incurred during 2022/23. Updating for these would lead to an decrease in the total reported expenditure of £6.4m, however we did not consider this material. We raised one low-priority recommendation to management regarding the process for compiling the annual leave accrual at year-end.
Management override of controls We are required by auditing standards to recognise the risk that management may use their authority to override the usual control environment.	We did not identify any indication of management override of controls. We did not identify any material misstatements relating to this risk. We raised one medium-priority recommendation relating to this risk relating to the ability of journal approvers to make amendments to journal entries during the review and approval process.

Value for money

Introduction

We consider whether there are sufficient arrangements in place for the Trust for each of the elements that make up value for money. Value for money relates to ensuring that resources are used efficiently in order to maximise the outcomes that can be achieved.

We undertake risk assessment procedures in order to assess whether there are any risks that value for money is not being achieved. This is prepared by considering the findings from other regulators and auditors, records from the organisation and performing procedures to assess the design of key systems at the organisation that give assurance over value for money.

Where a significant risk is identified we perform further procedures in order to consider whether there are significant weaknesses in the processes in place to achieve value for money.

Further details of our value for money responsibilities can be found in the Audit Code of Practice at Code of Audit Practice (nao.org.uk).

Matters that informed our risk assessment

The table below provides a summary of the external sources of evidence that were utilised in forming our risk assessment as to whether there were significant risks that value for money was not being achieved:

Source	Detail
Care Quality Commission rating	Requires improvement (November 2019). Note that the Trust received unannounced inspection visits by the CQC in June 2023. We have followed up with management to ensure there are no matters arising which impact on our value for money commentary for the year ended 31 March 2023.
Single Oversight Framework rating	Segment three - Mandated and targeted support.
Governance statement	There were no significant control deficiencies identified in the governance statement.
Head of Internal Audit opinion	The draft Head of Internal Audit Opinion for 2022/23 provides Significant Assurance.

Commentary on arrangements

We have set out on the following pages commentary on how the arrangements in place at the Trust compared to the expected systems that would be in place in the sector.

Summary of findings

We have set out in the table below the outcomes from our procedures against each of the domains of value for money:

Domain	Risk assessment	Summary of arrangements
Financial sustainability	One significant risk identified	No significant weaknesses identified
Governance	No significant risks identified	No significant weaknesses identified
Improving economy, efficiency and effectiveness	No significant risks identified	No significant weaknesses identified

Value for money

Financial sustainability	
Description	**Commentary on arrangements**
This relates to ensuring that the Trust has sufficient arrangements in place to be able to continue to provide its services within the resources available to it. We considered the following areas as part of assessing whether sufficient arrangements were in place: ▪ How the Trust sets its financial plans to ensure services can continue to be delivered; ▪ How financial performance is monitored and actions identified where it is behind plan; and ▪ How financial risks are identified and actions to manage risks implemented.	*Risk assessment* The financial plan for 22/23 was created in accordance with NHS planning guidelines, in addition to ICS-wide principles. We saw appropriate review and approval by budget holders as well as at the Trust level by the Board of Directors. The final plan for 2022/23 was approved on 9 June 2022, with the Board receiving a presentation on the key facets of the plan and how it linked with national priorities and the priority workstreams set out by the ICS (now ICB). The final 2022/23 plan submitted in June 2022 forecast a £0.5m surplus, but there was clear reporting to both Board and Finance and Performance Committee, at that time and throughout the year, regarding the challenges around achievement of the required £26.3m total efficiencies and the unfunded pressures which have resulted in a deterioration in performance against plan despite delivery of the CIP target. We are satisfied that throughout 22/23 the budget monitoring process and associated committee scrutiny was sufficient to identify and analyse pressures that could present risks to the Trust in achieving the financial plan. Additionally, through our review of relevant Board and sub-Committee (Finance and Performance) meeting minutes we found that financial and operational performance was appropriately challenged. In 2022/23 we have seen regular monthly monitoring of Cost Improvement Programme (CIP) performance against targets at an individual scheme level and Trust level through the Finance and Performance (F&P) Committee and to the Board, with more detailed monitoring taking place via Divisional Improvement Forums and at the Budget Holder level through monthly meetings. There is evidence that Quality Impact Assessments are completed for approved efficiency schemes. We noted that the Month 10 report to F&P Committee showed delivery of £21.0m to date, with a slippage of £1.0m, but with continued expectation of delivering the full-year target efficiencies of £26.3m. Of this, we noted that a significant proportion of the savings (c£16m) related to non-recurrent items, putting more pressure on the underlying deficit position carried into 2023/24. We reviewed the terms of reference for the F&P Committee and Divisional Improvement Forums, as well as minutes throughout the year and noted that there is adequate reporting of the actual and forecast financial impact of the efficiency schemes in place, along with detail of the relevant financial RAG ratings. We were therefore satisfied that the scope of reporting is sufficient to enable management to monitor cost performance and identify areas for efficiency savings. While at the time of our risk assessment the 2023/24 financial plan and accompanying CIP requirement was still being drafted, the expectations at that time were that the Trust's plan would include target efficiency savings of £43.5m, which is a considerable increase on the 2022/23 CIP achievement, with fewer non-recurrent savings available. Taking costs out of the system requires a coordinated system-wide response, and through the Emergency, Elective and Outpatients Transformation Boards significant pieces of long-term work are underway to redesign services to reduce the recurrent costs of delivery across the system. In view of the long-term nature of many of the identified solutions, achievement of an in-year CIP target of the required magnitude is subject to considerable risk. As a result of our risk assessment we identified a significant risk relating to the Trust's arrangements for ensuring financial sustainability. In response to this risk, we performed the following additional procedures: • We reviewed the appropriateness of the latest financial plan for 2023/24 and verified whether there was sufficient challenge by those charged with governance via scrutiny of Board and Committee minutes. • We reviewed the arrangements in place for planning and monitoring of the entity's 2023/24 CIP programme. In particular, we assessed how developed the efficiency plans are, the level of identified versus unidentified savings and whether the arrangements in place are conducive to informed decision making.

Value for money

Financial sustainability (continued)	
Description	**Commentary on arrangements**
This relates to ensuring that the Trust has sufficient arrangements in place to be able to continue to provide its services within the resources available to it. We considered the following areas as part of assessing whether sufficient arrangements were in place: ▪ How the Trust sets its financial plans to ensure services can continue to be delivered; ▪ How financial performance is monitored and actions identified where it is behind plan; and ▪ How financial risks are identified and actions to manage risks implemented.	*Findings in respect of significant risk identified* The Trust has a significant financial challenge in achieving the planned £15.3m deficit in 2023/24. To do so it must deliver financial improvement of £67m, of which £18m relates to a 'system gap' for which a system-wide solution must be found. Of the residual amount, approximately 50% are subject to medium (11%) or high risk (17%) or are at the 'hopper' stage (22%). Aside from the risks attached to the financial improvement there are further risks around additional pressures which must be managed effectively to deliver the £15.3m deficit, including a £10m risk around income restoration (based on activity levels). It is clear therefore that the level of risk around achievement of the 2023/24 plan is significant. Our review of internal reporting to Board and Finance and Performance Committee, in addition to our review of the external report findings has highlighted some opportunities for improvement in the Trust's arrangements during the year which could have been addressed to reduce the level of unidentified financial improvement at the year end. We have made a recommendation to management regarding the pace of implementation of service optimisation activities, and earlier development of CIP in respect of 2024/25. What is also clear from our work is that the impact of addressing those opportunities for improvement do not in isolation, or in aggregate, constitute a significant weakness in arrangements during 2023/24. Auditor Guidance Note 3, issued by the National Audit Office, describes significant weaknesses in terms of those which expose the body to significant financial loss. While there is a significant degree of risk around delivery of the financial improvement programme, there is a significant proportion of this which relies heavily on an ICS-wide solution and/or necessitates a significant degree of transformational change at a system level. **Conclusion** Based on the procedures performed we have not identified a significant weakness associated with the Trust's arrangements in respect of financial sustainability.

Value for money

Governance	
Description	**Commentary on arrangements**
This relates to the arrangements in place for overseeing the Trust's performance, identifying risks to achievement of its objectives and taking key decisions. We considered the following areas as part of assessing whether sufficient arrangements were in place: ▪ Processes for the identification and management of strategic risks; ▪ Decision making framework for assessing strategic decisions; ▪ Processes for ensuring compliance with laws and regulations; ▪ How controls in key areas are monitored to ensure they are working effectively.	Through our review of the Standing Financial Instructions (SFIs) we were satisfied that these detail the roles, responsibilities and delegation of the various committees, and that this gave an appropriate escalation framework for making key decisions. The Trust has a Local Counter Fraud Specialist who undertakes anti-fraud activities throughout the year and reports into the Audit Committee. Other key arrangements designed to detect fraud such as Whistleblowing Policy, Freedom to Speak Up and associated governance features are well embedded within the organisation. The key element of the risk management process at the Trust is embodied in the Board Assurance Framework (BAF). We reviewed the BAF at various stages throughout the year to ensure that strategic risks are appropriately included and we were satisfied that these risks were regularly discussed and challenged at Trust board meetings. The Trust's risk assessment criteria, outlined in the Risk Management policy, are used to assess all risks to ensure a consistent methodology is used. We inspected the Corporate Risk Register and noted that this gives strong coverages of ongoing risks, showing that the Trust had appropriate processes for monitoring the implementation and effectiveness of actions to address identified risks. We reviewed Finance and Performance Committee and Board minutes as well as the related papers throughout the financial year. We were satisfied that there was sufficient ability for committee and Board members to take informed decisions based upon the detail provided in the attached papers. These papers also demonstrated that with respect to financial risks reported and recommendations made, there are detailed discussions occurring to challenge and analyse the information presented. Through our review of the Board Minutes we were satisfied that the regular presentation of the Integrated Performance Report (IPR) enables the Trust to undertake appropriate monitoring of its non-financial performance, with reporting occurring on Workforce, Operational and Quality & Safety metrics, designed around the ambitions contained within the Trust's 'Big Plan'. Reviews for compliance with the staff code of conduct, laws & regulations and the Trust's constitution are completed via the Audit Committee, Board meetings and other governance structures, as identified through our testing. We made one low-priority recommendation regarding the fact that the Standards of Business Conduct and Recruitment & Selection Policies are now beyond their target review dates and should be refreshed. We noted from our review of the Board and Safety and Quality Committee papers throughout the year that there was sufficient reporting and delivery against the Quality Improvement Plan which is the Trust's document for collating and monitoring delivery of the 'Must Do' and 'Should Do' recommendations raised by CQC. Actions are RAG-rated and an update provided bi-annually to both the Safety and Quality Committee and Trust Board to provide assurance on the work being undertaken to address the risks identified. We also saw evidence that learning around CQC inspections between providers within the Lancashire & South Cumbria system is taking place. **Conclusion** Based on the procedures performed we have not identified a significant risk or significant weakness associated with the Trust's governance arrangements.

Value for money

Improving economy, efficiency and effectiveness	
Description	**Commentary on arrangements**
This relates to how the Trust seeks to improve its systems so that it can deliver more for the resources that are available to it. We considered the following areas as part of assessing whether sufficient arrangements were in place: ▪ The planning and delivery of efficiency plans to achieve savings in how services are delivered; ▪ The use of benchmarking information to identify areas where services could be delivered more effectively; ▪ Monitoring of non-financial performance to assess whether objectives are being achieved; and ▪ Management of partners and subcontractors.	Non-financial performance is scrutinised regularly by the Executive Team with specific follow up of non-compliant metrics and associated recovery plans. Non-financial performance is formally reported and scrutinised via the Integrated Performance Report to the Board on a monthly basis, as well as detailed reports on Finance, Workforce, Safety & Quality being presented to each meeting of the respective Board sub-Committees. We reviewed examples and evidence of this in action and consider it to be appropriate. In terms of developing and assessing plans relating to major decisions, we reviewed the activity of the Finance function regarding the preparation of business cases, and were satisfied that there is a standard business case template and guidance being utilised. The Trust has the required number of staff trained to NHS Better Business Cases training standards, and business case guidance and templates include the need to have strategic, management, economic and financial relevance. Quality / Equality Impact Assessment is required for all business cases. We specifically reviewed documentation relating to the Targeted Investment Funding (TIF) capital bids approved during 2022/23 and confirmed that the process as designed was followed, with appropriate use of the template documentation available. There was an appropriate framework for monitoring of the performance of subcontractors depending on the scale of the contract (e.g. a whole clinical service versus a single specialty). We reviewed contract / performance review documentation pertaining to three different contracts of differing size and scope, and considered that the monitoring systems and processes in place were designed and implemented appropriately. The Trust works closely with the other providers within the Lancashire and South Cumbria (L&SC) system through a prominent role on the Provider Collaborative Board, with the Trust's Chief Executive (CE) being the lead CE for the Provider Collaborative among numerous other Board-level links with both the providers in L&SC and the ICB. The Trust interfaces with the ICB on a regular basis both in terms of providing accountability for in-year performance but also with respect to strategic planning for 2023/24 and beyond. The Trust is taking a lead role on numerous projects aimed at increasing collaboration and therefore removing costs from the L&SC system, for example as the Lead Provider for the planned Pathology Collaborative. The Trust undertook a number of initiatives during the year to redesign services and ease pressure on the urgent and emergency care system locally. During the Covid-19 pandemic the Trust's capacity expanded, with the support of non-recurrent resource. However the challenge is now to remove that additional capacity given that the funding for it is no longer available. The most impactful of the arrangements put in place during 2022/23 was the opening of Finney House, a 'step-down' facility for those requiring community-based care but not meeting the Criteria to Reside in hospital. This reduced the number of hospital beds occupied locally by such patients by around 60%. Continued funding for Finney House for 2023/24 and beyond is under discussion, but there have been clear efficiencies delivered by the scheme. We saw evidence that the Trust used benchmarking during the year to challenge Clinical Divisions around efficiency and productivity, with these sessions used to assist divisions in developing 'local' cost improvement programmes. **Conclusion** Based on the procedures performed we have not identified a significant risk or significant weakness associated with the Trust's arrangements for improving economy, efficiency and effectiveness.

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Trust Headquarters

NHS Lancashire Teaching Hospitals NHS Foundation Trust

Council of Governors Report

Format of Meetings including Annual Members Meeting 2023			
Report to:	Council of Governors	**Date:**	25 July 2023
Report of:	Company Secretary	**Prepared by:**	J Foote
Part I	✓	**Part II**	

Purpose of Report					
For assurance	☐	**For decision**	☒	**For information**	☐

Executive Summary:

Format of Meetings

At its meeting in April 2023, Council agreed that the options for holding Council meetings would be considered.

Council is asked to consider how it wishes to hold meetings in the future.

Annual Members' Meeting 2023

The Trust is required to hold an annual members' meeting within nine months of the end of each financial year.

The report outlines the mandated content of the 2023 annual members' meeting, other stipulations that have been considered and the draft programme for the meeting. The contents of the draft programme are commended to the Council for discussion and approval.

The Council is asked to:

I. Agree a way forward for future Council of Governor meetings.
II. Agree the format annual members' meeting should take.
III. Approve the format of the annual members' meeting.
IV. Approve the proposed topic for the clinical presentation at the annual members' meeting.

Trust Strategic Aims and Ambitions supported by this paper:

Aims		Ambitions	
To offer excellent health care and treatment to our local communities	☒	Consistently Deliver Excellent Care	☒
To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria	☒	Great Place to Work	☒
To drive innovation through world-class education, teaching and research	☒	Deliver Value for Money	☒
		Fit For the Future	☒

Previous consideration

Not applicable

1. FORMAT OF MEETINGS

1.1 Meetings of the Board of Directors and Council of Governors are currently held virtually, with workshops and development sessions held in person.

1.2 Consideration has also been given to the possibility of holding hybrid meetings, with the use of technology supporting either in person or virtual attendance.

1.3 The Gordon Hesling Room is currently being refurbished and will have the technology installed to enable hybrid meetings, together with the capacity to seat approximately 20 people in situ.

1.4 Council is asked to consider whether it wishes to trial a meeting in hybrid form (once the refurbishment is complete); revert to in person meetings or continue to meet virtually. Regardless of chosen method, rules of quoracy will be applied and meetings can only take place if quoracy levels are maintained.

2. ANNUAL MEMBERS' MEETING 2023

2.1 Being a member of Lancashire Teaching Hospitals NHS Foundation Trust provides the public and staff with the opportunity to participate and get involved with our hospitals. The Trust is required to hold an annual members' meeting within nine months of the end of each financial year.

2.2 During the last three years because of the Covid-19 pandemic the annual members' meeting was held online using MS Teams Live. Over 150 people joined the live meeting in 2020 although fewer numbers were seen in 2021, and this increased to 121 in 2022.

2.3 From a positive point of view, the meetings had good uptake from attendees when compared to previous in person events as it enabled attendance from individuals across broader constituencies. It was also financially prudent as it made significant savings on the cost of the event such as the external venue, travel expenses, refreshments, printing, etc. The disadvantages were not having the usual face-to-face engagement and not everyone had access to digital technology. However, meetings in person could effectively exclude those without access to private transport or public transport links. The limited seating capacity of the Gordon Hesling Room would discount this as an option for a hybrid model.

2.4 Governors are asked to contribute to a discussion on the proposals for the annual members' meeting on 11 October 2023 and reach a consensus on whether the meeting should be held virtually or in person.

3. Content

3.1 The mandated content is as follows:

Requirement	How met
Council of Governors to present: • a report on steps taken to secure that, taken as a whole, the actual membership of the public constituency and the classes of the staff constituency is representative of those	Contained within the annual report available on the website and on request to the Company Secretary

eligible for such membership • progress with the membership strategy • any changes to the membership strategy	for a paper copy
Board of Directors to present: • annual report • annual accounts • any report of the financial auditor • any report of any other external auditor of the Trust's affairs • forward planning information for the next financial year	Presentation and copy of annual report available on the Trust website and on request to the Company Secretary for a paper copy
To be included (presenter not stipulated): • results of any elections and announcement of governors appointed • announcement of any Non-Executive Directors appointed	To be included in the presentation

3.2 The mandated content has been provided for within the draft programme which is outlined below:

Item	Time	Encl.	Presenter
Welcome and Introduction	6.00pm	Verbal	Chair
Annual Review 2022/23	6.10pm	Presentation	Chief Executive
First Q&A Session	6.30pm	Verbal	Board of Directors
Clinical presentation**	6.45pm	*To be confirmed*	*To be confirmed*
Clinical presentation**	7.00pm	*To be confirmed*	*To be confirmed*
Second Q&A Session	7.15pm	Verbal	Board of Directors
End of Event	7.30pm	Verbal	Chair

***Historically, face-to-face meetings have involved one rather than two clinical presentations.*

4. Other stipulations to note

4.1 Members' meetings are convened by the Company Secretary by order of the council of governors and must be open to all members of the public as opposed to simply being open to Trust members. Representatives of the media and other experts or advisors may be invited to attend. The event is open to Trust members, stakeholders and the wider public.

4.2 Notice of the meeting is to be given at least 14 days in advance of the meeting in appropriate local media, by notice in the members' newsletter, by notice in the main premises of the Trust and by notice

on the Trust's website. To this end, a notice will be placed in the Lancashire Post and Chorley and Leyland Guardian newspapers prior to the meeting. The event will also be publicised on the Trust website and Twitter account and on the network screens located in various areas across both hospital sites.

4.3 The quorum for an annual members' meeting is six members. Directors, governors, and employees all count towards this quorum, provided that staff members have not opted-out of membership.

4.4 It is the responsibility of the council of governors, the chair of the meeting (the Trust Chair) and the Company Secretary to ensure that any issues to be decided are clearly explained and that sufficient information is provided to enable rational discussion to take place. The Company Secretary will ensure that all documentation provided to members is clear, concise, and easy to read.

5. Financial implications

Should the preferred option be a face-to-face annual members' meeting there will be financial implications as described in section 2.3 above.

6. Legal implications

It is a statutory requirement to hold an Annual Members' Meeting.

7. Risks

Failure of the Council to fulfil its role and responsibilities could destabilise governance arrangements and impact upon statutory obligations.

8. Impact on stakeholders

As the public representation of the Annual Report and Accounts the event allows for the public accountability of the Trust directly to its members and should therefore have a positive impact.

9. Recommendation

The Council is asked to:

I. Agree a way forward for future Council of Governor meetings.
II. Agree the format annual members' meeting should take.
III. Approve the format of the annual members' meeting.
IV. Approve the proposed topic for the clinical presentation at the annual members' meeting.

Excellent care with compassion

Trust Headquarters

NHS Lancashire Teaching Hospitals NHS Foundation Trust

Council of Governors

Quality Account 2022/23			
Report to:	Council of Governors	**Date:**	25th July 2023
Report of:	Chief Nursing Officer	**Prepared by:**	S Cullen

Purpose of Report					
For assurance	☐	**For decision**	☐	**For information**	☒

Executive Summary:

The purpose of this report is to provide the Council of Governors with the Quality Account for 2022/23. The Quality Account is set out in the prescribed format.

The report was approved by Safety and Quality Committee on the 26th May 2023, the report has been reviewed by the Integrated care Board and Healthwatch and feedback is noted on page 127-130.

On 2 May 2023, the Council of Governors considered and agreed the following topics as their priorities for 2023/24;

- Inclusive end of life care and advanced care planning.
- Patient experience including PALS and complaints resolution.

The report was published as per guidelines on 30 June 2023.
The final quality account will be on the agenda for 2 August Board of Directors.

It is recommended that:

The Council of Governors receive the final Quality Account for 2022/23 for information.

Trust Strategic Aims and Ambitions supported by this Paper:

Aims		Ambitions	
To offer excellent health care and treatment to our local communities	☒	Consistently Deliver Excellent Care	☒
To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria	☒	Great Place To Work	☒
To drive innovation through world-class education, teaching and research	☐	Deliver Value for Money	☒
		Fit For The Future	☐

Previous consideration

None

Together

NHS
Lancashire Teaching Hospitals
NHS Foundation Trust

Lancashire Teaching Hospitals NHS Foundation Trust

Quality Account 2022-23

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Measuring success, keeping it simple

Throughout the Quality Account 2022-23 the following key symbols will be used as an easy reference tool.

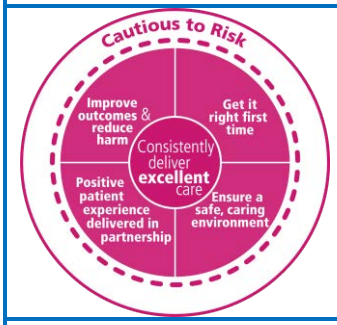
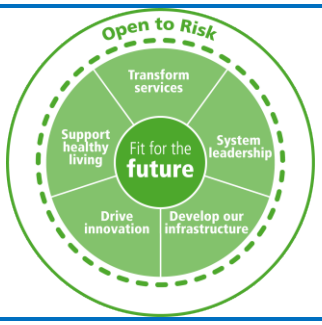
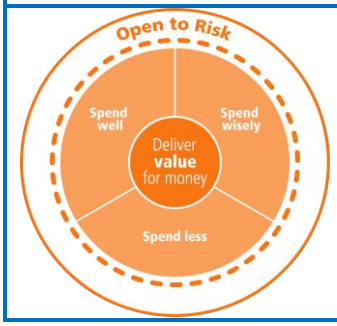
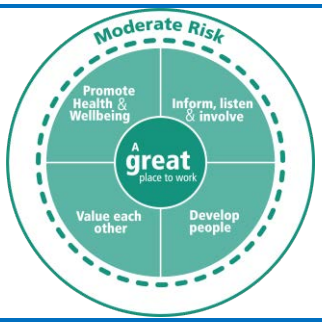
Symbol	Meaning
	The Trust continues to perform well and/or has improved
	The Trust is achieving well in some areas, but further areas require development
	The Trust is not achieving our target however are aware and have improvement projects in place

Key - Our Ambitions

Our Big Plan is our Strategy which aligns to our mission to provide 'Excellent care with compassion' and is founded on our four ambitions which are:

1. To 'Consistently Deliver Excellent Care'
2. To 'Deliver Value for Money'
3. Be 'Fit for the Future'
4. Be a 'Great Place to Work'

Each ambition has a symbol which is presented in the key below. These are highlighted throughout our Quality Account to demonstrate how the content relates to Our Big Plan and Mission Statement.

Consistently Deliver Excellent Care		Fit for the Future	
	Improve outcomes and reduce harm Get it right first time Positive patient experience delivered in partnership Ensure a safe, caring environment		Transform services System leadership Develop our infrastructure Drive innovation Support healthy living
Deliver Value for Money		**Great Place to Work**	
	Spend well Spend wisely Spend less		Promote health and wellbeing Inform, listen, and involve Develop people Value each other

PART 1

Chief Executive's Statement

This report provides an overview of the quality of services provided at Lancashire Teaching Hospitals NHS Foundation Trust for the period 1 April 2022 to 31 March 2023. Over the last 12 months the National Health Service (NHS) has continued to face unprecedented challenges in dealing with the impact of the COVID-19 pandemic which has claimed so many lives across the world and within the communities served by our Trust.

As a centre for many specialist services across our region, Lancashire Teaching Hospitals treated many of those critically ill with COVID-19 alongside patients suffering from a range of other conditions requiring life-saving intervention. The Trust put in place vaccination and testing hubs, numerous research studies and trials, developed COVID-19 recovery and rehabilitation resources as part of the national strategy to help mitigate the effects of the virus, and set up the Nightingale Surge Hub at Royal Preston Hospital.

Despite the continued effects of the pandemic, the Trust has maintained focus on our mission and our ambitions as set out in our organisational strategy Our Big Plan which has a very specific focus on quality. Our year three metrics have been co-developed with our divisional teams and staff across the organisation.

Our Continuous Improvement (CI) Strategy reflects approaches for each level of improvement across the organisation and system and incorporates a digital approach to the design and delivery of improvement programmes.

The pandemic has supported strengthened partnership working with local partners: Lancashire and South Cumbria NHS Foundation Trust, Lancashire County Council, third sector partners including our local hospices, Derian House and St. Catherine's Hospice with the Clinical Commissioning Group through a Central Lancashire Integrated Care Partnership and regionally with the Lancashire and South Cumbria Integrated Care System (ICS), to change the way the Trust works and provides care and treatment more effectively and efficiently, leading to better outcomes for patients and their families, closer to home. The last 12 months has seen more mutual aid between organisations and a more collaborative approach to the increased waiting lists to ensure that patients across the patch are treated equitably.

Although our financial pressures have increased due to continued growth in demand, rising costs, workforce shortages and the need to make our hospitals COVID-19 secure the Trust has continued to make improvements to its operational efficiency.

The Trust is extremely proud to see that our staff continue to be recognised for their outstanding achievements. The year has seen selfless fundraising activity, national and international recognition for our COVID-19 resource pack to aid patient recovery, accolades in innovation, research, and clinical trials, and much more.

Our staff have met the challenges described with courage and determination, providing compassionate care to our patients, often at personal cost. The Trust is exceptionally proud of them.

I would therefore like to record my thanks to all our staff, as well as our local partners and local communities for their unwavering dedication and support throughout a period which has been unlike any other experienced since the inception of the NHS.

Together with the support of Trust Directors, I confirm to the best of my knowledge that the following Quality Report complies with the necessary requirements and, indeed, the information in this document is accurate.

Kevin McGee OBE
Chief Executive
16.6.2023

PART 2

2.1 Priorities for Improvement

Our Big Plan was developed in partnership with our divisions and aligns the organisation's mission to provide 'excellent care with compassion' with our ambitions.

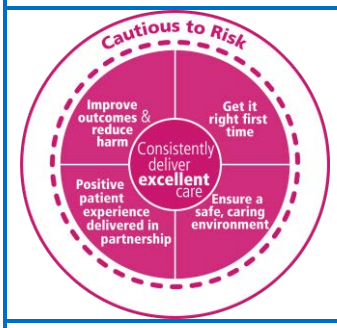
Our values underpin everything we do and support the delivery of our ambitions.

The plan also sets the priorities for improvement and annual performance standards aligned to each of the four ambitions below:

Our values

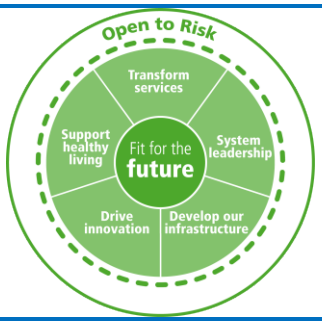
- Being caring and compassionate
- Recognising individuality
- Seeking to involve
- Building team spirit
- Taking personal responsibility

Figure 1 Our Ambitions

<table>
<tr><th colspan="2">Consistently Deliver Excellent Care</th><th colspan="2">Fit for the Future</th></tr>
<tr>
<td> 
</td>
<td>Improve outcomes and reduce harm

Get it right first time

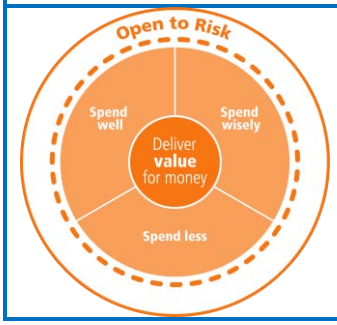
Positive patient experience delivered in partnership

Ensure a safe, caring environment</td>
<td> 
</td>
<td>Transform services

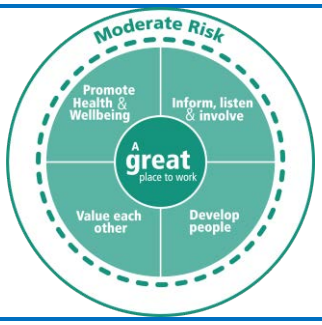
System leadership

Develop our infrastructure

Drive innovation

Support healthy living</td>
</tr>
<tr><th colspan="2">Deliver Value for Money</th><th colspan="2">Great Place to Work</th></tr>
<tr>
<td> 
</td>
<td>Spend well

Spend wisely

Spend less</td>
<td> 
</td>
<td>Promote health and wellbeing

Inform, listen and involve

Develop people

Value each other</td>
</tr>
</table>

Our Big Plan is enabled through the commitments in the new Clinical Strategy that has replaced the Nursing, Midwifery, Allied Health Professional (AHP) and Care Givers Strategy, as well as those in the Patient Experience and Involvement Strategy using the methodology and approach outlined in the CI Strategy.

Clinical Strategy commitments

- Continuously strive to improve.
- Lead with care and compassion.
- Work as a team to improve as much as possible.
- Look for diversity and be inclusive.
- Nurture a workforce able to meet our local population demands.

The Patient Experience and Involvement Strategy commitments

- Deliver a positive experience.
- Improve outcomes and reduce harm.
- Create a good care environment.

Patient

Our Big Plan and other strategies can be found on our Trust website.

Big Plan key priorities achieved or partially achieved:

During 2022-23 there has been positive delivery of a number of *Our Big Plan metrics as follows:

*Data source for Our Big Plan metrics from Business Intelligence.

Table 1 Big Plan Achievements

Improve outcomes and prevent harm	
Achieve compliance with the 10 safety actions for maternity services	
Get it right first time	
Continue to deliver a Hospital Standardised mortality figure of <100	
Reduce the average length of stay for patient undergoing planned surgery to 3.4 days	
Reduce the number of times patients are moved more than 3 times by 10%	
Reduce the number of patients moved after 22.00hrs by 10%	
Reduce the number of patients re-admitted within 30 days to less than 7.7%	
Reduce the number of days pre-procedure non-elective patients spend in hospital prior to planned surgery to 0.60 days or below	
Reduction in 52-week waiters (target as per NHSI recovery plans)	
Reduction in 78-week waiters (target as per NHSI recovery plans)	
Reduction in 104-week waiters (target as per NHSI recovery plans)	
Ensure a safe caring environment	
Maintain 75% of clinical areas with Silver and above STAR accreditation	
100% participation of each directorate in the annual risk and governance maturity programme (as assessed by external audit)	
Promote health and wellbeing	
To increase staff perception that the organisation takes positive action on health and wellbeing to 60%	
To create outdoor recreational space at both Preston and Chorley hospitals	
To update 5 local staff rest areas	

To create 5 agile activity-based workspaces	

Areas not delivered as follows:

However, 2022-23 continued to be another challenging year due to moving to restoration following the pandemic impacting on delivery of a number of Big Plan metrics:

Table 2 Big Plan Areas for Improvement

Improve outcomes and prevent harm	
Reduce the number of cardiac arrests by 10% per 1,000 bed days	
Reduce the number of device-related pressure ulcers by 10%.	
Reduce the number of pressure ulcers by 10% through positive action	
Get it right first time	
Reduce the number of operations cancelled for non-clinical reasons to less than 1% of cancellations	
Pre-procedure elective – to reduce the number of days patients spend in hospital prior to planned surgery to 0.2 days or below	
Achieve no more than 3% of patients delayed within hospital	
Cancer 28 days from referral to diagnosis	
Achieve the 62-day cancer trajectory	
Achieve 90% of patients in the ED within 4 hours	
Ensure a safe caring environment	
Achieve zero Methicillin-resistant staphylococcus aureus (MRSA) bacteraemia	
Achieve the annual target for *C. difficile* (trajectory to be below 118 cases)	
Reduce the number of falls by 5% per 1,000 bed days	
Promote health and wellbeing	
To reduce short term sickness absence to 1.25%	
To reduce long term sickness absence to 2.75%	
To reduce overall sickness absence to 4.0%	
Drive forward zero tolerance with regard to violence and aggression towards staff by reducing the number of incidents by 10%	
Reduce average duration of musculoskeletal (MSK) related absences by 1%	
Reduce average duration of psychological health related absences by 1%	

Priorities for Improvement 2023-24

Our Big Plan priorities for improvement for 2023-24 are as follows:

Consistently Deliver Excellent Care

- Reduce 104 week waits.

- Reduce number of patients waiting greater than 12 hours in Emergency Department (ED).
- Reduce delays in Ambulance handovers.
- Achieve 62-day cancer target.
- Mortality within the expected range for adults, children, and neonatal
- Reduce pressure ulcers by 10%.
- Deliver the *C. difficile* measure within nationally set trajectory.
- 90% patients rating services as good or very good.
- 75% clinical areas with Silver 'Safety Triangulation and Accreditation Review' (STAR) rating.

Great Place to Work

- Reduce sickness absence to 4%.
- Reduce vacancies by a further 5%.
- Maintain 90% for appraisals.
- Maintain staff engagement.

These priorities will be monitored through the Trust's governance and reporting processes, managed through the arrangements described in the relevant strategies and supported by the CI team.

Continuous Improvement and Always Safety First

Continuous Improvement

The Trust has launched its second Continuous Improvement Strategy and implementation of the first year of the Strategy has been delivered throughout the year.

The Lancashire and South Cumbria Flow Coaching Academy is now well established, delivering two cohorts and a third is currently in progress. 61 Flow Coaches have been trained and have applied the methodology in the following Big Rooms: Brain Tumour, Cauda Equina Syndrome, Chemotherapy, Colorectal, Deteriorating Patients, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), Emergency Mental Health, Enhanced Care, End of Life, Endoscopy, Ears Nose and Throat, Frailty, Gynaecology, Inflammatory Bowel Disease, Lung Cancer, Major Trauma, Neurology (Headache), Nutrition, Pain Management (Spine), Pneumonia, Pre-operative and Pre-habilitation, Respiratory, Sepsis, Stroke, and Vascular Surgery.

A third cohort is due to complete the programme in June 2023, adding a further 21 Flow Coaches and a further 10 Big Rooms will be established. These Big Rooms are: Breast Reconstruction, Deconditioning, Eating Disorders, Entry to Emergency and Urgent Care, Falls Prevention, Inpatient Avoidance, Inpatient Pre-operative Pain Management, Kidney Care, Neonatal, and Radiotherapy.

The Lancashire Microsystem Coaching Academy programme has now delivered four cohorts and a new fifth cohort is commencing in April 2023. With 50 areas trained in the Microsystem Coaching Academy methodology and 87 Coaches, the addition of the fifth cohort will see a further 15 areas and 20 Coaches skilled up and working on local level improvements.

Over the last 12 months we have also embarked on a new approach to deliver system level improvement across our Lancashire and South Cumbria ICS. Working in partnership with the Engineering Design Centre at Cambridge University we are working to improve services across the ICS for people living with frailty and who have respiratory conditions. As an ICS system cohort we are using the Engineering Better Care model to develop and test new ways to deliver healthcare for this population group. More locally across central Lancashire the team participating in the programme are focusing their efforts on reducing conveyance from care homes to the ED by working with place and system partners to develop more joined up support services and pathways to mitigate the need for ED attendance and support patients to live well and age well.

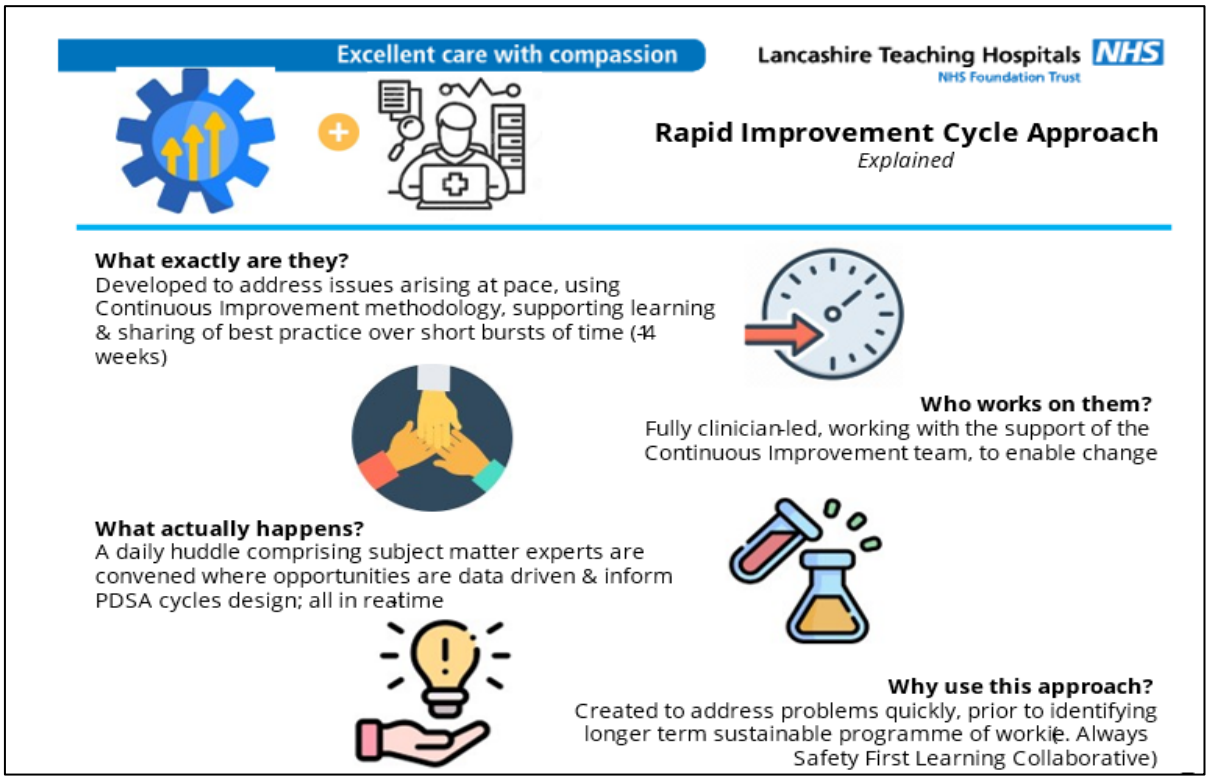
There has been a continued focus throughout the year on building CI capability across the organisation through the delivery of the CI building capability strategy in line with the NHS Improvement (NHSI) report and dosing formula for provider organisations for year one of the strategy.

CI support has been provided to a number of the divisions and corporate teams with the design, testing and implementation of improvement priorities in response to specific requests (out with the formal improvement programmes), often in response to organisational

pressures. In year, this has included:

- Supporting the Trust Always Safety First Strategy delivery and improvement programmes aimed at reducing avoidable harm through the development of highly reliable systems and processes.
- Supporting pharmacy to use a CI methodology to improve compliance to prescribing oxygen and development of a prioritisation process.
- Supporting the development of a waste programme within a number of divisions.
- Supporting organisational flow through the following initiatives: discharge lounge utilisation, patient flow programme, Be a Bed Ahead, Green Means Go.
- Supporting the patient experience team to drive improvements in patient experience, including participating in the Imperial College and Health Foundation Scale, Spread and Embed Research Project.
- Utilising a CI approach to support the adoption of patient initiated follow up.
- Working collaborative with regional partners to improve the timely handover of patients from ambulances through the ICS collaborative: Hospital Handover led by the North West Ambulance Service and the Advancing Quality Alliance (AQuA).
- Co-ordinating the Lancashire and South Cumbria Together Improvement Weeks in response to operational pressures.
- Improvement project in maternity triage assessment unit.
- A patient flow improvement programme.

Figure 2 Rapid Improvement Cycle Approach



Always Safety First

The Always Safety First Improvement programme has been delivered in line with the Always Safety First Strategy (the Trust's response to the National Patient Safety Strategy), facilitating improvement in safety metrics across the organisation.

The Trust Board recognises the benefits of embedding a culture of continuous improvement across our organisation, supporting our staff to design, test, embed and sustain changes that benefit patients and our local population. To achieve a culture of continuous improvement in our patient safety metrics, the Trust developed Always Safety First, our long-term approach to transforming the way services are delivered for the better, utilising a robust improvement methodology.

Always Safety First is based on proactive regular review of our safety metrics and safety intelligence to inform our priorities, improvement co-designed with our staff and patients, shared governance, collaborative working across divisions and clinical specialities, and learning to improve. Our work is underpinned by a real time safety surveillance system, making our data visible from Ward to Board. Always Safety First is focused on achieving high reliability through standardisation, system redesign and ongoing development of pathways of care, built on a philosophy of continuous improvement led by frontline clinical staff.

How is our continuous improvement in patient safety, access and patient experience delivered?

The Always Safety First Strategy is our Trust responses to the NHS National Patient Safety Strategy. This ambitious strategy outlines our plans and aspirations to improve quality of care and safety for our patients, service users and staff. To support the delivery of this strategy an Always Safety First Group continues to meet and is chaired by our Trust Patient Safety Specialists with representation from a wide group of staff across the organisation. This specialist multidisciplinary group is enabling a culture of continuous improvement and cross-system working to build the will to improve safety, making safety everyone's role. By reviewing systematic data from harms, incidents, and our Safety Surveillance System the group is initiating new targeted programme design and delivery to tackle our biggest challenges around safety, including pressure ulcers and medication safety.

The Always Safety First programme continues to mature its delivery and our teams are building on the learning and facilitation of virtual collaborative learning sessions. At these sessions participating teams are brought together to learn about the improvement interventions to be embedded, share learning and best practice, building improvement capability and actively participating, forming a positive continuous improvement culture.

The Trust is now developing an Always Safety First Phase II approach which is focusing much more on the scale and sustainability of our improvements which were developed and tested through our founding Breakthrough Series Collaboratives. This new approach will combine our learning and new improvement methods to deliver rapid testing and development of change solutions, which can then be guided through a formal scale and

sustainability process, supported by measurement, communication and governance to ensure our new improved ways of working are embedded.

Figure 3 Always Safety First Strategy

Risk Maturity

Our organisation has adopted a strategic approach to the management of risk by integrating risk into 'Our Aims' and 'Our Ambitions' so that they link to the strategic objectives of Our Big Plan and support the well-led aspect of the Care Quality Commission (CQC) requirements. It has also ensured the Trust continues to further develop the way risks are managed and support the improvement of safety, effectiveness, and the experience of patients through the way that services are delivered.

The ongoing focus on risk maturity is being achieved through continued embeddedness of risk management within the Trust by various means, including:

- The Risk Management Policy, which is available to all staff through the Trust's internet and intranet sites.
- Effective use of the strategic and operational risk registers at both divisional and corporate level, and the Board Assurance Framework (BAF).
- Compliance with the mechanisms for the reporting of all accidents and incidents using an online incident reporting system.
- Ensuring that there is a robust process in place to escalate all risks, including divisional risks, with a rating of 15+ to Committees of the Board and the Board, if required.
- Embedding the use of dashboards, including themes, risk appetite, heat-maps,

trajectory of risk and qualitative narrative on actions and mitigations.

- Introduced automated governance dashboards for each division, providing easy access and removing the need for manual creation. These are monitored as part of the accountability framework in divisional improvement forums with a specific risk section.
- Strengthening of divisional accountability processes through Divisional Boards and the Accountability Framework through challenging performance of risk at Clinical Business Unit and Speciality Business Unit levels.
- Continued training at all levels of the organisation in line with the National Patient Safety Strategy.
- Engaging with the Board of Directors using risk information to drive the Board workshop agenda.
- The Senior Leadership Team meeting (formerly Executive Management Group) used as a forum to discuss risk and share learning from the management of risks cross divisionally with the Executive Team. This is achieved through presentation of a high risks report which contains key performance indicators each month alongside divisional and corporate risk registers on a cyclical basis.
- Actively monitoring all serious incidents at the Safety and Quality Committee on a quarterly basis and the Board annually.
- Using outcomes from complaints, incidents, claims, STAR visits and internal and external reviews, to mitigate future risks and aggregating these to identify Trust-wide risks.
- Connecting performance across the Trust at Board, Committee, Divisional and Speciality level using integrated performance reports which provides Ward to Board reporting that includes a range of metrics encompassing each of the elements of Our Big Plan by strategic ambition and includes quality, operations, finance and workforce.
- Creating an open and accountable reporting culture whereby staff are encouraged to identify and report risk issues.
- Report cover sheets linked to the Trust strategic aims and ambitions.
- Information within specific reports is categorised by and presented by strategic ambitions – for example, the Chief Executive's report and integrated performance report.
- Risks within Committee papers are connected to strategic risks within the BAF.
- 'Freedom to Speak Up' team in place for staff to raise concerns. The team is promoted within the Trust and any concerns are triangulated with other processes for management, improvement, and shared learning.
- Use of an equality impact assessment policy which links to the planning framework and outlines the requirements of divisional management and Board members in assessing and monitoring the impact of service changes.

Risk Appetite Statement

The Trust's Risk Appetite Statement was refreshed by the Board of Directors following developmental work undertaken with the Good Governance Institute (GGI). The Risk Appetite Statement outlines the level of risk that the Trust is prepared to accept, after balancing the potential opportunities and threats a situation presents.

The Risk Appetite Statement set by the Board is as follows:

Providing safe and effective care for patients is paramount and so we have a low tolerance of risks which would adversely affect the quality and safety of clinical care. However, to **Consistently Provide Excellent Care**, we recognise that, in pursuit of this overriding objective, we may need to take other types of risk which impact on different organisational aims. Overall, our risk appetite in relation to consistently providing excellent care is cautious – we prefer safe delivery options with a low degree of residual risk, and we work to regulatory standards.

We have an open appetite for those risks which we need to take in pursuit of our commitment to create a **Great Place to Work.** By being open to risk, we mean that we are willing to consider all potential delivery options which provide an acceptable level of reward to our organisation, its staff and those who it serves. We tolerate some risk in relation to this aim when making changes intended to benefit patients and services. However, in recognising the need for a strong and committed workforce this tolerance does not extend to risks which compromise the safety of staff members or undermine our Trust values.

We also have an open appetite for risk in relation to our strategic ambition to **Deliver Value for Money** and our strategic aim to **offer a range of high-quality specialist services to patients in Lancashire and South Cumbria,** maintaining and strengthening our position as the leading tertiary care provider in the local system, where we can demonstrate quality improvements and economic benefits. However, we will not compromise patient safety whilst innovating in service delivery. We are also committed to work within our statutory financial duties, regulatory undertakings, and our own financial procedures which exist to ensure probity and economy in the Trust's use of public funds.

We seek to be **Fit for the Future** through our commitment to working with partner organisations in the local health and social care system to make current services sustainable and develop new ones. We also seek to lead in **driving health innovation through world class Education, Training and Research** by employing innovative approaches in the way we provide services. In pursuit of these aims, we will, where necessary, seek risk – meaning that we are eager to be innovative and will seek options offering higher rewards and benefits, recognising the inherent business risks.

Risk Tolerance

In addition, the Trust's risk tolerance levels were also updated to outline the boundaries within which the Board is willing to allow the true day-to-day risk profile of the Trust to fluctuate while executing strategic objectives.

Table 3 The Risk Tolerance levels as agreed by the Board

Strategic Risks		Risk Tolerance	Rationale
Risks to delivery of Strategic Aim of providing outstanding and sustainable healthcare to our local communities &…	Risk to delivery of Strategic Ambition: Consistently Deliver Excellent Care	1-6	We are not willing to tolerate moderate (or worse) harm, however there will always remain a small possibility of adverse outcomes despite the fullest range of safety measures being put in place.
	Risk to delivery of Strategic Ambition: A Great Place to Work	4-8	Whilst recognising that the need to meet unprecedented demand for services and to make significant changes will impact on our workforce, the safety and wellbeing of staff is a priority, and we are guided by our shared values.
	Risk to delivery of Strategic Ambition: Deliver Value for Money	8-12	Acute trusts face considerable financial and operational changes which are heavily influenced by external factors outside of our direct control. Transformational changes needed to meet this challenge inevitably carry a degree of risk.
	Risk to delivery of Strategic Ambition: Fit for the Future	8-12	To transform our services, develop our infrastructure and mature system leadership arrangements we will need to consider all possible solutions to drive innovation and therefore tolerate some degree of risk.
Risk to delivery of Strategic Aim to drive health innovation through world class Education, Training & Research		9-12	We recognise that investments in education, training and research can take time to generate the expected benefits for the trust, and that new ways of working have a higher inherent risk than established methods.
Risk to delivery of Strategic Aim to offer a range of high-quality specialist services to patients in Lancashire and South Cumbria		6-9	We are willing to take risks where there are clear opportunities to streamline and modernise services whilst maintaining and strengthening our position as the leading tertiary care provider in the local system.

Our principal risks and issues

The Trust continues to identify potential risks to achieving its strategic aims and ambitions as part of established organisational governance processes. The BAF is used to identify the strategic risks to the Trust alongside actions being taken to mitigate them. This enables the Board of Directors to evaluate whether there are the appropriate systems, policies, and people in place to operate in a manner that is effective in driving the delivery of the Trust's objectives.

During 2022–23, there were six principal risks presented below:

Figure 4 Principal Risks

Risk		Risk ID	Risk Summary
Risk to delivery of Strategic Aim to drive health innovation through world class Education, Training & Research.		860	There is a risk that we are unable to deliver world class education, training and research due to challenges in effectively implementing high quality, appropriately funded and well-marketed education, training and research opportunities due to a range of internal and external constraints. This impacts on our ability to develop our reputation as a provider of choice sustaining our position in the market, supporting business growth and retaining our status as a teaching hospital.
Risk to delivery of the Trust's Strategic Aim of Providing a Range of the Highest Standard of Specialised Service		859	There is a risk to the Trust's ability to continue delivering its strategic aim of providing high quality specialist services due to integration and reconfiguration of specialist services across the ICS. This may impact on our reputation as a specialist services provider and commissioning decisions leading to a loss of services from the Trust portfolio and further unintended consequences affecting staff and patients
Risks to delivery of Strategic Aim of providing outstanding and sustainable healthcare to our local communities	Risk to delivery of Strategic Ambitions.. Consistently Delivering Excellent Care	855	There is a risk that we are unable to deliver the Trust's strategic aim of offering excellent health care and treatment to our local communities, as well as the strategic objective of consistently delivering excellent care due to: a) Availability of staff b) High Occupancy levels c) Fluctuating ability to consistently meet the constitutional and specialty standards and d) Availability of some services across the system e) Existing health inequalities across the system This may, result in adverse patient outcomes and experiences.
	Risk to delivery of Strategic Ambitions.. Great Place to Work	856	There is a risk to the delivery of the Trust's Strategic ambition to be a great place to work due to the inability to offer a good working environment; inability to treat staff fairly and equitably; poor leadership; inability to support staff development. This could lead to staff losing confidence in the Trust as an employer and result in poor staff satisfaction levels, impacting on the organisations reputation and culture subsequently affecting the ability to attract and retain staff, causing key workforce shortages, increasing the use of temporary staffing and poor patient care.
	Risk to delivery of Strategic Ambitions.. Deliver Value for Money	857	There is a risk that we are unable to deliver the Trust's strategic objective 'deliver value for money' due to the inability of the Trust to transform given the range of internal and external constraints (relating to complex models of care, workforce transformation, planning processes, capital resources and dealing with high levels of backlog maintenance) which could result in a failure to move toward segment 2 of SOF and less than a 'good' rating from the use of resources of inspection.
	Risk to delivery of Strategic Ambitions.. Fit For the Future	858	There is a risk to the delivery of the Trust's Strategic Objective to be fit for the future due to the challenges of effectively implementing and developing Place and System (i.e. Integrated Care System and Provider Collaborative) level working we fail to deliver integrated, pathways and services which may result in Lancashire Teaching Hospitals no longer being fit for purpose and our healthcare system becoming unsustainable.

All principal risks are reported to the Board of Directors and to the relevant aligned Committees of the Board. Principal risks are reviewed to consider the effectiveness of controls, assurances and mitigation plans to support the achievement of the target risk score, as determined by the Trust's risk appetite, set and approved by the Board.

In addition to the principal risks identified, during 2022-23, there have been four operational high risks escalated to the Board within the BAF. These are:

- **Impact of exit block on patient safety** which has been escalated to the Board via the Safety and Quality Committee since December 2020 but remains a risk with long lengths of stay in the ED and high ambulance handover times. To mitigate this risk, Standard Operating Procedures are in place which describe the processes for patient reviews, reporting of patient harm incidents and associated clinical governance arrangements. These procedures have been supplemented with a series of actions, including virtual wards, frailty, therapy pathway improvements and an increase in community bed base through the acquisition of Finney House Community Healthcare Hub, which are reflected within the urgent and emergency care transformation plan and reported to the Finance and Performance Committee. Monthly safety forums are also in place to identify further opportunities to improve flow and reduce long waits in the ED.

- **Elective restoration following the COVID-19 pandemic** which has been escalated to the Board via the Safety and Quality Committee since June 2021 with patients continuing to wait for a significant amount of time to receive non-urgent surgery. Plans remain in place to eliminate 104+ week waits and reduce waits with weekly reviews to oversee achievements and ensure performance against the trajectory is on track to deliver.

- **The impact of strikes on patient safety following announcement of the national pay award and the probability of ongoing strikes** which has been escalated to Board via the Safety and Quality Committee since October 2022. Over the last 12 months, strikes have taken place for nursing, ambulance, and physiotherapists but further strikes are suspended at the end of March 2023. This is due to a negotiated pay offer for agenda for change staff under review by union members. In March 2023, the Trust has also experienced a 72-hour consecutive period of strike action from junior doctors, with further strikes planned. There is also a potential risk of strikes by consultants with the British Medical Association also undertaking a consultative ballot with consultants. The risks associated with ongoing strikes have been effectively managed in partnership with Staff Side, workforce, and clinical leaders at the Strike Action Emergency Planning Group with evidence of significant planning undertaken and learning implemented from previous strikes.

- **Impact of COVID-19** which was re-escalated to Board in December 2021. This risk was de-escalated in October 2022 following a recommendation from the Safety and Quality Committee, as the COVID-19 step-up, step-down criteria designed by the Integrated Care System Director of Infection Prevention and Control and Medical and Nursing Directors had been met. The guidance was also considered in detail by medical and nursing leads in the Trust to ensure teams had been involved in shaping how the new guidance was implemented in practice which led to a reduction in the risk.

The Trust continues to support risk mitigation strategies to deal with the recovery and restoration of services post-pandemic and the evolving external environment and will continue to engage and strengthen relationships with patients, staff, public and strategic partners to ensure long-term sustainability in the delivery of its strategic objectives.

Effectiveness of Governance and Risk Maturity

The effectiveness of the Trust's governance structures continued to be internally tested during 2022–23 via the process of internal and external audit, CQC inspections, Royal College Reviews, national audits, national staff surveys and external reviews.

In 2022-23, the GGI undertook a Risk and Assurance Review commissioned by the Board of Directors from February 2022 to November 2022. The review was positive about the Risk and Governance arrangements at the Trust and did not identify any legislative or regulatory requirements that were not being met. There were 26 recommendations for the Trust to consider, which were largely practical and supportive suggestions, recognising the maturing governance arrangements of the Trust. An action plan was developed which was adopted by the Board of Directors.

In addition to the GGI review, there have also been reviews undertaken by Internal Audit in relation to Divisional Risk Maturity and the Confidential Risk process. Both reviews received substantial assurance.

2.2 Statements of Assurance from the Board

This section of the Quality Account is presented with the narrative which is mandated in the Quality Account regulations which refers to Lancashire Teaching Hospitals NHS Foundation Trust or the Trust.

During 2022-23 the Lancashire Teaching Hospitals NHS Foundation Trust provided and/or sub-contracted 46 relevant health services.

The Lancashire Teaching Hospitals NHS Foundation Trust has reviewed all the data available to them on the quality of care in 46 relevant health services.

The income generated by the relevant health services reviewed in 2022-23 represents 100% of the total income generated from the provision of relevant health services by the Lancashire Teaching Hospitals NHS Foundation Trust for 2022-23.

Participation in Clinical Audits

During 2022-23 55 national clinical audits including five national confidential enquiries covered relevant health services that Lancashire Teaching Hospitals NHS Foundation Trust provides.

During that period Lancashire Teaching Hospitals NHS Foundation Trust participated in 98% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in. The Trust did not participate in the Inflammatory Bowel Disease (IBD) Registry due to pressures in the services and inability to field the relevant staff to support the audit.

The applicable national clinical audits and national confidential enquiries that Lancashire Teaching Hospitals NHS Foundation Trust participated in during 2022-23 are listed below in Table 4 alongside the number of cases submitted to each audit or enquiry between 1 April 2022 and 31 March 2023.

Table 4 National Audit and Confidential Enquiries – Eligible for Participation[1]

NATIONAL CLINICAL AUDITS AND CONFIDENTIAL ENQUIRIES			
National Programme Name	**Audit Title**	**Trust Participation**	**Cases submitted**
Breast and Cosmetic Implant Registry		Yes	15
Case Mix Programme (CMP)	Intensive Care National Audit and Research Centre (ICNARC)	Yes	1691
Child Health Clinical Outcome Review Programme	Testicular torsion	Yes	100%
Elective Surgery (National Patient Reported Outcome Measures (PROMs) Programme)		Yes	Hip: 96 Knee:126

Emergency Medicine Quality Improvement Programmes (QIPs)	Assessing cognitive impairment in older People	N/A	Data collection moved to 2023-2024
Emergency Medicine QIPs	Mental Health self harm	Yes	Ongoing
Emergency Medicine QIPs	Pain in Children	Yes	37
Epilepsy 12 - National Audit of Seizures and Epilepsies for Children and Young People (CYP)	Epilepsy 12 - National Audit of Seizures & Epilepsies in CYP 2021-2022 C4	Yes	4
Falls and Fragility Fracture Audit Programme (FFFAP)	National Audit of Inpatient Falls	Yes	12
Falls and Fragility Fracture Audit Programme (FFFAP)	National Hip Fracture Database	Yes	558
Gastro-intestinal Cancer Audit Programme (GICAP)	National Bowel Cancer Audit	Yes	Ongoing
Gastro-intestinal Cancer Audit Programme (GICAP)	National Oesophago-Gastric Cancer Audit (NOGCA)	Yes	Ongoing
Inflammatory Bowel Disease Audit		No	N/A
Learning Disability Mortality Review Programme (LeDeR)	learning from lives and deaths of people with a learning disability and autistic people	Yes	34
Maternal, Newborn and Infant Clinical Outcome Review Programme	MBRRACE UK Saving Lives, Improving Mothers' Care Surveillance & Morbidity	Yes	Ongoing
Maternal, Newborn and Infant Clinical Outcome Review Programme	MBRRACE-UK: Perinatal Mortality (2020) Births	Yes	27
Medical and Surgical Clinical Outcome Review Programme	Community acquired pneumonia	Yes	62%
Medical and Surgical Clinical Outcome Review Programme	Crohn's disease	Yes	100%
Medical and Surgical Clinical Outcome Review Programme	End of Life Care	N/A	Data collection moved to 2023-2024
Medical and Surgical Clinical Outcome Review Programme	Endometriosis	Yes	Data collection ongoing
Medical and Surgical Clinical Outcome Review Programme	Epilepsy Study	Yes	10%
Muscle Invasive Bladder Cancer at Transurethral REsection of Bladder Audit (MITRE)		Yes	8

National Adult Diabetes Audit (NDA)	National Diabetes Foot Care Audit	Yes	All applicable cases
National Adult Diabetes Audit (NDA)	National Diabetes Inpatient Safety Audit (NDISA)	Yes	Data collection ongoing
National Adult Diabetes Audit (NDA)	National Core Diabetes Audit	Yes	Data collection ongoing
National Adult Diabetes Audit (NDA)	National Pregnancy in Diabetes	Yes	50 (Jan-Dec 2022)
National Asthma and COPD Audit Programme (NACAP)	Adult Asthma Secondary Care	Yes	90
National Asthma and COPD Audit Programme (NACAP)	Chronic Obstructive Pulmonary Disease (COPD) Secondary Care	Yes	565
National Asthma and COPD Audit Programme (NACAP)	Paediatric Asthma Secondary Care	Yes	73
National Audit of Breast Cancer in Older Patients (NABCOP)		N/A	Audit is now finished
National Audit of Cardiac Rehabilitation		Yes	707
National Audit of Care at the End of Life (NACEL)		Yes	70
National Audit of Dementia	Care in general hospitals	Yes	RPH 80 CDH 40
National Cardiac Arrest Audit (NCAA)		Yes	CDH 125 RPH 542
National Cardiac Audit Programme (NCAP)	Myocardial Ischaemia National Audit Project (MINAP)	Yes	213
National Cardiac Audit Programme (NCAP)	National Heart Failure Audit	Yes	CDH 180 RPH 170
National Child Mortality Database (NCMD)	NCMD National Child Mortality Database 2022-2023	Yes	34
National Emergency Laparotomy Audit (NELA)		Yes	56
National Joint Registry (NJR)		Yes	346
National Lung Cancer Audit (NLCA)		Yes	All applicable cases
National Maternity and Perinatal Audit (NMPA)	National Maternity Perinatal Audit (NMPA)	Yes	Data is pulled from NHS Digital
National Neonatal Audit Programme (NNAP)	NNAP National Neonatal Audit Programme	Yes	385
National Paediatric Diabetes Audit (NPDA)	NPDA National Paediatric Diabetes Audit 2020-2021	Yes	216

National Perinatal Mortality Review Tool	National Perinatal Mortality Review Tool	Yes	27
National Prostate Cancer Audit (NPCA)		Yes	Data collection ongoing
National Vascular Registry (NVR)		Yes	Data collection ongoing
Neurosurgical National Audit Programme		Yes	Data comes directly from the HES data
Perioperative Quality Improvement Programme (PQIP)		Yes	87
Renal Audits	National Acute Kidney Injury Audit	Yes	Data comes directly from laboratories
Renal Audits	UK Renal Registry Chronic Kidney Disease Audit	Yes	186
Respiratory Audits	Adult Respiratory Support Audit	Yes	Data collection ongoing
Respiratory Audits	Smoking Cessation Audit- Maternity and Mental Health Services	N/A	Audit on hold
Sentinel Stroke National Audit Programme (SSNAP)		Yes	735
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme		Yes	30
Society for Acute Medicine Benchmarking Audit (SAMBA)		Yes	RPH 15 CDH 23
Trauma Audit & Research Network (TARN)		Yes	1089
UK Cystic Fibrosis Registry	UK Cystic Fibrosis 2021 Registry Only	Yes	20
UK Parkinson's Audit		Yes	All applicable cases
Urology Audits	Emergency ureteric injury management (REJOIN)	Yes	100%
National Audit of Patient Satisfaction with Cystectomy Pathway for Bladder Cancer		Yes	Data collection ongoing

[1] List of national clinical audits as per specification provided by the DH cited on the HQIP website https://www.hqip.org.uk/national-programmes/qualityaccounts

There were 23 reports published for the national clinical audits in 2022-23. The reports were reviewed by the provider and Lancashire Teaching Hospitals NHS Foundation Trust intends to

take the following actions to improve the quality of healthcare provided.

Table 5 National Audits and Confidential Enquiries – Intended Actions

All Actions are monitored in the Trust's Audit Management and Tracking (AMaT) system:

Title of Audit	Actions
2022 UK Parkinson's Audit	• Areas of improvements identified: Implantable cardioverter defibrillator monitoring, non-motor questioning, support for carers. Actions assigned to Parkinson's Specialist Nurses and the audit lead.
British Association of Urological Surgeons (BAUS) Snapshot Audits: Muscle Invasive Bladder Cancer at Transurethral REsection of Bladder Audit (MITRE)	• Multidisciplinary Team participants were made aware that the discussion of neoadjuvant chemotherapy needs to be documented. It is discussed but the documentation of the discussion needs to improve.
MBRRACE-UK: Perinatal Mortality	• The real time data monitoring to be included in maternity and Neonatal Safety and Quality Committee's papers and used to inform the mortality paper presented at Trust Board • To deliver Saving Babies' Lives Care Bundle (SBLV2) care bundle • To produce the guideline for placental investigations • To ensure that there are adequate resources available in multiple languages for women whose first language is not English • To publish local guidelines on preterm birth at the threshold of viability • To collaborate with Twins Trust to ensure pathways of care meet NICE guidance and SBLV2 care bundle.
National Audit of Inpatient Falls (NAIF)	• Post fall checklist to be built into the incident reporting system • The Flow Coaching Academy - Falls Big Room has been set up to look at necessary improvements
National Cardiac Arrest Audit (NCAA)	• Update basic life support level 2 eLearning package to make it shorter and less repetitive. • Increase delivery of training. • Rollout of new defibrillators. This will allow for dashboard feedback and analysis of performance for each cardiac arrest.
National Perinatal Mortality Review Tool	• Regular quarterly audits to demonstrate continued assurance that the Trust is meeting the Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE) and Clinical Negligence Scheme for Trusts (CNST) requirements for review of all perinatal deaths within the Trust.
National Vascular Registry 2022	• To amend the carotid pathway with regards to the referrals • To audit amputations with focus on those happening post revascularisation attempts • To expand the Hot Clinic activity at Preston and non-arterial centres • To continue to regularly review the Network Pathways • To discuss with the Specialist Mobility Rehabilitation Centre (SMRC) team the barriers for regular psychological support for amputees • To continue to clear the COVID-19 backlog

NNAP National Neonatal Audit Programme 2021	• To work with the local ophthalmology team to ensure processes are in place to cover staff absence to ensure screening can be undertaken 52 weeks per year • To ensure that parent presence on the consultant ward round is recorded daily • To identify an infant feeding lead, to train and support staff, with protected time within their job plan for this role. • To set up Quality Improvement Projects to reduce mortality: timely antenatal steroids, deferred cord clamping, avoidance of hypothermia and management of respiratory disease.
NPDA National Paediatric Diabetes Audit	• New blood glucose targets agreed to drive continued improvement • Newly appointed diabetes nurse team leader to assist with contemporaneous data entry focussed support for high blood glucose and other complex patients. • To set up Multidisciplinary Team Meetings to access patients who have high blood glucose and tailor management accordingly.
Perioperative Quality Improvement Programme (PQIP)	• Commissioning for Quality and Innovation (CQUIN) Drinking, eating and mobilising (DrEaMing) measuring whether patients are supported to drink, eat and start being mobile after surgery has been published for 2023/24. The Trust will participate in the CQUIN.
SAMBA 2022 (Society for Acute Medicine Benchmarking Audit)	• To create a workstream to look at whether patients seen in ED need to go to Medical Assessment Unit (MAU) or can instead go to a more appropriate specialty ward • To increase the number of Acute Medicine MAU consultants by continuing to try and recruit to MAU consultant posts • To arrange regular training sessions for nurses about new patient prioritisation and conduction of Early Warning Score
The National Hip Fracture Database (NHFD)	• To increase the orthogeriatric cover to start bringing Best Practice Tariff • To improve physiotherapy assessments to a 7 day cover

The reports of 395 local clinical audits were reviewed by the provider in 2022-23 and some of the Lancashire Teaching Hospitals NHS Foundation Trust actions to improve the quality of healthcare provided are referenced in Table 6.

Table 6 Audit and Confidential Enquiry – Resulting Actions

Audit title	Actions intended/completed
Audit	Juvenile Idiopathic Arthritis Audit
Actions – complete	1. Raise the concerns to tertiary care hospitals for network support. 2. Set up and run separate Rheumatology clinics from pain clinic. 3. Appoint a clinical lead for Rheumatology 4. Educate the first contact clinicians like General Practitioners (GPs), ED doctors to identify patients with possible Juvenile Idiopathic Arthritis.
Audit	Audit of turnaround times for Herpes Simplex and meningococcal polymerase chain reaction (PCR) results
Action - complete	1. Use data to push for the new Biofire test, which is sent to a local laboratory rather than the Public Health England one in Manchester

Audit	Neonatal Sepsis Audit (Jan 2021 – Dec 2021)
Action – In progress Action – complete Action - complete	1. Try and identify if Early Onset of Sepsis (EOS) rates can be modified with early interventions – disseminate information to maternity team. 2. Introduce further measures to reduce central line-associated bloodstream infections – Environmental scrubbing. 3. Continued prospective data collection and monitoring to identify trends.
Audit	Re-audit Neonatal Jaundice Audit 2022 Data
Actions – In progress	1. Neonatal Intensive Care Unit to be commissioned to have full Badgernet access, meaning paper copies will be eradicated prior to the next Jaundice Audit. 2. Create a new proforma for auditing once the process is set up on the Badgernet system.
Audit	Early Pregnancy Assessment Unit- Serial human chorionic gonadotropin (HCG) and scans audit
Action – complete Action – In progress Action – In progress	1. Education of relevant stake holders to minimize the number of blood follow up tests in low-risk pregnancy of unknown location (PUL) and getting senior reviews for high risk PUL. 2. Introduce and implement new guidance on ectopic and the management of pregnancy of unknown location that triages and identifies patients at high risk of ectopic. 3. Register an audit of all early pregnancy scans to see if the rate of pregnancy of unknown location in the department is unexpectedly high.
Audit	Planned re-audit of postnatal care
Action – In progress Action - complete	1. Change request to be submitted to Clevermed to include 'Important Signs & Symptoms' the 'Items discussed' section of the Transfer of Care Smart Form. 2. Audit on a page for Postnatal Care to be produced and published to all staff via closed social media platforms and email.
Audit	Re- Audit the compliance of midwives asking the Whooley questions at booking and enquiring about mental health concerns during the antenatal period
Action – In progress	1. An update to the Badgernet maternity system is required to include a mandatory prompt question relating to asking women about their mental health and wellbeing at hospital antenatal clinic appointments.
Audit	Improving skills and competency in ear lobe capillary blood gas sampling (CBG) for respiratory physiotherapists
Action - complete	1. Deliver practical training for ear lobe blood gas sampling to embed confidence, skills and competence of respiratory physiotherapists.
Audit	Major Trauma Psychology Service Annual Audit 2021-22

Action - complete	1. Ensure consistent distress screening. Make both paper and e-copies available to team to ensure consistency.
Audit	Radiotherapy Outpatient Unplanned Admissions
Actions - complete	1. Extend skills of more review team members in blood cultures, cannulation, intramuscular injections. 2. Continue providing training to department staff who require training or support in learning to do observations. 3. Ensure all staff who admit patients are aware of responsibilities under Standard Operating Procedure. 4. Reintroduction of 6pm middle shift, when possible.
Audit	Re-audit of review of the bedside equipment and documentation of oral and maxillofacial surgery tracheostomy patients
Action - complete	1. Include the documentation of the bedhead at the nurses' safety huddle in the morning.
Audit	Escalation and Do Not Attempt Resuscitation (DNAR) of Vascular Patients at RPH
Actions - complete	1. Use of medical clerking proforma when clerking in new admissions, to encourage thorough functional status, and early discussions around escalation and patient wishes.
Audit	Quality of Dental Impressions
Actions – in progress	1. Arrange further training in mixing of impression material (alginate) and tray loading. 2. Discussions around how to reduce 'drag.'
Audit	Emergency eye clinic triaging
Action - Complete	1. To develop guidelines for emergency eye clinic triaging.
Audit	ENT Hot clinic referrals
Action – in progress	1. To review the hot clinic referral criteria.
Audit	Comparison of the Trust's Generic Consent form for Robot-Assisted Laparoscopic Radical Prostatectomy (RALP) with the British Association of Urological Surgeons' (BAUS) Information for RARP (RALP)
Action – in progress	1. Create and implement a standardised format for the Procedure-Specific Consent Form (PSCF) that includes all necessary information, outlines all relevant risks and complications associated with RALP and ensures consistency across all documentation.
Audit	Evaluation of Kidney Choices Event 2022
Actions - complete	1. The programme format has been changed to allow attendees to have more time at the event to ask questions and look at equipment. 2. The March 2023 event has been moved to a new venue in order to improve patient flow at the event.
Audit	Pleural Patients Experience

Actions - complete	1. The pleural service has been expanded and there is now a weekly clinic 2. We have increased the outpatient management of these patients where appropriate by launching a respiratory virtual ward in September 2022.
Audit	Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Audit
Actions - complete	1. Staff have been reminded in a teaching session about the need to discuss and document DNACPR decisions with families 2. Staff are now prompted by a poster that was been attached to the DNACPR booklets on Wards 20 and 23
Audit	Pharmacist-Led Biologic Switch/Thiopurine Clinic Questionnaire
Actions - complete	1. Appointment letters have been amended to clarify appointment time frames and give pharmacist contact details for further patient queries. 2. We have also set up face to face clinics for patients preferring this option.
Audit	Ferrinject Administration for Iron Deficiency Anaemia (IDA)
Actions - complete	1. An Iron Deficiency Anaemia working group was set up which meets regularly to discuss continuous improvement 2. An education session on managing iron deficiency anaemia was provided to Medical Assessment Unit and Same Day Emergency Care (SDEC) staff 3. The pharmacy team have added an iron deficiency anaemia investigation set and Ferrinject pop-up box on the hospital patient system.
Audit	Audit of Statin Therapy for Ischaemic Stroke Patients on Rookwood B
Action - complete	1. A poster is now on display in the Rookwood B doctor's office to remind them to prescribe statin therapy to ischaemic stroke patients as per the national stroke guidelines.
Audit	Re-audit of patient waiting times for Neurovascular clinic
Actions – in progress	1. Consultants to find a replacement for any clinic sessions cancelled due to professional leave, rota or buddy system to be devised. 2. To commence Neurovascular Specialists nurse follow up clinics to alleviate pressures.
Audit	Are our operation notes up to current standards?
Action – complete	1. To make the amendments to the operation notes - these have now been made and sent to registrars to keep our op notes accurate.
Audit	Managing Vitamin D Levels in Melanoma
Action - complete	1. Email disseminated with regular reminders at clinics, educational presentation regarding importance of vitamin D management in melanoma patients.
Audit	Safe use of Intraoperative Tourniquets
Actions – complete	1. To complete data series by including distal radius Open reduction and internal fixation cases from Chorley Hospital 2. To add a poster to remind others about documenting tourniquet use, pressures and exsanguination in the theatre coffee room - poster has been created and will be printed and placed in

	Theatre coffee room in Royal Preston and Chorley Hospital 3. To discuss with Bluespier to make the questions about tourniquet use, pressure and exsanguination mandatory.
Audit	Is female breast tissue in the correct position to benefit from organ based tube current modulation (X-CARE) in CT?
Actions - complete	1. To remove the organ based tube current modulation (X-CARE) from default protocols that involve breast tissue. 2. A separate organ based tube current modulation protocol is made available, with clear instructions to radiographers of its uses and cautions. The scanner protocols have been updated.
Audit	Devastating Brain Injury management - are we there yet?
Actions - complete	1. Introduction of devastating brain injury checklist in 'unscheduled procedures' to ensure proper documentation and follow up of the patients, within 48 hrs of patient admission to Intensive Therapy Unit. 2. Ensure parent team documentation of devastating brain injury and family discussion. 3. Basic introductory teaching to new members of staff, honest discussions with family, duration of observation is based on multiple factors i.e. clinical, family, patient factors.
Audit	An audit of Bowel Cancer Screening Programme reporting standards
Action - complete	1. To increase awareness of current requirements

Clinical Research

Research Participation in Clinical Research

The number of patients receiving relevant health services provided or sub-contracted by Lancashire Teaching Hospitals NHS Foundation Trust in 2022-23, that were recruited during that period to participate in research approved by a Research Ethics Committee was 1,820.

Of these 1,664 patients were recruited to National Institute for Health Research (NIHR) portfolio adopted studies in this period. In total, there are currently 214 active research studies recruiting patients at the Trust. The return to a more balanced, pre-pandemic style portfolio has been pleasing and especially seeing commercial trials and studies back up to 16% of the mix from 9% at the beginning of the financial year.

Research Governance

The Department of Health benchmarks for the set up and delivery of clinical research in the NHS are currently suspended as per previous reporting period to 62 days for non-commercial and 80 days for commercial studies. However, we granted local confirmation of capacity and capability, and opened 55 new studies during this year.

Examples of Our Achievements in Research
Key achievements to note are:

Infrastructure

- Commencement of the new funding period of the NIHR Lancashire Clinical Research Facility (LCRF) status with 33% uplift in funding for 2022-25 of £1m.
- Commencement of the new NIHR Manchester Biomedical Research Centre (BRC) of which the Trust is a partner and will bring core funding of £750k (2022-27) via the LCRF. Professor Pierre Martin-Hirsch, Director of Research and said: *"The collaboration with Manchester University Hospitals and Lancashire Teaching Hospitals will stimulate the development of primary research across the two institutions. The clinicians, students and patients will benefit from integration of academic activity in healthcare in Lancashire, benefitting not only patient outcomes but will also raise the standard and profile of services."*

Workforce

- Leading Principal Investigators, Professor Shondipon Laha, Consultant in Critical Care Medicine and Anaesthesia, has won the regional Future NHS Award for his commitment to improving health care, championing research, and introducing innovative ideas throughout the COVID-19 pandemic, and was shortlisted for the 2022 NHS Parliamentary Awards.
- Clinical Academic Faculty lead and Speech and Language Therapist, Sarah Edney, has been awarded a Clinical Research Training Fellowship by 4ward North PhD Scheme. The prestigious fellowship combines research with clinical practice.
- Research nurse, Deepsi Khatiwada has been seconded until March 2023 as a nurse inclusion lead with NHS England (NHSE)/ NHSI Northwest to drive the Equality Diversity Inclusion (EDI) agenda, both for patients and workforce across the region.
- Deputy Director of Research and Innovation, Paul Brown, has been appointed UK Clinical Research Facility network (UKCRF) Director after Manchester University Hospitals NHS Foundation Trust successfully won the NIHR bid to host the network.
- Director of Research, Professor Pierre Martin-Hirsch was awarded the Royal College of Obstetricians and Gynaecologists (RCOG) Annual Academic award. The award distinguishes service to academic obstetrics and gynaecology. Nominees are recognised for their outstanding contribution to the academic aspects of our speciality (scientific discovery, pre-clinical and clinical research, academic education, and training). As winner, Pierre will be invited to give a keynote lecture at the 2023 Annual Academic Meeting.
- Katrina Rigby, Senior Research Midwife, has been accepted on to the NIHR Senior Leadership Programme which commences 1 April 2023. This is one of only 15 places across England.
- Nichola Verstraelen, Matron, has completed her lead role for NHS England project on a research toolkit for the Matron's Handbook and becoming Programme Lead for Research for the ICS.
- Research Scholars: Having never had a successful application for the NIHR Northwest Coast Clinical Research Network's (CRN's) Scholar scheme ,to train new Consultant-level clinicians and Nursing Midwifery Allied Health Professionals (NMAHPs) as Investigators, before 2022 we have had 3 successes this time on top of last year's 4.

- Candiss Argent, Paediatric Research Physiotherapist has just been appointed as the AHP Research Champion for the Northwest Coast 2023. This is part of a joint scheme between the Council for Allied Health Professions Research (CAHPR) and NIHR to develop a network of Research Champions.

Studies, Trials and Research

- The data from a cancer study we participated in, FOxTROT has now been published in the Journal of Clinical Oncology online. Dr Deborah Williamson was our local Principal Investigator for the study that looked at new treatment strategies to cut risk of bowel cancer return. The results show the new strategy can cut risk of return to 28%, along with confirming the safety of the approach and the importance of MMR status in selecting patients who benefit most.
- We have been successful in recruiting the UK's first participant into the innovative TRIDENT study for newly diagnosed glioblastoma patients. The study was brought to us by one of our former neurosurgical consultants, Mr Charles Davis. The study uses a device called Optune®, which delivers mild electrical fields called TTFields intended to disrupt cancer cell division. The study will use the TTFields concurrently with chemotherapy and radiotherapy. Congratulations to our local Principal Investigator Mr Isaac Phang and the rest of the multi-disciplinary team involved with this complex study.
- In collaboration with the International Agency of Research Against Cancer (IARC), a specialised agency of the World Health Organisation, Professor Martin-Hirsch, along with fellow local specialist Professor Ihtesham Rehman from the University of Central Lancashire (UCLan), has secured a multi-million-dollar grant from the National Institute of Health (NIH) in the USA to fund their research into early diagnosis of womb, cervical and lung cancer.
- Two commercial studies recently delivered by our Chronic Conditions team contributed toward study drugs that have been licenced. Both looked at the use of HIF-PHI oral medication for the correction of anaemia in chronic kidney disease. The Dolomites study (Astellas Pharma Inc and AstraZeneca) drug Roxadustat has been licenced in Europe and has National Institute for Health and Care Excellent (NICE) approval. The cost is the same as the therapy currently in use but much better for patients as it is an oral medication where currently they must give themselves an injection. It will also provide improved management for their anaemia. The Ascend D GalaxoSmithKline (GSK) study drug, Daprodustat will be licenced imminently.

Table 7	Lancashire Teaching Hospitals NHS Foundation Trust – Research Recruitment 1 January –31 March 2023				
NIHR Portfolio Study ID	**IRAS Number**	**Project Short title**	**Main Speciality**	**Project type**	**Recruited (org)**
	1003378	A Phase 1b/2 Study of Immune and Targeted Combination Therapies in Participants With RCC (KEYMAKER-U03): Sub study 03B	Cancer	Commercial portfolio	1
	219211	PET to assess early response to nivolumab in renal cancer	Cancer	Non-commercial non-portfolio	1
15511	133939	PLORAS version 1	Stroke	Non-commercial portfolio	1
31184	204585	PLATO - PersonaLising Anal cancer radioTherapy dOse	Cancer	Non-commercial portfolio	1
34216	216411	IntAct- IFA to prevent anastomotic leak in rectal cancer surgery	Surgery	Non-commercial portfolio	1
35561	229639	Drug Utilisation study	Children	Commercial portfolio	1
37450	239796	CYPIDES	Cancer	Commercial portfolio	1
38171	242263	DIMENSION-KD_Version 01 01.01.2018	Renal Disorders	Non-commercial portfolio	1
40195	255324	Persica 002 Phase1B PP353 vs Placebo in the treatment of low back pain	Anaesthesia, Perioperative Medicine and Pain Management	Commercial portfolio	1
47486	1003548	IMvigor 011 - Adjuvant MIBC study in ctDNA-positive patients	Cancer	Commercial portfolio	1
47662	287714	PRIMROSE Tissue: Collection and Analysis of samples in breast cancer	Cancer	Non-commercial portfolio	1
48029	277102	ENRICH-AF: Edoxaban for Intra Cranial Haemorrhage survivors with AF	Stroke	Non-commercial portfolio	1
48126	297323	Research of Talazoparib & Enzalutamide in Men with Gene Mutated mCSPC	Cancer	Commercial portfolio	1
49352	289197	CARE pilot trial	Surgery	Non-commercial portfolio	1
49707	298608	Modi-1 in Patients with Breast, Head & Neck, Ovarian or Renal Cancer	Cancer	Commercial portfolio	1
49804	289120	TACTIC	Respiratory Disorders	Non-commercial portfolio	1

50719	297416	ADAMS	Neurological Disorders	Non-commercial portfolio	1
51062	1004437	ARV-110 and Abiraterone in Participants with Metastatic Castration Resistant Prostate Cancer (mCRPC)	Cancer	Commercial portfolio	1
51498	306338	EF-32 TRIDENT	Cancer	Commercial portfolio	1
52908	310986	Flexor tendon repairs - FIRST Study	Musculoskeletal Disorders	Non-commercial portfolio	1
	278448	Born into care: Towards inclusive guidelines at birth	Health Services Research	Non-commercial non-portfolio	2
	301826	MD Exercise – determinants of physical activity		Non-commercial non-portfolio	2
35238	88372	Tonic 2 Phase 4	Neurological Disorders	Non-commercial portfolio	2
39336	225518	IRONMAN Registry Study	Cancer	Non-commercial portfolio	2
44406	269023	SurfON	Children	Non-commercial portfolio	2
45312	249991	The Tommy's National Rainbow Clinic Study	Reproductive Health and Childbirth	Non-commercial portfolio	2
47359	1003620	Lokelma DIALIZE-Outcomes	Renal Disorders	Commercial portfolio	2
50137	296470	PreSize Neurovascular: Real-World Evaluation	Neurological Disorders	Non-commercial portfolio	2
51978	1005180	HARMONIE	Children	Commercial portfolio	2
35757	214739	SC IL-1Ra in SAH - phase III trial	Stroke	Non-commercial portfolio	3
39901	281225	TTTS Registry	Reproductive Health and Childbirth	Non-commercial portfolio	3
40836	249552	OPTIMAS Trial	Stroke	Non-commercial portfolio	3
45615	286545	AMPLITUDE	Cancer	Commercial portfolio	3
49550	297513	Blood brain barrier dysfunction in cerebral small vessel disease	Stroke	Non-commercial portfolio	3
	242639	Archival gastro-intestinal tissue, blood, saliva and urine collection			4
51800	304633	Hydrotherapy in DMD	Children	Non-commercial portfolio	4

47078	284958	Giant PANDA	Reproductive Health and Childbirth	Non-commercial portfolio	5
48055	270544	CHOSEN trial	Stroke	Non-commercial portfolio	6
39722	247285	Reduction Of Surgical Site Infection using several Novel Interventions	Surgery	Non-commercial portfolio	7
44559	277060	PACT: Cluster RCT of the 'Your Care Needs You!' intervention Work package 6	Health Services Research	Non-commercial portfolio	7
45022	261352	COMMITS	Stroke	Non-commercial portfolio	7
12495	0	Trajectories of Outcome in Neurological Conditions Phase 2 Demographics and Clinical Info	Dementias and Neurodegeneration	Non-commercial portfolio	8
51863	311132	DETECT-ASCEND 2	Cancer	Commercial portfolio	8
12497	88372	TONIC Phase 3 Trajectories of Outcome in Neurological Conditions	Dementias and Neurodegeneration	Non-commercial portfolio	10
6726	162439	RADAR	Renal Disorders	Non-commercial portfolio	10
10416	209558	UK MS Register	Neurological Disorders	Non-commercial portfolio	11
49866	301896	CLOUDS Study	Surgery	Commercial portfolio	12
	266187	ECCE: Enhanced Computerised Colposcopic Examination	Reproductive Health and Childbirth	Non-commercial non-portfolio	14
35944	228894	REACH Pregnancy Circles Trial; Version 1.0	Reproductive Health and Childbirth	Non-commercial portfolio	14
32256	215928	Perioperative Quality Improvement Programme: Patient Study	Anaesthesia, Perioperative Medicine and Pain Management	Non-commercial portfolio	27
30936	156515	Fast Track Faecal Calprotectin	Gastroenterology	Non-commercial portfolio	29
49271	297802	Covid impact on RSV Emergency Presentations: BronchStart	Children	Non-commercial portfolio	41
				Total	**277**

Registration with the Care Quality Commission

Lancashire Teaching Hospitals NHS Foundation Trust is required to register with the CQC, and it is currently registered and licensed to provide the following services:

- Diagnostic and/or screening services.
- Maternity and midwifery services.
- Surgical procedures.
- Assessment or medical treatment for persons detained under the Mental Health Act 1983.
- Termination of pregnancies.
- Treatment of disease, disorder, or injury.
- Management of supply of blood and blood derived products.

CQC Finney House

The Trust acquired Finney House Community Healthcare Hub on 14 November 2022 and the registration was duly authorised by CQC. Finney House provides out-of-hospital community-based care through community services, clinics and support patients medically at satellite dialysis units and is registered with the CQC and licensed to provide:

- Accommodation for persons who require nursing or personal care.
- Treatment of disease, disorder or injury.

The Trust had been delivering a vaccination hub service since 18 February 2021 at a community venue as part of the response to the COVID-19 pandemic. However, this service was terminated on 28 December 2022 due to there no longer being a need for it.

The Deputy Associate Director of Risk and Assurance had been the Nominated Individual with the CQC since November 2021 and this was changed to the Chief Nursing Officer from October 2022. The Chief Nursing Officer was also made the Registered Manager with CQC for Finney House Community Healthcare Hub upon its acquisition in November 2022.

The Foundation Trust is fully compliant with the registration requirements of the CQC.

Trust Inspections

The CQC undertook a system wide inspection of Urgent and Emergency Care pathways across Lancashire and South Cumbria. This system inspection was a new kind of inspection conducted in March and April 2022 looking at services across the ICS including General Practitioners (GPs), Northwest Ambulance Service, nursing homes, urgent care, mental health, and acute hospital providers and included an inspection of Urgent and Emergency Care and Medical Services on the Royal Preston Hospital site. The CQC published their findings on 22 July 2022.

Overall, the Urgent and Emergency Services at Royal Preston Hospital remained ‘Requires Improvement’, with inspectors providing a ‘Good’ rating for being effective, caring and well led, and ‘Requires Improvement’ rating for being safe and responsive.

Whilst Medical Services at Royal Preston Hospital were also inspected, no overall rating was given due to it being a focussed inspection looking at flow pathways and the 'responsive' domain.

In the main, the report highlighted several areas of good practice in both the ED and across the medical division, recognising improvements and positive changes the Trust has made to drive its safety and improvement culture while acknowledging various challenges including shortages of nursing and medical staff, bed pressures and flow. Inspectors also highlighted areas where further work was needed, including compliance with infection prevention and control practices and oxygen prescribing. An improvement plan was developed, and progress has been monitored through the Safety and Quality Committee.

Whilst the CQC did undertake an inspection of Urgent and Emergency Care and Medical Services on the Royal Preston Hospital site in 2022, CQC did not review the overall rating for the Trust as this was not considered as part of the system-wide inspection. Therefore, the overall rating of 'Requires Improvement' from the 2019 inspection remains the same with 'Good' for caring and 'Good' for well led. Specifically, a rating of 'Good' for caring means that people are supported and treated with dignity and respect and are involved as partners in their care and a rating of 'Good' for well led means leadership, governance and culture promote the delivery of high-quality person-centred care.

Radiotherapy Inspection

CQC also carried out a routine inspection of the Radiotherapy Service on 11 May 2022 to assess the department's compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) and to check that radiotherapy was being safely delivered at the Trust.

The final inspection report was received on 23 June 2022. Although, no overall rating was provided, inspectors concluded that staff were knowledgeable about their roles and felt supported to achieve and maintain competency. Inspectors also felt that the Trust had appropriate oversight of radiation protection through its governance structures and that this was clearly documented.

The report did identify two breaches. These breaches did not justify regulatory action, but the CQC did make recommendations for action to prevent the Trust from failing to comply with legal requirements in the future and to improve the quality of services. The Trust formulated an action plan in response to these recommendations which have been monitored through the Safety and Quality Committee.

Finney House

Prior to acquisition, Finney House was operated by a private provider and during the last inspection by CQC, there were some areas for improvement identified and breaches of regulation. As part of its due diligence, the Trust undertook to develop an action plan to address the identified areas for improvement and progress is being monitored through the Safety and Quality Committee.

Well Led Inspection

The Trust as a whole, reviews its own leadership and governance arrangements periodically, in line with the requirements of NHSI that providers carry out developmental reviews.

Since the last Well Led inspection, the Trust has developed a Well Led and Governance Maturity Plan to drive improvement in the well-led domain of the organisation and this incorporated recommendations from a review undertaken of the divisional governance arrangements by the Quality Governance Lead from the Nursing Directorate at NHSE/NHSI which identified the Trust as an exemplar organisation in October 2020, a Risk Maturity Self-Assessment tool supported by Mersey Internal Audit Agency (MIAA), and a MIAA developmental well-led review in February 2021. In addition, two external consultants have been engaged from July 2021 to date. Firstly, an external leadership consultant undertook a series of development sessions with the Board. Secondly, the GGI undertook a Risk and Assurance review from February to November 2022.

Throughout 2022-23, the Trust has been able to demonstrate ongoing progress in meeting the recommendations from previous inspections through a number of programmes of work, including the Always Safety First Programme, a number of continuous improvement programmes, the Governance and Risk Maturity Plan, the Safety Triangulation Accreditation Review Framework as well as our Organisational Development and Equality and Inclusion Strategies.

The Trust continues to maintain a transparent relationship with CQC, sharing risks and concerns in respect of patient safety and quality as they occur, together with the actions taken or proposed in order to provide assurance that the Board has appropriate oversight of its quality governance and patient safety risks.

Quality of Data

Data Quality and Information Governance

It is generally accepted that good quality data is at the heart of identifying the need to improve. It also provides the evidence that there has been improvement in the quality of care delivered as a result of changes that the Trust has made.

Lancashire Teaching Hospitals NHS Foundation Trust submitted records during 2022-23 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the latest published data, which included the patient's valid NHS number, was:

- 99.9% for admitted patient care.
- 99.9% for outpatient care.
- 99.2% for accident and emergency care.

The percentage of records in the published data, which included the patient's valid General Medical Practice code, was:

- 99.4% for admitted patient care.
- 99.6% for outpatient care.
- 99.6% for accident and emergency care.

All data set types are either consistent with or show an improvement compared to 2021-22, and all are above the national average for 2022-23.

As part of the Lancashire Teaching Hospitals NHS Foundation Trust annual assessment, the Data Security and Protection Toolkit (DSPT) is reviewed annually and updated to ensure Trust standards are aligned with current best practice. The status for the 2021-22 DSPT is 'standards met'. The 2022-23 submission is not due to be made until June 2023.

The Trust was subject to an internal Information Governance clinical coding quality assurance audit during 2022-23. Results indicate a high level of coding quality and completeness as follows:

- Primary Diagnosis 96%.
- Secondary Diagnosis 88%.
- Primary Procedure 94%.
- Secondary Procedure 80%.

Lancashire Teaching Hospitals NHS Foundation Trust has undertaken the following actions to improve data quality:

- Submission of a bi-annual Data Quality Assurance Report to the Board providing a summary of Data Quality Team activities, an update in relation to Data Quality Risks and compliance in relation to the National Data Quality Assurance Dashboard and Maturity Index.

- In terms of the NHS Digital Data Quality Maturity Index the Trust scored the following for the latest position available, above the national average in all datasets.

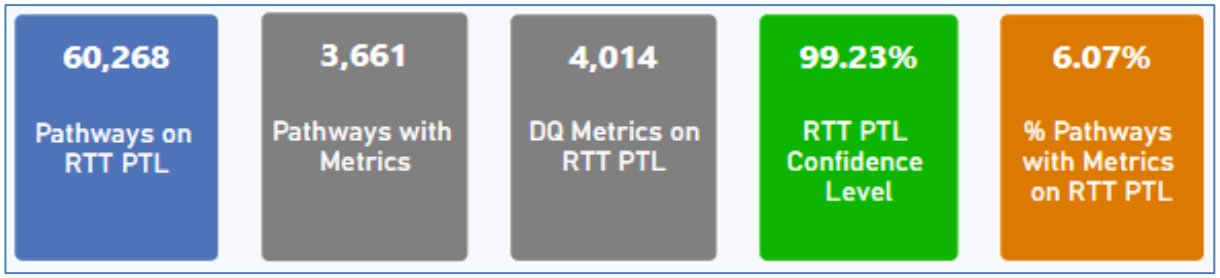
Table 8 NHS Digital Data Quality

	Overall	Emergency Care Dataset	Admitted Patient Care Dataset	Out-Patient Dataset
National Average	82.8	83.1	93.5	92.3
Lancashire Teaching	91.2	83.3	99.3	98.4

Data source: NHS Digital/LTHTR Data Warehouse

National Waiting List Minimum dataset data quality confidence level of 99.23%, above the national threshold of 95%. Compliance is detailed below:

Figure 5 National Waiting List Data



LUNA National Data Quality Solution

- Integrated Performance Report aligned to Our Big Plan ambitions reflecting the golden thread of reporting from Board to Division and Sub-Committee to Specialty and Ward.

- Extended suite of validation reports to increase validation and assurance of the quality of data on the main Patient Administration System (PAS).

- Interactive workshops to ensure engagement with clinical and support staff regarding the importance of good data quality and individual responsibility.

- Establishing a Data Quality Forum to support improvements to data quality in core systems.

Information Governance 

The confidentiality and security of information regarding patients, staff and the Trust are maintained through governance and control policies, all of which support current legislation and are reviewed on a regular basis. Personal information is increasingly held electronically within secure Information Technology (IT) systems. It is inevitable that in a complex NHS organisation a small number of data security incidents occur. The Trust is diligent in its reporting and investigation of such incidents, in line with statutory, regulatory, and best practice obligations. Any incident involving a breach of personal data is handled under the Trust's risk and control framework, graded and the more serious incidents are reported to the Department of Health and the Information Commissioner's Office (ICO) where appropriate.

The Trust experienced 4 externally reportable serious incidents in the 2022-23 period, 2 of these incidents reached the reporting criteria sent to the ICO. For all incidents full internal processes were followed and all 4 incidents were reported using the DSPT.

As part of our annual assessment, the DSPT is reviewed annually and updated to ensure Trust standards are aligned with current best practice. The status for the 2021-22 DSPT is 'standards met'. The Trust has submitted the baseline assessment for 2022-23 and is working towards the final submission which is due on 30 June 2023.

The Trust has established a dedicated information risk framework with Information Asset Owners throughout the organisation which is embedded with responsibilities in ensuring information assets are handled and managed appropriately. There are robust and effective systems, procedures, and practices to identify, manage and control information risks. Alongside training and awareness, incident management is part of the risk management framework and is a mechanism for the immediate reporting and investigation of actual or suspected information security breaches and potential vulnerabilities or weaknesses within the organisation. This will ensure compliance in line with the UK General Data Protection Regulations (GDPR) and Data Protection legislation.

Although the Board of Directors is ultimately responsible for information governance it has delegated responsibility to the Information Governance/Records Committee which is accountable to the Finance and Performance Committee. The Information Governance Committee is chaired by the Chief Medical Officer who is also the Caldicott Guardian. The Board appointed Senior Information Risk Owner (SIRO) is the Finance Director.

The Information Governance Management Framework brings together all the statutory requirements, standards, and best practice and in conjunction with the Information Governance Policy, is used to drive continuous improvement in information governance across the organisation. The development of the Information Governance Management Framework is informed by the results from DSPT assessment and by participation in the Information Governance Assurance Framework.

Adult Mortality Reviews and Investigation Data

We implemented the nationally recommended approach to Mortality Review (MR) during 2017-18 which was based on the Royal College of Physicians Structure Judgement Review (SJR) model. This has been embedded in practice for the past five years. The SJR mortality model was developed for the review of adult deaths, the outcomes of which are presented below.

Neonatal and child deaths are managed through different nationally defined review and reporting processes which are presented separately in the Mortality Surveillance and Learning from Neonatal, Child and Adult Deaths section in this account. The deaths listed in point 1.1 include Inpatient and ED deaths which are reviewed using SJR methodology.

1.1 During 2022-23, 2,015 of Lancashire Teaching Hospitals NHS Foundation Trust's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 460 in the first quarter.
- 462 in the second quarter.
- 547 in the third quarter.
- 546 in the fourth quarter.

Data source: Trust data warehouse

1.2 By 31 March 2023, 1,016 case record reviews and 19* Strategic Executive Information System (StEIS) investigations have been carried out in relation to the 2,015 of the deaths noted above.

** 5 StEIS investigations have been concluded and awaiting coroner's inquest/inquest outcome, 10 are complete and 4 are ongoing.*

The number of deaths in each quarter for which a case record review of StEIS investigation was carried out was:

- 216 in the first quarter (plus 7 StEIS investigations).
- 267 in the second quarter (plus 6 StEIS investigation).
- 300 in the third quarter (plus 3 StEIS investigations).
- 233 in the fourth quarter (plus 3 StEIS Investigations).

Data source: Trust MR Database & Datix

1.3 4* representing 0.2% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient in relation to each quarter, this consisted of:

- 3 representing 0.15% for the first quarter.
- 1 representing 0.05%for the second quarter.
- 0 representing 0% for the third quarter.
- 0 representing 0% for fourth quarter.

Data source: Trust MR Database & Datix

These numbers have been calculated using the SJR Mortality Review process and the StEIS process. Of the 5 completed StEIS investigations awaiting Coroner's review in 2022-23 it is not possible to determine for all cases if deaths were on balance likely due to problems in care as some inquests have been delayed due to the COVID-19 pandemic and others are yet to be scheduled. It is noted that the new Patient Safety Incident Response Framework from NHSI, which is in the process of being implemented advises that avoidability of death should not form part of the terms of reference for StEIS investigations with that being the remit of HM Coroner.

1.4 Learning from the deaths identified in 1.3

The learning from investigations subject to inquest will be shared through our learning to improve process. The learning from the 4 StEIS cases (2 Diagnostic incidents, 1 Medication incident and 1 sub-optimal care of a deteriorating patient incident) where investigation has been completed and Coroner's inquest is not required includes, but is not exclusively:

- Closer review of prescribing practices within the Neurosurgery team including the review of clinical advice from other specialties when making decisions of medication prescribing.
- Improvement in clinical prioritisation tools and exploring potential for electronic alerts in patient record systems to identify patients on anticoagulants to enable prioritisation for their review.
- The need for a Task and Finish Group to address delays in clerking and medical reviews within the ED.
- Implement electronic discharge checklist in the ED and audit compliance through Always Safety First.
- Explore observation recording systems in the ED.
- Agreeing audit processes for Silver Trauma within the ED.
- Improve flow out of the ED to increase resuscitation capacity.
- Need to review triage system for Oesophago Gastro Duodenoscopy (OGD) requests with consideration for an algorithm to support triage.
- Review from the Orthopaedic Service into their handover paperwork to include discharge information and justifications on discharge paperwork when inpatient medication is not included.

1.5 Actions in relation to the learning in 1.4

The learning and actions from investigations subject to inquest will be shared through our learning to improve process when available. The action plans from the completed StEIS investigations in 1.4 are all recorded and monitored through the Trust's Datix system and through the Trust's Safety and Learning Group.

1.6 Assessment of the impact of actions described in 1.5

The assessment of the impact of actions from investigations subject to inquest will be shared through our learning to improve process. The assessment of the impact of actions in 1.5 will be evident from audits which are not available at this time.

It has not been possible to provide the avoidability of deaths data due to delays in investigations due to staffing pressures and the Trust's response to the pandemic and inquests

as a result of the COVID-19 pandemic. Mortality Surveillance and Learning from Neonatal, Child and Adult Deaths section of this account p.98.

2.3 Reporting Core Indicators

Lancashire Teaching Hospitals NHS Foundation Trust performance is measured against a range of patient safety, access and experience indicators identified in the NHSI compliance framework and the acute services contract.

The NHS continued to face significant challenges in 2022-23 and like all other NHS Trusts across the country Lancashire Teaching Hospitals NHS Foundation Trust has continued to experience pressures as a result of the COVID-19 pandemic. Performance across the board, both emergency and elective has been impacted with operational pressures and infection, prevention control measures experienced through the year resulting in non-compliance in relation to a number of key standards.

Whole health economy system pressures in response to increased demand resulted in high bed occupancy throughout the year with the need to focus both on COVID-19 non-elective activity and elective recovery as mandated nationally. The number of patients not meeting the criteria to reside remained high throughout the year. This, together with both Influenza and COVID-19 demand resulted in significant capacity and demand pressures. Workforce capacity to undertake elective activity was also impacted by sickness absence and industrial action throughout the latter part of the year.

A health economy system-wide action plan is in place to address the urgent care system and pressures; with identified primary, community and social care initiatives/schemes delivering a level of sustainability across the health economy. In 2022-23 the Trust took a lead role in bringing together operational delivery of the system-wide urgent and emergency care programme, including key transformational work streams identified and prioritised by all system partners: a Community Healthcare Hub at Finney House, providing health-led community bed capacity; the introduction of Virtual Wards; additional Home First capacity and crisis hours to support people to stay safe at home; and to expedite timely discharge from hospital.

Since the beginning of the COVID-19 pandemic the Trust has put in place a range of measures that continued into 2022-23:

- Additional medicine bed capacity to meet increased demand.
- Re-zoning of our estate to meet Infection Prevention and Control (IPC) requirements.
- Delivery of Same Day Emergency Care (SDEC).
- Additional Critical Care (CrCu) surge beds with additional staffing through redeployment.
- Nightingale Surge Hub capacity to support increased demand as a result of the Omicron variant of COVID-19.

During 2022-23 the Trust has:

- Stood down the Nightingale Surge Hub and established the Community Healthcare Hub at Finney House, providing 64 health-led time-limited community beds, reducing medicine bed capacity in hospital as a result.
- Reduced IPC measures, in line with guidance.
- Established an Acute Assessment Unit to reduce time spent in the ED and reflect the changes to zoning put in place during COVID-19.
- Launched Virtual Ward pathways for Frailty, Respiratory and Acute Medicine.
- Increased internal escalation measures, including Full Capacity Protocol to support ambulance handovers and capacity in the ED

These actions have all helped to support the Trust during these unprecedented times. However, the Trust has failed to achieve its objectives in relation to a range of measures within the risk assessment framework including: the 4-hour standard for Accident & Emergency (A&E); the 18-week incomplete access target, and the 62-day cancer treatment standard. The significant growth in the number of long waiters in both Referral to Treatment (RTT) and cancer pathways was directly impacted by the COVID-19 pandemic and the reduction in elective activity during the peak periods of the pandemic with the prioritisation of urgent elective activity as part of the elective restoration plan. 2022-23 has focussed on recovery and significant progress has been made with both cancer 62-day performance and reductions in our longest waits to no more than 78 weeks, with an elimination of waits over 104 weeks unless patients are choosing to wait longer for treatment. Core Indicators: Summary position detailing performance 2022-23 is shown in table 9 below.

Table 9 Core Indicator Performance 2022-23

Indicator	2021-22	2022-23	Current Period
A&E - 4 hour standard	78.3	75.3	% - Cumulative to end Mar 2023 Position includes both ED and UCC locations.
Cancer - 2 week rule (All Referrals) - New method	77.7	58.6	% - Cumulative to end Mar 2023
Cancer - 2 week rule - Referrals with breast symptoms	54.6	82.2	% - Cumulative to end Mar 2023
Cancer - 31 day target	87.2	83.3	% - Cumulative to end Mar 2023
Cancer - 31 Day Target - Subsequent treatment – Surgery	72.4	59.3	% - Cumulative to end Mar 2023
Cancer - 31 Day Target - Subsequent treatment – Drug	99.3	96.8	% - Cumulative to end Mar 2023
Cancer - 31 Day Target - Subsequent treatment - Radiotherapy	97.7	82.3	% - Cumulative to end Mar 2023
Cancer - 62 day Target	55.8	43.2	% - Cumulative to end Mar 2023
Cancer - 62 Day Target - Referrals from NSS (Summary)	58.6	29.2	% - Cumulative to end Mar 2023
28 day faster diagnosis standard – compliance	72.0	57.5	% - Cumulative to end Mar 2023
MRSA	1	0	Cumulative to end Mar 2023
C.difficile Infections	129	196	Cumulative to end Mar 2023
18 weeks - Referral to Treatment - % of Incomplete Pathways < 18 Weeks	58.5	50.5	% - sum of Apr-Mar 2022-23
% of patients waiting over 6 weeks for a diagnostic test	45.07	50.44	% - Cumulative to end Mar 2023

Data source: NHS Digital/LTHTR Data Warehouse

Summary of Performance against Core Indicators

The source of all the data presented in the following tables is from NHS Digital as is the requirement for the Quality Account and is the most current data available for each Performance Indicator presented. All benchmarking data presented is related to Acute (non-specialist) NHS Trusts.

NHS Digital Data availability

Summary Hospital-Level Mortality Indicator (SMHI) - Table 10 relates to 2021-22.
Readmissions within 30 days of Discharge - Table 11 relates to 2021-22.
Venous Thromboembolism – Table 12 relates to 2019-20 (remains paused since COVID-19).
Clostridioides Difficile Infection - Table 13 relates to 2021-22.
Patient Safety Incidents - Table 14 relates to 2022-23.

Table 10 Summary Hospital-Level Mortality Indicator (SMHI) * most current data

Summary Hospital- Level Mortality Indicator (SMHI)	**December 2018-Nov-19**	**December 2019-Nov-20**	**December 2020-Nov-21**	**December 2021-Nov-22 ***
	Trust = 0.9702	**Trust = 0.9671**	**Trust = 0.9593**	**Trust = 0.9641**
(a) the value and banding of the summary hospital- level mortality indicator ('SHMI') for the Trust for the reporting period	England average = 1.0	England average = 1.0	England average = 1.0	England average = 1.0
	Low = 0.69	Low = 0.69	Low = 0.71	Low = 0.71
	High = 1.19	High = 1.18	High = 1.19	High = 1.22
	Banding = 2	Banding = 2	Banding = 2	Banding = 2
(b) the percentage of patient deaths with palliative care coded at either diagnosis or speciality level for the Trust for the reporting period	**Trust = 53%**	**Trust = 52%**	**Trust = 51%**	**Trust = 55%**
	England = 36%	England = 36%	England = 39%	England = 40%
	High = 59%	High = 59%	High = 64%	High = 66%
	Low = 11%	Low = 8%	Low = 11%	Low = 13%

Lancashire Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- NHS Digital categorises NHS Trusts into bands 'higher than expected' (banding=1), 'as expected' (banding=2) or 'lower than expected' (banding=3). The trust remains in band 2 which is within the expected range. The SHMI for the most current data available (Dec 2021 – Nov 2022) is 0.96 which is marginally higher than the previous 12-month period but still below the 1.0 average.

- The SHMI data does not include COVID-19 data because the statistical model was not designed for this kind of pandemic activity and if the data were to be included it would affect the accuracy.

Table 11 Readmissions within 30 days of Discharge * most current data

The percentage of patients aged: 0 to 15 and 16 or over Readmitted to a hospital which forms part of the Trust within 30 days of being discharged from the Trust during the reporting period	**April 2017-Mar 18**	**April 2018-Mar-19**	**April 2019-Mar-20**	**April 2020-Mar-21**	**April 2021-Mar-22 ***
	Trust = 15.2 (A1)	**Trust = 15.8 (A1)**	**Trust = 13.5 (A5)**	**Trust = 12.0 (W)**	**Trust = 12.5 (W)**
	England = 11.9	England = 12.5	England = 12.5	England = 11.9	England = 12.5
0-15 years	High = 17.0	High = 19.3	High = 18.5	High = 12.1	High = 12.6
	Low = 1.7	Low = 2.0	Low = 2.4	Low = 11.9	Low = 12.5
	Trust = 10.9 (B1)	**Trust = 12.0 (B1)**	**Trust = 11.8 (B1)**	**Trust = 12.4 (B1)**	**Trust = 10.4 (B1)**
	England = 12.4	England = 13.0	England = 13.1	England = 14.5	England = 13.4
16 years – 74 years	High = 21.0	High = 21.8	High = 19.5	High = 14.5	High = 13.4
	Low = 2.2	Low = 1.2	Low = 3.2	Low = 14.4	Low = 13.4
	Trust = 16.9 (B1)	**Trust = 17.8 (W)**	**Trust = 17.6 (B5)**	**Trust = 19.5 (W)**	**Trust = 16.6 (B1)**
	England = 18.4	England = 18.7	England = 18.6	England = 19.6	England = 18.0
75 years +	High = 22.5	High = 29.4	High = 31.9	High = 19.7	High = 18.0
	Low = 6.7	Low = 6.1	Low = 8.6	Low = 19.4	Low = 17.9

2022 -2023 not yet released by NHS Digital. As such data is presented 12 months in arrears.

Banding key:

B1 = Significantly lower than the national average at the 99.8% level

B5 = Significantly lower than the national average at the 95% level but not at the 99.8% level

W = National average lies within expected variation (95% confidence interval)

A5 = Significantly higher than the national average at the 95% level but not at the 99.8% level

A1 = Significantly higher than the national average at the 99.8% level.

Lancashire Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- The NHS Digital readmissions data is now categorised into 0-15 years, 16- 74 years, and 75+ years.
- The banding has been presented to indicate the Trust performance.
- The 0-15 year's readmissions are consistent with the England average which shows a slight deterioration from the last reported figure and the Trust remains lower than the highest rate of 12.6.
- The Trust re-admissions rate for patients 16-74 & 75+ is either as expected or lower than the average.

Table 12 Venous Thromboembolism (VTE) Risk Assessment * most current data

	Q4 2018 -2019	Q3 2019 -2020 *	Q4 2020-2021
Percentage of patients who were admitted to hospital and who were risk assessed for Venous thromboembolism (VTE) during the reporting period	**Trust = 95.7%**	**Trust = 97.0%**	NHS Digital VTE data collection and publication paused in March 2020. **No data for 2021-22 & 2022-23**
	England = 95.7% High = 100% Low = 74%	England = 95.3% High = 100% Low = 71%	

NHS Digital VTE data collection and publication was paused to release NHS capacity to support the response to COVID-19. The Trust's VTE risk assessment compliance data continues in 2022 -23 to be collated and reported to Safety and Quality Committee in an assurance report.

Table 13 *Clostridioides Difficile (C. difficile)* Infection * most current data

	2019-20	2020-21	2021-22*
The rate per 100000 bed days of cases of *C. Difficile* infection reported within the Trust amongst patients aged 2 or over during the reporting period	**Trust = 62.9**	**Trust = 74.5**	**Trust = 71.4**
	High = 142.8	High = 140.5	High = 138.4
	Low = 0	Low = 0	Low = 0

Lancashire Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

There has been a national increase in *C. difficile* infection in a significant proportion of Trusts nationally which was reflected in our Trust during 2022-23.

- The prevention of C. *difficile* infection remains a key priority for our organisation. In the year 2022/23, the national objective set by NHSE was no more than 122 hospital associated cases.
- There was however an increase in hospital associated cases during 2022-23 in comparison to previous years with a total of 196 cases. This was a 48% increase from 2021/22 which had a total of 132 hospital associated cases.

Lancashire Teaching Hospitals NHS Foundation Trust has taken the following actions to reduce *C. difficile*, and so the quality of its services, by:

- Continuing Post Infection Reviews (PIRs) which is a multidisciplinary approach to investigate each hospital onset *C. difficile* case.
- Sharing lessons learned from PIRs and implement quality improvement actions.
- Continuing to focus on antimicrobial prescribing with community partners.
- Continuing to promote best practice around antimicrobial stewardship.
- Continuing to be responsive to the need for isolation.
- The implementation of Redi-rooms to mitigate the lack of isolation rooms.

- The implementation of the Gastrointestinal Rapid test to identify infection earlier.
- Promoting hand hygiene commode, Mattress and environmental cleaning.
- Promoting joint clinical revalidation audits and environmental audits.
- Promoting infection prevention and control education Trust wide with the implementation of a robust E-Learning package and bespoke training.
- Trials of alternative decontamination systems.
- Promoting the standardisation of documentation with the new nursing Kardex.
- Promoting bowel monitoring with the introduction of the Ward specific Whiteboards.

Table 14 Patient Safety Incidents * most current data

The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that results in severe harm or death.

	October 2017-March 2018	**October 2018-March 2019**	**October 2019-March 2020**	**April 2020 - Mar 2021**	**April 2021 - Mar 2022**	**April 2022 – Mar 2023***
(i) Rate of Patient Safety Incidents per 1000 Bed days	**Trust Number = 6506 Trust Rate = 43.6**	**Trust Number = 7250 Trust Rate = 52.4**	**Trust Number = 7766 Trust Rate = 51.8**	**Trust Number = 14428 Trust Rate = 68.9**	**Trust Number = 19773 Trust Rate = 67.8**	**Trust Number = 20626 Trust Rate = 66.1**
	England – 42.1 All * Trusts Rate High = 69.0 All * Trusts Rate Low = 23.1	England – 45.2 All *Trusts Rate High= 95.9 All *Trust Rate Low = 16.9	England – 49.6 All *Trusts Rate High = 110.2 All *Trusts Low = 15.7	England – 57.3 All *Trusts Rate High = 118.7 All *Trusts Low = 27.2	**NHS Digital Data not yet released** England – All *Trusts Rate High = All *Trusts Low =	**NHS Digital Data not yet released** England – All *Trusts Rate High = All *Trusts Low =
(ii) % of Above Patient Safety Incidents = Severe/Death Rate = per 1000 Bed Days	**Severe harm or death**	**Severe harm or death**	**Severe harm or death**	**Severe harm or death**	**Severe harm or death**	**Severe harm or death**
	Trust Number = 62 Trust Rate = 0.42 % of all incidents = 0.95%	**Trust Number = 60 Trust Rate = 0.43 % of all incidents = 0.83%**	**Trust Number = 49 Trust Rate = 0.33 % of all incidents = 0.63%**	**Trust Number = 88 Trust Rate = 0.42 % of all incidents = 0.61%**	**Trust Number = 80 Trust Rate = 0.27 % of all incidents = 0.40%**	**Trust Number = 110 Trust Rate = 0.35 % of all incidents = 0.53%**
	England – 0.35% All *Trusts Highest % = 1.54% All *Trusts Lowest % = 0%	England – 0.32% All *Trusts Highest % = 1.82% All *Trusts Lowest % = 0%	England – 0.30% All *Trusts Highest % = 1.29% All *Trusts Lowest % = 0%	England – 0.44% All *Trusts Highest % = 2.80% All *Trusts Lowest % = 0.03%	England – **NHS Digital Data not yet released** All *Trusts Highest % = All *Trusts Lowest % =	England – **NHS Digital Data not yet released** All *Trusts Highest % = All *Trusts Lowest % =

The Lancashire Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- The Trust continues to improve education regarding the reporting of incidents and near misses, the importance of doing so and the outcome of the learning gleaned from incident reporting.
- Continued improvements to the reporting system to make it easier to report in a timely manner, whilst obtaining essential information.
- Our staff are proactively encouraged to report near misses and no harm incidents to enable increased opportunity to identify themes and trends before harm occurs to patients.
- Increased proportion of incidents following the decline of the pandemic response related to delayed appointments, diagnostics and treatment.
- Incident dashboards and an automated interactive Governance Dashboard are now in use across the Trust for embedded incident analysis.

The Lancashire Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by:

- Continued Learning 2 Improve work through the Governance and CI Teams to address areas of concern from Incident trends (Pressure Ulcers, Never Events, and Safeguarding etc.).
- Implementation of the Patient Safety Incident Response Framework (PSIRF) and 'Learning From Patient Safety Events' (LFPSE) national directives for improving Trust investigation management and patient safety incident data sharing at a national level.
- Continue to develop and improve the scope and agenda for Safety & Learning group to ensure systematic delivery on action plans and the embedded improvements for patient safety results in improved outcomes. This has been built into the Datix system.
- Continue to link incident analysis to the risk register and the Trust's Risk Maturity Programme of work. Linking incident and risk intelligence to *Our Big Plan*.

Table 15	Responsiveness to Personal Needs * most current data		
Q 48. The Trusts overall experience of patient's personal needs during the reporting period	**2018-2019**	**2019-2020**	**2020-21***
	Trust = 66.2	**Trust = 66.8**	**Trust = 8**
	England = 67.2 High = 85.0 Low = 58.9	England = 67.1 High = 84.2 Low = 59.5	England = 8.1 High = 9.4 Low = 7.4

This indicator value is based on the average score from the National Inpatient Survey, which measure the experiences of people admitted to NHS Hospitals. Please note that the data methodology changed in 2020 and the scores are presented as those in the published report 2021. * Due to methodology changes in 2020, we do not do historical comparisons any earlier than 2020. The historical comparisons include the England average for 2020. The national average for 2020 is calculated from the average score for all trusts that exist in the data set for that year. (Source CQC: https://www.cqc.org.uk/publications/surveys/adult-inpatient-survey)

Where patient experience is best

- ✓ Changing wards during the night: staff explaining the reason for patients needing to change wards during the night
- ✓ Help with eating: patients being given enough help from staff to eat meals, if needed
- ✓ Expectations after the operation or procedure: patients being given an explanation from staff, before their operation or procedure, of how they might feel afterwards
- ✓ Cleanliness: patients feeling that the hospital room or ward they were in was clean
- ✓ Answers to questions: hospital staff answering patients' questions before the operation or procedure

Where patient experience could improve

- Support from health or social care services: patients being given enough support from health or social care services to help them recover or manage their condition after leaving hospital
- Enough nurses: patients feeling there were enough nurses on duty to care for them in hospital
- Privacy for discussions: patients being able to discuss their condition or treatment with hospital staff without being overheard
- Quality of food: patients describing the hospital food as good
- Taking medication: patients being able to take medication they brought to hospital when needed

The Trust is continually aiming to improve being responsive to the personal needs of patients and undertakes the following actions to improve the quality of its services, by

- Continually improving responsiveness to needs to through all our patient experience and professional strategies in our pursuit of 'consistently deliver excellent care.'
- By responding to feedback from patients and families through the Friends & Family test as well as national and local surveys.
- The STAR accreditation system drives continuous improvement in our services being responsive to the personal needs of patients.
- Strengthen the connection between equality, inclusion and diversity agenda between patients and staff.
- Delivery of patient contribution to case notes, an innovative patient held record to promote patients as partners in care.

Table 16 Staff Recommendation as a Provider of Care * most current data

Q23d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. (%) (From 2021) 2020 historical NHS Digital Data 21/22 NHS Staff Survey Data	2020	2021	2022*
	Trust = 69.0	**Trust = 61.9**	**Trust = 59.9**
	England = 74.3 High = 91.7 Low = 49.7	Best = 89.5 Ave = 67.05 Worst = 43.5	Best = 86.4 Ave = 61.9 Worst = 39.2

Historically NHS Digital provided the data for the Quality Account however the site now directs the user to national survey results, consequently the data is now being presented in alignment with the National Staff Survey format.

As you will see from the data presented, there is work to be done to improve how colleagues feel in regard to recommending the organisation if a friend or relative needed treatment, as our results are slightly below the national average and historically, we can see a downward trend emerging.

Lancashire Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by

1. **Launching the new Workforce and Organisational Development People Strategy**
   Through delivering against one of our strategic aims 'to engage, retain, reward and recognise' our colleagues, we will bring about improvements across the whole colleague employment lifecycle.
   This includes focusing on the colleague experience of work, from how they are welcomed into our organisation, their levels of job satisfaction, how engaged they feel in their work and team, how we seek to support career progression, how valued, rewarded and recognised they feel for their contribution, through to helping individuals to leave our organisation positively.
   How colleagues experience work can strongly influence their levels of advocacy for us as an employer, as a service provider and their willingness to strive towards our organisational vision of delivering excellent care with compassion.
2. **Implementing continuous improvement programmes**
   We involve clinical and non-clinical staff in our improvement journey which has been presented in the continuous improvement section in this Quality Account.
3. **Sustaining and improving our listening channels**
   We aim to have an 'always-on' engagement approach by providing regular and ongoing opportunities for colleagues to feedback and enable team conversations to take place. Formal channels we participate in include NHS Staff Survey and National Quarterly Pulse Survey.

We are also working to further embed our already established Team Engagement and Development Tool (TED) and approach which supports and empowers team members to have regular and open conversations about what it feels like to work in their team and provides the framework for the team to focus on actions that are within their team's circle of control and influence. We know these are the things that make a difference to the colleague experience on a daily basis and have more impact on overall levels of satisfaction and advocacy.

Alongside this, as a Trust we are committed to using a wide variety of listening channels such as our annual culture survey, wellbeing survey, 'Freedom to speak up' process, 'Fresh eyes' forums, new starter discussions, exit interviews and questionnaires. We continuously review and refresh our listening channels to ensure we are continuous improving them and taking forward new ideas.

We also host weekly Strategic Operational Group (SOG) meetings available to all colleagues to provide updates and feedback from the SOG along with monthly Executive Question & Answer sessions which are open forums for colleagues to ask questions and feedback.

4. Driving awareness to support Advocacy

This year as part of our staff survey corporate action plan we are exploring new ways we can support and increase feelings of advocacy across teams, with teams valuing the patient care delivered by other teams not just their own. This will include:

- Increasing direct engagement with teams through a simple 'Colleague Engagement Roadshow.' This aims to provide consistent messaging and information as well as engage and provide an opportunity for the team to ask questions. The core purpose is to help colleagues to feel inspired and re-connected with the Trust.
- Create and share 'Reasons to be proud of Lancs. Teaching' campaign to support and increase advocacy for the Trust. A key outcome will capture team stories and co-create a list of team achievements or key facts to be featured as part of our induction and wider Trust communications.

Freedom to Speak Up

In response to the principles and actions described in the review into Mid-Staffordshire Hospitals[1] (2013) and the later review of whistleblowing in the NHS[2] (2015), undertaken by Sir Robert Francis Queens Counsel (QC), the Trust reviewed its processes and systems for inviting, listening, and responding to concerns raised by staff. The Board of Directors oversaw implementation of a range of measures to strengthen systems and processes to enable staff across the Trust to raise concerns and speak up with confidence. These included:

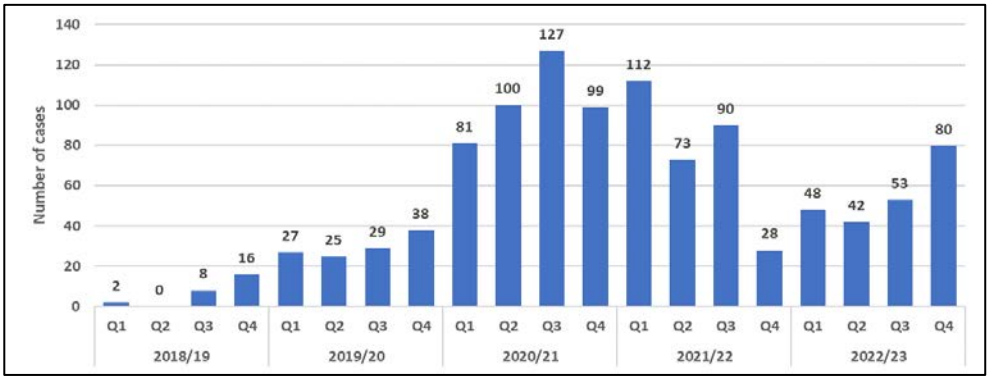
- The appointment of a Freedom to Speak Up (FTSU) Guardian.
- Establishment of Board level representation (Executive and Non-Executive Directors) for staff raising concerns.
- Establishment of Trust policy.
- Quarterly reporting of concerns and learning that comes from them.
- Inclusion of importance of raising concerns in new staff induction for all staff including Board members and inclusion in mandatory training.

The ability to raise concerns in a safe way is essential as a contribution to the delivery of safe, effective care. The Trust recognises that this ability is also a key element towards a positive staff experience, affecting our ability to retain our staff. Our staff are encouraged to raise any concerns, including those about: patient safety and quality of care; bullying and harassment; or financial impropriety, to immediate line managers or their line manager's superior as they feel able. Where there are immediate safety concerns, staff are encouraged to report to their line manager and to record this as a patient safety incident in Datix.

Where staff feel that their concern has not been addressed, they can raise their concern with our FTSU Guardian, either directly or via the Datix Freedom to Speak Up function; a FTSU Champion; or their union representative.

In 2022 MIAA undertook a review of speaking up arrangements in the Trust and reported that there was substantial assurance with a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.

Figure 6 Quarterly FTSU activity since 2018



Source: FTSU activity data/Datix

[1] Francis Enquiry 2013

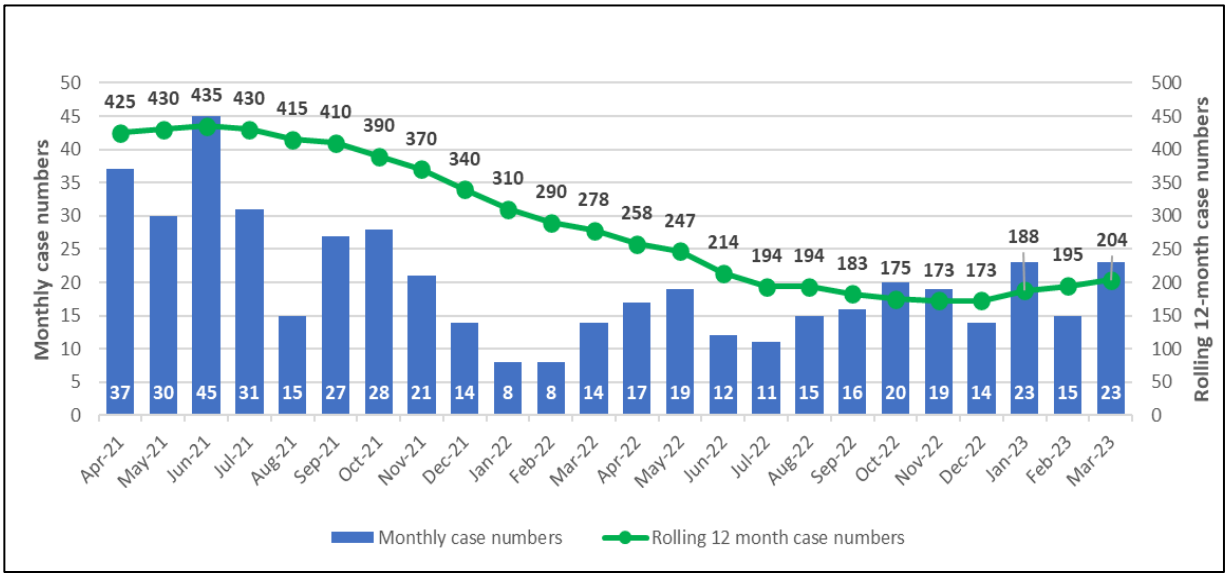
[2] Freedom to Speak Up Report 2015

During 2022-23 there were 204 contacts with the FTSU service compared with 303 in 2021-22 and 408 in 2020-21, representing a 33% reduction in activity in the previous year and a 50% reduction against 2020-21 activity. It should be noted that at the end of 2021-22, the Freedom to Speak Up service passed the enquiries function on the Trust intranet to the Communications team, but still retained responsibility for responding to concerns raised by staff. This will have undoubtedly impacted on the level of activity and the comparability of year-on-year performance.

Other variables, including organisational development activity in respect of behaviour, leadership development and culture change may have also impacted positively on the proportion of staff whose concerns were listened to by their managers.

Of the concerns raised, 68 (33.5%) involved concerns about patient and/or worker safety, and 43 (22%) reported bullying and harassment from managers (15%) and peers (7%).

Figure 7 Monthly and Rolling 12-month FTSU case numbers



Source: FTSU activity data/Datix

Whilst activity is reduced compared to last year, the rate of reduction has levelled off during 2022-23 as forecast in the previous annual report (2021-22). In that report, seven key priorities were identified to strengthen and embed Speak Up Listen Up Follow Up across the Trust:

- That the Guardian committed to maintaining his own knowledge, skills, and credibility.
- To ensure that staff are aware of arrangements for speaking up, listening up and following up.
- To promote protection for those who speak up.
- To make available training tools for leaders and for all staff that promote a speak up, listen up, follow up culture.
- To make available training tools for senior leaders that promote a speak up, listen up, follow up culture.
- To ensure that the Board of Directors and senior leaders behave in a way that encourages others to speak up.

The Freedom to Speak Up Guardian attended the National Guardian's Office Freedom to Speak Up annual conference in 2022 and has actively attended and participated in regional network meetings.

All new staff receive information about speaking up as part of their Trust induction and information about speaking up is available in the dedicated webpages on the Trust intranet. The Guardian has met with teams and individuals on many occasions both virtually and in person to raise awareness of the importance of speaking up and to managers and others in supervisory positions on the importance of listening and responding.

Fear of detriment can be a barrier to speaking up, so allowing staff the option of anonymity is a means of creating a safe environment for colleagues. Anyone raising concerns through the Datix Freedom to Speak Module has the choice of remaining anonymous or not. During 2022-23, 25 colleagues (12.3%) chose to remain anonymous. On occasion, concerns are raised where subsequent triangulated evidence supports the need for further intervention to identify themes and trends within a team/service. In such circumstances, the Organisational Development team provide opportunity and support through a range of measures to provide a confidential environment in which staff can speak safely.

During 2022-23 e-learning Freedom to Speak Up training was made available to all staff in the Trust via the Trust intranet. Completion of the core training module will be mandatory for all staff. In addition, further training is also available for those in management and supervisory positions on listening and responding.

The FTSU Guardian delivered a workshop to Executive and Non-Executive Directors in February 2023 with a focus on the promotion of speaking up, during which discussion took place around personal behaviours and how they can encourage others to speak up, when they interact with colleagues. In addition, an e-learning programme is also now available on the intranet specifically for senior leaders.

During 2023-24, the Trust will build on previous successes and ensure that:

- Trust Freedom to Speak Up policies and procedures are consistent with national guidance.
- Recruitment of Freedom to Speak Up Champions continues to ensure that support for those raising concerns is more accessible.

Arrangements are strengthened to ensure that the Trust Freedom to Speak Up strategic objectives and actions are integrated into other relevant Trust strategies, particularly those supporting an improved listening and responsive culture.

The importance of speaking up, listening, and responding to concerns continues to be promoted across the Trust and informs the provision of safe, high-quality care and treatment along with a positive staff experience.

Our FTSU Guardian will also offer support to any members of staff who suffer detriment as a direct result of raising concerns with the FTSU service. During 2022-23 no staff reported detriment because of speaking to the FTSU Guardian, but three colleagues experienced or witnessed what they considered to be detrimental behaviour attributable to speaking up in their

workplace. 12 additional staff expressed a fear of reprisal or detriment. There was no evidence that detriment was experienced by these colleagues and their anonymity was protected.

Our FTSU Guardian provides assurance to the Board that the Trust is responsive to concerns and meets regularly with our Chief Executive and Chair to share any concerns, emerging themes, and trends.

Trust policy encourages staff to seek internal resolution but also specifically tells staff who wish to raise concerns externally how they can do this in a safe way, providing contact details of organisations they can go to.

The Trust recognises that FTSU activity should not be viewed in isolation. The Trust's Raising Concerns Group meets on a quarterly basis and reviews data and intelligence from several sources including workforce and organisational development data, safety incidents, complaints, staff surveys, and safeguarding information. Areas of concern and good practice, along with themes, trends, and actions taken are reported to the Workforce Committee and to the Board of Directors. During 2022-23, the group has strengthened its contribution to the Divisional Improvement Forums where areas of concern can be explored, and assurance of learning and improvement can be obtained. The Executive Freedom to Speak Up Lead and other group members are active participants in this process.

Promote wider learning across our leadership.

We aim to ensure that external stakeholders are engaged and have access to FTSU information and intelligence. A series of actions to facilitate improvement in the areas above have been identified. Progress against these priorities will be monitored by the Raising Concerns Group and reported to the Workforce Committee and the Board of Directors. However, completion of these and other actions does not represent an end point. The Trust recognises that there is more to do to ensure that raising concerns is business as usual for all our staff, and that when they do so they can be confident that those concerns will be heard and, as appropriate, acted upon.

PART 3

Review of Quality Performance – Patient Safety

The Trust considers the safety of patients to be our principal priority. To ensure the organisation is a safe place to receive care and treatment, the Trust monitors performance against certain factors and continually aims to reduce and eliminate patient harm where possible. In 2021-22 the Trust responded to the NHS National Patient Safety Strategy with Lancashire Teaching Hospitals' Always Safety Firs*t* programme. During 2022-23 this has continued to be led by the Chief Nursing Officer and Chief Medical Officer and supported by the Governance, Nursing and Continuous Improvement teams. The programme promotes staff to always consider safety across the organisation and has involved lay representatives from the community to support the programme to provide opportunities to share their ideas. This section of the Quality Account presents indicators relating to patient safety, clinical effectiveness and patient experience as outlined below.

Patient Safety

- The Patient Safety Incident Response Framework.
- The Trust STAR programme.
- Falls Prevention.
- Safeguarding Adults.
- Safeguarding Children.
- Maternity Safeguarding & Safety.
- Incidents and Never Events.
- Duty of Candour.
- A Learning Organisation

Clinical Effectiveness

- The Getting it Right First Time (GIRFT) programme.
- Tissue Viability – Pressure Ulcer Incidence and Prevention.
- Nutrition for Effective Patient Care.
- Medication Incident Monitoring.
- Infection Prevention and Control.
- Methicillin-resistant Staphylococcus Aureus (MRSA).
- *C. difficile.*
- Influenza and SARS coronavirus-2 (SARS-CoV-2) – COVID-19.
- Mortality Surveillance and Learning from Neonatal, Child and Adult Deaths.
- Medical Examiner Service.

Patient Experience

- Complaints and Concerns & Compliments.
- The Parliamentary Health Service Ombudsman (PHSO)
- Friends and Family Test (FFT) & Care Opinion
- National Survey Results

The Patient Safety Incident Response Framework

In March 2020, NHSE and NHSI published PSIRF. This framework is being implemented through a phased approach with several nationally appointed 'early adopter' Trusts and commissioners working to implement it, with wider implementation across the NHS planned. During 2022-23 the Trust commenced the transition to PSIRF with full transition to PSIRF mandated by Autumn 2023.

The PSIRF sets out significant changes to the approach taken by the NHS in response to patient safety incidents. This reflects the fact that the current system is frequently a reactive process where opportunities to reduce recurrence of harm are often missed. The new approach is intended to address these by refocusing systems, processes, and behaviours to improve the quality of investigations and deliver a sustained reduction in risk. A change in approach to incident management, the new framework sets out a broader, more proactive, and risk-based approach.

PSIRF provides guidance for organisations on how to respond to patient safety incidents, defined as *"unintended or unexpected incidents which could have or did lead to harm for one or more patients receiving healthcare."* Some incidents will qualify for a Patient Safety Incident Investigation (PSII), but it is recognised that there may be other alternative proportionate responses (e.g., 'being open' conversations; after action review; and audit) as well as some incidents where 'do not investigate' or 'no response required' will be appropriate. The selection of incidents to be investigated as PSIIs will be based on the opportunity for learning and need to cover a range of incident outcomes. most significant risks. However, there are incident categories for which a PSII is nationally mandated and these include maternity and neonatal incidents which meet the 'Each Baby Counts' and maternal criteria and which must be referred to Health Service Investigation Branch (HSIB); and child death, incidents which meet the Never Events and Learning from Deaths criteria and any locally defined incidents requiring local PSII for example emergent incidents which justify a heightened level of response because the consequences are so significant and potential for learning so great.

The Trust has a nominated lead and an implantation group charged with oversight and delivery of the PSIRF implementation group. Reporting on progress with implementation of the PSIRF is provided internally to the Trust Safety and Quality Committee and externally to the Lancashire and South Cumbria Integrated Care Board (ICB) Patient Safety Incident Response Framework Implementation Working Group.

Safety Triangulation Accreditation Review (STAR)

The Trust designed the STAR Quality Assurance Framework in 2017 with Trust teams to provide an evidence base to demonstrate the standard of care delivery, identify what works well and where further improvements are required. STAR is broken down into two aspects:

- STAR Monthly Reviews – 17 audit questions are undertaken by the Matron or professional lead for each area.

- STAR Accreditation Visits – an in-depth CQC-style audit is undertaken by the Quality

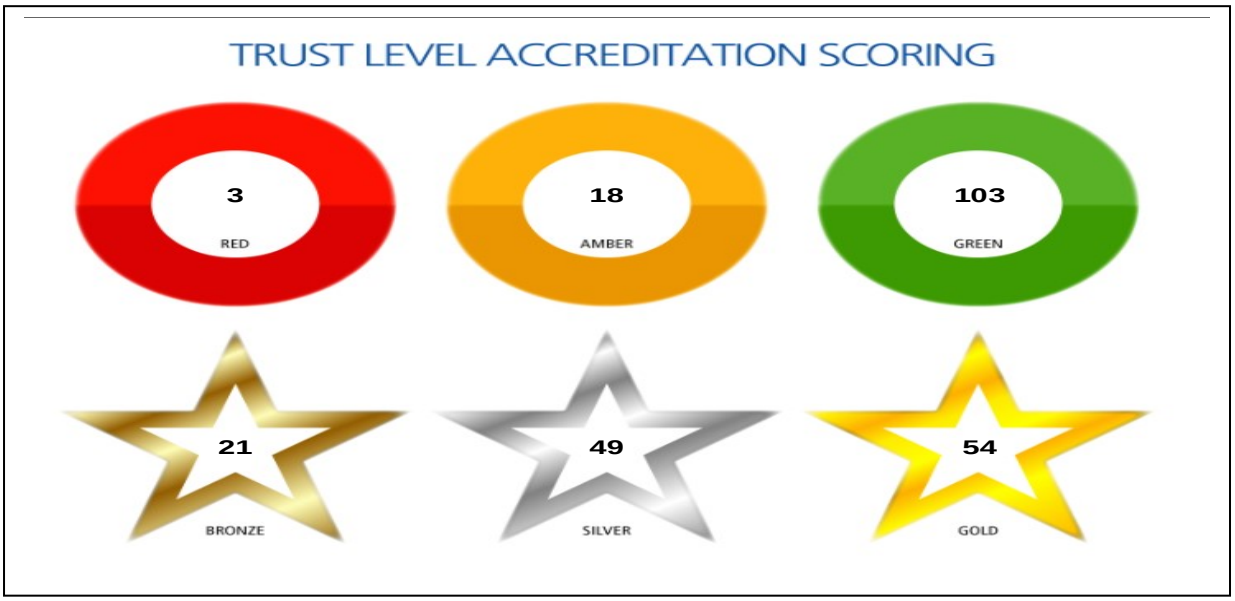
Assurance Team with support from staff, governors, and volunteers from across the Trust.

In 2022-23 there were 126 clinical areas registered for the STAR Quality Assurance Framework. Participants in this safety programme undertake monthly peer review audits using the Trust audit system AMaT. The system hosts the actions required for improvement which are monitored by the ward Matron or professional lead. A performance dashboard is also made available on the Trust Business Intelligence (BI) portal.

STAR visits result in a red, amber, or green score depending on the level of assurance gained and the outcome of the visit will determine the revisit frequency.

Up to the end of March 2023 a total of 124 areas had STAR visits completed and there are two new areas awaiting their first STAR visit. These have resulted in the following scores:

Figure 8 STAR Accreditation Scores



Source: LTHTR data

The Trust currently has 103 areas achieving a Silver star or Gold star status equating to 82% which achieves our target in Our Big Plan of 75% of areas achieving Silver or above by the end of March 2022.

In order to achieve a Gold star-rating our clinical areas must demonstrate consistently that they have met all the standards set for their staff and patients. This means that the team have worked together to:

- Achieve 3 green rated STAR accreditation visits.
- Leaders have supported a peer ward or department to achieve an improvement in their rating.
- There is evidence that staff, learner, and patient feedback is consistently responded to.
- Evidence of high standards of audit practice and environmental cleanliness.
- Evidence that these criteria have been met is to be presented to a panel which would comprise senior nurses, midwives, and allied health professionals. The Trust currently has

54 clinical areas which have successfully maintained three consecutive Silver stars and have progressed onto a Gold star.

Gold award celebrations were held in October 2022, and May and June 2023, supported by our Chief Executive, Chair, governors, Chief Nursing Officer and Deputy Director of Nursing, Midwifery and AHPs along with the Divisional Nurse, Midwifery and AHP Directors. The Gold teams presented virtually on their progression to achieving the Gold star, with many sharing very honest, inspirational stories. Key themes from the progression of the teams related to:

- Leadership and teamwork.
- Sharing and learning from each other.
- Networking and collaboration with others.
- Listening to staff and patients.

Our Gold star teams all showed determination and commitment to act upon feedback and drive improvement to ensure the best possible care for our patients. There are currently 20 areas achieving two consecutive green scores, who currently have silver stars potentially progressing onto a third consecutive green on their next visit and therefore potentially a further 23 Gold stars.

15-Step Challenge

As part of the STAR accreditation visit the 15-step challenge is undertaken by a member of the visit team, and there is usually a governor or volunteer who is not familiar with the clinical environment. The 15-step challenge is based on first impressions on entering the clinical environment and how confident the assessor is that the ward or department supports good care, in particular, that the area is:

- Welcoming
- Safe
- Caring and involved
- Well-organised and calm
- Well-led

Areas are given a scoring based on the following:

- A = Very confident
- B = Confident
- C = Not very confident
- D = Not confident at all

If a C or D rating is given for the 15 steps the relevant Matron or professional lead will be responsible for liaising directly with the ward or department manager and the Divisional Nursing or AHP Director to ensure immediate action on the areas of concern and implement recommendations in the report.

Table 17 15-Step Challenge Results

	A Very confident	B Confident	C Not very confident	D Not confident at all	N/A
Trust Overall	79	42	2	0	1

Source: LTHTR data

The STAR Quality Assurance Framework is being continually reviewed and improved to ensure the delivery of a robust and supportive framework. There is ongoing review of the STAR Quality Assurance Framework in order to deliver an effective, dynamic and robust quality assurance framework.

Following phase 5 review in January 2022, some additional changes were made following the CQC inspection. effective from June 2022. Phase 6 review updated the STAR Monthly Reviews effective from February 2023.

Our STAR accreditation visits are unannounced and conducted over a longer period of time to capture handovers and safety huddles. Feedback is mainly delivered virtually to the divisional teams, ensuring the Trust is responsive and able to apply any immediate supportive measures and can cascade for a wider response if required. There is ongoing reflection and evaluation of the impact of these changes, with lots of positive feedback received to date.

STAR learning including themes, trends and actions are discussed via the divisional Always Safety First meetings. STAR is reported via the Always Safety First Group, Safety and Quality Committee and Board reports, and through the Nursing, Midwifery and Allied Health Professionals Board.

Falls Prevention

Falls prevention continues to be one of our key priorities for improvement and Our Big Plan target is to achieve a year on year 5% reduction in falls.

Falls and falls-related injuries are a common and serious problem for people aged 65 and over with 30% of people older than 65 and 50% of people older than 80 falling at least once a year (NICE, 2013). Falls prevention is a complex challenge due to the large array of influencing factors requiring multifactorial patient assessments and implementation of individualised falls prevention measures. Increased age and frailty, history of falls and cognitive impairment significantly increase the risk of falling and risk of harm from falls.

Falls are one of the most commonly reported incidents affecting inpatients. Although most falls result in no harm or low harm, the consequences to the patient and their relatives/carers can be considerable. The impact may appear minimal; however, the patient can suffer pain, distress, loss of mobility and independence, depression, psychological distress or anxiety, and loss of confidence leading to social isolation. Falls can result in moderate or severe levels of harm including fractures, cerebral haemorrhage, and even result in death. Hip fractures within a hospital setting are associated with poorer outcomes including an increase in mortality.

The risk of having an increased level of injury or harm from a fall is difficult to predict but there are a number of known risk factors such as increased age, frailty, osteoporosis, bone metastases, blood clotting disorders, multiple co-morbidities and medications such as anti-coagulants.

Over the past nine years the Trust has implemented several falls prevention initiatives as part of the ongoing falls improvement project work. In this reporting period improvements have included development of a Falls Prevention Big Room using the continuous improvement methodology, developed through the Flow Coaching Academy and Falls Prevention Champion role for teams to drive improvements in falls prevention within the Divisions. Other falls prevention improvement actions have included:

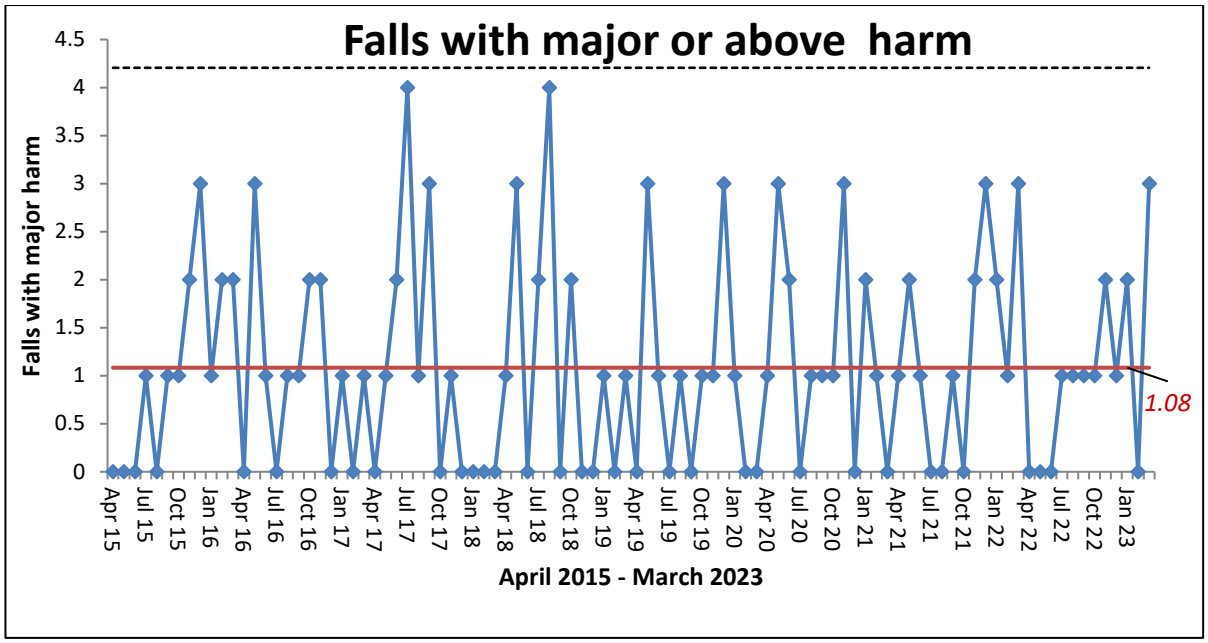
- Continuous development and cascade of a Safety Surveillance System and digital whiteboards for wards to highlight key safety concerns such as falls risk and highlight real-time compliance with risk assessments. These can be used during handovers and huddles.
- Continuation with the Royal College of Physicians (RCP) National audit of inpatient falls, an ongoing action plan which includes medications reviews, visual assessments, and the provision of mobility aids.
- Learning from falls and falls with severe harm is discussed at Divisional Governance and Always Safety First meetings and at the Safety and Learning Group.
- Falls risk assessments, moving and handling assessments, bedrails assessments and falls prevention care plans are being reviewed as part of risk assessment and care plan improvement work in collaboration with the Chief Nursing Information Officer, Digital Change team and our Continuous Improvement team.
- Reviewing of falls with severe or above harm at the Serious Incident (SI) panel quarterly at the ICB highlighting learning, themes and trends, and learning from HM Coroner Inquests.
- Compliance with NICE guidance and (NICE CG 161) and quality standards (QS86).

Future improvement plans include:

- Improvement in patient information and evidencing discussions with patient about how to prevent falls.
- Updating the falls prevention e-learning package.
- Further development of the Falls Prevention Big Room.

Falls prevention remains one of our key priorities. The end of year falls statistics demonstrate an increase in the overall number of inpatient falls. The total number of falls with major and above harm (severe, death) was reduced); there were 12 inpatient falls resulting in major or above harm.

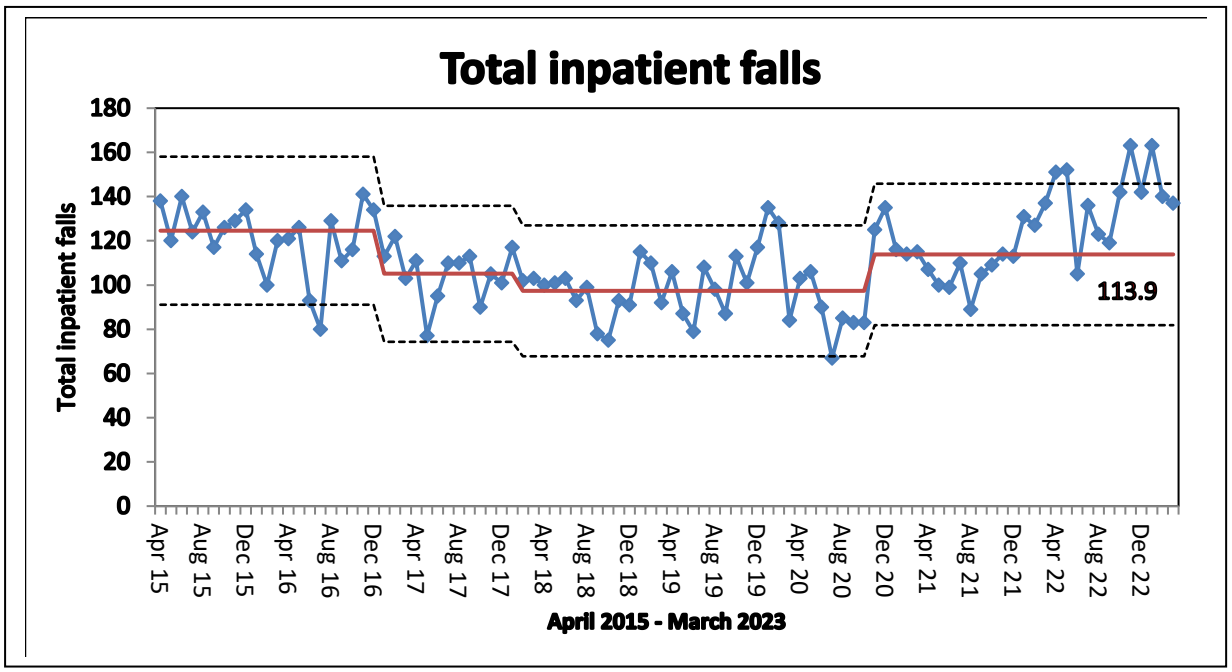
Figure 9 Total Inpatient Falls with Major or Above Harm – April 2015 to March 2023



Source: LTHTR data

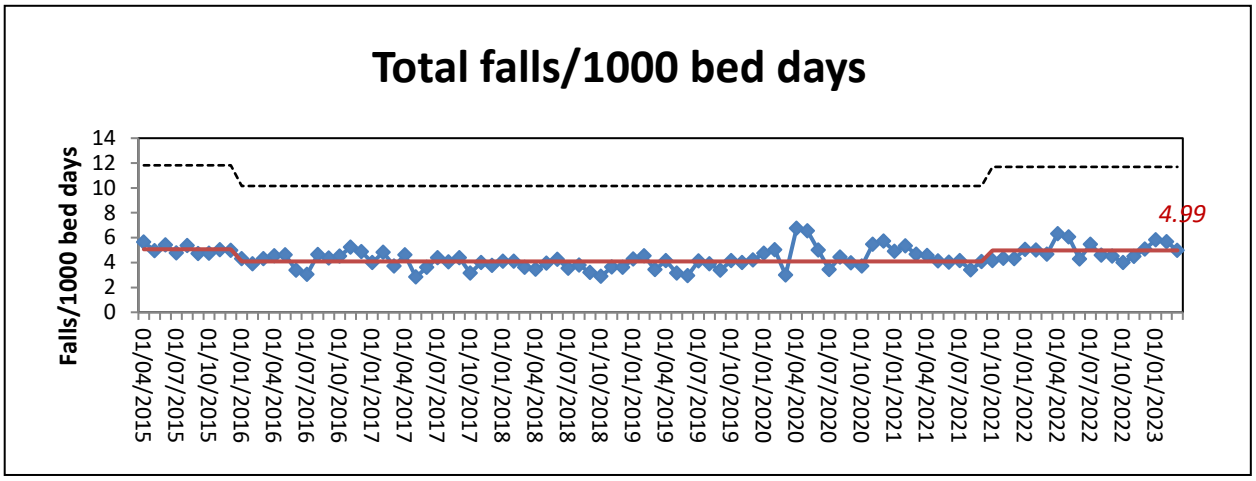
The total falls data since April 2015 is presented in Figure 10. Since 2021-22 there has been a 19% increase in the number of inpatient falls with 1,341 inpatient falls during 2021-22 increased to 1,590 inpatient falls in 2022-23.

Figure 10 Total Inpatient Falls – April 2015 to March 2023



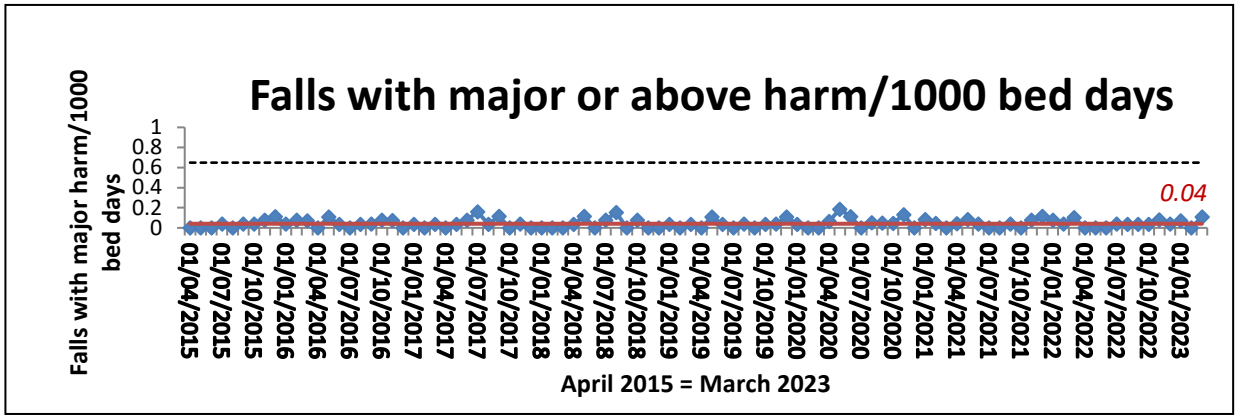
Source: LTHTR data

Figure 11 Total Inpatient Falls/1,000 bed days – April 2015 to March 2023



Source: LTHTR data

Figure 12 Falls with major or above harm/1,000 bed days



Source: LTHTR data

The Trust's Our Big Plan falls prevention target for 2022-23 was to achieve a year on year 5% reduction in inpatient falls. This was not achieved during 2022-23, there was an increase of 249 falls compared to the previous year which is an increase of 19% for inpatient falls. It is noteworthy that there has been a substantial increase in our bed-base and inpatient capacity, bed occupancy and acuity during this 12-month period. The falls per 1,000 bed days demonstrates normal variation. The Trust is still facing the pressures of the COVID-19 pandemic. There has remained a notable increase in the frailty and dependency of many inpatients. Reduced staffing levels due to sickness and isolation requirements and decrease in patient flow and capacity has further impacted upon the organisation as demonstrated by the continued major incident status.

We continue to prioritise falls prevention as part of our Always Safety First Strategy. The annual falls report and action plan is shared among the divisions alongside Falls Prevention Champions' training to strengthen knowledge and awareness of falls prevention strategies and support ongoing improvements within clinical teams. The development of a new Falls Prevention Improvement Forum Big Room in collaboration with multidisciplinary colleagues using continuous improvement methodology commenced during February 2023 is very promising as a catalyst for future falls prevention improvements.

Safeguarding

Lancashire Safeguarding Adult Board and Children's Safeguarding Assurance Partnership

The Trust is well represented across the local safeguarding partnership arrangements including at Executive and senior operational level via the Chief Nursing Officer and Head of Safeguarding currently recruiting for the post. The Trust is fully sighted and actively involved in the safeguarding agenda and Board priorities for Lancashire and South Cumbria, the Board priorities are linked to the activities undertaken within the safeguarding team annual work plan. In addition, the named professionals and safeguarding team are active members on several subgroups to the Lancashire Safeguarding Adults Board (LSAB) and Children's Safeguarding Assurance Partnership (CSAP). These include:

- Lancashire and South Cumbria ICS Safeguarding Health Executive Group.
- ICS Safeguarding System Leaders Business meeting.
- Children's Health Connectivity Group.
- Lancashire Contextual Safeguarding Operational Group.
- Lancashire Neglect Operational Group.
- Neglect Task and Finish Group.
- LSAB Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS) Implementation Group.
- LSAB Quality Assurance, Audit and Performance Group (put on hold).
- LSAB Safeguarding Adult Review Group.
- Pan-Lancashire Child Death Overview Panel (CDOP) Case Discussion meeting.
- Pan-Lancashire Sudden Unexpected Death in Childhood (SUDC) Prevention Group.
- ICON Men's Steering Group.
- North-West ICON meetings.
- Pan-Lancashire Domestic Abuse Steering Group.
- Lancashire Domestic Abuse Forum.
- Lancashire & South Cumbria Trauma-Informed Training Education Network.
- Safeguarding Adult Board Voice/Making Safeguarding Personal Sub-Group.
- Self-Neglect Task and Finish Group.
- MCA Task and Finish Group.
- MCA Regional Network Meeting.

Safeguarding Audit Activity

The annual safeguarding audit activity is directed by the local Safeguarding Board priorities, CQC 'must do's and should do's,' All-Age Section 11 Children Act (1989, 2004) and Care Act (2014) Compliance Audit, CCG Safeguarding Standards Audit and local and national safeguarding practice reviews. Audit activity for 2022-23 includes:

- Trust-wide audit of domestic abuse knowledge amongst staff and management of incidents.
- Trust-wide themes and trends audit relating to safeguarding incident management and

Section 42 enquiries.

- Trust-wide audit of MCA and DoLS, Least Restrictive Practice and Enhanced Levels of Care knowledge amongst staff and monthly compliance of application.
- Monthly audit in Adult ED (16–17-year-olds), Children's ED and Paediatric Assessment Unit in completion of the children's safeguarding checklist.
- Paediatric Assessment Unit (PAU) safeguarding recognition and referral assurance audit.
- Monthly audit of completion of children's safeguarding checklist in MAU and Surgical Assessment Unit (SAU).
- Maternity Perinatal Mental Health audit regarding routine enquiry and compliance with NICE.
- Maternity domestic abuse audit regarding routine enquiry and compliance with NICE Guidance.
- FGM Audit.
- Substance/Misuse/alcohol in pregnancy audit.
- Safer Sleep.

Lessons Learnt from Safeguarding Audit Activity

- Trust-wide audit of domestic abuse demonstrated good overall understanding of recognising and responding to victims and their families. Child safeguarding procedures demonstrated 100% compliance giving strong assurance that the 'think family' message is embedded in practice.
- Trust-wide audit activity showed positive results in relation to staff knowledge of MCA and DoLS. This includes improvements in the quantity and quality of MCA and DoLS applications, giving strong assurance the patient's human rights are protected whilst in our care.
- Good overall assurance is noted within the annual incident management and Section 42 enquiries themes and trends audit. Areas highlighted for growth include adverse discharges, compliance of nursing risk assessments and care planning to support patient care.
- Findings from the audit have been cascaded into the Trust's Always Safety-First Discharge Programme.
- Female Genital Mutilation (FGM) Audit provided significant assurance that staff were asking routine enquiry into FGM in pregnancy and following the recommendations in the FGM Guideline.
- Good assurance that routine enquiry into domestic abuse during pregnancy is being undertaken. The implementation of BadgerNet will again increase compliance.
- A Safer Sleep audit was completed which showed significant assurance that maternity staff were completing the safer sleep assessment tool in accordance with the Safer Sleep Guidance for Children in Blackburn with Darwen, Blackpool and Lancashire.
- Mental health looked at the compliance of midwives asking the Whooley questions at booking and enquiring about mental health during pregnancy. This provided significant assurance of compliance.
- Routine enquiry regarding domestic abuse in pregnancy provided significant assurance that routine enquiry is being completed in pregnancy.
- The PAU audit on recognition of safeguarding and referrals was positive and showed a good level of assurance that safeguarding cases were being identified and acted upon.

Audit to be repeated in 2024.

- Monthly audits of the safeguarding checklist across ED, Adult ED and PAU have been variable, but with improvements over the past quarter particularly for ED (compliance rate of 100%) and PAU (compliance rate of 90-100%).

Safeguarding Adults - Activity for 2022-23 includes.

- Following a period of change the Adult Safeguarding Team is now at a full complement of staff, following the recruitment to the Named Nurse for Safeguarding Adults and the Specialist Safeguarding Practitioner posts. In addition, the recruitment of a Named professional for MCA/ DoLS has been completed and is now in post.
- A review of the workstream previously known as the Multi-Agency Safeguarding Hub (MASH) pilot is underway, following the restructure within the Local Authority. Dialogue is taking place between the Safeguarding Team, the Governance Teams within each Division and partners within the Local Authority, to ensure that all safeguarding alerts received against the Trust are logged, investigated and reported back in a comprehensive and timely manner.
- Strengthened Datix redesign to facilitate and reflect the requests and restructure within the Local Authority, and to ensure that accountability remains within the Divisions and themes and trends are identified and learning disseminated Trust-wide where appropriate.
- Strengthened digital developments through ward whiteboards and Flex has been implemented to support vigilance/compliance and monitoring of patients with Safeguarding/MCA/DoLS vulnerabilities.
- A request has been circulated to all adult patient-facing areas to confirm names of Safeguarding Champions, with a view of restarting quarterly champion events. These will be all age safeguarding events sharing important safeguarding messages and local and national themes and trends.
- Themes and trends analysis of safeguarding concerns/incidents internally recognised and externally identified on admission shared with relevant partner agencies to enable public health economy analysis.
- The Adult Safeguarding team play an active role in the Lancashire Safeguarding Adult Board and its sub-groups.
- Bespoke MCA/DoLS training on request and in areas where a need is identified.
- This has included the delivery of training to staff who predominantly work nightshifts and are unavailable for additional daytime training.
- Increased visibility of the Safeguarding team within high acuity areas across the Trust.
- Development and implementation of bespoke safeguarding supervision for high acuity departments.

Adults & Children's Safeguarding Training Compliance

At the end of March 2023 training compliance was greater than the Trust target of 90% for all levels of safeguarding training.

Our Trust-wide Adult Safeguarding Level 1, 2 and 3 and Prevent training compliance over the past 12 months has achieved the 90% compliance target all areas. The training packages and Training Needs Analysis are in accordance with the requirements of the Royal College of Nursing (RCN) Adult Safeguarding: Roles and Competencies for Health Care Staff (2018). Prevent returns are submitted quarterly and consistently pass the standards set by the Home Office. Each Division reports on Safeguarding training through the monthly Trust Safeguarding Board, hotspots of low compliance are identified, and action plans put in place by the Division.

Child safeguarding training compliance continues to remain above 90% for level 1-3 training. This training is available as e-learning packages to enable staff to continue to access their essential child safeguarding training. In addition, safeguarding supervision is embedded within ED, Ward 8, PAU, Neonatal Intensive Care Unit (NICU), Specialist Community Services and hospital-based services including paediatric physiotherapy and audiology. This enables staff to discuss current cases and those in retrospect to support learning and identify any changes or training needs.

Safeguarding Children

Our Child Safeguarding team are visible within Paediatrics, Neonates and the ED and the Trust utilises its BI system to gain an oversight of all children aged 16-17 who have been admitted to an adult ward. The team operates a safeguarding duty system whereby one of the safeguarding practitioners is available to support staff with a wide range of child safeguarding concerns. A child safeguarding risk assessment is undertaken for every child who attends an assessment area. This includes ED, PAU, MAU and SAU. The National Child Protection Information Sharing system (CP-IS) is also used in unscheduled care settings to provide assurance that children on Child Protection Plans or who are Looked After by the Local Authority are identified and appropriately safeguarding.

During 2022-23 the Safeguarding team received between 54-85 child safeguarding enquires each month from across the Trust. The Trust made between 8-21 referrals per month to Children's Social Care over the past year. The number of enquires and referrals fluctuates each month. The majority of referrals to Children's Social Care come under the category of neglect with 74 referrals this year, and emotional abuse with 52 referral this year. Our team have close links with the local MASH and wider safeguarding system partners including the local CSAP.

Following lessons learned from local and national Child Safeguarding Practice Reviews and child deaths, the Trust has again this year been involved in promoting the ICON messages with parents including the creation of a video for Healthier Lancashire and South Cumbria's Better Births. This video has been shared with partner agencies over the past year.

This work will help to ensure that the Trust embeds lessons learnt following serious incidents by increasing staff knowledge and confidence in providing parents with Safer Sleep and how to cope with crying baby messages. This supports the aim to reduce the number of child deaths and traumatic head injuries in young babies. The ICON message and safer sleep risk assessment tool has been shared Trust-wide with various departments involved, in ensuring the safer sleep messages with families are embedded in practice.

Maternity Safeguarding

Improvements include:

- Membership of the National Maternity Safeguarding network with NHSE, providing a national voice for safeguarding midwives working for or on behalf of maternity service providers.
- Participation in the production of Safer Sleep message videos following publication of national guidance regarding the increased risk of babies/children sleeping 'out of routine.'
- Fortnightly allocations meeting with Children's Social Care (CSC) managers are now embedded.
- Development of an e-learning package for ICON. Training package shared with partner agencies across Lancashire. We represent the Trust at the ICON Lancashire-wide meeting and Engaging Men Steering Group.
- Review of the Perinatal Mental Health Pathway is underway in collaboration with the North West Coast Strategic Clinical Network.
- Specialist Perinatal Community Mental Health (SPCMHT) Multi-Disciplinary meeting now embedded within Maternity.
- Relaunch of the Inspire Partnership Clinic with Maternity.
- Specialist midwife for perinatal mental health is seconded to the Reproductive Trauma Service 2 days a week.
- Participation in a two-year national research project Born into Care which aims to improve professional practice when the Local Authority intervenes in the lives of new-born babies. Following on from this HOPE Boxes were developed and our Trust has been a pilot for the HOPE Box. These are designed to minimise the trauma experienced by parents and baby when babies are removed from their care.

Safeguarding/Mental Health Operational Groups Adult and Child

The Children's Safeguarding/Mental Health Operational Groups are held on a monthly basis reporting directly to the Trust Safeguarding Board via a chair's report. The Children's Safeguarding/Mental Health Operational Groups include representation at a senior level across all divisions and undertake the operational business of the safeguarding/mental health agenda ensuring divisional Matrons and safeguarding leads work together to make improvements and

share this agenda. The operational groups ensure delivery of key messages from the wider safeguarding/mental health partnership system and establish divisional ownership to improve practice in relation to both local and national safeguarding practice reviews and developments in safeguarding/mental health policies/procedures including the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Treat as One for both adult and child.

A mental health risk assessment audit is completed on a monthly basis. This comprises a cross section of 50 patients through age and location within the Trust. This enables assurance to the Board and highlights areas requiring improvement and those areas promoting best practice. A mental health training report is received monthly and presented to the Safeguarding Board.

Maternity Safety

Maternity staffing metrics are displayed on the maternity specific safety and quality matrix each month. The metrics collated triangulates with workforce information with safety, experience and effectiveness measures in order to provide a holistic overview of maternity services. The maternity matrix is reviewed at the maternity Safety and Quality Committee on a monthly basis with any concerns escalated through the divisional Safety and Quality Committee. The matrix is also detailed in the monthly report submitted to the Trust Safety and Quality Committee.

The matrix reflects increased compliance with Practical Obstetric Multi-Professional Training (PROMPT) since September 2022 and Cardiotocograph (CTG) competency training since May 2022. The additional training compliance is captured in the monthly divisional training report to the maternity Safety and Quality Committee.

The home birth rate has been consistently above the national average of 2% for over twelve months and above the regional mean rate, this positively reflects the continuation of the continuity model.

Key performance related to booking by 9+6 weeks gestation has been below the expected target range since October 2021. SPC data shows a recovering position. Performance continues to be closely monitored by the operational team and the digital maternity team. As of April 2023, the service anticipates significant improvement with this key performance indicator.

The maternity stillbirth rate is monitored by the maternity Safety and Quality Committee. At this time, the mean stillbirth rate is below the national average.

The service declared compliance with all ten Clinical Negligence Schemes for Trusts (CNST) safety indicators for year four and this was validated by the Local Maternity Neonatal System (LMNS) prior to submission.

Incidents and Never Events

Incidents

Our incident data has been presented in section 2 of this report with a rationale for the data and actions taken and planned. The levels of harm from incidents in 2022-23 are presented below.

Table 18 Level of Harm Related to Incidents 2022-23

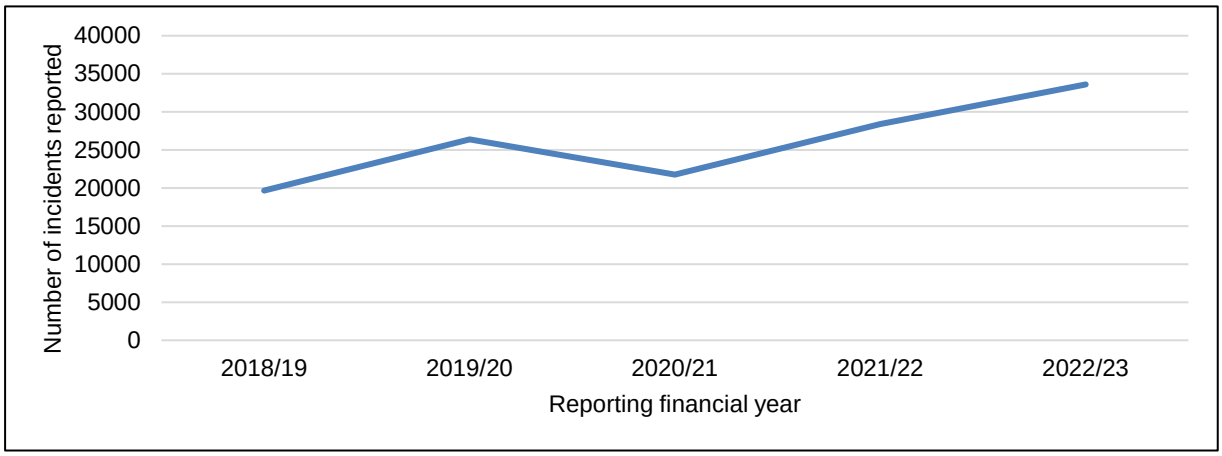
Level of Harm	Number of Incidents Reported
No Harm	23, 910
Low Harm	8, 227
Moderate Harm	1, 330
Severe Harm	112
Death	24
Total	**33,603**

Source: LTHTR Datix data

Our staff are proactively encouraged to report near misses and no harm incidents to enable increased opportunity to identify themes and trends before harm occurs to patients. In order to promote and develop our culture of incident reporting the Trust continues to improve education regarding the reporting of incidents and near misses, the importance of reporting and the learning the Trust obtains from incident reporting. More detailed education around the importance of incident reporting and how to report an incident have been included in the Trust's induction programme, along with the Trust's annual training which all staff must complete. The Trust has also continued to make further improvements to our reporting system Datix to make it easier to report appropriate information in a timely manner. Governance and incident dashboards are in use across our organisation to embed incident reporting and analysis. The Trust has also continued to link our incident analysis to our risk register to promote our Risk Maturity programme of work in line with Our Big Plan.

Our incident reporting has over successive years continued to improve which is demonstrated in figure 13 below.

Figure 13 Incidents Reported 2018-2023



Source: LTHTR Datix data

In 2021-22 the number of incidents reported shows a significant increase, correlating with the recovery of hospital activity but also accounting for the significant number of hospital-acquired COVID-19 infection incidents reported and a significant number of delayed diagnosis and treatment incidents as a result of the COVID-19 pandemic. This upward trajectory continues through 2022-23.

Never Events

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. They can lead to serious adverse outcomes and can damage patients' confidence and trust.

During 2022-23 the Trust reported two Never Events, one in Quarter 3 (Wrong site surgery) and one in Quarter 4 (Unintentional connection of a patient requiring oxygen to an air flowmeter).

All Never Events are subject to a serious incident review and reported to the local ICB as well as nationally to StEIS and the National Reporting and Learning System (NRLS). Learning from both systems is shared nationally. Both never events in the reporting period 2022-23 have undergone full investigation and action plans have been developed and are either complete or being monitored.

The Trust had an Always Safety First work stream to review actions from all Never Events both for compliance with initial target completion dates and for quality of evidence. Never Events have been added to our 'Learning to Improve' programme to ensure that actions and learning are embedded over time and participation in a regional learning event has taken place to share learning across organisations.

Duty of Candour

Duty of Candour is a regulation that has been applicable to health service organisations since November 2014 in response to the Francis report (2013) which stated that *"any patient harmed by the provision of health care service is informed of the fact and an appropriate remedy offered regardless of whether a complaint has been made or a question asked"* (Francis 2013).

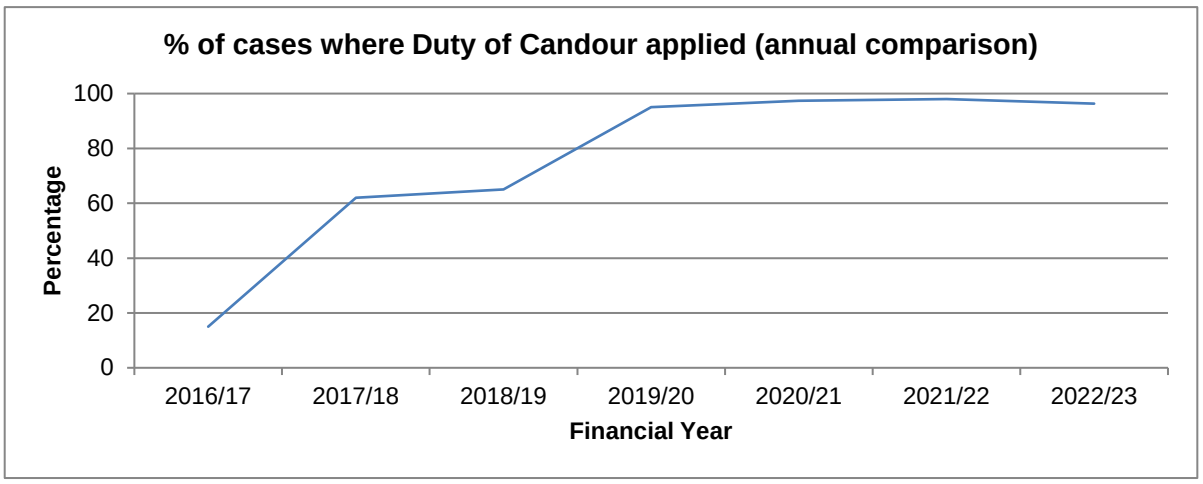
The investigation of incidents where actual or potential for harm has occurred, is carried out within a culture of openness and transparency with an absolute commitment to explaining and apologising to patients who have suffered harm. This is a key aspect of us delivering excellent care with compassion. The Trust monitors compliance with Duty of Candour on a weekly basis through the Safety and Learning Group.

In the year 2022-23 the Trust identified 1,217 cases where Duty of Candour was applicable. This is an increase in cases since the previous financial year but is still much higher than historic financial years due to hospital-acquired COVID-19 cases which have required Duty of Candour. Of the 1,217 cases where Duty of Candour was applicable, 392 of them were probable or definite hospital-acquired COVID-19 cases. Of those 1,217 cases, Duty of Candour has been applied to the patient or next of kin either verbally and/or in writing on 1,172 occasions (96.3%).

The remaining 45 cases (3.7%) have documented validated reasons as to why Duty of Candour has not been carried out. Reasons for Duty of Candour not being applied relate to:

- No known address of the patient or appropriate person.
- Patient is too acutely unwell to receive the letter but will be delivered once the condition improves.
- Patient or appropriate person is untraceable.

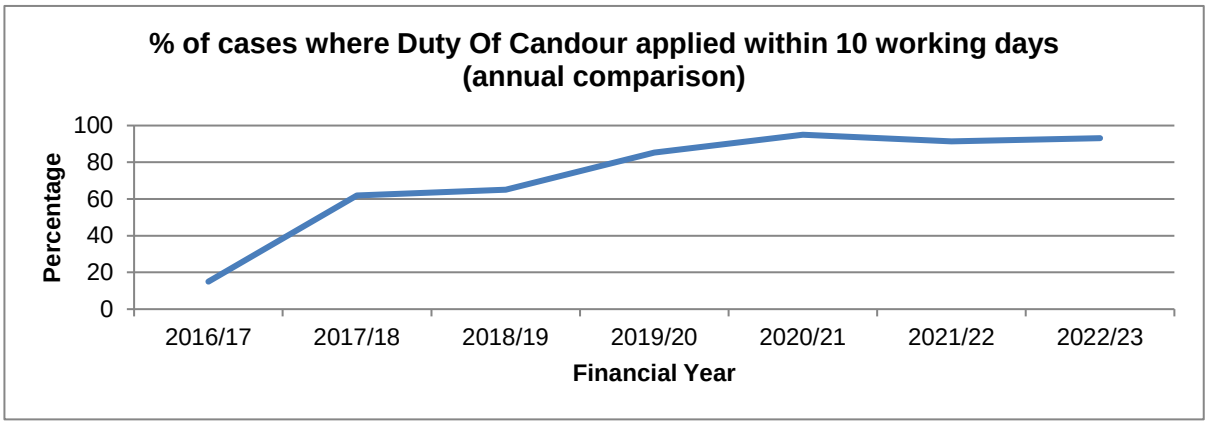
Figure 14 Percentage of Cases with Duty Of Candour Applied (Annual Comparison)



Source: LTHTR Datix data

Of the 1,172 occasions where Duty of Candour has been undertaken, 1,093 cases (93.2%) were achieved either verbally or in writing within 10 working days of the incident being reported. This is an increase compared to 2021-22 where 91.3% of cases had Duty of Candour carried out within 10 working days of the incident being reported.

Figure 15 Percentage of Cases with Duty Of Candour Applied in 10 Working Days



Source: LTHTR Datix data

Figure 15 demonstrates a strong trend of improvement over the last 6 years regarding timely application of Duty of Candour and provides further assurance that the application of Duty of Candour is embedded in our culture and practice. There was a slight decrease in compliance with application of Duty of Candour within 10 working days in 2021-22 due to pressure from the COVID-19 pandemic however this is being recovered into 2022-23.

A Learning Organisation

Incidents

The Trust continues its commitment to being a learning organisation and a Safety and Learning Group meets weekly, chaired by the Associate Director of Safety and Learning. The group provides an assurance process which includes evidence of completed actions and, where indicated, evidence that actions are developed and embedded over time and shared across the organisation and are leading to the reduction of risk. This includes the commissioning of Always Safety First Working Groups in response to incidents where complex organisational learning and improvements are needed. These groups will be commissioned by the Patient Safety Specialists. The group has adopted a safety 1 and safety 2 approach. Always Safety First bulletins are produced further enhancing the open approach to learning.

Review of Quality Performance - Effective Care

The Trust aims to continually provide effective care and treatment by ensuring clinical practice is evidence-based against national standards and clinical research. Being involved with national quality and benchmarking programmes including GIRFT gives us opportunities to benchmark our services and improve our outcomes. Tissue viability and pressure ulcer prevention, nutritional support, management of medications and infection prevention and control are critical to the effective care and treatment of our patients.

We monitor our mortality benchmarking data to ensure there are no emerging risks and we also learn from the deaths of patients to inform change and improve practice where required. The Medical Examiner Service provides an independent review of the care and treatment of patients who have died in our Trust. Requests from the Medical Examiner to undertake a SJR Mortality Review or Serious Investigation are responded to and learning shared.

The following sections provide details on a number of areas that support the Review of Quality Performance.

Getting it Right First Time

The GIRFT programme is helping to improve the quality of care within the NHS by bringing efficiencies and improvements.

The Trust recognises the opportunities that the national GIRFT programme provides and the benefits it will bring to the services provided. This quality improvement programme encompasses a wide range of clinical pathways, and it enables us to benchmark with other similar hospital services and share the learning.

The GIRFT visits to the Trust commenced in 2016, completing 43 visits across 32 specialties, 11 of which were revisits. A further four specialties have been identified and await review

dates. These include anaesthetics and perioperative medicine, oncology, paediatric medicine, and diabetes. Learning from the pandemic, GIRFT has now transitioned to a Regional Gateway Review, to facilitate a systems approach to improving patient care and experience, providing opportunities to develop pathways. To enhance this approach, in January 2023, a Lancashire and South Cumbria GIRFT Oversight Group was set up to enable access to a wider network of support and shared learning.

The Trust has developed an improved Governance structure around GIRFT to support Divisional oversight and re-establish GIRFT into safety and quality forums. This includes embedding a Trust-wide monitoring process. A collaborative approach has been adopted to support specialities in the identification of their top five high impact actions to optimise outcomes. These will align to safety and quality, productivity, and finance in keeping with the Trust's key priority areas. The Model Hospital System and GIRFT best practice guidance will also be used to identify opportunities and areas for improvement. GIRFT actions will be linked to the relevant cost and quality improvement workstreams within the Trust, where these are already established.

Tissue Viability – Pressure Ulcer Incidence and Prevention

Pressure ulcer incidence are used worldwide as an indicator of safety and quality and reducing pressure ulcers has been and continues to be a priority for improvement in the care of our patients.

The root cause of pressure ulcers is multifactorial including having reliable robust systems and processes to ensure care is implemented effectively, enabling timely risk assessment, skin assessment and repositioning. The multiple factors for the development of the pressure ulcers require a multidisciplinary approach for improvement.

We have an established programme of prevention and management of pressure ulceration, which includes training, education, clinical advice, and support for clinical teams facilitated by the Tissue Viability Nurses (TVNs).

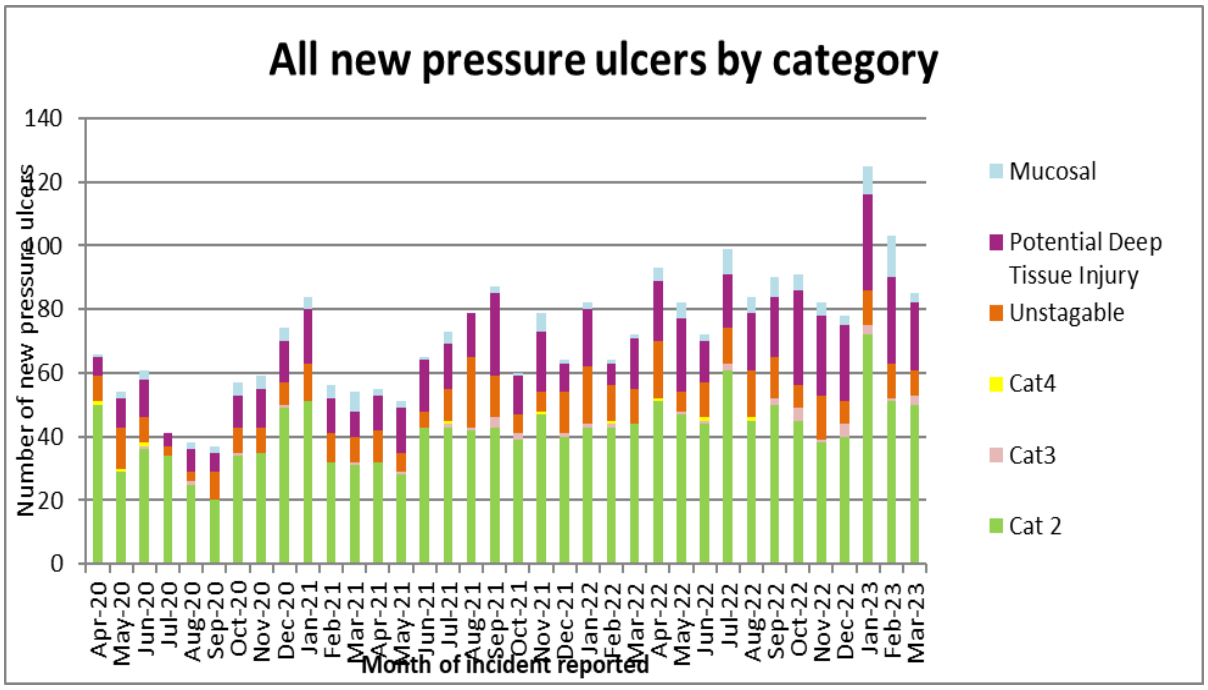
Education and audit of pressure relieving equipment is another key role of the TVNs, supported by the Medstrom clinical nurse advisor. Education has resulted in improved recognition of patients who need pressure relieving equipment and the selection available for use. The effective utilisation, management and education of the pressure relieving surfaces is vital for both preventing and treating new hospital-acquired pressure ulcers and also the effective care for the most vulnerable patients who are admitted with pressure ulcers.

Restoration and recovery from the COVID-19 pandemic has begun, the pandemic had a significant impact upon the organisation from reduced staff availability, patient flow, reduced fill rates, redeployment and challenges of infection prevention and control procedures. All these factors also impacted on the potential for pressure ulcer development.

Pressure Ulcers

The Trust acknowledges that there has been an increase in the overall number of patients with pressure ulcers since 2018. The reason for this is multifaceted which includes the complexity and frailty of patients, increase in the number of patients admitted to hospital and the increased bed capacity of the hospital. When monitoring pressure ulcers within the Trust it is important to correlate the numbers of incidents that have occurred with the Trust activity in bed days. This is done by analysing pressure ulcer incidents per 1,000 bed days allowing for that comparison of incidents and Trust activity. The bar chart below in Figure 16 highlights the category of harm.

Figure 16 New Pressure Ulcers by Category April 2020 – March 2023



Source: LTHTR data

Medical Device Related Pressure Ulcers

Medical device related pressure ulcers are clearly identified within our incident reporting as outlined in NHSI guidance (2018). This promotes clearer visibility of these types of pressure ulcer and enables further targeted pressure ulcer prevention improvement actions. The key to preventing these pressure ulcers is careful skin assessment under and around any medical devices.

The 'Essentials of Care' chart was rolled out in all adult inpatient areas in December 2021. This document contains clear sections to be completed every shift to support skin inspections, including under medical devices. Further improvements have been made within adult inpatient areas in the recognition of patients who have a Plaster of Paris (POP) to identify these devices as high risk.

Table 19 Device Related Pressure Ulcers

Trust	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Cat 2 (d)	11	10	8	17	11	7	10	13	10	12	9	10
Cat3 (d)	0	0	1	1	0	1	0	1	1	0	0	0
Cat4 (d)	0	0	0	0	0	0	0	0	0	0	0	0
Unstagable (d)	1	1	0	1	3	3	0	1	4	5	3	3
Potential Deep Tissue Injury (d	1	1	4	2	3	2	3	3	3	2	2	1
Mucosal (d)	4	4	2	7	4	6	5	4	3	8	12	3
Total	17	16	15	28	21	19	18	22	21	27	26	17

Source: LTHTR data

Learning and Improvement

The Pressure Ulcer Prevention Champion role has been reviewed and re-established after the COVID-19 pandemic. This role is to provide cascade training for other members of the ward team and to be the first line source of pressure ulcer prevention knowledge and advice in ward areas. The team is looking to develop the training provided to the Pressure Ulcer Prevention Champions with support on the ward and update sessions. To ensure all staff are kept updated with current practice, an e-learning annual update is available, alternatively there is the availability of face-to-face sessions provided by the TVNs.

The combination of electronic and written documentation has been identified as an obstacle in providing a holistic overview of patients and their needs on each shift. A review of the electronic Waterlow, skin assessment, pressure ulcer care plan and wound chart has been undertaken by the TVNs, helping to standardise and streamline processes with the aim to make it simple, meaningful, and easily accessible to all involved in patient care.

Pressure ulcer improvement strategies also include:

- The Datix system is inclusive of patients in the pressure ulcer review process to improve patient involvement in the investigation and learning process.
- Witness statements to HM Coroner Inquests, providing an overview of the pressure ulcer prevention measures in place.
- Nutritional Big Room, looking at Malnutrition Universal Screening Tool (MUST) and weight compliance to identify patients requiring additional nutritional support.
- Purchase of additional weighing PAT slides within the Trust.
- Close working with ED reviewing equipment, training and the pressure ulcer review process.
- Pressure ulcer prevention training provision for HM Coroner's Team (2019, 2021, 2023).
- Review of any severe harm incident with Divisional governance and senior leader team.
- Weekly in-depth Divisional review of all Trust acquired pressure ulcers.
- Monthly Divisional Always Safety First meetings focusing on shared learning.
- Trust-wide learning included as part of the Always Safety First Learning bulletins.
- TVN link practitioner days twice yearly.
- Pressure ulcer prevention training for healthcare assistance on induction.
- Pressure ulcer prevention training to support international nurses and level 3 apprenticeship.

- Various tissue viability sessions for inter professional learners (IPL).
- Student spoke days with the TVN's once a week.
- Student placement development within the tissue viability team.
- Collaborative working with the Continuous Improvement team in developing a specific pressure ulcer prevention program of work due to start May 2023.
- Development of a standardise wound care formulary across the ICS

Nutrition for Effective Patient Care

The provision of high-quality nutritional support is complemented by our 7-day Integrated Nutrition and Communication Service (INCS) who have led and supported a number of key initiatives in previous years, many of which are now well embedded in daily practice. INCS comprises of the Nutrition Nursing Team, Dietetics, Speech and Language Therapy, Central Venous Access team and the Tobacco and Alcohol Care team, previously known as the Hospital Alcohol Liaison Service.

One of our aims continues to be to ensure that patients admitted to the Trust who remain for more than 48 hours (excluding maternity and day-case patients) have a nutritional screening assessment on admission. The assessment is carried out using MUST developed by the British Association for Parenteral and Enteral Nutrition. The screening tool highlights patients who are already malnourished or at risk of malnourishment and determines the need for referral for a more detailed nutrition assessment by a dietician or an alternative nutritional care plan.

Many patients require artificial feeding using either enteral feeding tubes or intravenous feeding. Our INCS service is designed to assess patients swiftly, make nutritional care plans, including feeding device selection, and undertake appropriate follow up.

The nursing 7-day service provides a rapid access clinic which is an admission avoidance measure and improves quality of care and experience for patients as they have a dedicated telephone helpline to gain this expert advice.

Our Speech and Language Therapy department offer high quality services to patients with communication and swallowing difficulties including complex presentations. Direct access to instrumental swallowing assessments using fibreoptic endoscopes and video fluoroscopy is available onsite, informing diagnosis, decision-making and provision of appropriate nutrition.

Our Dietetic service provides highly specialist care for a wide group of patients both adults and children. The service offers a variety of specialist clinics including paediatric diabetes, paediatric ketogenics, adult coeliac and adult renal, as well as providing a comprehensive inpatient service over both hospital sites.

The Trust continues to work alongside the catering services so that services are fully compliant with legislation relating to allergens. There is ongoing work to support the new bulk trolley system and menu development.

In addition, The Tobacco and Alcohol Care team (TACT) provide a 7-day service to all inpatients admitted to hospital who are identified as having an alcohol-use disorder or who smoke. The team expanded last year to include the treatment of tobacco addiction, securing funding to employ three band 3 tobacco and alcohol advisors and two full-time band 6 posts.

All patients admitted are assessed for smoking and alcohol use. The audit-c alcohol assessment tool identifies hazardous, harmful or dependent drinkers via HarrisFlex and an automatic referral to the TACT alcohol worklist is generated. Patients are then offered a more comprehensive assessment which aids planning of care, risk assessments, pharmacotherapy and psychosocial interventions. The team have three Non-Medical Prescribers (NMP's) who can ensure prescribing for alcohol withdrawal syndrome is safe and effective.

A new smoking cessation pathway has been developed to ensure that all smokers are offered the opportunity to receive specialist assessment and advice, and to ensure that even those patients who do not want to quit are offered nicotine replacement therapy in line with the Trust's smokefree policy. Discharge pathways have been set up with the current community provider, Quit Squad and into community pharmacies who offer the stop smoking service. The service is monitored by the ICB who are currently providing funding, and success will be monitored via data sharing regarding 4, 8 and 12 week quit rates.

During 2022-23 our services key achievements were:

- Being fully compliant with legislation relating to allergens.
- Cook/chill trolley system now implemented across both hospital sites.
- The further development of the weekly integrated secondary and primary care nutrition multidisciplinary team meetings.
- The MUST tool has been updated and relaunched following work in the Big Room led by Head of Dietetics.
- Further Big Room workstreams continue to develop around identifying patients on special diets.
- Additional Big Room continues to progress the fluid balance improvement work.
- Revised the policies and pathways around improving Nasogastric tube (NGT) safety. This has resulted in no NG tube placement Never Events for over 28 months.
- Completion of the Electronic Patient Record (HarrisFlex) team to refine the electronic documentation of NGT management.
- Approval of a difficult feeding service in Speech and Language Therapy (SLT) for 2-5 years.
- Dietetics and SLT services now have electronic inpatient referral systems.
- Increased SLT and dietetic services within critical care following a CQC should do.

Medication and Incident Monitoring

Medicines Safety

Medication errors are a major concern for patient safety in the UK healthcare system, with a report from the CQC indicating that medication safety incidents are the most commonly reported safety incidents in healthcare settings. In 2019-20, medication errors were a factor in 29% of patient safety incidents reported to the CQC. To address this issue, the Medicines and Healthcare Products Regulatory Agency (MHRA) launched a campaign to raise awareness of medication safety risks, particularly in the context of the COVID-19 pandemic.

At Lancashire Teaching Hospitals Pharmacy Department, medication safety is a top priority, and efforts are ongoing to improve systems and processes to reduce the risk of medication errors and their impact on patient safety. The Pharmacy Medication Safety team is dedicated to promoting a positive incident reporting culture, which aligns with the principles of Safety 2. Our efficient reporting system, Datix, allows medication errors to be quickly reported and thoroughly investigated.

Over the period of April 2022 to March 2023, medication incidents accounted for an average of 8.78% of all reported incidents, with an average of 238 incidents reported each month, representing a 4.8% increase from the previous year's monthly average of 227 incidents.

Data from the Model Hospital dashboard indicates that the national average for the proportion of reported medication incidents causing harm is 11%. Throughout 2022-23, the Trust has maintained a proportion of reported medicine incidents causing harm incident rate of 3.49%, which is significantly lower than the national average. This demonstrates the effectiveness of the Trust's medication safety initiatives and the importance of maintaining a positive reporting culture to prevent future harm and improve patient safety.

Figure 17 Medication Incidents Reported

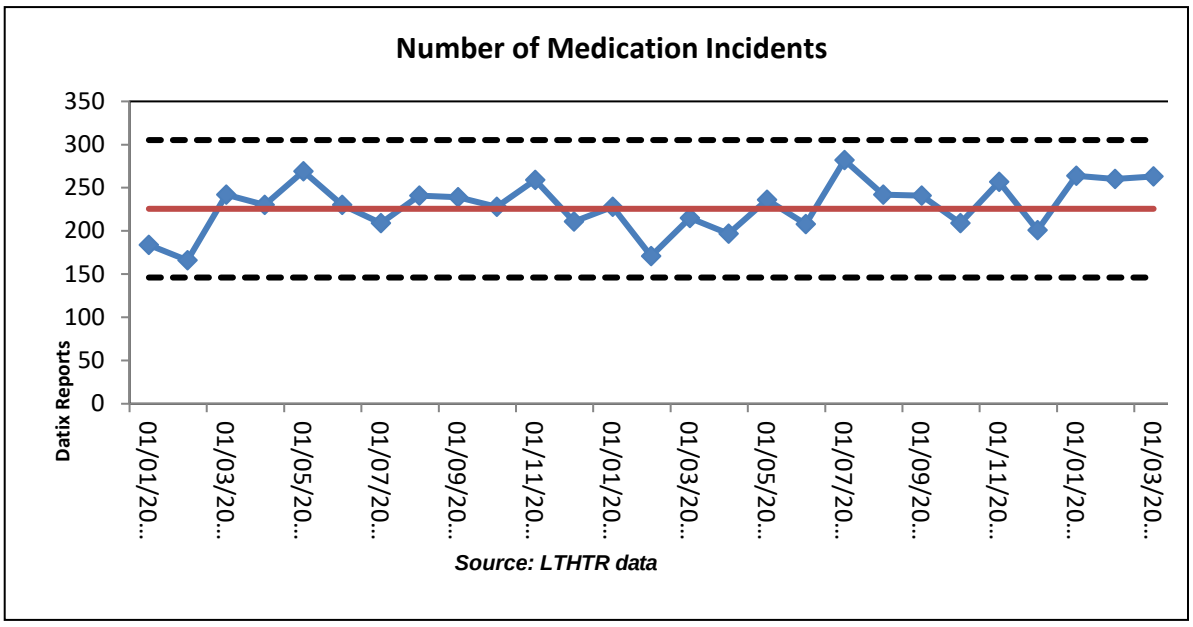
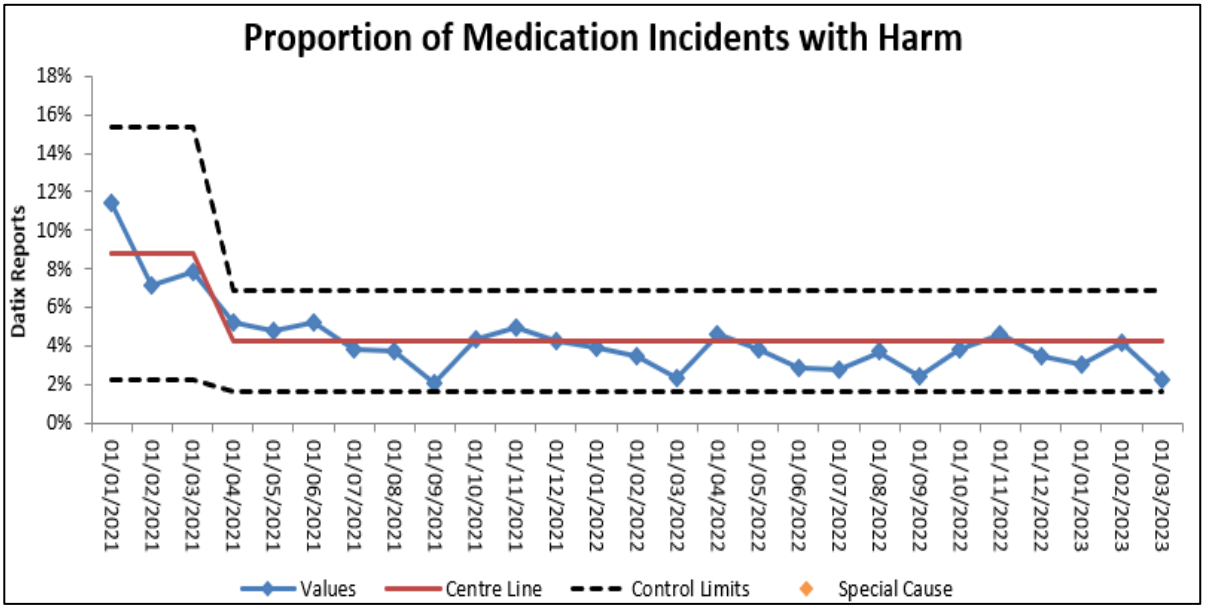


Figure 18 Medication Incidents Leading to Harm



Source: LTHTR data

We have a robust system to rapidly review moderate harm or above incidents, led by our Divisional Governance team with support from our Medication Safety Officer and Divisional Lead Pharmacist. Early impact interventions are prioritized, identified, and disseminated before formal investigations are completed.

Our proactive approach to medication safety includes sharing incident themes with relevant divisional areas, presenting Medication Safety reports at Always Safety First meetings, and a network of Medication Safety Champions who meet monthly to share learning and act as an education forum. Our Medication Safety Pharmacist supports these champions.

We monitor our performance monthly and report harm and near miss themes and trends to the Medicines Governance Committee, which maintains a cycle of business for risk assurance reporting aligned with our Trust's Risk Maturity agenda. This proactive monitoring and sharing of medication safety information help us continuously improve our processes, reduce harm, and ensure the best outcomes for our patients.

Medicines Reconciliation

Medicines reconciliation is a critical process for ensuring patient safety during hospital admissions. It involves collecting and verifying information on a patient's medication history, including any changes made to their medication during their hospital stay. The National Patient Safety Agency (NPSA) and NICE recommend that medicines reconciliation should be completed within 24 hours of admission.

Following the implementation of an Electronic Prescribing and Medicines Administration (EPMA) system across the Trust, a pharmacy dashboard was developed within the Trust's BI portal application. The dashboard uses data from the live EPMA system, which is updated every 15 minutes, to provide real-time information on medication-related processes. This includes a ‘freeze’ position recorded at 5pm every day to build a long-term picture of

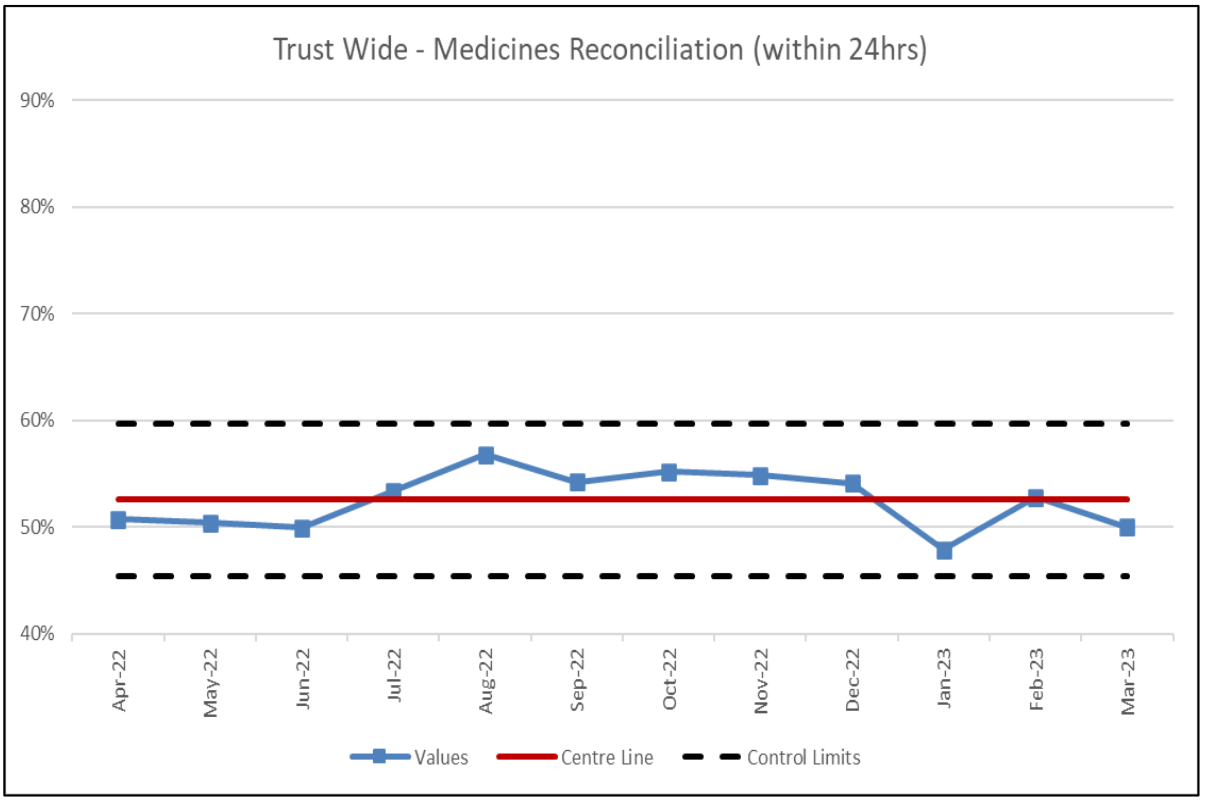
performance, as well as live data used throughout the day to aid decision-making regarding the best deployment of pharmacy staff based on workload pressures.

In 2022-23, medicines reconciliation was completed within 24 hours of admission for 52% of patients, which is a slight decrease from 53% in 2021-22. However, on average, 78% of all patients in an inpatient bed have a medicines reconciliation completed, which is an improvement from 74% for 2021-22. Despite the challenges faced due to the COVID-19 pandemic, the Trust has taken significant steps to improve medicines reconciliation performance.

Factors impacting on performance relating to medicines reconciliation include significant pharmacy staffing challenges, such as vacancies (40% at junior pharmacist level) and increased staff absences due to COVID-19, as well as significant numbers of additional unfunded beds due to patient flow issues across the system.

To support improvements in performance, the Pharmacy Department has implemented a new team structure, bringing about improvements to leadership as well as the deployment of both registered and non-registered pharmacy staff across all clinical areas. The department has also increased its use of data daily to direct the use of staff, cleansed its data to ensure only inpatient areas are included, optimized the use of the medicines management technician in completing medicines reconciliation, and developed a clinical pharmacy prioritisation whiteboard. These improvement actions demonstrate the commitment to ensuring that medicines reconciliation is completed in a timely and accurate manner, ultimately contributing to improved patient outcomes.

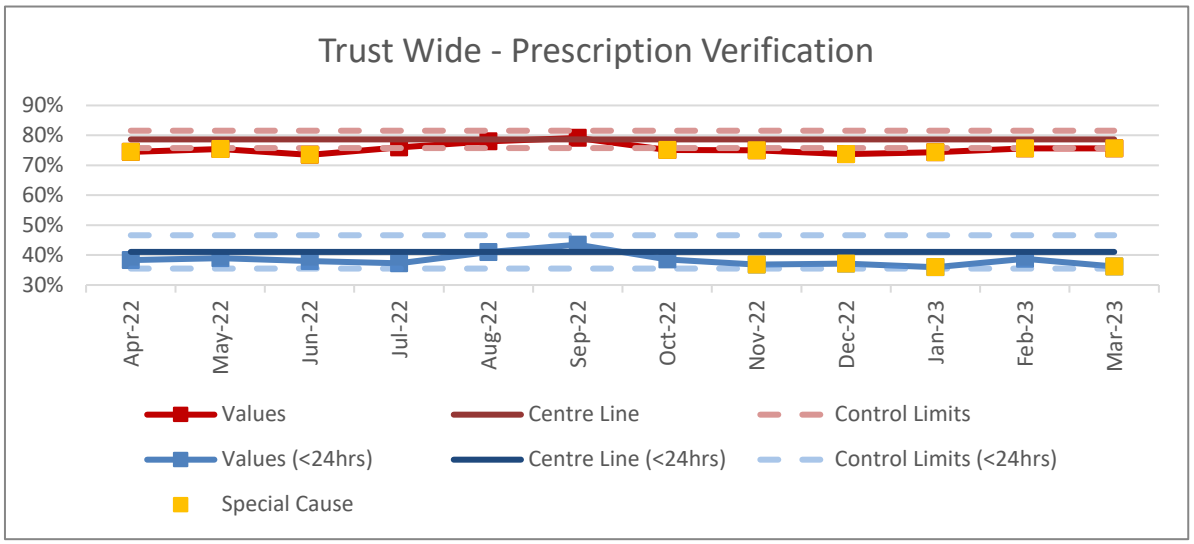
Figure 19 Medicines Reconciliation (within 24 hrs)



Source: LTHTR data

Prescription Verification

Figure 20 Prescription Verification



Source: LTHTR data

Our pharmacists play a vital role in assessing prescriptions for dose, legibility, interactions, appropriateness of therapy, formulary compliance, and legal requirements. However, we recognize that compliance with prescription verification within 24 hours has been a challenge, with the average compliance rate currently standing at 38%, down from 48% in 2021-22. On average, 75% of all live prescriptions are verified, down from 79% in 2021-22.

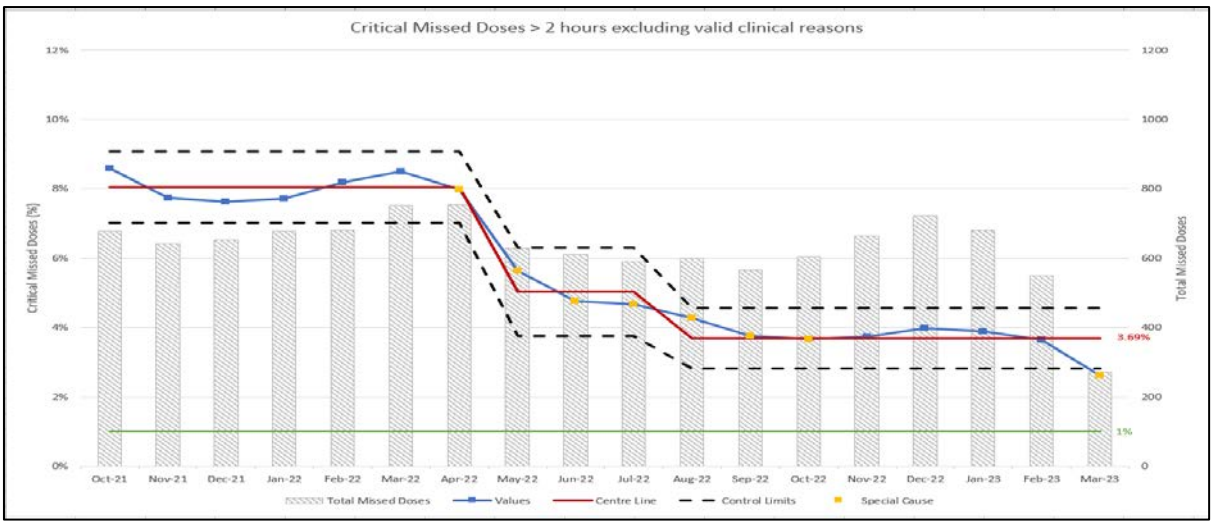
It is important to note that some medicines have a higher risk of causing harm than others, which can be due to a range of factors, such as dosing with respect to weight, renal function, age, or the pharmacological impact of underdosing or overdosing. To address this issue, we have developed a pharmacy clinical prioritisation whiteboard to target antimicrobials, anticoagulants, insulin, and anti-epileptic medicines for priority review. This continuous improvement project involves the development, pilot, and rollout of the whiteboard, and we are currently in the stage of data review. Our pharmacists remain committed to ensuring the safe and effective use of medications, and we are continuously working to improve our prescription verification processes. Through the use of targeted interventions such as the pharmacy clinical prioritisation whiteboard, we aim to increase compliance rates and minimize the risk of medication-related harm to our patients.

Administering medicines

Administering medications as prescribed is a fundamental aspect of patient care in hospitals. However, we recognize that there have been instances where doses have been missed in the UK with some organisations reporting in excess of 20% of doses missed, which can contribute to suboptimal treatment outcomes and potentially harm patients. To ensure that all medications are administered as prescribed, our Trust uses data from the electronic prescribing and medications administration system to identify all doses that are not given. This information is then used by our pharmacy and nursing teams to take appropriate action, either by administering the missed doses or documenting a valid clinical reason for not administering

them. Our BI App updates every 15 minutes, providing up-to-date information to nursing staff and pharmacy teams regarding the number of missed doses for their patients. Our Trust is committed to continuously improving our medication administration processes. Through a collaborative effort involving Nursing, Pharmacy, and Continuous Improvement teams, we have seen a significant reduction in the rate of missed doses of critical medications across the Trust. The initial rate of 8% has been reduced to 2.6% over a period of 16 months. This continuous improvement project has led to better patient outcomes and increased confidence in the safety and effectiveness of our medication administration processes.

Figure 21 Critical Missed Doses



Source: LTHTR data

Antimicrobial Stewardship

Our Antimicrobial Stewardship team conducts audits across all in-patient areas, with an automated data collection process facilitated by EPMA. All patients prescribed antimicrobials in every inpatient ward are now included in the audit, marking an improvement from the small sample size of snapshot paper-based audits. The audit assesses compliance with documentation of antibiotic indications, the Trust's antimicrobial guidelines or Microbiology recommendations, and review date guidance. Compliance with documented reviews within 72 hours is also monitored.

Table 20 Antimicrobial Stewardship Point Prevalence Audit Results

	Nº of patients on antibiotics	Nº of antibiotic prescriptions Audited	% Documented Indication on the Prescription	% Compliance with Guidelines	% Compliance with Guidelines or Recommended by Microbiology	% Compliance with documented review within 72hrs
Trust Wide Q4 2022-23	336	453	95%↓	88%↑	90%↑	86%↓
Trust Wide Q3 2022-23	374	493	96%↓	87%↓	89%↓	88%↑
Trust Wide Q2 2022-23	354	454	97%↔	90%↓	91%↓	77%↓
Trust Wide Q1 2022-23	340	445	97%↓	94%↔	95%↔	87%↓

Source: LTHTR data

Audit results are reported quarterly and specialities that achieve a red result in any of the three compliance areas are required to complete an action plan. The Antimicrobial Stewardship team offers support in the form of education, teaching, or highlighting areas where good practice is not being followed.

Recent improvements include a mandatory electronic process integrated into the ward round proforma for capturing documented reviews. The use of order sets within EPMA is being promoted, which has consistently shown to improve the duration of antibiotics.

Overall compliance with guidelines is strong, with a significant improvement in timely review seen from last year. Our commitment to continuous improvement and patient safety remains a top priority, and we will continue to work towards achieving the highest standards for our patients.

Infection Prevention and Control 

MRSA Bacteraemia

Staphylococcus aureus (S. aureus) is a bacterium that commonly colonises human skin and mucosa. Most strains of S. aureus are sensitive to the more commonly used antibiotics, and infections can be effectively treated. However, some S. aureus bacteria are more resistant. Those resistant to the antibiotic methicillin are termed methicillin-resistant S. aureus (MRSA). Bacteraemia occurs when bacteria get into the bloodstream.

Infection Prevention and Control continues to be a key priority for us, and the incidence of MRSA is outlined below:

- In 2021-22 there has been 1 incident of hospital onset MRSA bacteraemia and 2 cases of community onset MRSA.
- In 2022-23 there has been 1 incident of hospital onset MRSA bacteraemia and 5 cases of community onset MRSA.

Cases are investigated by a multi-disciplinary team using the national post infection review tool and discussed with the Director of Infection Prevention and Control to identify causes and actions for future prevention. The hospital associated case identified in January 2023 was reviewed with no key contributing factor identified. There was however learning identified to strengthen systems and processes moving forward.

Clostridioides difficile Infection

Clostridioides difficile (C. *difficile*) is an anaerobic bacterium that is present in the gut. It can be found in healthy people, where it causes no symptoms (up to 3% of adults and 66% of infants). In some instances, strains of *C. difficile* can grow to unusually high levels and attack the intestines, causing mild to severe diarrhoea. Patients who are commonly affected are elderly and/or immunocompromised; exposed to antibiotics and *C. difficile* from spores from the environment.

The prevention of C. *difficile* infection remains a key priority for our organisation. In the year 2022-23, the national objective set by NHSE for the Trust was no more than 122 hospital associated cases. There was an increase in hospital associated cases during 2022-23 in comparison to previous years with a total of 196 cases. This was a 48% increase from 2021-22 which had a total of 132 hospital associated cases.

The national and regional picture

There has been a national increase in *C. difficile* infection and a significant proportion of Trusts nationally are above trajectory. There is a UK Health Security Agency (UKHSA) and NHSE study in-progress to understand the reasons for this national increase, but likely contributors include:

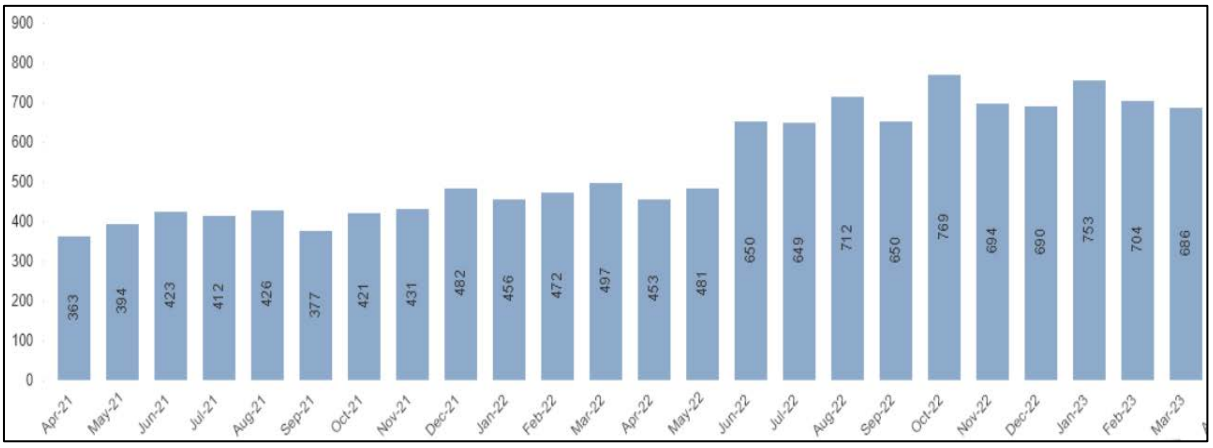
- Increased susceptibility of patients to infection due to an ageing population with multiple co-morbidities.
- The potential impact of the COVID-19 pandemic on population health.
- High antibiotic-use due to the COVID-19 pandemic and particularly broad-spectrum antibiotics that place patients at higher risk of *C. difficile* infection.
- Overcrowding of patients on hospital sites because of increased demand.
- Insufficient decant facilities for more intensive decontamination of the environment ('Fogging' or Ultraviolet technology).
- Sub-standard estate due to reduced funding for repairs and insufficient decant to perform repairs.
- Insufficient side-room capacity worsened by COVID-19 numbers.
- Understaffing and its impact on IPC practice.

In the Northwest 12 out of 24 Trusts (50%) were over their objectives in February 2023. There were 408 instances of lapses of care identified in *C. difficile* Post Infection Reviews (PIRs) from April 2022 to March 2023. Some PIR meetings identified multiple lapses of care from single cases. The information in terms of lapses in care are now logged in Datix, making the process for monitoring themes and trends easier than previous years. Common themes in terms of lapses in care included:

The impact of a change in definition of diarrhoea

The increase at the Trust was also compounded by a change in the definition of diarrhoea (as recommended by NHSE). Prior to June 2022, only type 6/7 stools were treated as diarrhoeal. NHSE recommended that we also include type 5 stools, which resulted in increased testing and the inclusion of patients with mild *C. difficile* infection in our figures, presented in Figure 22 below.

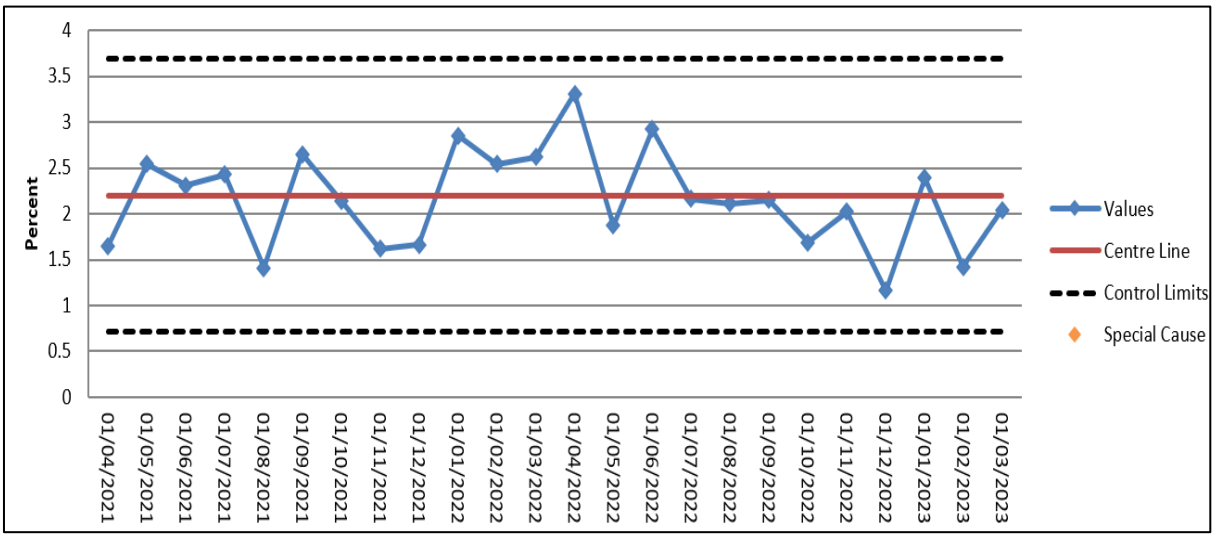
Figure 22 Inpatient laboratory test numbers for *C. difficile*



Source: LTHTR data

Figure 23 below. represents an attempt to account for the change in testing, by assessing *C. difficile* test positivity for Healthcare Onset/Healthcare Associated (HOHA cases), as a proportion of inpatient tests. This proportion has decreased since June 2023.

Figure 23 HOHA cases as a proportion of total Inpatient tests



Source: LTHTR data

Lapses in Care

All hospital cases are reviewed by an expert group including the Director of Infection Prevention and Control, Infection Prevention and Control Matron or Infection Prevention and Control Nurse, Antimicrobial Pharmacist or Specialist Antimicrobial Technician, Governance representative, Ward Manager, Ward Matron and Consultant in charge of the patient's care.

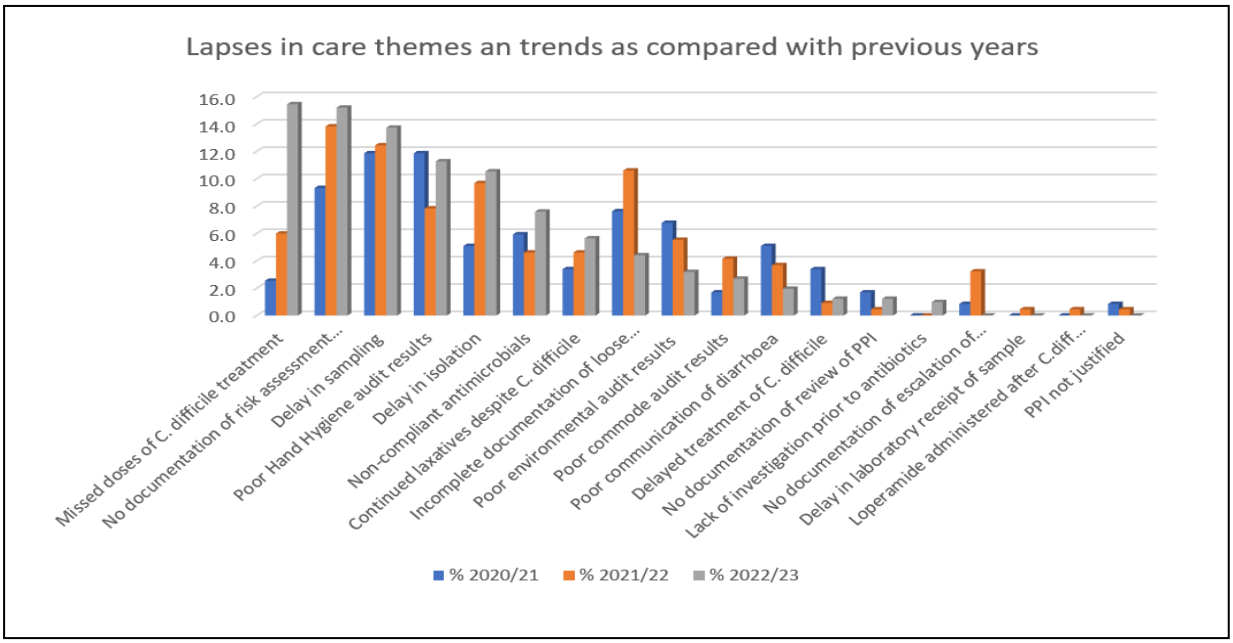
The review process facilitates a greater understanding of the individual cause of the C. *difficile* cases to determine whether there were any lapses in the quality of care provided. This is so that we can develop an appropriate plan of action to address any problems identified and to promote learning and best practice. A lapse in care is based on the checklist detailed in the national guidance and includes omissions which would not have contributed to the

development of *C. difficile* infection or Missing doses of *C. difficile* treatment:

- Poor or no documented risk assessment of loose stools on the day that diarrhoea began
- Delay in sampling
- Poor hand-hygiene audit results
- Delay in isolation
- Non-complaint antimicrobials

These failings encompassed approximately 75% of all lapses of care identified in PIR meetings and will be a focus of improvement work for the coming year.

Figure 24 Themes of lapses of care



Source: LTHTR data

Focus on learning from lapses in care are triangulated in our Antimicrobial Management Group (AMG) and Divisional Infection Prevention and Control meetings and we have focused on antimicrobial stewardship, hand hygiene, environmental cleanliness, and timely isolation of patients with symptoms of diarrhoea. Hospital onset *C. difficile* review is undertaken during the monthly CDI Panel meeting with the ICB leading to a health economy-wide approach to learning and reduction.

Rapid Intestinal Test

Only approximately 20% of beds at Lancashire Teaching Hospitals are in side rooms, which is one of the lowest isolation capacities in the country. The inclusion of type 5 stools as diarrhoeal, which was part of UKHSA guidance and advocated by NHSI leads, has also led to a doubling of the number of patients diagnosed as having diarrhoea, further exacerbating the problem. Typically, at any time, there are 100 patients who have had type 5, 6, or 7 stools in the last 48 hours.

Since April 2022, to improve the efficiency of side-room utilisation, a rapid intestinal screening test was trialled via the point of care team. When this test is negative (typically a rectal swab), which happens in 77% of diarrhoeal cases, the patient does not require a side-room or Redi-room. The results of the trial are expected in the coming weeks.

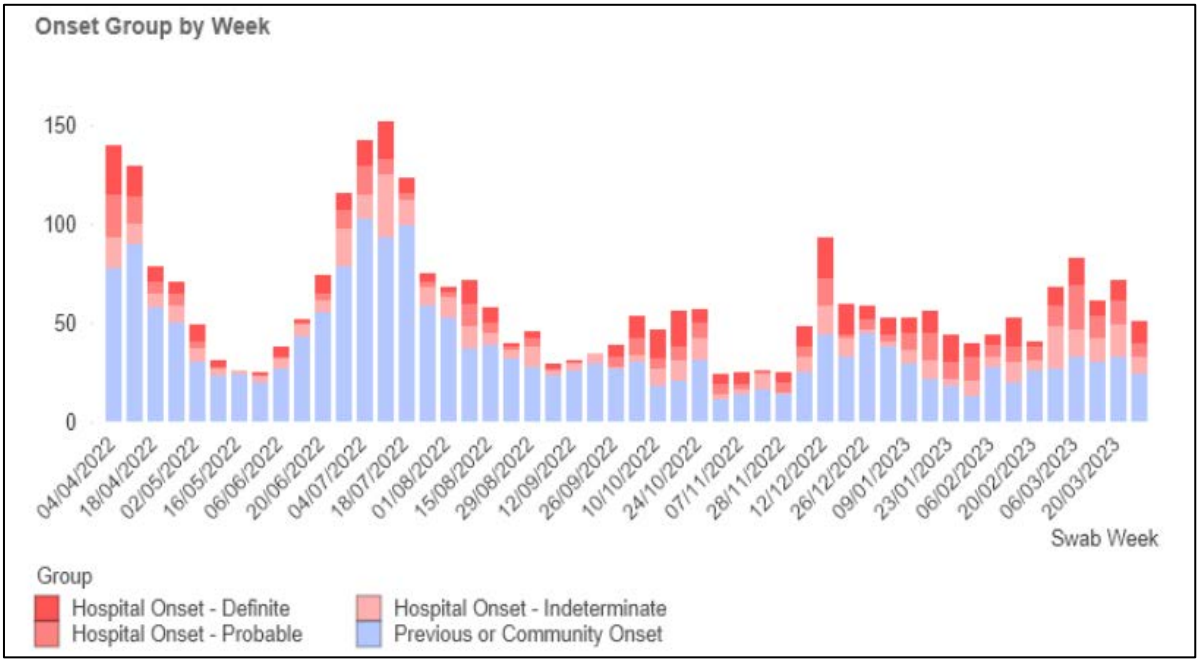
SARS coronavirus-2 (SARS-CoV-2) – COVID-19

On 31 December 2019, World Health Organisation (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan, Hubei Province, China. A novel coronavirus SARS coronavirus-2 (SARS-CoV-2) was subsequently identified, and symptoms were flu-like initially and also including a loss or change in the normal sense of taste or smell.

The virus is mainly transmitted by respiratory droplets and aerosols, and by direct or indirect contact with infected secretions. Infection control, which, in large part, relies on segregation of infected from non-infected individuals, is incredibly difficult as one third of infected individuals have no symptoms but are still able to transmit the infection to others. We suffered from key disadvantages as compared to other similar trusts when it comes to preventing nosocomial COVID-19, mainly relating to its estate.

Only 20% of the beds at the Trust are in side rooms making it difficult to segregate patients. A large number of hospital bays have virtually no ventilation and COVID-19 spreads more readily in poorly ventilated areas. A 2-metre separation between bed spaces was not possible in most areas.

Figure 25 Hospital Onset versus Community Onset COVID-19 infections

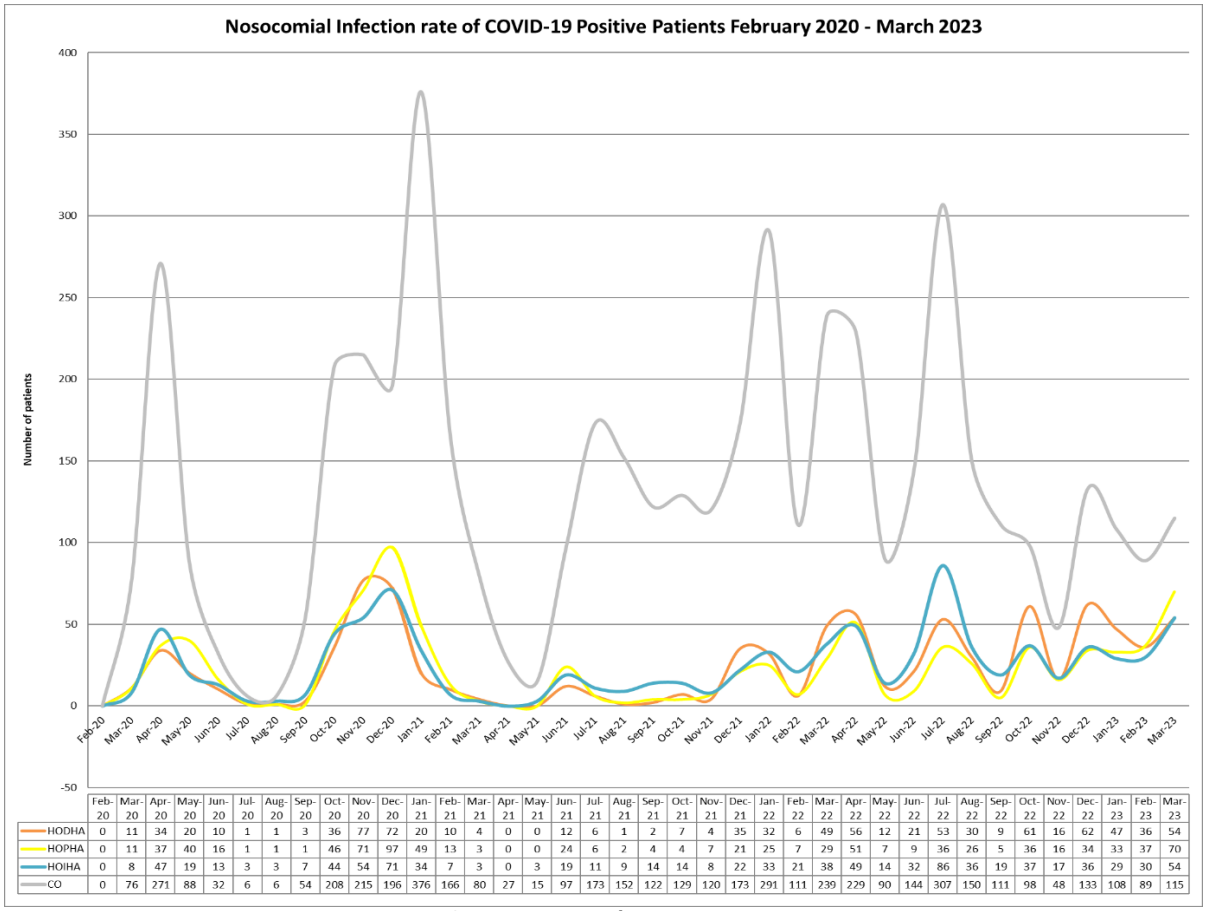


Source: LTHTR data

During the year 2022-23 updates in National Guidance for COVID-19 changed regarding testing, isolation and the management of patients and staff members. Changes were implemented in accordance with the National Guidance with the exception of continued

universal mask-wearing. The COVID-19 Trust Policy was continuously updated in line with the National Guidance. Any changes were discussed prior to being introduced. Figure 26 shows the total numbers of COVID-19 positive inpatients broken down by nosocomial infection from the beginning of the pandemic in March 2020.

Figure 26 Nosocomial Infection rate of COVID-19



	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
HODHA	0	11	34	20	10	1	1	3	36	77	72	20	10	4	0	0	12	6	1	2	7	4	35	32	6	49	56	12	21	53	30	9	61	16	62	47	36	54
HOPHA	0	11	37	40	16	1	1	1	46	71	97	49	13	3	0	0	24	6	2	4	4	7	21	25	7	29	51	7	9	36	26	5	36	16	34	33	37	70
HOIHA	0	8	47	19	13	3	3	7	44	54	71	34	7	3	0	3	19	11	9	14	14	8	22	33	21	38	49	14	32	86	36	19	37	17	36	29	30	54
CO	0	76	271	88	32	6	6	54	208	215	196	376	166	80	27	15	97	173	152	122	129	120	173	291	111	239	229	90	144	307	150	111	98	48	133	108	89	115

Source: LTHTR data

Gram-negative bacteraemia

NHSE published objectives for Trusts to reduce *Escherichia coli* (*E.coli*), *Klebsiella species,* and *Pseudomonas aeruginosa* in 2022-23. The 2022-23 objective for *E.coli* bloodstream hospital associated infections was 112. The Trust ended the year with a total of 108 hospital associated *E. coli* cases which was 4 cases below the objective.

The 2022-23 objective for *Pseudomonas aeruginosa* bacteraemia bloodstream hospital associated infections was 13. The Trust ended the year with a total of 19 hospital associated *Pseudomonas aeruginosa* bacteraemia bloodstream cases for the year 2022-23, this is 6 cases above the objective of 13.

The 2022-23 objective for *Klebsiella* species bloodstream hospital associated infections was 26. The Trust ended the year with a total of 23 hospital associated *Klebsiella* species cases for the year 2022-23, which was 3 cases below the objective.

To better understand themes and trends related to gram-negative bacteraemia, the Director of Infection Prevention & Control (DIPC), Matron, Lead Nurse, and data administrator from IPC, met on a regular basis to review *E. coli* bacteraemia HOHA cases for 8 months in 2022-23.

The data in Table 21 below outlines the sources that were identified.

Table 21 Sources of *E. coli* bacteraemia HOHA cases

Source of infection	Frequency	Percentage
Urinary tract infection	14	36.8
Gastrointestinal/intraabdominal collection	10	26.3
Hepatobiliary	5	13.2
Catheter associated UTI	2	5.3
PICC infection	2	5.3
CAPD peritonitis	1	2.6
Diabetic ulcer	1	2.6
Prosthetic Hip infection	1	2.6
Skin infection /diabetic foot	1	2.6
Unknown	1	2.6

Source: LTHTR data

Patient hydration and urinary catheter care were identified as key interventions to reduce risk and will be focuses of intervention in the coming year.

OTHER OUTBREAK INVESTIGATIONS IN 2022-23

Norovirus Outbreaks

The year 2022-23 saw 4 Norovirus outbreaks:

Acute Frailty Unit – October 2022

- Number of positive patients – 3.
- Number of symptomatic staff members – 1.
- Number of bed days lost – 12.

Summary – 2 Bays affected and both bays closed. Staff isolated patients within Redi-rooms which delayed the incubation period prolonging the outbreak time in total.
Outcome – Education on the use of Redi-rooms and IPC practices.

Cardiac Cath Lab with Ward 23 – November 2022

- Number of positive patients – 8.
- Number of symptomatic staff members – 1.
- Number of bed days lost – 0.

Summary – 2 Bays affected on Cardiac Cath Lab which seeded into Ward 23.
Potential cause of outbreak – shared staff between wards and shared staff break room.
Outcome – strengthen IPC practices.

Fellview – January 2023

- Number of positive patients – 6.
- Number of symptomatic staff members – 0.
- Number of bed days lost – 0.

Summary – Index case identified as positive in ED by rapid test and transferred to an isolation room on Fellview. 2 Bays affected 5 days later – potential cross infection.
Potential cause of outbreak – Cross-infection.
Learning – strengthen IPC practices.

SAU – March 2023

- Number of positive patients – 2.
- Number of symptomatic staff members – 1.

Summary – Index case admitted with symptoms of Norovirus, admitted to Bay, identified positive on rapid GI and isolated, 1 contact patient in bay tested positive.
Potential cause of outbreak – community acquired infection admitted to Bay
Learning – Complete rapid test earlier and completion of Situation – Background-Assessment-Recommendation (SBAR) documentation

Historically, Norovirus outbreaks have resulted in closure of entire wards and a large number of trapped beds. In January and February 2019, there was an outbreak of Norovirus in the neurosurgery unit which led to 156 bed-days lost.

In the past, Norovirus testing was only performed by the laboratory when specifically requested by the Infection Prevention and Control team and this generally occurred when a ward outbreak was already established. ED staff are now encouraged to isolate and test all patients who present with suspected infectious diarrhoea with the rapid intestinal test. If the patient is negative, the patient does not require isolation. A positive result will ensure that the patients are managed appropriately from an infection prevention and control perspective so that a ward outbreak is prevented. Every case of Norovirus not managed appropriately, because staff are unaware of the diagnosis, has the potential to cause an outbreak.

The introduction of the rapid intestinal screening test trial has been integral in the early identification of patients with Norovirus and the management of these patients. As seen in Table 22, 48 of 105 (45.7%) of rapid tests identifying Norovirus were taken in the EDs. By this early identification patients were able to be promptly isolated preventing spread and therefore reducing potential outbreaks across the organisation.

The rapid test has also facilitated the closure of affected bays as opposed to ward closures as Norovirus can be rapidly excluded in patients with diarrhoea in unaffected bays on the ward. Unaffected bays are therefore not inappropriately regarded as part of the outbreak. Due to this, 3 of the 4 reported Norovirus outbreaks reported in 2022-23 resulted in 0 bed-days lost with one outbreak on the Acute Frailty Unit resulting in 12 bed-days lost, of which 1 day was due to maintenance issues in the bay.

Table 22 The number of positive Norovirus patients per location

Ward	12	15	23	24	25	5	8	8A	ED RPH	AFU	BRIN	CCL	ED CDH	MAU CDH	CrCu	FELL	GYN	HAZ	MAU RPH	NSUA	RWA	RWB	SAU	SDEC
Norovirus GI: ***POSITIVE***							1		18	1			1				1		1	1				
Norovirus GII: ***POSITIVE***	1	1	4	2	1	1	4	1	25	6	1	6	4	1	1	6	2	1	4		1	1	6	1
Grand Total	1	1	4	2	1	1	5	1	43	7	1	6	5	1	1	6	3	1	5	1	1	1	6	1

Source: LTHTR data

Influenza

Influenza is an acute viral infection of the respiratory tract that spreads easily from person to person. Influenza viruses cause seasonal epidemics in winter in temperate climates, as in the UK. There are 2 groups of Influenza virus, Influenza A and Influenza B which cause infection in humans.

The epidemiology of Influenza is unpredictable as Influenza viruses continually change and evolve, which is why a new vaccine is developed for each season. Influenza is usually self-limiting in healthy individuals, with recovery in 3-7 days. Elderly people, children under 6 months old, pregnant women and people with chronic conditions or immunosuppression are at increased risk of complications of Influenza. Influenza vaccination is offered to people at risk of complications and increased Influenza exposure, as well as to young children, who are efficient infection spreaders.

Transmission of Influenza occurs mainly by droplets, which can travel up to 2m through the air and by direct and indirect contact. Aerosol-generating procedures such as bronchoscopy and non-invasive ventilation can produce small particles which can travel further than droplets and remain in the air for longer.

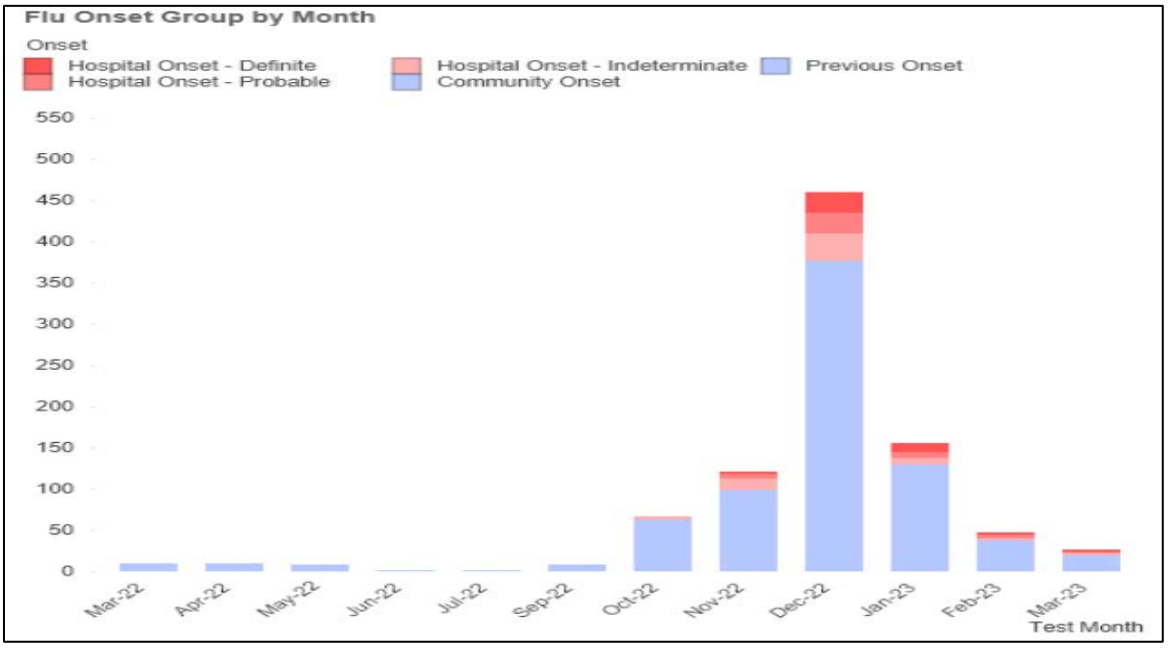
Prevention of Influenza is by vaccination and basic hygiene including hand hygiene and cough/sneeze etiquette. Isolation in single rooms and use of appropriate personal protective equipment (PPE) for suspected and confirmed Influenza cases is also key to preventing Influenza transmission in healthcare. When the number of single rooms exceed the single room capacity, cohorting Influenza cases can be implemented by subtype.

In temperate climates, the incidence of Influenza is seasonal and peaks in winter usually between January and March.

Influenza season 2022-23

The year 2022-23 has seen the first Influenza season since before the COVID-19 pandemic began in 2020. The Influenza season in the Trust for 2022-23 started at the end of October 2022 in line with the national pattern and peaked in December 2022. Influenza A was the most predominant strain with a small number of cases of Influenza B.

Figure 27 Influenza positive patients by Nosocomial Onset



Source: LTHTR data

Figure 27 above shows the total number of Influenza cases diagnosed in the Trust including both patients who were admitted and those who were not admitted broken down into nosocomial onset. The high number of cases in 2022-23 is consistent with national reporting. Point of care testing was continued to differentiate between Influenza and COVID-19 with both having similar symptoms. The rise in Influenza cases along with COVID-19 cases proved difficult in terms of capacity and isolation leading to the cohorting and boarding of patients.

Mpox National Outbreak

Mpox is a viral zoonotic disease that until May 2022, was primarily identified in Central and West Africa. There are 2 historical clades of Mpox – a Central African clade with a reported mortality of 10% and a West African clade with a reported mortality of 1% from epidemiological cluster and outbreak reports from Africa. Prior to 2022, it was occasionally identified in other countries related to travel from endemic areas in Central and West Africa.

From 13 May 2022, cases began to be reported in multiple countries that do not have endemic Mpox virus in animal or human populations, including countries in Europe, North America, and Australasia. This represented community transmission (particularly in men who have sex with men) in multiple non-endemic countries.

At the beginning of the epidemic, the Trust IPC leads met with colleagues in the ICS and led in the development of robust community clinical pathways which avoided the need for patients to come to hospital for investigation. Although an Infection Prevention and Control policy was developed, if this should occur, the Trust never needed to manage an actual case of the infection.

Group A strep / iGAS

Group A streptococcus (GAS), also referred to as Strep A is a common bacterium. Many people carry it in their throats and on their skin and it does not always result in illness. However, GAS does cause a number of infections, some mild and some more serious.

Milder infections caused by GAS include scarlet fever, impetigo, cellulitis and pharyngitis. These can be easily treated with antibiotics. The most serious infections linked to GAS come from invasive group A strep, known as iGAS.

These infections are caused by the bacteria getting into parts of the body where it is not normally found, such as the lungs or bloodstream. In rare cases an iGAS infection can be fatal.

Whilst iGAS infections are still uncommon, there was a national increase in cases in 2022-23, particularly in children under 10 with a small number of deaths.

We saw an increase in community iGAS cases in the Trust following the national increase however all patients were managed accordingly and there was no nosocomial spread or outbreaks identified.

Mortality Surveillance and Learning from Adult, Child & Neonatal Deaths

Our ambition to Consistently Deliver Excellent Care is also supported through monitoring our mortality rates and importantly what we learn from the deaths of patients. This section presents how we monitor and improve through learning from Neonatal, child and adult deaths.

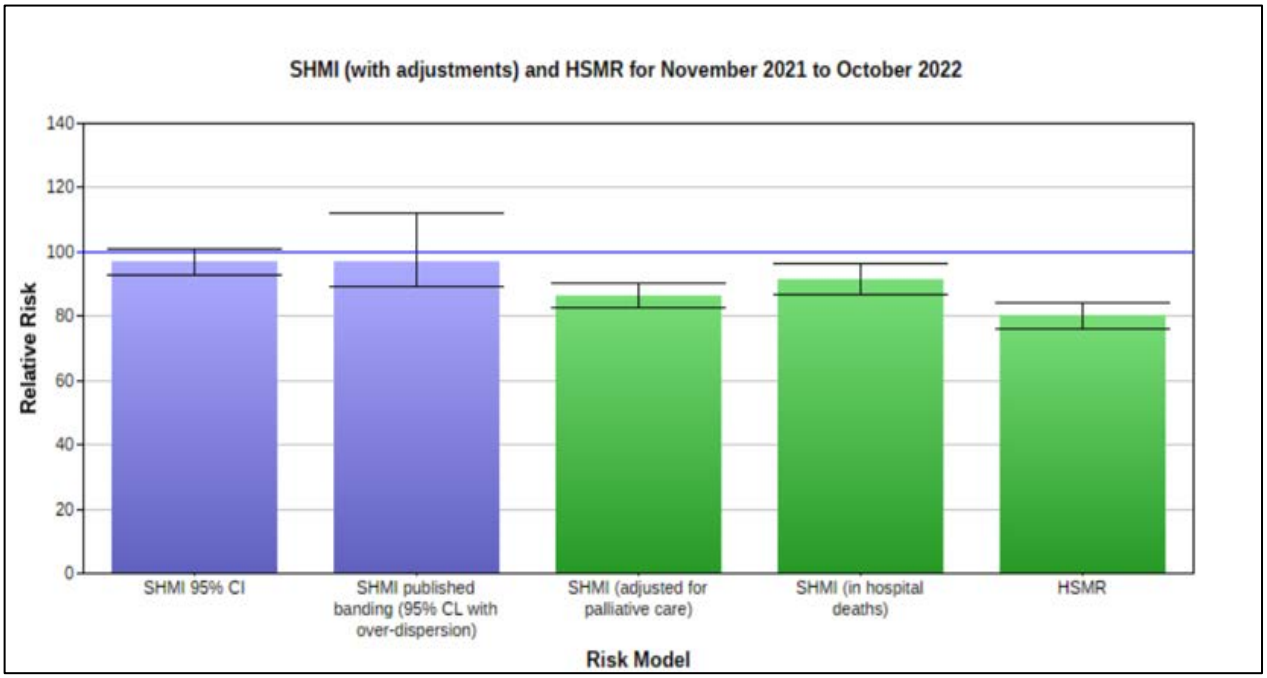
Mortality Surveillance

The Trust recognises the importance of mortality rates as a key indicator in promoting confidence in the quality of the care and treatment provided through our services. The mortality data used relates to both the Summary Hospital Mortality Indicator (SHMI) and Hospital Standardised Mortality Rate (HSMR).

The SHMI measures mortality in patients who die in hospital or within 30 days of discharge from hospital. The SHMI does not take account of palliative care coding, social deprivation, but includes zero length of stay emergency patients and maternal and baby deaths. The SHMI data does not include COVID-19 data because the statistical model was not designed for this kind of pandemic activity and if the data were included it would affect the accuracy.

The SHMI for the most current period available at the time of report writing is for the 12-month period from November 2021 to October 2022, is 96.84 and remains within the expected range. When the SHMI is adjusted for palliative care, it is 86.25 and for in hospital deaths 91.54 both of which are lower than expected.

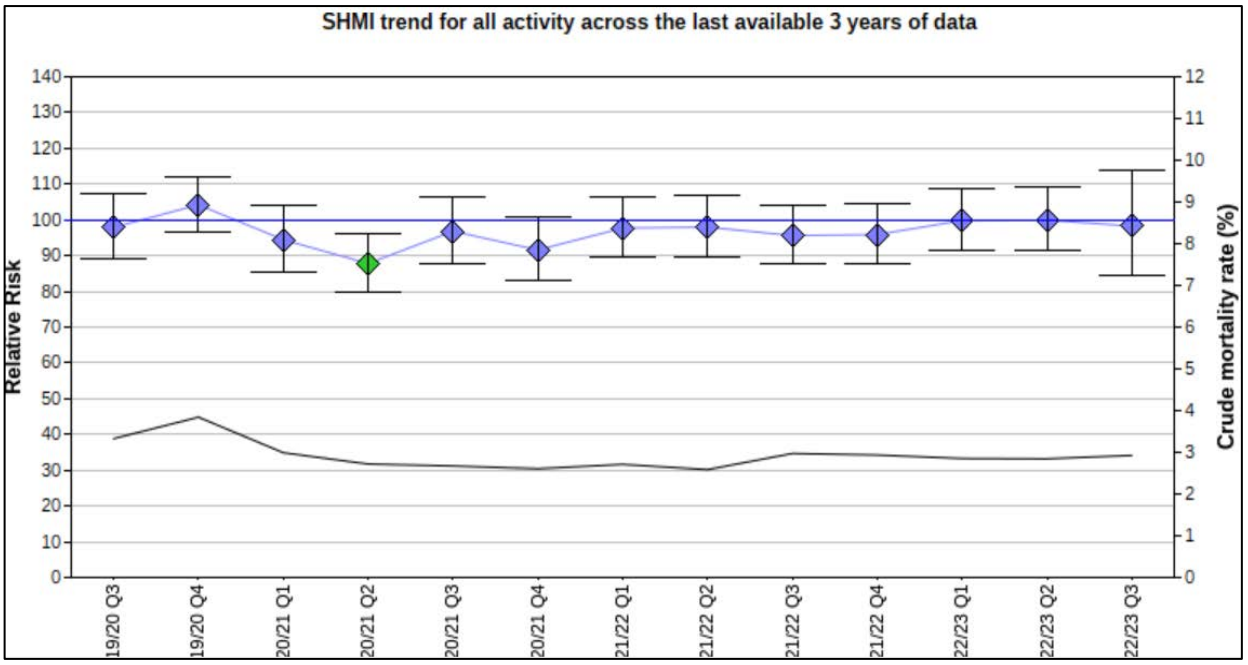
Figure 28 Summary Hospital Mortality Indicator (SHMI) – November 2021 to October 2022



Source: Dr Foster Intelligence

The SHMI trend for the last three years is presented below, it demonstrates a within expected position for most quarters, apart from quarter 2 of 2020-21, which was significantly lower than expected at 87.89.

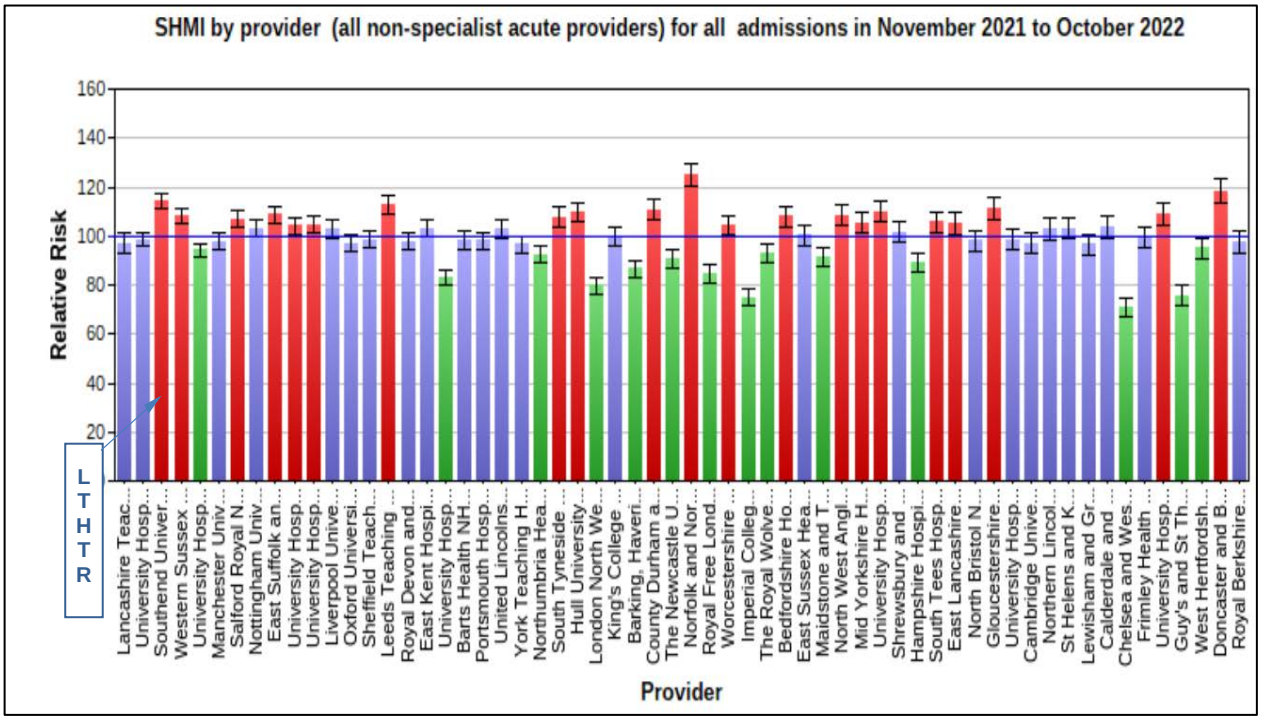
Figure 29 Summary Hospital Mortality Indicator 3 Year Trend



Source: Dr Foster Intelligence

The Trust can compare our SHMI with national peers and this is presented in figure 30 below, the Trust is the first organisation in the bar chart. Trusts featuring in blue are those within the expected range, green bars are lower than expected and those in red are higher than expected.

Figure 30 Summary Hospital Mortality Indicator Peer Comparison



Source: Dr Foster Intelligence

Hospital Standardised Mortality Ratio (HSMR)

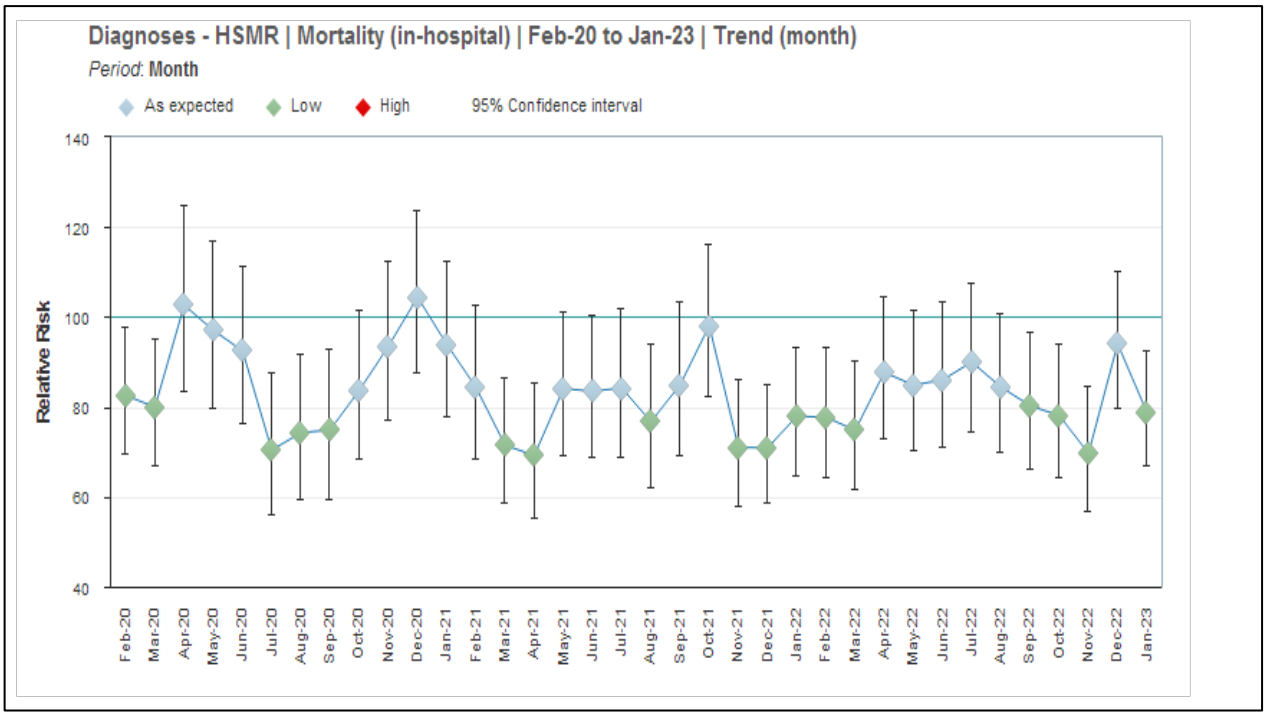
In addition to the SHMI the Trust monitors mortality rates using the HSMR which is derived from data based on 56 diagnostic groups, which account for approximately 80% of all hospital deaths. The data is adjusted to include a range of factors that can affect survival rates but that may be outside of our direct control such as age, gender, associated medical conditions and social deprivation. The HSMR is defined as the ratio of observed deaths to expected deaths (based on the sum of the estimated risks of death) multiplied by 100. A rate greater than 100 indicates a higher-than-expected mortality rate, whilst a rate less than 100 indicates either as expected or lower than expected.

The HSMR does not include patients who presented with a primary diagnosis of COVID-19; these are mapped to the viral infections group and included in the Standardised Mortality Ratio, which includes all diagnoses. However, any patients who present with one of the 56 diagnoses within the HSMR basket, who subsequently develop COVID-19, will be included in the HSMR figure.

The most current 12-month HSMR data relates to the period from February 2022 to January 2023, the figure is 82.0 and remains lower than expected. The HSMR for the same period between February 2021 and January 2022 was 79.4 and significantly lower than expected.

Our HSMR trend over the past three years is presented in figure 31 below and demonstrates the continued HSMR trend of mortality being either within expected or lower than expected range.

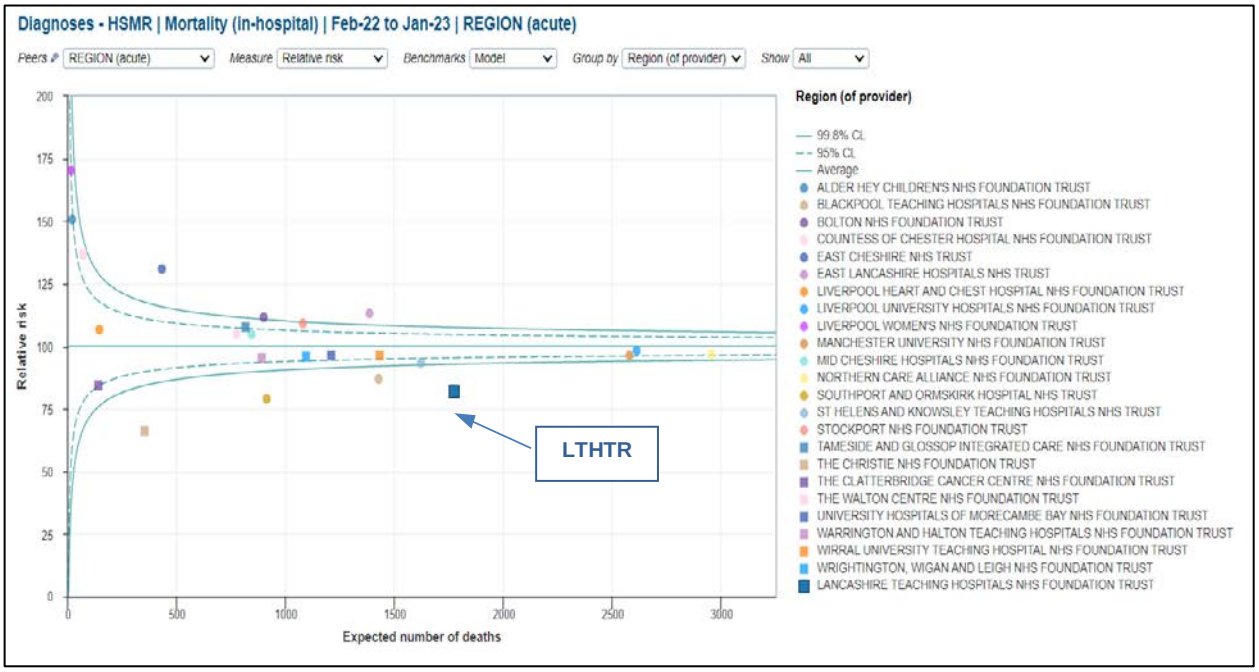
Figure 31 Hospital Standardised Mortality Ratio Feb 2020 – Jan 2023



Source: Dr Foster Intelligence

A comparison with other regional acute peers is also presented below in the funnel plot in figure 32, which shows the Trust has one of the lowest HSMRs in relation to our regional acute peers for the most recent data available.

Figure 32 HSMR Regional Acute Peers Benchmark Feb 2022 – Jan 2023

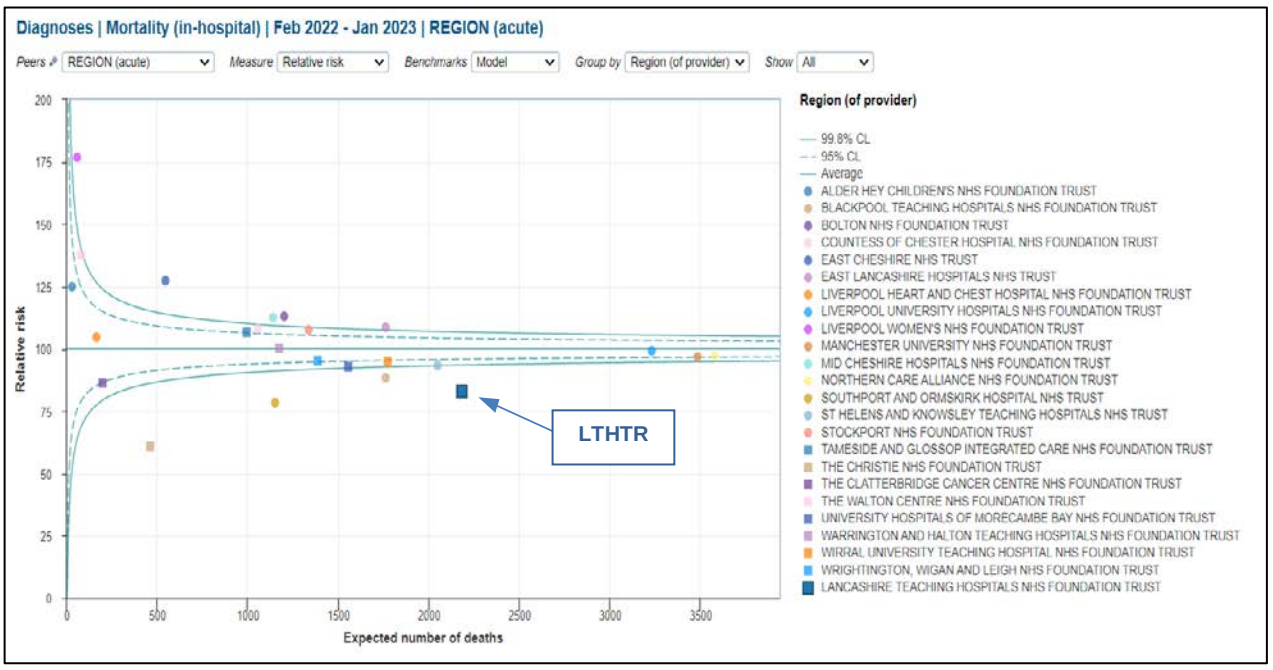


Source: Dr Foster Intelligence

Standardised Mortality Ratio – Relative Risk for All Diagnoses

The Trust also monitors the Standardised Mortality Ratio (SMR) 'Relative Risk' for 'All Diagnoses' and for the period February 2022 to January 2023 this was 82.8, which is lower than expected. The funnel plot in figure 33 below, demonstrates that again the Trust has one of the lowest relative risks compared to our regional acute peers.

Figure 33 SMR Regional Acute Trust Benchmark Feb 2022 – Jan 2023

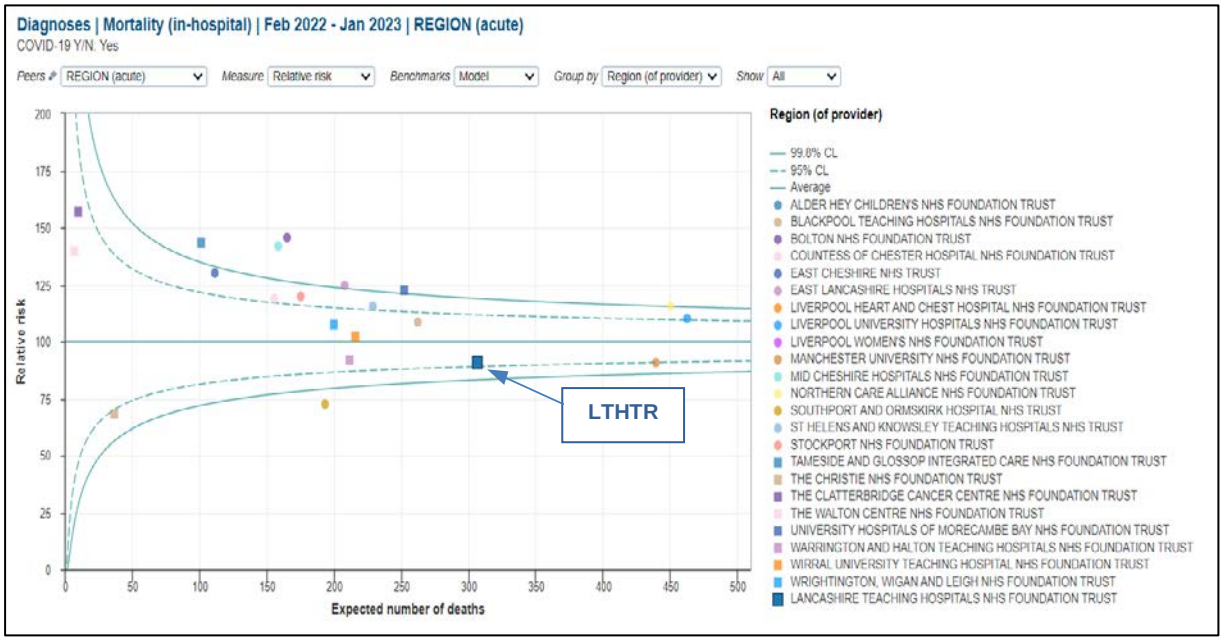


Source: Dr Foster Intelligence

COVID-19 Mortality Data Analysis

When only the COVID-19 data is analysed the funnel plot in figure 34 below, demonstrates that when compared to regional acute peers, the Trust was in the as expected range with the SMR being 90.8.

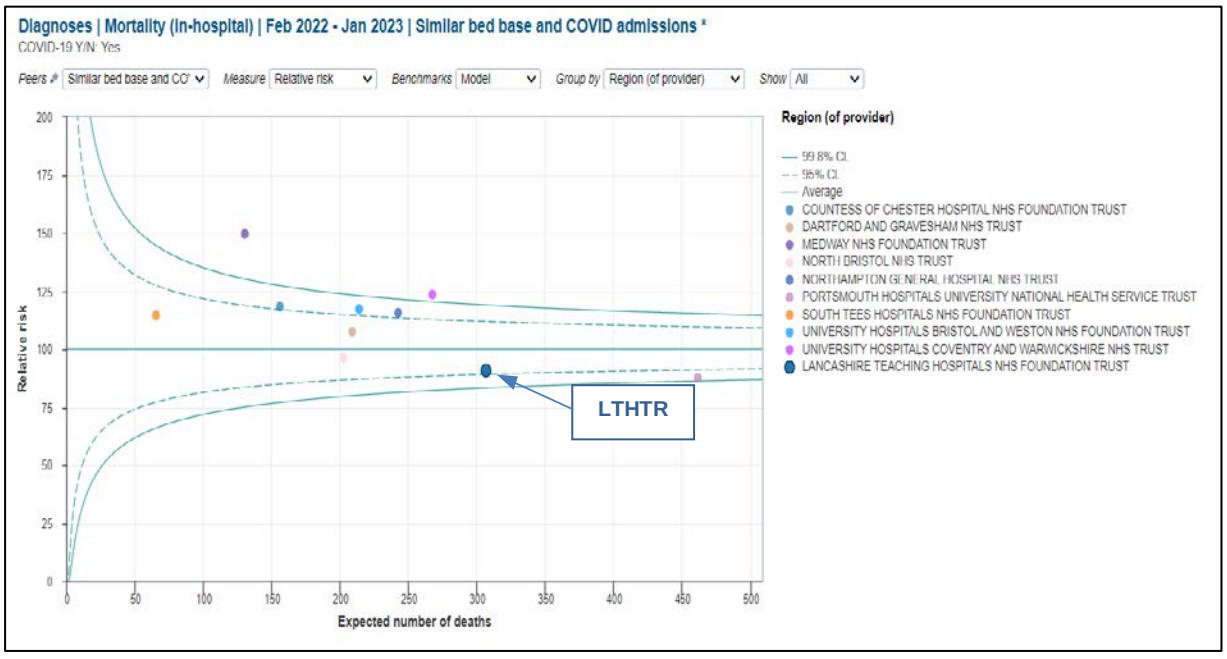
Figure 34 SMR Regional COVID-19 Benchmark Feb 2022 – Jan 2023



Source: Dr Foster Intelligence

The funnel plot in figure 35 below, compares the SMR with peers who have a similar number of beds and numbers of COVID-19 admissions. The data again demonstrates that the Trust had deaths within expected range, with an SMR of 90.8.

Figure 35 SMR COVID-19 Similar Bed Base Benchmark Feb 2022 – Jan 2023



Source: Dr Foster Intelligence

Learning from Adult Deaths

A summary of the learning from the SJRs is presented below. These are the key themes that have been identified from primary and secondary SJRs undertaken in 2022-23 and are areas for continual improvement:

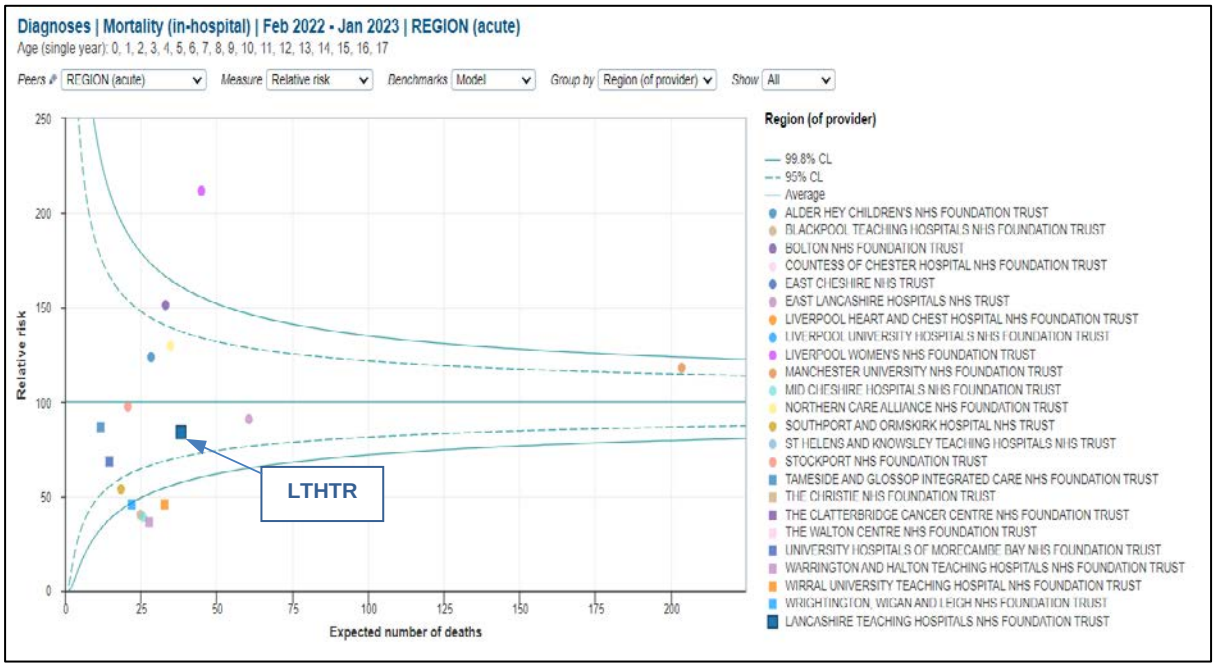
- Importance of early decision making and discussion of DNACPR with patients and families
- Importance of appropriate use of Alcohol Withdrawal Guidelines and correct documentation of the Clinical Institute Withdrawal Assessment for Alcohol (CIWA) scores. CIWA is a tool to measure the level of alcohol withdrawal and informs medication
- Timely transfer of patients to specialty or higher level of care to avoid issues with transfer of patients who are acutely decompensating
- Education of management plans for intra cranial haemorrhage including observations, A-E assessments and blood pressure targets
- Accurate calculation and documentation of fluid balance
- Confirmation of prognosis from all relevant specialties for patients with active cancer to aid decision making regarding active treatment/palliation
- Patients undergoing active treatment should still have an individualised care plan if likely to pass away during current admission
- Importance of holistic review – in cases where there is false reassurance from an Early Warning Score (EWS) <4 but a single parameter is of concern
- Need for earlier recognition of patients nearing the end of life
- Improved communication with patients and families regarding decisions
- It is important to note that areas of good practice are also highlighted at primary and secondary review and key themes were:
    - Good quality MDT working.
    - Nursing care of patients.
    - Pre-emptive planning and discussions around DNACPR.
    - Communication and considerations well documented.
    - Co-morbidities influencing decisions to transition to conservative management and end of life care in a positive way.
    - Good discussions with family keeping them up to date and explaining the limitations to treatment and risk of deterioration.
    - Good pre-emptive planning and discussions around DNACPR.
    - Good end of life care with the family supported and updated including palliative care involvement.
    - Timely review and prompt admission to Critical Care.
    - Excellent end of life care.
    - The deaths reviewed of patients with Learning Disabilities had good to excellent care.

Learning from Mortality Reviews is shared at speciality level Morbidity and Mortality and Safety and Quality meetings. The learning outcomes from the SJR reviews are extracted from the electronic SJR tool in our clinical audit system; AMaT. This is collated and key themes are reported into our Divisional and Trust Safety and Quality Committees. Themes for learning are also reported into our Mortality and End of Life Care Committee which highlight excellent practice as well as areas for consideration and action.

Child Deaths

The SMR for children for the 12-month period February 2022 to January 2023 (the most recent period available) is 83.8 which is within expected range as demonstrated in figure 36 below.

Figure 36 SMR for Children (<1 - 17 years)



Source: Dr Foster Intelligence

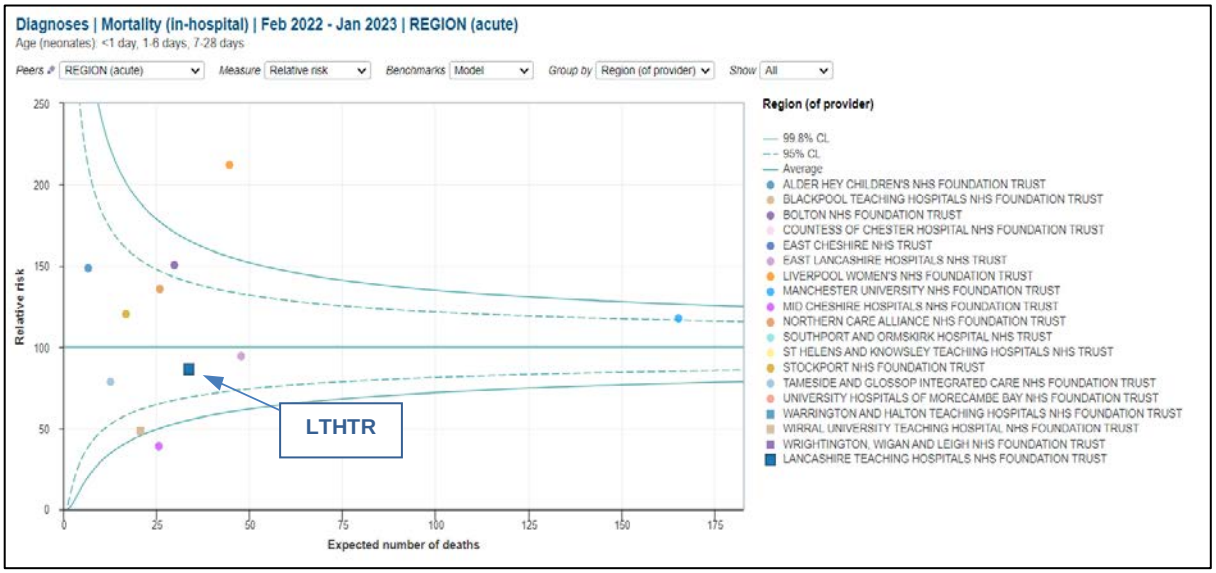
Reporting of child deaths is managed in line with local and national guidance. The Trust offers immediate support to parents and families and the Trust has a bereavement midwife available to support the parents of new born infants.

All child deaths are reported to HM Coroner unless the death is expected, and this has previously been agreed with HM Coroner. The statutory requirements for reporting child deaths to the CDOP are followed with this panel providing an independent multi-disciplinary review with the purpose of identifying lessons and preventing future deaths. In addition to reviewing children who have died in the Trust a case review is undertaken for any children known to the children's services at the Trust for example those transferred to Paediatric Critical Care or children who have died unexpectedly at home.

Neonatal Deaths

The SMR for Neonatal deaths for the 12-month period February 2022 to January 2023 (the most recent period available) is 86.3 which is within expected range and is demonstrated in figure 37 below.

Figure 37 SMR for Neonatal Deaths (<1 - 28 days)



Source: Dr Foster Intelligence

All neonatal deaths under 28 days are reported to Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK). MBRRACE-UK is a national collaborative programme of work involving the surveillance and investigation of maternal deaths, stillbirths, and infant deaths, including the Confidential Enquiry in Maternal Deaths (CEMD).

In addition, local reviews are undertaken by the neonatal lead Consultant for neonatal death or the Named Doctor for Safeguarding Children. All reviews are shared locally at departmental level and neonatal reviews have been shared at the Lancashire and South Cumbria Neonatal Operational Delivery Network Clinical Effectiveness Group. A summary is also presented to the Trust Mortality and End of Life Committee on a quarterly basis.

A summary of the learning from the child and neonatal deaths is presented below

Reviews identified opportunities for improved communication including always:

- ensuring good quality clinical documentation of care being delivered.
- completing death notification on the corporate form so that families receive appropriate Trust communications.
- provide comprehensive clinical documentation of escalation processes and immediate actions are put in place.
- ensuring nursing documentation has appropriate level of detail including Paediatric Early Warning Score (PEWS) and pain scores when undertaking observations and effective escalation plans developed.
- showing the ‘Safer Sleeping’ advice video prior to discharge from the postnatal ward and performing an assessment for every postnatal check and to ensure a safer sleeping assessment undertaken on community primary visits and handing over outcomes to health visiting services.
- optimising temperature control within clinical areas

Perinatal Mortality & Perinatal Mortality Review Tool

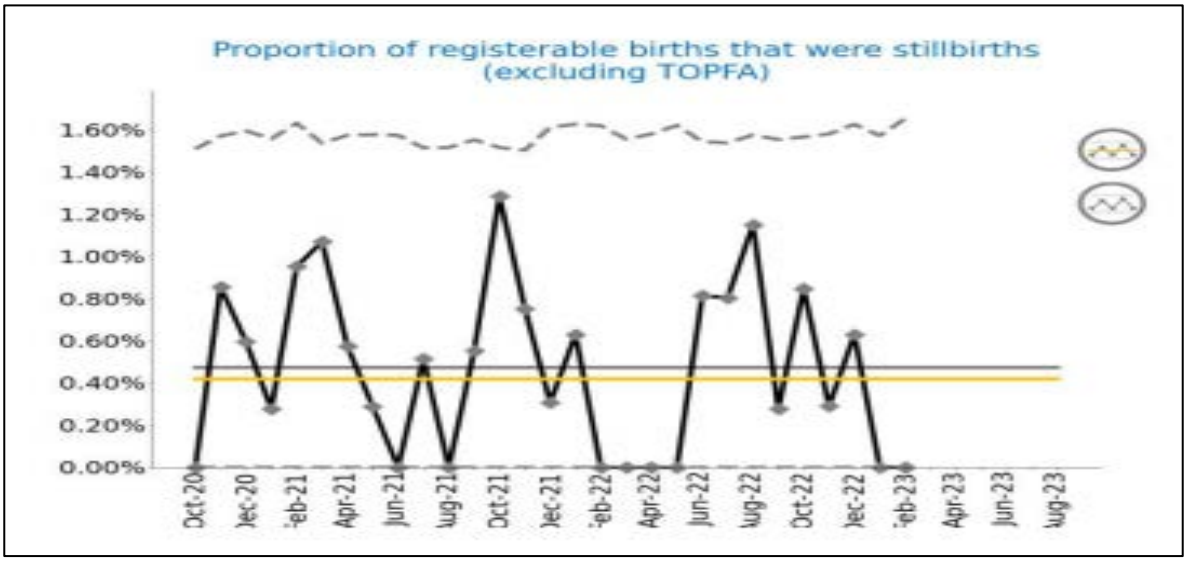
The Trust uses the Perinatal Mortality Review Tool (PMRT) to review deaths of babies within defined eligibility criteria. This includes a comprehensive and robust review of all perinatal deaths from 22+0 days gestation until 28 days after birth, excluding termination of pregnancy and those with a birth weight less than 200g. The tool is used to review the care collaboratively with a multi-disciplinary panel and includes an opportunity to consider the views and any concerns parents have about the care they received. The review results in a written report which is shared with the family within 6 months. When learning is identified from the reviews, action plans are formulated and tracked through Safety and Quality Committee for oversight and assurance.

The Trust also shares a summary report of all cases at the Maternity Safety Champions meetings held bi-monthly. Formal reporting is provided to the Trust Board bi monthly as part of the Maternity Service Update Report. Between April 2022 and March 2023, the Trust reported 27 deaths that met the defined threshold for reporting using the PMRT

Stillbirths

The stillbirth rate is monitored monthly by maternity Safety and Quality Committee. The maternity service has recently moved from a traditional Red, Amber and Green (RAG) rated maternity dashboard to statistical process control (SPC) analysis. The SPC analysis, as shown in figure 38, shows variation of the stillbirth rate that is within the expected range with no cause for concern identified. Currently the mean stillbirth rate is below the national average of 4.9 per 1000 births.

Figure 38 Maternity SPC analysis - Incidence of Stillbirths (per 1000 births)



Source: LTHTR Data

A cluster of stillbirths were identified in quarter three of 2022-2023. Local review of the cases did not identify any concerning features, themes are taken from reviews and align with national areas of work in this area, however, an external review of the cases by the regional chief obstetrician has been requested for assurance. The outcome of the review is awaited. The maternity service continues to closely monitor the incidence of stillbirth and the MBRRACE real time monitoring tool is utilised to closely track cases.

Medical Examiner Service

The Medical Examiner (ME) service was introduced nationally in response to:

- Recommendations in the 2003 Home Office Fundamental Review of Death Certification and Investigation
- The Shipman Enquiry
- Recommendations of Robert Francis in the Investigation into Mid-Staffordshire NHS Foundation Trust
- The Kirkup Review of Deaths at Morecambe Bay Hospitals

The key principles have been to establish a system which provides independent scrutiny of deaths, improved accuracy of death certification, more consistent and appropriate referrals to HM Coroner, reduced rejections of medical certificates by the Registrar and improved focus on the bereaved by responding to and reducing concerns. The MEs are supported by Medical Examiner Officers (MEOs).

The MEs undertake the following tasks:

- Review the last admission episode
- Review the cremation forms
- Review the certified cause of death and discuss with the responsible clinical team if there are queries or causes of concern
- Speak to families and resolve any potential concerns
- Consider potential Coronial cases
- Review all deaths and escalate cases for Primary SJR Mortality Review or in cases of concern for a Rapid Incident or Serious Incident Review
- Facilitate early detection of any clinical governance issues through this additional layer of scrutiny into the review of deaths

The MEO under delegated authority scrutinises every death that occurs at both of our hospital sites, discusses any areas of concern the bereaved may raise and ensures that the correct medical certificate of cause of death (MCCD) is issued. Any concerns that require additional support are raised to either the attending doctor or the ME.

Table 23 Medical Examiner Service Performance 2022-23 data

	Number	Percentage
Inpatient & ED Deaths	2032	
ME Reviews of all Deaths	1422	70%
MEO Reviews of all Deaths	2032	100%
ME/MEO Reviews of all Deaths	2032	100%
ME/MEO Conversations with Bereaved	1900	94%
Referrals to Coroner	419	21%

Source: LTHTR Data

The Coroner's Officers hold conversations with the bereaved when the death is referred to HM

Coroner and out-of-hours the families are supported by the General Office team and bereavement service.

The Registration Service has reported a reduction in the number of certificates rejected due to inaccurate or inappropriate causes of death. This rejection would normally result in the family having to seek a new MCCD from the hospital or a referral to HM Coroner's service.

It has also been reported that there has been a significant decrease in inappropriate cases being referred to HM Coroner. ME discussions with attending practitioners have resulted in clarity around the causes of death which has led to fewer patients being referred due to 'no cause of death identified.' Some cases have been referred to HM Coroner as a direct result of ME scrutiny. These include cases where concerns have been raised by families, substandard care has been identified or more commonly aspects of the events around death have meant that it is necessary to refer.

A second MEO has been recruited which has allowed for more support for the Lead ME and cover for annual leave. The increased capacity has also facilitated scrutiny of cases at Chorley and South Ribble Hospital. The national ME database system was introduced in April 2021 which replaced the current AMaT proformas. Resources have also been secured to start scoping the ME scrutiny of non-acute/community deaths, which it is hoped will result in the recruitment of two additional MEOs.

Review of Quality Performance – Experience of Care

Patient Experience Performance Report 2022-23

Patient care

Improving patient experience is a key ambition for the Trust underpinned by the mission to provide 'Excellent care with compassion.' Acquiring and acting upon the feedback provided by our patients, families and carers on their experience is an important component to achieving that ambition. This year, the Trust coproduced a new three-year Patient Experienced Involvement Strategy for 2022 to 2025. This strategy was developed and co-produced with our patients, families, carers, governors and staff. We have actively sought the views of patient groups who represent those people who have protected characteristics and recognise the importance of intersectionality when considering this feedback. The Patient Experience Involvement strategy closely links to a number of Trust strategies including Equality, Diversity and Inclusion, Leadership and organisational development, Mental Health, Learning Disability and Autism, Dementia and the Always Safety First strategy. The actions within our strategy are monitored through the Patient Experience and Involvement Group, which is a diverse group consisting of governors, patient representatives, carers, voluntary sector organisations and staff members and provides assurance to the Trust Safety and Quality Committee.

The strategy is divided into 3 sections. Insight - improving our understanding of patient experience and involvement by listening and drawing insights from multiple sources of information. Involvement – to equip our patients, colleagues and partners with the skills and opportunities to improve patient experience throughout the whole system. Improvement - to design and support improvement programmes that deliver effective and sustainable change.

The outcome measures that will evidence the delivery of the strategy include:

- Reduction in complaints.
- Improved recommendations via friends and family feedback.
- Increased response rates to Friends and Family Test (FFT).
- Increased compliments improved outcomes in our National Patient Surveys.
- Improved response time to concerns and complaints.
- Reduced number of second complaints.
- Increased evidence of patient co-production and improve training, metrics, communication and patient experience and Patient Experience and Patient Advice and Liaison Service (PALS) with early resolution.

Our PALS team work alongside colleagues, patients/carers and other stakeholders in a responsive way. The team do this by:

- Providing information to patients, relatives, and carers.
- Resolving problems and concerns before they escalate to become complaints.
- Providing data about the experiences of patients, their relatives, and carers to inform improvements in the quality of services.
- Informing people about the complaints procedure and how it can be accessed.
- Acting as an early warning system for the Trust.

- Identify opportunities for learning from the experiences of patients, relatives, and carers.
- Working in partnership with the teams of other healthcare providers and partner organisations.

Complaints, Concerns and Compliments

Table 24 Comparator data for Complaints 2020 to 2023

Year	Complaints received	Increase/reduction
2020-21	361	-96
2021-22	580	+219
2022-23	487	-93

Source: LTHTR Datix

During 2022-23 the Trust received 487 formal complaints, a decrease of 93 from 2021-22. The decrease represents a percentage of 16%. In the previous year there was a substantial increase in complaints, following the COVID-19 pandemic. The trend in the ratio of complaints to patient contacts over the past three years is detailed in the table below:

Table 25 Trend of ratio of complaints per patient contact 2020 to 2023

Year	No of complaints	Total episodes (inpatient/outpatient)	atio of complaints topatient contacts
2020-21	361	717,213	1:1,987
2021-22	580	821,526	1:1,416
2022-23	487	849,328	1:1,744

Source: LTHTR Datix

Of the 487 complaints received between April 2022 to March 2023, 417 (86%) related to care or services provided at the Royal Preston Hospital (RPH), 68 (13.9%) to care or services provided at Chorley and South Ribble Hospital (CDH) and 2 (0.4%) to care or services provided by Preston Business Centre. In addition to the 487 complaints received, the Patient Experience and PALS team also responded to 7 cases which were deemed to be outside of the 12 month timescale set out under the NHS Complaints Procedure.

Table 26 Number of Complaints by Division – April 2022 to March 2023

Division	Number (%)	Division	Number (%)
Medicine	189 (40%)	Women and Children's Services	80 (16%)
Surgery	172 (35%)	Diagnostics and Clinical Support	31 (6%)
Estates and Facilities	6 (1.2%)	Corporate Services	9 (1.8%)

Source: LTHTR Datix

During this financial year there were 516 cases due to be closed. The outcome of these can be broken down into the following outcomes 44 (8%) of the complaints had been upheld. 310 (60%) were partly upheld and 127 (25%) had not been upheld. The 1 (0.5%) remaining record was withdrawn, and 34 (6.5%) cases currently remain open.

The NHS Complaints Regulations determine that all complaints should be acknowledged within three working days of receipt. In the current reporting period, 97% of complainants received an acknowledgement within that timescale where complaints were received into the

Patient Experience and PALS team.

Second letters may be received because of dissatisfaction with the initial response or as a result of the complainant having unanswered questions. During the period between April 2022 and March 2023 we received 29 second letters.

During the period 1 April 2022 to 31 March 2023 555 complaints were closed. 70% of complaints received in 2022-23 were closed within the internal set target of 35-day timescale. This is reported to Safety & Quality Committee monthly. The Patient Experience and PALS Team have dealt with a total of 2,413 concerns and 4,727 enquiries.

Top 3 Themes from complaints by Division

Diagnostic Clinical Support

1. Consent, confidentiality or communication
2. Clinical assessment
3. Nursing care

Womens and Children's

1. Treatment/procedure
2. Consent confidentiality or communication
3. Staff behaviour or attitude

Medicine

1. Consent, confidentiality, or communication
2. Clinical assessment
3. Nursing care

Surgery

1. Consent, confidentiality, or communication
2. Treatment/procedure
3. Clinical assessment

The Parliamentary Health Service Ombudsman

Complainants have the right to request that the Parliamentary and Health Services Ombudsman (PHSO) undertakes an independent review into their complaint in instances where local resolution has not been achieved. Between the period 1 April 2022 to 31 March 2023 there were 4 cases referred to the PHSO; 1 was not upheld and 3 are ongoing. During this period, the PHSO sent final reports for 3 cases which were opened prior to April 2022 and the outcome of these were that 1 was not upheld and 2 were partly upheld. In addition, there was 1 other case opened prior to April 2022 which the PHSO closed as premature (Trust to undertake further local resolution). There are a further 2 cases referred to the PHSO prior to April 2022 which are still under investigation by the PHSO, and a final decision is yet to be reached. Also, during this period a further 2 cases have been referred to the PHSO which are being actioned through the PHSO's local dispute resolution process; 1 has been resolved, 1 is ongoing with a view to a meeting date is to be arranged.

Compliments

The Trust receives formal and informal compliments from patients and their families in relation to their experience of care. During 2022-23 a total of 2,664 compliments and thank you cards were received by wards, departments and through the Chief Executive's Office. There has been an increase in the number of compliments received this year. Departments are being encouraged to actively log compliments on the Datix system which has its own module for this purpose. This provides teams with the opportunity to celebrate success locally and as part of their wider teams and divisions.

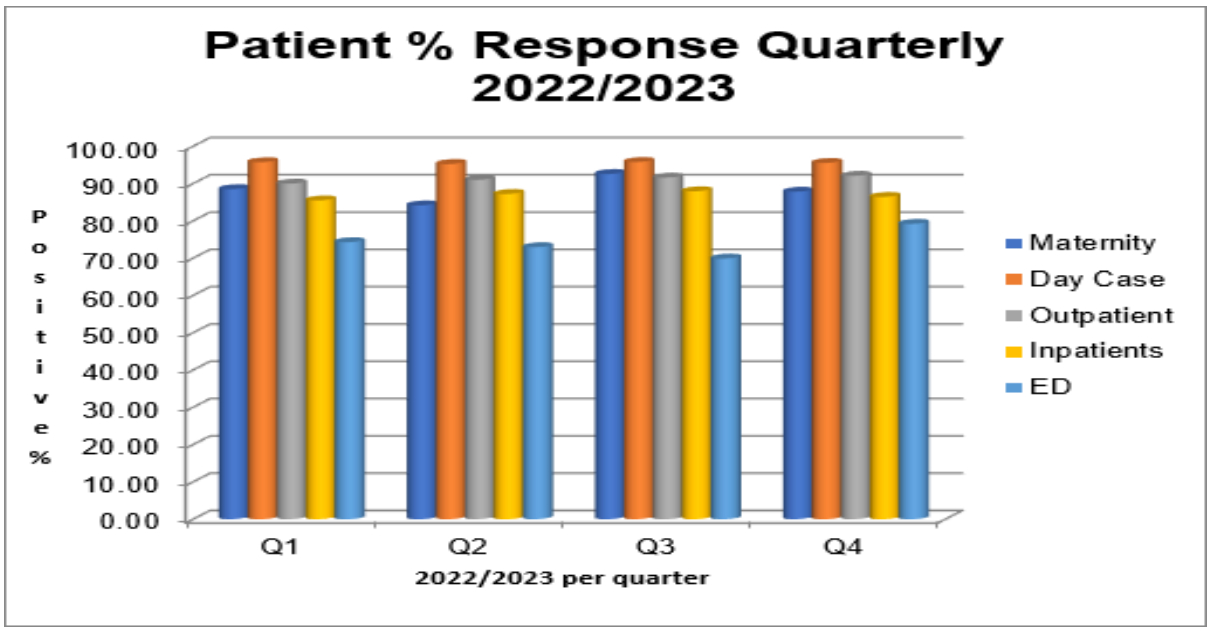
Patient experience feedback

Friends and Family Test

The FFT is used as a national measure to identify whether patients would or would not recommend the services of our hospitals to their friends and family. FFT is reported at departmental level, and also reported to Safety and Quality Committee and through to Trust Board. The national requirement is to report on the following areas:

- Maternity
- Day Case
- Outpatients
- Inpatients
- ED

Figure 39 – Quarterly percentage of positive responses Friends and Family

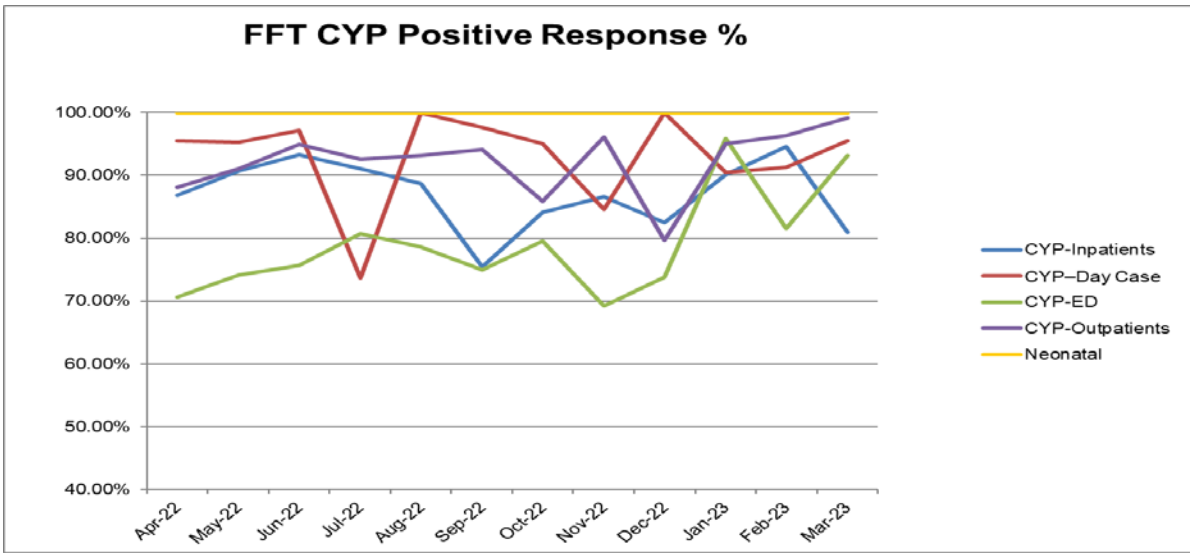


Source: FFT data CIVICA

Historically, a target of 90% is set for patients who would recommend services to friends and family in four of the areas, with a target of 85% in the ED. Maternity has achieved this in Q3, Day case have consistently achieved in excess of 90% in all four quarters, outpatients have achieved this for the past three quarters with inpatients and the ED under the target percentage in all four quarters. A redesign of the ED is taking place to address the number of patients in the department and the number of patients spending extended periods of time in the ED. This

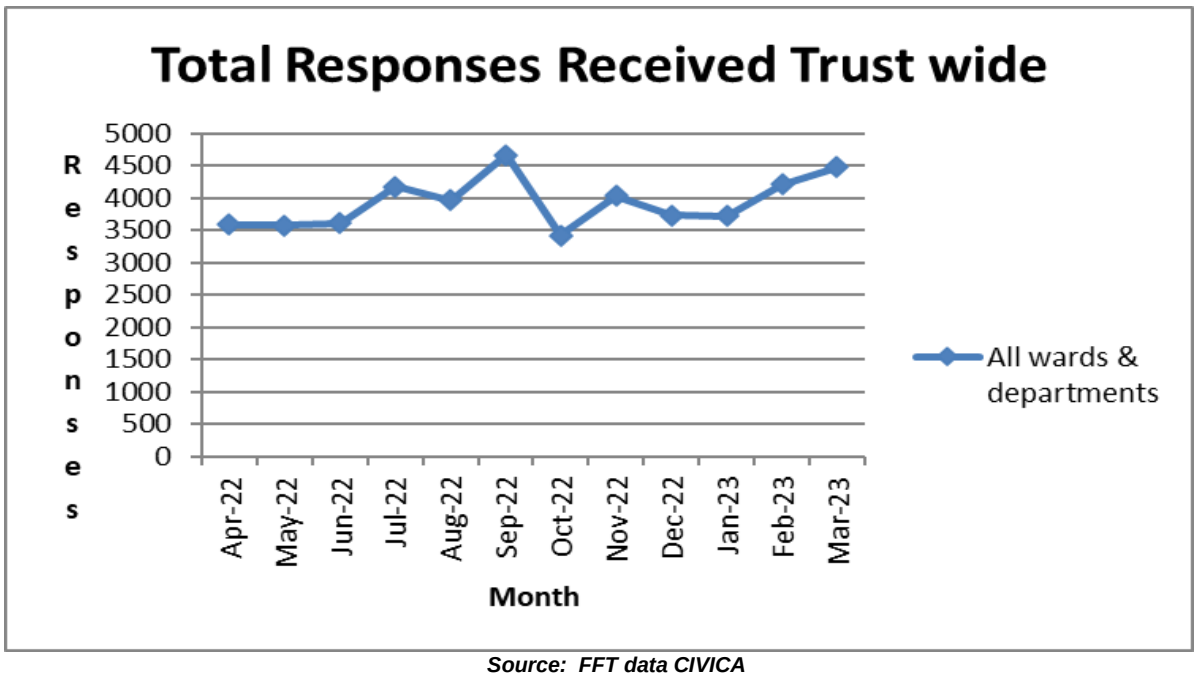
is aimed to improve overall experience for patients and families. Although not a national requirement, the Trust undertakes surveys in Children and Young People's (CYP)Services to ensure an equitable approach to measurement of experience. Positive increases in CYP ED experiences have been demonstrated in 2022-23, continued work to improve the experience of families and children in the children's inpatient area continues and the neonatal service has maintained a sustained performance of 100%.

Figure 40 CYP Quarterly % of positive responses FFT



Source: FFT data CIVICA

Figure 41 FFT % Response



Source: FFT data CIVICA

The data above demonstrates an overall increase in responses and an increase in usage of the various methods of collection.

- Since April 2021 – March 2022 we have received 1468 surveys completed using the QR codes/on line links, 2829 paper surveys, 3684 telephone surveys and 36,128 SMS surveys.

- Since April 2022 – March 2023 we have received 2905 surveys completed using the QR codes/on line links, 6788 paper surveys, 4421 telephone surveys and 37,070 SMS surveys.

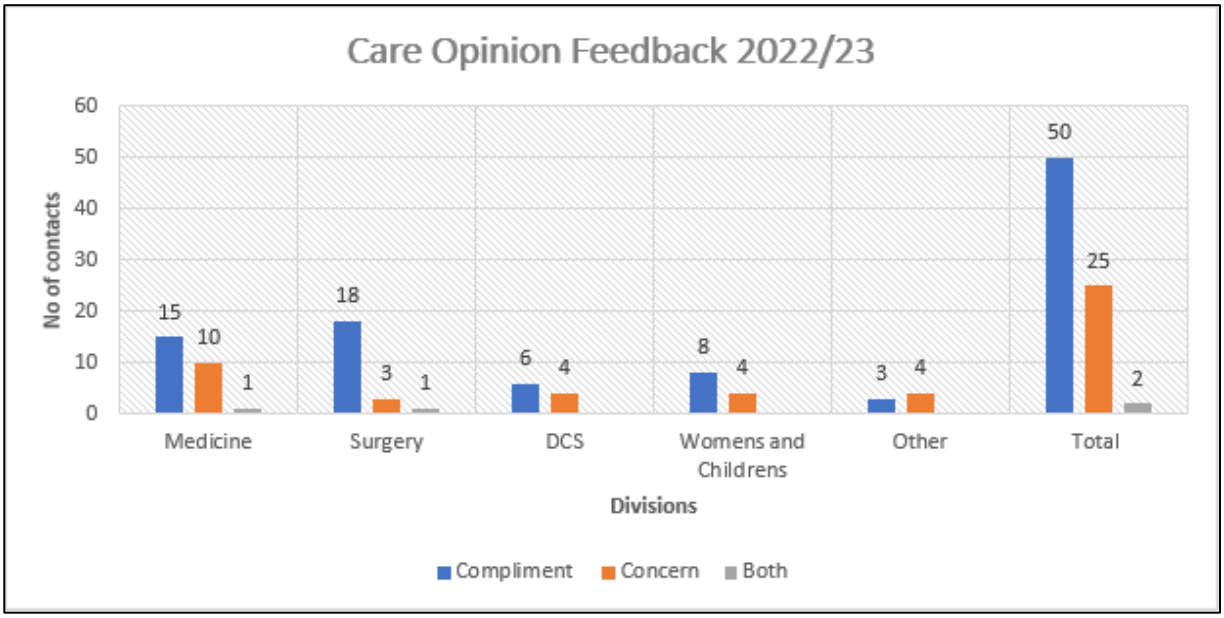
We are actively training staff to use the system and ensure the patient experience boards are kept updated with the "You said, we did" posters and various reports that can be downloaded using CIVICA. Monthly reports are being sent to all governance and divisional leads to ensure the results are being reviewed and shared throughout the trust.

Care Opinion website (www.careopinion.org.uk**)**

Care Opinion is a place where patients can share their experience of health or care services and help make them better for everyone. It provides patients with the ability to post reviews for both Royal Preston (which includes Preston Business Centre) and Chorley and South Ribble Hospitals.

The Care Opinion website is monitored and responded to on a regular basis by the Patient Experience and PALS Team. All reviews are responded to in order to acknowledge them, provide assurance that their feedback will be shared and provide the Patient Experience and PALS contact details for those who wish their concerns to be raised or looked into further. All feedback and compliments are logged on the Datix Governance reporting system and share with the relevant divisions and staff. A quarterly report is provided from the reviews left on Care Opinion and shared with the Trust Corporate Governance team.
It is difficult to establish themes due to the low numbers provided. During the past financial year, there have been a total of 77 reviews posted on the website consisting of 50 compliments, 25 concerns and 2 with a mix of both complements and concerns.

Figure 42 Care Opinion Feedback 2022-23



Source: Care Opinion Website

National Survey Results

Maternity Survey 2022

Lancashire Teaching Hospitals NHS Foundation Trust is ranked 19th out of 65 Trusts in 2022 surveyed by Picker. This is compared to the 2021 survey, where the Trust was ranked 11th out of the 66 Trusts surveyed. The response rate to the Maternity survey of 44% was lower than the national average of 48%.

There were no areas identified where the Trust was significantly worse than the 2021 survey.

There were 2 areas identified where the Trust was significantly better than the 2021 survey:

- Partner/companion involved (during labour and birth) – 95% compared to 86% in the 2021 survey
- Found partner was able to stay with them as long as they wanted (in hospital after birth) – 94% compared to 36% in 2021

We were significantly better that the national Picker average on the following five questions:

- Offered a choice of where to have baby – 93% compared to Picker average of 81%
- Partner/companion involved (during labour and birth) – 95% compared to Picker average of 91%
- Found partner was able to stay with them as long as they wanted (in hospital after birth) – 94% compared to Picker average of 41%
- Involved enough in decisions about their care – 96% compared to Picker average of 92%
- Not left alone when worried (during labour and birth) – 82% compared to Picker average of 73%

We were significantly worse that the national Picker average on the following two questions:

- Provided with relevant information about feeding their baby – 73% compared to Picker average of 82%
- Given information/advice on risks of induced labour – 47% compared to Picker average of 64%

Overall, the results for our Trust showed:

- 97% treated with respect and dignity (during labour and birth)
- 95% had confidence and trust in staff (during labour and birth)
- 95% involved enough in decisions about their care (during labour and birth)

Children and Young People's Survey 2020

We have seen an increase for the year 2020 in satisfaction of the parents, children and young people surveyed based on the 2018 survey. The Trust is ranked 31st out of the 67 Trusts nationally. This is compared to the 2018 survey, where the Trust was ranked 58th out of 66

Trusts surveyed. Parents rated experience of care as seven out of 10 or more and this is at par with the Picker national average.

We were significantly better than the last survey on the following seven questions:

- Parents had new members of staff introduce themselves – 97% compared to 92% in 2018
- Parent felt that Wi-Fi was good enough for child to do what they wanted – 81% compared to 57% in 2018
- Parent kept informed by staff about what was happening – 90% compared to 92% in 2018
- Parent had access to hot drinks facilities in hospital – 84% compared to 74% in 2018
- Parent felt that staff were available when child needed attention – 97% compared to 93% in 2018
- Parent felt hospital room or ward was clean – 99% compared to 96% in 2018
- Child felt hospital was quiet enough to sleep – 86% compared to 68% in 2018

We were significantly worse than the last survey on the following question:

- Parents felt that there was not enough for their child to do – 73% compared to 91% in 2018

We were significantly better than the Picker average on the following two questions:

- Parent had access to hot drinks facilities in hospital – 84% compared to 78%
- Parent able to prepare food in hospital – 70% compared to 41%

We were significantly worse than the Picker average on the following question:

- Parent rated overnight facilities as good or very good – 50% compared to 69%

Overall, the results for our Trust showed:

- 93% parent felt well looked after by staff
- 93% child felt well looked after in hospital
- 94% parent felt staff agreed a plan with them for child's care

Urgent and Emergency Care Survey 2020

Lancashire Teaching Hospitals is ranked 34th out of 66 trusts nationally. This is compared to the 2018 survey, where the Trust was ranked 47th out of 69 Trusts surveyed. This shows an improvement on the previous survey.

We were significantly better than the last survey on the following 3 questions:

- Waited under an hour in the ambulance – 97%, compared to 89% in 2018
- Waited under an hour in A&E to speak to a doctor/nurse – 90%, compared to 82% in 2018
- Staff helped control pain – 90%, compared to 84% in 2018

We were significantly worse than the last survey on the following question:

- Right amount of information given on condition or treatment – 74%, compared to 83% in 2018

Significantly better than the Picker average on the following 5 questions:

- Understood results of tests – 99%, compared to 97%
- Saw the cleaning of surfaces – 82%, compared to 74%
- Saw tissues available – 83%, compared to 78%
- Did not feel threatened by other patients or visitors – 96%, compared to 93%
- Staff discussed transport arrangements before leaving A&E – 61%, compared to 50%

Significantly worse than the Picker average on the following question:

- Spent under 12 hours in A&E – 88%, compared to 94%

Overall, the results for our Trust showed:

- 88% rated care as 7/10 or more
- 97% treated with respect and dignity
- 95% doctors and nurses listed to patient

Adult Inpatient Survey 2021

The Trust is ranked 55th out of the 73 Trusts surveyed by Picker. This is compared to the 2020 survey where the Trust was ranked 61st out of 71 Trusts surveyed. This demonstrates an overall improvement.

We were significantly better that the last survey on the following two questions:

- Did not have to wait a long time to get a bed on ward - 78% compared to 69% in 2021
- Was involved in decisions about care and treatment – 82% compared to 75% in 2021

We were significantly worse that the Picker average on the following 9 questions:

- Did not have to wait long time to get to bed on ward – 69% compared to Picker average 74%
- Not prevented from sleeping at night – 48% compared to Picker average 47%
- Food was very good or fairly good – 48% compared to Picker average 69%
- Always or sometimes enough nurses on duty – 86% compared to 90%
- Was involved in decisions about care and treatment – 75% compared to Picker average 80%
- Felt involved in decisions about discharge from hospital – 71% compared to Picker average 76%
- Knew what would happen next with care after leaving hospital – 80% compared to Picker average 84%
- Told who to contact if worried about discharge – 70% compared to Picker average 75%
- Asked to give views on quality of care during stay – 8% compared to Picker average 13%

Overall, the results for our Trust showed:

- 80% rated experience as 7/10 or more
- 97% treated with respect or dignity
- 97% had confidence and trust

National Cancer Patient Experience Survey

The 2021 National Cancer Patient Experience survey (NCPES) involved all adult patients confirmed with a primary diagnosis of cancer who were discharged from an inpatient episode or day case attendance for cancer related treatment during the period of April - June 2021. The fieldwork was undertaken during period of October 2021 - February 2022.

The survey is designed to:

- Monitor national progress on cancer care,
- Provide information to drive local quality improvements,
- Assist providers and to inform the work of the various stakeholders supporting cancer patients,
- Understand what patients think about their cancer care.

The survey reflects the views of 1,233 patients with a response rate of 56%, which is lower than the previous year response of 65% but just above the national rate of 55%. Most of the respondents completed the survey by paper and were white British aged over 55. Only 3% of respondents were ethnic minority background. The distribution between male and females' responses were almost equal and responses from males were more positive overall.

Trust areas of good practice with teams achieving 100% score:

- The patient has a main contact - Upper Gastro-Intestinal (UGI) team
- The patient found advice from their main contact very helpful - Head & Neck (H&N) and UGI teams
- Review of care plans with patients - all teams except Gynaecology team
- The patient received all the information about diagnostic tests - Gynaecology team.
- Patients receiving easily understandable information - H&N team (all other teams scored well)
- The patient was given information regarding side effects - UGI team
- Patients were given enough information regarding radiotherapy - H&N and Colorectal teams
- Information given regarding progress with radiotherapy treatment - Colorectal team

Trust areas to improve care

- To improve information regarding referral particularly with the lung and gynae pathways
- Finding out the patient has cancer in lung and gynae pathways
- Discussing treatment options
- Supporting information for families and loved ones on how to care for patient at home
- Respect and dignity whilst an inpatient
- UGI and Prostate scores were lower regarding inpatient care

The positive results of the survey and many positive patient comments regarding the care of cancer patients at Lancashire Teaching Hospitals cancer centre show the dedication and effort of our staff to provide a highly specialised service with patient care at the centre of our work.

Major Service Developments and Improvements

Despite significant challenges across the Lancashire and South Cumbria healthcare system due to winter pressures and the restoration of activity following the COVID-19 pandemic, we continued to implement a number of major service developments during 2022-23 which have benefitted both patients and colleagues, with some working to help alleviate demand on our Emergency Care pathways and improve flow across our sites.

These developments are testament to the resilience of our hard working and dedicated colleagues and key partners who have remained committed to enhancing services available to our patients and improving the experience they received. The major service developments during the past year are outlined below.

Nightingale and Cuerden Ward

In June 2022, the Nightingale demountable facility at Royal Preston Hospital officially closed its doors after over five months in service. The facility cared for around 1,000 low acuity patients who were nearing discharge with the additional bed base allowing the system to improve flow during exceptionally busy winter and spring periods.
The facility was originally erected by NHSE to deal with a potential surge of the COVID-19 Omicron variant but it was agreed with that Preston's Nightingale Surge Hub would open in January 2022 to help alleviate sustained and severe pressures and high bed occupancy across the Lancashire and South Cumbria ICS.
Both clinical and non-clinical staff were involved in the set-up, delivery and take-down of the facility and all colleagues can be proud of the part they have played in ensuring its success.
Following its closure, elements of the new Cuerden Ward at Chorley and South Ribble Hospital opened to add some much-needed capacity back into the system to improve patient flow. The new ward created 24 additional beds and has provided additional capacity at the hospital to help care for diabetes, endocrinology and general medical patients.

Renal services across Lancashire and South Cumbria

Lancashire Teaching Hospitals is responsible for renal services across Lancashire and South Cumbria.

In September 2022, the Laurie Solomon Renal Centre was opened by the Trust, as part of a programme of improvements to renal facilities across the local healthcare system.

The new centre, which was purpose-built on the site of Royal Blackburn Hospital, provides 24 haemodialysis stations and outpatient clinic facilities for patients from across the region and was named in honour of a doctor who recently celebrated 50 years with the NHS.

The opening follows new centres being unveiled in Ulverston (July 2021) and Burnley (November 2021).

Finney House – Lancashire Community Healthcare Hub

Our new Lancashire Community Healthcare Hub at Finney House in Preston has been hugely successful in helping to improve flow across our acute hospital sites. The Trust officially opened the Hub on 30 November 2022, having become the CQC registered provider of services two weeks earlier following a lease agreement with L&M Healthcare.

Alongside the care of around 30 residents, Lancashire Teaching Hospitals currently manages 64 beds within the facility. The beds are aimed at caring for patients who are medically fit for discharge within our hospitals but do not yet have the current support in place to go back into their community setting. The facility is making huge strives in increasing flow across our hospitals, enabling us to manage patients care effectively and in an environment where they can best recover.

By 31 March, the facility had seen 550 admissions and over 490 discharges with an improving portfolio of services available to patients, including on-site rehabilitation. Its early success was documented in a special BBC feature for The One Show which highlighted how Lancashire Teaching Hospitals is one of the few Trusts nationally to step into this space to help improve discharges. By freeing up acute beds at a quicker rate, this is helping to reduce the waiting times and pressures within our Royal Preston Hospital's ED, giving both staff and patients a much better environment and experience. So far, feedback from patients has been extremely positive which is testament to the fantastic facilities the Trust offers and the work all colleagues are doing to increase flow across our hospital sites.

COVID-19 Vaccination and Testing Programme

After two years and eight months, the Royal Preston Hospital COVID-19 staff testing POD closed for use in November 2022, following changes to Government guidance for testing. Over that time, the team performed tens of thousands of Polymerase Chain Reaction (PCR) swabs for colleagues, system partners and initially immediate family members, helping to identify and confirm thousands of positive results to help avoid nosocomial infections within our hospitals.

A month later, Preston's largest vaccination centre, run by Lancashire Teaching Hospitals, and located in St John's shopping centre, also closed its doors for the final time in after vaccinating over 200,000 people to protect against the COVID-19 virus. The site opened in January 2021, but closed its doors following vaccinations moving to be delivered within Primary Care – either in GP surgeries or pharmacies.

Surgical Hub meeting top clinical and operational standards

In March 2023, Chorley & South Ribble Hospital was one of eight surgical hubs awarded GIRFT accreditation as part of a pilot scheme to ensure the highest standards in clinical and operational practice.

The scheme, run by NHSE's GIRFT programme in collaboration with the Royal College of Surgeons of England, assesses hubs against a framework of standards to help deliver faster access to some of the most common surgical procedures such as cataract surgeries and hip replacements.

Surgical hubs, which are separated from emergency services, are part of plans nationally to increase capacity for elective care with more dedicated operating theatres and beds. The hubs exclusively perform planned surgery and mainly focus on high volume, low complexity (HVLC) surgery across various specialties including ophthalmology, general surgery, orthopaedics, gynaecology, ear nose and throat, and urology.

Hubs bring together the skills and expertise of staff under one roof, with protected facilities and theatres, helping to deliver shorter waits for surgery. The hub beds are designated for patients waiting for planned surgical procedures, and are protected from emergency admissions, reducing the risk of short-notice cancellations.

International nurse recruitment

An extensive international nurse recruitment programme has continued during 2021-22.

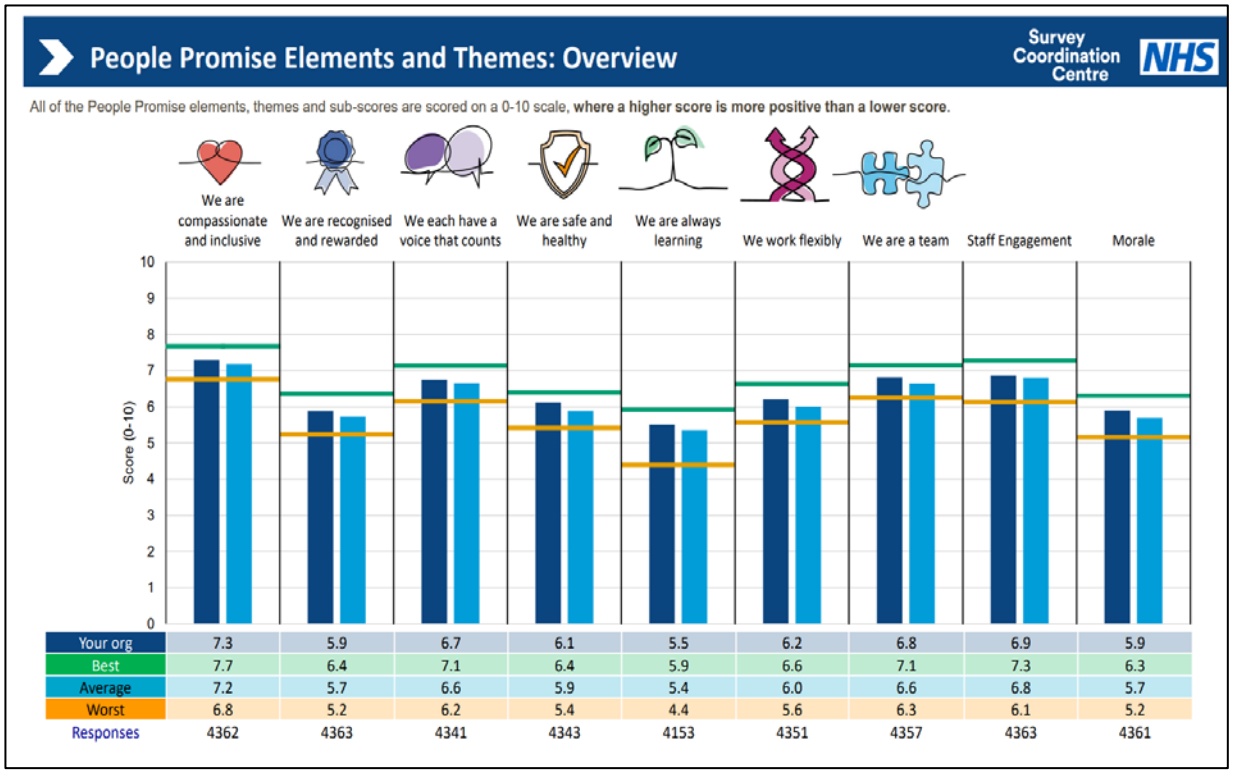
To date over a 4 year period almost 600 international nurses have joined our organisation. The aim is to improve the experience of colleagues working with team members who are part of their team, reduce the loss of registered nurses by improving staffing fill rates and having team members who are familiar with the environment they work in and therefore deliver better care to our patients. The added advantage is that this also reduces the reliance on high cost agency spend. The aim is to reach a zero registered nurse vacancy position by August 2023.

Staff Survey and Recommendation of Our Care

Annual National Staff Survey

The NHS staff survey is conducted annually. From 2018 onwards, the results from questions are grouped to give scores in ten indicators. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those. The Trust's response rate to the 2022 survey was 47%. This is a 10% increase from the 2021 survey (37%) and is above the national average (44%) in our benchmarking group (Acute and Acute and Community Trusts). Scores for each indicator together with that of the survey benchmarking group are presented below.

Figure 43 Annual National Staff Survey

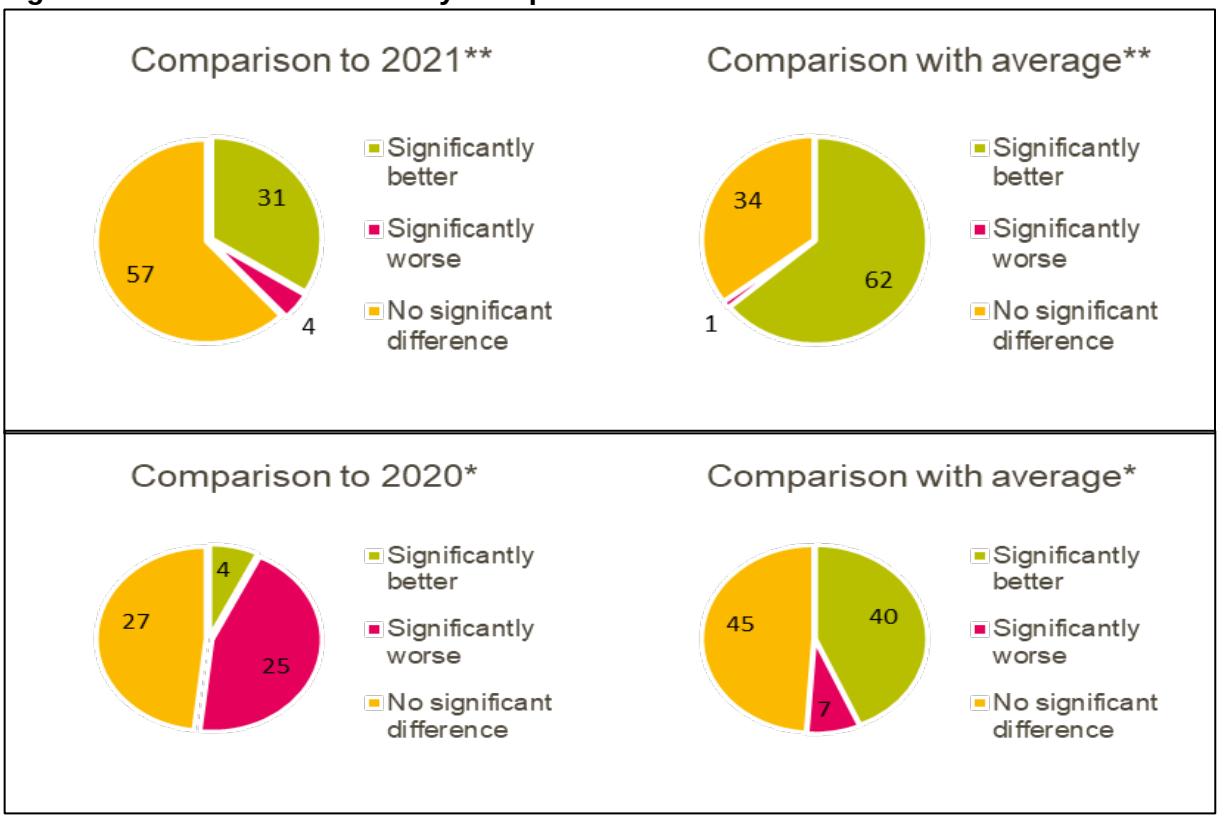


Source: National Staff Survey

As indicated in the summary above, against the nine elements, we have performed above the national average for all of the people promise elements in 2022. This is the first time we have achieved this and whilst the results still show us where are areas for improvement are, we can see we are continuing to make progress towards our aspiration of being the 'best' in the NHS.

In summary a total of 117 questions were asked in the 2022 survey, of these, 112 can be compared to 2021 and 97 can be positively scored. The pie charts below show how our 2022 scores have compared against how we performed in 2021 against the Picker average.

Figure 44 National Survey Comparisons



Source: National Staff Survey

Staff Engagement

The scores below detail the overall staff engagement score for 2022 and the breakdown of scores for items which measure the 3 facets of team engagement, namely motivation, involvement and advocacy. The results compare our scores against our 2020, 2021 results and the national average for this year.

The table below shows that for staff engagement we have seen improvements in all except two questions which have slightly deteriorated and one that has stayed the same in comparison to both our 2021 results and the national benchmarking average.

Table 27 Staff Engagement Results and Comparisons

Description	Organisation 2020	Organisation 2021	Organisation 2022	National Average
MOTIVATION	**7.2**	**7.0**	↑ **7.1**	**7.0**
I look forward to going to work.	56.8%	51.8%	↑ 55.2%	52.5%
I am enthusiastic about my job.	74.1%	68.7%	↑ 70.2%	66.7%
Time passes quickly when I am working.	77.2%	75.5%	↓ 74.5%	72.5%
INVOLVEMENT	**6.8**	**6.9**	↑ **7.0**	**6.8**
There are frequent opportunities for me to show initiative in my role.	73.6%	74.8%	↑ 75.7%	72.8%

I am able to make suggestions to improve the work of my team / department.	76.5%	73.6%	↑ 74.6%	70.9%
I am able to make improvements happen in my area of work.	55.5%	53.7%	↑ 56.5%	54.7%
ADVOCACY	**7.0**	**6.6**	6.6	6.6
Care of patients/service users is my organisation's top priority.	78.8%	72.6%	↑ 72.8%	73.5%
I would recommend my organisation as a place to work.	63.6%	56.2%	↑ 57.2%	56.5%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	69.1%	61.9%	↓ 59.9%	61.9%
OVERALL STAFF ENGAGEMENT SCORE	**7.0**	**6.8**	↑ 6.9	6.8

To summarise the staff engagement findings:

- In the majority of areas, our results show that we are making improvements and are now above or on the national average benchmarking data.
- Whilst our overall staff engagement score has only slightly increased since 2021 by 0.1 point, we are again, slightly above the national average.
- When we look at the engagement questions relating to motivation, we can see some encouraging increases in relation to looking forwards to going to work (+3.4%) and feeling enthusiastic about work (1.5%) which both above national average. This shows us important progress after our 2021 results had seen declines in both these questions.
- When we look at the engagement questions relating to involvement, we can see improvement here for all three questions in comparison to our 2021 results and when looking this in comparison to the national average, this can see this is an area of strength in our results.
- When looking at the engagement questions relating to advocacy, we can see this remains an area of focus for us. Whilst overall we have remained stagnant in this sub theme, there is work to be done to improve how colleagues feel regards to if they would recommend the organisation as a place of work and if a friend or relative needed treatment, they would be happy with the standard of care with both these questions being below the national average for our benchmarking group.

Future priorities and targets

The 2022 results show us where we are making progress to improve our overall staff experience and they help us to understand our priorities and key areas we need to pay attention to over the next 12 months. Many actions will continue to be delivered by the Workforce and Organisational Development team as outlined in Our People Plan 2023-26 which identifies our key strategic aims and deliverables.
Alongside this our three priority areas include:

- Colleagues experiencing physical violence, bullying, harassment or abuse from patients/public or from other colleagues.
- Resolving health, safety and building issues raised, as well as colleagues' lack of access to adequate materials, supplies and equipment to do their work.

- Improvements to the way colleagues feel able to raise concerns and their need to be updated on what action has taken, so they know they have been heard and listened to.

Finally, as indicated in the data above our results showed a 2% decrease in the number of colleagues who would be happy with standard of care provided by organisation if friend/relative needed treatment and a 1% increase in colleagues saying they would recommend our organisation as place to work. We know we can do better to improve these areas and our corporate level action plan will detail the actions we will be taking to make improvements to these areas. Progress against our priorities and measurement of impact will be reported to the Workforce Committee through the regular cycle of business.

Medical and Dental Workforce Rota Gaps

Our Workforce Department monitor vacant posts and as part of the 'Guardian of safe working' requirements provide a quarterly vacancy gap analysis as required in relation to the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 Schedule 6 paragraph 11b.

An overview of Trust wide vacancies per grade are presented in Table 28 below.

Table 28 Medical and Dental Vacancies (March 2023)

Data is for each post as a whole time equivalent. It does not reflect gaps as a result of long-term sickness, maternity/adoption leave and working part time.

Grade	Vacant	Filled	Total	Vacancy Rate
Deanery				
FY1	1	56	57	1.75 %
FY2	2	54	56	3.57 %
ST1-2	3	113	116	2.59 %
ST3+	11	144	155	7.10 %
Trust				
Junior Clinical Fellow	25	60	85	29.41 %
Senior Clinical Fellow	33	92	125	33
SAS	16	82	98	16.33 %
Consultant	73	456	529	13.80 %

Source: LTHTR data

Our Workforce Business Partners provide monthly reports to the Divisional Workforce Committees which includes the detailed status of each vacant post.

The team use this information to work closely with Clinical Directors and departmental managers to source vacancies and agree recruitment strategies for new and hard to fill posts, some of which are shown below:

- Reviewing job descriptions and creation of promotional activity, aligning job descriptions to the new employment brand and elements to make posts more attractive for example rotations and dedicated time for audit, research and teaching.
- Promoting vacancies through social media, relevant journals and websites, through the British Medical Journal (BMJ) website.
- Sourcing doctors (where required) through international placement agencies.

- Sourcing doctors through the Trust new Overseas Registrar Development and Recruitment (ORDER) program. This program is designed to fill middle grade gaps across all specialties and is aimed at international doctors. This program provides them a 2-year post which includes a university qualification. For posts doctors recruited through this route the Trust will sponsor them for their General Medical Council (GMC) registration. This has been launched in June 2023 and the first posts have just been advertised with a view to doctors starting in September 2023.
- Sourcing doctors through the Medical Training Initiative program in liaison with the Royal Colleges and the Trust has seen success particularly in the Critical Care Unit.
- Utilising our medical and dental in-house banks to reduce reliance on agency workers, reduce cost and improve quality of care. There are currently approximately 120 medical bank workers working regular shifts.
- Working with the lead employer to improve rotation information to ensure early identification of vacant posts where possible.
- Continued recruitment to the medical intern program in partnership with the University of Manchester and the University of Mansoura in Egypt. A total of 10 interns were appointed to start in August 2023 and a further 9 are currently completing their first year, moving into year 2 in August 2023. These posts fill vacant junior clinical fellow gaps and where required vacant Foundation Year 2 (FY2) and Speciality Trainee 1 (ST1) posts.

In addition to these strategies the Trust is also looking at ways to retain doctors and the following strategies have been applied:

- Development of Trust induction to meet GMC standards tailored for international doctors with a view to providing these doctors a structured and development focused introduction to the NHS.
- Continue to run an annual round for the Lancashire Teaching Hospitals (LTH) Associate Consultant post. This is an internal development post open to all speciality and speciality grade (SAS) doctors, the appointment round takes place every January. This post aims to support doctors wishing to progress their career who are working at a very senior, autonomous level with the aim of retaining these highly skilled doctors by providing career progression. We currently have 12 Associate Consultants currently in post who were appointed between 2018 and 2023.
- Development of quality job planning to ensure it is fully reflective of activity with an updated job planning policy being published in March 2023 and a new job planning system being implemented in January 2022.
- Foundation Year 3 (FY3) program and focused recruitment to junior posts for FY2 doctors not joining regional training.

Quality Assurance

Our Quality Account has presented the data, information and assurance required by NHSI. The Trust has provided information related to the statutory core performance indicators and assurance on our data quality. The Trust has presented progress with our key priorities for 2022-23 which were stated in the 2020-21 Quality Account and highlighted new priorities for 2022-23 which align to Our Big Plan. The Trust has presented a review of activity in relation to safety, effective care and patient experience which are aligned to the ambitions and risk appetite of the Trust.

Our Safety and Quality Committee promote a safety and quality culture in which staff are supported and empowered to improve services and care. The Committee provides the Board of Directors with assurance on the patient experience and outcomes of care by:

- Ensuring that adequate structure, processes, and controls are in place to promote safety and excellence in the standards of care and treatment.
- Monitoring performance against agreed safety and quality metrics and ensuring appropriate and effective responses occur when indicated.
- Ensuring compliance with NHSI and relevant CQC standards.

Trust governors continue to be actively supportive of the Trust's quality improvement activities and continue to play a major part in providing assurance by participating in STAR and other quality assessments as well as attending our Patient Experience Improvement group.

Our Governor involvement in the New Hospitals Programme has been hugely valued and much appreciated by the Trust. Our governors also continue to offer valuable challenge and assurance as well as contribute to significant environmental improvements for patients through use of their charitable fund. Our Quality Account for 2022-23 has provided assurance of the performance and ongoing activity which promotes patient safety, effective care, and excellent experience.

Annex 1:

Statements from External Stakeholders

Statement from the Lancashire County Council Health Scrutiny Committee re: Quality Accounts for 2022-23

This year the Lancashire County Council Health Scrutiny Committee have provided a comprehensive response to four of the eight Quality Accounts received (Blackpool, Lancashire and South Cumbria NHS Foundation Trust, NWAS and University Hospitals Morecambe Bay) due to the priorities in the Health Scrutiny work plan and this will be reviewed again next year.

As such the following is entered as their response to the LTH 2022/23 Quality Accounts:

“Although we are unable to comment on this year’s Quality Account, we are keen to engage and maintain an ongoing dialogue throughout 2023/24. ”

From: Jodie Ellams
Manager
Healthwatch Lanacashire,
Leyland House, Lancashire Business Park
Centurion Way, Leyland
PR26 6TY

Healthwatch Lancashire
Response to Lancashire Teaching Hospitals NHS Foundation Trust Quality Accounts Report for 22-23

Introduction

We are pleased to be able to submit the following considered response to Lancashire Teaching Hospitals NHS Foundation Trust Quality Accounts for 2022-23.

Chief Executive's Statement

A comprehensive statement commenting on the challenging continued effects of the pandemic. It was pleasing to read that as a result of the pandemic, this has strengthened partnership and collaborative working across local partners.

2.3 Freedom to Speak Up

There is a clear process in place which encourages staff to raise concerns any concerns they may have and an option to speak with a FTSU guardian should they feel that their concerns haven't been addressed. The account addresses the reduction in responses from staff and priorities have been put in place to strengthen and embed FTSU across the trust, including e-learning for all staff. It is pleasing to read that this has been acknowledged and the trust recognises the importance of staff speaking up and listening and responding to those concerns.

Review of Quality Performance

Of note is the co-production of the Trusts new three-year Patient Experience Involvement Strategy which has been developed with patients, families, and carers. We know processes and systems are more successful when they involve people as fully as possible.
We also commend the reporting that the number of complaints received has reduced this year and there has been an increase in the number of compliments received.

National Survey Results

Patient experience of care is a key part of the role of Healthwatch and we are particularly interested in patients feedback which has been obtained from the national surveys.
We would like to commend the results of the Maternity Survey, particularly that 97% of patients felt that they were treated with respect and dignity, however we are looking forward to learning how the trust plans to ensure that information is provided on risks of induced labour.

Summary

In accordance with the current NHS reporting requirements, mandatory quality indicators requiring inclusion in the Quality Account, we believe that the Trust has fulfilled this requirement. The quality indicators, results and supporting narrative are clear and well laid out.
Overall, this is a fair and well-balanced document which acknowledges areas for improvements and actions being taken to further improve patient treatment, care and safety.
We welcome these and as a Healthwatch we are committed to supporting the Trust to achieve them.

Jodie Ellams, Manager- Healthwatch Lancashire

NHS Lancashire and South Cumbria Integrated Care Board Response to the Lancashire Teaching Hospitals NHS Foundation Trust Quality Account 2021-22

Our ref: DA/JR/LTHQA2223

Please contact: Jacquie Ruddick

Email: Jacqueline.Ruddick@nhs.net

NHS
Lancashire and South Cumbria
Integrated Care Board

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19 June 2023

Christine Morris
Associate Director of Safety and Learning
Lancashire Teaching Hospitals NHS Trust
Sharoe Green Lane
Fulwood
Preston
PR2 9HT

Dear Christine

Re: ICB Response to Lancashire Teaching Hospitals NHS Trust Quality Account 2022/23

The Lancashire and South Cumbria ICB would like to take this opportunity to comment on the annual Quality Account from Lancashire Teaching Hospitals NHS Foundation Trust.

The ICB acknowledges that Infection Prevention and Control (IPC), and most notably Clostridioides difficile (C. difficile which is an anaerobic bacterium that is present in the gut) was a key priority for the CCG, ICB and Trust last year. It is recognised that in 2022-23 the Trust had a 48% increase (196 compared to 132 in 2021/22) in cases. However, the ICB is aware that there has been a national increase in C. difficile infections across a significant proportion of Trusts nationally and that the UK Health Security Agency and NHSE are currently undertaking a study to understand the reasons for the national increase. It is observed that this remains a key priority for the organisation and that the Trust continues to undertake Post-Infection Reviews which are monitored through the C. Difficile Infection Panel on a monthly basis.

The Trust's Care Quality Commission (CQC) overall rating has remained as 'requires improvement' since November 2019. In March 2022, the CQC commenced an urgent care system inspection in Lancashire and South Cumbria, involving the Trust alongside GPs, Northwest Ambulance Service, nursing homes, urgent care, mental health, and acute hospital providers. This report, published in July 2022, highlighted that Urgent Care Services are under increasing demand. For Lancashire Teaching Hospitals NHS Foundation Trust, the Urgent and Emergency Services at Royal Preston Hospital remains 'requires improvement'; inspectors provided a 'good' rating for being effective, caring and well-led; with an 'inadequate' rating for being safe and responsive. The ICB also recognises that there remain 3 outstanding actions from the 2019 CQC inspection, which are being monitored through the Risk Management process and require significant investment of time and resource to resolve.

In 2022/23, Trust performance in relation to NHS Constitutional targets was again adversely impacted by the residual effects from the pandemic as well as industrial action. The move to elective restoration, with an aim for zero 104-week waits by January 2023 and zero 78-week waits by end of March 2023. The Trust did not meet the target dates, but it is noted that by the end of March 2023 there were zero 104-week waits which demonstrates a commitment to the recovery plan, despite the additional pressures on

the Trust.

The ICB would also like to recognise all the challenging work that has been undertaken during 2022/23.

- Compliance with the 10 safety actions for maternity services;
- Successful reduction in 104-week waiters in 2022-23 with progress towards zero 78-week waiters in early 2023-24;
- 100% participation of each directorate in the annual risk governance maturity programme (assessed by external audit);
- Ensuring services were able to be safely operated whilst supporting staff during a period of continued industrial action, which impacted on services;

The ICB recognises the Trust's commitment to improving the care it delivers to patients and the experience they received, despite the challenges that the last few years have brought. It is important to acknowledge increased service provision, including:

- A number of schemes undertaken through the Continuous Improvement Strategy, including "Flow Coaches" and "Big Rooms" for areas under pressure, such as colorectal or Urgent Care. These schemes provide multi-disciplinary staff with an opportunity for discussion, review and focused approaches for shared learning and identifying improvements for patient care and outcomes;
- Working in partnership with the Engineering Design Centre at Cambridge University partners to improve services across the Integrated Care System for people living with frailty and who have respiratory conditions;
- Working towards implementation of the PSIRF and LPSE national directives for improving Trust investigation management; future plans include addressing areas of concern from incident trends, such as pressure ulcers or Never Event incidents;
- Safety Triangulation Accreditation Review (STAR) visits. Out of 126 clinical areas registered for these visits, 124 were completed by the end of March 2023. 103 areas achieved silver or gold stars, equating to 82%. The ICB has been invited to participate in the STAR visits during 2023-24;
- The Laurie Solomon Renal Centre was opened in September 2022 as part of a programme of improvements to renal facilities across the healthcare system;
- The Trust has recruited almost 600 international nurses over the last 4-years; this supports the Trust aim to have no nurse vacancies by August 2023.
- The Trust have developed a new LTH ORDER programme, designed to fill middle-grade doctor gaps across all specialties. This programme will be fully launched in June 2023, with a view to recruits commencing with the Trust in September 2023.
- In January 2023 the Trust identified 2 Never Events relating to incorrect connection to air ports. As part of the investigation and audit process, a previous Never Event was identified from January 2022 and was also reported. Whilst it is disappointing that this was not identified at the time, it is positive to note that the audits and checks are in place to identify these retrospectively where needed. The ICB has seen the action plans and is assured that learning has been implemented and systems put in place to mitigate the risks identified.

The Trust acquired Finney House in November 2022 to enable the Trust to improve patient flow by providing 64 out-of-hospital health-led community bed capacity, reducing medicine bed capacity in hospital as a result. This is equally supported by the introduction of Virtual Wards, additional Home First capacity and crisis hours to support people to stay safe at home and to expedite timely discharge from hospital. The ICB recognises the actions being taken to improve overall patient flow and support collaborative system working across the health economy.

The Trust co-produced a new three-year Patient Experienced Involvement Strategy for 2022 to 2025 in collaboration with patients, families, carers, governors and staff. It is positive to note that this strategy links closely to a number of existing Trust strategies including: Equality, Diversity and Inclusion; Mental Health; Learning Disability and Autism; Dementia; and the Always Safety First strategy. Actions will be monitored through the Patient Experience and Involvement Group, which in turn provides assurance to the Trust Safety and Quality Committee.

The ICB also notes that there have been some key achievements to support improved patient safety and

experience including:

- Dietetics and SLT services now have an electronic inpatient referral systems;
- Creating an open and accountable reporting culture where staff are encouraged to identify and report issues;
- In March 2023 Chorley Hospital was 1 of 8 surgical hubs awarded Getting It Right First Time (GIRFT) accreditation as part of a pilot scheme run by NHSE/I;

- An increase in completed FFT surveys (44,109 in 2021-22 and 51,184 in 2022-23). Most services were over 90% for some or all quarters, with the exception of ED which was consistently under the target. A re-design of ED is taking place to address the number of patients in the department and the number of patients waiting extended periods of time;
- The Trust was ranked 19th out of 65 Trusts in 2022, with 2 areas identified where the Trust was performing better than the previous year: partner/companion involvement; and partner was able to stay with them as long as they wanted.

The ICB appreciates that the Trust Quality Account for 2022/23 acknowledges that there are a number of areas where the Big Plan metrics were not met but some have been carried forward into 2023/24. It is positive to note the continued focus on these areas:

- Achieve 62-day cancer target;
- Reduce pressure ulcers by 10%;
- Deliver the C. difficile measure within nationally set trajectory;
- Reduce sickness absence to 4%;
- Reduce vacancies by a further 5%;
- Reduce number of patients waiting greater than 12 hours in Emergency Department (ED).

To conclude, 2022-23 was a challenging year for the Trust in terms of the operational and workforce challenges, including through industrial action, financial pressures within the NHS and restoration recovery plans to reduce waiting lists. The ICB notes that these will continue into 2023-24 in terms of restoring services to full capacity and addressing the back-log of patients still waiting for treatment.

We look forward to working closely with the Trust with the 2023/2024 priorities and further developing our collaborative partnerships to continue to improve the quality of care to our patients.

Yours sincerely,

Professor Sarah O'Brien
Chief Nurse

Council of Governors of Lancashire Teaching Hospitals NHS Foundation Trust

Quality Account: Feedback from Council of Governors Meeting on 2 May 2023

In line with the Trust's commitment to engage and consult with the Council of Governors at a meeting of 2 May 2023, governors were invited to consider and input into the two Quality Indicators for inclusion in the 2022-23 Quality Account.

The agreed topics which support putting patients are at the heart of what we do and are carried over from the Quality Account 2021-22 to continue as year two indicators are as follows:

- Inclusive end of life care and advanced care planning.
- Patient experience including PALS and complaints resolution.

Annex 2:

Statement of directors' responsibilities for the Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust boards should put in place to support data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust annual reporting manual 2022-23 and supporting guidance.
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
    - Board minutes and papers for the period April 2022 to March 2023.
    - Papers relating to quality reported to the Board over the period April 2022 to March 2023.
    - Feedback from Integrated Care Board date to be added
    - Feedback from Healthwatch date to be added
    - Feedback from Overview and Scrutiny Committee date to be added
    - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 is incorporated in the Annual Patient Experience Report 2022-23.
- The Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered.
- The performance information reported in the Quality Report is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review by MIAA to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.
- The Quality Report has been prepared in accordance with NHSI's Quality Account manual and supporting guidance as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

Professor Paul P O'Neill
Interim Chair Date: 16.6.2023

Kevin McGee OBE
Chief Executive Date: 16. 6. 2023

List of Tables

List of Figures

Glossary of Abbreviations

A&E	Accident & Emergency
AHP	Allied Health Professionals
AMaT	Audit Management and Tracking System
AMG	Antimicrobial Management Group
AQuA	Advancing Quality Alliance
BAF	Board Assurance Framework
BAUS	British Association of Urological Surgeons
BI	Business Intelligence
BRC	Biomedical Research Centre
CAHPR	Council for Allied Health Professions Research
CBG	Capillary Blood Gas
CDH	Chorley District Hospital
C.Difficile	Clostridioides Difficile
CDOP	Child Death Overview Panel
CEMD	Confidential Enquiry in Maternal Deaths
CI	Continuous Improvement
CIWA	Clinical Institute Withdrawal Assessment for Alcohol
CMP	Case Mix Programme
CNST	Clinical Negligence Scheme for Trusts
COPD	Chronic Obstructive Pulmonary Disease
CP-IS	Child Protection Information Sharing System
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CrCu	Critical Care Unit
CSAP	Child Safeguarding Assurance Partnership
CSC	Children's Social Care
CTG	Cardiotocograph
CYP	Children & Young People
DIPC	Director of Infection Prevention & Control
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
DNAR	Do Not Attempt Resuscitation

DoLs	Deprivation of Liberty Safeguards
DSPT	Data Security and Protection Tool
E.coli	Escherichia coli
ED	Emergency Department
EDI	Equality Diversity Inclusion
EOS	Early Onset of Sepsis
EPMA	Electronic Prescribing and Medicines Administration
EWS	Early Warning Score
FFFAP	Falls and Fragility Fractures Audit Programme
FFT	Friends and Family Test
FGM	Female Genital Mutilation
FTSU	Freedom to Speak Up (FTSU) guardian
FY1	Foundation Year 1
FY2	Foundation Year 2
FY3	Foundation Year 3
GAS	Group A streptococcus
GDPR	General Data Protection Regulations
GGI	Good Governance Institute
GICAP	Gastro-intestinal Cancer Audit
GIRFT	Getting It Right First Time
GMC	General Medical Council
GP	General Practitioners
GSK	GalaxoSmithKline
H&N	Head and Neck
HCG	Human chorionic gonadotropin
HOHA	Healthcare Onset/Healthcare Associated
HSIB	Health Service Investigation Branch
HSMR	Hospital Standardised Mortality Ratio
HQIP	Healthcare Quality Improvement Partnership
HVLC	High Volume, Low Complexity
IARC	Agency of Research Against Cancer
IBD	Inflammatory Bowel Disease (Programme)

ICB	Integrated Care Board
ICNARC	Intensive Care National Audit & Research Centre
ICO	Information Commissioner's Office
ICS	Integrated Care System
IDA	Iron Deficiency Anaemia
iGAS	Invasive group A Streptococcus
INCS	Integrated Nutrition and Communication Service
IPC	Infection Prevention Control
IPL	Inter-professional learners
IT	Information Technology
LCRF	Lancashire Clinical Research Facility
LeDeR	Learning Disability Mortality Review Programme
LFPSE	Learn from patient safety events
LMNS	Local Maternity Neonatal Systems
LSAB	Lancashire Safeguarding Adults Board
LTHTR	Lancashire Teaching Hospitals NHS Foundation Trust
MASH	Multi Agency Safeguarding Hubs
MAU	Medical Assessment Unit
MBRRACE-UK	Mothers and Babies - Reducing Risk through Audits and Confidential Enquiries across the UK
MCA	Mental Capacity Act
MCCDs	Medical Certificate of Cause of Death
MDT	Multidisciplinary Team
ME/MEs	Medical Examiner/s
MEO/MEOs	Medical Examiner Officer/s
MHRA	Healthcare Products Regulatory Agency
MIAA	Mersey Internal Audit Agency
MINAP	Myocardial Ischaemia National Audit Project
MITRE	Muscle Invasive Bladder Cancer at Transurethral REsection of Bladder Audit
MRSA	Methicillin Resistant Staphylococcus Aureus
MSK	Musculoskeletal
MUST	Malnutrition Universal Screening Tool

NABCOP	National Audit of Breast Cancer in Older Patients
NACAP	National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme
NACEL	National Audit of Care at the End of Life
NAIF	National Audit of Impatient Falls
NCAA	National Cardiac Arrest Audit
NCAP	National Cardiac Audit Programme
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCMD	National Child Mortality Database
NCPRES	National Cancer Patient Experience Survey
NDA	National Adult Diabetes Audit
NELA	National Emergency Laparotomy Audit
NGT	Nasogastric tube
NHFD	National Hip Fracture Database
NHS	National Health Service
NHSE	NHS England
NHSI	NHS Improvement
NICE	National Institute for Health and Care Excellence
NICU	Neonatal Intensive Care Unit
NIH	National Institute of Health (USA)
NIHR	National Institute for Health and Care Research
NJR	National Joint Registry
NLCA	National Lung Cancer Audit
NMAHP	Nursing Midwifery Allied Health Professionals
NMPA	National Maternity and Perinatal Audit
NMPs	Non-Medical Prescribers
NNAP	National Neonatal Audit Programme
NOGCA	National Oesophago-gastric Cancer Audit
NPCA	National Prostate Cancer Audit
NPDA	National Paediatric Diabetes Audit
NPSA	National Patent Safety Agency
NRLS	National Reporting and Learning System
NVR	National Vascular Registry

OGD	Oesophago Gastro Duodenoscopy
ORDER	Overseas Registrar Development and Recruitment
PALS	Patient Advice and Liaison Service
PAU	Paediatric Assessment Unit
PCR	Polymerase Chain Reaction
PEWS	Paediatric Early Warning Score
PHSO	Parliamentary and Health Service Ombudsman
PIRs	Post Infection Reviews
PMRT	Perinatal Mortality Review Tool
POP	Plaster of Paris
PPE	Personal protective equipment
PQIP	Perioperative Quality Improvement Programme
PROMs	Patient Reported Outcome Measures
PROMPT	Practical Obstetric Multi-Professional Training
PSCF	Procedure-Specific Consent Form
PSII	Patient Safety Incident Investigation
PSIRF	Patient Safety Incident Response Framework
PUL	Pregnancy of unknown location
QIPs	Quality Improvement Programmes
RAG	Red, Amber and Green
RALP	Robot-Assisted Laparoscopic Radical Prostatectomy
RCN	Royal College of Nursing
RCOG	Royal College of Obstetricians and Gynaecologists
RCP	Royal College of Physicians
REJOIN	Emergency ureteric injury management
RPH	Royal Preston Hospital
SAMBA	Society for Acute Medicine Benchmarking Audit
SAS	Speciality and Specialist grade
SAU	Surgical Assessment Unit
S. aureus	Staphylococcus aureus
SBAR	Situation-Background-Assessment-Recommendation
SDEC	Same Day Emergency Care

SHMI	Summary Hospital-level Mortality Indicator
SHOT	Serious Hazards of Transfusions
SIRO	Senior Information Risk Owner
SJR	Structured Judgement Review
SLT	Speech and Language Therapy
SMR	Standardised Mortality Ratio
SMRC	Specialist Mobility Rehabilitation Centre
SPC	Statistical Process Control
SPCMHT	Specialist Perinatal Community Mental Health
SSNAP	Sentinel Stroke National Audit Programme
ST 1-2	Speciality Trainee 1-2
ST 3+	Speciality Trainee 3+
STAR	Safety Triangulation Accreditation Review
StEIS	Strategic Executive Information System
SUDC	Sudden Unexpected Death in Childhood
SUS	Secondary User Service
TACT	Tobacco and Alcohol Care Team
TARN	Trauma Audit and Research Network
TED	Team Engagement and Development Tool
TVNs	Tissue Viability Nurses
UGI	Upper Gastro-Intestinal
UKCRF	UK Clinical Research Facility
UKHSA	UK Health Security Agency
VTE	Venous Thromboembolism
WHO	World Health Organisation

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Trust Headquarters

NHS Lancashire Teaching Hospitals NHS Foundation Trust

Council of Governors Report

Governor Opportunities and Activities – May 2023 – July 2023

Report to:	Council of Governors	**Date:**	25 July 2023
Report of:	Governors	**Prepared by:**	J Leeming
Part I	✓	**Part II**	

For assurance	☐	**For decision**	☐	**For information**	☒

Executive Summary:

The purpose of this report is to update the Council of Governors on the opportunities, events and activities Governors have been involved in during May 2023 to July 2023.

The Governor role is to represent the interests of Foundation Trust members, the public and theorganisations Appointed Governors represent. The events and engagement opportunities that Governors have been involved in are recorded in the report and attached as appendix 1.

It should also be noted that several of our Governors also undertake voluntary roles across both our hospital sites.

It is recommended that the Council of Governors receive the report and note the contents for information.

Trust Strategic Aims and Ambitions supported by this Paper:

Aims		Ambitions	
To offer excellent health care and treatment to our local communities	☒	Consistently Deliver Excellent Care	☒
To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria	☒	Great Place To Work	☒
To drive innovation through world-class education, teaching and research	☒	Deliver Value for Money	☒
		Fit For The Future	☒

Previous consideration

None

1. Background

Governors have an important part to play by listening to the views of the Trust's members, the public and other stakeholders, and representing their interests in the Trust. This means, for example, gathering information about people's experiences to help inform the way the Trust designs, reviews or improves services effectively. Governors also have a role in communicating information from the Trust to members and to the public, such as information about the Trust's plans and performance. Successful engagement calls for an ongoing working relationship between a Foundation Trust and its members and the public, with patients and service users at the heart of this. Governors are supported in their work by other groups of people at the Trust including Executive and Non-Executive Directors and the Corporate Affairs Office.

2. Financial implications

There are no financial implications associated with the recommendations in this report.

3. Legal implications

There are no legal implications associated with the recommendations in this report.

4. Risks

There are no risk implications associated with the recommendations in this report.

5. Impact on stakeholders

Positive engagement with membership is a critical role for the Governors.

6. Recommendations

It is recommended that the Council of Governors receive the report and note the contents for information.

There are a number of regular activities which Governors could be involved in including:

STAR celebration events
Held three times per year and virtually throughout the Covid-19 pandemic, teams present the peer support activity in which they have been involved as part of the STAR accreditation framework as well as celebrating achievements.

PLACE (Patient Led Assessment of the Care Environment)
The national programme usually takes place annually at each of our hospital sites (Chorley and South Ribble and Royal Preston Hospital). It is an opportunity for Governors to engage with patients and training is provided by the Trust. The programme is being reviewed nationally and further information on the changes is awaited.

Strategic Operating Group (SOG) Debrief
Every Friday between 10am and 12noon a Strategic Operations Group meeting is held during which leaders from across the Trust review existing pressures and make important decisions about our hospitals' current and future operational challenges. Governors along with staff can attend the debrief every Friday afternoon between 2pm and 2.15pm.

The list below does not include Governors' scheduled meetings and workshops.
All activities were held using virtual platforms unless indicated otherwise.

EVENT: excluding scheduled meetings and workshops	**DATE: May 2023 – July 2023**
Staff Ambassador Forum	2 May 2023
Quality Account meeting	2 May 2023
Visit to Finney House	3 May 2023
Dementia Strategy Meeting	4 May 2023
Preparations for Windrush	4 May 2023
Staff Ambassador Forum	10 May 2023
International Nurses Day	12 May 2023
Visit to SMRC	16 May 2023
NHS Providers Event – London	23 May 2023
Patient Experience Champions Induction	23 May 2023

MIAA Governors Learning and Development Virtual Event	24 May 2023
Patient Experience Involvement Group	24 May 2023
Gold Star Event	30 May 2023
Provider Collaborative Virtual Event	31 Mary 2023
Preparations for Windrush	31 May 2023
Staff Ambassador Forum	6 June 2023
Celebration for Volunteers at Preston	6 June 2023
Engagement with NHP Team	8 June 2023
Celebration for Volunteers at Chorley	8 June 2023
Windrush Celebration on Avenham Park – opportunity to discuss NHP and Job Opportunities at LTHTr with the Public	18 June 2023
Our Health Day at Chorley	20 June 2023
Preparation for CQC meeting	23 June 2023
Meeting with CQC re Well Led	27 June 2023
Carers Forum	28 June 2023
Visit to Lancashire Eye Centre	29 June 2023
Visit to Rawcliffe Ward	29 June 2023
Staff Ambassador Forum-Ethnicity	4 July 2023
Staff Ambassador Forum-LGBTQ+	4 July 2023

ICB Board Meeting	5 July 2023
Dementia Champions meeting at Chorley	5 July 2023
Dementia Strategy meeting	6 July 2023
Q&A with CEO	10 July 2023
Meeting with Chief People Officer	17 July 2023
International Disability Awareness Day-Supporting Our People-Lunch and Learn.	17 July 2023
Patient Information Group meeting	20 July 2023
Patient Experience Involvement Group meeting	25 July 2023
Visit to Preston Discharge Lounge	26 July 2023

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Trust Headquarters

NHS Lancashire Teaching Hospitals NHS Foundation Trust

Council of Governors Report

Governor Issues Report							
Report to:	Council of Governors			**Date:**	25 July 2023		
Report of:	Company Secretary			**Prepared by:**	N Gauld		
Part I	✓			**Part II**			
Purpose of Report							
For assurance	☐	**For decision**	☐	**For information**	☒		

Executive Summary:

The purpose of this report is to provide visibility of the issues and concerns raised by Governors for information.

The agreed process for Governors to raise issues and concerns is through the Senior Executive Assistant (Natalie.gauld@lthtr.nhs.uk). These are then passed to the appropriate manager for investigation and response. A response is then provided to the Governor who raised the issue.

The attached report contains a summary of the issues raised since the last report to the Council and covers the period between May 2023 to date along with details of the responses provided.

It is recommended that the Council receives the report and notes the contents for information.

Trust Strategic Aims and Ambitions supported by this Paper:

Aims		Ambitions	
To provide outstanding and sustainable healthcare to our local communities	☒	Consistently Deliver Excellent Care	☒
To offer a range of high quality specialised services to patients in Lancashire and South Cumbria	☒	Great Place To Work	☒
To drive health innovation through world class education, teaching and research	☐	Deliver Value for Money	☒
		Fit For The Future	☒

Previous consideration

Not applicable

1. **Introduction**

The purpose of this report is to provide visibility of the issues and concerns raised by Governors for information.

The agreed process for Governors to raise issues and concerns is through the Senior Executive Assistant (Natalie.gauld@lthtr.nhs.uk). These are then passed to the appropriate manager for investigation and response. A response is then provided to the Governor who raised the issue.

The report contains a summary of the issues raised since the last report to the Council and covers the period between May 2023 to date along with details of the responses provided.

2. **Activity report**

During the reporting period, 2 concerns/issues were raised through the governor process map.

All concerns/issues have been closed within timescales for response.

A summary of the issues raised is provided below:

- 1 concern was raised regarding the Pharmacy department at CDH. A patient was left waiting for the pharmacist to return from lunch to obtain a prescription. Details have been received informing that the pharmacy is split into inpatients operated by LTHTR and outpatients operated by a private provider, therefore the patient's prescription could have been issued by the qualified pharmacist on duty. The patient was unaware and waited over an hour for the pharmacist to return. The query has been dealt with by our Chief Pharmacist and a response sent directly to the governor.

- 1 concern was raised regarding a black/yellow post at the top of the path leading to the IT room at CDH which had been dislodged. This was raised directly with the Director of Estates and the team have attended and repaired the post.

3. **Financial implications**

There are no financial implications associated with this report.

4. **Legal implications**

There are no legal implications associated with this report.

5. **Risks**

There are no risks associated with this report.

6. **Impact on stakeholders**

There is no impact on stakeholders associated with this report.

7. **Recommendation**

It is recommended that the Council receives the report and notes the contents of this report for information.

Lancashire Teaching Hospitals NHS
NHS Foundation Trust

CYCLE OF BUSINESS: COUNCIL OF GOVERNORS 2023-24

	Part	Presenter	Contact	April	July	October	January
STANDING ITEMS							
Chairman and quorum	1 and 2	Chair	N/A	✓	✓	✓	✓
Apologies for absence (verbal)	1 and 2	Chair	N/A	✓	✓	✓	✓
Declaration of interests (verbal)	1 and 2	All governors	N/A	✓	✓	✓	✓
Minutes of previous meeting and matters arising	1 and 2	Chair	KB	✓	✓	✓	✓
Chair and Chief Executive's opening remarks	1 and 2	Chair and Chief Executive	Chair/CEO	✓	✓	✓	✓
Update from Chair of each Subgroup (verbal)	1	Subgroup Chairs	Subgroup Chairs	✓	✓	✓	✓
Review of meeting performance	1	Chair	N/A	✓	✓	✓	✓
SAFETY, QUALITY, WORKFORCE AND PERFORMANCE							
Infection Prevention and Control Annual Report	1	Chief Nursing Officer	SC			✓	
Big Plan Annual Review	1	Director of Strategy and Planning	GD				✓
Patient Experience and Involvement Annual Report	1	Chief Nursing Officer	SC		✓		
Winter Planning	1	Chief Operating Officer	FB			✓	
UPDATES FROM COMMITTEE CHAIRS AND LEAD ROLES AND RESPONSIBILITIES							
Audit Committee	1	Committee chair	NED (TWa)			✓	
Charitable Funds Committee	1	Committee chair	NED (KS)				✓
Education, Training and Research Committee	1	Committee chair	NED (PON)	✓			
Finance and Performance Committee	1	Committee chair	NED (TWh)			✓	

	Part	Presenter	Contact	April	July	October	January
Safety and Quality Committee	1	Committee chair	NED (KS)		✓		
Workforce Committee	1	Committee chair	NED (JW)				✓
Ockenden Board Safety Champion	1	Committee chair	NED (VC)		✓		
STRATEGY							
Strategic Forward Plan (for information)	1	Director of Strategy and Planning	GD	✓			
Patient Experience and Involvement Strategy update	1	Chief Nursing Officer	SC				✓
Education and Research Strategy update	1	Chief People Officer	NL		✓		
Workforce and OD Strategy (Our People Plan) update	1	Chief People Officer	NL	✓			
Equality and Diversity Strategy update	1	EDI Lead / NED Lead	LG/KS				✓
New Hospitals Programme	1	NHP Programme Lead	JH	✓	✓	✓	✓
GOVERNANCE AND COMPLIANCE							
Annual Report and Accounts	1	Company Secretary	JF		✓		
Presentation by External Auditors on: (a) ISA260 Report (b) Audit Annual Report	1	External Auditor (KPMG)	JF		✓		
Quality Account (to agree 2 safety priorities with Council)	1	Associate Director of Safety and Learning	CM	✓			
Appointment of External Auditors	1	Company Secretary	JF	Date to be confirmed			
Report on Chair's Appraisal outcome	1	Senior Independent Director (verbal)	JF	✓			
Report on NED appraisal outcomes including Vice Chair	1	Chair / Vice Chair (verbal)	JF	✓			
Re-appointment of Non-Executive Directors	1	Company Secretary	JF	As required			

	Part	Presenter	Contact	April	July	October	January
Annual Members' Meeting	1	Company Secretary	JF		✓		
Membership Engagement Strategy	1	Company Secretary	JF		2025		
Membership update	1	Company Secretary	JF		✓		
ITEMS FOR INFORMATION							
Minutes of Council Subgroups	1	Subgroup Chairs	Corporate Affairs Officer	✓	✓	✓	✓
Governor opportunities summary	1	Company Secretary	Corporate Affairs Officer	✓	✓	✓	✓
Governor issues report	1	Company Secretary	NG	✓	✓	✓	✓
Governor Elections Report	1	Company Secretary	JF	✓			
Appointment of Lead Governor	1	Company Secretary	JF	✓			
Appointment of Nominations Committee	1	Company Secretary	JF	✓			
Quality Account	1	Company Secretary	JF		✓		
Cycle of Business	1	Company Secretary	JF		✓		
Corporate and Governor Calendar	1	Company Secretary	JF			✓	
Register of Interests	1	Company Secretary	JF			✓	

Care and Safety Subgroup

23 March 2023 | 1.00pm | Microsoft Teams

PRESENT	DESIGNATION	16/05	14/07	10/10	24/11	16/01	23/03
Janet Miller	Public Governor *(Chair)*	P	P	P	P	P	P
Paul Wharton-Hardman	Public Governor *(Deputy Chair)*		P	P	A	A	A
Keith Ackers	Public Governor	P	P	P	P	A	P
Rebecca Allcock	Staff Governor	P	P	P	A	P	A
Peter Askew	Public Governor	P		P	P	P	P
Paul Brooks	Public Governor	P	P				
David Cook	Public Governor	A	P				
Kristinna Counsell	Public Governor	P	P				
Margaret France	Public Governor	P	P	P	P	P	A
Steve Heywood	Public Governor	A	P	A	P	P	P
Lynne Lynch	Public Governor	P	P	P	P	P	
Frank Robinson	Public Governor	P	P	A	P	P	P
Ann Simpson	Public Governor	A	P		P	P	A
Mike Simpson	Public Governor		A	P	A	A	A
Piotr Spadlo	Staff Governor	P	P	A	P	P	P
David Watson	Public Governor	P	A	P	A	P	
IN ATTENDANCE							
Alison Cookson	Patient Experience and Involvement	P	P	P	P	A	P
David Hounslea	Director of Facilities and Services	P	A	A	P	P	P
Christmas Musonza	Associate Director of Patient Quality, Experience and Engagement	A	A				
Kate Smyth	Non-Executive Director	P	P	A		P	P
Joanne Wiseman	Corporate Affairs Officer (minutes)	P	P	P	P	P	P

P – present | **A** – apologies
***Quorum**: 50% of the Subgroup's total membership at the time of the meeting*

Presenters: **Claire Woods**, Matron (had to leave due to operational pressures)

14/23. **Chair and quorum**

Having noted that due notice of the meeting had been given to each member and as a quorum was not present, it was agreed that matters would be discussed informally outside the formal meeting construct.

Date, time and venue of next meeting

15 May 2023 at 10.00am using Microsoft Teams.

Care and Safety Subgroup

15 May 2023 | 10.00am | Microsoft Teams

PRESENT	DESIGNATION	15/05	06/07	18/09	16/11	15/01	07/03
Janet Miller	Public Governor *(Chair)*	P					
Peter Askew	Public Governor						
David Blanchflower	Public Governor	P					
Kristinna Counsell	Public Governor						
Margaret France	Public Governor	P					
Steve Heywood	Public Governor	P					
Lynne Lynch	Public Governor *(Deputy Chair)*	P					
Frank Robinson	Public Governor	P					
Mike Simpson	Public Governor						
Piotr Spadlo	Staff Governor						
IN ATTENDANCE							
Alison Cookson	Patient Experience and Involvement	P					
David Hounslea	Director of Facilities and Services	P					
John Howles	Associate Director of Quality and Experience	P					
Kate Smyth	Non-Executive Director	P					
Joanne Wiseman	Corporate Affairs Officer (minutes)	P					

P – present | **A** – apologies
***Quorum**: 50% of the Subgroup's total membership at the time of the meeting*

Observers: G Fullarton

15/23. **Chair and quorum**

Having noted that due notice of the meeting had been given to each member and that a quorum was present, the meeting was declared duly convened and constituted.

16/23. **Apologies for absence**

Apologies for absence were received and recorded in the attendance matrix at the front of the minutes.

17/23. **Declarations of interest**

There were no declarations made by Subgroup members in respect of the business to be transacted during the meeting.

18/23. **Minutes of the previous meeting**

The minutes of the informal session held on 23 March 2023 were approved as an accurate record.

19/23. **Matters arising**

The Chair informed that the Deputy Chair had stood down from the subgroup.

20/23. **Vote for Chair and Deputy Chair**

It was agreed that The Chair would remain as J Miller and the Deputy Chair was agreed as L Lynch.

21/23. **Estates and Facilities Update**

The Director of Estates and Facilities provided an update.

It was advised that Charters Restaurant re-opened last month and had been very busy. The refurbishment and improvements of the offering had been well received and food was served until 2.30pm. The Starbucks outlet was opening until 7pm serving snacks and drinks. RVS moved out of Chorley District Hospital at the end of March and the Trust had re-opened the retail unit on 24 April following a refurbishment. The retail facility was open until 3.30pm and was proving to be popular. It was hoped that staff would be recruited and trained and the facility would open for longer hours. It was advised that the Costa Coffee outlet in the ATC was open for longer hours.

Planning was underway for the NHS Estates and Facilities day on 21 June and support from governors would be welcome. The implementation of the Alcidion porter smart page had gone well. The next stage would soon begin for the domestic rapid response team. Capital works were ongoing with the bi-planer suite and the additional theatre at Preston. Bids had been submitted for additional capital at regional and national level. The Trust travel plan was being refreshed and updated and questionnaires would soon go live for both staff and visitors to capture the views for travel arrangements.

No update could be provided on the car park contract as Procurement would need to advise once the new framework was opened. Notice had been given to Parking Eye and the Trust would need to extend their contract until the new contract was in place.

A query was raised around the rate of progress on the NHP and if there was any consideration towards estates for the next five years. It was confirmed that it would be a case of finding a balance of investing money to ensure the estate remained safe.

It was noted that it was difficult for staff working nights to access food provision and that it would be helpful to improve facilities for staff, which would also help staff retention. It was noted that one of the options being reviewed was a click and collect service for food provision.

22/23. **Patient Experience and Involvement Update**

The Patient Experience and Involvement Lead provided a summary of the information in the report.

It was noted that the new violence prevention posters would not replace the older posters but would be an addition to those currently displayed.

The Patient Experience and Involvement Lead confirmed that she had been involved as part of the work initially undertaken by the Patient Experience Group for the Lancashire and South Cumbria Provider Collaborative but was no longer involved in the meetings.

23/23. **Non-Executive Director Update**

The Non-Executive Director provided the following update:

- Anchor intuitions and social value – The book had now been published for The Corporate Social Value and Health Sector and contained a chapter for England that noted Lancashire Teaching Hospitals and UCLAN. A meeting at UCLAN included 40 delegates from South Korea and there had been an opportunity to discuss the work undertaken at LTH. In February a meeting was held and 10 people from different anchor institutions from central Lancashire attended. The ICB was now progressing work for health and inequalities, anchor institutions and social value. It was hoped that the Non-Executive Director and Chief Finance Officer would continue their involvement and build on the work achieved in central Lancashire. It was hoped that they would be able to involve some companies from the private sectors. The Trust's own internal group had achieved level 1 accreditation.
- The Non-Executive Director was currently Chair of the Safety and Quality Committee. The Committee had recently discussed pressure ulcers, DNACPR, serious incidents, safe staffing levels, maternity services and complaints. The Patient Experience and Involvement strategy was also presented and monitored at the Committee. The Patient Champions launch was a positive event and the Non-Executive Director would be meeting with the Associate Director of Patient Experience and Engagement.
- The Non-Executive Director recently attended her first ICB level People Board as their professional disability advisor and would work together in terms of the workforce disability equality standard and living with the disability ambassador forum. National work undertaken by the Non-Executive Director had started with small number of members of disabled Executives and Non-Executives and that was now at 58 members. In May, Julian Hartley the new NHS CEO was due to present and in September, Matthew Taylor the NHS Confederation CEO was also due to present. Tom Pursglove the new Minister for Disabled People would present in June. They had been working closely with Naveena Evans the NHSE Chief Workforce Officer in relation to the EDI strategy and they had been asked to produce a short video as part of the launch.
- There had been a recent visit to surgery theatres and were able to see the large number of staff working there and the complex nature of the logistics within the department.

A discussion was held around the ICB PIEAC (Patient Involvement & Engagement Advisory Committee) and it was noted that the patient voice appeared to be lost. A question asked if there was a stakeholder map for the ICB which showed the pathways. It was advised that Healthwatch took information from the ICB to cascade to other areas who would then feedback to the ICB.

24/23. **Reflections on the meeting**

A new Governor provided feedback around the uncertainty of all the organisational change being undertaken.

It was suggested that someone from the ICB could be invited to this meeting to help forge links and for them to understand the importance of the patient experience.

It was agreed that the Governor visits should continue and could tie in with the meetings. A discussion was held around face-to-face meetings, which had previously been

discussed at the Council of Governors meeting. It was suggested that attendance was likely to be less if the meetings were face to face. It was noted that people with busy diaries were able to connect to more meetings as they were not having to travel from one venue to another, so the electronic system was working well. The difficulty of recruiting Governors was discussed and adding more commitment and time to everything else that they undertake, would probably contribute to less people volunteering.

David Blanchflower joined the meeting and everyone was invited to introduce themselves.

25/23. **Quality and Experience**

Associate Director of Quality and Experience advised the subgroup that he had previously worked in the medical division. His role was working as a deputy to the Deputy Nursing Director and to deliver the Patient Experience and Involvement Strategy. The annual report was underway and was to be presented to the Safety and Quality Committee. Feedback had been obtained from many sources. The Trust would soon be recruiting the three patient safety partners who would be the voice of the patient. These would be part-time roles and representative of harm, experience and improvement.

It was noted that the carers forum was a huge voice in the organisation and the Associate Director of Quality and Experience informed he was always open to ideas and views of patient experience. It was explained that the Patient Safety Incident Response Framework aimed to maintain effective systems and processes to respond to patient safety incidents with the purpose of learning from them.

A query was raised for how well the improvements implemented were quantified. It was advised through complaints reduction, compliments received and there would be the development of a dashboard to show improvements. Big Rooms and the Flow Coaching Academy had long term strategies formed. Successes could be seen in reduced waiting times and a simpler referral system.

The Associate Director of Quality and Experience advised he would be taking the patient views and concerns to the Outpatient Transformation meeting regarding patient letters.

It was noted that the main entrance desk at RPH was experiencing a lower number of volunteers and some days had no cover. The Gordon Hesling entrance also had an information desk that would require cover. That was a similar issue previously raised for the weekends at Chorley and more recently at Preston as there was nobody at the front desk for patients arriving for appointments. The Associate Director of Quality and Experience confirmed he was awaiting an update on further volunteer recruitment and would request a further update on wider recruitment for volunteers.

26/23. **Request for future meeting topics**

- More visits – Discharge lounges at RPH and CDH, Lancashire Eye Centre.
- Invite an ICB representative to a future meeting.

It was agreed that Governors could check patient leaflets on display, ensuring they are up to date. It was confirmed that the process of checking them within departments was part of the STAR assurance therefore a visit for only that purpose was not required.

Date, time and venue of next meeting

6 July 2023 at 1.00pm using Microsoft Teams.

Chairs, Deputy Chairs and Lead Governor with the Chair and Chief Executive

5 January 2023 | 11.00am | Microsoft Teams

PRESENT	DESIGNATION	04/04/22	04/07/22	03/10/22	05/01/23
Professor E Adia (Chair)	Chair (to 31/08/22)	P	A		
Kevin McGee	Chief Executive	P	A	A	P
Professor P O'Neill	Interim Chair (from 1/09/22)			C	P
Steve Heywood	Lead Governor (18/04/22)	A			
Janet Miller	Lead Governor (19/04/22)	P	P	P	P
Mike Simpson	Deputy Chair, Membership Subgroup	P	P	P	P
Piotr Spadlo	Chair of Membership Subgroup	P	P	P	P
Paul Wharton-Hardman	Deputy Chair, Care and Safety Subgroup	P	P	A	
IN ATTENDANCE					
Jennifer Foote MBE	Company Secretary		P	P	P
Karen Swindley	Chief People Officer	A	P		
Tim Watkinson	Vice Chair (to 12/08/22)		C		
Jonathan Wood	Deputy Chief Executive		D	D	
Jo Wiseman *(minutes)*	Corporate Affairs Officer	P	P	P	P

P – present | **A** – apologies | **C** – Chair | **D** - Deputy

1/23 Apologies for absence

Apologies for absence were received and recorded in the attendance matrix at the front of the minutes.

2/23 Minutes of the previous meeting

The minutes of the meeting held on 03 October 2022 were agreed as a true and accurate record subject to the following amendments:

Page 3 – should read as 'update' not 'updated' provided by K Hatch.

3/23 Matters arising and action log

The action log was reviewed and would be updated accordingly. An amendment for action 9 reference 14/22, to remove the word 'new' from the governor buddy system was agreed.

4/23 Chair and Chief Executive update on key issues

The Interim Chair acknowledged the huge operational pressures the Trust was experiencing and also within the wider ICS. There were still incidences of ambulances queuing due to delays in handovers. Extra space had been created on the wards and staff were continuing to work incredibly well. The Executive Team had worked incredibly hard to keep the Trust at OPEL 3 status so recovery of elective work had remained

operational. The Chief Executive Officer reiterated the pressures seen in the North West and the whole country was under significant pressure. The consequences of moving to OPEL 4 would require stepping down the elective work and he hoped to avoid that to remain on the trajectory to eliminate all 78 week waiters by the end of March. All staff had been magnificent in increasing capacity for additional patients from the increased pressure in the Emergency Department.

The Covid and Flu numbers were starting to reduce and there were fewer respiratory illnesses in the Children's ward. It was hoped that the reduction would help with the winter pressures and that the staff sickness rates would soon reduce. The Interim Chair confirmed that risk assessments had been undertaken for the additional capacity and would also be discussed at the Safety and Quality Committee. Communications had been issued around the Trust increasing the bed capacity and that patient safety would not be compromised however the Chief Executive agreed to discuss with the Director of Communications to assess if anything further was required. It was expected that there would be further NWAS industrial action in January and the RCN strikes would affect Lancashire later in the month.

The NHS planning guidance had been issued on the 23 December 2022. Everything would be managed at an ICS level and financial allocations would be distributed from there. Further briefings would be issued around the financial targets, but they were expected to be constrained.

More information around the New Hospital Programme should be available soon to provide information regarding raising capital and working together with local government and universities. It would be important for morale to communicate how the future was being planned and how working together would benefit everyone.

5/23 Subgroups and Lead Governor updates

(a) ***Care and Safety Subgroup*** *(Janet Miller)*

The Lead Governor advised since the last meeting on 03 October 2022, there had been two Care and Safety Subgroup meetings held on the 10 October and the 24 November 2022. The subgroup had received information on the following:

- The final version of the Patient Experience Strategy.
- Feedback regarding the experience of raising an issue with PALS and Governors were advised that more training and education was being undertaken.
- Governors were informed that the Chorley PALS office was open from 10.00am to 2.00pm.
- Governors were advised that additional staff were in place on a later shift to relieve staff due to finish at 8.00pm at Chorley Emergency Department. Patients had been moved to the medical assessment unit on one occasion and had felt abandoned with no food or drink.
- Information regarding the current and new nurse training programme.
- The Smart Page portering system that replaced the handheld radio system.
- Governors were informed that there were no bedside TV's or dayroom in the Cuerden Ward.
- There had been a homeless person sleeping in the Costa Coffee Shop at Chorley.
- There were ongoing issues accessing food and drink twenty-four hours.

- A body could not be released from the morgue due to restricted opening times at Chorley.
- Prisoners were attending hospital and not being separated from the public.
- Governors received a funding application from the Bereavement Team that was approved.

Some of the issues had been taken to the Safety and Quality meeting for discussion.

(b) ***Membership Subgroup*** *(Piotr Spadlo)*

P Spadlo informed that the last Membership Subgroup meeting was held on the 10 October 2022 and provided an overview of the issues discussed, with highlights including:

- Discussed the delivery of the membership strategy and action plan.
- A follow up meeting was held with a small group of Governors on 18 October to work on the new membership banners which were then ordered and received in November. Promotional items were also being reviewed to source for attending events.
- Posters were being sourced for the lockable notice display units for Chorley and Preston.
- Preston North End Football Club had been contacted to request a short video from one of their players to help raise awareness of becoming a member of the Trust.

(c) ***Lead Governor update*** *(Janet Miller)*

An overview of the work undertaken by Governors during 2022 was provided and included:

- Attended SOG debrief, Patient Experience and Involvement Group, Dementia strategy workstream meetings, the Patient Experience Improvement Group, the Carers Forum, the Staff Ambassador Forum, the Car Parking Group and the Patient Issues Car Parking Group.
- Governors are involved in the New Hospitals Programme, attended the Gold STAR events, the Freedom to Speak Up event, the staff death blind awareness sessions, the patient lost property group, the patient letters working group, the visually impaired patient group, the staff dementia champions group, the staff safeguarding group and Preston Pride.
- Governors were invited to work alongside colleagues in security, rapid response, portering, catering and the capital team.
- Involved in the selection process of the Associate Director of Risk and Assurance and for the Associate Director of Patient Quality, Experience and Engagements.
- Governors had proof read the patient information leaflets and in November were invited to support the Healthwatch visit at Chorley.
- The Head of Recruitment had asked for support for the LTH jobs tour.
- Two new groups that would be supported in 2023 were for the consultation on the Lancashire teaching disability plan and autism strategy, and the car parking system.

6/23 Any other urgent business

(a) Trust position for ambulance handovers, A&E waiting times, strikes, staff vacancies and waiting lists.

Updates earlier in the meeting covered the items but it was suggested that having a briefing for the Governors so they are kept up to date on the key issues for the local community would be helpful. Historically Governor Matters provided information but it was confirmed that Governors now received the Monday Message from the Chief Executive Officer which contained updates.

(b) Upcoming events, conferences and workshops for Governors

It was suggested that to help make the Governors role more attractive this could be done by increasing their presence in the Trust and raising awareness of their presence in STAR visits. There would be a joint Board and Council session for people to get to know each other following the elections in April.

(c) Training and development opportunities for Governors

It would help to have more sociable hours for the Governor development sessions. It was noted that the sessions were being reviewed and times of later sessions was better for summer rather than on winter evenings. The new Governors elected in April would also have the opportunity to attend induction sessions.

(d) Promoting the Trust in the wider community

The Company Secretary and Interim Chair would be meeting with the Chair and Deputy Chair of the Membership Group (postponed from December 2022) to discuss ideas.

(e) Governor Handbook

The Lead Governor advised that she was often asked if there was a handbook and informed that there was nowhere for documents to be stored. The Interim Chair informed that a new information management system would incur a cost. The Company Secretary advised that she was reviewing systems, some documents like the Constitution, were published on the website and if there were any questions from Governors, she would be happy to advise. Information for new governors in digital form would be provided post the elections in April.

(f) Protocol for site visits

The Lead Governor informed that the Governors had experienced difficulties in arranging visits to site. The Chief Executive Officer advised that he agreed that formal visits were beneficial and a good use of the Governors time. The Lead Governor explained the type of visits that were undertaken prior to Covid. It was explained that the situation was extremely fluid due to the winter issues of Covid, Flu and industrial action however it was hoped that spring would lead to the re-introduction of the visits.

(g) NED Appraisals/360-degree training

It had been previously agreed by Council that Governors could only participate in the 360-degree process if they had completed the training. It was explained that the appraisal and review process of the Non-Executive Directors was being reviewed and was also a substantive agenda item for Council of Governors at the end of January.

(h) Governor resignations

There had been four Governor resignations for two public roles, one appointed and one staff role. A discussion was undertaken and it was suggested that the new promotion of Governor roles would help towards the support and retention. Formal notice of the resignations would be reported to the Council of Governors in the meeting at the end of January.

(i) Signage at Chorley

The Lead Governor informed that there was a complaint lodged on the website regarding the signage at Chorley and the patient's level of mobility to navigate around the site to access the Lancashire Eye Centre. It was suggested that the patient letter could provide clearer directions to which car park to use and the best door to access the area. It was explained that the feedback was well received and helped towards the review of the signage that was being undertaken.

(j) PALS at Chorley

It was noted that the Chorley office was operating at reduced hours and the new signage was directing patients to level 3 instead of level 2. The discharge lounge signage was also directed for level 3 and was actually located on level 2. An action was taken for the Director of Estates to review the signage issue.

7/23 Draft Council of Governors agendas (part I and part II) – 26 January 2023

It was suggested that this meeting could be used for discussions around topics such as the code of conduct, NEDS appraisal process, standing orders for council meeting, prior to the Council of Governors meetings. A review of the form and purpose of the meeting would be discussed at a future date. The Company Secretary advised that the working group had received the final versions of the Code of Conduct and standing orders that were received from Hempsons. Therefore, the Council should be able to rely on the due diligence undertaken prior to the meeting.

It was confirmed that part II would include the item around the appointment of the Trust Chair.

Date, time and venue of next meeting

The Interim Chair advised that the next meeting was scheduled for Monday, 3 April 2023 at 10.00am via Microsoft Teams.

Membership Subgroup

6 February 2023 | 2.00pm | Microsoft Teams

PRESENT	DESIGNATION	04/04	06/06	08/08	10/10	05/12	06/02
Piotr Spadlo	Staff Governor *(Chair)*	P	P	P	P	C	P
Mike Simpson	Public Governor *(Deputy Chair)*	P	A	P	P	C	P
Keith Ackers	Public Governor			P	P	C	
Rebecca Allcock	Staff Governor	P	A		P	C	
Sean Barnes	Public Governor	A	A	A	A	C	
Sheila Brennan	Public Governor		P	P	P	C	P
David Cook	Public Governor	A	A	P	P	C	
Margaret France	Public Governor	P	P	A	P	C	P
Steve Heywood	Public Governor	P	P	P	A	C	P
Lynne Lynch	Public Governor	A	P		A	C	A
Janet Miller	Public Governor	P	P	P	P	C	P
Frank Robinson	Public Governor	P	P	P	P	C	P
IN ATTENDANCE							
Naomi Duggan	Director of Communications and Engagement	A	A		A	C	A
Adam Sharples	Marketing Manager	P	P	P	P	C	P
Karen Swindley	Strategy, Workforce and Education Director	A	P				
Tricia Whiteside	Non-Executive Director	P	P	A	A	C	P
Jackie Higham	Head of Widening Participation & Apprenticeships		P	P	P	C	A
Jennifer Foote	Company Secretary			P	P	C	P
Joanne Leeming	Corporate Affairs Officer *(minutes)*	P	P	A	P	C	P
Joanne Wiseman	Corporate Affairs Officer *(minutes)*			P			

P – present | **A** – apologies | **C** - cancelled
***Quorum**: 50% of the Subgroup's total membership at the time of the meeting*

1. **Chair and quorum**

The Chair noted that due notice of the meeting had been given to each member and a quorum was present.

2. **Apologies for absence**

Apologies for absence were received and recorded in the attendance matrix at the front of the minutes.

3. **Declarations of interest**

There were no declarations made in respect of the business to be transacted during the meeting.

4. **Minutes of the previous meeting**

The minutes of the meeting held on 10 October 2022 were agreed as a true and accurate record.

5. **Matters arising and action log**

The outstanding actions were reviewed, and the action log would be updated following the meeting.

An update was requested on a previously closed action regarding a meeting with Non-Executive Director Tricia Whiteside, regarding Board sponsorship to support membership. It was advised that this had been superseded by the recent meeting between the Chair and Deputy Chair of the subgroup, and the Company Secretary and Interim Chair.

6. **Update on meeting with Trust Chair**

The Chair and Deputy Chair of the subgroup had met with the Interim Chair and Company Secretary where a discussion had been held around support for membership events and resources required to increase and maintain membership. The Interim Chair had agreed to consider how this could be taken forward. There was discussion around the extent that the Board owned the membership strategy, and it was noted that, due to the recruitment of a permanent Chair, it would take several months before anything would be resolved.

Reference was made to the previous Council of Governors minutes from January 2022 when a report had been circulated which presented the three-year engagement strategy 2022 to 2025 for approval, which had been produced in consultation with the governor membership group, Chair and Board. It was noted the existence of the strategy was not disputed. It was confirmed that the Interim Chair would undertake a review of first principles overlaid with the additional requirements that came out of legislation last summer to ensure that the focus was correct. One key change that came from that was around consideration of the views of the general public by the Council.

It was noted that an event had taken place at Chorley Council around menopause awareness, which would have been a good opportunity for promotion of Trust membership and engagement with the public.

7. **Future ways of working**

The coffee catchups, which had been created for engagement with members during the pandemic had not been well attended. Engagement of the wider public was key, and consideration would be given as to how that was undertaken in closer partnership with other Trusts.

One of the actions from the strategy plan was for the finalisation of the list of patient engagement groups, some of which would be outside of the catchment area. If governor stalls were set up at the hospitals, conversations could take place with patients around various issues such as travel problems and feedback on the facilities. It had been suggested that the subgroup needed to determine if it should engage with the membership in its entirety or with small subgroups, which may or may not be representative of the total. It was agreed that there needed to be a focus on membership recruitment but also how conversations would be undertaken with the public around the quality and composition of healthcare services. Engagement with patients had previously taken place through ward visits but these had been delayed due to current pressures.

Listening events had taken place previously with focussed topics and discussion for members, which could be organised again. Discussion was held around governor stalls

at both sites, which would allow promotion of membership and discussions with the wider public, but the barrier had been the lack of promotional items.

The question was raised around when governors would receive the calendar of events, which would ensure they were aware of any upcoming events. It had been confirmed that the Corporate Affairs Team maintained the calendar and would undertake all relevant administration once governors had committed to attend any events. However, there remained differences in the understanding of what physical support would be provided by the team.

The Marketing Manager left the meeting at 2.50pm.

Discussion was held around a monthly engagement event with the public but the risk of these being used for operational issues was noted. A question was raised around whether the Corporate Affairs Team would ensure the table was set up with the banners for the arrival of governors. This would be taken away for consideration. It was confirmed that governors were considered as related parties for the purpose of insurance and if they were doing what they were engaged to do, they would be covered by Trust insurance. A concern was raised around governors having the correct level of car insurance should they be transporting banners. Members determined that, until the level of support provided by the Corporate Affairs Team had been confirmed, there could be no arrangements for governors to attend events.

Steve Heywood left the meeting at 3pm.

8. **Membership strategy action plan outstanding actions – focus on BAME/youth engagement**

Due to the absence of the Head of Widening Participation & Apprenticeships, and as the Marketing Manager had to leave the meeting, no updates could be provided on some actions.

An observation was made that only a selection of actions from the membership strategy action plan had been circulated, and these actions were incorrectly RAG rated and some had been removed. It was clarified that, at the request of the sub-group chair, it had been decided that focus would be given to specific actions at each meeting. Also, some actions had been removed where they were duplicated on the action plan. Within the plan it had been specified that young members would be increased by 30 and it was agreed that Civica would be contacted for analysis on the data. It was confirmed that for future meetings, the full action plan would be circulated alongside any focussed actions.

Actions were updated on the plan where possible.

Reference was made to the scouts being the largest youth organisation in the country and the Deputy Chair had arranged for one of their senior leaders to meet with the Head of Widening Participation & Apprenticeships where a series of actions had been agreed. Difficulties in obtaining responses from local councillors was discussed and it was agreed that the Corporate Affairs Team could contact the three local councils on behalf of governors for information with regards to local youth groups. It was confirmed that this action would be reconsidered at the next meeting in April.

It was requested that the dates of the agenda setting, and Membership Subgroup meetings be rescheduled from Mondays due to availability of the Chair. The Chair and Corporate Affairs Officer would discuss this outside of the meeting.

It was suggested that it would be useful to have an analysis on the outcome of the governor elections and assessment of governor resignations at the next meeting. Also, for the meetings to be conducted in line with the cycle of business to ensure they are more structured.

9. **Date, time, and venue of next meeting**

The next meeting of the Membership Subgroup will be held on 3 April 2023, 2pm via MS Teams.