Lancashire Teaching Hospitals **NHS**
NHS Foundation Trust

Board of Directors
1 June 2023 | 1.00pm | Microsoft Teams

Agenda

№	Item	Time	Encl.	Purpose	Presenter
1.	Chair and quorum	1.00pm	Verbal	Information	Chair
2.	Apologies for absence	1.01pm	Verbal	Information	Chair
3.	Declaration of interests	1.02pm	Verbal	Information	Chair
4.	Minutes of the previous meeting held on 6 April 2023	1.03pm	✓	Decision	Chair
5.	Matters arising and action log update	1.04pm	✓	Decision	Chair
6.	Chair's opening remarks and report	1.05pm (5mins: Pres)	✓	Information	Chair
7.	Chief Executive's report	1.10pm (15mins: Q&A)	✓	Information	K McGee
8.	Patient Story	1.25pm (10mins: Pres) (10mins: Q&A)	Pres	Assurance	Patient and Medicine Team
9.	Board Assurance Framework	1.45pm (10mins: Disc)	✓	Decision	H Ugradar
10.	**CONSISTENTLY DELIVER EXCELLENT CARE** (SAFETY AND QUALITY)				
10.1	Safety and Quality Committee Chair's Report	1.55pm (10mins: Q&A)	✓	Information	K Smyth
11.	**GREAT PLACE TO WORK** (WORKFORCE, EDUCATION AND RESEARCH)				
11.1	Education, Training and Research Committee Chair's Report	2.05pm (10mins: Q&A)	✓	Information	P O'Neill
11.2	Workforce Committee Chair's Report	2.15pm (10mins: Q&A)	✓	Information	J Whitaker
11.3	Freedom to Speak Up Annual Report 2022-23	2.25pm (5mins: Q&A)	✓	Assurance	J Foote
12.	**DELIVER VALUE FOR MONEY** (FINANCE AND PERFORMANCE)				
12.1	Finance and Performance Committee Chair's Report	2.30pm (10mins: Q&A)	✓	Information	T Whiteside
12.2	Integrated Performance Report as at 30 April 2023 including Finance update *(considered by appropriate Committees of the Board)*	2.40pm (5mins: Pres) (10mins Q&A)	✓	Assurance	F Button
13.	**FIT FOR THE FUTURE** (STRATEGY AND PLANNING)				
13.1	Annual Plan 2023-24	2.55pm (10mins: Q&A)	✓	Decision	G Doherty
13.2	Big Plan Metrics 2023-24	3.05pm (15mins: Q&A)	✓	Decision	G Doherty

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№	Item	Time	Encl.	Purpose	Presenter
13.3	Green Plan Update	3.20pm (5mins: Q&A)	✓	Information	G Doherty
13.4	Engineering Better Care Update	3.25pm (10mins: Q&A)	✓	Information	A Brotherton
14.	**GOVERNANCE AND COMPLIANCE**				
14.1	Audit Committee Chair's Report	3.35pm (10mins: Q&A)	✓	Assurance	T Watkinson
14.2	CQC Update Report	3.45pm (10mins: Q&A)	✓	Assurance	H Ugradar
15.	**ITEMS FOR INFORMATION**				
15.1	New Hospitals Programme Q4 report		✓		
15.2	Date, time and venue of next meeting: *3 August 2023, 1.00pm, Microsoft Teams*	3.55pm	Verbal	Information	Chair

Board of Directors

6 April 2023 | 1.00pm | Microsoft Teams

Part I

PRESENT	06/04/23	01/06/23	03/08/23	05/10/23	07/12/23	01/02/24
NON-EXECUTIVE DIRECTORS						
Professor P O'Neill (Interim Chair)	P					
Ms V Crorken	P					
Ms A Pennell	P					
Ms K Smyth	P					
Mr T Watkinson	P**					
Mr J Whitaker	P					
Mrs T Whiteside	P					
EXECUTIVE DIRECTORS						
Ms F Button Chief Operating Officer	P					
Ms S Cullen Chief Nursing, Midwifery and AHP Officer	P					
Mr K McGee Chief Executive Officer	P					
Dr G Skailes Chief Medical Officer	P					
Mrs K Swindley Chief People Officer	P					
Mr J Wood Chief Finance Officer/Deputy Chief Executive	P					
IN ATTENDANCE						
Mrs K Brewin (minutes) Associate Company Secretary	P					
Mrs A Brotherton Director of Continuous Improvement	P					
Mr S Dobson Chief Information Officer	A					
Mr G Doherty Director of Strategy and Planning	P					
Mrs N Duggan Director of Communications and Engagement	P					
Mrs J Foote MBE Company Secretary	P					
ASSOCIATE NON-EXECUTIVE DIRECTORS						
Mr M Wearden	A					
Mr P Wilson	A					

P – present | **A** – apologies | **D** – deputy | ** part meeting
Quorum: 4 Directors and must have at least 2 Executive Directors (one to be the Chief Executive or nominee) and 2 Non-Executive Directors (one to be Chair or Vice-Chair)

Governors in attendance: S Barnes, S Brennan, S Doran, J Miller, F Robinson, S Sarwar and P Spadlo

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Sughra Ahmed, Lancashire and South Cumbria NHS FT
Paul Faulkner, Lancashire Post and Blackpool Gazette
Rachel Jones, Healthcare Account Manager at Netcall
Sarah Mohun, Unit Manager, Chemotherapy Day Case Unit

IN ATTENDANCE TO PRESENT THE BOARD ASSURANCE FRAMEWORK (Minute ref 58/23)	
Hajara Ugradar	Deputy Director of Risk and Assurance

IN ATTENDANCE TO PRESENT THE STAFF STORY (Minute ref 65/23)	
Kerry Anderson	Sister/Charge Nurse in Oncology
Kate Holt	Organisational Development and Culture Lead
Joanne Jardine	Senior Health Care Assistant in Oncology

51/23   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.

52/23   Apologies for absence

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

53/23   Declaration of interests

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

54/23   Minutes of the previous meeting

The minutes of the meeting held on 2 February 2023 were approved as a true and accurate record.

55/23   Matters arising and action log

There were no outstanding actions from previous Board meetings and all actions had been completed.

56/23   Chair's opening remarks and report

The report provided a summary of work and activities undertaken during February and March 2023 by the Interim Chair. Highlights from the report included the current status of arrangements for appointing a permanent Trust Chair together with meetings and activities undertaken during the reporting period. On behalf of the Board the Chair thanked Karen Swindley for her commitment and professionalism in her many roles with the NHS, including latterly as Chief People Officer and as a member of the Board. The Board wished her well in her retirement.

Attention was drawn to the notice of delegated approval (ref. no. 2023-01, agenda item 6a) confirming action taken in February 2023 by the Interim Chair and Chief Executive, pursuant to the Board of Directors' Standing Order 6.2. It was noted that during February there had been changes to the Risk Management Policy which had been updated to reflect the confidential risk protocol (appendix 8).

The Board RESOLVED that the amendments to the Risk Management Policy, taken under delegated authority be ratified.

57/23   Chief Executive's report

The report provided an update on key national, regional and local developments and highlighted a range of messages for information.

The Chief Executive paid tribute to the Interim Chair recognising and extending the Board's thanks for his support and leadership to the Trust during his term of office which would cease on 31 May 2023, and looked forward to continuing the close working relationship when he stepped back into the Non-Executive Director and Vice Chair role after that date. Discussions were ongoing regarding the permanent Chair and the Board would be updated on progress in due course.

Reference was made to the significant work that had been undertaken around post-Covid recovery on elective targets and looking to the future there was a need to drive efficiency and value for money. It would be important for the Board to do this in line with the quadruple aim (improving the health of the population; improving the patient experience; reducing costs; improving care team wellbeing) which would be balanced with safe care for all to achieve the overall efficiency of the organisation.

In respect of national issues, attention was drawn to the forthcoming industrial action following a Bank Holiday and during the Easter school holidays. It was expected that hospital services would be under significant pressure during this period although operational, leadership and clinical teams had worked hard on plans to ensure the Trust would be safe. In July the NHS would be celebrating its 75th anniversary with programmes being introduced nationally and the Trust would be arranging local celebrations. It was noted the Trust had worked to reduce cancer and elective backlogs eliminating almost all 104-week and the vast majority of 78-week waiters which was a remarkable achievement when considering the ongoing pressures and strike action: the Chief Operating Officer, operational teams and particularly clinical teams were commended for their diligent work in meeting the targets.

In respect of local system issues, virtual wards continued to support people in their own homes providing services outside hospital to care for people in a primary rather than secondary care setting. Further work on developing the virtual ward would be seen throughout the summer and into the winter season to ensure staff worked in a different way, reaching out to the community either physically or through digital technology.

Reference was made to investment in new technology, the new approach to digital patient records, and the ongoing work as a system to implement a standard electronic patient record across Lancashire and South Cumbria. This was an important piece of work to ensure consistency across digital technology and how patients were cared for in a more consistent, coherent and appropriate setting with activity more easily transferred across hospital sites.

In respect of local issues, it was noted Chorley and South Ribble Hospital was one of eight elective surgical hubs to be recognised and awarded accreditation as part of a pilot scheme to ensure the highest standards in clinical and operational practice. The importance of this achievement for central Lancashire and particularly the Chorley site

could not be overestimated meaning there would be more differentiation seen between emergency acute and planned care and separating the two on different hospital sites. The award provided focus and a vote of confidence in the Chorley site and thanks were extended to the teams for the work undertaken to achieve the award.

The results of the annual NHS Staff Survey had been announced and the Trust was one of only three Trusts in the North West to have increased its overall staff satisfaction score. In 71 out of 96 questions, the Trust was above the average in terms of response and what staff were saying about the organisation which was a strong endorsement. The Trust was not complacent and recognised there was work to be done but the survey results provided a platform of areas for focus to support staff in a better way.

The new Patient Experience and Involvement Strategy 2023-25 was launched earlier in the year following extensive consultation with and feedback from patients and their families. The strategy outlined how the Trust intended to improve the care, treatment and experience of patients and their families over the next few years.

Finally, the Chief Executive paid tribute to the Chief People Officer, Karen Swindley, for the work she had undertaken within the NHS for well over 30 years in some very senior roles, recognising significant developments within education and training which placed the Trust as a national leader in the field. Karen had a broad local portfolio which recently included leading the successful Covid-19 vaccination programme and assisting with establishing the Finney House Community Healthcare Hub. Highly respected by colleagues, both locally and across the region, Karen had a reputation for translating strategy into delivery. Personal thanks were extended for the support provided to the Chief Executive and Executive Director colleagues and there would be some time yet before Karen retired at the end of May 2023.

The Chair drew attention to the article on page 7 regarding bowel cancer screening. As a more general point, the Chair urged people to speak to friends and families to encourage them to respond if they were called for screening as research into cancer was important.

Reference was made to the Board-to-Board meeting with the Integrated Care Board (ICB) on 23 March 2023 and whether there were any reflections from that meeting. It was noted the ICB was in the process of meeting with all Boards across Lancashire and South Cumbria to look at how they would work with Trusts in the future. The meeting was felt to be constructive, fair and rightly challenging in an appropriate way. Discussions focused on the overall financial context in which the Trust was operating and in response the Trust was clear on its responsibilities to deliver against the ask and what would need to be actioned during the coming year. The Trust requested support from the ICB in respect of configuration of services across the system and clarity on what would be needed. It was recognised the ICB would need to build on the relationship with the Integrated Care System (ICS), be clear on their commissioning intentions, and how strategy was focused going forward. The ICS would need to be high performing in terms of safety, quality, performance and finances and it was felt the meeting set a good platform whilst recognising the significant amount of work that would need to be delivered.

58/23   Board Assurance Framework

The report provided details of risks that might compromise the achievement of the Trust's high level strategic objectives, including full details of the controls, assurances, gaps and actions that were being taken to mitigate the strategic risks. It was noted there had been no change to the strategic risk scores presented at the February Board meeting and an overview was provided of the three operational high risks escalated to the Board. It was also noted that the Integrated Governance Handbook would no longer be produced, and an area of the intranet would be identified to upload details of governance arrangements which would allow for dynamic updates moving forward to enable staff to apply governance in practice in real time.

In respect of risk ID 1182 (ongoing strike action), it was confirmed that the Workforce Committee had scrutinised the strategic risk. The Chief People Officer and her team were commended for the positive relationships established with Staff Side representatives which had been a significant mitigating factor. It was also noted that the Safety and Quality Committee was sighted on the risk and had received assurance around safety.

The Board was informed of positive feedback received from internal audit in respect of the robust nature of the Board Assurance Framework (BAF). There had been two audits undertaken – one around the rigour and live nature of the BAF throughout the organisation and Committees of the Board, and one involving a confidential questionnaire completed by Board members to provide independent feedback which evaluated positively. It was confirmed that as part of the annual programme of work the risk appetite was reviewed when looking at objectives for the next year. This work was scheduled to take place in April and May Committee meetings and the outputs would be brought to the next Board meeting for approval. It was suggested that as part of that work, there was also a need to consider appetite in terms of the emerging plan around some of the Trust's strategic intentions and whether further mitigations would need to be introduced.

The Board RESOLVED that:
1. **the updates to the Board Assurance Framework and the forward plan with the Integrated Governance Handbook be noted.**
2. **through the revised Board Assurance Framework, assurance had been received that there continued to be an effective and comprehensive process in place to identify, understand, monitor and address current and future risks in line with statutory requirements.**

59/23   Safety and Quality Committee Chair's report

The Chair's report from the Safety and Quality Committee meetings on 27 January and 24 February 2023 provided an overview of the items discussed and issues to be brought to the Board's attention, including items for escalation and where assurance had been provided to the Committee. Key highlights included:

- Successful progress in terms of international nurse recruitment which again was testament to the Chief People Officer and her team, with support from the Chief Finance Officer, to attempt to reduce the amount of agency usage across the organisation with benefits starting to be realised in terms of improved staffing levels.

- A successful visit from the Regional Chief Midwife with some positive motivational feedback provided to the teams.
- Achievement of the Clinical Negligence Scheme for Trusts (CNST) 10 safety actions recognising the safety and quality standards delivered by maternity which was a significant achievement.

In response to a question regarding how governance was built into CNST to ensure a sustained position was maintained, it was noted that CNST standards were relaunched annually building on those identified in the previous year which were also informed by litigation cases, therefore there was constant endeavour to improve. An audit plan also sat behind the standards which the Trust signed up to every year.

Reference was made to the three never events associated with fitting of nasal cannulas and a view of the action plans was requested for assurance. It was confirmed that the three incidences related to use of the airflow meter rather than the oxygen flow meter and were not associated with patient harm. Investigations were underway along with a look-back exercise to ensure no reoccurrence and feedback would be provided once those pieces of work had been completed.

Discussion was held regarding the position relating to *C.difficile* infection (CDI) which was an ongoing challenge and clarification was requested on the contents of the action plan and whether the actions would achieve their intended objectives. It was explained that 196 cases of CDI had been recorded during the year which exceeded the annual trajectory although it was recognised that CDI was a national issue due to the increase in occupancy levels in hospital, the inability to isolate patients, and the increased use of antimicrobials. The Board was reminded of the external review of infection prevention and control that had been undertaken and the recommendations around CDI which had been shared with teams who were working through the actions. Early recognition was important, and the Trust's Director of Infection Prevention and Control was leading some regional and potentially national work around early detection, isolation and less spore spread in hospital. It was noted that regular updates on the CDI position were received by the Safety and Quality Committee from the Infection Prevention and Control Committee to ensure monitoring of the recommendations from the external review.

60/23   Education, Training and Research Committee Chair's report

The Chair's report from the Education, Training and Research Committee meeting on 14 February 2023 provided an overview of the items discussed and issues to be brought to the Board's attention, including items for escalation and where assurance had been provided to the Committee. Key highlights included:

- Research and innovation which was a major strength for the Trust. The Deputy Director of Research and Innovation had delivered a presentation to the Provider Collaborative Board (PCB) Chairs and Chief Executives which had been well received and now research was one of the pillars of activity the PCB would be working on. A view of research across the ICS was required and the Trust would need to be at the centre of the network.
- Development of a Clinical Academic Facility through links with UCLan which would support development of staff research skills in nursing, midwifery and AHP groups, and growth or research capacity and capability across the organisation.

- The strategic risk around education, training and research remained high and linked to the overall financial position of the Trust. There would be ongoing discussions to understand funding of contracts and how those resources would be carried forward.
- New practice-based pathway for BSc (Hons) Nursing with Registered Nurse (Adult) delivered by the Trust on behalf of system organisations in partnership with UCLan, looking towards the future workforce. It was noted there would also be a need for an ICS and PCB strategy around the future workforce.

The Board noted that some of the initiatives, such as the new practice-based pathway, were PCB-wide initiatives and should attract funding into the system. It was also noted that the Deputy Director of Education would be retiring at the same time as the Chief People Officer and the Board acknowledged the significant work delivered by the Deputy and Chief People Officer in support of the Trust's agenda around education and training.

61/23   Workforce Committee Chair's report

The Chair's report from the Workforce Committee meetings on 30 January and 14 March 2023 provided an overview of the items discussed and issues to be brought to the Board's attention, including items for escalation and where assurance had been provided to the Committee. Key highlights included:

- Tributes to the Chief People Officer for inspirational leadership and achievements in a range of initiatives across the workforce agenda, including but not limited to leading the Covid vaccination programme, development of the nursing academy, advanced nurse practitioners, international recruitment, and development of a staff bank across the Trust which placed the organisation in a better position in terms of its workforce and finances.
- NHS Staff Survey results. The Committee had scrutinised seven key metrics which were all reporting above the national average with three bordering on the best or highest performance. It was recognised the results reflected a significant positive shift although there would always be more to do particularly around staff advocacy and service provision and bullying and harassment. However, the results from the survey were encouraging.
- The Committee refreshed Our Big Plan metrics aligned to the ambition to be a Great Place to Work and the revised information would be presented at the June Board meeting.

62/23   Staff Survey Report

The report provided an outline of the Trust's results and comparisons with the national benchmarks from the 2022 national staff survey, the contents of which had been considered at length by the Workforce Committee. It was noted a detailed organisational level action plan would be drawn up containing programmes of work aligned to Our People Plan 2023-26 to deliver improvements in staff satisfaction and engagement.

A question was raised regarding the free-form text and how the top two themes (raising concerns, and lack of visible leadership) would be addressed. It was noted that the issues related to how feedback was provided on actions being taken on concerns that had been raised and there was no easy solution as some of the issues may involve formal processes or actions. However, work would be undertaken with the Chief Nursing Officer and Freedom to Speak Up Guardian on feedback received from the

various routes available where concerns were raised and there would be a range of actions introduced to ensure closure of the feedback and lessons learned loops. Discussion was also held on links to a just culture and the work being undertaken to embed culture through leadership, looking at a different approach and doing the work up front on whether a formal process or local resolution could be achieved, how we speak to colleagues regarding a zero- tolerance approach, and counselling of staff rather than formal processes.

The work around safety and the contribution made to the staff survey was also noted particularly the Always Safety First Strategy which had aimed to create a safety culture and proactive discussion about maintaining safety. Therefore, it was particularly pleasing to see that come through as part of the results and would be built on further as the strategy developed over the next few years.

The Board asked how far the data could be broken down particularly about people with protected characteristics. It was explained that most of the analysis was provided through the WRES and WDES returns presented annually to the Workforce Committee and Board, therefore analysis of people with protected characteristics was undertaken. It was noted that a group had been set up to look at WRES statistics and monitoring would be undertaken within that forum. It was also noted that on 8 November 2022 the Workforce Committee received a presentation from NHS England's colleagues providing an external view on the Trust's WDES standards and the positive work being undertaken to improve the metrics relating to employees with a disability.

Reference was made to the collaborative work around the Team Engagement and Development (TED) tool which was being used in approximately 30 organisations across the NHS. The Trust was using promotional materials to encourage other organisations to adopt the tool which was being supported by the national team as having the ability to make a positive difference for staff.

It was noted that reporting of progress with the actions identified from the staff survey would be monitored through the Workforce Committee.

The Board RESOLVED to receive the report and note the results and next steps supported by the Workforce Committee.

63/23   **Finance and Performance Committee Chair's report**

The Chair's report from the Finance and Performance Committee meetings on 28 February and 28 March 2023 provided an overview of the items discussed and issues to be brought to the Board's attention, including items for escalation and where assurance had been provided to the Committee. Key highlights included:

- Detailed conversations at both meetings regarding the Trust's finances although equally there had been some good performance around improving the financial position. The Committee was confident that teams were working cohesively to target specific areas such as improving theatre productivity.
- Financial challenges remained with a worsening deficit position in March and the year-end outcome was under discussion with the system to agree the final acceptable deficit.

- The procurement strategy was discussed and scrutinised in March with the Committee supporting its deployment to ensure best value from contractual relationships.
- The Finance Strategy 'Knowing the Business' had been refreshed with the focus around shifting to look at all the other strategies to see how they would align to deliver the overall plan.
- Discussions had also been held regarding the governance construct in divisions and, if adjusted, whether changes would need to be presented to the Finance and Performance Committee.

Reference was made to risk ID 25 (exit block) which was a key risk escalated to the Board. It was recognised there was a system gap of £26m broadly relating to infrastructure and was a feature of discussions during the year with the ICB. It was anticipated the Trust would have a £14.5m deficit therefore a large proportion would have been mitigated. However, there was still a need to manage a significant amount of unfunded infrastructure and consideration would be needed on what would be revised in the Finance Strategy to de-escalate from the current position. The Chair acknowledged the point noting it would be important to focus on key drivers and ensure those were surfaced and discussed by the Finance and Performance Committee.

64/23   Integrated Performance Report as of 28 February 2023

The integrated performance report as of 28 February 2023 provided an overview of key performance indicators aligned to the Big Plan. Detailed scrutiny of the metrics aligned to the four ambitions was undertaken by respective Committees of the Board. Key messages identified from the report included:

(a)   *Consistently Deliver Excellent Care* – ambulance handover delays continued to improve through focused work being undertaken as part of a collaborative approach with colleagues from the North West Ambulance Service. The Trust was above the national average in respect of the 4-hour emergency care standard and plans to improve and maintain that position were being worked through. 12-hour waits, whilst high, continued to decline due to focused work being undertaken with wards on flow throughout the hospitals although bed occupancy remained high with specific pinch points and areas with higher occupation. There were two key issues (not meeting the criteria to reside, and admission avoidance) where assistance would be required across the system particularly around domiciliary care and crisis packages, and this remained ongoing work. However, it was noted that good progress had been made due to the Trust-led work around the Community Care Hub (Finney House). In terms of elective performance, the Trust was making significant progress with the waiting list and had moved to concentrate on the 65-week waits: a trajectory had been set with NHS England which would need to be delivered throughout the year. Reference was made to the 4-day period of industrial action from 11 April 2023 which would affect the Trust's run rate and elective activity. Significant progress had been made in cancer in a range of cancer tumour sites as outlined in the report and a target and trajectory for further improvement had been agreed for the forthcoming year.

In respect of safety and quality metrics, it was noted that pressure ulcers and CDI rates remained high, and both were areas of ongoing focus and scrutiny by the Safety and Quality Committee.

Attention was drawn to the transformation programmes and further information was requested on (a) whether there would be opportunities to treat more outpatients due to the work being delivered as part of the outpatient transformation programme; and (b) whether the Trust was plugged into the broader system and national teams to obtain an external perspective in terms of the ambitions within the urgent care transformation programme. It was explained that activity run rates and theatre utilisation had increased although there was a need to undertake some significant transformation around outpatients. It was known there were inefficiencies around appointment slots and clinic times and the Chief Medical Officer was leading that work and time released from needless follow-ups was being recycled into new appointments. In respect of urgent care transformation, the Director of Continuous Improvement was leading that work and the Trust's plan was following national best practice so there was awareness of what was happening, and best practice was being translated on the urgent care pathway.

The Board noted the significant positive progress on cancer activity and discussion was held regarding sustainability. It was noted the Trust had more sustainable and affordable plans although would rely on funding streams from the Cancer Alliance which would need extending next year and a bid for funding had been made to ensure the Trust retained the skilled-up posts to help sustain and improve further. Cancer demand was expected to increase by 10% during 2023/24 which had been factored into the Trust's activity plans.

Reference was made to the validation work which was a significant task in terms of understanding the waiting list and clarification was requested on what the process entailed. It was explained that the main waiting list could contain between 40-50,000 people who required validation including clinical need. There was a dedicated team of people validating the waiting list who also linked with clinicians to move and/or reprioritise patients. The Trust used a variety of methods to contact patients, such as chatbot, phone calls and text messages to ensure patients on the list were still appropriate, which required time and resources. Through validation work the Trust had managed to cleanse the waiting list and appropriately remove approximately 10% of patients listed. In response to a question regarding accessibility particularly for patients who could not access chatbot, the Board was assured that patient contact was appropriate for the individual patient. It was emphasised that patients were not automatically removed from the waiting list if they did not respond via any form of contact by the Trust and there were a range of safety nets in place to ensure equity for all. It was noted that the Chief Nursing Officer was the lead on a piece of work to ensure Trust processes were fair and equitable for all patients.

(b)   ***Great Place to Work*** – it was positive to note a reduction in sickness absence levels and while the vacancy rate was high there was work being undertaken around recruitment. It was noted the Trust had been successful in removing agency health care assistants and international nurses were starting to work independently without the need for additional agency support.

(c)   ***Deliver Value for Money*** – the Trust was reporting a £14.5m deficit position for month 11 against £0.6m year-to-date deficit plan and the report provided a breakdown on the drivers of the variance. An overview was also provided of the capital and cash positions, continuous improvement programme, and use of resources as outlined in the report.

The Board NOTED its assurance in respect of the actions being taken to improve performance.

65/23   Staff Story: 'Best Version of Us' in the Oncology Team

The staff story focused on the work being undertaken around culture within the Trust and a presentation was delivered outlining a key initiative, the 'Best Version of Us', the framework for which was developed at the same time as the Trust's Values. Together these outline the principles, behaviours, attitudes, and actions that colleagues have said they would like to see in the daily delivery of our work to ensure a healthy and positive culture was fostered. The Best Version of Us was supported by monthly campaigns focusing on different aspects of the things that reinforce and build organisational culture such as compassion and civility, self-reflection, and using 'Hello my name is…' so patients and their relatives know who people are and feel able to discuss all aspects of their care. There were resources produced and circulated within the Trust's HeaLTH Matters bulletins and a targeted newsletter produced which was circulated to all leaders to help them upskill and drive cultural improvements locally, and to help with tackling cultural issues.

The Board was joined by the Trust's Culture Lead and members of the Oncology Outpatient services team who outlined how they were putting the Best Version of Us into practice within their team. They described how they had found the framework exceptionally helpful in revitalising staff morale and creating a team ethic and spirit. The framework also provided a visual tool to help deal with difficult conversations which colleagues could take away and reflect on. The framework had been shared with the whole team to familiarise themselves with it and they then used it to have discussions about how the team could work together to improve their service and make sure their area was a great place to work. Part of the work involved making the unit visually attractive by displaying the values throughout the department and the team found that was a helpful daily reminder of the messages that were sent out on a regular basis through Trust communications but that not all staff had the time to read. The team also introduced a thank you board which they used to share their gratitude to others. The staff were proud of the work that had been undertaken and had recently been awarded their second Gold award as part of the Safety Triangulation Accreditation Review audit which was a significant achievement. The Oncology team confirmed they would be happy to share their learning with other teams.

In response to a question regarding how the framework was rolled out across all areas, it was explained that it was an organisational product accessible and communicated to everyone. There were early adopter areas who set the ball rolling which had generated interest from others. Further work would be undertaken with teams not yet at the point of feeling confident to introduce the framework in their areas and awareness raising would continue.

Discussion was held regarding the link around culture and the general health and wellbeing of staff. It was recognised that the Oncology team had created an environment where people were happy to come to work and the interactive parts of the display helped to involve all staff. The results demonstrated the importance of good leadership in creating local culture aligned to the Trust's values.

The Board acknowledged the importance of good leadership and welcomed views on how the Board could get behind and support the Best Version of Us, how it looked across all the leadership forums including Non-Executive and Executive Directors, governors, etc. with everyone living the values, and how it would be embedded in the

organisation. It was explained that Trust leaders played an intrinsic part and there were a range of approaches. The original intention was not for the framework to be seen as leaders giving staff permission to change culture rather everyone could be involved in driving changes in their area of work. Integrated awareness tools had recently been introduced and helpful conversations had been held within the Clinical Directors' Development Programme. The framework had also been integrated into the recent support work with matron leaders and the Organisational Development team attended the regular nursing and midwifery leadership meeting. There was subtle subliminal messaging in the leadership work rather than an overt stand-alone campaign. The Chief Executive observed there was a need to ensure the Board and governing body understood what was going on in wards around the Best Version of Us and how that would be sighted would need to be considered.

In response to a question regarding how the framework had impacted on patients and whether there had been any feedback, it was noted that comments had been made about how bright the unit was. The thank you board was for everyone to contribute, including patients. A range of people visited the unit and comments had been made regarding the displays and the welcoming feel. In respect of the thank you board, the Oncology team was looking at something being developed, such as a thank you tree, for patients to leave their own personal messages.

In response to a question regarding whether the Board could assist with evaluating the work, it was explained that such projects were notoriously difficult to evaluate. A more holistic approach to culture across the organisation would be needed for people to look at their culture story (including sickness, turnover, vacancy rates, friends and family test feedback results, etc.) and leaders would need to be equipped to have better understanding. Resources were currently being built for teams to have those discussions at local level although evaluation on an organisational scale would be difficult.

The Chair acknowledged the excellent presentation and thanked the Culture Lead and members of the Oncology Outpatient team for attending the meeting. There was research evidence that whenever culture was tested it was stressed at all levels therefore people needed to work harder when those stresses were in place. In addition, the Chair suggested that one of the Board development sessions could be dedicated to looking at culture, how Board members lead and role-model, and the Chief People Officer and Director of Continuous Improvement would discuss how that work would be taken forward at both Board and organisational level and determine anything the Board could do to support the framework.

66/23   Clinical Services Strategy Update

The report provided an update on progress in taking forward the Clinical Services Strategy and key highlights from the report were outlined for information. It was noted the strategy would be reviewed on a 6-monthly basis with annual updates on progress being presented to the Board.

Reference was made to comments earlier in the meeting regarding the Finance Strategy (Knowing the Business) and interdependence of all other strategies and discussion was held regarding how the Trust would think differently for the future to drive sustainability, in particular working with system and place partners. It was recognised there was a need to understand more about the strategies of other providers, including the local

mental health Trust, to develop an overarching sustainable strategy. The next stage would involve a more sophisticated approach in terms of conversations on where and how services were delivered in future and the Board recognised those conversations would be deeper and more difficult. It was noted the Board was planning a Strategic Away Day to look at the Trust's strategies in the round using the 5-year forward view to focus on what would be required in the future.

Reference was made to one element of the strategy (fragile services) and consideration would be needed on how the Trust moved forward but also at system level and any funding implications. It was noted a framework had been developed on how to define a fragile service so work could start to measure actions to alter that position and the Chief Operating Officer at Blackpool was leading on that work and testing the art of the possible with the haematology service although each service would have different issues and complexities. There would be a need to look at the workforce, how services were delivered, and from what location to get a clear understanding and identify a way forward which would need to be agreed as a system. The Clinical Services Board, which was an arm of the PCB, would also be considering this. As a starting position, agreement had been reached for the Chief Nursing and Chief Medical Directors across the ICS to come together to brainstorm about which areas to focus on initially with the emphasis on the quadruple aim, to consider all elements of the service not solely the clinical aspects, and this would be the focus for the next 12 months.

67/23   **Business Conduct Policy Review**

The report contained the revised Code of Business Conduct for approval. The Board was reminded that the Code set out the Trust's approach to dealing with conflicts of interest and the acceptance or otherwise of gifts and hospitality. The Code was reviewed on a three-year cycle although as part of an internal audit in 2022, several actions had been identified to bring the Code into line with the NHS model Code of Business Conduct. It was noted the revised document addressed both the internal audit actions and demonstrated good practice in line with the NHS code. It was also noted that, as a requirement under the revised Cide, an annual compliance report would be presented to the Audit Committee on 20 April for assurance.

The Board RESOLVED to approve the Code of Business Conduct as presented.

68/23   **Items for information**

The following reports were received and noted for information:

(a) Data Quality Assurance Report

(b) Use of Common Seal (2022-23) – In response to a question regarding whether the date (2018) was a typing error on seal reference 208, it was clarified that a contract for a very senior manager had not been sealed in 2018 and that had been appropriately rectified during the year. A question was raised regarding seal reference 217 (lease for car parking) and the issue would be picked up and responded to outside the meeting.

(c) 2023 Governor Election Report – Board members expressed disappointment at the response rate to the 2023 Governor Election process and questioned whether there was a need to think differently about how the role was marketed and branded. The

point was acknowledged, and it was noted all Trusts across the country had rightly stepped down elements of activity during Covid-19. Since coming out of the pandemic there had been a move to integrated care rather than traditional Foundation Trust models. It was recognised that a piece of work was required to reset and align to the new landscape to determine the role of the governing body going forward including elements such as the structure of meetings, with the objective of making the governing body a strong part of the organisation to support the Trust going forward and this work would be progressed moving forward.

The Chair thanked those governors attending today and also members of the public and press for their time and interest in the work of the Trust.

69/23   Date, time and venue of next meeting

The next meeting of the Board of Directors will be held on Thursday, 1 June 2023 at 1.00pm using Microsoft Teams.

Signed: _____
           Chair

Date: _____

Action log: Board of Directors (part I) – 6 April 2023

There are no outstanding actions from previous meetings

Board of Directors Report

Chair's Report

Report to:	Board of Directors	**Date:**	1 June 2023
Report of:	Interim Chair of the Trust	**Prepared by:**	Professor Paul O'Neill
Part I	✓	**Part II**	

Purpose of Report

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

Executive Summary:

The purpose of this report is to provide a summary of work and activities undertaken during April and May by the Interim Chair.

It is recommended that the Board 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

None

Chair's Report

My appointment as interim chair of the Board comes to an end on the 31st May and I had thought that the Board meeting in April would be my last, but we are still in an interim period and are in consultation with the North West Regional NHS team and the Integrated Care Board to identify a suitable candidate for consideration by our Nominations Committee for recommendation to our Governing Council. During this period, it is important that we have appropriate governance so I will be acting up from my role as appointed Vice Chair of the Trust and Tricia Whiteside will deputise for me whilst I have some annual leave in July. I am very grateful to the support of my Non-Executive Directors and as well as the Executive team to ensure that we are fulfilling our statutory duty as set out in our constitution. Importantly, we continue to work together as a unitary Board to provide excellent care to our patients as well as planning for the future.

I also need to report formally to the Board that Ann Pennell has resigned as a Non-Executive Director as from the 31st May 2023. Ann joined the Trust just before I did 4yrs ago and she contributed significantly to the work of the Board, the Trust and the wider ICS. Ann chaired the Safety and Quality committee from the beginning of her appointment and was our Maternity champion and then our NED lead to ensure that we met the requirements set out in the Ockenden report. In addition, Ann was our NED safeguarding lead as well as taking on a leadership role for maternity services with the Lancashire and South Cumbria ICS. Ann was always committed to the roles she took on and was well-informed and supportive of her colleagues. On behalf of the Board, I wish her well for the future and thank her for all the work she did for the Trust. We have set in motion the process for appointing her successor.

As interim chair, I have continued to attend the Partnership Care Board on behalf of the Trust and, as our CEO will describe in more detail, the greatest challenges are in improving the financial positions of the Trust, the PCB and the ICS. My view is that the financial position should be used as a major driver to accelerate the review of all our services with a local (Place) and system perspective as we should be using the resources we have in the best and most efficient way to provide health care for the population of Lancashire and South Cumbria. The discussions in the Trust, PCB and ICB are highly likely to recommend and require major changes in the way we do things, but the principle will be that these will be driven by the research evidence base and that safety of our patients will not be compromised.

The revised Code of Governance for NHS Providers came into effect on 1 April. This Code now covers both Trusts and Foundation Trusts. The revised Code is an extensive and complex document, with some parts re-iterating that set out in statute where compliance is a 'must' and other parts setting out standards of practice where compliance is a 'should' but with the option to set out a rationale for a different expectation. In order for the Trust to gain assurance that it is compliant with the Code or has a rationale for where it chooses to differ, a report will be presented to the Audit Committee.

Introduction

The purpose of this report is to provide an overview of the work and activities undertaken from 1 April to date.

1. Chair's attendance at meetings

a. Details below are the meetings attended and activities undertaken during April and May 2023.

Date	Activity
April 2023	
3 April	Appraisal – Non Executive
	Appraisal – Non Executive
4 April	Governor Induction Session
	Appraisal – Non Executive
5 April	AAC Panel Interviews
	Appraisal – Non Executive
6 April	Appraisal – Non Executive

	Board of Directors Public Meeting
	Board of Director Part 2 Meeting
11 April	1:1 – Co Sec
	Provider Chairs Discussion
	Education, Training and Research Committee
12 April	Appraisal - Chairman
	1:1 - CEO
17 April	AAC Panel Interviews
19 April	AAC Panel Interviews
	1:1 – Co Sec
	Meeting – Non Executive
20 April	Provider Chairs Meeting
	Provider Collaboration Board Meeting
	1:1 – Non Executive
	Nominations Committee
	Trust Finances and Forward Plan Meeting
27 April	Council of Governors Public Meeting
	Council of Governors – Part 2 Meeting
28 April	Appraisal – Associate Non Executive
	1:1 – Non Executive
2 May	1:1 – Non Executive
	Board Safety and Experience Programme
	Non Executive Team Catch Up
	Board Workshop
	Special Board Meeting – Part 2
3 May	1:1 – Non Executive
	Meeting with ICS Chairman
4 May	Board Agenda Setting
9 May	Provider Chairs Discussion
10 May	Meeting with Non Executive

16 May	Retirement Event
	Education, Training and Research agenda setting
	1:1 – ICS Chairman
18 May	Provider Chairs Meeting
	Provider Collaboration Board Meeting
	Meeting regarding partnership working
22 May	AAC Panel Interviews
24 May	AAC Panel Interviews
26 May	1:1 – Non Executive
	Appraisal – Co Sec

2. Non-Executive Director Update

a. The chair is meeting regularly with the Non-Executive Directors on site to discuss a wide range of issues and challenges for the Trust and ICS.   The second Board Safety and Experience Board visit has now taken place with Non-Executive Directors visiting departments and providing feedback as part of a structured programme. The feedback from the visits is positive and the teams are engaging well.

3. Financial implications

a. There are no financial implications associated with the recommendations in this report.

4. Legal implications

a. There are no legal implications associated with the recommendations in this report.

5. Risks

a. There are no risks associated with the recommendations in this report.

6. Impact on stakeholders

a. There is no impact on stakeholders associated with the recommendations in this report.

7. Recommendations

It is recommended that the Board received the report and notes the contents for information.

Board of Directors Report

Chief Executive's Report				
Report to:	Board of Directors	**Date:**	1 June 2023	
Report of:	Chief Executive	**Prepared by:**	Naomi Duggan, Director of Communications and Engagement	
Part I	✓	**Part II**		
Purpose of Report				
For assurance	☐	**For decision**	☐	**For information**	☒

Executive Summary:
The Chief Executive's report provides an update to the Trust Board on key national, regional and local developments with a view to setting the context for the strategic and operational priorities for the Trust. **The Board is requested to receive the report and note its 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
Not applicable

CHIEF EXECUTIVE'S REPORT

1. INTRODUCTION

a. The purpose of this report is to update the Trust Board on key national, regional and local developments with a view to setting the context for the strategic and operational priorities for the Trust.

2. UNDERSTANDING THE NATIONAL CONTEXT AND EXTERNAL ENVIRONMENT

a. National Headlines

i. NHS response to COVID-19: Stepping down from NHS level 3 incident

In May 2022, the national NHS incident level for COVID-19 was stepped down from level 4 to level 3. Since then, there have continued to be waves of COVID-19 infection but partly thanks to the outstanding NHS vaccination programme, none have been as significant in terms of loss of life as those in 2020-21.

Although there are still patients with COVID being treated in hospitals across the country, including ours, the national team has made the decision on 18th May to step down the COVID-19 incident. This reflects the earlier announcement from the World Health Organization that COVID-19 is no longer a Public Health Emergency of International Concern.

The national team has thanked teams for their outstanding efforts to deal with the impact of this extraordinary health emergency. Since the NHS first declared a Level 4 incident on 30 January 2020, over a million people with COVID-19 have been treated in hospital, with countless more receiving support in the community, while almost 150 million doses of the vaccine have been given.

Stepping down the incident is of course done in the knowledge that COVID-19 as a health issue itself, as well as the wider long-term impact of the pandemic, will continue to be significant for years to come. New waves and novel variants will continue to impact on NHS services across the country, including patient numbers, staff absences, and the provision of services for those suffering the effects of 'long COVID'.

ii. Industrial action update

Throughout April and May, industrial action has continued to have an impact on NHS services nationally.

Between 11-15 April, the British Medical Association (BMA) were joined by members of the Hospital Consultants and Specialists Association (HCSA) and dental trainees who are members of the British Dental Association as part of a four-day strike on the back of the Easter bank holiday weekend. This resulted in almost 200,000 hospital appointments and procedures in England being postponed.

Meanwhile, in early May, the Royal College of Nursing (RCN) took strike action at all NHS employers in England where there was a mandate to strike between 8pm on 30 April - 11.59pm on 1 May. The strike was originally scheduled to be 48 hours long, but the High Court ruled that would be unlawful because the existing RCN strike mandate expired after 24 hours. This came after its members voted to reject the government's pay offer.

At the time of writing, Junior doctors in England have announced they will go out on a further 72-hour strike in June following the breakdown of the latest round of pay talks with the government. The strike will take place between 7am on Wednesday 14 June and 7am on Saturday 17 June.

iii.   NHS pay deal in England

The decision was taken on 2 May 2023 by the NHS Staff Council to accept the pay offer made by the government to Agenda for Change staff in England. As a result, ministers have been asked to now implement this offer, which covers the 2022/23 and 2023/24 pay years.

The additional payments for the previous pay year (2022/23) will be paid as a non-consolidated lump sum, and the new salary rates for this year (2023/24) will take effect from 1 April 2023. Eligible staff can expect to receive the additional 2022/23 payment and the new 2023/24 pay rates (including back pay to 1 April) as part of their pay in June.

The NHS Staff Council, which brings together NHS employers and trade unions that represent the Agenda for Change workforce, issued a joint statement that sets out how it arrived at the joint decision to accept the pay offer.

ESR has confirmed its plans for implementation in June salaries, of both the 2022/23 non-consolidated payments and the 2023/24 consolidated pay uplifts (including arrears backdated to the 1 April 2023 effective date).

iv.   The Coronation of King Charles III and Queen Camilla

The Coronation of Their Majesties King Charles III and Queen Camilla took place at Westminster Abbey on Saturday 6 May 2023. It was the first Coronation in nearly 70 years.

The King's day began with the procession to Westminster Abbey in the horse-drawn Diamond Jubilee State Coach, past crowds and an honour guard of 1,000 members of the armed forces.

Two hundred NHS staff had prime seats for the procession in recognition of the dedication, service and impact of hundreds of thousands of NHS staff and volunteers over its 75-year history – with a special grandstand set up near Buckingham Palace giving them a unique view of Their Majesties The King and Queen Consort leaving for Westminster Abbey, and returning in the Gold State Coach after officially being crowned.

v.   New Chief Midwifery Officer for England announced

In May, Kate Brintworth was announced as Chief Midwifery Officer for England, following a rigorous recruitment process. She will pioneer the team in delivering the three-year delivery plan for maternity and neonatal services working alongside Matthew Jolly, our National Clinical Director for Women's Health, and Duncan Burton, Deputy Chief Nursing Officer for England – Delivery and Transformation Programme .

Kate has been a midwife for 26 years. She is currently the Chief Midwife for NHS England in the London region and will join the national team in June. She brings with her a wealth of experience and has worked strategically across many parts of the maternity system, including as Head of Maternity Transformation at the Royal College of Midwives, and Head of Maternity Commissioning for East London.

vi.   NHS cuts longest waits and speeds-up response times

Amanda Pritchard, Chief Executive of the NHS in England has hailed the 'great strides' the health service is making, as new figures show major improvements across long waits, urgent and emergency services, and cancer care.

The number of patients waiting more than 18 months fell to just 10,737 by April – down by more than 90% from 124,911 in September 2021 and by more than four-fifths since the start of January when there were 54,882. Ambulance response times improved significantly with average category two response times now at 28.5 minutes and category one at 8 mins – both the lowest in almost two years.

Meanwhile, for the first time since the start of the pandemic, the 62-day cancer backlog fell year-on-year, with those waiting two months or more down from 21,823 at the end of the last financial year (March 2022) to 19,248 at the end of this March (2023). This is down almost 15,000 from a peak of 34,000 in July 2022.

Read the full story on NHS England's website.

vii. George cross to tour the nation to mark NHS 75th birthday

The George Cross medal, awarded to the NHS in England last year by the late Queen, is set to tour the nation from July.

As part of the NHS birthday celebrations, the UK's highest civilian gallantry medal will be displayed in Science Museums across England, after it was bestowed on staff for their exceptional efforts, particularly during the pandemic.

It was only the third time ever in British history the medal has been granted to an organisation for an act of great heroism.

viii. NHS vaccinate three million with spring boosters

The NHS COVID-19 Vaccination Programme vaccinated almost half of those eligible with a spring booster a month after the campaign's formal launch in April 2023. More than three million people took up the offer of a spring COVID jab to keep up their protection from the virus.

Around 6.6 million people are eligible, including those aged 75 and over, with a weakened immune system or care home residents. The offer formally opened to everyone outside of a care home on 17 April. NHS staff have also been going into older adult care homes to offer residents the vaccine since 3 April.

Government Confirms Funding for New Hospitals Programme

3. INFLUENCING THE LOCAL HEALTH AND SOCIAL CARE ECONOMY

a. Lancashire and South Cumbria Headlines

i. Chief Executive, Kevin McGee, is the lead for the Hospital Cell and Chief Executive for the Provider Collaborative. The list below highlight's Kevin's meetings in April and May 2023.

Date / Frequency	Meeting
Monthly – Monday	Central Lancashire Senior Leadership Team
Fortnightly – Monday	Lancashire & South Cumbria Joint Cell

Weekly – Monday	North West Hospital Cell Gold Command Escalation
Weekly – Tuesday	David Flory, Independent Chair, (LSC) Integrated Care System
Monthly – Wednesday	Formal LSC Chief Executives Briefing
Monthly – Wednesday	North West Regional Leadership Group
Monthly – Wednesday	Formal Chairs and Chief Executive's Meeting
Fortnightly – Wednesday	Optimising Urgent and Long Term Pathways Workshop
Weekly – Wednesday	Executive Team Meeting
April 2023	
3 April	Workforce Meeting
4 April	Media Interview
	Long Service Awards
	Transformation and Recovery Board – Inaugural Meeting
5 April	CEO Visit – Estates
	1:1 – ICB visitors
6 April	Medics Breakfast Meeting
	1:1 – ICS CEO
	Pathology Network Partnership Group
	Board of Directors – Public Meeting
	Board of Directors – Part 2 Meeting
11 April	Media Interview
	Catch up – Governors
	Proud2bOps Pre-Meet
	Media Interview
	Media Interview
	WRES Task and Finish Group
12 April	Opening Event – Charters
	1:1 – Chairman
	Meeting with Workforce Leaders
13 April	Medics Breakfast Meeting
17 April	Media Interview
	Reverse Mentoring Meeting
	North West Proud2bOps Members Session
18 May	SCC Meeting
	Combined NW System Leaders and Chairs Call
19 April	NHS Leadership Event
20 April	Medics Breakfast Meeting
	Provider Collaboration Board Meeting
	PCB Agenda Setting
May 2023	
2 May	Media Interview
	Board Safety and Experience Programme – Maternity and Neo-Natal
	23/24 Financial Plan Submission
	Board Workshop
	Special Board – Part 2
	National Clinical Impact Awards Meeting
	1:1 – UHMB CEO
3 May	L&SC ICB Board Meeting
4 May	Medics Breakfast Meeting
	Board Agenda Setting Meeting
	Pathology Network Partnership Group
	Comms Filming
	JNCC Meeting
5 May	SCC Review Meeting
9 May	Partnership and Collaborative Working Meeting
	PCB Catch Up Meeting
	Transformation and Recovery Board
11 May	PCB Event Planning
	Presentation – HEE/Keele pre meet
12 May	1:1 – ICB CEO
	Global Health Comparators Meeting
	PCB Coordination Group Meeting

	International Nurses Event
17 May	Meeting regarding LMC
	LTH Chairs Appointment Meeting
18 May	Provider Collaboration Board Meeting
	PCB R&I Discussion
	PCB Agenda Setting
	Consultant Candidate Call
	Sir Lindsay Hoyle CDH Visit
	Our People Awards Event
22 May	NHS 75 Engagement Session
	Financial Leadership Meeting
23 May	2nd International CESOP Conference
	Meeting to discuss master planning and system considerations
24 May	Central Lancashire Executive Oversight Group
	L&SC ICB Delivery Board
25 May	Resource Planning and Creating priorities event
	1:1 – UHMB Chairman
	NHP Update and next steps meeting
26 May	L&SC Pathology Service Board Meeting
	MP Visit
	WDES Task and Finish Group
30 May	NWAS Control Room Visit
	GOLD Star Event
	Meeting – Chair of Patient Voices
31 May	Live Colleague Briefing
	Diagnostic DIF meeting

ii. PCB meeting - 16th March 2023

The PCB membership comprises the Chief Executives and Chairs of the five provider trusts in Lancashire and South Cumbria and meets monthly. It is Chaired by Mike Thomas, also Chair of University Hospitals of Morecambe Bay NHS Trust and the lead Chief Executive is Kevin McGee CEO of Lancashire Teaching Hospitals.

The Board receives updates on a number of standing items and strategic items and a Joint Committee has been established to give the PCB a mechanism via which to make decisions on a number of key programmes of work as agreed with Trust Boards.

An overview of the May meeting is included in Appendix I.

iii. ICB Chief Executive's report to Board – 3rd May 2023

In March, the ICB Chief Executive's report set the context for the changes needed to realise the system's potential. It talked about why we need to change, but focused on how we need to approach this, to meet the huge challenges we face, to make things better for the people that live and work in Lancashire and South Cumbria, and to successfully transform our services.

May's board paper focuses on Community Services Transformation, implementing the Fuller recommendations, partnering with the Voluntary, Community, Faith, and Social Enterprise (VCFSE) sector in a more mature way, working collaboratively and co-designing solutions. This report also provides an update on the work undertaken in developing savings and investment plans that will aid our financial recovery.

The full report can be seen in Appendix II.

iv. Government announce funding for new hospital facilities in Lancashire and South Cumbria

On Thursday 25th May, the Government announced a record investment of more than £20 billion, ring-fenced for the next phase of the national New Hospital Programme.

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 New Hospitals Programme, alongside alternative partial rebuild options.

Following the statement to the House of Commons from the Secretary of State for Health and Social Care, the local NHS welcomes the announcement of two new hospitals to replace Royal Preston Hospital and Royal Lancaster Infirmary.

Across the health and care system, NHS Trusts and the Integrated Care Board are working together to improve services and this work will continue.

Further detailed work is underway to assess the viability of potential locations for new hospital builds for both Royal Preston Hospital and Royal Lancaster Infirmary and to develop the required business cases. There is still further work to be completed in this area and additional sites may emerge over the coming period.

The full story is available on the [Trust website](#).

v. Process begins to recruit clinical and care professional leaders for L&SC ICB

Five clinical and care professional leadership roles are being advertised as part of Lancashire and South Cumbria ICB's new clinical and care professional leadership framework.

Clinical and care professional leadership is a key part of the decision-making process for Lancashire and South Cumbria ICB which ensures that the voices of experienced clinicians are heard within every strand of transformation and service development.

NHS England published implementation guidance on their Clinical and Care Professional Framework (CCPL) last year to enable a multi-professional leadership to be created within ICBs.

Over the last year, with input from existing professional leadership and engagement networks, a multi-disciplinary leadership model has been developed, which ensures a focus on local places, as well as ensuring a robust and integrated leadership profile across Lancashire and South Cumbria.

The final model has been agreed and the process has now begun to recruit to a number of key positions. Read more on [the ICB website](#).

vi. Share your feedback on our NHS joint forward plan and the future of hospital services

People living across Lancashire and South Cumbria have been asked to give their [feedback](#) on plans for the future of the NHS in Lancashire and South Cumbria.

We want to improve the standard of care we offer so that all patients have equal access to the same high-quality care, no matter where they live in Lancashire and South Cumbria. We want to ensure that services are as close to people's homes as possible, whenever they can be.

We also want to make sure that very specialised services for rare and complex procedures are organised in the best way, so people have the best possible outcomes. This might mean going to a centre of excellence for some specialist treatments. Find more information on the survey link on the ICB website.

vii. **Funding boost for innovative cancer test in Lancashire and South Cumbria**

A potentially lifesaving 'sponge on a thread' cancer test will be given to around 800 patients across Lancashire and South Cumbria after funding was granted to further develop the innovative procedure.

The Cytosponge test can be used to help to identify people most at risk of oesophageal (gullet) cancer and a condition known as Barrett's Oesophagus, which is when normal cells lining the gullet are replaced by abnormal cells, increasing the risk of developing oesophageal cancer.

The NHS Cancer Programme, with the support of Small Business Research Initiative (SBRI) Healthcare, has committed £3.4 million for diagnostic company Cyted to partner with the NHS in three regions - Lancashire and South Cumbria, East of England and Wessex - to deliver the procedure, following an initial investment of £400,000 in Spring 2022.

Approximately 800 patients over the age of 50 with chronic reflux symptoms who have been taking prescribed proton pump inhibitors will be identified at six GP practices in East Lancashire, Lancaster and Barrow-in-Furness to receive the test from this summer. Read more on the ICB website.

4. *Consistently deliver excellent care*

a) **New pilot car lease scheme provides enhanced welfare support for patients**

Patients being discharged from Lancashire Teaching Hospitals NHS Trust are benefitting from enhanced welfare support and a more streamlined service, thanks to a pilot scheme in partnership with Age UK Lancashire.

The scheme, which is one of the first in the UK, was set up earlier this year and is planned to run for six months, using a lease car to offer transport to patients being discharged from hospital rather than an ambulance. It also offers a tiered 'take home and settle service', which includes an assessment at the patients home to establish practical and emotional support to avoid readmission to hospital.

Now, rather than travelling home in a shared ambulance, patients can enjoy a more comfortable drive, freeing up ambulances to deal with those who need specialist support, such as stretcher support.

Read the full story on the [Trust website](#).

b) New Smartpage system awarded Red Rose Award

Software which supports quality improvements implemented at Lancashire Teaching Hospitals helped Burnley-based Alcidion win a Red Rose award for 'Digital' at the Winter Gardens in Blackpool in March.

The award, which Alcidion have shared with the Trust, was given to recognise the significant improvements in patient safety following the implementation of a Smartpage communication system, which allows clinical staff to spend more time with patients who need their care. The software can digitise hospital bedside observations and pro-actively monitor patients' vital signs at home.

Smartpage is a secure smartphone and web-based system for hospital communication and task management, that removes time-consuming, paper-based processes and can save up to 15 minutes an hour for doctors – which has proved to be the case at Lancashire Teaching Hospitals, leading to lower stress levels among staff, and a safer and effective way of ensuring patients receive timely responses.

c) Macmillan Information Centre celebrates a decade at Lancashire Teaching Hospitals

Wednesday 12 April 2023 marked the 10th anniversary of the Macmillan Information Centre at Lancashire Teaching Hospitals, which supports patients across Lancashire and South Cumbria with a range of issues including financial advice and emotional support.

The service was funded by MacMillan and the Rosemere Cancer Foundation, who both contributed £100,000 to the project. Service users have also benefitted from £106,000 in grants from the service, given to people in the face of unprecedented hardship caused by not only a cancer diagnosis, but the worst cost of living crisis in recent memory.

Since opening, 20,283 people have been supported by the centre. Martin Bond, Macmillan Cancer Information and Support Service Manager, said: "In the 10 years we've been here, the best thing has been growing the service - in that time, we've seen just over 20,000 people, 2,000 a year, who have needed our help, and the numbers are growing."

5.   *A great place to work*

a) Our People Awards 2023

On Friday 19 May we celebrated 'Our People Awards', the annual recognition programme which celebrates all the fantastic work that happens here at Lancashire Teaching Hospitals and the amazing colleagues that make it happen.

The aim of the programme is to highlight and recognise a wide range of achievements which all contribute to our shared mission 'to provide excellent care with compassion'. They are open to all colleagues working in the Trust and recognise the diversity of roles we have, bringing us together to celebrate as one team.

This year we received over 150 nominations, the most we have ever received, and this shows incredible engagement from our teams with so much we can be proud of.

Every nominee received a digital celebration email and copy of their nomination to celebrate locally and a judging panel then had the difficult job of shortlisting each category and selecting three finalists to go through to the Our People Awards live ceremony.

It was an incredible evening at Preston North End, Deepdale Stadium and you can find the winners and finalists for our 10 categories here.

b) Trust celebrates early NHS75 present with a major makeover of Charters Restaurant

Lancashire Teaching Hospitals' staff received an early present ahead of the NHS' 75th birthday, with the reopening of Charters Restaurant at Royal Preston Hospital.

The major makeover was made possible by funds from Lancashire Teaching Hospitals Charity and NHS Charities Together, and following an extensive refurbishment, the ribbon was cut by Chief Executive, Kevin McGee, at an opening ceremony.

The revamp offers a bright, modern and welcoming space, which includes a dedicated area where hospital staff can relax and have food and drink whilst on shift.

The refreshed restaurant space, which has seating for around 230 people, also connects directly to a new garden area which includes a beautifully hand-crafted steel memorial tree where names of those who have donated organs will be engraved onto leaves.

6. *Deliver value for money*

a) A step in the right direction

The Core Therapies team within DCS have initiated a project across our integrated care system with relation to NHS-issued walking aids such as crutches and frames.

An NHS Trust could save £46,000 per year by appropriately cleaning, refurbishing and re-issuing walking aids for further use.

Across Lancashire and South Cumbria, we are bringing together NHS Trusts, Local Authority and voluntary sector partners to implement a brand new re-use scheme which aims to implement a standardised model of collection and re-use that will result in enhanced patient experience, reduce our carbon footprint and improve utilisation of resources.

This project is being led by Jennifer Carroll (Clinical Fellow for Continuous Improvement), Bryan Blears (Transformation Manager for DCS) and Sian Fisher (Waste Minimisation Officer) with support from Gemma Perkins (Clinical Lead for Elective Orthopaedics) and Lukas Hughes at the Lancashire Procurement Cluster. Together they have established engagement and commitment from our system-wide partners to progress this project forwards at pace and will be ensuring our patients are involved in this fantastic initiative.

b) Study pods officially opened at Chorley

Four new study pods have been officially opened at Chorley and South Ribble Hospital's Library, for colleagues to use to support private study and learning.

The new pods were made possible following a bid for funds from Health Education England for resources to support doctors in training.

Following the Covid-19 pandemic there has been a large increase in virtual meetings, and the Trust's library service found a need for suitable spaces to conduct Microsoft Teams meetings as well as a space for private study, away from noise and distraction.

As well as the pods, 10 loanable laptops are also available for colleagues across the Trust to use.

7.   *Fit for the future*

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a) Sir Lindsay Hoyle launched expansion of Clinical Health Psychology Services

The expansion of the Clinical Health Psychology Service at Lancashire Teaching Hospitals was launched with a ribbon-cutting event attended by Sir Lindsay Hoyle, Member of Parliament for Chorley and Speaker of the House of Commons and Peter Wilson, Deputy Leader for Chorley Council and Associate Non- Executive Director at the Trust.

Sir Lindsay was invited to formally launch the expansion, with the Clinical Health Psychology Service (CHPS) opening a new department at Royal Preston Hospital, making psychological services more accessible to patients across Lancashire, when they need it most.

The event, which was held at the LIFE Centre at Chorley and South Ribble Hospital, brought together colleagues across the service alongside Trust Chief Executive, Kevin McGee, to hear about the impact it has made and what benefits the new expansion will have.

Sir Lindsay was suitably impressed. He said: "This is another milestone you provide in the NHS – you are pathfinders, leading where other Trusts will follow, and they will when they see the great success you have brought."

Read the full story on the Trust website.

b) Teen Tech event is a success

The Tech Team from Lancashire Teaching Hospitals were inspiring the next generation of digital roles at an event hosted by UCLan to highlight the importance of cyber security, and educating local children on the importance of safeguarding digital systems.

The event, which was held at the Sir Tom Finney Sports Centre in Preston and hosted by Maggie Philbin OBE, runs every year and sees organisations from across the county showcase their technical knowledge and expertise by engaging students from secondary schools across Lancashire in an exciting and educational experience.

At the event the Tech team hosted a stand to highlight the vital role of cyber security within the Trust, putting on interactive displays and activities which the students took part in. Read the full story on the Trust website.

c) New Williams Triage Unit

On 25th May, the Acute Medicine Team launched the brand-new Williams Triage Unit located within the Chorley Medical Assessment Unit.

This newly designed area is an extremely welcome addition to the Medical Assessment Unit and will predominantly allow the continued progression of the newly implemented Advanced Clinical Practitioner led rapid assessment model. This unit will be reviewing the cohort of patients referred from our GPs, NWAS and Emergency Department.

The unit has been named in memory of the late Elaine Williams who was a valued member of the Acute team and dedicated over 30 years of her career to Lancashire Teaching Hospitals. The team have many fond memories of working with Elaine who sadly passed away in March 2022 after retiring shortly before.

We would like to take the opportunity to thank Elaine's family for supporting us in our journey to establish the Williams Triage Unit.

d) Funding boost for Major Trauma Patients Support Service

Major trauma patients at Royal Preston Hospital will continue to be supported by voluntary non-clinical service Headway Central Lancashire for the next four years after the local charity received £170,000 in National Lottery Funding.

The Major Trauma Patients Support Service began in 2020 and has so far helped 6,470 patients and their families going through the upheaval caused by a life-changing injury, offering help at the bedside with welfare benefits claims, access to free legal information and support with employment issues.

The funding will be used to provide daily support for another four years, helping more than 2,000 patients per year.

8. AWARDS, ACHIEVEMENTS AND OTHER NEWS

a) Baby Beat Volunteers are University of Central Lancashire (UCLan) Community Team of the Year

The fabulous Baby Beat volunteers won the UCLan Community Team of the Year 2023 award on Wednesday night at the Community Leadership & Volunteering Awards ceremony at the University's Foster Building in Preston.

Organised by the UCLan Centre for Volunteering and Leadership, the annual awards highlighted the efforts of those who donate their time to make a difference in the communities across Lancashire, raising awareness of the importance of recognising and appreciating volunteers every year - one of the best ways to retain your volunteers and make they feel valued.

b) Trust's Learning Mentorship Apprenticeship Programme celebrates success

Nurses at Lancashire Teaching Hospitals were recognised for their efforts in supporting student nurses, at an event to celebrate one of this year's cohort of nurses who completed the Learning Mentor Apprenticeship.

The event, at Chorley and South Ribble Hospital, saw over 20 nurses from across the Trust come together to celebrate their achievements on completion of the apprenticeship, awarding them with the recognition of an Accredited Mentor, following an assessment process.

Sarah Cullen, Chief Nurse at the Trust, said: "I am incredibly proud of our apprentices and their achievements." and Jackie Higham, Head of Apprenticeships and Widening Participation at the Trust, added: "The achievements of the learning mentor apprentices are remarkable and are a clear indication of the success of the Trust's apprenticeship programme."

c) Lancashire Teaching Hospitals receives award for its commitment to local communities

The Trust has been recognised for its commitment to making a positive impact with local communities across Lancashire and South Cumbria after being awarded Level 1 Social Value Quality Mark accreditation.

As part of the accreditation, the Trust has made several pledges to promote employment, training and work experience opportunities with local people, procure goods and services from local suppliers, reduce its environmental impact, and work with local partners to improve inclusion, health and wellbeing and representation from local people in the work of the Trust.

As a leading local employer and anchor institution in Lancashire and South Cumbria, the Trust has a significant social, economic and environmental impact on the local community during its day-to-day activities and as part of the accreditation, several pledges have been made to ensure that the Trust makes a positive impact, or at least reduces any negative impact that it has on the local community.

d) Lancashire Teaching Hospitals' research and development team for Liopa is the One to Watch!

Lancashire Teaching Hospitals' Research and Development team received the one to watch award at the Medilink Healthcare Business Awards 2023 in Manchester for their work in partnership with Liopa, a technology company providing Visual Speech Recognition software.

The award, which was presented at the Lowry Hotel, recognised their work on the ground-breaking lip-reading software SRAVI – or Speech Recognition App for the Voice Impaired – which stemmed from an idea Trust Consultant, Professor Shondipon Laha, and Dr Jacqueline Twamley, Academic Research and Innovation Manager, had, to help people who have lost their voice after tracheostomies and illnesses affecting speech.

The new equipment has been trialled at the Royal Preston Hospital using the latest lipreading technology. SRAVI is a joint-venture between the Trust and Belfast-based Liopa, working together since 2018, and their lip-reading

software saw off competition from MyPathway and Klinik Healthcare Solutions to take the award, which was collected by Professor Laha, Dr Twamley and Speciality Doctor in Intensive Care Medicine Dr Shravan Nanda.

e) Katrina Rigby awarded a place on the NIHR's new Senior Research Leader Programme

Katrina Rigby, Senior Research Midwife, Women and Children's Research Team Leader and NWC CRN Research Midwife Champion has been named as one of the National Institute for Health and Care Research's (NIHR) new Senior Research Leaders (SRL) for Nursing and Midwifery.

The new Senior Research Leader (SRL) Programme for Nurses and Midwives launched in April 2023 and Katrina was named as one of only 35 people nationwide to join the prestigious programme, which builds on the success of the NIHR's 70@70 programme. Katrina is one of nine midwives in the country to have been selected and is also representing the northwest of England.

f) Karen leaves a remarkable legacy after 22 years with Lancashire Teaching Hospitals

Chief People Officer, Karen Swindley, was lost for words on her last day in the office with Lancashire Teaching Hospitals, after 22 years' service.

Current and former colleagues packed out Lecture Room 3 in Health Academy 1 at Royal Preston Hospital to wish her well, and she leaves a remarkable legacy, having been at the forefront of the development of the Health Academy, the nursing degree programme and the LIFE Centre at Chorley and South Ribble Hospital, as well as "Our Big Plan" strategy, which received much praise from the Care Quality Commission.

Karen was also involved in the Green Plan, in promoting an inclusive culture within the Trust and ensuring that psychological and well-being services for colleagues have been not just maintained but improved.

Rest and recreation facilities for colleagues at Chorley and Royal Preston were another area where she had great influence, including the revamped Charters Restaurant, as well as in a great many research trials, and she also oversaw the setting up of COVID-19 testing pods and vaccination hubs before more recently overseeing the programme to create the Lancashire Community Healthcare Hub at Finney House.

I would like to put on record my thanks to Karen for all her hard work and support in the time that she has been part of my Executive team, she really has been a superb colleague and I wish her the very best for the future.

9. **RECOMMENDATIONS**

It is recommended that:

I.   The Board receive the report and note its contents for information.

Provider Collaboration Board – 18 May 2023

The Provider Collaboration Board (PCB) met on 18 May 2023. It received updates on the following standing items: system pressures and performance updates within Urgent/Emergency Care and Elective Care; Mental Health and Learning Disabilities, and Finances.

Performance management continues to be the responsibility of Trust Boards, with the PCB using performance data to inform wider strategic discussions on system transformation.

The Joint Committee has been established to give the PCB a mechanism via which to make decisions on a number of key programmes of work as agreed with Trust Boards.

Updates on Central Services, Clinical Programmes, Evolving Place Based Governance, Critical Care and Major Trauma Operational Delivery Network (ODN) Successes, the University of Central Lancashire (UCLan) Early Cancer Diagnostic Research Centre and Engineering Better Care were discussed under Joint Committee Working items.

System performance – acute

Despite two consecutive bank holiday weekends and industrial action, four-hour performance has improved since the beginning of May, alongside falling Emergency admissions.

Significant progress has also been made on cancer recovery targets across all Providers. Referrals remain above the pre-pandemic baseline, but improvements have been made with waiting times with median waits below 14-days across all Trusts. Improvement in 28-day faster diagnosis is above trajectory for the first time, and this is expected to continue across the coming months.

Progress also continues towards meeting national elective recovery targets with very positive feedback from the national team in relation to this. The junior doctors' strike in April did impact on the total elimination of the numbers of patients waiting for 78-weeks and work continues to ensure that any remaining patients are seen as soon as possible. Work on reducing 65-week waits also continues and is on target.

The system continues to perform well against Key Performance Indicators relating to Specialist Advice, which leads to referrals into secondary care being diverted elsewhere.

Other highlights include the start of work to create a system capacity and demand tool for waiting list management, which will identify risks to meeting the 65-week target. This will also inform an appropriate system response whilst also making further progress to improve equity of access in waiting times across Lancashire and South Cumbria.

The system has submitted plans to work towards the national ambition to reduce Outpatient Follow Up attendances by 25% against the 2019/20 baseline.

System performance – mental health and learning disabilities

The lack of bed capacity (circa 30% below the national average) in the Mental Health Urgent Care Pathway has resulted in very high occupancy and the inability to admit patients in a timely manner. A key pressure is the ratio of 4:1 male to female admissions, who predominantly require Lancashire and South Cumbria NHS Foundation Trust beds.

Capacity pressures are exacerbated by reduced flow out of acute mental health beds. There are two key factors: lack of available specialist placements for those who are clinically ready for discharge, and inpatient processes, including clarity of pathways, which can be further optimised. The latter are a particular focus for Trust improvement while system partners are supporting the former.

Notable progress includes the recommission of the Trailblazer project for a further year to support Older Adult flow, as well as a 3rd sector provision being secured to support discharges for Spring North.

Children and Young People's Mental Health Services continue to see increased demand, with an Improvement Management Group in place to specifically address issues of increased demand and recruitment challenges. Mutual aid continues to be offered from East Lancashire Hospitals NHS Trust and Blackpool Teaching Hospitals NHS Foundation Trust, with flexible recruitment initiated to enable recruitment of comparably skilled staff.

There is still a high demand and waiting time for patients with attention deficit hyperactivity disorder (ADHD) and there is currently an exploration of private providers to support with this waiting time.

Financial update

The Lancashire and South Cumbria system is on course to deliver the agreed deficit of £27m and a rolling breakeven position, with late changes taking the Integrated Care Board system total to £21.6m following discussion with NHSE to review the level of accruals.

In total, a CIP of 4.1% was delivered, of which 1.7% was recurrent – this is above the national efficiency requirement but less than planned.

Central Services Collaboration: Building a Common Approach

At its meeting in March, the PCB asked the Central Services Portfolio Group to consider how central services could be brought more closely together to deliver the best service possible, eliminate duplication and ensure value for money.

The aim is for teams working across different organisations to benefit from being able to share common systems and processes, and for colleagues to have greater opportunities to share skills, learning and access to system-wide jobs.

The initial focus of this work is on those 'transactional operational' services identified as having a high degree of similarity between Trusts. These services have frequently used processes which can be standardised across a larger footprint to improve quality and economies of scale.

The PCB agreed in principle that 'transactional operational' central services in the first instance should be brought together into one 'umbrella' service hosted by one of our NHS Trusts. This is

known as a 'lead Trust model'. This would build on current structures and ensure our central services remain firmly within the LSC NHS family.

A detailed plan and timelines will be prepared for agreement at June's PCB Joint Committee.

Clinical Programme Board update

The PCB was asked to give support to proposed next steps for Urology, with a further refinement of proposed model of care and development of required steps for implementation needed.

Three options have been developed which meet the service specification for cancer but would also ensure that benign services are delivered in a networked manner, ensuring that we do not destabilise units through transfer of activity.

The possibility of a single NHS Orthotic Service across LSC was discussed, which would deliver the biggest benefits in terms of both quality and efficiency. An ask would be made for a single ICB commissioner to be involved in the development of this.

The communications and engagement plan aligned to the programme was discussed. This includes an engagement exercise due to be launched imminently with the Integrated Care Board (OCB) to engender understanding about the direction of travel. As part of this we will be asking colleagues and the public to complete a survey to better understand if the case for change resonates; how to make sure any change works best for patients and staff; and how people would like to be involved. In addition to this, the ICB team has arranged a series of focus groups, feedback sessions and listening events to codesign and capture feedback from local people with specific targeting around some of our seldom heard community groups.

Evolving Place-Based Governance

The Lancashire and South Cumbria Integrated Care System (ICS) has four places. The next stage of the development work is to set out practically how they will deliver the key national and local expectations and ambitions around place, particularly in relation to the responsibilities of places, the resources that places will receive from the ICB to deliver these responsibilities, and the ways of working that will enable places to be successful and work well with all partners in each place and across the system. This is being described as the 'place integration deal'.

The PCB was asked to: note the development of the 'place integration deal' which is aligned to national and local expectations, ambitions, commitments and recommendations; and participate in engagement regarding the further development of this 'place integration deal' both in each place and as a collaboration of Trusts.

During May and June 2023, engagement will continue with stakeholders in places and across ICB directorates, as well as with the Local Authority Chief Executives and the Provider Collaboration.

Critical Care and Major Trauma Operational Delivery Network (ODN) Successes

A presentation was given to update the PCB on developments across the Critical Care and Major Trauma Operational Delivery Networks (ODNs). Prior to the pandemic the ODNs were not operating in the way they needed to, however things had improved significantly and it was clear that the network

now operates in the way that it needs to, meets the specification of the ODNs and delivers against all of the major objectives.

This was only possible due to the engagement and cooperation of the Provider Trusts and the ICB, and visible leadership has also been key. The team had learnt from their experiences in Critical Care during the pandemic and applied this to Major Trauma.

Governance arrangements had been reviewed and aligned, which had resulted in really clear frameworks. The team were closely aligned with the national team and sighted on and able to influence developments in relation to both Critical Care and Major Trauma.

Peer reviews were extremely positive in relation to the processes applied. For the first time there was a very clear baseline for all the Units against the national standards and the Quality Indicators which was helping to drive significant improvements.

A bottom up approach had been taken, building on strong relationships formed during the pandemic with a golden thread around a standardised methodology for improvement. The teams had seen improvements in staff wellbeing and morale, and had also supported elective activity with very few cancellations in critical care. At a national level there was now an increased awareness of the challenges in LSC around Critical Care which was significantly underfunded compared to peers.

Going forward the biggest challenge for the ODN will be maintaining the Critical Care resources required to care for an increasingly elderly population whilst also maintaining the wider elective recovery programme.

Engineering Better Care

The findings and recommendations of the national delivery and continuous improvement review were published on 19 April and these were consolidated into three actions including: establishing a national improvement board to agree a small number of shared national priorities on which NHS England, with providers and systems, will focus their improvement-led delivery work; the launch of NHS Impact, a single, shared 'NHS improvement approach'; and co-designing and establishing a Leadership for Improvement programme.

NHS Impact is the new, single, shared NHS improvement approach and it is anticipated that systems will be asked to work together to plan how they will implement NHS Impact at an ICS level, including the completion of a readiness assessment. There will be a need for the PCB and ICB to work collaboratively to plan our response as a system.

An update was provided on the work undertaken in the Engineering Better Care programme, which is our framework for delivering improvement at a system level from September 2022 to April 2023. Each place has enlisted a group of 10-12 people to form a place-based team to work on priorities relating to frailty, with a focus on respiratory conditions. These teams have committed to work together to develop a shared approach which includes a shared definition of frailty, shared frailty assessment tools, a more standardised approach to provision of care depending on the level of frailty, a shared approach to anticipatory care planning, a shared approach to co-production and a shared measurement strategy and plan. Place-based teams have also developed local delivery plans based on local priorities.

The team has been asked to share their approach to improvement at system level at several improvement forums recently and we have been asked by the Health Foundation to host a Q Community visit and visits from the national improvement team later this year.

UCLan Early Cancer Diagnostic Research Centre

The University of Central Lancashire has established an Interdisciplinary Centre for Translational Research (ICTR) to establish infrastructure for developing a biophysical platform for early disease and in particular cancer diagnosis.

The technology has been developed locally over the last 15 years and has the potential of being a cost-effective point of care test of biofluids with very high diagnostic accuracy for cancer diagnosis. Currently most of the evidence is in blood testing, but ongoing early phase studies are evaluating the accuracy in urine and saliva which are less invasive to people and as a result compliance to cancer tests is likely to be higher.

These technologies allow for instantaneous results and as the same technology is used for all cancer sites potentially facilitates a technology platform for fast-track triage in diagnostic centres or primary care. At present there is significant evidence that this technology can revolutionise diagnosis in some tumour sites and ideally the group with UCLan need to work with the Cancer Alliance and the ICS in developing late phase implementation research in blood testing and at the same time develop the evidence for other biofluids.

The ICS has recently been successful in being selected as an accelerator site for the NHS England Core20Plus5 improvement collaborative which is being delivered in partnership with the Institute for Healthcare Improvement. As this programme is in the early stages of design and there is an opportunity to connect the research outlined above to the Core20Plus5 Improvement Programme.

The PCB was asked to agree to embed the academic and translational developments at UCLan in the ICS and use this as an exemplar for the ICS/Cancer Alliance as a collaborative/clinical academic project.

Integrated Care Board

Date of meeting	3 May 2023
Title of paper	Chief Executives' Board Report
Presented by	Kevin Lavery, Chief Executive Officer, Integrated Care Board
Author	Lisa Roberts, Business Manager and Executive Team lead contributors
Agenda item	7
Confidential	No

Purpose of the paper
This paper provides the CEO with the forum to update Board members and highlight emerging issues and key areas of focus, to ensure Board members are sighted on the business of the ICB and its wider operating environment.

Executive summary
Last month's report set the context for the changes needed to realise our full potential. It talked about why we need to change, but focuses on how we need to approach this, to meet the huge challenges we face, to make things better for the people that live and work in Lancashire and South Cumbria, and to successfully transform our services.

A key part of our delivery is community services; so, this month we are focusing on Community Services Transformation, how we implement the Fuller recommendations, and how we partner with the Voluntary, Community, Faith, and Social Enterprise (VCFSE) sector in a more mature way, working collaboratively and co-designing solutions. This report also provides an update on the work undertaken in developing savings and investment plans that will aid our financial recovery. |

Recommendations
The Lancashire and South Cumbria Integrated Care Board are requested to note the updates provided.

Governance and reporting (list other forums that have discussed this paper)		
Meeting	**Date**	**Outcomes**
n/a	n/a	n/a
Conflicts of interest identified		
Not applicable		
Implications		

If yes, please provide a brief risk description and reference number	**Yes**	**No**	**N/A**	**Comments**

Quality impact assessment completed			x	
Equality impact assessment completed			x	
Data privacy impact assessment completed			x	
Financial impact assessment completed			x	
Associated risks			x	
Are associated risks detailed on the ICB Risk Register?			x	

Report authorised by:	Kevin Lavery Chief Executive

Integrated Care Board – 3 May 2023

Chief Executives' Board Report

1.   Introduction

   "Think globally and act locally"

1.1   We need to embody the idea that instead of waiting for grand breakthroughs to 'fix the world,' we should consciously implement solutions into our everyday decisions and actions. Most big solutions are often a series of smaller steps, we have a number of examples of this on today's agenda. "The man who moves a mountain begins by carrying away small stones."

1.2   Today's agenda is all about community, and includes;
   - Community Services Transformation paper – Including an outline of the transaction of services for Blackburn with Darwen
   - Fuller implementation - Report on key priorities and deliverables identified following the launch event on 19 April
   - ICB and VCFSE partnership agreement – High level principles for working together. Sets out a different and more mature way of working and the intention to work collaboratively and to co design solutions.

1.3   In addition to this, the July Board will receive our LSC ICB Place Delegation/ Devolution proposal, which is currently in development, led by our Directors of Health and Care Integration and the LCS Integrated Care Strategy.

2.   LSC Integrated Care Strategy

2.1   Work to develop the LSC Integrated Care Strategy has been underway since September 2022. We have acted on the feedback received during development and have created two documents: the full Integrated Care Strategy, and a shorter summary document which identifies the key points from the integrated care strategy in simple language.

2.2   The full strategy document will be available to everyone, but it is envisaged that the shorter summary version will be of greater relevance to the public, partners, wider organisations within the integrated care system and our places as they work to align other strategies and develop implementation plans.

2.3   ICB Board members endorsed the working draft at the 29 March meeting and will receive the full Integrated Care Strategy and the summary document in July for formal adoption, both of which were approved by the Lancashire and South Cumbria Integrated Care Partnership on 17 April 2023 and have been published on the ICP website.

3. Strategic challenges within our system

3.1 ICB Board members recently held a Board-to-Board session with their Lancashire Teaching Hospitals (LTH) counterparts where we discussed the main strategic challenges in that part of the system. Community services sit separate to the Trust which often results in disjointed and fragmented services, despite the best efforts of our colleagues at LTH and Lancashire and South Cumbria Foundation Trust (LSCFT) as the community services provider. Urgent Care out-of-hours services are commissioned through a **separate**, private provider, and historically there has been very little in the way of intermediate care provision. Our role as an ICB is to ensure we do not look at these challenges individually, but as a whole **system** – a think global, act local approach.

3.2 The other trusts on our patch are firmly knitted into the community services provision for their populations, so this is a structural weakness that needs addressing. We are looking at how to best support the Trust in addressing this quickly and safely. Given the performance and budget challenges we are facing this needs to be a priority. We will undertake a transformation piece of work for services in Central Lancashire, working towards vertically and horizontally integrated community services, by April 2024.

4. ICB Savings and Investment Plans

4.1 The ICB had the largest financial risk out of the six NHS organisations within Lancashire and South Cumbria at the start of the 23/24 financial year. We have worked to develop a programme of Quality, Innovation, Productivity and Prevention (QIPP) schemes to address this, but the challenge is significant and there are going to be some difficult decisions we need to make as part of our recovery stance that will impact services.

4.2 In mid-April we held a series of 'Star Chamber' sessions with each scheme sponsor and lead. The sessions were all very positive and I would again, like to thank everyone involved in contributing to the sessions. Risk associated with the nine schemes were RAG rated largely green and amber, to reflect low or medium risk level, with only one scheme currently rated as red, or high-risk, whilst further work-up of the scheme is taking place.

4.3 These schemes will now be closely monitored through a smaller task and finish group, throughout the year, to ensure grip and in-year delivery. Fortnightly meeting will initially be scheduled to bring together all of the named scheme leads. These will reduce in frequency once all plans are fully worked-up, being implemented and classed as low risk.

4.4 David Flory, Stephen Downs (Director of Strategic Finance, ICB) and I met with Amanda Pritchard (Chief Executive, NHSE) David Sloman (Chief Operating Officer, NHSE) and Julian Kelly (Chief Financial Officer, NHSE) alongside Richard Barker, Andrew Crawshaw and Nikhil Khashu, from the NHSE Regional team on 21 April to discuss the financial and non-financial challenges we face in Lancashire and South Cumbria. I will provide a more detailed update to Board members in Part 2 of the May meeting.

5. Provider Collaborative-led Savings and Investment Plans

5.1 In further response to the challenging financial position facing our system, we have taken the opportunity, at this early point in the financial year, to take stock of progress and delivery within the system-wide delivery programmes, being led by our Provider Collaborative Board (PCB), that will be expected to support and enhance our financial recovery during 23/24 and beyond.

5.2 Sessions were held with the Executive Sponsors and Programme Directors for the four key programmes of work, namely, Shared Services, Bank and Agency, Clinical Services Transformation and Elective recovery.

5.3 Given the scale of the challenges that we are facing as a system, and ongoing budget discussions with NHSE, it is imperative that these programmes are delivering, and that we are clear on the value of savings that will be delivered in-year, for 2023/24 and in subsequent years.

5.4 The schemes that offer the most in-year opportunities are around clinical transformation. We need to establish clinical networks for our specialties through centres of excellence in hospital trusts. In future years we might move to a single site model, but an early step would be operating as single entity, through establishing a clinical network, managed as one service, operating across multiple sites. This would also reduce the need for temporary medical staffing solutions and enable us to make savings on premium bank and agency rates.

5.5 The other area is non-clinical reconfiguration, particularly round a single shared corporate services platform across LSC. Over 3-4 years we can modernise all of these services through technology, automation, and self-service for managers, but for 2023/24 would involve bringing these services together and making some economies to deliver in-year savings. This could be done by establishing one host organisation for the system and transferring staff into the host on a secondment to begin with and making some speedy savings through vacancy management. This is under discussion with the PCB and we, as an ICB, are keen to participate.

6. Hewitt review

6.1 As you may be aware, the Rt Hon Patricia Hewitt was commissioned to undertake a review into how the oversight and governance on integrated care systems (ICSs) can best enable them to succeed. The recommendations were published in April which align very well to the priorities in our recently adopted Joint Forward Plan. We will bring an update on the full Hewitt review to the July Board for consideration.

7. Recommendations

7.1 The Lancashire and South Cumbria Integrated Care Board are requested to note the updates provided.

Kevin Lavery
24 April 2023

Board of Directors Report

Board Assurance Framework (BAF) Risk Report

Report to:	Board of Directors	Date:	1st June 2023
Report of:	Associate Director of Risk and Assurance	Prepared by:	K Clay
Part I	✔	Part II	

Purpose of Report

For assurance	☐	For decision	☒	For information	☐

Executive Summary:

The Well Led Framework by NHS Improvement and the Care Quality Commission (CQC) require Boards of all provider organisations to ensure there is an effective and comprehensive process in place to identify, understand, monitor and address current and future risks. This includes a Board Assurance Framework (BAF) which provides a structure and process to enable organisations to identify those strategic and operational risks that may compromise the achievement of its high level strategic objectives.

The purpose of this paper is to provide the Board of Directors with details of those risks that may compromise the achievement of the Trust's high level strategic objectives. The paper also provides details of outputs from a Board Workshop held in May 2023, where an annual review of the risk appetite statement and risk tolerance took place.

Strategic Risks

A copy of the Trust's BAF can be found in Appendix 1, whilst Appendix 2 provides the Strategic Risks with full details of the controls, assurances, any gaps and actions that are being undertaken to mitigate the strategic risks. Due to scheduling of committees, the strategic risks that are detailed in Appendix 2 are those that have been presented to Committees of the Board at the time of writing this paper.

The BAF in Appendix 1 identifies the strategic risks that threaten the delivery of the strategic aims and ambitions of the Trust.

There has been no change in score for:
- Risk to delivery of the Trust's Strategic Ambition of Delivering Value for Money – remains 20.
- Risk to delivery of the Trust's Strategic Ambition to Consistently Deliver Excellent Care – remains 20.
- Risk to delivery of the Trust's Strategic Aim to Drive Health Innovation through World Class Education, Training and Research – remains 20.
- Risk to delivery of the Trust's Strategic Ambition of Fit for the Future – remains 15.
- Risk to delivery of the Trust's Strategic Aim of Providing a Range of the Highest Standard of Specialised Service – remains 8.

There has been an increase in score for the Strategic Risk related to delivery of the Trust's Strategic Ambition to be a Great Place to Work, from 12 to 16 following discussion at Workforce Committee in May 2023, due to

increasing financial pressures, the retirement of the Chief People Officer, the impact on staff morale of any potential reconfiguration of services, and ongoing industrial action.

Any changes to the content of the Strategic Risks since the previous update to Board are highlighted in yellow within the strategic risk template. The Risk Rating Tracker on all Strategic Risks has been updated to a graph format to replace the historic tabular format.

Risk Appetite Statement & Risk Tolerances Annual Review

A Board Workshop was held on 2nd May 2023 to support the annual review of the Risk Appetite Statement and Risk Tolerance for all Strategic Risks. Potential changes to the Risk Appetite were explored. However, members of the Board agreed that the Risk Appetite Statement and Risk Tolerances remain appropriate for the new financial year and the recommendation to Board is to approve the decision that the Risk Appetite Statement and Risk Tolerances remain the same for 2023/24.

Operational High Risks for Escalation to Board

There are three operational high risks that continue to be escalated to the Board within the BAF this month. These are:

- Risk ID 25 (scoring 20), Impact on exit block on patient safety, which has been escalated to Board since December 2020 due to the change in occupancy levels within the Emergency Department at Royal Preston Hospital.
- Risk ID 1125 (scoring 20), Elective Restoration following Covid-19 Pandemic, which has been escalated to Board since June 2021 and relates to the recovery of cancer, and non-cancer backlogs.
- Risk ID 1182 (scoring 16) Probability of ongoing strike action and the impact of strikes on patient safety following announcement of national pay award, which has been escalated to Board since October 2022.

It is recommended that Board of Directors:
   i.   Note and approve the updates to the BAF.
   ii. Note and approve the reviewed Risk Appetite Statement & Risk Tolerances.
   iii. Confirm that through the revised BAF, they are assured that there continues to be an effective and comprehensive process in place to identify, understand, monitor and address current and future risks in line with statutory requirements.

Appendix 1 – Board Assurance Framework
Appendix 2 – Strategic Risks

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

Committees of the Board in line with cycles of business and a Board Workshop in May 2023.

1. Background

1.1 The Well Led Framework by NHS Improvement and the Care Quality Commission (CQC) require Boards of all provider organisations to ensure there is an effective and comprehensive process in place to identify, understand, monitor and address current and future risks. It extends to include a Board Assurance Framework (BAF) which provides a structure and process to enable organisations to identify those strategic and operational risks that may compromise the achievement of the Trust's high level strategic objectives.

1.2 This paper provides the Board of Directors with details of those risks that may compromise the achievement of the Trust's high level strategic objectives.

1.3 The paper also provides details of outputs from a Board Workshop held in May 2023 where an annual review of the risk appetite statement and risk tolerance took place.

2. Discussion

2.1 Board Assurance Framework (BAF)

2.1.1 The BAF in Appendix 1 identifies the strategic risks that threaten the delivery of the strategic aims and ambitions of the Trust.

2.2 Strategic Risk Register

2.2.1 There has been no change in score for:
- Risk to delivery of the Trust's Strategic Ambition of Delivering Value for Money – remains 20.
- Risk to delivery of the Trust's Strategic Ambition to Consistently Deliver Excellent Care – remains 20.
- Risk to delivery of the Trust's Strategic Aim to Drive Health Innovation through World Class Education, Training and Research – remains 20.
- Risk to delivery of the Trust's Strategic Ambition of Fit for the Future – remains 15.
- Risk to delivery of the Trust's Strategic Aim of Providing a Range of the Highest Standard of Specialised Service – remains 8.

2.2.2 There has been an increase in score for the Strategic Risk to delivery of the Trust's Strategic Ambition to be a Great Place to Work, from 12 to 16 following discussion at Workforce Committee in May 2023, due to increasing financial pressures, the retirement of the Chief People Officer, the impact on staff morale of any potential reconfiguration of services and ongoing industrial action.

2.2.3 Any changes to the content of the Strategic Risks since the previous update to Board are highlighted in yellow within the strategic risk template in Appendix 2. The Risk Rating Tracker for all Strategic Risks has been updated to a graph format to replace the historic tabular format.

2.2.4 It should be noted due to scheduling of committees, the strategic risks that are detailed in Appendix 2 are those that have been presented to Committees of the Board at the time of writing this paper.

2.3 Operational Risk Register

2.3.1 There are 3 previously escalated operational high risks that remain escalated to the Board within the BAF this month. These are:

- Risk ID 25 (scoring 20), Impact on exit block on patient safety, which has been escalated to Board since December 2020 due to the change in occupancy levels within the Emergency Department at Royal Preston Hospital.
- Risk ID 1125 (scoring 20), Elective Restoration following Covid-19 Pandemic, which has been escalated to Board since June 2021 and relates to recovery of cancer, and non-cancer backlogs.
- Risk ID 1182 (scoring 16), Probability of ongoing strike action and the impact of strikes on patient safety following announcement of national pay award, which has been escalated to Board since October 2022.

2.3.2   Further details on the operational high risks escalated to Board can be found in the BAF in Appendix 1.

2.4 Risk Appetite Statement & Risk Tolerances Annual Review

2.4.1   A Board Workshop was held on 2nd May 2023 to support the annual review of the Risk Appetite Statement and Risk Tolerance for all Strategic Risks. Potential changes to the Risk Appetite were explored. However, members of the Board agreed that the Risk Appetite Statement and Risk Tolerances remain appropriate for the new financial year and the recommendation to Board is to approve the decision that the Risk Appetite Statement and Risk Tolerances remain the same for 2023/24.

2.4.2   Details of the Risk Appetite Statement and Risk Tolerance are included in Appendix 1.

3. Financial implications

3.1 Any financial implications are captured within the Risk Register records and managed accordingly.

4 Legal implications

4.1 Any legal implications are captured within the Risk Register records and managed accordingly.

5. Risks

5.1 The paper identifies Strategic and Operational Risks that may compromise the achievement of the Trust's high level strategic objectives and therefore, the entirety of the paper is risk focused.

6. Impact on stakeholders

6.1 A robust and well managed BAF reduces the negative impact on patients and staff and the reputation of the organisation and its purpose is to mitigate and reduce, as far as is reasonably practical, the level of risk to that identified in the trust risk appetite statement.

6.2 All risk records impact upon patient experience, staff experience, Integrated Care System and cross divisional work. This is captured within individual risk register entries on Datix.

7. Recommendations

7.1 **It is recommended that Board of Directors:**

i.   Note and approve the updates to the BAF.
ii.   Note and approve the reviewed Risk Appetite Statement & Risk Tolerances.

iii. Confirm that through the revised BAF, they are assured that there continues to be an effective and comprehensive process in place to identify, understand, monitor and address current and future risks in line with statutory requirements.

Appendix 1 - Board Assurance Framework 2023/2024 – Risks to achievement of Trust Aims & Ambitions

NHS Lancashire Teaching Hospitals NHS Foundation Trust

Trust Aims

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

Trust Ambitions

Current principal risks on the Strategic Risk Register – June 2023

Following a review of the Board Assurance Framework, the following Strategic Risks were identified in June 2020. These are detailed below:

	Strategic Risks	Risk ID	Initial Score	Risk Appetite	Risk Tolerance	Apr 2022 Score	June 2022 Score	Aug 2022 Score	Oct 2022 Score	Dec 2022 Score	Feb 2023 Score	Apr 2023 Score	June 2023 Score	Change
	Risk to delivery of Strategic Aim to offer a range of high quality specialist services to patients in Lancashire and South Cumbria	859	8	Open	6-9	8	8	8	8	8	8	8	8	→
	Risk to delivery of Strategic Aim to drive health innovation through world class Education, Training & Research	860	6	Seek	9-12	16	16	12	12	12	20	20	20	→
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**	855	20	Cautious	1-6	20	20	20	20	20	20	20	20	→
	Risk to delivery of Strategic Ambition: **A Great Place to Work**	856	20	Open	4-8	20	12	12	12	12	12	12	16	↑
	Risk to delivery of Strategic Ambition: **Deliver Value for Money**	857	20	Open	8-12	20	20	20	20	20	20	20	20	→
	Risk to delivery of Strategic Ambition: **Fit for the Future**	858	20	Seek	8-12	15	15	15	15	15	15	15	15	→

Board Assurance Framework 2023/2024 – Risks to achievement of Trust Aims & Ambitions

NHS Lancashire Teaching Hospitals NHS Foundation Trust

Strategic Risk Summary

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 in inpatient, outpatient and community services due to: a) Availability of staff b) High Occupancy levels c) Fluctuating ability to consistently meet the constitutional and specialty standards d) Constrained financial resources impacting on the wider system, the deficit position facing the Trust and the significant costs of operating the current configuration of services. e) Health inequalities across the system.
	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.

See next slide for key operational risks that are for escalation to Board.

Board Assurance Framework 2023/2024 – Risks to achievement of Trust Aims & Ambitions

Key Operational Risk Summary for Escalation to the Boards

This details those operational risks that pose a significant threat to achieving organisational objectives

- **Impact of Emergency Department Block on Patient Safety (Risk ID 25 – Initial Score 20, Current Score 20)** – The data measured through the Emergency Department (ED) Dashboard continues to demonstrate a department under significant pressure with high numbers of patients attending, patients waiting over 12 hours to be admitted to a ward or mental health facility and the number of patients waiting more than 1 hour in an ambulance to be brought into the ED. In July 2022, a 24 bedded medical ward opened on the Chorley (CDH) site, whilst this has increased the number of beds on the CDH site, analysis demonstrates that at the same time there was an increase in attends through the ED at CDH site, resulting in the additional beds preventing a further escalation of risk rather than reducing the risk overall. Further actions to address the risk include:
  - ➢ Converting the former ED COVID Majors space into a new 20 bedded Acute Assessment Unit
  - ➢ 64 beds now open in the Community Health Care Hub to reduce the number of patients in acute beds who no longer meet the criteria to reside in hospital.
  - ➢ Continued development of virtual wards to reduce length of stay and avoid admission.
  - ➢ Strengthened site management arrangements with 8a Tactical Operational Officers now in place 7.30am – 10.00pm 7 days a week.
  - ➢ Joint bid in place with Lancashire South Cumbria Foundation Trust to implement a Mental Health Urgent Assessment Centre co-located to the ED to reduce the number of patients with mental health needs in the ED.
  - ➢ Urgent and Emergency Care Transformation Board established with Executive level leadership which will focus on delivering:
    - ▪ 40% reduction in ambulance conveyances to the ED
    - ▪ 10% reduction in length of stay for inpatients.
    - ▪ 5% reduction in the patients not meeting the criteria to reside in hospital.

  Assumptions in the Urgent and Emergency Care Transformation Plan indicate material improvements are expected to be seen from Quarter 2 of 2023/2024 and therefore this risk remains escalated to Board at present.

- **Elective restoration (Risk ID 1125 – Initial Score 20, Current Score 20)** - Patients continue to wait for a significant amount of time to receive non-urgent surgery. The plan to eliminate 104+ week waits has been achieved, with the exception of those patients that are unavailable for treatment and have chosen to wait longer. The plan to eliminate 78 week waits by March 2023 has not been achieved due to the displacement of activity during industrial action, however the Trust is now working towards elimination of 78 week waits by the end of May 2023, subject to ongoing industrial action. Achievement of the plan and performance against the trajectory is reviewed weekly. All specialties have target plans to work to and are being supported through divisional meetings and the wider Performance Recovery Group.

- **Probability of ongoing strike action and the impact of strikes on patient safety following announcement of national pay award (Risk ID 1182 – Initial score 16, Current Score 16)** - Strikes have taken place for nursing, ambulance, physiotherapists and junior doctors. In May 2023, a National Pay deal was signed off at a meeting between the government and 14 health unions representing all NHS staff apart from doctors and dentists. In March 2023, the Trust experienced a 72-hour consecutive period of strike action from the junior doctors, with the potential for further dates. The British Medical Association and Royal College of Nursing are currently undertaking consultative ballots to strike. The risks associated with this are being managed in partnership with staff side, workforce, and clinical leaders at the Strike Action Emergency Planning Group. The risk score was reduced in March 2023 from 20 to 16 based on multiple strikes having taken place and these having been managed effectively due to the significant planning undertaken in preparation but this risk remains.

Appendix 1 - Board Assurance Framework 2023/2024 – Details of Risk Appetite and Risk Tolerance alignment with Strategic Risks

NHS
Lancashire Teaching
Hospitals
NHS Foundation Trust

- **Risk Appetite**: is the decision about the level of risk that the Trust is prepared to accept, after balancing the potential opportunities and threats a situation presents. It represents a balance between the potential benefits of innovation and the threats that change inevitably brings.
- **Risk Tolerance**: is 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 in accordance with the Trust's Strategy and Risk Appetite.

Trust aim: To provide outstanding and sustainable healthcare to our local communities
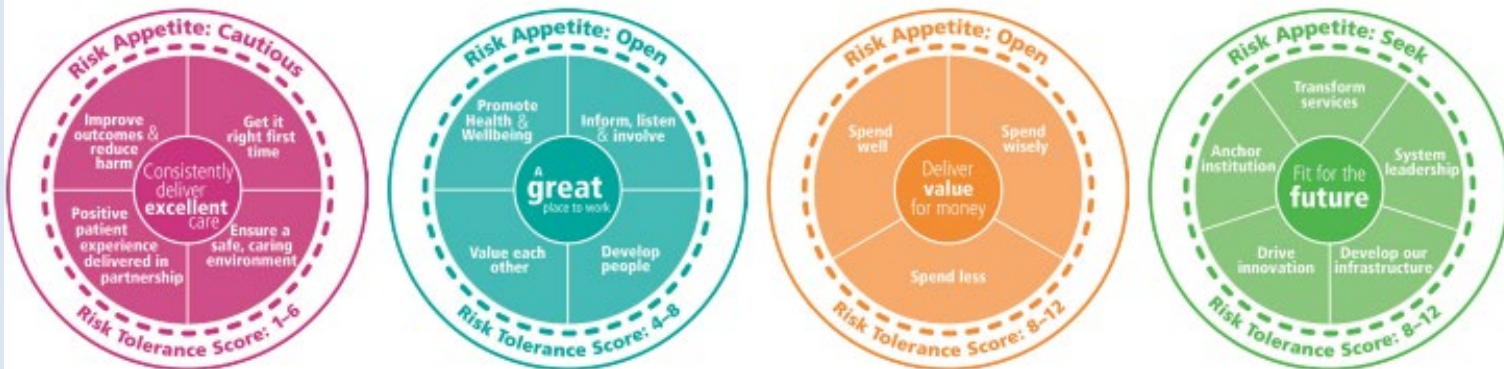
Trust aim: To offer a range of high quality specialist services to patients in Lancashire and South Cumbria

Risk Appetite: Open   **Risk Tolerance Score 6–9**

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

Risk Appetite: Seek   **Risk Tolerance Score 9–12**

Trust Risk Appetite Statement

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.

Risk Title: Risk to delivery of the Trust's Strategic Objective to Consistently Deliver Excellent Care

Risk ID: 855
Risk owner: Chief Nursing Officer
Date last reviewed: 9th May 2023

Risk	Risk Appetite:	Risk Tolerance
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 in inpatient, outpatient and community services due to: a) Availability of staff b) High Occupancy levels c) Fluctuating ability to consistently meet the constitutional and specialty standards d) Constrained financial resources impacting on the wider system, the deficit position facing the Trust and the significant costs of operating the current configuration of services. e) Health inequalities across the system This may, result in adverse patient outcomes and experiences.	Cautious to Risk – Willing to accept some low risk, whilst maintaining an overall preference of safe delivery options.	1-6

Rationale for Current Score	Risk Rating Tracker * (Likelihood x Consequence)
• There is currently a reliance on temporary workforce due to sickness levels in excess of 4% and greater than 5% vacancy levels resulting in variation in care delivery. • The requirement to deliver a Cost Improvement Programme of 5.5% and an overall Financial Improvement Plan of 8.5%. • Continued deterioration in the backlog maintenance position and the impact on both buildings and equipment. • Estate does not meet HTN standards, limiting consistent adherence to safety and aesthetic estate standards. • Excess waiting times in elective services remain evident for patients. • Occupancy levels are in excess of 95%. • Patients are routinely waiting longer than some national standards for treatments and in the Emergency Department. • Adult inpatient experience feedback is identifying room for improvement. • There is national acknowledgement that health inequalities exist in all heath and care systems and contribute to poorer outcomes of citizens. • The ability to live within the resources available is dependent upon scalable system wide transformation. The foundations for this work remain formative.	Initial: 4x5 = 20 Current: 4x5 = 20 Target: 1-6 *Initial score also 20 throughout but covered by current score line on above graph

Future Risks	Future Opportunities
• Risk of New Hospital Programme not progressing. • Risk that the backlog maintenance of the estate may reach a point where closures of departments is required due to unsatisfactory estate conditions. • Failure to improve existing operational flow arrangements. • Failure to address system health inequalities. • Failure to progress with transformation at scale to live within resources available to us.	• ICS networks and collaboration leading to reconfiguration of vulnerable services. • New Hospital Programme delivery. • Reduction in vacancy and sickness levels will present an increase likelihood of improved outcomes and experiences for patients and staff. • Closer working relationship across the health and care system in partnership with public health presents opportunities to level up access to services and design out system inequalities. • Mobilisation of transformation at scale across the system.

Controls	Gaps in Control	Assurances	Gaps in Assurances

• Workstream related strategies and plans in place
  o Always Safety First
  o Clinical Strategy
  o STAR Quality Assurance Framework
	• Integration of services and pathways and effective Place and system-based working *(Ref CDEC 002)*
	• Equitable access to health and care is disproportionately more challenging for citizens
		Internal
		
		• STAR Assurance Framework
		• Always Safety First Group
		• Safety and Learning Group
			• EQIA policy requires extending to wider programmes of change and not exclusively Cost Improvement programmes (CIP). *Ref CDEC 010*

o Patient Experience and Involvement Strategy ⇔Risk Management ==Policy== o Our Big Plan o Continuous Improvement Strategy o Equality, Diversity and Inclusion Strategy o Workforce and OD Strategy o Education, Training and Research Strategy o Financial Strategy o Health and Wellbeing Strategy o Communication Strategy o Targeted recruitment & plans and temporary staffing arrangements (inc international and healthcare support workers) o Safety and Quality Policies and Procedures o Workforce Policies and Procedures o Health & Safety Plan o Operational Plan o Restoration and Recovery Plan o Safe staffing reviews o Safeguarding Board • Accountability Framework • Freedom to Speak Up, Guardian of Safe Working and Person in Position of Trust (PIPOT) arrangements • Safety Forums • GIRFT ==programme of work.== • ==Capital planning process== • ==Medical device process== • ==EQIA policy and procedures== • ==Transformation programme==	with protected characteristic or those living in deprived areas. ***(Ref CDEC 007)*** • ==The age and condition of the estate places additional risk associated with the design of clinical services and the control of infection.== (***Ref CDEC 008)*** • ==The demand for medical device replacement exceeds available capital.== ***(Ref CDEC 009)***	• Divisional Governance Structures and arrangements • Divisional Improvement Forums • Safety and Quality Committee • Workforce Committee • Finance and Performance Committee • Education, Training and Research Committee • Audit Committee assurance processes to test effectiveness of safety and quality infrastructure and internal control system • CNST internal assurance reporting • Medical Staffing Review Plan in place to strengthen assurance of testing safe medical staffing • ==Equality Quality Impact Assessment (EQIA) procedure and reporting in place.== • ==Transformation programme Board== **External** • National Surveys • Clinical Negligence Schemes for Trust • External regulators and benchmarking • Medical Examiner's Office, Perinatal Mortality Tool • Internal Audit • External system assurances, PLACE based arrangements, ICB and PCB • NHS England performance monitoring • Independent Support Team (IST) review	

Action Plan

Note - Actions completed prior to April 2023 have now been archived from this document and remain captured within the risk record on the Datix system.

Action Number	Action details	Action Owner	Due Date	Done Date	RAG	Link to Gap In	Gap
CDEC 002	Create a Long term PLACE based Urgent and Emergency Care Strategy	Chief Operating Officer Director of Continuous Improvement	~~30th April 2023~~ 30 June 2023		Ongoing	Control	• Integration of services and pathways and effective Place and system-based working
CDEC 007	Create a local plan to respond to the national Core20PLUS5 approach to equitable healthcare for adults and children.	Chief Nursing Officer	~~30th April 2023~~ 30 June 2023		Ongoing	Control	• Equitable access to health and care is disproportionately more challenging for citizens with protected characteristic or those living in deprived areas.
CDEC 008	Progress to the next stage of the New Hospitals Programme.	Chief Medical Officer/Chief Financial Officer	30 June 2023		Ongoing	Control	• The age and condition of the estate places additional risk associated with the design of clinical services and the control of infection.
CDEC 009	Increase oversight of medical device replacement programme and process through Finance and Performance Committee.	Chief Financial Officer	31 August 2023		Ongoing	Control	• The demand for medical device replacement exceeds available capital.
CDEC 010	Review of EQIA policy to extend to wider change and transformation programmes.	Chief Nursing Officer	31 May 2023		Ongoing	Assurance	• EQIA policy requires extending to wider programmes of change and not exclusively Cost Improvement programmes.

Summary of review – May 2023

- Risk reviewed taking into consideration the context of the financial position of the organisation and the risks this may present to Consistently Delivering Excellent Care (CDEC).
- Strengthened the impact of the ageing estate and restricted capital programme on CDEC.
- Following discussion at Finance and Performance committee increased frequency of oversight of medical device replacement programme and process.
- Following discussion of the CDEC risk and current financial position at Safety and Quality committee the extended EQIA policy will be reviewed by the Safety and Quality committee.
- CDEC 002 – Additional action owner identified and progress update is that action delivery date postponed. The UEC national recovery plan outlines the requirement of system partners to develop the plan, LTH elements are completed and system partners, (some of whom are writing the plan for the whole ICS) are submitting their elements which will result in the first completed place based strategy will be circulated to the UEC Board members by June 2023.
- CDEC 007 – Due date extended as delays experienced due to workforce absence in April 2023.
- Actions completed in the previous financial year archived from this document and remain captured within the risk record on the Datix system.
- Risk Rating Tracker redesigned to a graph format instead of table.

Risk Title: Risk to delivery of the Trust's Strategic Objective of Delivering Value for Money

Risk ID: 857
Risk owner: Chief Finance Officer
Date last reviewed: 11th May 2023

Risk	Risk Appetite:	Risk Tolerance
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 inspection	Open to Risk – willing to consider all potential delivery options and choose while also providing an acceptable level of reward.	8-12

Rationale for Current Score

- **Undertakings** The Trust is in segment three for the System Oversight Framework (SOF). Undertakings applied by NHSE to the Trust include the need for the Trust to agree its financial plans with the Integrated Care Board, a requirement to deliver that plan and a supporting need to deliver the associated cost improvement plan. The Trust must deliver a challenging costing improvement target of 5.5% in 2023-24. In addition, unless a solution can be found to offset the cost of excess unfunded capacity (c3% of operational expenditure), the Trust will fail to meet its financial plan. The Trust has enforcement undertakings relating to its financial position. This may result in a move to SOF four.

- **Excess urgent care demand** - Excess flow related demand on the non-elective pathways have resulted in additional unfunded beds being opened. Despite this additional capacity, the Trust's performance standards are being impacted negatively due mainly to the excess patient demand for hospital beds.

- **Industrial relations** - Increased industrial tension is giving rise to additional financial and performance pressures which will further hamper the delivery of VFM. The Trusts ability to mitigate the impact of these tensions is limited, without some further consequence.

- **Financial recovery (Trust)** - The Trust is unable to deliver a balanced plan for 2023-24 and will aim to rebalance its finances over a three-year period. The Trust has set a challenging financial improvement target for 2023-24 and it needs to ensure that the associated change is managed through an effective equality and quality impact assessment process.

- **Financial Recovery (system)** - In setting plans for 2023-24 all NHS organisations in Lancashire and South Cumbria will be challenged to deliver their financial trajectories. To do so will inevitably lead to changes in the commissioning and provision of services. Some of these changes will inevitably impact on arrangements with partners which may impact further on delivering value for money.

- **Dependencies** – Whilst there are many improvements to be driven internally, to further improve value for money there are many dependencies on partners, e.g. to develop a clear out of hospital strategy, to help tackle not-meeting criteria to reside, to support the reorganisation of services or to fund the alternatives to hospitalised care.

Risk Rating Tracker (Likelihood x Consequence)

Initial: 4x5 = 20   Current: 4x5 = 20   Target: 8-12
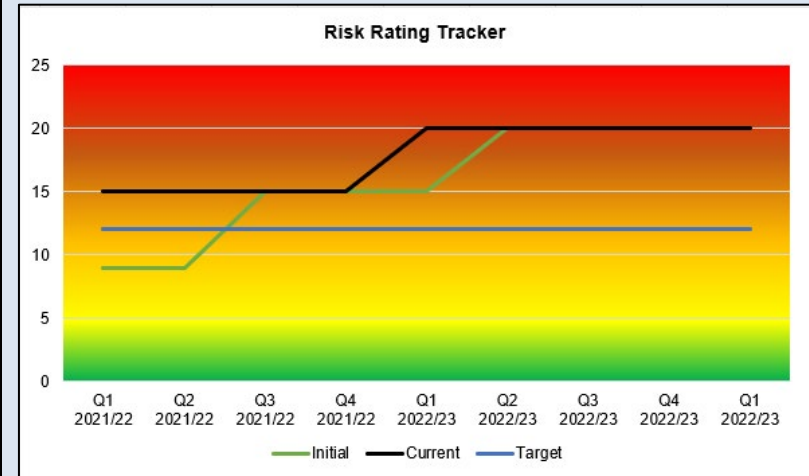
The score of 20 reflects the underlying financial position of the Trust.

Future and Escalating Risks	Future Opportunities
• **Investment** - The Trust in the meantime has an underlying overspend which will need to be addressed. The failure to improve financial performance is likely to impact on future major investment decisions facing the Trust. • **Placed based leadership** - The place-based roles are continuing to form and are considered to be pivotal in the optimisation of the health and care 'eco-system'. There is a risk that the evolution of these arrangements do not sufficiently impact on the optimisation processes and that leadership arrangements between sub place, place and system are confusing with unclear accountability. • **Rising demand** - Failure to develop a credible and meaningful urgent and emergency care strategy at system and place to respond to a growing population with increased complexity/comorbidity will result in residents accessing inappropriate services which could impact detrimentally on value for money for public services as a whole. • The failure to reorganise planed care across the system will result in waste and unwarranted variation, resulting in impact on overall value for money.	• Benchmarking indicates opportunities remain to reduce waste and the underlying overspend. • There is an opportunity to reduce financial risk through reorganisation, adoption of technologies, automation and the removal of unnecessary duplication and waste. • There remains an opportunity to increase margins through non-NHS activities. • There remains opportunity through the ICS and the place-based arrangements to reduce the unnecessary duplication of NHS services. • There is an opportunity to work with the Provider Collaboration Board to identify and pursue collaboration opportunities at scale. • There remains an opportunity to commission more effective services to mitigate hospital attendances. • There remains a partnership opportunity at system and place to better manage patient pathways and reduce inappropriate demand and unnecessary cost escalation. • There remains an opportunity for partners to support more timely discharge from hospital, reducing the overall cost to the taxpayer and improve outcomes.

Controls	Gaps in Control	Assurances	Gaps in Assurance

• Workstream related strategies in place
  ○ Workforce and OD Strategy,
  ○ Continuous Improvement Strategy
  ○ Clinical Strategy
  ○ Financial Strategy
  ○ IM&T Strategy,
  ○ Estates Strategy,
  ○ Our Big Plan, Annual Business Plan Planning framework established to track delivery of schemes.
  ○ Always safety first
• Scheme of delegation/Standing Financial Instruction
• Accountability Framework
• Long term case for change the New Hospitals Programme
• CCG funding for additional plans in Stroke and Palliative care
• Contract management and activity under regular monitoring
	• Inability to fully develop and manage services within commissioned resources and in line with commissioning processes due to increasing demand and evolving complexity of patient needs.
	• Service disruption due to ongoing industrial tensions *(Managed through operational risk ID 1182 (probability of strike action) escalated to Board)*
	• Inability to sufficiently influence externally impacting directly on services provided by LTH (e.g., partner organisation strategies and decision taking, financial rules for NHS services, NHS wide workforce development and investment and some processes and decision making at system and PLACE such as priority setting in development and deployment of system and PLACE Urgent and Emergency Care Strategy)
		Internal
		
		• Specialty Performance meetings
		• Divisional Improvement Forums
		• Integrated Performance reporting at Finance and Performance Committee and Board
		• Audit Committee assurance processes to test effectiveness of financial infrastructure and internal control system
		• Temporary monitoring of undertakings internally (The Trust has been placed in segment three for the System Oversight Framework (SOF)).
		• Use of Resources assessments now reported through Finance & Performance Committee.
		• Regular embedded cycle of sharing information relating to the wider programme of change in place
		• Report on elective productivity and plans for improvement completed to better understand the impact on elective
			• The Trust needs to identify how it will return its services to financial balance and deliver a challenging cost improvement programme whilst closing unfunded infrastructure or securing the associated funding. *(DVFM 010)*
			• The Trust needs to ensure that each of its strategies will contribute to delivering sustainable financial balance or better. *(DVFM 014, DVFM 015, DVFM 016, DVFM 017 and DVFM 018)*
			• To support the drive for improved delivery the governance arrangements require some amendment. *(DVFM 019 and DVFM 020)*
			• The trust has an opportunity to improve the rigour and robustness of its decision-making processes. *(DVFM 021)*
			• There is an opportunity to better describe how partnering/collaborative arrangements, e.g. through the Provider Collaborative Board, can help to improve value for money *(DVFM 022)*

- National Planning Framework and Capital now given to ICS areas. - Planning guidance now reflective of current operational pressures secondary to Covid-19 with revised Big Plan and annual business plans in place - Stocktake of senior leadership engagement in place or system decision making processes - Clear and regular updates to/discussions at Board Subcommittees and Board meetings to ensure robust assumptions underpin our planning returns/templates - Vacancy freeze for non-essential posts now in place <mark>Virement policy revised and in place.</mark> <mark>Role of the vacancy control process extended to put greater challenge into replacement posts.</mark>		productivity together with movements in the underlying drivers together with plans for improvement **External** - Head of Internal Audit Opinion/Going concern review - Benchmarking model hospital/GIRFT - External Auditor review - External system assurances, PLACE, ICB and PCB - Contract monitoring report to provide stronger assurances on the underlying trading position and associated activity now reintroduced. - Considering the deteriorating financial position faced by NHS providers, NHS England have issued a series of checklist with an updated protocol for a deterioration in financial forecast. Now complete and submitted.	

Action Plan

Note - Actions completed 2022/23 have now been archived from this document and remain captured within the risk record on the Datix system.

Action Number	Action details	Action Owner	Due Date	Done Date	RAG	Link to Gap In	Gap
DVFM 010	Develop a medium-term plan with a supporting financial model to outline the route to recovery	Chief Financial Officer and Director of Strategy and Planning	30.06.23		Ongoing	Assurance	The Trust needs to identify how it will return its services to financial balance and deliver a challenging cost improvement programme whilst closing unfunded infrastructure or securing the associated funding.
DVFM 014	Clinical strategy (urgent care)	Director of Transformation & Chief Nursing Officer	31.05.23		Ongoing	Assurance	The Trust needs to ensure that each of its strategies will contribute to delivering sustainable financial balance or better.
DVFM 015	Clinical strategy (scheduled care)	Chief Operating Officer	31.05.23		Ongoing	Assurance	The Trust needs to ensure that each of its strategies will contribute to delivering sustainable financial balance or better.
DVFM 016	Clinical strategy (provision)	Director of Strategy and Planning	31.05.23		Ongoing	Assurance	The Trust needs to ensure that each of its strategies will contribute to delivering sustainable financial balance or better.
DVFM 017	Income strategy	Chief Financial Officer	30.06.23		Ongoing	Assurance	The Trust needs to ensure that each of its strategies will contribute to delivering sustainable financial balance or better.
DVFM 018	Digital strategy	Chief Information Officer	31.05.23		Ongoing	Assurance	The Trust needs to ensure that each of its strategies will contribute to delivering sustainable financial balance or better.
DVFM 019	Strengthen executive oversight of transformation and subsequent reporting to Committee	Director of Transformation	31.05.23		Complete	Assurance	To support the drive for improved deliver the governance arrangement require some amendment.
DVFM 020	Evolve performance accountability framework	Director of Strategy and Planning	31.05.23		New	Assurance	To support the drive for improved deliver the governance arrangement require some amendment.
DVFM 021	Develop a set of strategic decision-making criteria	Director of Strategy and Planning	31.05.23		New - Complete (STA)	Assurance	The trust has an opportunity to improve the rigour and robustness of its decision-making processes
DVFM 022	Develop a 'value add' reporting for collaborative arrangements	Chief Financial Officer	30.06.23		New	Assurance	There is an opportunity to better describe how partnering/ collaborative arrangements e.g. through the Provider Collaborative Board can help to improve value for money

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Summary of updates to risk – May 2023

- Updated narrative within Rationale for Current Score, Future Risks and Future Opportunities covering dependencies with system, partners and place.
- Improved reference to financial improvement planning.
- Refreshed wording to gaps in assurances and identification of new gaps in assurances, with new actions identified within the action plan covering the newly identified gaps in assurances - performance accountability framework, decision making criteria, value add from collaborative working, governance and oversight.
- Action DVFM 015 re-opened with a revised due date.
- Actions completed in the previous financial year archived from this document and remain captured within the risk record on the Datix system.
- Risk Rating Tracker redesigned to a graph format instead of table.

Risk Title: Risk to delivery of the Trust's Strategic Objective to be a Great Place to Work

Risk ID: 856
Risk owner: Chief People Officer
Date last reviewed: 27th April 2023

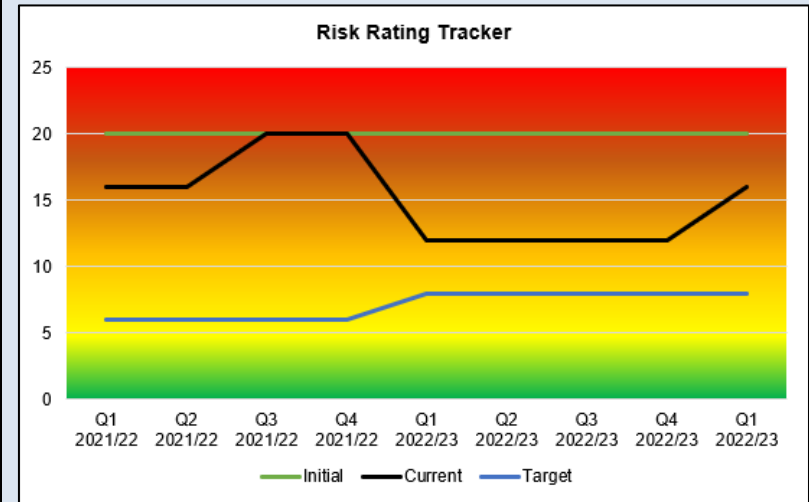| Risk	Risk Appetite:	Risk Tolerance
There is a risk to the delivery	Open to Risk – willing to consider all potential delivery options and choose while also providing an acceptable level of reward.	4-8

Risk

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.

Rationale for Current Score

- Workforce shortages in some key professional groups, which creates vacancies and creates pressure on existing staff in particular registered nurses and some medical specialties.
- High turnover of less than 12 months in some staff groups particularly support workers and ability to recruit from local labour market.
- Staff engagement score is currently at the national average and has reduced in year.
- Staff advocacy scores currently below the national average and have deteriorated over the last four quarters.
- Physical environment, colleague facilities (catering) and car parking cited as a concern by departments and teams for having an impact on morale, wellbeing and ability to work effectively.
- Leadership ability and capacity impacting on levels of staff satisfaction, cultural transformation and workforce metrics in a number of areas.
- High levels of sickness absence related to mental health issues and musculoskeletal injuries and lack of capacity in health and wellbeing service to respond to needs in a timely way.
- Increase pressure from restoration leading to staff burn out post COVID and ability to participate in wider engagement and development activities.
- Gap between the desired and the current culture indicates improvements are needed.
- Staff not feeling valued due to inconsistency in employment offers internally and across the region.
- Impact of cost of living pressures on staff which are further compounded in some grades by implications from pension scheme as a result of levels of contribution levels and tax implications.
- The impact of uncertainty and clear direction from PCB plans is leading to higher levels of turnover, inability to recruit to vacancies, reduced engagement and morale levels in teams potentially affected by the changes, making it difficult to deliver on strategic plans described in Our People Plan.
- Insufficient resource within the Workforce and OD team to deliver change programmes at pace and respond to changing directions from the PCB.
- Vacancy freeze for all non-clinical roles along with a competitive recruitment market will mean vacant posts will be unable to be filled, leading to non-delivery of core objectives and business as usual.

Risk Rating Tracker (Likelihood x Consequence)

Initial: 4x5 = 20   Current: 4x4 = 16*   Target: 4-8

Risk Rating Tracker chart with quarters Q1 2021/22 through Q1 2022/23; lines for Initial, Current, Target.

*Current score increased to 16 at Workforce Committee in May 2023

3% reduction in establishment is likely to create additional pressures on existing staff impacting on sickness, well-being and morale - Local onboarding processes do not consistently provide new recruits with a positive employment experience. - National unrest regarding cost of living and national pay deals leading to strike action taking place in most professional groups. - National pay and reward contract negotiations outcomes not seen as favourable by Unions leading to continuing strike action taking place. - The junior doctor strike action will have an impact on the delivery of planned activity due to consultants required to act down to provide strike cover. - The British Medical Association (BMA) rate card challenge will have a significant impact on the overall pay bill if implemented. If not implemented this could create a significant resourcing challenges and inability to deliver on planned activity and restoration plans as it is likely Consultants will withdraw from supporting waiting list initiatives. - Due to the BMA rate card challenge we are seeing an increased appetite for the establishment of Limited Liability Partnership (LLPs) by our Consultant workforce, at present there is limited governance in place to ensure adequate controls and regulation.	
Future Risks - Ageing workforce profile in some services, leading to significant gaps post retirements. - Development of new roles may be hindered by inability to fund training posts and service posts simultaneously. - Impact of training and support for international new recruits on current staff and the retention of the new recruits. - Inability to source additional temporary workforce to support restoration and recovery plans - Further reduction in staff morale given focus on need to deliver financial turnaround - Non-delivery of New Hospital Programme impacting on ability to utilise available workforce effectively. - ICS transformations on corporate services benchmarking identified significant opportunity for saving in HR/OD workforce which is in direct contrast to the significant service pressures on the teams and ability to deliver transformational culture and OD programmes - Continued deterioration of the working environment and hygiene factors impacting on staff satisfaction	**Future Opportunities** - There are opportunities to work across the ICS to support workforce supply, i.e., international recruitment, creation of new roles. - Changes to models of care present opportunities to remodel workforce. - Continued opportunity to use the multi professional skills of our workforce in different ways to help tackle specific workforce shortages. - Opportunity to adequately resource an OD programme to increase staff engagement and cultural transformation at pace. - Create a first-class working environment as part of the New Hospitals Programme - Redesign and implementation of more effective and consistent off boarding processes in order to retain a positive perception of leavers with regards to their employment experience.

Controls	Gaps in Control	Assurances	Gaps in Assurances
- Workforce and OD strategy related strategies and plans in place - Trust Values - Workforce Plan	Limited funding to address all hygiene factors and workforce demand in excess of supply resulting in unsustainable clinical service models/opportunity to improve	**Internal** Divisional Governance Structure and Arrangements	[None]

o Targeted recruitment & plans (international and healthcare support workers) o Workforce policies with EIA embedded o Health and Wellbeing strategy o Just culture o Regular temperature checks in place for staff satisfaction, culture, with action plans e.g., Staff Survey, NQPS, HWB, TED, Cultural survey o Leadership and Management Programmes o Appraisal and mentoring process o Workforce business partner model and advice line in place o Staff representatives in place, including union representatives, staff governors o Vacancy control panel in place and meeting weekly o Strike Action Emergency Planning Group weekly meeting • Equality, Diversity, and Inclusion strategy • Freedom to Speak Up and Guardian of Safe working arrangements • Education & Training strategy • Risk Management Strategy • Health and Safety Plan • Always Safety Strategy • Safe staffing reviews • Our Big Plan • Communications strategy • Accountability Framework • Safety Forums • New Hospitals Programme • ==Resourcing plan for Workforce and OD staffing to support the delivery of Workforce and OD strategy and meet demands on current service provision included within the revised People Plan launched in April 2023==	productivity through benchmarking and action plans to reduce unwanted variation in existing strategies. (GPTW001/DVFM002) • Identification and Development of transformation schemes to support long term sustainability and workforce re-modelling linked to service re-design. (GPTW002) • Ability to influence the direction of the Provider Collaborative Board with regards to programmes of work, desired impact measures and methods for achieving aims. • ==Sufficient staffing within workforce and OD to support work required to deliver transformation and delivery of the Trust's People Plan==	• Divisional Improvement Forums (including Part II process to address cultural concerns) • Raising Concerns Group • Workforce Committee • Education Training and Research Committee • Safety and Quality Committee • Audit Committee assurance processes. • Regular schedule of reporting arrangements for cultural risks at Committees of the Board and Board now in place and covered within the Risk Management Policy **External** • National Surveys and benchmarking including staff satisfaction survey, workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) • Internal audit and external reviews e.g. • External regulatory oversight e.g., Re-accreditation of Workplace wellbeing charter (5 out of 8 domains sitting as excellent) • rostering review by NHSI indicating excellence in rostering practice	

Action Plan

Note - Actions completed 2022/23 have now been archived from this document and remain captured within the risk record on the Datix system.

Action Number	Action details	Action Owner	Due Date	Done Date	RAG	Link to Gap In	Gap
GPTW001	Review strategies considering financial pressures and delivering value for money as part of committee cycles of business.	Executive Leads	31st March 2023	1st April 2023	Complete	Control	• Limited funding to address all hygiene factors and workforce demand in excess of supply resulting in unsustainable clinical service models/opportunity to improve productivity through benchmarking and action plans to reduce unwanted variation in existing strategies. • Resourcing plan for Workforce and OD staffing to support the delivery of Workforce and OD strategy and meet demands on current service provision.
GPTW002	Incorporate transformational schemes that support long term sustainability and workforce re-modelling as part of annual planning cycle	Director of Strategy and Planning	31st May 2023 ~~31st March 2023~~		Ongoing	Control	• Identification and Development of transformation schemes to support long term sustainability and workforce re-modelling linked to service re-design.

Risk updates – April and May 2023

- Updates to Rationale for Current Score and Future Risks narrative.
- Current score increased following Workforce Committee in May 2023 due to increasing financial pressures, the retirement of the Chief People Officer, the impact on staff morale of any potential reconfiguration of services, and ongoing industrial action.
- Identification of a new gap in control, which at the current time has no action identified against it due to no planned recruitment and financial position meaning that vacancies are having to be reconsidered.
- Action GPTW 001 completed with the People Plan re-written and launched in April 2023. This removes a gap in control and identifies a new control measure.
- Action GPTW 002 due date extended to May 2023 as the Workforce plan is to be submitted in May 2023.
- Actions completed in the previous financial year archived from this document and remain captured within the risk record on the Datix system.
- Risk Rating Tracker redesigned to a graph format instead of table.

Risk Title: Risk to delivery of the Trust's Strategic Objective of Fit for the Future

Risk ID: 858
Risk owner: Director of Strategy and Planning/Chief Medical Officer
Date last reviewed: 23rd May 2023

Risk	Risk Appetite: Seek – Eager to be innovative and to choose options offering higher rewards, despite inherent business risk.	Risk Tolerance 8-12

Risk

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.

Rationale for Current Score

- Place and System based working are developing both in terms of personnel, roles, governance, strategies, and plans and within this context LTH has reputational/performance challenges that are challenges to our ability to work effectively at both levels. System working has progressed to a clearer position though there is still a need for greater clarity particularly in relation to driving benefit across the quadruple aim. Place Based working is still being established though a helpful update was given to the May Senior Leaders Team meeting by the Integration Place Leader for Central Lancashire
- The Clinical Programme Board (CPB) is established, meeting regularly to oversee the PCB clinical transformation programme with a range of Programme plans, Trackers and Toolkits in place. The Benefit Tracker for the CPB is shared with the Trust's Finance & Performance Committee – progress is being made but there remains work to be done to show clear contribution against all the quadruple aims.
- Even when a greater level of maturity is reached the delivery of more effective, integrated pathways and services is a major challenge and will require both LTH and its partners to work differently and to successfully balance organisational interests alongside Place/System interests and commitments. In addition to ways of working/partnership culture capacity/time is a major challenge in relation to Place/System working.
- Within Central Lancashire there are a relatively high number of service providers and LTH is the Tertiary Centre for L&SC – as such we have a particular opportunity but also a particular challenge in relation to partnership working.
- Digital transformation will be a major enabler for partnership working, pathway/service integration and ensuring we are fit for future. We have an ambitious Digital Northern Star strategy but delivering this will be a major challenge in terms of resources, organisational change and system working.
- LTH has a particular challenge and a particular opportunity in relation to our service configuration and estate – unless we are able to address these, we will be unable to meet delivery of the services our partners rightly expect and our staff will be focused on immediate operational challenges rather than service and pathway integration. The New Hospitals Programme is a once in a lifetime opportunity to work as a system level to access the funding needed to create a high quality, sustainable estate/service configuration.
- Delivering the above will be a major challenge which will require the highest levels of staff engagement and communication, areas where the Trust scores relatively well compared to our peers, but we will need significant improvement in future to deliver our ambitions.
- Delivering the above will require the Trust to develop its capacity, capability and governance to robustly deliver major change programmes

Risk Rating Tracker (Likelihood x Consequence)

Initial: 4x5 = 20   Current: 3x5 = 15   Target: 8-12

Future Risks

- Demographic pressures
- Population health and Health inequalities challenges
- Estates challenges/backlog maintenance
- Workforce gaps/challenges

Future Opportunities

- System and Place working
- Service transformation/integration
- Digital
- New Hospitals Programme

Controls	Gaps in Control	Assurances	Gaps in Assurances

• Workstream related strategies in place
   o Clinical Strategy
   o Digital Strategy,
   o Estates Strategy, including New Hospital Programme
   o Comms and engagement
• New Hospitals Programme operational groups established and named executive lead.
• Place and system delivery boards established, where LTHTR continue to link own strategies with Place and System plans.
• LTHTR executive leads with Place/ICS responsibilities.
• Director of Communications & Engagement and Head of Communications in roles of SRO and Chairs of professional networks and providing significant contribution to the Provider Collaborative
• Clinical Programme Board (CPB) in place meeting monthly overseeing the PCB clinical transformation programme.
• ICB has published 5 Year Joint Forward Plan
• Transformation Programmes developed and being led by Executive Team
• Transformation & Recovery Board in place chaired by CEO, strengthening oversight of delivery of transformation programmes against agreed trajectories and addressing barriers for progress.
• Digital Northern Star working groups in place to deliver the Digital Northern Star programme.
• Organisations within Digital Northern Star are sharing information regarding infrastructure digital contracts for a collaborative approach to networking and data centres.
• Improved communications Trustwide and External – HeaLTH matters, In Case You Missed It and Exec Q&A session all put in place to enhance staff engagement and External newsletter reinstated for key stakeholders across our communities.
	• Integration of services and pathways. *(FFTF 001, FFTF 003, FFTF 004, FFTF 005, FFTF 006, FFTF 008)*
	• Effective Place and system-based working. *(FFTF 001, FFTF 005, FFTF 007, FFTF 008)*
		Internal
		• Executive Transformation Group
		• Planning Framework updates to Finance and Performance Committee.
		• New Hospitals Programme assurance to Board
		• Audit Committee assurance processes to test effectiveness of infrastructure and internal control system.
		• Northern Star Programme shared approaches developed leading to £1M in cash realising or cost avoidance savings.
		• Online presence seen to increase over the period March 2023 – May 2023 with 23,000 new users to the Trust website in that period demonstrating continuing upward trend of engagement with the local population. Increase in Twitter and Facebook interaction and internal intranet interaction also.
		
		External
		• New Hospitals Programme Oversight Group
		• ICS Digital Board
		• Clinical Programme Board
		• Central Services Board
			• Benefit realisation plans need to be more robust and to explicitly deliver against the quadruple aim *(FFTF 001, FFTF 003, FFTF 004, FFTF 008)*
			• The Board requires dedicated time to fully discuss the wide range of system issues/changes that will be a key element in our being Fit for the Future *(FFTF002)*
			• Gaps in Clinical Programme Board Benefit Tracker to show clear contribution against all the quadruple aims *(FFTF 001)*

Action Plan

Action Number	Action details	Action Owner	Due Date	Done Date	RAG	Link to Gap In	Gap
FFTF 001	Link LTHTR strategies with Place, Provider Collaborative and ICS Strategies	Executive Leads	31st March 24		Ongoing	Control/ Assurance	• Integration of services and pathways • Effective Place and system-based working. • Benefit realisation plans need to be more robust and to explicitly deliver against the quadruple aim. • <mark>Gaps in Clinical Programme Board Benefit Tracker to show clear contribution against all the quadruple aims</mark>
FFTF 002	Strengthen Board discussions on key strategic issues including relevant ICS/PCB/Place matters	Director of Strategy and Planning	31st March 24		Ongoing	Assurance	• The Board requires dedicated time to fully discuss the wide range of system issues/changes that will be a key element in our being Fit for the Future
FFTF 003	Ensure maximum LTH influence on/contribution to Place and System working	Executive Leads	31st March 24		Ongoing	Control/ Assurance	• Integration of services and pathways • Effective Place and system-based working. • Benefit realisation plans need to be more robust and to explicitly deliver against the quadruple aim
FFTF 004	Develop and deliver Digital Northern Star strategy	Chief Information Officer	31st March 24		Ongoing	Control/ Assurance	• Integration of services and pathways • Benefit realisation plans need to be more robust and to explicitly deliver against the quadruple aim
FFTF 005	Deliver staff engagement/comms strategy (including reputation monitoring/management)	Director of Communication & Engagement and Chief People Officer	31st March 24		Ongoing	Control	• Integration of services and pathways • Effective Place and system-based working.
FFTF 006	Deliver New Hospitals Programme	Chief Finance Officer	31st March 24		Ongoing	Control	• Integration of services and pathways
FFTF 007	Deliver our Social Value Strategy	Director of Strategy & Planning,	31st March 24		Ongoing	Control	• Effective Place and system-based working.
FFTF 008	Strengthen the Trusts capability and capacity for strategy formulation, planning & execution and transformational change	Director of Strategy & Planning, Director of Continuous Improvement & Transformation	31st March 24		Ongoing	Control/ Assurance	• Integration of services and pathways • Effective Place and system-based working. • Benefit realisation plans need to be more robust and to explicitly deliver against the quadruple aim

Updates to Risk – May 2023

- The content of the risk has been updated with controls, assurances, gaps in assurances and rationale for current score being enhanced following action updates in previous months.
- Future Risks and Future Opportunities added to the risk content to align with the format of the other Strategic Risks.
- The Risk Rating Tracker has been updated to a graphical view from the previous tabular view.

Risk Title: Risk to delivery of the Trust's Strategic Aim of Providing a Range of the Highest Standard of Specialised Service

Risk ID: 859
Risk owner: Chief Medical Officer
Date last reviewed: 24th May 2023

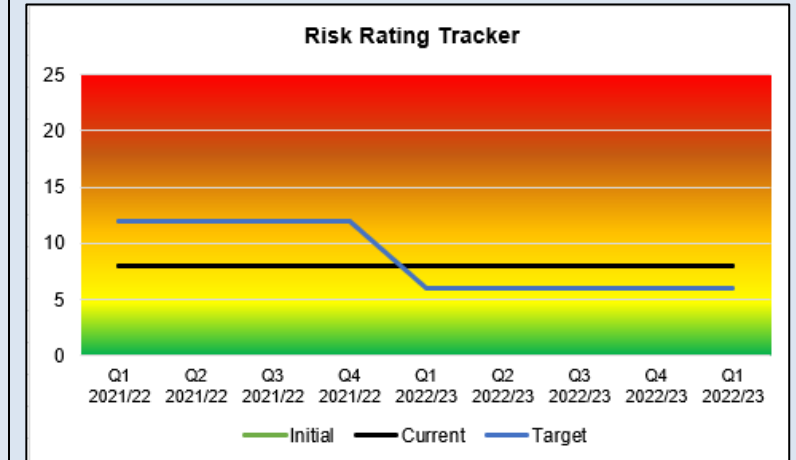| Risk Description:	Risk Appetite: Open to Risk - prepared to consider all delivery options and select those with the highest probability of productive outcomes, even when there are elevated levels of associated risk.	Risk Tolerance 6-9

Risk Description:
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.

Rationale for Current Score

- Place and System based working are developing both in terms of personnel, roles, governance, strategies, and plans.
- Even when a greater level of maturity is reached the delivery of more effective, integrated pathways and services is a major challenge and will require both LTH and its partners to work differently and to successfully balance organisational interests alongside Place/System interests and commitments. In addition to ways of working/partnership culture capacity/time is a major challenge in relation to Place/System working.
- Within Central Lancashire there are a relatively high number of service providers and LTH is the Tertiary Centre for L&SC – as such we have a particular opportunity but also a particular challenge in relation to partnership working.
- LTH has a particular challenge and a particular opportunity in relation to our service configuration and estate – unless we are able to address these, we will be unable to meet deliver the services our partners rightly expect, and our staff will be focused on immediate operational challenges rather than service and pathway integration. The New Hospitals Programme is a once in a lifetime opportunity to work as a system level to access the funding needed to create a high quality, sustainable estate/service configuration.
- ICS and LTH Clinical Strategy developed.
- Provider Collaborative Board Clinical Strategy requires development.
- Limited availability of NHS capital prevents further rationalisation of the estate to more effectively provide specialist services (i.e. Neurosciences, Trauma Services, Stroke Services, and Vascular Services).
- Aging estate with significant backlog of maintenance will produce ongoing limitations with implementing options for service developments in the interim before the new hospitals programme.
- Geography and mutually dependent infrastructure.
- With the transition to the new year the financial rules which apply resource allocation within the NHS in England have transitioned. These rules give some clarity in the allocations awarded to Integrated Care Systems but not to how allocations will be distributed across those systems

Risk Rating Tracker * (Likelihood x consequence)
Initial: 2x4 = 8   Current: 2x4 = 8   Target 6-9

Risk Rating Tracker

*Initial score also 8 throughout but covered by current score line on above graph

	Future Risks	Future Opportunities
	• Risk of New Hospital Programme not progressing. • Commissioning risks to lower volume/low priority services.	• ICS networks and collaboration leading to reconfiguration of services. • New Hospitals Programme investment leading to establishment of Lancashire Specialist Hospital which may include additional specialist services. • Increasing research and innovation profile of specialist services. • Harnessing innovative ways of working using technology

Controls	Gaps in Control	Assurances	Gaps in Assurances

• Workstream related strategies in place
  - LTHTR Clinical Strategy
  - ICS Clinical Strategy
  - Estates Strategy
  - Finance Strategy and Plans
• New Hospitals Programme
• LTHTR Executive leads with Place/ICS responsibilities e.g. Chief Medical Officer located on a number of network bodies e.g. Chair of Cancer Alliance, Chair of Clinical Oversight Group for New Hospitals Programme, Lead Medical Director for the PCB
• Quality and safety controls support the retention of specialist services. *Full details of controls associated with quality and safety of specialist services will be noted in the Strategic Risk associated with the Strategic Ambition to provide Consistently Delivering Excellent Care.
• ICS Speciality Boards in place for a number of specialist services
• Statutory development of the ICS into.
• Capital Planning Group arrangements in place to provide structure and organised approach to capital investment.
• Specialist services included within the planning framework.
	• Integration of services and pathway and effective Place and system-based working *(SPEC 001)*	**Internal**
		
		• Speciality Boards
		• Divisional Governance Structures and Arrangements
		• Divisional Improvement Forums
		• Safety and Quality Committee
		• Finance and Performance Committee
		• Strengthened updates to Board and Audit Committee regarding Specialised Services risk
		
		External
		• Scheduled contractual reviews with Specialised Commissioners including Executive Management Team forums to progress and resolve issues.
		• New Hospitals Programme Oversight Group
		• ICS and ICB system delivery Boards
			• None documented.

Action Plan

Note - Actions completed prior to April 2023 have now been archived from this document and remain captured within the risk record on the Datix system.

Action Number	Action details	Action Owner	Due Date	Done Date	RAG	Link to Gap In	Gap
SPEC 001	Link LTHTR and ICB Clinical strategies with PCB Clinical Strategy	Chief Medical Officer	30th September 2023		Ongoing	Control	• Integration of services and pathway and effective Place and system-based working • PCB clinical strategy still in development

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Updates to risk – May 2023

• Risk reviewed with no significant changes to note.
• Actions completed in the previous financial year archived from this document and remain captured within the risk record on the Datix system.
• Risk Rating Tracker redesigned to a graph format instead of table.

Risk Title: Risk to delivery of the Trust's Strategic Aim to Drive Health Innovation through World Class Education, Training and Research

Risk ID: 860
Risk owner: Chief People Officer
Date last reviewed: 30th March 2023

Risk	Risk Appetite:	Risk Tolerance
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.	Seek – Eager to be innovative and to choose options offering higher rewards despite inherent business risks.	9-12

Rationale for Current Score

- Inability to invest educational income in capital development programmes to expand our education infrastructure.
- NHS Education Contract Tariff changes effective from September 2022 resulting in a review and removal of roles previously funded through education income.
- Ongoing capacity challenges to support education activity.
- Workforce shortages impacting on capacity and educational quality.
- Increasing evidence of health and wellbeing concerns in student and learner community.
- Ongoing challenges to achieve optimum faculty for specialist teaching requirements.
- Impact of economic climate/loss of work due to diagnostic backlogs on commercial research income.
- Not meeting compliance in all training subjects and medical device competencies.
- While being managed by NIHR, ongoing backlog in research study start-up due to 2-year Covid disruption (Covid studies vs re-start vs new) and significant impact on commercial research portfolio, investigator time to dedicate and set-up. Therefore, NIHR guidance changes to re-prioritise studies and rectify necessitates revision of the portfolio. As a result of these R&I running at reducing loss, last Q at breakeven.
- There are opportunities to lead on education, innovation and research programmes in NHP and ICB programmes of work. Presentation of present work has commenced in the PCB.
- Inability to influence essential release of staff for education activity due to service pressures.
- Audit requirements for management of educational income limit flexibility to deliver educational activity which is based on academic years or to support innovative developments funded through income generation

Risk Rating Tracker (Likelihood x Consequence)
Initial: 2x3= 6   Current: 5x4 = 20   Target: 9-12
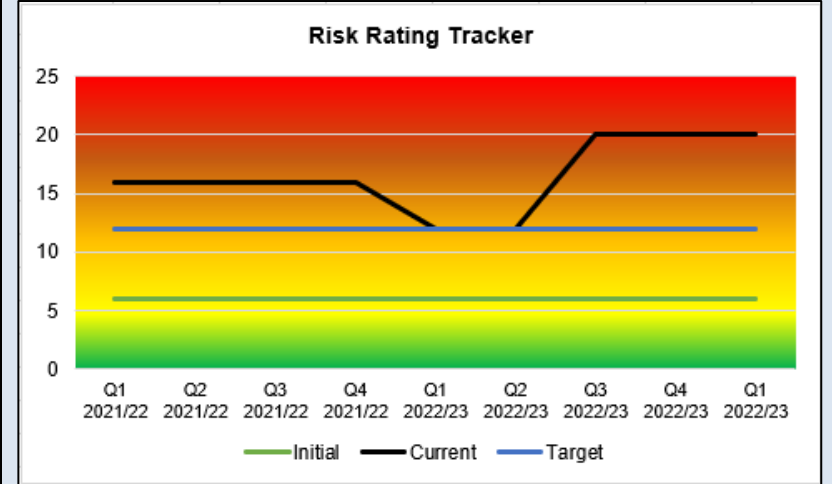
Future Risks
- Capacity for effective marketing and communications.
- Impact of the New Hospitals Programme on Education estate
- Impact of the increased allowance for simulated placements for nursing students delivered by HEIs – this could result in a reduction in NMET tariff income.
- Impact of place-based placement allocation systems (currently emerging) – this could result in a reduction in NMET tariff income.

Future Opportunities
- Continued participation and development of funded COVID/respiratory/UKCRF Network sourced related research activities.
- Expansion of undergraduate programmes.
- Increase in the use of advanced digital/AI solutions to provide education and research programmes.
- Launch of Trust innovation hub and external funding opportunity.
- Development of hi-tech education programmes including robotics and simulation learning.
- Development of joint appointments with HEIs.
- Re-focus of research activity on key national clinical priorities.

- UK becoming less competitive/losing commercial research trials - Impact of UGME capacity scoping exercise being undertaken by HEE - Potential income deficit position for education as a result of tariff changes and audit requirements for income deferral - Innovation opportunities may be stifled due to reluctance to accept in-year funding developments where income cannot be flexibly utilised across multiple financial years ==Potential impact of shared service development across ICS== ==Potential reduction in CPD/Workforce Development funding and/or potential bid income==	- Opportunity to bid for capital to update Health Academies to provide hi tech simulation and education. - Opportunity for LTH to become apprentice provider for ICS - Opportunity to manage income generation via Edovation - Potential to expand student placement offer to HEIs within and outside region. ==Provision of a range of educational services to primary care== ==Potential to lead a range of education activity as part of ICS shared service development==

Controls	Gaps in Control	Assurances	Gaps in Assurances
- Workstream related strategies in place: - Education & Training Strategy - Apprenticeship Strategy - Digital Education Strategy - Research Strategy - Our Big Plan, Annual Business Plan Planning framework - Workforce & OD Strategy - Ring-fencing of education and research funding. - Divisional education contracts. - NHS Education Contract with HEE. - Policies in place with review cycle. - Business continuity plans in place. - Head of R&I now part of New Hospitals Programme and ICB programme working parties. ==Enhanced plans identified within Research & Innovation Strategy to leverage more opportunity to increase funding and assist recovery processes*== ==Full review of deferred income has been conducted by finance evidencing and ensuring drawdown of income from deferred position/reserves is matched in line with expenditure and the Education Contract on an ongoing basis*== ==*Controls added to inform Board and will be presented to ETR Committee June 2023==	- Lack of research personnel embedded in divisions *(ETR 007)* - No mechanism to utilise educational income to support capital developments *(ETR 004, ETR 005)*. - Ability to income generate in current economic climate. *(ETR 005)*	**Internal** - Sub-committees for education, training and research incorporating risk reviews. - Quality assurance and performance management of education activity. - Learner improvement forum. - Monthly training compliance reports. - Divisional performance reviews - Monthly finance reviews. - Education, Training & Research Committee - Audit Committee assurance processes to test effectiveness of safety and quality infrastructure and internal control system. - Board. **External** - Full OFSTED inspection completed August 2022 with 'Good' rating achieved. - ESFA audits - HEE self-assessment return. - Matrix accreditation. - Annual performance reviews with Manchester Medical School - National Student Surveys. - National Education Trainee Surveys. - STAR accreditation for Clinical Research Facility. - Engagement in range of external forums and committees. - Quarterly strategy meetings with local HEIs - Trust Involvement/leadership in ICS discussions re education and R&I	None currently identified.

Action Plan

Note - Actions completed 2022/23 have now been archived from this document and remain captured within the risk record on the Datix system.

* Actions have been updated since ETR Committee in April 2023 in order to inform Board and these updates will be presented to ETR Committee June 2023.

Action Number	Action details	Action Owner	Due Date	Done Date	RAG	Link to Gap In	Gap
ETR 001	Reset research provision to develop an affordable portfolio and refer to this in the refreshed Research and Innovation Strategy.	Head of Research & Innovation	30.04.23	30.04.23*	Complete*	Control	• Ongoing losses in research income which necessitate a recovery plan.
ETR 004	Include development of international education programmes post-Covid in Education and Training Strategy.	Deputy Director of Education	31.12.23		Ongoing	Control	• No mechanism to utilise educational income to support capital developments
ETR 005	Identify solutions to facilitate and support creation and delivery of a capital programme for education.	Chief Finance Officer, Associate Director of Education	30.04.23 30.07.23*		Ongoing	Control	• No mechanism to utilise educational income to support capital developments • Ability to income generate in current economic climate
ETR 006	Identify a plan to mitigate identified risks associated with change in deferred income	Chief People Officer/Chief Finance Officer	30.04.23	30.04.23*	Complete*	Control	• Control of in-year adjustments relating to income deferral
ETR 007	Have Research roles in place within 2 Divisions	Head of Research & Innovation	31.08.23		Ongoing	Control	• Lack of research personnel embedded in divisions.

Summary of Updates – April and May 2023

- Rationale for current score updated
- Narrative for Future Risks and Future Opportunities updated
- Actions completed in the previous financial year archived from this document and remain captured within the risk record on the Datix system.
- Risk Rating Tracker redesigned to a graph format instead of table.
- Action ETR 001 noted to be completed in update May 2023, which in turn has removed a gap in control and identified a new control measure. This update is provided to inform Board and will be provided to ETR Committee in June 2023.
- Action ETR 005 has an extended due date following update from the Associate Director of Education that solutions have been proposed to support the integration of an improvement plan for educational estate within the capital planning programme, recognising the current pressures and challenges faced across the organisation. Education will work closely with Estates and Facilities to progress further. This update will be provided to ETR Committee in June 2023.
- Action ETR 006 is marked as complete following update from the Associate Director of Education Risk in May 2023, which in turn removes a gap in control and identifies a new control measure in place regarding financial review and review of expenditure and Education contract on an ongoing basis. This update will be provided to ETR Committee in June 2023.

Chair's Report

NHS
Lancashire Teaching Hospitals
NHS Foundation Trust

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Committee:	Safety and Quality Committee
Chairperson and role:	Ann Pennell, Non-Executive Director - 31 March 2023 Kate Smyth, Non-Executive Director (acting Chair) - 28 April 2023
Date(s) of Committee meeting(s):	31 March 2023 and 28 April 2023
Purpose of report:	To update the Board on the business discussed by the Safety and Quality Committee. The report includes recommended items from the Committee for approval by the Board; items where the Committee has gained assurance; and brings pertinent information to the Board's attention.

Committee Chair's narrative

31 March 2023	**28 April 2023**
Following the meeting held on the 31 March 2023, the Committee conducted a comprehensive review of the scheduled items on the agenda. The Committee approved the following items: - Minutes and actions - Strategic risk register The Committee received presentations and reports and discussed the position on the following: - Safety and Quality Dashboard including Nursing and Midwifery staffing reports for adult inpatients (including the Emergency Department); maternity; and neonatal and children and young people services. - Maternity Services Report. - Robotic Assisted Surgery Report. - Never Event Report. - Coroners Conclusion for Datix 35128. - Children's Services Update Report. - Bi-annual CQC Update Report. - Consistently Deliver Excellent Care 'Our Big Plan' Review.	Following the meeting held on the 28 April 2023, the Committee conducted a comprehensive review of the scheduled items on the agenda. The Committee approved the following items: - Minutes and actions - Strategic risk register - Exception Report from Divisional Improvement Forums The Committee received presentations and reports and discussed the position on the following: - Safety and Quality Dashboard including Nursing and Midwifery staffing reports for adult inpatients (including the Emergency Department and Finney House); maternity; and neonatal and children and young people services. - Maternity Staffing Report. - Neonatal Operational Delivery Network Staffing Workforce Review and Action Plan 2023. - Always Safety First Strategy 2021-24. - Outsourced Contracts Update. - Microbiology Inspection Report. - Committee Effectiveness Report.

Items for the Board's attention	
The Committee received the Robotic Assisted Surgery Report with an overview of the audit information and the Safety and Quality Committee were assured of the procedures undertaken by the surgical teams. The Safety and Quality Committee received the review of the Never Events that had occurred at the Trust during the preceding 10 years which had reviewed the themes and learning actions from the incidents. The bi-annual CQC update report presented to the Committee provided an overview of the progress with the CQC action plans and associated regulatory matters.	The Committee received the Always Safety First Strategy 2021-24 progress update made against the deliverables at the midpoint of year 2. It was agreed that the bi-annual update would be received again in 6 months' time. The Outsourced Contracts Update provided the Committee with an update on the ongoing contract management of the Trust's outsourced material subcontracts for clinical healthcare. It was agreed that the Committee would receive a further update in November 2023.

Positive escalation	
31 March 2023	**28 April 2023**
- Improvement in the data for the Friends and Family Test and although that was still not reaching the 90% target, the proportion of positive responses from the Emergency Department had shown unusually high values the last two months. - The positive launch of the Patient Champions that was part of the Patient Experience and Involvement Strategy. - The complaint recovery had been completed for the backlog of complaints due to the pandemic. - The Committee were assured of the progress undertaken against the Ockenden action plan. - The Maternity service had been nominated for a national competition for the submission of the preceptorship programme for newly qualified midwives and received national recognition for the work that had been undertaken for the programme. - Assurance for stillbirths – Feedback from the regional NHS England review has confirmed there are no areas of concern and when excluding still births due to foetal abnormality, the rate is within expected range. A written report is expected and will be shared in due course.	- The positive outcomes of the Always Safety First Strategy. >90% compliance in both basic patient safety training and intermediate safety training. The medical device training compliance was also improved at 85% with improvement work ongoing. The implementation of the Always Safety First Dashboards that allowed teams to see real time data, was also having a positive impact. The reduction of missed doses of critical medications had reduced from 7.5% to 3%. - Response to the Health and Safety Executive inspection in microbiology, the HSE replied with formal notification to say that all the documents and information that had been provided, were adequate and confirmed that all issues that were raised had then been closed.

Negative escalation	
31 March 2023	**28 April 2023**
- There was a lack of funded plan to address the gap in the Trauma Team Leader in the Emergency Department identified as a 'should do' action by the CQC. - The Committee agreed that as a result of the Coroner's neglect conclusion it highlighted the need for strengthened working between organisations across the system. The mortality team will link with system Trusts to progress this.	- The Clostridium Difficile infection trajectory had been exceeded and the year end result was 196 cases against the 120 tolerance level. The action plan remained in place, a review of the themes and trends had been undertaken focusing on the prescribing practice environment and IPC standards. - The upcoming pressure of the higher than normal maternity leave within the maternity services. It was noted that the service would be under significant pressure and working together with mutual aid would be utilised during this time. The team were working innovatively for solutions ahead of the disruption.
Committee to Committee referral	
31 March 2023	**28 April 2023**
No referrals.	No referrals.
Items recommended to the Board for approval	
31 March 2023	**28 April 2023**
The CQC update report.	None.
Committee Chairs reports received	
27 January 2023	**28 April 2023**
(a) Infection, Prevention and Control Committee (b) Safeguarding Board (c) Always Safety First Committee (d) Medicines Governance Committee (e) Safety and Learning Group (f) Patient Experience and Involvement	(a) Infection, Prevention and Control Committee (b) Safeguarding Board (c) Mortality and End of Life Committee (d) Always Safety First Committee (e) Medicines Governance Committee (f) Safety and Learning Group (g) Patient Experience and Involvement (h) Health and Safety Governance
Items where assurance was provided and/or for information	
31 March 2023	**28 April 2023**
The Committee received the Safety and Quality dashboard and was assured of the actions being taken to address areas for negative escalation.	The Safety and Quality Committee were assured of the safety and quality standards within the maternity

The Committee continued to be assured by the action plans to mitigate the risks aligned to the Committee. The Committee was provided assurance of the safety and quality standards within the maternity service and of the progress undertaken against the Ockenden actions. Assurance was provided in the information that related to the number of procedures carried out and the audit programme for the robotic assisted surgical procedures.	service and that risks were being reviewed, monitored and mitigated where possible. Assurance was provided of safe staffing and the safety and quality of Children and Young People services and that the risks were being regularly reviewed, monitored, and mitigated where possible. The Committee received the Safety and Quality dashboard and was assured of the actions being taken to address areas for negative escalation.
Progress against the Committee's cycle of business	
The Committee continues to cover its business work in line with its cycle of business. The next meeting of the Committee will take place on 26 May 2023 using Microsoft Teams.	

Recommendation:

- The Board is asked to receive the report and note the contents.

Appendix 1 – Safety and Quality Committee agenda (31 March 2023)

Appendix 2 – Safety and Quality Committee agenda (28 April 2023)

Safety and Quality Committee
31 March 2023 | 12.30pm | Microsoft Teams

Agenda

№	Item	Time	Encl.	Purpose	Presenter
1.	(a) Chair and quorum (b) Temporary meeting recording	12.30pm	Verbal	Noting	A Pennell
2.	Apologies for absence	12.31pm	Verbal	Noting	A Pennell
3.	Declaration of interests	12.32pm	Verbal	Noting	A Pennell
4.	Minutes of the previous meeting held on 24 February 2023	12.33pm	✓	Approval	A Pennell
5.	Matters arising and action log	12.35pm	✓	Approval	A Pennell
6.	Strategic Risk Register	12.40pm	✓	Approval	H Ugradar
7.	**QUALITY AND PERFORMANCE**				
7.1	Safety and Quality Dashboard	12.50pm	✓	Discussion	C Gregory
7.2	Maternity Services Report	1.10pm	✓	Approval	E Ashton
7.3	Robotic Assisted Surgery Report	1.30pm	✓	Discussion	S Canty
7.4	Neonatal, Children and Young People Staffing Report.	1.45pm	✓	Approval	S Cullen
7.5	Never Event Review	2.00pm	✓	Noting	S Cullen
7.6	Bi-annual CQC Update Report	2.10pm	✓	Noting	H Ugradar
7.7	Coroner's Outcome: Datix 35128 and SW020620	2.25pm	✓	Noting	A Gale
7.8	Children's Services Update Report	2.35pm	✓	Discussion	J Connolly
7.9	Consistently Deliver Excellent Care 'Our Big Plan' Review	2.45pm	✓	Discussion	S Cullen
8.	**GOVERNANCE AND COMPLIANCE**				
8.1	Strategic risk register review	2.50pm	✓	Approval	A Pennell

№	Item	Time	Encl.	Purpose	Presenter
8.2	Items for referral to the Board or to/from other Committees	2.55pm	Verbal	Noting	A Pennell
8.3	Reflections on the meeting and adherence to the Board Compact	2.58pm	✓	Discussion	A Pennell
9.	ITEMS FOR INFORMATION				
9.1	Exception report from Divisional Improvement Forums – no meeting				
9.2	**Chairs' reports from feeder groups**: (a) Infection, Prevention and Control Committee (b) Safeguarding Board (c) Always Safety First Committee (d) Medicines Governance Committee (e) Safety and Learning Group (f) Patient Experience and Involvement		✓		
9.3	Date, time and venue of next meeting: *28 April 2023, 12.30pm, Microsoft Teams*	3.00pm	Verbal	Noting	A Pennell

Safety and Quality Committee
28 April 2023 | 12.30pm | Microsoft Teams

Agenda

№	Item	Time	Encl.	Purpose	Presenter
1.	(a) Chair and quorum (b) Temporary meeting recording	12.30pm	Verbal	Noting	K Smyth
2.	Apologies for absence	12.31pm	Verbal	Noting	K Smyth
3.	Declaration of interests	12.32pm	Verbal	Noting	K Smyth
4.	Minutes of the previous meeting held on 31 March 2023	12.33pm	✓	Approval	K Smyth
5.	Matters arising and action log	12.35pm	✓	Approval	K Smyth
6.	Strategic Risk Register	12.40pm	✓	Approval	S Regan
7.	QUALITY AND PERFORMANCE				
7.1	Safety and Quality Dashboard	12.50pm	✓	Discussion	C Gregory
7.2	Monthly Maternity Safe Staffing Review	1.05pm	✓	Approval	E Ashton
7.3	Neonatal, Children and Young People Staffing Report.	1.20pm	✓	Approval	S Cullen
7.4	Always Safety First Strategy 2021-24	1.35pm	✓	Approval	S Cullen
8.	GOVERNANCE AND COMPLIANCE				
8.1	Outsourced Contracts Update	1.50pm	✓	Discussion	S Stow
8.2	Microbiology Inspection Report	2.00pm	✓	Discussion	R Dineley
8.3	Committee Effectiveness Review	2.15pm	✓	Discussion	J Foote
8.4	Strategic risk register review	2.50pm	Verbal	Approval	K Smyth
8.5	Items for referral to the Board or to/from other Committees	2.55pm	Verbal	Noting	K Smyth
8.6	Reflections on the meeting and adherence to the Board Compact	2.57pm	✓	Discussion	K Smyth

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№	Item	Time	Encl.	Purpose	Presenter
9.	ITEMS FOR INFORMATION				
9.1	Exception report from Divisional Improvement Forums		✓		
9.2	Quality Impact Assessment Update		✓		
9.3	**Chairs' reports from feeder groups**: (a) Infection, Prevention and Control Committee (b) Safeguarding Board (c) Mortality and End of Life Committee (d) Always Safety First Committee (e) Medicines Governance Committee – no meeting (f) Safety and Learning Group (g) Patient Experience and Involvement (h) Health and Safety Governance		✓		
9.4	Date, time and venue of next meeting: *26 May 2023, 12.30pm, Microsoft Teams*	3.00pm	Verbal	Noting	K Smyth

Chair's Report

Committee:	Education, Training and Research Committee
Chairperson and role:	Professor Paul O'Neill, Non-Executive Director
Date(s) of Committee meeting(s):	11 April 2023
Purpose of report:	To update the Board on the business discussed by the Education, Training and Research Committee. The report includes recommended items from the Committee for approval by the Board; items where the Committee has gained assurance; and for escalation to the Board

Committee Chair's narrative

The Committee conducted a comprehensive review of the scheduled items on the agenda, approved the minutes of the December meeting and noted the status of the action log.

The Committee scrutinised the core skills training report, which provided a summary of compliance status at Trust and Divisional level. The trends showed that The Trust had been currently failing to meet the 90% CSTF target in 5 Metrics and the 90% CSTF target for appraisals but had met the 80% overall interim target for Medical Devices.

The Committee received the Quality Assurance report which presented a summary of the outcomes from the National Education and Training Survey (NETS) which took place in October 2022 and also provided an update on information presented to the Committee in December 2022 in relation to the General Medical Council (GMC) National Training Survey (NTS) 2022, and details of correspondence received from Health Education England noting a pending quality intervention with intention to speak to specific postgraduate trainees in Acute Internal Medicine (Chorley), Neurology (Preston) and General Practice Paediatrics and Child Health (Preston).

The Committee was provided with an update on Edovation, which advised that LHS should be reconfigured as a holding company, under which there would be a pharmacy company and Edovation. Consideration was given as to whether the Committee still needed to have oversight of Edovation, and it was agreed the reporting structure should be set up to go through the Committee.

The Committee was presented with the Research annual showcase and noted the great work achieved to date.

The Committee considered the impending management changes and the potential related risk.

The Committee received the annual income and expenditure accounts for education and training, and acknowledged it was not a definitive position as Trust-wide year-end accounts had not yet been finalised and Quarter 1 NHS Education Contract schedule 2023-24 was not yet available. The Committee was assured that the income would be returned in next year's budget. Accounts had been presented to the Finance &

Performance Committee on 28 March 2023 and approved, which would provide a protected ringfenced money for education.

The Committee considered the committee effectiveness review and reflected on how it had performed collectively over the past year and whether it had discharged its duties and responsibilities during 2022/23. It was confirmed the Committee had met when it should and had always been quorate, and overall, it had been a positive year.

The Committee reviewed and discussed the strategic risk and agreed the current risk rating remained at 20 but agreed this would be reviewed at the next meeting in June when there would be further clarification around final budgets.

The Committee noted positive and negative escalations from the ETR feeder groups - Apprenticeships Strategy and Assurance Committee, Training Compliance and Assurance Committee, Education Delivery and Student Support Committee, Finance Sub-Committee, and Research and Innovation Committee.

Items for the Board's attention
Positive escalation
• The great work achieved in research and innovation.
Negative escalation
• The continued uncertainty over the year-end financial position in relation to education funding.
Committee to Committee escalation
None.
Items recommended to the Board for approval
None.
Committee Chairs reports received
(a) Education Finance Sub-Committee (b) Apprenticeships Strategy and Assurance Committee (c) Training Compliance and Assurance Committee (d) Education Delivery and Student Support Committee (e) Research and Innovation Committee
Items where assurance was provided and/or for information
(a) Core skills training report
Progress against the Committee's cycle of business
The Committee continues to cover its business work in line with its cycle of business. The next meeting of the Committee will take place on 13 June 2023 using Microsoft Teams.

Recommendation:

- The Board is asked to receive the report and note the contents.

Appendix 1 – Education, Training and Research Committee agenda (11 April 2023)

Education, Training and Research Committee

11 April 2023 | 1.00pm | Microsoft Teams

Agenda

№	Item	Time	Encl.	Purpose	Presenter
1.	(a) Chair and quorum (b) Temporary meeting recording	1.00pm	Verbal	Noting	P O'Neill
2.	Apologies for absence	1.01pm	Verbal	Noting	P O'Neill
3.	Declaration of interests	1.02pm	Verbal	Noting	P O'Neill
4.	Minutes of the previous meeting held on 14 February 2023	1.03pm	✓	Approval	P O'Neill
5.	Matters arising and action log	1.05pm	✓	Discussion	P O'Neill
6	Strategic risk register review	1.10pm	Verbal	Discussion	P O'Neill
7.	PERFORMANCE				
7.1	Core skills training report	1.15pm	✓	Discussion	K Hemsworth
7.2	Quality Assurance report (NETS & GMC)	1.25pm	✓	Discussion	K Hemsworth
8.	STRATEGY & PLANNING				
8.1	Edovation update	1.35pm	Verbal	Discussion	K Swindley
8.2	Research annual showcase	1.45pm	✓	Noting	P Brown
9.	GOVERNANCE & COMPLIANCE				
9.1	Management changes update	2.05pm	Verbal	Discussion	K Swindley / J Foote
9.2	Annual income and expenditure accounts (education and training)	2.15pm	✓	Discussion	K Hemsworth / M Rahman
9.3	Committee effectiveness review	2.25pm	Verbal	Discussion	J Foote
9.4	Strategic risk review and update	2.45pm	✓	Discussion/ Decision	P O'Neill
10.	ITEMS FOR INFORMATION				
10.1	Feeder group Chair's reports negative/positive escalations:	2.50pm	✓	Noting	K Hemsworth / P Brown

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№	Item	Time	Encl.	Purpose	Presenter
	a) Apprenticeships Strategy and Assurance Committee b) Training Compliance and Assurance Committee c) Education Delivery and Student Support Committee d) Finance Sub-Committee e) Research and Innovation Committee				
10.2	Items for referral to the board or items to/from other committees	2.52pm	Verbal	Noting	P O'Neill
10.3	Reflections on the meeting and adherence to the Board Construct	2.55pm	✓	Discussion	P O'Neill
10.4	Date, time, and venue of next meeting: 13 June 2023, 1pm via MS Teams	3.00pm	Verbal	Noting	P O'Neill

Committee:	Workforce Committee
Chairperson and role:	Jim Whitaker, Non-Executive Director
Date(s) of Committee meeting(s):	9 May 2023
Purpose of report:	To update the Board on the business discussed by the Workforce Committee. The report includes recommended items from the Committee for approval by the Board; items where the Committee has gained assurance; and brings pertinent information to the Board's attention.

Committee Chair's narrative

The Committee conducted a comprehensive review of the scheduled items on the agenda and approved the minutes of the meeting on 14 March 2023 and noted the status of the action log.

The Committee scrutinised the Workforce and Organisational Development integrated performance report review, noted the key metrics, and good progress made in the reduction of mental health and musculoskeletal episodes and reduction in the vacancy rate for registered ward-based nursing.

The Committee reviewed the Staff Survey Action Plan report, which provided a proposed corporate level action plan to address free text themes and the sub scores which had seen a deterioration in the last 12 months against the current national average and set out a 12-month programme of work that was aligned to Our People Plan 2023 – 2026 strategic actions.

The Committee received a verbal update on industrial action, acknowledged the mitigations that had been put in place and the impact.

The Committee considered the Annual Employee Services report, which detailed key actions and achievements delivered by the team over the last 12 -18 months and an overview of the PCB led strategy, vision, and roadmap for one centralised payroll function for the ICS.

The Committee received the Annual Workforce plan, which provided a summary of the Trust's internal Workforce Plan for 2023/24 including details of the operating plan submission to NHSE/I, and the financial challenges.

The Committee was presented with the Annual Appraisal update, which identified the patterns and trends within the Trust's Appraisal Process for the period April 2022 to March 2023 and outlined plans for the year ahead.

The Committee undertook the committee effectiveness review, an open and transparent assessment of the collective effectiveness of the Committee by its members for the financial year 2022/23 and noted positive aspects and challenges of the Committee.

The Committee reviewed the strategic risk register and agreed the risk rating should be increased to 16 due to additional risks. The Committee also reviewed and endorsed the Risk Appetite and Risk Tolerance statements for the Trust's Ambition to Being a Great Place to Work.

Items for the Board's attention
Positive escalation
None.
Negative escalation
None.
Committee to Committee escalation
The following would be referred to Finance and Performance Committee: A request for clarity around the status, increased cost to the system, strategy for integration and governance arrangements for ELFS. A request for more information and assurance around the decision making, change management, business case rigour, strategy, leadership, and governance of the centralisation of services. The impact of the £500,000 resourcing cuts to the Workforce and Organisational Development Team on the ability to deliver services without harming the overall ambition. Further information was required around the service performance data on fixing health and safety faults flagged by staff.
Items recommended to the Board for approval
The Risk Appetite and Risk Tolerance statements for the Trust's Ambition to Being a Great Place to Work be endorsed.
Committee Chairs reports received
Equality, diversity & inclusion group
Items where assurance was provided and/or for information
Annual Workforce plan.
Progress against the Committee's cycle of business

The Committee continues to cover its business work in line with its cycle of business.
The next meeting of the Committee will take place on 11 July 2023 using Microsoft Teams

Recommendation:

- The Board is asked to receive the report and note the contents.

Appendix 1 – Workforce Committee agenda (9 May 2023)

Workforce Committee
9 May 2023 | 1.00pm | Microsoft Teams

Agenda

№	Item	Time	Encl.	Purpose	Presenter
1.	a) Chair and quorum b) Temporary recording of meeting	1.00pm	Verbal	Noting	J Whitaker
2.	Apologies for absence	1.01pm	Verbal	Noting	J Whitaker
3.	Declaration of interests	1.02pm	Verbal	Noting	J Whitaker
4.	Minutes of the previous meeting held on 14 March 2023	1.03pm	✓	Approval	J Whitaker
5.	Matters arising and action log	1.05pm	✓	Noting	J Whitaker
6.	Strategic risk register review	1.10pm	Verbal	Discussion	J Whitaker
7.	**PERFORMANCE**				
7.1	Workforce and organisational development integrated performance report review	1.15pm	✓	Discussion	K Downey
7.2	Staff Survey Action Plan	1.20pm	✓	Discussion	L Graham
7.3	Industrial Action	1.30pm	Verbal	Discussion	K Swindley
8.	**TO DELIVER A RESPONSIVE, FUTURE FOCUSSED AND ENABLING SERVICE**				
8.1	Annual Employee Services Report	1.40pm	✓	Discussion	K Downey
8.2	Annual Workforce Plan	1.50pm	✓	Discussion	K Downey
9.	**TO BE WELL LED**				
9.1	Annual Appraisal Update	2.00pm	✓	Discussion	L Graham
10.	**GOVERNANCE & COMPLIANCE**				
10.1	Committee effectiveness review	2.10pm	✓	Discussion	J Whitaker
10.2	Strategic risk register review (including risk appetite & tolerance)	2.30pm	✓	Discussion / Decision	J Whitaker
11.	**FEEDER GROUP CHAIR'S REPORTS**				
11.1	a) Equality, diversity & inclusion group	2.40pm	✓	Noting	L Graham

№	Item	Time	Encl.	Purpose	Presenter
12.	ITEMS FOR INFORMATION				
12.1	Reflections on the meeting and adherence to the Board construct	2.41pm	✓	Noting	J Whitaker
12.2	Items for escalation to the Board or items to/from other committees	2.43pm	Verbal	Noting	J Whitaker
12.3	Date, time, and venue of next meeting: *11 July 2023, 1.00pm via Microsoft Teams*	2.45pm	Verbal	Noting	J Whitaker

Board of Directors Report

Raising Concerns/Whistleblowing Annual Report 2022-23

Report to:	Board of Directors	Date:	1 June 2023
Report of:	Chief People Officer	Prepared by:	S O'Brien
Part I	✓	Part II	

Purpose of Report

For assurance	☒	For decision	☐	For information	☐

Executive Summary:

Whilst progress has been made in key areas to improve the Speak Up Culture in recent years, the challenges the Trust faces means that promoting a healthy speak up, listen up and follow up culture has never been more important.

The purpose of this report is to provide an update on Freedom to Speak Up (FTSU) and whistleblowing activity during the past year and to describe priorities in response to concerns raised and learning for 2022/23.

During 2022/23 the number of concerns being raised has levelled to an average of seventeen concerns per month (not including external whistleblowing events). Support for staff has improved with the introduction of three e-learning training modules, of which core training has been adopted in the mandatory training schedule.

Almost half of all those raising concerns believed that the concern or the raising of it had an adverse effect on their health and well-being. The most frequently stated reasons for contacting the Freedom to Speak Up Guardian were concerns about patient safety, other professional concerns, unfair treatment, risks to patient safety and, bullying and harassment.

The Board is asked to note the information and assurance relating to Freedom to Speak Up activity during 2022/23, described within this report, in particular:

- The assurance offered by the Mersey Internal Audit Agency report.
- The introduction of e-learning programmes to support staff in speaking up, listening, and responding.
- The strengthening of governance arrangements in respect of triangulation and accountability.
- The learning and improvement resulting from speaking up including whistleblowing events.
- The experiences of staff using the service.

The Board is also asked to note and support priorities for 2023/24.

Appendix 1: Activity data 2021/23
Appendix 2: Service User Feedback/Demographics
Appendix 3: 2022 Staff Survey Results

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. Background

In response to the principles and actions described in the review into Mid-Staffordshire Hospitals[1] (2013) and the subsequent review of whistleblowing in the NHS[2] (2015), undertaken by Sir Robert Francis QC; here at Lancashire Teaching Hospitals, we reviewed our 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 (F2SU) Guardian,
- Establishment of board level representation for staff raising concerns,
- Establishment of Trust policy
- Quarterly reporting of concerns and learning that comes from them.
- Ensuring that all colleagues are aware of the importance of raising concerns and how to do so via training and awareness raising

Completion of these and other actions does not represent an end point. There is more to do to ensure that raising concerns is business as usual for all our colleagues and that when colleagues do raise concerns they are confident that those concerns will be heard and, as appropriate, acted upon.

This report provides an update on our current position and activity during the year to date. The report includes a summary of actions taken in response to strategic objectives described in the 2022 report and planned actions for the coming year.

2. Discussion

(a) Activity

Monthly activity and twelve-month rolling activity since April 2021 is presented in appendix 1 (Figure 1).

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[1] Francis Enquiry 2013
[2] **Freedom to Speak Up report 2015**

A total of 204 concerns were raised with the Freedom to Speak Up Guardian during 2022-23. Figure 1 demonstrates an initial reducing trend in concerns raised since 2021, a continuation of the trend reported in last year's report. This reduction was expected given a period of reduced availability of guardian support, some changes in reporting criteria, and possible effective actions by managers in support of staff speaking up.

Activity has levelled off (again as predicted) since June 2022 and is not expected to fluctuate significantly in the short to medium term. It is hoped that in the longer-term numbers may decrease in response to improved organisational culture in respect of listening and responding and the achievement of efforts to make speaking up business as usual.

National staff survey results suggest that there is still work to do, although performance levels are broadly comparable to national performance. (See Appendix 3). Of staff who responded to a request for feedback about the FTSU service, 91% report that they would use the service again. Demographics of those staff who responded demonstrate a diverse range of staff positively comparable to the Trust population (See appendix 2)

Clinical staff raised most concerns, with registered nurses and midwives the most active and representing 27% of all concerns raised. (See Figure 2). Non-clinical staff accounted for 25% of concerns raised.

Almost half of all those raising concerns believed that the concern or the raising of it had an adverse effect on their health and well-being.

In 2021-22 the National Guardian's Office (NGO) reported that 19.1% of cases included an element of patient safety/quality (See figure 3). This compares to 27% of cases reported within the Trust during 2022-23. This may reflect a positive safety culture among colleagues demonstrating that they are willing to persevere in raising a concern that they believe is impacting on patient safety. However, it may also suggest concerns about the responsiveness of managers in addressing concerns locally which colleagues they feel necessary to escalate. In this respect, however, it should be noted that in only fourteen out of fifty-five cases were concerns about a lack of response from managers reported to the guardian.

Nationally 13.7% of cases involved concerns about worker safety during 2021-22 compared to 11.5% of cases in the Trust during 2022-23 (See figure 4). It should be noted however that this figure does not include a further ninety-seven colleagues who reported an adverse impact on health and (predominantly emotional and mental) wellbeing, caused by the concern raised or the circumstances of raising it.

22.5% of cases reported bullying and/or harassment from either managers or peers during 2022-23 (see figure 5). In addition a further 16% reported inappropriate attitudes and behaviours and an additional 17% felt that they had been treated unfairly.

The most frequently stated reasons for contacting the Freedom to Speak Up Guardian were concerns about patient safety (55), other professional concerns (55), unfair treatment (69), risks to patient safety (55) and bullying and harassment (46). Car parking concerns (10) were significantly lower this year and leadership (13) and communication concerns (10) were low in numbers although 31 colleagues suggested a lack of response to their concern before contacting the Guardian.

(b) <u>Whistleblowing</u>

There have been eight recorded incidents of whistleblowing to the Care Quality Commission (CQC), four of which related to the same service within the Surgical Division, which was already the focus of improvement activity. In addition to these four CQC events, there was an enquiry following a whistleblowing event to the NGO about the same service.

Of the remainder, three concerns related to Women and Children's Health and the other in Estates and Facilities. Themes of concerns raised through these whistleblowing events include staffing levels, departmental culture and leadership. The Guardian provided a response to the NGO and responses and action plans have also been shared with the CQC.

(c) <u>Raising Awareness and Creating a Positive F2SU Culture</u>

The Trust F2SU strategy, launched in 2022, included ambitions to ensure that all colleagues are aware of arrangements for speaking up, and to make training tools available for colleagues that promote a speak up, listen up, follow up culture. All new colleagues receive information about speaking up as part of their induction. In April 2023, three e-learning programmes were introduced into the Trust's e-learning catalogue. These include and annual update for all colleagues together with further programmes for those with managerial and supervisory responsibilities and for senior leaders. Engagement with the e-learning modules will be tracked over the coming year.

The strategy also included the intention for the Board of Directors and senior leaders to behave in a way that encourages others to speak up. In 2023, the Board of Directors reviewed their knowledge, awareness, and attitudes towards speaking up using the self-review tool and restated their commitment to making speaking up business as usual during a Board workshop delivered by the Guardian.

The Raising Concerns Group meets every two months to review, triangulate and respond to intelligence relating to concerns raised across the Trust. In doing so the group identifies themes and organisational learning, reporting to the Trust's workforce committee and, through the Guardian, to the Board of Directors. Governance arrangements were strengthened during 2022 with the inclusion of concerns being raised by colleagues into the Divisional Improvement Forums. The forums provide a route through which concerns and themes identified from triangulated intelligence can be shared with Divisional Leadership Teams. Through this process, analysis and investigation of these themes has resulted in the identification of meaningful learning and improvement opportunities.

The Trust's, Freedom to Speak Up Action plan, informed by the ambitions described in the Strategy is currently under review against other linked strategic action plans to ensure that the ambition to make speaking up business as usual is fully integrated into Trust safety, quality, workforce, and organisational development priorities. The Raising concerns policy is also under review and on completion will be entirely consistent with national policy.

Further to efforts to strengthen governance and accountability Mersey Internal Audit Agency were asked to review Trust arrangements in support of speaking up. They reported that there was "substantial assurance" of a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.

(d) <u>Learning and Improvement</u>

There are many examples across the organisation of learning at an individual and team level as a result of colleagues speaking up. Many of these relate to effective leadership, good communication and the building of stronger, more effective interpersonal relationships through meaningful, mutually respectful dialogue, and include:

- Recognition of:
  - the need for mediation and early intervention/support to facilitate conflict resolution.
  - the pressures of workload which may influence behaviours, and the need to maintain professional development of core people skills to equip leaders and colleagues to meet challenges.
  - the importance of fair and equal treatment and respectful behaviour toward colleagues in maintaining morale and motivation.
  - the unacceptability of 'banter' and offensive behaviour/language towards colleagues.
  - the importance of positive role modelling from leaders in promoting positive freedom to speak up behaviours within their team.
  - the importance of resolution through de-escalation by meaningful conversation between parties.

- Consideration of how colleagues are developed to meet present and future service and ensure transferability of skills.

- Acknowledgement that some staffing issues are unavoidable despite actions to mitigate and the importance of good communication in such circumstances.

Several Organisational Development programmes designed to provide colleagues with further opportunity to speak up safely and address concerns regarding culture, behaviour and leadership have been initiated across a number of teams. These were in direct response to concerns raised through the Freedom to Speak Up Guardian, where services were identified as areas of concern through triangulation of intelligence through the Raising Concerns Group. There are examples of excellent engagement in these activities in areas such as the Emergency Department and theatres, although challenges remain in some areas with ongoing concerns about the pace of change. Nevertheless there is a process of ongoing scrutiny through the Divisional Improvement Forums and the Raising Concerns Group.

In some cases, concerns raised have led to reviews of medical and nursing staffing levels with the development of business cases for long term investment as well as the recognition of the need for increased support and visibility of leadership during periods of increased activity where there is a potential risk to patient and staff safety.

(e) <u>Priorities for 2023/24</u>

The priorities and action for the coming year include:

- Continuing to provide meaningful support to staff who want to raise concerns.
- Promoting access to e-learning training.

- Supporting the organisational development team in the implementation of *The Best Version of Us*, encouraging positive culture change and staff confidence in raising concerns.
- Exploring the means by which leadership teams more readily access speaking up intelligence to inform learning and improvement.
- Reviewing the role of Freedom to Speak Up Champions in providing effective support to staff and the Freedom to Speak Up Guardian

3. Financial implications

None

4. Legal implications

There are no legal implications associated with this report. However, Trust arrangements for raising and responding to concerns (included Board responsibilities) are referenced in the standard NHS contract; are subject to review by the Care Quality Commission (CQC) as part of the Well-led domain; and are monitoring by the National Guardians Office (NGO), which is sponsored by the CQC and NHS England (NHSE)

5. Risks

No new risks have been identified by the FTSUG. Risks associated with speaking up incidents are owned and managed by the relevant Divisions.

6. Impact on stakeholders

Review of user feedback suggests that access to support when raising concerns remains positive, following ongoing improvements since 2018/19. Staff awareness of how to contact the Guardian is demonstrated through staff responses during STAR audit accreditation visits.

7. Recommendations

The Board is asked to note the information and assurance relating to Freedom to Speak Up activity during 2022/23, described within this report, in particular:

- The assurance offered by the Mersey Internal Audit Agency Report.
- The introduction of e-learning programmes to support staff in speaking up, listening, and responding.
- The strengthening of governance arrangements in respect of triangulation and accountability.
- The learning and improvement resulting from speaking up including whistleblowing events.
- The experiences of staff using the service.

The Board is also asked to note and support priorities for 2023/24.

Figure 1: Rolling 12 month and Monthly Record of Concerns Raised with the Freedom to Speak Up Guardian.
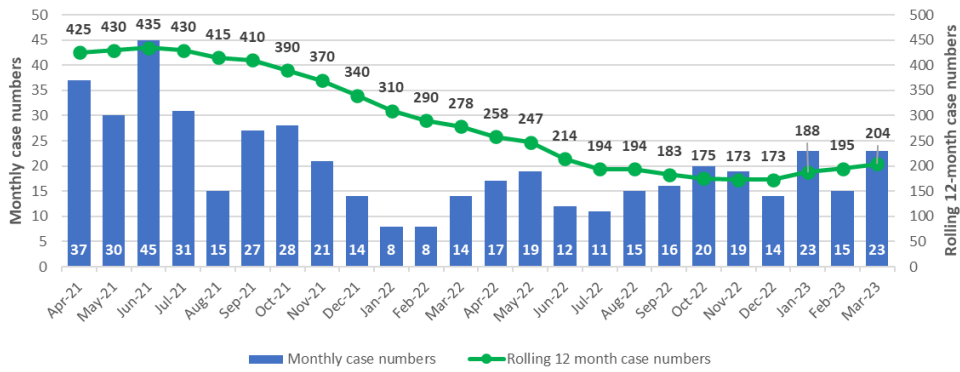
Figure 2: Concerns Raised During 2022-23 by Professional Group
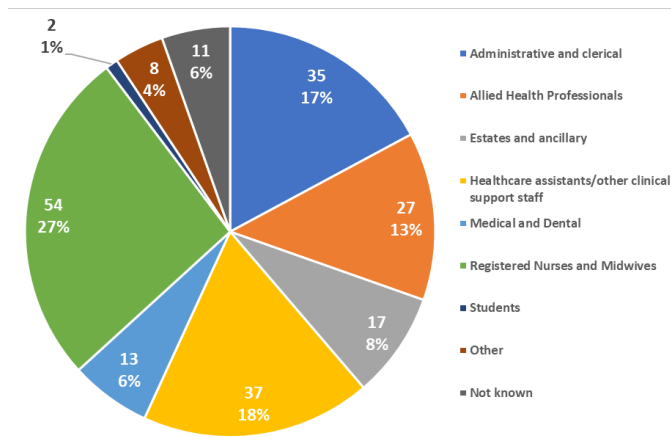
Figure 3: Patient Safety Related Concerns Raised During 2022-23
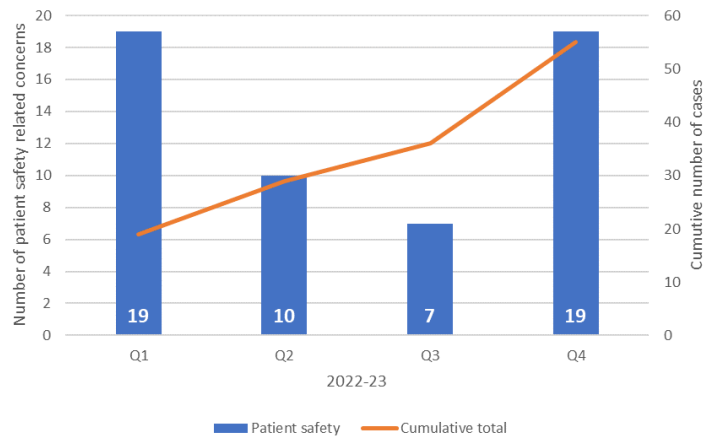
Figure 4: Worker Safety Concerns Raised During 2022-23

Note –Examples of worker safety could include lone working arrangements, especially at night, insufficient access to personal protective equipment (PPE), delays in maintain equipment creating personal risk.
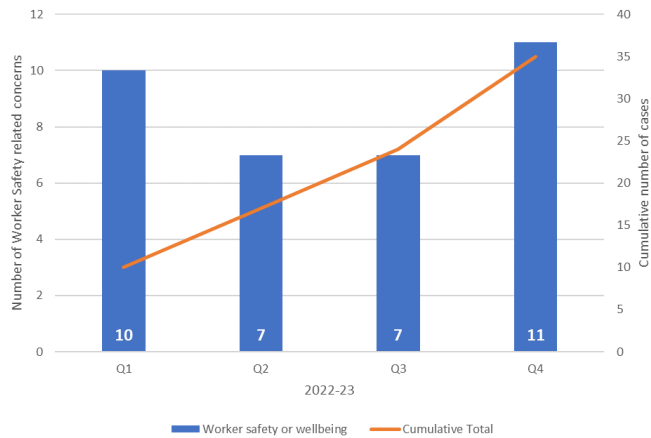

Figure 5: Alleged Concerns of bullying or Harassment During 2022-23

Note: Includes allegations relating to the behaviours of both managers and peers
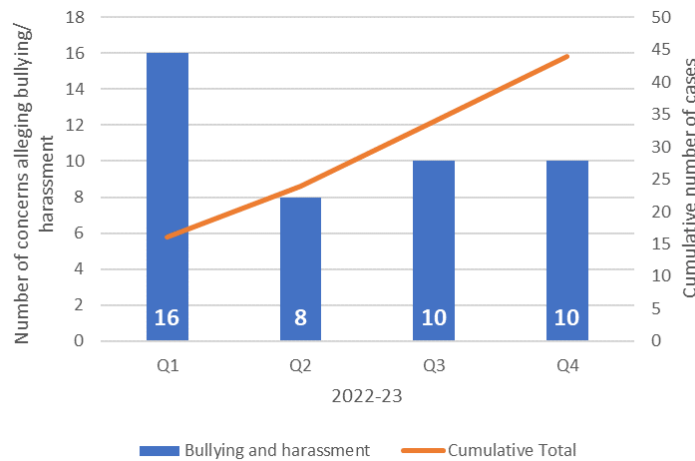
Figure 6: Allegations Concerns About Inappropriate Attitudes and Behaviours

Note: Includes Behaviours that are not Considered by Colleague to Amount to Bullying and Harassment
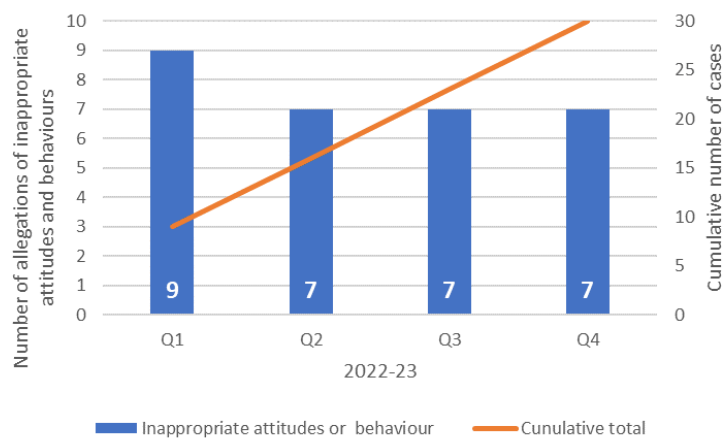
Appendix 2 – Service User Feedback/Demographics

1. Given your experience with the Freedom to Speak up Guardian/ Champion, would you speak up again?
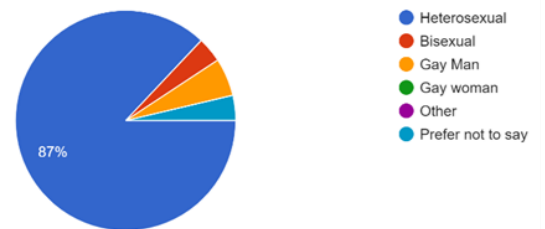56 responses

- Yes
- No
- Maybe

91.1%

2 Gender
54 responses

- Female
- Male
- Prefer not to say

81.5% 18.5%

3 Age
52 responses

- 16 - 20
- 21 - 30
- 31 -40
- 41 - 50
- 51 - 65
- 65+

30.8% 19.2% 19.2% 30.8%
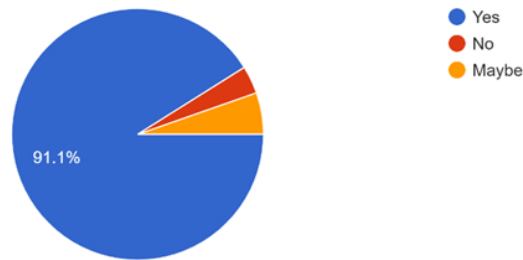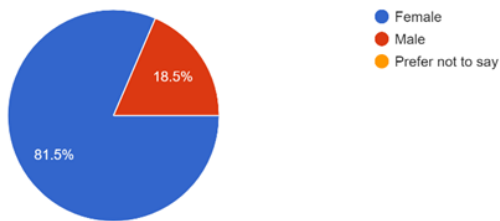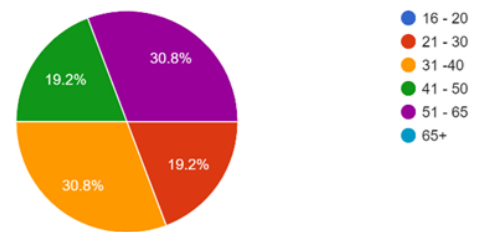
4 What best describes your ethnic background?
54 responses

- White
- Asian/Asian British
- Chinese
- Black/Black British
- Mixed race
- Other ethnic background

83.3% 9.3%
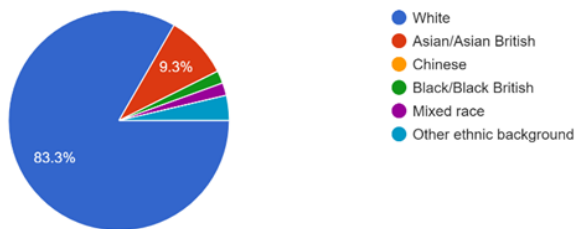
5 What best describes your sexual orientation?
54 responses

- Heterosexual
- Bisexual
- Gay Man
- Gay woman
- Other
- Prefer not to say

87%

6 What religion do you follow?
53 responses

- No religion
- Hindu
- Sikh
- Christian
- Jewish
- Buddhist
- Muslim
- Other
- Prefer not to say

45.3% 9.4% 37.7%
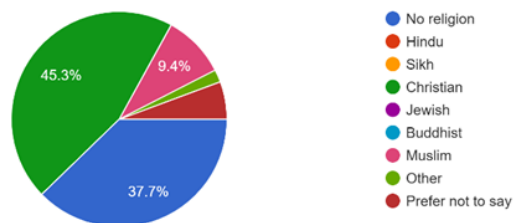
7 Do you have a long standing illness, health problem or disability?
53 responses
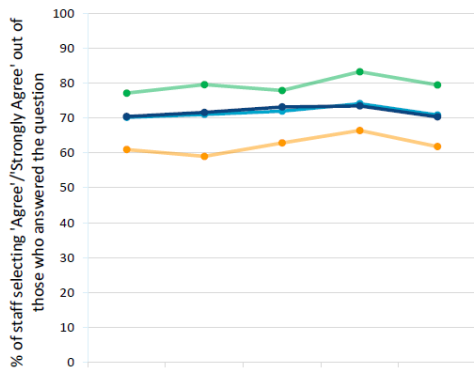

- Yes
- No
- Prefer not to say

62.3% 11.3% 26.4%
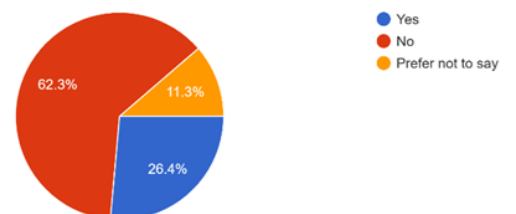
Appendix 3 – 2022 Staff Survey Results

Q19a I would feel secure raising concerns about unsafe clinical practice.

	2018	2019	2020	2021	2022
Your org	70.4%	71.6%	73.1%	73.4%	70.3%
Best	77.1%	79.5%	77.9%	83.2%	79.4%
Average	70.1%	71.0%	71.9%	74.1%	70.8%
Worst	60.9%	59.0%	62.8%	66.4%	61.8%
Responses	3478	3809	3941	3965	4350

Q19b I am confident that my organisation would address my concern.
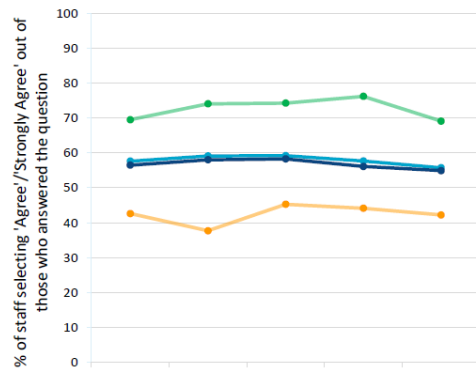
	2018	2019	2020	2021	2022
Your org	56.5%	58.0%	58.3%	56.1%	54.9%
Best	69.5%	74.0%	74.2%	76.2%	69.1%
Average	57.6%	59.1%	59.2%	57.7%	55.7%
Worst	42.6%	37.7%	45.3%	44.1%	42.2%
Responses	3473	3807	3940	3970	4353

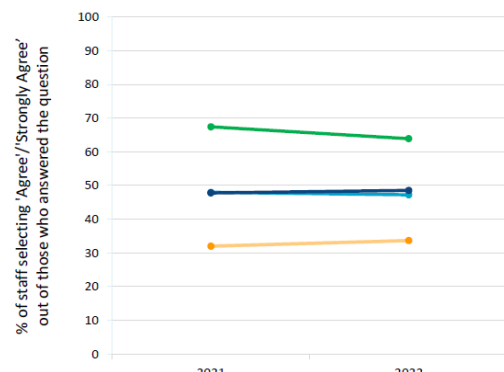Lancashire Teaching Hospitals NHS Foundation Trust Benchmark report

Q23e I feel safe to speak up about anything that concerns me in this organisation.
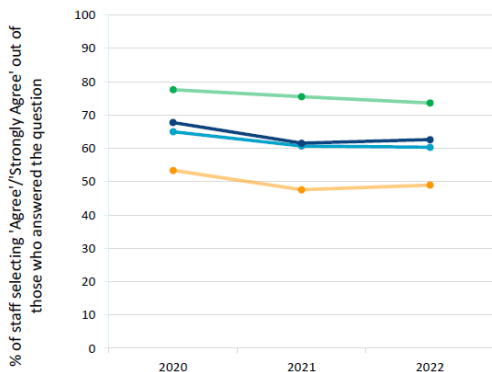
	2020	2021	2022
Your org	67.8%	61.6%	62.6%
Best	77.6%	75.5%	73.6%
Average	65.0%	60.7%	60.3%
Worst	53.4%	47.6%	49.0%
Responses	3926	3940	4348

Q23f If I spoke up about something that concerned me I am confident my organisation would address my concern.

	2021	2022
Your org	47.8%	48.5%
Best	67.4%	63.9%
Average	48.0%	47.2%
Worst	32.0%	33.7%
Responses	3937	4353

Lancashire Teaching Hospitals NHS Foundation Trust Benchmark report

Chair's Report

Committee:	Finance and Performance Committee
Chairperson and role:	Tricia Whiteside - Non-Executive Director
Date(s) of Committee meeting(s):	25 April 2023
Purpose of report:	To update the Board on the business discussed by the Finance and Performance Committee on 25 April 2023. The report includes recommended items from the Committee for approval by the Board; items where the Committee has gained assurance; and brings pertinent information to the Board's attention.

Committee Chair's narrative

The Committee conducted a comprehensive review of the agenda's scheduled items, approved the meeting's minutes on 28 March 2023, and reviewed updates on associated committee actions. Specific reports were received and scrutinised on the following standing agenda items:

- Financial performance
- Cost Improvement targets and plans
- Operational performance
- Planning framework update covering programmes identified as being of Board level significance

In addition, the Committee received reports for consideration/discussion for:

The month 12 finance report provided an update on the Trust's financial performance up to the end of March 2023. The Committee were informed that the Trust had delivered the year-end target. The drivers for the variance to plan were consistent with previous months. The Trust delivered a balanced position against the capital limit.

An update on the "Knowing the Business" unwarranted variation was provided for the Committee. The Trust's 'Knowing the Business' medium-term financial improvement strategy referenced the need to appraise all available benchmarking and other data sources to identify areas of unwarranted variation for improvement. Acting upon opportunities derived from the data-driven review would aid improvement in the underlying financial deficit of the Trust, whilst supporting the quadruple aim of increasing quality provision of care, achieving value-based care, improving patient experience, and creating joy at work for staff. There was a wealth of information and benchmarking data readily available, from a variety of different sources, including Model Hospital, GIRFT, Dr Foster, the internal patient level information and costing system and service line reporting data. For 2023-24, the approach to assessing areas for potential improvement opportunities and subsequent management of the delivery workflow was taking the form of a 3-stage approach for data, triangulation, and assurance.

The Committee received the Financial Improvement Plan for 2023/24. The Trust faced significant and unsustainable pressure, currently facing an underlying financial deficit position as it entered 2023/24. There was a requirement to bring the Trust back into balance over the short-medium term through a focused, multi-year plan requiring a local and system-wide coordinated approach. While the 2023/24 financial plan was still

under revision, the current submission included a considerable increase on the 2022/23 CIP achievement, with greater requirement to permanently reduce the operating costs of the Trust.

The Continuous Improvement & Transformation Update provided an update on the work undertaken to develop an ambitious Transformation Recovery programme, the planned Continuous Improvement Programmes for 2023/24 and an update on the Cost Improvement Programme position.

Items for the Board's attention

Positive escalation

- The Committee debated the risk tolerance and appetite and recognised that further consideration would be required when responding to the operational pressures.
- The Trust had achieved the Cost Improvement Plan target. As of March 2023, £26.3m had been delivered against a plan of £26.3m.
- The Improvement of roll out plan for cancer tumour sites. The comprehensive review of current turnaround times and identification of actions to support further prioritisation of cancer over more routine diagnostics to meet the backstop timeframe of 10 days from referral to report was being undertaken.
- The Chorley and South Ribble Hospital was one of eight surgical hubs to be recently awarded accreditation as part of a pilot scheme to ensure the highest standards in clinical and operational practice was also recognised by the Committee.
- The Committee had undertaken the Effectiveness Review and provided feedback to the Company Secretary.

Negative escalation

- The challenge of aligning the operating plan, the CIP and Transformation plans into a concise and holistic overview, with the aim of delivering greater levels of assurances over the consolidated plan, together with the level of certainty over its delivery and associated risk mitigations was acknowledged. The need to articulate a concise view of the current challenges as well as the current plan. There remained a requirement to work with partners across the system whilst also recognising the need to balance the individual responsibilities as Board Directors within a statutory organisation.

Committee to Committee escalation

PCB: The Finance and Performance Committee would like to receive the outcome of the Chief Executive's deep dive review around the clinical collaboration for the new system working. The Committee had concerns that a 'one model fits all' process would not be suitable and required more scrutiny and assurance for the programmes of work and sought further assurance on the benefit contribution.

To the Safety and Quality Committee - The likelihood of risk to health and safety due to the significant reduction in the estate's investment and the potential deterioration on the backlog of maintenance that was to be expected.

Items recommended to the Board for approval

None.

Committee Chair's reports received

- Capital Planning Forum
- EPRR

- Digital and Health Informatics Divisional Board
- New Hospitals Programme Flash Report
- ICS, ICP, PCB system update

Items where assurance was provided and/or for information
The Continuous Improvement Annual Report was circulated for information.

Progress against the Committee's cycle of business
The Committee continues to cover its business work in line with its cycle of business. The next meeting of the Committee will take place on 23 May 2023, via Microsoft Teams

Recommendation:
- The Board is asked to receive the report and note the contents.

Appendix 1 – Finance and Performance Committee agenda (25 April 2023)

Finance and Performance Committee

25 April 2023 | 2.00pm | Microsoft Teams

Agenda

№	Item	Time	Encl.	Purpose	Presenter
1.	Chair and quorum	2.00pm	Verbal	Noting	T Whiteside
2.	Apologies for absence	2.01pm	Verbal	Noting	T Whiteside
3.	Declaration of interests	2.02pm	Verbal	Noting	T Whiteside
4.	Minutes of the previous meeting held on 28 March 2023	2.03pm	✓	Decision	T Whiteside
5.	Matters arising and action log • LCC Telecare Service	2.04pm	✓	Discussion	T Whiteside
6.	Strategic Risk Review	2.06pm	✓	Discussion	J Wood
7.	**FINANCIAL PERFORMANCE**				
7.1	M12 Finance report	2.15pm	✓	Discussion	C McGourty
8.	**OPERATIONAL PERFORMANCE**				
8.1	Performance assurance progress report (inc Speciality Based Recovery Plans)	2.30pm	✓	Discussion	F Button
8.2	Contract Performance	2.45pm	✓	Noting	C McGourty
9.	**STRATEGY AND PLANNING**				
9.1	Knowing the Business – unwarranted variation quarterly update	3.00pm	✓	Noting	J Wood
9.2	Financial Improvement Plan and Turnaround Plan	3.15pm	✓	Noting	J Wood
9.3	Annual Operating Plan including 2023-24 Financial Plan Update	3.45pm	✓	Approval	G Doherty J Wood
9.4	Continuous Improvement and Transformation update (including Cost Improvement Programme)	4.00pm	✓	Noting	A Brotherton
9.5	Planning Framework Update	4.15pm	✓	Discussion	G Doherty

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№	Item	Time	Encl.	Purpose	Presenter
10.	GOVERNANCE AND COMPLIANCE				
10.1	Committee Effectiveness Review	4.30pm	✓	Discussion	J Foote
10.2	Items for referral to the Board or to/from other Committees	4.50pm	Verbal	Noting	T Whiteside
10.3	Reflections on the meeting and adherence to the Board compact	4.55pm	✓	Discussion	T Whiteside
11.	ITEMS FOR INFORMATION				
11.1	Exception report from Divisional Improvement Forums		✓		
11.2	Continuous Improvement Annual Report		✓		
11.3	**Chairs' reports**: (a) Capital Planning Forum (b) EPRR (c) Digital and Health Informatics Divisional Board (d) New Hospitals Programme Flash Report (e) ICS, ICP, PCB system update (f) Information Governance and Records Committee (g) SIRO/AIO		✓		
11.4	Date, time, and venue of next meeting: 23 May 2023, 2.00pm, Microsoft Teams	5.00pm	Verbal	Noting	T Whiteside

Board of Directors Report

Excellent care with compassion

NHS
Lancashire Teaching Hospitals
NHS Foundation Trust

Integrated Performance Report			
Report to:	Board of Directors	**Date:**	1st June 2023
Report of:	Executive Team	**Prepared by:**	Executive Directors
Part I	✓	**Part II**	
Purpose of Report			
For assurance ☒	**For decision** ☐	**For information** ☐	

Executive Summary:

The purpose of this report is to provide the Board with an update on the Trust's performance as at the end of April 2023, unless otherwise stated.

• **The report reflects the revised 2023/24 Big Plan measures agreed by each sub-committee.**

Consistently Deliver Excellent Care

Operational Performance

COVID overview

The 1st of April snapshot showed a position of 68 COVID+ inpatients, with 1 in ICU and 5 in EHCW. The position on the 16th of May was, 28 COVID+ inpatients, with 0 in ICU and 1 in EHCW.

Influenza cases remained low throughout April with minimal impact. The placement of patients due to IPC restrictions remains challenging and continues to impact on performance. Improvement in emergency flow, restoration of elective services with clinical priorities, underpinned by the health and well-being of our staff, continue to be high priority for operational delivery.

Emergency care performance headlines:

- In April, 228 patients waited between 30-60 minutes, a reduction of 46 on the position in March, and 128 patients waited over 60 minutes to be handed over from NWAS to the Trust. Ambulance Handover delays remain a high priority and a local improvement collaborative is in place.

- 4 Hour ED performance is showing a marginal decrease to 73.3% in April compared to 73.6% in March, just below the national average position, which in April was 74.6% and 7th out of the acute trusts in the North West.

- Performance relating to the number of patients waiting over 12 hours (admitted and non-admitted) in ED for April has seen a slight improvement to 8.6% in April from 8.7% in March.

- Occupancy levels continue to remain high, with April at 93.6%. The number of patients in our hospitals that do not meet the nationally defined clinical criteria to reside for inpatient care in acute hospitals (NMCTR) has

increased slightly this month, with 82 patients on 17th May. There has been good utilisation of available capacity in the Home First service, additional crisis hours and the Community Healthcare Hub at Finney House.

Unfunded capacity and operational changes:

There have been a number of changes to processes and services, including, Finney House; Virtual Ward; reprofiling of space in the Emergency Department to create an Acute Assessment Unit; the new Williams Triage Unit located within our Chorley Medical Assessment Unit; and the revised Trust Escalation Plan. These improvements, together with the UEC Transformation Programme plans have enabled the planned reduction of unfunded escalation capacity and allowed the following changes to be put in place:

Ward/Area	Impact	Delivery Date	Status
Closure of Avondale	Reduction of 28 unfunded G&A escalation beds	Mar-23	Completed
Closure of Fell View	Reduction of 17 unfunded G&A escalation beds	Jul-23	On Track
Closure of Cath Lab & RAU	Reduction of 14 unfunded G&A escalation beds	May-23	On Track
Establishment of Acute Assessment Unit	Reduced ED footprint, reducing long waits in ED	Apr-23	Completed
No overnight escalation into Same Day Emergency Care	Reduced need for additional staffing, protects SDEC function	May-23	Completed
No ED escalation into CT wait area	Reduced need for additional staffing, protects CT function	Jun-23	On Track
Co-location of Mental Health Urgent Access Centre (MHUAC)	Reduced cubicle space in ED, improved environment for patients awaiting MH assessment/treatment	Nov-23	Awaiting outcome of capital bid
MAU/SAU Development	Right-sizing MAU and SAU to improve UEC pathways and increase direct access	2024/25	Awaiting outcome of capital bid

The Trust continues to work with health and social care organisations across the Central Lancashire system to support improvement and in addition to system plans, the Trust has its own internal programme of improvement being delivered through the Urgent Care Transformation Board.

Elective performance headlines:

- Patients continue to wait for a significant amount of time to receive non-urgent surgery. Progress against the plan to reduce all waits to no longer than 65 weeks by March is reviewed weekly and is ahead of target. A small number of 78 weeks waits remain in the system as a result of the last Junior Doctor industrial action and as agreed with NHSE will be resolved alongside 65 weeks patients during Qtr1.

- Diagnostics performance beyond 6 weeks was 37.55% for April. Urgent and cancer patients are seen within 2 weeks.

- Endoscopy remains under pressure, Changeology continue their work with the Trust, to review waiting lists and booking processes. Agreed capital bids will provide additional capacity on the Preston site in 2023/24.

- From a cancer perspective, the 2-week performance in April improved to 86.8% compared to 85.38% in March, against a target of 93%.

- 62-day performance - the number of patients over 62 days continues to reduce each month with a reduction to 221 patients at the end of April against a trajectory of 250. The Trust has tumour site specific actions plans that are monitored weekly, with additional support from the National Cancer Transformation Director supporting faster recovery.

Elective and outpatient activity has been significantly affected by periods of industrial action. During April, Junior Doctors took industrial action from 11th – 14th April inclusive. During this period 406 elective/day case patients and 6784 outpatients and diagnostics were scheduled. The impact, in order to ensure the safety of both sites during the period of industrial action was 221 elective/day case and 1603 outpatients and diagnostics being stood down, a loss of 54% of the elective/day case programme and 24% of outpatients and diagnostics.

Cancer recovery:

The table below shows how the Trust compares with England averages by tumour group for 62 day performance at week ending 30th April: This is significant progress from over 6 months ago when 22% were over 62 days.

Suspected Cancer Type	Total waiting list	Number past day 62	Number past day 62 - DTT	% of waiting list past day 62	Change in number past day 62 (4 weeks)	Change in number past day 62 (12 weeks)	England % waiting list past day 62	Distance from England average (>62 days)
Urological	258	73	10	28.3%	14	-25	17.3%	28
Gynaecological	170	30	11	17.6%	11	6	8.4%	16
Lung	57	17	6	29.8%	9	10	12.9%	10
Brain/Central Nervous System	77	7	1	9.1%	4	5	2.9%	5
Head & Neck	168	17	7	10.1%	-4	-15	7.6%	4
Haematological	6	4	1	66.7%	0	0	15.8%	3
Breast	109	5	0	4.6%	-1	1	3.4%	1
Skin	413	19	12	4.6%	0	-47	4.4%	1
Upper GI	102	9	1	8.8%	5	2	8.4%	0
Children's	2	0	0	0.0%	0	0	4.4%	0
Other	4	0	0	0.0%	0	0	6.5%	0
Sarcoma	29	2	0	6.9%	0	0	13.5%	-2
Lower GI	486	28	8	5.8%	-10	-290	10.1%	-21
All Suspected Cancers	1,881	211	57	11.2%	28	-353	8.8%	45

NHS England requirement checklist:

The NHS England letter of 25 October 2022 to NHS Trust and Foundation Trust chief executives and chairs set out the following expectation for those Trusts in a Tier 1 regime for cancer:

| Expectation	Current Status	Update
Ensuring operational management and oversight of routine elective and cancer waiting lists aligns with best practice as outlined/directed within the national programme and current Cancer Waiting Times guidance.	Completed	The Trust access policy follows best practice and performance is overseen at external Tier 1 meetings.
All patients past 62 days for cancer and 78 weeks for wider elective care should be reviewed and the actions required to progress them to the next step in their pathway prioritised.	On track – not yet delivered	The Trust is implementing a 0 Zero Day PTL approach with a focus on ensuring patients that do not have cancer are advised as soon as possible. Colorectal complete, Urology underway and Gynae planned.
Trusts should undertake a comprehensive review of current turnaround times and what further prioritisation of cancer over more routine diagnostics would be required to meet this backstop requirement.	Completed	The review has been completed and part of the task includes a data quality and reporting element - this is a new measure across several clinical systems.
Ensure that existing community diagnostic centres (CDCs) capacity is fully utilised by ringfencing it for new, additional, backlog reducing activity, and working with their wider ICS partners to use a single Patient Tracking List (PTLs) across the system.	ICS rather than Trust action	The Trust is influencing this work at ICS and national level, key stakeholders in the meeting structures.
Trusts should work across their systems to accelerate local approval of business cases CDCs, additional acute imaging, and endoscopy capacity; and expedite delivery of those investments once approved and should continue to explore partnerships with the independent sector to draw on or build additional diagnostic capacity.	ICS rather than Trust action	The Trust is influencing this work at ICS and national level, key stakeholders in the meeting structures.
Surgical prioritisation should continue to follow the guidance set out in the letter of 25 July, providing ringfenced elective capacity for cancer patients (particularly P3 and P4 urology and breast patients) and 78ww patients. Performance against the 31 day standard from decision to treat to treatment should be used to assess whether the first of these objectives is being met.	Completed	This is in place within 6-4-2 meetings and management of capacity.
Cancer pathway re-design for Lower GI, Skin and Prostate There are three pathways making up two-thirds of the patients waiting >62 days and where increases over the past year have been the largest: Lower GI, Skin and Urology. Service Development Funding was made available to your local Cancer Alliance to support implementation of these changes and additional non-recurrent revenue funding has also been made available nationally.	On track – not yet delivered	Further detailed narrative on progress included in the report.
Lower GI: Full Implementation of FIT in the 2ww pathway	Completed	This is in place.
Full implementation of Teledermatology in the suspected skin cancer pathway	On track – not yet delivered.	First phase in place. Further detailed narrative on progress included in the report. Full implementation will be at ICS level and Cancer Alliance led.
Full implementation of the Best Practice Timed Pathway for prostate cancer. All provider Trusts should implement the national 28-day Best Practice Timed Pathway for prostate cancer, centred on the use of multiparametric MRI (mpMRI) before biopsy.	On track – not yet delivered	Further detailed narrative on progress included in the report.
Providers are asked to continue their work to deliver a 25% reduction in outpatient follow up appointments by March 2023.	On track – not yet delivered	Plans in place, working with clinical leads on opportunities and GIRFT best practice. Progress reports through to Finance and Performance Committee.
Surgical and theatre productivity It is essential that we make best use of available surgical capacity, to drive productivity improvements and protect elective activity through winter.	Completed	Elective activity protected, including over winter; theatre efficiency programme in place.

2023/24 Cancer targets:

Performance against the tumour group specific trajectories for the Cancer 62 day recovery plan, to March 24 is below:

Speciality		Recovery period	Position at 25 April 2023	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Cancer 62 day pathways waiting 63 days or more after an urgent suspected cancer referral at the end of the reporting period	Brain	Trajectory	2	2	2	2	2	2	2	2	2	2	2	1
		Actual	8											
	Breast	Trajectory	8	7	7	7	7	6	6	6	6	6	6	6
		Actual	4											
	Colorectal	Trajectory	53	52	50	48	46	44	42	41	42	44	40	38
		Actual	42											
	Gynaecology	Trajectory	28	27	26	25	24	24	23	22	22	24	21	20
		Actual	34											
	Haematology	Trajectory	10	9	9	9	9	8	8	8	8	8	8	7
		Actual	4											
	Head & Neck	Trajectory	25	24	23	22	21	21	20	19	20	21	19	18
		Actual	13											
	Lung	Trajectory	13	13	12	12	12	11	11	10	11	11	10	10
		Actual	12											
	Sarcoma	Trajectory	4	4	4	4	4	4	4	3	4	4	3	3
		Actual	3											
	Skin	Trajectory	25	24	23	22	21	20	20	19	20	20	19	18
		Actual	22											
	Upper GI	Trajectory	8	8	7	7	7	7	6	6	6	7	6	6
		Actual	8											
	Urology	Trajectory	74	72	71	68	65	63	60	58	59	63	56	53
		Actual	71											
	Total	Trajectory	250	242	234	226	218	210	202	194	200	210	190	180
		Actual	221											

The trajectory is to month end and shows an actual position on 25th April. The target for 2023/24 is 180 and is therefore achievable over the next year with support from the Cancer Alliance, against agreed tumour group specific trajectories for FDS and 62 day detailed in the report.

Organisational trajectories for 62 day and FDS for 2023/24 are included below. Cancer 62-day actual/trajectory 2023/24 with a month end position for April of 221 against a trajectory of 250:
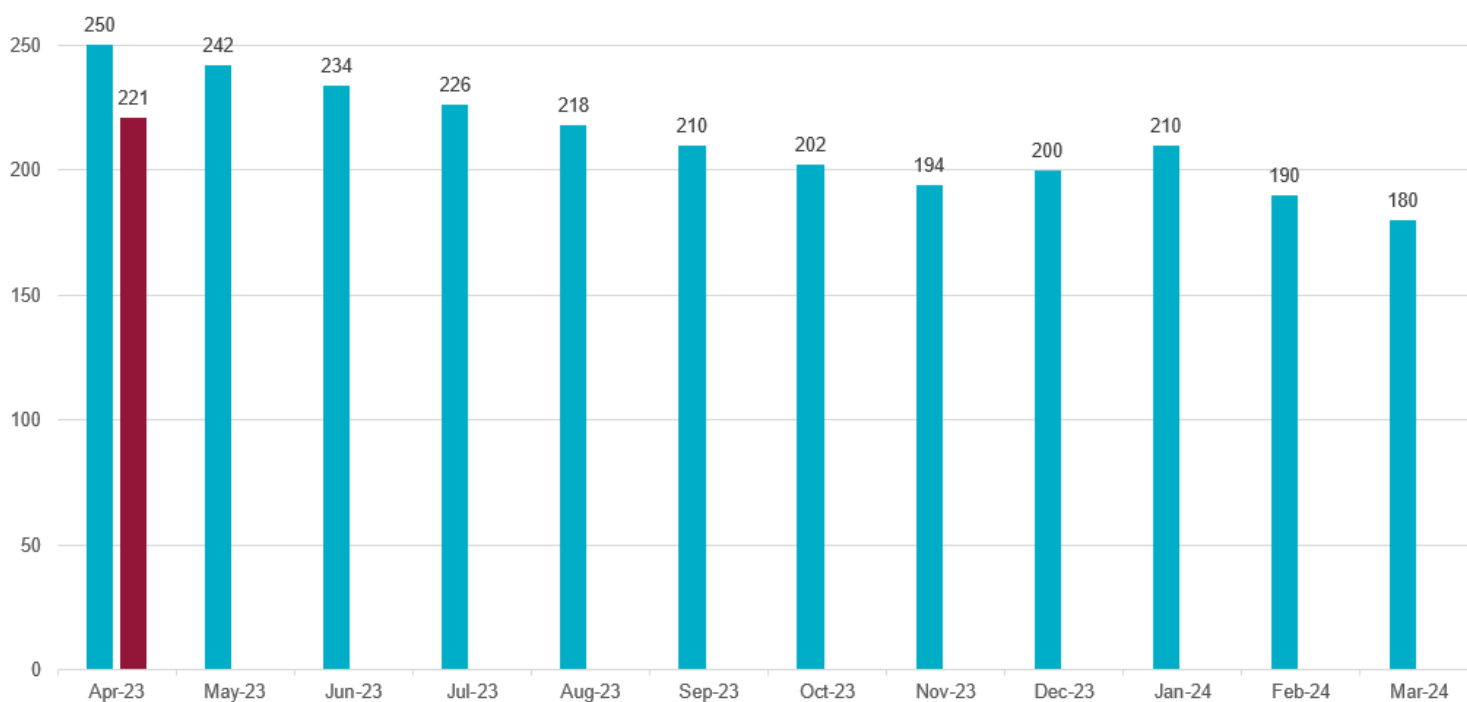
Cancer FDS trajectory 2023/24:

Tumour Group	% Compliance											
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Brain	40.8%	46.3%	52.6%	62.1%	70.5%	75.8%	75.8%	75.8%	75.6%	75.8%	75.6%	75.8%
Breast	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%
Breast Symptomatic	94.3%	94.3%	94.3%	94.3%	94.3%	94.3%	94.3%	94.3%	93.6%	94.3%	93.6%	94.3%
Colorectal	50.0%	55.6%	61.1%	66.7%	72.2%	75.1%	75.1%	75.1%	75.2%	75.1%	75.2%	75.1%
Gynaecology	49.5%	52.2%	54.9%	60.4%	65.9%	71.4%	75.3%	75.3%	75.0%	75.3%	75.0%	75.3%
Haematology	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Head and Neck	70.9%	71.8%	72.7%	73.6%	74.5%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Lung	65.2%	68.1%	71.0%	73.9%	73.9%	73.9%	75.4%	75.4%	75.0%	75.4%	75.0%	75.4%
NSS	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Paediatric	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Sarcoma	59.5%	61.9%	64.3%	66.7%	69.0%	71.4%	76.2%	76.2%	76.2%	76.2%	76.2%	76.2%
Skin	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
Upper GI	75.4%	75.4%	75.4%	75.4%	75.4%	75.4%	75.4%	75.4%	75.2%	75.4%	75.2%	75.4%
Urology	45.8%	51.9%	55.7%	61.1%	67.2%	72.5%	75.6%	75.6%	75.2%	75.6%	75.2%	75.6%
Grand Total	70.1%	72.4%										

Cancer FDS actual position against trajectory for April 23:

Tumour Group	Apr-23		
	Trajectory	Actual	Var
Brain	40.8%	40.8%	0.0%
Breast	93.0%	98.1%	5.2%
Breast Symptomatic	94.3%	96.1%	1.8%
Colorectal	50.0%	50.5%	0.5%
Gynaecology	49.5%	46.4%	-3.1%
Haematology	0.0%	0.0%	0.0%
Head and Neck	70.9%	77.1%	6.2%
Lung	65.2%	64.3%	-0.9%
NSS	75.0%	80.0%	5.0%
Other	0.0%	0.0%	0.0%
Paediatric	75.0%	100.0%	25.0%
Sarcoma	59.5%	65.0%	5.5%
Skin	90.0%	94.2%	4.2%
Upper GI	75.4%	70.9%	-4.5%
Urology	45.8%	44.1%	-1.7%
Grand Total	70.1%	72.1%	2.0%

A Cancer Transformation Plan will support delivery in 2023/24 and reports through the Elective Care transformation Programme to the Trust Transformation Board.

Cancer pathway re-design for Lower GI, Skin and Prostate:

In relation to the specific asks of Tier 1 Trusts for Lower GI, Skin and Urology pathways:

- **Lower GI: Full Implementation of FIT in the 2ww pathway**

  This is in place at the Trust with clinical review of all existing patients awaiting OPD for double fit negative results / no other red flags and removal from 62-day PTL.

  Performance detailed below against indicators relating to the proportion of double negative FIT Test colorectal cancer referrals that underwent a Colonoscopy:

  All Patients referred on a Colorectal Cancer Pathway with Double Negative FIT Test, of these the number that underwent a Colonoscopy:

Referral Month	Double Negative	Colonoscopy	% Colonoscopy
Apr-22	58	39	67.24%
May-22	70	46	65.71%
Jun-22	71	55	77.46%
Jul-22	77	43	55.84%
Aug-22	83	42	50.60%
Sep-22	87	23	26.44%
Oct-22	70	25	35.71%
Nov-22	79	28	35.44%
Dec-22	58	10	17.24%
Jan-23	63	10	15.87%
Feb-23	70	21	30.00%
Mar-23	91	16	17.58%
Grand Total	877	358	40.82%

This is having a positive effect on referral demand.

- **Skin: Full implementation of Teledermatology in the suspected skin cancer pathway**

  Implementation is co-ordinated across the ICS and Teledermatology started on 7th November, undertaken in the main by medical illustration departments in secondary care. Pilot planned with Skin Analytics and ELHT to deliver community based primary care solution.

  Performance detailed below against an indicator relating to the proportion of 2-Week Rule Dermatology Attendances undertaken in the Teledermatology Clinic, this has increased to 47% from 32% in February 2023:

	Apr-23
Total 2WR Attendances (incl Tele-Derm)	420
Attendances at Tele-Derm Clinic	199
Proportion attending Tele-Derm Clinic	47%

- **Full implementation of the Best Practice Timed Pathway for prostate cancer**

  The BPT pathway has been agreed and was due to be fully implemented in 22/23, this has been impacted by capacity issues and full implementation will be completed by the end of Q3 - consumable supplies for biopsies (now resolved) and capacity for multiparametric MRI (MpMRI) slots. Additional capital being sought for MpMRI scanner for Chorley to enable one stop Urology.

The Performance Recovery Group continues to monitor performance and work through solutions with action plans reviewed to ensure focus on key areas.

Elective restoration 78 and 65 weeks:

Clearing the 78 and 65-week waits is a priority for the divisional teams with performance under constant review.

- Additional capacity continues to be required either in-house or through utilisation of Independent Sector and Mutual Aid capacity, to clear the backlog of long waits.

A small residual number of 78 week waits remained in April due to the impact of the industrial action that took place in both March and April. The activity lost during the industrial action is being factored into a revised 65-week recovery plan and as agreed with NHSE will be worked through in Qtr1.

The 65-week trajectories factor in the impact of improved theatre productivity, utilisation of the independent sector and waiting list initiatives. It is essential that we make best use of all available surgical capacity, to drive productivity

improvements and protect elective activity through winter. A Theatre Efficiency Programme reports progress through the Elective Care Transformation Programme to the Trust Transformation Board.

The current 65-week specialty cohort month end trajectories to March 2024 are detailed below with actual month end April and 15th May position:

Division	Specialty	Baseline 01/04/2023	30/04/2023 Plan	Actual	Var	31/05/2023 Plan	Actual	Var	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
DCS	C. Immunology	921	846	787	-59	762	754	-8	670	582	490	402	310	218	138	46	0	0
DCS	Pain	834	766	664	-102	690	605	-85	606	526	442	362	278	194	122	38	0	0
Medicine	Cardiology	1290	1185	1036	-149	1068	926	-142	938	815	685	562	432	302	190	60	0	0
Medicine	Diabetes	81	74	59	-15	67	55	-12	59	51	43	35	27	19	12	4	0	0
Medicine	Elderly Care	52	48	37	-11	43	35	-8	38	33	28	23	18	13	9	4	0	0
Medicine	Endocrinology	640	588	572	-16	530	542	12	466	405	341	280	216	152	97	33	0	0
Medicine	Gastroenterology	1153	1059	964	-95	954	883	-71	839	729	614	504	389	274	174	59	0	0
Medicine	General Medical	1	1	0	-1	1	0	-1	1	1	1	1	1	1	1	1	0	0
Medicine	General Medicine	1947	1787	1752	-35	1610	1690	80	1415	1229	1034	848	653	459	291	97	0	0
Medicine	Neurology	5327	4891	4613	-278	4407	4208	-199	3874	3365	2832	2323	1790	1257	797	264	0	0
Oct	Rehabilitation	26	24	17	-7	22	14	-8	19	17	14	12	9	6	4	1	0	0
Medicine	Renal	232	213	113	-100	192	102	-90	169	147	124	102	79	56	36	13	0	0
Surgery	Clinical Oncology	224	206	189	-17	186	184	-2	164	143	121	100	78	56	37	15	0	0
Surgery	Colorectal Surgery	1699	1560	1455	-105	1406	1373	-33	1236	1074	904	742	572	402	256	86	0	0
Surgery	Dermatology	534	490	426	-64	442	396	-46	389	338	285	234	181	128	82	29	0	0
Surgery	ENT	1345	1235	1064	-171	1113	988	-125	978	850	715	587	452	317	201	66	0	0
Surgery	General Surgery	1007	924	795	-129	833	754	-79	732	636	535	439	338	237	150	49	0	0
Surgery	Maxillo-Facial	464	426	411	-15	384	356	-28	338	293	247	202	156	110	70	24	0	0
Surgery	Medical Oncology	38	35	25	-10	32	25	-7	28	24	20	16	12	8	5	1	0	0
Surgery	Neurosurgery	3095	2842	2637	-205	2561	2450	-111	2252	1956	1647	1351	1042	733	465	156	0	0
Surgery	Ophthalmology	2113	1940	1780	-160	1748	1626	-122	1536	1334	1122	920	708	496	313	101	0	0
Surgery	Oral Surgery	372	341	295	-46	307	249	-58	270	234	197	161	124	87	55	18	0	0
Surgery	Orthodontics	263	241	250	9	217	248	31	191	166	140	115	89	63	40	14	0	0
Surgery	Orthopaedics	1560	1432	1277	-155	1290	1139	-151	1134	985	829	680	524	368	233	77	0	0
Surgery	Plastic Surgery	1722	1581	1492	-89	1424	1354	-70	1252	1087	915	750	578	406	258	86	0	0
Surgery	Surgical Dentistry	1612	1481	1445	-36	1334	1378	44	1173	1019	858	704	543	382	242	81	0	0
Surgery	UGI	515	473	457	-16	426	412	-14	374	325	273	224	172	120	75	23	0	0
Surgery	Urology	1960	1799	1734	-65	1621	1661	40	1425	1237	1041	853	657	461	292	96	0	0
Surgery	Vascular Surgery	1826	1677	1640	-37	1511	1538	27	1329	1155	973	799	617	435	277	95	0	0
WCS	Breast Surgery	62	57	56	-1	51	57	6	45	39	33	27	21	15	9	3	0	0
WCS	Gynaecology	674	619	550	-69	558	518	-40	490	426	358	294	226	158	99	31	0	0
WCS	Neonatology	1	1	1	0	1	0	-1	1	1	1	1	1	1	1	1	0	0
WCS	Paed Cardiology	78	72	59	-13	65	47	-18	57	50	42	35	27	19	12	4	0	0
WCS	Paediatrics	877	805	737	-68	725	690	-35	637	553	465	381	293	205	129	41	0	0
Total	Total	34545	31719	29389	-2330	28581	27257	-1324	25125	21825	18369	15069	11613	8158	5172	1717	0	0
	Monthly reduction		-2826			-3138			-3456	-3300	-3456	-3300	-3456	-3455	-2986	-3455	-1717	0

Those specialties at small numbers now are expected to achieve and maintain in the next few months, revised month end trajectories are in the process of being agreed with teams following the impact of periods of industrial action.

All other specialties will remain profiled to 0 for January to allow time to manage any end of year risks with further profiling taking place with the teams for the splits of non-admit and admit activity.

- The 65-week snapshot position on 1st May was down to 1577 from 1652 on 24th April, with a cohort (end March 2024) position of 29,374 – 6872 admitted and 22,502 non-admitted cases.

- The 65-week cohort position 4 weeks ago (3rd April) was 34,503 – 7574 admitted and 26,929 non-admitted, a reduction of 5129 during the 4 week period.

There are a number of risks to delivery of the required reduction in the number of patients waiting in excess of 65 weeks, these include:

- Further industrial action and the associated impact on activity.
- Workforce - sickness and vacancies
- Anaesthetist capacity
- Urgent care pressures – COVID, Flu, NMC2R and poor patient flow
- Number of complex cases and particular pressures in Urology and Gynaecology.

Pressure Ulcers

Pressure ulcer incidence is within common cause variation but remains an area of risk within the Trust due to the increase in harm associated with these incidents. Pressure ulcer reduction and improvement has been included in the Always Safety First Improvement Programme that was launched 10th May and will be tracked through the Always Safety First Committee reporting into Safety and Quality Committee. The Always Safety First divisional groups are refreshing and refocusing their approach to this improvement work with the assistance of the Continuous Improvement team.
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Falls

Falls improvement work continues through the Always Safety First programme of work. Variation remains with falls not expected to hit the target within common cause variation.

HSMR

Mortality metrics remain stable and within expected parameters.

STAR

STAR Quality assurance accreditation awards of silver and above is consistently higher than we would expect within normal variation.

INFECTION PREVENTION AND CONTROL

Clostridium *difficile*

The data is demonstrating continued variation and. Actions to isolate patients earlier in the pathway continue. Whilst deep cleaning is taking place routinely, occupancy levels are hindering routine fogging of clinical areas. There is an increased focus on antimicrobial stewardship. C.*difficile* actions and improvements are tracked through the Infection, Prevention and Control Committee and oversight is provided to the Safety and Quality committee. A programme of work has commenced to focus on bowl and bladder continence with a focus on catheter care, insertion, and removal.

Always Safety First

The annual target for basic and intermediate safety training has now been met.

A Great Place to Work

At an overall Trust position, we are now at a 0% vacancy rate for registered ward-based nursing. We continue to have some areas of over and under establishment, whilst our international nurses become fully competent. We should start to see an associated reduction in registered nurse agency spend for vacancy cover, as 2023 continues. Work is required to support redeployment of international across over/under established areas once they achieve full competence to further mitigate on going premium spend in these areas.

Our Health Care Support Worker vacancy rate has reduced this month to c 12% from 15.3% in M08, as we continue with our plans on high-volume recruitment and retention. We do have some risk due to a reduction in available care cert places in the short term, reducing to 20 per month. This is due to educational funding challenges and will impact on the numbers we can onboard. The programme is under review to increase capacity within the existing resource and financial envelope. We also have a need to focus on strategy for Band 3 HCSW recruitment and career pathways.

Our medical premium spend is under review and our Workforce Business Partners will be presenting resourcing papers to Divisional DIF/Financial Recovery meetings with options. These include review of resourcing strategy, campaign review and job plan/skill mix reviews and related risk to activity delivery. We have implemented the new ICS nursing agency rate card, which will see a 50p reduction from May 23 and deescalated our ED agency rate, both actions should start to see financial benefits and financial profiling is underway. We have also undertaken a review of nursing agency demand and reviewed all escalations with the senior nursing team.

As an ICS we are currently evaluating bids for the provision of our bank and agency service across all staff groups. A decision will be made following business case approval to direct award during June. This could result in our temporary staffing service being outsourced. Further updates will be provided once an award as been made.

Delivering Value for Money

Income and Expenditure

The Trust reports a Month 1 deficit position for 2023/24 of £7.4m against a £5.1m deficit plan. Overall, the £2.3m variance can be explained mainly by the £1.0m under-delivery of CIP, £0.5m of double running nursing costs; £0.2m for the cost of strikes, £0.9m activity impact of strikes, £0.1m covid overspends and £0.4m of Restoration underspends and a £0.8m underspend on non-pay due to lower activity.

Capital Position

Capital expenditure in April at £3.5m was ahead of plan. This has been a conscious decision to bring forward work on backlog maintenance to free up staff capacity to manage some of the larger projects later in the year. No issues are anticipated with achieving the plan for the year.

Cash Position

The Trust drew down cash support amounting to £5.2m in April and will continue to do so in line with the revised plan. It is anticipated that cash support in excess of the available deficit cash support will be required if the risks inherent in the plan materialise. The requirement for cash support in excess of the deficit support is likely to materialise at the end of Q2.

Cost Improvement Programme

The 2023/24 core Financial Improvement Plan (FIP) target is £48.5m or 6.2% of total OPEX, of which £5.9m is carry forward of undelivered recurrent FIP from 2022/23. The Trust was requested to separate out the value of the unfunded beds classified as FIP (£11.4m) and deliver a minimum of 5.5% FIP. In addition, the value of the system gap is £18.5m. The combined FIP target and system gap comes to £67m. As of April 2023, month 1, £1.1m has been delivered against a YTD plan of £2m, an adverse variance of £0.9m.

Use of Resources

The Trust is in Segment 3.

Segment 3 is where there are significant support needs against one or more of the five national oversight themes and in actual or suspected breach of the licence.

Segment 3 means the Trust will receive mandated support that is led and co-ordinated by NHS England and NHS Improvement regional teams with input from the national intensive support team where requested.

The Agency spend in 2023/24 in Month 1 was £2.3m against an Agency Ceiling of 3.7% (£1.5m). This is an overspend of £0.7m mainly due to a slower than expected benefits from international recruitment the Trust, cost of strikes in Month 1 and significant costs of agency spend associated with some service developments such as CDCs and Finney House.

Fit for the Future

These qualitative indicators will be reported separately to board within the normal cycle of board business.

It is recommended that:
I. The Board note the contents of the report and the action being taken to improve performance.

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

Finance and Performance Committee, Workforce Committee, Safety and Quality Committee

Board of Directors
Performance to April 2023

Together

Our Big Plan

Mission
To provide excellent care with compassion

Strategic Aim

To provide excellent healthcare to our local communities

Strategic Aim

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

Strategic Aim

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

Cautious to Risk

Improve outcomes & reduce harm

Get it right first time

Consistently deliver **excellent** care

Positive patient experience delivered in partnership

Ensure a safe, caring environment

Moderate Risk

Promote Health & Wellbeing

Inform, listen & involve

A **great** place to work

Value each other

Develop people

Open to Risk

Spend well

Spend wisely

Deliver **value** for money

Spend less

Open to Risk

Transform services

Support healthy living

Fit for the **future**

System leadership

Drive innovation

Develop our infrastructure

Seeking to Involve

Being Caring and Compassionate

Recognising Individuality

Taking Personal Responsibility

Building Team Spirit

In order to ensure that the we are continually monitoring delivering against our Big Plan, the metrics within the Integrated performance report for the Board of Directors are aligned to the Big Plan 2021/24 outcomes and provide details of performance against the agreed KPIs. Each of the ambitions upon which our Big Plan is founded is aligned to a board sub committee which will undertake more detailed scrutiny of progress in achieving the identified outcome, understand risk and seek assurance against delivery.

Kevin McGee
Chief Executive

Metric Description			Reporting Frequency | Level | Sub-Committee | Responsible Executive	Exception Report to Sub Committee	SPC Assurance	SPC Variation	Target Concern	Trust Target	Reporting Month Value	Mean
Segment One – Improve outcomes and prevent harm										
CQC	Big Plan	To achieve an overall rating of good	M | T-D-S | TB-SQ | ALL	Yes	Progress towards CQC rating of good is ongoing					
	Sub Metric	Percentage of Must and Should do's completed			-	-	-	100%	95%	-
Deteriorating Patient	Big Plan	Reduce number of cardiac arrests by 10% (Rate per 1000 beddays)	M | T-D-S | TB-SQ | SC	No	(normal)	(normal)	flag	0.34	0.62	0.53
Pressure Ulcers	**Key Metric**	**Reduce the number of people developing pressure ulcers by 10% Includes device related pressure ulcers (Rate per 1000 beddays)**		No	F	(normal)	flag	1.68	2.82	3.69
	Big Plan	Reduce the number of device related pressure ulcers by 10% (Rate per 1000 beddays)		No	(normal)	(normal)	flag	0.21	0.81	0.75
Maternity safety	Big Plan	Maintain compliance with the 10 safety actions for maternity services		No	-	-	-	100.0%	100.0%	-
Children and Young People safety	Big Plan	Develop 10 safety actions for children and young people and achieve compliance			10 safety actions created for children and Young people, reported through the Divisional Improvement Forum					
Segment Two – Get it right first time										
Mortality	**Key Metric**	**Continue to achieve a mortality HSMR figure of <100 (Hospital Standardised Mortality Ratio (56 Basket – Adult)**	M | T-D-S | SQ | GS	No	Lower Than Expected - January 2023				76.1	-
	Big Plan	Improve the number of structured judgement reviews undertaken by 10%	M | T-D-S | SQ | SC	No	-	-	-	48	51	-
Access Standards	Big Plan	Achieve the Emergency Department within 4 hours target	M | T-D | FPC | FB	No	F	(normal)	flag	90.0%	73.3%	74.2%
	Key Metric	**Reduction in patients waiting +12 hours in Emergency Department**	M | T-D | FPC | FB	No	F	(+)	flag	2.0%	8.6%	9.2%
	Key Metric	**Reduction in ambulance turnaround times (Over 60 minutes)**	M | T-D | FPC | FB	No	F	(+)	flag	100.0%	94.7%	89.4%
	Big Plan	Reduction in 52 week waiters (target as per NHSI recovery plans)	M | T-D-S | FPC | FB	No	F	(+)		5620	4566	7434
	Key Metric	**Reduction in 65 week waiters (target as per NHSI recovery plans)**	M | T-D-S | FPC | FB	No	P	(normal)		2039	1431	1431
	Sub Metric	Reduction in 78 week waiters (target as per NHSI recovery plans)	M | T-D-S | FPC | FB	No	F	(+)	flag	0	191	1283
	Big Plan	Cancer - 28 days from referral to diagnosis (completeness)	M | T-D-S | FPC | FB	No	P	(−)	-	80%	90%	98%
	Big Plan	Cancer - 28 days from referral to diagnosis (compliance)	M | T-D-S | FPC | FB	No	F	(+)	flag	75%	72%	53%
	Key Metric	**Achieve the NHSI 62 day cancer trajectory**	M | T-D-S | FPC | FB	No	F	(normal)	flag	85%	40%	42%
Valuing patient time	Big Plan	Maintain the number of patients moved more than 3 times	M | T-D-S | FPC | FB-SC	No	(normal)	(normal)	-	50	52	49
	Big Plan	Reduce the number of patients moved after 22:00 by a further 10%	M | T-D-S | FPC | FB-SC	No	(normal)	(normal)	-	95	100	111
	Big Plan	Achieve no more than 3% of patients delayed within hospital	M | T-D-S | FPC | FB-SC	No	F	(normal)	flag	3%	7%	10%
	Big Plan	Reduce the number of patients in hospital for longer than 7 days	M | T-D-S | FPC | FB-SC	No	(normal)	(normal)		384	411	428
Cancelled Operations	Big Plan	To reduce the number of operations cancelled for non clinical reasons	M | T-D-S | FPC | FB	No	F	(normal)	flag	0.80%	0.88%	1.26%
CRCU capacity	Big Plan	To ensure that the number of patients transferring from high care and critical care areas after 18:00	M | T-D | FPC | FB		KPI Monitored through Specialty Business Unit					
SDEC	Big Plan	To provide same day emergency care services 12 hours per day 7 days per week	M | T-D-S | FPC | FB	No	P	(normal)	-	220	523	503
Emergency readmissions (30 days)	Big Plan	To reduce the number of patients re-admitted within 30 days	M | T-D-S | FPC | FB	No	(normal)	(normal)	-	7.7%	8.7%	7.4%
Pre-procedure elective bed days	Big Plan	To reduce the number of days patients spend in hospital prior to planned surgery	M | T-D-S | FPC | FB	No	(normal)	(normal)	flag	0.15	0.25	0.33
Pre-procedure non-elective bed days	Big Plan	To reduce the number of days patients spend in hospital prior to unplanned surgery	M | T-D-S | FPC | FB	No	(normal)	(+)	-	0.50	0.25	0.57
Elective Inpatient Average length of stay (Spell)	Big Plan	To reduce the average length of stay for patients undergoing planned surgery	M | T-D-S | FPC | FB	No	(normal)	(normal)	-	3.30	3.14	3.06

Reporting Requirements Key

Frequency	Level	Sub-Committee	Responsible Executive	
A = Annual	T = Trust	TB = Trust Board	All = All Exec Team	GS = Gerry Skailes
B = Bi-annual	D = Division	W = Workforce Committee	KS = Karen Swindley	GD = Gary Doherty
Q = Quarterly	S = Specialty	ETR = Education, Training & Research Committee	JW = Jonathan Wood	SD = Stephen Dobson
M = Monthly	C = Cost Centre	FPC = Finance & Performance Committee	FB = Faith Button	AB = Ailsa Brotherton
		SQ = Safety & Quality Committee	SC = Sarah Cullen	ND = Naomi Duggan

Assurance Icon / Variation Icon key

| Variation Icon	Will consistently fail target within expected variation (F)	Could both pass or fail target within expected variation	Will consistently pass target within expected variation (P)
Recent concerning pattern in the data (−)	Failing Target and Getting Worse. Exception Report Needed	Close to Target and Getting Worse. Check additional performance flag to say if mainly above or below target. Exception Report Needed	Passing target but getting worse. Exception report needed
Normal variation – no recent change	Failing target and no change happening. Process review needed. May need exception report	Close to Target and no change. Check additional performance flag to say if mainly above or below target. May need exception report	Passing target and no change happening
Recent positive pattern in the data (+)	Failing the target but getting better. May need exception report	Close to Target and getting better. Check additional performance flag to say if mainly above or below target. May need exception report	Passing target and getting better

Together

Metric Description			Reporting Frequency | Level | Sub-Committee | Responsible Executive	Exception Report to Sub Committee	SPC Assurance	SPC Variation	Target Concern	Trust Target	Reporting Month Value	Mean
Segment Three – Ensure a safe, caring environment										
STAR	Key Metric	Maintain 75% of Clinical areas with SILVER and above Star accreditation	M | T-D-S | SQ | SC	No	〰	⊕	-	75%	82.0%	75.7%
Falls	Big Plan	Reduce the number of falls by a further 5% - per 1000 bed days	M | T-D-S | SQ | SC	No	F	〰	⚑	3.72	4.56	5.84
Infection	**Key Metric**	**Achieve less than the annual tolerance for C.difficile**	M | T-D-S | SQ | SC-GS	Yes	F	〰	⚑	10	14	16
	Big Plan	Achieve zero MRSA bacteraemia	M | T-D-S | SQ | SC-GS	No	-	-	-	0	0	-
Safety	Big Plan	Achieve 90% staff trained in basic safety training	M | T-D-S | ETR | KS	No	P	⊕	-	90%	96.9%	94.7%
	Big Plan	Achieve 90% staff trained in intermediate safety training	M | T-D-S | ETR | KS	No	〰	⊕	–	90%	93.4%	90.4%
Segment Four – Work in partnership to deliver a positive patient experience										
Complaints	Big Plan	Reduce the number of complaints relating to communication.	M | T-D-S | SQ | SC	No	〰	⊕	-	22	7	21
	Big Plan	Reduce the number of complaints sent to the ombudsman.	M | T-D-S | SQ | SC	No	-	-	-	< 1	1	0
	Sub Metric	Total Number of Complaints Received	M | T-D-S | SQ | SC	No	〰	〰	-	47	29	38
	Sub Metric	Increase early resolution through PALS enquiries. (Number of PALs requests)	M | T-D-S | SQ | SC	No	F	〰	⚑	132	186	212
Complaint quality	Big Plan	Introduce satisfaction measures for complaint and PALS responses and establish baseline.	B | T-D-S | SQ | SC	No	-	〰	-	TBC	0	6
Patient involvement	**Key Metric**	**Achieve a minimum of 90% of patients reporting their experience of good or very good (including neither good/bad)**	B | T-D-S | SQ | SC	No	〰	⊖	-	90%	95%	89%
Candour	Big Plan	Maintain >90% compliance with duty of candour for all moderate and above harm incidents.	M | T-D-S | SQ | SC-GS	No	〰	〰	-	90%	90%	96%

Reporting Requirements Key

Frequency	Level	Sub-Committee	Responsible Executive
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Variation Icon \ Assurance Icon	Will consistently fail target within expected variation (F)	Could both pass or fail target within expected variation	Will consistently pass target within expected variation (P)
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Recent positive pattern in the data	Failing the target but getting better May need exception report	Close to Target and getting better Check additional performance flag to say if mainly above or below target. May need exception report	Passing target and getting better

Reduce the number of people developing pressure ulcers by 10% - per 1000 bed days
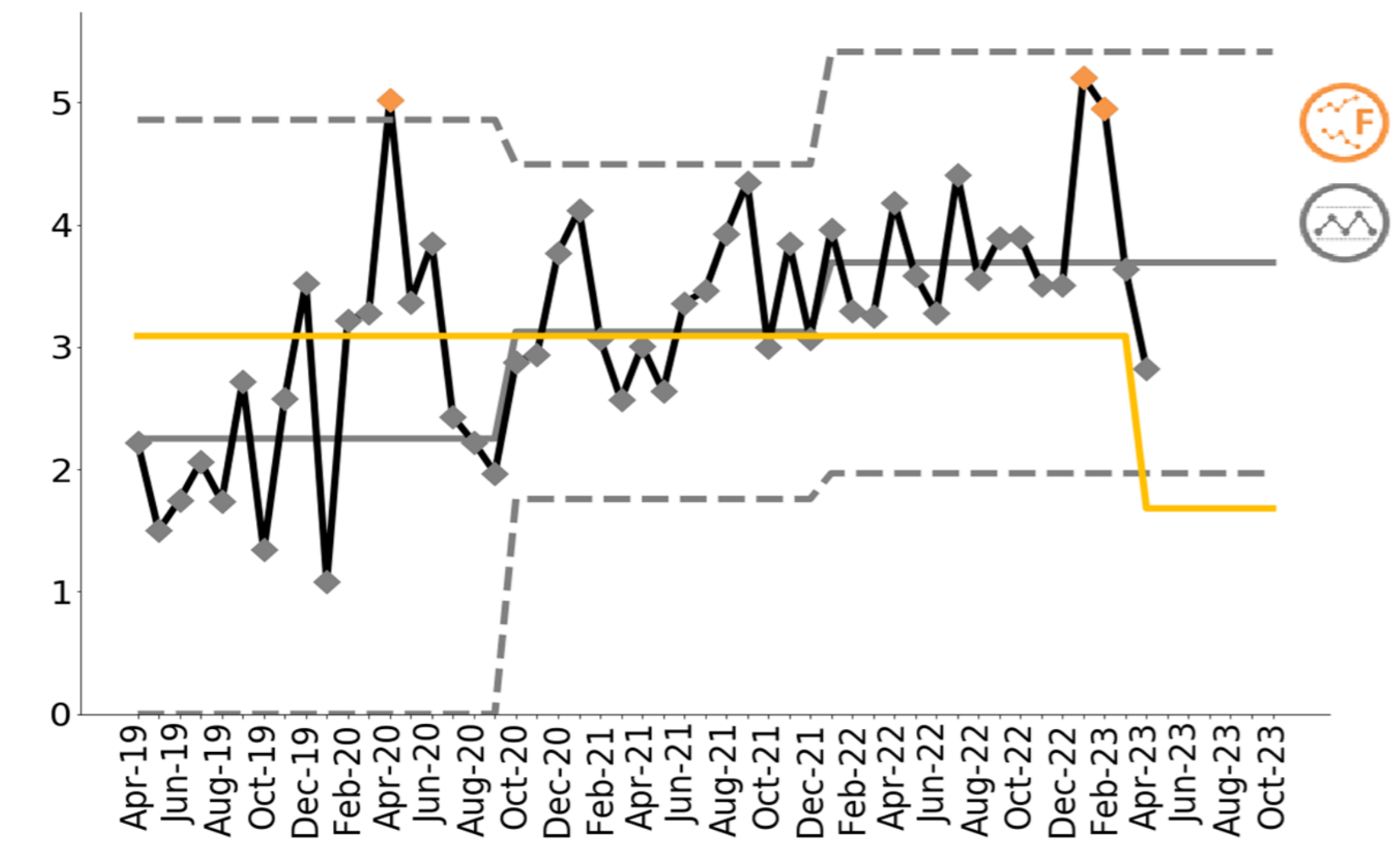
Diagnoses - HSMR | Mortality (in-hospital) | Mar-22 to Feb-23 | Trend (month)

Age (adult/child): Adult

Period: Month   *Measure*: Relative risk   *Additional measure*: No additional measure
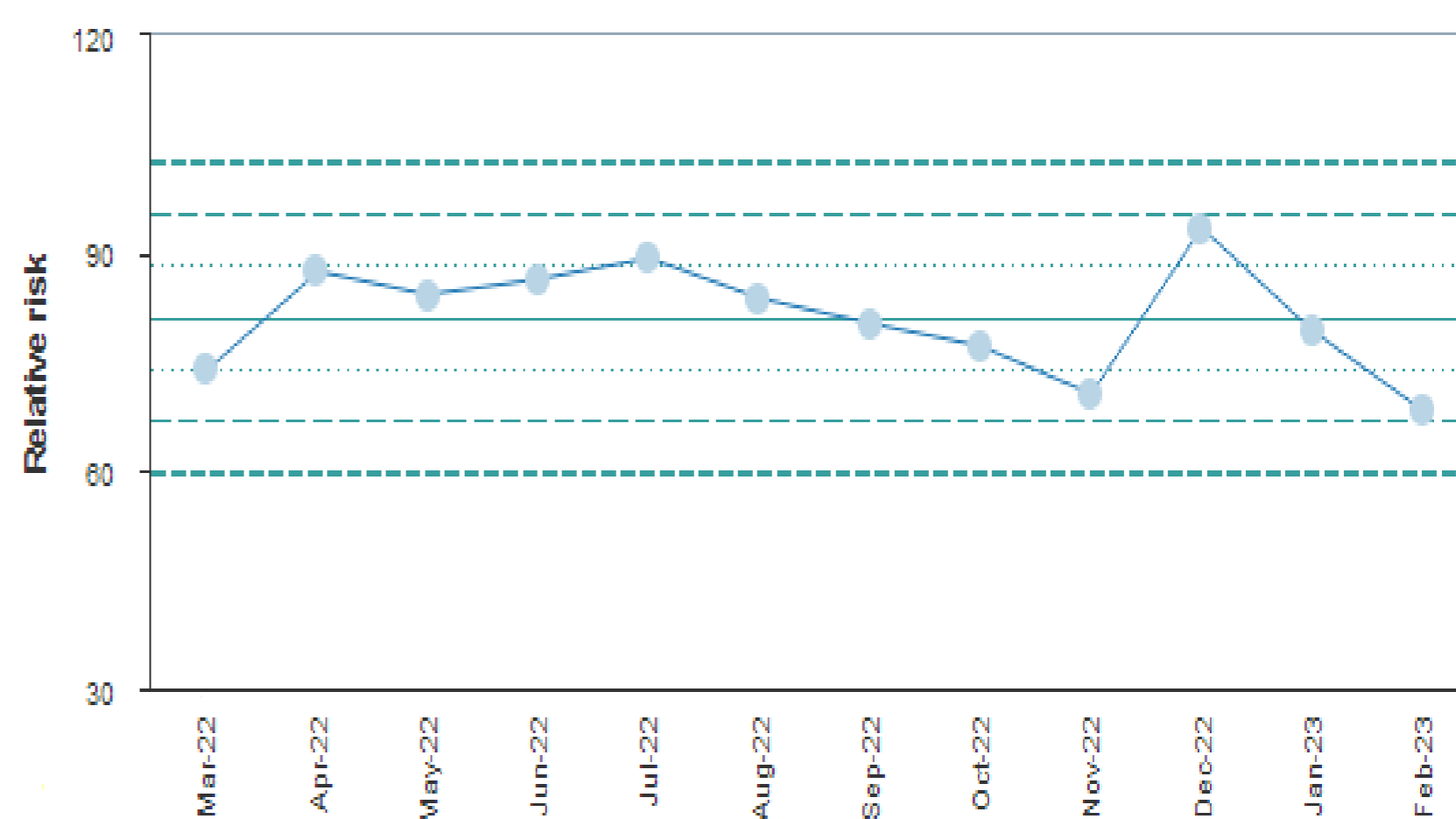
Achieve the Emergency Department within 4 hours target
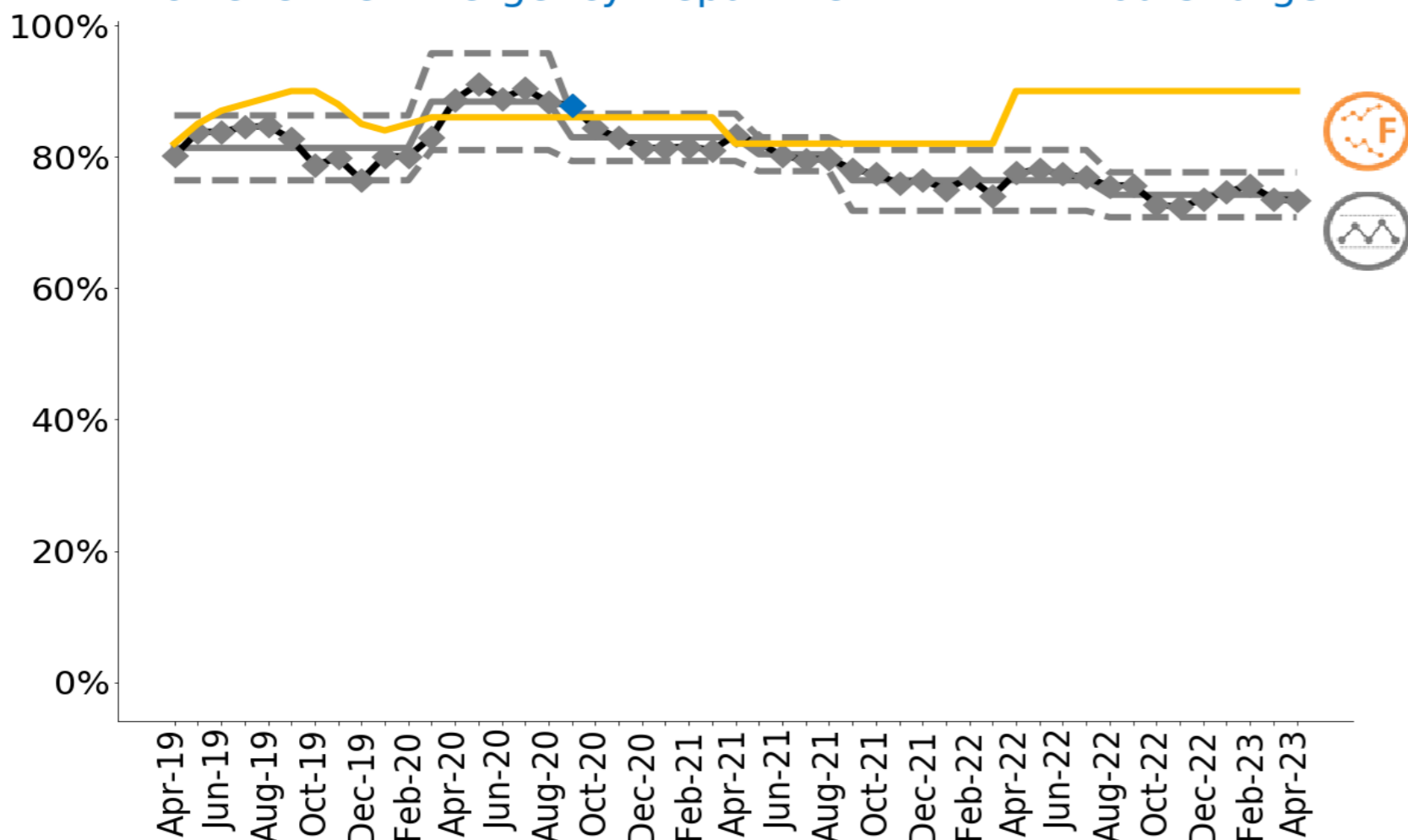
Reduction in patients waiting +12 hours in Emergency Department
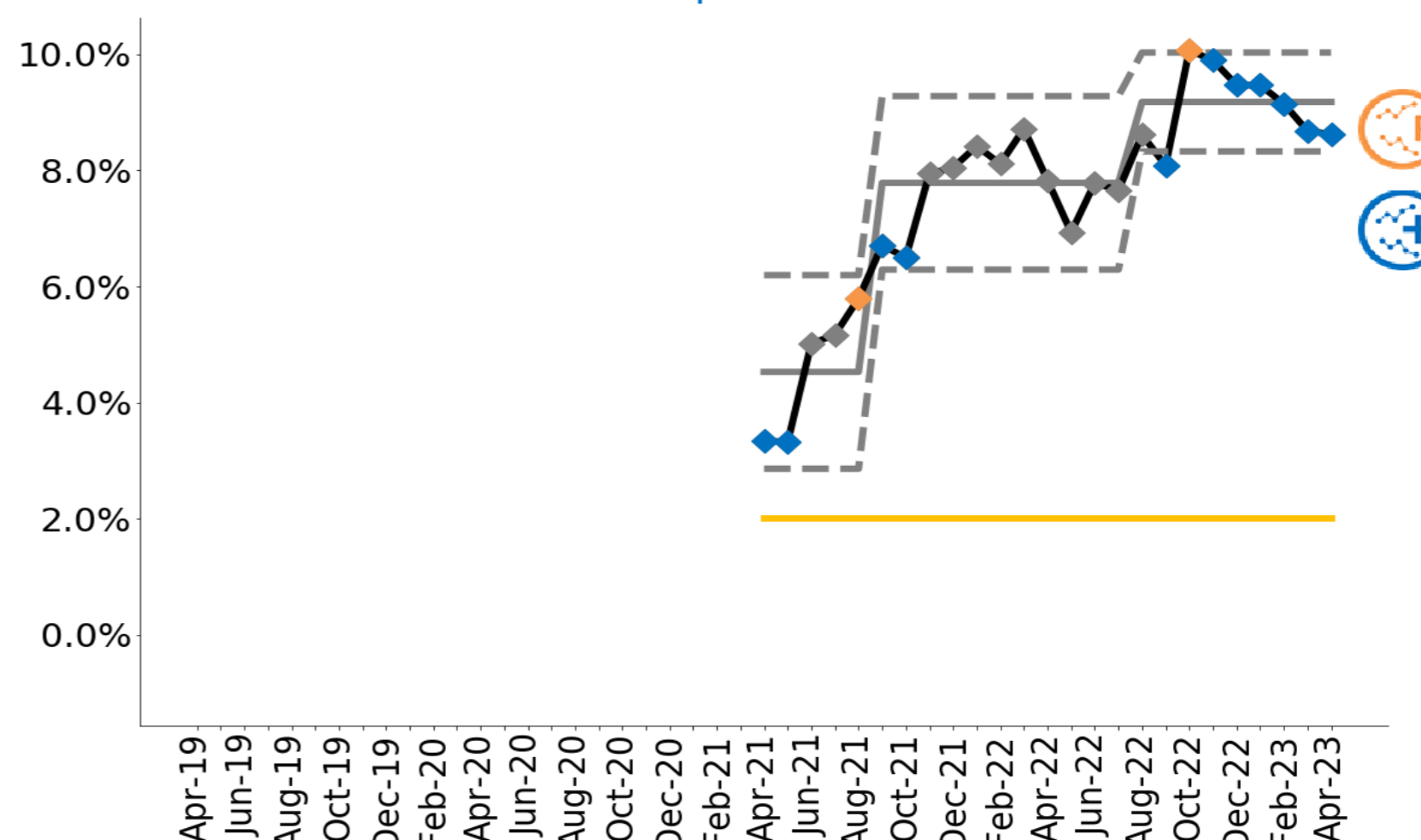
Reduction in ambulance turnaround times - 60 minutes
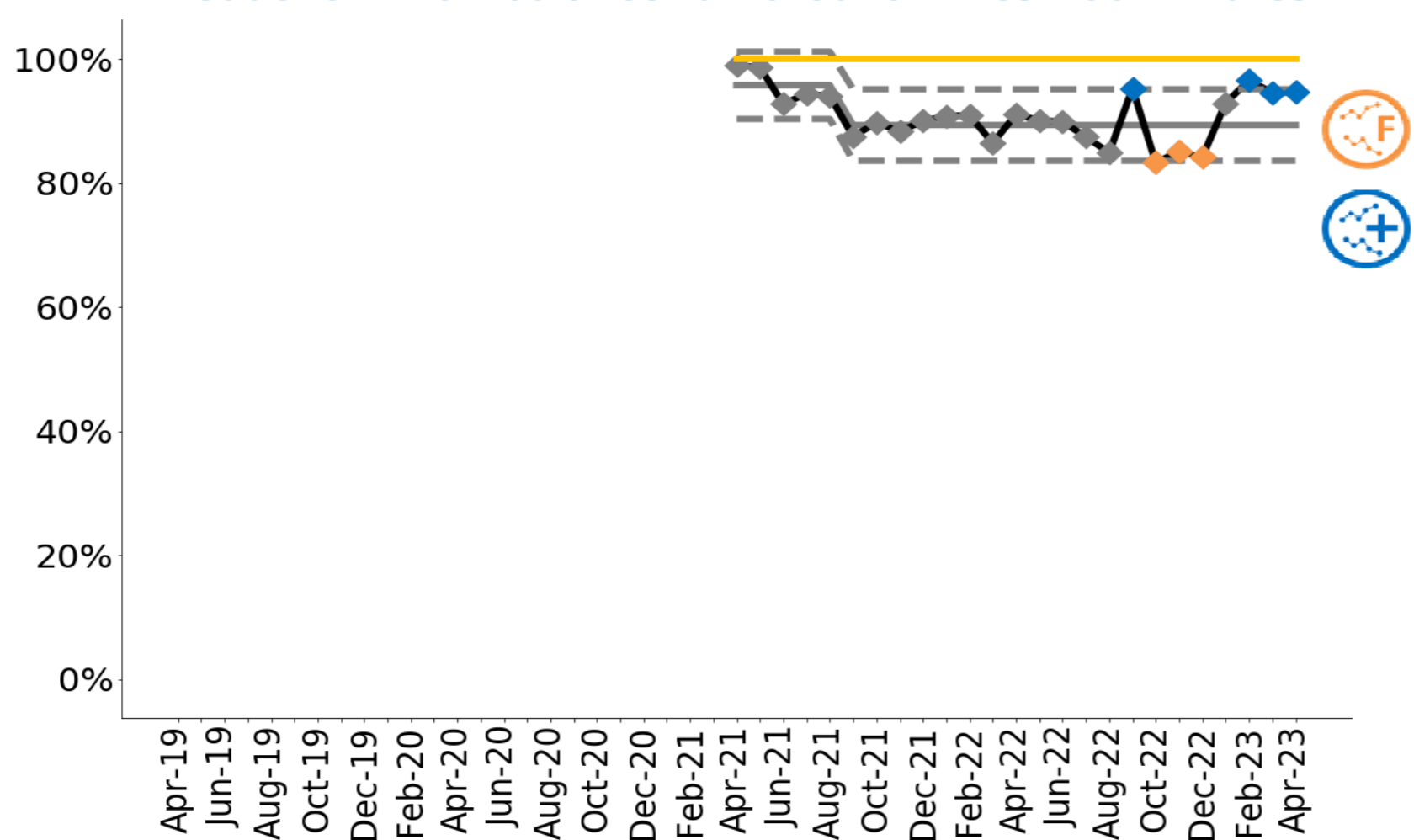
Achieve the NHSI 62 day cancer trajectory
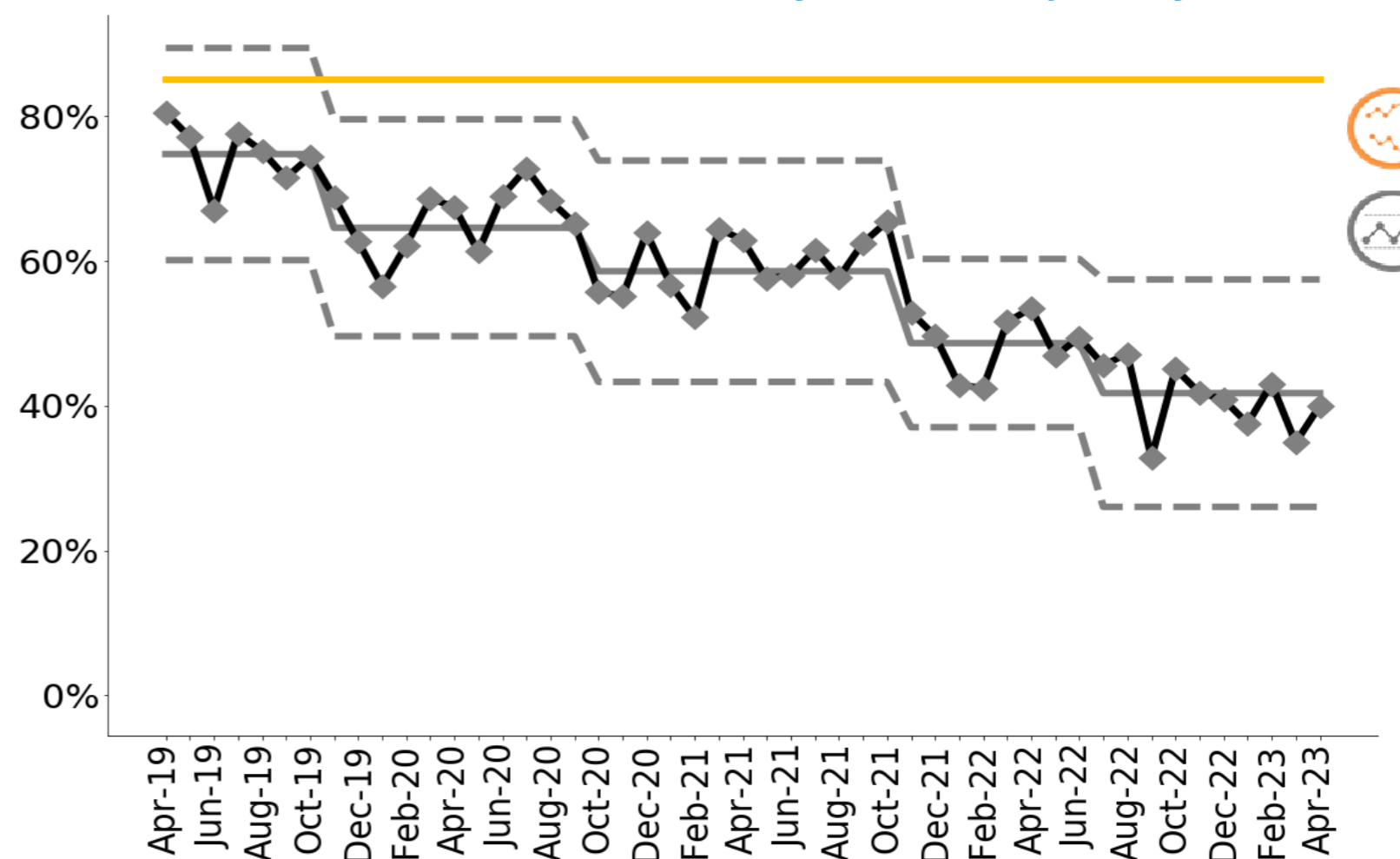
Urgent GP referrals seen within 2 weeks

—— Mean	▬▬ Measure
– – Process Limit	◆ Concerning special cause
◆ Improving special cause	—— Target

Assurance Icons – How likely are we to hit the set target in future?

It's possible the target could be either passed or failed within the expected month to month variation of the measure

F *The target will be consistently failed within expected variation unless the process is changed*

P *The target will be consistently passed within expected variation unless the process is changed*

Variation Icons – Is the measure showing signs of change over time?

No signs of change over time evident in recent data

An example of concerning change is evident in the recent data

An example of positive change is evident in the recent data

Achieve no more than 3% of patients delayed within hospital
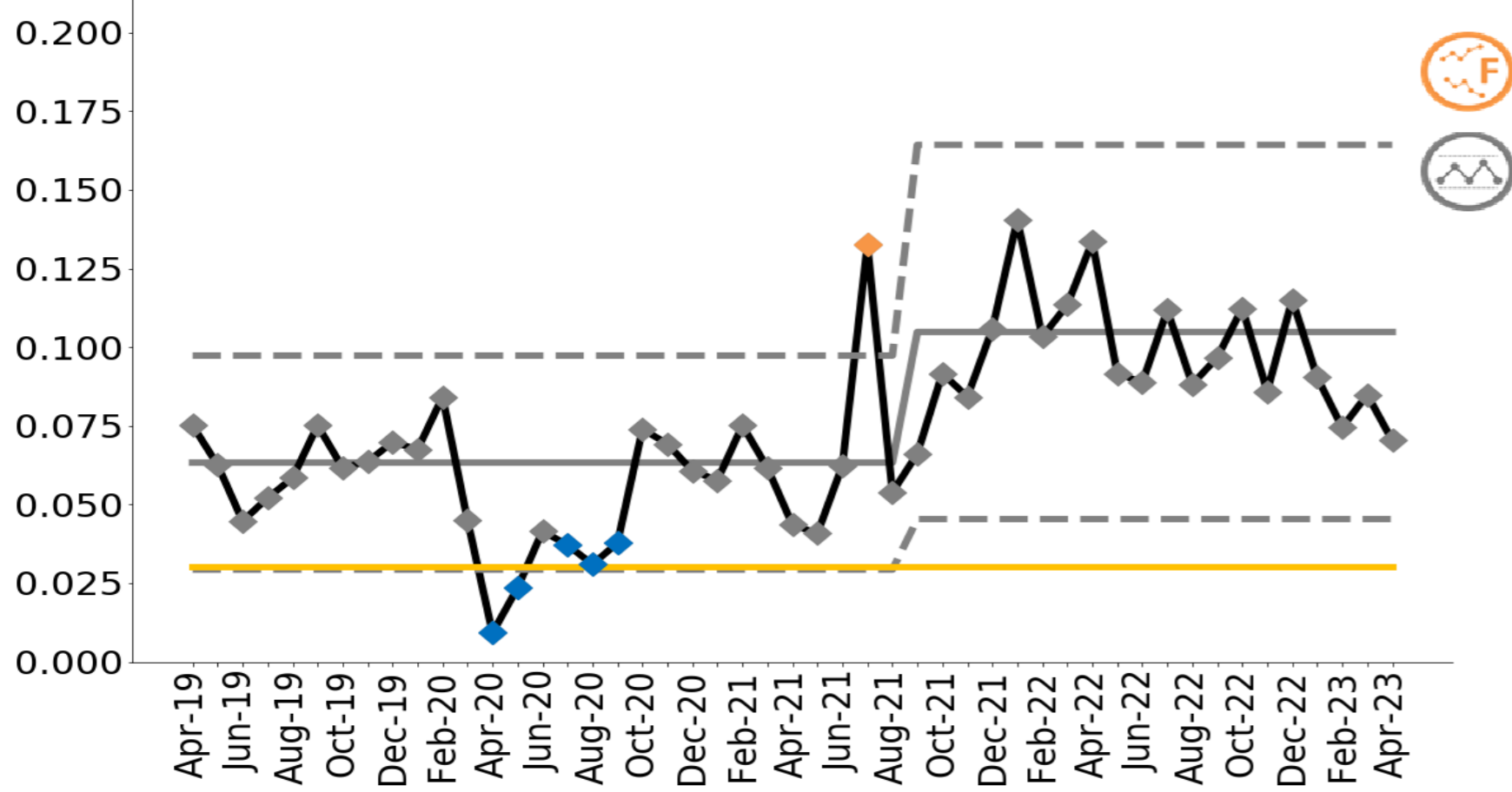
Super Stranded Patient Rate v Improvement Trajectory (21 Days+ Length of Stay)
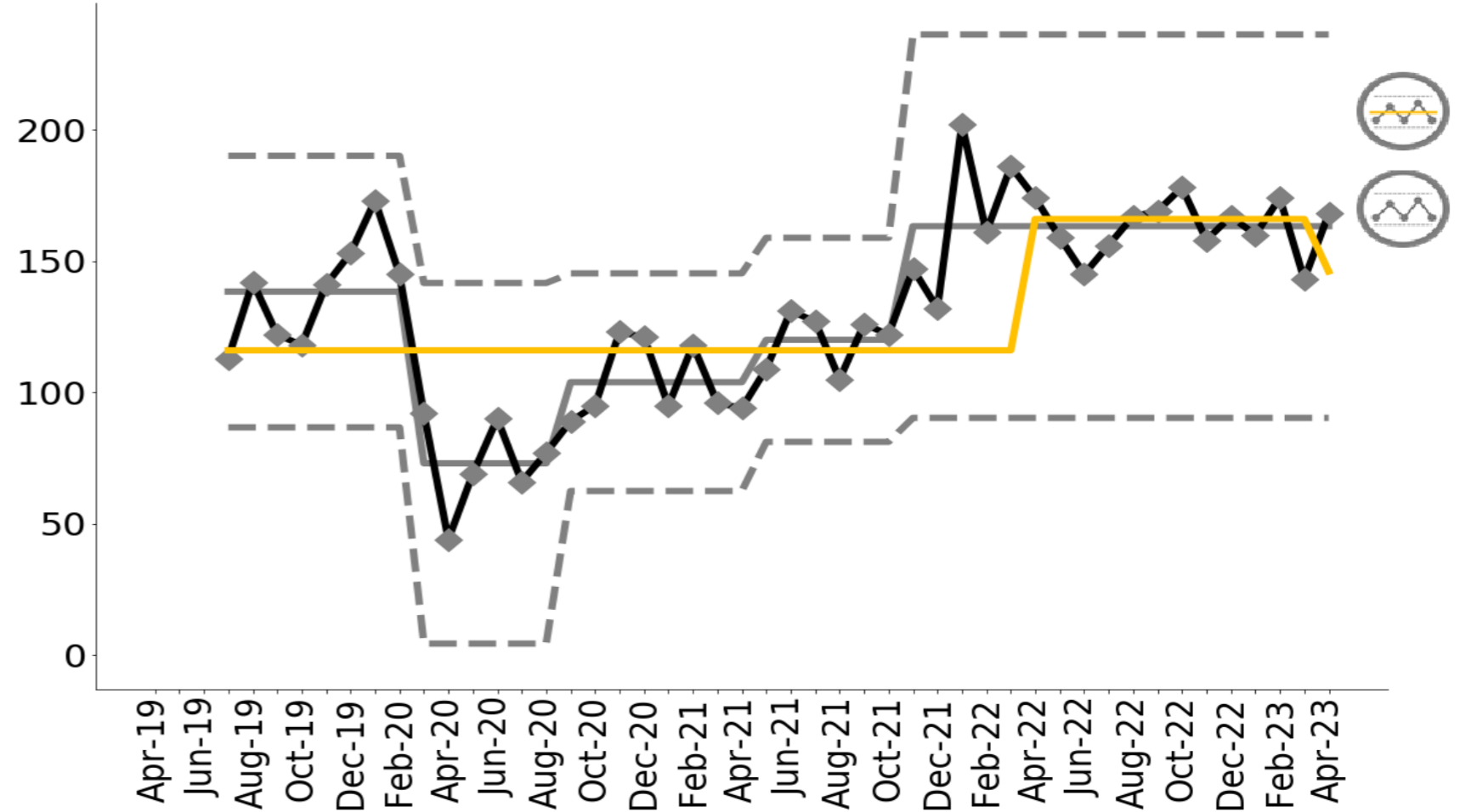
Achieve less than the annual tolerance for C.difficile
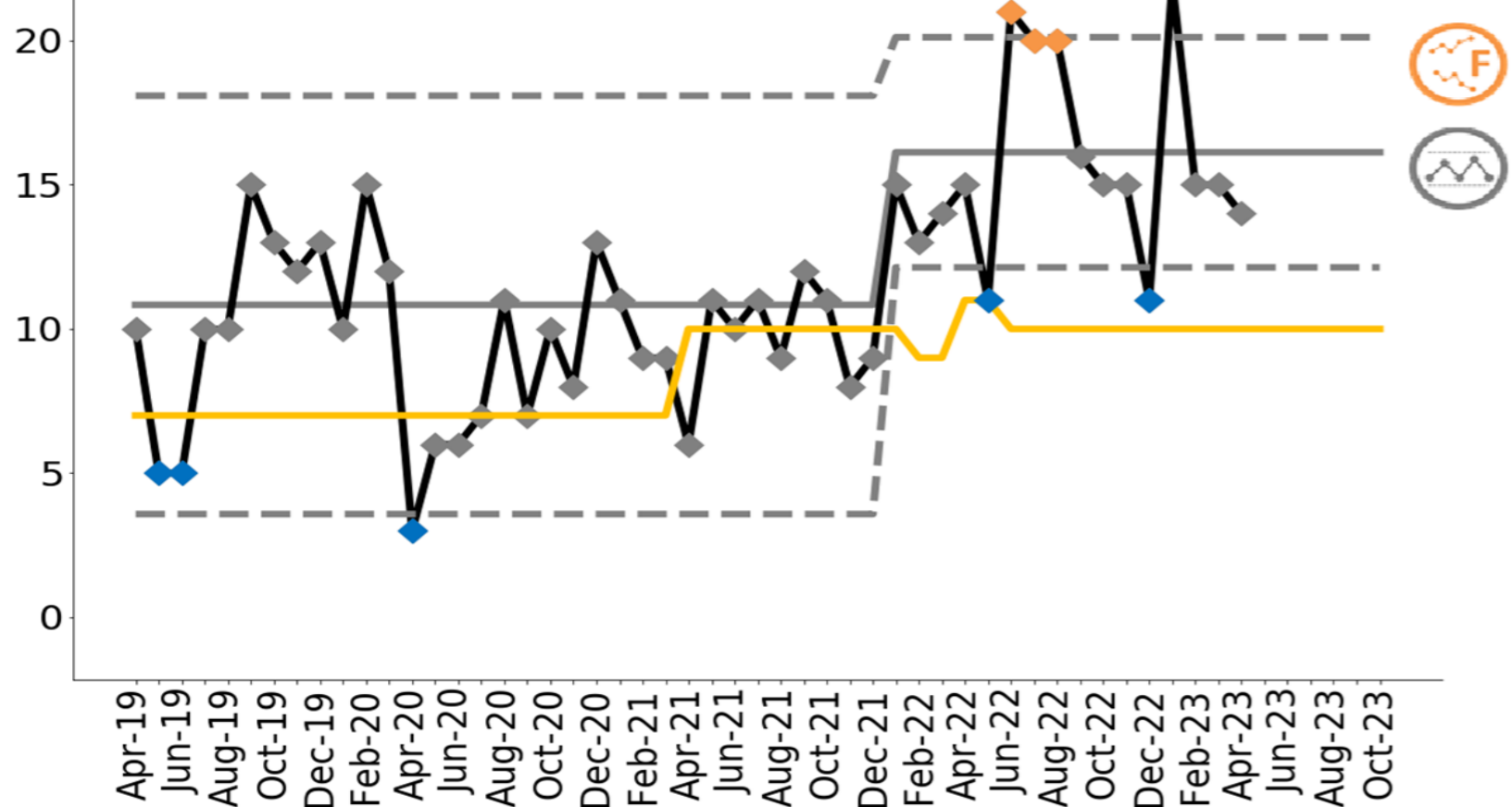
Maintain 75% of Clinical areas with SILVER and above Star accreditation
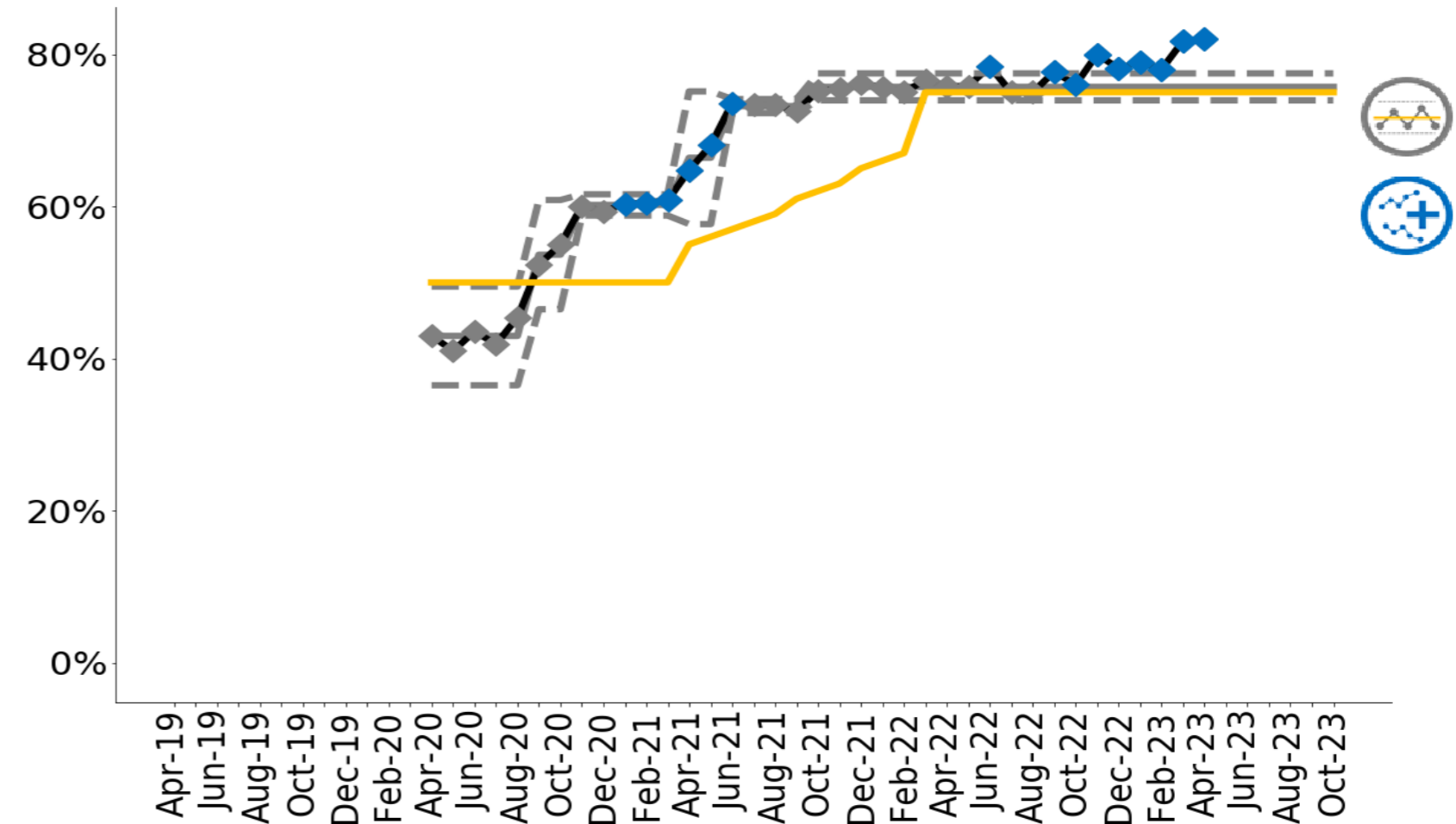
Reduce the number of falls by a further 5% - per 1000 bed days
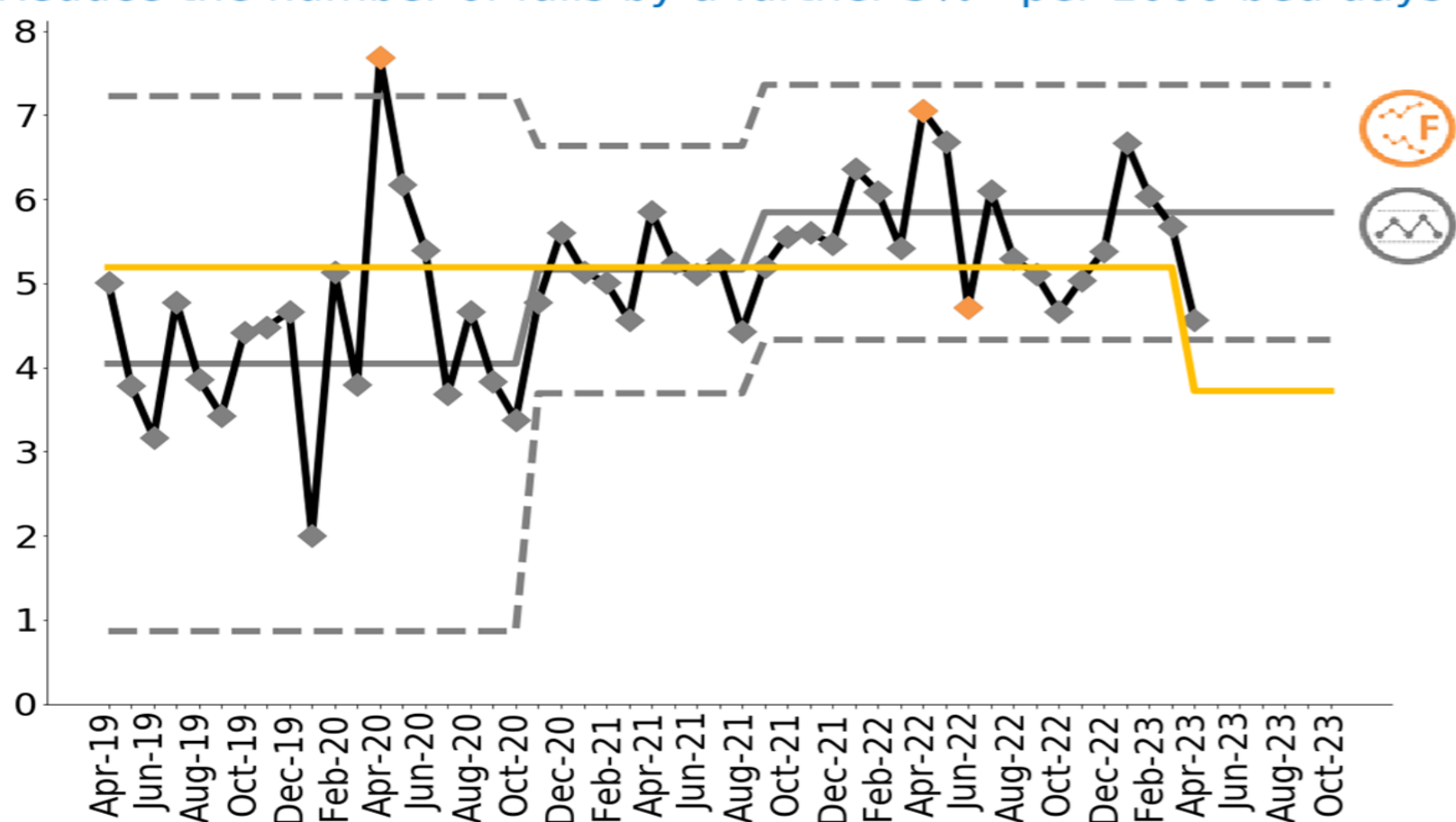
Achieve 90% staff trained in basic safety training
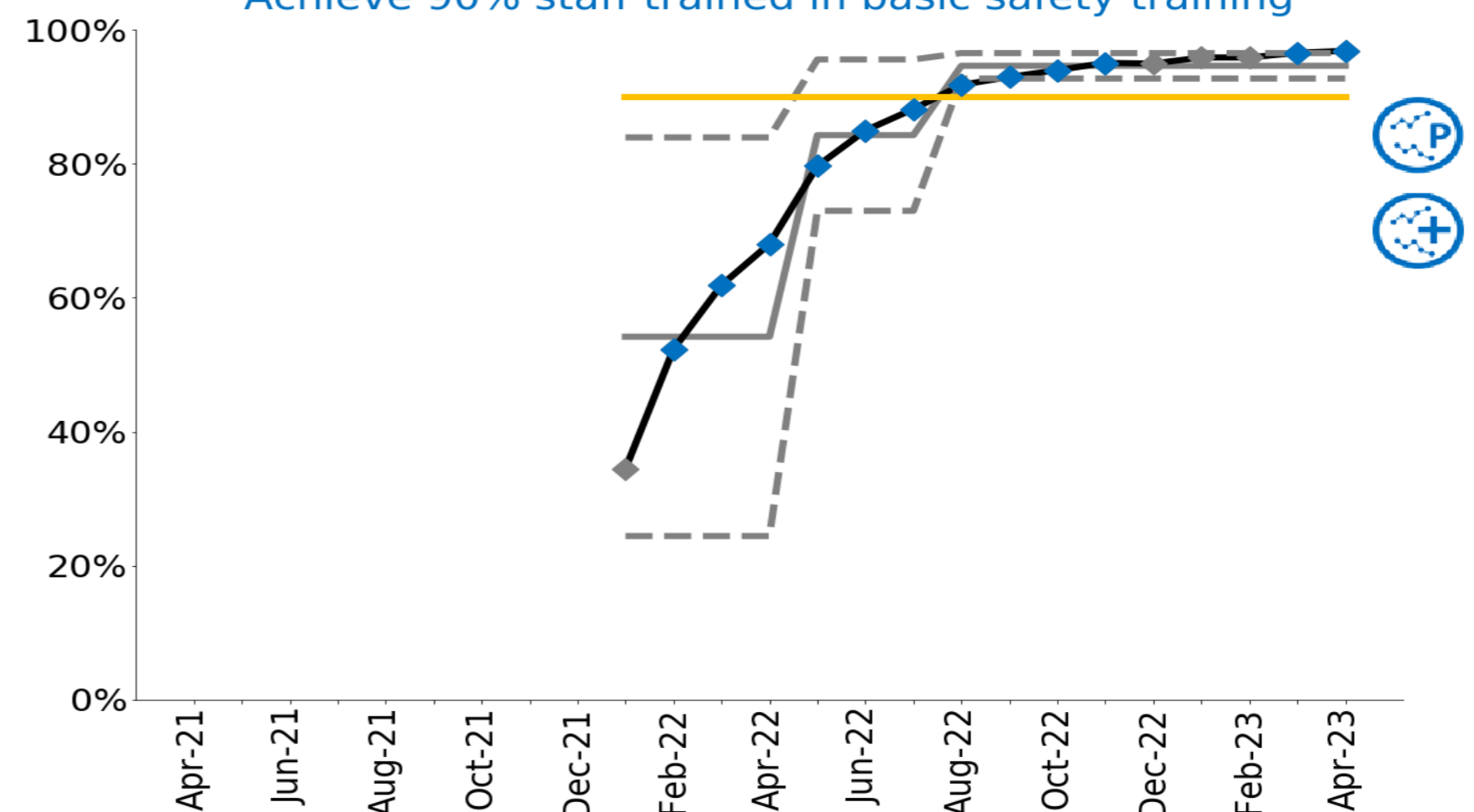
Achieve 90% staff trained in intermediate safety training

Mean	Measure
Process Limit	Concerning special cause
Improving special cause	Target

Assurance Icons – How likely are we to hit the set target in future?

It's possible the target could be either passed or failed within the expected month to month variation of the measure

The target will be consistently failed within expected variation unless the process is changed

The target will be consistently passed within expected variation unless the process is changed

Variation Icons – Is the measure showing signs of change over time?

No signs of change over time evident in recent data

An example of concerning change is evident in the recent data

An example of positive change is evident in the recent data
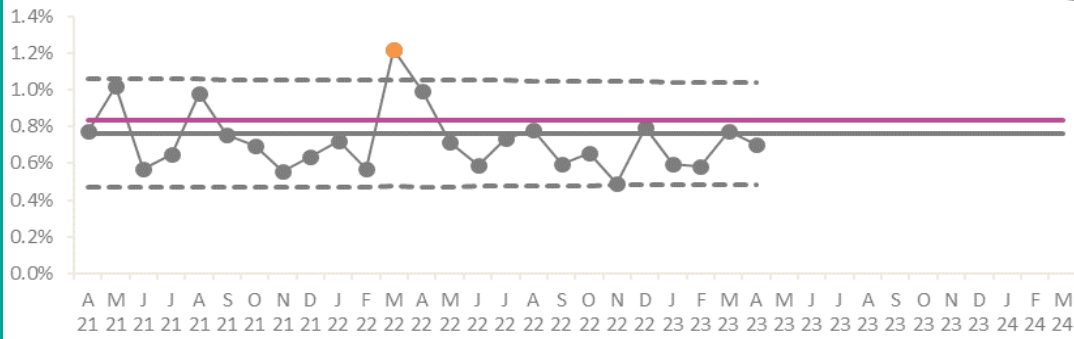
Metric Description		Reporting Frequency | Level | Sub-Committee | Responsible Executive	Exception Report	SPC Assurance	SPC Variation	Target Concern	Trust Target	Reporting Month Value	Mean
Promote Health and Wellbeing										
Sickness Absence	Reduce overall sickness absence to 5.00% FTE (annual assessment; in-month reported)	M | T-D-S-C | W | KS	-	⬤	⬤	-	≤ 5%	5.53 %	6.14 %
	Reduce short-term sickness absence to 1.75% FTE (annual assessment; in-month reported)	M | T-D-S-C | W | KS	-	⬤	⬤	-	≤ 1.75%	1.90 %	1.99 %
	Reduce long-term sickness absence to 3.25% FTE (annual assessment; in-month reported)	M | T-D-S-C | W | KS	-	⬤	⬤	-	≤ 3.25%	3.63 %	4.16 %
Health & Wellbeing	Reduce average duration of psychological health related absences by a further 10% (annual assessment; in-month reported)	M | T-D-S-C | W | KS	-	⬤	⬤	-	≤ 33.11	30.93	37.07
	Reduce average duration of MSK-related absences by a further 10% (annual assessment; in-month reported)	M | T-D-S-C | W | KS	-	⬤	⬤	-	≤ 20.11	26.10	22.54
	Drive forward zero tolerance of violence and aggression toward staff by reducing the number of incidents by a further 10% (annual assessment; in-month reported)	M | T-D-S-C | W | KS	-	⬤	⬤	-	≤ 73	93	59.00
Develop People										
Turnover	Maintain annual staff turnover between 8% and 11% FTE (annual assessment; ESR in-month reported)	M | T-D-S-C | W | KS	-	⬤	⬤	-	≤ 0.83%	0.71 %	0.76 %
Vacancies	Reduce the number of vacancies by a further 5% (annual assessment; in-month reported)	M | T-D-S-C | W | KS	-	⬤	⬤	-	≤ 6%	5.65 %	9.05 %
Appraisals	Maintain 90% HC compliance rate for appraisals	M | T-D-S-C | W | KS	-				≥ 90%	90.00 %	
Mandatory Training	Maintain 90% HC compliance against all core skills training requirements (module compliance reported)	M | T-D-S-C | ETR | KS	-				≥ 90%	95.83 %	
Medical Devices	Achieve 90% HC compliance with medical device training	M | T-D-S-C | ETR | KS	-				≥ 90%	85.99 %	
Inform, Listen and Involve										
Staff Engagement & TED	Increase the number of teams that have undertaken TED by 15% (annual assessment; in-month reported)	M | T-D | W | KS	-	⬤	⬤	-	≥ 17	10	7.92
	Ensure 60% of our staff would recommend us as a place to work	Q | T-D | W | KS	-	⬤	⬤	-	≥ 60%	55.76 %	61.79 %

Assurance Icon / Variation Icon

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Reporting Requirements Key

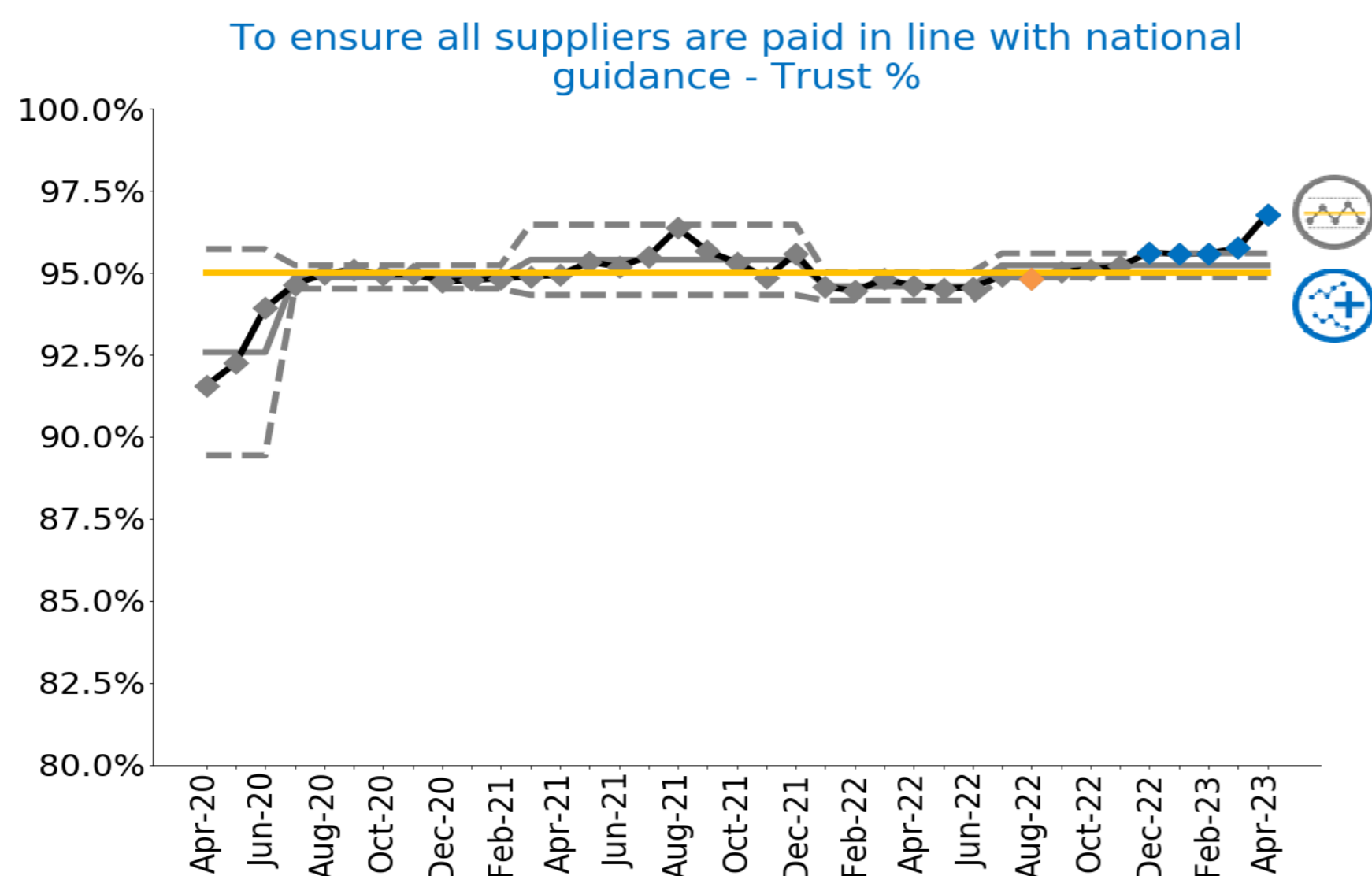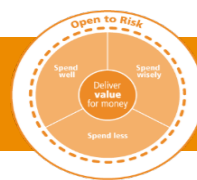| Frequency	Level	Sub-Committee	Responsible Executive
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M = Monthly	S = Specialty		All = All Exec Team
Q = Quarterly	C = Cost Centre		

Metric Description		Reporting Frequency | Level | Sub-Committee | Responsible Executive	Exception Report	SPC Assurance	SPC Variation	Target Concern	Trust Target	Reporting Month Value	Mean
Promote Health and Wellbeing									
Enivronment	Upgrade a further five local staff rest areas	B | T | W | JW							
	Create five agile activity based workspaces	B | T | W | JW							
	Create outdoor recreational space on both the Chorley and Preston sites	B | T | W | JW							
Health & Wellbeing	Increase staff perception that the organisation takes positive action on health and wellbeing to 40%	A | T-D-S-C | W | KS							
	Support staff to stay well by ensuring adequate rest and recuperation in line with working time regulations	B | T-D-S-C | W | KS							
Develop People									
Appraisals	Improve staff perception of the quality of appraisals by 5%	A | T-D | W | KS							
Inform, Listen and Involve									
Just Culture	Reduce further the number of grievances that are managed through formal processes to monitor the move to a just culture	B | T | W | All							
	Reduce the gap between the scores achieved in the annual culture survey between staff perception of the current and desired culture	A | T-D-S | W | All							
Freedom to Speak Up	Ensure all staff accessing the Freedom to Speak Up team are satisfied with how their concerns were managed	A | T | W | KS							
Staff Engagement & TED	Increase the staff engagement score, as measured by the annual staff survey, to 7 out of 10	A | T-D | W | KS							
	Ensure 50% of our staff complete the annual staff survey	A | T-D | W | KS							
Value Each Other									
Race Equality	Reduce the number of staff from BAME backgrounds that have personally experienced discrimination at work to be in line with that of their white colleagues	A | T | W | All							
	Increase the number of colleagues from a BAME background in senior roles (AfC Band 8a and above)	A | T | W | All							
Disability Equality	Reduce the number of disabled staff that experience harassment, bullying and abuse from managers to be in line with the experience of non-disabled colleagues	A | T | W | All							
Corporate Social Responsibility	Engage with our local communities through a range of workforce and education programmes	A | T | W | KS							

Overall Sickness (% FTE)
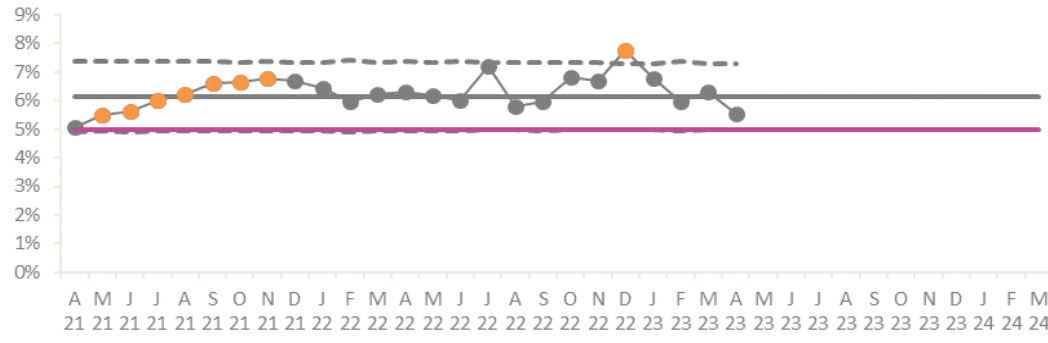
ESR Turnover (% FTE)

GL Vacancy Rate (% FTE)
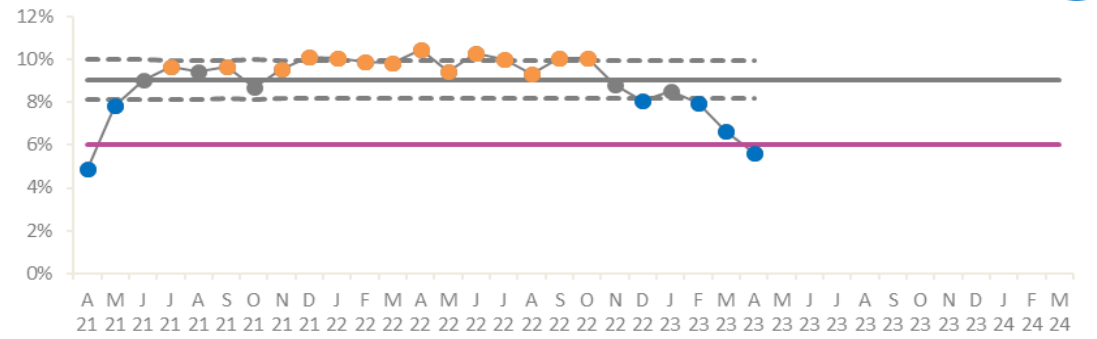
Appraisal Compliance (% HC)
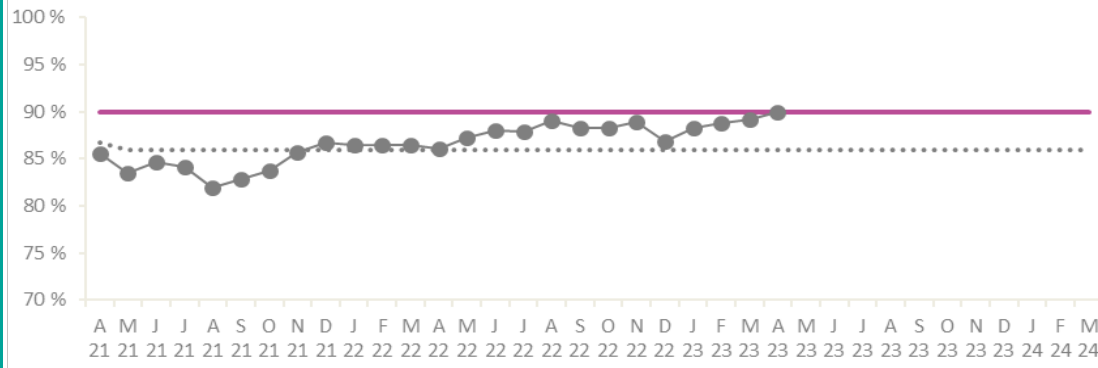
CSTF Compliance (% modules)

NQPS % Recommend to Work

Response Rate — Recommend to work — Target (≥ 60%)

NSS % Recommend to Work

Response Rate — Target (≥ 60%)

Metric Description				Reporting Frequency | Level | Sub-Committee | Responsible Executive	Exception Report to Sub Committee	SPC Assurance	SPC Variation	Target Concern	Trust Target	Reporting Month Value	Mean
Segment One - Spend Less (Economy)											
Agree revenue and capital financial plan with ICB	Key Metric	DVFM-1	Agree revenue and capital financial plan with ICB	A | T | TB - FPC | JW	No	-	-	-	Yes	Yes	-
Deliver agreed cost improvement delivery target	Key Metric	DVFM-2	To deliver 100.0% of agreed cost improvement target	M | T-D-S | FPC | JW	No	-	-		2046	1094	-
Purchase Price Index and Benchmarking (PPIB) performance	Big Plan	DVFM-3	To be in the top decile of purchase price Index and Benchmarking	A | T | FPC | JW	This indicator will be reported separately to board within the normal cycle of board business						
Segment Two - Spend Well (Efficiency)											
Model Hospital - clinical model	Big Plan	DVFM-4	To ensure each clinical model hospital theme to have a proactive action plan in place and deliver 75% of agreed target (where action plan agreed to be relevant and opportunity exists)	M | T-D-S | FPC | GD	This indicator will be reported separately to board within the normal cycle of board business						
Model Hospital - Daycase: Inpatient ratio	Big Plan	DVFM-5	Achieve day case basket 85%	M | T-D-S | FPC | FB	No	F	⊙	⚑	85.0%	75.0%	77.7%
Model Hospital – length of stay	Big Plan	DVFM-6	To deliver Length of stay over 50th percentile for emergency admissions	M | T-D-S | FPC | FB	No	F	⊕	⚑	4.3	4.8	5.3
Model Hospital – WAU	Big Plan	DVFM-7	To reduce the Trust's weighted activity unit index to 100.5	A | T | FPC | JW	This indicator will be reported separately to board within the normal cycle of board business						
Did not attend (DNA) rate	Big Plan	DVFM-8	To achieve the DNA rate target	M | T-D-S | FPC | FB	No	F	⊕	⚑	6.2%	8.41%	9.72%
New to Follow-Up Rate	Big Plan	DVFM-9	To maintain a new to follow up patient ratio	M | T-D-S | FPC | FB	No	⊙	⊕		2.62	2.58	2.82
Bed Occupancy Rate (Including Escalations)	Big Plan	DVFM-10	To achieve the bed occupancy rate (SITREP)	M | T-D | FPC | FB	No	F	⊙	⚑	92%	93.6%	94.3%
Theatres	Big Plan	DVFM-11	To improve theatre efficiency 'in session' utilisation rates	M | T-D-S | FPC | FB	No	P	⊙		90%	83.8%	78.0%
Space utilisation	Big Plan	DVFM-12	To reduce non clinical floor space by 1%	A | T | FPC | JW	This indicator will be reported separately to board within the normal cycle of board business						
OP Follow Ups	Big Plan	DVFM-13	Reduce OP follow ups by 25%	M | T-D-S | FPC | FB	KPI Under Development						
Income	Big Plan	DVFM-14	To ensure that the income recovery processes are maintained in line with guidance and updated to reflect any changes in policy, achieving 100.0% recovery of agreed target	A | T | FPC | JW	This indicator will be reported separately to board within the normal cycle of board business						
Supplier payments	Big Plan	DVFM-15	To ensure all suppliers are paid in line with national guidance	M | T | FPC | JW	No	⊙	⊕		95%	96.8%	95%
Segment Three - Spend wisely (Effectiveness)											
GIRFT	Big Plan	DVFM-16	To reduce unwarranted variation as identified through GIRFT by 50% of agreed target	Q | T-D | FPC | GS	This indicator will be reported separately to board within the normal cycle of board business						
Non NHS income	Big Plan	DVFM-17	Increase volume and margins from Non NHS sources to deliver 15% margin	A | T | TB - FPC | JW	This indicator will be reported separately to board within the normal cycle of board business						
Controls	Big Plan	DVFM-18	To ensure all budgets deliver 100.0% of agreed target	M | T-D-S-C | FPC | JW-KS	No	-	-	-	<10%	14.07%	-
Controls	Big Plan	DVFM-19	To ensure no posts are recruited to unless there is a corresponding budget	M | T-D-S-C | W | JW-KS	No	-	-	-	100%	100%	-
Agency costs	Big Plan	DVFM-20	To reduce agency costs to 2.9% of the total pay bill	M | T-D-S-C | W | SC-GS	No	-	-	⚑	2.8%	5.33%	-
Delivery of Revenue Plan	Key Metric	DVFM-21	To ensure 100% delivery of the Trust's revenue programme	M | T | FPC | JW	No				-5140	-7396	
Capital	Key Metric	DVFM-22	To ensure 100% delivery of the Trust's Capital programme	M | T | FPC | JW	No	-	-	-	1451	3504	-
Buildings Maintenance	Big Plan	DVFM-23	To achieve a zero increase in Critical Infrastructure Risk	A | T | TB - FPC | JW	These indicator will be reported separately to board within the normal cycle of board business						
Improve CQC Use of resources compliance	Big Plan	DVFM-24	Deliver the improvement KPIs outlined in the report – TBC when developed	A | T-D | FPC | JW							
Introduce key supplier net promoter scores for key supplies	Big Plan	DVFM-25	Deliver the improvement KPIs outlined in the framework – TBC when developed	A | T-D | FPC | JW							

Reporting Requirements Key

Frequency	Level	Sub-Committee	Responsible Executive	
A = Annual	T = Trust	TB = Trust Board	All = All Exec Team	GS = Gerry Skailes
B = Bi-annual	D = Division	W = Workforce Committee	KS = Karen Swindley	GD = Gary Doherty
Q = Quarterly	S = Specialty	ETR = Education, Training & Research Committee	JW = Jonathan Wood	SD = Stephen Dobson
M = Monthly	C = Cost Centre	FPC = Finance & Performance Committee	FB = Faith Button	AB = Ailsa Brotherton
		SQ = Safety & Quality Committee	SC = Sarah Cullen	ND = Naomi Duggan

To ensure all suppliers are paid in line with national guidance - Trust %

Mean ——— **Measure** ———
Process Limit – – **Concerning special cause** ◆
Improving special cause ◆ **Target** ———

Assurance Icons – How likely are we to hit the set target in future?

It's possible the target could be either passed or failed within the expected month to month variation of the measure	The target will be consistently failed within expected variation unless the process is changed	The target will be consistently passed within expected variation unless the process is changed

Variation Icons – Is the measure showing signs of change over time?

No signs of change over time evident in recent data	An example of concerning change is evident in the recent data	An example of positive change is evident in the recent data

Metric Description				Reporting Frequency | Level | Sub-Committee | Responsible Executive	Target	Current Rating	Position @ Q1	Position @ Q2	Position @ Q3	Position @ Q4	Comment
Segment One – Strategy and Transformation											
Clinical Services Strategy	Big Plan	FFTF-1	To deliver the 23/24 actions in the LTH clinical services strategy, including addressing the challenges and opportunities of multi-site working.	B | T-D | TB | GS		▬					
Outpatients Transformation	**Key Metric**	FFTF-2	**Deliver the 23/24 actions and outcomes from the agreed Transformation Plan**	M | T | FPC | GS		▬					
Elective Care Transformation	**Key Metric**	FFTF-3	**Deliver the 23/24 actions and outcomes from the agreed Transformation Plan**	M | T | FPC | FB		▲					
Urgent and Emergency Care Transformation	**Key Metric**	FFTF-4	**Deliver the 23/24 actions and outcomes from the agreed Transformation Plan**	M | T | FPC | AB		▬					
			Focus on pre hospital pathway/front door to include integrated mental/physical health services and a 40% reduction in ambulance conveyances			▬					
			10% reduction in LoS on 10 pilot wards and then same reduction if digital solution is scaled up across the organisation			▬					
			Not Meeting Criteria to Reside reduced to 5% (system aim)			▬					
Unwarranted Variation	Big Plan	FFTF-5	Deliver the 23/24 actions and outcomes from the agreed Transformation Plan	M | T | FPC | GD		▬					
Financial Improvement Plan	Big Plan	FFTF-6	Deliver the 23/24 actions and outcomes from the agreed Improvement Plan	M | T | FPC | JW		▬					
			Fully embed FIP governance & reporting			▬					
			Fully embed FIP delivery framework			▬					
			Develop and agree 3 year FIP			▬					
Segment Two – Place Based Partnership											
Collaboration and Integration at Place	**Key Metric**	FFTF-7	**Fully establish the required governance structure and processes for Place based working, agree and deliver the 23/24 agreed Place strategies, actions and outcomes**	Q | T | TB | GD		▬					
			Agree a comprehensive set of priorities & programmes			▬					
			Deliver the Core20PLUS5 action plan and outcomes			▬					
			Deliver the Frailty improvement action Plan & Outcomes			▬					
Social Value	Big Plan	FFTF-8	**Building on our Social Value Framework, work with partners to develop a Social Value Strategy (incorporating the Green Plan), driving a place based focus on equality, wider determinants of health, poverty and social capital**	B | T | TB | GD		▬					
			Review and refresh Green Plan			▬					
			Prepare for Level 2 Social Value Quality Mark accreditation application in 2024/25			▬					
			TBC			▬					

Segment Three – System Working											
ICB Joint Forward Plan	Key Metric	FFTF-9	**Deliver the 23/24 actions and outcomes from the agreed JFP.** **Work with ICB to:**	Q | T | TB | GD		Amber					
			Finalise the JFP			Amber					
			Align strategies and plans with the JFP priorities			Amber					
			Develop detailed delivery plans			Amber					
Clinical Collaboration	Big Plan	FFTF-10	Deliver the 23/24 actions and outcomes from the agreed Clinical Collaboration work plan	M | T | FPC | GS		Amber					
Central Services Collaboration	Big Plan	FFTF-11	Deliver the 23/24 actions and outcomes from the agreed Central Services Collaboration work plan	M | T | FPC | JW		Amber					
			Target Operating model agreed and mobilised			Amber					
			Phase 1 transactional services (Payroll and General Ledger provision) underway			Green					
			Bank and Agency Collaborative proposal sign off/implementation			Green					
Digital Northern Star / EPR Convergence	Big Plan	FFTF-12	Deliver the 23/24 actions and outcomes from the agreed Digital/EPR work plan	M | T | FPC | SD-GD		Amber					
			EPR tenders evaluated, and preferred supplier awarded			Green					Responses have been received and progressing through evaluation.
			Digital Convergence programme governance reviewed and revised			Green					Governance in place.
			Implement Secure data Environment			Amber					Full Business Case dependent on Treasury funding. Currently waiting for treasury approval.
Elective Recovery	Big Plan	FFTF-13	Deliver the 23/24 actions and outcomes from the agreed ECRG work plan – maximise system working to deliver:	M | T | FPC | GD		Amber					
			National waiting times targets			Amber					
			National productivity targets			Amber					
			Surgical Hub Strategy			Amber					
New Hospitals Programme	Big Plan	FFTF-14	Milestones and metrics to be finalised following further national announcements	M | T | FPC | JW							

Reporting Requirements Key

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		SQ = Safety & Quality Committee		

Green — Delivering actions and outcomes
Amber — On track to recover actions & outcomes
Red — Significantly off track with actions & outcomes

Board of Directors Report

2023-24 Annual Plan			
Report to:	Board of Directors	**Date:**	1 June 2023
Report of:	Director of Strategy and Planning	**Prepared by:**	I Ward (Head of Planning) A Mulholland-Wells (Operational Director of Finance) K Downey (Associate Director of Workforce)
Part I	✓	**Part II**	

Purpose of Report

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

Executive Summary:

The purpose of this report is to summarise our annual planning processes for 2023/24 and to present to the Board for approval the key elements within the 2023/24 Operational Plan, along with an update on our enhanced oversight and monitoring arrangements.

2023/24 priorities & operational guidance was published on 23rd December 2022, outlining 31 national objectives and a series of additional actions for ICBs and Trusts. The Board has had extensive discussions to develop the Plan and has engaged the Council of Governors in those discussions. We have worked collaboratively with system partners across L&SC to reflect common assumptions and principles in our plans. Delivering our plans will require transformational actions within/led by LTH but will also require the support of system partners at Place, PCB and ICB levels.

The Trust's operational plan delivers all of the 31 national objectives with the exception of "Deliver a balanced net system financial position for 2023/24". Our current plan would result in a deficit of £15.3m, which is the agreed target deficit for the Trust. Delivering our plan will require significant increases in elective activity in comparison to the levels delivered in 2022/23 and will also require the delivery of a challenging Financial Improvement Plan totalling £67m.

It is recommended that the Board notes and approves the 2023/24 Annual Plan.

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
The Annual Plan has been previously discussed at Workforce, Finance and Performance Committee meetings and at Board Development sessions.

Introduction

1. Priorities and Operational Planning Guidance for 2023/24 was published on 23rd December 2022, outlining 31 national objectives which ICBs and Trusts are required to meet, outlining three key tasks:

   - To recover core services and productivity.
   - Make progress in delivering the key ambitions in the Long-Term Plan.
   - Continue transforming the NHS for the future.

2. The full list of the 31 national objectives are listed in Appendix 1. In addition to this list there are a number of recommended actions/approaches within the national guidance to help to drive rapid delivery of the 31 objectives. The key headline objectives applicable to the Trust are:

   - Improve A&E waiting times to >76% of patients seen within 4 hours by March 24.
   - Reduce general and acute bed occupancy to 92% or below.
   - Eliminate waits of over 65 weeks for elective care by March 24.
   - Reduce the number of patients waiting over 62 days for cancer treatment.
   - Deliver a balanced net system financial position for 23/24.

Approach

3. To ensure our plans were developed in a triangulated manner, existing forums were utilised to establish/discuss the 'ask' with our Divisional and corporate leaders, and national/local benchmarking data were examined to highlight the opportunities for increases in efficiency/effectiveness. Meetings took place with key executive colleagues to review our position against the 31 national ambitions and provide a RAG-rated assessment. Budget setting meetings took place early in January, looking at divisional priorities, key pressure areas, planning considerations and development areas. Bi-weekly triangulation meetings were established, bringing operational and corporate colleagues together to review, challenge and agree our assumptions running alongside the established monthly Planning Advisory Group and Strategic Planning Group forums. As the work progressed a daily Planning Oversight Group meeting was established to give the required focus and Executive oversight. This approach is summarised in Figures 1 and 2.

Figure 1
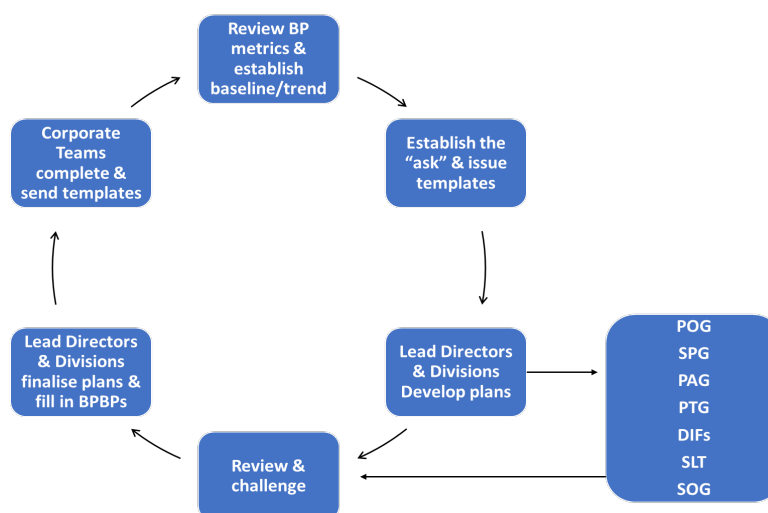
Figure 2
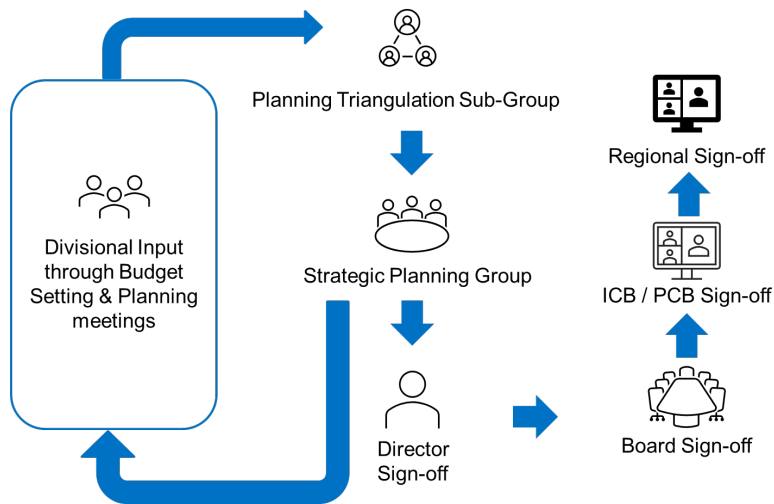
Activity & Performance

4. A comprehensive and detailed modelling tool was developed for Activity and Performance planning purposes (which has been subject to review by NHSE), presenting historical referral & activity trends along with waiting list positions to inform specialty-level planning. Teams considered, when setting their forecast activity levels, their services' prevailing run rates, known constraints, additional activity relating to approved business cases, productivity & efficiency improvements, as well as consideration of the levels of activity required to achieve key national objectives in line with performance trajectories.

5. With divisional activity plans inputted, factoring in referral projections, the model then calculates outputs as depicted in 'Figure 3 – Model inputs & outputs' below, applying current-year average length of stay at specialty and point of delivery to forecast the projected beds and occupancy levels to deliver the activity. The model further calculates the impact of projected activity on our overall waiting list profile and reduction.

Figure 3 – Model inputs & outputs
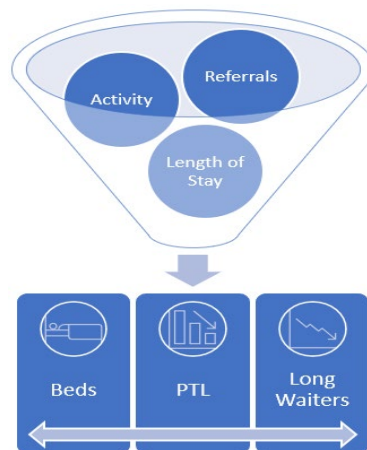
6. The following table summarises the Trust's overall final 2023/24 activity plan, comparing against the baseline period (2019/20) and current forecast outturn position.

Table 1 - Activity Summary

Final Submission	1920 Baseline	WD Adj[1]	1920 (WD Adjusted)	22/23 Freeze	23/24 Plan	23/24 Plan vs 22/23 FOT	Recovery against 1920	Recovery against 1920 (WD Adj)
DC	55,080	0.984	54,213	48,249	58,782	10,533	107%	**108%**
EL	10,919	0.984	10,747	11,196	11,748	522	108%	**109%**
OPFA	119,404	0.984	117,524	116,750	147,196	30,446	123%	**125%**
OPPROC	69,969	0.984	68,867	68,779	93,182	24,403	133%	**135%**
OPFUP	310,522	0.984	305,632	311,148	279,259	-31,889	90%	**91%**
NEL	48,925	1	48,925	49,197	48,925	-272	100%	**100%**

7. Nationally, the measure of elective recovery is based on the elective recovery fund (ERF) value-weighted activity methodology. Simplified, this takes 2019/20 activity, groups and costs using 23/24 grouper and tariffs, then compares to planned and actual values of activity delivered. Our 23/24 activity plan exceeds our ERF indicative target set nationally (103%) and provides a significant contribution to the planned achievement of the system target (109%), with an ambition to achieve a trust average of 115% across 2023/24 as set out in Table 2 - ERF Performance.

Table 2 - ERF Performance

	% Achievement														
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	H1	H2	FY 2023/24
DC	114%	114%	112%	113%	115%	116%	112%	110%	113%	115%	117%	105%	**114%**	**112%**	**113%**
EL	115%	113%	103%	119%	107%	109%	112%	103%	110%	102%	109%	109%	**110%**	**107%**	**109%**
OPFA	117%	116%	113%	115%	122%	113%	123%	123%	125%	126%	152%	113%	**116%**	**127%**	**121%**
OPROC	147%	136%	149%	136%	137%	147%	143%	148%	135%	129%	129%	121%	**142%**	**134%**	**138%**
	118%	116%	112%	117%	115%	115%	117%	113%	116%	114%	123%	110%	**115%**	**115%**	**115%**

8. Further information is contained within the following subsections describing the main areas of work being undertaken through the transformation programmes supporting the delivery of the planned levels of activity and performance.

Elective

9. Each of the divisional teams have reviewed and assessed their current performance and required activity levels to achieve the main objectives of eliminating 65-week waiters and improving the cancer 62-day performance, both of which are imperative given the Trust is a provider in receipt of tier 1 support for long waits and cancer.

10. The additional day case and ordinary elective activity is underpinned by three new additional theatres becoming operational during 2023/24: one at the end of Q2 (Theatre 17) and two more at the end of Q4 (SGU Theatre & Theatre 6a). This is coupled with improvements in productivity & efficiency through capped theatre utilisation, reductions in theatre cancellations and endoscopy productivity gains.

11. A range of transformation schemes are planned to support increased activity and productivity as follows:

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[1] A working day (WD) adjustment is required to give a comparable position, as there were 254 working days in 2019/20 and 250 working days in 2023/24.

- Theatre Productivity programme to increase capped utilisation to a minimum of 85%
- Six High-Volume Low-Complexity (HVLC) specialties GIRFT cases per list; review undertaken and reports ready to track
- Pre-operative assessment programme of change and delivery to be started at front-end
- Pre-habilitation - aligning with system work
- Maximising CDH designated Elective Hub - move of low acuity paediatric surgery and websites for Chorley hub reflecting high quality surgery
- Diagnostic Productivity - working with external specialist company, Changeology - circa 15% improvement seen
- Cancer transformation programme - already started a number of successful programmes of improvement, which will continue, and work across ICS as Cancer Centre and receiving-Trust for referrals and treatments

Outpatients

12. To create the capacity for additional activity, planned outpatient transformation programmes of work include a range of actions such as:

- Implementation of the seven GIRFT best practice follow-up reduction pathways
- Implementation of Personalised care and patient portal
- Commissioning a review of Tier Two services in primary care and the Referral Management Centre
- Triage of referrals to include option for Advice and Guidance with referral back to primary care, diagnostics prior to clinic and right clinic first time
- Increased levels of Patient-Initiated Follow-Ups

13. Our ambitions to transform outpatient services allowing us to reduce unnecessary follow-up appointments are illustrated in Figure 4 - FUP Waterfall

Figure 4 - FUP Waterfall
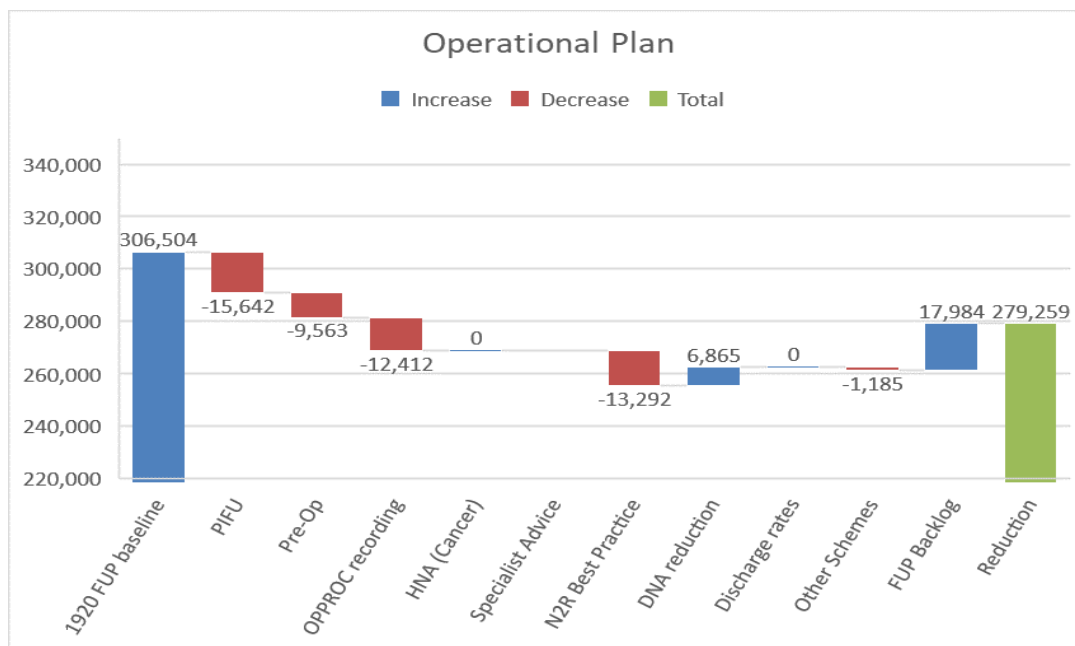
Urgent & Emergency Care

14. Key transformational actions to improve quality, safety and efficiency in our urgent and emergency care system include:

- Reducing ambulance conveyances to the Emergency Department by 40% through the development of a Patient Navigation Hub Single Point of Referral
- Improve flow through the hospital and reduce LOS by 10%
- Working with system partners to reduce not-meeting-criteria-to-reside to 5% by the end of Q2 2023/24
- Creation of single point of referral hub for physical health services
- Maximise 'Hear and Treat' and 'See and Treat' with NWAS
- Host a rapid improvement event (supported by NHSE SDEC team) to adopt the national criteria for SDEC, stop SDEC being utilised as an escalation area and increase the number of ambulance handovers straight to SDEC, AAU and MAU
- Expansion of Virtual Wards

System Working

15. In order to deliver our Annual Plan and meet our responsibility as a system partner, LTH is working at multiple levels within Lancashire and South Cumbria including Place, the Provider Collaborative and the Integrated Care Board. A wide range of system programmes are in place that are key enablers of/key drivers to deliver the LTH Annual Plan. These include, but are not limited to:

- Clinical Collaboration
- Central Services Collaboration
- Diagnostics Collaboration
- Pathology Collaboration
- Elective Recovery
- Electronic Patient Record Convergence

16. LTH senior leaders are well represented in the leadership arrangements for all of the above programmes and progress is reported through to our Finance and Performance Committee. Where possible explicit outputs/benefit realisation from the above are included within our Annual Plan, though for a number of areas there is still work to do to reach the stage where these can be fully quantified and assured.

Performance

17. Our plan:

- Improves the percentage of patients waiting in A&E to >76% within 4 hours by March 24.
- Eliminates waits of over 65 weeks for elective care by March 24 and makes improvements on the number of patients waiting 52 weeks as illustrated in Figure 5 - Long Waiters.
- Reduces the number of patients waiting over 62 days for Cancer treatment following an agreed trajectory to reduce the 62-day backlog to 180 by March 24.

Figure 5 - Long Waiters

Figure 5 - Long Waiters
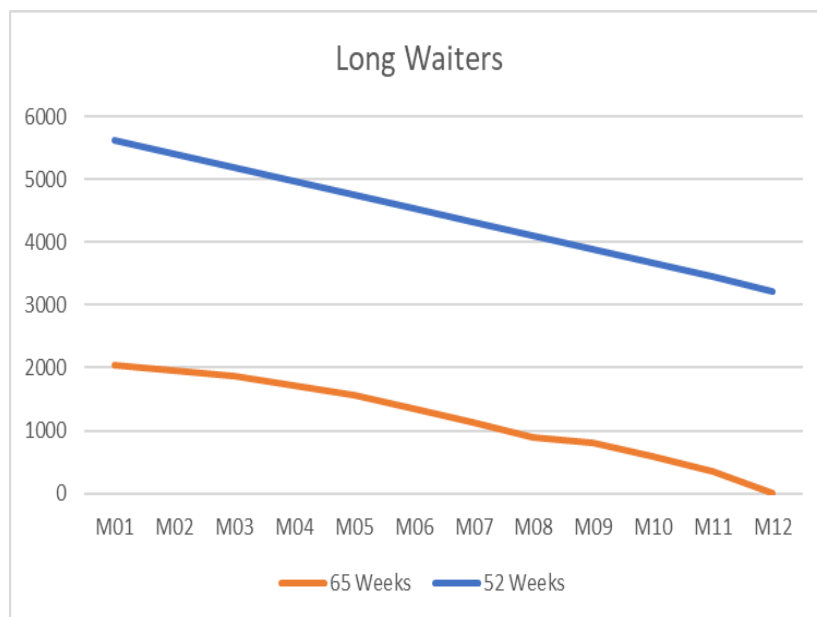
18. Table 3 below summarises the Trusts assessment of our activity & performance submission against the relevant national objectives.

Table 3 - Summary Assessment

Area	Objective	Assessment	
UEC	Improve A&E waiting times so no less than 76% of patients are seen within 4 hours by March 24	Our plan achieves 76% by February	√
	Reduce general & acute bed occupancy to 92% or below	Our plan meets an average 92% occupancy	√
Elective	Eliminate waits of >65w by March 24	Our plan contains the activity required to deliver the 65w target	√
	Deliver the system-specific activity target of 109% average rising to 113% by the end of the year. (Provider specific target of 103% average, rising to 107%).	To deliver the 65w target, our ERF Plan delivers an average of 120% ERF	√
Cancer	Continue to reduce the number of patients waiting over 62 days	Our plan is aligned to the Cancer Alliance trajectories of improvement	√
	Meet the cancer 28d faster diagnosis standard of 75% by March 24	Our plan delivers the 28d faster diagnosis standard	√

Finance

19. The Trust's financial plans for 2023/24 have been developed 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 to note in 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 PbR system.
- Capital allocations will be increased by £300m nationally – prioritised for systems that deliver agreed plans in 22-23
- 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 LSC system target for elective activity is an 108% (average) increase across 23/24; 112% by 31 March 2024.

20. At the start of 2022-23, the Trust brought forward an underlying deficit against recurrent funding of £79m [2]. Expenditure pressures brought forward from 2021-22 were largely as a result of opening unfunded emergency beds (driven by an increase in Not-Meeting-Criteria-to-Reside (NMCtR)), the continuation of COVID pressures, commissioner income not keeping pace with demographic change and deterioration in productivity. The 2023/24 plan includes contract income based on the 2023/24 planning guidance, a fixed element for non-elective and outpatients and variable income for elective activity based on 2023/24 national tariffs. Planned income also includes known service developments which are income-backed by commissioners. Expenditure includes pay and non-pay based on rollover recurrent 2022/23 budgets plus known service developments, inflationary assumptions (pay and non-pay) and cost of capital.

21. The Trust Board approved a financial deficit plan of £24.3m on 02 May 2023. Due to the compliance with an improved system deficit target of £95m, NHSE made an additional non-recurrent funding allocation. This totalled £15m for the system and, as an allocation was based on Provider cash support requirements (which was approx. 60%), LTH received £9m of this additional allocation bringing our new deficit plan down from the £24.3m (reported to the committee in early May 2023) to £15.3m. Figure 6 below shows the movement between the 2022/23 year-end close position of £20.9m deficit, the 2023/24 underlying deficit of £91.3m, and this financial year's agreed target deficit position of £15.3m

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[2] As a reminder each organisation is provided with top up funds to offset systemic funding challenges. This top up funding is reduced gradually year on year and will consequently drive a bigger CIP requirement for those organisations who rely on these funds. In 2022-23 for LTH these funds amounted to £72m. Therefore, the underlying 'real' deficit position was £72m plus £77m, or £149m (22% of turnover).

Figure 6 - 2022/23 Outturn to 2023/24 Plan
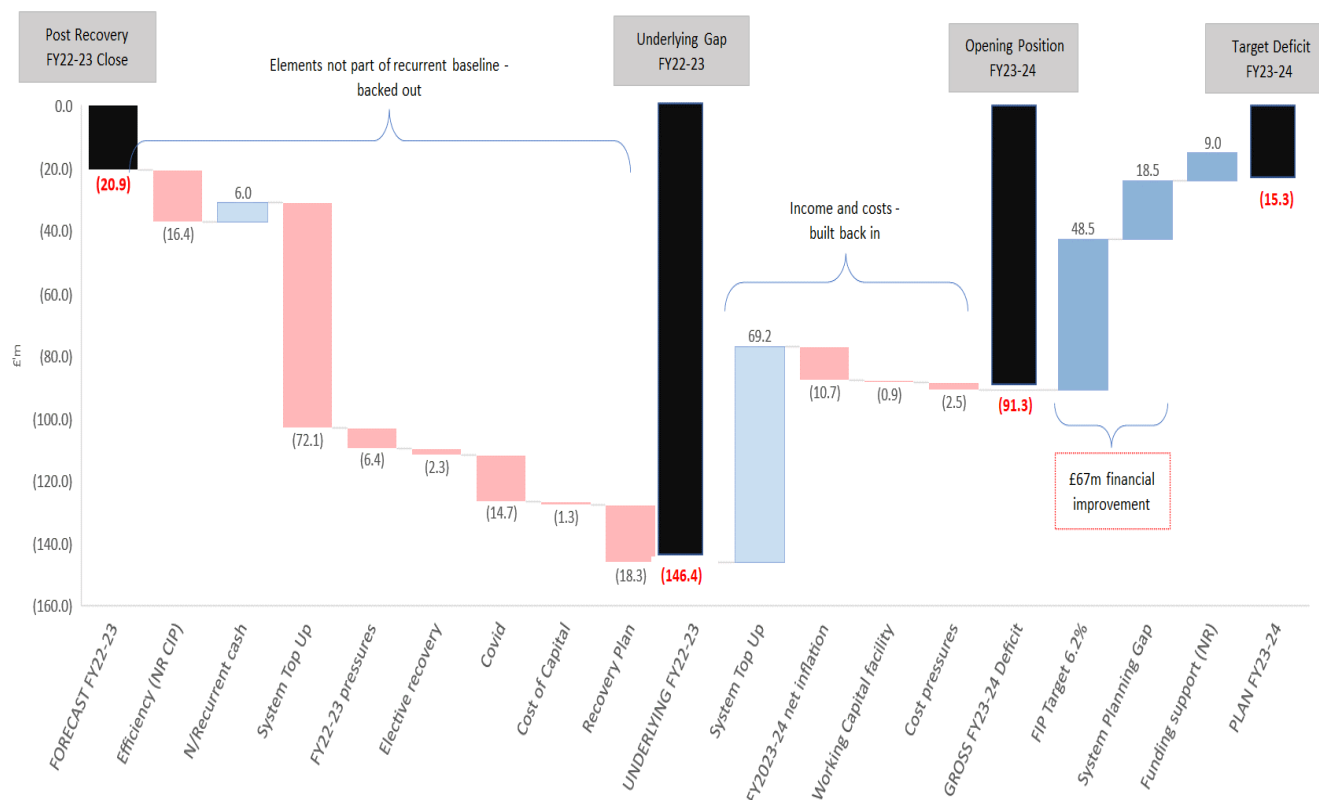
22. Each provider Trust in the ICB was required to meet a minimum cost improvement target of 5.5% of operational expenses in 2023/24, along with further challenge to remove unfunded bed capacity at the Trust. The local financial improvement target is £48.5m / 6.2% for the Trust and is the minimum level of financial improvement expected to be delivered. This year's financial plan also included a 'system stretch' totalling £18.5m, which requires development of a robust system wide plan to ensure there is clarity of the dependencies, actions and ownership across multiple stakeholder parties. This in total amounts to a £67m financial improvement requirement.

23. The Trust is in the process of building a three-year Financial Improvement Plan over which time the expectation is to bring the Trust back into a financially balanced position.

24. The 2023/24 plan will be challenging in terms of delivery and presents a number of financial risks totalling £75.2m. Key financial risks identified include:

- Unidentified Planning Gap (£18.5m)
- Delivery of CIP (£26.2m)
- Delivery of elective recovery and associated income (£10m)
- Fixed element of income for non-elective activity, no growth included (£3.5m)
- Non-pay inflation (£3m)
- 2023/24 national pay award - anything above the 2.1% included in the plan assumed income backed (£3m)
- Other pay costs
- Double running of international nurses (£1m)
- National funding of Personal Protective Equipment (£1m)
- Working capital facility (£1m)

25. The Trusts 2023/24 capital programme, using internally generated funds plus pre-committed ICB funds, is £33.56m.

Workforce

26. The Trust's workforce plan has been developed in line with 2023/24 National Planning Guidance and in association with finance and activity planning colleagues. Growth within the plan derives from: approved business cases requiring additional resource (reflecting temporary staffing usage prior to substantive hiring, if necessary); known successful hires to ongoing long-term vacancies; informed trajectory of general and international recruitment into high-churn high-volume roles (registered nurses and healthcare assistants). Projections of premium cost FTE (bank and agency), sickness absence and crude turnover are profiled based on historical trends and seasonal fluctuations, with any reductions modelled-in being based on successful realisation of identified planned strategies and actions.

27. The Trust has a well-established, robust vacancy control process, with Executive-level agency escalation processes to maintain grip and control against plan throughout the financial year. The Trust tracks progress against plan via the Workforce Committee and the Temporary Staffing Committee.

28. Plans have been developed to meet the system target of realising a 3.7% reduction on the previous year's agency spend. Assumptions behind the FTE forecast include:

- Eradication of the use of healthcare assistant agency; this has been removed in all areas except those escalated and Finney House services, with plans to remove all on a permanent basis.
- International nurse independence assessment; initial modelling suggests that the Trust's adaptation nurses take, on average, around 4 months to gain their PIN and 10 months to achieve full independence. The Trust's registered nurse temporary staffing usage is anticipated to reduce over the course of the next financial year as the current year's large intake of adaptation nurses gain independence
- Decommissioning of escalated beds. This is anticipated to deliver associated reductions in bank and agency usage for the reason of bed escalation, as well as a reduction against the vacancy usage reason in areas receiving redeployed substantive staff.
- Reduction in sickness absence; achievement of 5% year-end target is dependent upon key health and wellbeing initiatives and robust attendance management plans. Assumed realisation of target achievement has been profiled in as a reduction in bank and agency FTE usage, in line with known seasonality.

29. Additional workforce-supported Divisional actions in support of pay-CIP delivery include; review of overtime use, robust resourcing plans around hard to fill medical gaps associated with long term agency use, skill mix reviews, review of existing vacancies with a view to pausing recruitment or removing from establishment, and review of existing fixed-term contracts.

30. A summary of the workforce plan is outlined in Table 4 - Workforce plan below.

Table 4 - Workforce Plan (FTE)

Staff Type	M01	M02	M03 *	M04	M05	M06	M07	M08	M09	M10	M11	M12
Substantive	8,982.99	8,977.17	8,981.54	8,979.02	8,981.31	9,019.71	8,965.45	8,952.83	8,909.00	8,885.55	8,855.16	8,801.93
Bank	517.55	526.36	477.01	442.32	426.19	368.75	365.68	328.48	341.94	372.49	344.81	491.15
Agency	92.39	93.11	102.75	76.09	73.74	72.22	81.41	113.99	112.30	113.69	93.54	115.70
Grand Total	**9,592.93**	**9,596.64**	**9,561.29**	**9,497.43**	**9,481.24**	**9,460.68**	**9,412.54**	**9,395.29**	**9,363.24**	**9,371.73**	**9,293.51**	**9,408.78**

* Excludes transfer in to Trust of ELFS Shared Services wef 01 June 2023 (approximately 250 headcount)

31. Further to current work concluding around the financial improvement programme, and service reviews being undertaken, the plan will be further updated and refined to more accurately reflect workforce requirements.

Risks

32. The Trust will utilise our well established risk management processes including our robust method for undertaking EQIAs to manage and mitigate risk. The following list outlines some of the key risks associated with the overall delivery of the plan:

- Failure to deliver our transformation plans would impact on all elements of the plan e.g. activity, costs, performance and workforce
- Covid is still prevalent within the community, impacting on patient cancellations and staff absence (theatre cancellations)
- Strike action by junior doctors, ambulance, nursing and other professional groups having either a direct or indirect impact on staffing levels/planned levels of activity
- Increased levels of activity may result in costs exceeding income (for example if we have to use agency staffing to a level greater than we have planned for)
- Delivery of the financial plan; financial risks including, delivery of Cost Improvement Plans, pay costs, non-pay inflation and elective recovery income.

Delivery and Monitoring

33. We will use our existing governance processes to manage and mitigate the above risks. Given the increased level of scrutiny and support that will be required to ensure successful delivery of our ambitious improvement plan, this will require engagement and leadership from the Executive and Senior Leadership Teams, collaboration and system wide action to support change. A new internal meeting structure has been introduced that increases the frequency of progress review through the establishment of a monthly Transformation and Recovery Board chaired by the CEO as illustrated in Figure 7 - Reporting & Governance.

Figure 7 - Reporting & Governance
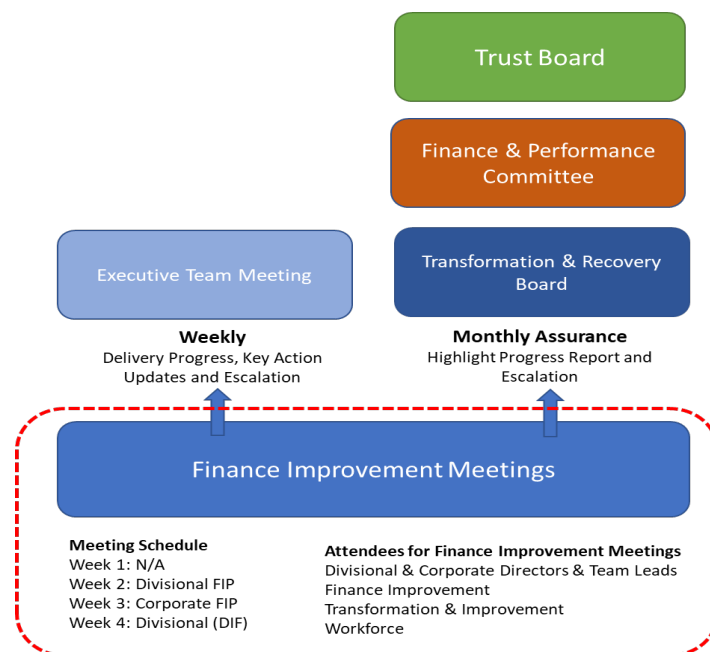
34. The Financial Improvement Plan reporting will focus on a broad range of opportunities to improve cost efficiencies, productivity and increase income. The four Trust Transformation Programmes will each be led by a member of the Executive team. It is expected that the Transformation Programmes will support delivery of a significant element of financial improvement required and, although they follow an independent reporting arrangement and delivery structure, the financial impact of the programmes will be reported under the trust-wide Financial Improvement Programme.

Recommendations

35. It is recommended that the Board notes and approves the 2023/24 Annual Plan.

Appendix 1 – National Ambitions

Area	Objective
UEC	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
	Reduce adult general and acute (G&A) bed occupancy to 92% or below
Community Health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
Primary Care	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
	Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
Elective	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
	Deliver the system- specific activity target (agreed through the operational planning process)
Cancer	Continue to reduce the number of patients waiting over 62 days
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
Maternity	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
	Increase fill rates against funded establishment for maternity staff
Use of resources	Deliver a balanced net system financial position for 2023/24
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
Mental Health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
	Increase the number of adults and older adults accessing IAPT treatment
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
	Work towards eliminating inappropriate adult acute out of area placements
	Recover the dementia diagnosis rate to 66.7%
	Improve access to perinatal mental health services

Area	Objective
People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
Prevention & Health Inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
	Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
	Continue to address health inequalities and deliver on the Core20PLUS5 approach

Board of Directors Report

Big Plan Metrics Annual Review			
Report to:	Board of Directors	**Date:**	1 June 2023
Report of:	Director of Strategy and Planning	**Prepared by:**	G Doherty
Part I	✓	**Part II**	

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

Executive Summary:

The purpose of this report is to provide the Board with a reviewed/revised set of Big Plan metrics. The existing Big Plan metrics were set to cover the 3-year period from 2021 to 2024. Each year the metrics are reviewed to take into account changing national policy/requirements and local circumstances.

The existing metrics were reviewed by Executive Directors in November 2022 and a revised set of metrics were brought to the December 2022 Board meeting to formally begin the review process. The metrics were then reviewed as part of our operational planning process which was driven by the national Planning Guidance released on 23 December 0222. An update paper came to the February 2023 Board meeting outlining the proposed way forward to develop the final set of metrics. In summary each of the Board subcommittees have reviewed their metrics, with the exception of Fit for the Future which was reviewed by the whole Board at their 2 May workshop where it was proposed that given the breadth and depth of each of the FftF metrics that 3 key in year deliverables/priorities should be identified for each to more clearly indicate the expected outcomes and contribution within 2023/24. As part of our planning cycle discussions have taken place with governors and partners at both Place and System level. The draft metrics were discussed with our key senior clinical and corporate leaders at our Senior Leadership Team meeting on 10 May 2023.

As this is the last year of our 3-year cycle, the next Big Plan metric refresh will be a full review to set the next 3 years taking account of related key developments such as the ICB Forward Plan and the development of Place. This process will begin in September 2023.

It is recommended that the Board agree the final Big Plan Metrics for 2023/24.

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

See description of discussions to date within the Executive summary above.

1. **Introduction**

   The Big Plan was launched in April 2019. In order that the Big Plan is a 'live' document, it is important that the metrics are regularly reviewed in the light of current performance and the changing environment.

2. **Discussion**

   The existing Big Plan metrics were set to cover the 3-year period from 2021 to 2024. Each year the metrics are reviewed to take into account changing national policy/requirements and local circumstances. Discussions have been held with governors and the existing metrics for each ambition have been reviewed and amended following discussion within the relevant Board subcommittee e.g. Great Place to Work metrics have been reviewed by the Workforce Committee.

   The metrics for Fit for the Future are an exception to this as they are held at Board level so were discussed and reviewed at a Board workshop on 2 May 2023. The key metrics were agreed, with a suggestion that for each of them a maximum of 3 in-year outcome/delivery measures should be identified which should aim to show impact across all 4 areas of the quadruple aim.

3. **Next Steps**

   Following final agreement of the Big Plan metrics they will be cascaded through the organisation and the Big Plan Boards in our wards and departments will be updated. As this is the last year of our 3-year cycle, the next Big Plan metric refresh will be a full review to set the next 3 years taking account of related key developments such as the ICB Forward Plan and the development of Place. This process will begin in September 2023.

4. **Financial implications**

   There are no financial implications directly associated with signing off the plan although the operational planning and budget setting process will need to support the delivery of the actions and trajectories contained within it.

5. **Legal implications**

   There are no legal implications directly associated with signing off the plan.

6. **Risks**

   There are no risks directly associated with signing off the metrics. Risks associated with delivery of the metrics will be articulated in the risk register and addressed through our Risk Management system.

7. **Impact on stakeholders**

   Engagement with all key stakeholders has informed the review of the Big Plan Metrics.

8. **Recommendations**

   It is recommended that the Board agree the final Big Plan Metrics for 2023/24.

OUR BIG PLAN 2021-2024 – Draft Year 3 Metrics (2023/24)

Safety Strategy		End of Life Strategy		Risk Mangement Strategy	
Patient Experience and Involvement Strategy		Communications Strategy		Equality and Inclusion Strategy	
Education and Training Strategy		Workforce and OD Strategy		Clinical Services Strategy	
IM&T Strategy					

AMBITION – CONSISTENTLY DELIVERY EXCELLENT CARE

SEGMENT	Key Metric	Year Three Metric (2023/24)	RAG tolerances	Measurement levels	Frequency	Accountable Committee	Exec Lead
Segment One – Improve outcomes and prevent harm							
CQC		To achieve a rating of good with one outstanding service.	Red until overall Good achieved	Corporate Divisional Specialty	Monthly in Board, SQC and Divisional reports	Safety and Quality	All exec team - collective
Pressure Ulcers	**Key Metric**	Reduce the number of people developing pressure ulcers by 5%	Green on or above target Red on or under target	Corporate Divisional Specialty Departmental	Monthly in Board, SQC and Divisional reports	Safety and Quality	Chief Nursing Officer
		Reduce the number of device related pressure ulcers by a 5%	Green on or above target Red on or under target	Corporate Divisional Specialty Departmental	Monthly in Divisional reports	Safety and Quality	Chief Nursing Officer
Maternity safety		Maintain compliance with the 10 safety actions for maternity services	Green on or above target Red on or under target	Corporate Divisional Specialty	Bi Monthly to Board and SQC and divisional reports	Safety and Quality	Chief Nursing Officer
		Deliver year 1 of the national maternity & neonatal improvement plan	Green on or above target Red on or under target	Corporate Divisional Specialty	Bi Monthly to Board and SQC and divisional reports	Safety and Quality	Chief Nursing Officer

Children & Young People safety		Deliver the 10 safety actions for children and young people.	Green on or above target Red on or under target	Corporate Divisional Specialty	Monthly to SQC and divisional reports	Safety and Quality	Chief Nursing Officer
Contribute to PLACE Adult and Children CORE20 PLUS 5 strategy		Develop a plan to respond to CORE20 PLUS 5 – Adults and maternity. Deliver year 1 actions.	Green on or above target Red on or under target	Corporate Divisional Specialty	Biannual update report	Safety and Quality	Chief Nursing Officer
		Develop a plan to respond to CORE20 PLUS 5 – CYP. Deliver year 1 actions.	Green on or above target Red on or under target	Corporate Divisional Specialty	Biannual update report	Safety and Quality	Chief Nursing Officer
		Increase the number of smoking interventions by 10% above previous years outturn	Red - trajectory not met Green – trajectory met	Divisional	Monthly in Divisional reports	Safety and Quality	Chief Nursing Officer
		Increase the number of alcohol interventions by 10% above previous years outturn	Red - trajectory not met Green – trajectory met	Divisional	Monthly in Divisional reports	Safety and Quality	Chief Nursing Officer
Segment Two – Get it right first time							
Mortality	**Key Metric**	Continue to achieve a mortality HSMR figure of <100	Green on or above target Red on or under target	Corporate Divisional Specialty Departmental	Monthly in Board, SQC and divisional reports	Safety and Quality	Chief Medical Officer

Access standards		Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25	Green >=76% Red <=77%	Corporate Divisional Specialty	Monthly in Board, FPC and divisional reports	Finance and Performance Committee	Chief Operating Officer
	Key Metric	Reduction in patients waiting +12 hours in ED	Red >10%, Amber >2% and <10%, Green < =2%	Corporate Divisional Specialty	Monthly in Board, FPC and divisional reports	Finance and Performance Committee	Chief Operating Officer
	Key Metric	Reduction in ambulance turnaround times	0 over 60 minutes; 95% within 30 minutes; 65% within 15 minutes	Corporate Divisional Specialty	Monthly in Board, FPC and divisional reports	Finance and Performance Committee	Chief Operating Officer
	Key metric	Reduction in 52 week waiters (target as per NHSI recovery plans)	Red=variance from plan Green=in line with plan	Corporate Divisional Specialty	Monthly in Board, FPC and divisional reports	Finance and Performance Committee	Chief Operating Officer
	Key metric	Eliminate waits over 65 weeks for elective care by March 2024	Red=variance from plan Green=in line with plan	Corporate Divisional Specialty	Monthly in Board, FPC and divisional reports	Finance and Performance Committee	Chief Operating Officer
	Key metric	Eliminate waits over 78 week waiters	Red=variance from plan Green=in line with plan	Corporate Divisional Specialty	Monthly in Board, FPC and divisional reports	Finance and Performance Committee	Chief Operating Officer
	Key metric	Achieve Cancer - 28 day FDS	Red<75% Green >/75%	Corporate Divisional Specialty	Monthly in Board, FPC and divisional reports	Finance and Performance Committee	Chief Operating Officer

	Key Metric	Achieve the NHSI 62 day cancer trajectory	Green on or above target Red under target	Corporate Divisional Specialty	Monthly in Board, FPC and divisional reports	Finance and Performance Committee	Chief Operating Officer
	Key Metric	Moving or discharging 5% of outpatient attendances to a PIFU pathway	Green on or above target Red under target	Corporate Divisional Specialty	Monthly in Board, FPC and divisional reports	Finance and Performance Committee	Chief Operating Officer
	Key Metric	Reduce outpatient follow ups by a minimum of 25% against 2019/20 activity levels	Green on or above target Red under target	Corporate Divisional Specialty	Monthly in Board, FPC and divisional reports	Finance and Performance Committee	Chief Operating Officer
	Key Metric	Reduce adult general and acute (G&A) bed occupancy to 92% or below	Green on or above target Red under target	Corporate Divisional Specialty	Monthly in Board, FPC and divisional reports	Finance and Performance Committee	Chief Operating Officer
		Achieve 5% of patients in hospital who no longer meet the criteria to reside.	Green on or above target Red under target	Corporate Divisional Specialty Departmental	Monthly to SQC and divisional reports	Safety and Quality	Chief Operating Officer/Chief Nursing Officer
		Reduce length of stay to next best quartile	Green on or above target Red under target	Corporate Divisional Speciality	Quarterly reporting	Finance and Performance Committee	Chief Operating Officer

SDEC		Divert 10 ambulances away from ED (to SDEC or the appropriate service; SAU, MAU AAU, 2hr UEC response)	Red < 5 per day Amber = 6 to 9 days Green = 10 or above	Corporate	Monthly to each reporting level	Finance and Performance Committee	Chief Operating Officer
Pre-procedure elective bed days		To reduce the number of days patients spend in hospital prior to surgery to 0.15 days or below	Red >0.25 Green <=0.25	Corporate Divisional Specialty	Monthly to each reporting level	Finance and Performance Committee	Chief Operating Officer
Pre-procedure non-elective bed days		To reduce the number of days patients spend in hospital prior to planned surgery to 0.5 days or below	Red >0.72 Green <=0.72	Corporate Divisional Specialty	Monthly to each reporting level	Finance and Performance Committee	Chief Operating Officer
Elective Inpatient Average length of stay		To reduce the average length of stay for patients undergoing planned surgery to under 3.3 days	Red >=5 Amber >3.6 to <4.9 Green <=3.5	Corporate Divisional Specialty	Monthly to each reporting level	Finance and Performance Committee	Chief Operating Officer
Cancer		Implement pathway changes for lower GI (at least 80% of FDS lower GI referrals are accompanied by a FIT result), skin (teledermatology) and prostate cancer (best practice timed pathway)	Green on or above target Red under target	Corporate Divisional Speciality	Monthly to each reporting level	Finance and Performance Committee	Chief Operating Officer
Segment Three – Ensure a safe, caring environment							
Falls		Reduce the number of falls by 5% 	Green on or above target Red under target	Corporate Divisional Specialty Departmental	Monthly in Board, SQC and Divisional reports	Safety and Quality	Chief Nursing Officer

Infection	Key Metric	Achieve less than the annual tolerance for C.*difficile*	Green on or above target Red under target	Corporate Divisional Specialty Departmental	Monthly in Board, SQC and Divisional reports	Safety and Quality	Chief Nursing Officer/Chief Medical Officer
		Achieve zero MRSA bacteraemia	Green on or above target Red under target	Corporate Divisional Specialty Departmental	Monthly in Board, SQC and Divisional reports	Safety and Quality	Chief Nursing Officer/Chief Medical Officer
Safety		Maintain 90% staff trained in basic safety training	Green on or above target Red under target	Corporate Divisional Specialty Departmental	Bimonthly to ETR committee and divisional reports	Safety and Quality	Chief People Officer
		Achieve 30% staff trained in intermediate safety training	Green on or above target Red under target	Corporate Divisional Specialty Departmental	Bimonthly to ETR committee and divisional reports	Safety and Quality	Chief People Officer
Segment Four – Work in partnership to deliver a positive patient experience							
Complaints		Reduce by 10% the number of complaints relating to communication.	Green on or above target Red under target	Corporate Divisional Specialty Departmental	Bi monthly to Board and Monthly to SQC and divisional reports	Safety and Quality	Chief Nursing Officer

| Patient involvement | Key metric | Achieve a minimum of 90% of patients reporting their experience of good or very good (including neither good/bad) | Green on or above target

Red under target | Corporate Divisional Specialty Departmental | Board SQC and Divisional reporting | Safety and Quality | Chief Nursing Officer |
|---|---|---|---|---|---|---|---|
| Candour | | Maintain >90% compliance with duty of candour for all moderate and above harm incidents. | Green on or above target

Red under target | Corporate Divisional Specialty Departmental | Monthly to SQC and divisional reports | Safety and Quality | Chief Nursing Officer/Chief Medical Officer |
| Safe Staffing | | Maintain Registered Nurse and Midwife fill rates of > 90% | Green on or above target

Red under target | Corporate Divisional Specialty Departmental | Board SQC and Divisional reporting | Safety and Quality | Chief Nursing Officer |

AMBITION - GREAT PLACE TO WORK

SEGMENT	Key Metric	Year Three Metric (2023/24)	RAG tolerances	Measurement levels	Frequency	Accountable Committee	Exec Lead
Segment One – Promote Health and Well-being							
Sickness Absence	Key Metric	To reduce overall sickness absence to 5%	Red above target Green on or under target	Corporate Divisional Specialty Departmental	Monthly to each reporting level	Workforce	Chief People Officer
Sickness Absence		To reduce short term sickness absence to 1.75%	Red above target Green on or under target	Corporate Divisional Specialty Departmental	Monthly to each reporting level	Workforce	Chief People Officer
		To reduce long term sickness absence to 3.25%	Red above target Green on or under target	Corporate Divisional Specialty Departmental	Monthly to each reporting level	Workforce	Chief People Officer
Health and Wellbeing		To increase staff's perception that the that the organisation takes positive action on health and wellbeing to 40%	Red above target Green on or under target	Corporate Divisional Specialty	Annually via staff survey report to Board	Workforce	Chief People Officer
Health and Wellbeing							
Segment Two – Develop people	Key Metric	To reduce the number of vacancies by further 5%	Red above target Green on or under target	Corporate Divisional Specialty	Monthly to each reporting level	Workforce	Chief People Officer

Mandatory training	Key Metric	To maintain 90% compliance against all core skills training requirements	Red above target Green on or under target	Corporate Divisional Specialty Departmental	Monthly to each reporting level	Education, Training and Research Committee	Chief People Officer
Appraisals	Key Metric	To achieve and maintain 90% compliance rate for appraisals	Red above target Green on or under target	Corporate Divisional Specialty Departmental	Monthly to each reporting level	Workforce	Chief People Officer
Medical Devices	Key Metric	To achieve 90% staff compliance with medical device training	Red above target Green on or under target	Corporate Divisional Specialty Departmental	Monthly to each reporting level	Education, Training and Research Committee	Chief People Officer
Turnover	Key Metric	To maintain staff turnover between 8% and 11%	Red above target Green on or under target	Corporate Divisional Specialty	Monthly to each reporting level	Workforce	Chief People Officer

Segment Three – Inform, Listen and involve							
Culture		To reduce the gap between the current culture and desired culture (cultural entropy score) as measured by the Annual Culture Survey to below 35% difference.	Red increasing or static Green decreasing trend	Corporate Divisional Specialty	Annually via report to Workforce Committee and annually into DIF's	Workforce	All exec team collective
Staff engagement and TED		To increase the number of teams that have completed TED in year by 15%	Red above target Green on or under target	Corporate Divisional	Monthly to each reporting level	Workforce	Chief People Officer
		To achieve an overall Staff Engagement score of 7 or above	Red above target Green on or under target	Corporate Divisional	Quarterly via report to Workforce Committee and quarterly into DIF's	Workforce	Chief People Officer
		To ensure 50% of our staff complete the National Staff Survey	Red above target Green on or under target	Corporate Divisional	Annually via staff survey report to Board and annually into DIF's	Workforce	Chief People Officer

		To ensure 60% of colleagues would recommend us as a place to work	Red above target Green on or under target	Corporate Divisional	Quarterly in Board report and divisional reports	Workforce	Chief People Officer
Segment Four – Value each other							
Race equality measure		Reduce the number of staff from an ethnic minority background who have personally experienced discrimination at work to be in line with that of their white colleagues	Red increasing or static Green decreasing trend	Corporate only	Annually to Workforce Committee via cycle of business	Workforce	All exec team collective
Disability equality measure		Reduce the number of disabled staff experiencing harassment, bullying and abuse from managers to be in line with that of the experience of non-disabled colleagues	Red increasing or static Green decreasing trend	Corporate only	Annually to Workforce Committee via cycle of business	Workforce	All exec team collective

AMBITION – DELIVER VALUE FOR MONEY

SEGMENT	Key Metric	Year Three Metric (2023/24)	RAG tolerances	Measurement levels	Frequency	Accountable Committee	Exec Lead
Segment one - Spend Less (Economy)							
Agree revenue and capital financial plan with ICB	**Key Metric**	Deliver 100% of the agreed targeted reduction in our underlying financial deficit	Red >5% Amber 0% to 4.9% Green 0%	Corporate	Annually FPC and Board	Finance and Performance Committee	Chief Finance Officer
Deliver agreed cost improvement delivery target	**Key Metric**	To deliver 100% of agreed cost improvement target	Red >5% Amber 0% to 4.9% Green 0%	Corporate Division Speciality	Monthly to each reporting level	Finance and Performance Committee	Chief Finance Officer
Segment two - Spend well (Efficiency)							
Bed Occupancy Rate (Including Escalations)		Achieve a bed occupancy rate of no higher than 90%	Red >90% Green <=90%	Corporate Division Speciality	Monthly to each reporting level	Finance and Performance Committee	Chief Operating Officer
Theatre Efficiency		Theatre capped utilisation rates are no lower than 85%	Red <85% Amber 85.1 %to <89.9% Green >=90%	Corporate Division Speciality	Monthly to each reporting level	Finance and Performance Committee	Chief Operating Officer
GIRFT (Model Hospital)		Achieve 85% day case basket using GIRFT	Red <85% Amber 85.1 %to <89.9% Green >=90%	Corporate Division Speciality	Monthly to each reporting level	Finance and Performance Committee	Chief Operating Officer

OP Follow Ups		Reduce OP follow ups by 25%	Red >target not achieved Green = target achieved	Corporate Division Speciality	Monthly to each reporting level	Finance and Performance Committee	Chief Operating Officer
Supplier payments (BPPC)		To ensure all suppliers are paid in line with national guidance	Red <95% Amber 95 to 99.5% Green 100%	Corporate	Monthly to each reporting level	Finance and Performance Committee	Chief Finance Officer
Segment three - Spend wisely (Effectiveness)							
Agency costs		Reduce agency costs to 3.7% of the total pay bill	Red > target not achieved Green = target Achieved	Corporate Division Speciality	Monthly to each reporting level	Workforce	Chief Nursing Officer/Chief Medical Officer
Delivery of Activity and Revenue Plan	**Key Metric**	To ensure 100% delivery of the Trust's activity and revenue programme	Red <90% Amber 91% to 99% Green 100%	Corporate	Monthly to FPC	Finance and Performance Committee	Chief Finance Officer
Capital	**Key Metric**	To ensure 100% delivery of the Trust's Capital programme	Red <90% Amber 91% to 99% Green 100%	Corporate	Monthly to FPC	Finance and Performance Committee	Chief Finance Officer

AMBITION – FIT FOR THE FUTURE

SEGMENT	Key Metric	Year Three Metric (2023/24)	RAG tolerances	Measurement levels	Frequency	Accountable committee	Exec Lead
Segment one – Strategy and Transformation							
Clinical Services Strategy		To deliver the 23/24 actions in the LTH clinical services strategy, including addressing the challenges and opportunities of multi-site working: • To provide outstanding, sustainable healthcare to our local communities and in our tertiary services • To drive health innovation through world class education, teaching and research • System working in a new NHS landscape	Red : significantly off track with actions & outcomes Amber : On track to recover actions & outcomes Green : Delivering actions and outcomes	Corporate Divisional	Six Monthly	Board	Chief Medical Officer
Outpatients Transformation	**Key Metric**	Deliver the 23/24 actions and outcomes from the agreed Transformation Plan including: • Deliver Personalised Outpatient Care (Patient Initiated Follow up & Patient Stratified Follow Up) • Referral optimisation and demand management	Red : significantly off track with actions & outcomes Amber : On track to recover actions & outcomes	Corporate	Monthly	Finance and Performance Committee	Chief Medical Officer

| Elective Care Transformation | **Key Metric** | Deliver the 23/24 actions and outcomes from the agreed Transformation Plan

• Deliver agreed national waiting list improvement targets and productivity benchmarks
• Develop our elective strategy to include repatriation of activity from the independent sector and other regions, and the maximisation of our surgical hub capacity
• Deliver our planned care financial targets in support of the Financial Improvement Plan | Red : significantly off track with actions & outcomes

Amber : On track to recover actions & outcomes

Green : Delivering actions and outcomes | Corporate | Monthly | Finance and Performance Committee | Chief Operating Officer |
| Urgent and Emergency Care Transformation | **Key Metric** | Deliver the 23/24 actions and outcomes from the agreed Transformation Plan including:

• Focus on pre hospital pathway/front door to include integrated mental/physical health services and a 40% reduction in ambulance conveyances
• Reduce Lengths of stay by 10% reduction in LoS on 10 | Red : significantly off track with actions & outcomes

Amber : On track to recover actions & outcomes

Green : Delivering actions and outcomes | Corporate | Monthly | Finance and Performance Committee | Director of Continuous Improvement and Transformation |

| | | • Deliver our follow up reduction target to drive the outpatient element of our Financial Improvement Plan | Green : Delivering actions and outcomes | | | | |

<td colspan="8" style="background:red">pilot wards and reduce Not Meeting Criteria to Reside reduced to 5% (system aim) • Deliver agreed financial benefits to support Financial Improvement Plan</td>							
Unwarranted Variation		Deliver the 23/24 actions and outcomes from the agreed Transformation Plan including: • Fully establish and embed the programme governance • Undertake deep dive reviews into the 9 identified priority specialities, agreeing and deliver the consequent improvement plans • Deliver agreed financial benefits to support Financial Improvement Plan	Red : significantly off track with actions & outcomes Amber : On track to recover actions & outcomes Green : Delivering actions and outcomes	Corporate	Monthly	Finance and Performance Committee	Director of Strategy and Planning
Financial Improvement Plan		Deliver the 23/24 actions and outcomes from the agreed Improvement Plan • Fully embed FIP governance & reporting • Fully embed FIP delivery framework • Develop and agree 3 year FIP	Red : significantly off track with actions & outcomes Amber : On track to recover actions & outcomes Green : Delivering actions and outcomes	Corporate	Monthly	Finance and Performance Committee	Chief Finance Officer

Segment Two – Place Based Partnership							
Collaboration and integration at Place	**Key Metric**	Deliver the 23/24 actions and outcomes from the agreed Place Based work plan including: • Fully establish the required governance structure and processes for Place based working • Agree a comprehensive set of priorities & programmes • Deliver the Frailty improvement action Plan & Outcomes	Red : significantly off track with actions & outcomes Amber : On track to recover actions & outcomes Green : Delivering actions and outcomes	Corporate	Quarterly	Board	Director of Strategy and Planning
Social Value		Building on our Social Value Framework, work with partners to develop a Social Value Strategy driving a place based focus on equality, wider determinants of health, poverty and social capital • Review and refresh Green Plan and deliver agreed actions/metrics • Prepare for Level 2 Social Value Quality Mark accreditation application in 2024/25 • Deliver the Core20PLUS5 action plan and outcomes	Red : significantly off track with actions & outcomes Amber : On track to recover actions & outcomes Green : Delivering actions and outcomes	Corporate	Six Monthly	Board	Director of Strategy and Planning

Segment Three – System Working

ICB Joint Forward Plan	**Key Metric**	Deliver the 23/24 actions and outcomes from the agreed JFP. Work with ICB to: • Finalise the JFP • Align strategies and plans with the JFP priorities • Develop detailed delivery plans	Red : significantly off track with actions & outcomes Amber : On track to recover actions & outcomes Green : Delivering actions and outcomes	Corporate	Quarterly	Board	Director of Strategy and Planning
Clinical Collaboration		Deliver the 23/24 actions and outcomes from the agreed Clinical Collaboration work plan including: • Develop & deliver implementation plans for new models of care in Vascular, Head & Neck, Urology, Stroke and Elective Hubs • Agree next set of specialties for the implementation of new models of care and develop implementation plans • Undertake challenged services review of fragile and financially challenged services, and deliver agreed action plans	Red : significantly off track with actions & outcomes Amber : On track to recover actions & outcomes Green : Delivering actions and outcomes	Corporate	Monthly	Finance and Performance Committee	Chief Medical Officer

Central Services Collaboration		Deliver the 23/24 actions and outcomes from the agreed Central Services Collaboration work plan including: • Target Operating model agreed and mobilised • Phase 1 transactional services (Payroll and General Ledger provision) underway • Bank and Agency Collaborative proposal sign off/implementation	Red : significantly off track with actions & outcomes Amber : On track to recover actions & outcomes Green : Delivering actions and outcomes	Corporate	Monthly	Finance and Performance Committee	Chief Finance Officer
Digital Northern Star/EPR convergence		Deliver the 23/24 actions and outcomes from the agreed Digital/EPR work plan • EPR tenders evaluated, and preferred supplier awarded • Digital Convergence programme governance reviewed and revised • Implement Secure data Environment	Red : significantly off track with actions & outcomes Amber : On track to recover actions & outcomes Green : Delivering actions and outcomes	Corporate	Monthly	Finance and Performance Committee	Chief Information Officer/ Director of Strategy and Planning
Elective Recovery		Deliver the 23/24 actions and outcomes from the agreed ECRG work plan – maximise system working to deliver: • National waiting times targets • National productivity targets	Red : significantly off track with actions & outcomes Amber : On track to recover actions & outcomes	Corporate	Monthly	Finance and Performance Committee	Director of Strategy and Planning

		• Surgical Hub Strategy	Green : Delivering actions and outcomes				
New Hospitals Programme		Milestones and metrics to be finalised following further national announcements.	Red : significantly off track with actions & outcomes Amber : On track to recover actions & outcomes Green : Delivering actions and outcomes	Corporate	Monthly	Board	Chief Finance Officer

Board of Directors Report

Green Plan Update			
Report to:	Board of Directors	**Date:**	1 June 2023
Report of:	Director of Strategy and Planning	**Prepared by:**	I Ward and T Calvey
Part I	✓	**Part II**	
Purpose of Report			
For assurance ☐	**For decision** ☐		**For information** ☒

Executive Summary:

The NHS became the world's first health service to commit to reaching carbon net zero in October 2020 in response to the increased threat posed by climate change. The Trust Board approved its 3-year Green Plan in February 2022. This report summarises progress against the plan and outlines the next steps, the headlines for which would be:

- Good progress has been made, 33% of the actions within the plan rate as green and 54% as amber, with the rest being yet to start.
- The method via which Trusts assess their position/performance is in the process of changing from the legacy Sustainability Development Assessment Tool (SDAT) towards a new self-assessment support tool – once this is finalised the Plan will be fully reviewed and any changes needed either in content or in data capture, will be assessed and the need for a formal revision to the 3-year Plan will be determined.

The Green Plan Update was discussed at the Finance and Performance Committee meeting on the 23rd May 2023 and a number of helpful suggestions were made to improve future updates which are detailed in this paper and will be actioned immediately or within the next annual update.

The Board is asked to receive this paper 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

This paper has not previously been to the Board of Directors but was discussed at F&P on the 23rd of May.

Background

1. In October 2020, the NHS became the world's first health service to commit to reaching carbon net zero. In response to the profound and growing threat to health posed by climate change, the Greener NHS National Programme published its strategy on "Delivering a net zero National Health Service". This report highlighted that left unabated climate change will disrupt care, with poor environmental health contributing to major diseases, including cardiac problems, asthma, and cancer. To support the co-ordination of carbon reduction across the NHS and the translation of this national strategy to a local level, the 2021/ 2022 NHS standard contract introduced the requirement for NHS Trusts to develop a "Green Plan" to detail their approaches in reducing emissions.

2. In June 2021 Greener NHS England produced draft guidance on producing Green Plans, which was used to develop the structure and content of our Plan. In February 2022 the Trust Board approved our three-year Green Plan, outlining the Trust's organisational approach and commitments in moving towards net zero. The Plan sets out 12 aims which are broken down into 98 subheadings.

Progress against the Green Plan

3. Monthly sustainability meetings are held to review the Green Plan, with each Lead providing an update around their respective area(s). Progress is recorded and is summarised in terms of completion as illustrated below:
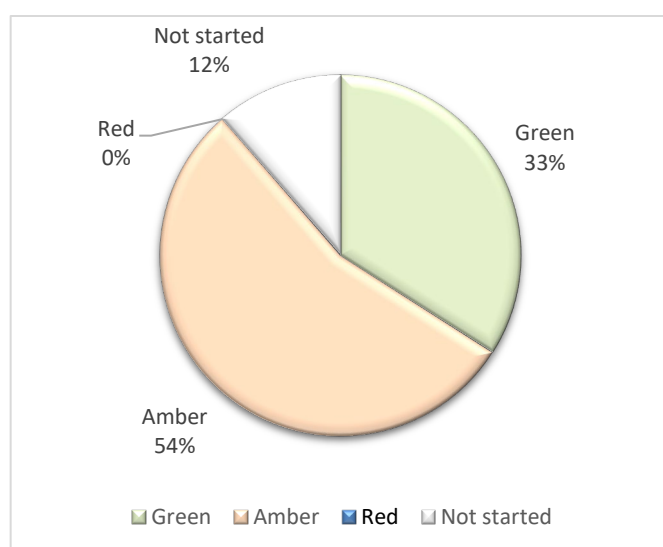
4. Where an element is marked as not started it largely reflects those actions that are dependent on another aim being completed before that action can commence. Some of our key achievements in 2022/23 against each aim are summarised below:

Workforce and system leadership

- Sustainability workforce leads have been identified for each area of the Green Plan.
- We have developed a Trust wide network of sustainability champions.
- An eLearning package has been developed for existing staff around sustainability and has been incorporated into the new starters induction.

Sustainable Models of Care

- The Trust has taken action to reduce the use of desflurane as an anaesthetic agent.
- The Trust has taken action to identify and reduce wasted medicines, through optimising pharmacy stock management.

Digital Transformation

- Increased video conferencing/teleconferencing to 25% of all outpatient clinics, through the implementation of Attend Anywhere across all of the Trust.
- Maintained a high level of MS Teams meetings throughout the Trust.

Travel and Transport

- The Trust 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 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.

Estates

- The Trust developed a sustainability policy and design criteria for new builds and refurbishments.
- 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.

Energy and Water

Over the last year we have seen significant increases in energy costs. 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:

- Made significant investment to improve our heating systems in order to reduce energy consumption, reduce carbon emissions and save on energy cost.
- Continued to maximise the benefits of the Combined Heat and Power (CHP) 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.
- Continued to purchase green renewable electricity from the National Grid for all our sites, thus reducing our carbon footprint.
- 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.
- 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.
- 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 the 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, for example further installation of energy-efficient LED lighting, improvements to building management systems, and improved insulation of our buildings.

Green Space and Biodiversity

- Identified an opportunity for Mindfulness in nature within the psychological wellbeing service to deliver over 2023/24.
- Developed a green space and biodiversity plan, which includes outdoor seating

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.

- All our non-clinical waste continues to be recycled or recovered, with zero waste to landfill.
- 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.
- Food waste is recovered via anaerobic digestion and green waste from our grounds is composted.
- The Trust re-use portal for furniture and equipment continues to grow in membership. This reduces waste volumes and disposal costs and also saves money from re-using rather than procuring new items.
- We have contracted a local company to provide a re-upholstery service for various types of furniture, allowing more items to be re-used rather than disposed of.

During 2023/24 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 and 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, re-use, recycling, and recovery.

Procurement

- Whole life cost and Social Value are now included in every procurement and for the Carbon reduction plan procurements over £5m require suppliers to either have plans in place or aspiration to achieve targets.

Food and Nutrition

- The Trust promote healthy and nutritious plant-based meal options and reduce the consumption of animal products in our food outlets as much as possible.
- The Trust recycles kitchen waste materials including cooking oils and packaging wherever possible.

Adaptation

- The Trust have incorporated climate change adaptation into our corporate risk register.

Our Approach

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

Next Steps

5. When developing the Green Plan, the Trust utilised the Sustainable Development Assessment Tool (SDAT) which included around 300 indicators to assess our current position and drive action plans for improvement. In July 2022 the SDAT was effectively decommissioned by the NHS. A new self-assessment support tool is currently in pilot form and is intended to help assess how an organisation is performing against key Greener NHS programme metrics. We will continue to drive delivery against the exiting 3 year Plan and once the new aims and assessment tool are finalised and published we will review and revise the plan before bringing it back to the Board. We have already assessed ourselves against the new self-assessment support tool and have identified where there are gaps in our data collection or where new lead SROs would be needed against the new indicators. Where data is available our assessment of performance against the draft metrics ranges from a highest score of 100% to a lowest score of circa 35%. The new aims/scoring headings within the national guidance are:

- Assurance and governance
- Workforce and system leadership
- Clinical transformation
- Digital transformation
- Travel and transport
- Estates and Facilities
- Medicines
- Supply chain and procurement
- Food and nutrition
- Adaptation

The Green Plan Update was discussed at the Finance and Performance Committee meeting on the 23rd of May and the following suggestions were made:

- Provide further detail on our current plans for electric vehicles and the contribution of the Green Plan to our Financial Improvement Plan
- In future, plan updates should give a clearer indication of performance against specific metrics/targets to provide greater assurance as to whether we are on track against our 3 year aims

Financial Implications

6. There are no direct financial implications arising from the development and monitoring of the Green Plan – any costs or benefits of the actions contained within the Plan are incorporated into our planning/budget setting cycle.

Legal Implications

7. The 2021/ 2022 NHS standard contract introduced the requirement for NHS Trusts to develop a Green Plan to detail their approach to reducing emissions.

Risks

8. The development and delivery of the Green Plan is a key part of reducing the future risk posed by climate change.

Recommendations

9. The Board is asked to receive this paper for information.

Board of Directors Report

Engineering Better Care			
Report to:	Board of Directors	**Date:**	1 June 2023
Report of:	Director of Continuous Improvement	**Prepared by:**	A Brotherton
Part I	✓	**Part II**	
Purpose of Report			

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

Executive Summary:

Context: The findings and recommendations of the national delivery and continuous improvement review, conducted by Anne Eden were published on 19th April and discussed at the NHS England national leadership event with ICB and Provider Chief Executives.

The Review's recommendations were consolidated into three actions including;

i. establishing a national improvement board to agree a small number of shared national priorities on which NHS England, with providers and systems, will focus their improvement-led delivery work
ii. the launch of NHS Impact, a single, shared 'NHS improvement approach'
iii. Co-designing and establishing a Leadership for Improvement programme.

NHS Impact is the new, single, shared NHS improvement approach. By creating the right conditions for continuous improvement and high performance, systems and organisations can respond to today's challenges, deliver better care for patients and give better outcomes for communities. It is anticipated that systems will be asked to work together to plan how they will implement NHS Impact at an ICS level, including the completion of a readiness assessment. There will be a need for the PCB and ICB to work collaboratively to plan our response as a system.

The purpose of this report is to provide an update to the Board on the work undertaken in the Engineering Better Care programme from September 2022 to April 2023, which is our framework for delivering improvement at a system level. The framework has four stages; Understand; co-design; deliver and sustain. During Quarter 2 of 2022, each Place enlisted a group of 10-12 people to form a Place based team to work on priorities relating to frailty, with a focus on respiratory conditions. Teams have come together to complete the Understand phase and are now working collaboratively on the co-design phase. It was clear from the Understand phase that the fundamental basics are not yet in place to enable a shole system redesign so the teams have committed to work together to develop a shared approach which includes a shared definition of frailty, shared frailty assessment tools, a more standardised approach to provision of care depending on the level of frailty, a shared approach to anticipatory care planning, a shared approach to co-production and a shared measurement strategy and plan. Place based teams have also developed local delivery plans based on local priorities.

The main risks for the programme are (i) the impact of operational pressures and industrial action; (ii) challenges securing adequate input from primary care and social care given the current levels of pressure, and (iii) lack of local project management support. There is also a new risk as the current funding for the programme management support ceased on 31st May 2023; it was originally anticipated that funding would be available through the PCB but this has yet to be confirmed.

The Board is asked to note that the team has been asked to share our approach to improvement at system level at several improvement forums recently and we have been asked by the Health Foundation to host a Q Community visit.

Recommendations

It is recommended that the Board;

(i)   receives this paper and discusses assurance of the progress being made within the Engineering Better Care Programme, discussing any areas of the programme you would like the Steering Committee and groups to strengthen.
(ii)   Note the opportunities created by the launch of NHS Impact and that further work will be undertaken to fully adopt NHS Impact and a programme of work developed for discussion in a board workshop.

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

1. **Introduction**

The findings and recommendations of the national delivery and continuous improvement review, conducted by Anne Eden were published on 19th April and discussed at the NHS England national leadership event with ICB and Provider Chief Executives.

 The Review's recommendations were consolidated into three actions including;

(i)   establishing a national improvement board to agree a small number of shared national priorities on which NHS England, with providers and systems, will focus their improvement-led delivery work
(ii)   the launch of NHS Impact, a single, shared 'NHS improvement approach'
(iii)   Co-designing and establishing a Leadership for Improvement programme.

NHS Impact is the new, single, shared NHS improvement approach (Figure 1). By creating the right conditions for continuous improvement and high performance, systems and organisations can respond to today's challenges, deliver better care for patients and give better outcomes for communities. It is anticipated that

systems will be asked to work together to plan how they will implement this at an ICS level, including the completion of a readiness assessment.

The purpose of this report is to provide an update on the work undertaken in the Engineering Better Care programme from September 2022 to April 2023, which is our framework for delivering improvement at a system level.

During Quarter 2 of 2022, each Place enlisted a group of 10-12 people to form a Place based team to work on priorities relating to frailty, with a focus on respiratory conditions.

Discussion

Programme update

The first Engineering Better Care (EBC) across Lancashire and South Cumbria workshop was held on 29th and 30th September 2022. Approximately 60 participants from across the area attended and many met each other for the first time to develop their Place based team and begin working through the 'Understand phase' of the EBC model. The primary aim of the Understand phase was to ensure teams are fully aware of the local population and system needs and understand what work has already taken place to support issues and challenges within our systems. During the first workshop Professor John Clarkson and Dr James Ward (University of Cambridge) presented the Engineering Better Care model and toolkit to develop new ways of system thinking and build expertise in systems improvement. Using the templates from this model, teams mapped out their current system and focused on identifying key stakeholders, risks, issues, and areas of opportunity to improve their system. The use of new models and templates helped the teams to view their systems from different perspectives to really understand the work needed to provide patients with the best possible care pathways. This work focused on reducing health inequalities, early identification of mild to moderate frailty and redesigning frailty services and pathways to reduce admissions to acute care and reduce length of stay. Teams used the series of questions, activities, and tools to deepen their understanding of how their local systems are currently designed to achieve the current results. Sarah O'Brien, Chief Nurse at the ICB joined the teams to deliver a presentation, sharing an example of leading service redesign and focusing on leadership for delivery.

Teams have been working locally to progress the work and have joined a monthly action learning set to share progress and share solutions.

The second Engineering Better Care across Lancashire and South Cumbria workshop was held on 1st and 2nd February 2023. This workshop was led by Professor John Clarkson, Cambridge University and co-facilitated by two of our Directors of Improvement (Ailsa Brotherton and Kate Atkinson) and also featured a number of guest speakers from across our system, including Peter Tinson, Director of Primary Care, Lancashire & South Cumbria ICS who provided an update on the Fuller Report programme of work and Trish Armstrong-Child, Chief Executive, Blackpool Teaching Hospitals who represented the CEOs from the Provider Collaborative Board. Approximately 60 participants from across the area attended. The work undertaken during the Understand Phase was shared by each Place based team. Following the completion of the Understand Phase, there was agreement that some of the fundamental elements for system redesign were missing and each place-based team committed to work on together as an ICS to develop a standardised approach. These included developing a single shared definition of frailty, developing one approach to identifying individuals at risk of frailty, shared assessment tools, developing one shared approach to anticipatory care planning for frail individuals, a shared measurement plan and dashboard for the programme and developing one approach to co-production.

In addition to the elements of the work being undertaken together across the ICS, each Place based team is also working on their own priorities aligned to local delivery plans. These are summarised below:

Central Lancashire are working to establish one community hub which brings teams together to provide a single point of access and referral system into health care. Alongside this, the team are also working to reduce the number of conveyances to the Emergency Department from care homes. The work is also focused on identifying mild and moderate frailty to support individuals to live well at home and on reducing length of stay for individuals who are admitted to hospital. This work is being fully integrated in the UEC transformation programme at Place level.

The Pennine team are working on the development of a single assessment tool for frailty across primary and acute care and is focussed on prevention of frailty and early identification and care planning for patient with mild to moderate frailty to support ageing well.

The Blackpool team are focusing their work on people under 65 with COPD, establishing how to identify and support people who do not regularly access services and therefore have to access a healthcare setting (usually A&E).

The Morecambe Bay team are focusing on three elements to improve care for our citizens, Prevent, Protect and Prepare. Prevent is working to enhance smoking cessation and respiratory vaccination. Protect is to halt or reverse decline in care in those with mild to moderate frailty by enhancing access to social prescribing. Protect is managing the decline in health improving Prepare supporting citizens in their residence to ensure appropriate support maintains their independence.

Programme Governance

The Governance Framework for the Programme is outlined in Figure 1.

The Programme is overseen by a Steering Committee, chaired by Dr David Levy, Medical Director, Lancashire and South Cumbria Integrated Care Board. This meets quarterly with the aim of providing oversight of the programme and advising on its future direction.

A Think Tank was established, chaired by Professor Clarkson, to design our local EBC Framework, based on the learning from the programme and to plan for sustainability. This has continued to meet monthly and has focused on identifying the support the Do Tank require to successfully lead the delivery of the programme. The group has commenced work to capture the learning from the early work in the programme to support the design of our bespoke Lancashire and South Cumbria Engineering Better Care Framework.

The Do Tank has focused on programme delivery, planned and facilitated the two-day workshops and refined its structure. The Do Tank hold the meetings in two parts: Part A is run as an Action Learning Set for the Place based team projects and improvement leads to report back on progress and discuss challenges and share solutions. Part B focuses on the programme planning aspects, taking account of the guidance from the Think Tank and feedback from participating teams.

Figure 1: Governance Structure

Deliverables

Before the teams can standardise our approach and reengineer care at a system level for frailty, there is a need to focus on the foundations. Teams have identified the following priorities which they are currently working together to develop solutions at an ICS level, connecting colleagues into the work as it progresses.

- A standard shared definition of frailty across our ICS
- A plan for identifying members of our local population who may be at risk to improve early identification using the Electronic Frailty Index (EFI), understanding how we utilise the technology to best identify, assess and provide a clinical assessment where required. This will enable improved risk stratification and reduce health inequalities through early identification and proactive management (maximising self-management and input from local community assets and the voluntary, community and faith sector). This will include a focus on the workforce requirements and workforce redesign opportunities.
- Creation of a standardised frailty dashboard to measure the impact of engineering better care for this patient group across our ICS.
- Improve anticipatory care planning with consistent standards and approaches to maximise care closer to home, considering the workforce implications.
- A gold standard approach to engagement and co-production, linking into the ICS and PCB engagement groups.

Each Place based team is taking a lead on this work, with input from each of the other teams across the system. Progress on these workstreams is reported monthly at the Do Tank meeting. The work is being aligned with the Ageing Well and Dying Well work underway with ICB leads.

Place Based teams have also agreed local key deliverables for the co-design phase of work including:

- Building a coalition with system stakeholders (system leaders, staff, local communities)
- Establish sign up to delivery (Commitment to the agreed aims locally)
- Understanding system needs
- Co-designing the future state (developing new solutions, supported by digital)
- Identify system support levers.
- Enlist system volunteers.
- Creating Testing and Measurement plans

Work of the Committees

(a) Steering Committee

The Steering Committee met for the first time in October 2022 and set the purpose of the group as:

- To advise the ICB and PCB on all aspects of the Engineering Better Care across Lancashire & South Cumbria programme, policy, activities and future directions of the Improvement Model for Lancashire and South Cumbria, and in particular to ensure that all communities across our ICS are properly represented and informed.
- The committee will have oversight of the programme of improvement work, provide advice and guidance to the 'Think Tank' and 'Do Tank' and lead on sharing the learning and developing the leadership with all system partners. The Steering Committee will maximise our ICS level opportunities to bring together improvement and transformation resources and support at a national, regional and local level. The committee will support the Think Tank and Do Tank to maximise impact and outcomes. It will also connect to national improvement approaches.
- The Steering Committee will set the level of ambition for improvement across our ICS adopting the improvement framework through supporting delivery and maximising research and evaluation opportunities.

(b) **Think Tank**

The aim of this group is to continually improve the improvement approaches we are taking by reviewing the progress of the programme, application of methods and learning. Standard agenda items that feature within this meeting include an update from the Do Tank, updates regarding future workshop plans, and research and education. Research elements have focused on the National Institute for Health and Care Research (NIHR) Systems Engineering Innovation hubs for Multiple long-term Conditions (SEISMIC) bids, one of which is being led by Cambridge University with Lancashire and South Cumbria being named within it, and another focusing on how the Engineering Better Care programme could support stroke services, led by the University of Central Lancashire. This particular bid will focus on the following points:

- Which services do people visit before and after a stroke; do these meet their needs?
- Could we change the way these services run to work better for people?
- Did patients have illnesses linked to stroke, or health problems, that could have been better managed?
- Could we reduce the risk of stroke by running services differently?

The education elements have concentrated on the new Masters course being developed by the University of Cambridge in Healthcare Innovation. Funding is currently being sought to enable key individuals to undertake the Masters when it commences in 2024.

Systems leadership will be key to the success of the development of our system for improvement. This was explored at both the Think Tank meeting and Workshop 2 with system stakeholders.
It is proposed that the Tink Tank be asked to lead on the work that will be required to develop our response to the national improvement approach, reporting the proposals and work through to the Steering Committee, the PCB co-ordination group and the ICB.

Key Programme Milestones

Milestones from September 2022 to the end of the current programme of work are as follows:

Sept 2022	• Workshop 1 (Understand Phase). Over 60 participants came together over 2 days and were introduced to the Engineering Better Care Framework. The 2 days included a combination of teaching and practising using key improvement tools and creating time for teams to understand and scope the areas of work to be taken forwards during the action period.
Sept 2022 – Dec 2022	• Action Period 1: Teams developed an Improvement Canvas for each of their priorities/projects including identifying the key stakeholders and their needs, the scope of the project, understanding and defining the problem, the context and building a case for change. Active facilitation and support from QI leads and coaching from Cambridge University via Action Learning sets.

	• Steering Committee established to have oversight of the work, Think Tank established to support planning of the programme, capturing learning and developing our Bespoke Engineering Better Care across Lancashire and South Cumbria framework and Do Tank established, designing and delivering the programme, including monthly action learning sets for the team • Recruitment of the PhD student undertaken in partnership with Lancaster University • Early sharing of the work with the wider NHS through conference presentations (as part of our wider approach to QI in Central Lancashire) • Early engagement with Place Directors and other key stakeholders to secure support for the programme • Recruitment of Senior Responsible Officers in the PCB for Frailty and Respiratory. Early discussions with ICB colleagues to connect to ICB workstreams and networks.
January / February 2023	Workshop 2 (Co-Design Phase) planned and delivered. Plans in development for the key elements of the programme which will be designed at ICS level and Place Based teams planning how they will undertake the Co-Design phase of the work. Connecting the work into other key programmes. The workshop included presentations on the Fuller Report and Leadership.
Jan 2023 – May 2023	Action Period 2 (Solution Development). This phase of the work will include a focus on key enablers outlined in the model including OD, workforce, digital and technology.
May 2023	Workshop 3 (Delivery and Transformation)
May 2023 – Oct 2023	Action Period 3 (System Transformation and Testing)
Oct 2023	Workshop 4 (Sustainability Phase)
Oct 2023 – Dec 2023	Action Period 4 (Designing for Sustainability) and identification of Next Phase of work

2. Financial implications

It is anticipated that there will be financial benefits resulting from engineering better care for frailty and these will be calculated by our team as they progress from the co-design to the deliver phase.

3. Legal implications

None

4. Risks

Risks for the Engineering Better Care programme include:

Risk/Issue	Mitigation
Capacity of teams during operational pressures to participate in the system level improvement programme	Dedicated time to focus on improvement programmes. Executive support has been sought to ensure the teams have protected time to undertake this work, though variation exists across the Place Based teams in the capacity available.
Failure to obtain additional funding for programme support for the remainder of the programme. The programme management roles are currently fixed term and expire in May 2023.	Additional funding has been requested via the PCB to continue the programme beyond Year 1 to secure support for the programme. It is anticipated that the funding will be available and the team are awaiting confirmation through budget setting.

Failure to achieve the desired outcomes for the programme.	The programme is designed to be transformational and will therefore take time to deliver. The programme is currently on track and is being reported to the PCB via the co-ordination group. Ongoing monitoring of programme delivery is through the PCB and the Steering Committee.
Navigating system level barriers that may prevent new ways of working such as IT interoperability, contractual obligations and information governance	Through close working with stakeholders issues are being identified and addressed as they arise. The programme team will connect into key established groups to take forward the key enabling work required.
System expectation of delivery	The timescales within the initial programme plan are ambitious and there will need to be transformational work beyond the initial programme.

5. Impact on stakeholders

The work is being co-designed and delivered in collaboration with partners.

6. Recommendations

It is recommended that the Board;

(i)   receives this paper and is assured of the progress being made within the Engineering Better Care Programme, discussing any areas of the programme you would like the Steering Committee and groups to strengthen.

(ii)   Note the opportunities created by the launch of NHS Impact, Further work will be undertaken to fully adopt NHS Impact and a programme of work developed for discussion in a board workshop.

Committee:	Audit Committee
Chairperson and role:	Tim Watkinson, Non-Executive Director
Date(s) of Committee meeting(s):	20 April 2023
Purpose of report:	To update the Board on the business discussed by the Audit Committee. The report includes recommended items from the Committee for approval by the Board; items where the Committee has gained assurance; and brings pertinent information to the Board's attention.

Committee Chair's narrative

The Committee received and scrutinised a number of reports which were standing items on the cycle of business, including:

- Minutes and actions from the previous meeting
- Mersey Internal Audit Agency (MIAA) audit progress report
- Combined internal audit and anti-fraud follow-up summary report

Since the January Committee meeting five audit reports had been finalised which provided substantial or high assurance ratings. A briefing note had also been issued by MIAA following a two-stage review of the Board Assurance Framework which provided a positive assessment of the approach taken by the Trust to support the overall assessment of governance, risk management and internal control. An assurance had been provided that the audit reports currently at draft stage would be finalised in time for the final Head of Internal Audit Opinion to be issued in June.

The Committee received an update on progress with the annual report and accounts process for 2022/23 and noted that arrangements were on track to meet agreed timescales. The next meeting on the 23 June 2023 would provide time for the Committee to scrutinise the annual report and accounts prior to recommendation to the Board for approval. In support of that work, a detailed discussion was held on the External Auditor's update which covered significant risk and the value for money assessment for 2022/23 and final information would be presented at the June Committee meeting. In addition, a positive report was provided by MIAA as part of feedback on the draft Head of Internal Audit Opinion, which would be finalised for the June meeting.

The Committee received the draft Internal Audit and Anti-Fraud work plans for 2023/24 and discussed some proposals for additional work to be incorporated into the plans. MIAA agreed to revisit the plans and would resubmit the final plans for approval.

The scheduled Committee Risk Review was undertaken on the ambition 'To Deliver the Trust's Strategic Aim to Drive Innovation through World Class Education, Training and Research'. Following a detailed discussion, the Committee was assured about how the Committee managed and mitigated the risk through robust scrutiny and challenge during Committee meetings.

The Committee received the annual report on gifts and hospitality and declarations of interest, and the work undertaken provided assurance that the Trust was compliant with governance processes in those areas. It was recognised there was some further work to be completed around engagement, understanding, and training which would be progressed.

Items for the Board's attention

(a) There had been some changes to timescales for the delivery of recommendations outlined in Internal Audit reports. The Committee asked that the process was further refined to allow for greater oversight and scrutiny of the tracking of extensions to delivery timescales and that work would be completed by the September Audit Committee meeting.

(b) In respect of financial sustainability, a Memorandum of Understanding would be produced which would provide clarity on the drivers of deficit and the responsibility of all organisations within the system, and work would be undertaken during the year with the ICB to agree those responsibilities.

Positive escalation

(a) Substantial assurance provided by MIAA through the detailed audit review reports which provided high and substantial assurance.

(b) Positive outcome from the draft Head of Internal Audit Opinion which would be confirmed at the June Committee meeting.

(c) MIAAs Anti-Fraud annual report and the positive conclusions around the self-assessment of functional standards.

(d) Good progress being made with declarations of interest and the significant inroads that had been made by the Company Secretary recognising there was still work to be completed.

(e) Education, Training and Research Committee risk review and the pro-active approach taken to scrutinise and manage the risk.

(f) Clinical audit programme and the increased compliance rates.

(g) Approval of the 2023/24 Internal Audit and Anti-Fraud work plans whilst recognising some minor changes would be made to the scheduling of some items and suggested focus on some additional areas which would be clarified through the submission of final plans.

(h) Risk maturity and risk profile assurance.

Negative escalation

(a) Financial sustainability identified by the External Auditors as a key risk which resonated with the Board of Directors' view.

Committee to Committee referrals

There were no items recommended for referral to other Committees.

Items recommended to the Board for approval

There were no items recommended for approval by the Board.

Committee Chairs reports received

There were no feeder groups reporting to the Audit Committee.

Items where assurance was provided and/or for information

(a) Internal Audit Charter
(b) Anti-fraud Annual Report 2022-23
(c) External Audit Technical update
(d) Losses and special payments report
(e) Single tender waiver report
(f) Clinical audit programme update
(g) Strategic risk report
(h) Terms of Reference for the Committee
(i) MIAA final audit reports:
- Divisional Risk Maturity Review
- Payroll Review
- BadgerNet System
- Confidential Risk Management
- Estates Statutory Compliance
- Assurance Framework Briefing Note

Progress against the Committee's cycle of business

The Committee continues to cover its business work in line with its cycle of business.
The next meeting of the Committee will take place on 23 June 2023 using Microsoft Teams.

Recommendation:

- The Board is asked to receive the report and note the contents.

Appendix 1 – Audit Committee agenda (20 April 2023)

Lancashire Teaching Hospitals NHS
NHS Foundation Trust

Audit Committee
20 April 2023 | 10.30am | Microsoft Teams

Agenda

№	Item	Time	Encl.	Purpose	Presenter
1.	Chair and quorum	10.30am	Verbal	Noting	T Watkinson
2.	Apologies for absence	10.31am	Verbal	Noting	T Watkinson
3.	Declaration of interests	10.32am	Verbal	Noting	T Watkinson
4.	Minutes of the previous meeting held 18 January 2023	10.33am	✓	Decision	T Watkinson
5.	Matters arising and action log	10.34am	✓	Noting	T Watkinson
6.	INTERNAL AUDIT				
6.1	Internal Audit progress report	10.35am	✓	Discussion	MIAA
6.2	Combined Internal Audit and Anti-Fraud follow-up summary report	10.55am	✓	Discussion	MIAA
6.3	Draft Head of Internal Audit Opinion and Annual Report 2022/23	11.15am	✓	Noting	MIAA
6.4	Draft Internal Audit Plan and Fees 2023/24	11.05am	✓	Approval	MIAA
6.5	Internal Audit Charter	11.20am	✓	Noting	MIAA
7.	EXTERNAL AUDIT				
7.1	Technical update	11.25am	✓	Noting	KPMG
7.2	External Audit update – Significant Risk and VFM Assessment 2022-23	11.30am	✓	Noting	KPMG
8.	COUNTER-FRAUD				
8.1	Anti-Fraud Annual Report 2022-23	11.40am	✓	Noting	MIAA
8.2	Anti-Fraud Work Plan and Fees	11.50am	✓	Approval	MIAA
9.	GOVERNANCE AND COMPLIANCE / OTHER COMMITTEE BUSINESS				
9.1	Annual Report of Gifts and Hospitality and Declarations of Interest	12.00pm	✓	Assurance	J Foote

Excellent care with compassion

№	Item	Time	Encl.	Purpose	Presenter
9.2	Losses and special payments report	12.05pm	✓	Noting	B Patel
9.3	Single tender waiver report	12.10pm	✓	Noting	B Patel
9.4	Committee Risk Review: To Deliver the Trust's Strategic Aim to Drive Innovation through World Class Education, Training and Research	12.15pm	✓	Discussion	P O'Neill/ K Swindley
9.5	Update on Annual Report and Accounts Process	12.30pm	Verbal	Noting	J Foote/ B Patel
9.6	Clinical Audit Programme Update	12.40pm	✓	Noting	C Morris
9.7	Strategic Risk Report including High Operational Risk Summary	12.50pm	✓	Noting	S Regan
9.8	Items for escalation to the Board or referral to/from other Committees:	12.58pm	Verbal	Noting	T Watkinson
9.9	Reflections on the meeting and adherence to the Board Compact	12.59pm	✓	Discussion	T Watkinson
10.	ITEMS FOR INFORMATION				
10.1	Terms of Reference (approved by Board)		✓		
10.2	**MIAA final audit reports**: (a) Divisional Risk Maturity Review (b) Payroll Review (c) BadgetNet System (d) Confidential Risk Management (e) Estates Statutory Compliance (f) Assurance Framework Briefing Note		✓		
10.3	Date, time, and venue of next meeting *June meeting to be confirmed*	1.00pm	Verbal	Noting	T Watkinson

The Committee will hold a private meeting with representatives from **internal audit** following the meeting

Board of Directors

CQC Update Report

Report to:	Board of Directors	Date:	1ˢᵗ June 2023
Report of:	Chief Nursing Officer	Prepared by:	H. Ugradar
Part I	✔	Part II	

Purpose of Report

For Decision	☐	For Assurance	☒	For information	☐

Executive Summary:

The purpose of this paper is to provide the Board of Directors with:

- An update on progress against the 2018/2019 Quality Improvement Plan (QIP), Lancashire Teaching Hospitals' approach to managing and delivery of the 'Must Do' and 'Should Do' recommendations following publication of the Trust's CQC Report on 07ᵗʰ November 2019, together with any 2018 report recommendations from those Core Services that were not inspected in 2019.
- An update on the 2022 QIP following the CQC inspection of Urgent and Emergency Care and Medical Services at Royal Preston Hospital on 05ᵗʰ and 06ᵗʰ April 2022.
- An update on the forward plan for the monitoring of CQC recommendations and merging of the 2018/2019 QIP with the 2022 QIP.
- A high-level summary of the most recent regulatory updates to the Safety and Quality Committee for information.

Analysis of the Quality Improvement Plan (QIP) and LTHTR's response to the most recent CQC inspections

- Significant progress has been made with the Trust on track to deliver 97% of the recommendations from the inspections monitored through the 2018/2019 and 2022 QIP.
- Where there are concerns of delivery (amber-red assessed recommendations) these relate to medical staffing in urgent and emergency care services (namely the 24/7 Trauma Cover) and performance in line with national standards due to exit block -. There continues to be a lack of solution to the gap in funding for the ED staffing, whilst transformation work in this area aims to reduce the gap, it will not remove the financial risk in this area in totality.
- Progress is ongoing with nurse staffing recruitment in medicine, implementation of a new theatre management system since the 2019 inspections - and with other areas of improvement identified in the 2022 inspections of urgent and emergency care services and medicine -.

Merging the 2018/2019 QIP with the 2022 QIP

- Given the length of time that has passed since the 2018/2019 inspection, a proposal was put forward to the Safety and Quality Committee in March 2023 that those actions that have been assessed as 'Green' delivered

in the 2018/2019 QIP are closed, and this was accepted. A detailed overview of the actions and evidence underpinning the delivery of the QIP actions in both the 2018/19 and 2022 reports was received by the committee.

- A number of the metrics underpinning the recommendations have been embedded over the last five years into normal business with monitoring in place through the STAR Quality Assurance Framework, Governance Dashboards, Divisional Committee's, Divisional Improvement Forums and Committees of the Board.
- From April 2023, any outstanding recommendations that have not yet been delivered from the 2018/2019 QIP will be merged with the 2022 recommendations and reported as one update in the Safety and Quality Dashboard except for those identified in Section 2.1.6 as there is some duplication in the 2022 recommendations.

Regulatory updates to the Safety and Quality Committee

- The Assurance and Risk Team continue to provide a bi-annual update on regulatory matters to the Safety and Quality Committee with a summary of updates provided in March 2023 included in section 2.2.1.
- The Assurance and Risk Team also continue to provide ad hoc updates to the Safety and Quality Committee, including assurances following any targeted inspections that may take place. For example, in March 2023, a progress update was provided on an action plan for Finney House which drew out responses to actions identified whilst the service was registered under the previous provider. Assurances on completion of actions for Radiotherapy Services following a CQC inspection on 11ᵗʰ May 2022 assessing the department's compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) were also provided.
- The Safety and Quality Committee in March 2023 confirmed that they were satisfied with the governance arrangements to monitor CQC recommendations and confirmed they were assured with the oversight of areas being assessed by CQC through existing programmes of work and confirmed that a high-level overview of the March 2023 report should be provided to the Board for information.

The definition of RAG rating key is included in appendix 1 of the paper.

It is recommended that the Board of Directors:

   i.   Note the update provided.
   ii. Confirm they are assured of the approach and arrangements in response to the care quality commission inspections.

Appendix 1- Quality Improvement Plan (QIP) Red, Amber, Green (RAG) key

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				

1. **Background**

1.1 The purpose of this paper is to provide the Safety and Quality Committee with:

- An update on progress against the 2018/2019 Quality Improvement Plan (QIP), Lancashire Teaching Hospitals' approach to managing and delivery of the 'Must Do' and 'Should Do' recommendations following publication of the Trust's CQC Report on 07th November 2019, together with any 2018 report recommendations from those Core Services that were not inspected in 2019. -

- An update on the 2022 QIP following the CQC inspection of Urgent and Emergency Care and Medical Services at Royal Preston Hospital on 05th and 06th April 2022. -

- An update on the forward plan for the monitoring of CQC recommendations and merging of the 2018/2019 QIP with the 2022 QIP.

- A high-level summary of the most recent regulatory updates to the Safety and Quality Committee for information.

2. **Discussion**

2.1 Analysis of the Quality Improvement Plan (QIP) and LTHTR's response to the most recent CQC inspections

QIP 2018/2019

2.1.1 At the end of April 2023, of the 93 'Must Do's' and 'Should Do's' included in the 2018/2019 QIP, 89 (96%) were assessed as 'Green' i.e., delivered, 2 (2%) as 'Amber-Green' i.e., ongoing and progress made and 2 (2%) as 'Amber-Red' i.e., not currently delivered and risks with delivery. Nil were assessed as 'Red' i.e., not expected to deliver at any point in time.

2.1.2 Details underpinning the assessments in the 2018/2019 QIP were provided to the Safety and Quality Committee in March 2023 with a summary of Amber-Green and Amber-Red rated recommendations - summarised below.

The 2 recommendations that were assessed as Amber Green 'i.e. ongoing and progress being made' are:
- **Access & Flow (AF8) - 2019 Surgery - The service should reduce the number of theatre overruns.** There are two parts to this should do. The first and primary focus of this should do was associated with recovery staff staying late. The shift patterns have changed to improve this and this is completed. The second part relates to the overruns in theatre. This is reliant on the full implementation of the new theatre management system opera and will not be delivered fully until 30 September 2023.
- **Staffing (S5) - 2019 Medicine - The trust should continue with plans to recruit to an increased nurse staffing establishment**.
  The recruitment of international nurses has led to fully recruited position of band 5 nurses. 50% of the international nurses are now independent with the remaining 50% becoming independent in the next 4-6 months. When CQC inspected the HCA vacancy was circa 70 whole time equivalents (WTE) vacant. This was circa 250 WTE at the end of March 2023. Therefore, this is unlikely to be fully delivered until August 2023. April 2023 did see some reduction in vacancy rates but sustained

improvements will be reliant on bank fill rates being maintained and recruitment to HCA posts continuing and an improvement in retention of HCA.

The 2 recommendations that are assessed as Amber Red 'i.e., not currently delivered, and risks with delivery' are:

- **Access & Flow (AF1) – 2019 Urgent and Emergency Care - The trust should continue to reduce the time patients wait in the department before receiving treatment or being admitted.**
  This recommendation triangulates with the Exit Block risk escalated to Board since December 2020. The data measured through the Emergency Department (ED) continues to demonstrate a department under significant pressure with high numbers of patients attending, patients waiting over 12 hours to be admitted to a ward or mental health facility and the number of patients waiting more than 1 hour in an ambulance to be brought into the ED. In July 2022 a 24 bedded medical ward opened on the Chorley (CDH) site, whilst this has increased the number of beds on the CDH site analysis demonstrates that at the same time there was an increase in attends through the ED at CDH site resulting in the additional beds preventing a further escalation of risk rather than reducing the risk overall. Further actions to address the risk include:
    o Converting the former ED COVID Majors space into a new 20 bedded Acute Assessment Unit
    o 64 beds now open in the Community Health Care Hub to reduce the number of patients in acute beds who no longer meet the criteria to reside in hospital.
    o Continued development of virtual wards to reduce length of stay and avoid admission.
    o Strengthened site management arrangements with 8a Tactical Operational Officers now in place 7.30am – 10.00pm 7 days a week.
    o Joint bid in place with Lancashire Care Foundation Trust to implement a Mental Health Urgent Assessment Centre co-located to the ED to reduce the number of patients with mental health needs in the ED.
    o Urgent and Emergency Care Transformation Board established with Executive level leadership which is focussing on delivering:
      ▪ 40% reduction in ambulance conveyances to the ED
      ▪ 10% reduction in length of stay for inpatients
      ▪ 5% reduction in the patients not meeting the criteria to reside in hospital.
- **Staffing (S3) - 2019 Urgent and Emergency Care - The trust should review its medical staffing, so it meets national standards.**
  This specifically applies to the Trauma team leader position in ED and there is not currently a resolution to this.

QIP 2022

2.1.3   In the 2022 inspection of Urgent and Emergency Services and Medicine, the Trust received 17 recommendations. Two recommendations related to oxygen prescribing, one for Urgent and Emergency Services and one for Medicine and were merged under one recommendation for ease of monitoring and so 16 recommendations are monitored in total.

2.1.4   Details underpinning the assessments in the 2022 QIP were provided to the Safety and Quality Committee in March 2023 with a summary of Amber-Green and Amber-Red rated recommendations summarised below.

The 1 recommendation assessed as Amber Red 'i.e., not currently delivered, and risks with delivery'. This is:

- Staffing (S2) – 2022 Urgent and Emergency Care (UEC) - The service must ensure that medical staffing levels, with the right qualifications and competencies are safe for the numbers of patients in the ED. This action has a risk attached to this given the absence of recurrent funding in the ED, whilst the UEC transformation programme aims to reduce this gap, it will not remove it entirely.

The 13 recommendations assessed as Amber Green 'i.e., not currently delivered, and progress with delivery' are as follows:

- Staffing (S1) – 2022 Urgent and Emergency Care - The service must ensure that nurse staffing levels, are safe for the number of patients in the Emergency Department (ED). This action carries a risk given the absence of recurrent funding in the ED.
- Training & Appraisals (TA3) - 2022 Urgent and Emergency Care - The service must ensure that all staff complete mandatory training requirement including resuscitation, infection prevention and control and safeguarding.
- Infection Prevention & Control - (IPC4) - 2022 Urgent and Emergency Care - The service must ensure that staff adhere to guidance regarding infection, prevention, and control.
- Medicines Management (MM5) - 2022 Urgent and Emergency Care/Medicine - The service must ensure that oxygen therapy is prescribed as per national safety alert and a record of its administration is maintained.
- Training & Appraisals (TA6) - 2022 Urgent and Emergency Care - The service must ensure that all staff receive an annual appraisal.
- Environment & Equipment (EE7) - 2022 Urgent and Emergency Care - The service should ensure that all doors leading to the children's area are secure.
- Mental Health (MH8) - 2022 Urgent and Emergency Care - The service should ensure that all patients with mental health problems are observed appropriately as no dedicated suite in the department.
- Environment & Equipment (EE9) - 2022 Urgent and Emergency Care - The service should ensure that staff complete checks of cannula sites if prolonged stays in the ED.
- Documentation & Information Governance (D&IG10) - 2022 Urgent and Emergency Care - The service should ensure that patient identifiable details are kept confidential when displayed on public boards.
- Infection Prevention & Control (IPC11) - 2022 Urgent and Emergency Care - The service should ensure effective processes to improve audit results including infection, prevention and control and sepsis.
- Documentation & Information Governance (D&IG12) - 2022 Urgent and Emergency Care - The service should consider assessment of malnutrition due to potential long waits.
- Access & Flow (AF15) - 2022 Medicine - The trust should ensure that patients receive daily, timely review when not being provided care and treatment on the correct specialty medical ward.
- Well Led (WL16) - 2022 Medicine - The trust should consider reviewing the effectiveness of some service strategies implemented across medical care services to address the fundamental access and flow issues.

Merging the 2018/2019 QIP with 2022 QIP

2.1.5   Given the length of time that has passed since the 2018/2019 inspection, a proposal was put forward to the Safety and Quality Committee in March 2023 that those actions that have been assessed as 'Green' delivered in the 2018/2019 QIP are closed, and this was accepted. A number of the metrics underpinning the recommendations have been embedded over the last five years into normal business with monitoring in place through the STAR Quality Assurance Framework, Governance Dashboards, Divisional Committee's, Divisional Improvement Forums and Committees of the Board.

2.1.6 From April 2023, any outstanding recommendations that have not yet been delivered from 2018/2019 will be merged with the 2022 recommendations and reported as one update in the Safety and Quality Dashboard except for the following:

- Access & Flow (AF1) – 2019 Urgent and Emergency Care - The trust should continue to reduce the time patients wait in the department before receiving treatment or being admitted will be closed and monitored under the 2022 recommendation *"The trust should consider reviewing the effectiveness of some service strategies implemented across medical care services to address the fundamental access and flow issues."*
- Staffing (S3) - 2019 Urgent and Emergency Care - The trust should review its medical staffing so it meets national standards will be closed and monitored under the 2022 recommendation "*The service must ensure that medical staffing levels, with the right qualifications and competencies are safe for the numbers of patients in the ED."*

Overall Summary

2.1.7 The graph below gives an overall summary of analysis on areas of improvement included in the 2018/2019 QIP and 2022 QIP grouped by service category inspected by the CQC and year of inspection.
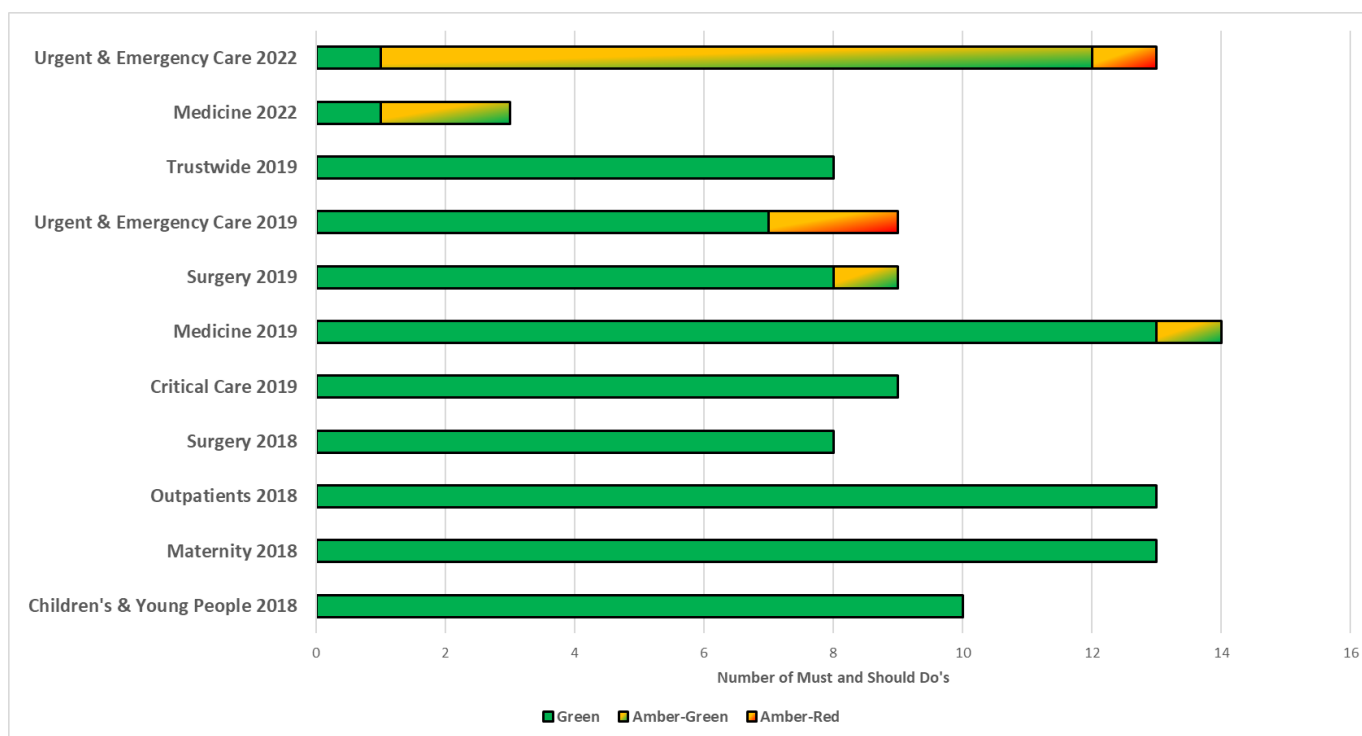
2.1.8 This demonstrates the significant progress made with the Trust on track to deliver 97% of the recommendations from the inspections monitored through the 2018/2019 and 2022 QIP.

2.1.9 Where there are concerns of delivery (amber-red assessed recommendations) these relate to medical staffing in urgent and emergency care services (namely the 24/7 Trauma Cover) and performance in line with national standards due to exit block -.

2.1.10 Progress is ongoing with nurse staffing recruitment in medicine, implementation of a new theatre management system since the 2019 inspections - and with other areas of improvement identified in the 2022 inspections of urgent and emergency care services and medicine -.

2.2 Regulatory updates to the Safety and Quality Committee

2.2.1 The Assurance and Risk Team continue to provide a bi-annual update of regulatory updates to the Safety and Quality Committee. In March 2023, updates have been provided on the following:

- CQC Insights - A tool designed by CQC to monitor where performance of an organisation has improved or to target CQC's resources on where the risk to the quality of care provided is greatest and to point to areas where the quality of care may be improving. However, in December 2022 CQC sent an update confirming that they were moving to a new provider to share insight reports and the existing portal would close. No further details of the new website or the next release of CQC Insight has been provided.
- CQC Transitional Monitoring Approach - The Trust has had changes in CQC Inspection Manager and Relationship owner in the last 12 months with further possible changes anticipated. To help the CQC team build a profile of us as an organisation, we continue to maintain established and trusted relationships with the Inspection Manager and Relationship owner by fostering a transparent relationship, 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.
- CQC Registration - On 10th March 2022, CQC confirmed Finney House has now transferred to the Hospital Directorate. Going forward, the registered manager for Finney House will be changed from the Chief Nursing Officer over to the Lead Nurse for community which is more in line with CQC expectations of community registration requirements. The registered manager is based and present on site and the Lead Nurse for community fulfils this requirement.
- CQC's new approach to regulation – CQC are currently in the process of creating a Single Assessment Framework, which is imminent, but yet to be published. The single assessment framework will apply to providers, local authorities, and integrated care systems (ICS'). In the meantime, CQC continue current methods to monitor, assess and rate providers.
- CQC Maternity Inspection - In light of the significant challenges facing Maternity Services across the country, CQC are undertaking a programme of inspection to give an overview of the quality and safety of maternity care across England and are specifically targeting Trusts who have not been inspected and rated since April 2021. Maternity services at LTHTR were last inspected by CQC in 2018 and rated as 'Good' on both sites and therefore, it is expected that our maternity services will be inspected although no date has been confirmed at the time of this report. In recognising the length of time since the last inspection:
  - A programme of awareness sessions have taken place in Maternity Services and across the Trust to ensure learning from previous maternity inspections is shared and implemented.
  - A [staff leaflet](#) and a [staff information booklet](#) have been issued to staff and a series of awareness sessions have taken place which outlines what to expect during an inspection and how to prepare.
  - Ongoing testing of the 'Brilliant Basics' through the STAR assurance framework which has been mapped to the CQC Key lines of Enquiry continues.
  - Enhanced support is being provided by the Associate Director of Risk and Assurance and Deputy Associate Director of Risk Assurance to the Maternity Leadership Teams at all levels.

2.2.2 The Assurance and Risk Team also continue to provide the Safety and Quality Committee with assurances following any targeted inspections that may take place. For example, in March 2023, a progress update

was provided on an action plan for Finney House which drew out responses to actions identified whilst the service was registered under a previous provider. Assurances on completion of actions for Radiotherapy Services following a CQC inspection on 11th May 2022 assessing the department's compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) was also provided.

2.2.3 The Safety and Quality Committee in March 2023 confirmed that they were satisfied with the governance arrangements to monitor CQC recommendations and confirmed they were assured with the oversight of areas being assessed by CQC through existing programmes of work e.g., STAR. The Safety and Quality Committee also approved the forward plan to streamline the recommendations from the 2018, 2019 and 2022 inspections and confirmed that a high-level overview of the March 2023 report should be provided to the Board for information.

3. Financial implications

3.1 There are financial implications associated with achieving some of the Quality Improvement actions identified from the CQC inspection. This specifically applies to the Trauma team leader position in ED, medical and nursing staff and there is not currently a resolution to this.

4. Legal implications

4.1 The Trust monitor 'Must Do's'/regulatory breaches as part of the QIP. The Trust submitted an action plan to the CQC in response to these breaches following previous and most recent inspections.

5. Risks

5.1 The risk of not complying with the 'Must Do's' and 'Should Do's' of the CQC report remains a significant risk on the risk register (ID 161) with a score of 12 (Consequence = 4 (major), Likelihood (3) possible).

5.2 The paper and associated appendices demonstrates that there were regulatory actions that the Trust needed to take to become compliant with the regulations, in particular related to workforce shortages.

5.3 Despite a number of challenges of the last five years (including Covid-19), it is possible to evidence the significant progress made in the Trusts improvement journey through Our Big Plan, STAR, Always Safety First, Continuous Improvement, Governance and Risk Maturity, Patient and Staff engagement and Leadership and Organisational Development, demonstrating tangible improvements despite the Covid-19 pandemic, and continuing to build momentum across the Trust by putting in place strong and sustainable foundations.

6. Impact on stakeholders

6.1 The findings from CQC inspection reports are shared both internally and externally following publication.

6.2 Assessment of performance against delivery of the QIP for each core service is undertaken by the Deputy Associate Director of Risk and Assurance, with regular meetings with the Divisional Triumvirates, Senior Leaders, and Executive Directors. Any outstanding actions are escalated to Divisional Improvement Forums for further discussion and scrutiny. Ongoing monitoring also continues at Divisional level.

6.3 A summary of progress against delivering must do's and should do's is included in Divisional Improvement Forums, the Safety and Quality Dashboard and Board Integrated Performance Report to ensure organisational oversight of CQC recommendations from the previous inspection is maintained.

7. Recommendations

7.1 It is recommended that the Board of Directors:

i.   Note the update provided.
ii.   Confirm they are assured of the approach and arrangements in response to the care quality commission inspections.

Appendix 1

Table 1 – Risk Rating and Definitions for QIP

Risk rating	Definition
Green	Delivered.
Amber-Green	Not currently delivered progress with delivery.
Amber-Red	Not currently delivered and concerns about delivery.
Red	Not expected to deliver at any point in time.

Board of Directors Report

Trust Headquarters

NHS Lancashire Teaching Hospitals NHS Foundation Trust

Excellent care with compassion

New Hospitals Programme Quarter 4 Board Report			
Report to:	Board of Directors	**Date:**	1 June 2023
Report of:	Finance Director/Deputy Chief Executive	**Prepared by:**	R Malin, Programme Director J Hawker, Programme SRO
Part I	✓	**Part II**	

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

Executive Summary:

The purpose of this report is to provide an update on the Lancashire and South Cumbria New Hospitals Programme for the Quarter 4 period: January to March 2023. This quarterly report is presented to the following Boards:
- University Hospitals of Morecambe Bay NHS Foundation Trust
- Lancashire Teaching Hospitals NHS Foundation Trust
- East Lancashire Hospitals NHS Trust
- Blackpool Teaching Hospitals NHS Foundation Trust
- Provider Collaborative

The report includes the progress against plan for January to March 2023, in particular providing an update on the potential new site options, progress on equality and health inequality impact assessments and continued engagement work.

It outlines next steps with the national New Hospital Programme business case and capital funding allocation.

It is recommended the Board:
- Note the progress undertaken in Quarter 4.
- Note the activities planned for the next period.

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

N/a

NEW HOSPITALS PROGRAMME Q4 BOARD REPORT

1. Introduction

1.1 This report is the 2022/23 Quarter 4 update from the Lancashire and South Cumbria (L&SC) New Hospitals Programme.

2 Background

2.1 Lancashire Teaching Hospitals NHS Foundation Trust (LTHTr) and University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) are working with local NHS partners to progress the case for investment in local hospital facilities. The programme is part of cohort 4 of the Government's commitment to build 40 new hospitals by 2030. Together with eight existing schemes, this will mean 48 hospitals built in England over the next decade, the biggest building programme in a generation. Further information can be found on the ['Improving NHS infrastructure' website](#).

2.2 The L&SC New Hospitals Programme (NHP) offers a once-in-a-generation opportunity to transform some of the oldest buildings and develop new, cutting-edge hospital facilities. This will help us to offer the absolute best in modern healthcare, providing patients with high-quality, next generation hospital facilities and technologies. Hospital buildings will be designed in a way to meet demand while remaining flexible and sustainable for future generations. They will also be aimed at helping to support local communities, bringing jobs, skills and contracts to Lancashire and South Cumbria businesses and residents.

3 National New Hospital Programme

3.1 **Programme business case and early / enabling works** – the national programme business case was presented to HM Treasury in February 2023. This will determine the capital range allocation and phasing for the L&SC NHP. The outcome of the national business case will also include the status of the L&SC bid for early works / investment at Furness General Hospital to improve the Critical Care Unit and Emergency Department. An announcement was expected in March 2023 and was not forthcoming. No announcements are now expected until after local council elections in May 2023.

3.2 **National guidance** – as part of cohort 4, L&SC NHP is expected to fully adopt the national NHP guidance, including: standard hospital design (Hospital 2.0); digital; demand and capacity modelling; and the associated underpinning assumptions. Members of the NHP team and wider system colleagues have been proactively supporting the national team on developing some key components of this guidance. This collaborative working was evident at a recent valuable and positive national NHP workshop on **Hospital 2.0**. Topics covered included: hospital design principles with a focus on single rooms; digital transformation; and workforce. When delivered in a standardised way, it is anticipated noteworthy time and cost benefits will be realised.

4   Progress against plan (for the period January to March 2023)

4.1   **Potential new sites** – the focus of this quarter has been on finalising the potential new site options for each Trust. This work culminated for this phase of the Programme with an update to the Strategic Oversight Group and Trust's Board of Directors.

4.2   Additional potential new sites have continued to be identified throughout this quarter, and these have been appraised against the agreed technical criteria and reported to the Strategic Oversight Group (SOG) in January 2023. It is important to note the Programme will continue to receive and assess new sites up to public consultation (if required) and business case submission.

4.3   To underpin potential new sites work, the Programme Team have concluded the RIBA stage 1 (Royal Institute of British Architects) bringing greater certainty to the deliverability of each site i.e., could a new hospital facility be accommodated on the site with sufficient supporting infrastructure. This work has incorporated further informative discussions with local authority planning and highways teams, finalisation of the latest designs, and a review of the traffic impact on the local infrastructure.

4.4   **Equality and health inequality impact** – the team are concluding this phase of work, having undertaken an assessment of the impact of the Programme on equality and health inequalities. The recent focus has been on the model of care, digital strategy, and potential new site selection and appraisal. This essential and important work will continue throughout future phases of the Programme to enable both the NHP and wider system to consider the likely impact of new hospital facilities on different groups of people.

5   Public, patient and workforce communications and engagement

5.1   **Lancaster University research report** – the NHP team and colleagues from Lancaster University were delighted to publish a joint research report this quarter. This has been the culmination of a collaborative project, which ran from March to July 2022. The focus was to review engagement with under-represented people within the Lancashire and South Cumbria region. The resulting new joint academic report, 'Engaging underrepresented people in a regional transformation project: co-production of a framework', has now been published on Lancaster University's website and also shared with all New Hospital Programme schemes across the country. For further information, read the [news article about the joint Lancaster University and New Hospitals Programme research report](#).

5.2   **Under-represented communities and health inclusion groups** – a report by the ICB has been developed on the engagement with under-represented communities and health inclusion groups conducted between December 2022 and February 2023. The aim was to focus on the priority groups highlighted by the NHP, which included some of the most seldom heard and the most hard-to-reach

groups within the community. This phase of engagement has established a baseline and foundation for future, targeted engagement with these communities and networks, which will continue through the work of the ICB and provide insight to the NHP on a rolling basis.

5.3 **Your Hospitals, Your Say** – the report which brings together all the valuable input from the engagement work undertaken to date was published in September 2022. Work is underway to develop a British Sign Language (BSL) version of the Your Hospitals, Your Say report with support from Lancashire Teaching Hospitals NHS Foundation Trust's Blended Learning team. The BSL video will be available in Quarter 1 of 2023/24 on the [Your Hospitals, Your Say section of the NHP website](#).

6   Stakeholder management

6.1 **Briefings** – briefings and discussions have continued through NHP team-led staff updates / drop-in sessions with Primary Care Networks, ethnicity, disability and LGBTQ inclusion forums and carers forums. This is part of an ongoing, open dialogue with groups across our partner organisations, which provides continued insight and feedback on the programme. Frequently asked questions are updated as new queries are raised and key themes of conversations are captured and analysed, inputting into the decision-making process and development of proposals.

7   Next period – Q1 2023/24

7.1 Following the announcement of the national business case, the Programme will work with the national NHP team to understand what this means for new hospital facilities in L&SC. Noting that the start of Q1 will coincide with the beginning of the pre-election period, so local announcements on the Programme could be delayed until after the local elections in May 2023.

8   Conclusion

8.1 This paper is a summary of progress on the Lancashire and South Cumbria New Hospitals Programme throughout Quarter 4 2022/23.

9   Recommendations

9.1 The Board is requested to:

- Note the progress undertaken in Quarter 4.
- Note the activities planned for the next period.

Rebecca Malin   **Jerry Hawker**
Programme Director   **Programme Senior Responsible Officer**
April 2023