Board of Directors

6 April 2023 | 1.00pm | Microsoft Teams

Agenda

№	Item	Time	Encl.	Purpose	Presenter
1.	Chair and quorum	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 2 February 2023	1.03pm	✓	Noting	P O'Neill
5.	Matters arising and action log update	1.05pm	✓	Noting	P O'Neill
6.	Chairman's opening remarks and report (a) Delegated Approval No 2023-01	1.10pm (5mins: Pres)	✓	Noting	P O'Neill
7.	Chief Executive's report	1.15pm (15mins: Pres)	✓	Noting	K McGee
8.	Board Assurance Framework	1.30pm (10mins: Disc)	✓	Approval	S Regan
9.	**CONSISTENTLY DELIVER EXCELLENT CARE** (SAFETY AND QUALITY)				
9.1	Safety and Quality Committee Chair's Report	1.40pm (10mins: Pres)	✓	Noting	A Pennell
10.	**GREAT PLACE TO WORK** (WORKFORCE, EDUCATION AND RESEARCH)				
10.1	Education, Training and Research Committee Chair's Report	1.50pm (10mins: Pres)	✓	Noting	P O'Neill
10.2	Workforce Committee Chair's Report	2.00pm (10mins: Pres)	✓	Noting	J Whitaker
10.3	Recommendation for approval or noting: (a) Staff Survey Report	2.10pm (10mins: Q&A)	✓	Noting	K Swindley
10.4	Staff Story	2.20pm (10mins: Pres) (10mins: Q&A)	Pres	Discussion	Oncology Nursing Team
11.	**DELIVER VALUE FOR MONEY** (FINANCE AND PERFORMANCE)				
11.1	Finance and Performance Committee Chair's Report	2.40pm (10mins: Pres)	✓	Noting	T Whiteside
11.2	Integrated Performance Report as at 28 February 2023 including Finance update *(considered by appropriate Committees of the Board)*	2.50pm (10mins: Pres) (15mins Q&A)	✓	Discussion	F Button
12.	**FIT FOR THE FUTURE** (STRATEGY AND PLANNING)				
12.1	Clinical Services Strategy Update	3.15pm (10mins: Pres)	✓	Noting	G Skailes
13.	**GOVERNANCE AND COMPLIANCE**				
13.1	Business Conduct Policy review	3.25pm (5mins: Pres)	✓	Approval	J Foote

Excellent care with compassion

№	Item	Time	Encl.	Purpose	Presenter
14.	**ITEMS FOR INFORMATION**				
14.1	Data Quality Assurance Report		✓		
14.2	Use of Common Seal		✓		2
14.3	Governor Election Report		✓		
14.4	Date, time and venue of next meeting: *1 June 2023, 1.00pm, Microsoft Teams*	3.30pm	Verbal	Noting	P O'Neill

Board of Directors

2 February 2023 | 1.00pm | Microsoft Teams

Part I

PRESENT	07/04/22	09/06/22	04/08/22	06/10/22	01/12/22	02/02/23
NON-EXECUTIVE DIRECTORS						
Professor P O'Neill (Interim Chair)	P	A	P	P	P	P
Professor E Adia (Chair)	P	A	P			
Ms V Crorken	P	P	P	A	P	P
Ms A Pennell	P	P	A	A	P	P
Ms K Smyth	P	P	P	P	P	P
Mr T Watkinson	P	Chair	P	P	P	P
Mr J Whitaker	A	P	P	P	P	P
Mrs T Whiteside	P	P	P	P	P	P
EXECUTIVE DIRECTORS						
Ms F Button Chief Operating Officer	P	P	P	P	P	P
Ms S Cullen Chief Nursing, Midwifery and AHP Officer	P	P	P	P	P	P
Mr K McGee Chief Executive Officer	P	P	P	P	P	P
Dr G Skailes Chief Medical Officer	P	P	P	P	P	P
Mrs K Swindley Chief People Officer	P	P	P	P	P	P
Mr J Wood Chief Finance Officer/Deputy Chief Executive	P	P	P	P	P	P
IN ATTENDANCE						
Mrs K Brewin (minutes) Associate Company Secretary	P	P	P	P	P	P
Mrs A Brotherton Director of Continuous Improvement	P	P	P	P	P	A
Mr S Dobson Chief Information Officer	P	A	A	P	P	P
Mr G Doherty Director of Strategy and Planning	P	P	P	P	P	P
Mrs N Duggan Director of Communications and Engagement	P	P	P	P	P	P
Mrs J Foote MBE Company Secretary			P	P	P	P
ASSOCIATE NON-EXECUTIVE DIRECTORS						
Mr M Wearden			A	A	P	P
Mr P Wilson			A	P	P	P

P – present | **A** – apologies | **D** – deputy
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)
Chair – Professor P O'Neill took over as Interim Chair with effect from 1 September 2022 following the departure of Professor E Adia

Governors in attendance: Dr K Ackers, Mr S Heywood, Mrs J Miller, Mr P Spadlo and Mr D Watson

IN ATTENDANCE TO PRESENT THE BOARD ASSURANCE FRAMEWORK (Minute ref 8/23) AND WELL LED PLAN INCLUDING GOOD GOVERNANCE INSTITUTE RECOMMENDATIONS (Minute ref 21/23)	
Simon Regan	Associate Director of Risk and Assurance

IN ATTENDANCE TO PRESENT THE MATERNITY AND NEONATAL SERVICES REPORT (Minute ref 10/23)	
Emma Ashton	Interim Divisional Midwifery and Neonatal Nursing Director

IN ATTENDANCE TO PRESENT THE PATIENT STORY (Minute ref 13/23)	
Chloe Austin	Patient
George Bailey	Project Manager – Press Office
Andy Curran	Emergency Department Consultant
Lisa Elliott	Divisional Nursing Director – Surgery
Karen Haworth	Major Trauma Service Manager – Surgery

1/23   **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.

2/23   **Apologies for absence**

Apologies for absence were received and recorded in the attendance matrix at the front of the minutes.

3/23   **Declaration of interests**

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

4/23   **Minutes of the previous meeting**

The minutes of the meeting held on 1 December 2022 were approved as a true and accurate record.

5/23   **Matters arising and action log**

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

6/23   **Chair's opening remarks and report**

The report provided a summary of work and activities undertaken by the Interim Chair during December 2022 to date.

The Chair referred to the visits undertaken yesterday at Chorley and South Ribble Hospital which included the coronary care unit; elderly care and rehabilitation; diabetes team; respiratory care team; and the medical assessment unit. The visits were helpful to speak with staff and see first-hand the pressures teams were managing. A key point raised during the visits was the difficult decisions that had been required to escalate additional beds during Christmas and into the new year to ensure safe care for patients. However, the abiding impression in all areas was the dedication shown by all staff to

ensure the arrangements worked well and patients were safe. Whilst it was not a position the Trust would wish to be in, staff did understand the rationale for the decisions meaning patients could be treated on a ward setting rather than spending lengthy periods in the emergency department or in an ambulance. On behalf of the Board, the Chair thanked staff in all areas for their hard work and commitment to their patients.

The report highlighted the need for engagement with the Integrated Care Board (ICB) and Provider Collaboration Board (PCB) to ensure the Trust was an outward looking organisation and took a broad strategic view on the operational pressures particularly going into the winter season. Taking such an approach meant there were significant benefits to be realised for local patients and the broader community across the Integrated Care System (ICS).

Reference was made to the Shadow Board for the Non-Executive Director programme to increase equality and inclusion and the Chair was privileged to be chairing those meetings. It was noted there were some impressive people involved in the programme with significant lived experiences and it was important to encourage such diversity across the spectrum as it would pay dividends as a system and for future Non-Executive Director appointments.

Finally, the process had now commenced for the appointment of a permanent Chair with the timescales set to make a formal appointment by the end of March 2023. Further updates would be provided to the Board as appropriate.

7/23   **Chief Executive's report**

The report provided an update on key national, regional and local developments and highlighted a range of messages for information. Focusing on of the national messages and the ICS headlines and what it meant for the Trust, attention was drawn to:

- NHS operational planning guidance for 2023/24 had been published at the end of December setting out the work that would be required before the end of March 2023 to agree and sign contracts with clear performance objectives commencing from 1 April 2023. The Chief Finance Officer, Director of Strategy and Planning and their teams had been working diligently to complete the work required across finance, workforce and operations. There would be one ICS submission on which the Board would need to be sighted along with the contracts to be signed for the coming financial year. It would be a stretching year as there was a drive in the NHS around elective recovery and cancer performance along with the need for grip and control of operational and urgent and emergency care pressures, which would all need to be delivered within a constrained financial environment.
- There had been a drive over the last few weeks to help relieve pressures in hospital through purchasing social and community care beds with £6m non-recurrent funding being provided for Lancashire and South Cumbria local authorities to support that work and focus on out-of-hospital capacity.
- PCB summary of the meeting on 19 January 2023 (appendix 1) – the meeting coincided with organisational and winter pressures and staff were thanked for what they had delivered during that period. The pressure had not yet abated and was predicted to continue into February. The professionalism of clinical and operational teams throughout December and January was commended, from making unprecedented decisions to open additional beds in ward areas to the way in which staff embraced and worked with operational teams to keep flow throughout the

hospitals. There had been significant de-escalation during the past couple of weeks and it had been recognised that late December and the beginning of January had been the most pressurised period the NHS had ever faced. There was a lot of work being completed regarding planning for next year on emergency and urgent care which would be built into planning for winter in terms of in- and out-of-hospital capacity. Over the coming weeks the Executive Directors would be working on removing unfunded capacity and would be looking to capacity in the community to help with flow. It was noted the Corporate Services Collaboration, being led by the Chief Finance Officer, would bring together a standard operating model across the system. The Clinical Programme Board, chaired by the Chief Executive of East Lancashire, was picking up work around vascular, head and neck and neurology services which would have a direct impact for this Trust and its staff.

- ICB Chief Executive's report (appendix 2) – winter pressures featured highly within the report, and it was noted the Trust had received positive feedback regarding how it had coped during that period. Emergency department waits and ambulance handover times were better in the North-West than other parts of the country which was also positive feedback. In Lancashire and South Cumbria, and within the Trust, there was a significant amount of positive action being taken and there was a need to build on that, which the ICS Chief Executive did highlight during his report. In terms of how the PCB and ICB worked together to get the best out of both sets of resources, a report had been presented to the ICB Board containing a set of recommendations. Finally, the ICS Chief Executive provided a statement at the beginning of the ICS Board meeting regarding the letting of a primary care contract at Withnell Health Centre and had committed to engage with the local communities over the coming days and weeks.

The Chair emphasised the financial difficulties across the whole of the NHS. In addition, the significant pressures on the acute system were recognised and it was noted the Trust had still managed to maintain its elective activity which was important not only for the Trust but the people and communities it served.

In response to a question regarding opportunities for development of the Community Healthcare Hub (Finney House), it was noted that at the recent ICB Board meeting the initiative was held up as a model of best practice which could be rolled out across the ICS. The ability to utilise the step up/step down facility was a model which should be pursued and had support from the ICS. The initiative also had national support and the Chief Operating Officer had been contacted by colleagues across the country who wished to discuss the model. The Chief Operating Officer echoed the comments and commended the Director of Communications and team on the work they had undertaken to promote the facility and explain its function in clear terms which had helped to encourage those further conversations. The Chair added that the Trust was also conscious about ensuring current residents received the appropriate care for their needs as the facility was their home setting, so it was encouraging to hear such positive messages about the model.

8/23   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. An overview was provided of the operational high risks escalated to the Board.

In respect of risk ID 1182 (strike action), the Board agreed that the risk needed to reflect the impact of strike action as it was now a reality and the Associate Director of Risk and Assurance confirmed that would be reflected in the report.

The Board RESOLVED that:
1. **the updates to the Board Assurance Framework be noted and approved.**
2. **it was assured 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.**

9/23   Safety and Quality Committee Chair's report

The Chair's report from the Safety and Quality Committee meetings on 25 November 2022 and 6 January 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:

- Assurance of the actions to manage safe staffing within adult inpatient areas and the emergency department, actions being taken to address areas for negative escalation, and early notification of declining trends.
- Assurance through the neonatal, children and young people staffing report that risks were being regularly reviewed, monitored and mitigated.
- Assurance of the programmes of work on the clinical audit plan that support robust systems and processes for managing clinical audit performance. It was noted that the NICE guidance improvement programme of work to deliver enhanced risk maturity that had been impacted by the pandemic had now been reinvigorated over the preceding few months.
- Inclusion of a written summary as part of future integrated performance reports outlining the current situation and winter pressures faced by the Trust.

10/23   Maternity and Neonatal Services update including CNST and Ockenden

The report provided an overview of the safety and quality programmes of work within maternity and neonatal services including the status of the 10 Clinical Negligence Scheme for Trusts (CNST) maternity safety actions. In addition, an update was provided on the CNST Local Maternity and Neonatal System external evidence verification compliance declaration which would need to be submitted to NHS Resolution by 2 February 2023. It was noted the Safety and Quality Committee had scrutinised the report and evidence for the compliance declaration and was satisfied with the evidence provided. Emma Ashton was formally welcomed to the Board meeting in her role as permanent Divisional Midwifery and Neonatal Nursing Director and presented an overview of the contents of the report for information.

The Board noted that the report contained two exceptions where one point had not been met in two standards and although compliance had not been achieved on those points the Trust would pass the standard as the service had submitted an action plan to the Board detailing how it intended to achieve compliance. Verification had been received on 16 January confirming the Trust could submit a declaration of compliance on all 10 standards. On that basis the Chief Executive had validated and commended the return to the ICB for submission to NHS Resolution on 1 February 2023.

The Board recognised the achievement of all the standards and confirmed it was reassuring to see confirmation of compliance. Thanks were extended to the Divisional Midwifery and Neonatal Nursing Director and the team for the work undertaken to deliver a fully compliant submission. A question was raised regarding whether the Safety and Quality Committee had scrutinised the action plans and was confident the plans were robust to deliver on the outstanding issues. It was noted that the Committee looked at all the reports and action plans in detail and triangulated what was happening in maternity services, such as evidence from safety champion meetings and safety walkabouts. It was also noted that external scrutiny had been undertaken through the Local Maternity System who had independently reviewed every piece of evidence and triangulated the information with regional and ICB reports.

Reference was made to the low birthweight trend and the Board queried whether there was anything further that could be done in the community to assist with avoiding hospital clinical intervention. It was explained that some focused work was being undertaken, there was scrutiny around low birthweight babies, and from a public health perspective there were attempts to establish an in-house Stop Smoking Service as smoking was a key factor in low birthweight babies and increased the likelihood of stillbirth. The Specialist Midwife for public health linked widely with the local authority on targeted work, mostly around smoking cessation but also broader aspects of a healthy lifestyle.

It was noted that health inequalities would need to be a priority for the ICB and the system and discussions had been held at ICS level. The Board recognised the conversations being held about starting well, and the low birthweight of babies had been highlighted at a recent workshop with a range of partner organisations. It was noted health inequalities was also discussed at the recent ICB Board meeting and wider discussions had been held within the ICS about how health inequalities would be tackled which would be part of Trust obligations and enshrined in contracts next year. The Board was also reminded of some positive work that was already being undertaken around consolidation of waiting lists and eradicating postcode inequalities, as mentioned at the last Board meeting.

The Board RESOLVED that it was assured of the sign-off process and compliance detailed within the report and was satisfied the Trust had declared full compliance with the 10 CNST safety actions.

11/23   Education, Training and Research Committee Chair's report

The Chair's report from the Education, Training and Research Committee meeting on 13 December 2022 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:

- The strategic risk score had increased to 20 due to changing rules for income deferral requirements and investment priorities for 2023/24 and a way forward would need to be found as those were important contracts. A Board workshop would be held shortly to look at the financial position in the round.
- Positive performance of the research team within the Trust and the proposal to create a Translational Research Institute at the University of Central Lancashire.
- Edovation, a vehicle to help, support and bring to market innovative concepts to support patient care, it was intended would now trade through Lancashire Hospitals Services Limited.

Reference was made to mandatory training and core skills and clarification was requested on whether mental health training was included. It was noted that there were some training elements that were mandated, and mental health training would fall into the broader training needs analysis. It was, however, confirmed that mental health training formed part of the safeguarding portfolio and a programme of work was being explored to also include autism and learning disabilities training. There was a mandated training element around autism which would be considered in the round including how training would be rolled out to staff. The Chief Medical Officer referred to physical and mental health integration noting an ICB group had been convened to look, as a system, at how those two elements of care could be brought together. The ICB group had been in place for six to eight months and was making good progress.

Reference was made to the two negative escalations and clarification was requested on (a) whether a deep dive would be undertaken to understand the quality issues impacting trainees at Chorley and whether the outcome would be included in a future Chair's report; and (b) in relation to deferred income, whether that was a known risk. With regards to the first question, the Board was advised that a working group had been set up to look at the actions that needed to be taken. Some immediate actions had been completed around supervision of junior doctors and positive feedback had been received on what had been introduced. It was noted that how the service was run at Chorley needed more considered action and time would be required to affect change which would include reviewing whether further rotation of the consultant workforce was possible across Preston and Chorley. In respect of the second question, the Chief Finance Officer confirmed the issue was currently being worked through and was not a separate emerging risk. In respect of the quality issues for trainees at Chorley, the Board recognised it was important to not only train and educate people but to also look after their welfare and provide a quality experience for trainees.

12/23   Workforce Committee Chair's report

Due to the timing of the meeting, a verbal report was provided by the Committee Chair following the meeting on 30 January 2023. An overview was provided of the items discussed and issues to be brought to the Board's attention, including items for escalation and where assurance had been provided. Key highlights included:

- Receipt of the 2022 NHS Staff Survey results which were currently embargoed.
- Review and scrutiny of the Gender Pay Gap report which was recommended to the Board for approval.
- Consideration of the workforce and organisational development resourcing and performance benchmarking report which required further discussion in the context of workforce challenges currently faced across the Trust.
- Receipt of the annual partnership update report with the Committee noting the progress made with strategic actions in relation to partnership working with Staff Side representatives; key achievements and outcomes over the last 12 months; and further developments planned for the year ahead.
- The significant progress made around workforce social and corporate responsibility.

13/23   Patient Story: Celebrating 10 years of the Major Trauma Centre

Chloe Austin, supported by members of the major trauma team, joined the meeting to describe her experience as a patient in the major trauma centre following a fairground

accident. A video was shared celebrating the 10-year anniversary of the major trauma network in Lancashire and South Cumbria. It was noted that Chloe was a student nurse and would be on placement at Royal Preston Hospital during the coming weeks.

The Board acknowledged the inspirational story and was struck by the balance between physical and psychological support and input into Chloe's care. In response to a question regarding the level of psychology support provided by the Trust, it was noted that there was an in-house psychology services team comprising dedicated psychologists and counsellors. Patients would be reviewed by the team from the start of their treatment pathway and there was also access to outpatient appointments.

The Board agreed that Chloe's story should be shared in a range of forums to evidence the truly patient-centred care and provide understanding on the complexity and multidisciplinary working that was in place. It was noted that the ICB had a patient story every month and, if agreeable, arrangements could be made for Chloe to present her story. The Board also commended the high quality of the video.

The Chair noted the Trust's ambition to provide high quality services and asked whether there were any reflections that would be helpful to the Board in terms of looking to improve and learn. Chloe confirmed that the main issue she struggled with was the timeline for rehabilitation which at the time was eight weeks due to the need to wait for a rehabilitation bed. That had been difficult to hear having gone through a major trauma and would delay recovery of things such as learning to weight bear and walking which would not allow her to move forward.

The Board noted that Chloe was training to qualify as a nurse and wondered whether her experience had led to that profession or how it changed her perception about her career path. Chloe explained that she was half-way through her nurse training, and she now had a significant personal view of the patient perspective. This ranged from issues such as the importance to the patient of personal care and hygiene needs, and a broader experience of medical interventions required to assist the patient to recover following a traumatic event, and she felt that knowledge was helping during her training. In March her placement was on the Major Trauma Ward for 15 weeks before returning to Barrow and whilst her initial training was as a community nurse her experience had convinced her that major trauma nursing was the career she wanted to pursue.

The Chair thanked Chloe for attending the meeting and delivering her story as it was important for the Board to have insight into the care provided, and the number of people involved in providing that care at all different levels. In terms of sharing the story, Chloe confirmed she was comfortable to do that more widely which would help with evidencing how teams worked together to provide seamless care. The Director of Communications and Engagement confirmed that arrangements would be picked up with Chloe outside the meeting.

The Chief Nursing Officer also confirmed that she would write to Chloe and the contributors to the film to thank them for their input.

14/23   Gender Pay Gap report

The report presented the findings and recommended actions based on the Gender Pay Gap report for 2022. It was noted the gender pay gap for the Trust was now above the threshold for immediate action as specified by the Equality and Human Rights

Commission therefore action would need to be taken to address the issue and close the gap. However, the ability of the Trust to take targeted action was limited due to a range of reasons outlined within the report.

It was important to note the gender pay gap could be affected by the make-up of the workforce and was not about equal pay. Normally there was a 75/25% male/female split with predominantly male consultants in the majority which negatively impacted on the gender pay gap. The workforce team had run data reports including and excluding medical staff which clearly demonstrated the Trust did not have an underlying issue and no action needed to be taken. It would take some years to play through with students tipping towards females. Actions had been included in the report to show how the Trust actively supported change in demographic composition and how that change was supported.

In terms of medical staff clarification was requested regarding whether the Trust's proportion was consistent with the training programmes coming through. The Chief People Officer advised that change to the demographic would be addressed over time and over the last couple of years an increase had been seen in females in medical schools although it would be a long journey due to the pathway to reach consultant level. Looking forward there might be a more female biased workforce although females did tend to work more flexible rotas which would again impact on the figures. It was also acknowledged there was a need to look at particular specialties which had been difficult to recruit in the past. In terms of specialty choices, it was noted more females were moving towards GP training and fewer taking up particular sub-specialties. However, more females were being recruited to medical posts than in previous years so the landscape was changing but the positive effect may not be fully realised due to the preference for females to work part-time or flexible rotas.

In response to a question regarding whether all similar acute Trusts were in the same position experiencing similar gender pay gaps, it was confirmed that in previous years the data had shown a similar position although the broader data for this year had yet to be analysed.

The Board RESOLVED to approve the report for external publication.

15/23   Finance and Performance Committee Chair's report

The Chair's report from the Finance and Performance Committee meetings on 20 December 2022 and 24 January 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:

- Focus on the current financial challenges and complexities of issues negatively impacting performance. It was noted delivery and recovery of activity targets had been negatively impacted by strike action, seasonal flu and ongoing Covid infection.
- Assurance on progress with improving the Trust's digital footprint.
- Trust participation in the National Winter Collaborative which was positive for the Trust and provided further clarify of the work of peers.
- Finney House was discussed which was important to the overall strategic plan to deliver activity and cost-effective services.
- The Committee noted the main challenge was achieving financial and performance targets and ongoing scrutiny of the position would continue.

The Chief Operating Officer referred to the National Winter Collaborative noting one of the programmes was being co-facilitated by the Director of Continuous Improvement and good progress was being made. The Trust was involved in two programmes relating to admission avoidance and improvement of handover times with good improvements starting to be seen.

The Chief Finance Officer mentioned that across national media there were a range of articles highlighting the financial challenges facing all Trusts and ICBs. The Trust continued to experience those pressures due to issues such as the need to open additional capacity to ensure safe care although there was no core funding to support such interventions and the Trust was working hard to achieve acceptable financial parameters by year-end. It would take the NHS a significant time to recover elective and urgent care programmes and work was continuing to consider the forward plans required to deliver that ambition.

16/23   Charitable Funds Committee Chair's report

The Chair's report from the Charitable Funds Committee meeting on 20 December 2022 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:

- Approval of funding for surface-guided radiotherapy equipment which would enhance patient experience and care.
- Approval to proceed with the Broadoaks Unit state-of-the-art play area.
- Approval of funding for ICS projects in children and young people's mental health.

On behalf of the Board the Chair commended the positive support the Charities provided for patients, staff and the environment.

Reference was made to the Audit Committee referral to provide assurance the Committee was operating within best practice standards and not at risk and it was noted that this had been discussed at the January Audit Committee meeting and was referenced in the Chair's report (agenda item 13.1). The Audit Committee was considering whether the internal audit team, Mersey Internal Audit Agency (MIAA), could schedule an audit in the 2023/24 draft audit plan or whether assistance was provided outside the formal audit plan. It was that clarified the work of MIAA would not be an assurance piece per se rather an advisory piece and they were looking to provide the audit on a pro bono basis as it would be undertaken for a charity.

The Board acknowledged the incredible support provided to the charities. The Chief Medical Officer thanked the Charitable Funds Committee for the surface-guided radiotherapy equipment noting the Trust would be one of the first organisations to use the new technology which would make such a positive difference to both patient care and psychological wellness.

17/23   Integrated Performance Report as of 31 December 2022

The integrated performance report as of 31 December 2022 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*** – emergency and urgent care in December saw equally high numbers of patients with influenza, Covid infection, and those not meeting the criteria to reside which placed a lot of pressure in the system on top of normal winter demand.   To mitigate risk, the Trust opened-up additional escalation spaces and towards the end of the month the North-West Ambulance Service was involved in strike action. During that period the Trust ensured ambulance handover times in 15 minutes to release ambulances, and this continued during strike action in January although it placed the Trust under significant pressure in terms of appropriate areas escalated to place patients. The Trust minimised elective cancellations during periods of strike action to ensure staff and patients were safe. Strategic focus had also been maintained in terms of community provision with the establishment of Finney House and virtual wards with over 130% being used helping to prevent readmissions and changing the model of care. The elective recovery plan continued at pace and in terms of cancer the largest backlog was in colorectal due to workforce issues and doubling of demand last year. The line had flattened for cancer recovery due to leave periods although was back on track and a reduction in the waiting list had been seen in January. Skin cancer was down to minimum numbers waiting for an appointment. There was focus on bringing down the waiting lists and achieving the national targets through working as a system with the aim to return to pre-Covid activity levels as soon as possible.

Reference was made to people not meeting the criteria to reside which related to people being in the most appropriate place for their care needs. It was noted a discussion had been held at the ICB Board yesterday about the importance of delivering that target during 2023/24 to ensure people were in the right care setting.

Clarification was requested about whether there was a demand for the workforce to provide support in people's homes following the introduction of virtual wards, for example a regional nursing team. The Chief Operating Officer confirmed that virtual wards would require the right technology and devices for people in their own homes, there was also something about people being discharged to residential and social care, and there was close working with community teams to build up staffing. The Chief Medical Officer added that there were a range of elements that would come together to provide a virtual ward which was tailored to individual patient need. Some people would need more intervention than others and it would be key to build up the teams and co-ordination between hospitals and community to ensure a joined-up service for the patient.   The Chair noted that the Safety and Quality Committee had previously scrutinised the governance arrangements to ensure an appropriate framework was in place for the virtual ward.

In terms of safety and quality metrics, pressure ulcers remained over trajectory due to increasing occupancy levels and length of stay at the start of the patient journey which was having an adverse effect. Mitigating actions included the upgrade of pressure relieving equipment, and a renewed approach to addressing the increasing incidence had been launched supported by roll-out of the safety dashboard. Falls improvement work was also continuing. Some recovery had been demonstrated in *Clostridium difficile* infection following the spikes seen from June to August. However, cases continued to track above the monthly tolerance and the annual target had been exceeded. The Safety and Quality Committee received a detailed update following the NHS England Infection Prevention and Control review relating to increased incidence of C.*difficile* and the Committee would be overseeing progress against the actions.

(b)   ***Great Place to Work*** – short term sickness absence rose sharply during December which was a typical seasonal trend and plans to address sickness absence were reviewed monthly. International nurse recruitment was continuing with over 620 nurses joining the Trust in the last two years which had had a significant positive impact on the registered nurse vacancy rate. However, the health care support worker vacancy rate remained a challenge and plans were being progressed on high-volume recruitment and retention campaigns.

(c)   ***Deliver Value for Money*** – the Trust reported a £14.2m deficit position year-to-date (month 9) against a £1.7m year-to-date deficit plan. A summary was provided of the capital and cash positions, the status of the cost improvement programme, and the Trust's position in relation to its use of resources.

The Chief Executive noted that the performance report generally focused on the work of clinical teams in terms of how well they had coped during winter and maintained elective flow. In addition, the Board recognised and thanked the booking teams and operational leadership who had completed a mammoth task through strike action and the need to schedule additional activity. Gratitude was also extended to the Chief Operating Officer and operational teams across the Trust who ensured systems were in place to allow the clinical teams to deliver.

The Chair recognised that strike action was ongoing and with the half-term holidays due to commence the ongoing work and assurance provided by Committees of the Board would be important.

The Board RESOLVED that the contents and actions being taken to improve performance be noted.

18/23   Big Plan Metrics Annual Review

The report provided an update on progress to develop Our Big Plan metrics following publication of national planning requirements for 2023/24 towards the end of December 2022. The Board was asked to note the plan for further discussion at a variety of fora during February and March before bringing the final metrics to the April Board meeting.

The Board acknowledged it would be important to scrutinise the challenging and ambitious targets that would need to be set including the strategic direction. The Chair noted that the Board Workshops would be focused on strategy where more in-depth discussions would be held during the coming months.

The Board RESOLVED that the contents of the paper and actions required to finalise the Big Plan metrics be noted.

19/23   New Hospitals Programme update

The Chief Executive confirmed that there was no further update on the New Hospitals Programme (NHP). The Board was reminded that the preferred and alternative options had been submitted through the NHP team and formal sign-off by central government was awaited. There was no specified timeline for sign-off to be completed and once further information was available then the Board would be updated.

20/23   **Audit Committee Chair's report**

The Chair's report from the Audit Committee meeting on 18 January 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:

- Positive assurance provided during the Workforce Committee risk review with the Committee Chair and Chief People Officer.
- Assurance around progress with previous audit recommendations made by the Internal Auditors.
- Positive work that had been completed by the Internal Auditors on the mandated checklist on financial controls and frameworks which provided good affirmation.
- Positive reporting and good progress with the clinical effectiveness review.
- Assurance provided to the Committee that actions were being taken on the recommendations from the waiting list management audit.
- The escalated item regarding the Charitable Funds Committee audit had been covered earlier in the meeting (minute 16/23 refers).

In terms of negative escalation, the Committee was concerned that the Internal Auditors were behind with delivering the 2022/23 audit plan and whilst audit final reports had been received, they related to the previous year's programme. The Internal Auditors did provide assurance to the Committee that all audit reports for 2022/23 would be delivered on time to ensure the Head of Internal Audit Opinion would be delivered and the Trust was working with MIAA colleagues to monitor delivery of the plan.

In response to a question regarding whether the delay in delivering the internal audit plan would have implications for the Trust, it was noted there would be concerns if the plan was not completed as the Trust would not have the evidence to support the governance statement which was a requirement of the annual report and accounts. However, as far as possible, the Committee was assured by Internal Audit colleagues that the plan would be completed, and this should become clearer over the coming months. The Chief Finance Officer added that completion of the audit plan was critical for the Head of Internal Audit Opinion at the end of the financial year. A discussion had been held recently with the Head of MIAA who provided assurance that the plan would be delivered and had indicated how that would be achieved.

21/23   **Well Led Plan including Good Governance Institute Recommendations**

Board members were reminded of the established Well Led and Governance Maturity Plan (2021-23) which had been developed to drive improvement in the 'Well Led' domain of the organisation with the aim of the Trust becoming an 'Outstanding' organisation.   The plan was supported by the Board development plan, which incorporated the Board Safety and Experience Programme, and identified where the Trust had instructed reviews to assist with its ambition. The report presented was to assist the Board in reviewing and adopting the action plan in response to the Risk and Assurance Review undertaken by the Good Governance Institute (GGI) from February to November 2022.

It was positive to note that no recommendations had been identified during the review in terms of legal and regulatory issues or any major governance issues and the action plan to deliver the recommendations was appended to the report for information.

Points of detail were raised in respect of the recommendations and action plan which were noted and would be picked up outside the meeting. The Chief Executive referred to a recent discussion with Executive Director colleagues regarding how the outputs from the review would be taken forward. It was noted the GGI review report provided a mature response to a long and detailed piece of work and contained some recommendations that were not appropriate when considered against the Trust's circumstances. Therefore, further debate on the recommendations should be avoided. The action plan would be kept under review being mindful of the governance arrangements that would be introduced across the system.

The Associate Director of Risk and Assurance advised that the action plan would form part of the Well Led and Governance Maturity Plan presented to and reviewed by the Audit Committee. The Company Secretary confirmed that there was nothing contained in the review report that raised any governance concerns and agreed there would be a need to retain agility around governance arrangements to fit into the wider ICB and PCB structure. The Company Secretary commended the Associate Director of Risk and Assurance for the work undertaken to distil the actions to allow the Board to draw a line under the review.

The Board RESOLVED that:
1. **the outcome of the review undertaken by the Good Governance Institute be noted.**
2. **assurance of the Trust's response to the recommendations and formal adoption of the action plan be confirmed.**
3. **completion of the actions to be monitored through the Well Led and Governance Maturity Plan with periodic review by the Audit Committee be noted.**

22/23   Board Visibility: Safety and Experience Programme

The report was intended to relaunch the Board Safety and Experience Programme following the limitations during the Covid pandemic. The aim of the programme was to describe a range of methods and opportunities for the Board to have meaningful interactions with patients, visitors, and colleagues to listen to experiences of care whilst promoting the values, aims and ambitions of the organisation.

The Board observed that the Trust was extending its reach into the community and would want that to be reflected in the programme, for example Finney House. In terms of the Big Room, a range of programmes were ongoing therefore it would be helpful to include those in the visibility plan. The Chief Nursing Officer confirmed both issues would be covered as part of the schedule.

Whilst the structured programme was welcomed, the Board was conscious that issues such as peaks and spikes in Covid and infection prevention and control considerations would mean there would be flexibility on the timings of visits. The Chief Nursing Officer confirmed that was the case and, along with other programmes, the plan would also be subject to operational pressures and other considerations at the time of scheduled visits.

The Board RESOLVED that the revised engagement format for the Safety and Experience Programme be endorsed.

23/23   **Standing Orders for Board and Terms of Reference for Committees of the Board**

The report contained the revised Standing Orders for the Board of Directors and the Terms of Reference of existing Trust and Board Committees following review and approval of the Trust Constitution in 2022. The proposed membership of Committees was also appended which would sit alongside the Terms of Reference. It was noted the Scheme of Delegation and Reserved Powers, and Standing Financial Instructions were under review and would be brought for approval to a future Board meeting.

Attention was drawn to the Nominations Committee terms of reference which had not been consistent with the requirements under the Constitution therefore significant amendments had been made which reflected the 2022 Constitution approved by both the Council of Governors and Board of Directors. For clarity, it was noted that the membership of the Nominations Committee had not been changed.

Discussion was held regarding the revised membership of Committees of the Board and whether there was a need for clinical representation on some of the Committees as per previous arrangements. The Company Secretary explained there was representation by clinical representatives 'in attendance' which was purely a technical detail to support quoracy but would not make a difference to the number of people in the meeting. By having people in attendance, it would be within each Committee's gift to shape attendance without reverting to Board approval which would be a requirement for any changes to Committee members. There was also a need to ensure that Executive Directors did not outweigh Non-Executive Director membership. The Chief Executive added that whilst it was important to have cross cover on Committees there was also a need to be conscious and consider the time Executive Directors spent in meetings. A suggestion had also been raised at the ICS that Trusts should consider inviting representatives from provider organisations to attend Committee meetings with a reciprocal arrangement for ICS Committees.

The Chair clarified that the report outlined the minimum quoracy levels for each Committee, and it was agreed that the membership proposals be adopted recognising the flexibility to amend those people in attendance during the year. The Chief Executive supported the approach but reiterated the point regarding how Executive Director time was spent which should be protected to deliver on other elements of their portfolios.

The Board RESOLVED that the Standing Orders, Committee Terms of Reference and proposed membership of Committees be approved.

24/23   **Items for information**

The updated Register of Interests for Board members and very senior managers as at 26 January 2023 was received for information.

25/23   **Date, time and venue of next meeting**

The next meeting of the Board of Directors will be held on Thursday, 6 April 2023 at 1.00pm using Microsoft Teams.

Signed: _____
          Chair
Date: _____

Action log: Board of Directors (part I) – 2 February 2023

There are no outstanding actions from previous meetings

Board of Directors Report

Chair's Report

Report to:	Board of Directors		Date:	6 April 2023
Report of:	Interim Chair of the Trust		Prepared by:	Professor Paul O'Neill
Part I	✓		Part II	

Purpose of Report

For approval	☐	For noting	☒	For discussion	☐	For information	☐

Executive Summary:

The purpose of this report is to provide a summary of work and activities undertaken during February and March 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 offer excellent health care and treatment to our local communities	☒	Consistently Deliver Excellent Care	☒
To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria	☒	Great Place To Work	☒
To drive innovation through world-class education, teaching and research	☒	Deliver Value for Money	☒
		Fit For The Future	☒

Previous consideration

None

Chair's Report

My report for the April Board is brief, as I have been occupied with the appointment process for the new chair. As you will know, the nominations committee of the council did not recommend an appointment to be made and we are in discussions with Region about an external appointment. Whilst this process is taking place, I will be remaining as interim chair as it is very important that the Board and LTHTr have stability so that we can concentrate on improving our performance and, crucially, our financial position and plan for this financial year as well as going forward.   Once a new chair has been appointed, my intention is to revert back to being vice-chair and support the Trust with my clinical and academic experience as well as my knowledge of LTHRr. I would like to thank the Board for all their support since I became interim chair in September 2022.

This is Chief People Officer Karen Swindley's last Board meeting and whilst I know Kevin will be acknowledging the details of her long service in his report, I wanted to pay my own personal tribute to Karen too. In my time as a Non Executive Director and now Interim Chair at the Trust I have witnessed first-hand Karen's skill and competence and been in awe of her strategic ability and breadth and depth of knowledge. During the pandemic Karen was instrumental in setting up the vaccination hubs and the staff testing PODs on our hospital sites and more recently has managed the process around setting up Finney House Community Care Hub all of which were complex and important undertakings and of great benefit to both our own colleagues and our wider communities.

I Chair the Education Training and Research Committee, so have had the pleasure of working closely with Karen on these issues and am proud of the many successes that we have overseen at that meeting. As Chairs of the Workforce and Finance and Performance Committees, I know that Jim Whitaker and Tricia Whiteside have also enjoyed working with Karen on all issues relating to our staff, but all of the Board have appreciated Karen's wider contribution across the whole Board agenda. Karen has also worked very closely with our Staff Side colleagues and has been instrumental in co-developing the positive working culture that we have developed with them. Karen is passionate about the Trust, has always stood up for the things that she believes in, and has been an exceptionally hardworking and loyal colleague.

On behalf of the whole Board I would like to thank Karen for her service and wish her a very happy retirement.

Introduction

The purpose of this report is to provide an overview of the work and activities undertaken from 1 February 2023 to date.

1. Chair's attendance at meetings

1.1   Details below are the meetings attended and activities undertaken during February and March 2023.

Date	Activity
February 2023	
1 February	L&SC Optic Meeting
	Chairman Visit – Chorley Hospital
	1:1 – CEO
	Meeting – Provider Chair's and CEO's
2 February	1:1 – Non Executive Director
	1:1 – Non Executive Director
	Board of Directors – Part 1 and Part 2
6 February	Board Workshops – Plan
7 February	1:1 – Governor
	1:1 – Co Sec

	Non-Executive Catch Up Meeting
	Board Development Session
	1:1 – CEO
9 February	Council Workshop
	1:1 – Non Executive Director
	1:1 – CEO
14 February	1:1 – LSCFT Chair
	Education, Training and Research Committee
15 February	1:1 – Regional Director
16 February	Provider Chair Meeting
	Provider Collaboration Board Meeting
20 February	AAC – Consultant Recruitment Panels
21 February	Intro Meeting – Central Lancashire Partnership
	Intro Meeting – Research and Development Lead
	1:1 – Non Executive Director
22 February	Chairman Visit – Pharmacy
	1:1 – External
	1:1 - CEO
23 February	NHP Strategic Oversight Group – informal
24 February	Safety and Quality Committee
27 February	L&SC NED Development Programme – Shadow Board
	Patient Experience and Involvement Strategy Launch
	1:1 – Non Executive Director
9 March	1:1 – Non Executive Director
	1:1 – Non Executive Director
	Board Agenda Setting Meeting
	1:1 – Co Sec
	1:1 – Non Executive Director
	ARTE Committee
	1:1 - CEO

10 March	Council Development Session
13 March	1:1 – Non Executive Director
15 March	1:1 – Non Executive Director
	Urgent Financial Discussion – Chair's and CEO's
16 March	Provider Chair Meeting
	Provider Collaboration Board Meeting
17 March	1:1 – Executive
	Board to ICB Board Pre-Meet
21 March	Provider Chair's Discussion
22 March	Appraisal – Co Sec
	1:1 – CEO
	1:1 – Non Executive Director
23 March	LTH/ICB Board to Board Pre Meet
	LTH/ICB Board to Board
28 March	1:1 – CEO
	Board of Directors Part 2
31 March	1:1 – Non Executive Director
	2:1 – Non Executive Director and CEO
	Safety and Quality Committee
	Board Safety and Experience Discussion - Feedback

2. Non-Executive Director Update

2.1   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.   Board Safety and Experience Board visits have now commenced with Non-Executive Directors visiting departments and providing feedback as part of a structured programme.

3. Financial implications

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

4. Legal implications

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

5. Risks

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

6. Impact on stakeholders

6.1 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.

Delegated Approval by Chair and Chief Executive (No. 2023-01)

Pursuant to the Board of Directors' Standing Order 6.2 (Emergency powers), the following action is approved.

CHANGES TO THE RISK MANAGEMENT POLICY

The Risk Management Policy was approved by the Board of Directors on 4 August 2022. Since that date, the policy has been updated to reflect the confidential risk protocol (appendix 8).

The approach to be taken to confidential risks was discussed at the Freedom to Speak Up Board development session on 17 January 2023 and subsequently at the part II Board meeting on 2 February 2023. The Board was provided with an update on the confidential risk process implemented by the Trust and the status of confidential risks monitored through Divisional Improvement Forums and the Raising Concerns Group. The Board supported the approach to be taken to managing confidential risks and would receive an update on the status of those risks on a six-month basis.

It is the Trust's ambition to become an organisation rated 'Outstanding' by the Care Quality Commission and it continues to pursue excellence in governance and risk management within the organisation. Recording of confidential risks supports a more overt approach to managing sensitive cultural risks with divisional teams and demonstrates that leaders support openness and honesty at all levels, which is an important measure in the Care Quality Commission's Well Led domain.

It was deemed appropriate that emergency action be taken to ensure the most recent version of the Risk Management Policy is available to reference.

Signed: …………………………………… (Chair)   **Date of signature**: 13 February 2023

Signed: …………………………………… (Chief Executive)   **Date of signature:** 16 February 2023

This action taken under emergency powers will be reported to the next meeting of the Board for information and the decision formally minuted.

Board of Directors Report

Chief Executive's Report

Report to:	Board of Directors	Date:	6 April 2023
Report of:	Chief Executive	Prepared by:	Naomi Duggan, Director of Communications and Engagement
Part I	✓	Part II	

Purpose of Report

For approval	☐	For noting	☐	For discussion	☐	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.   Industrial action and proposed pay award

During March, junior doctors from the British Medical Association (BMA), members of the Hospital Consultants and Specialists Association (HSCA) and members of the British Dental Association (BDA) took part in a 72-hour strike which saw more than 175,000 appointments and procedures in England cancelled.

The strikes followed previous industrial action from the Royal College of Nursing (RCN) and ambulance workers which have seen the cancellation of more than 140,000 operations and appointments nationally.

At the time of writing, the government in Westminster had made a new offer on NHS pay to bring industrial action to an end. The offer consists of a one-off payment for the current financial year 2022/23 worth between £1,655 and £3,789 for Agenda for Change staff in England and a 5% consolidated pay increase for 2023/24. Full details [here](#).

RCN, UNISON, GMB, Chartered Society of Physiotherapists (CSP) and British Dietetic Association (BDA) are currently balloting their members on the above proposals and further strike action will continue to be paused while they are consulted.

No current deal has been proposed to Junior Doctors who have announced a further 96-hour round of industrial action on 11, 12, 13 and 14 April.

ii.   Launch of NHS Parliamentary Awards 2023

The [NHS Parliamentary Awards](#) 2023 launched in March, with nominations open for seven weeks and closing on 24 April. The Awards provide an excellent opportunity for health and care organisations to engage with their local MPs, tell them about the work they do, and build or strengthen ongoing relationships. The NHS Parliamentary Awards launched in 2018 to celebrate the NHS' 70th birthday and recognise the outstanding contribution of staff, volunteers and others working in the health and care sector. Now in its sixth year, the awards have been an overwhelming success with more than 700 nominations being submitted by over half of MPs representing constituencies in England last year alone.

MPs can nominate an individual or organisation for an award in one of the following categories: The NHS Volunteer Award – New for 2023; The Excellence in Healthcare Award; The Excellence in Mental Health Care Award; The Excellence in Urgent and Emergency Care Award; The Excellence in Primary Care and Community

Care Award; The Future NHS Award; The Health Equalities Award; The Nursing and Midwifery Award; NHS Rising Star; The Lifetime Achievement Award.

Following regional and national shortlisting, the awards ceremony will take place on 5 July, which is also the NHS' 75th birthday.

iii.   COVID-19 vaccination programme

A spring booster dose of the Covid vaccine will be offered to people at highest risk of severe illness, following new advice from the Joint Committee on Vaccination and Immunisation (JCVI). In addition, a Written Statement before UK Parliament (DHSC) included additional information about the replacement of the current 'evergreen' offer of primary course vaccinations available to all.

The ongoing primary course vaccination offer will be moving to a more targeted offer available during campaign periods only for those at higher risk of severe Covid-19 from July. Otherwise, healthy five to 49-year-olds who have not come forward for their primary course Covid-19 vaccination will no longer be able to access this offer following the close of the 2023 spring booster programme, planned to end 30 June 2023. Visits to care homes should be planned to begin Monday 3 April 2023 and the spring 2023 COVID-19 booster campaign should be planned to formally commence on Monday 17 April 2023 and end on Friday 30 June 2023. In line with JCVI advice the offer of booster vaccinations will cease outside campaigns.

iv.   NHS 75

The NHS turns 75 on 5 July and there will be a whole host of activity taking place across the region to mark the event. Although it is still several months off, preparations are already underway. An NHS 75 North West Co-ordination Group will be set up to oversee and plan activity across our three systems and they will be the link to Northwest organisations to share national and regional updates with local teams and collate and report in activity happening at a local level.

In addition to this activity, NHS England has teamed up with Parkrun UK and the NHS in Scotland, Wales and Northern Ireland to host 'Parkrun for the NHS' on Saturday 8 and Sunday 9 July, 2023. The event will be an opportunity for park runs and their local community to acknowledge the huge contribution that the NHS makes to the health of the nation and celebrate all the staff and volunteers, past and present, who have made the NHS what it is.

v.   Government sets out strategy to protect NHS from cyber attacks

A new, improved Government cyber security strategy intends to strengthen security around sensitive NHS information by 2030, protecting services and patients.

Over 40 million people now have an NHS login, to help with booking appointments, tracking referrals and ordering prescriptions, and more than half of social care providers now use a digital social care record, making it crucial to protect patients' information online. The new strategy will look to identify areas which are most vulnerable, and better utilise resources and expertise to defend from cyber-attacks.

A full implementation plan will be published in summer 2023, setting out detailed activities and defining metrics to build and measure resilience over the next 2 to 3 years.

National cyber security teams will also work closely with local and regional health and care organisations to achieve the strategy's aims, including enhancing the NHS England CSOC, publishing a comprehensive and

data-led landscape review of cyber security in adult social care, and updating the Data Security and Protection Toolkit (DSPT) to empower organisations to own their cyber risk.

vi.   Pension tax breaks announced by the Chancellor

Prime Minister Rishi Sunak has stated that pension tax cuts for high earners in the Spring Budget will help shorten NHS waiting lists.

The prime minister said the changes would mean fewer doctors turning down overtime shifts and taking early retirement.

Chancellor Jeremy Hunt's Budget scrapped the £1.07m limit on how much individuals can put in their pension pot before having to pay extra tax, and the annual tax-free allowance on pensions will also increase from £40,000 to £60,000.

vii.   NHS cuts elective backlog with longest waiters down a quarter in one month

NHS staff across England have reduced the number of patients waiting more than a year and a half by over a quarter in just one month – amid the busiest winter on record.

The total number waiting more than 18 months fell 27% from 54,382 on 15 January to 39,903 as of 12 February.

Over 70 NHS trusts in England now have fewer than 100 patients waiting more than a year and a half, ahead of the ambition to virtually eliminate these waits by April.

More than 25 trusts have fewer than 10 of these longest waiters and 10 trusts have already fully eliminated 18 month waits.

This significant progress comes despite more than 111,000 appointments in acute trusts being affected by industrial action since the start of December, with many operations and check-ups having to be rescheduled, and 20,000 more appointments in other settings.

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 February and March 2023.

Date / Frequency	Meeting
Weekly – Monday	North West Hospital Cell Gold Command Escalation
Weekly – Tuesday	David Flory, Independent Chair, (LSC) Integrated Care System
Weekly – Wednesday	Executive Team Meeting
Fortnightly – Monday	Lancashire & South Cumbria Joint Cell
Fortnightly – Wednesday	Optimising Urgent and Long Term Pathways Workshop
Monthly – Monday	Central Lancashire Senior Leadership Team
Monthly – Wednesday	Formal LSC Chief Executives Briefing
Monthly – Wednesday	North West Regional Leadership Group
Monthly – Wednesday	Formal Chairs' and Chief Executives' Meeting
February 2023	
1 February	LSC ICB Board Meeting Part 1 and Part 2
2 February	BBC Radio Lancashire Interview

	Board of Directors – Part 1 and Part 2
6 February	Board Workshop – Plan
7 February	Intro Meeting – Area Director NWAS
	Board Development Session
	1:1 – Chairman
	BBC interview
8 February	External Meeting – Productivity with Strays
	CEO Visit – Estates Team RPH
	ICS Board Session
	Quality Accounts – Task and Finish Group
9 February	Medic Breakfast Meeting
	JNCC Meeting
	1:1 – Chairman
15 February	CEO Walkabout – RPH
	L&SC ICB Delivery Board
	Tier 1 LTHTR Meeting
16 February	Provider Collaboration Board Meeting
	CEO Walkabout – CDH
	Introductory Meeting – NCCG
17 February	GIRFT Visit
20 February	1:1 – UHMB CEO
	Ambulance Handover Collaborative
	Ethnicity Ambassadors Co-Chair Meeting
21 February	Reverse Mentoring Session
	New NHS England Merger Programme Meeting
	1:1 – ICS
22 February	LTHTR / Beamtree Steering Group
	CEO Visit – Specialist Mobility and Rehabilitation Centre
	1:1 – Chairman
23 February	NHP Strategic Oversight Group - Informal
	Opening of Vascular Comms Event
24 February	Leading for Systems Change in L&SC Event
27 February	Monthly Exec Q&A
	1:1 – Hospital Dean
	Reverse Mentee Reflection Session
	1:1 – Chair of Patient Voices
28 February	Provider Collaborative Colleague Briefing Session
March 2023	
1 March	Meeting – Financial Plans ICS
2 March	ODN Board Meeting
	1:1 – Research and Development
3 March	External Meeting – Place
	Emergency Department Safety Forum
6 March	CEO's Update Meeting
	HR Next Steps Meeting
	1:1 – Surgical Elective Recovery
	Budget Setting Executive Meeting
7 March	Pathology Meeting
	Board Safety and Experience Programme – Surgery
	Ethnicity Forum
	Board Workshop
	Board of Directors – Part 2
8 March	Tier 1 Meeting
9 March	Pathology Network Partnership Group
	The King's Fund Provider Collaboration Event
	Board Agenda Setting
	ARTE Committee
	1:1 – Chairman
13 March	NHP Loan/PDC Modelling Meeting
	Finance Meeting

14 March	Meeting – Local and National Vision for Seismic Bid Teams
	PCB Event Planning
	1:1 – UHMB Chairman
15 March	Tier 1 LTHTR Meeting
	Chairs and CEO's Finance Meeting
16 March	Provider Collaboration Board Meeting
17 March	Nominations Committee
	Junior Doctors Webinar
	Board to ICB Board Pre-Meet
20 March	Co-Chairs Ethnicity Ambassador Meeting
21 March	New Hospitals Programme – LCC
	1:1 – BTH Chairman
	1:1 – LSCFT CEO
	1:1 – Chairman
23 March	LTH/ICS Board to Board Meeting
	JNCC Meeting
27 March	External Meeting – Recovery Plans
28 March	1:1 – Chairman
	MSAC Meeting
	Board of Directors Part 2
	Reverse Mentoring Session
29 March	LSC ICB Board Meeting – Part 1 and Part 2
31 March	L&SC Pathology Service Board Meeting
	2:1 – Chairman and Non-Executive Director
	Board Safety and Experience Discussion – Feedback Session

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 March meeting is included in *Appendix I.*

iii.   Kevin Lavery, ICB Chief Executive Board Report – 29th March

Having previously featured winter pressures, system-wide approaches to mitigate risk to patients, and the work underway to develop our longer-term strategies, the recent ICB Board provided an opportunity to review the Joint Forward Plan for Lancashire and South Cumbria alongside the Integrated Care Partnership's Integrated Care Strategy and operational / financial plans.

Kevin's Chief Executive report *(see Appendix II)* therefore aims to set the context for the change needed to realise our full potential. It talks 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.

iv.   People struggling with technology encouraged to get online and get Set for Surgery

Age UK Lancashire is working with Lancashire and South Cumbria Integrated Care Board (ICB) to offer digital support to patients aged 18 and over to enable them to use online services to get them set for surgery.

Patients will be helped to manage their health and wellbeing using a smartphone, tablet or computer, and to stay as fit and healthy as possible while they wait for their treatment. There will also be information about patients' conditions and what to do if their condition deteriorates.

The ICB's digital culture and transformation clinical lead, Linda Vernon, said: "We know that some people have less knowledge, skills or confidence to use digital services that might improve their access to care, and support with day-to-day activities. To improve patient access, choice and experience we are working in partnership with Age UK Lancashire to include a holistic digital offer for people who are referred to hospital services."

Patients looking to sign up to this service can call 0300 303 1234 email digital-inclusion@ageuklancs.org.uk.

v.   Bowel cancer screening kit could save your life

Thousands of people in Lancashire and South Cumbria who have been sent a lifesaving bowel cancer home testing kit are being encouraged to use it and return it.

A new NHS campaign aims to increase uptake of the home testing kit to ensure more people are diagnosed with bowel cancer at the earliest stage, when they are nine times more likely to survive.

Latest data shows the proportion of people choosing to participate in bowel screening nationally has increased to 70.3 per cent - the highest on record. However, almost a third of people are not returning their test kit.

Each month, the NHS posts out more than half a million free Faecal Immunochemical Test (FIT) kits to people to use in the privacy of their homes. The FIT kit detects small amounts of blood in poo - that would not be visible to people - before someone may notice anything is wrong.

Read the full information on the Integrated Care Board website here.

vi.   Virtual wards are supporting people to remain in their homes this winter

The roll out of virtual ward (VW) services across Lancashire and South Cumbria is one of a number of key developments and sees a range of local health and care providers work collaboratively.

This innovative approach is delivering high quality care for people in the comfort of their own home –which is often where they would rather be. Virtual wards provide hospital-level care and remote monitoring for patients who would otherwise be in hospital, either by preventing admissions to hospital or allowing them to return home sooner to continue their treatment at home.

The virtual wards programme is supported by a growing and developing evidence base that demonstrates benefits for patients, staff and systems. For example, there is good evidence that patients on frailty virtual wards have better outcomes than those treated in hospital, often because they retain more independence.

Hospital Trusts in Lancashire and South Cumbria are working with partner organisations and have plans in place to mobilise virtual ward services at quickly, with virtual wards having the potential to create much needed additional bed capacity and keep as many people at home as possible. The programme was launched in August 2022 and the number of beds available across Lancashire and South Cumbria offering hospital level care in patients' homes has steadily increased. Read more on the ICB website here.

vii.   Special kits launched to support those at risk from self-harm

Self-harm safe kits have been created to support young people in Lancashire suffering from mental illness.

Self-harm is a major public health concern and a risk factor for future suicide. It predominantly occurs in young people with around 65 per cent of self-harm occurring before the age of 35.

The self-harm safe kits, originally developed by Cumbria charity Every Life Matters and adapted locally by Lancashire Mind, contain information and resources about self-harm, recognised self-management tools and signposting to vital support resources. The kits are provided to professionals who may encounter a young people struggling with gaining support and will help with conversations around the reasons for their self-harm.

viii.   A collaborative bank for Lancashire and South Cumbria

The five trusts in Lancashire and South Cumbria are developing a collaborative bank for nurses, midwives, health care assistants, allied health professionals and administrators.

A collaborative bank is a Lancashire and South Cumbria-wide bank, with the trusts working together to boost our temporary workforce and improve patient care.

Aaron Cummins, Chief Executive at University Hospitals Morecambe Bay and Chair of the Corporate Collaboration Board, said: "A collaborative bank will bring many advantages. We want to make working at the bank attractive to increase our temporary workforce, meaning more colleagues supporting our departments and each other.

"A collaborative bank will also mean fairer, more consistent bank rates, with colleagues able to work seamlessly across different trusts should they wish. We also want to reduce our reliance on agency staff, so we have a more stable, consistent workforce who have all had the same training and understand our consistent processes to enhance patient care."

This is one of a growing number of programmes ongoing through provider collaboration where the trusts have joined forces to support better patient care. The aim is also to ensure our colleagues have a great place to work while remove unnecessary duplication so that our limited funding is directed to the front line wherever possible.

ix.   New approach to digital patient records begins

Hospitals across Lancashire and South Cumbria have begun the journey of procuring a single, seamless electronic patient records (EPR) system.

The introduction of the shared care record is already supporting our patients by bringing data together from our different providers of care and the implementation of a new electronic patient record solution will significantly enhance both staff and patient experience. This innovative approach will not only transform how information is stored and utilised but it will also provide the foundations to transform clinical and care pathways as well as enable better integration across hospitals.

There are numerous methods of recording and accessing patient information across hospitals in Lancashire and South Cumbria. The aim is to capture best practice and reduce variation across hospitals to allow staff, patients, and their families to dedicate more time to treatment and recovery, by streamlining the process of accessing and utilizing essential patient information.

4.

Consistently deliver excellent care

a) Trust's CES Big Room to present at BritSpine in Glasgow

BritSpine 2023 Conference and Exhibition will take place after the NSN Annual Meeting: **18-20 April 2023: SEC Glasgow**

BritSpine is organised by the UK Spine Societies Board *(which the NSN is a constituent member)* and is a multi-disciplinary scientific conference and exhibition, held across three days which will bring together experts in spinal conditions, research and treatment from across the world to expand knowledge and promote networking.

NSN Members receive a significant discount on BritSpine ticket rates and are encouraged to attend, with many sessions aimed at and organised by the NSN members!

www.BritSpine.com

Abstract submission portal closes 25 January 2023: *www.BritSpine.com/Abstracts*

The Trust's Cauda Equina Syndrome (CES) Big Room has been selected to present an update of their work nationally at the BritSpine 2023 Conference and Exhibition in Glasgow from 18-20 April.

Cauda equina syndrome (CES), is a spinal condition which can lead to paralysis and incontinence which requires timely diagnosis and management. The Trust's CES Big Room aims to improve patient experience and outcomes, by utilising continuous improvement methodology to explore opportunities to ensure an effective pathway offering best practice in all stages of care with creative resource utilisation.

The Trust's CES Big Room demonstrates active patient involvement in continuous improvement. The aim is to improve the quality of care through standardisation of clinical assessment and electronic records, this will minimise variation, prevent duplication, enhance communication, optimise time between key stages of the pathway and reduce out of hour diagnostic requests to enable timely clinical decision making and management planning.

This improvement work compliments the National GIRFT pathway review - Getting It Right First Time is a national programme designed to improve medical care within the NHS by sharing best practice between Trusts.

b) Surgical hub wins recognition for meeting top clinical and operational standards

Chorley & South Ribble Hospital is one of eight surgical hubs to be awarded accreditation as part of a pilot scheme to ensure the highest standards in clinical and operational practice.

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

Surgical hubs, which are separated from emergency services, are part of plans nationally to increase capacity for elective care with more dedicated operating theatres and beds.

Lancashire Teaching Hospitals' Chorley site was recently visited and assessed by the GIRFT team for accreditation and recognition that the hub is working to a defined set of clinical and operational standards on:

- The patient pathway
- Staff and training
- Clinical governance and outcomes
- Facilities and ring-fencing
- Utilisation and productivity

Chorley & South Ribble Hospital was one of eight surgical hubs selected for the pilot out of 89 hub sites currently in operation. Plans are now underway for a national roll-out of the scheme to other hub sites across England. While it is not mandatory for trusts to seek accreditation, the long-term goal is for every elective hub to be accredited. Read the full story on the [Trust website](#).

c) Neonatal Unit celebrates Green Status award

The Neonatal Intensive Care Unit (NICU) at Lancashire Teaching Hospitals NHS Foundation Trust has been awarded with a Green Status award for their work in creating a home from home environment for families whose babies need a little extra care following birth.

The award is part of the Family Integrated Care (FI Care) accreditation, which incorporates four pillars of parent education, staff education, environment and psychosocial support and is given to units that demonstrate exceptional care and education, ensuring parents play an integral part in the care of their baby.

To gain the award, colleagues in the department needed to demonstrate that they were educating colleagues with Perinatal Mental Health training, supporting parents, and providing them with a warm and welcoming environment.

During the accreditation, the Northwest Neonatal Operational Delivery Network (NWNODN) visited the department to assess whether the unit met all the requirements to deliver FI Care. With over 80% of colleagues completing Perinatal Mental Health training and 85% completing mandatory training on FI Care, the unit passed with flying colours as they were complemented on ensuring parents are kept at the heart of their baby's care.

Following this accreditation, colleagues on the department are now working towards stage two which will include a further action plan to implement and improve care for parents across the NICU department. Read [more](#).

5. *A great place to work*

a) New prayer room offers a space of reflection for Lancashire Teaching Hospital colleagues

The refurbished Muslim prayer room at Royal Preston Hospital was officially re-opened in February. The Chaplaincy department were delighted to welcome Executive colleagues from the Trust to showcase the new room, with Ailsa Brotherton, Director of Continuous Improvement and Transformation in attendance, along with Lead Cancer Nurse Anne Tomlinson and Scott Alker, Senior Manager of Specialist Palliative and End of Life Care Services at NHSE.

The revamp, featuring a new prayer arch and carpet, was made possible by students from the local Preston Muslim Girls High School, who raised £15,000 with the help of friends and family to make the refurbishment possible. The students also designed the carpet for the new room.

Ailsa, Anne, Chief Nurse Sarah Cullen, Director of Communications and Engagement Naomi Duggan and colleagues from our Chaplaincy team were subsequently invited to the school to tour the facilities and speak at the Assembly. The team took the opportunity to describe the many career opportunities on offer at Lancashire Teaching Hospitals in the hope that some of the pupils may one day wish to consider us as their employer of choice. We look forward to continuing to building our links here and with other local schools.

b) 2022 Staff Survey results

The results of the annual NHS Staff Survey have been announced, and despite challenging circumstances, Lancashire Teaching Hospitals NHS Trust is pleased to be one of only three Trusts in the Northwest to have increased our overall staff satisfaction score.

The Staff Survey is the largest of its kind and is carried out across thousands of NHS organisations across the country. The results are linked to the national NHS People Promise - a pledge that everyone in the NHS will help improve the experience of working in the organisation.

The themes of the promise are; we are compassionate and inclusive; we are recognised and rewarded; we each have a voice that counts; we are safe and healthy; we are always learning; we work flexibly, and we are a team.

This year, for the first time, we are above national average in all areas of the NHS People Promise.
We can see an overall improvement across colleague morale and out of the 96 questions asked, we are pleased to see we have made improvements in 71 questions. This is encouraging as we continue to work towards our Trust's ambition to be a great place to work.

The full survey results for our Trust can be accessed online.

6. *Deliver value for money*

a) Newly refurbished mental health unit opens at Royal Preston Hospital

The refurbished Skylark Ward, based at Royal Preston Hospital but run by staff from Lancashire and South Cumbria NHS Foundation Trust (LSCFT), was officially opened by LSCFT CEO, Chris Oliver, on 6th February.

Previously a rehabilitation facility within the Avondale Unit, the 11-bed ward will now accommodate adult females aged 65 and over and is a new offering

to those who live or have strong family or carer connections to Preston, South Ribble and West Lancashire, so they can be closer to home and loved ones while they are getting treatment. The opening follows a three-month refurbishment programme.

b) First patients benefit from new £1.3 million kit funded by Rosemere's 25th Anniversary Appeal

Last May, the Trust launched its 25th Anniversary Guiding Light Appeal to bring Surface Guided Radiotherapy Treatment to the Rosemere Cancer Centre.

At a cost of £1.3 million, the cutting-edge kit will revolutionise radiotherapy treatment for thousands of patients from across Lancashire and the South Lakes; currently, the cancer centre delivers approximately 45,000 doses of radiotherapy treatment to about 3,800 patients a year - roughly 240 patients a day, five days a week.

Now, thanks to the kindness of our fundraisers, volunteers and donors - including generous grants of £7,500 from the Sir John Fisher Foundation and £2,000 from the Hospital Saturday Fund - we have now raised over £800,000 towards our Appeal target. The brand-new kit has been installed at the cancer centre, our clinical colleagues have been trained on its use - and they recently treated their first patients. The SGRT equipment will be first used on a selection of breast cancer patients before a roll out to all radiotherapy patients in the coming months.

7. *Fit for the future*

a) Trust launches new Patient Experience Strategy to transform patient care

Lancashire Teaching Hospitals has launched a new Patient Experience and Involvement Strategy which will help transform care for patients across Lancashire and South Cumbria.

An extensive consultation was undertaken with patients and their families last year to try and understand what colleagues and departments at the Trust do well in terms of patient care – and more importantly, where improvements can be made.

Feedback from the consultation helped develop the new Patient Experience and Involvement Strategy, which sets out how the Trust intends to improve the care, treatment and experience of patients and their families over the next few years.

As part of the Strategy and continued work to improve patient care, the Trust is committed to working in partnership with local communities and patients on an equal footing to co-produce service improvements that will make a real difference to the care that patients experience over the next few years. This work will focus on three key areas including insight, involvement and

improvement and will include continued input from patients through the Trust's Patient Experience and Involvement Group.

Patients and their families can have their say about the services provided at the Royal Preston and Chorley and South Ribble Hospital by joining the Trust's Patient Experience and Involvement Group or providing feedback via the Friends and Family Survey.

Read more on the Trust [website](#).

8. AWARDS, ACHIEVEMENTS AND OTHER NEWS

a) Chief People Officer Karen Swindley to retire after over 30 years NHS service

As Our Interim Chair, Paul O'Neill, mentioned briefly in his report, our Chief People Officer, Karen Swindley, will be retiring after over 30 years' service within the NHS.

Karen began her NHS career in 1984 before moving to the private sector three years later for a seven-year spell - returning to the NHS in 1994. Karen experienced a range of roles including Training and Development Officer, Management and Leadership Development Officer and Training Centre Manager.

Karen joined Lancashire Teaching Hospitals on her birthday in December 2001 as Associate Director of Human Resources Development.

Karen progressed to the role of Director of Workforce and Education in November 2011 before adding Strategy to her portfolio in 2018. In 2022, Karen became Chief People Officer.

During this time, Karen has been responsible for the corporate strategy and strategic leadership and management of human resources, training and education and research.

Whilst there are too many achievements to mention, Karen has been at the centre of the transformational work that has taken place to make Lancashire Teaching Hospitals one of the leading Trusts nationally for Education and Research.

Karen introduced The Health Academy in 2016 which has four purpose built education facilities across Preston and Chorley as well as introducing innovative degree programmes alongside the University of Bolton and more recently the University of Central Lancashire. Karen has also led the Trust to an Ofsted Good rating for its apprenticeship provision – again one of the few Trusts nationally to receive this accreditation.

During her career, Karen has built up a wealth of knowledge of the NHS and indeed Lancashire Teaching Hospitals, and has developed many long-lasting friendships with colleagues both past and present which I am sure will continue once she leaves the Trust.

Outside of the Trust, Karen is the Chair of the Trustees at Derian House Children's Hospice.

Karen is one of a kind, and on behalf of the Board, and the wider Trust, I would like to express my sincere thanks to her for her service at the Trust and indeed to the wider NHS, colleagues and patients. Thank you, Karen - you will be a hard act to follow.

b) Deputy Director of Education, Kerry Hemsworth, to retire after 41 years of NHS service

I would also like to acknowledge the retirement of our Deputy Director of Education, Kerry Hemsworth, who will leave the Trust in May after almost five years at the Trust and over 41 years' collective NHS service. Kerry began her career as a Biomedical Scientist before moving into workforce and education related roles and successfully led on the introduction of the Education and Training Strategy 2020-23 as well as leading on some of Karen's educational achievements listed above. Happy retirement, Kerry.

c) Double celebration for Trust Consultant

Dr Pierre Martin-Hirsch, Director of Research and Innovation and Consultant Gynaecological Oncologist at Lancashire Teaching Hospitals, celebrated remarkable success on two fronts in February.

In collaboration with the International Agency of Research Against Cancer (IARC), a specialised agency of the World Health Organisation, Dr Martin-Hirsch, along with fellow local specialist Professor Ihtesham Rehman from UCLan, secured a multi-million-dollar grant from the National Institute of Health (NIH) in the USA to fund their research into early diagnosis of womb, cervical and lung cancer.

And if the research grant was not sufficient recognition of his work, Dr Martin-Hirsch has also won the prestigious 2022 Royal College of Obstetricians and Gynaecologists' annual academic award, following a rigorous review of all applications by a panel of experts.

b) Rob is proud guest at House of Lords

Rob Shorten, a Consultant Clinical Scientist at Lancashire Teaching Hospitals was a proud guest at the House of Lords, after being made an honorary fellow of the Academy for Healthcare Science (AHCS).


Rob, who started his career in healthcare science as a Biomedical Scientist, was nominated by one of his peers at Great Ormond Street, Victoria Heath, and was invited down to the second chamber of UK Parliament to celebrate at a special afternoon tea after "demonstrating a consistent commitment to the development and delivery of healthcare science."

During his career, Rob undertook Clinical Scientist training, eventually becoming one of the first two scientists to graduate from the Higher Specialist Scientist Training (HSST) Programme and becoming a Consultant Clinical Scientist in microbiology. He is also the Chair of both the Microbiology Professional Committee and the Association for Clinical Biochemistry and Laboratory Medicine (ACB) and has also contributed to microbiology at a national level as a member of the UK Government's Advisory Committee on Dangerous Pathogens.

In addition to clinical microbiology, Rob has recently been accepted into the NIHR Scholars Programme in the Northwest, and he is the biological safety officer for the GMO committee. Read more online.

c) Trust Psychologist Jay puts himself on the line responding to earthquake in Turkey
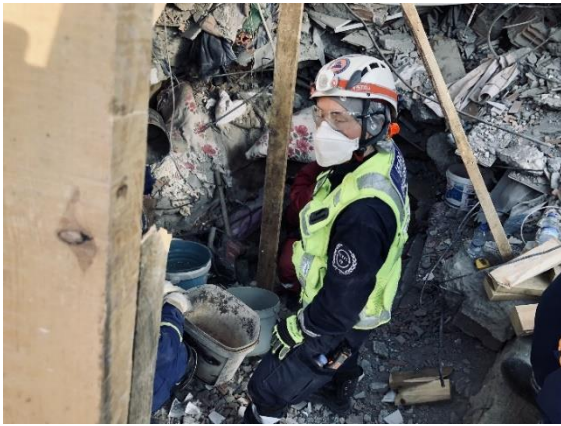
A Lancashire Teaching Hospitals Psychologist swapped his day job to risk his life searching for survivors in Turkey after a devastating earthquake killed thousands.

Jay McNeil is a Principal Psychologist who works in Oncology, Burns, Plastics and Dermatology, but in his spare time he is also a member of the Serve On charity's International Response Team, a highly trained team of Urban Search and Rescue (USAR) experts who respond to disasters anywhere in the world.

When a massive earthquake devasted south-eastern Turkey and northern Syria, with tens of thousands of people killed, Jay was one of 12 volunteers who dropped everything to risk life and limb in harrowing conditions, as the Salisbury-based team were deployed to the city of Adiyaman, one of the worst-affected areas of Turkey.

Another colleague Mr Ayman Jundi, Consultant in Emergency Medicine at Royal Preston Hospital, played his part as founding Trustee of the charity Syria Relief (www.syriarelief.org.uk) in his home country.

Having qualified from Damascus University School of Medicine, he has been in the UK for many years, but still has family and friends back home, and has been closely and very directly involved in humanitarian work since the start of the crisis in Syria in 2011.

The charity was set up a few months after the start of the conflict that year and has now mobilised to provide relief and humanitarian assistance to the area following the earthquake last Monday.

Syria Relief was on the ground hours after the earthquake hit the region, using their teams and warehouses in the north of the country to help survivors and evacuees.

d) Recognition Award for Trust student Sophie

A Lancashire Teaching Hospitals colleague has earned an Allied Health Professional (AHP) Support Workforce Recognition Award for spreading the word about career opportunities within the Trust.

Student Occupational Therapist, Sophie McLean, was recognised by the Allied Health Professions Faculty for Lancashire and South Cumbria for "speaking confidently at a national job centre careers event, sharing her career journey, and presenting alongside the Health Education England (HEE) AHP workforce."

The NHS Long Term Plan emphasises the need to increase the number of people joining the AHP workforce, reducing attrition in education and training, improving retention of our existing workforce, and increasing international recruitment.

Sophie was given her award after she worked on a project to develop apprenticeships within Occupational Therapy, and two years into her role the department have now seen an increase of interest in AHP careers, with two apprentices beginning work just recently.

9. RECOMMENDATIONS

It is recommended that:

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

Provider Collaborative Board – 16 March 2023

The Provider Collaborative Board (PCB) met on 16 March 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.

This month the strategic item considered was an evaluation on the Mental Health Urgent Assessment Centres.

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 Corporate Collaboration; Non-Surgical Oncology Model Implementation; Clinical Programme Board and the Delegation of Authority for Pathology Network were discussed under Joint Committee Working items.

System pressures – acute

February had been a very busy month during which average daily attendances increased across all four Trusts. However, despite this, the metrics within the PCB were still the best in the North West and compared well nationally for reduced A&E 12 hour waiting times, ambulance handovers and four hour waits. There had been some 12 hour breaches during the most pressurised periods.

Some real progress had been made on cancer recovery targets, with Lancashire and South Cumbria (LSC) now being held up as an exemplar in this field. In the six months prior to this the North West had been one of the worst performers on the cancer targets for 6 months, but this has now changed. A proposal about how to get sustainability on cancer and reduced Patient Tracking Lists (PTLs) across the system would be discussed at a future Chief Executives' meeting.

There had been improvements in 28-day faster diagnosis and performance has now been moved to mid-table nationally. This progress is expected to continue into March and beyond. Further improvements were needed towards meeting our 31-day first treatment standard, including surgery, chemotherapy and radiotherapy.

Elective recovery and system pressures have been improving significantly over the last six weeks, with day case rates increasing to 82.5%, putting LSC as the fourth highest Integrated Care Board (ICB) in England. The 78 weeks elective recovery work had been on target, which represented significant progress, however the junior doctors strikes had been challenging and we still need to establish how this has impacted our ability to meet the target by the end of the financial year.

While typical winter respiratory pressures have now eased, increased numbers of Covid positive inpatients and recent outbreaks of Norovirus have added to pressures in recent weeks, with relevant IPC constraints and additional trapped beds hindering flow. Impacts of the latest cold spell may also be felt in hospitals over the coming weeks.

System pressures – mental health and learning disabilities

Lancashire and South Cumbria Foundation Trust (LSCFT) were achieving the one hour and four hour waiting time targets. There are challenges on Mental Health Urgent Assessment Centre (MHUAC) usage which will described and discussed later on and conversations are underway in respect of long waits for children and young people (CYP) CYP comprises three areas: core Children and Adolescent Mental Health Services (CAMHs) which is a commissioned service, Attention Deficit Hyperactivity Disorder (ADHD) which is an un-commissioned service provided by the Trust and Autism Assessment which is an un-commissioned service which the Trust receives referrals in to.

Key drivers of pressures within the Mental Health Urgent Care Pathway are being primarily driven by bed capacity which is significantly below the national average, the subsequent very high occupancy rate and the inability to admit patients in a timely manner.

Skylark, a new eleven bedded Mental Health facility on the Royal Preston site is helping to reduce the numbers of out-of-area patients. However, the benefits of this were being challenged by a rise in the increase in patients who do not meet the criteria to reside, particularly the number of long stay patients who needed to be found alternative beds via Lancashire County Council.

Financial pressures

Following a great deal of hard work by all Trusts, as a system an end of year deficit position had been agreed with NHS England of an estimated £27m. This will be offset using historic Clinical Commissioning Group surpluses. The biggest risk to meeting the agreed total is the as yet unquantified impact of the junior doctors industrial action.

The projected LSC system deficit for 2023/24 is the second largest ICB deficit across the country. To mitigate this, further work is required in the coming year to review the level of CIP and review local cost pressures to see what can be managed through regular budget setting. Further work is also needed around elective recovery.

Board members had convened a special meeting to focus on finances.

Mental Health Urgent Assessment Centres Evaluation

An evaluation of the three Mental Health Urgent Assessment Centres was undertaken by LSCFT. These had been put in place as part of a response to the Covid-19 pandemic to provide a space away from Emergency Departments for patients presenting with Mental Health requirements. As there is not a national model for MHUACs, there is no best practice to compare them to.

The evaluation noted that since the opening of the centres, use declined in Autumn 2022. A Listening Into Action project involving Acute partners was therefore initiated with the aim of addressing and mitigating issues and identify key barriers to the use of the centres such as the Mental Health Act, medication management, risk management, environment and Care Quality Commission (CQC) concerns. MHUAC standard operation procedures (SOPs) were also revised to include medication management procedures, and this has been shared with CQC including a comprehensive risk assessment.

The revised SOP was launched in February 2023 and confirmation of each site's implementation of the MHUACs will be completed by mid-March 2023. LSCFT reported seeing an increased number of transfers to MHUACs over the winter period prior to the introduction of the revised SOP and found that there was no increase in the average length of stay or increase in four and 12-hour breaches as a result of increased utilisation.

Following the evaluation, MHUAC usage is to be reviewed weekly by the Trust Management Board.

Corporate Collaboration update

An update on the progress of the programme included a highlight report and indicative targets.

Targets from December were restated including a programme budget . A stretch target for the extended programme is likely to be in the region of £40-50m, however in addition a non-cashable savings target of £5-10m will be identified from improved governance and process, to free up professional time.

The Central Services Portfolio was presented to the Integrated Care System (ICS) Delivery Board this month, and it was agreed that there is a need for pace and rapid mobilisation, setting out explicit targets by programme over the next 12 months and beyond. It was also highlighted that it is important to have the right team in place to action this, ensuring change is driven quickly.

It is clear there is a need to accelerate transformation, balancing both pace and scale with taking colleagues with us and ensuring Trust Boards are informed and engaged.

Business Case Bank and Agency

An outline Strategic Business Case for a Collaborative Bank Programme was put forward which is a critical part of the wider Workforce Resilience and Sustainability Programme sitting under the Central Services Portfolio.

The issue of effective NHS workforce planning is becoming increasingly problematic. About 7% of the LSC Workforce is temporary Bank and Agency staff and sickness and absence in LSC is higher than the NW and national averages.

It is recognised that although it supports safer staffing numbers, the use of agency staffing also comes with disadvantages including lack of standardisation, a detrimental impact on the morale of substantive staff, bank staff who are unfamiliar with local policies and agency staff costing more than substantive or bank staff. Reducing use of agency whilst protecting safe staffing is seen as a significant improvement target for all providers and the collaborative bank is a key element of this strategy.

Provider Trusts are committed to working together to improve market management and reduce the upward pressure on the rates applied by a number of Agencies. There are other actions in train into better manage agency and an outline business case was presented to the meeting which focuses on the positive impact of creating a collaborative bank. This includes increasing our bank resource via a Collaborative bank model, creating an attractive and equitable Bank or employment offering that encourages people to become bank or permanent staff, rather than agency.

Non-Surgical Oncology Model Implementation

The current workforce is stretched across the Lancashire and South Cumbria system with oncology, radiotherapy and medical psychics not currently meeting benchmarks set out by their professional bodies. In addition, cancer prevalence is rising and the volume of first treatments across the system has increased, with the 62-day standard adherence for these patients decreasing.

To alleviate this a Non-Surgical Oncology Model has been developed, which will be a clinically led optimum service model that will allow LSC to meet the current demands for non-surgical oncology whilst delivering the most cost-efficient model within the current funding envelope.

Following engagement with a variety of stakeholders across the LSC system, 10 models were developed using the previous service review. Elements of each of these models were pulled together to form the overarching preferred model in which the Cancer Centre would act as the 'Lead Provider' – managing all income along with both clinical and business responsibilities. Cancer Units will act as 'sub-contractors' to the main provider to deliver services locally, and these services will be funded by the Cancer Centre.

A finance, activity and workforce demand and capacity modelling exercise will be undertaken, using current demand to identify the trajectory for future demand.

Clinical Programme Board

The Clinical Programme Board (CPB) provided an update from their meeting in February on elective hubs, a Fragile Services Assessment tool, Urology and Cardiology Networks and identifying a suitable independent lead for Head and Neck surgery.

A high-level overview was also given on the speciality work underway beneath the CPB, with all programmes being aligned to GIRFT (Getting It Right First Time) where possible. It was reported that the Urology Network are aiming to develop a proposal for a networked model of care for both cancer and benign services in LSC by the end of March 2023. There was also an update on a development for a system-wide networked model for cardiology and development of the clinical model of care for an LSC networked service offering.

Other updates included a business case being developed for integrated mental and physical health that will implement a new model for early assessment and treatment of mental health issues within Emergency Departments; the establishment of the LSC Vascular Network with a single inpatient unit at Royal Preston Hospital; the establishment of the Frailty Network and appointment to the clinical lead position; oversight of the Respiratory Network; implementation of the Stroke Business Case with CSC at Royal Preston Hospital for the system; and the development of networked services within the MSK pathway.

Delegation of Authority for Pathology Network

Pathology services are currently delegated to the PCB operating as a joint committee, but it has been suggested that the PCB should establish a sub-committee to be known as the Pathology Network Board and sub-delegate responsibility for these pathology matters to that sub-committee.

The proposal has been approved and endorsed by the four Trust Boards with responsibilities for Pathology Services and the PCB were asked to support and endorse these proposals.

Following approval and from 1 April 2023, the following would be delegated to the PCB and sub-delegated to the Pathology Network Board; oversight and leadership of the implementation of digital solutions for Pathology; agreement of an appropriate clinical model; coordination of all equipment procurement; responsibility for managing the response to Pathology related GIRFT across the network; developing and implementing a programme for rolling out Point of Care Testing; coordination and delivery of cancer restoration plans; agreement to a network-wide workforce strategy; establishing a network-wide approach to Quality Management Systems (QMS); oversight and management of all pathology related research and agreeing the Terms of Reference for the Pathology Network Board.

Budgets for pathology services will continue to be held and managed by each individual Trust with the exception to projects and business cases approved for delegation to the joint committee.

NHS Lancashire and South Cumbria Integrated Care Board

Integrated Care Board

Date of meeting	29 March 2023
Title of paper	Chief Executive's Board Report
Presented by	Kevin Lavery, Chief Executive Officer, Integrated Care Board
Author	Lisa Roberts, Business Manager and Executive Team lead contributors
Agenda item	6
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 focused on winter pressures, system-wide approaches to mitigate risk to patients, and the work underway to develop our longer-term strategies. This month's agenda will give Board members the opportunity to review the draft of this strategy in the form of the Joint Forward Plan for Lancashire and South Cumbria alongside our Integrated Care Partnership Integrated Care Strategy and operational and financial plans.

My CEO report this month, therefore, aims to set the context for the change needed to realise our full potential. It talks 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. |

Recommendations
The Lancashire and South Cumbria Integrated Care Board is 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	
Privacy impact assessment completed			x	
Financial impact assessment completed			x	
Associated risks			x	
Are associated risks detailed on the ICS Risk Register?			x	

Report authorised by:	Kevin Lavery Chief Executive

Integrated Care Board – 29 March 2023

Chief Executive's Board Report

1. Introduction

"You can do what I cannot do. I can do what you cannot do. Together we can do great things." Mother Theresa

1.1 No public service matters more to people and communities than health and care and no public service has greater potential to transform people and communities. During Covid, the NHS and partners rose to the challenge and performed superbly. Staff worked long hours against impossible odds and at great personal risk. The vaccination programme was world leading, innovative and rolled out swiftly. It saved hundreds of thousands of lives. The NHS came together as a system as never before. Organisational boundaries were put aside, and staff put people and communities first. This was the NHS at its very best. We need to use the spirit that helped us overcome Covid so that we can excel in the post Covid era.

1.2 Yet, if we are going to realise our full potential we have to change. I am sure you have heard the expression about the ambulance at the bottom of the cliff - it would be smarter, better, and cheaper to have a fence at the top instead! That is the power of systems thinking.

1.3 The title 'National Health Service' is a touch misleading. Look at the variation in funding, practice, and outcomes. We are not yet a true national service. Indeed for 30 years we have had the contract culture. The service was compartmentalised, and managers were told "go and do your own thing and do not talk to anybody". Our staff are naturally patient focussed, but we have been working in silos. So, despite a doubling in healthcare spend in the last 30 years it has not been matched by a corresponding improvement on outcomes or productivity. My hypothesis is that this is because of the absence of systems thinking.

1.4 We have seen glimpses of this potential where Lancashire and South Cumbria has been an exemplar. With Covid, achieving high vaccination rates in hard-to-reach communities, and more recently with mutual aid to make a big dent on waiting lists. Yet, we are only scratching the surface. We now have no choice but to go hook, line and sinker for systems thinking and collaboration. For we are sleep walking towards the cliff edge. Without major reform, we could fall off the cliff and all will be lost. And this requires collaboration, leadership and systems thinking.

2. System Configuration

2.1 The financial challenges we face are huge. However, the finances are merely the symptom, the root cause is how we do things round here and how our system

is configured. If you had a blank sheet of paper would you have seven small elective care centres, six emergency departments and five separate support services, and would you spend £300m plus on temporary staff at a premium rates? I suspect we would all agree the answer is no.

2.2   There are some obvious solutions to this, involving collaboration, systems thinking and a positive, can-do mindset. It is not all doom and gloom. No problem is too big to solve. We can overcome this challenge, and we will.

3.   The 'how' question

3.1   The management guru Simon Sinek has always argued that the 'why' question is the most important way to inspire teams to achieve great things, epitomised in his book "Start with the Why". Of course, this makes sense. Our challenge though is the 'how' question. We have lots of talented people who believe in the NHS and are committed to delivering great health and care services and outcomes. Our challenge is how to make this happen. This is my biggest concern. How can we deliver systems change at pace?

3.2   We sometimes tie ourselves up in process and some of our people are uncomfortable with change. So, we have to face up to this together. Otherwise, we will fail, and we cannot allow that to happen.

3.3   We not do have a good track record on delivery, and we face a huge challenge, so how do we make it different this time? We need to work differently, this cannot be collaboration for the sake of it, we have to do it for a purpose, to make things better, to transform. There is always hope if we use systems thinking and collaboration. There are eight crucial ingredients.

1. **Shared vision and plan** - for recovery and transformation. The ICB needs to be joined at the hip with all parts of our system, and clever about sequencing.
2. **Clarity on the role and vision for the ICB** – we want to become a true system leader, and this will mean fuller partnerships with providers, substantial devolution to place and a much smaller ICB.
3. **Strong leadership** with domain knowledge – leadership is everything.
4. **Working in perfect harmony** - with providers, local government, place and NHSE.
5. **How the money works** – we will need to maximise productivity, to eliminate the underlying deficit and we need to look at careful targeting of Better Care Fund and ringfenced social care monies to transform community services with local government.
6. **Culture** - deliver some early wins, make some significant cultural changes, and build confidence. Then move on to the big wins and courageous decisions.
7. **Agree clear priorities and targets, for each part of the system, linked to our shared vision** – with clarity on what the ask and who is leading on it. This cannot be hypothetical; it has to clearly articulated, operationally driven

projects, earthed in the real-life challenges of health and care in 2023 and beyond.

8. **Clear governance and accountability** – we are reviewing the arrangements here and will look for ways of reducing duplication and sharpening accountabilities.

3.4   Today is all about system thinking, collaboration, a positive mindset, delivery at pace and how we achieve this within a challenging wider environment. I want you to keep the 'how' question in mind as we work through the following items;

- The State of the System - what are the challenges
- The Joint Forward Plan – what will we do
- 3-year Financial Plan and Commissioning intentions – how we will do it and what this mean for the next three years
- Workforce – how do we get our staff fully behind us

4.   Workforce

4.1   Each member of our workforce has a critical role to play in achieving our plan for recovery and transformation, and it is essential that our staff are fully behind us. The executive team, and extended leadership team have a crucial role to play in creating a culture that enables colleagues to be happy and healthy at work and where the health and wellbeing of the workforce is considered routinely across all organisational activities.

4.2   Our workforce have already gone through lots of change, and with the recent running cost efficiency requirements letter received from NHS England, I suspect more will be needed. The letter confirmed that ICB running cost allowances will be subject to a 30% real terms reduction, by 2025/26, with at least 20% to be delivered in 2024/25. I can assure you that we do not expect to go through another large scale ICB wide process of organisational change, although there is clearly more work to do as we continue to form as an ICB.

4.3   I would like to thank everyone who took the time to input and provide feedback as part of the consultation process, which closed on 03 March, and for all of the responses received through the staff survey. I have heard how difficult this period has been for some, and we know this has been reflected in our staff survey results. The results do not make for pretty reading.

4.4   We now need to act on this and have committed to doing this in an open and transparent way, using the insights from the staff survey to improve the experiences of our staff and colleagues working with and within our teams across the ICB.

4.5   Organisational change can be difficult, and we are aware this process has taken place at an extremely testing time, dealing with unprecedented winter pressures, industrial action, and other competing demands. We do believe we were right to move quickly – we are one of the first ICBs in the country to go through a process of this scale and acting quickly was in the best interest of all our staff.

5.   Recommendations

5.1 The Lancashire and South Cumbria Integrated Care Board is requested to note the updates provided.

Kevin Lavery
17 March 2023

Board of Directors Report

Trust Headquarters

NHS Lancashire Teaching Hospitals NHS Foundation Trust

Excellent care with compassion

Board Assurance Framework (BAF) Risk Report			
Report to:	Board of Directors	**Date:**	6th April 2023
Report of:	Associate Director of Risk and Assurance	**Prepared by:**	K Clay
Part I	✔	**Part II**	

Purpose of Report							
For approval	☒	**For noting**	☐	**For discussion**	☐	**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. 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 its high level strategic objectives. Therefore, 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.

A copy of the 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.

Strategic Risks

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 Objective of Delivering Value for Money – remains 20.
- Risk to delivery of the Trust's Strategic Objective 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 Objective of Fit for the Future – remains 15.
- Risk to delivery of the Trust's Strategic Objective to be a Great Place to Work – remains 12.
- Risk to delivery of the Trust's Strategic Aim of Providing a Range of the Highest Standard of Specialised Service – remains 8.

Any changes to the content of the Strategic Risks since the previous update to Board are highlighted in yellow within the strategic risk template.

Operational High Risks for Escalation to Board

There are three operational high risks that are 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 20) 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.

Integrated Governance Handbook

The Trust's Integrated Governance Handbook, a tool created to create a shared common understanding of the governance arrangements at the Trust and to support the work of the Board of Directors, Senior Managers, and all staff in applying the arrangements in practice was due for review and update in January 2023.

However, due to the number of changes that take place throughout the year, the Handbook can become outdated quickly. As such, a decision has been made to cease future production and renewal of the Handbook. Instead, an area of the Intranet will be identified to upload details of governance arrangements. This will allow for dynamic updates to be made whilst also providing the necessary tools to enable staff to apply governance arrangements in practice. The risk management policy will remain the document that outlines the structure of the risk management arrangement of the organisation.

It is recommended that Board of Directors:
i. Note and approve the updates to the BAF and the forward plan with the Integrated Governance Handbook.
ii. 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

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.

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 Since the last Board of Directors Meeting, there has been no change in score for:
- Risk to delivery of the Trust's Strategic Objective of Delivering Value for Money – remains 20.
- Risk to delivery of the Trust's Strategic Objective 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 Objective of Fit for the Future – remains 15.
- Risk to delivery of the Trust's Strategic Objective to be a Great Place to Work – remains 12.
- 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 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.

2.2.3 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 20), 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. In November 2022, the risk score for strike action increased from 16 to 20 in response to the national RCN ballot outcome for strike action. Strikes have taken place since for

nursing, ambulance, and physiotherapists. Further strikes are currently suspended for agenda for change staff with a pay offer negotiated and under review by union members. 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 are also undertaking a consultative ballot with consultants. 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 title and description have been re-worded in recognition of the medical strikes and the risk was also discussed at the most recent Strike Action Emergency Planning Group on the 21st of March 2023 where the group proposed reducing the risk rating from 20 to 16. The proposal was based on multiple strikes having taken place and these having been managed effectively due to the significant planning undertaken in preparation.

2.4 Integrated Governance Handbook

2.4.1   The Trust's Integrated Governance Handbook, a tool created to create a shared common understanding of the governance arrangements at the Trust and to support the work of the Board of Directors, Senior Managers, and all staff in applying the arrangements in practice was due for review and update in January 2023.

2.4.2   However, due to the number of changes that take place throughout the year, the Handbook can become outdated quickly. As such, a decision has been made to cease future production and renewal of the Handbook. Instead, an area of the Intranet will be identified to upload details of governance arrangements. This will allow for dynamic updates to be made whilst also providing the necessary tools to enable staff to apply governance arrangements in practice. The risk management policy will remain the document that outlines the structure of the risk management arrangement of the organisation.

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 and the forward plan with the Integrated Governance Handbook.

ii. 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 2022/2023 – 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

Appetite Score 1-6   Appetite Score 4-8   Appetite Score 8-12   Appetite Score 8-12

Current principal risks on the Strategic Risk Register – April 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 Statement	New Tolerance Level	Feb 2022 Score	Apr 2022 Score	June 2022 Score	Aug 2022 Score	Oct 2022 Score	Dec 2022 Score	Feb 2023 Score	Apr 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	16	12	12	12	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	20	12	12	12	12	12	12	→
	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 2022/2023– 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 due to: a) Availability of staff b) High Occupancy levels c) Fluctuating ability to consistently meet the constitutional and specialty standards and d) Availability of some services across the system e) Existing health inequalities across the system This may, result in adverse patient outcomes and experiences.
	Risk to delivery of Strategic Ambitions.. Great Place to Work	856	There is a risk to the delivery of the Trust's Strategic ambition to be a great place to work due to the inability to offer a good working environment; inability to treat staff fairly and equitably; poor leadership; inability to support staff development. This could lead to staff losing confidence in the Trust as an employer and result in poor staff satisfaction levels, impacting on the organisations reputation and culture subsequently affecting the ability to attract and retain staff, causing key workforce shortages, increasing the use of temporary staffing and poor patient care.
	Risk to delivery of Strategic Ambitions.. Deliver Value for Money	857	There is a risk that we are unable to deliver the Trust's strategic objective 'deliver value for money' due to the inability of the Trust to transform given the range of internal and external constraints (relating to complex models of care, workforce transformation, planning processes, capital resources and dealing with high levels of backlog maintenance) which could result in a failure to move toward segment 2 of SOF and less than a 'good' rating from the use of resources of inspection.
	Risk to delivery of Strategic Ambitions.. Fit For the Future	858	There is a risk to the delivery of the Trust's Strategic Objective to be fit for the future due to the challenges of effectively implementing and developing Place and System (i.e. Integrated Care System and Provider Collaborative) level working we fail to deliver integrated, pathways and services which may result in Lancashire Teaching Hospitals no longer being fit for purpose and our healthcare system becoming unsustainable.

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

Key Operational Risk Summary for Escalation to the Boards

NHS
Lancashire Teaching Hospitals
NHS Foundation Trust

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)** – There remains a challenge with exit block with length of stay in the Emergency Department (ED) increasing. The Trust has also seen the impact of exit block with an increase in ambulance handover times. To mitigate the risk of long waits within the ED and the increase in ambulance handovers, Standard Operating Procedures are in place which describe the processes for patient reviews, reporting of patient harm incidents and clinical governance arrangements. These procedures are being supplemented with a series of system wide improvement actions, including virtual wards, frailty, therapy pathway improvements, which are reflected within the urgent and emergency care transformation plan and reported to Finance and Performance Committee. In July 2022, Cuerden Ward opened creating extra capacity. Finney House opened its Community Healthcare Hub for 32 additional patients on 30 November 2022 with a further 32 beds opening in a phased way, with the aim to reduce occupancy in the ED. Ongoing monthly safety forums remain in place and have an open invite to the board and ED colleagues.

- **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. A plan is in place to eliminate 104+ week waits and reduce waits to 78 weeks by March 2023. 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 20)** In November 2022, the risk score for strike action increased from 16 to 20 in response to the national RCN ballot outcome for strike action. Strikes have taken place since for nursing, ambulance, and physiotherapists. Further strikes are currently suspended for agenda for change staff with a pay offer negotiated and under review by union members. 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 are also undertaking a consultative ballot with consultants. 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 title and description have been re-worded in recognition of the medical strikes and the risk was also discussed at the most recent Strike Action Emergency Planning Group on the 21st of March 2023 where the group proposed reducing the risk rating from 20 to 16. The proposal was based on multiple strikes having taken place and these having been managed effectively due to the significant planning undertaken in preparation.

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: 10th March 2023

Risk	Risk Appetite:	Risk Tolerance	Initial risk Rating 4 x 5 (likelihood x severity) = 20

Risk

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 and
d) Availability of some services across the system
e) Existing health inequalities across the system

This may, result in adverse patient outcomes and experiences.

Risk Appetite:
Cautious to Risk – Willing to accept some low risk, whilst maintaining an overall preference of safe delivery options.

Risk Tolerance
1-6

Initial risk Rating 4 x 5 (likelihood x severity) = 20
Current Risk Rating 4 x 5 (likelihood x severity) = 20
Target Risk Rating 1-6

Rationale for Current Score
- 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.
- Occupancy levels are in excess of 95%.
- Patients are routinely waiting longer than national standards for treatments and in the Emergency Department.
- Equality Impact Assessment undertaken in response to Internal Critical Incident.
- Adult inpatient experience feedback is identifying room for improvement.
- Estate does not meet HTN standards, limiting consistent adherence to safety and aesthetic estate condition.
- There is national acknowledgement that health inequalities exist in all heath and care systems and contribute to poorer outcomes of citizens.

Risk Rating Tracker

	2021-22			
	Q1	Q2	Q3	Q4
Initial	20	20	20	20
Current	20	20	20	20
Target	1-3	1-3	1-3	1-3

	2022-23			
	Q1	Q2	Q3	Q4
Initial	20	20	20	20
Current	20	20	20	20
Target	1-6	1-6	1-6	1-6

Future Risks
- 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.

Future Opportunities
- ICS networks and collaboration leading to reconfiguration of vulnerable services.
- Development of strong identity for the Neurosciences Centre
- 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.

Controls
- Workstream related strategies and plans in place
  o Always Safety First
  o Clinical Strategy
  o STAR Framework
  o Patient Experience and Involvement Strategy
  o Risk Management Strategy
  o Our Big Plan
  o Continuous Improvement Strategy

Gaps in Control
- 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 with protected characteristic or those living in deprived areas. *(Ref CDEC 007)*

Assurances
Internal

- STAR Assurance Framework
- Always Safety First Group
- Safety and Learning Group
- Divisional Governance Structures and arrangements
- Divisional Improvement Forums
- Safety and Quality Committee
- Workforce Committee

Gaps in Assurances
None identified.

- 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
- New Hospitals Programme
- Business Case addressing bed demand and capacity in place, which should improve impact on urgent surgery cancellations also.
- <mark>Strengthened approach to utilisation of GIRFT to drive clinical productivity improvements and to reduce unwanted variation in existing strategies.</mark>

- 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 Impact Assessment – Critical Incident December 2022.

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

Action Number	Action details	Action Owner	Due Date	Done Date	RAG	Link to Gap In	Gap
CDEC 001	Develop business case for number of beds required to address demand	Chief Operating Officer	31st October 2022	18th October 2022	Complete	Control	• Demand currently exceeding supply of inpatient beds, thus need to define the number of internal beds required and case for this • Ability for increased occupancy levels to impact on urgent surgery.
CDEC 002	Create a Long term PLACE based Urgent and Emergency Care Strategy	Chief Operating Officer	~~31st March 2023~~ 30th April 2023		Ongoing	Control	• Integration of services and pathways and effective Place and system-based working
CDEC 003	Create a strengthened approach to utilising GIRFT to drive clinical productivity improvements.	Medical Director	31st January 2023	31st January 2023	Complete	Control	• Opportunity to improve productivity through benchmarking and action plans to reduce unwanted variation in existing strategies
DVFM 002	Review strategies in light of delivering value for money as part of committee cycles of business.	Executive Leads	31st March 2023	11th October 2022	Complete	Control	• Opportunity to improve productivity through benchmarking and action plans to reduce unwanted variation in existing strategies.
CDEC 004	Create the Medical Safe Staffing Review plan	Chief Medical Officer	31st October 2022	30th September 2022	Complete	Assurance	• Strengthening assurance process to test safe medical staffing
CDEC 005	Establish baseline of known data and existing work underway to address systemic health inequalities.	Chief Nursing Officer	31st December 2022	30th November 2022	Complete	Assurance	• Equitable access to health and care is disproportionately more challenging for citizens with protected characteristic or those living in deprived areas.
CDEC 006	Undertake an equality impact assessment (EQIA) and consider if any identified impacts affect the strategic risk score.	Chief Nursing Officer	31st January 2023	17th January 2023	Complete	Assurance	• Rising infection rates may lead to unsustainable bed occupancy levels and present an increased risk to patient safety and the quality of services.
CDEC 007	Create a local plan to respond to the national Core20PLUS5 approach to equitable healthcare for adults and children.	Chief Nursing Officer	~~31st March 2023~~ 30th April 2023		Ongoing	Control	• Equitable access to health and care is disproportionately more challenging for citizens with protected characteristic or those living in deprived areas.

Summary of review – February & March 2023

- Update to narrative regarding occupancy levels within rationale for current score.
- Action CDEC 003 is completed, which removes a gap in control and identifies a new control measure in place.
- Deadline for health inequalities extended to April 2023 due to the requirement to align with place plans and core20plus5 strategies. (CDEC 007)
- Deadline for PLACE urgent care strategy extended to 30 April 2023 to align with the change in arrangements at PLACE, UEC Board and the development of a UEC transformation plan and launch of a UEC national recovery strategy. (CDEC 002)

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: 6th March 2023

Risk	Risk Appetite:	Risk Tolerance 8-12	Initial risk Rating 4 x 5 (likelihood x severity) = 20

Risk

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 Appetite:

Open to Risk – willing to consider all potential delivery options and choose while also providing an acceptable level of reward.

Rationale for Current Score

- The Trust has been placed in segment three for the System Oversight Framework (SOF) – reconfirmed July 2022. Undertakings applied by NHSE to the Trust include the need for the Trust to agree its financial plans with the Integrated Health Board, a requirement to deliver that plan and a supporting need to deliver the associated cost improvement plan. Unless a solution can be found to offset the cost of excess unfunded capacity, the Trust will fail to meet its financial plan. This may result in a move to SOF four.
- Covid-19 continues to impact on the efficiency of services and the ability to operate under current planning assumptions. A further increase has led to additional costs arising from staff absenteeism.
- NHS England have increased resources to NHS organisations to support the additional costs of inflation.
- There is growing international supply chain disruption which is driving costs up and limiting availability.
- Work on the underlying drivers for deficit confirms that there is significant elements of the Trust's overspend which is due to structural challenges, for example prevailing models of care or shortfalls in income recovery. Whilst the Trust needs to deliver on improved efficiency it also needs to find solutions with the ICS to agree the extent of the structural shortfall in resources and to agree a plan to allocate funding or mitigate in other ways. **The historic elements are compensated through the system top up fund. This fund reduces each year with a convergence factor.**
- Excess pressures on the non-elective pathways have resulting 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.
- The Trust has enforcement undertakings relating to its financial position.
- The ICB is developing a 'route map' to support improved financial performance at the same time operational pressures continue to grow, exacerbated by patients who 'Do Not Meet Criteria to Reside'.
- Increased industrial tension is likely to give 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.
- Excess winter pressures are likely to increase financial pressure as the Trust seeks to mitigate the impact of additional attendances.
- Increasing media focus on NHS pressures/waiting times (elective and urgent care), alongside clear national commitments to see improvements in elective waiting times

Initial risk Rating 4 x 5 (likelihood x severity) = 20
Current Risk Rating 4 x 5 (likelihood x severity) = 20
Target Risk Rating 8-12

Risk Rating Tracker

	2020-21			
	Q1	Q2	Q3	Q4
Initial	9	9	15	15
Current	15	15	15	15
Target	8-12	8-12	8-12	8-12

	2021-22			
	Q1	Q2	Q3	Q4
Initial	15	20	20	20
Current	20	20	20	20
Target	8-12	8-12	8-12	8-12

	2022-23			
	Q1	Q2	Q3	Q4
Initial	20	20	20	20
Current	20	20	20	20
Target	8-12	8-12	8-12	8-12

The score of 20 reflects the underlying financial position of the Trust.

	may lead to ambiguous messages on the relative priority given to financial plans/targets. • It is now likely that the Trust will not deliver its 20-23 financial plan due to the balance of capacity which remains unfunded. The Trust is now working to 'an allowed deficit'.	

Future Risks	**Future Opportunities**
• The future form and financial flows which will operate within the NHS are becoming clearer. Contracts will be split between a variable and a fixed element. This will impact on the ability to recover income associated with a range of services, non elective, maternity, critical care etc. Investment by commissioners will be on a case by case basis and subject to a business care process. • 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. • The impact of Covid remains uncertain for services. Funding for Covid related issues will be removed in 2023-24 and as such the Trust will need to defund the associated services. • Workforce supply is likely to impact on the speed of recovery together with impacting on outcomes for patients. • Increasing industrial tensions over pay increases and the cost of inflation may lead to action being taken by staff groups. These risks remain unquantified. • The mounting pressures seen by the Trust are reflected in NHS organisational across Lancashire and South Cumbria. It is unlikely that the system can deliver a balance plan in 2023-24.	• 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 ICP 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 to better manage patient pathways to reduce hospital attendances. • 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** **Internal**	**Gaps in Assurances**

• Workstream related strategies in place
  o Workforce and OD Strategy,
  o Continuous Improvement Strategy
  o Clinical Strategy
  o Financial Strategy
  o IM&T Strategy,
  o Estates Strategy,
  o Our Big Plan, Annual Business Plan Planning framework established to track delivery of schemes.
  o 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
	• Greater challenge by recruitment panel on rollover use of budget – use less, use more efficiently, be more effective (in development)
	• Reintroduction of a virement policy to reduce unwarranted discretion in use of budget
		• 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.
			• There is a need to develop a medium term plan with a supporting financial model to outline the route to recovery. **DVFM 010**
			• Develop reporting to reflect the benefits of the establishment of the ICB's five key portfolios of change. Focus on system wide solutions to optimise urgent care, restoration, optimise clinical networks, work to reduce duplication in corporate services and work on collaboration opportunities at scale. **DVFM 010**
			• There is a need to evolve the clinical strategy to address urgent care sustainability (**DVFM014**) and improve scheduled care productivity. **DVFM015**
			• There is a need to reduce the reliance in premium capacity and third-party capacity. **DVFM016**

• Contract management and activity under regular monitoring • 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. • <mark>Vacancy freeze for non-essential posts now in place</mark>		• <mark>Report on elective productivity and plans for improvement completed to better understand the impact on elective productivity together with movements in the underlying drivers together with plans for improvement.</mark> **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.	• <mark>There is a need to generate financial contribution from those non patient related service lines that make little or no contribution. *DVFM017*</mark> • <mark>There is a need to evolve the digital strategy to more clearly reduce unnecessary costs *DVFM018*</mark>

Action Plan

Action Number	Action details	Action Owner	Due Date	Done Date	RAG	Link to Gap In	Gap
DVFM 001	Establish an annual business plan/refresh big plan.	Director of Strategy and Planning	30.04.22	30.04.22	Complete	Control	Planning guidance not reflective of current operational pressures secondary to Covid-19. *Action now completed*
DVFM 002	Review strategies in light of delivering value for money as part of committee cycles of business.	Executive Leads	31.03.23	11.10.22	Complete	Control	Opportunity to improve on benchmarking and action plans to reduce unwanted variation in existing strategies.
DVFM 003	Re-introduce reporting arrangements for use of resources	Director of Strategy and Planning	31.08.22	31.08.22	Complete	Assurance	Regular schedule of internal Use of Resources assessments
DVFM 004	Review reporting arrangements for efficiency	Chief Financial Officer	30.06.22	30.06.22	Complete	Assurance	Regular schedule of reporting arrangements for efficiency and productivity schemes. *Action update - provided though the DIF process, CIP and transformation reporting.*
DVFM 005	Recruitment of a PLACE based leader to formalise operational vehicle at PLACE	PLACE Chair	30.09.22	08.09.22	Complete	Control	Limited ability to affect or predict the allocation of funds in social care.
DVFM 006	Review system wide approach to optimising urgent care with ICB and consider the effectiveness of arrangements.	ICB Accountable Officer	31.08.22	31.08.22	Complete	Assurance	The current operational pressures felt by acute medical services are resulting a suboptimal outcome and compromising performance and experience. *Action update - The ICB has now established a programme to optimise Urgent care with monitoring ongoing to test effectiveness – Programme now in place.*
DVFM 007	Develop reporting for system wide risk relating to restoration plans and the associated financial risks.	Director of Strategy and Planning	31.07.22	31.07.22	Complete	Assurance	There is a risk that the restoration plans fail to deliver across the ICS resulting in additional financial risk to organisations. *Action update - Reporting is now established through ECRG.*
DVFM 008	Stocktake of senior leadership engagement in place for system decision making processes	Deputy Chief Executive	31.08.22	31.08.22	Complete	Control	Outline the role of the executive and Board members in system wide decision making and transformation processes.
DVFM 009	Share information relating to external meetings and processes with Board members	Company Secretary	31.12.22	31.12.22	Complete	Assurance	Routinely and systematically share information relating to system wide decision making and transformation processes. *Action update from Company Secretary – the action is complete and is now embedded as standard "Business As Usual" practice*
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	Develop reporting to reflect the benefits of the establishment of the ICB's five key portfolios of change. Focus on system wide solutions to optimise urgent care, restoration, optimise clinical networks, work to reduce duplication in corporate services and work on collaboration opportunities at scale.
DVFM 011	Introduce contract monitoring Information	Chief Financial Officer	30.11.22	30.11.22	Complete	Assurance	Reintroduce contract monitoring information to support assurance on patient related delivery and underlying income.

DVFM 012	Report on financial checklists and protocol for financial deterioration	Chief Financial Officer	31.12.22	12.12.22	Complete	Assurance	Provide details of any gaps or processes to meet required obligations.
DVFM 013	Report on elective productivity and plans for improvement	Chief Operating Officer	31.01.23	31.01.23	Complete	Assurance	Highlight key drivers in performance and any actions to support improved delivery.
DVFM 014	Evolve Clinical strategy to address **urgent care sustainability**	Director of Transformation & Director of Nursing	31.05.23		New	Assurance	Need to evolve clinical strategy to tackle sustainability and the needs to live within available resources.
DVFM 015	Evolve Clinical strategy to improve **scheduled care productivity**	Chief of Operations	30.04.23		New	Assurance	Need to evolve clinical strategy to tackle productivity and the needs to live within available resources.
DVFM 016	Evolve clinical strategy to reduce the reliance in premium capacity and third-party capacity **(provision)**	Director of Strategy and Planning	31.05.23		New	Assurance	Need to evolve clinical strategy reduce the reliance on the independent sector and additional capacity sessions.
DVFM 017	Evolve income strategy to increase margins from non NHS income	Chief Financial Officer	30.06.23		New	Assurance	Need to evolve strategy to increase margins from non NHS income (Training, Education, R&D etc).
DVFM 018	Evolve Digital strategy to more clearly reduce unnecessary cost.	Chief Information Officer	31.05.23		New	Assurance	Need to evolve strategy to more clearly reduce unnecessary cost.

Summary of updates to risk – February & March 2023

- Action DVFM 013 is completed, leading to a removal of a gap in assurance and identification of a new assurance.
- Action DVFM 010 has an extended deadline to 30th June 2023.
- Narrative within the Rationale for Current Score and Future Risks updated to include reflection of increased risk to the financial position.
- Updated narrative for Rationale for Current Score and Future Risks.
- Additional Controls and Assurances documented.
- New Gaps in assurances identified with accompanying Actions DVFM 014, 015, 016, 017 and 018 identified to address those gaps.

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: 2nd March 2023

Risk	Risk Appetite:	Risk Tolerance	Initial risk Rating 4 x 5 (likelihood x severity) = 20

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.

Risk Appetite:

Open to Risk – willing to consider all potential delivery options and choose while also providing an acceptable level of reward.

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 lack of clarity around the Provider Collaborate Board plans for centralisation of services e.g. bank and agency collaboration.
- 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 Tolerance 4-8

Initial risk Rating 4 x 5 (likelihood x severity) = 20
Current Risk Rating 4 x 3 (likelihood x severity) = 12
Target Risk Rating 4-8

Risk Rating Tracker

	2021-22			
	Q1	Q2	Q3	Q4
Initial	20	20	20	20
Current	16	16	20	20
Target	6	6	6	6

	2022-23			
	Q1	Q2	Q3	Q4
Initial	20	20	20	20
Current	12	12	12	12
Target	4-8	4-8	4-8	4-8

	• 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	**Future Opportunities**
	• 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 • 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	• 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
  ○ Targeted recruitment & plans (international and healthcare support workers)
	• 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	**Internal**
		
		• Divisional Governance Structure and Arrangements
		• Divisional Improvement Forums (including Part II process to address cultural concerns)
			[None]

- Workforce policies with EIA embedded - Health and Wellbeing strategy - Just culture - Regular temperature checks in place for staff satisfaction, culture, with action plans e.g., Staff Survey, NQPS, HWB, TED, Cultural survey - Leadership and Management Programmes - Appraisal and mentoring process - Workforce business partner model and advice line in place - Staff representatives in place, including union representatives, staff governors - Vacancy control panel in place and meeting weekly ==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	reduce unwanted variation in existing strategies. (GPTW001/DVFM002) • Resourcing plan for Workforce and OD staffing to support the delivery of Workforce and OD strategy and meet demands on current service provision. (GPTW 001) • 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.==	• 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

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		Ongoing	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 March 2023		Ongoing	Control	• Identification and Development of transformation schemes to support long term sustainability and workforce re-modelling linked to service re-design.
GPTW003	Update Risk Management Strategy to reflect oversight of cultural risks	Assurance and Regulations Manager & Deputy Director of Workforce and OD	31st July 2022	31st July 2022	Complete	Assurance	• Regular schedule of reporting arrangements for cultural risks at Committees of the Board and Board.

Risk updates – February & March 2023

- Updates in the rationale for current score.
- Additional control measure of the Strike Action Emergency Planning Group identified.
- Gap in control identified regarding Ability to influence the direction of the Provider Collaborative Board.

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: 28th March 2023

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.	**Risk Appetite:** Seek – Eager to be innovative and to choose options offering higher rewards, despite inherent business risk.	**Risk Tolerance** 8-12	**Initial risk Rating:** 4 x 5 (likelihood x severity) = 20 **Current Risk Rating:** 3 x 5 (likelihood x severity) = 15 **Target Risk Rating:** 8-12

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
- 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 transformational will be a major enabler for partnership working, pathway/service integration and ensuring we are fit for future. We have an ambitious Digital Norther 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 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.
- 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

	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22
Initial	20	20	20	20
Current	20	20	15	15
Target	8-12	8-12	8-12	8-12

	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23
Initial	20	20	20	20
Current	15	15	15	15
Target	8-12	8-12	8-12	8-12

Controls	Gaps in Control	Assurances	Gaps in Assurances

• Workstream related strategies in place
    ○ Clinical Strategy
    ○ Digital Strategy,
    ○ Estates Strategy, including New Hospital Programme
    ○ Comms and engagement
• New Hospitals Programme operational groups established and named executive lead.
• Place and system delivery boards established.
• LTHTR executive leads with Place/ICS responsibilities.
	• 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.
		
		External
		• New Hospitals Programme Oversight Group
		• ICS Digital Board
		• Clinical Programme Board
		• Central Services Board
			• 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 002)*
			• Benefit realisation plans need to be more robust and to explicitly deliver against the quadruple aim *(FFTF 001, FFTF 003, FFTF 004, FFTF 008)*

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 2023 31st March 2024		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 002	Strengthen Board discussions on key strategic issues including relevant ICS/PCB/Place matters	Director of Strategy and Planning	31st March 2023 31st March 2024		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 2023 31st March 2024		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 2023 31st March 2024		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 2023 31st March 2024		Ongoing	Control	• Integration of services and pathways • Effective Place and system based working.
FFTF 006	Deliver New Hospitals Programme	Chief Finance Officer	31st March 2023 31st March 2024		Ongoing	Control	• Integration of services and pathways

FFTF 007	Deliver our Social Value Strategy	Director of Strategy & Planning,	31st March 2023 **31st March 2024**		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 2023 **31st March 2024**		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 – March 2023

- Assurances section updated to include Clinical Programme Board and Central Services Board.
- New gap in assurance identified.
- Extension to action plan deadlines – FFTF 001, 002,003,004,005,007.008 are long term and progressing.
- FFTF 006 Deliver New Hospitals Programme: The national team presented the overarching NHP business case to the Major Projects Review Group on 6th December. A formal response was expected in January 2023 but we have been informed that more time will be required.

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: 30th March 2023

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.

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	**Initial risk Rating:** 2 x 4 (likelihood x severity) = 8 **Current Risk Rating:** 2 x 4 (likelihood x severity) = 8 **Target Risk Rating:** 6-9

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

2021/22				
	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22
Initial	8	8	8	8
Current	8	8	8	8
Target	8-12	8-12	8-12	8-12

2022/23				
	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23
Initial	8	8	8	8
Current	8	8	8	8
Target	6-9	6-9	6-9	6-9

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

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	~~31st March 2023~~ 30th September 2023			Control	• Integration of services and pathway and effective Place and system-based working • PCB clinical strategy still in development
SPEC 002	Include Specialist Services risk within Board Assurance Framework	Deputy Associate Director of Risk and Assurance	30th June 2022	30th June 2022	Completed	Assurance	• Specialised services updates to Board and Audit Committee require strengthening

SPEC 003	Inclusion of specialist services within the planning framework	Director of Strategy	31st March 2023	31st March 2023	Completed	Control	• Inclusion of specialist services within the planning framework

Updates to risk – March 2023

- Risk reviewed with no significant changes to note.
- SPEC 003 action completed resulting in gap in control moving to control.
- Provider Collaborative Board (PCB) are developing the relationship and workstreams with the Integrated Care System (ICS) to ensure appropriate joined up working across the system – SPEC001 due date extended.

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: 7th February 2023

Risk	Risk Appetite:		
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.	**Risk Tolerance** 9-12	**Initial risk Rating** 2 x 3 (likelihood x severity) = 6 **Current Risk Rating** 5 x 4 (likelihood x severity) = 20 **Target Risk Rating** 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 and release staff for education due to clinical service pressures.
- 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 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.
- There are opportunities to lead on education, innovation and research programmes in NHP and ICB programmes of work.
- 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

	2021-22			
	Q1	Q2	Q3	Q4
Initial	6	6	6	6
Current	16	16	16	16
Target	8-12	8-12	8-12	8-12

	2022-23			
	Q1	Q2	Q3	Q4
Initial	6	6	6	6
Current	12	12	20	20
Target	9-12	9-12	9-12	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
- 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

Future Opportunities

- Continued participation and development of funded COVID/respiratory related research activities.
- Expansion of undergraduate programmes.
- Increase in the use of advanced digital solutions to provide education programmes.
- Maximise opportunities afforded through selection as RePAIR case study site.
- 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.
- Development of our holistic student offer.
- 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 in research and education
- Opportunity to manage income generation via Edovation
- Potential to expand student placement offer to HEIs within and outside region

Controls	Gaps in Control	Assurances	Gaps in Assurances
• Workstream related strategies in place: o Education & Training Strategy o Apprenticeship Strategy o Digital Education Strategy o Research Strategy o Our Big Plan, Annual Business Plan Planning framework o 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.	• Ongoing losses in research income which necessitate a recovery plan **(ETR 001)** • Lack of research personnel embedded in divisions **(ETR 002 – complete, ETR 007 - NEW)** • No mechanism to utilise educational income to support capital developments **(ETR 004, ETR 005)**. • Ability to income generate in current economic climate. **(ETR 005)** • Lack of research tariffs **(ETR 006)** • Control of in-year adjustments relating to income deferral **(ETR 006)**	**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. • Quality Mark and 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

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		Ongoing	Control	• Ongoing losses in research income which necessitate a recovery plan.
ETR 002	Include desire to implement research roles in divisions within refreshed Research & Innovation Strategy.	Head of Research & Innovation	31.12.22	31.12.22	Complete	Control	• Lack of research personnel embedded in divisions.

ETR 003	Embed Research & Innovation and Education leads in NHP and ICB programmes.	Head of Research & Innovation & Deputy Director of Education	01.11.22	04.10.22	Complete	Control	• Lack of research and education representation in NHP and ICB programmes
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	30.04.23		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		Ongoing	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		NEW	Control	• Lack of research personnel embedded in divisions.

Summary of Updates – February 2023 and March 2023

- Additional narrative added to the Future Risks section
- Action ETR 002 is marked as complete as this has been in the strategy since 1st Oct 2022.
- Action ETR 006 identified in response to gap in control related to income deferral
- Action ETR 007 identified following the completion of action ETR 0002, as now aiming to have Research roles within 2 Divisions in the next 6 months with a view for Trustwide roll-out to follow. Role identified with the Division of WACs as initial pilot.

Chair's Report

Committee:	Safety and Quality Committee
Chairperson and role:	Ann Pennell, Non-Executive Director
Date(s) of Committee meeting(s):	27 January 2023 and 24 February 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

27 January 2023	**24 February 2023**
Following the meeting held on the 27 January 2023, the Committee conducted a comprehensive review of the scheduled items on the agenda.	Following the meeting held on the 24 February 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 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. - Allied Health Professionals Staffing Report. - NHSI IPC Report and C. Diff Updated Action Plan. - Tier 1 Cancer Assurance Report. - Coroners Conclusion for Datix 35128 - Terms of Reference for Patient Experience and Involvement Group - CNST 10 Safety Actions Validation Report.	The Committee received presentations and reports and discussed the position on the following: - Bi-annual Adult and Children Safe Staffing Review. - 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. - Quarterly Serious Case Thematic Review and Learning Report. - Board Briefing for Datix 106968, 108313 and 72242. - Health Inequalities Report. - Robotic Assisted Surgery Report. - Terms of Reference for the Ethics Committee and Health and Safety Governance. - Thrombectomy Delivery Plan.

The Committee received the Neonatal, Children and Young People staffing report and were assured that risks were being regularly reviewed, monitored and mitigated. The Clinical Negligence Scheme for Trusts 10 Safety Actions validation report provided the Committee with an overview of the safety and quality programmes of work within the maternity and neonatal services specifically relating to the ten maternity safety actions included in year four of the NHS Resolution maternity incentive scheme. The report included details of an update on the CNST Local Maternity and Neonatal System external evidence verification, prior to the Trust Board submission of the declaration of compliance to NHS Resolution. The Executive Directors provided updates on the actions in place to manage the impact from the planned RCN and North West Ambulance Service industrial action. The Trust had had met the 15 minutes ambulance handovers and the cancellation of elective procedures were kept to a minimum.	The Executive Directors provided updates on the: i. Actions in place to manage the impact from the planned North West Ambulance Service industrial action and it was noted that the Trust had been maintaining the ambulance handovers within the agreed 15 minutes. Additional areas had been used on occasion, which ensured patients were handed over effectively. ii. The BMA had balloted the national Junior Doctor workforce for a 72 hour continuous strike action with a result of 76% being in favour of industrial action with no proposal of mitigations. The Committee were provided with assurance on the safe staffing levels within the maternity service up to January 2023 and assurance of the risks being reviewed, monitored and mitigated where possible.

Positive escalation

27 January 2023	**24 February 2023**
- The inpatient staffing levels were improved for both registered nurses for days and nights and unregistered for nights in response to the recruitment drive and retention strategy. - The Committee was assured of some improving metrics demonstrated in the Allied Health Professionals bi-annual safe staffing report that had been in response to the 2018 Developing Workforce Safeguards recommendations. The Allied Health Professionals Workforce Strategy had been launched in October 2022 and focused on the workforce supply and retention and the workforce development.	- The international nurse recruitment strategy had been successful in the improvement of fill rate and vacancy gaps. The excellent work carried out by the recruitment and clinical teams had been making a positive impact in the contribution to the workforce. - The Regional Chief Midwife had visited the Maternity Department and provided feedback of positive findings from their walk around and had not raised any specific areas of concern. Verbal feedback was provided to confirm there were no issues identified with the external review of still births and a written report would follow. - The Chief Operating Officer updated the Committee on the reduction for the cancer waiting times which had reduced significantly by 50% during the last few months from 937 to 440. There

	had been 23,000 patients waiting 78 weeks and that had also reduced to 800.

Negative escalation	
27 January 2023	**24 February 2023**
- The Safety and Quality Committee received the NHSI Infection Prevention and Control Report and C.difficile 6 monthly update that identified areas for improvement following the external peer review undertaken on 1 September 2022. A comprehensive action plan had been implemented to address the recommendations. - In relation to Datix incident 35128, the Coroners conclusion of a neglect verdict had been presented to the Committee. The consistency in the Trusts internal findings with the findings of the coroner was noted. It had been confirmed that all the points raised had an associated action which had been completed and in some cases were subject to further monitoring and improvement work. - Winter pressures experienced by the Trust had impacted services and led to significant escalation. An Equality Impact Assessment (EQIA) was noted to have been considered and broadly supported. The Emergency Department continued to operate under sustained pressure with the increased occupancy levels that had affected the ability to achieve the average time to be seen by a clinician within one hour and a length of stay less than 12 hours.	- Three never events incidents had occurred in the Emergency Department at Royal Preston Hospital where the nasal cannula for three patients had been connected to the piped medical air port instead of the oxygen outlet. No harm occurred to the patients as a result of the incidents, these have been reported to STEIS and investigations underway. - The Clostridium *difficile* infection rates remain high and there had been an astronomical data point in January. The Clostridium *difficile* reduction plan continued to be an area of focus reviewed at the divisional safety and quality committees and the IPC meetings and is under increased 6 monthly monitoring at Safety and quality committee due to the increased rates. - The BMA had balloted the national Junior Doctor workforce for a 72 hour continuous industrial action with a result of 76% being in favour of industrial action with no proposal of mitigations. The confirmed dates were from 7.00am on 15 March to 6.59am on 16 March therefore detailed planning was underway. There would be re-focus of the Consultant workforce to prioritise the inpatient care to ensure patient safety was maintained. - The Trust had been unable to provide a proportion of the commissioned thrombectomy service over seven days, this has led to 8 moderate or above patient incidents as a result of not receiving thrombectomy during the commissioned time. Duty of candour has been applied to the cases. The Committee received a detailed report of progress against improving this position that included the escalation of the issue by the Chief Medical Officer of the Integrated Care Board and North West Specialised Commissioning Group to request a resolution in 2023.

Committee to Committee referral	

27 January 2023	24 February 2023
- The Safety and Quality Committee assurance to Workforce Committee that consideration had been given for the impact to the Trust at times of industrial action. The Trust had robust action plans in place to manage the impact to the Trust. - The Safety and Quality Committee considered the Tier 1 Cancer update report and agreed that the Finance and Performance Committee would be the appropriate Committee to receive future updates.	- To the Finance and Performance Committee – **Safe staffing report** - once the cost pressures had been discussed by the Executive Team - the required financial impact of the outcome of the annual safe staffing review to be considered by the Finance and Performance Committee as part of the pressures within the organisation.

Items recommended to the Board for approval

27 January 2023	24 February 2023
No items for approval.	No items for approval.

Committee Chairs reports received

27 January 2023	24 February 2023
(a) Safeguarding Board (b) Medicines Governance Committee (c) Safety and Learning Group	(a) Safeguarding Board (b) Always Safety First Committee (c) Medicines Governance Committee (d) Safety and Learning Group (e) Patient Experience and Involvement (f) Mortality and End of Life Care Committee. (g) Health and Safety Governance

Items where assurance was provided and/or for information

27 January 2023	24 February 2023
The Committee received the Safety and Quality dashboard and was assured of the actions being taken to address areas for negative escalation. 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 risks being reviewed, monitored and mitigated in the Maternity Department and for Neonatal, Children and Young Peoples services. The Allied Health Professionals bi-annual Safety and Quality review was presented to the Committee which provided assurance of the actions being undertaken to address the gaps in the workforce.	The Committee received the Exception report from Divisional Improvement Forums and the Safety and Quality Terms of Reference. Assurance was provided of the safe staffing within the adult inpatient areas and the actions being taken to address areas for negative escalation and early notification of declining trends. The Safety and Quality Committee were assured of the safety and quality standards within the maternity service and that risks were being reviewed, monitored and mitigated where possible. Assurance in line with the recommendation from NHS Improvement Workforce Safeguards

	guidance, the Chief Nursing Officer confirmed that they were satisfied with the outcome of the annual safe staffing assessment and that whilst risks remained, the present staffing was safe, effective and sustainable be confirmed.

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 31 March 2023 using Microsoft Teams.

Recommendation:

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

Appendix 1 – Safety and Quality Committee agenda (27 January 2023)

Appendix 2 – Safety and Quality Committee agenda (24 February 2023)

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):	14 February 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 Trust compliance targets in 21 out of the 26 mandatory core skills training subjects were achieved or exceeded with trends either holding stable or continuing to increase.

The Committee received a research and innovation update, acknowledged the achievements, and the operational direction for October 2022 to October 2025 and the management of financial turnaround. The Committee also reviewed the appended paper, which was produced with other colleagues and R&I leads across the ICS at the request of the Chief Executive as a position statement on research & innovation in Lancashire & South Cumbria between the 5 Trusts and local universities.

The Committee considered the progress of the Clinical Academic Faculty (CAF), which supports development of staff research skills in the Nursing, Midwifery and Allied Health Professional (NMAHP) groups, and growth of research capacity and capability across the organisation.

The Committee approved the proposed refresh of the terms of reference of the sub-committees to take effect from 1 April 2023.

The Committee reviewed and discussed the strategic risk and agreed the current risk rating remained at 20.

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 progress of the Clinical Academic Faculty and development of staff research skills with the Nursing, Midwifery and Allied Health Professional (NMAHP) groups.
- The first cohort of 25 students commenced on the new Practice-Based Pathway on 9th January 2023, an innovative pathway for the BSc (Hons) Nursing with Registered Nurse (Adult) delivered by LTH (on behalf of the four Acute Trusts in L&SC ICS) in partnership with the University of Central Lancashire. This unique programme had been developed over the past couple of years through a HEE-funded project. The Committee recognised this as a significant development offering an additional entry route into nursing and ultimately additional registered nursing workforce supply. The Education Team was congratulated on its success in leading and implementing this initiative. Further cohorts are planned for June 2023 and September 2023 with the aim of progressing to four intakes per year.

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 11 April 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 (14 February 2023)

Education, Training and Research Committee

14 February 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 13 December 2022	1.03pm	✓	Approval	P O'Neill
5.	Matters arising and action log	1.05pm	✓	Discussion	P O'Neill
6	Strategic risk register review	1.20pm	Verbal	Discussion	P O'Neill
7.	**PERFORMANCE**				
7.1	Core skills training report	1.25pm	✓	Discussion	K Hemsworth
8.	**GOVERNANCE AND COMPLIANCE**				
8.1	Research & innovation update	1.35pm	✓	Noting	P Brown
8.2	Clinical Academic Faculty report	1.55pm	✓	Information	P Brown
8.3	Feeder Groups Terms of Reference: a) Apprenticeships Strategy and Assurance Committee Training Compliance and Assurance Committee Education Delivery and Student Support Committee Finance Sub-Committee b) Research and Innovation Committee	2.15pm	✓	Decision	K Hemsworth / P Brown
8.4	Strategic risk review and update	2.30pm	✓	Discussion/ Decision	P O'Neill
8.5	Feeder group Chair's reports negative/positive escalations: a) Apprenticeships Strategy and Assurance Committee b) Training Compliance and Assurance Committee	2.55pm	✓	Noting	K Hemsworth / P Brown

Excellent care with compassion

№	Item	Time	Encl.	Purpose	Presenter
	c) Education Delivery and Student Support Committee d) Finance Sub-Committee e) Research and Innovation Committee				
8.6	Items for referral to the board or items to/from other committees	2.45pm	Verbal	Noting	P O'Neill
8.7	Reflections on the meeting and adherence to the Board Construct	2.50pm	✓	Discussion	P O'Neill
9.	ITEMS FOR INFORMATION				
	Date, time, and venue of next meeting: 11 April 2023, 1pm via MS Teams	3.00pm	Verbal	Noting	P O'Neill

Chair's Report

Committee:	Workforce Committee
Chairperson and role:	Jim Whitaker, Non-Executive Director
Date(s) of Committee meeting(s):	30 January 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 meeting on 10 January 2023 had been stood down due to quoracy issues and had been re-scheduled to discuss important business prior to the February Board with a reduced membership. This report was not circulated to the Board in February and a verbal update was provided at that meeting.

The Committee conducted a comprehensive review of the scheduled items on the agenda, approved the minutes of the meeting on 8 November 2022 and noted the status of the action log.

The Committee scrutinised the staff survey report and action plan and noted the positive shift in the results that were embargoed until March 2023.

The Committee received the gender pay gap report and noted the next steps.

The Committee reviewed the Workforce and OD resourcing and performance benchmarking report and supported the next steps.

The Committee received the annual partnership update report and acknowledged the positive work achieved.

The Committee was presented with the workforce social and corporate responsibility update and supported the next steps.

Items for the Board's attention

Positive escalation

- Staff survey results with a positive shift looking at the embargoed results.
- Positive partnership working.

Negative escalation

None.

Committee to Committee escalation
None.
Items recommended to the Board for approval
Gender pay gap report.
Committee Chairs reports received
None.
Items where assurance was provided and/or for information
None.
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 14 March 2023 using Microsoft Teams

Recommendation:

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

Appendix 1 – Workforce Committee agenda (30 January 2023)

Workforce Committee

30 January 2023 | 3.00pm | Microsoft Teams

Agenda

№	Item	Time	Encl.	Purpose	Presenter
1.	a) Chair and quorum b) Temporary recording of meeting	3.00pm	Verbal	Noting	J Whitaker
2.	Apologies for absence	3.01pm	Verbal	Noting	J Whitaker
3.	Declaration of interests	3.02pm	Verbal	Noting	J Whitaker
4.	Minutes of the previous meeting held on 8 November 2022	3.03pm	✓	Approval	J Whitaker
5.	Matters arising and action log	3.05pm	✓	Noting	J Whitaker
6.	**TO ENGAGE, RETAIN, REWARD AND RECOGNISE**				
6.1	Staff survey report and action plan	3.10pm	✓	Discussion	L Graham
7.	**GOVERNANCE & COMPLIANCE**				
7.1	Gender pay gap report	3.20pm	✓	Discussion	L Graham
8.	**PERFORMANCE**				
8.1	Workforce and OD resourcing and performance benchmarking report	3.30pm	✓	Discussion	L Graham
9.	**TO DELIVER A RESPONSIVE, FUTURE FOCUSSED AND ENABLING SERVICE**				
9.1	Annual partnership update report	3.40pm	✓	Discussion	R O'Brien
10.	**TO BE INCLUSIVE & SUPPORTIVE**				
10.1	Workforce social and corporate responsibility update	3.50pm	✓	Discussion	L Graham
11.	**ITEMS FOR INFORMATION**				
11.1	Items for escalation to the Board or items to/from other committees	3.59pm	Verbal	Noting	J Whitaker
11.2	Date, time, and venue of next meeting: *14 March 2023, 1.00pm via Microsoft Teams*	4.00pm	Verbal	Noting	J Whitaker

Chair's Report

NHS
Lancashire Teaching
Hospitals
NHS Foundation Trust

Committee:	Workforce Committee
Chairperson and role:	Jim Whitaker, Non-Executive Director
Date(s) of Committee meeting(s):	14 March 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 30 January 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 improved vacancy rate, particularly around HCAs.

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 review of the Big Plan metrics and agreed the revisions that should be proposed for approval at the April Board meeting.

The Committee reviewed the annual temporary staffing report, which included an update on the PCB discussions regarding a collaborative bank.

The Committee received the annual violence and aggression report, noted the key metrics, proposed actions and the forthcoming communication campaign.

The Committee viewed the annual talent report and noted how this could be developed in the future in line with the Trust's new People Plan.

The Committee scrutinised the staff survey report and action plan and commended the great results that showed all 7 key metrics were above the national average.

The Committee reviewed the national quarterly Pulse results.

The Committee was joined by Biomedical Scientists, Lead Practitioners in Microbiology, Dawn Dixon, and Ellie Montague-Lowe who showcased the brilliant work of their team in relation to the cultural transformation programme, 'The Best Version of Us' for the staff story.

The Committee considered the review of pay protection policy and endorsed the updated guidelines.
The Committee received two guardian of safe working reports and was assured that the issues identified were being addressed through escalation of the concerns to the appropriate departmental teams by the Guardian of Safe Working.
The Committee reviewed the strategic risk register and agreed the risk rating should remain the same.

Items for the Board's attention
Positive escalation
The great results from the staff survey as reported to the Board.
Negative escalation
None.
Committee to Committee escalation
None.
Items recommended to the Board for approval
Review of the Big Plan metrics.
Committee Chairs reports received
Temporary staffing group Raising concerns group Equality, diversity & inclusion group
Items where assurance was provided and/or for information
Guardian of safe working reports
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 9 May 2023 using Microsoft Teams

Recommendation:

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

Appendix 1 – Workforce Committee agenda (14 March 2023)

Workforce Committee

14 March 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 30 January 2023	1.03pm	✓	Approval	J Whitaker
5.	Matters arising and action log	1.05pm	✓	Noting	J Whitaker
6.	Strategic risk register review	1.08pm	Verbal	Discussion	J Whitaker
7. PERFORMANCE					
7.1	Workforce and organisational development integrated performance report review	1.10pm	✓	Discussion	K Downey
7.2	Industrial action update	1.15pm	Verbal	Noting	K Swindley
7.3	Review of Big Plan metrics	1.20pm	✓	Discussion	K Swindley
8. TO ATTRACT, RECRUIT AND RESOURCE					
8.1	Annual temporary staffing report - update on PCB bank collaborative	1.30pm	✓	Discussion	K Downey
9. TO BE INCLUSIVE AND SUPPORTIVE					
9.1	Annual violence and aggression report	1.40pm	✓	Discussion	R O'Brien
10. TO BE INCLUSIVE & SUPPORTIVE					
10.1	Annual talent report	1.45pm	✓	Noting	L Graham
11. TO ENGAGE, RETAIN, REWARD AND RECOGNISE					
11.1	Staff survey report and action plan	1.55pm	✓	Discussion	L Graham
11.2	National quarterly Pulse results	2.05pm	✓	Discussion	L Graham
11.3	Staff story	2.10pm	Pres	Noting	L Graham
12. GOVERNANCE AND COMPLIANCE					

Excellent care with compassion

№	Item	Time	Encl.	Purpose	Presenter
12.1	Review of pay protection policy	2.25pm	✓	Noting	R O'Brien
12.2	Guardian of safe working reports	2.35pm	✓	Discussion	K Swindley
12.3	Strategic risk register review	2.45pm	✓	Discussion / Decision	J Whitaker
13.	FEEDER GROUP CHAIR'S REPORTS				
13.1	a) Temporary staffing group b) Raising concerns group c) Equality, diversity & inclusion group	2.47pm	✓	Noting	K Downey / R O'Brien / K Swindley
14.	ITEMS FOR INFORMATION				
14.1	Reflections on the meeting and adherence to the Board construct	2.48pm	✓	Noting	J Whitaker
14.2	Items for escalation to the Board or items to/from other committees a) The Safety and Quality Committee assurance to Workforce Committee that consideration had been given for the impact to the Trust at times of industrial action. The Trust had robust action plans in place to manage the impact to the Trust.	2.49pm	Verbal	Noting	J Whitaker
14.3	Date, time, and venue of next meeting: *9 May 2023, 1.00pm via Microsoft Teams*	2.50pm	Verbal	Noting	J Whitaker

Board of Director's

National Staff Survey Results – Overview of Initial Findings						
Report to:	Board of Director's		**Date:**	6th April 2023		
Report of:	Chief People Officer		**Prepared by:**	Louisa Graham		
Purpose of Report						
For approval	☐	**For noting** ☐	**For discussion**	☒	**For information**	☐
Executive Summary:						

This report outlines our National Staff Survey results compared with the national benchmarks. In 2022 we were above the national average of all 9 of the People Promise Elements measured through the annual survey. This is the first time we have exceeded the average. Across all of the different facets or sub scores measured in the survey we were at or above average for 21 out of 22 sub scores. In the 96 questions asked in the National Staff Survey we saw deterioration from last year or were below the national average on 20 items (20.8%), we saw improvements in 79.2% of questions asked.

The free text comment themes and the questions which indicate improvements are needed to enhance levels of satisfaction are with regards to:

- Feelings of advocacy across teams for provision of high-quality care.
- Raising concerns and closing the feedback loop.
- Resolving health and safety issues due to dilapidated estate.
- Resolving equipment and access to system issues.
- Supporting all colleagues to feel rewarded and recognised despite wider national pay issues and internal resourcing challenges.
- Promoting ways in which we can support teams and colleagues to overcome relationship challenges.
- Progressing with our Zero Tolerance approach in supporting colleagues to feel safe at work.
- Continuing to implement Our Best Version of Us to help address behavioural challenges.
- Continuing to utilise TED, to support team members to feel involved in changes, manage team dynamics, integrate colleagues as well as to empower and upskill team leaders to be able to facilitate team improvements.
- Continuing to invest in leadership and management development through creating and delivering a new leadership development offer.

A detailed organisational level action plan will be drawn up detailing programmes of work aligned to Our People Plan 2023-26 designed to bring about improvements.

The report outlines the teams with the highest and lowest levels of satisfaction by Division, triangulating this information with our awareness of the teams who have live confidential culture risks. This section outlines the teams who we are recommending to receive enhanced support to raise levels of satisfaction and engagement.

Finally, the report examines the relationship between our Team Engagement and Development (TED) tool and process and delivery of improved colleague satisfaction and engagement as measured via the National Staff Survey. Internally we utilise TED as our team level delivery vehicle to bring about improvements in levels of satisfaction as measured through the national survey. In the last 12 months we have exceeded the TED Big Plan Metric, with 169 teams completing a TED in year. Analysis has found that where we have increased TED completion we typically have higher levels of staff satisfaction across the People Promise Elements and are more likely to be at or above the national average. Higher levels of TED completion are found to have a positive impact on team working questions and line manager effectiveness as measured in the National Staff Survey.

The report highlights a number of risks to delivering improvements in colleague satisfaction and engagement. These include the impact of national issues such as with regards to pay, along with funding issues to secure further staffing resources, improve the physical estate, access to equipment, IT systems etc on addressing areas of dissatisfaction. Wider risks include capacity of leaders to engage in improvements and the volume of teams requiring intensive support.

The report has previously been considered by the Workforce Committee.

It is recommended that the Board of Director's:
I.   Receives and notes the results and next steps as supported by Workforce Committee

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				
Workforce Committee – March 2023				

INTRODUCTION

This report builds on the paper submitted in the January 2023 Workforce Committee report, it details now the national benchmarking for our National Staff Survey results, the results will be publicly available from the 9ᵗʰ March 2023 when the embargo lifts. It also includes the analysis of the free text comments and themes identified.

The report highlights at a Divisional Level the teams with the highest satisfaction, the teams with the lowest satisfaction requiring supportive intervention. It also indicates the teams which we are aware have confidential culture risks and action plans in place, as well as provides an overview of other teams which may warrant further review and understanding of the extent of issues when triangulated against other organisational performance measures.
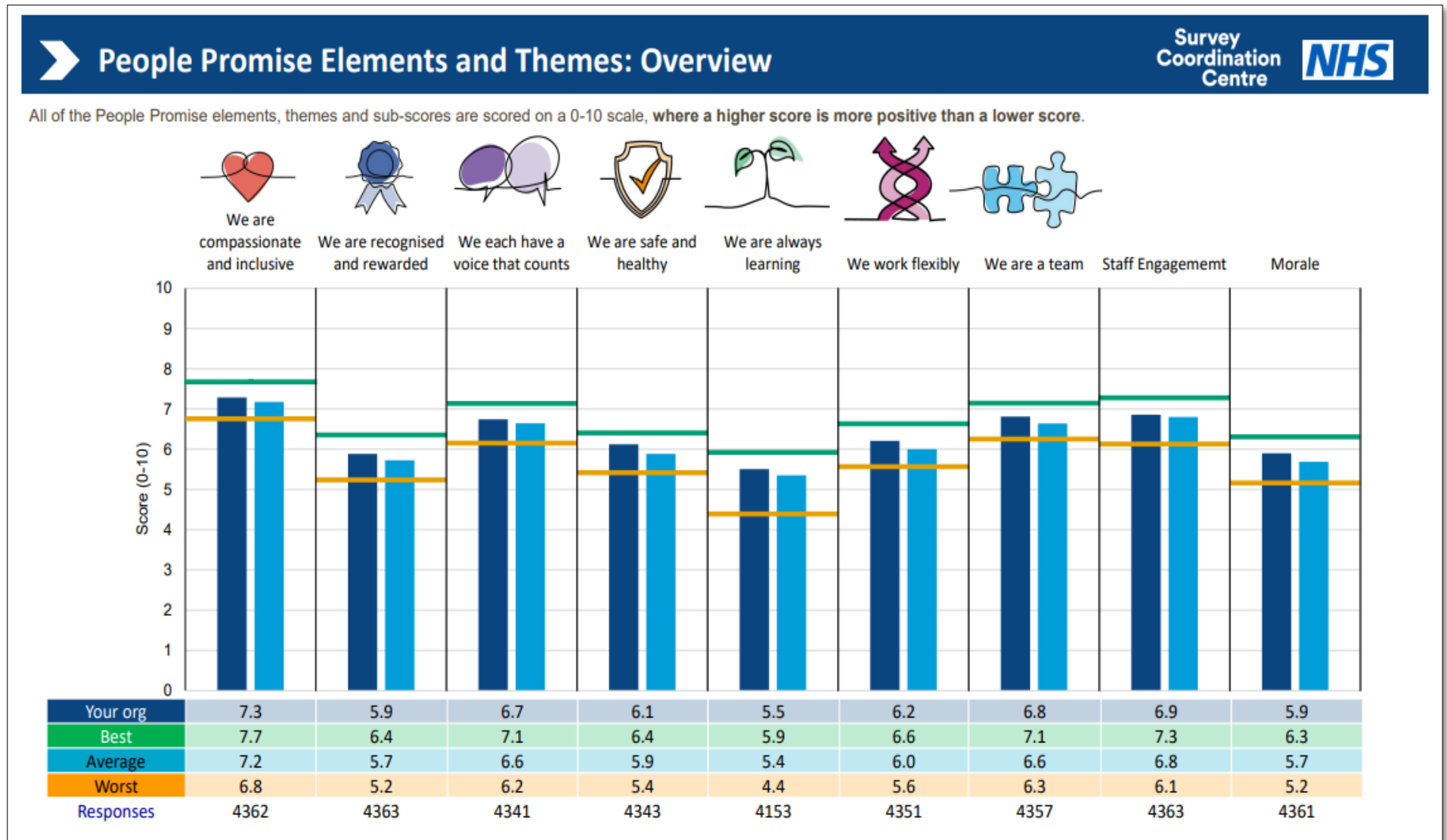
Finally the report will address a query raised in the last Committee about the impact Organisational Development intervention has on bringing about increased levels of colleague satisfaction for teams who may have a confidential cultural risk, or are a team in difficulty and in receipt of team development support. It also describes the relationship between our Team Engagement and Development (TED) tool in delivering improved colleague satisfaction rates as this is our primary method of bringing about localised improvements in satisfaction and engagement, these findings are to be presented at a national NHS England presentation at the end of March.

OUR PERFORMANCE AGAINST THE NATIONAL BENCHMARK

There are 124 organisations in our benchmarking group, with a mean response rate of 44%, internally our response rate was 47%. In Graph 1detailing the benchmarking against the People Promise elements displays our position (navy blue bar) shows that we are **above** the national average for **all elements**. This is the first time we have ever been above on all People Promise elements.

Across 6 of the People Promise Elements we have seen an increase of 0.1 points, with 'We each have a voice that counts' remaining static since the 2021 results, 'We are safe and healthy' increasing by 0.2 points and 'We are rewarded and recognised' decreasing by 0.1 points however still above the national benchmark. We have made significant progress in closing the gap between our average and the 'Best' score for each of the People Promise Elements in the last 12 months, this year the difference between our average and the best ranges between 0.3 – 0.4 points, whereas in 2021 the difference ranged from 0.4 – 0.7 points.

GRAPH 1 – National Benchmark Findings for All People Promise Elements

People Promise Elements and Themes: Overview

Survey Coordination Centre — NHS

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Your org	7.3	5.9	6.7	6.1	5.5	6.2	6.8	6.9	5.9
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	4362	4363	4341	4343	4153	4351	4357	4363	4361

4

SUB SCORES ANALYSIS AND IDENTIFICATION OF ITEMS FOR IMPROVEMENT IN 2023

The table below, displays the different facets called sub scores which make up each of the People Promise Elements, it indicates how each sub score compares to the national average. With the final column highlighting any question items where we saw a deterioration from 2021 and if applicable is below the national average. The purpose of this table is to help enable us an organisational level to determine what actions we need to take to bring about improvements.

TABLE 1 – SUB SCORE ANALYSIS

SUB SCORE	COMPARISON TO NATIONAL AVERAGE	ITEM ANALYSIS *Questions which have deteriorated since 2021 results and if applicable below the national benchmark*
PROMISE ELEMENT 1 – WE ARE COMPASSIONATE AND INCLUSIVE		
Compassionate Culture	Below 0.1	• My role makes a difference to service users • If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (and below the national average)
Compassionate Leadership	Above 0.3	All improved
Diversity and Equality	Above 0.2	All improved
Inclusion	Above 0.1	All improved or remained static
PROMISE ELEMENT 2 – WE ARE RECOGNISED AND REWARDED		
Recognised and rewarded	Above 0.2	• My level of pay
PROMISE ELEMENT 3 – WE EACH HAVE A VOICE THAT COUNTS		
Autonomy and control	Above 0.2	• I am trusted to do my job • I have a choice in deciding how to do my work
Raising concerns	Same	• I would feel secure raising concerns about unsafe clinical practice (and below national benchmark) • I am confident that my organisation would address my concern (and below the national benchmark)
PROMISE ELEMENT 4 – WE ARE SAFE AND HEALTHY		
Health and safety climate	Above 0.2	• I have adequate materials, supplies and equipment to do my work
Burnout	Above 0.2	All improved
Negative experiences	Above 0.2	• Experienced physical violence from patients or public • Bullying, harassment and abuse from patients and members of the public (and below the national average) • Physical violence from other colleagues (and below the national average) • Harassment, bullying and abuse from other colleagues
PROMISE ELEMENT 5 – WE ARE ALWAYS LEARNING		
Development	Above 0.2	• This organisation offers me challenging work
Appraisals	Above 0.1	All improved
PROMISE ELEMENT 6 – WE WORK FLEXIBLY		
Support for	Above 0.1	All improved

work-life balance		
Flexible working	Above 0.2	All improved
PROMISE ELEMENT 7 – WE ARE A TEAM		
Team working	Above 0.1	• In my team disagreements are dealt with constructively
Line management	Above 0.2	All improved
STAFF ENGAGEMENT		
Motivation	Above 0.1	• Time passes quickly when I am working
Involvement	Above 0.2	
Advocacy	Same	• If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (and below the national average)
MORALE		
Thinking about leaving	Above 0.2	All improved
Work pressure	Above 0.2	• I am able to meet all of the conflicting demands on my time at work (and below the national average) • I have adequate materials, supplies and equipment to do my work • I have unrealistic time pressures (and below the national average)
Stressors	Above 0.1	• Relationships at work are strained (and below the national average)

FREE TEXT THEMES

Colleagues who completed the National Staff Survey were invited to provide any additional comments about working in this organisation, with a free text answer option. A total of 839 free text responses from 4367 total survey responses (=19%) were recorded. The themes of which are outlined in the table below in order of frequency.

TABLE 2 – FREE TEXT THEME FREQUENCY COUNT

PERCENTAGE	COUNT	THEME
27%	226	Raising issues or concerns
23%	192	Lack of management or leadership
20%	171	Staffing
19%	155	Burnout and workload
15%	127	Patient safety/ care concerns
15%	123	Feel supported in their role and team

These comments have been considered in detail at the Workforce Committee and actions are identified at local and corporate level to address themes arising from these comments.

PRIORITY AREAS FOR ORGANISATIONAL LEVEL ACTION

Based on the findings reported in this table and the themes from the free text comments the areas we need to prioritise based on lower levels of satisfaction are:

- Feelings of advocacy across teams, with teams valuing the patient care delivered by other teams not just their own.
- Raising concerns and closing the feedback loop when issues are raised via different mechanisms.
- Resolving health and safety issues due to dilapidated estate.
- Resolving equipment and access to system issues.
- Supporting all colleagues to feel rewarded and recognised despite wider national pay issues and internal resourcing challenges.
- Promoting ways in which we can support teams and colleagues to overcome relationship challenges.
- Progressing with our Zero Tolerance approach in supporting colleagues to feel safe at work.
- Continuing to implement Our Best Version of Us to help address behavioural challenges.
- Continuing to utilise TED, to support team members to feel involved in changes, manage team dynamics, integrate colleagues as well as to empower and upskill team leaders to be able to facilitate team improvements.
- Continuing to invest in leadership and management development through creating and delivering a new leadership development offer.

NEXT STEPS – ORGANISATION WIDE

By the May 2023 Workforce Committee we will:

- Have drafted a corporate level action plan to address free text themes and the sub scores which have seen a deterioration in the last 12 months against the current national average. This will set out a 12-month programme of work and will be aligned to Our People Plan 2023 – 2026 strategic actions.
- Share corporate level communications about our results, the national benchmarks, areas of success, areas for improvement and an all workforce call to action.

DIVISIONAL FINDINGS

This section further enhances the high-level information provided in the January 2023 Workforce Committee. At the time of writing Divisional Workforce Committees are being provided with their data set, guidance around the next steps to take and where we are recommending action and Organisational Development (OD) support to be prioritised. To determine the teams which may require more intensive support, analysis was undertaken (of all 241 Locality Level 4 results in the staff survey) to highlight the teams with the highest proportion of red RAG rated responses to questions when compared against the wider Trust average.

The tables for each Division indicate the highest performing teams, the teams with the highest proportion of red RAG ratings (over 50%). Also within the table the following colour code key has been utilised:

- **Red** – there is an active confidential culture risk for this team, OD are already providing input.
- **Amber** – OD are currently working with this team.
- **Blue** – has the lowest levels of satisfaction and OD are recommending these teams for additional support following discussion with divisions regarding their concerns and triangulation with other performance metrics (such as STAR level, turnover, Freedom to Speak Up concerns etc). Where a team is highlighted in blue this means that no work has begun yet with this team from an OD perspective and it is not flagged as a confidential cultural risk.

The teams highlighted in Blue may receive support in the next 3 months, with the other teams identified with over 50% red RAG rating receiving support later in the year. The teams which are not receiving support immediately can still access resources, guidance and use tools such as TED to start to address areas of low satisfaction.

A number of the teams highlighted in different colours indicating that a plan is underway and support is being provided would have also flagged up as being a 'blue' categorised team such as Radiology Medical, Endoscopy etc, however as work in progress we have not highlighted these as needing to start the scoping process and work will continue as planned.

The vision and aims behind taking this proactive and direct offer of support approach, is by focussing in on the bottom 30% of teams with the lowest satisfaction, it should bring about organisation wide improvements in staff satisfaction across all 9 People Promise Elements wilst support teams to have improved experience of work.

Whilst the tables below and overleaf provide comprehensive overview, it is important to note that 38% of teams measured by the staff survey (at locality level 4, a total of 239 teams) either had no responses, or less than 11 responses submitted by team members meaning results were not reported. The lack of response could potentially indicate a colleague satisfaction or cultural concern in itself, furthermore without an adequate response rate we are unable to understand if the team are satisfied or need support to improve colleague experience.

SURGERY

50% or More Green RAG Rated Questions	50% or More RED RAG Rated Questions
• Theatres - Scrub (CDH) (J35324)	• Anaesthetics Medical (J35301)
• Theatres - Scrub (RPH) (J35302)	• Anaesthetics Pre-Op (RPH) (J35315)
• Oncology Admin (J35911)	• Day Case Theatres - Scrub (CDH) (J35333)
• Surgery Divisional Management Team (J35123)	• Post-Anaesthetic Care Unit (PACU) (CDH) (J35332)
• Surgical Ambulatory Care Unit (SACU) (RPH) (J35022)	• Theatres - Anaesthetics (CDH) (J35304)
• Surgical Ward (CDH) (J35020)	• Theatres - Anaesthetics (RPH) (J35303)
• Upper GI & Colorectal Admin (J35055)	• Radiotherapy Unit (J35907)
• Neurosurgery Ward 2B (RPH) (J35752)	• Ribblesdale Ward (J35905)
• Children's Clinics (J36112)	• Plastics Ward 4 (RPH) (J35726)
• Ophthalmology Unit (J35172)	• Upper GI Ward 11 (RPH) (J35011)
• Orthoptics (J35158)	• Vascular Ward 15 (J35031)
• Special Care Dental Unit (J35162)	• Major Trauma Ward (J35116)
	• Orthopaedics Ward 16 (RPH) (J35103)

DIAGNOSTICS AND CLINICAL SERVICES

50% or More Green RAG Rated Questions	50% or More RED RAG Rated Questions
• Critical Care Outreach (J35312)	• Main X-Ray (CDH) (J36314)
• Immunology Main Dept (J36222)	• Radiology Medical (J36300)
• Outpatients (RPH) (J35413)	• Endoscopy Unit (RPH) (J35412)
• RTT Validation & Assurance Team (J37416)	• Dermatology Outpatients (CDH) (J35415)
• Core Occupational Therapists (J35543)	• Outpatients (CDH) (J35433)
• Psychology (J36419)	• Cellular Pathology Main Dept (J36216)
	• Clinical Biochemistry (J36224)
	• Haematology Main Dept (J36201)
	• Preston/Receipt Sample in (J36227)
	• Hospital Capacity Management Team (J35444)

MEDICINE

50% or More Green RAG Rated Questions	50% or More RED RAG Rated Questions
• Rawcliffe Surgical Day Case Unit (CDH) (J35023)	• Coronary Care Unit (CCU) (RPH) (J35420)
• Elderly Ward 17 (RPH) (J35753)	• Elderly Rookwood A (CDH) (J35435)
• Respiratory Ward 23 (J35449)	• Elderly Rookwood B (CDH) (J35434)
• Neurology Bleasdale Ward (RPH) (J35446)	• Gastroenterology Ward 24 (J35450)
• Neurology Specialist Nurses (J35761)	• Renal Dialysis Unit (RPH) (J35852)
• Renal Dialysis Unit (CDH) (J35860)	• Emergency Department (RPH) (J35502)
• Renal Ward 25 (RPH) (J35853)	• Emergency Dept Medical (J35501)
	• MAU (CDH) (J35437)

WOMEN'S AND CHILDREN'S

50% or More Green RAG Rated Questions	50% or More RED RAG Rated Questions
• Maternity Continuity Teams (J36026)	• Delivery Suite (RPH) (J36011)
• Specialist Midwives (J36006)	• Maternity Ward A (RPH) (J36007)

	• Maternity Ward B (RPH) (J36027)
• W&C Divisional Management Team (J36024)	

Further teams in Women's and Children's who have an active confidential culture risk are also the Children's Ward, the Breast Service, Obstetrics and Gynaecology. These teams have an active cultural action plan, however fall between 50% green and 50% red RAG ratings for levels of staff satisfaction.

ESTATES AND FACILITIES

50% or More Green RAG Rated Questions	50% or More RED RAG Rated Questions
• Domestics (RPH) (J36806)	• Catering (CDH) (J36807) • Catering Main (J36808) • Medical Engineering (J36830) • Portering (RPH) (J36820) • Decontamination (J36417) • Security (J36827)

CORPORATE TEAMS

50% or More Green RAG Rated Questions	50% or More RED RAG Rated Questions
• Nursing Adult Programme (BNAP) (J37015) • Clinical Education (J37018) • Mandatory Training (J37002) • Organisational Development (J37016) • Vision Programme (J37430) • Clinical Coding (J37413) • Clinical Application (J37101) • Software Development (J37102) • Mandatory Education (J37002)	• Employee Services (J37205) • Human Resource Management (J37000) • Financial Accounts (J37202) • Research CHRI Cancer (J36660) • Medical Records (CDH) (J37407) • Medical Records (RPH) (J37406)

NEXT STEPS – DIVSIONALLY

By the May 2023 Workforce Committee we will:

- Have attended all Divisional Workforce Committees to share divisional level findings, identify next steps and agreed the priority teams for supportive intervention by Organisational Development.
- Agreed the Divisional sponsorship and governance arrangements for the teams receiving enhanced support.
- Divisions through to team level will have identified the 3 steps they will take in response to the National Staff Survey findings, one of which will be to undertake TED in their team, with two furthermore localised actions which will address lower scoring themes.
- Completed their Divisional People Plans, in which divisional level actions in response to the findings from the survey are recorded and progress monitored.
- To identify ways for the 2023 survey cycle to ensure all teams have an adequate response rate to the staff survey, so their experience at work can be understood.

To demonstrate the impact more intensive support can have on improving levels of satisfaction in teams which have an active culture risk, the following case studies have been presented.

Case study 1: Radiotherapy Physics

28 out of 37 colleagues responded to the staff survey in 2022, slightly up from 26 members in 2021. Initial analysis of the results demonstrate improvement this year from 2021. The following table highlights changes:

	Number of questions in 2021	% 2021	Number of questions in 2022	% 2022
3% Points Above the Organisational Average	15	**16.9**	33	**35.4**
Within +/-2.9% of the Organisational Average	11	**12.4**	13	**14.1**
3% Points Below the Organisational Average	63	**70.8**	47	**8.6**

The intensive support received to date by this service has included the completion of a diagnostic and discovery stage, where OD conducted 1-1 interviews will all team members to understand their experience of work, give feedback to senior managers, develop and deliver an action plan which included programmes of work around resetting of team behaviours and application of organisational values, coaching support, giving effective feedback training, performance management training, setting expectations for leaders and managers, tackling relationship difficulties.

The next stage for this team is to develop a stage 2 action plan which seeks to embed agreed behaviours, working practices and structures. This will be further supported by the Divisional Management Team and OD. The impact this work is having will continue to be monitored using tools such as the National Staff Survey alongside wider evaluation methods.

Case study 2: Emergency Medicine Department

71 colleagues responded to the staff survey in 2022, which is similar to response rates of 72 members in 2021. The benchmark used for this analysis is Emergency Medicine Department (RPH), there are other staff survey localities for Emergency Medicine Department therefore the picture may be different for different groupings. Initial analysis of the results demonstrate improvement from 2021. The following table highlights changes:

	Number of questions in 2021	% 2021	Number of questions in 2022	% 2022
3% Points Above the Organisational Average	1	**1.0**	8	**7.8**
Within +/-2.9% of the Organisational Average	11	**12.1**	15	**14.7**
3% Points Below the Organisational Average	79	**86.8**	79	**77.4**

To date only the diagnostic and discovery stage has been completed, where colleagues had the opportunity to participate in an anonymous survey and attend confidential listening sessions to understand colleagues experience. A findings report has been written, with feedback given to the Divisional Board and departmental senior managers. A holistic action plan has been developed, which is currently being reviewed by the departmental management team, with feedback sessions being planned for all colleagues so they can understand what was found, the commitment to taking action and how they can be involved in brining about improvements. The impact this work is having will continue to be monitored using tools such as the National Staff Survey alongside wider evaluation methods.

RELATIONSHIP BETWEEN TED AND STAFF SATISFACTION

We have been utilising Team Engagement and Development (TED) tool/process in our own organisation since 2016. This is the first time we have looked at the relationship between our TED data and National Staff Survey Findings.

COMPARISON BETWEEN TED INDIVIDUAL ENGAGEMENT SCORE AND NATION STAFF SURVEY INDIVIDUAL ENGAGEMENT SCORE

Engagement is measured via TED and the National Staff Survey as described in the table below. Engagement is measured also quarterly via the National Quarterly Pulse Survey (NQPS).

TED – Individual Engagement Score	National Staff Survey 2022 Questions
I would recommend the organisation as a place to work.	Would recommend organisation as place to work (q23c)
I am enthusiastic when working	Often/always enthusiastic about my job (q2b)
I am able to make improvements happen in my area of work	Able to make improvements happen in my area of work (q3f)
TED scores range from 1 – 5 where 5 is the highest level of engagement	NSS is a percentage based on the average of rating made by the number of participants

To understand and try to gain a richer insight into levels of engagement, we have looked at levels of engagement as measured in all TEDs completed in the year to date, compared with engagement measured in the staff survey. This was achieved through the following methodology, for the national staff survey an average of the 3 questions was taken by Division. For TED the sim of the TED individual engagement score was taken and divided by the number of participants who took part by division.

GRAPH 2 – Comparison of National Staff Survey and TED for Individual Engagement
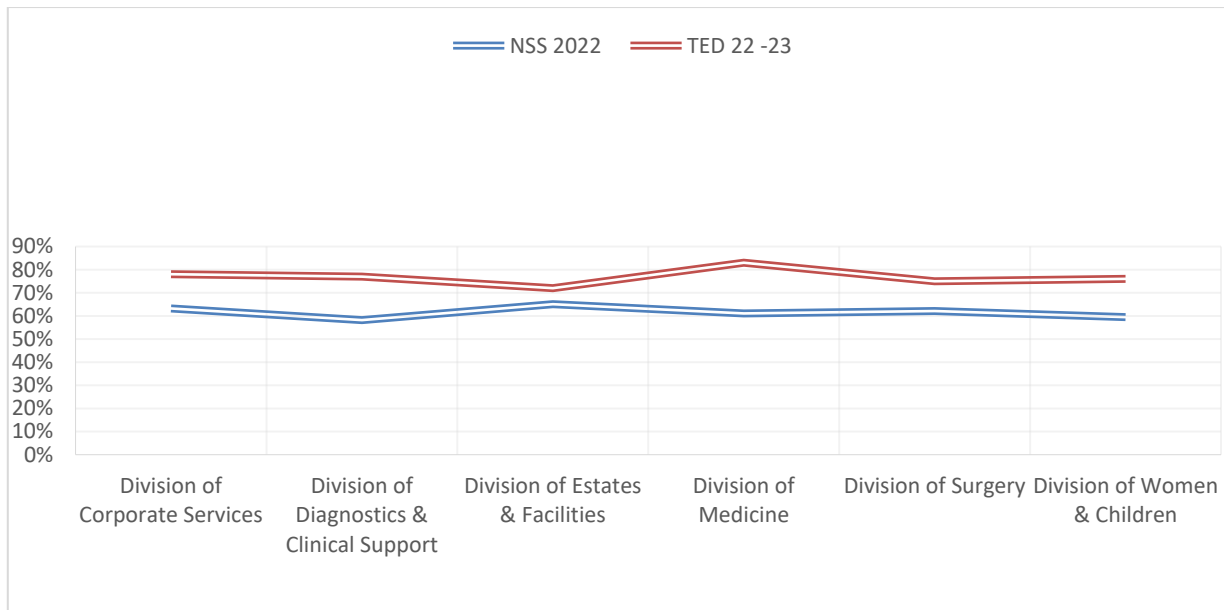
In summary individual engagement is higher in the TED surveys undertaken over the last 10 months when compared against similar questions in the National Staff Survey 2022. It is evident when colleagues are asked to rate how motivated they feel, able to make improvements happen and would recommend the organisation as a place of work when taking the lens of working in their team they have a higher level of engagement than at an organisational level when measured by the National Staff Survey. This could be concluded that colleagues feel more engaged when working in the smaller team setting and there is some disconnect between what they feel about their team compared with the organisation as a whole.

RELATIONSHIP BETWEEN VOLUME OF TEDS COMPLETED AND OUR POSITION AGAINST THE NATIONAL BENCHMARKS

In the last 12 months there has been a deliberate, renewed focus on encouraging teams to take part in TED. The Big Plan metric was for 159 teams to have completed TED in 12 month period, we have exceeded this target with 169 being undertaken. This is the highest number of TEDs completed since TED was launched. We use TED as the vehicle to deliver team level improvements in satisfaction, team engagement and team effectiveness. Last year we encouraged team leaders to complete TED as a way to bring about improvements in National Staff Satisfaction survey results and to understand from their team members what matters to them.

To understand if there was a relationship the proportion of National Staff Survey Elements we exceeded the national average was overlayed with the number of TEDs completed for the last 4 years as displayed in Graph 2 below. Whilst it is not possible this year to draw a firm conclusion that a higher volume of TEDs completed leads to higher than national average staff satisfaction, there is an emerging trend which could indicate a correlation between higher levels of staff satisfaction and greater proportion of teams being involved in the TED process.

GRAPH 3 - TED Uptake With % of NSS Element Above the National Average
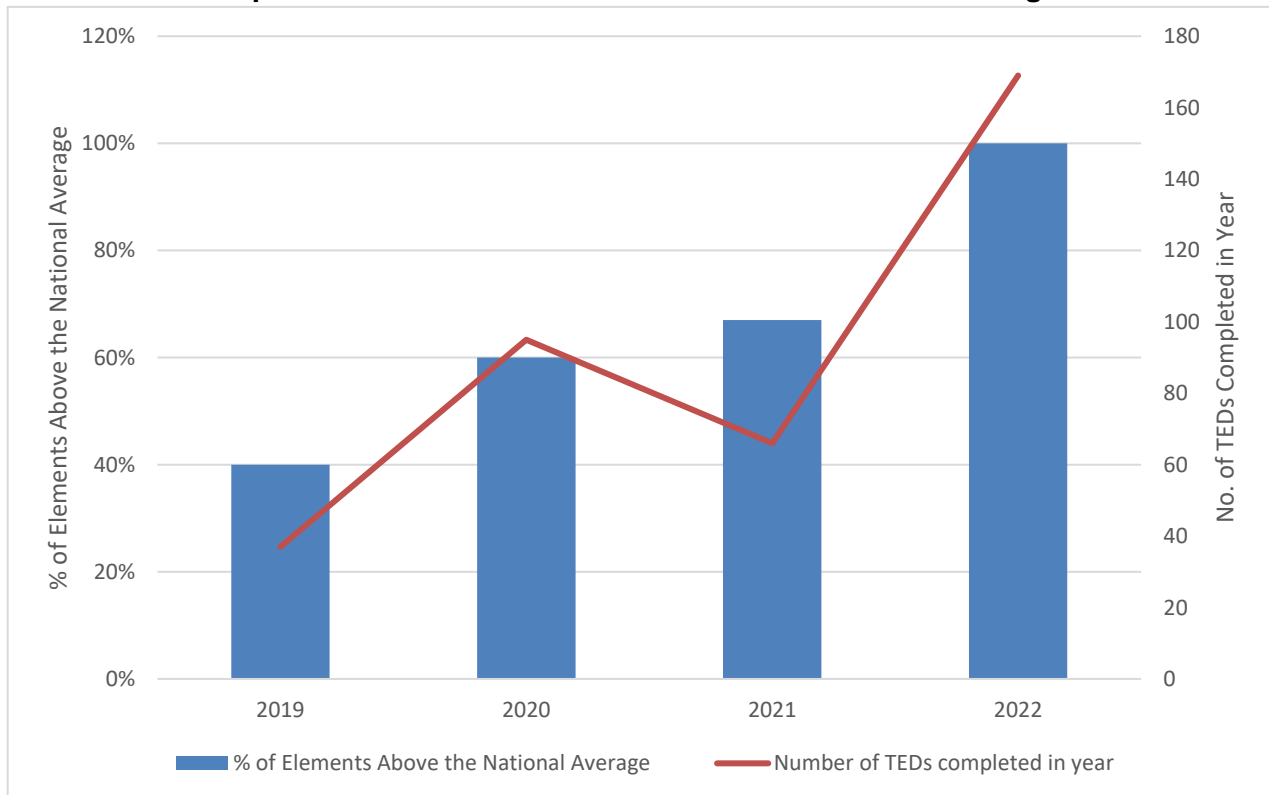
RELATIONSHIP BETWEEN TED AND TEAMWORK QUESTIONS IN NATIONAL STAFF SURVEY

As TED supports teams to improve their team effectiveness, further deeper analysis was undertaken to understand the relationship between volume of TEDs completed in year and question level data for teamworking taken from the National Staff Survey. As it could be hypothesized that as more teams that undertake TED it should lead to improved teamworking scores as measured via the National Staff Satisfaction Survey. Graph 3 displays the findings.

GRAPH 4 – Relationship Between TED Completion and Team Work Questions

Relationship Between TED Completion and Team Work Questions in NSS

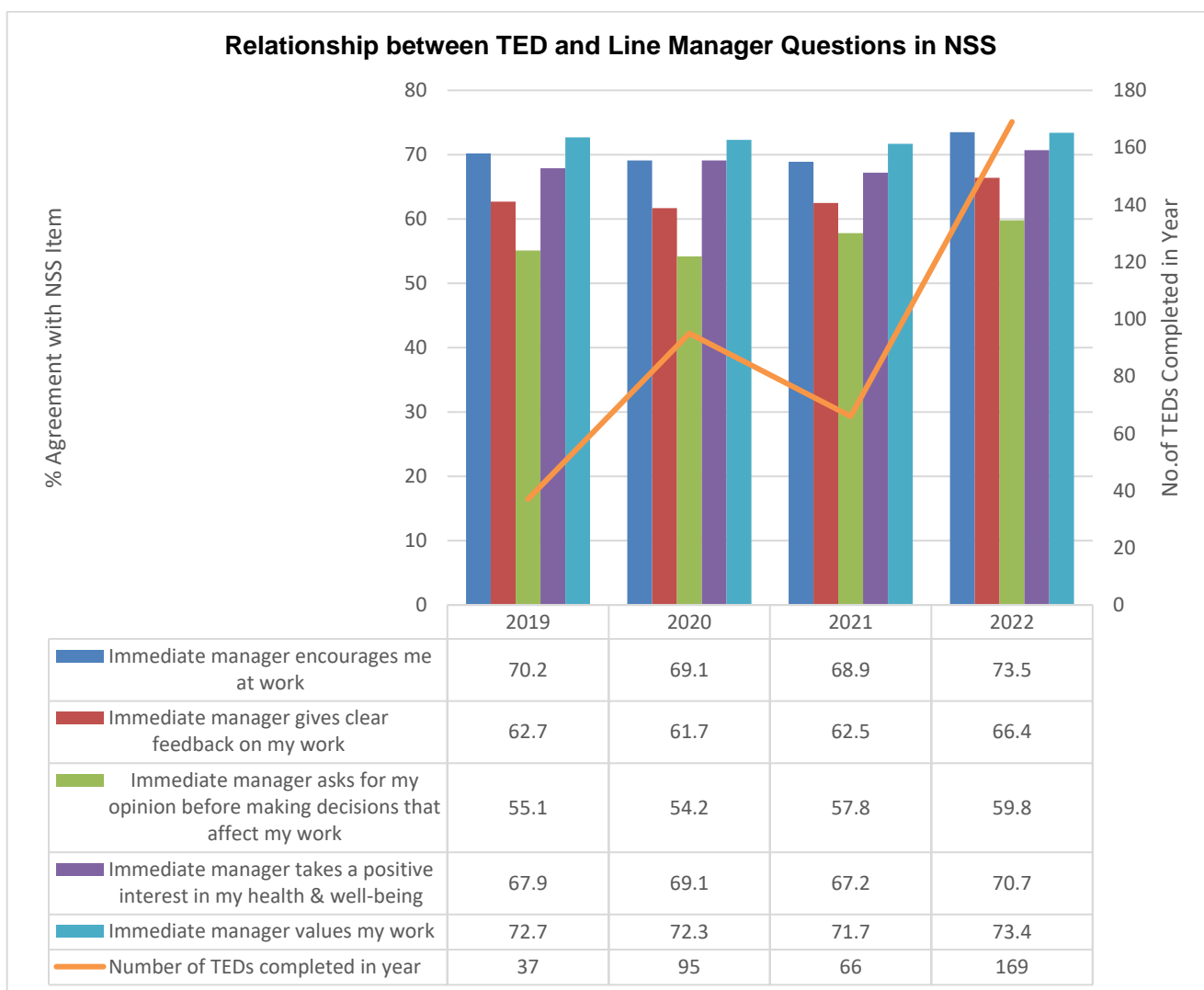|	2019	2020	2021	2022
Team members have a set of shared objectives	70.8	72.5	70.3	75.2
Team members often meet to discuss the team's effectiveness	61.2	59.2	59	62.4
Receive the respect I deserve from my colleagues at work	70.2	70.8	70.7	70.4
Number of TEDs completed in year	37	95	66	169
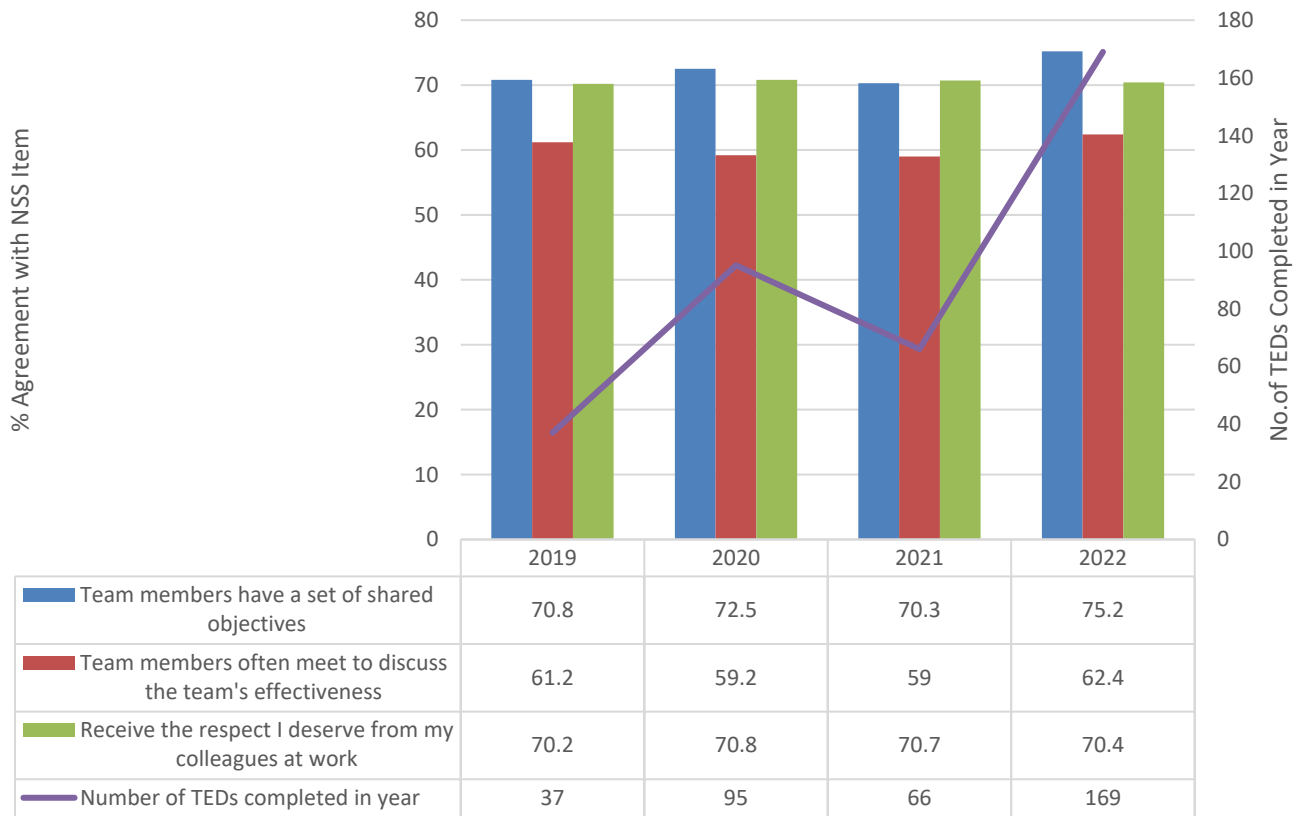
The graph illustrates that a relationship between a higher number of TEDs completed with improved scores for 'having a set of shared objectives' and potentially improved scores for 'team members often meet to discuss the team's effectiveness'. Whilst it is not possible to say this impact can be directly attributed to participation in TED, further years data needs to be gathered to determine if a significant relationship exists. It is encouraging to see improved performance for some of the team working questions.

In future years, there will be further National Staff Survey questions we can analyse for teamworking, as the question set changed in 2021. Equally with the enhancements planned for TED reporting functionality we will be able to compare item level findings at an organisational level, trend data for team effectiveness scores over a longer time period which should enable us to have a deeper understanding of what is driving improvement in teamworking, team effectiveness and engagement.

RELATIONSHIP BETWEEN TED AND LINE MANAGER QUESTIONS IN THE NATIONAL STAFF SURVEY

As TED is a building capability tool, supporting managers to have meaningful conversations with their team about what matters, the improvements team members want to see, the relationship between line management effectiveness as measured through the National Staff Survey was compared with TED uptake for the last 4 years. Graph 4 displays the findings.

GRAPH 5 – Relationship between TED and Line Manager Questions

Relationship between TED and Line Manager Questions in NSS

	2019	2020	2021	2022
Immediate manager encourages me at work	70.2	69.1	68.9	73.5
Immediate manager gives clear feedback on my work	62.7	61.7	62.5	66.4
Immediate manager asks for my opinion before making decisions that affect my work	55.1	54.2	57.8	59.8
Immediate manager takes a positive interest in my health & well-being	67.9	69.1	67.2	70.7
Immediate manager values my work	72.7	72.3	71.7	73.4
Number of TEDs completed in year	37	95	66	169

From the analysis it can be seen that there is a pattern between higher number of TEDs being completed with 2020 and 2022 having the highest number of TEDs completed and there being higher satisfaction for the items 'my manager encourages me at work', 'my manager takes a positive interest in my health and wellbeing' and 'my immediate managers values my work'. As with teamworking and more generally with OD interventions, it is hard to directly attribute a performance improvement to any one variable, as at any point in time we are utilising a range of different techniques to bring about improvements. For example we use leadership and management development, it could be due to changes in line management personnel, culture change etc.

In the future we will be able to utilise a richer data set from the National Staff Survey as it moves into its 3rd cycle using this question set. As outlined earlier with the TED reporting functionality enhancements we should be able to undertake more sophisticated analysis at an item level.

FINANCIAL IMPLICATIONS

Evidence shows that organisations with higher levels of staff satisfaction and engagement have better financial performance. Improving staff experience in our organisation as a whole and within hot spot areas underpins organisational effectiveness and sustainability.

The National Staff Survey Results and free text comments indicate a dissatisfaction with the physical estate, with colleagues feeling undervalued due to working in dilapidated environments some with associated health and safety issues. Furthermore themes from the free text indicate further investment in systems, IT and equipment is required to support colleagues to do their jobs with ease. To achieve increased satisfaction will require significant investment.

RISKS

As indicated in the body of the report there are several themes and trends which could create organisational and divisional level risks, these are:

- The impact of national pay issues will have an impact on colleagues perceptions of reward and recognition.
- A perceived and real lack of resources versus demand in patient facing roles which is contributing to levels of dissatisfaction in our colleagues, this is difficult to address through the work of the Workforce and Organisational (OD) department. It will require a whole Trust, local health economy and potentially national/government response to support system wide change.
- Intention to leave the organisation due to pressures, burnout and levels of pay could increase turnover and worsen an already challenging level of vacancies, increasing pressure on those colleagues who remain.
- The pressures in the organisation, level of resources and capability of managers to progress with TED, engage colleagues in conversations about their levels of satisfaction at work may have a negative impact on the ability to deliver on the anticipated outcome measures – the most significant impact on colleague engagement is delivered locally through direct line manager commitment.
- Attendance and ability to commit to development programmes due to other competing demands and operational pressures faced by leaders and managers.
- Application of new skills, knowledge and behaviours in the workplace by leaders and managers due to cultural issues, lack of appreciation of role of leaders/managers, limited holding to account to apply learning to role, meaning that there is limited organisational performance improvements.
- Lack of commitment to ongoing development by some groups of leaders and managers, meaning we are unable to engage them in participating in and taking forward team engagement, reward or retention initiatives locally in their team.

- The volume of teams requiring support rom Organisational Development cannot be underestimated, this will create significant pressure in the team to support team turnaround whilst delivering on other aspects of Our People Plan 2023-2026.
- Failure to visibly progress actions may lead to an inability to achieve national average or above for the National Quarterly Pulse Survey or National Staff Survey 2023. Consequently, this will indicate our colleagues are having a negative experience of work, which could lead to low levels of engagement, morale and increased turnover. It could also indicate wider cultural challenges which may impact upon patient care and safety indicators.

IMPACT ON STAKEHOLDERS

The primary stakeholders are our colleagues, having a highly engaged, satisfied, rewarded and motivated colleagues enables the organisation to achieve its vision. It is well publicised that highly engaged teams are more innovative, resilient, productive, and able to deliver compassionate care. As a large employer we are duty bound to continue to invest in the staff satisfaction and levels of colleague engagement, not only for our current workforce, but also for our future workforce who will want to join an organisation with a positive reputation.

RECOMMENDATIONS

It is recommended that the Board of Director's:

I.   Receives and notes the results and next steps.

Chair's Report

Committee:	Finance and Performance Committee
Chairperson and role:	Tricia Whiteside - Non-Executive Director
Date(s) of Committee meeting(s):	28 February 2023
Purpose of report:	To update the Board on the business discussed by the Finance and Performance Committee on 28 February 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 24 January 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

The Operational Performance report drew attention to the need for robust actions for the achievement of planned levels of activity. It was concluded that more work needed to be done to recover historical productivity levels and meet future levels of demand.

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

M10 Contract Report provided an update on the Trust's contractual income position and underlying performance up to the end of January 2023 (Month 10) with the commissioned Trust income for the clinical activity being under a block contract, with additional Elective Recovery Fund (ERF) income for restoration activity.

2023/24 Financial Planning Update provided an update on the Trust's financial position, a context of the underlying pressures and a summary of the approach to Financial Planning for the financial year 23-24.

2023/24 Planning Update Report provided the Committee with an update on the activities and processes used to work with the Divisions, Corporate teams, and system partners to develop and submit a draft 2022-23 Operational Plan

FPC Big Plan Metrics to support the Committee to review and finalise proposed Big Plan metrics for 2023/24.

Transfer of ELFS Shared Services Report provided an update on a paper the Committee received in November which outlined the opportunity to Transfer the hosting of ELFS from the Northern Care Alliance (NCA) to Lancashire Teaching Hospitals (the Trust).

Terms of Reference for Capital Planning Forum and Emergency Preparedness, Resilience and Response (EPRR) Committee.

The Continuous Improvement & Transformation Update included work undertaken on the Transformation Programme and the Cost Improvement Programme (CIP) position.

Continued challenges faced on the Transformation Programmes and Cost Improvement Plans, to be assured of meeting the target for 2023/24 and beyond.

Items for the Board's attention

Positive escalation

- Executive colleagues focus on delivery of individual and collective commitments against the forecast year-end outturn and 2023/24 plan, both of which remains challenging.
- Performance Improvement Trajectories starting to appear with confidence from the Executive team they will continue.

Negative escalation

- Continued challenges of recovering the Cancer Performance
- Future challenges facing cash management
- The need to focus on benefit profiling for greater clarity on outcomes within the Transformation and Cost Improvements
- Vigilance of the PCB, in respect of behaviours towards the rate card use for Bank and Agency staff

Committee to Committee escalation

The committee noted the complex tapestry of root cause factors impacting the Trust's continued performance challenges (demand, capacity, productivity, cost efficiency, workforce, and national/regional context), and the need for continued tight inter-related discussions across our committee structures.

It was agreed as appropriate for the Committee to receive updates on the Tier 1 Cancer Update report.

Items recommended to the Board for approval

No items were recommended to the Board for approval.

Committee Chair's reports received

- Emergency Preparedness, Resilience and Response (EPRR)
- New Hospitals Programme Flash Report
- IM&T Strategy Board
- ICS, ICP, PCB system update

Items where assurance was provided and/or for information

- FPC Terms of Reference (approved by the Board)
- Board Assurance Statement – Year-End Protocol

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 28 March 2023, via Microsoft Teams

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

Appendix 1 – Finance and Performance Committee agenda (28 February 2023)

Finance and Performance Committee

28 February 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 24 January 2023	2.03pm	✓	Decision	T Whiteside
5.	Matters arising and action log	2.04pm	✓	Discussion	T Whiteside
6.	**FINANCIAL PERFORMANCE**				
6.1	M10 Finance report & Draft Deficit Protocol	2.10pm	✓	Discussion	A Mulholland-Wells
7.	**OPERATIONAL PERFORMANCE**				
7.1	Performance assurance progress report	2.35pm	✓	Discussion	F Button
7.2	Contract Update Monitoring	2.50pm	✓	Discussion	A Mulholland-Wells
8.	**STRATEGY AND PLANNING**				
8.1	2023-24 Financial Planning update	3.00pm	✓	Discussion	J Wood
8.2	FPC Big Plan Metrics	3.15pm	✓	Noting	J Wood
8.3	Transfer of ELFS Shared Services	3.25pm	✓	Noting	J Wood
8.4	Continuous Improvement and Transformation update (including Cost Improvement Programme)	3.30pm	✓	Noting	A Brotherton
8.5	Planning Framework Update	3.40pm	✓	Discussion	G Doherty
8.6	2023-24 Planning Update	3.55pm	✓	Discussion	G Doherty
8.7	Board Assurance Statement – Year-end Protocol	4.10pm	✓	Noting	J Wood

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9.	GOVERNANCE AND COMPLIANCE					
9.1	Feeder Group Terms of Reference - i. Capital Planning Forum ii. Emergency Preparedness, Resilience and Response (EPRR) Committee	4.20pm	✓	Decision	J Wood/ F Button
9.2	Items for escalation to the Board or items to/from other Committees • Receipt of future Tier 1 Cancer Update Reports	4.40pm	✓	Noting	T Whiteside
9.3	Reflections on the meeting and adherence to the Board compact	4.50pm	✓	Discussion	T Whiteside
10.	ITEMS FOR INFORMATION					
10.1	Action plans from Divisional Improvement Forums (No Report)		——		
10.2	Terms of Reference (approved by Board)		✓		
10.3	**Chairs' reports**: (a) Capital Planning Forum – (Stood Down) (b) Emergency Preparedness, Resilience and Response (EPRR) (c) New Hospitals Programme Flash Report (d) IM&T Strategy Board (e) ICS, ICP, PCB system update		✓		
10.4	Date, time, and venue of next meeting: 28 March 2023, 2.00pm, Microsoft Teams	5.00pm	Verbal	Noting	T Whiteside

Chair's Report

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NHS
Lancashire Teaching Hospitals
NHS Foundation Trust

Committee:	Finance and Performance Committee
Chairperson and role:	Tricia Whiteside - Non-Executive Director
Date(s) of Committee meeting(s):	28 March 2023
Purpose of report:	To update the Board on the business discussed by the Finance and Performance Committee on 28 March 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 February 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 11 finance report provided an update on the Trust's financial performance up to the end of February 2023. The Committee were informed that cumulatively to the end of Month 11, the Trust had a deficit of £14.5m against a planned deficit of £0.6m, a variance of £13.9m to plan.

The Big Plan Metrics for 2023/24 were scrutinised and it was agreed for additional metrics to be added. These included the length of stay to feature as an efficiency target and a challenging percentage of peer benchmarking be added. The Committee agreed to recommend for the Trust Board approval on 6 April 2023.

The Committee resolved to support the PCB Procurement Strategy and agreed to the shared leadership for the collaborative approach for procurement services.

The Committee received and endorsed the 'Knowing the Business' strategy refresh update for 2023/25.

The Continuous Improvement & Transformation Update included work undertaken on the Transformation Programme and the Cost Improvement Programme (CIP) position.

Items for the Board's attention

Positive escalation

- Continued progress against the Cost Improvement Targets – albeit non-recurrently.
- Big plan metrics were agreed (subject to some refinements) and the Committee recommendation for Board approval.

- Recognition of the work undertaken for the PCB Procurement Strategy and the Committee agreed to support the Strategy and collaborative leadership model proposed.
- Theatre utilisation recovering its performance, with the Trust positively recognised at the Regional Board meeting for the good progress made.
- The cancer recovery trajectory continued to improve for the 2-week performance, moving closer to the 93% target and the overall reduction to the backlog of 62-day performance. The weekly monitoring of tumour site specific action plans continued with additional external resource supporting faster recovery.
- The delays to ambulance handover for over 60 minutes continued the improving trend in February with 71, compared to 156 in January and 350 in December. Handover delays remained a high priority, with a local Improvement Collaborative in place.

Negative escalation

- The Committee remained concerned and sought further assurances on the 2023/4 plan to close the deficit gap. An area of significant focus over the coming weeks.
- The Committee noted the risk around scheduling and sequencing of the scale of change, and how individual programmes and workstream needed to be orchestrated in a coordinated way.
- In order to restore day case activity within respiratory, work would need to be undertaken to rebalance medical job plans following changes to job plans that had been undertaken to achieve 7 day working.

Committee to Committee escalation

PCB: share the risk consideration with respect to scheduling and sequencing of change programmes.

Items recommended to the Board for approval

The Big Plan Metrics for 2023/24 related to VFM (subject to agreed refinements)

Committee Chair's reports received

- Capital Planning Forum
- New Hospitals Programme Flash Report
- ICS, ICP, PCB system update

Items where assurance was provided and/or for information

Terms of Reference for Capital Planning Forum and the Information Governance Committee incorporating SIRO/IAO.

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 25 April 2023, via Microsoft Teams

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

Appendix 1 – Finance and Performance Committee agenda (28 March 2023)

Finance and Performance Committee

28 March 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 February 2023	2.03pm	✓	Decision	T Whiteside
5.	Matters arising and action log	2.04pm	✓	Discussion	T Whiteside
6.	FINANCIAL PERFORMANCE				
6.1	M11 Finance report	2.10pm	✓	Discussion	A Mulholland-Wells
7.	OPERATIONAL PERFORMANCE				
7.1	Performance assurance progress report (inc Speciality Based Recovery Plans)	2.20pm	✓	Discussion	F Button
7.2	Winter Plan Update and De-Escalation	2.35pm	Verbal	Noting	F Button
7.3	Contract Performance	2.45pm	✓	Noting	A Mulholland-Wells
8.	STRATEGY AND PLANNING				
8.1	Lancashire Procurement Collaborative update	3.00pm	✓	Noting	S Robson
8.2	Knowing the Business Strategy update	3.10pm	✓	Noting	J Wood
8.3	Planning Framework (inc. Model Hospital, GIRFT) Update	3.20pm	✓	Discussion	G Doherty
8.4	Continuous Improvement and Transformation update (including Cost Improvement Programme)	3.30pm	✓	Noting	A Brotherton
8.5	Integrated Operating Plan – controls and assurance	3.45pm	Verbal	Discussion	G Doherty/ J Wood
9.	GOVERNANCE AND COMPLIANCE				
9.1	Strategic Risk Register	4.05pm	✓	Discussion	J Wood

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№	Item	Time	Encl.	Purpose	Presenter
9.2	Reflections on the meeting and adherence to the Board compact	4.15pm	✓	Discussion	T Whiteside
10.	ITEMS FOR INFORMATION				
10.1	Action plans from Divisional Improvement Forums – no meeting.				
10.2	**Chairs' reports**: (a) Capital Planning Forum – (Stood Down) (b) New Hospitals Programme Flash Report (c) ICS, ICP, PCB system update		✓		
10.3	**Feeder Group Terms of Reference**: (a) Capital Planning Forum (b) Information Governance Committee incorporating SIRO/IAO		✓		
10.4	Date, time, and venue of next meeting: 25 April 2023, 2.00pm, Microsoft Teams	4.25pm	Verbal	Noting	T Whiteside

Board of Directors Report

Integrated Performance Report			
Report to:	Board of Directors	**Date:**	6th April 2023
Report of:	Executive Team	**Prepared by:**	Executive Directors
Part I	✓	**Part II**	
Purpose of Report			
For approval ☐	**For noting** ☐	**For discussion** ☒	**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 February 2023, unless otherwise stated.

• **The report reflects the new 2022/23 Big Plan measures agreed by each sub committee.**

Consistently Deliver Excellent Care

Operational Performance

COVID overview

The 1st of February snapshot showed a position of 55 COVID+ inpatients, with 1 in ICU and 2 in EHCW. The position on the 19th of March was, 89 COVID+ inpatients, with 0 in ICU and 3 in EHCW. Influenza cases remained low throughout February 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:

- Ambulance handover delays over 60 mins continued the improving trend in February with 71, compared to 156 in January and 350 in December. Handover delays remain a high priority, and a local Improvement Collaborative is in place to address this.

- The Trust continues to remain challenged against the 4-hour standard. Performance is showing a slight increase to 75.7% in February compared to 74.6% in January. The Trust continues to remain above the national average position, which in February was 71.5%, and 6th out of the acute trusts in the North West.

- 12-hour trolley waits have increased slightly in February to 134. Performance relating to the number of patients waiting over 12 hours (admitted and non-admitted) in ED for February was 9.1% compared to January at 9.52%; showing a very slight improvement.

- Occupancy levels continue to remain high, with February at 94.3%, a slight reduction on January at 95.8%.

Ambulance handover times remain challenging throughout February. Further periods of planned industrial action took place on the 10th and 20th of February, with a loss of resources available within North West Ambulance Service. The Trust put additional escalation measures in place and increased operational support to ensure 15 minute handover during the periods of action.

In February, 273 patients waited between 30-60 minutes and 71 patients waiting over 60 minutes to be handed over. This is a significant improvement on the January position.

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) continues to improve, with 47 patients on 22nd March. This reflects improvements with availability of the Home First service, continued additional crisis hours and additional Community Healthcare Hub capacity becoming available at Finney House. The Trust continues to work with health and social care organisations across the Central Lancashire system to support improvement. The accelerated delivery of the development of a Patient Navigation Service, to bring together the triage functions for all services that support admission avoidance and hospital discharge has been agreed. The governance arrangements at Place are being reviewed to support the delivery of a number of system wide projects.

In addition to system plans, the Trust has its own internal programme of improvement being delivered through the Flow Operational Group (FOG). FOG will transition into the new Urgent Care Transformation Board arrangements during March. The work streams will continue to deliver internal improvements to systems and processes that support flow through the organisation.

Elective performance headlines:

- Patients continue to wait for a significant amount of time to receive non-urgent surgery. A plan is in place to eliminate waits over 104 weeks and reduce all waits to no longer than 78 weeks by March 2023. Achievement of the plan and performance against the trajectory is reviewed weekly. The February position reflected 15 patients remaining over 104 weeks due to choosing to wait (P6).

- Diagnostics performance beyond 6 weeks was 42.43% for February, whilst January was 54.41%. 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 February improved to 76.96% compared to 71.35% in January against a target of 93%.

- 62-day performance, the overall backlog of patients continues to reduce each month with a reduction to 347 patients at the end of February, from 662 at the end of January. The Trust has tumour site specific actions plans that are monitored weekly, with additional external resource supporting faster recovery.

Cancer Recovery

The table below shows how the Trust compares with England averages by tumour group for 62 day performance at week ending 12th March:

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
Lower GI	453	75	11	16.6%	-167	-289	8.9%
Urological	270	64	9	23.7%	-30	-16	16.0%
Head & neck	178	22	6	12.4%	1	-6	5.7%
Skin	374	22	17	5.9%	-35	-90	3.8%
Gynaecological	281	21	6	7.5%	-6	4	6.4%
Lung	63	10	4	15.9%	-1	4	10.6%
Upper GI	100	5	2	5.0%	-4	-10	7.0%
Haematological	6	4	1	66.7%	0	3	12.7%
Brain/CNS	73	3	0	4.1%	1	2	3.4%
Breast	87	3	2	3.4%	0	2	2.5%
Sarcoma	21	1	1	4.8%	0	-2	11.2%
Children's	2	0	0	0.0%	0	-2	3.8%
Other	8	0	0	0.0%	0	-1	3.7%
All suspected cancers	**1,916**	**230**	**59**	**12.0%**	**-241**	**-401**	**7.6%**

NHS England requirement:

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 one regime for cancer:

- 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.
    - The Trust access policy follows best practice and performance is overseen at weekly external tier one 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.
    - The Trust has support from the National Cancer Transformation Director, implementing a 0 Zero Day PTL approach with a focus on ensuring those patients that do not have cancer are advised as soon as possible.

- For cancer in particular, Trusts need to adhere to the maximum timeframes for diagnostic tests within each tumour-specific Best Practice Timed Pathway but should at all times have a maximum backstop timeframe of 10 days from referral to report.
    - Initial analysis undertaken has identified the gaps in reporting to 10 days and divisional plans are in place with support from the National Cancer Transformation Director and national cancer team on next steps and priority order to achieve this over 23/24.

- 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.

- The review has been completed and part of the above 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.
  - 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.
  - 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.
  - 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:

- Lower GI: Full Implementation of FIT in the 2ww pathway
  - This is in place; additional detail is contained on page 6 of the report.

- Full implementation of Teledermatology in the suspected skin cancer pathway
  - First phase in place; additional detail is contained on page 7 of 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.
  - Detail included on page 7 of the report.

- Providers are asked to continue their work to deliver a 25% reduction in outpatient follow up appointments by March 2023.
  - Plans in place, working with clinical leads on opportunities and GIRFT best practice. This will feature as a key objective in the Trust Outpatient Board

- 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.
  - This was achieved over winter.

Colorectal

The total numbers of patients on the Colorectal Cancer list reduced to 413 on 22nd March, from 794 in January. The numbers waiting for over 62 days has also reduced to 64 from 297.
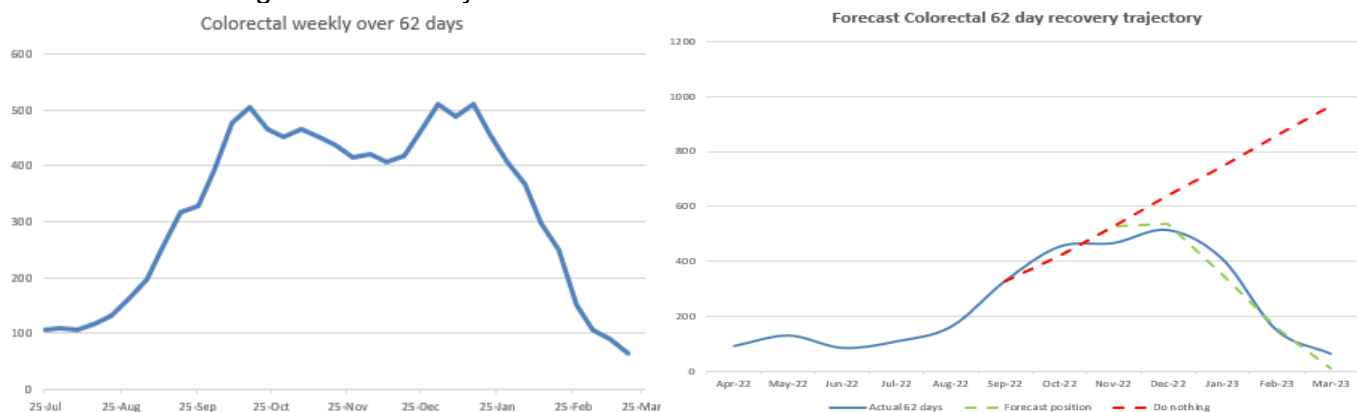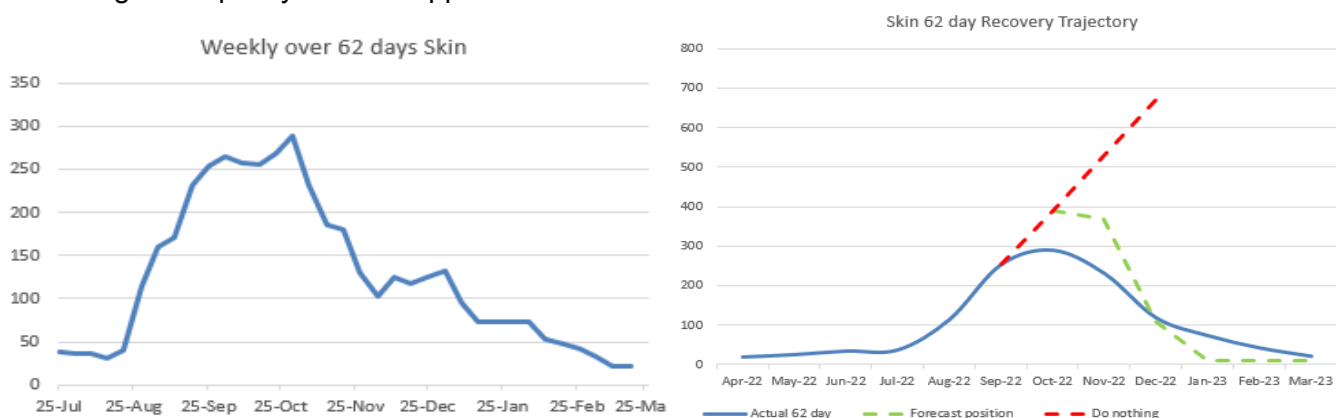

There are a number of actions in place to recover performance, these include:

- Insourcing support in place with Medifer.
- ASP recruitment - Straight to Test commenced 9 January 2023 providing additional capacity and support to 2ww backlog reduction.
- Endoscopy capacity with InHealth.
- System mutual aid to support.
- 0 Day PTL Approach accelerating the impact of pathway improvement work, with a priority focus on patients being told they do not have cancer.

Skin

The total numbers of patients on the Skin Cancer list have increased to 411 on 22nd March with the numbers waiting for over 62 days continuing to reduce to 20, from 56, as patients have progressed through the pathway. There is good capacity for 2ww appointments.

There are a number of actions in place to recover performance, these include:

- The introduction of the first phase of Teledermatology.
- Additional Locum Consultant staffing.
- Outsourcing - GLH are providing additional slots through into 2023 doubling previous capacity and BMI have been providing an additional 40 slots per month from January.

Performance against the overall trajectory for the Cancer 62 day backlog recovery plan, all tumour groups to March 23 is below.

Cancer 62 Day - all tumour groups Revised trajectory to March 23

Legend: Original trajectory — Revised trajectory — Actual
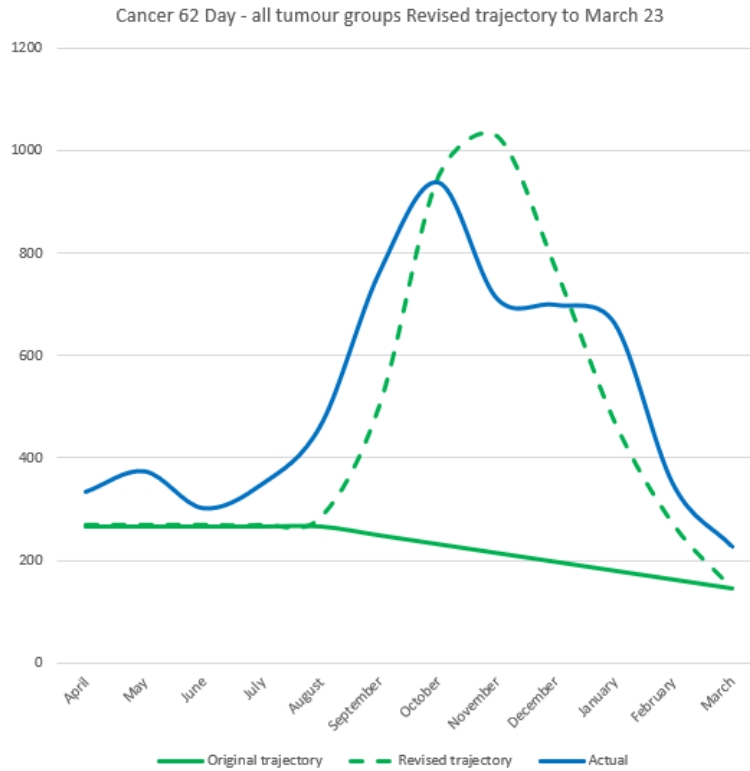
The forecast trajectory is to month end and shows an actual position on 22nd March against an end of March trajectory. The target for 2023/24 is expected to be confirmed as 180 and is therefore achievable over the next year.

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:

    1) 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
01/04/2022	58	33	56.90%
01/05/2022	70	41	58.57%
01/06/2022	71	50	70.42%
01/07/2022	77	40	51.95%
01/08/2022	83	35	42.17%
01/09/2022	87	15	17.24%
01/10/2022	70	16	22.86%
01/11/2022	79	12	15.19%
01/12/2022	58	4	6.90%
01/01/2023	63	10	15.87%
Grand Total	**716**	**256**	**35.75%**

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.

  Performance detailed below against an indicator relating to the proportion of 2-Week Rule Dermatology Attendances undertaken in the Teledermatology Clinic, this has increased from 12% in January to 32% in February 2023:

	Feb-23
Total 2WR Attendances (incl Tele-Derm	442
Attendances at Tele-Derm Clinic	140
Proportion attending Tele-Derm Clinic	32%

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

  The BPT pathway has been agreed and is due to be fully implemented in 22/23, this has been impacted by capacity issues e.g. 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. Cancer pathway improvement work reports through to the Elective Care Transformation Programme Board.

Elective Restoration 104 and 78 weeks

Clearing the 104 and 78 week waits is a priority for the divisional teams with performance under constant review.

- There are a small number of 104+ww patients within our plan who indicated they do not want their procedure before the end of February (P6).

- 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 78 week wait trajectory has been set to March 2023 (below). The trajectories below include all existing and potential 78 week waits to 31st March. The overall 78 week reduction trajectory was met in February but has been significantly impacted by the industrial action that took place during March.

Total 78 week waiters

Admitted

Non-admitted
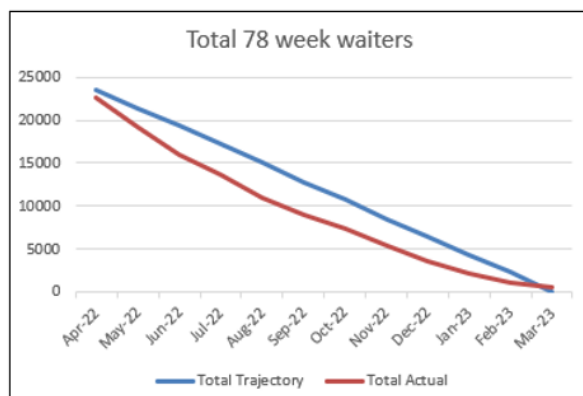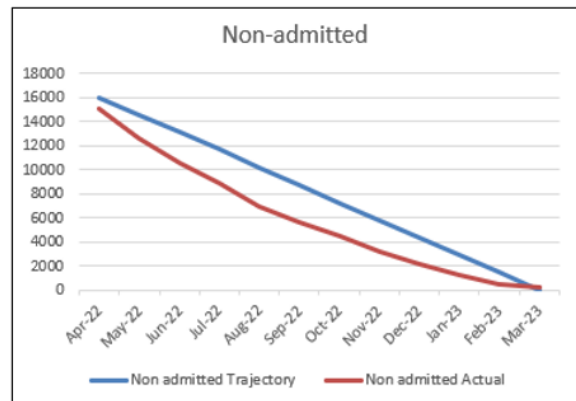
The 78 week trajectory factors in the impact of improved theatre productivity. It is essential that we make best use of available surgical capacity, to drive productivity improvements and protect elective activity.

- The Theatre Efficiency Programme reports progress through the Elective Care Transformation Programme Board. There has been a sustained improvement from August with a recovery of the impact in January from anaesthetic gaps and a high cancellation rate. Utilisation for February at Chorley is 81.8% which is positive given the recent Surgical Hub Accreditation.

- The Theatre Efficiency Programme along with a key list of essentials to drive up activity and productivity are part of the Trusts' Elective Transformation Programme.

Capped Theatre Utilisation (%) - All sites

RPH Capped Theatre Utilisation (%)

CDH Capped Theatre Utilisation (%)
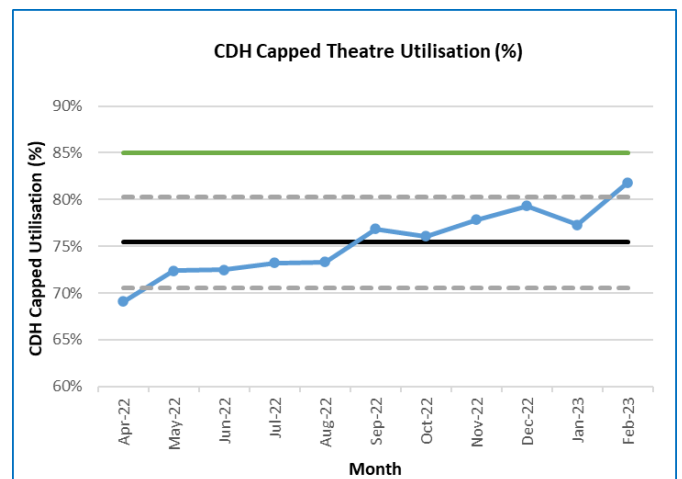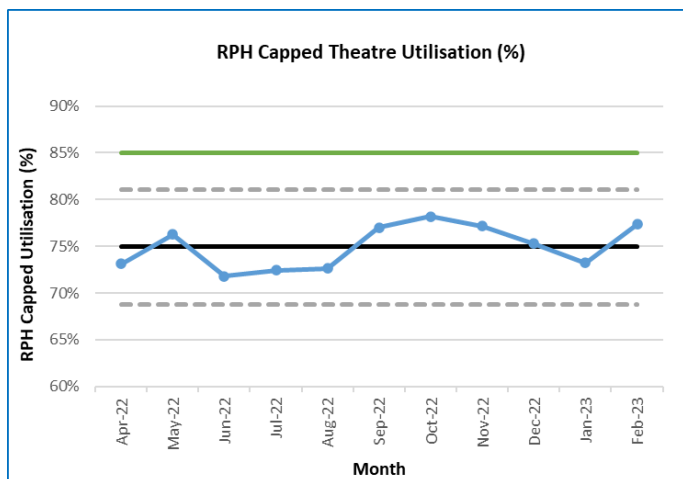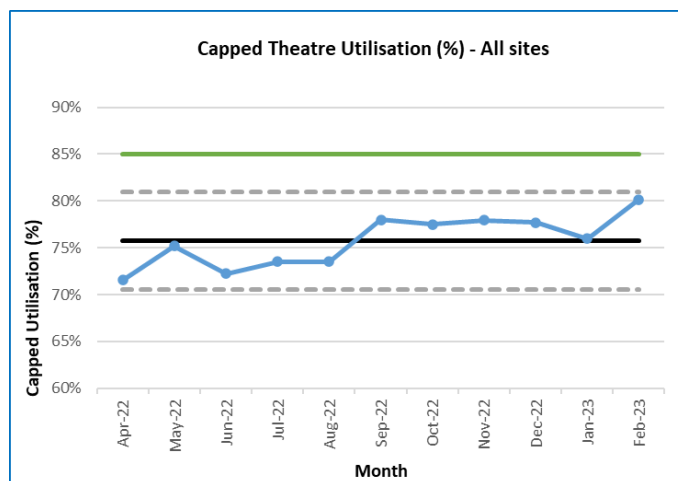
There are a number of risks to delivery of the required reduction in 104 and 78 week waits, these include:

- Industrial action and the impact on elective activity, with a further period of industrial action planned from 11th to 14th April, inclusive.
- Workforce - sickness and vacancies
- Anaesthetist capacity
- Urgent care pressures – COVID, Flu, NMC2R and poor patient flow impacting negatively across the whole system.
- Number of complex cases.

Additional elective actions for the 78 week cohort were detailed in a letter from NHS England, received on 12th January, these include:

- Booking all patients by the end of January
    - At 22nd March the Trust had 100% non-admitted dated, with 49% of the admitted cohort, due to the impact of industrial action.
- Validation – 52-week total cohort at 31 March who have not been validated in last 12 weeks by 20th January (5500 patients)
    - ChatBot validation programme in place
- Waiting List Minimum Data Set - new data field and removal of duplicate entries
    - Robust processes in place to ensure accuracy of submission with weekly task and finish group in place to support.
- C code implementation
    - Included in revised Patient Access Policy and live on OPERA and Harris Flex.
- Tracking and reporting independent sector activity
    - Process in place.

Validation

Validation and review of patients on our waiting lists is important to ensure the appropriate use of capacity and to provide clean visible waiting lists to ensure timely and orderly access to care.

ChatBot validation is a key part of the 78-week recovery plan and, particularly in respect of the admitted waiting list, has an important role in patient safety through checking in on patients' health status and flagging those that may be deteriorating. Thousands of patients have been validated through ChatBot, the outcomes are remaining consistent with 10% indicating that they no longer wish to remain on the lists.

A programme of validation is underway in accordance with Tier 1 requirements.

Strengthening the current process requires the appointment of 10 WTE band 3 administrative support staff to join the existing validation teams, recruitment is in progress.

This strengthened and enhanced validation model will enable delivery of the Tier 1 validation plan through a robust service and workforce model that will also be able to respond and deliver the validation, data quality and RTT management of waiting lists requirements.

Surgical and diagnostic prioritisation

For cancer in particular, the significant demand for additional diagnostic capacity means that the Trust needs to adhere to the maximum timeframes for diagnostic tests within each tumour-specific Best Practice Timed Pathway but should at all times have a maximum backstop timeframe of 10 days from referral to report.

A comprehensive review of current turnaround times and identification of actions to support further prioritisation of cancer over more routine diagnostics to meet this backstop was undertaken. The outputs are being taken forward with the Divisions, the Cancer Transformation Director and the Trusts lead Cancer Clinical Director

assessing the feasibility (finance, workforce, capacity) with plans throughout 23/24 to improve waiting times. This is not a national planning requirement but is best practice to achieve faster cancer performance.

Outpatient transformation

Progress on the Outpatient Transformation Programme is reported through to the Finance and Performance Committee.

Tier 1 Trusts are asked to continue their work to deliver a 25% reduction in outpatient follow up appointments. The initiatives below will go some way to delivering this target, as well as having the potential to allow for increased activity (reduction in PTL size and improved RTT position) and shorter patient pathways.

- **Patient Initiated Follow Up (PIFU)**

  Whilst the Trust is not yet delivering the 5% PIFU target, positive momentum continues to build with additional services developing and implementing PIFU pathways on a regular basis. Development continues with review of wider PTL validation with the potential to identify further PIFU patients.

- **Specialist advice and referral triage**

  Advice and Guidance (A&G) is already embedded across the Trust alongside several CAS (Clinical Assessment Services) and RAS (Referral Assessment Services).

  The Trust is performing well against the national 16% target.

  Ongoing engagement with primary care is required to promote GP usage of A&G. This is being managed by the ICB Referral Optimisation Board.

  Internally the Trust is in the process of implementing additional RAS across several new specialties. Development of these services will support clinical triage at the point of referral which will deliver a reduction in outpatient first appointments as well as an improved patient pathway.

  Development of these pathways and progress against delivery is overseen by the Trust Outpatient Transformation Board.

- **Telemedicine outpatient delivery**

  The Trust continues to exceed national targets for the delivery of telemedicine activity. Ongoing promotion of Attend Anywhere continues with a recent user survey undertaken to increase clinical engagement and utilisation of this system.

- **DNA reduction**

  The trust historically has had a low DNA rate for outpatient activity when compared to peers and Model Hospital data, however we have seen an increase in DNA rates over the last few months and local and regional DNA reduction projects have commenced.

- **Follow Up reduction**

  In conjunction with the PIFU development and progression, clinical pathways are being reviewed to ensure they do not include non-value added follow up appointments. This work is being manged through the Clinical Prioritisation Group and through the Outpatient Transformation Board

- **Improved administration processes**

  Digital initiatives are developing at pace within the Outpatient Transformation programme including:
  Chatbot rollout
  Robotic Process Automation
  Digital outcome recording
  Self-Check in
  Digital letters deployment
  Patient booking
  E-forms for questionnaires

  Outpatient administration is being reviewed and process mapped to ensure that the patient pathways are managed in accordance with the Patient Access Policy.

Pressure Ulcers
Pressure ulcers remain with normal variation, but is an area of continued work. Increasing occupancy and length of stay at the start of the patient journey is having an adverse effect on the development of pressure ulcers alongside staffing fill rates and escalated areas. The Always Safety First divisional groups are refreshing their approach to this improvement work and peer benchmarking data is being sought to understand LTH position compared to peer.

Falls
Falls improvement work continues and incidence remains within warranted variation at this time.

HSMR
Mortality metrics remain stable and within expected parameters.

STAR
STAR continues to above target.

INFECTION PREVENTION AND CONTROL

Clostridium *difficile*
The data is demonstrating continued variation. Actions to isolate patients earlier in the pathway continue. Whilst deep cleaning is taking place routinely, occupancy levels are preventing routine fogging of clinical areas and a test of change is underway to explore a more time efficient process. The Safety and Quality committee received a detailed update following the NHS England Infection Prevention and Control review relating to increased incidence of C.*difficile* and they will oversee the progress against these actions.

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

A Great Place to Work

Sickness absence has reduced for the second consecutive month, as we come out of our seasonal peak, and it is encouraging to see the average duration of mental health related absences below target. Our psychological wellbeing helpline continue to make outreach calls to colleagues off sick for mental health related reasons, and we are receiving positive feedback with around a third of individuals subsequently being supported through our therapy pathways.

The number of violence and aggression incidents experienced by colleagues continues to cause concern. A detailed analysis of incidents in the last 12 months has recently been undertaken and key actions include focusing enhanced training around preventing and de-escalating incidents in the 10 areas where the highest number of incidents occur.

Our vacancy rate has reduced over the last couple of months to stand at 7.97%. After months of high-volume recruitment, we have had positive news on our Health Care Support Worker vacancy rate which has reduced to c12%, the lowest rate in over 12 months. We hope to maintain and improve on this; being mindful the review nurse staffing (acuity) review is yet to be included in establishments.

We are currently in the middle of our operational planning round and under pressure to reduce our worked and established WTE as the year progresses to meet the Trust financial recovery target and associated cost improvement programme. Work is already underway to control and mitigate premium spend. Our planned trajectories are challenging and there are risks to delivery. Our Workforce Business Partners are reviewing medical capacity and resourcing plans, particularly where we have long term/hard to fill vacancies. We are working closely with the senior nursing team to review nurse agency escalation approvals. In the last couple of months, we have successfully removed Health Care Assistant (HCA) agency and are now focusing on Registered Nursing as our International Nurses become independent.

Our bed reduction programme started this month with the removal of unfunded beds in Avondale which we hope will have a positive impact on premium spend.

Delivering Value for Money

Income and Expenditure

The Trust reports a £14.5m deficit position for YTD Month 11 against £0.6m YTD deficit plan. Overall, the £13.9m variance can be explained mainly through driven mainly by the £23.7m (under-delivery against the £26.7m) system funding, £3.0m covid overspends (mainly on absenteeism), £3.0m of double running nursing costs, £1.5m of lost income, £2.1m unfunded pay awards/bank holidays/consultant bank rates less £19.4m of Financial Recovery Plan measures; with all other issues netting off.

There continues to be a number of pressures in operational budgets associated with staff absence, premium rate spend and international nurse recruitment. There are also challenges for non-NHS income returning to pre-pandemic levels.

Capital Position

Capital expenditure is ahead of plan. This is due to the agreement of the lease on Finney House, which was not in the original plan, and a result of TIF funded project being ahead of the profile assumed within the plan. No issues are anticipated with achieving the plan for the year. The Trust submitted two Targeted Investment Fund (TIF) bids which were approved in September. A further bid for Community Diagnostics Centre (CDC) was submitted in June and has been approved. All the bids were identified and approved in the Trust budget setting report for 2022/23 identified as requiring support. The Trusts capital programme has been updated accordingly. Further PDC has been made available for specific projects and this is also reflected in the updated capital plan.

Cash Position

The Trust's cash position is being affected by the risks that were noted in the plan and have materialised in the first eleven months. Cash forecasts show that the balances will remain above the minimum cash threshold for the remainder of 2022/23, but that cash support will be required from April. The Board have been appraised of this position and they have authorised the use of interim revenue support from April 2023.

Cost Improvement Programme

The Trust has an annual Cost Improvement Plan (CIP) target of 5% or £26.3m; made up of 3% recurrent (£15.8m) and 2% non-recurrent (£10.5m). The planned delivery is profiled equally in twelfths across the year.

Key headlines:
- The CIP position Year to Date (YTD) as at Month 11 (M11) is £23.9m, against a plan of £24.1, an adverse of variance £0.2m year to date.
- Full year delivery is £26.1m as at M11 (delivered category), of which £9.9m is recurrent.
- The forecast year end position is £26.2m against a target of £26.3m CIP target 22/23 (delivered, low and amber schemes). The Trust is on target to deliver £9.9m recurrent CIP full year effect.

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 2021/22 was £21.0m, the reduced plan to meet the ceiling is £14.3m and the current outturn forecast is £20.0m. The Agency spend at YTD Month 11 is 40% above plan. The reason for this is due to greater vacancies than planned and slower than expected benefits from international recruitment.

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.

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

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

Together

NHS
Lancashire Teaching
Hospitals
NHS Foundation Trust

Our Big Plan

Excellent care with compassion

Always Safety First

Board of Directors
Performance to February 2023

@LancsHospitals

Our Big Plan

Together

Mission
To provide excellent care with compassion

Strategic Aim
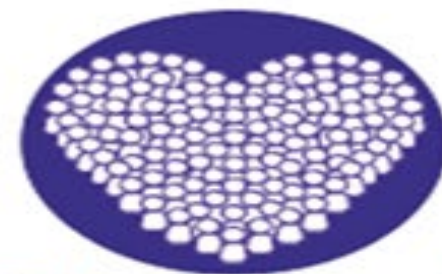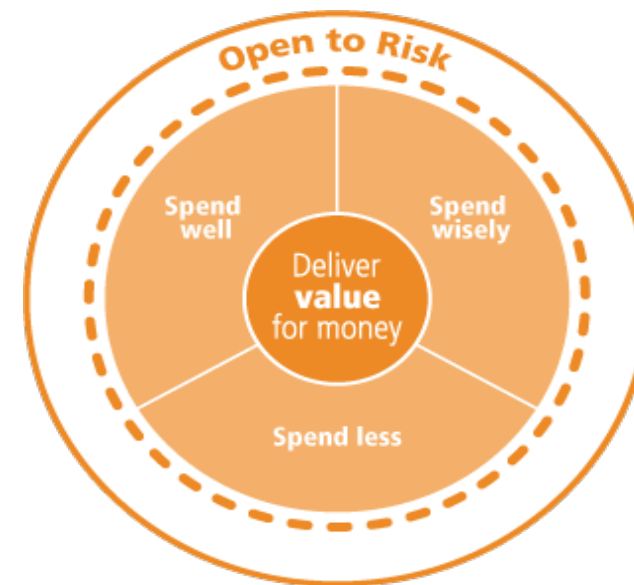To provide excellent healthcare to our local communities

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 · Positive patient experience delivered in partnership · Ensure a safe, caring environment · Consistently deliver excellent care

Moderate Risk — Promote Health & Wellbeing · Inform, listen & involve · Value each other · Develop people · A great place to work

Open to Risk — Spend well · Spend wisely · Spend less · Deliver value for money

Open to Risk — Transform services · System leadership · Support healthy living · Drive innovation · Develop our infrastructure · Fit for the future

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%	94%	-
Deteriorating Patient	Big Plan	Reduce number of cardiac arrests by 10% (Rate per 1000 beddays)	M | T-D-S | TB-SQ | SC	No	(icon)	(icon)	-	0.44	0.61	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	(icon)	(icon)	-	3.09	4.24	3.13
	Big Plan	Reduce the number of device related pressure ulcers by 10% (Rate per 1000 beddays)		No	(icon)	(icon)	(flag)	0.62	1.10	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 - November 2022				67.1	-
	Big Plan	Improve the number of structured judgement reviews undertaken by a further 25%	M | T-D-S | SQ | SC	No	-	-	-	55	98	-
Access Standards	Big Plan	Achieve the Emergency Department within 4 hours target	M | T-D | FPC | FB	No	(F)	(icon)	(flag)	90.0%	75.7%	76.4%
	Key Metric	**Reduction in patients waiting +12 hours in Emergency Department**	M | T-D | FPC | FB	No	(F)	(icon)	(flag)	2.0%	9.1%	7.8%
	Key Metric	**Reduction in ambulance turnaround times (Over 60 minutes)**	M | T-D | FPC | FB	No	(F)	(+)	(flag)	100.0%	96.6%	89.4%
	Big Plan	Reduction in 52 week waiters (target as per NHSI recovery plans)	M | T-D-S | FPC | FB	No	(icon)	(+)	-	7131	5167	7434
	Key Metric	**Reduction in 104 week waiters (target as per NHSI recovery plans)**	M | T-D-S | FPC | FB	No	(F)	(+)	(flag)	0	15	35
	Sub Metric	Reduction in 78 week waiters (target as per NHSI recovery plans)	M | T-D-S | FPC | FB	No	(F)	(+)	(flag)	170	555	1387
	Big Plan	Cancer - 28 days from referral to diagnosis (completeness)	M | T-D-S | FPC | FB	No	(P)	(icon)	-	80%	84%	95%
	Big Plan	Cancer - 28 days from referral to diagnosis (compliance)	M | T-D-S | FPC | FB	No	(F)	(icon)	(flag)	75%	65%	54%
	Key Metric	**Achieve the NHSI 62 day cancer trajectory**	M | T-D-S | FPC | FB	No	(F)	(icon)	(flag)	85.0%	37.84%	40.8%
Valuing patient time	Big Plan	Maintain the number of patients moved more than 3 times	M | T-D-S | FPC | FB-SC	No	(icon)	(icon)	-	69	51	49
	Big Plan	Reduce the number of patients moved after 22:00 by a further 10%	M | T-D-S | FPC | FB-SC	No	(icon)	(+)	-	125	64	111
	Big Plan	Achieve no more than 3% of patients delayed within hospital	M | T-D-S | FPC | FB-SC	No	(F)	(icon)	(flag)	3%	7.4%	10.5%
	Big Plan	Reduce the number of patients in hospital for longer than 7 days by 10%	M | T-D-S | FPC | FB-SC	No	(icon)	(icon)	-	432	428	428
Cancelled Operations	Big Plan	To reduce the number of operations cancelled for non clinical reasons to 0.8%	M | T-D-S | FPC | FB	No	(icon)	(icon)	-	0.80%	0.96%	1.26%
CRCU capacity	Big Plan	To ensure that the number of patients transferring from high care and critical care areas after 18:00 is reduced by 10%	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)	(icon)	-	220	514	503
Emergency readmissions (30 days)	Big Plan	To reduce the number of patients re-admitted within 30 days to less than 7.7%	M | T-D-S | FPC | FB	No	(icon)	(icon)	-	7.7%	6.6%	6.4%
Pre-procedure elective bed days	Big Plan	To reduce the number of days patients spend in hospital prior to surgery to 0.2 days or below	M | T-D-S | FPC | FB	No	(icon)	(icon)	(flag)	0.20	0.27	0.33
Pre-procedure non-elective bed days	Big Plan	To reduce the number of days patients spend in hospital prior to planned surgery to 0.6 days or below	M | T-D-S | FPC | FB	No	(icon)	(+)	-	0.60	0.35	0.57
Elective Inpatient Average length of stay (Spell)	Big Plan	To reduce the average length of stay for patients undergoing planned surgery to under 3.4 days	M | T-D-S | FPC | FB	No	(icon)	(icon)	-	3.40	3.00	3.06

Reporting Requirements Key

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Assurance Icon / Variation Icon key

|	Will consistently fail target within expected variation	Could both pass or fail target within expected variation	Will consistently pass target within expected variation
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
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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

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	(F/P)	(+)	-	75%	78.0%	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/P)	(~)	-	5.19	5.22	5.77
Infection	**Key Metric**	**Achieve less than the annual tolerance for C.difficile**	M | T-D-S | SQ | SC-GS	Yes	(F)	(~)	⚑	10	15	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	(F/P)	(+)	-	90%	95.9%	90.2%
	Big Plan	Achieve 90% staff trained in intermediate safety training	M | T-D-S | ETR | KS	No	(F/P)	(+)	–	90%	91.9%	85.3%
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	(F/P)	(~)	-	22	13	21
	Big Plan	Reduce the number of complaints sent to the ombudsman.	M | T-D-S | SQ | SC	No	-	-	-	< 1	0	0
	Sub Metric	Total Number of Complaints Received	M | T-D-S | SQ | SC	No	(F/P)	(+)	-	47	35	47
	Sub Metric	Increase early resolution through PALS enquiries. (Number of PALs requests)	M | T-D-S | SQ | SC	No	(F)	(~)	⚑	132	218	212
Complaint quality	Big Plan	Introduce satisfaction measures for complaint and PALS responses and establish baseline.	B | T-D-S | SQ | SC	No	-	(~)	-	TBC	4	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	(F/P)	(~)	-	90%	91%	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	(F/P)	(~)	-	90%	100%	96%

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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
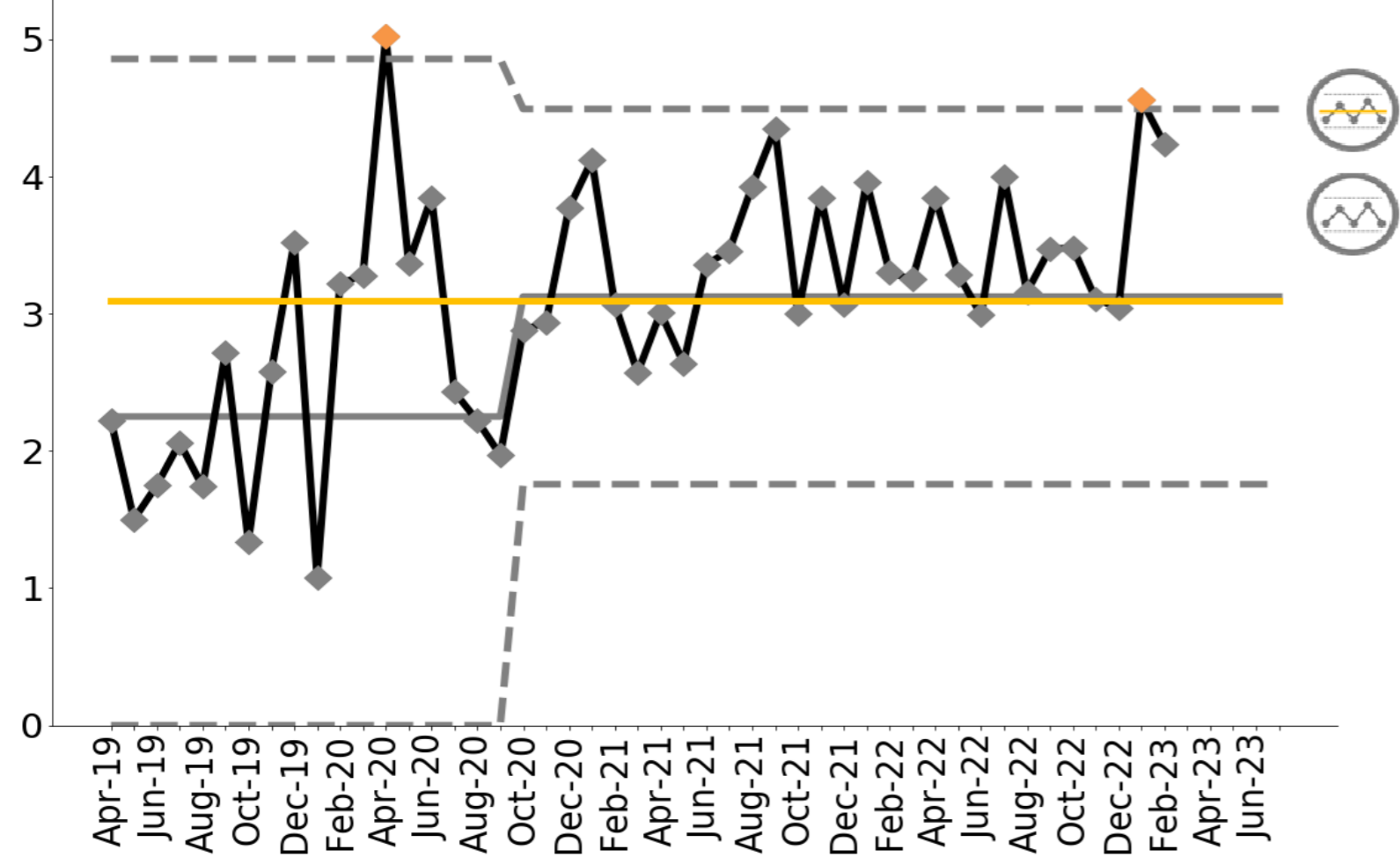
Diagnoses - HSMR | Mortality (in-hospital) | Dec-21 to Nov-22 | Trend (month)

Age (adult/child): Adult

Period: Month *Measure*: Relative risk *Additional measure*: No additional measure
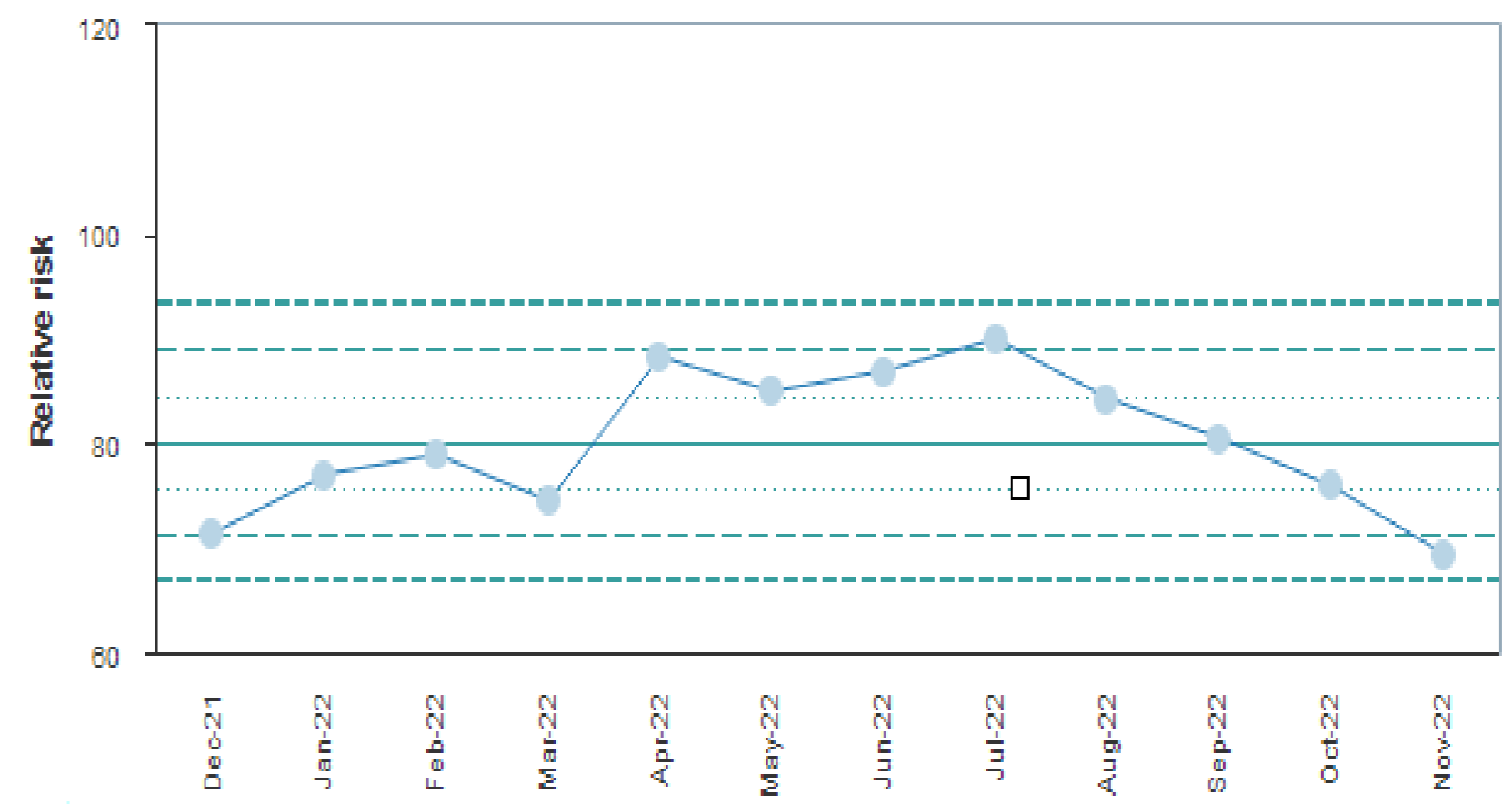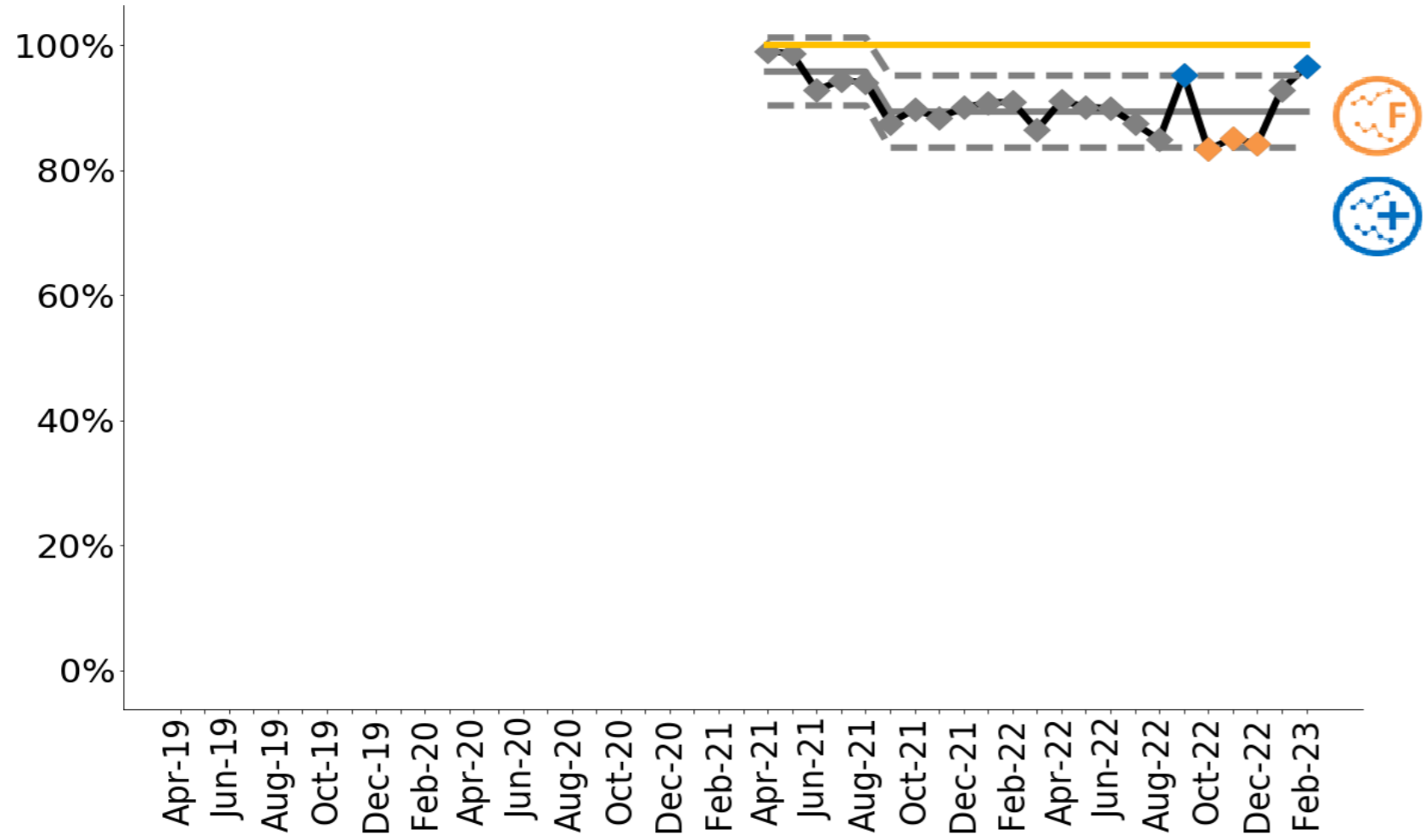

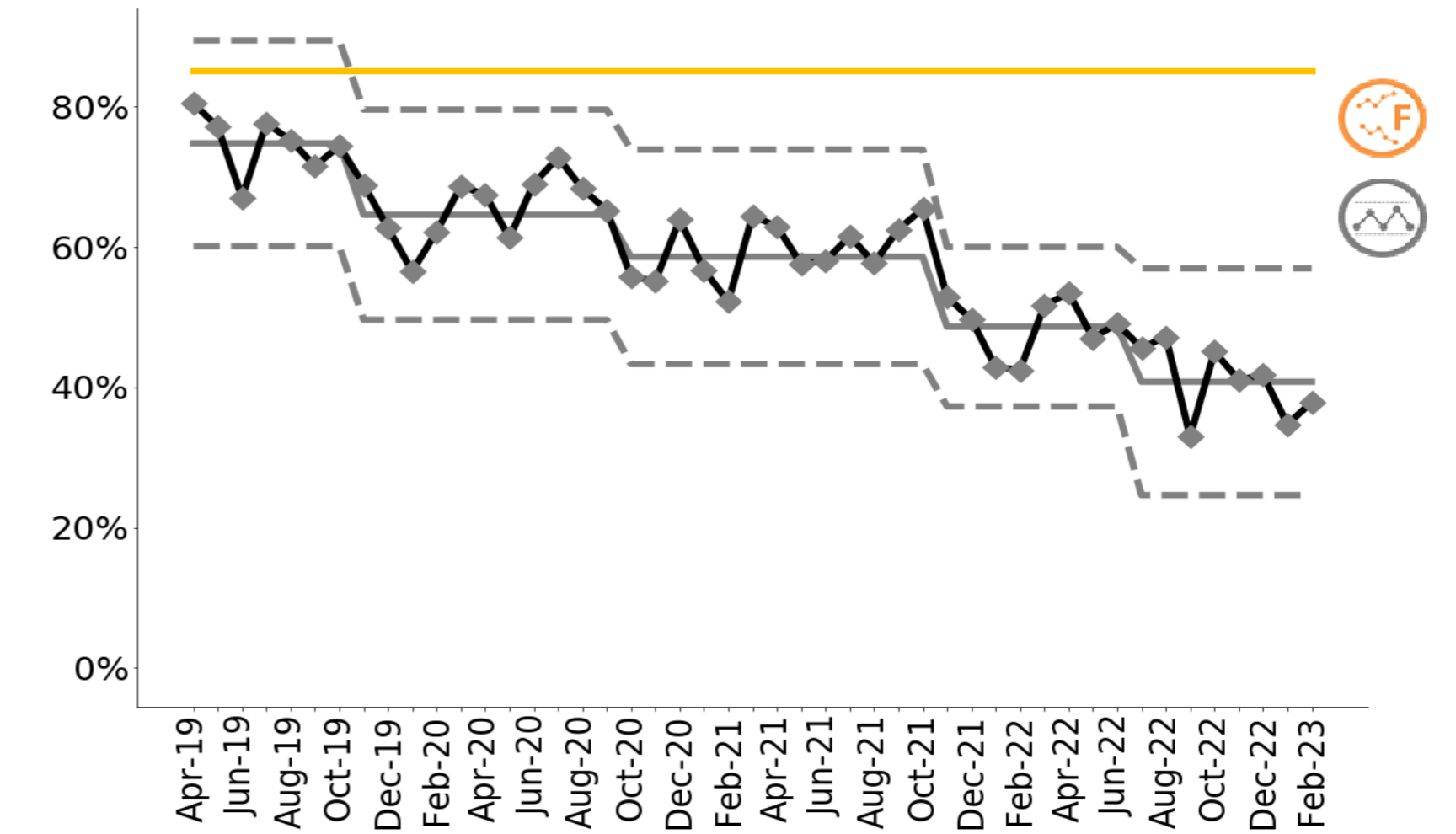### Achieve the Emergency Department within 4 hours target
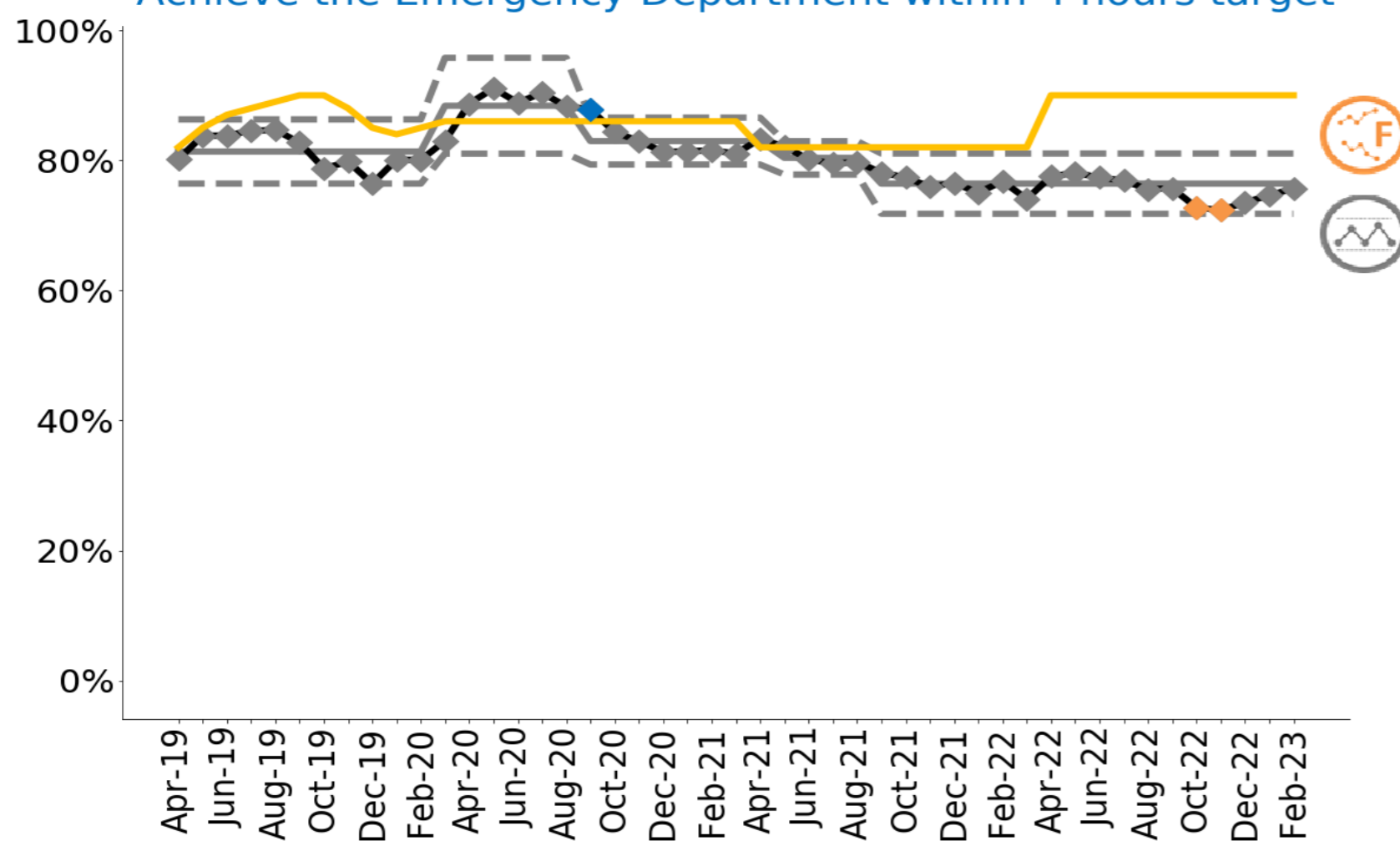
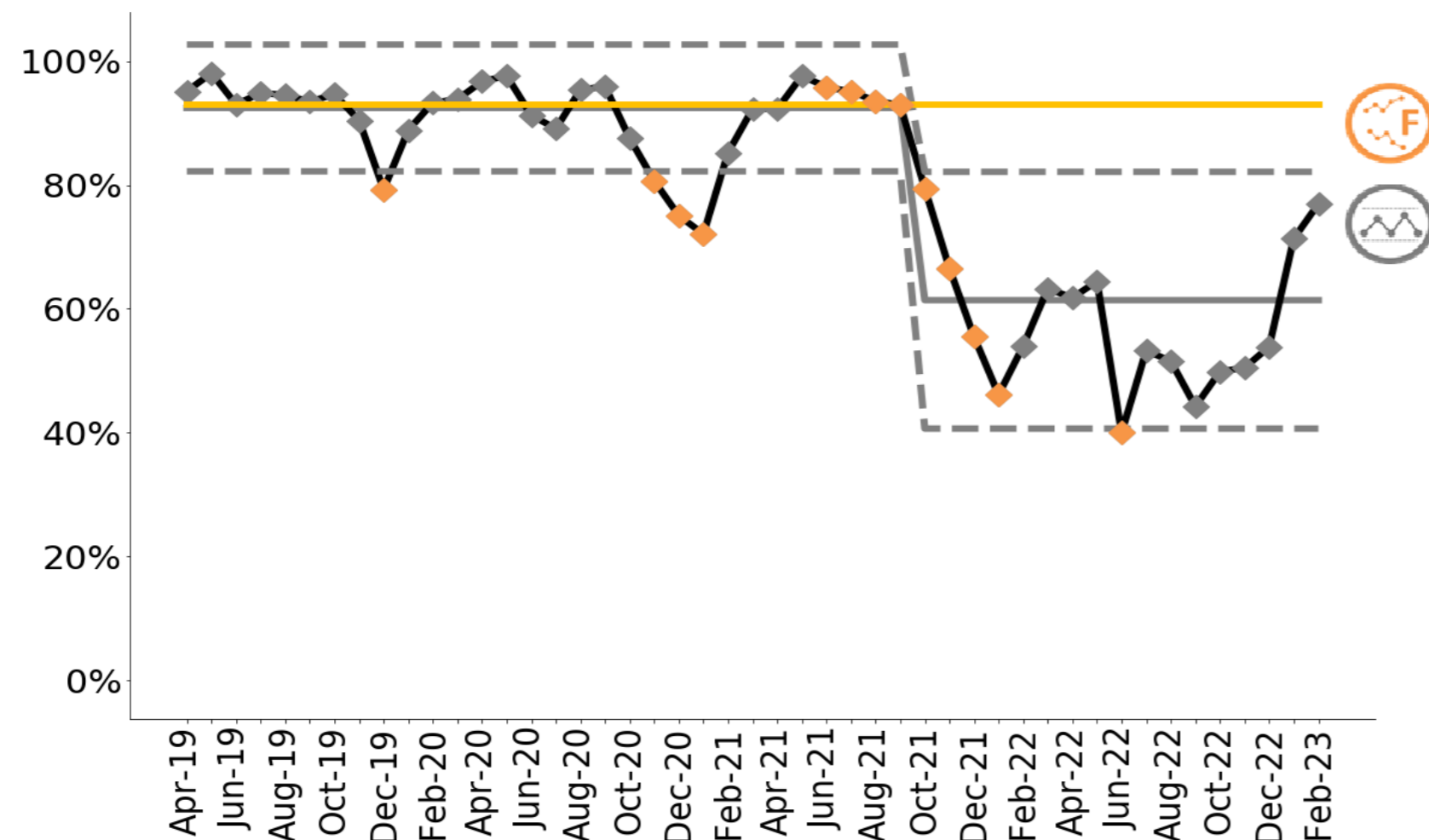### Reduction in patients waiting +12 hours in Emergency Department
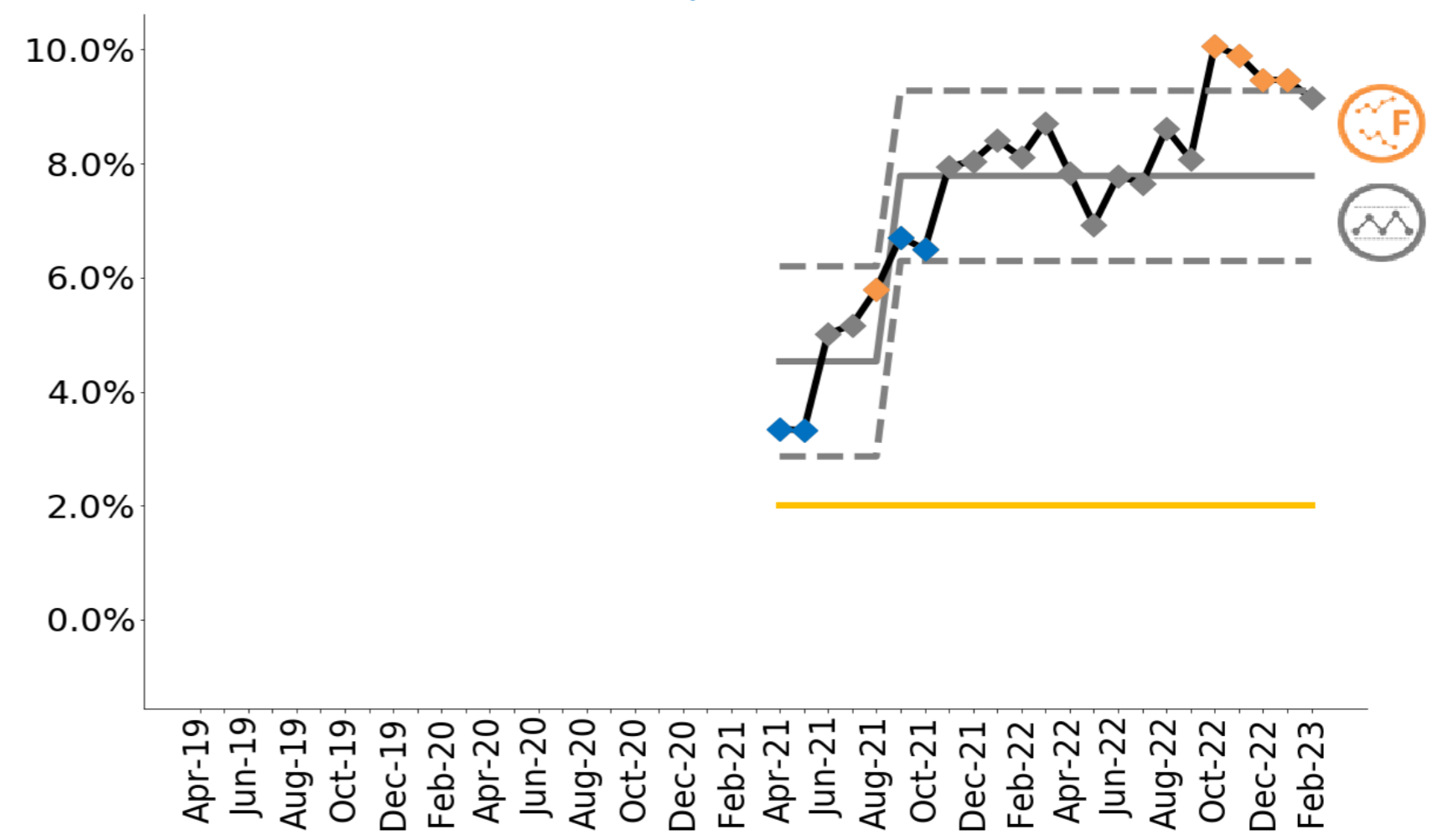
Reduction in ambulance turnaround times - 60 minutes

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	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

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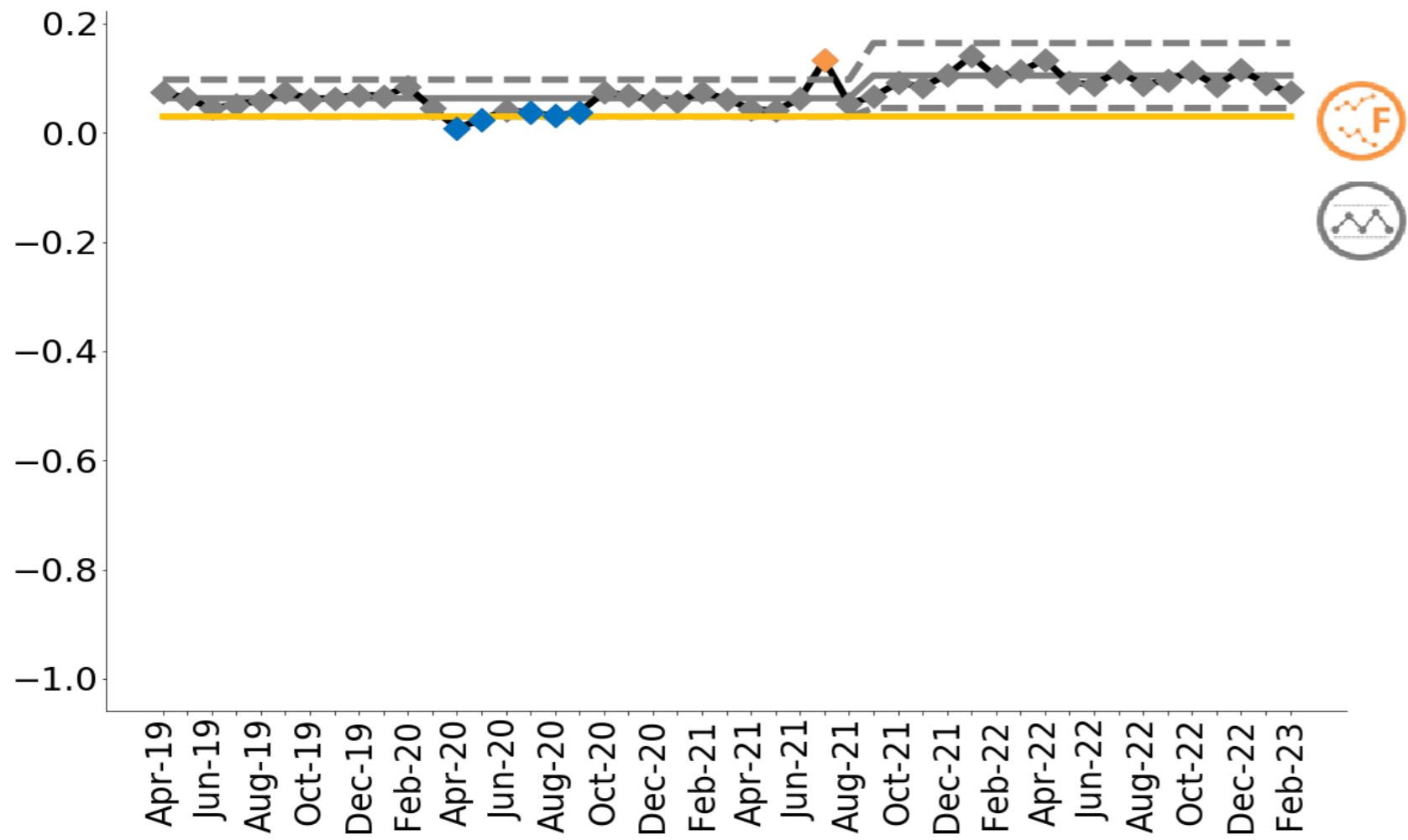
Super Stranded Patient Rate v Improvement Trajectory (21 Days+ Length of Stay)
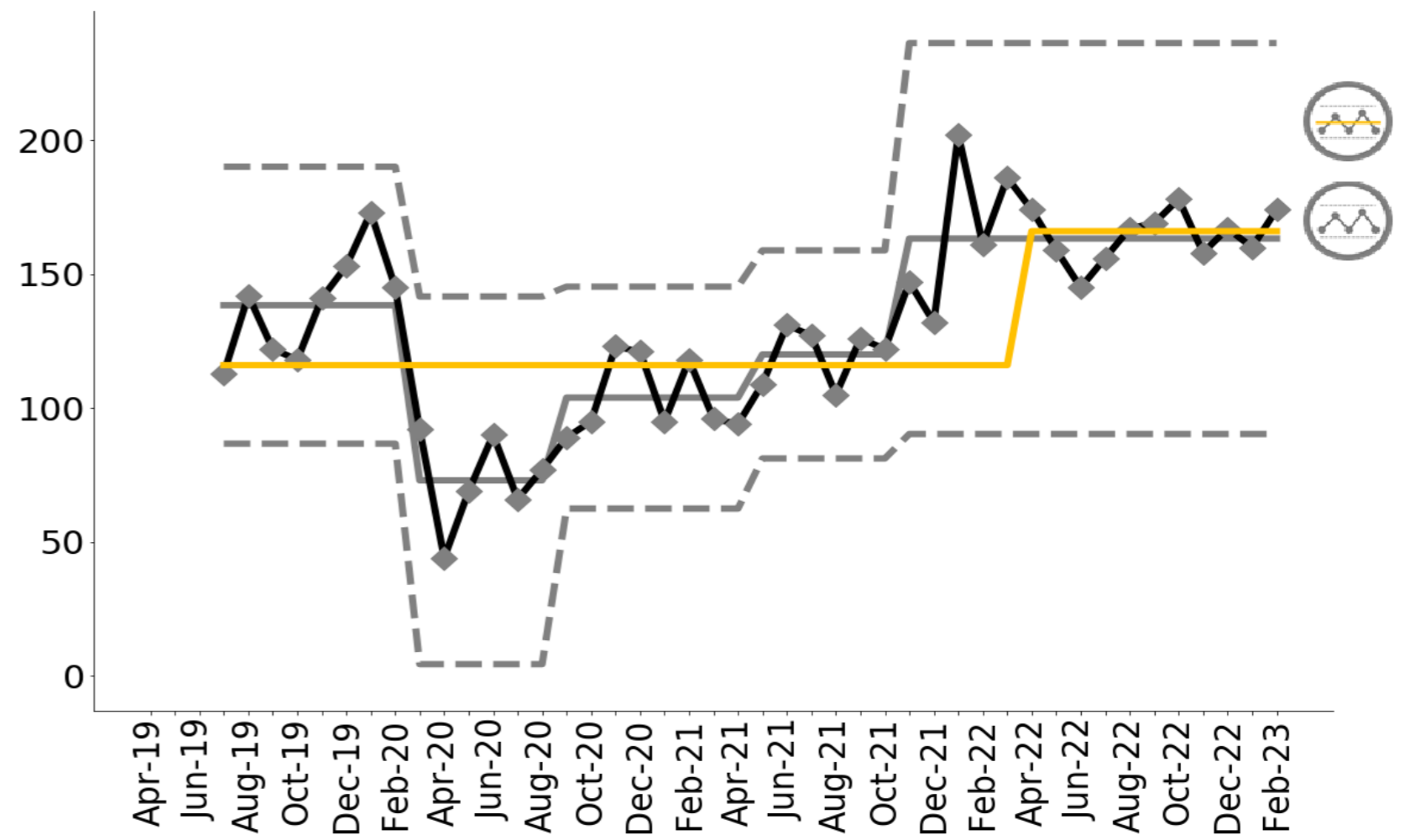
Achieve less than the annual tolerance for C.difficile
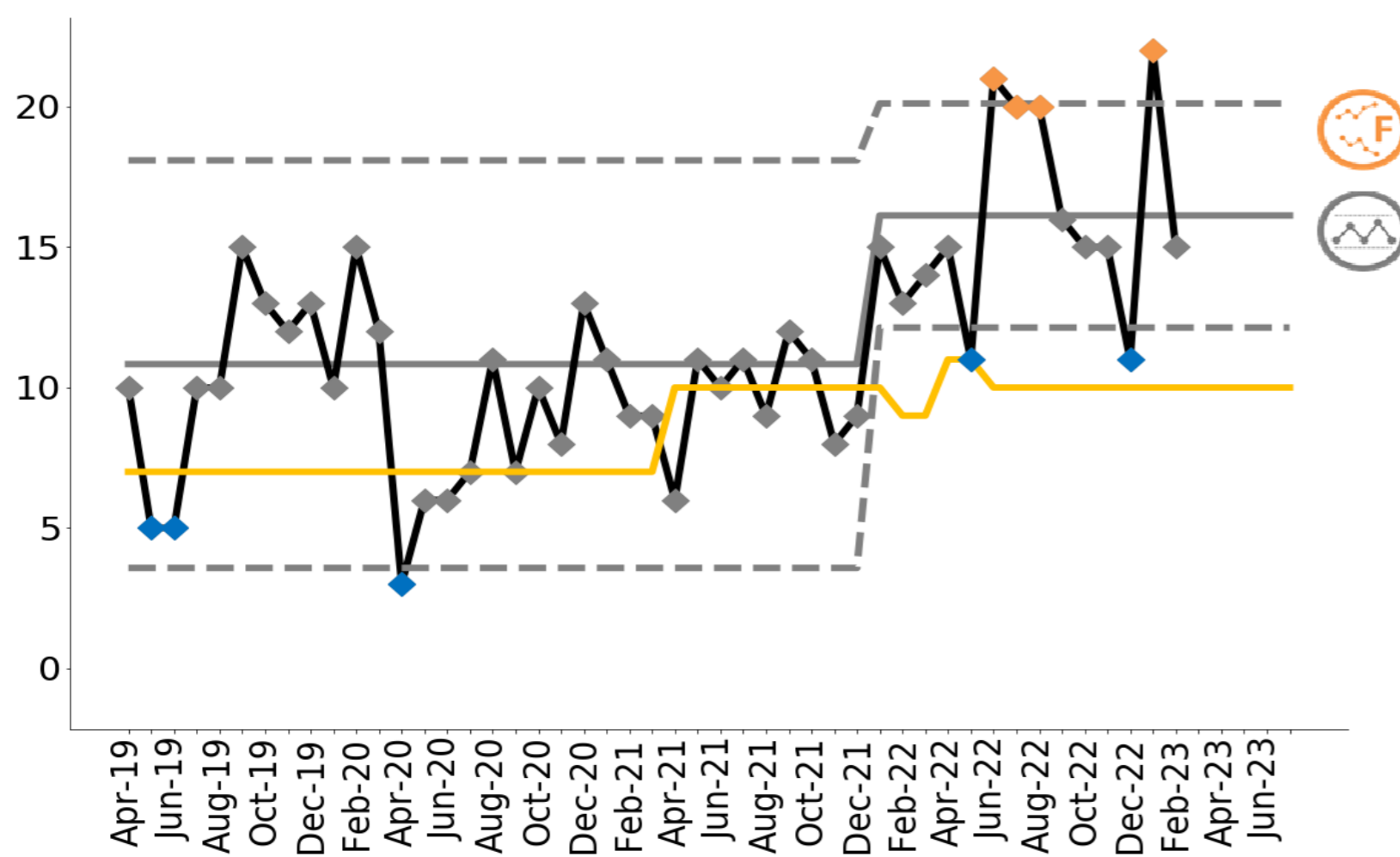
Maintain 75% of Clinical areas with SILVER and above Star accreditation
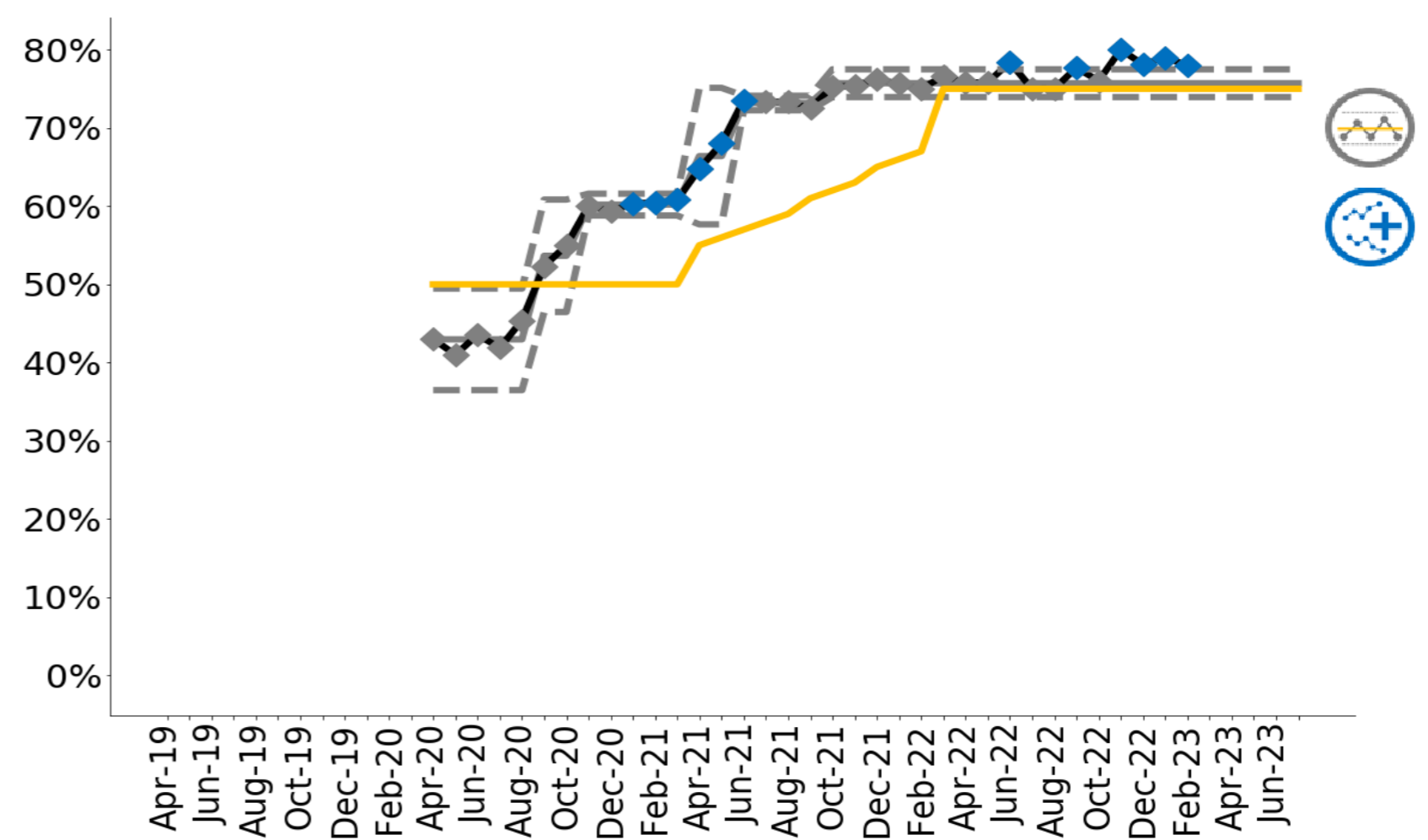
Reduce the number of falls by a further 5% - per 1000 bed days
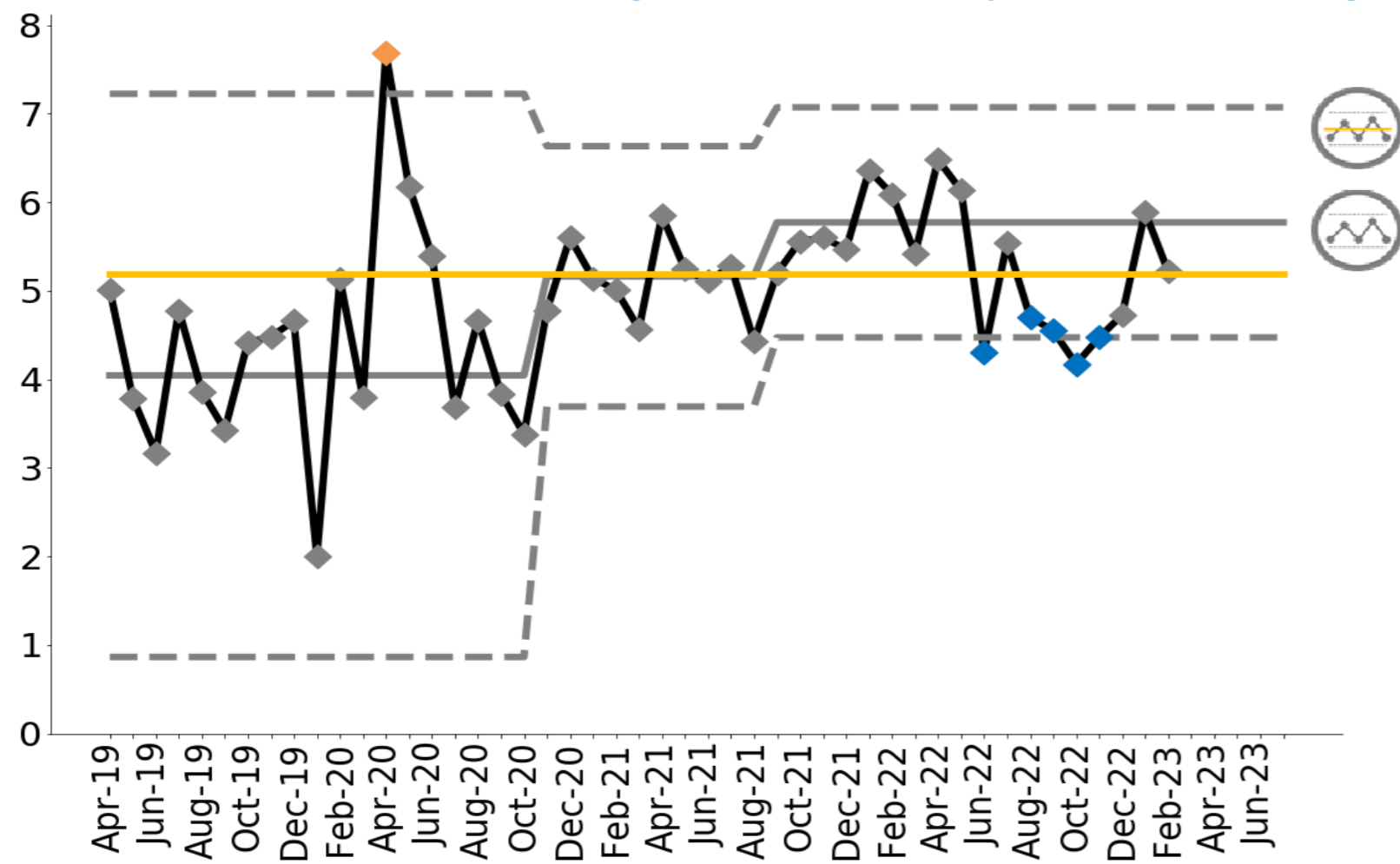
Achieve 90% staff trained in basic safety training
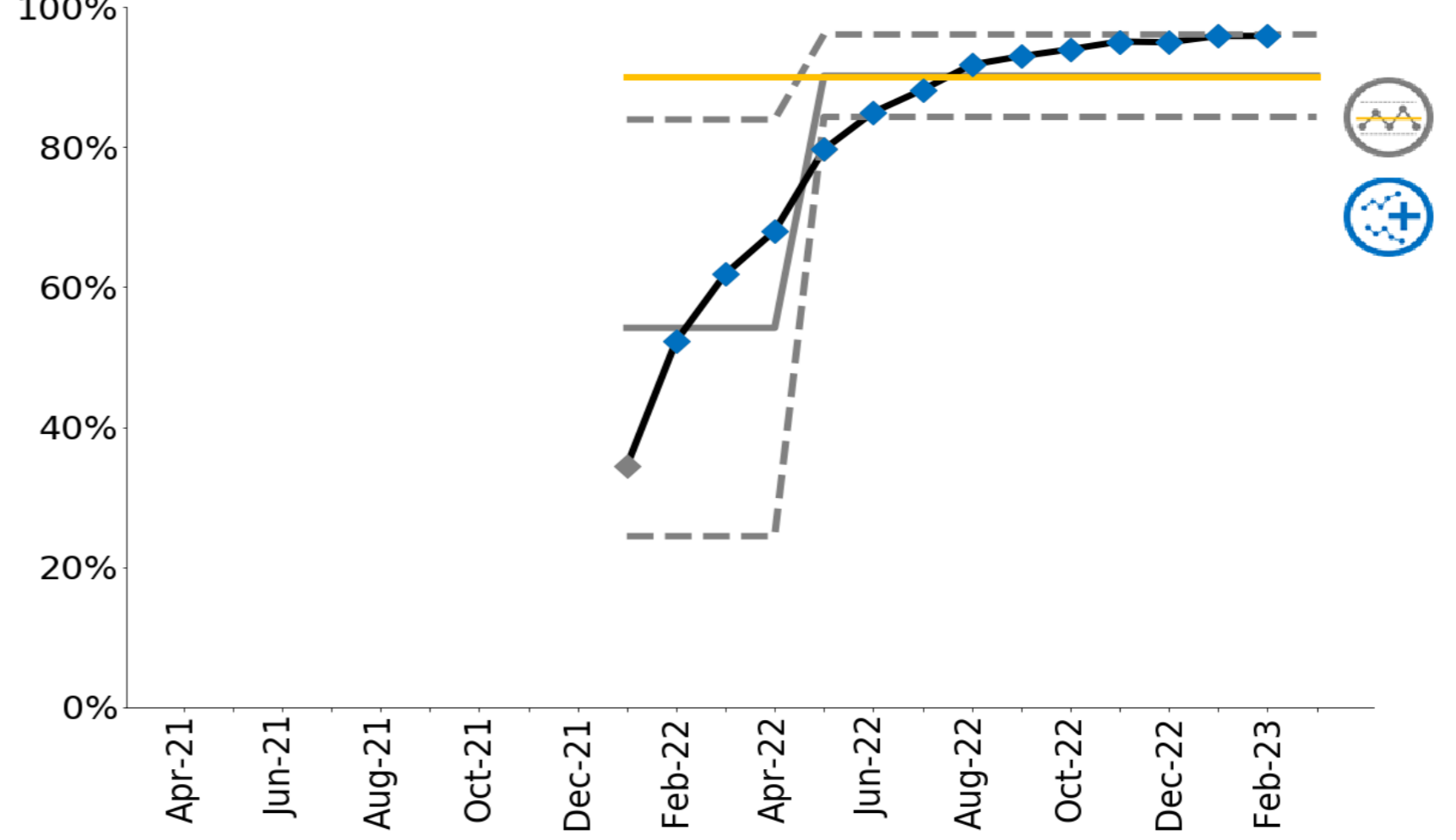
Achieve 90% staff trained in intermediate safety training

—— 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

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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 4.00% FTE (annual assessment; in-month reported)	M | T-D-S-C | W | KS	-	F	—	-	≤ 4%	5.95 %	5.45 %
	Reduce short-term sickness absence to 1.25% FTE (annual assessment; in-month reported)	M | T-D-S-C | W | KS	-	F	—	-	≤ 1.25%	2.34 %	1.58 %
	Reduce long-term sickness absence to 2.75% FTE (annual assessment; in-month reported)	M | T-D-S-C | W | KS	-	F	⌃⌄	-	≤ 2.75%	3.61 %	3.87 %
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	-	⌃⌄	⌃⌄	-	≤ 33.18	30.85	40.74
	Reduce average duration of MSK-related absences by a further 10% (annual assessment; in-month reported)	M | T-D-S-C | W | KS	-	⌃⌄	⌃⌄	-	≤ 18.86	23.17	23.30
	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	-	F	—	-	≤ 53	93	47.08
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%	0.66 %	0.73 %
Vacancies	Reduce the number of vacancies by a further 5% (annual assessment; in-month reported)	M | T-D-S-C | W | KS	-	F	⌃⌄	-	≤ 6%	7.97 %	8.61 %
Appraisals	Maintain 90% HC compliance rate for appraisals	M | T-D-S-C | W | KS	-				≥ 90%	88.75 %	
Mandatory Training	Maintain 90% HC compliance against all core skills training requirements (module compliance reported)	M | T-D-S-C | ETR | KS	-				≥ 90%	95.53 %	
Medical Devices	Achieve 90% HC compliance with medical device training	M | T-D-S-C | ETR | KS	-				≥ 90%	82.48 %	
Inform, Listen and Involve									
Staff Engagement & TED	Increase the number of teams that have undertaken TED by 50% (annual assessment; in-month reported)	M | T-D | W | KS	-	⌃⌄	⌃⌄	-	≥ 12	5	5.33
	Ensure 70% of our staff would recommend us as a place to work	Q | T-D | W | KS	-				≥ 70%	57.42 %	

|	**Assurance Icon**		
Variation Icon	**F** Will consistently fail target within expected variation	Could both pass or fail target within expected variation	**P** Will consistently pass target within expected variation
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Reporting Requirements Key

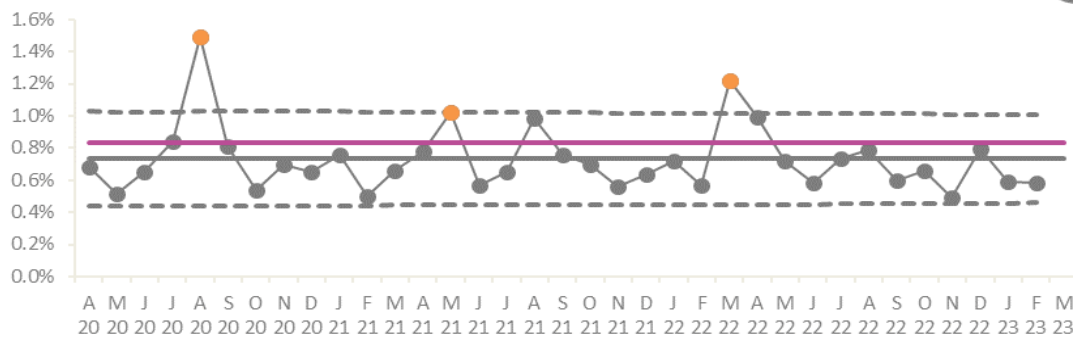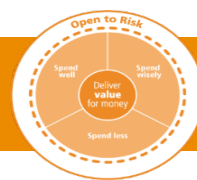| Frequency	Level	Sub-Committee	Responsible Executive
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Metric Description		Reporting Frequency | Level | Sub-Committee | Responsible Executive	Exception Report	SPC Assurance	SPC Variation	Target Concern	Trust Target	Reporting Month Value	Mean
Promote 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 60%	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 7.5 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)
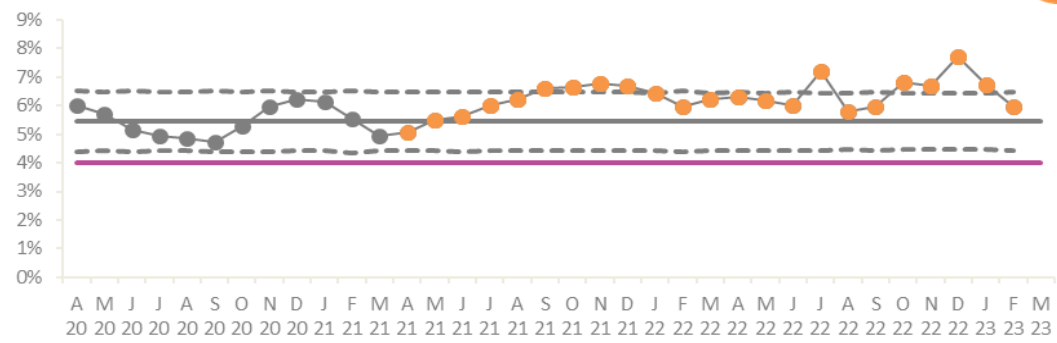
ESR Turnover (% FTE)

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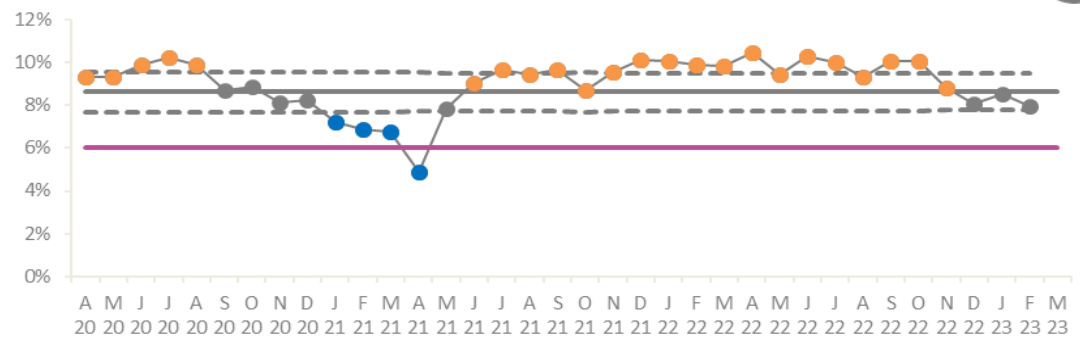
Appraisal Compliance (% HC)
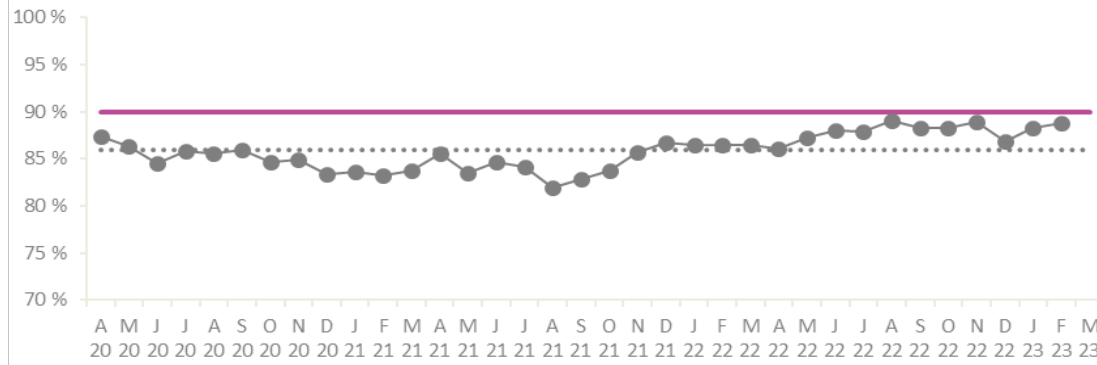
CSTF Compliance (% modules)

NQPS % Recommend to Work

Response Rate   Recommend to work   Target (≥ 70%)
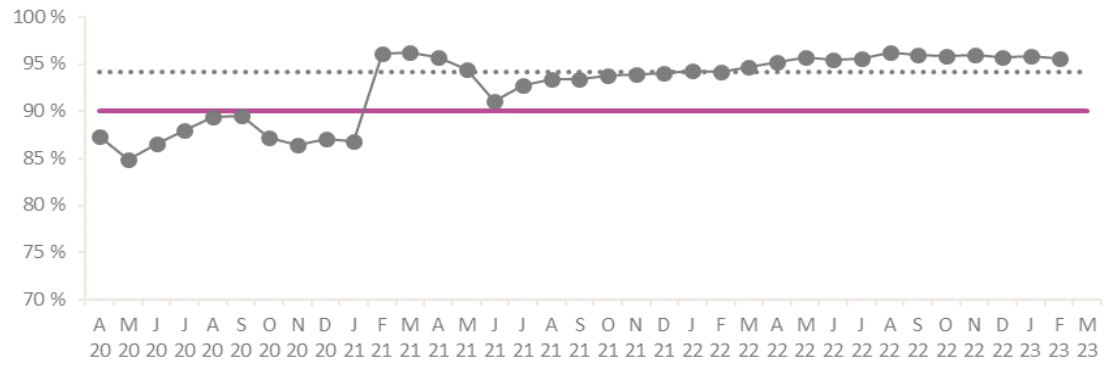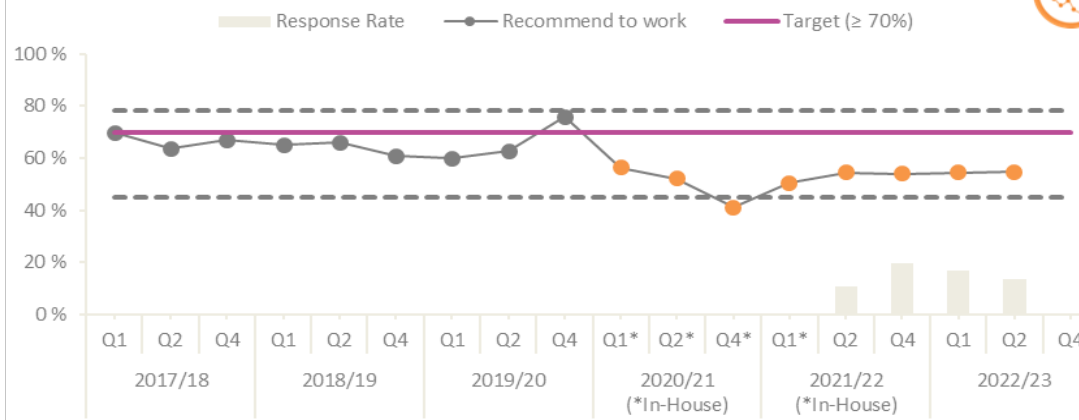
NSS % Recommend to Work

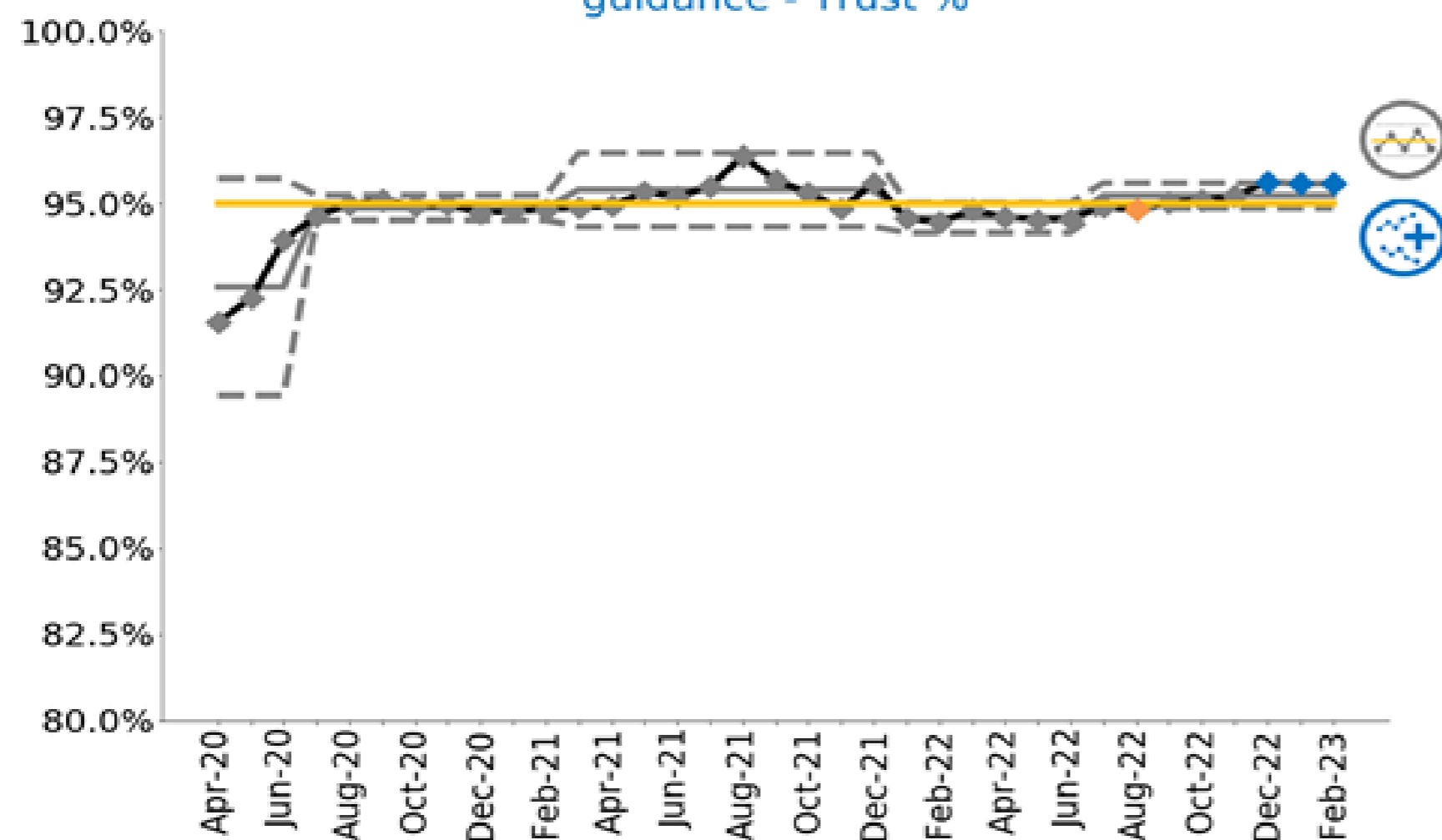| Metric Description				Reporting Frequency | Level | Sub-Committee | Responsible Executive	Exception Report to Sub Committee	SPC Assurance	SPC Variation	Target Concern	Trust Target	Reporting Month Value	Mean
Segment One - Spend Less (Economy)											
Agree revenue and capital financial plan with 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	-	-		2195	2784	-
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	(variation)	flag	85.0%	76.8%	77.5%
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	(variation +)	flag	4.4	4.9	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 a DNA rate of less than 6.8%	M | T-D-S | FPC | FB	No	F	(variation)	flag	6.8%	9.24%	9.70%
New to Follow-Up Rate	Big Plan	DVFM-9	To maintain a new to follow up patient ratio of 2.62	M | T-D-S | FPC | FB	No	(variation)	(variation)		2.62	2.60	2.82
Bed Occupancy Rate (Including Escalations)	Big Plan	DVFM-10	To achieve a bed occupancy rate of no higher than 90.0% (SITREP)	M | T-D | FPC | FB	No	F	(variation)	flag	90%	94.3%	94.3%
Theatres	Big Plan	DVFM-11	To improve theatre efficiency so that in session utilisation rates are no lower than 90%	M | T-D-S | FPC | FB	No	P	(variation)		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	(variation)	(variation +)		95%	95.6%	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%	23.91%	-
	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	-	-	flag	2.9%	4.17%	-
Delivery of Revenue Plan	**Key Metric**	DVFM-21	To ensure 100% delivery of the Trust's revenue programme	M | T | FPC | JW	No				-570	-14447	
Capital	**Key Metric**	DVFM-22	To ensure 100% delivery of the Trust's Capital programme	M | T | FPC | JW	No	-	-	-	30400	40173	-
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							

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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 - Transform Services											
Clinical Services Strategy	**Key Metric**	FFTF-1	**To deliver the actions in the clinical services strategy, including addressing the challenges and opportunities of multi-site working.**	B | T-D | TB | GS		▬	▬	▬	▬		
Communication and Engagement	Big Plan	FFTF-2	To deliver the actions in the Communications & Engagement strategy	B | T | FPC | ND		▲	▲	▲	▲		
Digital Health	**Key Metric**	FFTF-3	**Deliver the agreed ICS Digital plan**	B | T | FPC | SD		▬	▬	▬	▬		
Segment Two – System Leadership											
Collaboration and integration at System & Place	**Key Metric**	FFTF-4	**Maximise the effectiveness of system working and develop, agree and deliver the ICB and Provider Collaborative Board annual plan**	Q | T | TB | GD		▬	▬	▬	▬		
Segment Three – Anchor Institute											
Social Value	Big Plan	FFTF-5	Deliver the actions identified in the Trust's Social Value Framework Achieve Level 1 accreditation	B | T | TB | GD		▲	▲	▲	▲		
Segment Four – Develop our Infrastructure											
New Hospitals Programme	**Key Metric**	FFTF-6	**Deliver and implement plans as agreed**	M | T | FPC | JW							
Transforming Emergency flow	Big Plan	FFTF-7	Complete MAU expansion and / or deliver agreed benefits	M | T - D | FPC | GD		▬	▲	▬	▬		
Segment Five – Drive Innovation											
Continuous Improvement & Transformation	**Key Metric**	FFTF-8	**Deliver Year two of the Trust's approved Continuous improvement strategy & review the strategy.**	B | T | TB | AB		▬	▬	▬	▬		
	Key Metric	FFTF-9	**Deliver the agreed Transformation projects**	B | T | TB | AB		▼	▼	▼	▼		
Research	Big Plan	FFTF-10	Deliver the outcomes identified in the Trust's Research Strategy	A-Q | T | ETR | KS		▲	▲	▲	▲		
Education	Big Plan	FFTF-11	Deliver outcomes of the Trust's Education strategy	A-Q | T | ETR | KS		▲	▲	▲	▲		
Innovation	Big Plan	FFTF-12	Further Increase the number of programmes being delivered through the Innovation Pathway	A-Q | T | ETR | KS		▲	▲	▲	▲		

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

Green on track
Amber off track

Board of Director Report

Clinical Strategy Update			
Report to:	Trust Board	**Date:**	6th April 2023
Report of:	Medical Director	**Prepared by:**	G Doherty
Part I	✔	**Part II**	
Purpose of Report			
For approval ☐	**For noting** ☒	**For discussion** ☐	**For information** ☐

Executive Summary:

At the April 2022 Board meeting the Clinical Services Strategy 2022 - 2025 was agreed, outlining the key drivers for change at a local level, the on-going changes in the NHS system architecture and our plans to transform services to better meet the needs of our patients, our population and our staff. The strategy outlines the key areas where change is needed and the ways that this will be achieved, measured and evaluated and monitored via the Trust's governance processes. In addition to the overall Trust Clinical Strategy we developed Divisional and Specialty level clinical strategies to take the overall strategy forward.

This paper provides an update on the progress in taking forward the strategy. The key headlines from the report are:

- Good progress has been made to reduce waiting lists, protect elective activity and transform Urgent Care, the detail of which is reported at each Board meeting as a part of our performance report. While much has been achieved we must continue and accelerate this work in order to meet national requirements for further improvement and to deliver the services we want for our patients and our communities
- We have continued to develop our specialised services and have had particular successes in establishing the new provision of renal tertiary services across the ICS, the development of Micrographic surgery for skin cancer service, the identification of LTH as a maternal medicine centre, Family integrated care accreditation in neonatal intensive care, celebrating 10 years as a major trauma centre, the provision of a second robot at CDH and the provision of surface guided radiotherapy whilst continuing to develop our cancer services.
- We are proud of our work to drive health innovation through world class education, teaching and research. Particular highlights from our education and teaching activities include our widening participation programmes and our apprenticeship programmes while from our research and development activities we would highlight our growth in new studies and our national/regional awards
- System working is a critical part of delivering our Clinical Services Strategy and as shown in this summary report progress has been made both at an overall place level but also within individual specialities. We are particularly focused on working with partners to address health inequalities – Lancashire and South Cumbria are an early accelerator system for the Core20Plus5 Improvement

Collaborative which is led by NHS England in partnership with the Institute for Healthcare Improvement and the Health Foundation

The Clinical Services Strategy will be reviewed on a 6 monthly basis going forward, with annual updates on progress coming to the Board.

It is recommended that:

- The Board notes and discusses this update

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	☒

1. **Introduction**

The Trust Clinical Services Strategy 2022-2025 was co-designed with our clinical leaders, frontline staff and operational leaders taking full consideration of the significant challenges experienced in our system that relate to our clinical models of care and pathway redesign and the significant drivers for change we faced. This paper provides an update on progress against the items within the strategy as well updating on those areas where progress has been made to further develop the strategy and to take forward system working.

2. **Progress Against the Clinical Services Strategy 2022-2025**

Updates are given below for the progress made against each of the sections of our Clinical Services Strategy. Following this a brief update is given of our achievements against our Divisional/Specialty Strategies:

2.1. To provide outstanding and sustainable healthcare to our local communities

Our Clinical Services Strategy identified 3 key priorities for out local services. Updates for each are given below:

Reduction of waiting lists following COVID-19

The Trust has substantially reduced the number of long waiting patients, successfully delivering the first key national milestone to treat patients who were waiting over 104 weeks by the end of 2021/22 and making excellent progress in reducing the number of over 78 week patients this year as shown below:

78 weeks+ patients
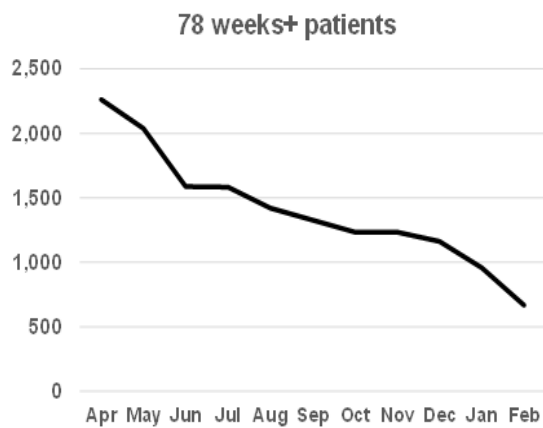
Actions taken to reduce waiting lists:

- Additional staff recruited
- Additional lists and clinics
- Additional equipment/buildings
- Improved theatre efficiency
- Use of Independent Sector/in-sourcing and mutual aid from other providers
- Implementation of best practice pathways/processes (e.g. telemedicine)
- Outpatient transformation programme

The Board receives an update on our performance in reducing waiting times at every meeting. As part of our planning for 2023/24 plans are in place to further reduce waiting times to meet the national target 65 week.

Protecting Elective Services

The national direction to separate services was further reinforced in the green elective site requirements through COVID-19 and allows us to further focus on the utilisation of the Chorley District Hospital site as an elective hub. Our 2022-25 Clinical Strategy sought to further increase the volume and number of elective services at CDH and appropriate support services that are required alongside this. Over the past year Neurosurgery, Plastic Surgery, and potentially Gynaecology have developed their elective service by using the CDH elective site and we are on track to develop the children's day case surgery service at the CDH elective hub as planned in our strategy.

After the agreement of the 2022-25 Clinical Strategy the Department of Health launched a formal accreditation scheme for surgical hubs. There are currently 89 surgical hubs across England with more planned to come on line. The accreditation scheme is run by NHS England's Getting It Right First Time (GIRFT) programme in collaboration with the Royal College of Surgeons of England, assesses hubs against a rigorous framework of standards to help hubs deliver faster access to some of the most common surgical procedures. It also seeks to assure patients about the high standards of clinical care provided by the hubs. The accreditation process focuses on the following key clinical and operational domains:

- The patient pathway
- Staffing and training
- Clinical governance and outcomes
- Facilities and ring-fencing
- Utilisation and productivity

Chorley is one of just eight surgical hubs to have been formally accredited, reflecting the high standards and excellent services provided which we are very proud of.

As indicated in our strategy, Ophthalmology services have implemented long term transformation plans with a purpose built facility at CDH that enables high volume quality pathways fit for the future. We are delivering the benefits we planned as seen in the graph showing daycase activity below:
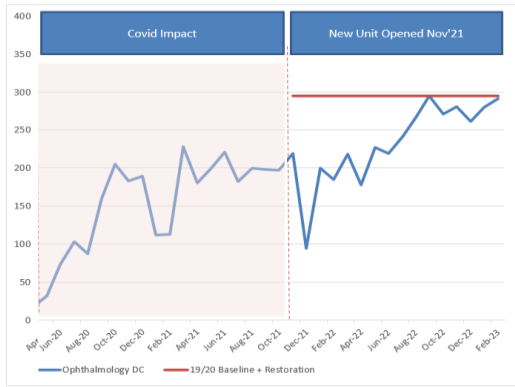
We are currently working with GPs, optometrists and opticians to improve integration with community pathways to ensure only those patients that would benefit from hospital care have to travel to hospital.

As part of our planning process for 2024/24 we been working with our staff and our partners to review our current Clinical Strategy and develop an enhanced 3 year elective transformation strategy. Once finalised this will be a key foundation and will form part of our revised Clinical Strategy going forward.

Transforming Urgent and Emergency Care

The Trust has worked with a range of partners to improve waiting times in our Emergency Department and reduce delays in ambulance turnaround times as shown below:
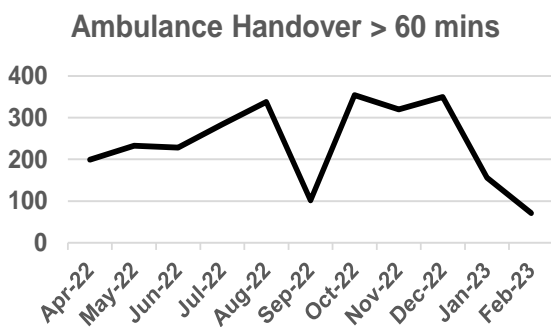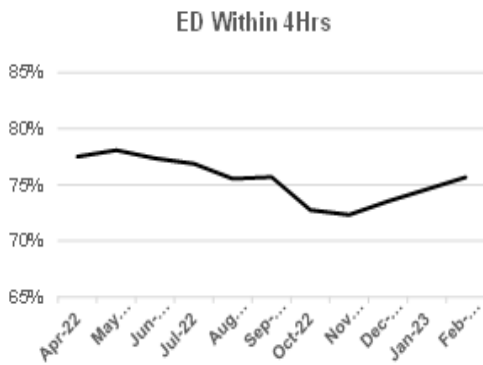
Actions taken to improve urgent care services:

- Participation in the local Ambulance handover collaborative;
- Patient flow programme focused on reducing internal delays
- Continued work to increase utilisation of the virtual wards
- Maximisation of the impact of the Lancashire Community Healthcare Hub (Finney House)
- Working the Cambridge's University on their 'Engineering Better Care' programme.
- Working with care homes to offer support and assstance

As part of our planning process for 2024/24 we been working with our staff and our partners to review our current Clinical Strategy and develop an enhanced 3 year Urgent and Emergency Care transformation strategy. Once finalised this will be a key foundation and will form part of our revised Clinical Strategy going forward.

Finney House

The Trust has developed intermediate care services through its Finney House development. Opening in November 202, the 64 bedded intermediate care facility addresses a longstanding gap in

intermediate care provision and is providing opportunities for the organisation to work in partnership with community and social care colleagues and aims to reduce the number of patients in hospital who no longer meet the criteria to reside. Finney House has retained 32 beds of nursing residential care ensuring existing residents are able to stay in their own home. This development is leading to a greater opportunities to work together with primary and community services to optimise the offer for patients within centra Lancashire.

2.2. To offer a range of high quality specialised services to patients in Lancashire and South Cumbria

Lancashire Teaching Hospital offers a range of specialist services including:

- Major Trauma
- Cancer (including radiotherapy, drug therapies and cancer surgery)
- Disablement services, such as artificial limbs and wheelchairs
- Neurosciences including neurosurgery and neurology (brain surgery and nervous system diseases)
- Regional Neonatology
- Specialist vascular surgery
- Renal Medicine (kidney diseases)
- Plastic Surgery

Specialist services are a vital part of our services and all of the above have seen significant developments over the last year in particular:

Renal Services
- Renal Service Transformation has been successfully completed and achieved – improved care closer to home (new/refurbished units in East Lancashire and Morecambe Bay) also supporting a £2.4 million improvement
- North-West Kidney Network launch
- Earlier and increased repatriation of transplant patients from MRI to LTHTR.
- Dialysis provision in prisons
- Gold STAR status in Home Therapies

Neurosciences
- Co-location of services within Brock to achieve implementation of Neurosciences Centre complete with dedicated outpatients' area and Neuroscience's brand and logo established
- Delivery of year 1 improvement programme to develop/reconfigure pathways/service configuration
- Partnering with local Universities and the ICS to build on existing successful student data collaborations within Neurology bringing in student placements and apprenticeships
- Improve outpatient efficiency through greater use of non-consultant and virtual appointments
- Increase the proportion of spinal procedures undertaken in a day case setting and increase the rate of short-stay admissions.

Plastic Surgery
- Established the foundation for our local MOHs service – micrographic surgery is a specialised procedure that allows the accurate and precise removal of skin cancer
- Expanded the trauma services to meet the BSSH guidelines and Ortho-plastic BOAST measures
- Increased the proportion of cancer procedures undertaken in a day case setting and increased the rate of shortstay admissions.

Disablement services, such as artificial limbs and wheelchairs
- Met the revised requirements and Quality Indicators in the Prosthetic National Service Specification

Specialist vascular surgery
- Agreed leadership team structure/process to take forward the next phase of our Vascular system reconfiguration
- Recruited additional Advanced Clinical Practitioners to addresses challenges in the junior doctor rota
- Undertook review of the Vascular Surgeon of the Week model.

Cancer
- The provision of a second robot at CDH
- The provision of surface guided radiotherapy
- Cancer transformation programme commenced for clinical pathway redesign and cancer waiting times have been halved by the introduction of "day zero PTL" methodology. Focused pathway improvements are in place for Colorectal, Urology, Prostate, Bladder, Gynae, Lung and Skin.
- Tobacco & Alcohol Care Team service /CURE programme commenced
- Cancer Prehab pilot commenced in colorectal, UGI and lung

Major Trauma
- The 10 year anniversary of the major trauma centre - the MTC was established in the summer of 2012, giving round-the-clock access to skilled specialists and emergency theatres for those in need of them most. Over the past 10 years the MTC has treated over 11,000 severely injured patients, with the numbers increasing each year

Neonatology
- Funding provided to meet nursing BAPM standard for neonatology and strengthen the AHP offer within the service.
- Family Integrated Care Green accredited unit

In addition to the above LTH have a number of specialities which provide both local and specialist services. Some of our key achievements in those areas are listed below:

Stroke
- In line with the agreed strategy to develop Stroke centres recruitment of the following posts: Nursing, Allied Health Professionals, Advanced Specialist Practitioner Consultant Nurse,
- Continuous Improvement Work has commenced with the launch of the Stroke Big Room.
- Community Stroke and Neurorehabilitation Team have commenced in reaching into Acute stroke unit and Rookwood B to identify patients early and put support in place for early discharge where suitable.

Maternity
- Delivery of the 10 key safety actions CNST
- Progress made with 50 of the 92 Ockenden actions
- In line with Ockenden, LTH is identified as the maternal medicine centre.
- Identified infrastructure is developing for the fetal and maternal medicine service (this is not yet fully commissioned)
- International midwife recruitment strategy approved

Paediatric services
- £32,992 Baby Beat funding and £84,217 Children's appeal donations to improve the facilities for children and young people and their families
- Recruitment to patient experience lead that will focus on creating a skill set to manage highly complex children
- Strengthened leadership and staffing infrastructure in the urgent pathway
- The development of Chorley Children's Surgery providing up to 8 lists a fortnight dedicated to children

- The newly commissioned bladder and bowel service has expanded further and has received positive feedback, this is a much needed service and supports the SEND provision for the ICS.
- The Kentown Wizard Foundation has funded a palliative nurse specialist, replicated across the Integrated Care Board and there is a similar post in each acute provider allowing for a networked and consistent approach.
- A children's excessive weight gain service has been introduced as a hub and spoke model with the Tertiary Centres

2.3. To drive health innovation through world class education, teaching and research

The Trust is proud of its commitment to and successes in this critical area which brings benefits for patients, staff and our local economy. Some of our key achievements over the last 12 months are listed below:

Education & Teaching:

- 189 participants supported across 9 widening participation programmes, all targeted towards supporting people into (or back into) employment
- 58 learners recruited to Level 3 Healthcare Support Worker apprenticeship; this apprenticeship supports progression from Band 2 to Band 3 Healthcare Assistant
- Further improvements in mandatory training compliance (targets met or exceeded in 21 out of 26 subjects as of March 2023)
- Overall medical device compliance has improved by 9-10% during 2022-23, now exceeding the interim target of 80%
- 563 newly qualified staff supported through preceptorship
- 431 Healthcare Assistants completed HCA induction and Care Certificate
- 23 HCAs completed bespoke induction programme for Finney House development
- 8367 mask fit tests conducted
- Defibrillator replacement programme further rolled out (expected to complete by Summer 2023)
- Third cohort of 16 international doctors recruited on our Medical Internship Programme
- Successful launch of the new BSc Adult Nursing Practice-Based Pathway in January 2023 with 25 students enrolled
- Final cohort recruited on the 18-month Registered Nurse Degree Apprenticeship in September 2022; since September 2020 there have been a total of 84 learners supported to top-up from Assistant Practitioner or Nurse Associate to become qualified nurses

Research & Development

- In total, there are currently over 200 research studies recruiting patients at the Trust. 55 new studies issued with capacity and capability since April
- 4th Senior Clinical Academic appointment made
- $3m NIH (USA) collaboration with UCLan for Biospectroscopy research
- Commencement of the new funding period of the NIHR Lancashire Clinical Research Facility (LCRF) status with 33% uplift in funding for 2022-25 of £1m
- Commencement of the new NIHR Manchester Biomedical Research Centre (BRC) of which LTHTr is a partner and will bring core funding of £750k (2022-2027) via the LCRF
- One of our leading Principal Investigators, Professor Shondipon Laha, Consultant in Critical Care Medicine and Anaesthesia, won the regional Future NHS Award for his commitment to improving health care, championing research, and introducing innovative ideas throughout the COVID-19 pandemic, and was shortlisted for the 2022 NHS Parliamentary Awards.
- Our Director of Research, Professor Pierre Martin-Hirsh was awarded the Royal College of Obstetricians and Gynaecologists (RCOG) Annual Academic award.

2.4. System working in a new NHS landscape

2.4.1. Local Services: Integration, Place Based Care

The Trust has been working with local partners to advance our partnership and integration work as planned in our Clinical Strategy. Place based working has been developing over the last 12 months and has been a particularly strong part of our partnership working to improve urgent care services as described on page 3 of this report. From a wider perspective, we have begun to work with partners at place to take forward a range of key priority programmes including those shown below:
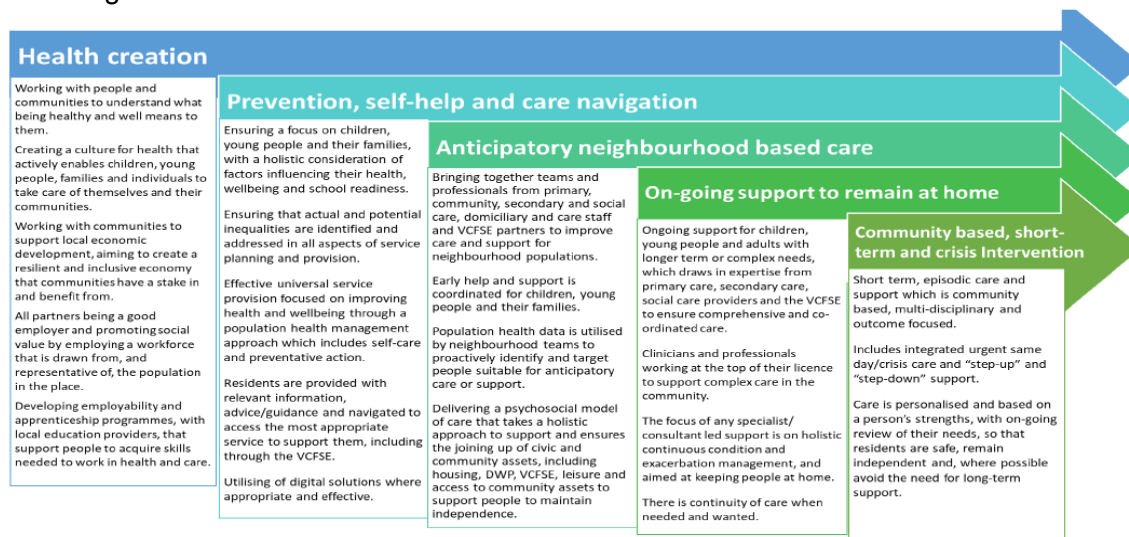
2.4.2. Clinical networks

System working is critical if we are to meet the challenges that face us and maximise the impact of our collective resources on the health and wellbeing of the population of Lancashire and South Cumbria. Clinical networks have been developed in L&SC for Ophthalmology, Urology, ENT, MSK, Gynaecology, General Surgery, Oral and Maxillofacial Surgery (OMFS) and Anaesthetics/Perioperative pathways. The networks are a key part of our system working within L&SC and are clinically led. The Provider Collaborative Clinical Integration Group was established in 2021 and in summer 2022 was revised to become the Clinical Programme Board. The CPB is chaired by Martin Hodgson, CEO at East Lancashire Trust, and brings together key clinical leaders from across L&SC to drive collaboration and transformation. Updates on the key achievements for each of our clinical networks over the last year are given below:

Ophthalmology
- Implementing a Joint Community Service Specification which supports greater integration with primary care and reduces unwarranted variation across services
- Developed a standardised approach to Diabetic Retina and Glaucoma pathways across L&SC
- Improved theatre utilisation

Urology
- Clinical network extended to include a project to develop a proposal for the consolidation of specialised cancer procedures for kidney, bladder and prostate as defined by the national service specification onto fewer sites

- Sub-group planned to scope a proposal for a model of care for Stones and network access to lithotripsy
- GIRFT Opportunities TURBT, TURP, Stones – UHMB and LTH moved to all HVLC activity being listed with a default of daycase
- Improved theatre utilisation

ENT
- Reviewing septoplasty patients - Each Trust to implement the NOSE questionnaire for septoplasty
- Readmissions for adult and paediatric tonsillectomy procedures audited to understand the high number and identify areas of improvement
- Improved theatre utilisation

MSK
- Agreed basis for collaboration on ankle, elbow, and paediatrics
- Explored MSK workforce and digital opportunities
- Began breakthrough series collaborative for fractured neck of femur
- Improved theatre utilisation

Gynaecology
- Recently commenced its work programme
- Agreed a range of key areas to focus including LOS for benign disease (prolapse/vaginal hysterectomy), minimally Invasive Access Rate for Hysterectomy (below 50 years of age) and options for single site for urogynaecology services
- Improved theatre utilisation

General Surgery
- "Failed daycase" patient audit/action plan
- Daycase activity review for hernia and gallbladders
- Improved theatre utilisation

Oral and Maxillofacial Surgery
- Discussions around tier 2 practices to gain access to path labs to prevent referrals to secondary care.
- Reviewing the GIRFT clinically-led OMFS OP guidance and their protocols for PIFU, reviewing patients
- Improved theatre utilisation

Anaesthetics/Perioperative pathways
- Consistent No-One At Home (NOAH) Policy developed
- Prehabilitation: Aligning with the LSC optimise #setforsurgery programme – supports patient wellness, and take opportunities earlier in the pathway to improve health.
- Supporting the #NOF pathway with the Orthopaedic Clinical Network
- Supporting the Theatre Improvement Programme

2.4.3. Fragile clinical services

The Trust has been working with our colleagues across L&SC to identify and mitigate the risks around fragile services. A key strategic aim of the provider collaborative is to ensure the sustainability of clinical services that are deemed as being fragile, and for partners and clinical networks to work in collaboration to ensure the population receives high quality, accessible and equitable services across the region. The Trusts have worked together to agree the definition of a fragile service (for example, a service which is over reliant on temporary workforce solutions to deliver the model of care, due to the service having significant and long-standing recruitment challenges) and have agreed a framework to determine whether a clinical service requires system wide support/collaboration. The PCB Board will receive a quarterly report on fragile services with a specific focus on risk level one services in order that the system has the appropriate governance to offer oversight and assurance into the ICB as the lead commissioner for services across Lancashire & South Cumbria.

2.4.4. Reducing Health Inequalities

Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement.

Core20 – patients who live in the most deprived 20% of the national population based on Index of Multiple Deprivation

PLUS – locally determined population groups with poorer than average experience of health services

5 – five clinical areas of focus: maternity, severe mental illness (SMI), chronic respiratory disease, early cancer diagnosis & hypertension case-finding

Lancashire and South Cumbria ICS is an early accelerator system for the Core20Plus5 Improvement Collaborative which is led by NHS England in partnership with the Institute for Healthcare Improvement and the Health Foundation. This programme of work will focus on early cancer diagnosis initially and will, over time, be scaled up with the aim of achieving the national standard of 75% of cancers diagnosed at Stage 1 or Stage 2. The Director of Continuous Improvement is our lead for the programme and a Steering Committee is being established to oversee the work.

Work is ongoing within the organisation to create a plan to support the delivery of the adult and children CORE20PLUS% national strategies.

A number of workstreams are underway focused on
- Patients on waiting lists diagnosed with severe mental Illness and a Learning Disability
- Patients who do not attend appointments and who are not brought to appointments who may be at increased risk
- Continuity of carer for women from a Black Asian Minority Ethnic background
- Recruitment to patient experience lead that will focus on creating a skill set to manage highly complex children in the inpatient setting reducing likelihood of adverse outcomes

- Newly commissioned bladder and bowel service to support the SEND provision for the ICS.
- Children's excessive weight gain service has been introduced as a hub and spoke model with the Tertiary Centres

2.4.5. New Hospital Programme

LTH and University Hospital of Morecambe Bay were both successful in becoming part of the New Hospitals programme offering a once-in-a-generation opportunity to transform the region's ageing hospitals and develop new, cutting-edge hospital facilities that offer the absolute best in modern healthcare. A robust case for change was published in June 2021 setting out the vision and ambition for the future together with an assessment of our hospital estate focusing on significant backlog maintenance and dilapidation; inadequate compliance with existing and future building standards; poor clinical interdependencies and high operating costs. Our clinical teams have worked to develop revised clinical models and pathways and a comprehensive appraisal has been undertaken of the different site/configuration options. We are working with the national teams who are currently undertaking an assessment and evaluation of all the projects within the New Hospitals Program.

3. Financial implications

The delivery of the clinical strategy has a range of potential financial implications for the Trust or for our partners. As plans are developed and agreed to implement the strategy any financial implications would be quantified and approved through the annual operating plan or an agreed business case to the appropriate approving body.

4. Legal implications

None identified

5. Risks

The most significant risks to the delivery of the Clinical Services Strategy are:

- Finance and investment
- Workforce
- Alignment of the clinical strategies with the ICB, PCB and Place and with other Trusts

The above risks will be managed through our established Board Sub Committees, Board assurance framework and risk registers.

6. Impact on stakeholders

The proposals outlined in the summary Clinical Services Strategy have implications for our stakeholders, especially in relation to the integration of community services and the development of new clinical models of care. We will work with our partners at system and at place to plan the ongoing delivery of the strategy and the co-design of services.

7. Recommendations

It is recommended that:

I. The Board receives this update on progress against our Clinical Services Strategy

Board of Directors Report

Review of Code of Business Conduct

Report to:	Board of Directors	Date:	6 April 2023
Report of:	Company Secretary	Prepared by:	J Foote
Part I	✓	Part II	

Purpose of Report

For approval	☒	For noting	☐	For discussion	☐	For information	☐

Executive Summary:

The Code of Business Conduct sets out the Trust approach to dealing with conflicts of interest and the acceptance or otherwise of gifts and hospitality. The code is reviewed on a three-year cycle. However, as part on an internal audit in 2022, several actions were identified in order to bring the code into line with the NHS model Code of Business Conduct. This review both addresses the internal audit actions and demonstrates practice in line with the NHS code.

The Board is asked to approve the Code of Business Conduct as set out as an appendix to the report.

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

Executive Management Team 15 March 2023

1. **Background**
   As explained in the Code, the purpose of the Code of Business Conduct is to ensure that all involved in the Trust maintain a high standard of propriety in the way they conduct themselves. The Code of Business Conduct is intended to ensure that the actions of those acting on behalf of the Trust are both lawful and in line with the high standards expected. The Code of Business Conduct also provides support and guidance for making appropriate judgement and decisions, to protect the Trust's Staff, Non-Executive Directors and Governors from any suspicion of fraud, bribery or corruption.

   The revised Code is set out at Appendix 1.

2. **Areas of Revision and Rationale**
   The Code has been reviewed against the NHS Model Code of Conduct and revisions have been made throughout to ensure that reference, declaration limits and reporting requirements are consistent with the NHS model.

   In addition, the findings of the internal audit in that:

   - *The Policy also does not make reference to the Trust having arrangements in place for members of the public to review the Register of Interests at Trust HQ if requested, in the absence of internet access*

   - *The Code of Business Conduct policy does not include the required 'Wider Transparency Initiatives' section of the Model Policy*

   have been addressed. A report on the full compliance with the Internal Audit findings will be presented to the next meeting of the Audit Committee.

3. **Financial implications**
   The costs associated with the maintenance of the Civica contract to record declarations of interest, gifts and hospitality are budgeted for 2023/24.

4. **Legal implications**
   The Trust is required to set out its approach to declarations of interest and the registering of gifts and hospitality. The revisions to the Code and the oversight of its application by the Company Secretary now evidence best practice.

5. **Risks**
   A regular review of all framework documents ensures that the business of the Trust can be undertaken in a compliant and consistent manner.

6. **Impact on stakeholders**
   The Code sets out clear parameters for how the Trust engages with stakeholders and commercial partners to ensure propriety.

7. **Recommendations**
   The Board of Directors is recommended to approve the revised Code of Business Conduct.

CONTENTS

Lancashire Teaching Hospitals NHS Foundation Trust		ID No. TP-200
Version No: 4	Next Review Date: 31.03.26	Title: Code of Business Conduct

Do you have the up to date version? See the intranet for the latest version

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1. INTRODUCTION

1.1 Lancashire Teaching Hospitals NHS Foundation Trust and the people who work with and for us, collaborate closely with other organisations, delivering high quality care for our patients. These partnerships have many benefits and should help ensure that public money is spent efficiently and wisely. But there is a risk that conflicts of interest may arise.

1.2 Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. We are committed to maximising our resources for the benefit of the whole community. As an organisation and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that we are using our finite resources in the best interests of patients.

2. PURPOSE

2.1 The purpose of the Code of Business Conduct is to ensure that everyone involved in the Trust maintains a high standard of propriety in the way they conduct themselves. This Code of Business Conduct is intended to ensure that the actions of those acting on behalf of the Trust are both lawful and in line with the high standards expected. This Code of Business Conduct also provides support and guidance for making appropriate judgement and decisions, to protect the Trust's Staff and Governors from any suspicion of fraud, bribery or corruption.

2.2 The Code of Business Conduct applies at all times when individuals are carrying out Trust business or representing the Trust. The Code of Business Conduct does not relate to activities undertaken in a personal capacity, except where the personal conduct could reasonably be regarded as bringing the Trust as a whole, its division, departments or a particular office into disrepute.

2.3 Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. We are committed to maximising our resources for the benefit of the whole community. As an organisation and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that we are using our finite resources in the best interests of patients.

2.4 This Code of Business Conduct will help our staff manage conflicts of interest risks effectively. It:
- Introduces consistent principles and rules
- Provides simple advice about what to do in common situations.
- Supports good judgement about how to approach and manage interests

3. SCOPE

3.1 Whilst the Code of Business Conduct makes reference to and contains basic information about some of the Trust's policies, it is not intended to cover every situation; and should therefore be read in conjunction with the relevant policies and any additional professional conduct regulations that may be appropriate.

3.2 In particular, the Code of Business Conduct should be read in conjunction with:
- The Code of Conduct for Employees;
- The Anti-Fraud, Bribery and Corruption Policy;
- The Disciplinary Policy and Procedure;
- The Raising Concerns Policy;
- The Trust Constitution;
- The Board's Standing Orders; and
- The Standing Financial Instructions.

These policies are available to view via the Trust's Heritage system.

4. KEY TERMS

In this Code of Business Conduct, the following key terms apply:

'Staff'	At the Trust we use the skills of many different people, all of whom are vital to our work. This includes people on differing employment and engagement terms, who for the purposes of this Code we refer to as 'Staff' and are listed below: • All salaried employees, full or part time, irrespective of role, grade or status • Non-executive directors
	• All prospective employees – who are part-way through recruitment • Volunteers (including governors) • Contractors and sub-contractors and others employed under a contract for service • Agency and bank staff • Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the organisation) • Employees of wholly owned subsidiary vehicles

'Decision Making Staff'	Some staff are more likely than others to have a decision-making influence on the use of taxpayers' money, because of the requirements of their role. For the purposes of the Code of Business Conduct these people are referred to as 'decision making staff.' 'Decision making staff' in this organisation are: - Executive and non-executive directors (or equivalent roles) who have decision making roles which involve the spending of taxpayers' money - Those at Agenda for Change band 8d and above - All consultants - Procurement staff involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions - Administrative and clinical staff who have the power to enter into contracts on behalf of the organisation (or its subsidiaries) In accordance with national guidance, these staff groups are considered to be employees who have significant influence and it is therefore important to ensure that transparency of any declarations made and action being taken to avoid situations of conflicts.
'Interests':	'Interests' fall into the following categories: **Financial interests:** Where an individual may get direct financial benefit from the consequences of a decision they are involved in making. **Non-financial professional interests**: Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.

	Non-financial personal interests: Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career. **Indirect interests:** Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

A 'conflict of interest' is:	A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.
	
	A conflict of interest may be:
	   • Actual - there is a material conflict between one or more interests
	   • Potential – there is the possibility of a material conflict between one or more interests in the future
	
	Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

5. DECLARING INTERESTS

5.1   All Staff (as defined in 'key terms' above) must declare any interest (including gifts and hospitality), or make a 'nil declaration', by completing a declaration form using the online register: https://lancsteaching.mydeclarations.co.uk.

5.2   Our online Register makes it easy for Staff to declare their interests and for greater transparency to the public, in line with NHS England guidance. This central register is a record of all interests, including offers or gifts, hospitality and sponsorship. Staff are responsible for making sure that their registered interests are kept up to date at all times.

The online register is accessible through the Intranet page on 'Declare an Interest, Gift or Hospitality': https://lancsteaching.mydeclarations.co.uk.

The online register includes a number of useful training materials, user guides and resources, including a video on how to use the online register: https://player.vimeo.com/video/259832236?autoplay=1

Declarations for all Staff must be made:
   • on appointment;
   • during the recruitment process where it involves senior employees with

new appointments

- annually, which includes nil returns where there are no interests or changes to declare;
- whenever an individual's role, responsibility or circumstances change in a way that affects the individual's interest; and
- at the beginning of a new project/piece of work,
- in addition, when new interests arise these must be formally declared as soon as possible but within 28 days of the interest arising.

5.3 The requirement to complete a declaration form applies regardless of whether you consider there to be an actual, potential or perceived conflict – if in doubt, the Trust expects Staff to err on the side of caution and declare it, in order to protect the individual and organisation from accusations of wrongdoing.

5.4 The Trust will support Staff to understand that having interests is not in itself negative, but not declaring and/or managing them is. The Trust will prompt Staff annually to review declarations they have made and, as appropriate, update them or make a nil return. This prompt will be provided via an automated email to Staff via the online portal.

5.5 Any declarations made by Decision Making Staff will be made publicly available on the Trust website. If decision making staff have substantial grounds for believing that publication of their interests should not take place then they should contact the Company Secretary to explain why. In exceptional circumstances, for instance where publication of information might put a member of staff at risk of harm, information may be withheld or redacted on public registers. However, this would as an exception and information will not be withheld or redacted merely because of a personal preference.

5.6 After expiry, an interest will remain on the register for a minimum of 6 months and a private record of historic interests will be retained for a minimum of 6 years.

5.7 The Company Secretary is responsible for maintaining the register of interests (including gifts, hospitality and sponsorship) and for providing advice and support to Staff on how to declare interests. It is the responsibility of managers to ensure that all staff are aware of this guidance. Queries can be issued to the Company Secretary via the 'Support' tab on the online register or via email on Company.Secretary@lthtr.nhs.uk.

5.8 Members of the public may request to access the register in alternative formats, including on-site viewing at Trust HQ, through application to the Company Secretary.

In writing:

Company Secretary
Trust Executive
Royal Preston Hospital
Sharoe Green Lane
Preston
PR2 9HT

Telephone (switchboard): 01772 716565

6. WIDER TRANSPARENCY INITIATIVES

6.1 The Trust fully supports wider transparency initiatives in healthcare, and staff are encouraged to engage actively with these.

6.2 Relevant staff are strongly encouraged to give their consent for payments they receive from the pharmaceutical industry to be disclosed as part of the Association of British Pharmaceutical Industry (ABPI) Disclosure UK initiative.

These "transfers of value" include payments relating to:
- Speaking at and chairing meetings
- Training services
- Advisory board meetings
- Fees and expenses paid to healthcare professionals
- Sponsorship of attendance at meetings, which includes registration fees and the costs of accommodation and travel, both inside and outside the UK
- Donations, grants and benefits in kind provided to healthcare organisations

Further information about the scheme can be found on the ABPI website:
http://www.abpi.org.uk/our-work/disclosure/about/Pages/default.aspx

7. AVOIDING AND MANAGING CONFLICTS OF INTEREST

7.1 Although the interest may be declared, this does not remove the member of staff's personal responsibilities for taking action to manage any actual or potential conflict that may rise, such as by removing themselves from a position or situation which may result in a potential breach of the Code of Business Conduct. Please note that declaring an interest is not in itself negative but failing to manage any potential or actual conflict of interest is.

7.2 Staff must avoid placing themselves in situations where they may be vulnerable to allegations of impropriety, and must remove themselves from situations where they risk breaching this Code of Business Conduct.

7.3 The important things to remember are that:
- A perception of wrong doing, impaired judgement or undue influence can be as detrimental as any of them actually occurring;
- If in doubt, it is better to assume a conflict of interest and manage it appropriately rather than ignore it;
- For a conflict to exist financial gain is not necessary.

7.4 It may not be possible to completely eliminate the risks of conflicts. Instead, it may be preferable to recognise the associated risks and put measures in place to manage the conflicts appropriately when they do arise. The range of management actions required to be taken varies from case to case: such as ranging from nothing, where no conflict of interest or impact is identified, through asking someone not to take part in a decision making process to removing them from part of their role, or, very rarely their whole role. Each case will be different and context-specific, and the Trust will always clarify the circumstances and issues with the individuals involved. Staff should maintain

a written audit trail of information considered and actions taken.

7.5   Responsibilities of Staff and Managers and the Trust:

Staff responsibilities:	Trust responsibilities:
• Familiarise yourself with this Code of Business Conduct and follow it. • Refer to the national guidance for the rationale behind this Code https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf • Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent • Regularly consider what interests you have and declare these as they arise. If in doubt, declare. **NOT** misuse your position to further your own interests or those close to you **NOT** be influenced, or give the impression that you have been influenced by outside interests **NOT** allow outside interests you have to inappropriately affect the decisions you make when using taxpayers' money	• Ensure that this Code of Business Conduct and supporting processes are clear and help staff understand what they need to do. • Identify a team or individual with responsibility for: ○ Keeping this Code under review to ensure they are in line with the guidance. ○ Providing advice, training and support for staff on how interests should be managed. ○ Maintaining the register of interests. • Auditing this Code and its associated processes and procedures at least once every three years. • **NOT** avoid managing conflicts of interest. • **NOT** interpret this Code in a way which stifles collaboration and innovation with our partners

Manager responsibilities:
Managers must: • Ensure that all staff are aware of this guidance. • Ensure that staffs involved in tendering or contracting do not give unfair advantage to one competitor over another or give the impression, by their action or inaction, that they are giving such an advantage. • Ensure that staffs are aware that they should report offers of a gift, hospitality and sponsorship over £50 must be declared in the Register and notified to the Divisional Director or relevant Manager. • Take care to ensure that the Trust does not appear to be compromised by acceptance of sponsorship by organisations which may at some time be competing to supply goods or services to the Trust. • Ensure staff are aware that they are required to report any other employment and that they could breach their contract of employment by working for another employer without approval. • Assess possible conflicts of interest when staff wish to carry out work outside the Trust. • Take appropriate disciplinary action against employees who fail to declare an interest or are found to have abused their official position.

8.   MANAGEMENT OF INTERESTS – COMMON SITUATIONS

8.1   Donations

The NHS has benefited substantially from donations and the Trust would not wish to discourage donations that improve the service that it provides to its patients. However, there are risks associated with the acceptance of donations from unsuitable sources or arising from donation of inappropriate items of equipment. The difficulties in accepting inappropriate donations can take a number of forms and these include:

- The creation of a sense of obligation on the part of either the giver or the recipient.
- The commitment to purchase, servicing, spare parts or consumables from a single source. This may also contravene European Union legislation.
- The appearance of partiality towards the giver, which the acceptance of a gift might imply to a firm's competitors.
- The acceptance of equipment can carry with it revenue costs such as staffing, consumables and accommodation. Where an offer of equipment is received, this should be referred to the Chief Finance Officer.

Any donations offered to individuals (regardless of whether they have been accepted) should be declared using the appropriate declaration form on our online register: https://lancsteaching.mydeclarations.co.uk.

The relevant declaration form on the online register used to declare the donation will be subject to review and includes the following information:

- Staff name and their role with the organisation.
- A description of the nature and value of the donation, including name of donor.
- Date of receipt (or confirm it was declined).
- Confirmation as to whether employee was directly actively involved in fundraising and whether he/she has obtained permission from the organisation.
- Details as to whether the donation has been made to a specific charitable fund and, if so, the name of the charitable fund.
- Confirmation as to whether employee has received any donations personally.
- Any other relevant information (e.g. circumstances surrounding the donation, action taken to militate against a conflict, details of any approvals given to depart from the terms of this Code).

Accepting inappropriate donations can be seen as bribery and it is important that staff take all possible steps to avoid creating the perception that they have/are receiving an inducement or reward.

Donations made by suppliers or bodies seeking to do business with the organisation should be treated with caution and not routinely accepted. In exceptional circumstances they may be accepted but should always be declared using the online register.

Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for the organisation or is being pursued on behalf of the organisation's own registered charity or other charitable body

and is not for their own personal gain.

Staff must obtain permission from the organisation if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign for a charity other than the organisation's own.

Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued. Staff wishing to make a donation to a charitable fund in lieu of receiving a professional fee may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for.

8.2   *Gifts*

It is a requirement of the Trust to ensure that all dealings by its staff with suppliers and other stakeholders are carried out with the highest levels of integrity, and that staff are sufficiently aware of their responsibilities to achieve

this. It is the responsibility of all staff to ensure that they are not placed in a position that risks, or appears to risk, conflict between their personal interests and those of the Trust.

The offer of a gift will require careful judgement. It can sometimes be necessary to decide how the 'public interest' and the Trust's good name may best be served. Staff should not accept gifts that may affect, or be seen to affect, their professional judgement. Corruptly soliciting or receiving any gift or favour is a criminal offence.

Suppliers and Contractors
Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be <u>declined</u>, whatever their value. However, low cost promotional aids (such as pens or post-it notes) may be accepted where they are under the value of £6[1] in total and need not be declared.

Other Sources (e.g patients, families, service users)

The acceptance of monetary gifts, including vouchers, from any source should be <u>declined</u>.

Gifts of a value less than £50 do not need to be declared

Multiple gifts worth a total of £50 are received from the same or closely related source in a 12 month period this must be declared

Gifts valued at over £75 should be treated with caution and only be accepted on behalf of the Trust not in a personal capacity. Advice on accepting high value gifts should be sought from the Company Secretary in writing before acceptance.

A common sense approach should be applied to the valuing of gifts.

Each member of staff has a personal responsibility to declare any gift offered

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[1] The £6 value has been selected with reference to existing industry guidance issued by the ABPI

with value of £50 or more (whether or not this is accepted) using the appropriate declaration form on our online register: https://lancsteaching.mydeclarations.co.uk

8.3   *Hospitality*

Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.   With respect to travel and accommodation, modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared using our online register.

Meals and refreshments:
- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75[2] - may be accepted and must be declared.
- Over a value of £50 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the register(s) of interest as to why it was permissible to accept.
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event. Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted if modest and reasonable but senior approval must be obtained. If there is doubt as to the appropriateness of acceptance, then hospitality should be declined.

The relevant declaration form on the online register used to declare the relevant gift or hospitality will be subject to review and includes the following information:
- Staff name and their role with the organisation.
- A description of the nature and value of the gift or hospitality, including its source.
- Date of receipt (or confirm it was declined).
- Any other relevant information (e.g. circumstances surrounding the gift or hospitality, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this Code).

Some gifts and hospitality may be treated by HM Revenue & Customs as benefits in kind and may, therefore, be taxable. It is the responsibility of each employee to manage their own tax affairs.

8.4   *Sponsorship*

This section should be read in conjunction with our Corporate Sponsorship Policy.

Sponsored events

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[2] The £75 value has been selected with reference to existing industry guidance issued by the ABPI

Sponsorship of events by appropriate external bodies must receive prior approval from the Trust Executive via the office of the Director of Communication and Engagement and will only be approved if a reasonable person would conclude that the event will result in clear benefit the organisations and the NHS. During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation. No information should be supplied to the sponsor from whom they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied. At the Trust's discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event. The involvement of a sponsor in an event should always be clearly identified.

Staff within the organisation involved in securing sponsorship of events should make it clear that sponsorship does not equate to endorsement of a company

or its products and this should be made visibly clear on any promotional or other materials relating to the event. Staff arranging sponsored events must declare this to the organisation using the appropriate declaration form on our online register: https://lancsteaching.mydeclarations.co.uk.

The relevant declaration form on the online register used to declare the relevant sponsored event will be subject to review and includes the following information:
- Staff name and their role with the organisation
- Date and title of sponsored event
- Sponsor name
- Description of what the sponsorship is for
- Estimated value of the sponsorship
- Recipient of the sponsorship (individual, ward/department or organisation)

Sponsored research

Funding sources for research purposes must be transparent. Any proposed research must go through the relevant health research authority or other approvals process. There must be a written protocol and written contract between staff, the organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services. The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.

Staff should declare involvement with sponsored research to the organisation using the appropriate declaration form on our online register: https://lancsteaching.mydeclarations.co.uk.

The relevant declaration form on the online register used to declare the relevant sponsored research will be subject to review and includes the following information:
- Staff name and their role with the organisation.
- Nature of their involvement in the sponsored research.
- Relevant dates.

- Description of whether the sponsored research has been authorised and by whom;
- Other relevant information (e.g. what, if any, benefit the sponsor derives from the sponsorship, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this Code).

Sponsored posts

External sponsorship of a post requires prior approval from the organisation. Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate. Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. This should be audited for the duration of the sponsorship. Written agreements should detail the circumstances under which organisations have the ability to exit sponsorship arrangements if conflicts of interest which cannot be managed arise.

Sponsored post holders must not promote or favour the sponsor's products, and information about alternative products and suppliers should be provided. Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.

Staff should declare involvement with sponsored posts to the organisation using the appropriate declaration form on our online register: https://lancsteaching.mydeclarations.co.uk.

The relevant declaration form on the online register used to declare the relevant sponsored post will be subject to review and includes the following information:
- Staff name and their role with the organisation.
- Sponsor name
- Sponsor type and description of the sponsored post
- Relevant dates
- Description of whether the sponsored post has been authorised and by whom
- Other relevant information (e.g. what, if any, benefit the sponsor derives from the sponsorship, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this Code).

8.5 Secondary Employment

Secondary employment is defined as any other employment or other engagements, outside of the formal employment arrangements with the Trust, which includes but is not limited to the following 'paid' activities:
- Self-employment
- Consultancy work
- Lectures/paid honorariums
- Political roles

- Position of authority held in another public body, trade union, charity, not-for-profit organisation, voluntary body, professional body or other association
- Sitting on advisory groups or other paid decision making forums with whom the Trust makes (or potentially) makes business
- Paid honoraria with a company which may do business with the Trust.

Staff should not engage in outside employment which might adversely affect their ability to perform their normal employment obligations or which conflict, or may be seen to conflict, with their obligations to the Trust. Except where it has been agreed by the Trust, it may be a breach of an employee's contract to:

- Take other employment.
- Set up, or work for, a private business which is in competition with, or whose operation might disadvantage, the operation of the Trust.

Also, except where specific conditions of service allow, private work or lecturers to outside organisations should not be undertaken within time contracted to the Trust.

Staff should declare any existing outside employment on appointment and any new outside employment when it arises using the appropriate declaration form on our online register: https://lancsteaching.mydeclarations.co.uk

Where a risk of conflict of interest arises, the general management actions outlined in this Code should be considered and applied to mitigate risks. Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval* from the organisation to engage in outside employment. The organisation may also have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to risk of a conflict.

*Any approval should be in writing and recorded on the individual's personal file. As part of the approval process, the relevant Director will require assurance that:

- The individual concerned is not making use of his/her NHS employment to further their private interests
- Any outside work does not interfere with the performance of their NHS duties
- Any outside work will not damage the Trust's reputation
- Their hours worked across all employment does not exceed the 48 hour limit of the Working Time Directive unless the member of staff has chosen to opt out of this. Where staff have chosen to opt out of the Working Time Directive they will also need to provide assurance that they are adhering to the statutory required rest breaks.

The Trust reserves the right to refuse permission where it believes a conflict will arise which cannot be effectively managed

Except where specific conditions of service allow, any private work at the Trust or lectures to outside organisations should not be undertaken within time contracted to the Trust. If the work carried out is part of the employee's

normal duties, or could reasonably be regarded as falling within the normal duties of the post, and is carried out during the normal working hours of that employee, then any fee must be made payable to the Trust and the relevant divisional Finance Manager be informed.

The relevant declaration form on the online register used to declare outside employment will be subject to review and includes the following information:
- Staff name and their role with the organisation.
- The nature of the outside employment (e.g. who it is with, a description of duties, time commitment).
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this Code).

8.6   *Clinical Private Practice*

Service delivery in the NHS is undertaken through a mix of public, private and nor-for- profit organisations. The expertise of clinicians in the NHS is in high demand across all sectors and the NHS relies of the flexibility that the public, private and not-for-profit sectors can provide, It is therefore not uncommon for clinical staff to provide NHS funded care and undertake private work either for an external company, or through a corporate vehicle established by themselves. Existing provisions in contractual arrangements sometimes make allowances for this to happen and professional conduct rules apply. However these arrangements do create the possibility for conflicts of interest arising. Therefore these provisions are designed to ensure the existence of private practice is known, so that potential conflicts of interest can be managed.

Clinical staff should declare all private practice on appointment, at annual appraisal, in their annual agreed job plan and/or as and when any new private practice arises using the appropriate declaration form on our online register: https://lancsteaching.mydeclarations.co.uk.

The relevant declaration form on the online register used to declare clinical private practice will be subject to review and includes the following information:
- Staff name and their role with the organisation
- Where they practise (name of private facility)
- The nature of the clinical private practice (what they practise at each facility such as speciality, major procedures)
- Relevant dates
- When they practise (identified sessions/time commitment at each facility where they conduct private practice)
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this Code)

Hospital consultants are already required to provide their employer with this

information by virtue of Para.3 Sch.9 of the Terms and Conditions – Consultants (England) 2003.

Clinical staff should adhere to the Trust's policy on identification and treatment of private patients, and should in all circumstances:

- Seek prior approval of their organisation before taking up private practice using Trust facilities, staff and equipment;
- Ensure that where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work;
- Not conduct any private work during their NHS contracted time; and
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines: https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf

Trust Consultants should not initiate discussions about providing their Private Professional Services for NHS patients, nor should they ask other staff to initiate such discussions on their behalf.

8.7   *Shareholdings and other ownership interests*

Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the organisation using the appropriate declaration form on our online register: https://lancsteaching.mydeclarations.co.uk
There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.
Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions should be considered and applied to mitigate risks.

The relevant declaration form on the online register used to declare shareholdings and other ownership interests will be subject to review and includes the following information:

- Staff name and their role with the organisation
- Nature of the shareholdings/other ownership interest.
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this Code).

8.8   *Intellectual Property*

All intellectual property rights that is copyright, design rights and the right to patent inventions relating to anything created or invented by an employee in the course of their duties normally belong automatically to the Trust. Employees are not entitled to use, sell or otherwise exploit the rights of any such thing without the written permission of the Trust. This includes developing or extending Trust activities in your own time.

Employees may hold patents or IP from previous roles. This may constitute

an interest and must be declared using the appropriate declaration form on our online register: https://lancsteaching.mydeclarations.co.uk.

Staff must notify their line manager and seek prior permission from the Company Secretary before entering into any agreement with bodies regarding product development, research, work on pathways etc., where this impacts on the Trust's own time, or uses its equipment, resources or intellectual property rights.

Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions should be considered and applied to mitigate risks.

The relevant declaration form on the online register used to declare intellectual property interests will be subject to review and includes the following information:

- Staff name and their role with the organisation.
- A description of the patent/intellectual property.
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this Code)

8.9   Loyalty interests

Loyalty interests should be declared by Staff using the appropriate declaration form on our online register: https://lancsteaching.mydeclarations.co.uk where they:

- Hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role.
- Sit on advisory groups or other paid or unpaid decision making forums that can influence how an organisation spends taxpayers' money.
- Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners.
- Are aware that their organisation does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

The relevant declaration form on the online register used to declare loyalty interests will be subject to review and includes the following information:

- Staff name and their role with the organisation.
- A description of the loyalty interest
- Relevant dates
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this Code).

9.   MANAGEMENT OF INTERESTS – ADVICE IN SPECIFIC CONTEXTS

9.1   *Strategic decision making groups*

In common with other NHS bodies, the Trust uses a variety of different groups to make key strategic decisions about things such as:
- Entering into (or renewing) large scale contracts.
- Awarding grants.
- Making procurement decisions.
- Selection of medicines, equipment, and devices.

The interests of those who are involved in these groups should be well known so that they can be managed effectively. For this organisation these groups include:
- Board of Directors
- Board Committees
- Executive Committee
- Divisional Boards

These groups should adopt the following principles:
- Members of such groups should consider conflicts of interest when appointing new members.
- Chairs should consider any known interests of members in advance, and begin each meeting by asking for declaration of interests with these recorded accordingly in the minutes.
- Members should take personal responsibility for declaring interests at the beginning of each meeting and as they arise.
- 'Declaration of Interests' should be a standing agenda item for every meeting.
- Any new interests identified should be added to the organisation's register(s).

If a member has an actual or potential interest the chair, on the advice of the Company Secretary, should consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:

- Requiring the member to not attend the meeting.
- Excluding the member from receiving meeting papers relating to their interest.
- Excluding the member from all or part of the relevant discussion and decision.
- Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate.
- Removing the member from the group or process altogether.

9.2   *Procurement*

Procurement should be managed in an open and transparent manner, compliant with procurement and other relevant law, to ensure there is no discrimination against or in favour of any provider. Procurement processes should be conducted in a manner that does not constitute anti-competitive behaviour - which is against the interest of patients and the public.

Those involved in procurement exercises for and on behalf of the organisation should keep records that show a clear audit trail of how conflicts of interest have been identified and managed as part of procurement processes. At every stage of procurement steps should be taken to identify and manage conflicts of interest to ensure and to protect the integrity of the process.

The Lancashire Procurement Cluster (LPC) procures goods and services for and on behalf of the organisation and the LPC is hosted by East Lancashire Hospitals NHS Trust. As such, those involved in procurement exercises for and on behalf of the organisation should adhere to this Code of Business Conduct and the arrangements in the Standards of Conduct Policy (Procurement section) in place at East Lancashire Hospitals NHS Trust, as amended from time to time.

10. CONCERNS AND CONSEQUENCES FOR BREACH

10.1 There will be situations when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of staff or other organisations. For the purposes of this Code of Business Conduct these situations are referred to as 'breaches'.

10.2 Staff that have any concerns relating to a declaration of interest or a suspected breach should report it to the Company Secretary's office as soon as possible. If staff feel unable to do this they can contact the Freedom to Speak up (FTSU) team on freedomtospeakup@LTHTR.nhs.uk. Staff should report any suspected breaches or suspicions or allegations of fraud, bribery or corruption without fear of reprisals (see Raising Concerns at Work policy).

10.3 Any concerns of fraud, bribery or corruption should be reported to the Trust's Chief Finance Officer or directly to the Trust's Anti-Fraud Specialist on 0151 285 4500. Alternatively referrals can be reported through the confidential fraud hotline on 0800 028 4060 or online through the NHS Counter Fraud Authority at: www.cfa.nhs.uk/reportfraud. Further guidance on reporting concerns can be found under the Anti-Fraud, Bribery & Corruption policy or the Raising Concerns policy.

10.4 The organisation will investigate each reported breach according to its own specific facts and merits, and give relevant parties the opportunity to explain and clarify any relevant circumstances.

Following investigation the organisation will:
- Decide if there has been or is potential for a breach and if so the what severity of the breach is.
- Assess whether further action is required in response – this is likely to involve any staff member involved and their line manager, as a minimum.
- Consider who else inside and outside the organisation should be made aware
- Take appropriate action as required (as set out below).

10.5 Failure to comply with and meet the standards and requirements contained in this Code of Business Conduct may result in disciplinary action against the member of Staff, or action for breach of contract, or in the case of governors action for breach of the Governor Code of Conduct. Breaches of this Code of Business Conduct may also equate to criminal offences and the Trust's Anti-Fraud Specialist or other relevant authorities may be notified. Where appropriate, the Trust will report any breaches by regulated healthcare professionals to the relevant regulator if it believes that the staff member has acted improperly, so that these concerns can be investigated.

10.6 Sanctions should not be considered until the circumstances surrounding breaches have been properly investigated. However, if such investigations establish wrong-doing or fault then the organisation can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. This includes:
- Employment law action against staff, which might include
  o Informal action (such as reprimand, or signposting to training and/or guidance).
  o Formal disciplinary action (such as formal warning, the requirement for additional training, re-arrangement of duties, re-deployment, demotion, or dismissal).
- Reporting incidents to the external parties described above for them to consider what further investigations or sanctions might be.
- Contractual action, such as exercise of remedies or sanctions against the body or staff which caused the breach.
- Legal action, such as investigation and prosecution under fraud, bribery and corruption legislation.

10.7 An anonymised report on breaches, impact of these, and actions taken is prepared and presented to the Audit Committee as and when they occur, and made available on the Trust's website for inspection by the public.

11.   AUDIT AND MONITORING

This Code of Business Conduct will be reviewed every three years unless an earlier review is required. This will be led by the Company Secretary. Compliance against this Code will be monitored through the online portal. The Audit Committee shall receive an annual report on declarations of interest, gifts and hospitality, including compliance with this code.

12.   TRAINING

The online register also includes a number of useful training materials, user guides and resources, including a video on how to use the online register: https://player.vimeo.com/video/259832236?autoplay=1 The Trust also provides training on declaring interests via the Corporate Induction and the Staff Handbook.

The Company Secretary is responsible for providing advice and support to Staff on how to declare interests. Queries can be issued to the Company Secretary via the 'Support' tab on the online register or via email on Company.Secretary@lthtr.nhs.uk.

13. DOCUMENT INFORMATION

ATTACHMENTS	
Appendix Number	Title
Appendix 1	Equality, Diversity & Inclusion Impact Assessment Form

OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
TP-148	Corporate Advertising and Sponsorship Policy
HRP-02	Raising concerns at work policy and procedure - Freedom to speak up (incorporating whistleblowing)
HRP-13	Disciplinary Policy & Procedure
TP-73	Anti-fraud, bribery & corruption policy
HRP-38	Code of conduct for employees
	Standing Financial Instructions
	Standing orders (board of directors)

SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS References in full	
Number	References
1	HM Government (2010) *The Bribery Act 2010.* https://www.legislation.gov.uk/ukpga/2010/23/contents
2	HM Government (1994) *The Medicines (Advertising) Regulations 1994.* https://www.legislation.gov.uk/uksi/1994/1932/contents/made
3	NHS England (2017) *Managing Conflicts of Interest in the NHS Guidance for staff and organisations.* https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf
4	ABPI The Code of Practice for the Pharmaceutical Industry (2021) https://www.abpi.org.uk/publications/code-of-practice-for-the-pharmaceutical-industry-2021/

CONSULTATION WITH STAFF AND PATIENTS		
Enter the names and job titles of staff and stakeholders that have contributed to the document		
		Date Consulted
Senior Leadership Team		March 2023
Executive Team		March 2023
Board of Directors		April 2023

DISTRIBUTION PLAN	
Dissemination lead:	Jennifer Foote
Previous document already being used?	Yes
If yes, in what format and where?	Heritage

Proposed action to retrieve out-of-date copies of the document:	Removal from heritage
To be disseminated to:	Trust wide
Document Library	Yes - Heritage
Proposed actions to communicate the document contents to staff:	This document will be disseminated as follows:

	• Include in the LTHTR weekly Procedural documents communication– New documents uploaded to the Document Library • Include on 'my declarations' online portal • All existing staff and all new starters going forward will receive log-in details to the 'my declarations' online portal • Include on intranet 'Declarations' page • Include on website 'Declarations' page • Via Trust Global Email • Via NewsBite • Via Mandatory Training

Appendix 1

Equality, Diversity & Inclusion Impact Assessment Form

Department/Function	Corporate
Lead Assessor	Jennifer Foote
What is being assessed?	Code of Business Conduct
Date of assessment	March 2023

What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	☐	Staff Side Colleagues	☐
	Service Users	☐	Staff Inclusion Network/s	☐
	Personal Fair Diverse Champions	☐	Other (Inc. external orgs)	☐
	Please give details: None – N/A			

1) What is the impact on the following equality groups?		
Positive: ➢ Advance Equality of opportunity ➢ Foster good relations between different groups ➢ Address explicit needs of Equality target groups	**Negative:** ➢ Unlawful discrimination, harassment and victimisation ➢ Failure to address explicit needs of Equality target groups	**Neutral:** ➢ It is quite acceptable for the assessment to come out as Neutral Impact. ➢ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	**Impact** (Positive / Negative / Neutral)	**Comments:** ➢ Provide brief description of the positive / negative impact identified benefits to the equality group. ➢ Is any impact identified intended or legal?
Race (All ethnic groups)	Neutral	
Disability (Including physical and mental impairments)	Neutral	
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief (includes non-belief)	Neutral	
Sexual orientation	Neutral	
Age	Neutral	
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Neutral	

Other (e.g. caring, human rights, social)	Neutral	

2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	N/A

3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan **to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.**
➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups
➤ This should be reviewed annually.

ACTION PLAN SUMMARY

Action	Lead	Timescale

HOW THE NHS CONSTITUTION APPLIES TO THIS DOCUMENT

WHICH PRINCIPLES OF THE NHS CONSTITUTION APPLY? **Click here for guidance on Principles**	Tick those which apply	WHICH STAFF PLEDGES OF THE NHS CONSTITUTION APPLY? **Click here for guidance on Pledges**	Tick those which apply
1. The NHS provides a comprehensive service, available to all.	√	1. Provide a positive working environment for staff and to promote supportive, open cultures that help staff do their job to the best of their ability.	√
2. Access to NHS services is based on clinical need, not an individual's ability to pay.	√	2. Provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.	√
3. The NHS aspires to the highest standards of excellence and professionalism.	√	3. Provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.	√
4. The patient will be at the heart of everything the NHS does.	√	4. Provide support and opportunities for staff to maintain their health, wellbeing and safety.	√
5. The NHS works across organisational boundaries.	√	5. Engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.	√
6. The NHS is committed to providing best value for taxpayers' money.	√	6. To have a process for staff to raise an internal grievance.	√
7. The NHS is accountable to the public, communities and patients that it serves.	√	7. Encourage and support all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice or wrongdoing at work, responding to and, where necessary, investigating the concerns raised and acting consistently with the Employment Rights Act 1996.	√

WHICH AIMS OF THE TRUST APPLY? **Click here for Aims**	Tick those which apply	WHICH AMBITIONS OF THE TRUST APPLY? **Click here for Ambitions**	Tick those which apply
1. To offer excellent health care and treatment to our local communities.	√	1. Consistently deliver excellent care.	√
2. To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria.	√	2. Great place to work. 3. Deliver value for money. 4. Fit for the future.	√ √ √
3. To drive innovation through world-class education, teaching and research.	√		

Board of Directors Report

Data Quality Assurance Report

Report to:	Board	Date:	April 2023
Report of:	Chief Information Officer	Prepared by:	D Hudson, T Caton
Part I	√	Part II	

Purpose of Report (tick only one then delete this instruction)

For approval	☐	For ratification	☐	For discussion	☐	For information	☒

Executive Summary:

The paper informs the Board in relation to current data quality assurance activities and provides an update in relation to data quality performance.

The Report details performance in relation to:
- Data Quality Team activities
- Update in relation to Data Quality Risks
- Waiting List Minimum Dataset Data Quality
- National Data Quality Assurance Dashboard and Maturity Index

The Board is asked to note current Data Quality Assurance activities and the on-going developments that support further improvements to data quality assurance processes and data quality clinical engagement.

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

Data Quality Assurance Update Report

Background/Context

The benefits of using routine health care data for planning, policy making, and research, future demand, and quality of service are well established. Using data for these purposes requires that data is high quality, timely, complete and accurately coded. As part of Board Assurance and in response to actions identified in the Trusts Well Led Review this paper sets out the effective processes used to monitor, manage and report on the quality of data.

This report provides an overview of current data quality assurance activities within the Trust to assure the quality of data used for reporting.

Introduction

Data quality is defined as the state of accuracy, completeness, reliability, validity, timeliness and systemic consistency that makes data fit for purpose. Acceptable data quality is crucial to operational processes and to the reliability of Trust performance reporting. The use of high quality information leads to better decision making to improve patient care and safety.

Poor data quality puts organisations at significant risk in terms of damaging stakeholder trust, weakening frontline service delivery, incurring financial loss, poor forward planning and poor value for money.

Data Quality Assurance (DQA) compliments and underpins the principles of Information, Clinical, Research and Corporate Governance, which ensure that personal data is dealt with legally, securely and efficiently, in order to deliver the best possible care. The current climate of scrutiny from audit bodies and the Information Commissioner's Office enforces the requirement, with significant risk of potential fines for non-compliant practice.

This paper sets out actions to date undertaken to maintain data quality standards within the Trust.

Discussion

Internal and External Scrutiny

Information Governance

Information Governance (IG) is the way in which the NHS handles all organisational information - in particular the personal and sensitive information of patients and employees. Information Governance provides a framework that ensures information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care. The DQA team continues to undertake data quality assurance initiatives to support IG compliance and the delivery of quality assured data collection and collation processes.

The data quality assertion of the 'Data Protection and Security Toolkit' (1.7 – effective data quality controls are in place) has been completed for the 2023 baseline submission and evidence supplied.

Data Quality Assurance Activities

Harris Flex (previously Quadramed) Masterfile Maintenance

The Trust is working with Harris Flex CPR to implement a programme of work to update all Commissioner allocation master files to the latest version available. This includes:

- Postcode
- GP and Practice
- Health Authority
- Clinical Commissioning Groups (CCG's)

Work remains ongoing on Harris Flex Test system to finalise robust process to ensure Flex reference tables are consistent with national standards and incorporate the latest available updates. The work is monitored through the Harris Flex Customer Care Board as appropriate. The work of the group will seek to minimise system data quality risks as well as improve SUS activity reporting. It is expected that once the work is complete quarterly updates to masterfiles will move into business as usual process.

This will address the issues raised in Risk 54 GP Masterfile maintenance on Harris Flex.

Secondary Uses - Completeness & Validity Audits

Part of the rolling audit programme is review of patient casenotes and assessment against the HSCIC – NHS Information Governance – Data Output Quality Standards. This details the minimum standards of completeness and validity across a range of key demographic and activity driven data items.

However due to the continued pressures following the COVID pandemic and the increase in volumes of validations and change to documentation processes and priorities the programme continues to be on hold.

Shared Care Record - SCR (formerly Lancashire Person Record Exchange Service (LPRES)) – update

The SCR project aims to establish data interoperability across the health and social care system in Lancashire. The process allows the exchange of personal identifiable data, including discharge summaries, PACS images, patient care summaries, medication information and clinical correspondence.

Currently the following documents are being transferred electronically direct to GP systems within the North West Region catchment area: -

- Immediate Hospital Discharge Information produced from FlexCPR
- Trauma & Orthopaedic, Colposcopy and Colorectal clinic letters
- Advice & guidance documents
- GP Patient Death Notifications

The DQA team monitor rejected records, updating patient details where necessary and ensuring timely receipt of clinical information. Rejected records are resent either electronically to the correct practice following review and update on Harris Flex or printed and posted if the practice is not part of SCR.

The table below shows a summary of records transferred via SCR for the GP practices April 2022 – February 2023.

Month	Total Records Sent	Total Rejected	% of records	No. EMIS issue	No. True Not our Patient (NOP)	NOPs as a % of all records sent	NOPs as a % of rejected records
April	22647	628	2.77%	312	312	1.36%	49.76%
May	24578	504	2.05%	230	283	1.15%	55.17%
June	24172	471	1.95%	178	301	1.25%	62.84%
July	24238	510	2.10%	200	324	1.34%	61.83%
August	23677	729	3.08%	319	398	1.68%	55.51%
September	23934	479	2.00%	151	328	1.37%	68.48%
October	23539	478	2.03%	180	298	1.27%	62.34%
November	25034	606	2.42%	163	443	1.77%	73.10%
December	26642	850	3.19%	260	590	2.21%	69.41%
January	24756	903	3.65%	247	656	2.65%	72.65%
February	22531	646	2.87%	71	575	2.55%	89.01%
Total	**265748**	**6816**	**2.56%**	**2311**	**4505**	**1.69%**	**65.46%**

Rejection Reasons:-

- Not registered at GP practice IHDI sent to

- Baby – delay in registering at GP practice
- GP patient registered with practice, not on SCR system
- Duplicate IHDIs being sent to Practices

There are minimal numbers of summaries being posted for GP practices that are not currently part of SCR. Savings on consumables and posting for discharge summaries and letters achieved to-date in this financial year is £12,720.97

Current developments for incorporation into SCR include the transfer of all clinical documentation via the digital dictation process. This will again further decrease the volume of documents being posted and increase the savings. However this will have an impact on the DQA team and the volume of rejections requiring review, update and resending.

Data Completeness and Validity

The Data Quality Team has a key role in identifying missing and incomplete documentation that directly impacts on activity and income levels. This role includes highlighting to divisions outpatient appointments that have not been documented as either patient attended or Did Not Attend and gives divisions the opportunity to action these historical appointments on the system.

The tables below show the volume of activity identified and updated by the DQA team:

Month 2022-23	Attended	DNA	Cancelled	Pended
April	616	235	15	1369
May	361	109	15	1675
June	839	347	21	760
July	364	211	12	1223
August	563	338	6	666
September	332	175	6	733
October	328	15	0	810
November	371	113	5	492
December	287	115	10	484
Total Appts	4061	1658	90	8212
Average	369	151	8	747

The Covid pandemic has seen a rise in the number of virtual / telephone consultations which have had a direct impact on the volume of appointments not fully documented on the system. This has resulted in an increase in the number of records requiring review and update on Harris Flex CPR.

Data Quality Newsletters

The Data Quality Assurance team also published a newsletter in December 2022 giving an update on:

- Patient death notification – Robotic Automation
- DQA 2022 overview
- Christmas message to all staff
- New intranet – access to data quality forms
- Christmas puzzle
- Updates on the SCR(LPRES) project
- Update on movement of data quality assurance staff

DQA Newsletter December 22.pdf

Data Quality Risks

The Data Quality Assurance Team undertake regular audit tasks to identify risk areas, working with services to implement remedial/improvement actions through the corporate quality improvement programme. A full risk assessment has been completed for each item; these are held locally on the Business Intelligence Risk Log.

The Team continue to monitor the key risks and remedial actions identified to sustain improvements and minimise risks. The table below shows the current risks to key data quality items and how they are being mitigated.

RA No	Risk Item	Issue	Action 2022-23	Update
54	Harris Flex GP Masterfile maintenance (current rating 12)	In-active GPs linked to patient records. In-accurate GP records in Masterfile on Harris Flex. Continued misdirected correspondence.(NOPs).	Move to ODS quarterly updates. Increase volume of documents transferred via LPRES.	Harris flex team working with BI & DQA to establish process to upload files onto TEST PROD. Standing item on bi- weekly applications call with Harris team.
122	Corporate system recording issues. In-accurate recording of patient data/activity (current rating 12)	Variety of in-accurate event documentation. Incomplete linking across activity flows.	Review SUS issues on key data items. Continue to review functionality to improve correction of data on Harris Flex. Work on data quality framework (MIAA)	Additional Harris flex validation reports implemented.
1207	Inability to meet the monthly clinical coding submission standards (current rating 9)	Non-availability of comprehensive coded data. Timeframe for reviewing / coding data.	Improvement Action plan Draft Bespoke Harris Flex report Review inpatient to outpatient activity reporting Implement onsite / agile working	Action plan implemented, coding compliance 100% at flex Bespoke report finalised. Team agile working.

Following ongoing data quality issues in relation to the implementation of the Trusts theatres system and wider system documentation risks identified above the Trust has engaged with Grant Thornton to undertake a data quality and pathway review to provide independent external assurance in relation to data recording and capture. Grant Thornton brings over 15 years' experience working with NHS organisation to ensure that activity data accurately reflects the care delivered by organisations. Key activities will focus on:

- Desk based longitudinal analysis and review of activity over the last 4 years
- On site review of hypothesis identified through analysis and desk based review
- Targeted review of urgent care
- Consolidated findings – identify areas of risk to activity baselines and make recommendations for improvement

Recommendations to be available first quarter 2023.

In addition, a Trust Data Quality & Compliance Group will be established to act on Grant Thornton recommendations, to resolve data quality and documentation compliance issues following enhancements made within systems such as Harris Flex, Opera Theatre system, Sectra Radiology System and Badgernet maternity system and to mitigate the above risks. The system changes fully support recording of activity and clinical pathways from pre-referral advice, out-patients, to diagnostics, and patient admissions, however adherence to workflow can vary. The group will work in line with the 6 dimensions of good data quality:

- Accuracy
- Completeness
- Consistency
- Timeliness
- Validity

- Uniqueness

The group will bring together a range of Digital, Business Intelligence, Data Quality, Training, Clinical Business Unit staff to address ongoing data quality issues and risks.
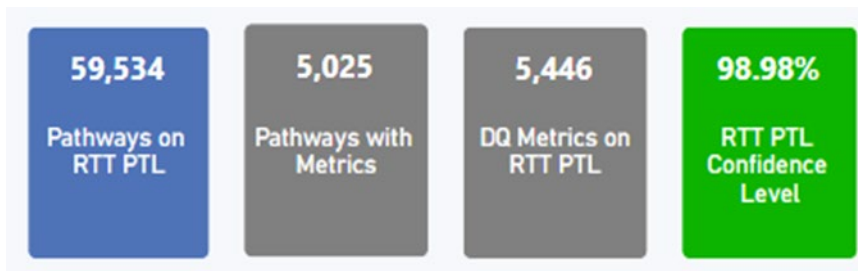
External Data Quality Assurance Monitoring

Elective Recovery - Waiting List National Minimum Dataset

As part of the elective recovery drive all acute trusts were mandated to provide a weekly record level waiting list extract covering referral to treatment, diagnostic and planned/surveillance care. The dataset is a mandated requirement for organisations and has been approved by the NHS Digital Data Standards Board. The data is being used to better understand and manage the waiting list position as part of the National Elective Restoration Programme, as well as being a key component of the elective care recovery fund (ERF) data validation gateway. It is expected that the WLMDS submissions will become the main source of reported waiting time performance data for Trusts with the phasing out of aggregated returns. The information within the WLMDS will also be used to populate waiting time information displayed in the My Planned Care Platform.

Nationally a Data Quality Reporting tool (LUNA) has been developed to support Trusts in making improvements to the quality and consistency of the datasets. Organisations submissions are assessed against 20 key data quality standards and assigned an overall data confidence level. The current week position for the Trust is shown below. The Trust confidence level score of 98.98% is above the national target of 95%, with the weekly trend showing sustained compliance. Of the total pathways submitted just 8% of records have been identified with a data quality flag that may warrant further review. Actions are ongoing to further improve the completeness and validity of submissions.

Current Week – Confidence Level

59,534	5,025	5,446	98.98%
Pathways on RTT PTL	Pathways with Metrics	DQ Metrics on RTT PTL	RTT PTL Confidence Level

Confidence Level Trend

	02/03/2023	12/03/2023	05/03/2023	26/02/2023	19/02/2023	12/02/2023	05/02/2023	29/01/2023	22/.1/2023
RTT PTL Confidence Level	98.98%	99.03%	99.19%	99.09%	99.12%	99.14%	99.16%	99.12%	99.16%

Data Quality Maturity Index (DQMI)

The DQMI is a monthly national publication intended to raise the profile of data quality in the NHS by providing data submitters with timely and transparent information in relation to the quality of key data submissions. The DQMI scores are based on the completeness, validity, coverage and use of default values within core data items held within key datasets submitted nationally by the Trust to the Secondary Uses Service. Data items monitored include NHS number, date of birth, gender, postcode, speciality and consultant as well as dataset specific items. Overall and dataset specific scores for the Trust are shown below for the period to end Nov 2022. Scores for all datasets are extremely positive showing a consistently high performance score during 2022. The Trust performs at well above the national average of 82.8% across all datasets.

	Overall	Emergency Care Dataset	Admitted Patient Care Dataset	Out-Patient Dataset
National Average	82.8	83.1	93.5	92.3
Lancashire Teaching	91.2	83.3	99.3	98.4

Scores by individual data items within each dataset are show in Appendix 1. The summary position shown below indicates slight deterioration in the compliance score with 7 fields worse than the national average.

Data Set	Key Fields	Compliant Fields	Var	% Compliance
OP	14	14	0	100.00%
APC	22	21	-1	95.45%
ECDS	31	25	-6	80.65%
67	**60**	**-7**	**89.55%**

Plans in place to implement further improvements to the content of the ECDS data flow now that the nationally mandated requirement to submit daily ECDS has been implemented.

Clinical Coding Completeness

The Clinical Coding Team continues to ensure the availability of comprehensively coded data in line with the national flex and freeze timetable. During the latter part of 2021/22 the coding completeness level at flex was 100%, however 2022/23 has dipped slightly due to staffing and workload pressures. This is still above the expected level of 90%, however plans are in place to improve to 100% within the next quarter.

The Coding Team Business Plan sets out the overall strategy for the future development of the Coding Service incorporating:

- A programme of clinical engagement to enhance quality and depth of coding – limited during COVID pandemic
- Wider programme of internal audit to enhance coder skill sets including the appointment of a dedicated Audit & Quality Manager to drive quality improvements within the Clinical Coding team
- Fully implemented an enhanced End Coder system that supports additional quality and consistency checks. The upgrade of 3M Medicode system to Medicode 360 will provide additional audit and consistency capability.

Recommendations

The Board is asked to note current Data Quality Assurance activities, internal and external monitoring processes and the on-going developments that support further improvements to data quality assurance and data quality engagement.

Appendix 1 –DQMI Dataset Compliance

Trust coverage compared to the national average for key data items for the period to Apr-Nov 2022. This is a coverage dashboard not a check of the accuracy of content.

Data Item	Trust Nov 2022	National Average	Variance	Rating	Actions
OUTPATIENT KEY DATA ITEMS					
ACTIVITY TREATMENT FUNCTION CODE	96.60%	96.60%	0.00%		
ADMINISTRATIVE CATEGORY CODE	100.00%	94.80%	5.20%		
CARE PROFESSIONAL MAIN SPECIALTY CODE	96.60%	95.80%	0.80%		
CONSULTANT CODE	96.60%	91.50%	5.10%		
ETHNIC CATEGORY	93.20%	79.50%	13.70%		
GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	99.60%	88.40%	11.20%		
NHS NUMBER	99.90%	81.90%	18.00%		
NHS NUMBER STATUS INDICATOR CODE	100.00%	98.90%	1.10%		
ORGANISATION CODE (CODE OF COMMISSIONER)	99.80%	95.40%	4.40%		
PERSON BIRTH DATE	100.00%	93.90%	6.10%		
PERSON GENDER CODE CURRENT	99.90%	98.00%	1.90%		
POSTCODE OF USUAL ADDRESS	99.80%	91.20%	8.60%		
SITE CODE (OF TREATMENT)	100.00%	88.30%	11.70%		
SOURCE OF REFERRAL FOR OUTPATIENTS	95.30%	91.30%	4.00%		
ADMITTED CARE KEY DATA ITEMS					
ACTIVITY TREATMENT FUNCTION CODE	100.00%	96.60%	3.40%		
ADMINISTRATIVE CATEGORY CODE (ON ADMISSION)	100.00%	98.30%	1.70%		
ADMISSION METHOD (HOSPITAL PROVIDER SPELL)	100.00%	97.60%	2.40%		
CARE PROFESSIONAL MAIN SPECIALTY CODE	100.00%	95.80%	4.20%		

CONSULTANT CODE	100.00%	91.50%	8.50%	
DECIDED TO ADMIT DATE	99.90%	54.90%	45.00%	
DISCHARGE DATE (HOSPITAL PROVIDER SPELL)	100.00%	99.00%	1.00%	
DISCHARGE DESTINATION CODE (HOSPITAL PROVIDER SPELL)	95.20%	97.30%	-2.10%	
DISCHARGE METHOD CODE (HOSPITAL PROVIDER SPELL)	100.00%	96.60%	3.40%	
ETHNIC CATEGORY	90.10%	79.50%	10.60%	
GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	99.40%	88.40%	11.00%	
NHS NUMBER	99.90%	81.90%	18.00%	
NHS NUMBER STATUS INDICATOR CODE	100.00%	98.90%	1.10%	
ORGANISATION CODE (CODE OF COMMISSIONER)	99.70%	95.40%	4.30%	
ORGANISATION CODE (CODE OF PROVIDER)	100.00%	97.70%	2.30%	
PATIENT CLASSIFICATION CODE	100.00%	98.60%	1.40%	
PERSON BIRTH DATE	100.00%	93.90%	6.10%	
PERSON GENDER CODE CURRENT	99.90%	98.00%	1.90%	
POSTCODE OF USUAL ADDRESS	99.70%	91.20%	8.50%	
PRIMARY DIAGNOSIS (ICD)	99.90%	87.50%	12.40%	
SITE CODE (OF TREATMENT)	100.00%	88.30%	11.70%	
SOURCE OF ADMISSION CODE (HOSPITAL PROVIDER SPELL)	100.00%	97.80%	2.20%	
EMERGENCY CARE DATASET KEY DATA ITEMS				
CHIEF COMPLAINT (SNOMED CT)	92.30%	79.30%	13.00%	
ACUITY (SNOMED CT)	99.80%	88.60%	11.20%	
DIAGNOSIS (SNOMED CT) - FIRST	67.30%	68.20%	-0.90%	
ARRIVAL DATE	100.00%	100.00%	0.00%	
ARRIVAL TIME	99.80%	99.40%	0.40%	
INITIAL ASSESSMENT DATE	100.00%	91.30%	8.70%	
INITIAL ASSESSMENT TIME	99.80%	89.70%	10.10%	
DATE SEEN FOR TREATMENT	97.70%	90.50%	7.20%	
TIME SEEN FOR TREATMENT	97.70%	90.50%	7.20%	
DEPARTURE DATE	100.00%	98.50%	1.50%	

DEPARTURE TIME	99.90%	97.90%	2.00%	🟩	
NHS NUMBER	99.20%	81.90%	17.30%	🟩	
NHS NUMBER STATUS INDICATOR CODE	99.80%	98.90%	0.90%	🟩	
ATTENDANCE SOURCE (SNOMED CT)	99.90%	96.70%	3.20%	🟩	
DISCHARGE STATUS (SNOMED CT)	99.10%	91.30%	7.80%	🟩	
DISCHARGE FOLLOW-UP (SNOMED CT)	99.00%	70.20%	28.80%	🟩	
DISCHARGE DESTINATION (SNOMED CT)	99.00%	87.10%	11.90%	🟩	
DISCHARGE INFO GIVEN (SNOMED CT)	0.50%	6.70%	-6.20%	🟥	Slight improvement since incorporation via ECDS V3.0 Implementation plan
ETHNIC CATEGORY	98.00%	79.50%	18.50%	🟩	
GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	99.60%	88.40%	11.20%	🟩	
ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)	98.70%	83.50%	15.20%	🟩	
PERSON BIRTH DATE	100.00%	93.90%	6.10%	🟩	
PERSON STATED GENDER CODE	100.00%	82.50%	17.50%	🟩	
POSTCODE OF USUAL ADDRESS	99.50%	91.20%	8.30%	🟩	
ARRIVAL MODE (SNOMED CT)	99.90%	96.70%	3.20%	🟩	
ATTENDANCE CATEGORY	100.00%	96.90%	3.10%	🟩	
PROCEDURE (SNOMED CT) - FIRST	99.00%	76.90%	22.10%	🟩	
PROCEDURE DATE - FIRST	45.90%	68.70%	-22.80%	🟥	Slight improvement since incorporation via ECDS V3.0 Implementation plan
PROCEDURE TIME - FIRST	44.80%	52.00%	-7.20%	🟧	Slight deterioration
CLINICAL INVESTIGATION (SNOMED CT) - FIRST	41.60%	70.40%	-28.80%	🟥	Slight improvement since incorporation via ECDS V3.0 Implementation plan
INJURY INTENT (SNOMED CT)	1.90%	38.20%	-36.30%	🟥	Slight improvement since incorporation via ECDS V3.0 Implementation plan

Board of Directors Report

Use of Common Seal 2022-23

Report to:	Board of Directors	Date:	6 April 2023
Report of:	Company Secretary	Prepared by:	J Wiseman
Part I	✓	Part II	

Purpose of Report

For approval	☐	For noting	☐	For discussion	☐	For information	☒

Executive Summary:

The purpose of this report is to confirm the application of the Foundation Trust's Common Seal for the period 1 April 2022 to 31 March 2023, as required by the Foundation Trust's Standing Orders. Section 10, sub-section 10.3.1 states a report of all sealings shall be made to the Board of Directors on an annual basis, containing details of the Seal number, description of the document and the date of Sealing.

It is recommended that the Board of Directors receive the report and note the contents for information.

Trust Strategic Aims and Ambitions supported by this Paper:

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

Previous consideration

Not applicable

1. USE OF COMMON SEAL

1.1 The Board is requested to note the Foundation Trust's Common Seal was applied as follows during the period 1 April 2022 and 31 March 2023:

(a) **Seal reference 208**: As authorised by the Deputy Chief Executive Officer and the Chief People Officer on 21 June 2022 in respect of the contract of employment between (1) the Trust and (2) the Chief Medical Officer with effect from 1 March 2018.

(b) **Seal reference 209**: As authorised by the Deputy Chief Executive Officer and the Chief People Officer on 4 July 2022 in respect of the contract of employment between (1) the Trust and (2) the Company Secretary with effect from 1 July 2022.

(c) **Seal reference 210**: As authorised by the Deputy Chief Executive Officer and the Vice Chair on 4 July 2022 in respect of a lease contract between (1) the Trust; and (2) Electricity North West Limited in relation to the lease and plan of the electricity substation at the north side of Old Bank Lane, Blackburn, landlords title number LAN59334 and other title number LAN177173.

(d) **Seal reference 211**: As authorised by the Chief Executive Officer and the Interim Chair on 1 November 2022 in respect of the contract of employment between (1) the Trust and (2) the Operational Finance Director with effect from 17 October 2022.

(e) **Seal reference 212**: As authorised by the Chief Executive Officer and the Interim Chair on 1 November 2022 in respect of the contract of employment between (1) the Trust; and (2) the Transformation Programme Director with effect from 7 November 2022.

(f) **Seal reference 213**: As authorised by the Chief Executive Officer and Interim Chair on 9 November 2022 in respect of Finney House, Flintoff Way, Deepdale, Preston, PR1 6JA:

(i) Engrossment licence between (1) Medicx Health (Twenty Eight) Limited; and (2) London and Manchester Healthcare (Deepdale) Limited; and (3) the Trust; and
(ii) Engrossment underlease between (1) London and Manchester Healthcare (Deepdale) Limited.

(g) **Seal reference 214**: As authorised by the Chief Executive Officer and the Interim Chair on 6 December 2022 in respect of the deed of novation of a contract between (1) Lancashire County Council; and (2) London and Manchester Healthcare (Deepdale) Limited; and (3) the Trust.

(h) **Seal reference 215**: As authorised by the Chief Executive Officer and the Interim Chair on 6 December 2022 in respect of the renewal lease by reference to an existing lease relating to the Bereavement Centre, rooms L-1-044 and L-1-045 ground floor of Residence Block F, Royal Preston Hospital.

(i) **Seal reference 216**: As authorised by the Chief Executive Officer and the Interim Chair on 6 December 2022 in respect of the renewal lease by reference to an existing lease relating to the Bereavement Centre, room L-2-020, Level 2, Chorley and South Ribble Hospital.

(j) **Seal reference 217**: As authorised by the Chief Executive Officer and the Interim Chair on 4 January 2023 in respect of the lease for the car park at Fatima Health Centre.

(k) **Seal reference 218**: As authorised by the Chief Executive Officer and the Interim Chair on 17 January 2023 in respect of the lease of rooms 70-72 (inclusive), 182-190 (inclusive) and B18 and B19, Preston Business Centre, Watling Street Road, Preston.

(l) **Seal reference 219**: As authorised by the Chief Executive Officer and the Interim Chair on 16 February 2023 in respect of the deed of variation of contract between (1) the Trust (seller); and (2) East Lancashire Hospitals NHS Trust (buyer) relating to Old Bank Lane, Blackburn.

1.2   The arrangements for the use of the Common Seal are set out in section 10 of the Foundation Trust's Standing Orders. The transactions are set out in the Register of Use of Common Seal which is held by the Office of the Company Secretary.

2. Financial implications

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

3. Legal implications

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

4. Risks

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

5. Impact on stakeholders

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

6. Recommendations

It is recommended that the Board of Directors receive the report and note the contents for information.

Board of Directors Report

Governor Election 2023			
Report to:	Board of Directors	**Date:**	6 April 2023
Report of:	Company Secretary	**Prepared by:**	J Leeming
Part I	✓	**Part II**	

Purpose of Report							
For approval	☐	**For noting**	☐	**For discussion**	☐	**For information**	☒

Executive Summary:

The purpose of this report is to confirm the results of the 2023 election to the Council of Governors. The Governor election process is an annual process carried out in line with the Trust's Constitutional requirements and in accordance with Model Election Rules as published by NHS Providers. The election was conducted by Electoral Reform Services who acted as Returning Officer on behalf of the Trust.

For the 2023 Governor election, there were eight vacancies in the public constituency and four vacancies in the staff categories of nurses and midwives, doctors and dentists, unregistered healthcare and support workers, and other healthcare professionals/healthcare scientists. This year as the number of public candidates nominated was not more that the positions available, all were returned uncontested as public governors. Nominations for staff governors were only received for the category of nurses and midwives. The results, declared on 24 March 2023, are included in the report for information. A copy of the Report of Voting from the Returning Officer is attached which includes the list of candidates elected and a breakdown of voting.

The four new Governors will be attending their first meeting of the Council of Governors on 27 April 2023 and will be undergoing induction into their new roles over the coming weeks. 3 governors have also been re-elected for the period 1 April 2023 to 31 March 2026.

It is recommended that the Board of Directors receive the report and note the results of the 2023 Governor election 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	☒
	☒	Deliver Value for Money	☒

To drive health innovation through world class education, teaching and research		Fit For The Future	☒

Not applicable

1. Introduction

The Governor election process is an annual process carried out in line with the Trust's Constitutional requirements and in accordance with Model Election Rules as published by NHS Providers. The election was conducted by Electoral Reform Services who acted as Returning Officer on behalf of the Trust.

For the 2023 Governor election, there were eight vacancies in the public constituency and four vacancies in the staff categories of nurses and midwives, doctors and dentists, unregistered healthcare and support workers, and other healthcare professionals/healthcare scientists. This year as the number of public candidates nominated was not more that the positions available, all were returned uncontested as public governors. Nominations for staff governors were only received for the category of nurses and midwives. The results, declared on 24 March 2023, are included in the report for information. A copy of the Report of Voting from the Returning Officer is attached which includes the list of candidates elected and a breakdown of voting.

The four new Governors will be attending their first meeting of the Council of Governors on 27 April 2023 and will be undergoing induction into their new roles over the coming weeks. 3 governors have also been re-elected for the period 1 April 2023 to 31 March 2026.

2. Outcome of the 2023 Election to the Council of Governors

The outcome of the 2023 Governor election is confirmed as follows:

CONTEST: PUBLIC

This year as the number of candidates nominated was not more that the positions available, the following candidates were returned uncontested as public governors:

David Blanchflower
Margaret France
Graham Fullarton
Janet Miller
Frank Robinson
Feixia Yu

ELECTED: STAFF

Steven Doran (Nurse and Midwives)

3. Financial implications

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

4. Legal implications

The election process has been conducted in line with the Trust's Constitution and the Model Election Rules published by NHS Providers.

5. Risks

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

6. Impact on stakeholders

Stakeholders will be advised of the outcomes of the elections.

7. Recommendations

It is recommended that the Board of Directors receive the report and note the results of the 2023 Governor election for information.

LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF VOTING: 5PM ON 23 MARCH 2023

CONTEST: Staff: Nurses and Midwives

The election was conducted using the single transferable vote electoral system.
The following candidate was elected:

ELECTED
Steven DORAN

Number of eligible voters		2,820
Votes cast online:	55	
Total number of votes cast:		55
Turnout:		2%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		55

The result sheet for the election forms the Appendix to this report. It details:-

- the quota required for election
- each candidate's voting figures, and
- the stage at which the successful candidate was elected.

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

a) was sent the details of the election and

b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Ciara Hutchinson
Returning Officer
On behalf of Lancashire Teaching Hospitals NHS Foundation Trust

The Election Centre • 33 Clarendon Road • London • N8 0NW • 020 8365 8909 • civica.com/electionservices • support@cesvotes.com

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