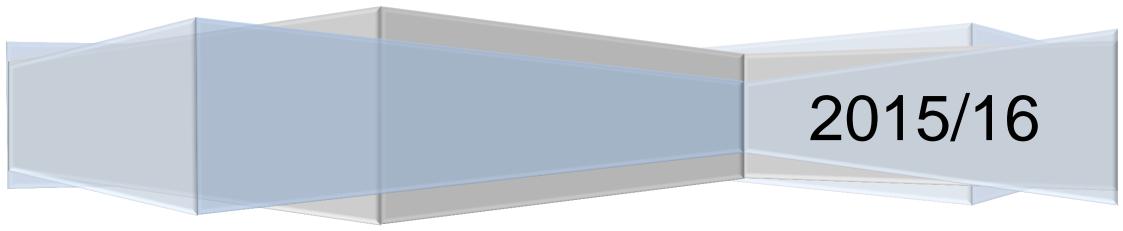
United Lincolnshire Hospitals NHS Trust

## **Board Assurance Framework**



Aim Objective	Continuous	sly improve quali	tv provisi	on of safe ca	are an	d deliver a	positive	patient e	exper	ience.	
Executive Owner/ Responsible Assurance Committee		e and Medical D									
Risk Appetite	Financial		Quality	/		Regulatio	n		Rep	outation	
	Initial Risk			Current Ris	sk			Target	Risk		
	Likelihood	Consequence	Score	Likelihood		sequence	Score	Likelih	ood	Consequence	Score
Risk	5 Controls	4	20	5	4		20	2		2	4
1 Failure to reduce the incidence of patient harm	Monthly perfo Patient Safety Experience C Trust perform programme.	ormance monitoring y Committee and Pa committee. hance improvement IR1's each week.	atient	Achievement Free Care qu Quality Gove Board. HSMR report Care Quality reports. Friends and R Ward Healtho Sepsis analys Safety Qualit Pathway visit	of NHS iarterly rnance s from Commi Family check re sis and y Dashl	position repo Committee Dr Foster. ission inspec Test. esults. actions	orted to and Trust	Work wi issues r symptor Governa Action: clinical o By: May Co-depe to BAF	ith Dr relating ms. C ance, Take coding y 2015 enden ??	Actions Foster to review the g to coding of signs owner: Head of Qua By: May 2015. steps to address de g. Owner: Medical b. ncy with staffing gap membership/attend Committee	and ality epth of Director, os. Links

Objective												
	Continuously improve quality provision of sa	afe car	e and	d deliv	ver a p	ositiv	e pati	ent e	xperie	ence		
Executive Owner/	Chief Nurse and Medical Director/Quality G								•			
Responsibl												
•												
Assurance												
Committee												
Material												
Concern												
S												
Frajector												
y and												
Performa	SEE INTEGRATED PERFORMANCE REPORT											
	SAFE DOMAIN	CTAND (	LUTO.	A		1	Lul an L	A	C 45	0.1.45	N 4-	
nce	METRIC Hospital Standardised Mortality Ratio (DFI) (Latest data July 14 - June 15 this is a rolling	STANDARD		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
	figure reported in the month specified)	100		105.83	108.21	107.50		Not avail	105.46			
	Summary Hospital-level Mortality Indicator (Latest data Oct 2013 to Sept 2014) Clostrium Difficile (post 3 days)	100		107.31	107.65	Not avail	Not avail	Not avail	Not avail			
	MRSA bactaraemias (post 3 days)	59	25	2	<u> </u>	4	0	0	0		-	1
	MSSA		) I	1	1	0	2	2	1			
	ECOLI	-	33	5	5	6	7	2	8			1
	Never Events (may change when reviewed)	C	0 0	0	0	0	0	0	0			
	Serious Incidents reported (may change when reviewed)		47	11	4	8	11	8	5			
	Harm Free Care % (Safety Thermometer)	95%	5 92.91%	92%	93.77%	93.88%	94.57%	90.41%	92.83%			
	New Harm Free Care % (Safety Thermometer)		97.42%	97.51%	97.15%	97.40%	98.30%	95.43%	98.70%			
	CAUTI (Safety Thermometer)		0.43%	0.31%	0.32%	0.33%	0.57%	0.91%	0.11%			
	Falls (DATIX)		452	150	150	152	143	141	137			
	Medication errors (DATIX)	С	673	126	122	106	130	103	86			
	Medication errors (mod, severe or death) (DATIX)	c	32	4 (M)	5	8	7	4	8			
	Pressure Ulcers (PUNT) 3/4	C	13	2	2	1	3	4	1			
	VTE Risk Assessment (Monthly figures only available quarterly)	95%	95.05%	97.07%	98.23%	98.28%	98.08%	88.92%	89.72%			
		C	0	0	0	0	0	0	0			
	Overdue CAS alerts (PD = past deadline) (NC = not completed)		5 86.53%	0	0							

Aim													
Objective	Continuously impro	ove quality provi	sion of sa	afe care	and de	eliver	a positive	patient e	эхр	erience.			
Executiv	Chief Nurse/ Quali	ty Governance /	Assurance	e Comr	nittee			•					
e Owner/													
Responsi													
ble .													
Assuran													
се													
Committ													
ee													
Risk	Financial		Quali	tv			Regulati	on			Rec	outation	
Appetite				.,			- 3	_			- 1		
••	Initial Risk			Curre	nt Risk				Т	arget Ri	sk	L. L	
	Likelihood	Consequenc	Score	Likelih	nood	Con	sequenc	Score		ikelihoo		Consequenc	Score
Risk		e		_		е					-	е	
	3	3	9	4		3		12	2			3	6
2 Failure	Controls			As	suranc	es				Gaps	and	Actions	1
to meet													
the			at Cafaty	0	<b>•</b>	~	mission insp	pection		Time to	com	plete complaint res	sponse
the expectati	Monthly performance r			Car	e Quality	y Comr		0000000					
expectati ons of	Committee and Patien	t Experience Comm	nittee.	repo	orts					too long	. We	eekly oversight at (	
expectati ons of our	Committee and Patien Trust performance imp	t Experience Commorovement program	nittee.	repo Frie	orts ends and	Family	y Test				. We	eekly oversight at (	
expectati ons of	Committee and Patien Trust performance imp Review of mixed sex c	t Experience Commo provement program compliance.	nittee. me.	repo Frie Wa	orts ends and rd Health	Family	y Test results			too long meeting	. We  .	, ,	Q1
expectati ons of our	Committee and Patien Trust performance imp	t Experience Commo provement program compliance. Friends and Family	nittee. me. 7 Test use.	repo Frie War Safe	orts ends and rd Health ety Quali	Family ncheck ity Das	y Test results hboard		nd	too long meeting	ı. We ı. ənde	ncy with staffing le	Q1
expectati ons of our	Committee and Patien Trust performance imp Review of mixed sex of Pro-active increase of	t Experience Commo provement program compliance. Friends and Family	nittee. me. 7 Test use.	repo Frie Was Safo Safo redu	orts ends and rd Health ety Quali mplaints ucing.	Family ncheck ity Das outstai	y Test results hboard nding are m		nd	too long meeting Co-depe Link to I	i. We i. ende BAF	ncy with staffing le	Q1 vels.
expectati ons of our	Committee and Patien Trust performance imp Review of mixed sex of Pro-active increase of	t Experience Commo provement program compliance. Friends and Family	nittee. me. 7 Test use.	repo Frie Wat Safe Cor redu Ser	orts ends and rd Health ety Quali mplaints ucing. vice Trac	Family ncheck ity Das outstai c score	y Test results hboard nding are m		nd	too long meeting Co-depo Link to I Need to	i. We i. ende BAF	ncy with staffing le	Q1 vels.
expectati ons of our	Committee and Patien Trust performance imp Review of mixed sex of Pro-active increase of	t Experience Commo provement program compliance. Friends and Family	nittee. me. 7 Test use.	repo Frie Was Safe Cor redu Ser PLA	orts ends and rd Health ety Quali mplaints ucing. vice Trac ACE audi	Family ncheck ity Das outstar c score its.	y Test results hboard nding are m		nd	too long meeting Co-depe Link to I	i. We i. ende BAF	ncy with staffing le	Q1 vels.
expectati ons of our	Committee and Patien Trust performance imp Review of mixed sex of Pro-active increase of	t Experience Commo provement program compliance. Friends and Family	nittee. me. 7 Test use.	repo Frie Wai Safe Cor redu Ser PLA Pati	orts ends and rd Health ety Quali mplaints ucing. vice Trac ACE audi hway vis	Family ncheck ity Das outstar c score its. its.	y Test results hboard nding are m		nd	too long meeting Co-depo Link to I Need to audits	i. We i. BAF <sup>•</sup> deve	ncy with staffing le ?? elop action plan fo	vels. r PLACE
expectati ons of our	Committee and Patien Trust performance imp Review of mixed sex of Pro-active increase of	t Experience Commo provement program compliance. Friends and Family	nittee. me. 7 Test use.	repo Frie Wai Safe Cor redu Ser PLA Pati	orts ends and rd Health ety Quali mplaints ucing. vice Trac ACE audi	Family ncheck ity Das outstar c score its. its.	y Test results hboard nding are m		nd	too long meeting Co-depo Link to I Need to audits	i. We i. BAF deve	ncy with staffing le ?? elop action plan for ot comply with Crit	vels. r PLACE
expectati ons of our	Committee and Patien Trust performance imp Review of mixed sex of Pro-active increase of Monitoring of PLACE a	t Experience Commo provement program compliance. Friends and Family	nittee. me. 7 Test use.	repo Frie Wai Safe Cor redu Ser PLA Pati	orts ends and rd Health ety Quali mplaints ucing. vice Trac ACE audi hway vis	Family ncheck ity Das outstar c score its. its.	y Test results hboard nding are m		nd	too long meeting Co-depo Link to I Need to audits Trust do	i. We i. BAF deve	ncy with staffing le ?? elop action plan for ot comply with Crit	vels. r PLACE
expectati ons of our patients	Committee and Patien Trust performance imp Review of mixed sex of Pro-active increase of Monitoring of PLACE a	t Experience Commo provement program compliance. Friends and Family	nittee. me. 7 Test use.	repo Frie Wai Safe Cor redu Ser PLA Pati	orts ends and rd Health ety Quali mplaints ucing. vice Trac ACE audi hway vis	Family ncheck ity Das outstar c score its. its.	y Test results hboard nding are m		nd	too long meeting Co-depo Link to I Need to audits Trust do	i. We i. BAF deve	ncy with staffing le ?? elop action plan for ot comply with Crit	vels. r PLACE

Aim															
Objective	Continuously improve quality provision of sa	afe car	e and	d deliv	ver a c	ositiv	e pat	ent e	xperie	ence					_
Executiv	Chief Nurse/ Quality Governance Assurance				••••			• • • •							
			mille	C											
e Owner/															
Responsi															
ble .															
Assuran															
се															
Committ															
ee															
	Deterioreting LIOMD resition														
Material	Deteriorating HSMR position.														
Concern	Increasing volume of complaints.														
S															
															-
Trajector	RESPONSIVE DOMAIN														
y and	SEE INTEGRATED PERFORMANCE REPORT														
Performa	SAFE DOMAIN														
nce	METRIC	STANDARD	YTD	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Π
nce	Hospital Standardised Mortality Ratio (DFI) (Latest data July 14 - June 15 this is a rolling figure reported in the month specified)	100	N/A	105.83	108.21	107.50	107.63	Not avail	105.46						
	Summary Hospital-level Mortality Indicator (Latest data Oct 2013 to Sept 2014)	100		107.31	107.65	Not avail	Not avail	Not avail	Not avail						1
	Clostrium Difficile (post 3 days)	59	-	2	3	4	3	5	8						+
	MRSA bactaraemias (post 3 days) MSSA	L	9	1	1	0	3	<u></u> и	1						+
	ECOLI		33	5	5	6	7	2	8						t
	Never Events (may change when reviewed)	C	0 0	0	0	0	0	0	0						
	Serious Incidents reported (may change when reviewed)		47	11	4	8 93,88%	11 94,57%	8 90.41%	5						_
	Harm Free Care % (Safety Thermometer) New Harm Free Care % (Safety Thermometer)	95%	92.91% 97.42%	92% 97.51%	93.77% 97.15%	93.88%	94.57% 98.30%	90.41% 95.43%	92.83% 98.70%						+
	CAUTI (Safety Thermometer)		0.43%	0.31%	0.32%	0.33%	0.57%	0.91%	0.11%						1
	Falls (DATIX)		452	150	150	152	143	141	137						
	Medication errors (DATIX)	C	673	126	122	106	130	103	86						
	Medication errors (mod, severe or death) (DATIX) Pressure Ulcers (PUNT) 3/4	C	32	4 (M)	5	8	7	4	8						┿
	VTE Risk Assessment (Monthly figures only available quarterly)	95%		97.07%	98.23%	98.28%	98.08%	88.92%	89.72%						+
				0	0	0	0	0	0						T
1	Overdue CAS alerts (PD = past deadline) (NC = not completed)	C	0 0	0	0		<u> </u>								
	Overdue CAS alerts (PD = past deadline) (NC = not completed) SQD %	90%	0 0 6 86.53%	85.72%	87.91%	83.33%	86.26%	89.30%	86.63%						L
Additional (	SQD %	90%	86.53%	-	-		-								

Aim									
Objective	Continuous	ly improve quali	ty provisi	on of safe ca	are and deliver a	o positive	patient exp	erience.	
Executive Owner/ Responsible Assurance Committee	Director of	Estates and Fac	ilities/ Es	states Comm	littee				
Risk Appetite	Financial		Quality	/	Regulatio	n	R	eputation	
Risk	Initial Risk Likelihood 3	Consequence 2	Score 6	Current Ris Likelihood 3		Score 6	Target Ri Likelihood 2		Score 4
Failure to deliver backlog maintenance improvements to critical infrastructure	<ul><li>Joint</li><li>Desig</li><li>Month</li></ul>	me launch worksho Risk Register gn and Cost Review hly Monitoring Syste a Project Managem ort	, em	<ul> <li>P21- Grou</li> <li>P21- Grou</li> <li>P21- Esta Envir</li> <li>ULH</li> </ul>	Weekly Review /De ting ⊦ Commercial & Fin	ance nd	Cost control Kier to provinformation figures GM produce co small works ULHT cost Use of Con Kier to ensisites the Ki include the contractor fischemes g project.	vide cost exercise bre which will be rational P costs for task perio ost comparison of othe s costs to compare ag proposals.	lised d 2. To er P21+ gainst the Trust n on site st er on

	programme of works incorporate weekly site review/design meetin	
	Design Assurance:	
	Kier Design Team meetings (site include the Trust PM's for each U to ensure that Trust PM knowledge/requirements are inco into the Design Team meetings of design process	JLHT site, orporated
	Scope of Works:	
	Kier to provide a listing of Trust v scope of works information/docu needed from the Trust to allow K to commence/progress forward.	mentation
	Quality:	
	Trust PM's to provide details of w quality issues for their respective Trust wide quality monitoring pur Kier to review and to address qua issues as required with their cont	e sites rposes for ality
Additional Comments		

Objective Executive Owner/	1.Continuously													
Executive		improv	ve quali	ty provi	sion of	safe ca	are and	deliver	a posi	tive pat	tient ex	perienc	e	
Responsible Assurance	Director of Esta													
Committee														
Material Concerns	Finalisation of c	lesign/	(tender	process	s and cl	hange	of spec	ificatior	1.					
Trajectory and Performance														
	P21+ Draft Cash Flow													
			Q1		,	Q2			Q3			Q4		
		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total
	Pilgrim minor works				182,200									182,200
	Grantham minor works	5												0
	Lincoln minor works													0
	Stow					149,200	261,100	335,700						746,000
	Maternity 1st floor					112,800	197,400	253,800						564,000
	Maternity 6th floor								80,000	80,000	,			800,000
	Management costs	166,667	166,667	166,667	166,667	166,667	166,667	166,667	166,667	166,667	166,667	,		2,000,000
	Review									2,926,950	2,926,950	2,926,950	2,926,950	11,707,800
	Totals	166,667	166,667	166,667	348,867	428,667	625,167	756,167	246,667	3,173,617	3,253,617	3,293,617	3,373,617	16,000,000

Aim											
Objective	Create the	conditions for ou	ur staff to	achieve the	ir best						
Executive Owner/ Responsible Assurance Committee	Director of Human Resources and Organisational Development/ Workforce and Organisational D Assurance Committee							sational Develo	pment		
Risk Appetite	Financial		Quality	/	Regulatio	n	Reputation				
	Initial Risk		Current Risk Target Risk								
	Likelihood	Consequence	Consequence Score Likelihood Consequence		Consequence	Score	Likeliho	bod	Consequence	Score	
Risk	3	4	12	3	4	12	4	8			
	Controls			Assurance	S		Gaps and Actions				
<ol> <li>Failure to improve staff engagement</li> </ol>	OD Assurance Bimonthly HR Weekly Portfo Weekly Qualit Implementatio Site performa	and OD Programn lio Improvement Bo y Improvement on Team nce management c nd challenge sessi cy	ne Board oard	Trust Board Appraisal cor Workforce ar Appraisal cor &OD Prograr Internal Audit Annual staff Staff engage	t of medical apprais survey ment pulse checks npliance reporting	by by HR	Gaps in Current a against ta Action: I manager Current s with no ir score. Action: I engager Action: I partners Lack of e coordina effective	contra apprais arget o Priorit rs in h staff en mprove Develo ment s Develo ship w effective ted pe	sal compliance is	78% eting line is 3.49 last years nt staff on plan. I modern hents ternal k of n.	

		/management structures
Additional Commen	ts	

Aim	
Objective	Create the conditions for our staff to achieve their best
Executive Owner/ Responsible Assurance Committee	Director of Human Resources and Organisational Development/ Workforce and Organisational Development Assurance Committee
Material	
Concerns	
Trajectory and	
Performance	
	2014 Staff Survey 3.49
	Score
	2013 Staff Survey 3.50
	Score
	National Average: 3.74
	Target: TBC

Appraisal	compliance:
APRIL 14 MAY 14: JUNE 14: JULY 14: AUG 14: SEPT 14: OCT 14: NOV 14: DEC14:	45% 43% 44% 45%
JAN 15: FEB 15: MAR 15: APRIL 15: MAY 15: JUNE 15:	72% 74% 76% 5: 74% 77%
LiA Pulse C	heck Scores

Q1. I feel happy and supported working in my team/department/service43.243.6657.5170Q2. Our organisational culture encourages me to contribute to changes that affect my team/department/service.27.3739.1343.8959Q3. Managers and leaders seek my views about how we can improve our services.25.8838.0539.8565Q4. Day-today issues and frustrations that get in our way are quickly identified and resolved.14.1225.9329.6936
my team/department/service.25.8838.0539.8565Q3. Managers and leaders seek my views about how we can improve our services.25.8838.0539.8565Q4. Day-today issues and frustrations that get in our way are quickly identified14.1225.9329.6936
services.       Q4. Day-today issues and frustrations that get in our way are quickly identified       14.12       25.93       29.69       36
Q5. I feel that out organisation communicates clearly with staff about its priorities21.4529.7340.5858and goals.
Q6. I believe we are providing high quality services to our patients/service users. 44.97 53.23 64 67
Q7. I feel valued for the contribution I make and the work I do.         31.51         37.83         45.3         61
Q8. I would recommend our Trust to my family and friends.         34.12         42.7         51.11         67
Q9. I understand how my role contributes to the wider organisational vision. 48.16 47.96 60.33 65
Q10. Communication between senior management and staff is effective.17.7219.6532.0943
Q11. I feel that the quality and safety of patient care is our organisations priority. 42.73 52.21 62.51 80
Q12. I feel able to priorities patient care over other work.         43.27         45.7         55.52         58
Q13. Our organisational structures and processes support and enable me to do19.7926.9536.542my job well.
Q14. Our work environment, facilities and systems able me to do my job well. 21.61 27.12 35.68 35
Q15. This organisation supports me to develop and grow in my role.22.431.4541.3154

Aim											
Objective	Create the	conditions for ou	ur staff to	achieve the	ir bes	t					
Executive Owner/ Responsible Assurance Committee	Director of I Assurance		es and C	organisationa	al Dev	/elopment/	Workford	e and O	rgan	isational Develo	pment
Risk Appetite	Financial		Quality	/		Regulatio	n		Rep	outation	
Risk	Initial Risk Likelihood 5	Consequence 4	Score 20	Current Ris Likelihood 5	Con 4	sequence	Score 20	Target Likeliho 2	ood	Consequence 4	Score 8
1. Failure to address staff sickness and wellbeing	OD Assurance Bi-monthly HF Health and W Health and W Managing Atte Site Performa	view through Workf e Committee R and OD Programm ellbeing Strategy ellbeing Programm endance Policy and nce Management ( and Challenge sess	me Board e I Process Clinics	Assurances Monthly HR & Trust Board i absence figur Sickness abs Workforce an Sickness abs and OD Prog Annual Staff Exit Interview LiA Pulse Ch Annual occup Stress Audit Wellbeing Str	& OD p nclude res and ence f ad OD ence f rammo Survey /s eck Re pationa	es site sicknes d actions to a figures review Committee figures review e Board y esults	ss address ved by ved by HR	managir Action: perform complia Gaps in Lack of long tern Action: as part report t Manage for comp learning Lack of	a cont ers not ng atte High nance ance a n assu report m sick OH to of mo to TB. clarity ement	trol t consistently applyi endance policy light areas of pool , identify reasons and provide suppo urance ting from OH on ref conss absence o provide regular o provide regular o provide regular onthly HR perform holding people to a e on appraisals and of performance of all areas on area	r for non ort. errals for reports ance account d core
Additional Commen	ts										

Aim																								
Objective	Create the c	onditions	s for ou	ır sta	ff to	ach	nieve	e the	eir b	est														
Executive Owner/ Responsible Assurance Committee	Director of H Assurance C			es ai	nd C	Drga	nisa	ition	al D	eve	elopr	mer	nt/ W	/ork	ford	ce a	and	Or	gani	sati	ona	al De	eve	elopment
Material Concerns																								
Trajectory and			8.0																					
Performanc e	Annual Sickness rate as at 30 <sup>th</sup> June 2015 (for previous 12 month period) As at June 2014 (for	<b>4.85%</b> 4.53%	70.7 6.0.0 70.5 70.5 70.5 70.5 70.5 70.5 70.5	096			_	~	_	_	-	_	~	_	_		_	-	~		_	_		➡ Absence % (FTE) ➡ Absence Target
	previous 12 month period)		0.0		20	20	20	20 20	20	20	20	22	2 22	20	20	20	20	20	22 22	20	20	20	20	
	Benchmark:	3%		2013/07 2013/08	2013 / 09	2013/10	2013/11	2014/01 2013/12	2014/02	2014 / 03	2014/04		2014/07 2014/06 Month	2014/08	2014 / 09	2014/10	2014/11	2014 / 12	10 / 5102 2017 cr02	2015 / 03	2015 / 04	2015 / 05	2015 / 06	

Aim									
Objective		right staff to the							
Executive Owner/ Responsible Assurance Committee	Director of	Human Resourd	ces and C	D/ Workforc	e and Organisat	ional Dev	velopment	t Assurance Comm	nittee
Risk Appetite	Financial		Quality	/	Regulatio	F	Reputation		
Risk	Initial Risk			Current Ris	sk		Target F	Risk	
4 - 11	Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihoo	od Consequence	
1. Failure to fill vacancies on a	5	4	20	5	4	20	3	4	12
substantive basis results in an over reliance on locum/agency staff and inability to deliver optimal care	Workforce an board Workforce an Finance, Perf Committee Staffing Sumr Safer Staffing Site performa Site confirm a Recruitment a Staffing comm Plan for every E-rostering sy SOP for appro Monthly revie Nurse staffing	ovement Board d staffing improven ormance and Inves mit g Review and challenge sessi and retention strates nittee y post ystem oving bank and age w of establishments g displayed on ward is for approval of ba	nent plan stment clinics ons gy ency s	Board Weekly repor programme b Monthly HR& Nurse staffing Board Monthly HMC	ts to Portfolio Impro ts to workforce and ooard OD report to Trust g monthly report to C workforce report t report on Bank and	staffing Board Trust	Gaps in a Lack of m workforce Action: P Gaps in a No specif disciplines Action: P Trust Bos No site sp	neaningful and comple e plans Produce workforce pl assurance ic staffing report cover s Produce combined re	l <b>an</b> ring all <b>port for</b> rts

Aim	
Objective	Recruit the right staff to the right places
Executive Owner/ Responsible Assurance Committee	Director of Human Resources and OD/ Workforce and Organisational Development Assurance Committee
Material	High usage of agency staff.
Concerns	Use of non framework agency staff
Trajectory and Performance	Explanation of Figure:         8.39% (FTE used as a % of current Establishment FTE)         As at 31 <sup>st</sup> July 2015       8.39%         (for previous 12 month period)         As at 31 <sup>st</sup> July 2014       6.60%         (for previous 12 month period)         Benchmark:         Target       <2%
Additional Commer	nts

Aim										
Objective	5.Deliver or	ur 2015/16 Finar	ncial Plar	۱						
Executive Owner/ Responsible Assurance Committee	Director of	Finance and Co	rporate A	ffairs/ Fin	ance Pe	erformance	and Inve	stment Ass	urance Committe	e
Risk Appetite	Financial		Quality	/		Regulatio	n	R	eputation	
Risk	Initial RiskCurrent RiskTarget RiskLikelihoodConsequenceScoreLikelihoodConsequenceScoreLikelihoodCons3515552535									Score 15
Planned Income and Expenditure (including savings) levels are not delivered or mitigated.	Monthly finan and budget he Annual Contra Annual Exper Standing Ord Delegated Au Limits Portfolio Impr Financial Rec financial plan Financial Cor SOPS for nur	acts for Income nditure Budget Setti ers and Standing F ithority and Expend coverent Board covery Plan/ Revise ntrol totals sing and medical a Management Office	rporate ing inancial liture d gency							

Aim	
Objective	5.Deliver our 2015/16 Financial Plan
Executive Owner/	Director of Finance and Corporate Affairs/ Finance Performance and Investment Assurance Committee
Responsible	
Assurance	
Committee	
Material	
Concerns	
Trajectory and Performance	Original plan deficit of £40.3m Month 9 reported deficit of £49.9m Revised forecast of £61.8m.
Additional Commen	ts

Aim												
Objective	Improve pe	erformance										
Executive Owner/ Responsible Assurance Committee	Director of	Operations/ Fina	ance Perf	ormance and	d Investment As	surance	Committee					
Risk Appetite	Financial		Quality	1	Regulatio	n	Re	putation				
• •	Initial Risk			Current Ris	sk	Target Ris	k					
Risk	Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score			
• ••••	5	4	20	5	4	20	3	4	12			
1. There is a risk that due to an inability to meet demand we	Controls A&E Daily Breach	Analysis with actior	ns from	Assurances Monthly perfo	ormance report to F	PIC and	Gaps and Actions Critical posts remain vacant (Senior					
are unable to deliver key constitutional standards.	themes led by site Daily Telecon Ops to review the day Weekly perfor Chief Executi Monthly Syste chaired by Lin <b>Planned Care</b> Weekly Plann the Head of F Weekly PTL r cancer (attend Weekly busin patient pathw Monthly Plann West CCG	y Deputy Director o ofference led by Director ofference led by Director ofference led by Director ofference and provide the rmance meeting cho- ve / Deputy CEO em resilience Meeting the comparison of the meetings for 18 weed the comparison of the comparison of the meetings for 18 weed the comparison of the comparison of the meetings for 18 weed the comparison of the comparison of the comparison of the meetings for 18 weed the comparison of the comparison of th	n each ector of plan for aired by ng ng haired by haired by eks and gues) manage I risk y Lincs / Medical	Trust Board Monthly Busin by Director of Director of Pe Quarterly Exe Management Monthly IDM	ness Units Reviews operations and Ac erformance Improve ecutives to Site Hos Group with TDA Management Fram	s chaired ting ement spital	Business Ma Deputy Direct Attempting to these posts. Data Quality working with of external va and assuran Known gap i meet the leve whilst meetin Wide ranging included a le Lack of an A agreed and i	inager Lincoln Surge ctor of Operations). o recruit for a secon- issues remain. Con Medway team and alidators. Review bu	ery, d time to ttinue with teau usiness acity to hand ndards. ace that on plan. mework			

m												
ojective	Impr	ove performance										
ecutive /ner/ sponsible surance mmittee	Direo	ctor of Operations/ Finance Performance and Investment A	Assurance	Co	mm	itte	e					
aterial oncerns												
ajectory												
	Reference	Standard	Target				-	1	Achieveme	T Ó	ŕ	
erformanc	LOS1	Elective Length of Stay	2.8 days	Apr-15 2.8	May-15 2.8	5 Jun-1 2.8	5 Jul-19 2.8	Aug-15	5 Sep-15 2.8	0ct-15	Nov-15 2.8	Dec-15 J 2.8 2
	LOS2	Non-Elective Length of Stay	3.8 days	4.5	4.5	4.5	4.4	4.3	4.1	4.0	3.9	3.8 3
	ED1	4 hour maximum wait in A&E from arrival to admission, transfer or discharge	95%	89%	90%	91%	91%	92%	92%	95%	95%	>93% >9
	ED2	A&E conversion rate	22%		24.91%							22% 2
	RTT1	18 week RTT - Admitted patients to receive a definitive treatment within 18 weeks from referral	90%	78%	80%	81%	82.50%	83.50%	84.50%	85%	85%	85% 8
	RTT2	18 week RTT - Non-admitted patients to receive a first definitive treatment within 18 weeks of referral	95%	90.50%	90.50%	91%	91.50%	92.50%	94%	95%	95%	95% 9
	RTT3	18 week RTT - Percentage of incomplete pathways within 18 weeks	92%	89.50%	89.50%	90%	90.50%	91%	91.50%	92%	92%	92% 9:
	CAN1	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	93%	79.37%	88.50%	89.85%	90.97%	92.28%	93.04%	93.04%	93.00%	93.00% 93.
	CAN2	Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected	93%	44.32%	80.00%	81.03%	82.93%	83.89%	85.13%	85.13%	85.41%	85.41% 85.
	CAN3	Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis	96%	99.51%	96.00%	95.00%	98.33%	98.05%	98.08%	98.39%	97.74%	96.36% 96.
	CAN4	Percentage of patients receiving subsequent treatment for cancer within 31 days where that treatment is surgery	94%	92.00%	94.29%	93.00%	95.00%	94.29%	96.00%	98.00%	94.00%	95.00% 94.
	CAN5	Percentage of patients receiving subsequent treatment for cancer within 31 dyas where that treatment is an Anti-Cancer drug regime	98%	98.18%	98.89%	98.10%	98.10%	98.89%	98.18%	99.17%	98.95%	98.00% 98.
	CAN6	Percentage of patients receiving subsequent treatment for cancer within 31 days where that treatment is a radiotherapy treatment	94%	80.95%	87.50%	74.00%	94.44%	94.44%	94.00%	94.00%	94.00%	94.00% 94.
	CAN7	Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer	85%	75.56%	74.00%	75.00%	77.00%	78.00%	79.00%	80.00%	81.00%	82.00% 83.

Objective	Improve pe	rformance							
Executive Owner/ Responsible Assurance Committee	Director of (	Operations/ Fina	ance Perf	ormance an	d Investment As	surance	Committee		
Risk Appetite	Financial		Quality	/	Regulatio	n	Re	putation	
• •	Initial Risk			Current Ris	×	Target Ris	K		
Risk	Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score
	5	4	20	5	4	20	3	4	12
2. There is a risk that due to an inability to meet demand we	Controls A&E Daily Breach	Analysis with actior	as from	Assurances Monthly perfe	ormance report to F	PIC and	Gaps and Ac		nior
are unable to deliver key constitutional standards.	themes led by site Daily Telecon Ops to review the day Weekly perfor Chief Executiv Monthly Syste chaired by Lin <b>Planned Care</b> Weekly Plann the Head of P Weekly PTL n cancer (attend Weekly busine patient pathwa Monthly Plann West CCG Monthly cance Director	v Deputy Director o ference led by Dire performance and p mance meeting ch ve / Deputy CEO em resilience Meeti incs East CCG e (RTT and Cance red Care meeting c	n each ector of plan for aired by ng ng haired by haired by eks and gues) manage I risk y Lincs / Medical	Trust Board Monthly Busi by Director o Director of Po Quarterly Exe Management Monthly IDM	ness Units Reviews f operations and Ac erformance Improve ecutives to Site Hos Group with TDA Management Fram	s chaired ting ement spital	Business Ma Deputy Direct Attempting to these posts. Data Quality working with of external va and assuran Known gap i meet the leve whilst meetin Wide ranging included a le Lack of an A agreed and i	a remain vacant (Ser inager Lincoln Surge ctor of Operations). o recruit for a second issues remain. Con Medway team and alidators. Review bu ce reports. In available bed capa el of contracted dem ing constitutional star g recovery plan in pl ngth of stay reduction nnual Planning Fran n place. To finalise and implement (Oc	ery, d time to tinue with tean usiness acity to hand ndards. ace that on plan. nework -

Aim												
Objective	Impr	ove performance										
Executive Owner/ Responsible Assurance Committee	Dire	ctor of Operations/ Finance Performance and Investment A	Assurance	e Co	mm	itte	e					
Material												
Concerns												
Trajectory												
and	Reference	Standard	Target						Achievem	ent Traject	ory	
Performan	Reference		Idiget	Apr-1	5 May-1	5 Jun-1	5 Jul-15	Aug-1	5 Sep-1	5 Oct-1	5 Nov-1	5 Dec-15
	LOS1	Elective Length of Stay	2.8 days	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8
се	LOS2	Non-Elective Length of Stay	3.8 days	4.5	4.5	4.5	4.4	4.3	4.1	4.0	3.9	3.8
	ED1	4 hour maximum wait in A&E from arrival to admission, transfer or discharge	95%	89%	90%	91%	91%	92%	92%	95%	95%	>93%
	ED2	A&E conversion rate	22%		24.91%							22%
	RTT1	18 week RTT - Admitted patients to receive a definitive treatment within 18 weeks from referral	90%	78%	80%	81%	82.50%	83.50%	84.50%	85%	85%	85%
	RTT2	18 week RTT - Non-admitted patients to receive a first definitive treatment within 18 weeks of referral	95%	90.50%	90.50%	91%	91.50%	92.50%	94%	95%	95%	95%
	RTT3	18 week RTT - Percentage of incomplete pathways within 18 weeks	92%	89.50%	89.50%	90%	90.50%	91%	91.50%	92%	92%	92%
	CAN1	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	93%	79.37%	88.50%	89.85%	90.97%	92.28%	93.04%	93.04%	93.00%	93.00% 9
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	CAN3	Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis	96%	99.51%	96.00%	95.00%	98.33%	98.05%	98.08%	98.39%	97.74%	96.36% 9
	CAN4	Percentage of patients receiving subsequent treatment for cancer within 31 days where that treatment is surgery	94%	92.00%	94.29%	93.00%	95.00%	94.29%	96.00%	98.00%	94.00%	95.00% 9
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	CAN6	Percentage of patients receiving subsequent treatment for cancer within 31 days where that treatment is a radiotherapy treatment	94%	80.95%	87.50%	74.00%	94.44%	94.44%	94.00%	94.00%	94.00%	94.00% 9
	CAN7	Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer	85%	75.56%	74.00%	75.00%	77.00%	78.00%	79.00%	80.00%	81.00%	82.00% 8
	CAN8	Percentage of patients receiving first definitive treatment for cancer within 62 days of referral from an NHS cancer screening service	90%	91.30%	84.00%	88.00%	92.00%	96.00%	96.00%	96.00%	96.00%	96.00% 9

Aim												
Objective		plans for the fut										
Executive Owner/	Medical Dir	ector/Service Tr	ansforma	ation Assurar	nce Committee							
Responsible												
Assurance												
Committee												
Risk Appetite	Financial		Quality	/	Regulatio	n	Rep	outation				
Risk	Initial Risk			Current Ris	sk		Target Risk	ζ.				
	Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score			
1. Failure to engage with staff and public and agree	Controls			Assurance	S		Gaps and A	Actions				
future plans for services and sites.	Clinical Strate	egy Implementation	Group	Output of LHAC public consultation.								
51185.	Trust membe Board	rship of LHAC Prog	ramme	Clinical Strate	egy							
	Trust Board a	pproval of all plans										
	Membership e	engagement										
Additional Commen	ts											

Aim	
Objective	Set out our plans for the future
Executive Owner/	Medical Director/Service Transformation Assurance Committee
Responsible	
Assurance	
Committee	
Material	Services not financially viable
Concerns	Clinical staff not engaged
	Potential reputational damage
Trajectory and Performance	
Additional Commen	is

Aim										
Objective	Move towards a clinically led organisation									
Executive Owner/	Chief Executive/ Workforce and Organisational Development Committee									
Responsible										
Assurance										
Committee			-							
Risk Appetite	Financial	al Quality		Regulation			Reputation			
Risk	Initial Risk			Current Risk			Target Risk			
	Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score	
Unable to achieve successful										
engagement of	Controls			Assurances			Gaps and Actions			
clinicians to										
support the		Portfolio Improvement Board			Staff Survey results			No gaps in controls identified		
leadership of	Clinical Executive Committee			Uptake of medical leadership						
service transformation.	meeting	vement Implementa	ation	programmes. Staff survey results			Gaps in assurances Current staff engagement score is 3.49.			
transformation.	Performance Management Framework Medical Involvement Strategy Clinical input to all key committees within governance structure Clinical Strategy Clinical Strategy Implementation Group			Medical Engagement Scale Medical involvement survey Talent Academy			No improvement from previous years score of 3.50 Action: Develop and implement staff engagement strategy and action plan.			
	Clinical Strate	gy implementation	Group							
Additional Commen	l te			1						
Auditional Commen	ເວ									

Aim							
Objective	Move towards a clinically led organisation						
Executive Owner/ Responsible Assurance Committee	Chief Executive/Workforce and OD Committee						
Material Concerns							
Trajectory and Performance	In July 2014 196 Medical staff completed the Medical Engagement Scale (MES) survey at United Lincolnshire Hospitals NHS Trust (ULHT). A comparison of these survey results with the previously- surveyed Trusts in the normative database (currently comprising over 70 Trusts and over 8000 medical staff) indicated the following: The overall index of Medical Engagement is in the lowest but one rank of relative medical engagement. In respect of the Meta Scales, Meta Scale 1: Working In a Collaborative Culture is in the lowest band, with Meta Scale 2: Having Purpose & Direction in the middle band, with Meta Scale 3: Being Valued & Empowered in the lowest but one ranking like the overall index. The sub scales are distributed across the lowest to middle ranking, but no scale is in the higher ranges.						
Additional Comment	ts						