

United Lincolnshire Hospitals NHS Trust

Board Assurance Framework



2015/16

Aim									
Objective	Continuously improve quality provision of safe care and deliver a positive patient experience.								
Executive Owner/ Responsible Assurance Committee	Chief Nurse and Medical Director/Quality Governance Assurance Committee								
Risk Appetite	Financial		Quality		Regulation		Reputation		
Risk 1 Failure to reduce the incidence of patient harm	Initial Risk			Current Risk			Target Risk		
	Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score
	5	4	20	5	4	20	2	2	4
	Controls Monthly performance monitoring by Patient Safety Committee and Patient Experience Committee. Trust performance improvement programme. Monitoring of IR1's each week.			Assurances Achievement of NHS England New Harm Free Care quarterly position reported to Quality Governance Committee and Trust Board. HSMR reports from Dr Foster. Care Quality Commission inspection reports. Friends and Family Test. Ward Healthcheck results. Sepsis analysis and actions Safety Quality Dashboard. Pathway visits.			Gaps and Actions Work with Dr Foster to review the specific issues relating to coding of signs and symptoms. Owner: Head of Quality Governance, By: May 2015. Action: Take steps to address depth of clinical coding. Owner: Medical Director, By: May 2015. Co-dependency with staffing gaps. Links to BAF ?? Adequacy of membership/attendance at Safeguarding Committee		
Additional Comments									

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2 Failure to meet the expectations of our patients	Controls Monthly performance monitoring by Patient Safety Committee and Patient Experience Committee. Trust performance improvement programme. Review of mixed sex compliance. Pro-active increase of Friends and Family Test use. Monitoring of PLACE and IPC compliance standards.			Assurances Care Quality Commission inspection reports Friends and Family Test Ward Healthcheck results Safety Quality Dashboard Complaints outstanding are monitored and reducing. Service Trac scores. PLACE audits. Pathway visits. Healthwatch reviews.			Gaps and Actions Time to complete complaint response too long. Weekly oversight at Q1 meeting. Co-dependency with staffing levels. Link to BAF ?? Need to develop action plan for PLACE audits Trust does not comply with Criterion 2 of Hygiene code		
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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	N/A	107.31	107.65	Not avail	Not avail	Not avail	Not avail							Clostridium Difficile (post 3 days)	59	25	2	3	4	3	5	8							MRSA bacteraemias (post 3 days)	0	1	1	0	0	0	0	0							MSSA		9	1	1	0	3	3	1							ECOLI		33	5	5	6	7	2	8							Never Events (may change when reviewed)	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%	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)	0	673	126	122	106	130	103	86							Medication errors (mod, severe or death) (DATIX)	0	32	4 (M)	5	8	7	4	8							Pressure Ulcers (PUNT) 3/4	0	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%							Overdue CAS alerts (PD = past deadline) (NC = not completed)	0	0	0	0	0	0	0	0							SQD %	90%	86.53%	85.72%	87.91%	83.33%	86.26%	89.30%	86.63%						
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	Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score
	3	2	6	3	2	6	2	2	4
Failure to deliver backlog maintenance improvements to critical infrastructure	Controls <ul style="list-style-type: none"> Scheme launch workshops Joint Risk Register Design and Cost Review Monthly Monitoring System Capita Project Management support 			Assurances <ul style="list-style-type: none"> Site Weekly Review /Design meeting P21+ Commercial & Finance Group P21+ Project Board Estates Infrastructure and Environment Committee ULHT Finance and Performance Investment Committee 			Gaps and Actions <p>Cost control:</p> <p>Kier to provide cost exercise breakdown information which will be rationalised figures GMP costs for task period 2. To produce cost comparison of other P21+ small works costs to compare against the ULHT cost proposals.</p> <p>Use of Contractors:</p> <p>Kier to ensure that across all 3 x Trust sites the Kier Management Team on site include the appropriate local Trust contractor for invitations to tender on schemes going forward under the P21+ project.</p> <p>Programme Assurance:</p> <p>Assessment of the site planned</p>		

			<p>programme of works incorporated into weekly site review/design meetings.</p> <p>Design Assurance:</p> <p>Kier Design Team meetings (site specific) include the Trust PM's for each ULHT site, to ensure that Trust PM knowledge/requirements are incorporated into the Design Team meetings overall design process</p> <p>Scope of Works:</p> <p>Kier to provide a listing of Trust wide scope of works information/documentation needed from the Trust to allow Kier works to commence/progress forward.</p> <p>Quality:</p> <p>Trust PM's to provide details of works quality issues for their respective sites Trust wide quality monitoring purposes for Kier to review and to address quality issues as required with their contractors.</p>
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1. Failure to improve staff engagement	Controls Bi monthly review through Workforce and OD Assurance Committee Bimonthly HR and OD Programme Board Weekly Portfolio Improvement Board Weekly Quality Improvement Implementation Team Site performance management clinics Site confirm and challenge sessions Appraisal Policy Robust Appraisal Process			Assurances Monthly HR&OD performance report to Trust Board Appraisal compliance reviewed by Workforce and OD Committee Appraisal compliance reviewed by HR &OD Programme Board. Internal Audit of medical appraisals Annual staff survey Staff engagement pulse checks Appraisal compliance reporting Appraisal quality audit			Gaps and Actions No gaps in assurance identified Gaps in controls Current appraisal compliance is 78% against target of 95% Action: Prioritisation and targeting line managers in hotspot areas Current staff engagement score is 3.49 with no improvement seen from last years score. Action: Develop and implement staff engagement strategy and action plan. Action: Development of formal modern partnership working arrangements Lack of effective internal and external coordinated people strategy, lack of effective governance mechanism. Absence of a clear organisational		

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Executive Owner/ Responsible Assurance Committee	Director of Human Resources and Organisational Development/ Workforce and Organisational Development Assurance Committee										
Material Concerns											
Trajectory and Performance	<table border="1" data-bbox="1290 962 1700 1217"> <tr> <td>2014 Staff Survey Score</td> <td>3.49</td> </tr> <tr> <td>2013 Staff Survey Score</td> <td>3.50</td> </tr> <tr> <td>National Average:</td> <td>3.74</td> </tr> <tr> <td>Target:</td> <td>TBC</td> </tr> </table>			2014 Staff Survey Score	3.49	2013 Staff Survey Score	3.50	National Average:	3.74	Target:	TBC
2014 Staff Survey Score	3.49										
2013 Staff Survey Score	3.50										
National Average:	3.74										
Target:	TBC										

Appraisal compliance:

APRIL 14:	46%
MAY 14:	45%
JUNE 14:	43%
JULY 14:	44%
AUG 14:	45%
SEPT 14:	54%
OCT 14:	60%
NOV 14:	65%
DEC14:	69%
JAN 15:	72%
FEB 15:	74%
MAR 15:	76%
APRIL 15:	74%
MAY 15:	77%
JUNE 15:	78%

LiA Pulse Check Scores

	Phase 1	Phase 2	Phase 3	LiA Teams
Q1. I feel happy and supported working in my team/department/service	43.2	43.66	57.51	70
Q2. Our organisational culture encourages me to contribute to changes that affect my team/department/service.	27.37	39.13	43.89	59
Q3. Managers and leaders seek my views about how we can improve our services.	25.88	38.05	39.85	65
Q4. Day-today issues and frustrations that get in our way are quickly identified and resolved.	14.12	25.93	29.69	36
Q5. I feel that our organisation communicates clearly with staff about its priorities and goals.	21.45	29.73	40.58	58
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.	17.72	19.65	32.09	43
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 do my job well.	19.79	26.95	36.5	42
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.	22.4	31.45	41.31	54

Additional Comments

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								
Risk Appetite	Financial		Quality		Regulation		Reputation		
Risk	Initial Risk			Current Risk			Target Risk		
	Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score
	5	4	20	5	4	20	2	4	8
1. Failure to address staff sickness and wellbeing	Controls Bi-monthly review through Workforce and OD Assurance Committee Bi-monthly HR and OD Programme Board Health and Wellbeing Strategy Health and Wellbeing Programme Managing Attendance Policy and Process Site Performance Management Clinics Site Confirm and Challenge sessions			Assurances Monthly HR & OD performance report to Trust Board includes site sickness absence figures and actions to address Sickness absence figures reviewed by Workforce and OD Committee Sickness absence figures reviewed by HR and OD Programme Board Annual Staff Survey Exit Interviews LiA Pulse Check Results Annual occupational Health Report Stress Audit Wellbeing Strategy			Gaps and Actions Gaps in control Managers not consistently applying managing attendance policy Action: Highlight areas of poor performance, identify reasons for non compliance and provide support. Gaps in assurance Lack of reporting from OH on referrals for long term sickness absence Action: OH to provide regular reports as part of monthly HR performance report to TB. Management holding people to account for compliance on appraisals and core learning Lack of clarity of performance management of all areas on areas, such as Core learning		
Additional Comments									

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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								
Risk Appetite	Financial		Quality		Regulation		Reputation		
Risk 1. Failure to fill vacancies on a substantive basis results in an over reliance on locum/agency staff and inability to deliver optimal care	Initial Risk			Current Risk			Target Risk		
	Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score
	5	4	20	5	4	20	3	4	12
	Controls Workforce plan Portfolio Improvement Board Workforce and staffing improvement board Workforce and staffing improvement plan Finance, Performance and Investment Committee Staffing Summit Safer Staffing Review Site performance management clinics Site confirm and challenge sessions Recruitment and retention strategy Staffing committee Plan for every post E-rostering system SOP for approving bank and agency Monthly review of establishments Nurse staffing displayed on wards Authority limits for approval of bank and agency usage.			Assurances Weekly reports to Portfolio Improvement Board Weekly reports to workforce and staffing programme board Monthly HR&OD report to Trust Board Nurse staffing monthly report to Trust Board Monthly HMC workforce report Internal Audit report on Bank and Agency Talent for Care Strategy			Gaps and Actions Gaps in control Lack of meaningful and complete workforce plans Action: Produce workforce plan Gaps in assurance No specific staffing report covering all disciplines Action: Produce combined report for Trust Board No site specific workforce reports Action: Produce site specific workforce reports		
Additional Comments									

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 Concerns	High usage of agency staff. Use of non framework agency staff											
Trajectory and Performance	<table border="1"> <tr> <td colspan="2">Explanation of Figure: 8.39% (FTE used as a % of current Establishment FTE)</td> </tr> <tr> <td>As at 31st July 2015 (for previous 12 month period)</td> <td>8.39%</td> </tr> <tr> <td>As at 31st July 2014 (for previous 12 month period)</td> <td>6.60%</td> </tr> <tr> <td>Benchmark:</td> <td></td> </tr> <tr> <td>Target</td> <td><2%</td> </tr> </table>		Explanation of Figure: 8.39% (FTE used as a % of current Establishment FTE)		As at 31 st July 2015 (for previous 12 month period)	8.39%	As at 31 st July 2014 (for previous 12 month period)	6.60%	Benchmark:		Target	<2%
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As at 31 st July 2015 (for previous 12 month period)	8.39%											
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Benchmark:												
Target	<2%											
Additional Comments												

Aim									
Objective	5.Deliver our 2015/16 Financial Plan								
Executive Owner/ Responsible Assurance Committee	Director of Finance and Corporate Affairs/ Finance Performance and Investment Assurance Committee								
Risk Appetite	Financial		Quality		Regulation		Reputation		
Risk	Initial Risk			Current Risk			Target Risk		
	Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score
	3	5	15	5	5	25	3	5	15
Planned Income and Expenditure (including savings) levels are not delivered or mitigated.	Controls Annual Plan Submission and Budget Monthly financial reporting at corporate and budget holder levels Annual Contracts for Income Annual Expenditure Budget Setting Standing Orders and Standing Financial Delegated Authority and Expenditure Limits Portfolio Improvement Board Financial Recovery Plan/ Revised financial plan Financial Control totals SOPS for nursing and medical agency Programme Management Office Interim Director of Finance			Assurances Monthly Finance Report to FPIC and Trust Board TDA Monthly Reporting and IDM meetings Reports to CEC Performance Management Framework Internal and External Audit Reports Savings programme database Programme Improvement Board Upward report from the Programme Improvement Board to the Trust Board Integrated Performance Management meetings.			Gaps and Actions Health Community ownership of financial consequences on the Trust of operational position (eg increased medically fit for discharge patients, escalation beds) – Community ownership of the performance improvement plan Substantial vacancy levels in Management Accounting function Agency cap implementation Some Business Processes need modernising/consolidating and education, along with universal adherence.		
Additional Comments									

Aim		
Objective	5.Deliver our 2015/16 Financial Plan	
Executive Owner/ Responsible Assurance Committee	Director of Finance and Corporate Affairs/ Finance Performance and Investment 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 Comments		

Aim									
Objective	Improve performance								
Executive Owner/ Responsible Assurance Committee	Director of Operations/ Finance Performance and Investment Assurance Committee								
Risk Appetite	Financial		Quality		Regulation		Reputation		
Risk	Initial Risk			Current Risk			Target 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 are unable to deliver key constitutional standards.	<p>Controls A&E Daily Breach Analysis with actions from themes led by Deputy Director on each site Daily Teleconference led by Director of Ops to review performance and plan for the day Weekly performance meeting chaired by Chief Executive / Deputy CEO Monthly System resilience Meeting chaired by Lincs East CCG</p> <p>Planned Care (RTT and Cancer) Weekly Planned Care meeting chaired by the Head of Planned Care Weekly PTL meetings for 18 weeks and cancer (attended by CCG colleagues) Weekly business information to manage patient pathways and associated risk Monthly Planned Care chaired by Lincs West CCG Monthly cancer Board chaired by Medical Director Deputy Director Operational Performance in post.</p>			<p>Assurances</p> <p>Monthly performance report to FPIC and Trust Board</p> <p>Monthly Business Units Reviews chaired by Director of operations and Acting Director of Performance Improvement</p> <p>Quarterly Executives to Site Hospital Management Group</p> <p>Monthly IDM with TDA</p> <p>Performance Management Framework (PMF) in place.</p>			<p>Gaps and Actions</p> <p>Critical posts remain vacant (Senior Business Manager Lincoln Surgery, Deputy Director of Operations). Attempting to recruit for a second time to these posts.</p> <p>Data Quality issues remain. Continue working with Medway team and with team of external validators. Review business and assurance reports.</p> <p>Known gap in available bed capacity to meet the level of contracted demand whilst meeting constitutional standards.</p> <p>Wide ranging recovery plan in place that included a length of stay reduction plan.</p> <p>Lack of an Annual Planning Framework – agreed and in place. To finalise (September) and implement (October).</p>		
Additional Comments									

Aim									
Objective	Improve performance								
Executive Owner/ Responsible Assurance Committee	Director of Operations/ Finance Performance and Investment Assurance Committee								
Risk Appetite	Financial		Quality		Regulation		Reputation		
Risk	Initial Risk			Current Risk			Target Risk		
	Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score
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Additional Comments									

Aim									
Objective	Set out our plans for the future								
Executive Owner/ Responsible Assurance Committee	Medical Director/Service Transformation Assurance Committee								
Risk Appetite	Financial		Quality		Regulation		Reputation		
Risk 1. Failure to engage with staff and public and agree future plans for services and sites.	Initial Risk			Current Risk			Target Risk		
	Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score
	Controls			Assurances			Gaps and Actions		
Clinical Strategy Implementation Group			Output of LHAC public consultation.						
Trust membership of LHAC Programme Board			Clinical Strategy						
Trust Board approval of all plans									
Membership engagement									
Additional Comments									

Aim							
Objective	Set out our plans for the future						
Executive Owner/ Responsible Assurance Committee	Medical Director/Service Transformation Assurance Committee						
Material Concerns	<table border="1"> <tr> <td>Services not financially viable</td> <td></td> </tr> <tr> <td>Clinical staff not engaged</td> <td></td> </tr> <tr> <td>Potential reputational damage</td> <td></td> </tr> </table>	Services not financially viable		Clinical staff not engaged		Potential reputational damage	
Services not financially viable							
Clinical staff not engaged							
Potential reputational damage							
Trajectory and Performance							
Additional Comments							

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

Aim	
Objective	Move towards a clinically led organisation
Executive Owner/ Responsible Assurance Committee	Chief Executive/Workforce and OD Committee
Material Concerns	
Trajectory and Performance	<p>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:</p> <p>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.</p>
Additional Comments	