2021
A different Lincolnshire
A great ULHT

NHS
United Lincolnshire Hospitals
NHS Trust

Governance Guide:

How we are run and make decisions within ULHT

A reference guide for staff

2019 - 2021

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1. Setting the scene

This guide sets out how United Lincolnshire Hospitals NHS Trust (ULHT) governs and assures itself to develop and deliver the 2021 strategy's vision, ambitions and core priorities.

1.1 What is governance?

Governance is defined as the arrangements by which an organisation is directed and controlled, how decisions are made and change implemented and how those in charge can be assured that things are going as they should be.

All organisations, large or small, public or private, need strong governance in place to be successful. At ULHT this is achieved through a combination of our structures (how we organise ourselves, our decision-making processes, our ways of working) and processes to give assurance that we are achieving what we expect of ourselves.

We do this by:

- Ensuring accountability for delivery of our required standards (clinical, workforce, financial, performance or legal).
- Identifying, sharing and ensuring the delivery of best practice.
- Identifying and managing risks and the quality of care.
- Ensuring that the Trust's culture - "the way we do things around here" - supports effective engagement on the Trust's priorities.
- Driving continuous improvement in the quality of patient care.
- Investigating and taking action on sub-standard performance.

1.2 How does governance work at ULHT?

Within ULHT, the Trust Board operates an integrated governance model, which combines:

- **Clinical governance: Making sure that quality and safety is at the centre of all our clinical activities as individuals, teams and for the Trust as a whole.**

  Clinical governance is the structures, processes and culture needed to ensure that we can provide quality, safe care, that we can demonstrate that this really happens and that we have the aspiration to continually improve quality.

We have always had quality of care and patient-centred services at the heart of what we do. Clinical governance allows us to be more specific around what that means and makes each of us directly accountable for the quality of our own work and that of our team/s.

There are five main components of clinical governance, supported by good clinical leadership:

- Patient and carer experience and involvement.
- Risk management.
- Clinical audit.
- Education/training and continuous professional development.
- Evidence-based care.

- Corporate governance: **Making sure that the Trust has systems and processes to direct and control how it operates in order to meet its objectives, and by which it relates to its partners and the wider community.**

  The Trust needs to be able to demonstrate that it is well run, openly accountable and complies with its legal and regulatory duties and responsibilities including:

  - The law.
  - The NHS Constitution.
  - Health care regulators (e.g. NHSI, CQC and NHSE).
  - Department of Health.
  - The 'Nolan Principles' – the seven principles of public life (see **Appendix1**).

1.3 What is assurance?

All NHS organisations must demonstrate good governance. Assurance is part of good governance practice. It concerns the way in which the Trust Board, through its committees, is provided with accurate and current information about the efficiency and effectiveness of its policies, procedures, operations and the status of its compliance with statutory obligations.

This enables the Board to be confident that the desired level of quality and safety is being delivered through its services and functions; and that its objectives are being met.

For assurance to be effective, it relies on risks and issues being shared and escalated through the Trust's management structures.

2. How we set strategy

2.1 Looking forward

The Trust Board takes a longer-term view (usually three to five years) of where the Trust needs to be, by:

- Taking into account potential future threats and opportunities, both external and internal to the Trust, and how they may affect its services. These influences may be political, economic, social, technological, environmental, legal or organisational.
- Taking into account national and local performance indicators and targets.
- Identifying and responding to current issues, risks and aspirations for existing services, which relies on staff being open and able to share and escalate concerns.
- Reflecting the expectations of Lincolnshire's Sustainability and Transformation Partnership (STP) which is the whole county's long term plan for the future of health and care services, in the context of the NHS long term plan.
- Taking into account feedback from engagement with staff, the public and partners in shaping future thinking.

2.2 How we deliver our vision

We are building a long-term solution, a strategy and plan, to give staff and patients hope and belief that we have a bright future. A future where we can deliver excellent healthcare in Lincolnshire's rural setting. It is called 2021 and has become part of everything we do.

We have set out a clear purpose for the Trust:

> **Our purpose:** We are here to deliver the most effective, safe and personal care to every patient through our team of safe, skilled, compassionate, dedicated and valued staff.

We have already made huge strides in finding new ways of working more effectively, and have set out a clear vision:

> **Our vision:** We will provide excellent specialist care to the people of Lincolnshire, and collaborate with local partners to prevent the need for people to be dependent upon our services.

Our end goal is that we provide safe quality care to our patients, providing efficient and effective services where we are recognised for demonstrating our values.

The Trust has set out four ambitions within 2021: our patients; our services; our people; and our system / partners. The following diagram sets these out, supported by our ambitions and intended outcomes.

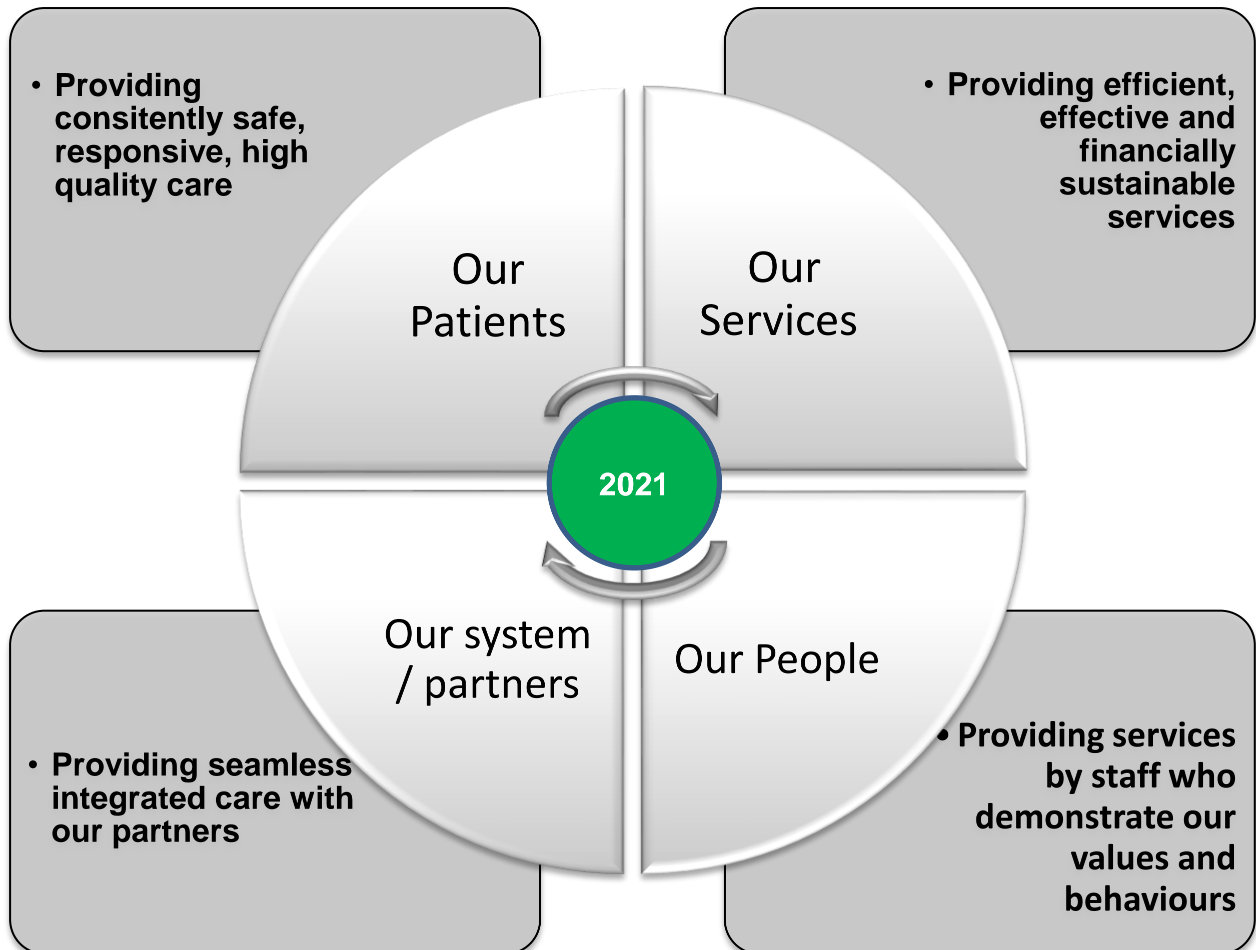

Diagram 1: Vision, ambitions and outcomes

We know what we are here to do for our patients and we are clear about our aspirations for the future.

The Trust Board has set out very clearly **seven** strategic objectives, which will act as the focus for our improvement efforts for years to come.

- For **our patients** ambition, our objectives are to:
    - **Deliver harm free care.**
    - **Value our patients' time.**
- For **our services** ambition, our objectives are to:
    - Have **'zero waits'** to access our services.
    - Ensure that our services are **sustainable** on a long-term basis i.e. here to stay.

- For **our people** ambition, our objectives are to:
    - Have a **modern and progressive workforce.**
    - Work as **one team.**
- For **our partners** (other health and care providers) in Lincolnshire ambition, our objective is to:
    - Make sure that the care given to our patients is seamless between ULHT and other service providers through better **service integration.**

The 2021 strategy is not just about a series of programmes and projects to move our services on, it is about changing the way we work and operate, ensuring that our staff and patients are on the journey of improvement with us. It is not just a plan, it is ‘the way we do things around here’ and ultimately will lead to delivering excellent healthcare in our rural county.

We will deliver our 2021 vision through five improvement programmes, designed to move us closer to our ambitions. They are:

- Improving quality and safety.
- Saving money and improving our environment.
- Redesigning our clinical services.
- Delivering more productive services.
- Developing the workforce to meet our future needs.

3. Turning our ambitions into reality

3.1 Operational plans

Each year the Trust Board agrees an operational plan, which sets out the priorities for the year ahead and how we will achieve them. The priorities for the year ahead will be set:

- To make good progress towards delivering our vision and setting out the improvements planned for each of our four ambitions and seven Trust objectives.

- To deliver nationally-determined priorities for the NHS in the year ahead, in line with the NHS long term plan (2019).

- To reflect local priorities set out in the Lincolnshire-wide plan the Sustainability and Transformation Partnership (STP), which brings together our plans with all of the plans of our health and care partners.

3.2 How do we shape the plans each year?

In addition to planning to achieve national standards and priorities, and those priorities agreed for Lincolnshire, we will agree with our clinical divisions and corporate directorates our planned improvements against each of our ambitions and objectives. The seven strategic objectives are:

- Harm free care.
- Valuing our patients' time.
- Zero waits.
- Sustainable services.
- Modern and progressive workforce.
- One team.
- Service integration.

In any one year we cannot achieve all of the improvements we want to make to achieve our stated long-term vision and ambitions. So each year we set improvement targets to keep us moving in the right direction. We do this along with our divisions and directorates, by agreeing what contribution each can make to delivering the improvement target. We will tend to agree year-on-year improvement targets that will stretch us a little.

The process of planning for the year ahead normally starts at least six months before the start of a new financial year, and will take account of the progress we are making at the time.

When we have agreed our priorities for the year ahead, we ask our divisions and directorates to compile their own operational plans with their specialty teams, wards, and departments. They are responsible for ensuring that all these plans align and that every member of staff clearly understands the contribution that they and their team/s are making towards our improvement and delivery priorities. In this way, every staff members' own objectives are always aligned to the Trust's priorities.

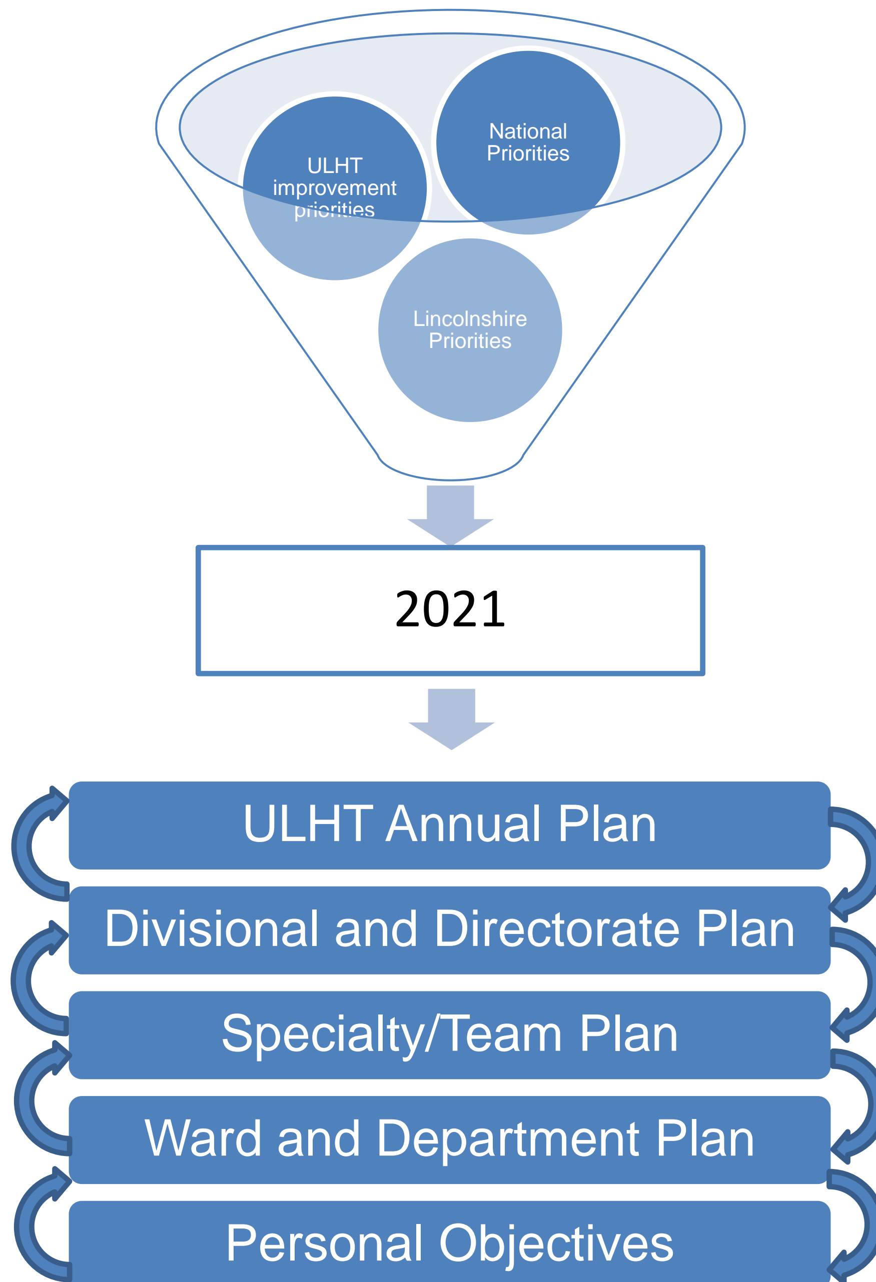

Diagram 2: Priorities into planning and delivery

3.3 What do our operational plans cover?

Our operational plans incorporate all dimensions of our work, so that they are all consistent with each other.

So, they include:

Diagram 3: Integrating our plans

This way, all of our plans are taking us in the same direction towards achieving our vision and ambitions.

4. Decision-making – our governance structure

4.1 Role of the Trust Board

NHS boards play a key role in shaping the strategy, vision and purpose of an organisation. They hold the organisation to account for the delivery of strategy and ensure value for money. They are also responsible for assuring that risks to the organisation and the public are managed and mitigated effectively. Led by an independent chair and composed of a mixture of both executive and independent non-executive members, the board has a collective responsibility for the performance of the organisation.

The purpose of NHS boards is to **govern effectively**, and in so doing build patient, public and stakeholder confidence that their health and healthcare is in safe hands. This fundamental accountability to the public and stakeholders is delivered by building confidence:

- In the quality and safety of health services.
- That resources are invested in a way that delivers optimal health outcomes.
- In the accessibility and responsiveness of health services.
- That patients and the public can help to shape health services to meet their needs.
- That public money is spent in a way that is fair, efficient, effective and economic.

The Trust Board consists of:

- **The Trust chair and five non-executive directors**
  The chair of the Board manages and provides leadership to the Board. Non-executive directors are part-time and play a crucial role in bringing independent perspective and challenge to the boardroom, in addition to specific knowledge and skills they have.

- **The chief executive and seven executive directors**
  The chief executive manages and provides leadership to the other executives, and is accountable to the Board. Executive directors are full-time employees and bring specialist leadership expertise to the Trust as well as their overall corporate responsibility.

The four divisional clinical directors may also attend the board meetings from time to time, to provide updates on the progress of clinical services. The following diagram outlines the structure:

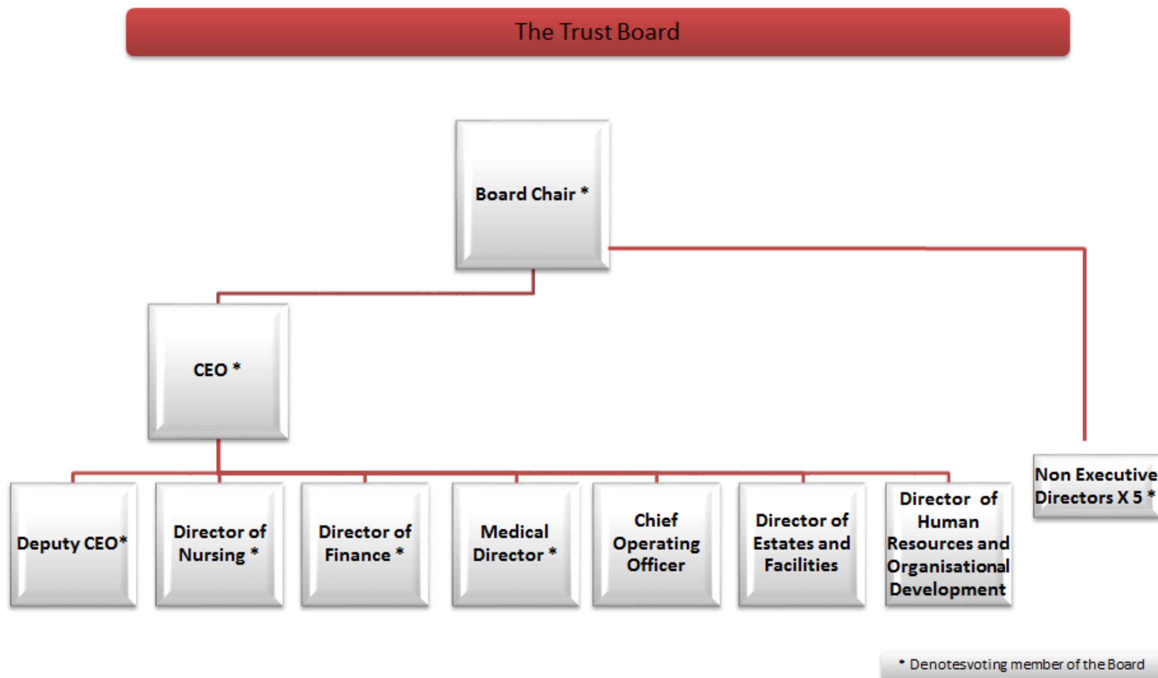

Diagram 4: Executive and non-executive structure chart

NHS trusts are required, by law, to make **standing orders**, which regulate the way in which the business of the Trust will be conducted.

In an organisation as large and complex as ULHT, the Board cannot make every single decision. A formal **scheme of delegation** defines the 'top level' functions the Trust Board performs, and which of these are delegated to the chief executive or executive directors within the organisation. Specifically, there are some powers that only the Trust Board has.

The Board also has a formal set of **standing financial instructions**, which detail the financial responsibilities, policies and procedures adopted by ULHT. They are designed to ensure that ULHT's financial transactions are carried out in accordance with the law and Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness.

Generally, the powers to run our hospitals on a day-to-day basis are delegated to the chief executive, who in turn, may formally delegate authority to others in the Trust in a form of **earned autonomy**.

Within ULHT, the chief executive devolves permission to act through the **Executive Devolution Policy.** This aims to empower each division to run its own business, by setting out the conditions which need to be met for the chief executive and executive directors to give them more control over:

- NHS revenue spending and financial authorisation levels.
- Entering into contracts.
- Capital spending.
- Agreeing new business or services.
- Movement of budgets (virement).

- Creating new posts.
- Filling vacant posts.
- Use of bank and agency staff.

The Devolution Policy supports differential levels of devolution dependent upon the overall performance of divisions, on an **earned autonomy** basis.

4.2 The chief executive

The **chief executive** is responsible and accountable to the Trust Board for the delivery of the Trust's plans and objectives. S/he discharges the responsibility through executive directors and divisional clinical directors who collectively form the Trust Management Group.

4.3 The Trust Management Group

The **Trust Management Group (TMG)** is the corporate powerhouse of Trust management, sitting beneath the Trust Board. It draws together the very senior clinical leadership (the divisional clinical directors) and Trust executives, under the leadership of the chief executive. In doing so, it connects our clinical services and the corporate and executive functions to the Trust Board.

It meets twice per month:

- Once to focus upon strategy, policy development and transformation.

- Once to focus on delivery and risk. At this meeting, the core group will be extended to include the divisional managing directors and divisional nurses from each division. This **collective accountability** meeting will focus on issues and risks escalated from **Performance Review Meetings** (PRMs) and the **Quality and Safety Oversight Group** (QSOG).

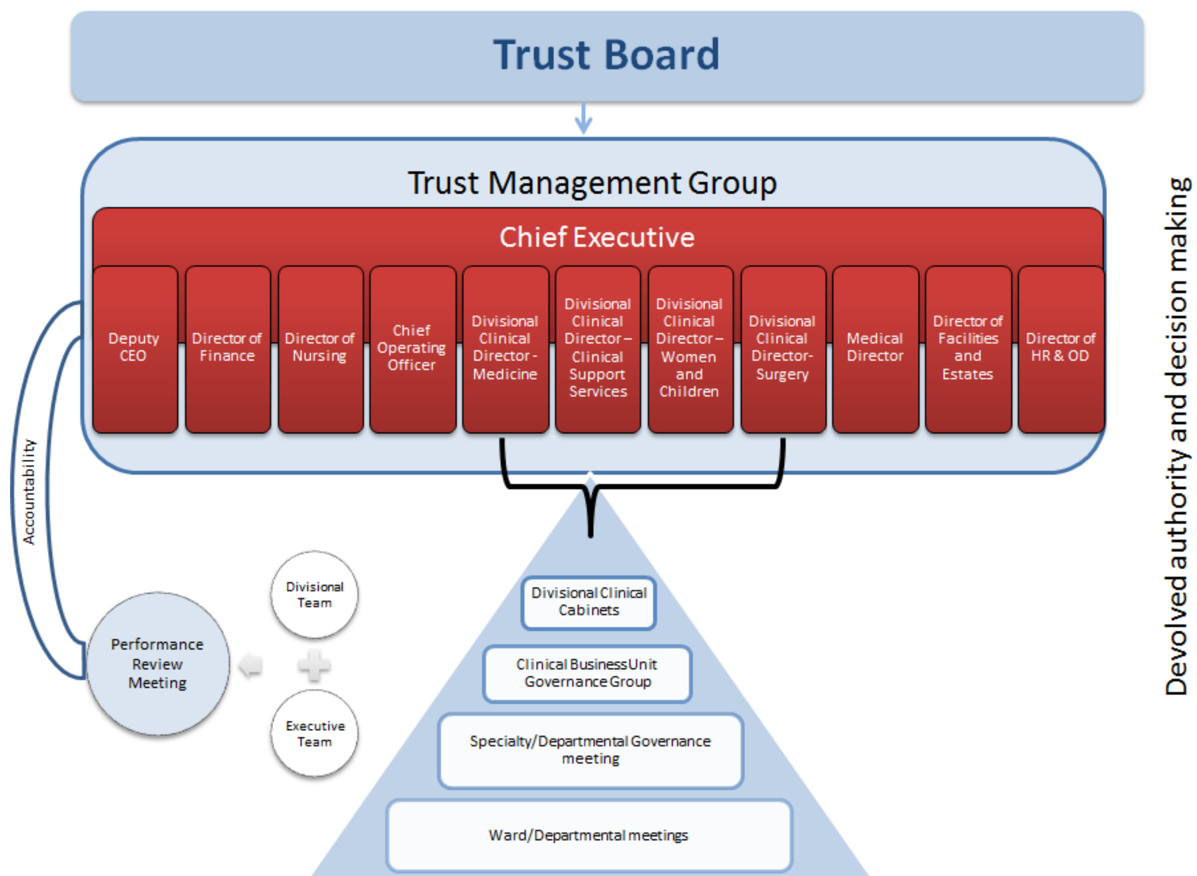

Diagram 5: Trust Management Group

4.4 The chief executive's team

The chief executive discharges his/her responsibilities through seven executive directors:

- Deputy chief executive
- Medical director
- Director of finance and information
- Director of nursing
- Chief operating officer
- Director of human resources and organisational development
- Director of estates and facilities

All Trust employees ultimately report into the chief executive through an executive director. Given the scale and size of our clinical services they are organised into four (clinical) divisions, overseen by the chief operating officer.

The chief executive and executive directors are also responsible for a range of professional functions (corporate directorates), as well as leading the key enabling Trust strategies.

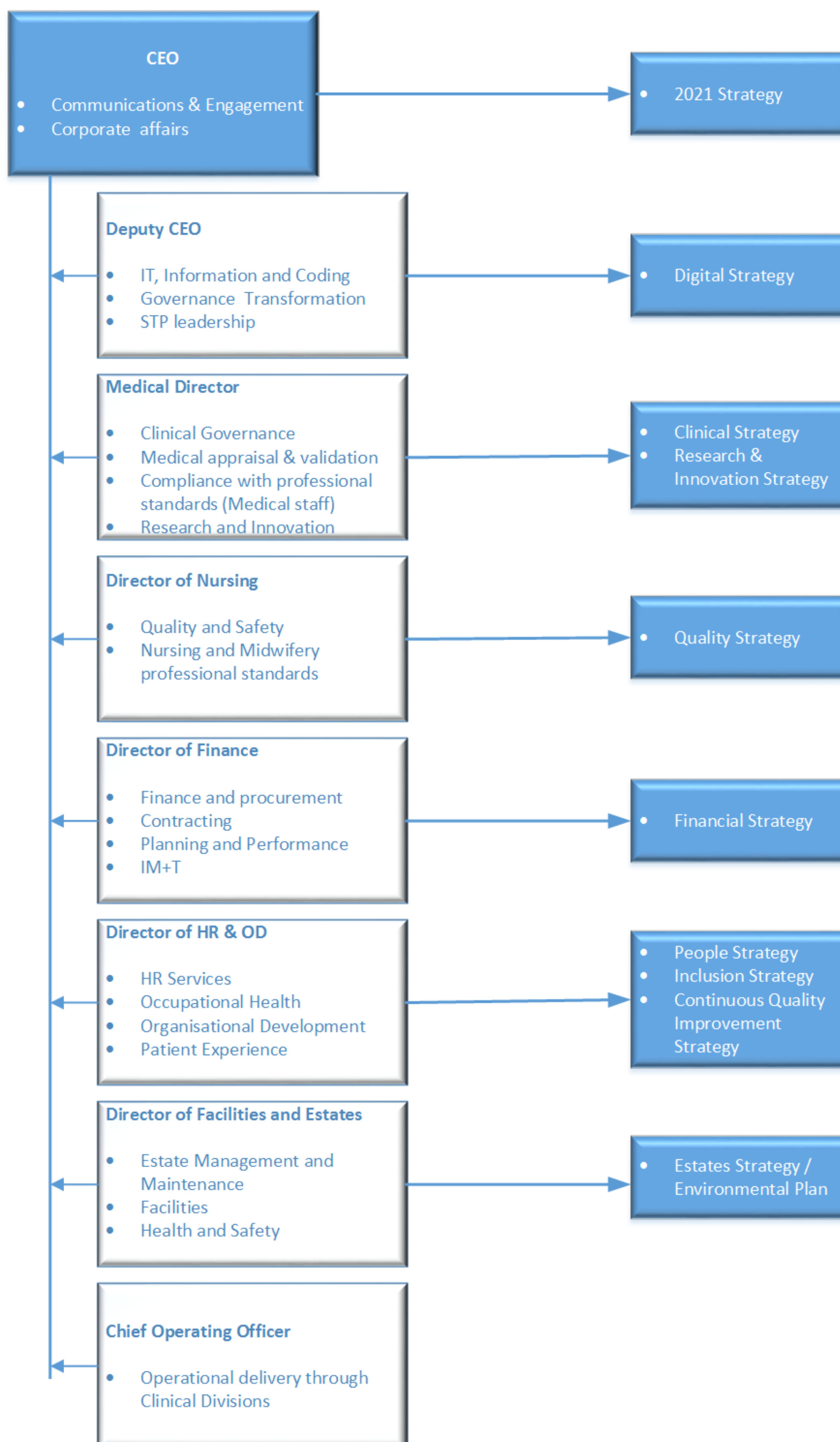

Diagram 6: Responsibilities aligned to enabling strategies

Each of the corporate directorates are led by an executive director. These directorates are as important to delivering high quality care to our patients as the front-line clinical services. They provide a range of services that are important to the smooth running of our hospitals (including recruitment, payroll, maintaining our

facilities, telephony and running our IT infrastructure). They also support the divisions by providing expertise and services to them against a range of standards.

4.5 Clinical divisions

There are four clinical divisions:

- Women's and children's
- Clinical support services
- Medicine
- Surgery

A divisional clinical director, who is supported by a divisional nurse and a divisional managing director, heads each division. These **triumvirates** are responsible for running clinical services, departments and wards within their division.

Each clinical division hosts a number of specialty teams or clinical services grouped within clinical business units who each have their own leadership team overseen by a general manager who works with a clinical lead, matron and operational/clinical services manager.

Diagram 7: Divisional structures

The divisions are all organised on the same principles, but there may be subtle differences between them to reflect the different clinical services within each.

In general, however, our divisions are organised as follows:

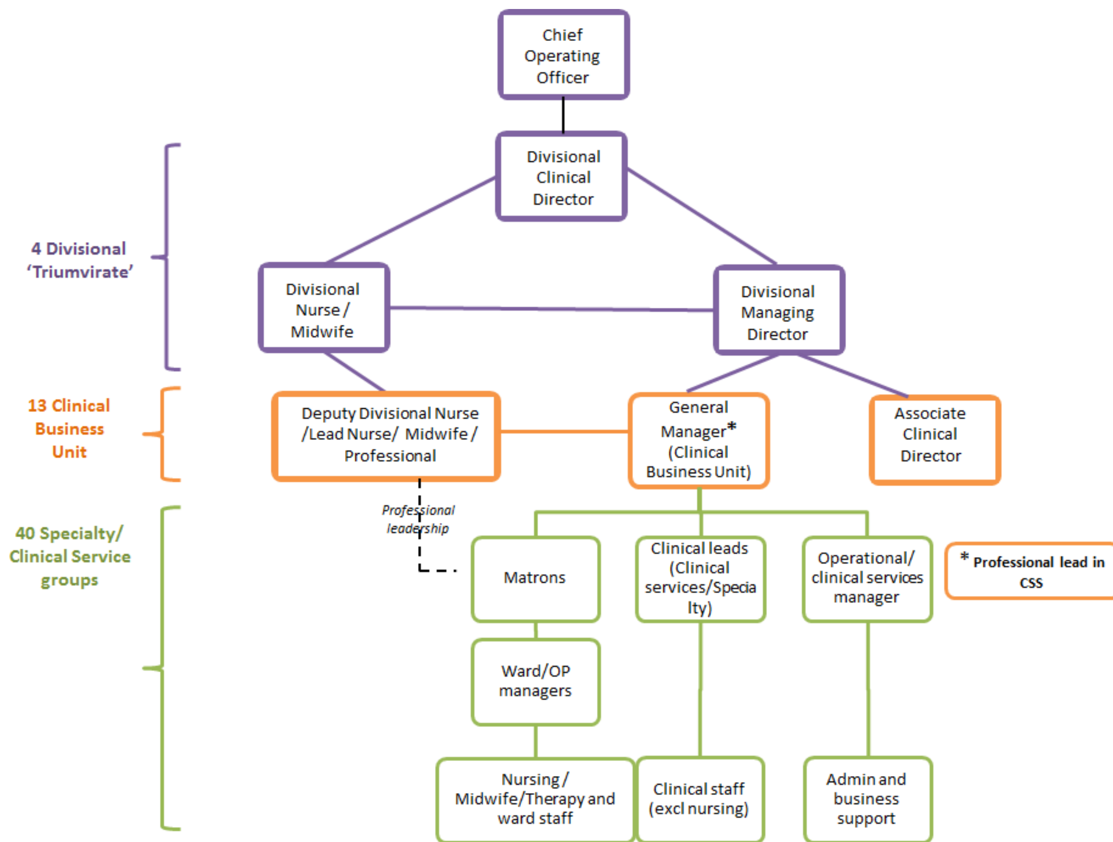

Diagram 8: Divisional structure charts

The above diagram illustrates how people from different professions and disciplines work as a team to meet the needs of our patients. On a day-to-day basis, this means that people from different professional backgrounds may report to somebody from a different clinical or non-clinical background. This is essential to the smooth running of clinical services, which is very much dependent upon a multidisciplinary approach.

For example, on a day-to-day basis, nursing staff will work alongside other professionals and be collectively responsible through matrons to the divisional clinical director, who may not be a nurse.

However, we also recognise the importance of individual professional groups having a strong professional identity so we have put in place arrangements to ensure that nurses get their professional supervision and oversight from the director of nursing and his/her deputies.

This example applies to other clinical professions within divisions.

> **Across the four clinical divisions, there are 13 clinical business units and 40 specialties/clinical services.**

Each division is responsible for delivering their clinical services across all of our sites.

Division	Clinical Business Unit	Clinical Service	
Women’s and Children	Women’s Health	• Breast	• Obstetrics • Gynaecology
	Children’s and Younger Person	• Paediatrics	• Neonatology
Clinical Support Services	Diagnostics	• Radiology • Radiotherapy • Medical Physics	• Pathology • Audiology
	Therapies and Rehabilitation	• Rehabilitation Medicine • Occupational Therapy	• Speech and Language Therapies • Dietetics • Physiotherapy
	Pharmacy	•	
	Outpatients	•	
	Cancer	• Haematology • Oncology	• Palliative Care
Surgery	Surgery	• General Surgery • Vascular • Urology	• Head and Neck
	T+O and Ophthalmology	• Orthopaedics	• Ophthalmology • Orthoptics
	TACC & Pain	• Theatres	• Critical Care
Medicine	Urgent and Emergency Care	• A&E	• Acute Medicine
	Cardiovascular	• Cardiology (incl Cardiac Physiology) • Stroke • Endocrinology	• Diabetes • Renal
	Specialty Medicine	• Dermatology • Rheumatology • Neurology	• Gastroenterology • Respiratory • Health Care of the Older Person

Diagram 9: Alignment of divisions, clinical business units and clinical services

5. Providing assurance

5.1 How are we assured?

ULHT has a range of processes and assurance committees in place to ensure that it is:

- Delivering its key priorities.
- Identifying, mitigating or escalating risks and issues.
- Able to satisfy itself that its policies, procedures and management mechanisms are working effectively.

The key mechanisms are identified in the following sections.

5.2 The Board Assurance Framework (BAF)

The BAF is the Board's tool for the management and monitoring of strategic risk. Having identified the Trust's strategic objectives, the Board also identifies the key risks to the delivery of these objectives and the controls in place to ensure that significant risks are well managed.

5.3 Board committees

The Board has three committees, which are responsible for giving assurance on key elements of the BAF:

- **Quality Governance Committee**: Quality and safety.
- **Workforce, Organisational Development and Transformation Committee:** Staffing, organisational development and transformation.
- **Finance, Performance and Estates Committee:** Money, targets and estates.

Each committee is chaired by a non-executive director and they get their assurance from:

- Risk registers.
- Assurance reports received from directors.
- Upward assurance reports from sub-committees.
- Managers attending the meeting.
- Visits to wards and departments.
- Information and performance reports.

There is also an important fourth committee, the **Audit Committee**.

The Audit Committee is chaired by a non-executive director and provides an independent and objective review on the adequacy of the Trust's control and governance systems, including audit arrangements (internal and external), financial systems, financial information, assurance arrangements including governance, risk management and compliance with legislation.

The Remuneration Committee is a sub-committee of the Board.

5.4 Committee structure – how the Board gets its assurance

The following diagram outlines the high level assurance framework for the Trust:

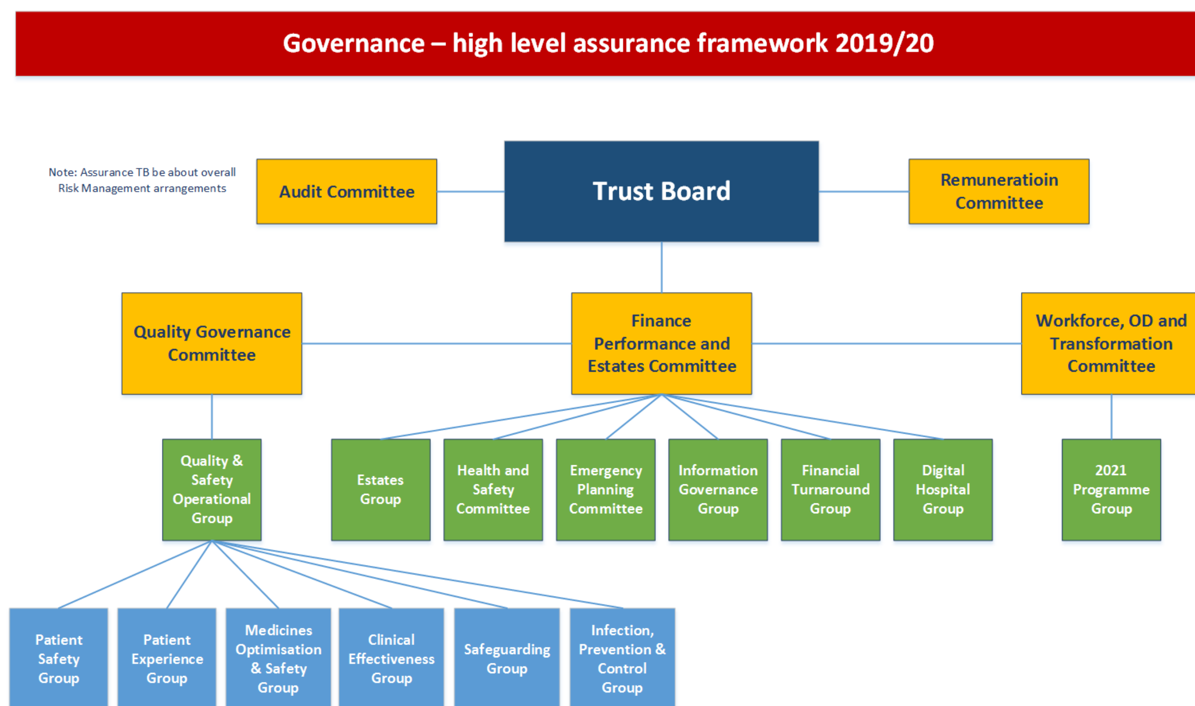

Diagram 10: Governance Structure Chart

5.5 Clinical governance mechanisms

In simple terms, ward (or clinical department) to Board assurance works as follows:

Diagram 11: Clinical governance assurance

The Trust ensures a consistent approach towards clinical governance within each division.

All clinical areas in the Trust are expected to hold regular governance meetings at speciality, clinical business unit and divisional level.

Using a standard approach, these governance meetings will review and monitor patient safety, patient experience and clinical effectiveness by looking at a range of topics, including incidents, deaths and mortality, risks, complaints and patient feedback, clinical outcomes (including national audits and benchmarks) across their area.

By doing this, we can ensure that we deliver and demonstrate continuous improvement in care and services and learning by:

- Ensuring that all staff within the clinical area are aware of who they can contact if they are concerned about an issue and providing a mechanism for them to receive feedback about what has happened as a result of reports made.

- Considering and interpreting information across a number of areas in one place, for example incidents, reviews of deaths, complaints, audit results or patient feedback, and using this to prioritise areas for improvement and make changes to practice to prevent future harm.

- Managing and reducing current risks to care delivery and mitigating against future risk.

- Identifying areas for improvement or where more assurance is required.

- Reviewing patient pathways, procedures, national and local policies and guidelines, standard operating procedures (SOPs), training requirements and the outcomes of interventions and making changes to these where required.

- Allowing for clinical teams to learn and share experiences together in an environment that is focussed on reflection, learning and continuous improvement in practice.

- Proving assurance or escalation of areas where further support is required to the next level in the assurance chain (see diagram above).

- Receiving and acting upon feedback and actions required from the levels in the assurance chain (see diagram 11 above).

The Quality and Safety Oversight Group is where all information about quality and safety is reviewed together to form a picture across the whole Trust. At this meeting the clinical divisional directors, the director of nursing, the medical director and the chief operating officer receive information and reports from the divisional clinical directors and subject matter expert groups to help them oversee and monitor our clinical quality and safety.

These subject matter expert groups offer support, advice and drive improvement in the areas of:

- Patient safety.
- Patient experience.
- Clinical effectiveness.
- Medicines optimisation and safety.
- Safeguarding.
- Infection prevention and control.

6. Managing risk

6.1 Definition and context

Fundamental to our governance and assurance process is the identification, recording, management, mitigation and escalation of risks.

A risk in this context is defined as an uncertain future event, which, if it were to happen, would have consequences for the achievement of the Trust's objectives.

6.2 Risk registers

Each divisional clinical director is responsible for maintaining an up-to-date risk register for the clinical business units within their division and each deputy or associate director of a corporate service is responsible for maintaining their own risk register. Risks are identified and rated using a standard mechanism, which assesses both:

- The likelihood of the risk occurring.
- The anticipated severity of impact if it did occur.

Divisional risk registers are reviewed routinely by the division at governance meetings to ensure that risks have been identified and that appropriate actions are being taken to mitigate them, where necessary.

For the most serious risks that cannot be mitigated sufficiently at divisional level there is an escalation path through to the Trust Management Group so that decisions can be taken at the most appropriate level within the Trust.

Managing risk more effectively is likely to involve making material changes to the way the Trust operates, which can include updates to policy and practice; reviews of workforce models and structures; investment in new technology or facilities; or alterations to training and communication programmes.

6.3 Risk escalation and control

The diagram below illustrates the way in which risk registers are structured to support the escalation and delegation of risks within the Trust:

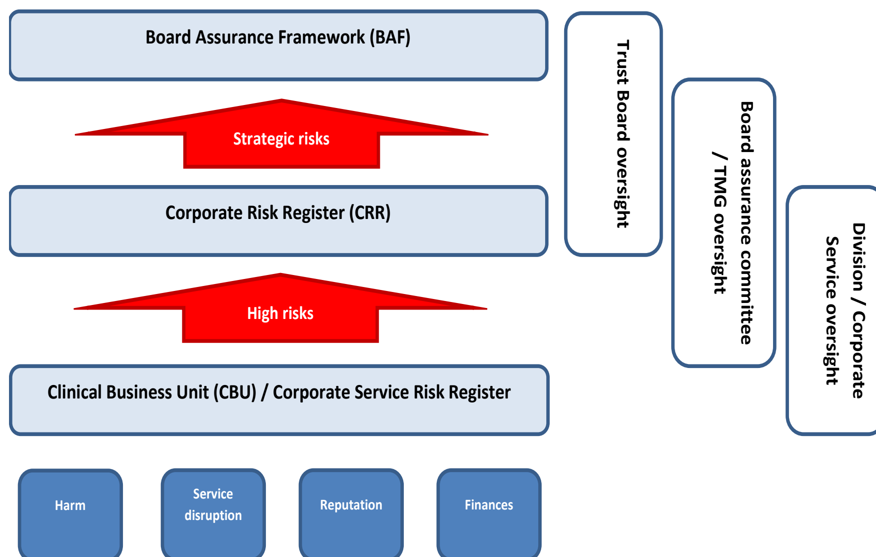

Diagram 12: Risk escalation and control

6.4 How are issues and risks reported and recorded?

The Trust uses the Datix system to enable any member of staff to report an incident that they become aware of, or a near miss where an incident was narrowly avoided.

Doing this enables issues affecting the safety and welfare of patients, staff and visitors or the quality of services to be dealt with promptly and also for action to be taken to reduce the risk of similar incidents happening in the future.

If you report an incident through Datix, the manager responsible for that area is required to carry out an investigation into the incident and identify if there are any lessons to be learned and action that is required. As the reporter, you will automatically receive feedback via Datix and the internal email system, which summarises the outcome of the incident investigation.

The following diagram shows what happens if you report an incident on Datix:

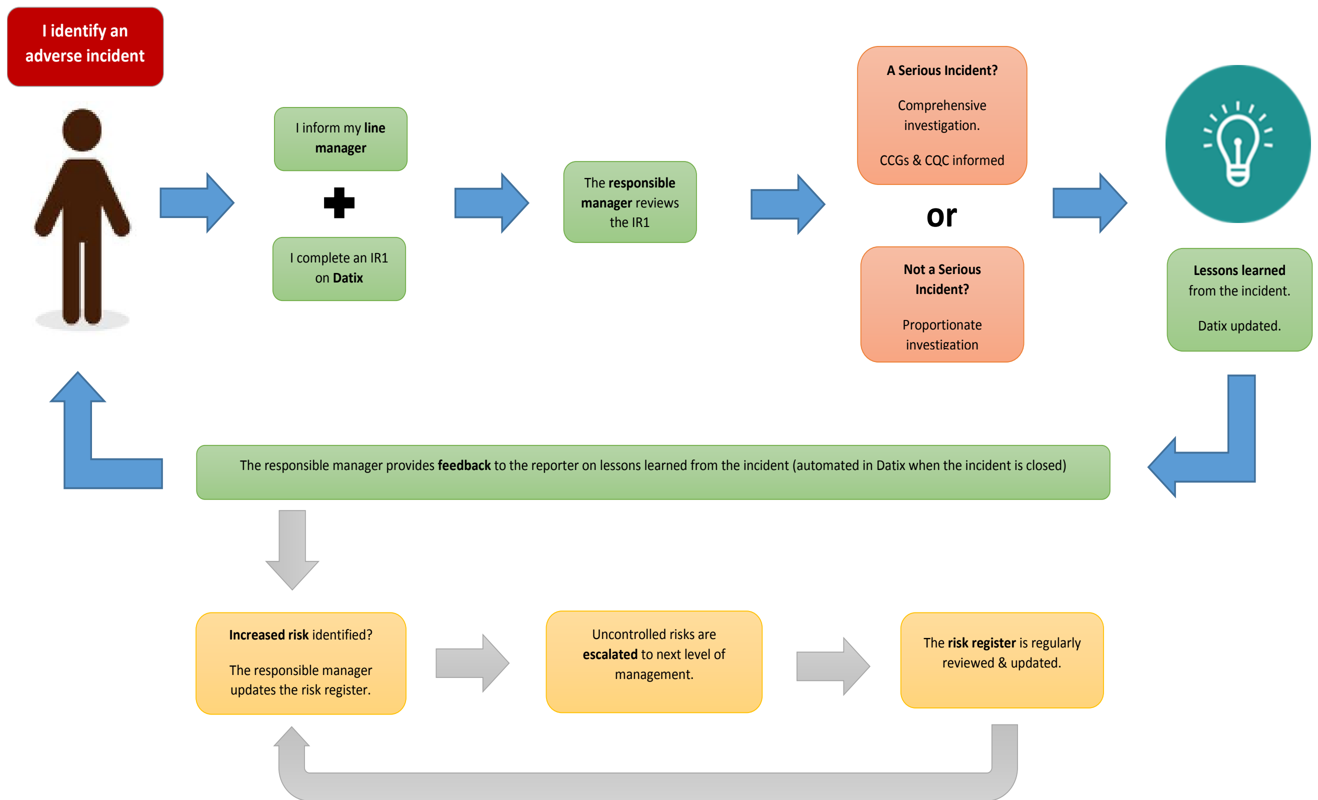

Diagram 13: Datix reporting

7. Performance management mechanisms

Performance management is an important process by which the Trust can make sure that individuals and teams throughout the organisational are aligned to meeting the agreed priorities.

We monitor performance at a number of levels within ULHT:

- At Board level where the overall performance of the Trust is reviewed. The Trust Board will also depend upon it's committees to monitor and review performance in much more detail, to give some assurance to the Board that the Trust's priorities are being delivered and, where not, what actions are being taken to improve the position.

- At the Trust Management Group where the chief executive can hold Executive Directors and the senior divisional teams to account for delivering the Trust's priorities.

- At divisional and directorate management level.

- At individual level through appraisal mechanisms.

Relevant, timely and accurate information is vital to ensuring that we can monitor and manage performance. Structures exist to enable reporting from ward to board, and the comprehensive detail required for management of performance at the operational level. Reporting structures have been designed to accommodate differing needs of managers at all tiers of the organisation, and the information flow across these levels mirrors the Trust's management and governance structure.

Diagram 14: Performance governance

A key aspect of this approach is that operational performance measures are identified at as low a common denominator as possible.

Performance at a team level are summarised to create a service level that can then be further summarised, if appropriate, to a divisional level. Divisional level performance measures are then summarised to give a Trust-wide picture of performance.

The Trust's Integrated Performance Report is a monthly report which goes to the Trust Board, providing an oversight of performance against all business-critical performance indicators. The report highlights key areas of success or concern and actions being taken to address the issues. Performance is also visually displayed in the form of tables and charts, which show historic performance and trends.

Each month a **Performance Review Meeting** (PRM) takes place between executives and each division to check process on the delivery of priority objectives, agree actions where progress still needs to be made and provide any support required.

Divisional performance reports are produced, monitoring operational performance, finance, patient experience, quality and workforce. Following a similar format to the Board report, these contain performance, workforce, finance and quality targets at divisional level. The purpose is to provide an insight into how the individual directorates contribute to the overall Trust performance.

Issues arising from these performance meetings are escalated to the relevant Board committee and to the Trust Management Group where appropriate.

Individual performance is reviewed quarterly as part of the ongoing appraisal process.

8. Your role

Everybody has their part to play in delivering excellence in all that we do.

8.1 As a minimum we need you to:

- Be clear about, and comply with, our Trust policies and procedures.
- Always be up-to-date with your core learning.
- Always fully participate in your appraisal.
- Embrace the staff charter, and live our values.

8.2 But we would like more than that

Our staff charter sets out what you as an employee can expect of us as an employer.

In particular, you can expect to:

Help shape and understand the future for our services, and big decisions;

- You can share your views through surveys, discussion boards, social media and other technologies. 2021 is about embracing our future and you can make suggestions and submit your ideas using the 2021 Intranet page. Whenever possible we will endeavour to feed back or respond to you.

- You will be invited to join in with our 'big conversations' when there are big issues to be discussed.

Have your say and be heard within your team, in addition to the above. Our commitment to you is that you should have regular meetings with your manager and other colleagues. This is a two-way conversation where you can:

- Find out what is going on in your department, directorate and across the Trust.

- Have an opportunity to feedback on the Team Brief and ask your manager to ask questions on your behalf.

- Be clear about the priorities for the Trust and how you can contribute to them.

- Help shape your team's direction.

Your manager will listen and should explain to you how your views have been taken into account.

Be well-led through inclusive leadership where those who lead and manage you are held to account for delivering good leadership, as defined in our staff charter.

We want ULHT to be a great place to work, for our patients to receive the excellence in rural healthcare they deserve, and for our staff to epitomise our Trust values of; safety, patient-centred, excellence, compassion and respect.

A key part of this is our newly-developed staff charter, which sets out clear expectations of what we expect to see from staff and what staff can expect from the Trust as their employer.

Sitting alongside the staff charter is our personal responsibility framework, underpinning the charter's values and giving examples of the behaviours we would wish to see and those we would not wish to see, to help us create a positive, caring working environment.

Based around our five core values - both our charter and personal responsibility framework were created for staff, by staff, giving us all a clearer picture of what is expected of us so that we can continue to deliver safe, high quality services, day in, day out, for all our patients.

Clear for all to see, the charter is displayed across our hospitals to let our patients and visitors know that we are committed to providing the very highest quality care possible.

Our Trust Board has also pledged their support to the charter, to live by its values and lead by example.

Challenge convention and the way we do things and help change things for the better.

You can:

- Become a **quality improvement practitioner**. We will give you the know-how to take forward improvements. We will show you tried and tested approaches, tools and techniques to work on a real change project in your area of work. For more information contact: 2021.Strategy@ulh.nhs.uk

- Support and learn from the (NHS) Academy of Fabulous Stuff 'FAB' where you can see or share great ideas that have improved patient experience, staff welfare or improved safety and compassionate care. Contact our 'FAB' Ambassadors for access to some good stuff.

    - Jennie Negus – Jennie.Negus@ulh.nhs.uk
    - Sharon Kidd – Sharon.Kidd@ulh.nhs.uk
    - Tracey Pemberton – Tracey.Pemberton@ulh.nhs.uk
    - Sam Mccarthy- Phull - samantha.mccarthy-phull@ulh.nhs.uk

- Make a suggestion in our 2021 suggestion scheme: 2021.Strategy@ulh.nhs.uk

- Tell your manager.

8.3 Tell us how you are feeling

There are proven strong links between positive staff experience and patient experience. We need to know how you are feeling so that we improve. You can do this by:

- Completing the National Staff Survey.
- Completing local surveys from time to time.
- Fully participating in your appraisal.
- Taking time to interact with Board members when you see them (they are always open to having a dialogue with you).

8.4 Raise concerns

There are times when you want to raise concerns that you have at work. We believe that it is vital for you to do so. We understand that you may feel worried about raising a concern.

If you do not feel confident about raising a concern with your manager then do not be put off. There are ways in which you can confidentially raise concerns knowing that we will always listen.

Please refer to our ‘Freedom to Speak Up; Raising your concerns policy for ULHT’ available on the Trust intranet. Freedom to Speak Up - United Lincolnshire Hospitals Intranet

9. In summary

At ULHT a quality and safety culture is everybody's business and every member of clinical and non-clinical staff has an important role in making governance and assurance work across all of the organisation.

Appendix 1

The Seven Principles of Public Life

- **Selflessness**

  Holders of public office should act solely in terms of the public interest.

- **Integrity**

  Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

- **Objectivity**

  Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

- **Accountability**

  Holders of public office are accountable for their decisions and actions and must submit themselves to whatever scrutiny necessary to ensure this.

- **Openness**

  Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for doing so.

- **Honesty**

  Holders of public office should be truthful.

- **Leadership**

  Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Glossary

BAF	Board Assurance Framework
CQC	Care Quality Commission
NHSI	NHS Improvement
NHSE	NHS England
PRM	Performance Review Meeting
SOP	Standard Operating Procedures
STP	Sustainability Transformation Plan
TMG	Trust Management Group
ULHT	United Lincolnshire Hospitals Trust
QSOG	Quality, Safety and Oversight Group (QSOG)