Bundle Trust Board Meeting in Public Session 7 April 2020

PLEASE NOTE THAT ALL OF THE AGENDA TIMES ARE APPROXIMATE AND SUBJECT TO CHANGE

1	Introduction, Welcome, Chair's Opening Remarks and Health and Safety *Chair*
2	Public Questions *Chair*
3	Apologies for Absence *Chair*
4	Declarations of Interest *Chair*
5	Minutes of the meeting held on 3 March 2020 *Chair* Item 5 Public Board Minutes March 2020v1.docx
6	Matters arising from the previous meeting/action log *Chair* Item 6 Public Action log March 2020.docx
7	Chief Executive Verbal Briefing *Chief Executive*
8	COVID-19 *Chief Operating Officer* Item 8 Public Board Emergency Planning COVID19 v4.docx
9	Items for information
9.1	Assurance and Risk Report from the Quality Governance Committee *Liz Libiszewski* Item 10.1 QGC Upward report March 2020v1.doc
9.2	Assurance and Risk Report from the Finance, Performance and Estates Committee Item 9.2 FPEC Upward Report March 2020.docx
9.3	Assurance and Risk Report from the Workforce and Organisational Development Committee *Sarah Dunnett* Item 10.3 WOD - Upward Report - March 2020 v1.doc
9.4	Assurance Report from Audit and Risk Committee Item 9.4 Audit Upward Report April 2020.docx
9.5	Integrated Performance Report Item 10.4 Integrated Performance Report - Trust Board.pdf
9.6	Risk Management Report Item 10.5 Strategic Risk Report - April 2020.pdf Item 10.5 Appendix I - Very high Strategic Risks - March 2020 (2).pdf Item 10.5 Appendix II - Very high & High Operational Risks - March 2020.pdf Item 10.5 Appendix III - Risk Scoring Guide - July 2019.pdf Item 10.5 Appendix IV - Risk management process Jan 2020.pdf
9.7	Board Assurance Framework 2019/20 Item 9.7 BAF 19-20 v31.03.2020.xlsx Item 9.7 BAF 2019-20 Front Sheet April 2020.docx
10	Any Other Notified Items of Urgent Business
11	The next meeting will be held on Tuesday 5th May 2020

EXCLUSION OF THE PUBLIC
In accordance with Standing Order 3:1 and Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960: To resolve that representatives of the press and other members of the public be excluded from this part of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Agenda Item 5

NHS
United Lincolnshire Hospitals
NHS Trust

Minutes of the Public Trust Board Meeting

Held on 3rd March 2020

Boardroom, Lincoln County Hospital

Present

Voting Members:
Mrs Elaine Baylis, Chair
Dr Chris Gibson, Non-Executive Director
Mrs Sarah Dunnett, Non-Executive Director
Dr Karen Dunderdale, Director of Nursing
Mr Paul Matthew, Director of Finance and Digital
Mrs Gill Ponder, Non-Executive Director
Mr Andrew Morgan, Chief Executive
Dr Neill Hepburn, Medical Director
Mr Mark Brassington, Director of Improvement and Integration/Deputy Chief Executive

Non-Voting Members:
Mr Martin Rayson, Director of People &OD
Mr Simon Evans, Chief Operating Officer

In attendance:
Mrs Jayne Warner, Trust Secretary
Mrs Karen Willey, Deputy Trust Secretary (Minutes)
Mrs Anna Richards, Associate Director of Communications
Dr Maria Prior, Healthwatch Representative

Apologies
Mrs Liz Libiszewski, Non-Executive Director
Mr Geoff Hayward, Non-Executive Director
Ms Cathy Geddes, Improvement Director, NHS Improvement

195/20	**Item 1 Introduction** The Chair welcomed members of staff and public to the meeting. The Chair welcomed Dr Dunderdale as Director of Nursing to the meeting.
196/20	**Item 2 Public Questions** **Q1 from Alison Marriott** **When will the board consider formally allowing the Pilgrim Neonatal Unit to keep babies born from 32 weeks gestation at Boston?** The Medical Director responded: The move to 32-week gestation national standard had been agreed as a strategy with the East Midlands Neonatal Network and supported in principle by the Quality Governance Committee. This would be presented to the April Board meeting, if approved it was anticipated this would happened within a month

197/20	**Q2 from Jody Clark** **It was upsetting to read the latest CQC results and that they came in response to "concerning information" they had received about the care of patients.** **From our perspective, it feels like very little has changed since our overnight closure began.** **Staffing is still an issue, demand is still an issue and finances are still an issue. Making it almost impossible to rectify.** **We understand the difficult position you are in but what genuine assurances can you give us, that our views are important and are heard, and that services will improve, especially for us in Grantham?** The Director of Improvement and Integration responded: The Trust were disappointed to have received the most recent feedback regarding Urgent Care and had provided significant information and interviews in to the public over the past week. The Board had been working had to improve given the current challenges. The CQC noted a number of improvements however there remained significant challenges. The Board acknowledged the need to improve leadership and compliance against expected policies and systems within Urgent Care. Other actions to be taken would include the right sizing of departments to deal with demand and appropriate staffing levels. The Trust were working with system partners and were confident that continued improvements would be made over time. Regarding feedback, the Trust acts on all feedback from regulators, patients or staff and included within the plans for the future of the Trust. Responding to feedback has not been consistent however the launch of the Integrated Improvement Plan would build on the need to review and include all feedback regardless of the source. There would be a strengthened approach in the future.
198/20	**Q3 from Christine Bergman** **Please could you have a member of the board explain to me what the definition of "Medically Fit for discharge" is and who makes sure this decision is in the best interest of a patient they have been frail and delirious during their admission and unable to mobilise safely?** The Chief Operating Officer responded: The term medically fit for discharge is starting to be superseded by medically stable to transfer. If a patient is medically fit to discharge then they are deemed as no longer requiring consultant led care. Many patients return home fully recovered but some patients have ongoing needs and require transfer to another health or social care organisation. The decisions to discharge is always held at consultant level. If a patient is delirious or unable to mobilise then a discharge package would be put in place to ensure that they are moved to a place of safety and on-going care can be received.
199/20	**Item 3 Apologies for Absence** Apologies were received from Mrs Libiszewski, Non-Executive Director, Mr Hayward, Non-Executive Director and Mrs Geddes, Improvement Director.

200/20	**Item 4 Declarations of Interest** There were no declarations of interest which had not previously been declared.
201/20	**Item 5 Minutes of the meeting held on 4th February 2020 for accuracy** The minutes were agreed as a true and accurate record subject to the following amendments: 095/20 – Should read – Backlog maintenance 165/20 – Should read – There had been little impact
202/20	**Item 6 Matters arising from the previous meeting/action log** 1062/19 – People Strategy – There would no longer be a separate strategy – Complete 1186/19 – Window cleaning update – Quality Impact Assessment completed and reviewed by Capital Revenue and Investment Group, investment agreed to increase frequency of cleaning from 2 to 4 times a year – Complete 1747/19 –– Defer to April 2020 2026/19 – Patient Safety Report – A general theme had not been identified and there was no correlation of risk with times of pressure – Complete 079/20 – Escalation of issues between assurance committees creating delay – Items would now be referred immediately to lead executive by Deputy Trust Secretary to remove month long delay in referral – Complete 172/20 – Risk Management Report – Risk Register circulated to all Executives to update, some actions remain past due dates and are being followed up
203/20	**Item 7 Chief Executive Horizon Scan including STP** The Chief Executive presented the report to the Board. **System Issues**
204/20	The Board were advised of the considerable local, regional and national planning in relation to Covid-19, it was noted the country remained in the first stage, containment, however this was on the cusp of moving to stage two, delay. The government plan was due to be published and there was considerable effort within both the Trust and the Lincolnshire System to ensure that plans were in place for escalation.
205/20	As the System moved towards the end of the financial year there was work underway to try to achieve as close to the revised position as possible. It was expected that the System would achieve a £95m deficit instead of the planned £65m.
206/20	The operational plan for 2020/21 continued to be developed and there was a clear expectations that the NHS worked as a system, this would mean issues considered at a Lincolnshire level. Delivery, performance and planning would be considered by the System and was being referred to as System by default.

207/20	The operational plan was focused on performance against operational standards, workforce and finances. The first draft would be due for submission on 5th March and contracts due to be signed on 27th March. The final plan would be signed off at the end of April.
208/20	The three providers in Lincolnshire were looking to move in to a more structured strategic partnership in order to deliver the operational plan. A session had been held with the Primary Care Network who were interested in joining the alliance. The focus would be for the providers to align and focus in order to deliver the plans developed by the System.
209/20	**Trust Specific issues** The Chief Executive advised that at the end of month 10 the financial position was adverse to plan and work continued with Clinical Commissioning Group colleagues to receive non-recurrent support in order to reach the control total. However it was noted that the underlying financial position could not be ignored. The Trust were more than £20m adverse to the £70m plan.
210/20	Conversations had commenced across the Trust with staff to launch the Integrated Improvement Plan, the sessions had been arranged to include evenings and weekends. The sessions would allow two way dialogue with colleagues regarding the plans for the success of the organisation.
211/20	The Chair noted the increased pressure due to Covid-19 and stated that if Board activity was affecting individual availability then a change of focus would be needed.
212/20	Dr Gibson noted that the media response to the assessment pods had not been well understood and asked how this had been addressed. The Chief Operating Officer advised that the national perception had been that these were treatment pods, they were in fact a contained cubicle in which a patient could phone 111 for advice.
213/20	Any responses to media enquiries regarding Covid-19 were being managed through Public Health England resulting in more generalised responses. The Board were advised that the designated pods had been installed at the hospital sites and the decontamination tents would be closed down.
214/20	It was noted by the Board that there appeared to be a lack of infection control information at the entrances to the Trust sites and within toilet facilities. It was agreed that there would be an increase in signage of infection prevention control measures in the public areas of the Trust. **Action – Director of Nursing, 7th April 2020**
215/20	The Chair stated that there was a need to ensure Boards were engaged in wider discussions regarding the 2020/21 financial plan. The plan would not cover budget setting as this was a system plan however the Trust would need to be clear about the robustness and detail of the plans being put in place.
216/20	The Board were advised that an independent review had been commissioned which would look at the the initial plans that had been set in 2019/20 including accountability, sign off and delivery.
217/20	The Chair enquired how the Integrated Improvement Plan conversations were being received. To date 150 people had been engaged with and it was positive to see how busy the sessions were. It was anticipated that 80% of staff, in excess of 6000, would attend the sessions.

218/20	Feedback from staff had been around how the proposed changes would be successful when there had been attempts previously to make improvements. Staff were invited to be a part of the change rather than being bystanders to the work being undertaken.
219/20	Through the sessions staff were asked to provide responses to two questions about what must you have to do your job well and what do you need in place to have a great day at work. The outcome of these responses from staff would enable "you said we did" feedback to be provided to staff.
220/20	Mrs Dunnett identified that the Trust charitable fund could be used as a resource in order to respond to the staff feedback by enabling improvements in staff and patient environments as well as health and wellbeing. The Trust Board: • **Received the report**
221/20	**Item 8 Patient/Staff story** The Chair advised the Board that the individual who had been due to attend for the patient story had met with herself and the Chief Executive ahead of the Board meeting, as such there would be no patient story presented.
222/20	The Chair expressed the importance of receiving the stories at the Board along with the outcome from them. There was a need to revisit how the patient and staff stories were presented to the Board.
	9 BREAK
	Item 10 STRATEGIC OBJECTIVES
	Item 11 Providing consistently safe, responsive, high quality care SO1
223/20	**Item 11.1 Assurance and Risk Report Quality Governance Committee** The Deputy Chair of the Quality Governance Committee, Dr Gibson provided the assurance received by the Committee at the February 2020 meeting.
224/20	The Board were advised that the mortality position remained positive and was being sustained and that there had been significant progress in the reduction of harm from incidents however this was difficult to maintain.
225/20	The Committee were not assured of the change in the rates of medication incidents occurring and a further review of the descriptions of medications incidents causing harm was required.
226/20	An analysis of falls leading to death had been undertaken identifying that these were due to collapses leading to a fall and subsequent death. There was a particular area of concern at Pilgrim Hospital that had been identified previously as an area requiring investment in staffing.
227/20	There had been an identified change in practice relating to post partum haemorrhage and once the change was implemented this would be reviewed.
228/20	A detailed reported had been received from the Research and Innovation Group with an opportunity to support the aspirations of becoming a teaching hospital. There was interim leadership in place in relation to research and a large number of areas of improvement had been recommended.

229/20	Concern was raised by the Committee regarding the NHS Improvement visit in respect of Infection, Prevention and Control as the Committee were not sighted on the issues which had been raised at the visit. This would be discussed in detail by the Board.
230/20	The Committee received data in relation to clinical audit but further analysis was requested from the Clinical Effectiveness Group. The level of engagement with national clinical audit was demonstrated however the results were not always positive and it was not clear from the reporting how this was then managed.
231/20	The Committee discussed neonatal services and a report would be presented to the Board in April.
232/20	The proposed 2021 Commissioning for Quality and Innovation (CQUIN) goals and Quality Account priorities were in alignment whilst also aligning with the Trusts Integrated Improvement Plan.
233/20	The Committee did not receive a detailed update on the CQC must and should do actions however this would be received during the private Board session.
234/20	The Board were advised that the meeting had been lengthy with a detailed agenda resulting in this not being completed. The Trust Chair observed that the volume of work needed to be considered to ensure the correct focus of the Committee.
235/20	Mrs Dunnett raised concerns regarding the number of open incidents and asked if this meant the Trust were carrying a level of patient safety risk. The Medical Director confirmed that the backlog was not being cleared and there were a number of low risk and low harm incidents that had not been closed. Progress had been made on the backlog however there was a need to bring the review of incidents back in line with Trust policy. The focus on low risk incidents meant these were on trajectory to be cleared.
236/20	The Committee had requested further assurance and the trajectory would be presented at the next meeting with ongoing review of those incidents to understand the degree of any potential or actual harm.
237/20	The Board discussed the triangulation of staffing levels with patient safety indicators and if this was undertaken in a proactive way to anticipate where staffing may need to be increased. The Committee did not routinely receive the triangulated information however this had been requested by the Director of Nursing. The Trust Board: • **Received the assurance report**
238/20	**Item 11.2 NHS Improvement Infection Prevention and Control Visit** The Director of Nursing presented the report to the Board noting disappointment with the findings from the visit.
239/20	The paper provided a summary of the findings from the visit that was undertaken by NHS Improvement at the end of January 2020. This had resulted in the Trust being escalated to overall red rating with NHS England/Improvement in relation to Infection, Prevention and Control (IPC).

240/20	The issues identified fell in to the areas of governance, general environmental cleaning and standards and clinical cleaning standards. The report provided to the Board included the letter of response from the Trust.
241/20	A number of immediate actions had been taken and reviewed by the Director of Nursing however there remained some concerns regarding the embedding of actions. These actions would be reviewed in order that the Director of Nursing as the Director of IPC was assured of the actions in place and the reporting arrangements to the IPC group and Quality Governance Committee.
242/20	The letter received from NHS Improvement indicated that a further visit would take place during May 2020, a plan was in place associated with this visit however this would be about a long term improvement and not just a response to the visit.
243/20	The Chair echoed the disappointment expressed particularly due to the false assurances being received through the Committees. There had been a number of assurances that IPC was working relatively effectively.
244/20	Dr Prior noted that the Chief Executive had discussed a change in behaviour and the actions in place however it was not clear that this was embedding. Dr Prior asked if there had been exploration of the behaviours to understand why this had not been achieved.
245/20	The Director of Nursing explained that this was part of everyone's job and role, therefore there needed to be a consequence of not having completed the task. There was something about the understanding of staff and do they have the knowledge and skill set to undertake the work. There were elements of behaviour with some immediate actions that could be taken to ensure there was a consequence of not carrying outinfection prevention and control.
246/20	Mrs Ponder noted that there appeared to be an issue as a Trust to hold any gains made. 18 months previously the Board had celebrated a green rating, it appeared that this had now gone backwards due to the level of focus reducing. There was a need to keep track of the incremental gains and not lose sight of these in order to make continued improvements.
247/20	The Medical Director concurred and stated that this was about the fundamental building blocks rather than a quick fix, staff needed to understand and truly own actions that needed to be taken.
248/20	The Director of People and Organisational Development noted that the improvement would lie in the Integrated Improvement Plan, there needed to be the creation of a new normal in the organisation where underperformance and failure to follow procedure was not normalised. Line managers needed to be clear of the expectations of the leadership of teams, accountability and delivery.
249/20	Mrs Dunnett raised concerns that communication to some staff regarding the rectifying of estates issues had indicated that these would not be addressed due to financial constraints.
250/20	The Chief Operating Officer acknowledged that the message being communicated had not been clear and had been meant to articulate the way in which maintenance issues would be addressed. Not all issues could be resolved immediately however the message had been removed and there was a review underway with the support of an external advisor to consider how the estates risk would be managed. Visits to all areas had been completed to understand the outstanding issues and an IPC specialist would conduct a review to support prioritisation of issues requiring immediate action.

251/20 252/20	The Trust Board formally recorded their disappointment at the findings from the visit and would need to seek assurance moving forward that the underlying issues were being addressed. The Trust Board: • **Received the update**
253/20 254/20 255/20 256/20 257/20 258/20 259/20 260/20 261/20 262/20	**Item 11.3 CQC Winter Assurance Visits** The Director of Nursing presented the report to the Board noting that the paper and appendices updated the Board on the CQC winter assurance visits to the Emergency Departments. The outcome of the visit had resulted in the Trust receiving a section 31 notice highlighting 6 conditions, the immediate actions being taken were highlighted within the report. The Director of Nursing noted that there would be a sense check of the actions and work would be undertaken with the teams on the assurance and evidence that was being provided, this would be reported to the Quality Governance Committee. The Chair noted that there were a number of comments included regarding the East Midlands Ambulance Service NHS Trust (EMAS) and standard operating procedures in regard to stopping inappropriate transfers. These conversations had been held previously with the Trust so comes back to how the demand is managed with EMAS. The Chief Operating Officer noted that work was ongoing with EMAS and the wider system regarding improvement of handovers and reduction in attendances for ambulances. This had been managed at system level however the progress expected in year had not been achieved. The Trust were reviewing why this had not been achieved it was noted that some schemes had not been enacted. Previous responses to this had been comprehensive and assurance processes were believed to be strong. The Director of Improvement and Integration advised that work was ongoing for plans for the next year and work with Lincolnshire Community Health Services NHS Trust (LCHS) was underway to reduce conveyances to emergency departments. There would be a particular focus with care homes and the interface between LCHS and EMAS to ensure that patients are sent to the right place of care and not defaulted to emergency departments. An action identified for Pilgrim had been step down cubicles however the report stated there was still a need to equip them. Mrs Dunnett asked if this would be going through the normal procurement process as this can take time to deliver and queried if these would be fast tracked. The Director of Finance and Digital noted that the procurement processes were being followed and the Trust were correct in going through the process. Work was underway to get equipment in place as soon as possible. Dr Gibson asked if there had been any feedback on the challenge of the target that had been given through the report. The Chief Operating Officer noted that the Trust had written to the CQC to seek clarity on a number of points on the conditions and that it had also been asked for these to be considered in the context of the Royal College of Emergency Medicine

263/20	(RCEM). A number of the points within the conditions put in place were outside of the RCEM standards. The response from the Trust was being considered by the CQC, whilst the response was awaited the actions would continue to be progressed. The Chief Executive noted that 8% of the Trusts visited had had conditions imposed on them and what had been disappointing was that the issues were basic care for patients. Some of these had been about patients not being treated with care and compassion, this is something that the Trust can take forward quicker than others. At some level the pressures being faced were understandable but staff needed to treat patients well.
264/20	Another point raised was the estate being too small. Funding was available for a rebuild at Pilgrim but there needs to be an approval process in place with NHS England and the Treasury in order to ensure this scheme could be developed as quickly as possible. There is a risk that each visit identifies that the department is too small and the Trust are unable to access funds to resolve this.
265/20	Whilst trying to accelerate the build at Pilgrim there was also work underway to access capital for Lincoln. The Trust would need to put itself in a position to act as soon as it had access to funding by developing a strategic business case. The Trust Board: • **Received the report**
266/20	**Item 11.4 Patient Safety Report** The Medical Director presented the report to the Board advising that the Patient Safety Group review all incidents at monthly meetings prior to reporting to the Quality Governance Committee.
267/20	There were no great variations month on month however there had been 2 serious incidents that had become overdue on the trajectory. Learning from the processing of these incidents would be considered as the process had been lengthy.
268/20	The most frequent incidents for the Trust that were causing harm were diagnostics and falls.
269/20	The process used in the Trust for attributing the level of harm regarding medication incidents was being reviewed. Although there had been an increase in reporting the number of medication incidents there appeared to be a fall in harm levels. A review process would be sought of the internal check to be assured of the process.
270/20	The number of divisional investigations remained static and there was concern that in order to embed learning from incidents this needed to take place at a corporate and divisional level. This would need to progress to ensure that a backlog was not generated.
271/20	Duty of candour had been reported as 100% in person and 96% written. There had been a change in process whereby if the written was not undertaken a reason why would need to be provided within Datix. There had been a continual incremental increase however this had been a difficult journey for clinicians.
272/20	Open incidents remained static and a clear methodology to address these was being developed.
273/20	

274/20	Mrs Dunnett noted that the report was data rich however this did not indicate what the expected level of reporting should be. There did not appear to be any clear trends with diagnostics and there appeared to be lower levels of reporting at Lincoln compared to Pilgrim. The Medical Director noted that it is believed there are more incidents that occur at Pilgrim, hence the levels reported. However consideration of more detailed benchmarking would be undertaken to identify how the Trust compares with others. Specific learning would be included within the report. **Action – Medical Director, 7 April 2020** The Trust Board: • **Received the report**
	Item 12 Providing efficient and financially sustainable services SO2
275/20	**Item 12.1 Assurance and Risk Report Finance, Performance and Estates Committee** The Chair of the Finance, Performance and Estates Committee, Mrs Gill Ponder provided the assurance received by the Committee at the February 2020 meeting.
276/20	There was a theme of lack of assurance noted throughout the report from the Committee however the Committee were pleased to receive the draft estates strategy which would be updated in line with current plans and summarised for presentation to the Board.
277/20	There was a lack of assurance around the estates infrastructure and environment group report however water safety was an improving picture but not yet resolved. Infection, Prevention and Control Group had also identified estates issues.
278/20	Work continued and remained on plan for confined space management work the enforcement notice remained in place.
279/20	The Committee were not assured regarding fire costs and questioned if the works would be fully completed by the end of March 2020 to allow the closure of notices with Lincolnshire Fire and Rescue. A report was requested for the next meeting to identify what could be closed, when and what the cost would be to close the remainder of the enforcement notice. The level of the risk was challenged and work requested to be reported back to the Board.
280/20	The Energy Performance Contract received by the Committee was not clear on the assurance being provided and the Committee requested assurance on the contract being delivered on time and budget. The Committee asked that a plan including milestones and progress was presented.
281/20	The Committee were not assured regarding Progress Housing and the plan in place to increase family occupancy as there were now less families being housed. A strategic review was requested of the use of accommodation and future plans.
282/20	The Health and Safety Group upward report had indicated that there was a need for better divisional representation.
283/20	The biggest areas of concern were water and mechanical and electrical infrastructures. The Committee agreed that the Board should be sighted on this regarding Board risk appetite and to make decisions on spend in conjunction with financial planning.

284/20	The Committee were not assured regarding the car parking update and requested cost implications of the recent changes announced by the Secretary of State. A paper would be discussed by the Board.
285/20	There was a lack of assurance regarding finances due to the Trust reporting £3.2m adverse to plan, pay continued to be the main issue driving the variance.
286/20	The Committee challenged what could be done to push the position in February and March to reach the year end in a better position. The Committee were advised of the additional controls and financial recovery meetings being held with the divisions.
287/20	The Committee also asked what would be different next year to meet the control total, what plans would be in place at the start of the year and how would these be managed to react if the Trust were off track immediately.
288/20	The Committee were requested to recommend delegated authority of exceptional working capital loan of up to £5m in April. This was recommended for approval to the Board.
289/20	There was a lack of assurance with regard to the Use of Resources Report received however it was noted that this would be actioned through the Integrated Improvement Plan.
290/20	Continued improvement in the urgent care trajectory was noted however there remained a lack of assurance. Conveyances remained above plan, the Committee were not assured but could see improvement.
291/20	Planned care also received a lack of assurance, some improvement was noted in diagnostics however there remained issues in urology for both planned and urgent care. 12 recommendations have been received from the support team visit to planned care and these would be shared at the March Committee.
292/20	3 of the 9 cancer standards were achieved in December and breast 2 week waits were unacceptably low due to the availability of temporary workforce. The Committee requested for plans to be put in place to maintain the 3 standards achieved and to progress to achievement of the other standards. A 12 week improvement plan would be presented to the Committee in March.
293/20	The Committee agreed the Cyber Security report for submission to the Audit Committee in order to achieve the requirements set out in the audit handbook.
294/20	The Committee were pleased to report that objective 2a on the Board Assurance Framework had improved from red to amber.
295/20	The Trust Chair noted the overall unassured picture from the Committee. It was hoped that the Committee would receive the right information in relation to fire compliance due to the length of time this had been ongoing.
296/20	
297/20	The statutory maintenance obligations were noted by the Board and the Chair asked where the evidence base was if an incident occurred and the Trust were prosecuted. There had been capital committed in order to mitigate the issues within the constraints of the estate however there was a need to understand the detail of the mitigation and where this was reported.
298/20	The Chief Operating Officer advised that the Committee had received a paper in relation to critical infrastructure however there had been a lack of assurance. Within the report it had

	articulated the high level risks that could lead to enforcement and prosecution. The Committee identified that the detail and mitigating actions had not been articulated.
299/20	An external advisor had been brought in following the issues raised regarding infection, prevention and control, a number of objectives had been set including critical infrastructure and this would follow the same process taken for fire compliance. Issues and actions to be taken would form part of the evidence pack to support the Trusts application for emergency capital. The application for the emergency capital demonstrates that the Trust had attempted to mitigate the issues.
300/20	The Director of Improvement and Integration asked if the application for emergency capital would result in the Trust being statutory compliant. The Board were advised that this would address high and severe risks which would lead to or have led to enforcement and prosecution. Any moderation to high risks were outside of the portfolio and would not be addressed through this action.
301/20	The Board would require sight of the remaining risk and what level of risk was being accepted however this would support the Boards understanding of the remaining issues to be addressed and the spend for the coming year.
302/20	The Director of Finance and Digital advised that Board that the capital fund would be a onetime solution for the issues currently faced and there would need to be consideration of the ongoing costs. The business case would need to be developed in order for the Board to have clarity on the actions to be undertaken.
303/20	Maintenance of the estate and replacement of equipment had been included within the Integrated Improvement Plan as part of the Trusts strategic approach. The Trust would need to be proactive in requesting money to support the required actions. Mrs Dunnett raised concern that the hold on spend at the year end would have a negative impact on 2020/21 finances. The Director of Finance and Digital stated that there would be a consequence of holding spend. This would be quantified through budget setting and the mode of operation for holding to account budget allocation. The Trust Board: • **Received the assurance report**
304/20	**Item 12.2 Car Parking** The Chief Operating Officer presented the report to the Board formally recognising the difficulties of the introduction on the ANPR system to patients and staff.
305/20	There had been a significant consultation exercise involving patients and staff regarding what had happened and what could be done differently. The changes put in place were rapid however the positive of this had been that ANPR systems were being firmly endorsed by the Secretary of State for Health. The Trust believe that the right decision was taken with the system however the implementation fell short of expectations.
306/20	The relationship with ParkingEye had matured with increased responsiveness to a number of changes. There were a number of concerns around the pricing for patients in particular and a proposal had been put forward to the Board recommending a change to the price structure.
307/20	The proposed change gave an initial increase in profit of circa £19k, this was significantly less profit then if the Trust had increase prices in line with the Consumer Price Index. Not

	articulated in the report was the impact of the announcement from the Secretary of State regarding free parking to certain individuals. The full financial impact had been reviewed and this would decreased income from parking from circa £190k a year to £170k per year.
308/20	The Trust had commenced dialogue with the local government regarding travel plans, alternative parking and mass transport, work would continue to develop the Trusts travel plan. Discussions with alternative providers of parking had also commenced however the desire to make care parking free would put these discussions at risk.
309/20	Mrs Dunnett stated that there was a need to consider car parking in the wider content of the travel plan and ensure engagement with staff. A number of other Trusts had taken a view that staff living within a certain radius of sites would not be able to park on site.
310/20	The changes to parking in line with the Secretary of States announcement would need to be in place from 1st April 2020, assurance could not currently be given that people within the criteria would not experience issues upon commencement. There had however been a significant amount of work undertaken to put this in place. Central guidance was awaited on the systems that would communicate and monitor this.
311/20	There would be a direct loss of income to the Trust however there would be an increase in administration and overheads to deliver this, putting an increased burden on the organisation. The Trust were however well placed to deliver this due to the use of ANPR.
312/20	The Director of Finance and Digital stated that one of the main concerns was regarding staff working night shifts. Some staff pay as they go however permanent night shift staff pay via payroll. It was not yet clear how this could be delivered to ensure the correct staff received free parking.
313/20	The Chief Operating Officer noted that the discussions were based on a number of assumptions made by the Trust as guidance and clarity was yet to be provided. The risk remained that the interpretation of the Trust was different to the Secretary of State expectation.
314/20	The Chair suggested that it may be appropriate to invite those individual who had been vocal about the parking issues previously to engage with the Trust regarding the guidance. There would need to be clear messages and approach to implementation.
315/20	The Trust still intended to invest £500k in car parks over the coming year whilst also reducing the staff parking costs by half. The remaining half paid by staff would continue to be re-invested in to car parking. There would be a need to ensure that from 1st April staff could see changes to the car parks.
316/20	There currently was not enough resource in place to support this however this was being put in place. The Director of Nursing suggested that there may be benefit in seeking support from the patient experience team as this was implemented in order to draw out the positive benefits, in order to weight out the negative feedback.
317/20	The Chair requested that a communication and engagement plan was being developed and the Board would have sightof this ahead of the April Board meeting.
	The Trust Board: • **Received the update**

	•
	Item 13 Providing services by staff who demonstrate our values and behaviours SO3
318/20	**Item 13.1 Assurance and Risk Report Workforce and Organisational Development Committee** The Deputy Chair of the Workforce and Organisational Development Committee, Mrs Sarah Dunnett provided the assurance received by the Committee at the February 2020 meeting.
319/20	The key performance indicator report had provided an update on Health Care Assistant recruitment for which there had been a noticeable step change. There had also been increased activity in relation to medical recruitment however the Committee were keen to receive an update on overseas recruitment. An update was also requested on nursing recruitment and appraisals.
320/20	The staff survey results had been received and would be discussed by the Board.
321/20	There Committee were not assured however in a number of areas the Committee were encouraged by the work undertaken to date but delivery and outcomes were yet to be seen. Workforce planning was being undertaken in conjunction with divisions and there needed to be a clear alignment with the system. The Committee sought further assurance regarding
322/20	fitness to practice and safer staffing. The Committee received a one page medical engagement plan however this was not felt to be robust enough and further assurance was sought.
323/20	The annual gender pay gap paper was received by the Committee, the Committee noted the significant pay gap in the Trust but this was not unexpected reflecting on the profile of the
324/20	Trust's workforce. This was also reflective of other Trusts and the Committee were assured that actions were being taken. The report was approved for publication on the Trust's website.
325/20	The Director of Finance and Digital asked why medical e-rostering would take 18 months to roll out and asked if it would be possible to shorten the timescale in order to drive other Improvements.
326/20	The Director of People and Organisational Development indicated that the timescale reflected the resource available at the time to support the rollout. This also reflected the need to phase in overtime and learn from any issues, shortening of the timescale however would be considered ensuring that the resource was used efficiently. **Action – Director of People and Organisational Development, 7 April 2020**
327/20	Dr Prior queried the attendance and quoracy of the Committee and was advised that one Non-Executive and one Executive were required for quoracy. It was noted that deputising for Executives did not appear to have been recorded accurately within the report.
328/20	The Chair also noted that external support was being identified to support the development of the Committee.
329/20	Mrs Ponder noted that gender pay gap actions in place to help close the gap and questioned why this did not include attendance patterns and flexibility of attendance. If this was about trying to help females to progress a barrier to this was usually attendance patterns.

330/20	The Director of People and Organisational Development advised that there was a flexible working policy in place however would consider the barrier of attendance patterns and flexibility of attendance for females. Anecdotally this was not an issue as progressing through the management structure meant the flexible working policy was more able to be implemented. The Trust Chair noted the lack of assurance in the report and advised that a discussion with the Improvement Director had been undertaken regarding a change in the reporting to the Board for assurances.
331/20	The Trust Secretary was developing a new template with a view to this being used from the start of the next financial year in order to be more mature in the reporting to the Board. This would give greater clarity on those areas making progress.
332/20	The Trust Board: • **Noted the assurance report**
333/20	**Item 13.2 Staff Survey Results** The Director of People and Organisational Development presented the Staff Survey Results to the Board.
334/20	A 50% response rate had been achieved which was higher than previous years, there had been 5 consecutive years of increased response rates.
335/20	A summary of the overall results had been detailed in the paper and indicated that across the majority of questions there had been an improvement in positive scores compared to 2018. Themes were also reported however the Trust remained below average for acute trusts and well below scores for the best performing trusts.
336/20	The response rate for the key indicator of recommending the Trust as a place of work was 45%, an increase of 4 points between 2018-19. The Board however could not be satisfied with this.
337/20	There were areas of particular concern regarding scores relating to experience with line managers, there were a number of areas where scores had declined and this was of concern, further action would need to be taken. There was also concern in relation to the number of staff who had reported bullying, harassment and violence.
338/20	The response results had been shared at divisional level with divisions being tasked to engage with their staff regarding the results and particular areas of concern. This would be monitored through the Performance Review meetings.
339/20	The actions to address the results of the survey had been included within the Integrated Improvement Plan and a separate action plan would not be produced. The broader issues were the continued reflection of the mood within the organisation and the sense of pressure of staffing along with the extent to which the organisation cares about staff.
340/20	Staff would need to be engaged with the Integrated Improvement Plan and the positive future that Trust wish to achieve. There is a need to fully engage in the process and improve the environment being worked in.
341/20	

342/20 343/20	Dr Gibson noted surprise that there had been no improvement in the number of staff experiencing violence from patients and asked if there was enough included within the work stream to address this. The Director of People and Organisational Development noted that discussions had been held by the Executive Team regarding the safety of staff however further discussion and clarity of the actions to be taken would be needed. It wasn't possible to immediately relate this to a work stream within the Integrated Improvement Plan but would be an issue that required further attention. The Director of People and Organisational Development would review the indicator to see if the data identified hot spots and what focused activity could be provided to those areas for support. **Action – Director of People and Organisational Development, 7 April 2020** The Trust Board: • **Received the staff survey results**
344/20 345/20 346/20 347/20 348/20 349/20 350/20 351/20	**Item 13.3 Freedom to Speak Up Quarterly Report** The Freedom to Speak Up Guardian presented the report to the Board noting that this included the national data submission for quarter 3. The Trust had taken part in the national speaking up month, as a result there had been increased communications and social media. Due to this October had seen the highest number of referrals since the introduction of the guardian role. Work had progressed with the freedom to speak up champions with 13 champions trained through the national programme. The next step would be for them to be utilised across the Trust sites however there were contacts starting to be made through the champions. Speaking up had been raised in the CQC report and had repeated previous observations. The introduction of the champions was one route in addressing the concerns raised. This was also being embedded within the Integrated Improvement Plan with a work stream being developed. Different options would continue to be considered to raise awareness and allow staff to raise concerns with the champions and guardian. The Chair asked if there was a cross reference of referrals to the staff survey. The Freedom to Speak Up Guardian noted that there had been some breakdown of the data from the previous years survey allowing for focused contact to those areas of concern. This work could be improved this year through the Champions. The Director of Improvement and Integration asked how the referrals were reviewed to consider the implication of the concern raised. The Freedom to Speak Up Guardian advised that all who raise a concern were offered the opportunity to provide feedback, this was in the form of nationally set questions, however there was not much uptake. Some of the issues raised were lengthy and others were about people making statements rather than wanting the issue escalating.

352/20	All data requirements were lined up nationally and there could be an opportunity to discuss with colleagues how data was reviewed and what governance arrangements were in place. The Director of Nursing noted that some Trusts presented quarterly reports to track progress and raw figures in a similar manner to complaints and serious incident reporting. The Freedom to Speak Up Guardian would review other Trusts freedom to speak up data to consider how this could be reported to the Board to provide greater assurance. **Action – Freedom to Speak Up Guardian – 2 June 2020**
353/20	The Trust Board: • **Received the quarterly report**
	Item 14 Providing seamless integrated care with our partners SO4
354/20	No items
	Item 15 Performance
355/20	**Item 15.1 Integrated Performance Report** The Director of Finance and Digital presented the report noting that there were no further issues to raise as these had been addressed through the Committee upward reports.
356/20	The Chair raised a question posed by Mr Hayward in his absence, the length of stay had been reported at 4.88 days where previously this had been reported at 2.2 days. If these figures were comparable this suggested a doubling in the length of stay and a cost increase. However the report had noted that there had been a reduction in the waiting list, were the figures accurate.
357/20	The Chief Operating Officer noted that the 4.88 days referred to non-elective length of stay for which there was an ambition of 4.5 days. The 2.5 days related to elective lengths of stay, the report did not clearly articulate the difference.
358/20	The reduction in the waiting list was for all patients including all non-admitted so a like for like comparison of the waiting list to inpatient demand was not possible.
359/20	The Trust Board: • **Received the report**
	Item 16 Risk and Assurance
360/20	**Item 16.1 Risk Management Report** The Medical Director presented the report to the Board noting that there were a number of new risks added including the coronavirus outbreak.
361/20	A number of never events had been incorporated in to the risk register with a new risk relating to the safe management of emergency demand, this reflected the CQC report. The final additional risk was in relation to the partial booking waiting list and patients who had attended for clinical but were delayed receiving follow up of critical interventions.

362/20	The delay of the partial booking waiting list had been driven by demand and work was ongoing to resolve the issue. The Quality Governance Committee were sighted on the issue however improved reporting was required. The harm review process in place was complex and required simplification.
363/20	Dr Gibson noted the operational risk regarding the availability of essential equipment drifting to a higher risk and asked how risk prioritisation was being managed to identify capital spend for medical equipment.
364/20	The Director of Finance and Digital stated that work was underway to address capital spend for equipment. Some equipment had been replaced through central monies due to service failure, other items had been repaired rather than replaced. A number of actions had been taken which when considered in the whole had a significant positive impact. The Trust Board: • **Received the report** • **Accepted the top risks within the register**
365/20	**Item 16.2 BAF 2019/20** The Trust Secretary presented the Board Assurance Framework to the Board advising that objective 2a – Have 'zero waits' to access our services, had been RAG rated as amber, from red.
366/20	The Board noted that the 2019/20 Board Assurance Framework would be received in April for the final time in order to close this down and move to the 2020/21 framework. The Trust Board: • **Received the Board Assurance Framework**
	Item 17 Strategy and Policy
367/20	No Items
368/20	**Item 18 Board Forward Planner** For information
369/20	**Item 19 ULH Innovation** For information The Trust Board: • **Received the report**
370/20	**Item 20 Any Other Notified Items of Urgent Business** No items
	The next meeting will be held on Tuesday 7 April 2020, Boardroom, Lincoln County Hospital, Lincoln

Agenda Item 5

Voting Members	5 Mar 2019	2 Apr 2019	7 May 2019	4 June 2019	2 July 2019	6 Aug 2019	3 Sept 2019	1 Oct 2019	5 Nov 2019	3 Dec 2019	4 Feb 2020	3 Mar 2020
Elaine Baylis	X	X	X	X	X	X	X	X	X	X	X	X
Chris Gibson	X	X	X	X	X	X	X	X	X	X	X	X
Geoff Hayward	A	X	A	X	X	X	A	X	X	X	X	X
Gill Ponder	X	A	X	X	X	X	A	X	X	X	X	X
Jan Sobieraj	X	X	X	X								
Neill Hepburn	X	X	X	X	X	X	A	X	X	X	X	X
Michelle Rhodes	X	A	X	X	A	A	X					
Kevin Turner	X	X	X	X	X	A						
Sarah Dunnett	X	X	X	X	X	A	X	X	X	X	X	X
Elizabeth Libiszewski	X	X	X	X	X	X	X	A	X	X	X	A
Alan Lockwood	A											
Paul Matthew	X	X	X	X	X	A	X	X	X	X	X	X
Andrew Morgan					X	X	A	X	X	X	X	X
Victoria Bagshaw								X	X	X	X	
Mark Brassington								X	X	X	X	X
Karen Dunderdale												X

PUBLIC TRUST BOARD ACTION LOG

Agenda item: 6

Trust Board date	Minute ref	Subject	Explanation	Assigned to	Action due at Board	Completed
2 July 2019	1062/19	People Strategy	Develop some ambitious outcomes, built up with colleagues within the divisions. Through ET in first instance. Develop forward plan for rest of this year. Strategy back when ready	Rayson, Martin	~~06/08/2019~~ ~~04/02/2020~~ 03/03/2020	There would no longer be a separate strategy Complete
6 August 2019	1186/19	QGC Assurance report	Review of window cleaning impact on cleanliness audit	Evans, Simon	~~03/09/2019~~ ~~3/12/2019~~ ~~04/02/2020~~ 03/03/2020	QIA completed and reviewed by CRIG, investment agreed to increase frequency of cleaning from 2 to 4 times a year Complete
1 October 2019	1576/19	Smoke Free ULHT	Post implementation review to be presented to the Board	Rayson, Martin	07/04/2020	Deferred due to Covid -19
1 October 2019	1641/19 and 1642/29	NHS Improvement Board Observations and actions	Updated action plan to be presented to the Board and Audit Committee to receive reports and action plans	Warner, Jayne	~~03/12/2019~~ ~~4/12/2019~~ 07/04/2020	Audit Committee reviewed actions in Jan meeting. Will review again in April
5 November 2019	1747/19	Assurance and Risk Report Finance, Performance and Estates Committee	Business case review of fire works to be completed and reported back to Finance, Performance and Estates Committee detailing spend	Matthew, Paul	~~3/12/2019~~ ~~03/03/2020~~ 07/04/2020	Due to FPEC in January. Report back to TB Feb Update given however further work required

PUBLIC TRUST BOARD ACTION LOG

Agenda item: 6

3 December 2019	2026/19	Patient Safety Report	Question to the Executive Team regarding the triangulation of the information presented to the Board in relation to the operational pressures being faced by the organisation at the time. A one page report would be sufficient until more meaningful reporting was in place.	Matthew Paul	~~4/02/2020~~ 03/03/2020	A general theme had not been identified and there was no correlation of risk with times of pressure Complete
4 February 2020	049/20	Integrated Improvement Plan	Board to receive IIP programme of delivery, identifying how changes would be maintained and embedded	Brassington, Mark	05/05/2020	
4 February 2020	077/20	Assurance and Risk Report Quality Governance Committee	Review of TOM and governance to be presented to the Board	Brassington, Mark	07/04/2020	Deferred due to Covid-19
4 February 2020	079/20	Assurance and Risk Report Quality Governance Committee	Consideration of how referred items between Committees could be addressed sooner	Warner, Jayne	03/03/2020	Items would now be referred immediately to lead executive by Deputy Trust Secretary to remove month long delay in referral. Complete
4 February 2020	172/20	Risk Management Report	Risk Report to be quality assured prior to presentation to the Board	Hepburn, Neill	03/03/2020	Risk Register circulated to all Executives to update, some actions remain past due dates and are being followed up
3 March 2020	214/20	Infection Control	Increase in signage of infection prevention control measures in the public areas of the Trust	Dunderdale, Karen	07/04/2020	

PUBLIC TRUST BOARD ACTION LOG

Agenda item: 6

3 March 2020	274/20	Patient Safety Report	Benchmarking of incidents to be considered. Specific learning to be included within report	Hepburn, Neill	07/04/2020	
3 March 2020	326/20	Assurance and Risk Report Workforce and Organisational Development Committee	Consideration of shortening of medical e-rostering timescale implementation and efficient use of resource	Rayson, Martin	07/04/2020	
3 March 2020	343/20	Staff Survey Results	Review staff survey indicator in relation to violence from patients to identify hot spots to focus activity and support	Rayson, Martin	07/04/2020	
3 March 2020	353/20	Freedom to Speak Up Quarterly Report	Review other Trusts data to consider how greater assurance could be provided	Freedom to Speak up Guardian	02/06/2020	

United Lincolnshire Hospitals NHS Trust

`To:	Trust Public Board
From:	Simon Evans Chief Operating Officer and Executive officer for Emergency Planning
Date:	30 March 2020
Healthcare standard	Emergency Planning
Title:	United Lincolnshire Hospitals NHS Trust Response to COVID19

Author/Responsible Director: Simon Evans Chief Operating Officer

Purpose of the report: To update Trust Board with Regards to the Response to COVID19

The report is provided to the Board for:

Decision		Discussion	
Assurance	X	Information	X

Summary/key points:

- **Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus**
- **The Trust has enacted plans for Pandemic Flu which were already in place**
- **Similarly, elements of the Major Incident Plan and Business Continuity plans have been used in response to the incident as well as support planning for further increases in demand on hospital services.**
- **The Trust continues to operate in the context of Lv4 National Emergency Status and runs Incident Command Centres (ICCs) for Silver and Gold command with 7 day Incident Management Teams (IMTs) on site.**
- **The Trust is working as part of the Local Resilience Forum and Local Health Resilience Partnership to plan and implement strategies to save lives, prevent harm to and to protect NHS capacity**
- **Surge Plans have been developed that maximise available capacity to continue to see the sickest patients and increased number of patients that have COVID19**
- **In order to protect critical services for patients, and to mitigate increases in absences as staff self-isolate or are unwell, the Trust has identified a process of temporary cessation of services and redeployment.**

Recommendations: Note the contents of the report

Strategic risk register - Management of emergency demand (corporate) (4175)	**Performance KPIs year to date** As identified within the report

Resource implications (eg Financial, HR) – Trust wide impact on all departments and all staff.

Assurance implications – Assurance models align with Pandemic Flu and Emergency Response.

Patient and Public Involvement (PPI) implications – National implications for patients and the wider public are communicated via Public Health England. Local decision making and incident responses are in line with Pandemic and Major Incident Plans.

Equality impact – National implications for patients and the wider public are communicated via Public Health England. Local decision making and incident responses are in line with Pandemic and Major Incident Plans.

Information exempt from disclosure – No

Requirement for further review? Yes

1. Background to COVID19 (previously referred to as Novel Coronavirus)

1.1 Coronaviruses are a family of viruses that cause disease in animals. Seven, including the current virus have made the leap to humans with most causing symptoms similar to a common cold.

1.2 COVID-19 is closely related to severe respiratory syndromes (SARS) which infected around 8,000 people, 800 fatally between 2002-2003 and Middle East Respiratory Syndrome (MERS) which infected around 2,500, 900 fatally during 2012.

1.3 Covid-19 is different to both SARs and MERs in that the spectrum of the disease is broad with around 80% of those infected displaying only mild symptoms. There is likely to be many people carrying the disease but displaying no symptoms making it harder and more difficult to control.

1.4 Studies to date indicate that the virus that causes COVID-19 is mainly transmitted through contact with respiratory droplets rather than through the air.

2. National Response

2.1 As COVID19 was declared a High Consequence Infectious Disease (HCID) on the 3rd March the UK risk level was raised from moderate to high, and an NHS wide Level 4 incident was declared.

2.2 At the same time the Department of Health and Social Care issued the action plan *Coronavirus action plan; a guide to what you can expect across the UK.* This reflected the strengthened legal powers announced by Secretary of State for Health and Social Care.

2.3 In line with other countries tackling the disease, the UK Government recommended social distancing for 'at risk' individuals and isolation of the over 70s as well as those infected.

2.4 Further Government measures on 18th March included the closure of schools until further notice, the closure of pubs, restaurants, gyms and other social venues on 20th March. A 'stay at home' social distancing policy was put in place on 24th March for a period of initially 3 weeks and has been constantly updated through national ministerial briefings.

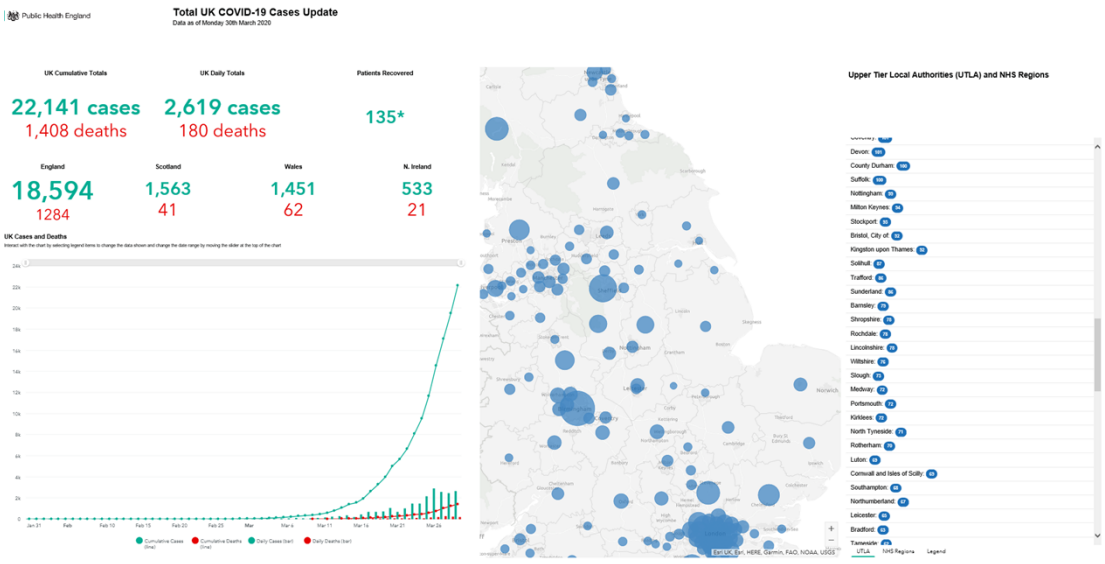
2.5 Alongside all national social distancing messages was an important theme of maintaining NHS services and the ability of NHS staff to remain at work, such as key worker schemes in schools.

2.6 Initial response nationally was described as the ISOLATE phase. This phase required testing of patients in the community and isolating, tracking and tracing contacts and reducing further transmission.

2.7 We are currently in the second phase of response to COVID19 referred to as the DELAY phase. Actions nationally are now attempting to slow down progression of the virus and as a result testing for the virus has been limited to nearly exclusively hospitalised patients who are considered to be symptomatic.

2.8 The progression in the UK is not evenly spread and not all progressing at the same rate. The greatest rise and subsequent impact of COVID-19 cases has been felt in London, but other areas have now started to see the next SURGE stage of the virus.

2.9 It is anticipated that as a rural county without significant major motorway, mainline rail links throughout, and that without major city population Lincolnshire has seen a delayed increase in COVID-19. Although the rate of increase is still anticipated to be similar to other regions.



3. ULHT Response – Activation of the Pandemic Flu and Major Incident Plans

3.1 National guidance issued at the time of raising UK risk level to high, prescribed the need to use Healthcare Pandemic Flu plans. These plans for all systems were previously developed and tested in response to H1N1, SARS and other HCIDs.

3.2 The Trust enacted the Pandemic Flu plan and elements of the Major Incident Plan and put in place Command and Control systems on 5th March 2020.

3.3 In line with the Pandemic Flu plan a team of three Gold Executive Directors including the Director of Nursing/Director of Infection Prevention and Control, The Director of Improvement and Integration/Deputy CEO and the Chief Operating Officer/Accountable Emergency Officer was formed.

3.4 After formation of the Gold Team a full Incident Management Team was created comprising of Medical Commander, specialists in IPC, Emergency Planning, workforce planning, Silver and Bronze Commanders for tactical implementation.

3.5 Working groups or 'cells' that lead and control processes/ packages of work and the flow of information were created for Workforce, Bed Management, Critical Care, Informatics, Estates and Facilities and Clinical Pathways.

4. ULHT Response – Changes Made to Services To Protect Critical Services

4.1 The Pandemic Flu and Major Incident Plans are designed in such a way as to protect services that in turn protect life and reduce harm.

4.2 As demands on services across hospitals change this requires rapid intervention to move capacity, workforce and expertise between services.

4.3 In a national level 4 emergency the Trust receives a mixture of explicit instructions and guidance, many aspects of which must be deployed and implemented in rapid timescales.

4.4 Although not exhaustive the list of changes deployed to date in this way are as follows:

4.4.1 The implementation of COVID PODs to give patients access to NHS111 triage without presenting at Emergency Departments

4.4.2 The reconfiguration of hospital Emergency Departments to separate potential COVID-19 patients from those who are not suspected/symptomatic

4.4.3 The reconfiguration of inpatient wards to cohort patients who are symptomatic or confirmed COVID-19 patients

4.4.4 The implementation of Public Health England guidance on the use of Personal Protective Equipment for all staff
4.4.5 The reduction in outpatient face to face appointments and use of telemedicine
4.4.6 The reduction in the number of routine elective inpatient services to ensure staff can train and prepare for SURGE stage of response
4.4.7 Reallocation of staff to support critical services where staff absence denotes requirement
4.4.8 Safeguarding staff who are at risk by applying risk assessments, providing home working access or relocating to alternative areas of work
4.4.9 Reinforcing staff who are symptomatic not working, and isolating when they or family members become symptomatic
4.4.10 Reducing screening services, and providing alternative models of care for patients that are receiving longer term treatment programs as defined by specialist society/college advice through NHSE
4.4.11 New system discharge processes have been put in place that have reduced the number of patients who do not require acute hospital in our wards
4.4.12 Planning for increases in capacity in critical care and inpatient ward capacity

5. ULHT Response – Planning for future demands SURGE

5.1 National regional and local modelling on the anticipated progression of COVID-19 all indicate scenarios of exponential growth in demands on Critical Care services and Inpatient services.
5.2 Using the experiences of European countries and in the UK in London and the West Midlands, ULHT plans have been developed to expand and respond.
5.3 SURGE plans describe the way in which service changes will increase capacity.
5.4 Workforce redeployment regionally and within the trust is designed to move clinical teams from areas of planned care and non-urgent functions and redeploy into critical areas, where skills are appropriate.
5.5 Models and simulation exercises have also predicted an increase in staff absence as a result of COVID-19 and as such non clinical duties, and annual leave periods have been minimised to increase the amount of clinical time during peak demand. This does reflect the safeguarding of staff, and there are processes in place to ensure that staff remain safe and healthy during this unprecedented period of demand on hospital services.
5.6 Nursing establishment reviews have been undertaken to model the impact of changes in the nurse to patient ratio and the impact of supporting the emerging regional hubs
5.7 In addition to this national programmes of return to work and academic and clinical education roles will be supplementing the capacity of the permanent teams in place.
5.8 The development of estate and increase in level of equipment is also part of plans for increased demand on hospital services. Already elements of Trust inpatient ward estate are being commissioned and re-tasked so that the maximum amount of ward and critical care capacity can be offered when required.
5.9 Centrally managed critical equipment such as ventilators are part of SURGE plans and daily communication with regional teams are in place to ensure equipment is available at the right time.

6. ULHT Response – Planning for future demands RECOVERY Phase

6.1 The last stage of the response to COVID-19 is the RECOVERY phase. This plan describes how services will revert back to normal operating and teams, equipment and estate is returned to their original configurations.

6.2 It is expected that some improvements made to services through different models, (such as the increase in use of technology for telemedicine and remote working, are factored into the recovery plan, ultimately improving services going forward.

6.3 An unfortunate consequence of the response to COVID-19 is the delay in some planned elective care services and ULHT/Lincolnshire System plans will build in a response to returning these to within the national parameters of waiting times.

7. Summary

7.1 Like all Acute Hospital Trusts in England, ULHT have put in place appropriate emergency plans and command and control systems to respond to the national High Risk status.

7.2 Lincolnshire is fortunate to have a longer period to prepare for exponential increases in demand because of COVID-19.

7.3 Although the impact of social distancing and national programmes to DELAY the progression of the virus is not known, it is anticipated that a major response will be required that will impact the routine running of hospitals at ULHT.

7.4 Plans to respond to this impact are in line with national directions and guidance, and are building on the lessons learnt from other areas of England and Europe

Agenda Item

United Lincolnshire Hospitals NHS Trust

Report to:	Trust Board
Title of report:	Quality Governance Committee Assurance Report to Board
Date of meeting:	24th March 2020
Chairperson:	Liz Libiszewski, Non-Executive Director
Author:	Karen Willey, Deputy Trust Secretary

Purpose	This report summarises the assurances received and key decisions made by the Quality Governance Assurance Committee (QGC). The report details the strategic risks considered by the Committee on behalf of the Board and any matters for escalation for the Board's response. This assurance committee meets monthly and takes scheduled reports from all Trust operational committees according to an established work programme. The Committee worked to the 2019/20 objectives. The Trust are in the 'Delay' phase in response to Covid-19 and as such the meeting was held via teleconference with a reduced agenda to focus on key priorities
	Lack of Assurance in respect of SO 1a Issue: Delivering harm free care Lack of assurance Infection Prevention Control – The Committee received a verbal update from the Director of Nursing and it was noted that the current focus was Covid-19 however there continued to be an awareness of business as usual IPC practices and standards. The Committee were advised that additional recourse had been put in place due to Covid-19 pressures. Concerns remained regarding the hygiene code. The Director of Nursing advised that there would be identification of specific governance arrangements and the role of the IPC Group. The Committee were concerned that the current situation could result in a greater risk due to the concern around business as usual issues. Lack of Assurance CQC Must Do and Should Do Actions – The Committee received the actions noting that there were clear outcomes and KPIs had been included and developed. All section 31's received by the Trust had been incorporated in to the single action plan. The Committee were advised that clarity had been sought on the conditions within the latest report and a response is awaited from the CQC. The Trust had also asked the CQC to consider the removal of a number of the section 31's, initial feedback from the CQC had been positive and

	could also impact on the weekly reporting to the CQC if removed. The Committee requested continued sight of the action plan to ensure these were moved forward whilst recognising the decision to slow some actions due to the Covid-19 pressures.
	Assurance in respect of other areas: **Draft Terms of Reference and Work plan for 2020/21** The Committee received the draft terms of reference and work plan for 2020/21 noting that these now reflected the Integrated Improvement Plan, the Committee hoped to receive the finalised version in April. Further development of the work plan would be required to ensure that the Committee received the appropriate reports and assurances. **Risk Report** The Committee received the risk report noting that there had been a number of changes since the production of the report. The Covid-19 risk had increased from 16 to 25 and the partial booking waiting list risk would become a further issue and dominate the recovery phase. The Committee noted that addition of safeguarding compliance due to the challenge in complying with the current pressures. The Committee requested a further update in respect of Covid-19, the level of detail to be received by the Committee would need to be determined. **Incident Management – including SI and Never Events** The Committee noted that serious incident figures had slightly reduced and the report had identified those wards and departments that were of concern. The Committee were disappointed to note that duty of candour, without clear oversight, was not being maintained and intervention was continually required. **Governance arrangements during Covid-19 (attached at appendix 1)** The Committee considered the governance arrangements required during the response to Covid-19, the aim was to streamline governance whilst remaining sighted on complaints, incidents, mortality. There was a proposal for a modification to speciality governance in order to reduce the burdens on the division whilst strengthening oversight at a clinical level.

	The proposals were in line with key items being considered by NHS Improvement however the final proposals from the centre were yet to be received. The Committee approved the proposal but requested further discussion regarding Serious Incidents to ensure these were managed appropriately. The proposal would be reviewed once national guidance had been released. **The Committee briefly reviewed the following items received for information only:** Mortality and learning from deaths CAUTI report Safeguarding – Deprivation of Liberty VTE Quarterly contract performance Assurance report to Audit Committee – Approved for onward reporting to Audit Committee Complaints
Issues where assurance remains outstanding for escalation to the Board	The Committee wished to ensure that the Board were sighted on the changes to governance arrangements during Covid-19.
Items referred to other Committees for Assurance	No items referred to other committees
Committee Review of corporate risk register	The Committee reviewed the risk register noting that there had been no major changes to the document.
Matters identified which Committee recommend are escalated to SRR/BAF	The Committee did not receive the Board Assurance Framework
Committee position on assurance of strategic risk areas that align to committee	The Committee considered the reports which it had received which provided assurances against the strategic risks to strategic objectives.
Areas identified to visit in dept walk rounds	No areas identified.

Attendance Summary for rolling 12 month period

Voting Members	A	M	J	J	A	S	O	N	D	J	F	M
Elizabeth Libiszewski Non-Executive Director	X	X	X	X	A	X	X	X	X	X	A	X
Chris Gibson Non-Executive Director	A	X	X	A	X	A	X	A	X	X	X	X

Agenda Item

Alan Lockwood Int Non-Executive Director												
Neill Hepburn Medical Director	X	D	X	X	X	X	X	X	X	X	X	X
Karen Dunderdale Director of Nursing											X	X
Michelle Rhodes/ Victoria Bagshaw Director of Nursing	X	X	X	X	X	D	X	X	X	X	X	

X in attendance A apologies given D deputy attended

United Lincolnshire Hospitals NHS Trust

Report to:	Trust Board
Title of report:	Finance, Performance and Estates Committee Assurance Report to Board
Date of meeting:	27 March 2020
Chairperson:	Gill Ponder, Non-Executive Director
Author:	Jayne Warner, Trust Secretary

Purpose	This report summarises the assurances received and key decisions made by the Finance, Performance and Estates Committee (FPEC). The report details the strategic risks considered by the Committee on behalf of the Board and any matters for escalation for the Board's response. This assurance committee meets monthly and takes scheduled reports from all Trust operational committees according to an established work programme. The Trust are in the 'Delay' phase in response to Covid-19 and as such the meeting was held via teleconference with a reduced agenda to focus on key priorities
Assurances received by the Committee	**Lack of Assurance** in respect of SO 2b Providing Efficient and Financially Sustainable Services **Issue:** Integrated Performance Report Reason for lack of assurance: The Committee were not assured regarding the achievement of performance and it was recognised that due to the current situation it was unlikely that outpatient targets would be achieved.
	Lack of Assurance in respect of SO 2b Providing Efficient and Financially Sustainable Services **Issue:** Finance Report Reason for lack of assurance: The Committee were advised that at Month 11 the Trust were reporting a deficit of £44.9m, £4.8m adverse variance to plan. The Trust will continue to receive financial support from the CCGs to ensure that it achieves the £70.3m plan at the end of the year. There would be a financial impact on the Trust due to COVID-19 however costs associated with the pandemic would be funded nationally. A capital and revenue cost centre for Covid-19 had been set up and there would be a governance regime in place in respect of expenditure.

	Pay continued to be the main issue for the Trust and a reduction in agency spend had not been achieved during February. Further actions requested by the Committee: The Committee requested that future Finance Reports include information relating to the Covid-19 costs and governance regime.
	Lack of Assurance in respect of SO 2b Providing Efficient and Financially Sustainable Services **Issue:** Fire Safety assurance report Reason for lack of assurance: The Committee received the assurance report noting that there were a number of actions rated as red, the Committee were concerned by this due to the imminent completion of the work and agreed to continue to monitor the actions to ensure the target was met. Concern was raised by the Committee of the impact that Covid-19 was having to the completion of the fire compliance works. The Committee noted that the paper had been produced pre impact of Covid-19, as such the risks to the programme had not been included within the paper. Further actions requested by the Committee: The Committee requested a review of the risks to completion of the fire safety programme in the timescales agreed with Lincolnshire Fire and Rescue, including whether there were additional fire risks due to Covid-19 pandemic such as the increased use of ventilation and oxygen. A report which matched the spend on fire safety to the planned expenditure in the business case. Assurance that all work would be completed within the funding agreed in the business case, specifically explaining the risk of overspending which the committee were alerted to and the actions being taken to mitigate this risk.
	Assurance in respect of SO 2b Providing Efficient and Financially Sustainable Services Issue: Aseptic Business Case The Committee received the aseptic business case noting the option proposed and the preferred option. The Committee were advised that option 4 was the correct option in terms of resolving the current issue for the Trust. Option 6 would be considered at a later date with consideration of the full commercial elements.

	Discussions were taking place with NHS England in relation to drug cost savings which could result in a gain share being agreed. The Committee approved option 4 as proposed for onward approval by the Trust Board
	<u>Assurance in respect of other areas:</u> <u>Terms of Reference and Work plan 2020/21</u> The Committee received the draft terms of reference and work plan for 2020/21 noting that these now reflected the Integrated Improvement Plan, the Committee hoped to receive the finalised version in April. Further development of the work plan would be required to ensure that the Committee received the appropriate reports and assurances. <u>Annual Report</u> The Committee received the draft annual report for consideration, the report would be updated to reflect the comments made by Committee members with a view to the final report being submitted to the April Committee meeting. <u>Integrated Improvement Plan Update</u> The Integrated Improvement Plan was received by the Committee to ensure oversight. Whilst the Trust were trying to maintain some of the underpinning elements of the plan it was anticipated that there would be changes due to Covid-19. <u>Financial arrangements Covid-19 Measures</u> The Committee were advised that the current financial regime would be suspended from 1 April 2020 to 31 July 2020 in response to Covid-19. This would result in the Trust breaking even due to all costs being covered until 31 July 2020 with capital costs being through system wide allocation. The Finance Team were working on business continuity plans and a new VPN solution had been rolled out to support staff to work from home. Remote working had been implemented for payroll and skeleton staff would be in place for accounts payable with refresher training taking place to support staff.

Issues where assurance remains outstanding for escalation to the Board	
Items referred to other Committees for Assurance	No items
Committee Review of corporate risk register	The Committee received the corporate risk register and noted that there had been no material change to the corporate risk profile or very high and high risks. The Committee were advised that the Covid-19 risk would be added and requested that the estates risks were reviewed with particular attention paid to fire safety.
Matters identified which Committee recommend are escalated to SRR/BAF	The Committee was assured that the SRR/BAF was reflective of the key risks in respect of the strategic objectives of the organisation with the addition of Covid-19. The Committee acknowledged that Covid-19 would impact on objective 2a but agreed that as of 31 March the status would remain amber.
Committee position on assurance of strategic risk areas that align to committee	As above
Areas identified to visit in dept walk rounds	None

Voting Members	A	M	J	J	A	S	O	N	D	J	F	M
Gill Ponder, Non-Exec Director	X	X	X	X	X	X	X	X	X	A	X	X
Geoff Hayward, Non-Exec Director	X	X	X	X	X	X	X	X	X	X	X	X
Chris Gibson, Non-Exec Director	A	X	X	A	X	A	X	A	X	X	A	X
Deputy Chief Executive	A	A	X	X	X							
Director of Finance & Digital	X	X	X	X	X	X	D	X	D	X	X	X
Chief Operating Officer	X	X	X	D	D	X	D	X	X	X	D	A
Director of Estates and Facilities	X	D	X	X	D	X	X	D	X	D	X	A

Attendance Summary for rolling 12 month period

X in attendance A apologies given D deputy attended

Report to:	Trust Board
Title of report:	Workforce and OD Committee Assurance Report to Board
Date of meeting:	18th March 2020
Chairperson:	Sarah Dunnett, Non-Executive Director
Author:	Karen Willey, Deputy Trust Secretary

Purpose	This report summarises the assurances received and key decisions made by the Workforce and OD Assurance Committee. The report details the strategic risks considered by the Committee on behalf of the Board and any matters for escalation for the Board. This assurance committee meets monthly and takes scheduled reports according to an established work programme. The Trust are in the 'Delay' phase in response to Covid-19 and as such the meeting was held via teleconference with a reduced agenda to focus on key priorities.
Assurances received by the Committee	**Lack of Assurance in regard to Workforce KPI Report** **SO Ref: SO3a** **Reason for lack of assurance**: The Committee received the Workforce Key Indicators report for February 2020. The Committee noted that whilst there is an improvement trend across many, including agency spend, vacancy rates, turnover, training, and appraisals many targets are still beyond reach. Sickness absence is a particular challenge. The Committee acknowledged the focus being given by the Executives on maintaining business as usual whilst responding to Covid-19. The Committee recognised that there would be an impact on the indicators during this period. The Committee were assured that the Executive Team were Focused on continuing the positive work that is starting to show demonstrable improvements, managing and minimising the risks as much as possible. Clearly overseas recruitment is being impacted.
	Lack of Assurance in regard to Medical Engagement Plan **SO Ref: SO3b** **Reason for lack of assurance:** The Committee received the plan for information noting that it was a high level report. **Further actions requested by the Committee:** The Committee requested that this was reported to a future meeting in the context of the Integrated Improvement Plan with the supporting governance structure, priorities, actions and outcomes identified.

	Assurance in regard to Staff Health and Well-being **SO Ref: SO3b** **Source of assurance:** The Committee received a verbal update on the activities being undertaken to support staff during the response to Covid-19.
	Assurance in regard to Guardians of Safe Working **SO Ref: SO3b** **Source of assurance:** The Committee received the Guardian of Safe Working quarter 3 report and were assured by the improved reporting noting that the investment in the Guardian role had had a positive impact. The report demonstrated development of data and supporting narrative. The Committee agreed that the report for quarter 4 could be combined with the annual guardians submission. The Committee noted that the Deputy Director of Operations now attends the Junior Doctors forum which was a very positive step forward. **Further action requested by the Committee:** The Committee requested further assurance and detail on the next steps to be taken for improvement and what work was being done to support rotas, Junior Doctors experience and changes in contracts.
	Assurance in respect of other areas: **Assurance in regard to Draft Terms of Reference and Work plan for 2020/21** **Source of assurance:** The Committee received the draft terms of reference and work plan for 2020/21 noting that these now reflected the Integrated Improvement Plan. A number of comments were received on the draft, including the need to articulate the governance structure in support of the Committee and to confirm the membership. The Committee hope to approve the final version at the April meeting. **Assurance in regard to Committee Annual Report 2019/20** **Source of assurance:** The Committee were pleased to receive and consider the first draft of the Committees annual report. This would be updated to reflect comments from Committee members with a view to finalising at the April Committee. **Lack of Assurance in regard to Internal Audit – Education Funding Final Report** **Reason for lack of assurance:** The Committee received the internal audit noting the concern expressed by the Audit Committee. The

	Committee agreed that the Director of People and Organisational Development would present findings, action plan, and current delivery status to the next meeting. **Freedom to Speak Up Assurance Report:** The Committee approved the onward reporting of the assurance report to the Audit Committee in relation to Freedom to Speak Up
Issues where assurance remains outstanding for escalation to the Board	None
Items referred to other Committees for Assurance	None
Committee Review of corporate risk register	The committee received the risk register for information and noted that recent developments with Covid-19 would need to be reflected
Matters identified which Committee recommend are escalated to SRR/BAF	The Board Assurance Framework was received for information only
Committee position on assurance of strategic risk areas that align to committee	No further areas identified.
Areas identified to visit in ward walk rounds	No areas identified

Attendance Summary for rolling 12 month period

Voting Members	**M**	**A**	**M**	**J**	**J**	**A**	**S**	**N**	**D**	**J**	**F**	**M**
Geoff Hayward (Chair)	X	No meeting	X	No meeting	X	No meeting	X	X	X	X	A	A
Sarah Dunnett	X		X		X		X	X	A	X	X	X
Alan Lockwood	A											
Non-Voting Members												
Martin Rayson	X		X		X		X	X	X	X	X	X
Matthew Dolling			A		A		A	A				
Debrah Bates	X		A									
Simon Evans			X		A		X	X	A	A	A	D
Victoria Bagshaw							X	X	X	X	X	
Karen Dunderdale												A

Agenda Item:

United Lincolnshire Hospitals NHS Trust

Report to:	Trust Board
Title of report:	Audit Committee Report to Trust Board
Date of meeting:	2nd April 2020
Status:	For Discussion
Chairperson:	Mrs Sarah Dunnett, Non-Executive Director
Author:	Mrs Jayne Warner, Trust Secretary

Purpose	To provide the Board of United Lincolnshire Hospitals NHS Trust with a formal report of the work of the Audit Committee since its last meeting, the assurances that have been received and validated, and those that are missing along with the actions to address them.
Background	This Committee meets at least quarterly and takes scheduled reports from the Trust's Internal and External Audit Providers, Counter Fraud Service, Finance Director and other parties in accordance with an established work programme.
Business undertaken	**External Audit** The Committee received from both the External Auditors and the Trusts Finance Team an update on the significant impact of COVID-19 on year end closedown, preparation of Trust's financial statements for year end 31st March 2020 and subsequent audit. Deadlines have been extended, including the submission of the audited accounts and annual report to 25 June 2020. The Audit Committee acknowledged the fluid situation, but were assured that all were working to meet the revised national deadlines. The Audit Committee agreed to work informally to support this, and meet virtually when required. Immediate risks highlighted were inability to audit stock, including pharmacy and theatre; verification and valuations of property, plant and equipment, and validation of the authenticity of documents. In relation to these the Committee were made aware that a limitation of scope opinion may be probable. Risks were also elevated over fraud in expenditure, completeness of expenditure, cut-off, and strength of financial governance. All risks would need to be reflected in the Trust's risk register.
	Accounting Policies

	The Committee approved the draft accounting policies for inclusion in the 2019/20 financial statements, including local policies on valuation of free of charge assets, leases containing an inflationary uplift, lease term in the absence of formally documented agreement, lease acts, accrued annual leave, and single lease payments over multiple assets.
	Internal Audit The Committee received an internal audit progress report, noting that sufficient work had been completed to issue a HOIA opinion for year ended 31 March 2020. However two audits would not be progressed and potentially deferred until 2020/21. These were performance management reporting and public and patient experience. Although acknowledging the current crisis the Committee expressed disappointment that more work had not been achieved in the first 9 months of the year. Two reports were received on financial controls (significant assurance), and Research and Development (partial assurance). Both will be remitted to the respective Committees for detailed follow-up. The Committee raised concerns about delays in production of a trust wide research strategy. The Audit Committee agreed an internal audit plan for 2020/21 but acknowledged that it may change to reflect areas of work associated with COVID-19. It was also noted that the new Director of Nursing had not yet had an opportunity to reflect on the content of the audit plan and any future revisions must take this into account.
	Audit Committee Governance arrangements during COVID-19 The Committee agreed that during the COVID—19 response, a governance light approach will be taken forward by the Audit Committee and proposals were being prepared by the Director of Finance and Trust Secretary. Consideration would need to be given to year end, ongoing internal audit work, action tracker monitoring, and implications of COVID-19, most notably financial controls, fraud, including cyber security, and any amendments to standing financial instructions and standing orders.

Issues where assurance remains outstanding for escalation to the Board	None
Items referred from other Committees and Board	None
Committee Review of Risk Management	
Matters identified which Committee recommend are escalated to SRR/BAF	

To:	Trust Board
From:	Paul Matthew, Director of Finance & Digital
Date:	7th April 2020
Healthcare standard	All healthcare standard domains

Title:	Integrated Performance Report for February 2020

Author/Responsible Director: Paul Matthew, Director of Finance & Digital

Purpose of the report:
To update the Board on the performance of the Trust for the period 29th February 2020, provide analysis to support decisions, action or initiate change and set out proposed plans and trajectories for performance improvement.

The report is provided to the Board for:

Decision		Discussion	√
Assurance	√	Information	

Summary/key points:
Executive Summary identifies highlighted performance with sections on key Successes and Challenges facing the Trust.

Recommendations: The Board is asked to note the current performance and future performance projections. The Board is asked to approve action to be taken where performance is below the expected target.

Strategic risk register New risks that affect performance or performance that creates new risks to be identified on the Risk Register.	**Performance KPIs year to date** As detailed in the report.

Resource implications (e.g. Financial, HR) None

Assurance implications The report is a central element of the Performance Management Framework.

Patient and Public Involvement (PPI) implications None

Equality impact None

Information exempt from disclosure None

Requirement for further review? None

Integrated Performance Report

TRUST BOARD
March 2020

EXECUTIVE SUMMARY

Quality

There have been three unwitnessed falls in February, following which the patient's subsequently died. All incidents have been reported in accordance with the Serious Incident Framework. Focus on Falls Safety Support deep dive visits by the Frailty Nurse Specialist, Frailty Consultant Nurse and Corporate Head of Nursing will be prioritised in the areas where these incidents have occurred. Working with the ward teams a deep dive into falls specific to the area will be undertaken and recommendations made for any actions identified. Visits have commenced and all wards will be visited during Q4/Q1 and bespoke falls safety and learning plans developed. Focus on Falls Safety Newsletter is currently in development and will include lessons learnt for wider sharing. The current falls link nurse roles are being reviewed and refocussed. Commencing monthly site falls link nurse drop in clinics from February. Staff educational passport for frailty is in development with a plan to offer regular training sessions commencing in April 2020 on all aspects of frailty including falls. ULHT were actively involved at the first meeting of County wide Falls Stakeholder collaboration.

New Harm Free Care for the Trust for January 2019 is 98.7% compared to the national average of 97.7% The Trust has been above the national average since November 2017. 888 patients were audited in January and there were 6 patients with new pressure ulcers, 3 with falls with harm, 1 new CAUTI and 2 new VTE's.

The level of harm from medication incidents from January 2019 – January 2020 continues to show a downward trend despite the number of incidents reported increasing. Staff are continually encouraged to report all medication incidents irrespective of harm. The speciality Pharmacists are supporting CBU governance to assist the Divisional teams with reducing harm from medication incidents. Due to the ongoing difficulties with the Aseptic Suites quality metrics are currently not being collected. An external review of the harm review process is to be undertaken.

The Trust has a backlog of just over 4500 open incidents awaiting investigation, of which around half are overdue their 4-week deadlines. Steady progress has been made to reduce the incident backlog in recent months, particularly in Family Health and Clinical Support Services Divisions. Additional support and training from the Clinical Governance team, along with improved management information through Datix Dashboards is being provided to Divisions to enable the incident backlog to be reviewed and incidents closed where appropriate. Work continues to help support the Divisions with their Divisional Investigations however there are a number of investigations that are now overdue their eight week deadlines. The Risk and Incident team are continuing to provide support to help reduce this number. An action plan and trajectory are currently being set to enable closure and to improve future incident management.

Duty of Candour verbal compliance for January 2020 had fallen to 62% and written compliance to 46%. Poor compliance was predominantly in the Medicine Division. The Clinical Governance team plan to work with Medicine Division senior management to identify any additional support requirements that can be put in place to improve compliance.

SHMI (October 2018 – September 2019) is 109.42 and is in band 2 within expected limits which is a slight decrease from the previous reporting period. SHMI includes both deaths in-hospital and within 30 days of discharge. SHMI's current in-hospital SHMI is 95.08. An audit is currently being completed to review deaths within 30 days to review the patient's system wide pathway. COPD is alerting for all deaths in SHMI, however, there are no alerts for in-hospital SHMI.

The percentage participation National Clinical Audit rate has not changed for this month and remains at 94.1% compared to a target of $\geq$98%. The National Ophthalmology Audit is currently not compliant and the latest update is that the Med-sight electronic patient software was planned to be up and running at the end of January 2020. Participation will be reported as "no" for the 19/20 Quality Account as retrospective data will not be available on Med-sight

The National Oesophageal Gastric Cancer Audit are currently not compliant with data submission however the latest update is that the position has changed from “nil” to 80 submissions. Please note full audit participation is confirmed via case ascertainment (that is number of expected cases and the number submitted for the audit

period) for some national audits which are listed in the Quality Account we will not have confirmation that the Trust has fully participated from the national leads until the end of March 2020.

The Trust sent 93.6% of eDDs within 24 hours for February 2020, however 96.1% were sent anytime in February as of the 3rd February. Data is reviewed at the eDD meeting comparing completion of eDDs compared to previous months and outlying wards are visited by the Clinical Governance Team to understand issues and help improve compliance. A monthly dashboard has been developed and distributed to all clinicians and managers, in conjunction with a Divisional report which is presented at their Governance meetings. The Trust is reviewing the backlog with the Commissioners with the plan to send the GPs the basic information for reference only.

The sepsis screening results for adult inpatients has improved by 2.7% in the last month to 88.5% however result continues to fall short of the 90% target introduction of sepsis train the trainers will commence in the next financial year incorporated in the deteriorating patient ambassador role. Sepsis screening compliance for inpatient children remains static at 82% falling short of the 90% target. Sepsis screening compliance for children in A&E remains static at 86.6% falling short of the 90% target however has improved marginally from previous month by 1.1%. Harm reviews gathered on a daily basis and collated on a weekly basis. No harm has come to any of the children requiring sepsis screens that didn’t receive them. Individual areas/ hot spots are having bespoke training arranged and delivered by competent member of staff and sepsis practitioners. Sharing lessons and themes continues in the inpatient areas through harm review process at ward level.

Operational Performance

4 hour standard performance increased from the previous month by 1.42%, representing a third consecutive month of performance improvement.

The number of >59 minute handover delays decreased from February by 8.1%, 788 in February verses 857 in January, and by 26.1% compared to December. Conveyances saw a second consecutive month of reduction but remain above plan.

During February there was one breach of the 12 hour Decision to Admit (DTA) standard. Full root cause analysis and harm review have been undertaken and learning shared.

RTT performance for January was 83.52%, an increase of 0.77% from December. Neurology access performance continued its improvement to 82.2% (from 39% in June 2019). Ophthalmology performance was one of only two Ophthalmology providers in the Midlands region to achieve the 92% standard. Gastroenterology, Endocrinology and General Surgery pose the greatest long wait risks and all of these specialties have performance improvement plans in place.

The overall waiting list size reduced for the fourth consecutive month to 38,219 and is on track to achieve the March 2020 target.

Of concern is the increasing trend for the number of overdue follow ups on the Partial Booking Waiting List. RTT performance management systems have been reviewed with greater focus now being put on PBWL performance alongside RTT. Improvement actions currently in place include dedicated validation, clinical review and risk stratification, capacity utilisation performance review, and PIFU.

Diagnostics access (DM01) performance for January was 95.35%. DM01 performance management systems have been reviewed and improved with greater engagement expected from Divisions. DM01 performance for end of February is forecast as 99.1% and achievement of the DM01 standard.

62 Day Cancer performance for January deteriorated to 54.9% with no tumour site achieving recovery trajectory. The approach to Cancer improvement continues with focus on pathway transformation in five specialties aimed at improving access and patient experience. Performance improvements actions are on track to achieve a forecast 62 Day performance for February of >65%.

Since August 2019 there have been substantial capacity issues for both Suspect and Symptomatic Breast patients with a continually deteriorating position to date. This has resulted in nearly 90% of Symptomatic patients not achieving the 14 Day standard in December and January. The Trust's Clinical Service Review process is underway in the breast service reviewing service efficiency and models of care. However improvement progress has been restricted by the loss of clinical capacity and the forecast improvement for February is limited to approximately 20%.

Finance

YTD financial performance is £44.9m deficit, or £4.8m adverse to plan.

Excluding the £0.7m adverse movement to plan in relation to Passthrough, Income YTD is £14.1m favourable to plan including in line with plan £25.7m of PSF, FRF and MRET. However, the Income position includes £16.7m of transitional support from commissioners.

Excluding the £0.7m favourable movement to plan in relation to Passthrough, Expenditure YTD is £19.1m adverse to plan: Pay is £18.4m adverse to plan and Non-Pay is £0.7m adverse to plan. The YTD pay position includes £1.2m of non-recurrent technical FEP, without which Pay would be £19.6m adverse to plan. The adverse pay movement YTD is predominantly driven by higher than planned expenditure on temporary staffing: while substantive pay is £1.4m adverse to plan, bank pay is £4.0m adverse to plan and agency pay is £12.9m adverse to plan. The pay position is driven by lower than planned FEP savings delivery [in relation to workforce schemes and temporary staffing pressures in relation to Medical and Nursing Staffing], and the adverse movement in substantive also includes £0.7m in relation to the higher than planned cost of the Medical & Dental pay award.

Excluding the £0.7m favourable variance in relation to Passthrough, Non Pay is £0.7m adverse to plan. However, the Non Pay position includes £1.9m of non-recurrent technical savings delivery, without which Non Pay would be £2.6m adverse to plan. Some variation to plan would be expected given the slower than planned savings delivery and higher than planned levels of Non Elective volumes. The movement to plan also includes higher than planned expenditure in a number of areas e.g. ongoing support costs in relation to FSM, dual running for Community COIN (for which there is an offset within Income) and additional building & engineering costs in Estates. Non Pay expenditure is being reviewed to ensure that any expenditure which may be capitalised is treated accordingly and that Non Pay expenditure in general is minimised.

Overall, CIP savings of £16.5m have been delivered YTD or £5.5m less than savings of £22.1m planned YTD. Excluding non-recurrent technical savings delivery of £3.4m, CIP savings delivery is £8.9m adverse to plan YTD.

The forecast excluding PSF, FRF and MRET is a deficit of £70.3m in line with plan; this forecast is contingent upon support from Lincolnshire commissioners.

Workforce

In February (M11), Year to Date (YTD) planned pay increased to 5.8% adverse to plan with the value increasing from £15.9M to £18.4M. This is because whilst total pay run rate remained flat the planned pay costs profile included a reduction in monthly run rate in month 11 similar to months 9 and 10. The positive variance of actual income against planned income continues and partly accounts for the variance in pay with the remainder resulting from higher premium cost of agency staffing (to cover vacant clinical pots and addition resource required for higher than planned activity) and under delivery of workforce CIP, in particular reduction in medical staffing capacity.

The monthly run rate for total agency spend reduced further (-£20K) from Month 10 to Month 11 to £3.11M, and is the lowest monthly spend since April 19 and four consecutive months of reduction, however agency spend now exceeds that planned by 46.8% due to further planned agency savings in Month 11.

Overall temporary medical staffing costs reduced in February with a marginal increase in medical agency spend although February is a shorter operational month (The DE efficiency was up further 96.6%). Hourly rates remained broadly static.

Reported Nursing Agency remained flat in February despite a shorter month. Nurse vacancy rate will increase month on month until May adding additional cost pressure.

The use of agency for all other staff groups significantly reduced in February.

Whole Trust vacancy rate improved again in February 20, despite being artificially inflated by the impact of continued scrutiny on the filling of all non-clinical posts. Improvement in the vacancy rates for the three priority groups continues to be consolidated despite higher than regional median levels of turnover. Nursing vacancy rate is likely to increase over the next three months as leavers exceeds number of starts.

Longer-term trends for Turnover remain positive, however, all the rates remain above national and regional benchmarks slowing the improvement in vacancy rate from recruitment. AHP rate has increased consecutively for the last four months.

Absence rate trend is of concern despite continued management focus. The number and length of longer-term absence continues to increase. This is a work stream in the Integrated Improvement Plan (IIP).

Staff appraisal improved slightly but focus is on improving the quality and perceived value following NSS responses and this is covered in the IIP.

Core learning continues above 90% and whilst below target is consistent with local provider rates.

The number of unresolved Employee relations cases increased from 41 to 48 in February with the majority being concerns around conduct

Paul Matthew
Director of Finance & Digital
March 2020

PERFORMANCE OVERVIEW

True North	KPI	CQC Domain	2021 Objective	Responsible Director	In month Target	Dec-19	Jan-20	Feb-20	YTD		Latest Month Pass/Fail	Trend Variation
Harm Free Care	Clostridioides difficile position	Safe	Our Patients	Director of Nursing	9	4	3	Not yet available	58		P	
	MRSA bacteraemia	Safe	Our Patients	Director of Nursing	0	0	0	Not yet available	2		P	
	MSSA bacteraemia cases counts and 12-month rolling rates of hospital-onset, using trust per 1000 bed days formula	Safe	Our Patients	Director of Nursing	TBC	0.01	0.03	Not yet available	0.05			
	E. coli bacteraemia cases counts and 12-month rolling rates, per 1000 bed days formula	Safe	Our Patients	Director of Nursing	TBC	0.01	0.12	Not yet available	0.17			
	Never Events	Safe	Our Patients	Medical Director	0	2	0	0	9		P	
	New Harm Free Care	Safe	Our Patients	Director of Nursing	99%	98.60%	98.70%		98.86%		F	
	Pressure Ulcers category 3	Safe	Our Patients	Director of Nursing	4.3	2	5	Not yet available	29		F	
	Pressure Ulcers category 4	Safe	Our Patients	Director of Nursing	1.3	0	0	Not yet available	1		P	
	Pressure Ulcers - unstageable	Safe	Our Patients	Director of Nursing	19/20 will be used as a benchmark	11	11	Not yet available	43			
	Stroke - Patients with 90% of stay in Stroke Unit	Caring	Our Patients	Director of Nursing	80%	89.00%	84.70%		83.93%		P	A
	Stroke - Swallowing assessment < 4hrs	Caring	Our Patients	Director of Nursing	80%	65.00%	72.40%		75.45%		F	
	Stroke - Scanned < 1 hrs	Caring	Our Patients	Director of Nursing	50%	56.30%	53.20%		52.79%		P	
	Stroke - Scanned < 12 hrs	Caring	Our Patients	Director of Nursing	100%	98.80%	100.00%		98.16%		P	
	Stroke - Admitted to Stroke Unit < 4 hrs	Caring	Our Patients	Director of Nursing	90%	44.90%	53.90%		61.51%		F	
	Stroke - Patient death in Stroke	Caring	Our Patients	Director of Nursing	17%	8.20%	2.80%		8.21%		P	
	Summary Hospital Mortality Indicator (SHMI) (rolling year data 6 month time lag)	Effective	Our Patients	Medical Director	100	109.43	109.50	109.42	110.00		F	B
	Hospital Standardised Mortality Ratio - HSMR (rolling year data 3 month time lag)	Effective	Our Patients	Medical Director	100	92.15	93.49	95.50	91.85		P	B

PERFORMANCE OVERVIEW

True North	KPI	CQC Domain	2021 Objective	Responsible Director	In month Target	Dec-19	Jan-20	Feb-20	YTD		Latest Month Pass/Fail	Trend Variation
Harm Free Care	Sepsis screening (bundle) compliance for inpatients (adult)	Safe	Our Patients	Director of Nursing	90%	88.90%	85.80%	88.50%	88.29%		F	A
	Sepsis screening (bundle) compliance for inpatients (child)	Safe	Our Patients	Director of Nursing	90%	82.00%	83.50%	82.00%	91.59%		F	
	IVAB within 1 hour for sepsis for inpatients (adult)	Safe	Our Patients	Director of Nursing	90%	90.00%	95.20%	90.10%	86.83%		P	
	IVAB within 1 hour for sepsis for inpatients (child)	Safe	Our Patients	Director of Nursing	90%	100.00%	40.00%	91.00%	66.00%		P	
	Sepsis screening (bundle) compliance in A&E (adult)	Safe	Our Patients	Director of Nursing	90%	93.00%	90.50%	91.50%	89.88%		P	A
	Sepsis screening (bundle) compliance in A&E (child)	Safe	Our Patients	Director of Nursing	90%	89.00%	85.50%	86.60%	77.84%		F	A
	IVAB within 1 hour for sepsis in A&E (adult)	Safe	Our Patients	Director of Nursing	90%	96.00%	95.00%	94.00%	95.80%		P	A
	IVAB within 1 hour for sepsis in A&E (child)	Safe	Our Patients	Director of Nursing	90%	100.00%	88.80%	100.00%	58.60%		F	
	Rate of stillbirth per 1000 births	Safe	Our Patients	Director of Nursing	4.2%	2.79%	2.37%	2.57%	2.90%		P	B
	Number of Serious Incidents (including never events) reported on StEIS	Safe	Our Patients	Medical Director	14	13	16	10	145		P	
	Catheter Associated Urinary Tract Infection	Safe	Our Patients	Director of Nursing	1	0	0	1	2		P	
	Falls per 1000 bed days resulting in moderate, severe harm & death	Safe	Our Patients	Director of Nursing	0.19	0.16	0.06	0.17	0.13		P	
	Reported medication incidents per 1000 occupied bed days	Safe	Our Patients	Medical Director	4	5.47	5.10	4.13	6.09		F	
	Medication incidents reported as causing harm (low /moderate /severe / death)	Safe	Our Patients	Medical Director	10%	13.20%	15.20%	16.40%	12.55%		F	
	Potential under reporting of patient safety incidents / Reported incidents (all harms) per 1,000 bed days	Safe	Our Patients	Medical Director	30	36.03	36.91	32.92	35.90		P	A
	Patient Safety Alert compliance (number open beyond deadline)	Safe	Our Patients	Medical Director	0	2	1	0	13		P	
	National Clinical audit participation rate	Effective	Our Patients	Medical Director	98%	92.60%	94.10%	94.10%	93.47%		F	
	7 day Services Clinical Standard 2 (all patients have a Consultant review within 14 hours of admission)	Effective	Our Patients	Medical Director	90%	Not Collected audit done twice a year			61.00%			
	7 day Services Clinical Standard 8 (ongoing review)	Effective	Our Patients	Medical Director	90%	Not Collected audit done twice a year			83.00%			
	Venous Thromboembolism (VTE) Risk Assessment	Safe	Our Patients	Medical Director	95%	97.43%	97.89%	98.18%	97.30%		P	H
	eDD issued	Effective	Our Patients	Medical Director	95%	93.30%	93.40%	93.6%	92.42%		F	A

PERFORMANCE OVERVIEW

True North	KPI	CQC Domain	2021 Objective	Responsible Director	In month Target	Dec-19	Jan-20	Feb-20	YTD	YTD Trajectory	Latest Month Pass/Fail	Trend Variation
Modern and Progressive Workforce	Overall percentage of completed mandatory training	Safe	Our People	Director of HR & OD	95%	90.39%	91.10%	91.52%	91.24%		F	
	Number of Vacancies	Well-Led	Our People	Director of HR & OD	12%	14.92%	14.54%	14.22%	14.71%		F	A
	Sickness Absence	Well-Led	Our People	Director of HR & OD	4.5%	4.95%	4.99%	4.97%	4.86%		F	H
	Staff Turnover	Well-Led	Our People	Director of HR & OD	12%	11.47%	11.38%	11.27%	11.05%		P	
	Staff Appraisals	Well-Led	Our People	Director of HR & OD	90%	71.95%	73.07%	74.38%	73.82%		F	
True North	KPI	CQC Domain	2021 Objective	Responsible Director	£'000	£'000	£'000	£'000	£'000	£'000		
Sustainable Services	Surplus / Deficit	Well-Led	Our Services	Director of Finance & Digital	-£2,815	£3,897	-£4,076	-£4,406	-£36,796	-£31,855	F	A
	Income	Well-Led	Our Services	Director of Finance & Digital	£40,962	£49,338	£43,570	£40,878	£472,224	£458,747	F	
	Expenditure	Well-Led	Our Services	Director of Finance & Digital	-£43,777	-£45,441	-£47,646	-£45,284	-£509,020	-£490,602	F	
	Efficiency Delivery	Well-Led	Our Services	Director of Finance & Digital	£2,827	£1,526	£1,897	£2,833	£16,546	£22,064	P	
	Capital Delivery Program	Well-Led	Our Services	Director of Finance & Digital	£3,929	£1,623	£1,784	£1,248	£20,097	£24,610	F	B
	Agency Spend	Well-Led	Our Services	Director of Finance & Digital	-£1,997	-£3,466	-£3,136	-£3,117	-£40,546	-£27,604	F	

PERFORMANCE OVERVIEW

True North	KPI	CQC Domain	2021 Objective	Responsible Director	In month Target	Dec-19	Jan-20	Feb-20	YTD		Latest Month Pass/Fail	Trend Variation
Valuing Patients Time	Friends & Family Test Inpatient (Response Rate)	Caring	Our Patients	Director of Nursing	26%	25.29%	28.37%		28.36%		P	A
	Friends & Family Test Inpatient (Recommend)	Caring	Our Patients	Director of Nursing	97%	88.24%	87.92%		88.57%		F	
	Friends & Family Test Emergency Care (Response Rate)	Caring	Our Patients	Director of Nursing	19%	25.08%	27.67%		25.18%		P	
	Friends & Family Test Emergency Care (Recommend)	Caring	Our Patients	Director of Nursing	87%	83.41%	81.79%		81.42%		F	
	Friends & Family Test Maternity (Response Rate)	Caring	Our Patients	Director of Nursing	23%	32.20%	18.81%		19.06%		F	
	Friends & Family Test Maternity (Recommend)	Caring	Our Patients	Director of Nursing	97%	100.00%	98.68%		98.76%		P	
	Friends & Family Test Outpatients (Response Rate)	Caring	Our Patients	Director of Nursing	14%	11.25%	12.44%		11.16%		F	A
	Friends & Family Test Outpatients (Recommend)	Caring	Our Patients	Director of Nursing	94%	93.77%	93.23%		93.29%		F	
	Mixed Sex Accommodation breaches	Caring	Our Patients	Director of Nursing	0	0	0	0	0		P	
	No of Complaints received	Caring	Our Patients	Director of HR & OD	70	64	54		624		P	
	No of Pals	Caring	Our Patients	Director of HR & OD		414	590		4873			
	% Triage Data Not Recorded	Effective	Our Patients	Chief Operating Officer	0%	1.29%	0.66%	0.98%	2.14%		F	
	Duty of Candour compliance - Verbal	Safe	Our Patients	Medical Director	100%	100.00%	62.00%		91.60%		F	
	Duty of Candour compliance - Written	Responsive	Our Patients	Medical Director	100%	95.00%	46.00%		81.80%		F	

PERFORMANCE OVERVIEW

True North	KPI	CQC Domain	2021 Objective	Responsible Director	In month Target	Dec-19	Jan-20	Feb-20	YTD	YTD Trajectory	Latest Month Pass/Fail	Trend Variation
Zero Waiting	4hrs or less in A&E Dept	Responsive	Our Services	Chief Operating Officer	82.0%	64.71%	67.00%	68.42%	67.52%	77.47%	F	
	12+ Trolley waits	Responsive	Our Services	Chief Operating Officer	0	0	0	1	12	0	F	
	%Triage Achieved under 15 mins	Responsive	Our Services	Chief Operating Officer	88.5%	75.75%	84.70%	86.48%	80.06%	81.27%	F	
	52 Week Waiters	Responsive	Our Services	Chief Operating Officer	0	0	0		8	0	P	
	18 week incompletes	Responsive	Our Services	Chief Operating Officer	83.9%	82.75%	83.52%		83.26%	83.84%	F	B
	Waiting List Size	Responsive	Our Services	Chief Operating Officer	37,481	38,219	38,026		n/a	n/a	F	
	62 day classic	Responsive	Our Services	Chief Operating Officer	82.8%	63.30%	54.94%		68.34%	80.57%	F	L
	2 week wait suspect	Responsive	Our Services	Chief Operating Officer	93.0%	80.70%	77.70%		80.58%	93.00%	F	
	2 week wait breast symptomatic	Responsive	Our Services	Chief Operating Officer	93.0%	5.90%	7.32%		49.81%	93.00%	F	L
	31 day first treatment	Responsive	Our Services	Chief Operating Officer	96.0%	96.20%	93.31%		96.41%	96.00%	F	
	31 day subsequent drug treatments	Responsive	Our Services	Chief Operating Officer	98.0%	99.00%	100.00%		99.01%	98.00%	P	
	31 day subsequent surgery treatments	Responsive	Our Services	Chief Operating Officer	94.0%	81.80%	94.12%		92.44%	94.00%	P	
	31 day subsequent radiotherapy treatments	Responsive	Our Services	Chief Operating Officer	94.0%	99.10%	97.89%		95.82%	94.00%	P	
	62 day screening	Responsive	Our Services	Chief Operating Officer	90.0%	81.10%	67.57%		81.56%	90.00%	F	

PERFORMANCE OVERVIEW

True North	KPI	CQC Domain	2021 Objective	Responsible Director	In month Target	Dec-19	Jan-20	Feb-20	YTD	YTD Trajectory	Latest Month Pass/Fail	Trend Variation
Zero Waiting	62 day consultant upgrade	Responsive	Our Services	Chief Operating Officer	85.0%	69.40%	71.24%		80.27%	85.00%	F	
	diagnostics achieved	Responsive	Our Services	Chief Operating Officer	99.0%	94.13%	95.35%	99.08%	96.17%	98.17%	P	
	Cancelled Operations on the day (non clinical)	Responsive	Our Services	Chief Operating Officer	0.8%	2.40%	1.80%		2.14%	0.80%	F	
	Not treated within 28 days. (Breach)	Responsive	Our Services	Chief Operating Officer	5%	11.28%	6.31%		5.48%	5.00%	F	
	#NOF 48 hrs	Responsive	Our Services	Chief Operating Officer	90%	92.31%	91.07%	Data requires validation	91.04%	90%	P	
	#NOF 36 hrs	Responsive	Our Services	Chief Operating Officer	TBC	85.90%	87.50%	Data requires validation	84.17%			
	EMAS Conveyances to ULHT	Responsive	Our Services	Chief Operating Officer	4,329	5,329	5,170	4,816	5,161	4,703	F	A
	EMAS Conveyances Delayed >59 mins	Responsive	Our Services	Chief Operating Officer	0	1067	857	788	741	0	F	
	104+ Day Waiters	Responsive	Our Services	Chief Operating Officer	5	15	19	18	175	55	F	
	Average LoS - Elective (not including Daycase)	Effective	Our Services	Chief Operating Officer	2.80	3.05	2.26	2.52	2.61	2.80	P	
	Average LoS - Non Elective	Effective	Our Services	Chief Operating Officer	4.50	4.51	4.88	4.48	4.43	4.5	P	
	Delayed Transfers of Care	Effective	Our Services	Chief Operating Officer	3.5%	2.55%	3.65%		3.03%	3.5%	F	
	Partial Booking Waiting List	Effective	Our Services	Chief Operating Officer	4,524	10,949	11,064	11,953	10,082	4,524	F	H
	Outpatients seen within 15 minutes of appointment	Effective	Our Services	Chief Operating Officer	60.3%	34.1%	35.4%	36.7%	35.14%	50.50%	F	A
	% discharged within 24hrs of PDD	Effective	Our Services	Chief Operating Officer	45.0%	36.7%	38.5%	41.5%	48.10%	45.00%	F	

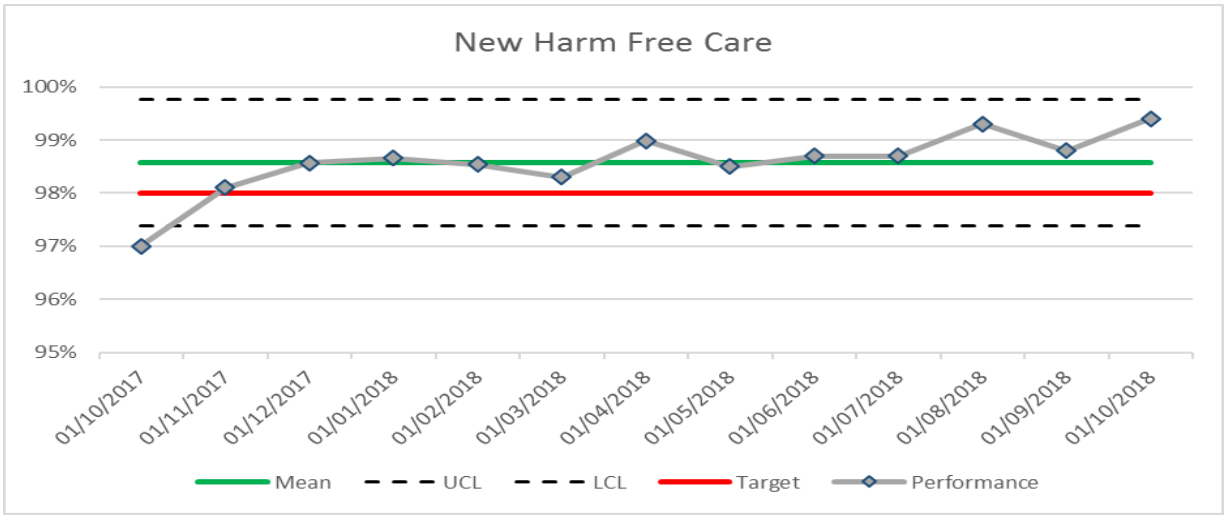
STATISTICAL PROCESS CONTROL CHARTS

Statistical Process Control (SPC) charts are an analytical tool that plot data over time. They help us understand variation which guides us to make appropriate decisions.

SPC charts look like a traditional run chart but consist of:

- A line graph showing the data across a time series. The data can be in months, weeks, or days- but it is always best to ensure there are at least 15 data points in order to ensure the accurate identification of patterns, trends, anomalies (causes for concern) and random variations.
- A horizontal line showing the Mean. This is the sum of the outcomes, divided by the amount of values. This is used in determining if there is a statistically significant trend or pattern.
- Two horizontal lines either side of the Mean- called the upper and lower control limits. Any data points on the line graph outside these limits, are 'extreme values' and is not within the expected 'normal variation'.
- A horizontal line showing the Target. In order for this target to be achievable, it should sit within the control limits. Any target set that is not within the control limits will not be reached without dramatic changes to the process involved in reaching the outcomes.

An example chart is below:



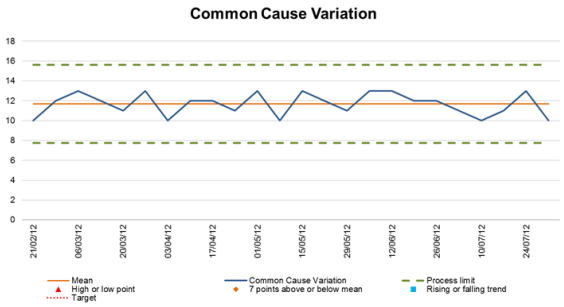
Normal variations in performance across time can occur randomly- without a direct cause, and should not be treated as a concern, or a sign of improvement, and is unlikely to require investigation unless one of the patterns defined below applies.

Within an SPC chart there are three different patterns to identify:

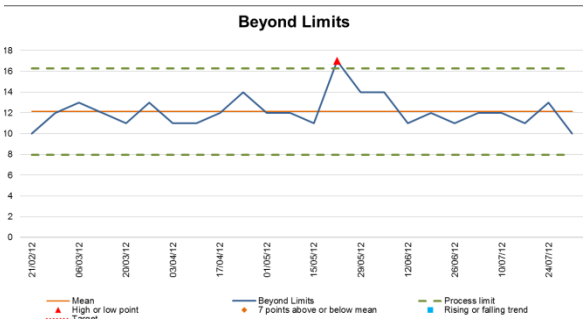
- Normal variation – (common cause) fluctuations in data points that sit between the upper and lower control limits
- Extreme values – (special cause) any value on the line graph that falls outside of the control limits. These are very unlikely to occur and where they do, it is likely a reason or handful of reasons outside the control of the process behind the extreme value
- A trend – may be identified where there are 7 consecutive points in either a patter that could be; a downward trend, an upward trend, or a string of data points that are all above, or all below the mean. A trend would indicate that there has been a change in process resulting in a change in outcome

Icons are used throughout this report either complementing or as a substitute for SPC charts. The guidance below describes each icon:

Normal Variation

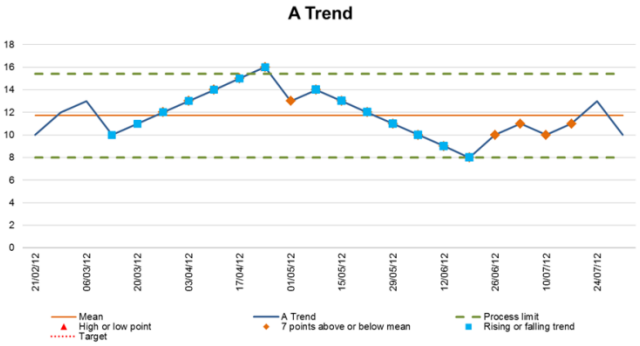


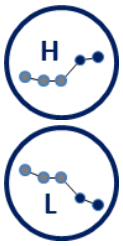
Extreme Values



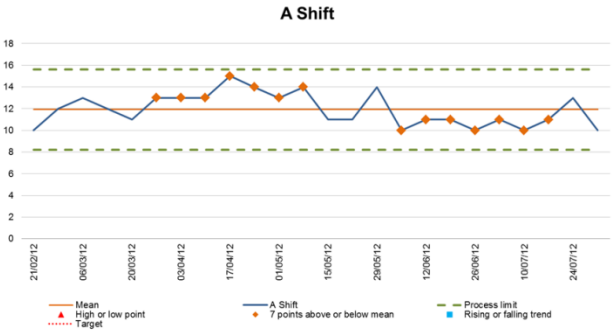
There is no Icon for this scenario.

A Trend (upward or downward)





A Trend (a run above or below the mean)



Where a target has been met consistently

Where the target has been met or exceeded for at least 3 of the most recent data points in a row, or sitting is a string of 7 of the most recent data points, at least 5 out of the 7 data points have met or exceeded the target.

Where a target has been missed consistently

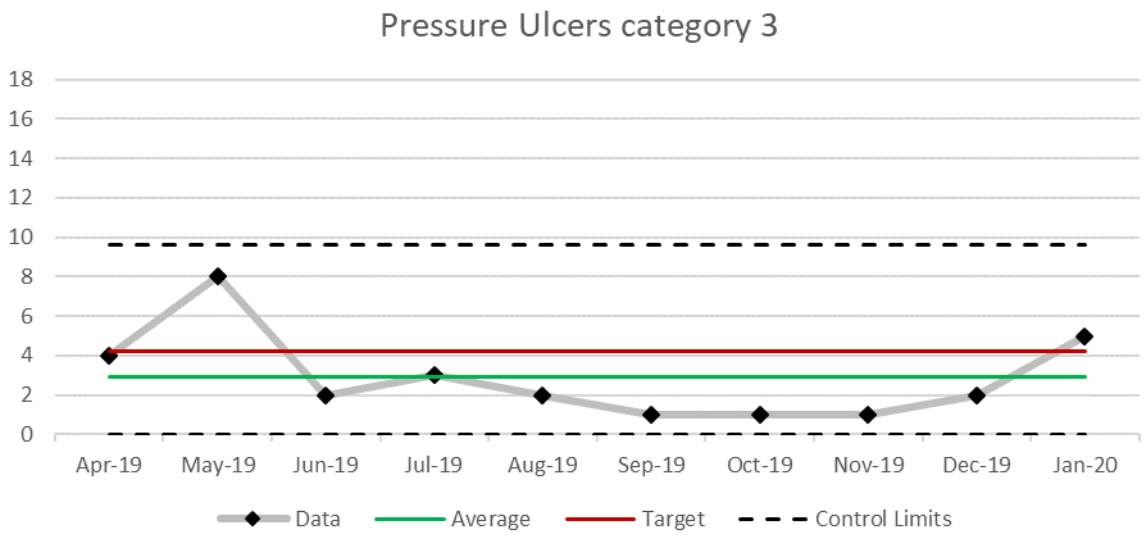
Where the target has been missed for at least 3 of the most recent data points in a row, or in a string of 7 of the most recent data points, at least 5 out of the 7 data points have missed.

HARM FREE CARE – PRESSURE ULCERS CATEGORY 3

Executive Lead: Director of Nursing

CQC Domain: Safe

2021 Objective: Our Patients



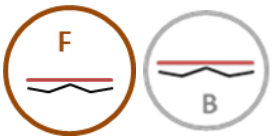
The Trust did see a spike in Category 3 pressure ulcers in January. Of the 5 cases, 4 were at Pilgrim and all were processed through the pressure ulcer scrutiny panel route. this spike appears to have been unusual and cases have returned to lower levels.

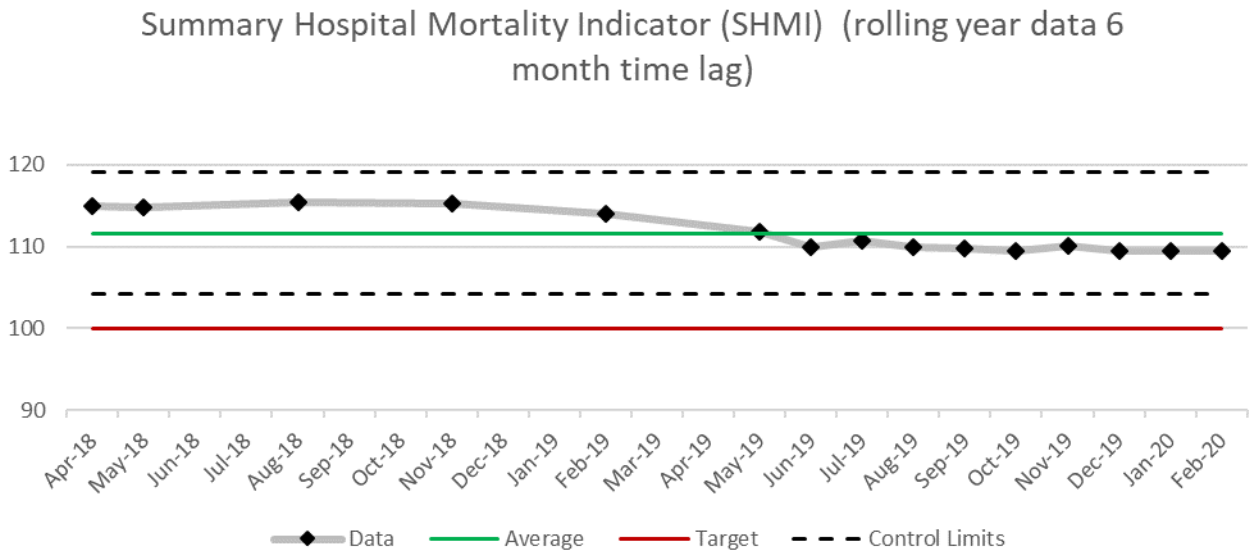
HARM FREE CARE - MORTALITY

Executive Lead: Medical Director

CQC Domain: Safe

2021 Objective: Our Patients





Challenges/Successes

SHMI (October 2018 – September 2019) is 109.42 and is in band 2 within expected limits which is a slight decrease from the previous reporting period. SHMI includes both deaths in-hospital and within 30 days of discharge. SHMI's current in-hospital SHMI is 95.08.

Actions in place to recover

An audit is currently being completed to review deaths within 30 days to review the patients system wide pathway.

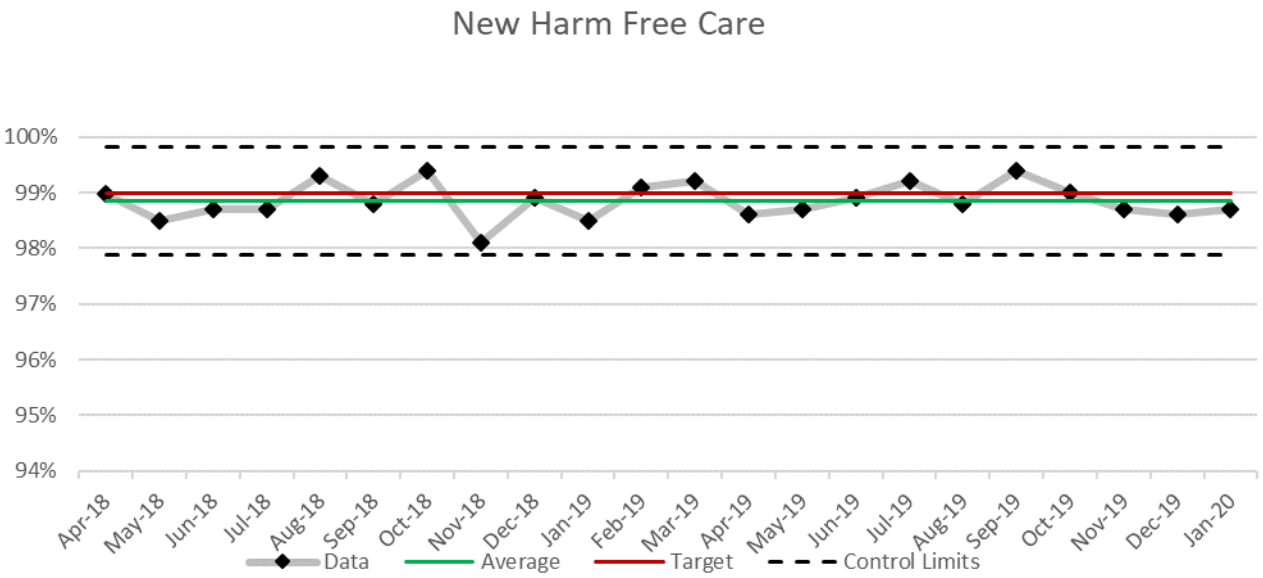
Alerts: COPD is alerting for all deaths in SHMI, however, there are no alerts for in-hospital SHMI.

HARM FREE CARE – NEW HARM FREE CARE

Executive Lead: Director of Nursing

CQC Domain: Safe

2021 Objective: Our Patients



Challenges/Successes

New Harm Free Care for the Trust for January 2019 is 98.7% compared to the national average of 97.7% The Trust has been above the national average since November 2017. 888 patients were audited in January and there were 6 patients with new pressure ulcers, 3 with falls with harm, 1 new CAUTI and 2 new VTE's.

Actions in place to recover:

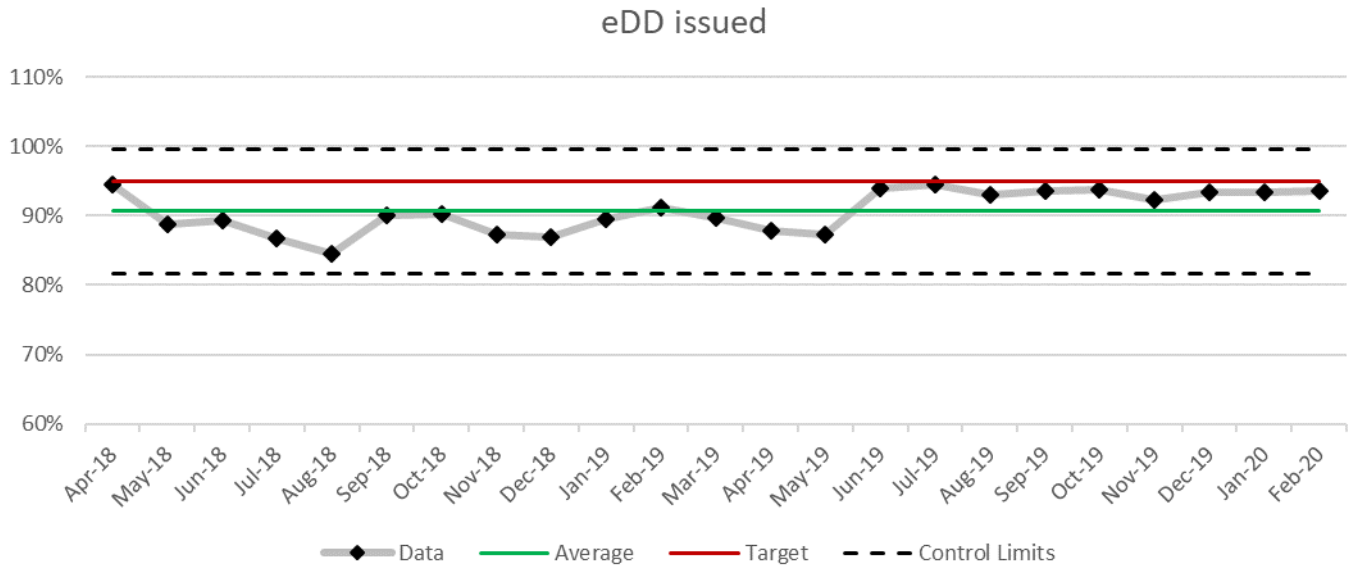
The Deputy Chief Nurse chairs the Harm Free Care group which encompasses falls, pressure ulcers and CAUTI's. The Trust also has a Thrombosis group chaired by the Consultant in acute medicine care.

HARM FREE CARE – eDD ISSUED

Executive Lead: Medical Director

CQC Domain: Effective

2021 Objective: Our Patients



Challenges/Successes

The Trust sent 93.6% of eDDs within 24 hours for February 2020, however 96.1% were sent anytime in February as of the 3rd February.

Actions in place to recover:

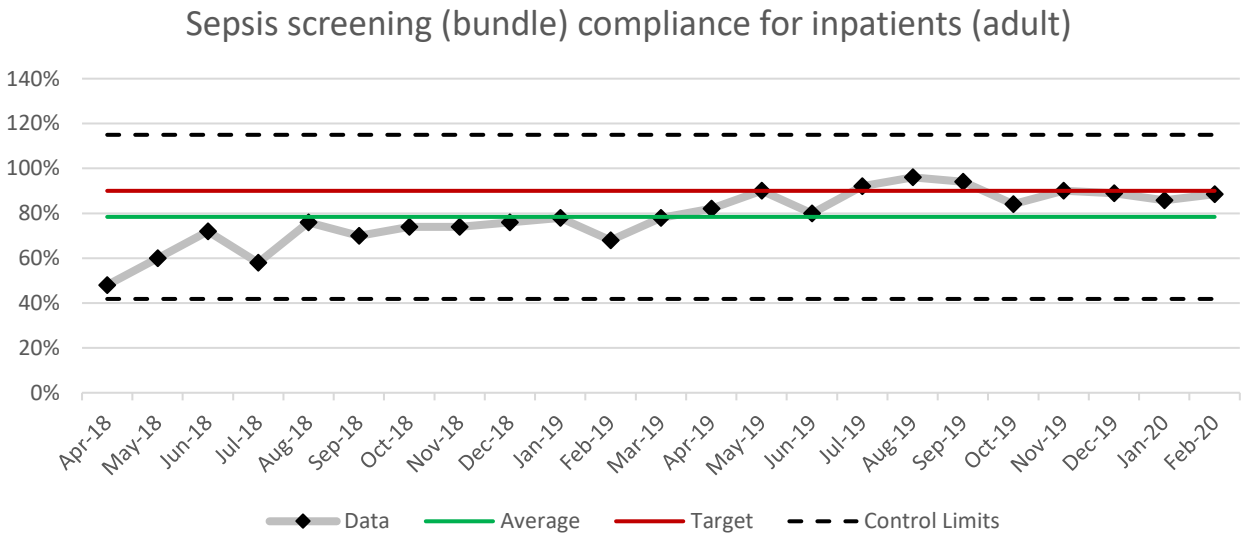
Data is reviewed at the eDD meeting comparing completion of eDDs compared to previous months and outlying wards are visited by the Clinical Governance Team to understand issues and help improve compliance. A monthly dashboard has been developed and distributed monthly to all clinicians and managers, in conjunction with a Divisional report which is presented at their Governance meetings. The Trust is reviewing the backlog with the Commissioners with the plan to send the GPs the basic information for reference only.

HARM FREE CARE – SEPSIS SCREENING

Executive Lead: Director of Nursing

CQC Domain: Safe

2021 Objective: Our Patients



Challenges/Successes

The sepsis screening results for adult inpatients has improved by 2.7% in the last month to 88.5% however result continues to fall short of the 90% target introduction of sepsis train the trainers will commence in the next financial year incorporated in the deteriorating patient ambassador role.

Actions in place to recover:

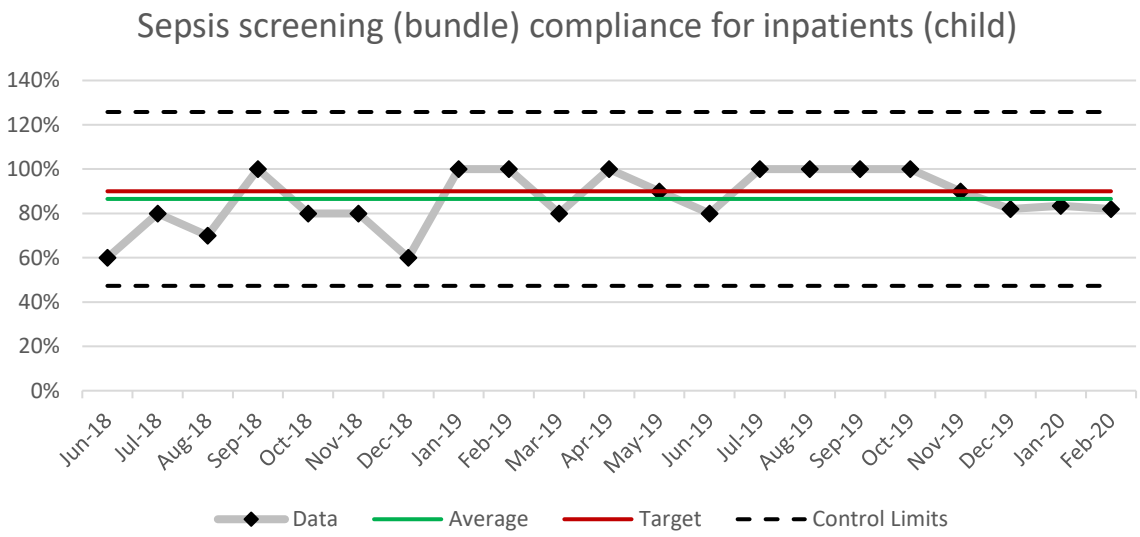
Individual areas/ hot spots are having bespoke training arranged and delivered by competent member of staff and sepsis practitioners. Sharing lessons and themes continues in the inpatient areas through harm review process at ward level.

HARM FREE CARE – SEPSIS SCREENING Continued

Executive Lead: Director of Nursing

CQC Domain: Safe

2021 Objective: Our Patients



Challenges/Successes

Sepsis screening compliance for inpatient children remains static at 82% falling short of the 90% target.

Actions in place to recover:

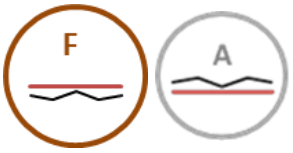
An unsure option has been piloted on the under 5s sepsis tool as demonstrated on the Great Ormond Street sepsis tool- this was approved as a pilot in the paediatric governance meetings, this allows this clinician to monitor and investigate the child's condition closely prior to making the decision to cannulate the child and treat unnecessarily with intravenous antibiotics. Unsure option use will be monitored. This will be reviewed in future governance meetings.

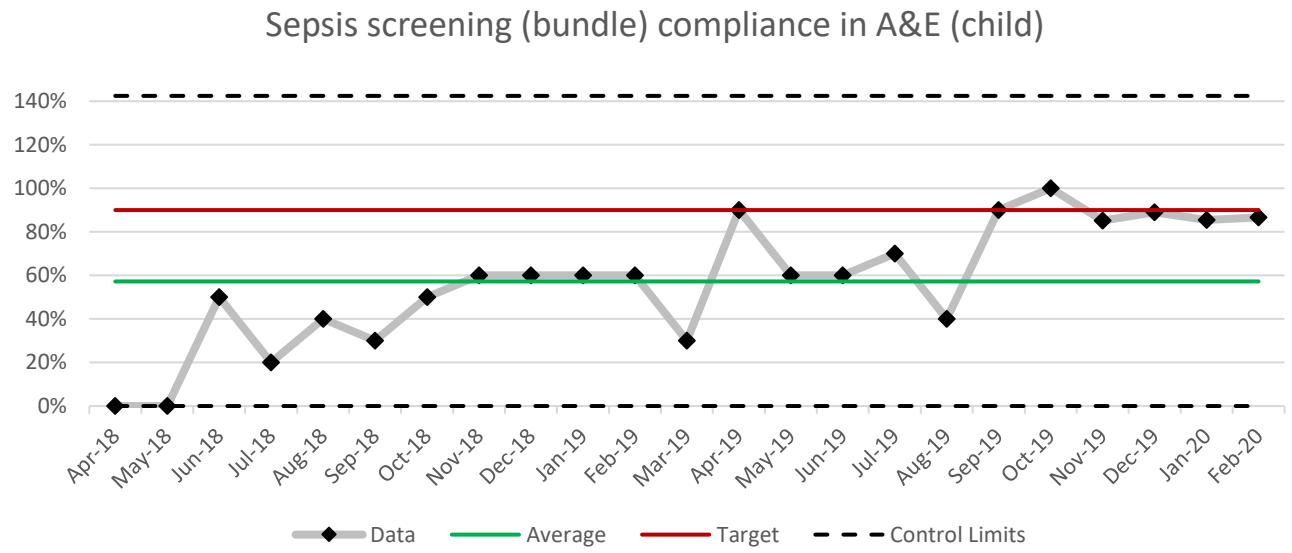
HARM FREE CARE – SEPSIS SCREENING continued

Executive Lead: Director of Nursing

CQC Domain: Safe

2021 Objective: Our Patients





Challenges/Successes

Sepsis screening compliance for children in A&E remains static at 86.6% falling short of the 90% target however has improved marginally from previous month by 1.1% . Harm reviews gathered on a daily basic and collated on a weekly basis. No harm has come to any of the children requiring sepsis screens that didn't receive them.

Actions in place to recover:

An unsure option has been piloted on the under 5s sepsis tool as demonstrated on the Great Ormond Street sepsis tool- this was approved as a pilot in the paediatric governance meetings, this allows this clinician to monitor and investigate the child's condition closely prior to making the decision to cannulate the child and treat unnecessarily with intravenous antibiotics. Unsure option use will be monitored. This will be reviewed in future governance meetings.

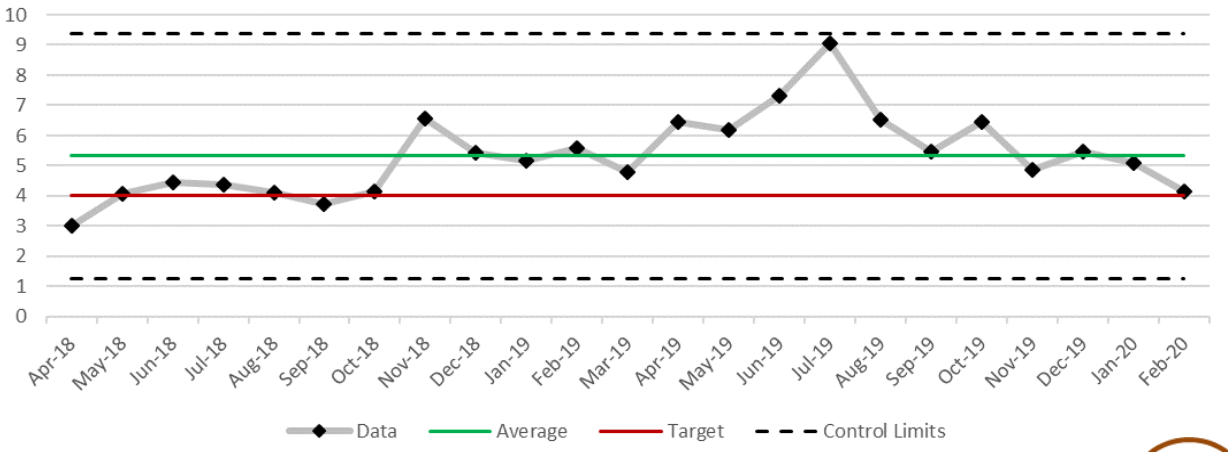
Sepsis practitioners continue to attend A&E safety huddles when able to discuss sepsis for both adults and children, compliance results collected weekly and results shared locally with the teams.

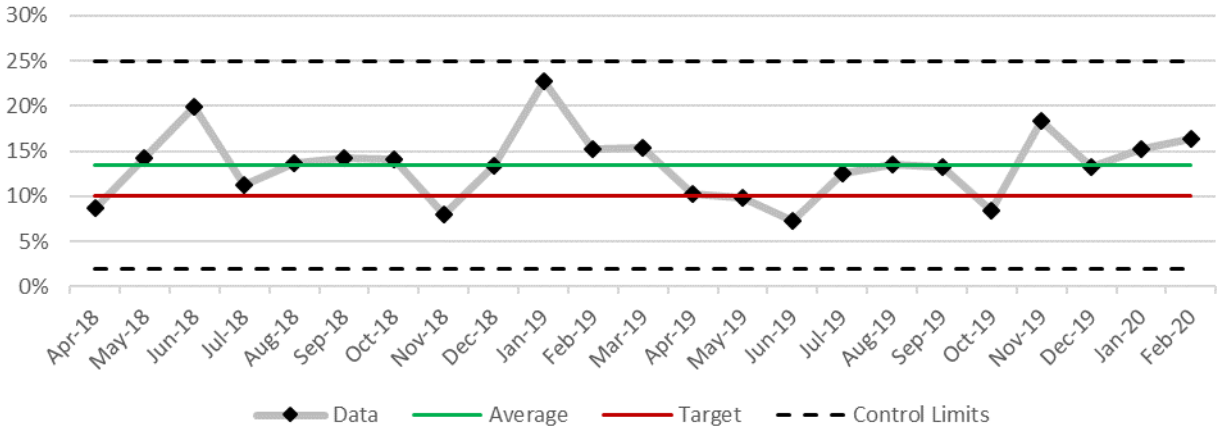
HARM FREE CARE – MEDICATION INCIDENTS

Executive Lead: Medical Director

CQC Domain: Safe

2021 Objective: Our Patients





Challenges/Successes

Reporting per 1000 occupied bed days has been within the upper and lower control limits for the year to date.

Actions in place to recover

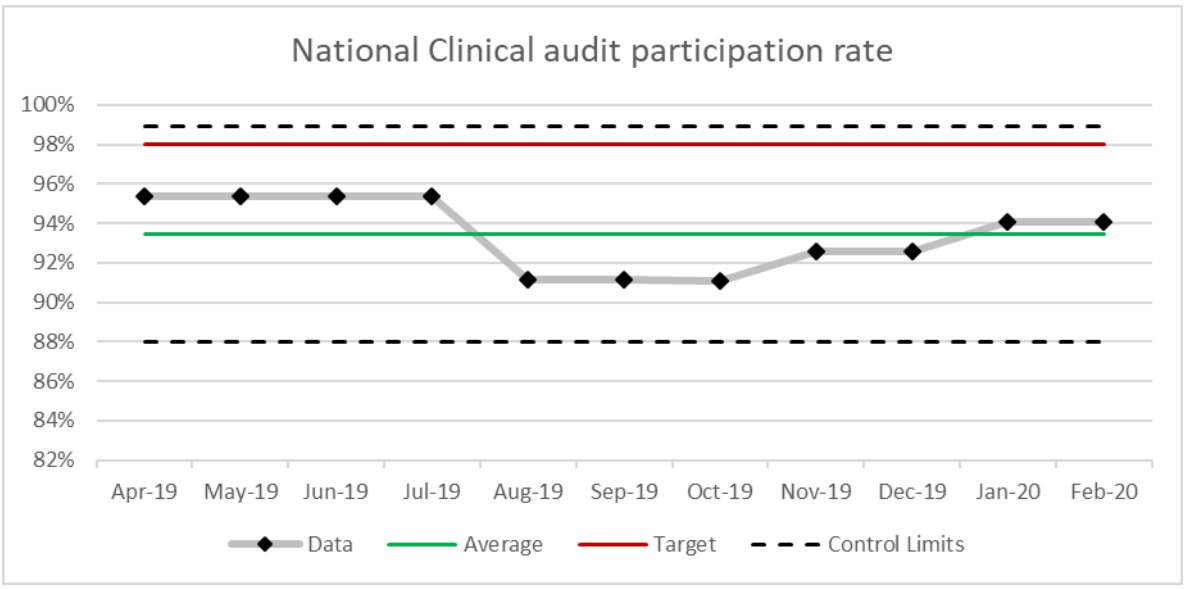
Meetings in place with CBU speciality pharmacist to raise the importance of reporting and supporting CBUs with reducing harm from incidents.

HARM FREE CARE – NATIONAL CLINICAL AUDIT

Executive Lead: Medical Director

CQC Domain: Effective

2021 Objective: Our Patients



The % participation National Clinical Audit rate there is no change 94.1% for the month of February 2020 compared to a target of >98% the following are not compliant with data submissions;

- The National Ophthalmology Audit has been a challenge to secure funding to support the technology required by the Clinicians to complete this audit, the system Medisight approved which will upload data to the;
    - National Ophthalmology Database (NOD)
    - Participation will be reported as No for the 19/20 Quality Account as retrospective data will not be available on Medisight to upload for the year 19/20.

- The National Oesophageal Gastric Cancer Audit (NOGCA)
    - As reported January 2020, following a “nil” notification 80 cases were uploaded this is the final figure for the NOGCA audit 19/20
    - Robust process to be put into place with the Clinical Team escalated to the Clinical Directors for both Surgery and Medicine to discuss a plan to ensure compliance with data submissions – further update meeting is being planned to review the process for data submissions with the Upper GI lead, Cancer Services Manager, CBU Manager.

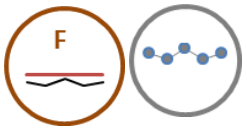
As previously reported full audit participation is confirmed via case ascertainment (that is number of expected cases and the number submitted for the audit period) for some national audits which are listed in the Quality Account we will not have confirmation fully participated from the national leads until the end of March early April 2020 the % may change.

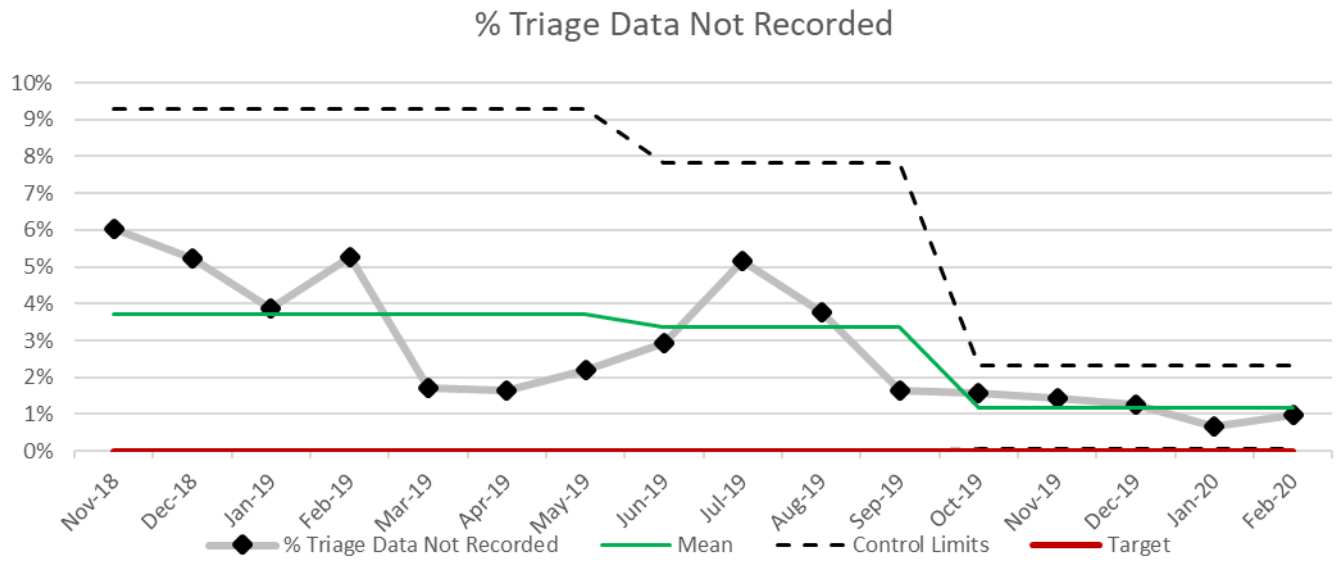
VALUING PATIENTS TIME – % TRIAGE DATA NOT RECORDED

Executive Lead: Chief Operating Officer

CQC Domain: Effective

2021 Objective: Our Patients





Challenges/Successes

February demonstrated a 0.32% positive variation in performance compared with January and remains within control limits.

Achievement against this metric remains co-dependent upon having a fully trained and compliant staffing rota as well as the individual compliance of staff.

In response to the CQC recommendations the Pre Hospital Practitioner role where possible has been replaced by a registrant. Shifting to this model has continued to generate some disruption in relation to this key performance indicator.

High levels of agency usage and temporary non-substantive staff continue to be in place in the Emergency Departments, but these staff are familiar to the departments and are deemed competent to both practice and support.

Actions in place to recover:

The actions against this metric are repetitive but still valid.

The Urgent and Emergency Care Lead Nurse ensures increased compliance and maintenance against this target and improvements continue to be realised.

The Divisional UEC Operational Leads (DGM and Lead Nurse) continually feedback performance to the clinical teams and address non-adherence to process and seeks rectification measures.

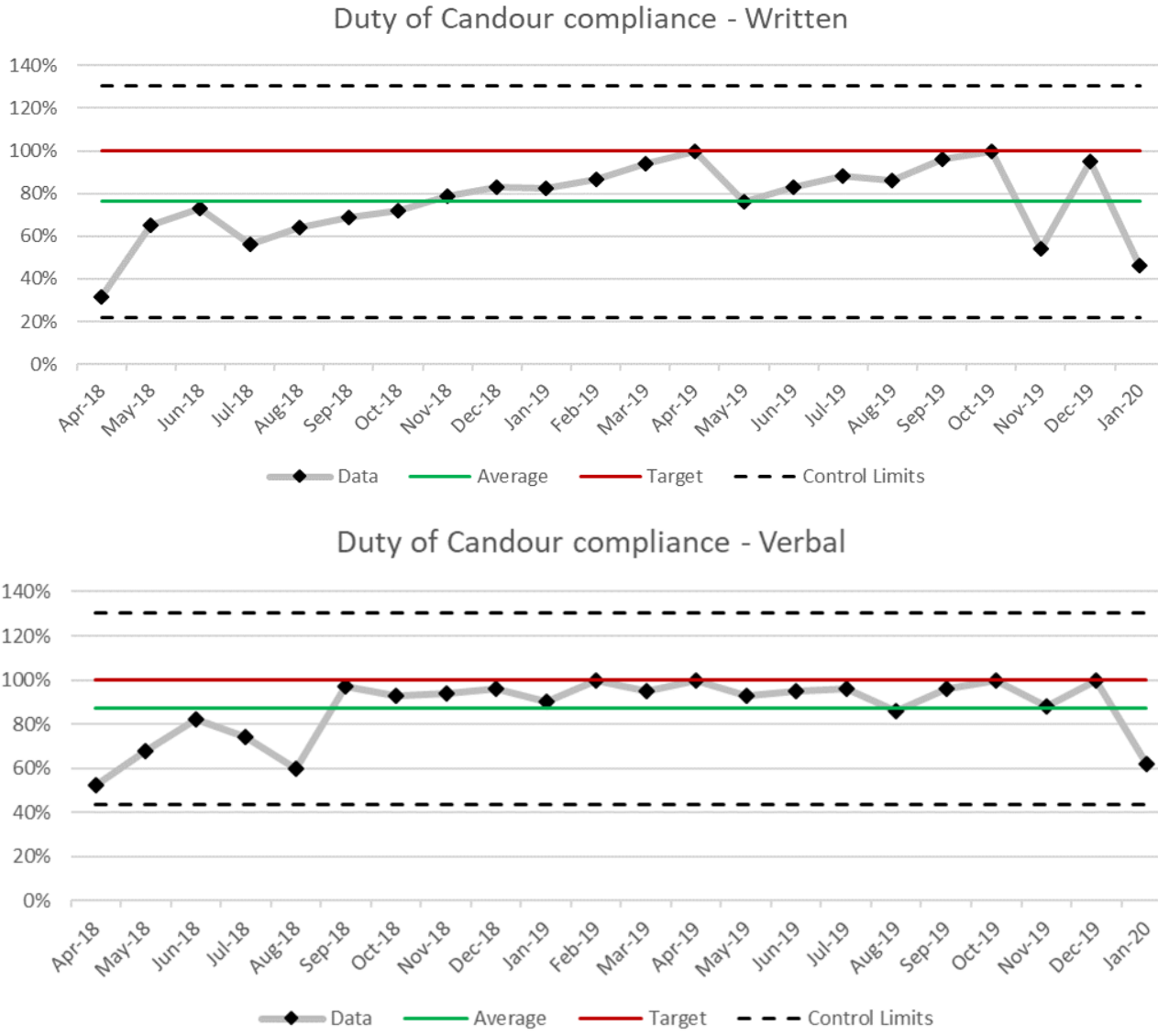
Triage time is a key patient safety performance indicator and will continue to be monitored and challenged at the 3 x daily through the Capacity and Performance Meetings.

VALUING PATIENTS TIME – DUTY OF CANDOUR

Executive Lead: Medical Director

CQC Domain: Caring/Responsive

2021 Objective: Our Patients



Challenges/Successes

- Duty of Candour 'Notification in person' compliance in January 2020 was 62% (5 non-compliant incidents)
- Written follow-up' compliance in January 2020 was 46% (7 non-compliant incidents)
- 6 of the non-compliant incidents were in Medicine Division; 1 was in Surgery Division

Actions in place to recover:

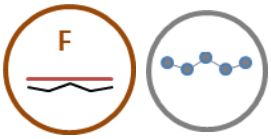
- The Clinical Governance team plan to work with Medicine Division senior management to identify any additional support requirements that can be put in place to improve compliance

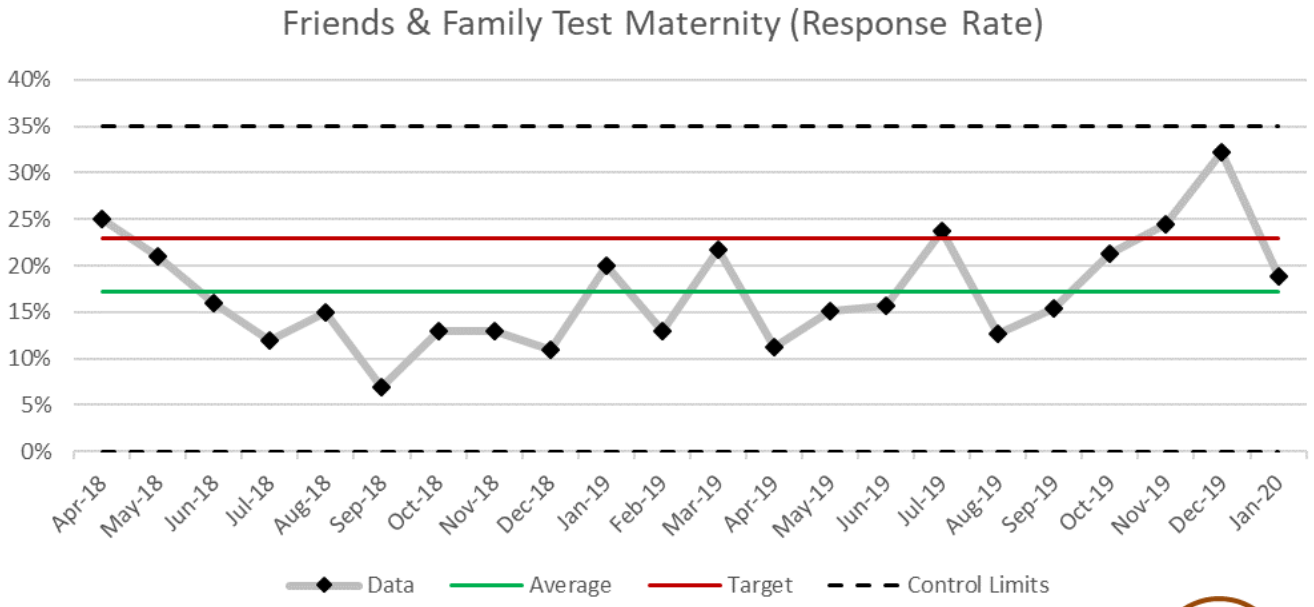
VALUING PATIENTS TIME – FRIENDS AND FAMILY RESPONSE RATES

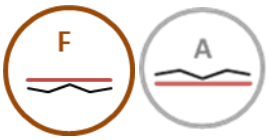
Executive Lead: Director of Nursing

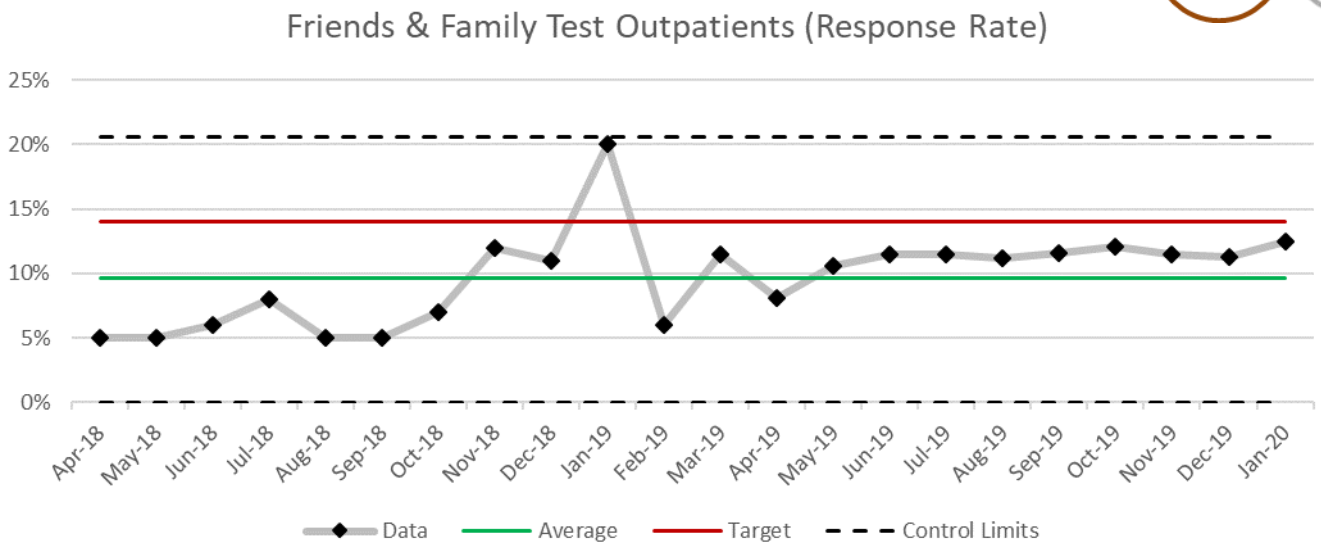
CQC Domain: Caring

2021 Objective: Our Patients







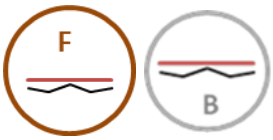


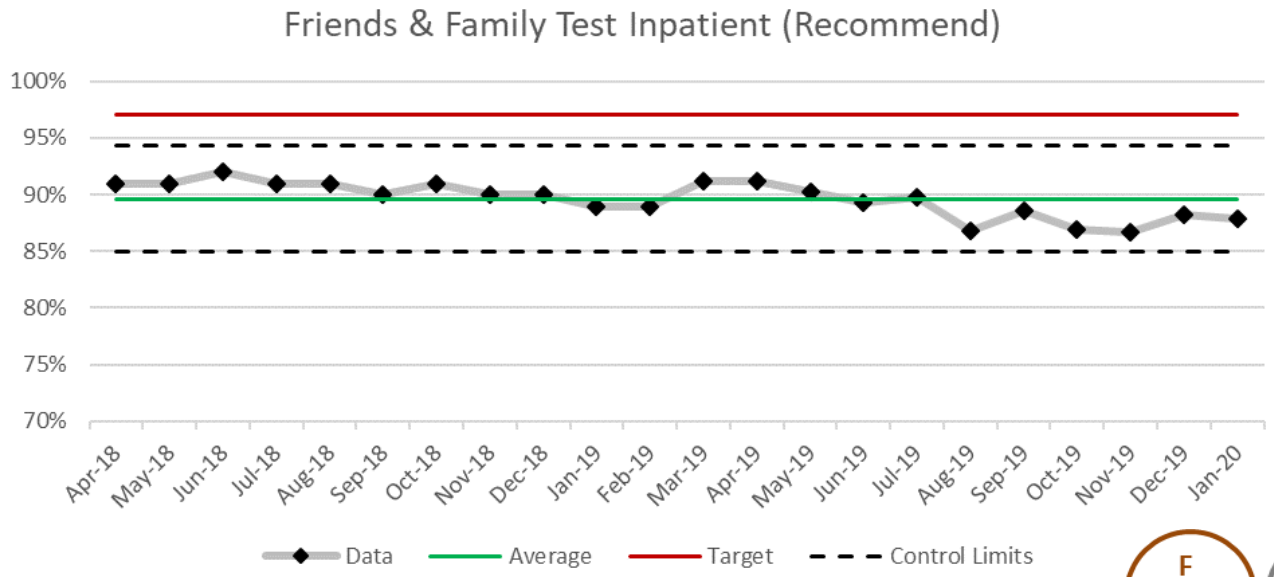
VALUING PATIENTS TIME – FRIENDS AND FAMILY RECOMMEND RATES

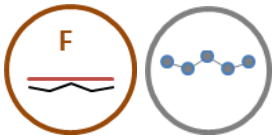
Executive Lead: Director of Nursing

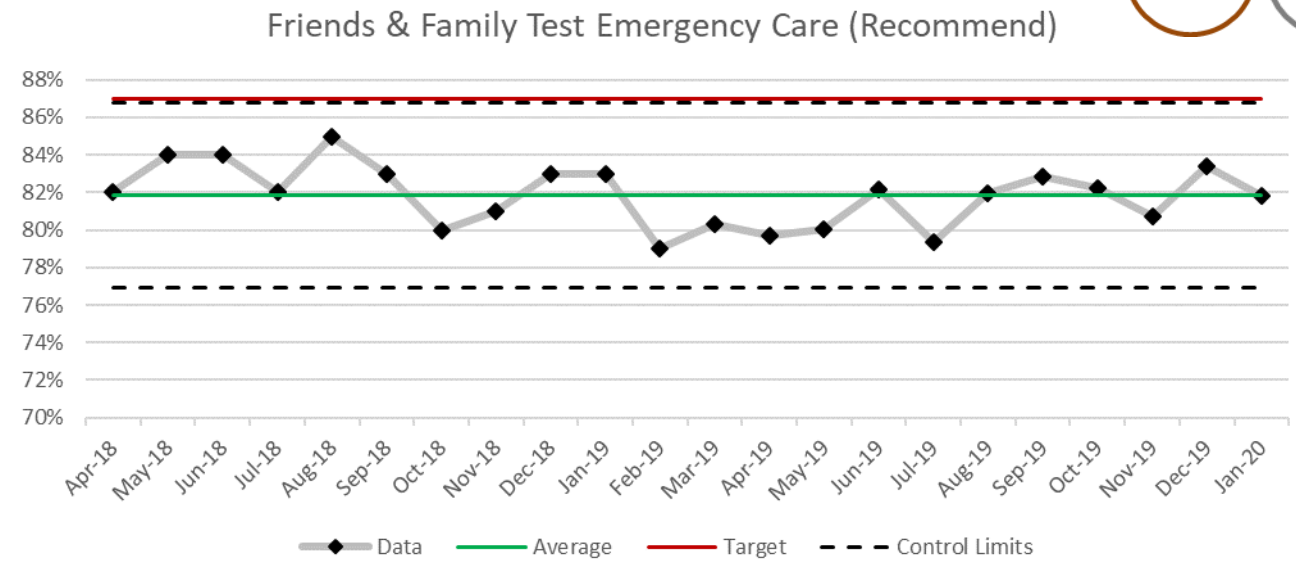
CQC Domain: Caring

2021 Objective: Our Patients







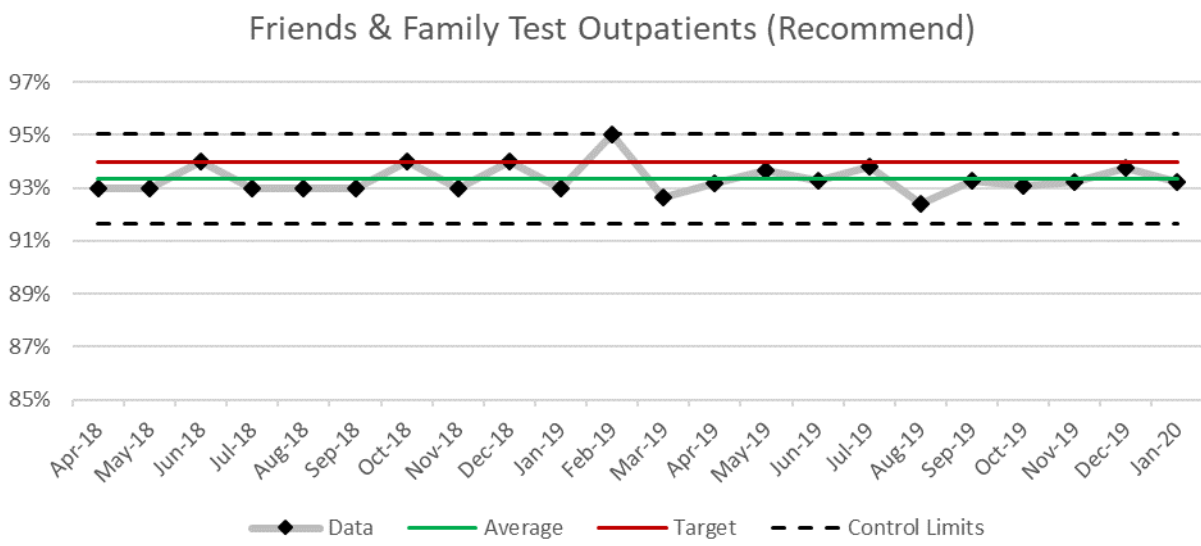


VALUING PATIENTS TIME – FRIENDS AND FAMILY RECOMMEND RATES

Executive Lead: Director of Nursing

CQC Domain: Caring

2021 Objective: Our Patients

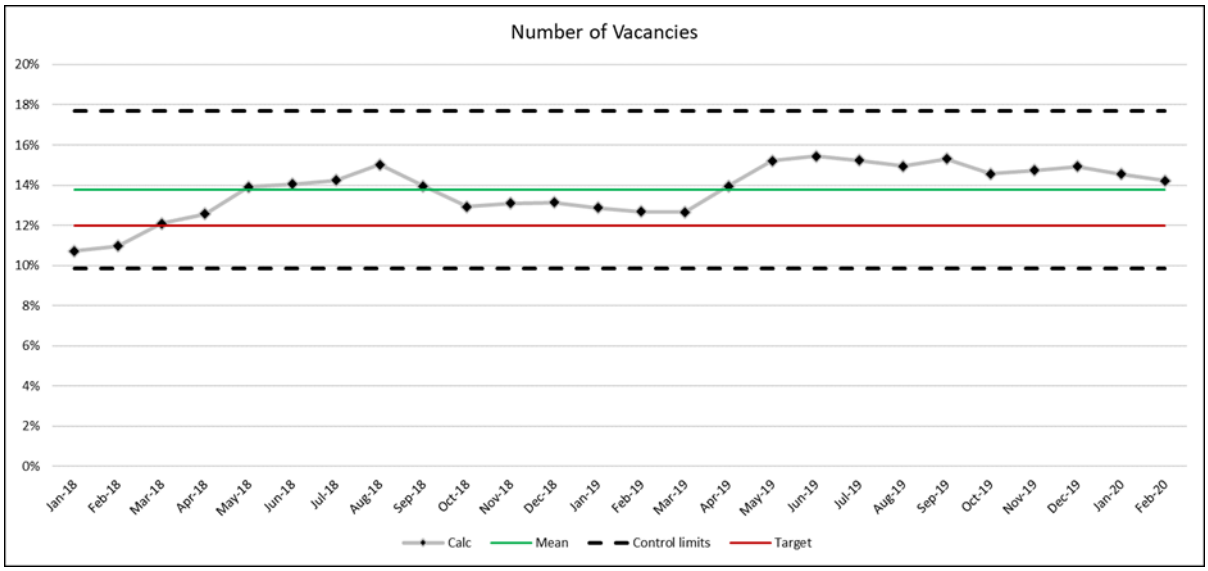


MODERN AND PROGRESSIVE WORKFORCE – VACANCY RATES

Executive Lead: Director of HR & OD

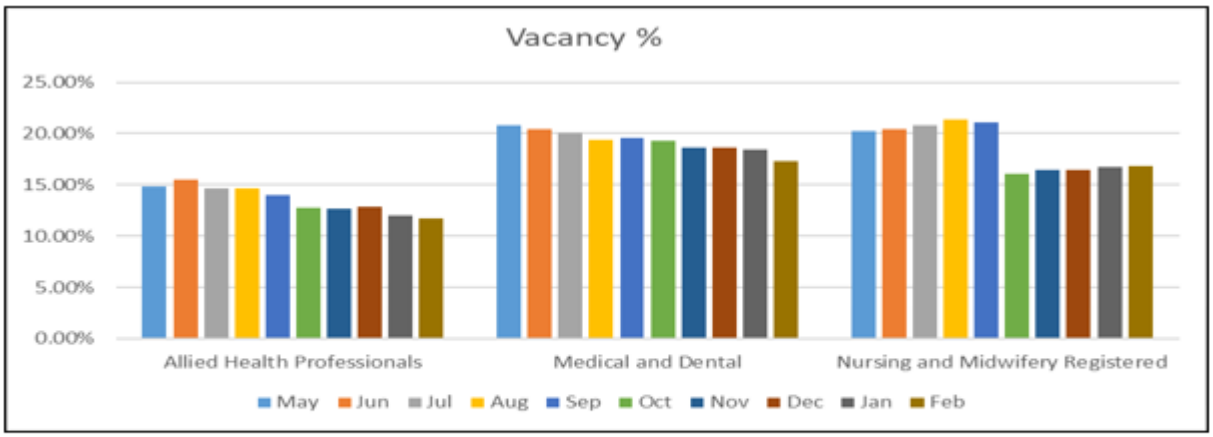
CQC Domain: Well-Led

2021 Objective: Our People



Challenges/Successes

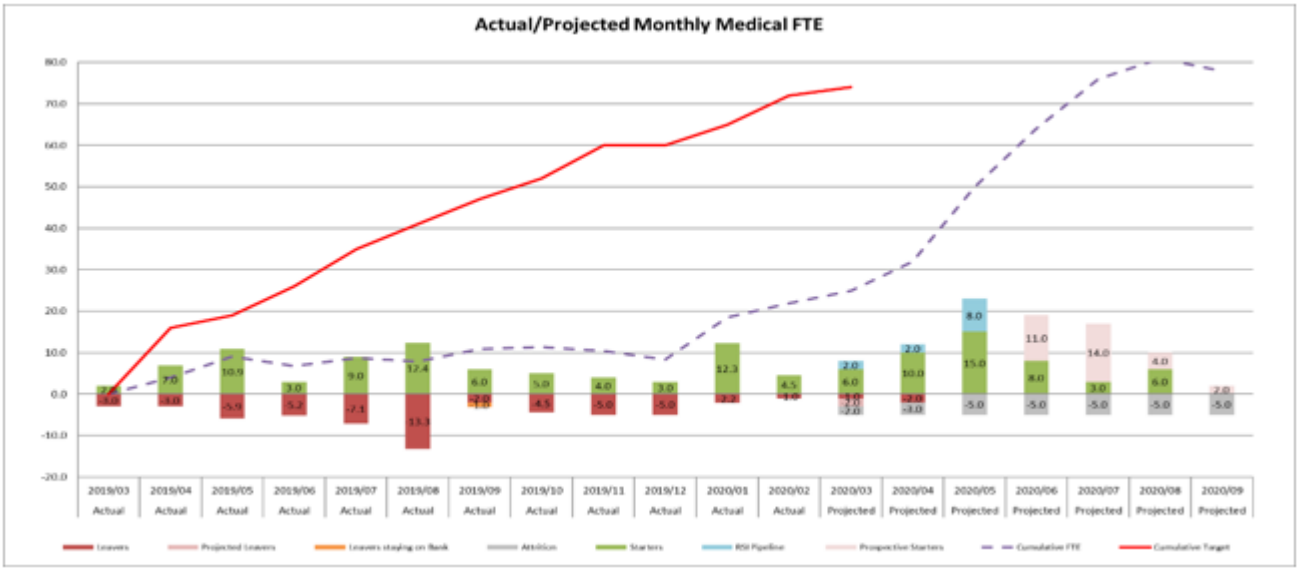
Whole Trust vacancy rate improved again in February 20, despite being artificially inflated by the impact of continued scrutiny on the filling of all non-clinical posts. Improvement in the vacancy rates for the three priority groups continues to be consolidated despite higher than regional median levels of turnover. Nursing vacancy rate is likely to increase over the next three months as leavers exceeds number of starts.



Staff Group	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Allied Health Professionals	14.80%	15.48%	14.61%	14.60%	13.94%	12.76%	12.68%	12.82%	12.00%	11.71%
Medical and Dental	20.80%	20.45%	20.04%	19.38%	19.60%	19.24%	18.64%	18.62%	18.43%	17.31%
Nursing and Midwifery Registered	20.19%	20.46%	20.80%	21.37%	21.04%	16.06%	16.40%	16.40%	16.74%	16.82%

Actions in place to recover

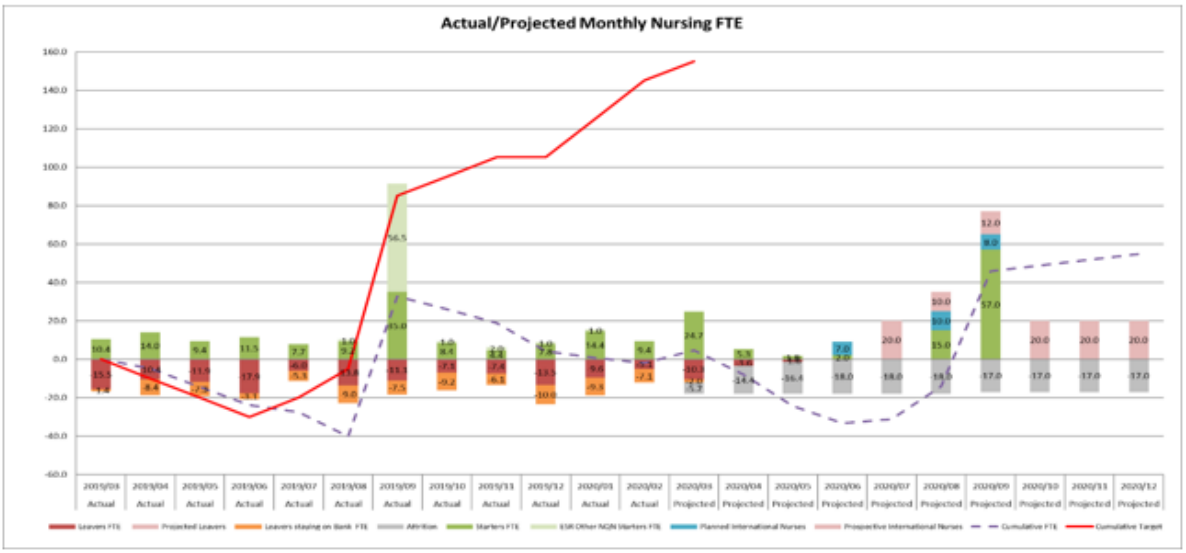
Medical and Dental



Continued strong pipeline into Q4
Divisions continue to use the 'plan for ever post' approach to all vacant posts and there is greater triangulation with associated agency costs. (about 85% of all consultant and SAS vacancies are actively being progressed).
High number of AACs planned for Q4 and Q1 20/21
International strategic partnership fully mobilised, Divisional engagement events and MAC presentation.
Recruitment plan being developed for DiT August rotational gaps
Increased focus on medical engagement to reduce turnover.
Further improvement on progressing known leavers is required.

Risks
Historic Agency (RSI) pipeline at risk
Domestic success relatively low but required for residency test (potential delay)
Divisional timely processing of leavers

Nursing and AHPs



International recruitment through strategic partner in progress.

Fully engaged with HEE GLP programme

First International nursing cohorts planned for March on track

International radiographers planned for Q4

AHP recruitment campaigns

Positive HCSW recruitment campaign – will be minimal vacancies shortly

Risks

Period of higher ‘risk of retirement’ numbers.

Attrition of international recruits from offer to start

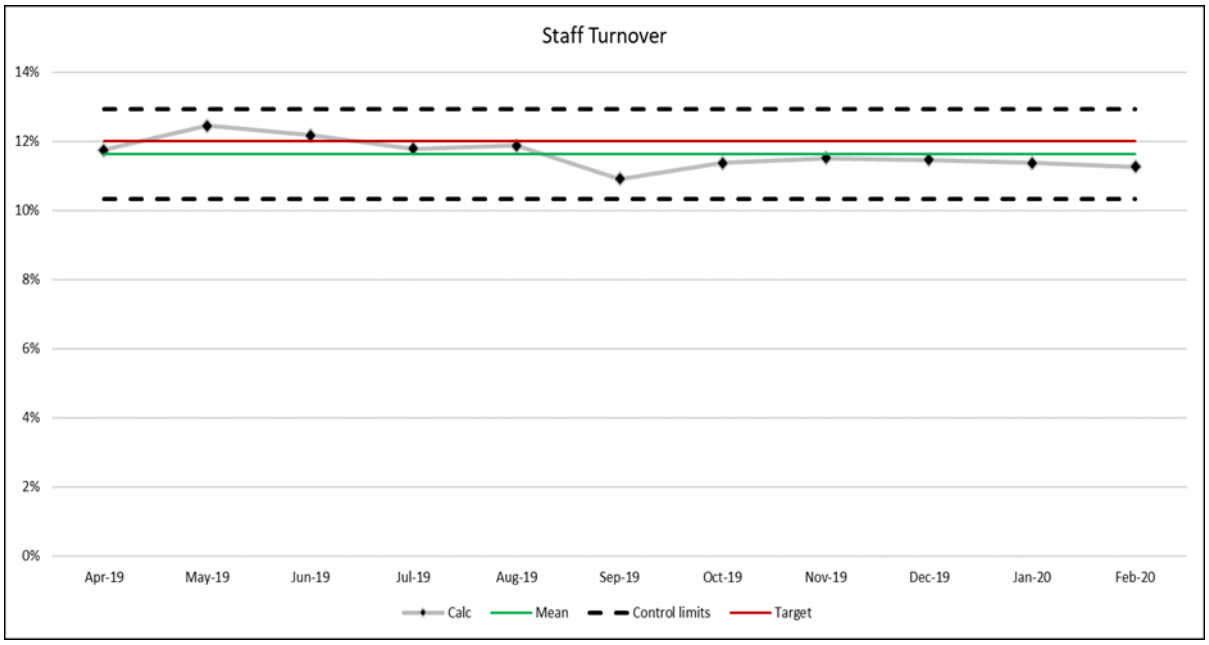
OSCE capability for paediatric nursing

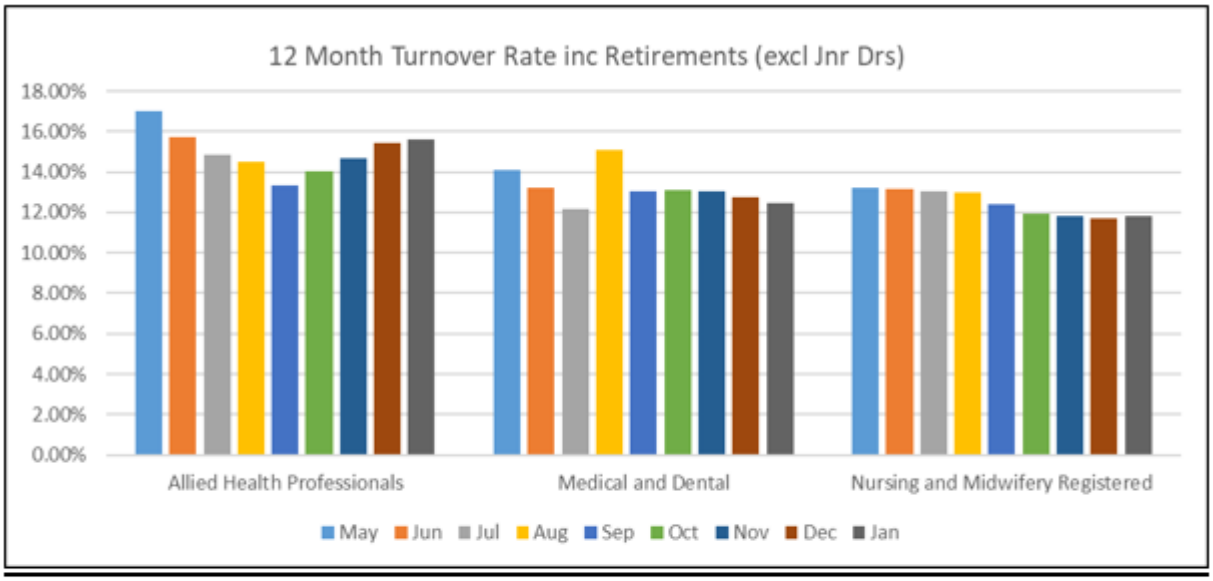
MODERN AND PROGRESSIVE WORKFORCE – VOLUNTARY TURNOVER

Executive Lead: Director of HR & OD

CQC Domain: Well-Led

2021 Objective: Our People





Staff Group	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Allied Health Professionals	16.99%	15.73%	14.84%	14.53%	13.36%	14.02%	14.69%	15.46%	15.60%	15.16%
Medical and Dental	14.09%	13.21%	12.16%	15.10%	13.07%	13.11%	13.04%	12.78%	12.46%	12.36%
Nursing and Midwifery Registered	13.21%	13.19%	13.05%	12.99%	12.43%	11.96%	11.81%	11.70%	11.82%	11.56%

Challenges/Successes

Longer-term trends for turnover remain positive, however AHP rate has increased consecutively for the last four months, the denominator for AHPs is significantly lower than the other two groups but headcount of leavers in last 4 months is 14 (5 diagnostics and 9 therapies), the majority leaving for other NHS organisations. All the rates remain above national and regional benchmarks slowing the improvement in vacancy rate from healthy recruitment.

Actions in place to recover

We are now looking at different initiatives for identified staff groups – Nursing, AHP's and Doctors. Exit data shows that the reasons for leaving are very different for the three groups.

With the Integrated Improvement Plan being signed off there are a number of initiatives identified within that which will specifically focus on retention of staff.

As a first step we have set up a Clinical Leads Forum (for medical leaders) and a SAS Forum (for Speciality doctors). We have also appointed a SAS Tutor in January and published a complete development calendar for SAS doctors.

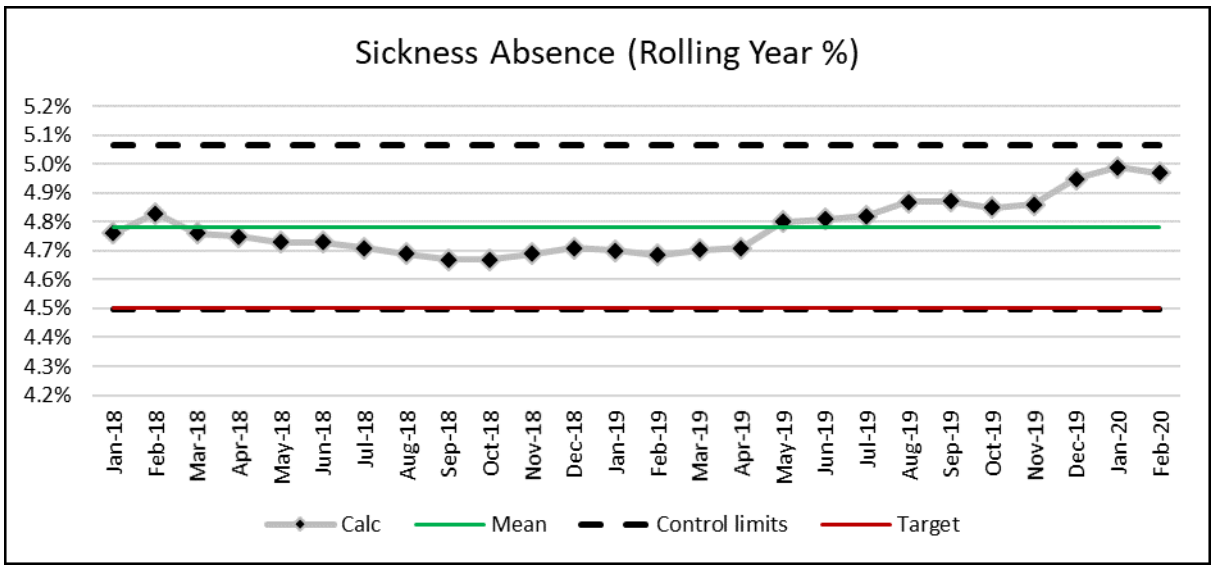
We are now in discussion to launch an AHP forum that will focus on an education strategy, workforce strategy, career development strategy and retention strategy for AHP's. All streams of work will be led by members of staff themselves.

MODERN AND PROGRESSIVE WORKFORCE – SICKNESS ABSENCE

Executive Lead: Director of HR & OD

CQC Domain: Well-Led

2021 Objective: Our People



Challenges/Successes

General upward trend is a matter of real concern despite a marginal reduction in month 11.

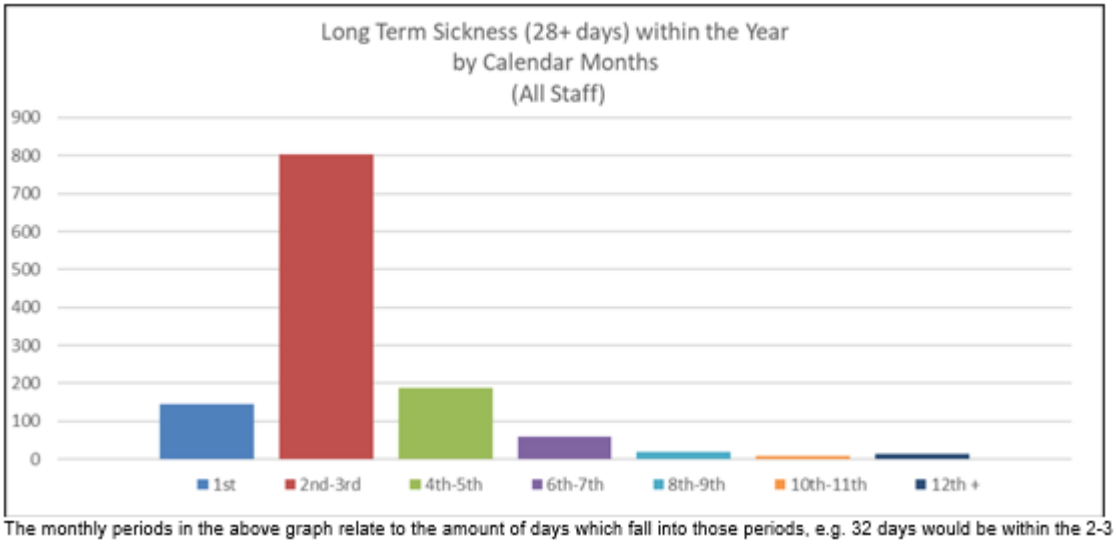
The top five reasons for sickness absence are:

Absence Reason	Headcount	FTE Days Lost	Abs Estimated Cost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	865	30,840.11	£2,565,591.25	24.5
S98 Other known causes - not elsewhere classified	1128	19,118.91	£1,654,803.15	15.2
S12 Other musculoskeletal problems	503	11,197.64	£905,196.29	8.9
S25 Gastrointestinal problems	2254	10,194.54	£825,278.21	8.1
S28 Injury, fracture	372	9,086.13	£796,704.70	7.2

Absence cases	Medicine	Surgery	Family Health	CSS	Corporate	Estates and Facilities	Total
Long Term +28 days	24	40	21	35	18	41	179
5 or more episodes in 12 Months	112	71	25	64	15	43	330

The number of staff with more than 5 occasions in the last 12 months has reduced from 332 to 330 cases for the month of February 2020.

For the second month the number of staff with absence exceeding 28 days has increased from 162 to 179, (+17 cases).



The monthly periods in the above graph relate to the amount of days which fall into those periods, e.g. 32 days would be within the 2-3 mths.

Actions in place to recover

HR Operations Administrators are now aligned to the Divisions and ER Advisors accordingly thus enabling dedicated administrative support when arranging Ill Health Capability Hearings to conclude the long term cases in a timely manner.

A review is to take place in to the productivity and effectiveness of the monthly HR/ Occupation Health meetings that were set up to ensure timely appointments and robust plans are in place for support staff to return to work as soon as practical and support employees attendance at work.

ER advisors to target hot spot episodic short term cases and highlight escalation of individual cases of 5 plus episodes that are not being formally managed to the Divisions.

ER team to highlight that the second highest reason for absence for “Other known causes - not elsewhere classified” and to challenge the use of this description when recording absence.

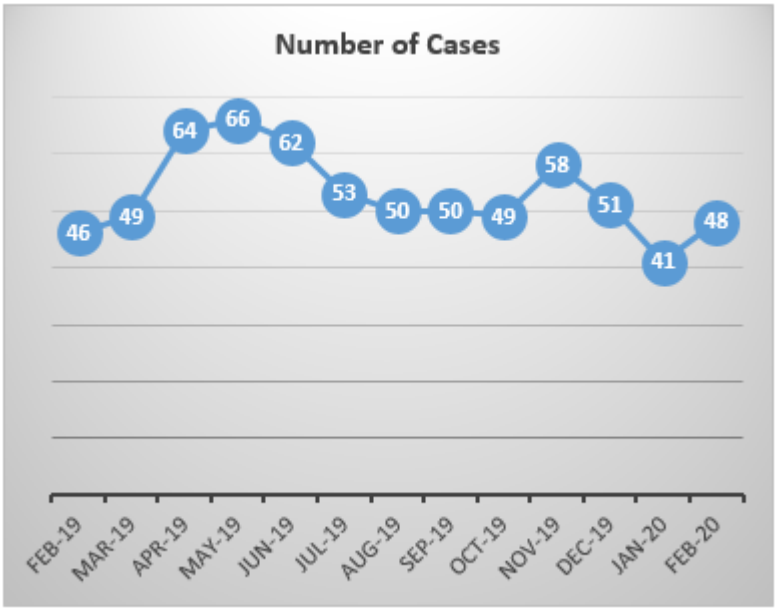
Introduction of Empactis, the absence management system, is within the IIP and is now planned to start in June. It has been deferred from March owning to capacity within the supplier.

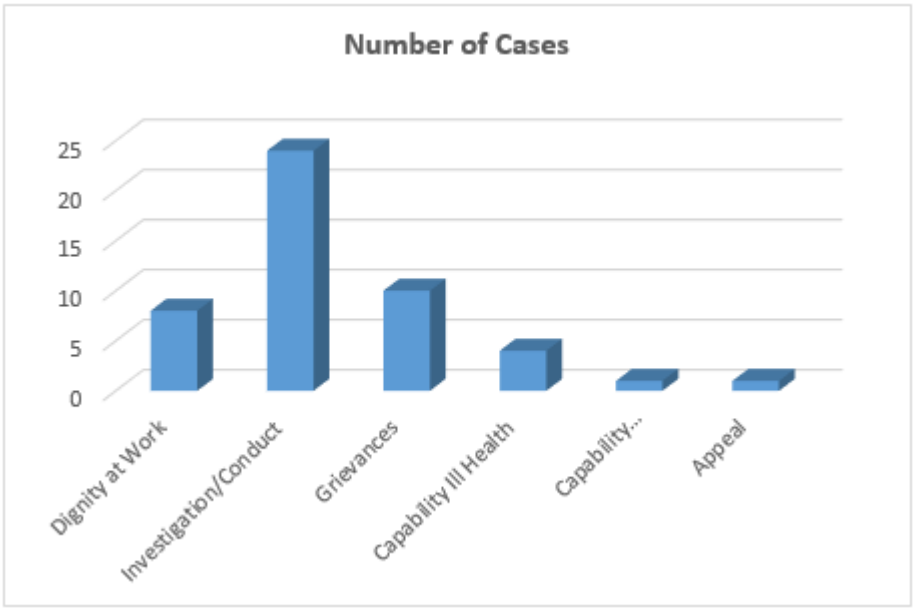
MODERN AND PROGRESSIVE WORKFORCE – Employee Relations

Executive Lead: Director of HR & OD

CQC Domain: Well-Led

2021 Objective: Our People





Employee Relations Cases:

This month has shown an increase in cases from 41 to 48 cases. The increase is mainly due to the increase in conduct investigations.

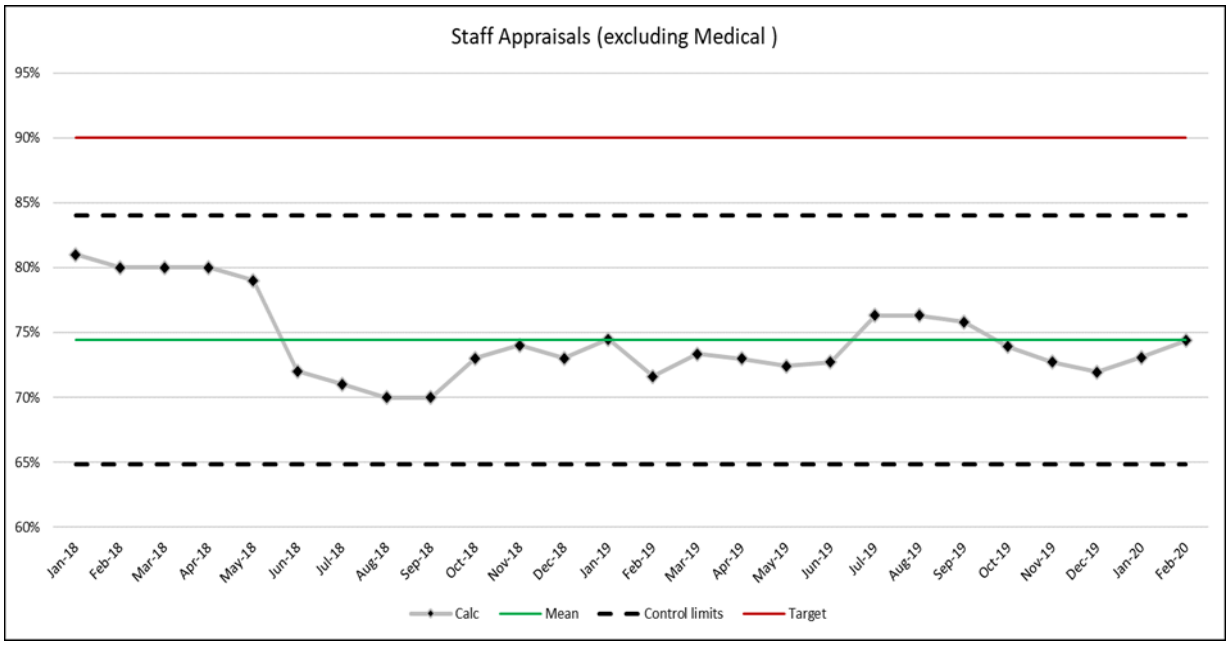
This month there is only one capability performance case being managed formally. We remain concerned about the low number of performance cases, given the issues that remain about organisational performance and adherence to standards.

MODERN AND PROGRESSIVE WORKFORCE – APPRAISALS

Executive Lead: Director of HR & OD

CQC Domain: Well-Led

2021 Objective: Our People



Actions in place to recover

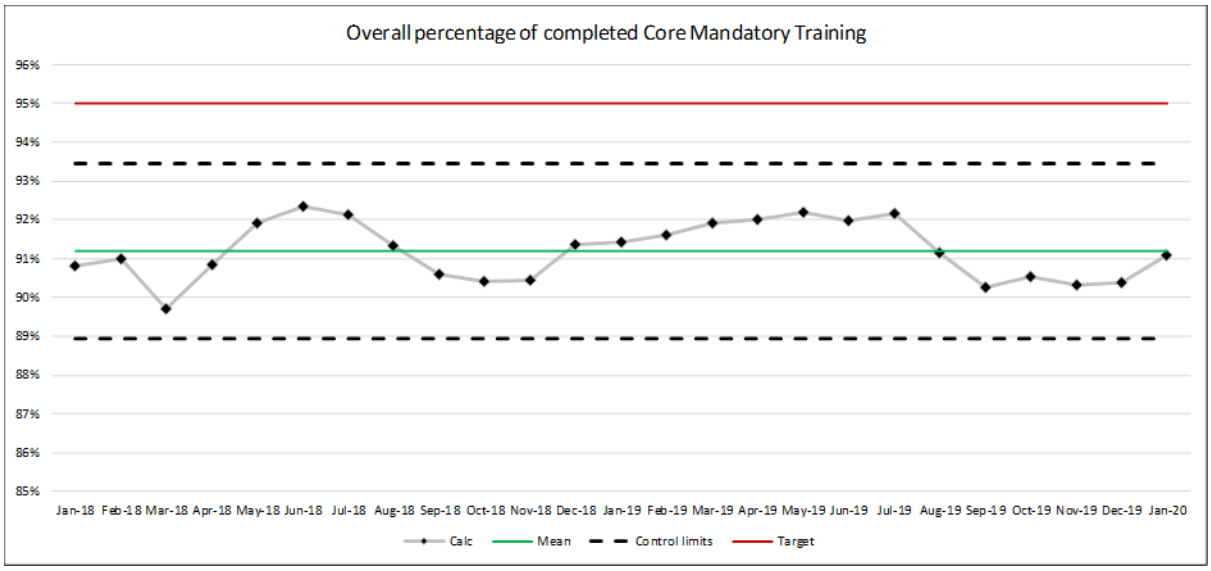
- Appraisee and appraiser training widely available across all sites
- Improved management information to Divisions for targeting action
- SHRBPs working with Divisional teams to improve position
- Work underway to improve perceived value of the process
- Element of the IIP – evaluating new system to support appraisal/individual performance management

MODERN AND PROGRESSIVE WORKFORCE – CORE LEARNING

Executive Lead: Director of HR & OD

CQC Domain: Well-Led

2021 Objective: Our People



Challenges/Successes

Compliance rate for Core Learning is showing a consistent pattern of over 90% compliance. Data from Lincolnshire Partnership Foundation Trust (LPFT) and Lincolnshire Community Health Services (LCHS) show that their compliance rates are in the same overall range.

Actions in place to recover

Discussions are ongoing within the STP to consider the possible benefits of sharing approaches to Core Learning with other Trusts in the Lincolnshire Healthcare community and the potential of this to increase Core Learning compliance even further. In addition, HR Business Partners and specialist trainers such as those in the Resuscitation Department are working actively with senior managers to continue to improve compliance.

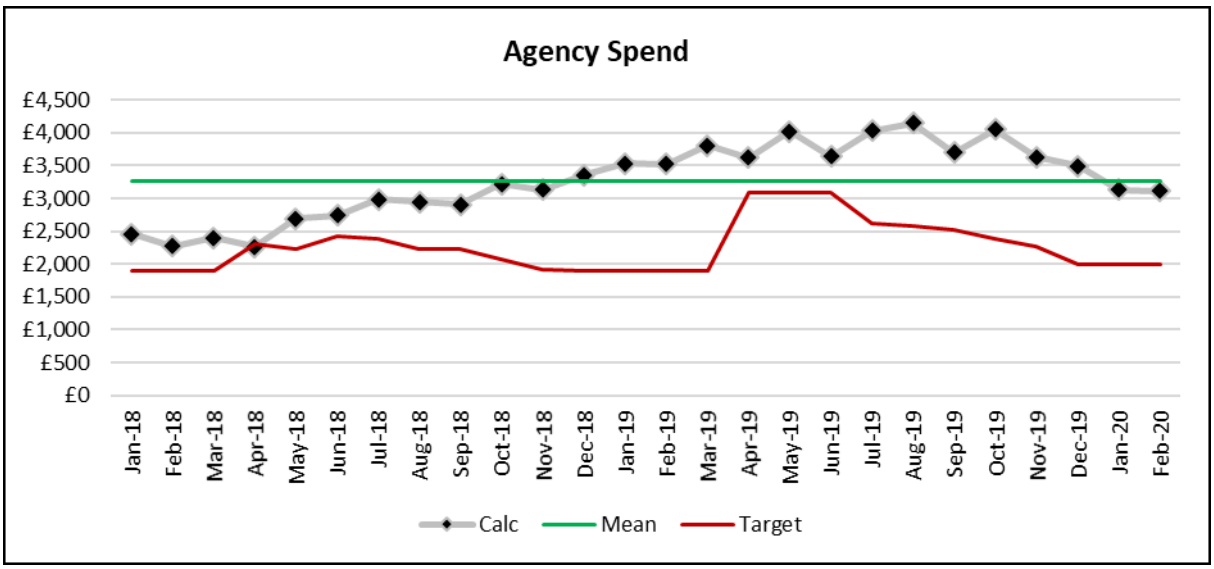
New starters are now able to complete some of their Core Learning before commencing with the Trust. A complete e-learning Induction course is now in development as a precaution in case the Coronavirus outbreak should have an effect on the use of classroom training. The course in development would enable new starters to complete their induction at home rather than in a crowded classroom environment.

SUSTAINABLE SERVICES – AGENCY SPEND

Executive Lead: Director of HR & OD

CQC Domain: Well-Led

2021 Objective: Our People



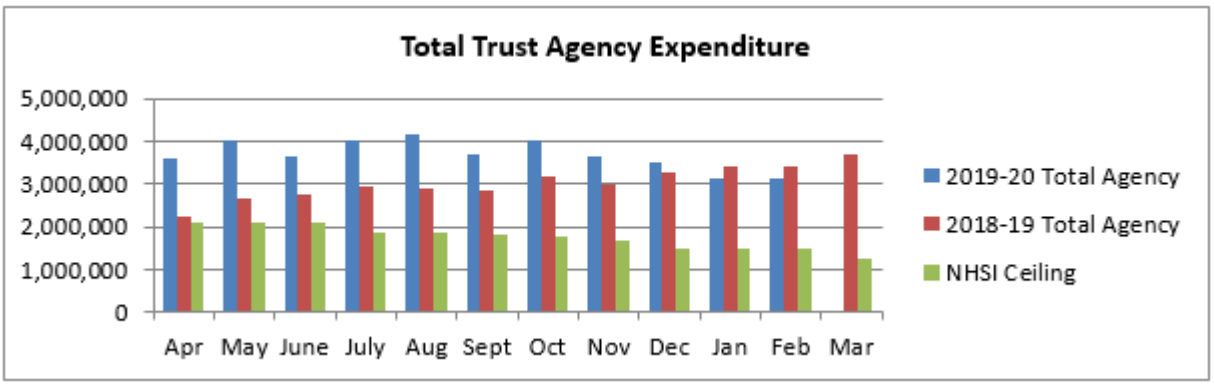
Challenges/Successes

In February (M11), Year to Date (YTD) planned pay increased to 5.82% adverse to plan with the value increasing from £15.9M to £18.4M. This is because, whilst total pay run rate remained flat, the planned pay costs profile included a reduction in monthly run rate in month 11 similar to months 9 and 10.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	YTD	In-Mth Move
Pay Actual	-30,831	-29,277	-29,800	-30,542	-30,756	-30,990	-30,508	-30,368	-29,939	-30,303	-30,280	-333,593	23
Pay Plan	-30,254	-29,333	-29,338	-28,757	-28,697	-28,607	-28,444	-28,253	-27,859	-27,847	-27,848	-315,237	-1
Pay Movement	-577	56	-462	-1,785	-2,059	-2,383	-2,064	-2,115	-2,080	-2,456	-2,432	-18,356	

The positive variance of actual income against planned income continues (+2.94% in February (M11)) and partly accounts for the variance in pay with the remainder resulting from higher premium cost of agency staffing (to cover vacant clinical pots and addition resource required for higher than planned activity) and under delivery of workforce CIP, in particular reduction in medical staffing capacity.

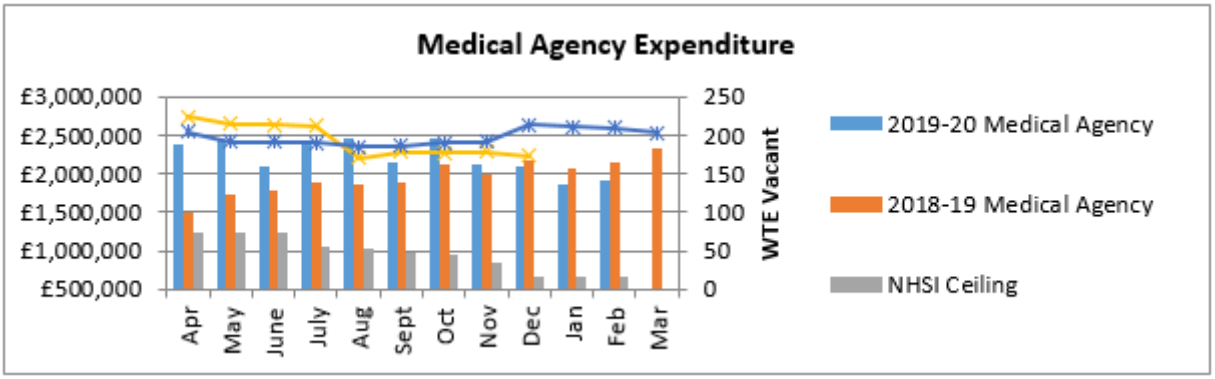
The monthly run rate for total agency spend reduced further (-£20K) from Month 10 to Month 11 to £3.11M, and is the lowest monthly spend since April 19 and four consecutive months of reduction. However agency spend now exceeds that planned by 46.8% due to further planned agency savings in Month 11.



Overall temporary medical staffing costs reduced in February with a marginal increase in medical agency spend, although February is a shorter operational month. Hourly rates remained broadly static.

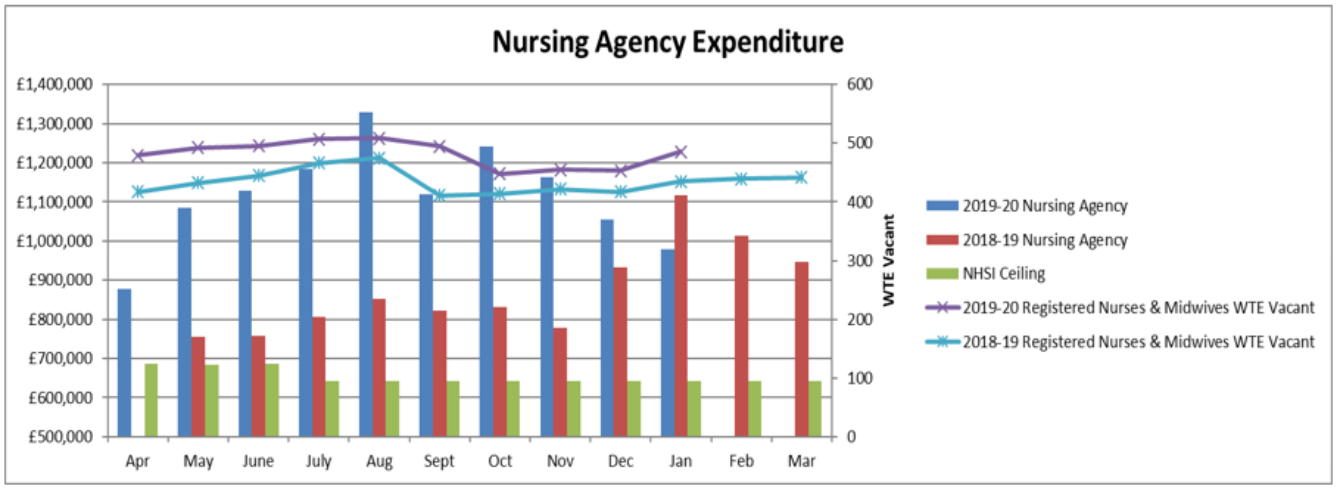
Medical agency spend was below comparable monthly spend for 2018/19 again for the third month in a row with the degree in difference to 18/19 spend increased. Reductions in three of the four divisions offset by increased demand in Medicine Division.

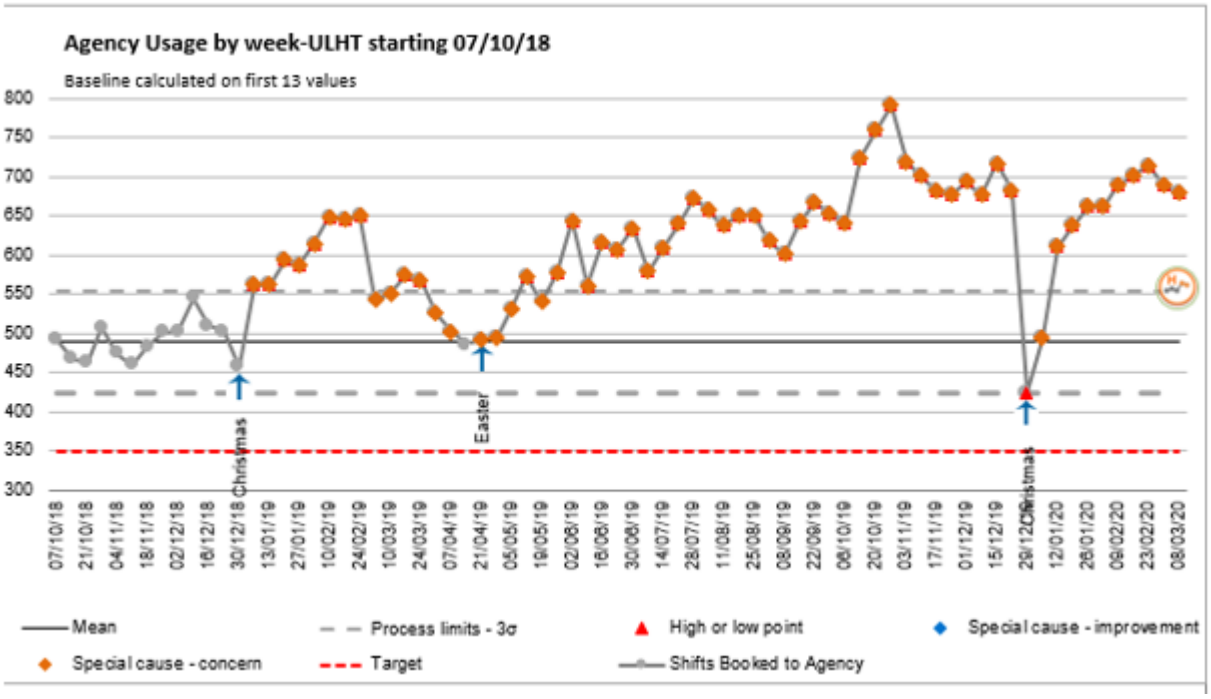
Bank to agency ratio was 29:61, it is planned for this to shift toward increased bank over the next 12 months through the managed bank service.



Nursing Agency Costs

Reported Nursing Agency remained flat in February despite a shorter month. Nurse vacancy rate will increase month on month until May adding additional cost pressure.





Scientific, AHP and other agency costs were down again in February (-£45K) at £236K.

Actions in place to recover

Agency spend continues to be driven by actual demand being higher than planned activity, high vacancy rates and, in some cases, a lack of grip and control over spend. The primary action to reduce agency costs is to still to reduce vacancy rates through substantive recruitment (See Vacancy Rates Section), however urgent action is also being taken to ensure the necessary controls are in place, as follows:

- Divisions continue to review all temporary staff spend volume and values – bank, additional hours / sessions and agency
- Improving productivity and reviewing performance and access to allow cost removal e.g. OP clinics, theatres, turnaround times
- Challenging and deferring as appropriate to the 1st April all non-clinical recruitment.
- Ending all non-clinical temporary staff where their Return on Investment (in relation to cost reduction) is smaller than their cost to the Trust.
- Systematic review of all pay elements.
- Maintain tier 3.5 framework nurse agency volumes to further reduce reliance on off frame work agency use;
- Longer term temporary nursing staffing plans in place to avoid higher premiums of shorter lead time requests.
- Rostering Policy revision and practice review.

SUSTAINABLE SERVICES – INCOME & EXPENDITURE

Executive Lead: Director of Finance & Digital

CQC Domain: Well-Led

2021 Objective: Our Services

Income & Expenditure Summary 2019/20

2019/20	Current Month			Year to Date			Forecast		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Income	40,960	40,875	(85)	458,747	472,223	13,476	501,616	523,328	21,712
Expenditure	(43,777)	(45,283)	(1,506)	(490,602)	(509,019)	(18,417)	(533,922)	(555,729)	(21,807)
EBITDA	(2,817)	(4,408)	(1,591)	(31,855)	(36,796)	(4,941)	(32,306)	(32,401)	(95)
Net Finance costs	(767)	(733)	34	(8,265)	(8,234)	31	(9,106)	(9,105)	1
Surplus/(Deficit)	(3,584)	(5,141)	(1,557)	(40,120)	(45,030)	(4,910)	(41,412)	(41,506)	(94)
Technical adjustments	2	19	17	13	136	123	14	108	94
Surplus/(Deficit)	(3,582)	(5,122)	(1,540)	(40,107)	(44,894)	(4,787)	(41,398)	(41,398)	0
EBITDA % Income	(6.9%)	(10.8%)	(3.9%)	(6.9%)	(7.8%)	(0.8%)	(6.4%)	(6.2%)	0.2%
CIPs	2,827	2,833	6	22,064	16,546	(5,518)	25,610	20,549	(5,061)

YTD financial performance is £44.9m deficit, or £4.8m adverse to plan.

Excluding the £0.7m adverse movement to plan in relation to Passthrough, Income YTD is £14.1m favourable to plan including in line with plan £25.7m of PSF, FRF and MRET. However, the Income position includes £16.7m of transitional support from commissioners.

Excluding the £0.7m favourable movement to plan in relation to Passthrough, Expenditure YTD is £19.1m adverse to plan: Pay is £18.4m adverse to plan and Non-Pay is £0.7m adverse to plan. The YTD pay position includes £1.2m of non-recurrent technical FEP, without which Pay would be £19.6m adverse to plan. The adverse pay movement YTD is predominantly driven by higher than planned expenditure on temporary staffing: while substantive pay is £1.4m adverse to plan, bank pay is £4.0m adverse to plan and agency pay is £12.9m adverse to plan. The pay position is driven by lower than planned FEP savings delivery [in relation to workforce schemes and temporary staffing pressures in relation to Medical and Nursing Staffing], and the adverse movement in substantive also includes £0.7m in relation to the higher than planned cost of the Medical & Dental pay award.

Excluding the £0.7m favourable variance in relation to Passthrough, Non Pay is £0.7m adverse to plan. However, the Non Pay position includes £1.9m of non-recurrent technical savings delivery, without which Non Pay would be £2.6m adverse to plan. Some variation to plan would be expected given the slower than planned savings delivery and higher than planned levels of Non Elective volumes. The movement to plan also includes higher than planned expenditure in a number of areas e.g. ongoing support costs in relation to FSM, dual running for Community COIN (for which there is an offset within Income) and additional building & engineering costs in Estates. Non Pay expenditure is being reviewed to ensure that any expenditure which may be capitalised is treated accordingly and that Non Pay expenditure in general is minimised.

Overall, CIP savings of £16.5m have been delivered YTD or £5.5m less than savings of £22.1m planned YTD. Excluding non-recurrent technical savings delivery of £3.4m, CIP savings delivery is £8.9m adverse to plan YTD.

The forecast excluding PSF, FRF and MRET is a deficit of £70.3m in line with plan; this forecast is contingent upon support from Lincolnshire commissioners

SUSTAINABLE SERVICES – INCOME & EXPENDITURE RUN RATE

Executive Lead: Director of Finance & Digital

CQC Domain: Well-Led **2021 Objective:** Our Services

Income & Expenditure Run Rate 2019/20

2019/20	By Month / Quarter					In Month			Year to date			Full Year		
	Actual Qtr 1 £'000	Actual Qtr 2 £'000	Actual Qtr 3 £'000	Actual M10 £'000	Actual M11 £'000	Plan February £'000	Actuals February £'000	Variance February £'000	Plan February £'000	Actuals February £'000	Variance February £'000	Plan Full Year £'000	Forecast Full Year £'000	Variance Full Year £'000
Income														
Clinical income	96,836	105,371	103,908	32,675	30,562	30,750	30,560	(190)	356,426	369,352	12,926	389,070	409,342	20,272
Pass through income	11,962	12,428	12,924	4,592	3,917	4,216	3,917	(299)	46,479	45,823	(656)	50,710	50,710	0
Total Patient related income	**108,798**	**117,799**	**116,832**	**37,267**	**34,479**	**34,966**	**34,477**	**(489)**	**402,905**	**415,175**	**12,270**	**439,780**	**460,052**	**20,272**
PSF, FRF and MRET funding	4,705	5,968	8,497	3,250	3,253	3,252	3,253	1	25,672	25,673	1	28,928	28,928	0
Other Income	8,078	8,307	8,794	3,051	3,145	2,742	3,145	403	30,170	31,375	1,205	32,908	34,348	1,440
Total Other operating income	**12,783**	**14,275**	**17,291**	**6,301**	**6,398**	**5,994**	**6,398**	**404**	**55,842**	**57,048**	**1,206**	**61,836**	**63,276**	**1,440**
Total Income	**121,581**	**132,074**	**134,123**	**43,568**	**40,877**	**40,960**	**40,875**	**(85)**	**458,747**	**472,223**	**13,476**	**501,616**	**523,328**	**21,712**
Expenditure														
Pay	(89,930)	(92,308)	(90,815)	(30,260)	(30,280)	(27,848)	(30,279)	(2,431)	(315,237)	(333,593)	(18,356)	(342,620)	(363,938)	(21,318)
Pass through non pay	(11,962)	(12,428)	(12,924)	(4,592)	(3,917)	(4,216)	(3,917)	299	(46,479)	(45,823)	656	(50,710)	(50,710)	0
Other Non pay	(34,701)	(35,253)	(35,769)	(12,794)	(11,086)	(11,713)	(11,087)	626	(128,886)	(129,603)	(717)	(140,592)	(141,081)	(489)
Total Expenditure	**(136,593)**	**(139,989)**	**(139,508)**	**(47,646)**	**(45,283)**	**(43,777)**	**(45,283)**	**(1,506)**	**(490,602)**	**(509,019)**	**(18,417)**	**(533,922)**	**(555,729)**	**(21,807)**
Interest receivable	39	31	35	20	10	3	10	7	33	135	102	36	138	102
Finance costs	(2,069)	(2,290)	(2,448)	(844)	(744)	(770)	(744)	26	(8,298)	(8,395)	(97)	(9,142)	(9,269)	(127)
Profit on disposal of assets	12	8	5	0	1	0	1	1	0	26	26	0	26	26
I&E - Deficit	**(17,030)**	**(10,166)**	**(7,793)**	**(4,902)**	**(5,139)**	**(3,584)**	**(5,141)**	**(1,557)**	**(40,120)**	**(45,030)**	**(4,910)**	**(41,412)**	**(41,506)**	**(94)**
Impairments/Revaluations Adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Donated/Govern't grant Asset Adjustment	58	57	(17)	19	19	2	19	17	13	136	123	14	108	94
Adjusted Surplus/(Deficit)	**(16,972)**	**(10,109)**	**(7,810)**	**(4,883)**	**(5,120)**	**(3,582)**	**(5,122)**	**(1,540)**	**(40,107)**	**(44,894)**	**(4,787)**	**(41,398)**	**(41,398)**	**0**
Adjusted Surplus/(Deficit) ex PSF, FRF & MRET	**(21,677)**	**(16,077)**	**(16,307)**	**(8,133)**	**(8,373)**	**(6,834)**	**(8,375)**	**(1,541)**	**(65,779)**	**(70,567)**	**(4,788)**	**(70,326)**	**(70,326)**	**0**
Total Trust (including passthrough)														
Adjustments to derive underlying deficit														
FSM Loan Interest	2,030	2,259	2,413	824	734	767	734	(33)	8,265	8,260	(5)	9,106	9,131	25
External Support	1,221	540	343	47	43	0	43	43	1,900	2,194	294	1,900	2,242	342
Profit on Disposals	(12)	(8)	(5)	0	(1)	0	(1)	(1)	0	(26)	(26)	0	(26)	(26)
Technical Adjustments	(1,581)	(950)	0	0	(897)	0	(897)	(897)	0	(3,428)	(3,428)	(500)	(5,517)	(5,017)
Transitional Support	0	(5,900)	(1,900)	0	0	0	0	0	0	(7,800)	(7,800)	0	(21,300)	(21,300)
Underlying Surplus/(Deficit)	**(20,019)**	**(20,136)**	**(15,456)**	**(7,262)**	**(8,494)**	**(6,067)**	**(8,496)**	**(2,429)**	**(55,614)**	**(71,367)**	**(15,753)**	**(59,820)**	**(85,796)**	**(25,976)**

As at the end of February, the Trust position is a deficit of £44.9m or £4.8m adverse to plan.

The adverse movement to plan YTD in Expenditure of £18.4m (driven by the adverse movement in Pay) has been partly offset by a favourable movement in Income of £13.5m; the favourable movement in Income includes transitional support of £16.7m.

Securing £16.7m of transitional support from commissioners enabled the Trust to mitigate the adverse Expenditure movement to plan at the end of the third quarter, and in doing so avoid the loss of PSF, FRF and MRET funding.

The year to date position includes £6.5m of PSF, FRF and MRET funding, of which the PSF and FRF funding of £5.9m would be lost if the Trust does not deliver its planned deficit of £70.3m.

SUSTAINABLE SERVICES – NHS PATIENT CARE INCOME & ACTIVITY

Executive Lead: Director of Finance & Digital

CQC Domain: Well-Led

2021 Objective: Our Services

NHS Patient Care Income & Activity 2019/20

2019/20 Clinical Income Summary: YTD Month 011

	Activity: In-Month				Income: In-Month				Activity: Year-To-Date				Income: Year-To-Date			
	2018/19 Actual February Activity	2019/20 Plan February Activity	2019/20 Actual February Activity	Variance February Activity	2018/19 Actual February £'000	2019/20 Plan February £'000	2019/20 Actual February £'000	Variance February £'000	2018/19 Actual February Activity	2019/20 Plan February Activity	2019/20 Actual February Activity	Variance February Activity	2018/19 Actual February £'000	2019/20 Plan February £'000	2019/20 Actual February £'000	Variance February £'000
Activity:																
Accident & Emergency	10,999	11,413	11,435	22	1,616	1,939	1,989	50	135,336	131,890	135,475	3,585	19,688	22,406	23,430	1,024
Daycases	5,423	5,119	5,110	(9)	2,912	2,729	2,781	52	60,047	59,611	59,043	(568)	31,475	31,772	31,863	92
Elective Spells	660	735	591	(144)	1,870	2,029	1,879	(150)	7,962	8,555	7,743	(812)	21,028	23,607	22,982	(625)
Non Elective Spells	5,545	5,587	5,809	222	11,499	10,361	12,885	2,524	65,235	65,786	68,651	2,865	120,596	122,619	146,933	24,313
Elective Excess Bed Days	83	117	92	(25)	19	32	30	(2)	1,302	1,289	1,232	(57)	321	350	338	(11)
Non Elective Excess Bed Days	722	1,645	1,497	(148)	184	431	241	(190)	14,798	18,092	12,500	(5,592)	3,579	4,741	3,172	(1,569)
Outpatient Firsts	22,651	23,384	22,156	(1,227)	2,989	3,352	3,148	(203)	267,484	272,231	264,575	(7,656)	35,595	39,013	37,794	(1,218)
Outpatient Follow Ups	29,885	30,327	29,249	(1,078)	2,531	2,813	2,644	(169)	352,237	353,287	342,818	(10,470)	29,837	32,769	31,791	(978)
Outpatient Non Face To Face	2,741	2,057	2,441	384	61	135	149	14	24,449	23,056	30,672	7,616	534	1,506	1,938	432
Outpatient Virtual	0	0	0	0	0	0	0	0	59	0	3,188	3,188	1	0	67	67
Outpatient Advice & Guidance	0	279	483	204	0	8	12	4	0	3,070	5,387	2,317	0	93	135	41
Critical Care	1,454	1,630	1,477	(154)	1,045	1,551	1,515	(37)	17,560	17,934	15,680	(2,255)	13,308	17,066	15,235	(1,831)
Maternity	856	1,028	956	(72)	792	895	886	(9)	10,954	11,303	10,526	(777)	9,424	9,845	9,850	5
Non PbR				0	3,843	3,149	3,157	8				0	42,276	34,158	34,873	715
Block	0	0	0	0	0	225	225	0	0	0	0	0	0	2,479	2,480	1
Non Recurrent Contract Variation	0	0	0	0	0	12	12	0	0	0	0	0	0	134	134	0
Shadow Monitoring	0	1,395	1,453	58	0	0	0	0	0	15,346	15,296	(50)	0	0	0	0
Repatriation						452	0	(452)						5,217	0	(5,217)
Backlog						41	83	42						557	917	360
Work in Progress:						0	542	542						0	(415)	(415)
Sub total without passthrough					**29,361**	**30,155**	**32,179**	**2,024**					**327,662**	**348,332**	**363,516**	**15,185**
CQUIN					599	344	357	13					6,682	3,991	4,201	211
Fines						0	(80)	(80)						0	(945)	(945)
Fines Reinvested						0	32	32						0	415	415
Bring Lincolnshire CCG Contract to Plan						0	(3,017)	(3,017)						0	(22,206)	(22,206)
APA (calculated at quarterly billing)						0	185	185						0	2,190	2,190
Prior Year								0							294	294
Maternity Prepayment								0								0
Total (Non Passthrough)					**29,960**	**30,499**	**29,656**	**(843)**					**334,345**	**352,322**	**347,466**	**(4,856)**
Non-recurrent Transitional Support						0	0	0						0	16,700	16,700
Central Funding / Winter						0	223	223						0	669	669
Total (Non Passthrough including transitional support)					**29,960**	**30,499**	**29,879**	**(620)**					**334,345**	**352,322**	**364,835**	**12,513**
Passthrough - Drugs					3,792	4,215	3,208	(1,007)					43,821	46,478	39,144	(7,334)
Passthrough - Clinical Supplies and Services						0	527	527						0	6,413	6,413
Passthrough - Prior Months Adjustment						0	182	182						0	266	266
Total (Inc Passthrough)					**33,752**	**34,714**	**33,796**	**(918)**					**378,165**	**398,800**	**410,658**	**11,858**

SUSTAINABLE SERVICES – NHS PATIENT CARE INCOME & ACTIVITY

Executive Lead: Director of Finance & Digital

CQC Domain: Well-Led

2021 Objective: Our Services

Headline

Contract income year to date of £411m is £12m (3.4%) favourable to plan. Excluding c£0.7m adverse variance on pass-through, contract income year to date is £13m favourable to plan.

Key variances by POD below excluding pass-through

- Non Elective Spells are favourable to plan by £24m (19.8%) – Medicine accounts for £21m of the over-performance. Activity is above plan by 2,865 (4.4%) and the Trust has seen 3,416 more patients for the same time period in 2018/19.
- Outpatients are £1.7m adverse to plan - Medicine and Surgery account for 92% of the adverse movement to plan. Activity is 5,005 adverse to plan in 2019/20 and 1,016 less than same time period in 2018/19.
- Critical Care is £1.8m adverse to plan – with this variance driven by Adult Critical Care. Activity is 2,255 adverse to plan in 2019/20 and 1,880 down on the same time period in 2018/19.
- A&E attendances are £1.0m favourable to plan. Activity in 2019/20 is above planned levels by 3,585 attendances, this is 139 more than the same time period in 2018/19.

Key variances by Commissioner

- Lincolnshire CCGs are £2.2m favourable to plan excluding the revised c£16.4m non-recurrent transitional support funding and central/winter funding. This is driven by the NEL APA adjustment.
- Removal of Repatriation and unidentified backlog assumptions deteriorated the financial position by £4.9m offset by the increase in transitional support
- Non Lincolnshire commissioners are £1.8m adverse to plan driven by:
    - Fines of £529k, predominantly due to 2ww breast symptomatic and suspect cancer.
    - Screening is £324k adverse to plan, of which bowel scope/screening is £333k, diabetic retinopathy is £202k, offset by a favourable variance of £211k in Breast Screening.

Risks

- Lincolnshire CCGs are querying the level of NEL financial over-performance for both volume (activity) and price (casemix). Specifically these queries are in relation to Frailty Unit, Discharge (from A&E) and Paediatric Assessment Unit.
- A&E over performance – the plan assumed a greater impact in relation to primary care streaming and commissioner demand management schemes than is currently being delivered.
- PLCV challenges – It has been identified that prior approval is not being received for all procedures currently and there is a risk in the year-to-date position of c£1.1m, in particular tonsillectomy's and hernias. This is not transacted through the current contract arrangements.

SUSTAINABLE SERVICES – NHS PATIENT CARE INCOME & ACTIVITY RUN RATE

Executive Lead: Director of Finance & Digital

CQC Domain: Well-Led

2021 Objective: Our Services

Income & Activity Run Rate - Activity 2019/20

	Activity Units: By Month / Quarter					In Month				Year to date			
Activity	Actual Qtr 1	Actual Qtr 2	Actual Qtr 3	Actual M10	Actual M11	Plan February Activity	Actual February Activity	Variance February Activity	% Variance	Plan February Activity	Actual February Activity	Variance February Activity	% Variance
Accident & Emergency	36,746	38,447	36,926	11,921	11,435	11,413	11,435	22	0.2%	131,890	135,475	3,585	2.7%
Daycases	16,353	16,022	16,024	5,534	5,110	5,119	5,110	(9)	(0.2%)	59,611	59,043	(568)	(1.0%)
Elective Spells	2,148	2,280	2,091	633	591	735	591	(144)	(19.6%)	8,555	7,743	(812)	(9.5%)
Non Elective Spells	18,550	19,040	18,950	6,302	5,809	5,587	5,809	222	4.0%	65,786	68,651	2,865	4.4%
Elective Excess Bed Days	264	377	388	111	92	117	92	(25)	(21.4%)	1,289	1,232	(57)	(4.4%)
Non Elective Excess Bed Days	3,393	3,443	3,173	994	1,497	1,645	1,497	(148)	(9.0%)	18,092	12,500	(5,592)	(30.9%)
Outpatient Firsts	72,284	73,362	71,635	25,138	22,156	23,384	22,156	(1,227)	(5.2%)	272,231	264,575	(7,656)	(2.8%)
Outpatient Follow Ups	93,273	94,196	92,094	34,006	29,249	30,327	29,249	(1,078)	(3.6%)	353,287	342,818	(10,470)	(3.0%)
Outpatient Non Face To Face	7,828	8,101	9,402	2,900	2,441	2,057	2,441	384	18.7%	23,056	30,672	7,616	33.0%
Outpatient Virtual	-	41	2,040	1,107	-	-	-	0	0.0%	-	3,188	3,188	0.0%
Outpatient Advice & Guidance	1,334	1,432	1,585	553	483	279	483	204	73.2%	3,070	5,387	2,317	75.5%

Activity run-rates are assumed for the key POD groups.

Whilst A&E actual activity is marginally higher for the first eleven months of 2019/20 when compared to 2018/19 it is significantly above planned levels; this is primarily due to a change in plan in relation to assumed levels of increased activity transferring to Primary Care Streaming (i.e. a planned change between years).

A&E and Non-Elective activity levels are being raised formally with Lincolnshire CCGs given their impact upon the Trust's ability to manage flow and bed resources and their overall impact on the Trust's financial position. As a note of caution, CCGs are also querying back to ULHT the level of NEL activity and income recording that is currently being shown as they believe they are incorrect. Those discussions are continuing around Discharge Lounge, PAU and Frailty activity.

Non Elective activity is 4.4% up against plan YTD in relation to activity and c19.8% in relation to income. This Non Elective over performance is mainly within the Medicine Division and further details are being shared with the Division.

SUSTAINABLE SERVICES – NHS PATIENT CARE INCOME & ACTIVITY RUN RATE £

Executive Lead: Director of Finance & Digital

Income & Activity Run Rate - £ 2019/20

CQC Domain: Well-Led

2021 Objective: Our Services

	By Month / Quarter														In Month			Year to date		
	Actual M1 £'000	Actual M2 £'000	Actual M3 £'000	Actual Qtr 1 £'000	Actual M4 £'000	Actual M5 £'000	Actual M6 £'000	Actual Qtr 2 £'000	Actual M7 £'000	Actual M8 £'000	Actual M9 £'000	Actual Qtr 3 £'000	Actual M10 £'000	Actual M11 £'000	Plan February £'000	Actual February £'000	Variance February £'000	Plan February £'000	Actual February £'000	Variance February £'000
Accident & Emergency	2,039	2,167	2,060	6,267	2,283	2,180	2,164	6,627	2,205	2,091	2,149	6,445	2,102	1,989	1,939	1,989	50	22,406	23,430	1,024
Daycases	2,898	3,144	2,902	8,944	3,127	2,814	2,710	8,651	3,076	2,933	2,568	8,578	2,909	2,781	2,729	2,781	52	31,772	31,863	92
Elective Spells	1,963	2,295	2,082	6,340	2,195	2,307	2,072	6,574	2,386	2,052	1,856	6,294	1,895	1,879	2,029	1,879	(150)	23,607	22,982	(625)
Non Elective Spells	12,689	13,552	12,458	38,699	13,716	12,911	12,754	39,382	14,264	13,626	13,834	41,724	14,244	12,885	10,361	12,885	2,524	122,619	146,933	24,313
Elective Excess Bed Days	17	29	25	71	47	27	27	101	30	44	33	107	29	30	32	30	(2)	350	338	(11)
Non Elective Excess Bed Days	274	326	318	918	318	284	318	920	238	306	289	833	261	241	431	241	(190)	4,741	3,172	(1,569)
Outpatient Firsts	3,479	3,511	3,351	10,342	3,806	3,199	3,498	10,503	3,750	3,507	3,017	10,274	3,527	3,148	3,352	3,148	(203)	39,013	37,794	(1,218)
Outpatient Follow Ups	2,875	2,951	2,779	8,604	3,170	2,683	2,883	8,736	3,137	2,939	2,579	8,655	3,151	2,644	2,813	2,644	(169)	32,769	31,791	(978)
Outpatient Non Face To Face	172	168	164	504	178	163	183	523	194	204	180	578	184	149	135	149	14	1,506	1,938	432
Outpatient Virtual	0	0	0	0	0	1	0	1	1	28	13	43	23	0	0	0	0	0	67	67
Outpatient Advice & Guidance	9	11	13	33	13	12	11	35	14	15	11	40	14	12	8	12	4	93	135	41
Critical Care	1,381	1,167	1,608	4,155	1,106	1,643	1,263	4,012	1,215	1,470	1,502	4,187	1,366	1,515	1,551	1,515	(37)	17,066	15,235	(1,831)
Maternity	898	829	902	2,629	929	845	891	2,664	945	885	852	2,682	988	886	895	886	(9)	9,845	9,850	5
Non PbR	3,011	3,315	2,914	9,240	3,327	3,094	3,144	9,565	3,584	3,012	2,872	9,468	3,444	3,157	3,149	3,157	8	34,158	34,873	715
Block	225	225	225	676	225	225	225	676	225	225	225	676	225	225	225	225	0	2,479	2,480	1
Non Recurrent Contract Variation	12	12	12	37	12	12	12	37	12	12	12	37	12	12	12	12	0	134	134	0
Repatriation				0				0				0			452	0	(452)	5,217	0	(5,217)
Backlog	83	83	83	250	83	83	83	250	83	83	83	250	83	83	41	83	42	557	917	360
Work in Progress	(220)	(392)	571	(41)	(360)	300	(521)	(582)	(195)	520	(115)	210	(545)	542	0	542	542	0	(415)	(415)
Sub total without passthrough	**31,807**	**33,395**	**32,466**	**97,668**	**34,176**	**32,783**	**31,717**	**98,676**	**35,166**	**33,952**	**31,961**	**101,079**	**33,914**	**32,179**	**30,155**	**32,179**	**2,024**	**348,332**	**363,516**	**15,185**
CQUIN	375	396	373	1,145	398	370	371	1,139	408	391	374	1,173	388	357	344	357	13	3,991	4,201	211
Fines	(25)	(24)	(186)	(235)	(13)	(35)	(206)	(253)	(13)	(24)	(244)	(281)	(96)	(80)	0	(80)	(80)	0	(945)	(945)
Fines Reinvested	21	20	61	102	13	35	79	126	10	18	82	110	45	32	0	32	32	0	415	415
Bring Lincolnshire CCG Contract to Plan	(1,749)	(1,476)	(2,009)	(5,234)	(1,864)	(1,267)	(847)	(3,979)	(2,448)	(3,330)	(1,862)	(7,640)	(2,336)	(3,017)	0	(3,017)	(3,017)	0	(22,206)	(22,206)
APA (calculated at quarterly billing)	124	206	54	384	531	(105)	44	470	458	185	302	945	206	185	0	185	185	0	2,190	2,190
Prior Year				0				0				0	294		0	0	0	0	294	294
Total (Non Passthrough)	**30,554**	**32,516**	**30,759**	**93,829**	**33,241**	**31,781**	**31,159**	**96,180**	**33,581**	**31,192**	**30,613**	**95,386**	**32,415**	**29,656**	**30,499**	**29,656**	(843)	**352,322**	**347,466**	**(4,856)**
Non-recurrent Transitional Support	0	0	0	0	0	0	5,900	5,900	0	1,900	8,900	10,800	0		0	0	0	0	16,700	16,700
Central Funding / Winter	0	0	0	0	0	0	0	0	0	0	223	223	223	223	0	223	223	0	669	669
Total (Non Passthrough)	**30,554**	**32,516**	**30,759**	**93,829**	**33,241**	**31,781**	**37,059**	**102,080**	**33,581**	**33,092**	**39,736**	**106,409**	**32,638**	**29,879**	**30,499**	**29,879**	(620)	**352,322**	**364,835**	**12,513**
Passthrough - Drugs	3,661	3,526	3,325	10,512	3,490	3,312	3,713	10,515	3,889	3,633	3,263	10,785	4,124	3,208	4,215	3,208	(1,007)	46,478	39,144	(7,334)
Passthrough - Clinical Supplies and Services	440	649	630	1,718	705	550	586	1,841	680	561	524	1,765	562	527	0	527	527		6,413	6,413
Passthrough - Prior Months Adjustment				0				0			178	178	(93)	182	0	182	182		266	266
Total (Inc Passthrough)	**34,655**	**36,691**	**34,714**	**106,059**	**37,436**	**35,643**	**41,358**	**114,436**	**38,150**	**37,286**	**43,701**	**119,137**	**37,231**	**33,796**	**34,714**	**33,796**	**(918)**	**398,800**	**410,658**	**11,858**

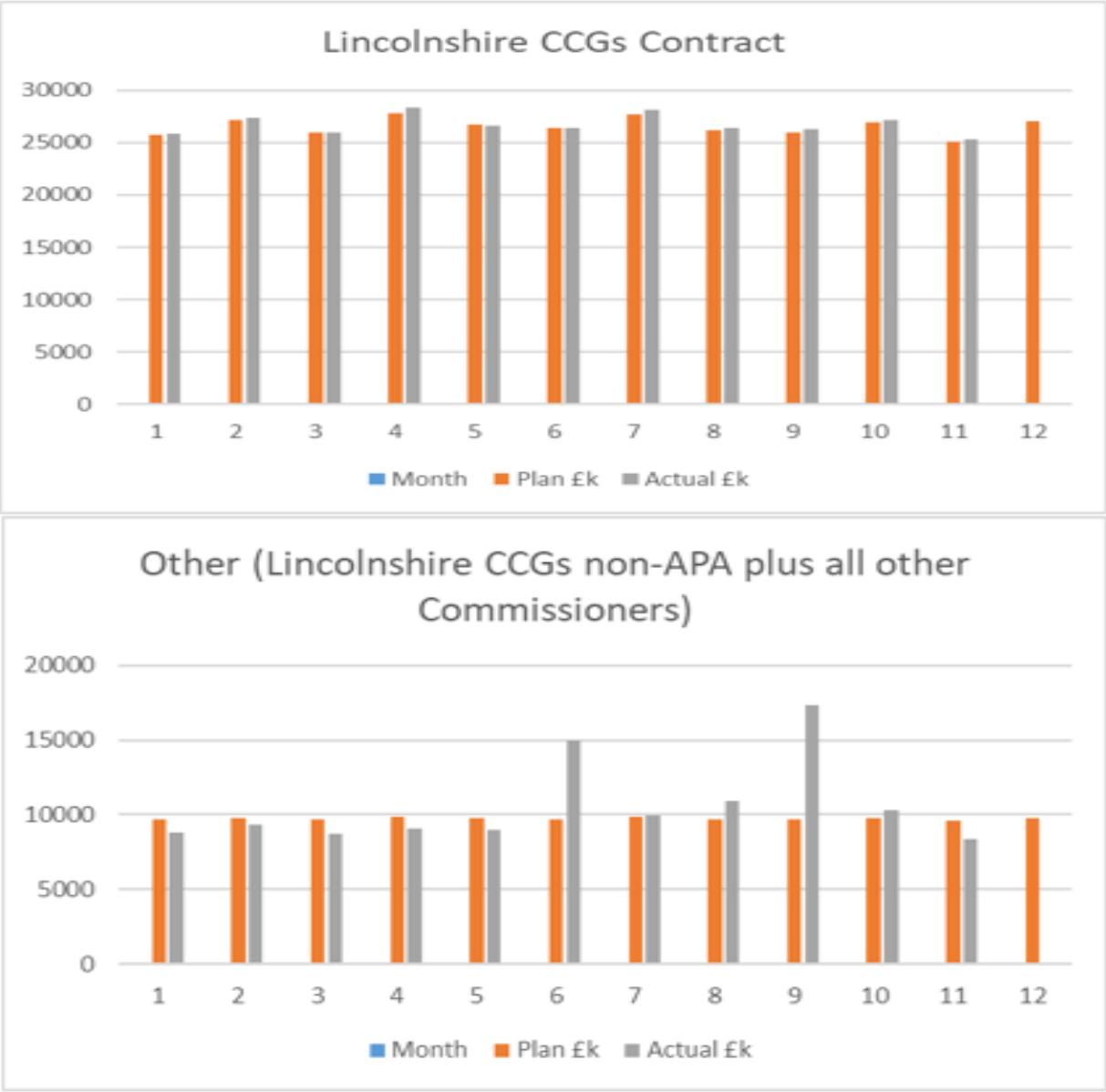
SUSTAINABLE SERVICES – NHS PATIENT CARE INCOME 2019/20

Executive Lead: Director of Finance & Digital

CQC Domain: Well-Led

2021 Objective: Our Services

NHS Patient Care Income 2019/20 - Lincolnshire CCGs and 'Other' performance



SUSTAINABLE SERVICES – PAY SUMMARY

Executive Lead: Director of Finance & Digital

CQC Domain: Well-Led

2021 Objective: Our Services

Pay Summary 2019/20

2019/20 Pay Summary: YTD Month 11	By Month / Quarter					Pay: In-Month				Pay: Year-To-Date			
Staff Groups	Actual Qtr 1 £'000	Actual Qtr 2 £'000	Actual Qtr 3 £'000	Actual M10 £'000	Actual M11 £'000	2018/19 Actual February £'000	2019/20 Plan February £'000	2019/20 Actual February £'000	Variance February £'000	2018/19 Actual February £'000	2019/20 Plan February £'000	2019/20 Actual February £'000	Variance February £'000
Substantive:													
Registered Nursing, Midwifery and Health visiting staff	21,589	21,389	21,423	7,270	7,213	7,065	7,191	7,213	(22)	76,695	79,259	78,839	420
Health Care Scientists and Scientific, Therapeutic and Technical staff	8,251	8,242	8,416	2,919	2,854	2,615	2,604	2,854	(250)	28,087	28,715	30,683	(1,968)
Support to clinical staff	14,800	14,881	14,820	5,058	4,984	4,753	4,781	4,984	(203)	50,897	52,776	54,543	(1,767)
Medical and Dental Staff	19,093	20,956	20,709	6,923	7,190	6,664	6,723	7,190	(467)	71,503	74,845	74,871	(26)
Non-Medical - Non-Clinical Staff	8,256	8,720	8,443	2,812	2,834	2,696	2,911	2,834	77	28,455	32,121	31,065	1,056
Apprentice levy	347	316	341	116	117	109	106	117	(11)	1,174	1,175	1,237	(62)
Capitalised staff	(45)	(261)	(367)	(88)	(172)	(66)	0	(172)	172	(618)	0	(933)	933
Total Substantive costs	**72,291**	**74,243**	**73,787**	**25,010**	**25,020**	**23,835**	**24,316**	**25,020**	**(704)**	**256,192**	**268,891**	**270,305**	**(1,414)**
Bank:													
Registered Nursing, Midwifery and Health visiting staff	1,523	1,526	1,523	562	532	484	471	532	(61)	5,105	5,187	5,666	(479)
Health Care Scientists and Scientific, Therapeutic and Technical staff	131	136	146	45	52	42	44	52	(8)	483	489	509	(20)
Support to clinical staff	1,144	1,272	1,079	381	378	358	371	378	(7)	4,061	4,086	4,253	(167)
Medical and Dental Staff	2,846	2,758	2,590	979	991	985	472	991	(519)	9,798	7,033	10,164	(3,131)
Non-Medical - Non-Clinical Staff	715	501	552	190	191	280	177	191	(14)	2,627	1,947	2,149	(202)
Total Bank costs	**6,358**	**6,194**	**5,890**	**2,157**	**2,143**	**2,149**	**1,535**	**2,143**	**(608)**	**22,073**	**18,742**	**22,741**	**(3,999)**
Agency:													
Registered Nursing, Midwifery and Health visiting staff	3,086	3,631	3,435	980	977	976	876	977	(101)	9,075	9,810	12,108	(2,298)
Health Care Scientists and Scientific, Therapeutic and Technical staff	500	484	331	85	62	141	131	62	69	1,411	1,462	1,463	(1)
Support to clinical staff	6	0	0	0	0	37	17	0	17	159	166	7	159
Medical and Dental Staff	6,901	7,075	6,684	1,876	1,904	2,155	902	1,904	(1,002)	21,147	14,485	24,440	(9,955)
Non-Medical - Non-Clinical Staff	787	682	689	196	174	211	71	174	(103)	1,523	1,681	2,528	(847)
Total Agency costs	**11,281**	**11,873**	**11,139**	**3,136**	**3,117**	**3,521**	**1,997**	**3,117**	**(1,120)**	**33,316**	**27,604**	**40,546**	**(12,942)**
Total Pay	**89,930**	**92,310**	**90,815**	**30,303**	**30,280**	**29,505**	**27,848**	**30,280**	**(2,432)**	**311,580**	**315,237**	**333,593**	**(18,356)**

Pay year to date is £18.4m adverse to plan [despite the release of £1.2m of non-recurrent technical savings] including an adverse movement to plan of £2.4m in February.

The adverse movement to plan in Pay is driven by the adverse movement of £16.9m on temporary staffing, of which £11.8m (76%) relates to Agency Pay.

Whilst the above table shows that Substantive Pay YTD is £1.4m adverse to plan, this includes £1.2m of one-off technical benefit, without which Substantive Pay would be £2.6m adverse to plan. However, the YTD Substantive Pay position also includes £0.7m in relation to higher than planned cost of the Medical & Dental pay award, the impact of which on the Trust's I&E position was halved by additional external funding the Trust received. In terms of the underlying substantive pay position, whilst this was flat in the third quarter in comparison to the previous quarter, it rose in January by £0.4m, and was unchanged in February despite being expected to fall.

The above table also shows that Medical & Dental Pay accounts for £13.1m (71%) and Nursing & Midwifery accounts for £2.4m (13%) of the overall adverse movement to plan. This movement is driven by spend on temporary staff. However, underlying temporary staffing spend is reducing: having increased from an average monthly spend in Q1 of £5.9m to £6.0m in Q2, spend on temporary staffing then fell to an average of £5.7m per month in Q3, and has fallen to an average of £5.3m per month in January & February. Of the reduction of £0.7m in average monthly spend on temporary staffing from £6.0m Q2 to £5.3m in January and February, £0.4m (58%) relates to Medical Staffing.

The Trust breached its Agency Ceiling for 2019/20 by the end of September and Agency Pay has YTD averaged £3.7m per month. However, expenditure of £3.1m in January and February is the lowest monthly spend since November 2018 when the Trust spent £3.1m. Whilst the higher than planned spend on Agency Pay is in part due to need to respond to safety concerns and the growth in Non-Elective activity, the scale of expenditure and trend in expenditure over a longer period is of great concern given the impact it has had upon the Trust’s ability to deliver the control total. Financial Recovery Plans have therefore focussed heavily on the need to reduce expenditure on Agency Pay in the final quarter.

SUSTAINABLE SERVICES – NON PAY SUMMARY

Executive Lead: Director of Finance & Digital

CQC Domain: Well-Led

2021 Objective: Our Services

Non Pay Summary 2019/20

2019/20 Non Pay Summary: YTD Month 11

	By Month / Quarter					Non Pay: In-Month				Non Pay: Year-To-Date			
Non Pay	Actual Qtr 1 £'000	Actual Qtr 2 £'000	Actual Qtr 3 £'000	Actual M10 £'000	Actual M11 £'000	2018/19 Actual February £'000	2019/20 Plan February £'000	2019/20 Actual February £'000	Variance February £'000	2018/19 Actual February £'000	2019/20 Plan February £'000	2019/20 Actual February £'000	Variance February £'000
Transport	469	500	1,084	283	227	148	170	227	(57)	1,518	1,867	2,563	(696)
Clinical Supplies & Services	13,487	14,041	14,211	5,004	4,149	4,617	4,524	4,149	375	51,689	49,675	50,893	(1,218)
Clinical Supplies & Services - Pass through	1,497	1,950	1,877	562	701	479	656	701	(45)	5,003	7,319	6,586	733
Drugs	2,410	2,228	2,717	1,070	902	879	1,102	901	201	10,122	12,152	9,328	2,824
Drugs Pass through	10,465	10,478	11,048	4,031	3,216	3,313	3,560	3,216	344	38,818	39,160	39,237	(77)
Establishment Expenditure	1,606	2,051	986	298	290	384	527	289	238	5,702	5,806	5,231	575
General Supplies & Services	2,841	2,335	1,799	672	697	1,280	589	697	(108)	11,657	6,578	8,344	(1,766)
Other	898	720	1,520	685	417	326	328	418	(90)	2,703	3,591	4,240	(649)
Premises & Fixed Plant	4,524	4,913	5,675	1,984	1,607	1,646	1,633	1,606	27	16,495	17,968	18,703	(735)
Clinical Negligence	5,222	5,223	4,553	1,741	1,740	1,774	1,740	1,741	(1)	19,515	19,149	18,479	670
Capital charges	3,244	3,242	3,221	1,057	1,057	873	1,100	1,058	42	7,096	12,100	11,821	279
Total Non Pay	**46,663**	**47,681**	**48,691**	**17,387**	**15,003**	**15,719**	**15,929**	**15,003**	**926**	**170,318**	**175,365**	**175,425**	**(60)**

Non Pay year to date is £60k (0.03%) adverse to plan.

Excluding the favourable variance on Pass-through, Non Pay is £0.6m (0.56%) adverse to plan. However, the Non Pay position includes £1.9m of non-recurrent technical savings delivery, without which Non Pay would be £2.6m (2.0%) adverse to plan.

Some variation to plan would be expected in Non Pay given the slower than planned savings delivery and higher than planned levels of Non Elective volumes. The majority of the movement to plan, though, is in relation to the level of non-clinical expenditure i.e. the spend is higher in relation to Establishment Expenditure, General Supplies & Services and Premises & Fixed Plant. This adverse movement to plan includes higher than planned expenditure in a number of areas i.e. ongoing support costs in relation to FSM, dual running for Community COIN (for which there is an offset within Income) and additional building & engineering costs in Estates.

Excluding Pass-through, overall Non Pay expenditure in February was £1.7m lower than in January: £0.9m of the reduction relates to lower activity related Non Pay (which coincides with lower volumes of Daycases, Electives and Non-Electives); the balance relates to Non-Activity related Non Pay, with £0.3m of the reduction relating FRP technical benefits, £0.5m relating to Estates costs, and other material movements netting off.

Non Pay expenditure is being reviewed to ensure that any expenditure which may be capitalised is treated accordingly and that Non Pay expenditure in general and FSM support costs in particular are minimised.

SUSTAINABLE SERVICES – COST IMPROVEMENT PROGRAMME (CIP) SUMMARY

Executive Lead:

Director of Finance & Digital

CQC Domain:

Well-Led

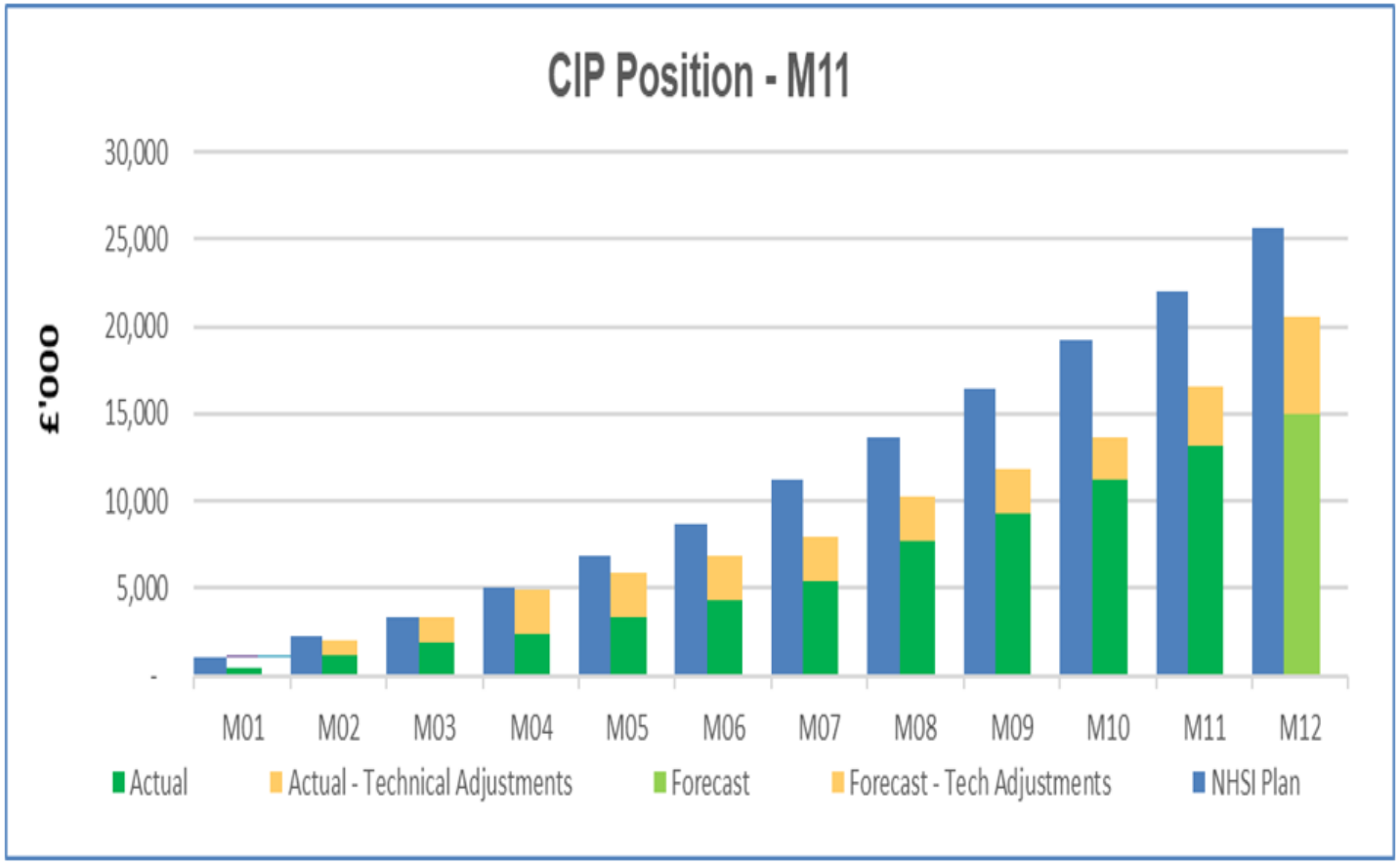
2021 Objective:
Our Services

M011	In Month: 2019/20			YTD: 2019/20			
	Plan February £'000	Actual February £'000	Variance February £'000	Plan February £'000	Actual February £'000	Variance February £'000	RAG
CIP	2,827	2,833	6	22,064	16,546	(5,518)	

Finance Position

YTD ACTUAL	£'000
Recurrent	10,952
Non Recurrent	5,594
TOTAL	**16,546**

FORECAST	£'000
Recurrent	12,700
Non Recurrent	7,849
TOTAL	**20,549**



The financial plan for 2019/20 includes an efficiency programme to deliver £25.61m of savings; this includes £250k of planned non-recurrent savings in relation to the sale of the original front entrance of Grantham Hospital.

CIP savings delivery of £2,833k is reported in February; compared to planned CIP savings delivery of £2,827k, savings delivery in February is £6k favourable to plan.

YTD CIP savings delivery of £16,546k to the end of February is £5,518k (25%) adverse to planned CIP savings delivery of £22,064k.

However, the YTD CIP position is supported by delivery of £3,428k of non-recurrent Technical CIP savings, including £897k in February.

Excluding Technical CIP delivery, the YTD CIP position is £8,946k (40.5%) adverse to plan.

The delivery of non-recurrent Technical CIP savings have mitigated some of the continued underperformance in relation to Theatres, Outpatients, Procurement, Workforce programmes and Divisional Transactional schemes.

SUSTAINABLE SERVICES – STATEMENT OF FINANCIAL POSITION

	Year end		Year to date			Monthly Actual 2019/20					Forecast Outturn		
	Plan	Actual	Plan	Actual	Variance	Actual	Actual	Actual	Actual	Actual	Actual	Plan	Variance
	31 March 2019		29 February 2020			Qtr 1	Qtr 2	Qtr 3	31-Jan	28-Feb	31 March 2020		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Non-current assets													
Intangible assets	5,488	6,341	4,668	4,782	(114)	5,907	5,484	5,062	4,922	4,782	4,639	4,637	2
Property, plant and equipment: **on-SoFP** IFRIC 12 assets	22,495	27,654	26,987	27,273	(286)	27,550	27,446	27,342	27,307	27,273	27,238	26,954	284
Property, plant and equipment: other	213,599	181,095	222,860	191,382	31,478	184,058	187,899	190,117	191,017	191,382	202,036	224,849	(22,813)
Trade and other receivables: due from non-NHS/DHSC group bodies	1,828	1,560	1,600	1,435	165	1,537	1,561	1,517	1,499	1,435	1,500	1,600	(100)
Total non-current assets	**243,410**	**216,650**	**256,115**	**224,872**	**31,243**	**219,052**	**222,390**	**224,038**	**224,745**	**224,872**	**235,413**	**258,040**	**(22,627)**
Current assets													
Inventories	6,799	7,440	7,350	7,664	(314)	7,317	7,484	7,657	7,495	7,664	7,500	7,350	150
Trade and other receivables: due from NHS and DHSC group bodies	17,664	15,203	23,894	33,699	(9,805)	16,170	25,931	40,248	37,119	33,699	36,338	26,845	9,493
Trade and other receivables: Due from non-NHS/DHSC group bodies	4,848	6,833	7,920	7,819	101	15,803	15,671	9,694	7,984	7,819	7,912	7,912	0
Assets held for sale and assets in disposal groups	0	660	510	660	(150)	660	660	660	660	660	660	510	150
Cash and cash equivalents: GBS/NLF	6,143	7,376	990	4,403	(3,413)	1,206	3,423	3,875	2,779	4,403	5,345	4,214	1,131
Cash and cash equivalents: commercial / in hand / other	10	10	10	10	0	10	10	10	10	10	10	10	0
Total current assets	**35,464**	**37,522**	**40,674**	**54,255**	**(13,581)**	**41,166**	**53,179**	**62,144**	**56,047**	**54,255**	**57,765**	**46,841**	**10,924**
Current liabilities													
Trade and other payables: capital	(4,723)	(10,791)	(4,776)	(5,815)	1,039	(7,990)	(6,831)	(5,955)	(5,693)	(5,815)	(11,660)	(4,466)	(7,194)
Trade and other payables: non-capital	(38,039)	(40,622)	(37,250)	(39,750)	2,500	(47,043)	(41,788)	(46,494)	(42,954)	(39,750)	(35,527)	(41,096)	5,569
Borrowings	(77,359)	(114,339)	(184,092)	(186,534)	2,442	(124,423)	(122,404)	(179,269)	(184,976)	(186,534)	(179,379)	(197,289)	17,910
Provisions	(735)	(608)	(565)	(594)	29	(608)	(608)	(672)	(629)	(594)	(594)	(565)	(29)
Other liabilities: deferred income	(2,707)	(2,869)	(1,200)	(2,515)	1,315	(1,110)	(1,871)	(2,832)	(1,685)	(2,515)	(1,200)	(1,200)	0
Other liabilities: other	(503)	(503)	(503)	(503)	0	(503)	(503)	(503)	(503)	(503)	(503)	(503)	0
Total current liabilities	**(124,066)**	**(169,732)**	**(228,386)**	**(235,711)**	**7,325**	**(181,677)**	**(174,005)**	**(235,725)**	**(236,440)**	**(235,711)**	**(228,863)**	**(245,119)**	**16,256**
Net Current liabilities	**(88,602)**	**(132,210)**	**(187,712)**	**(181,456)**	**(6,256)**	**(140,511)**	**(120,826)**	**(173,581)**	**(180,393)**	**(181,456)**	**(171,098)**	**(198,278)**	**27,180**
Total assets less current liabilities	**154,808**	**84,440**	**68,403**	**43,416**	**24,987**	**78,541**	**101,564**	**50,457**	**44,352**	**43,416**	**64,315**	**59,762**	**4,553**
Non-current liabilities													
Borrowings	(228,888)	(188,196)	(186,775)	(191,160)	4,385	(199,326)	(232,940)	(189,102)	(187,102)	(191,160)	(202,409)	(178,440)	(23,969)
Provisions	(2,911)	(2,863)	(2,832)	(2,808)	(24)	(2,989)	(2,689)	(2,829)	(2,833)	(2,808)	(2,762)	(2,782)	20
Other liabilities: other	(13,081)	(13,081)	(12,619)	(12,620)	1	(12,956)	(12,830)	(12,704)	(12,662)	(12,620)	(12,578)	(12,578)	0
Total non-current liabilities	**(244,880)**	**(204,140)**	**(202,226)**	**(206,588)**	**4,362**	**(215,271)**	**(248,459)**	**(204,635)**	**(202,597)**	**(206,588)**	**(217,749)**	**(193,800)**	**(23,949)**
Total net assets employed	**(90,072)**	**(119,700)**	**(133,823)**	**(163,172)**	**29,349**	**(136,730)**	**(146,895)**	**(154,178)**	**(158,245)**	**(163,172)**	**(153,434)**	**(134,038)**	**(19,396)**
Financed by													
Public dividend capital	257,563	260,042	264,241	261,597	2,644	260,042	260,042	260,555	261,388	261,597	267,813	265,318	2,495
Revaluation reserve	34,455	32,159	35,011	31,331	3,680	31,933	31,707	31,481	31,406	31,331	31,255	34,951	(3,696)
Other reserves	190	190	190	190	0	190	190	190	190	190	190	190	0
Income and expenditure reserve	(382,280)	(412,091)	(433,265)	(456,290)	23,025	(428,895)	(438,834)	(446,404)	(451,229)	(456,290)	(452,692)	(434,497)	(18,195)
Total taxpayers' and others' equity	**(90,072)**	**(119,700)**	**(133,823)**	**(163,172)**	**29,349**	**(136,730)**	**(146,895)**	**(154,178)**	**(158,245)**	**(163,172)**	**(153,434)**	**(134,038)**	**(19,396)**

BORROWINGS	Year end		Year to date			Monthly Actual 2019/20					Forecast Outturn		
Current	31 March 2019		29 February 2020			Qtr 1	Qtr 2	Qtr 3	31-Jan-20	28-Feb-20	31 March 2020		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Borrowings: DHSC capital loans	2,429	1,889	2,636	2,719	(83)	1,828	2,701	2,719	2,719	2,719	2,606	2,636	(30)
Borrowings: DHSC working capital / revenue support loans	74,930	112,450	178,534	180,085	(1,551)	120,859	117,357	174,085	180,085	180,085	174,084	191,521	(17,437)
Accrued interest on DHSC loans	0		2,460	2,248	212	1,736	2,346	2,465	2,172	2,248	2,449	2,670	(221)
Borrowings: other (non-DHSC)	0	0	462	1,482	(1,020)	0	0	0	0	1,482	240	462	(222)
Total current borrowings	**77,359**	**114,339**	**184,092**	**186,534**	**(2,442)**	**124,423**	**122,404**	**179,269**	**184,976**	**186,534**	**179,379**	**197,289**	**(17,910)**
Non-current													
Borrowings: DHSC capital loans	33,343	24,283	32,106	32,907	(801)	25,005	34,179	33,833	33,833	32,907	32,914	32,746	168
Borrowings: DHSC working capital / revenue support loans	195,545	163,913	151,431	158,253	(6,822)	174,321	198,761	155,269	153,269	158,253	168,253	142,687	25,566
Borrowings: other (non-DHSC)	0	0	3,238	0	3,238	0	0	0	0	0	1,242	3,007	(1,765)
Total non-current borrowings	**228,888**	**188,196**	**186,775**	**191,160**	**(4,385)**	**199,326**	**232,940**	**189,102**	**187,102**	**191,160**	**202,409**	**178,440**	**23,969**

The Year to date and forecast balance sheets are broadly in line with plan with the following main exceptions:

- Property plant and equipment: the 2019/20 plan was constructed prior to the results of the 31 March 2019 revaluation being completed. This resulted in an increase in asset valuation of circa £32m; the offset to this can be seen within the revaluation and Income & Expenditure Reserves.

- Borrowings: the split between debt due to be repaid within and after one year was incorrect at plan. In total however this is accurate.

- Trade / NHS Receivables: the levels at 29 February (£41.5m) are significantly increased against plan (£31.8m) due to high levels of NHS Accrued income versus plan. The balance of £41.5m broadly breaks down into outstanding invoices awaiting payment (NHS £10.6m, Non-NHS £1.7m), CRU (£1.5m), net PSF / FRF / MRET monies awaited (£8.7m), Prepayments (£5.1m), NHS Accrued Contract Income (£11.9m), Other NHS Accrued Income (£0.7m) and other receivables (£1.3m).

- Trade Payables - these are currently operating at levels above plan reflecting the level of cash resources available.

The forecast balance sheet assumes that the control total of £41.5m is achieved and the full PSF / FRF are awarded.
The late award of PDC and delays in the capital programme are likely to mean that the Trust will be holding capital creditors in excess of £11.5m at the end of March.

SUSTAINABLE SERVICES – CASH REPORT

Executive Lead: Director of Finance & Digital

CQC Domain: Well-Led

2021 Objective: Our Services

Cash Report 2019/20 Month 11

Year to date:
The cash balance of £4.4m at 29 February reflects a number of factors, of which the most significant are:
- the reduction in capital creditors from the year end high of £10.8m to £5.8m;
- the operating deficit (£36.7m) being £4.9m adverse to plan.
- drawdown of Revenue loans (£63.9m) being higher than plan (£55.6m)
- an increase in NHS receivables of £18.5m since March to £33.7m at 29 February 2020 (reflecting an increase in accrued income due from the Lincolnshire CCGs); offset in part the level of Payables has fallen by £5.8m to £45.6m.

Simplistically therefore payments / cash have been managed through a mix of delays in the capital programme / capital creditors, increased borrowing and by flexing payments as necessary to manage within the cash resources available.
Whilst there has been an impact on the ability to pay suppliers within the 30 day target, the careful management of cash has meant that there has been no negative impact upon supplies and therefore the services provided by the Trust.

Borrowing:
Revenue and capital cash loans drawn between April - February 2020 equate to £63.9m / £13.3m respectively; taking the total revenue and capital borrowings (excluding accrued interest) at 29 February to £375.4m. As a consequence borrowing costs for 2019/20 are anticipated to be £9.3m in I&E terms, and in cash terms £8.8m.

Total borrowings since February 2018 against the Fire Safety Capital Scheme are £38.2m. The original business case agreed with NHSI set external support at £39.9m. NHSI have requested the business case be refreshed before signing off the final £1.7m.
Close monitoring of the cash position must continue to ensure sufficient borrowing is put in place where required.

Forecast:
The cash forecast is broadly in line with plan. The capital creditors are forecast to increase to £11.7m by March 2020 which allows the Trust to continue to meet revenue creditor obligations.
Revenue receivables will remain high into 2020/21 with DHSC not expected to process Q4 PSF / FRF payments until the new financial year.
The cash forecast assumes capital borrowing of £13.2m and revenue borrowing in 2019/20 at £67.9m (£41.2m: 2019/20 deficit support; plus £9.6m 2018/19 deficit support, £0.8m working capital support and £16.4m PSF and FRF).

SUSTAINABLE SERVICES – CASH REPORT continued

Executive Lead: Director of Finance & Digital

CQC Domain: Well-Led

2021 Objective: Our Services

	In Month Actual February			Year to date February			Year End Forecast		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Operating Surplus	(2,815)	(4,405)	(1,590)	(31,855)	(36,795)	(4,940)	(32,306)	(32,401)	(95)
Depreciation	1,100	1,057	(43)	12,100	11,820	(280)	13,200	13,050	(150)
Other Non Cash I&E Items	(17)	0	17	(196)	(75)	121	(214)	(120)	94
Movement in Working Capital	(331)	1,068	1,399	(14,561)	(21,264)	(6,703)	(13,680)	(29,481)	(15,801)
Provisions	0	(60)	(60)	(31)	(78)	(47)	(81)	(115)	(34)
Cashflow from Operations	**(2,063)**	**(2,340)**	(277)	**(34,543)**	**(46,392)**	(11,849)	**(33,081)**	**(49,067)**	(15,986)
Interest received	3	10	7	33	135	102	36	138	102
Capital Expenditure	(3,366)	(1,128)	2,238	(34,987)	(25,075)	9,912	(38,312)	(30,891)	7,421
Cash receipt from asset sales	0	3	3	150	33	(117)	150	33	(117)
Cash from / (used in) investing activities	**(3,363)**	**(1,115)**	**2,248**	**(34,804)**	**(24,907)**	**9,897**	**(38,126)**	**(30,720)**	**7,406**
PDC Received	1,075	209	(866)	4,199	1,555	(2,644)	5,276	7,771	2,495
Interest on Loans, PFI and leases	(614)	(669)	(55)	(7,841)	(8,101)	(260)	(8,486)	(8,783)	(297)
Drawdown on debt - Revenue	5,882	4,984	(898)	55,566	63,938	8,372	59,809	67,938	8,129
Drawdown on debt - Capital	0	1,482	1,482	14,760	13,182	(1,578)	15,400	13,182	(2,218)
Repayment of debt	(917)	(927)	(10)	(2,490)	(2,248)	242	(2,721)	(2,352)	369
Cashflow from financing	**5,426**	**5,079**	**(347)**	**64,194**	**68,326**	**4,132**	**69,278**	**77,756**	**8,478**
Net Cash Inflow / (Outflow)	**0**	**1,624**	**1,624**	**(5,153)**	**(2,973)**	**2,180**	**(1,929)**	**(2,031)**	**(102)**
Opening cash balance	1,000	2,789	1,789	6,153	7,386	1,233	6,153	7,386	1,233
Closing Cash balance	**1,000**	**4,413**	**3,413**	**1,000**	**4,413**	**3,413**	**4,224**	**5,355**	**1,131**

SUSTAINABLE SERVICES – CAPITAL REPORT 2019/20 Month 10

Executive Lead: Director of Finance & Digital

CQC Domain: Well-Led

2021 Objective: Our Services

The Trust has capital resources of c£31.8m for 2019/20 including ring-fenced funding e.g. Fire, LED Lighting, Fluoroscopy and e-HR. this now includes the additional £0.7m re: e-HR.
The year-to-date spend incurred amounts to c£20.1m against a planned spend of c£24.7m. All internally funded scheme leads were written to or met face to face (w/c 9th February) to understand the forecast position to 31st March 2020. Based on continuing challenge there remains a need to look at revising the capital programme daily to ensure other key schemes can be supported where slippage is identified. A continued assessment on the potential impact into 2020/21 needs to take place where schemes are delayed due to the limited discretionary Trust funds available. Externally funded schemes have varying levels of forecasted spend against plan and are summarised below. ULHT are in contact with NHSI/HSLI to inform of these changes and look at methods of deferral into 2020/21.

Year-to-date spend analysis as follows:
Facilities; Minimal spend at M11 of £942k. Majority of spend incurred links to Anti-barricading improvements, £187k, Water Access Tanks, £153k and roof improvements, £243k. 2nd IT room at Pilgrim, £79k. Lincoln Heating where CQC had raised an issue following an incident with a patient, £31k. Pilgrim Kitchen Floor, £27k. Corridor Flooring, £21k. Endoscopy, £16k. Regular meetings are taking place to ensure planned spend levels are accurate, and risks identified early. A revised forecast for all schemes has recently been completed for further review however slippage i sbeing identified constantly.
Fire; Costs incurred at the end of February amounted to c£12.7m. Fire Works package 1 at LCH is £3.6m, package 2 is £2.5m, package 3 is £1.9m and Emergency Lighting at LCH is £0.7m. Package 1 at Pilgrim amounts to £1.7m and package 2 £1.1m. Work continues with the QS to ensure robust mechanisms are in place for capturing financial information and projections. Cash flow forecasts are also being managed.
Medical Devices; Spend year-to-date is £1.4m. The previous equipment replaced this year has been; Radiology Ultrasound machine £66k, Theatre Tables £177k, Surgical Diathermy £114k, Theatre lights £123k, YAG Laser £42k, Field Analyser £38k, Ultrasound Scanner £22k and Dental Chair £11k and Pilgrim Fluoroscopy Room £469k. Due to the levels of emergency equipment replacement required there has been further reprioritisation of allocations involving Divisions - this has removed the £100k allocation for phaco-emulsifiers and enabled the Field Analyser, YAG Laser and Ultrasound for LCH A&E to be purchased instead. Additioal slippage funds made available have supported MRI Compatible Monitors £128k and ICU ventilators to remove CQC risk £126k.
IT; Spend to date of £1.8m. Key spend areas are as follows - E-Health-record costs of £488k, Windows 7 to 10 £426k, E-prescribing £226k, Cyber Security £197k, PC replacement £97k, Wifi spend linked to HSLI deferred monies amounting to £74k and Digital Dictation £148k. Revised forecasts continue to be progressed.
External Funding update
Work continues to progress regarding the £21.3k allocated for Pilgrim A&E and UTC. Business case being updated currently involving key stakeholders across Lincolnshire to ensure robust plans are assessed and options appraised and discussions taking place within NHSE/I around timescales for delivery as initial feedback has been they are too optimistic. Further to this funding support of £824k is due for 2 x CT Scanners & £953k for an MRI scanner in 19/20 has been received now.

SUSTAINABLE SERVICES – CAPITAL REPORT continued

Executive Lead: Director of Finance & Digital

CQC Domain: Well-Led

2021 Objective: Our Services

Year to date			
	Plan	Actual	Variance
	£'000	£'000	£'000
Capital Balance	**24,609**	**20,099**	4,511

Year End Forecast			
	Plan	Actual	Variance
	£'000	£'000	£'000
Capital Balance	**31,760**	**31,760**	**0**

Year to date	**Plan**	**Actual**	**Variance**
	£'000	**£'000**	**£'000**
Medical Equipment replacement	1,948	1,369	579
Estates - Fire	12,632	12,703	(71)
ICT	2,394	1,794	600
Estates - Backlog	2,076	942	1,134
Service developments	5,559	3,290	2,269
Total	**24,609**	**20,098**	4,511

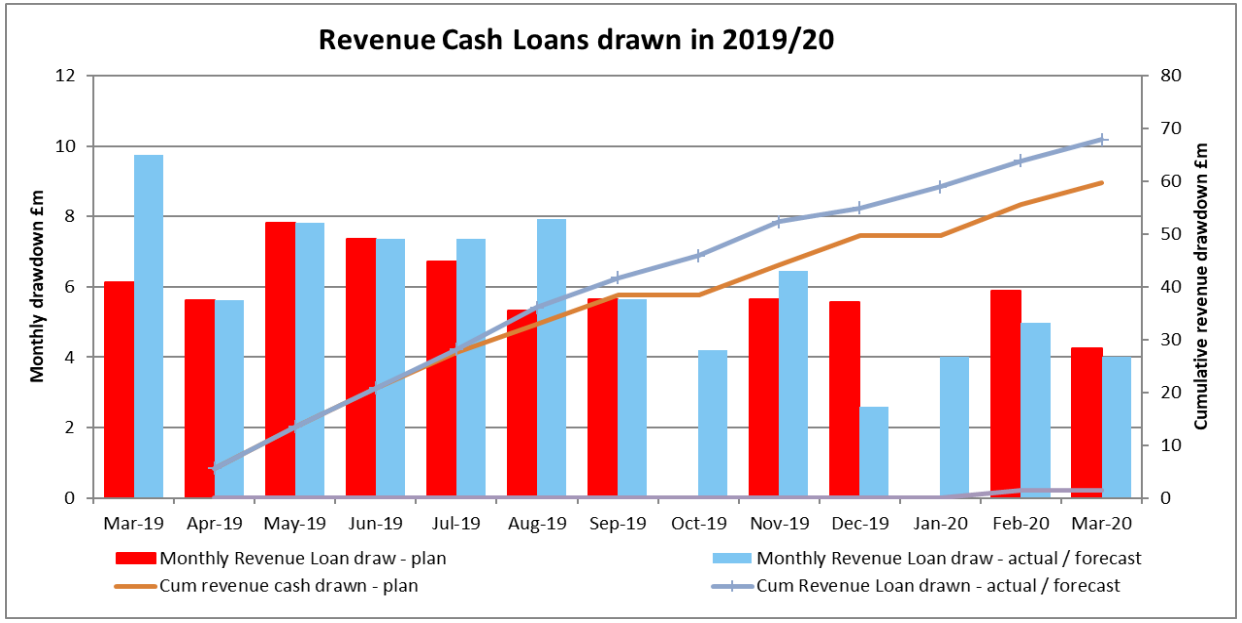
Year End Forecast	**Plan**	**Actual**	**Variance**
	£'000	**£'000**	**£'000**
Medical Equipment replacement	2,981	3,700	**-719**
Estates - Fire	14,770	14,465	**305**
ICT	4,385	4,385	**0**
Estates - Backlog	2,129	1,976	**153**
Service developments	7,495	7,233	**262**
Total	**31,760**	**31,760**	**0**

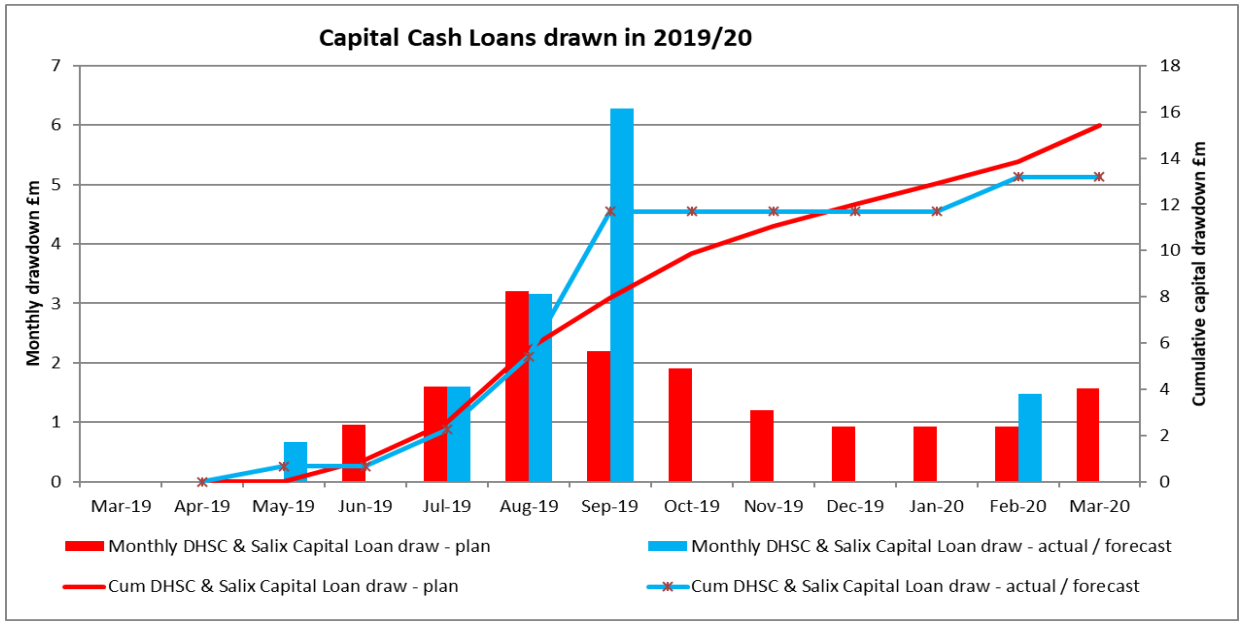
SUSTAINABLE SERVICES – NEW BORROWING

Executive Lead: Director of Finance & Digital

CQC Domain: Well-Led

2021 Objective: Our Services





SUSTAINABLE SERVICES – NEW BORROWING

Executive Lead: Director of Finance & Digital

CQC Domain: Well-Led

2021 Objective: Our Services

Borrowing
The Trust has drawn cash loans of £77.1m during the eleven months to February 2020, this is split £63.9m revenue support and £13.2m capital (Forecast 81.1m : Revenue: £67.9m, Capital: £13.2m). This includes £9.6m deficit support relating to 2018/19.

Revenue
The forecast deficit for 2019-20 is £41.4m in line with the financial plan. Revenue borrowings are planned to be £67.9m (Deficit support 19/20: £41.1m, 18/19: £9.6m, working capital support £0.8m and PSF / FRF: £16.4m).
The impact of I&E pressures upon the Trust ability to pay suppliers has been largely mitigated by capital cash, available due to the high level of capital creditors brought forward from 2018/19. Although 2018/19 creditors have now been largely cleared, a large portion of the 2019/20 capital programme will not be completed until the final months of the year (with cash payments of £11.7m not expected until 2020/21); this offers a degree of ongoing temporary support to meet any cash shortfall associated with the revenue position.
The Trust borrowing agreed by NHSI for February was £5.0m - within the limits authorised by the Trust Board.
March borrowing has been agreed by NHSI at £4.0m; in line with that authorised by the Board.

The four Lincolnshire CCGs provided further cash support of £4.0m during February with an additional £6.5m expected during March.
Coupled with the high level of capital creditors expected at 31 March 2020, the CCG support provided and the additional borrowing in March, the Trust has sufficient cash to manage payments to suppliers for the remainder of 2019/20.

Whilst further guidance setting out all aspects of the cash regime in 2019/20 is awaited, key principles are understood; specifically:
- Existing Loans at 31 March 2020 will be converted into PDC at some point during 2020/21.
- Trusts will receive Q1 FRF payments on 1st April. For ULHT this equates to £13.2m. This will mean that no new borrowing will be required until at least June.

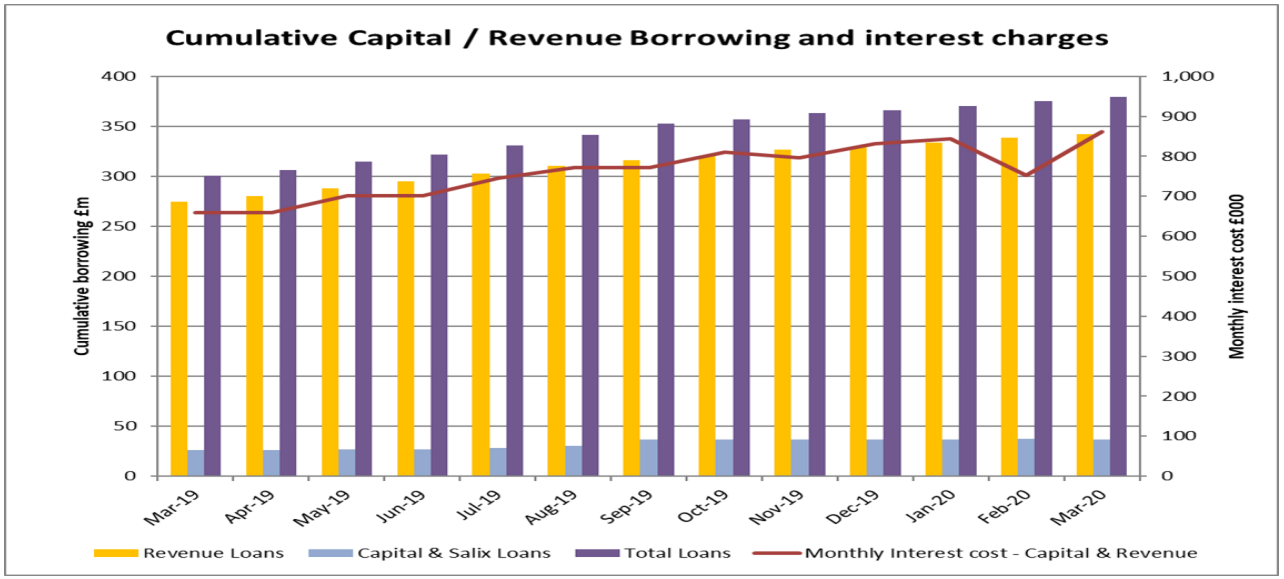
Capital Borrowing
A series of capital loans totalling £38.2m were agreed with DHSC in relation to the Fire Safety Capital scheme. Against this £26.5m was drawn prior to 2019/20 and a further £11.7m subsequently drawn in 2019/20. The balance of £1.7m is subject to a refresh of the original business case and once approved will be drawn in 2020/21.
A further loan of £4.0m funded through the SALIX Energy Efficiency Loan Scheme has been agreed. £1.5m was drawn during February 2020 with the balance to be drawn in 2020/21.

SUSTAINABLE SERVICES – CUMULATIVE BORROWING

Executive Lead: Director of Finance & Digital

CQC Domain: Well-Led

2021 Objective: Our Services



Borrowings and Interest

At 29 February 2020 total 'repayable' borrowings (excluding accrued interest) were £375.4m, capital (£37.1m) and revenue (£338.3m).
Existing loans are held at a variety of interest rates, Capital 1.1% (£6.9m) & 1.37% (£28.7m) and nil% (£1.5m), Revenue 1.5% (£155.3m), 3.5% (£139.6m) & 6.0% (£43.4m).

In early November the Trust received notification from DHSC that a series of loans with original repayment dates between November 2018 and March 2019 have been extended into 2020/21. The original interest rates remain unchanged.

Interest costs for 2019/20 are £9.2m (Revenue £8.8m / Capital £0.4m).
Changes in accounting standards from 2018/19 have meant that any accrued interest (February 20 - £2.2m) is now reported as part of overall borrowings on the Statement of Financial Position.

Future borrowings are anticipated to be at 1.37% for capital.

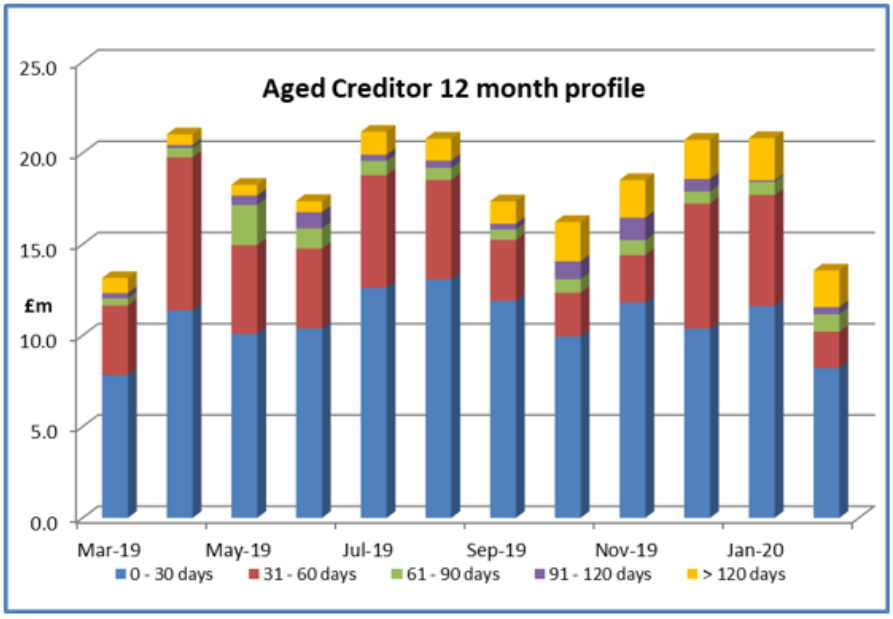
Guidance issued as part of the 2020/21 planning submission indicates that existing revenue borrowings will be converted to PDC, with future deficit financing flowing through the Financial Recovery Fund rather than loans where control totals are achieved. Further details are awaited, but for Q1 NHSI have confirmed the Trust will receive £13.2m FRF in April, thus negating the need for additional borrowing until at least June 2020.
For those Trusts not achieving performance in line with control total trajectories, the process for accessing additional cash appears likely to be similar to the current regime, this however is subject to confirmation.

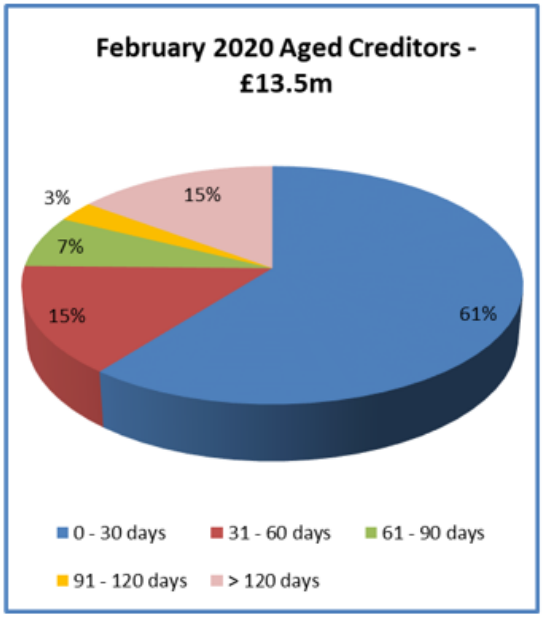
SUSTAINABLE SERVICES – CREDITOR PAYMENTS

Executive Lead: Director of Finance & Digital

CQC Domain: Well-Led

2021 Objective: Our Services





Creditors
Total Creditors were £15.3m at 29th February 2020, of which; £5.3m were over 30 days (£2.3m > 90 days).
Focusing further upon those invoices over 30 days; £2.0m had been authorised and was ready to pay at 29th February, a further £1.8m (56%) relates to ten suppliers where there are specific queries and which the payments team are actively working to resolve with the supplier and purchasing departments. The remaining £1.5m is spread across 358 suppliers and circa 1,301 invoices.

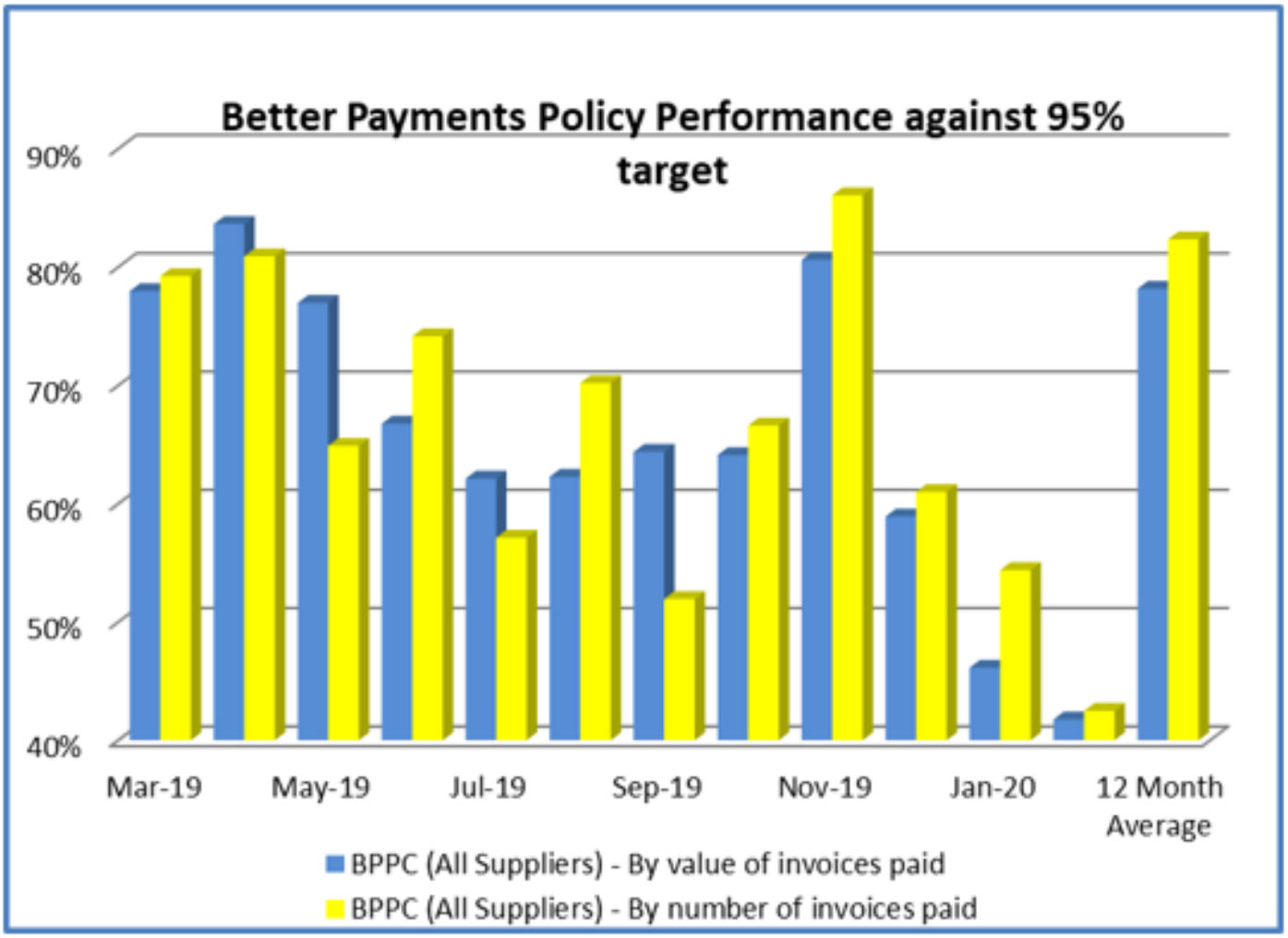
Performance
Performance against BPPC has declined from 2018/19 levels, principally due to the cash position of the Trust. It has been necessary to carefully manage outgoings often at the expense of BPPC to ensure sufficient reserves have been maintained to cover month end payroll costs and other potential unforeseen 'urgent' payments. The BPPC and Creditor profiles covering the previous 12 months illustrate the increase in Creditors and decline in BPPC since March.

SUSTAINABLE SERVICES – BETTER PAYMENTS

Executive Lead: Director of Finance & Digital

CQC Domain: Well-Led

2021 Objective: Our Services



BPPC

The Better Payment Practice Code (BPPC) requires the Trust to aim to pay all valid invoices by the due date or within 30 days (whichever is the latter).

The 12 month rolling and February 2020 performance are shown in the following table.

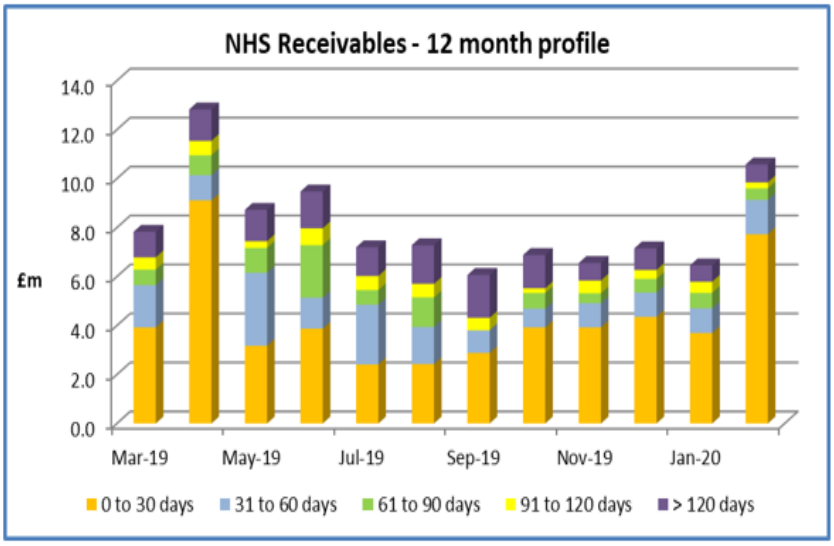
	NHS		Non-NHS	
	By volume Number	By Value £000s	By volume Number	By Value £000s
Total bills paid in the year	2266	38,274	110,045	180,355
Total bills paid within target	1249	27,038	70,220	108,587
% of bills paid within target YTD	**55.12%**	**70.64%**	**63.81%**	**60.21%**
% of bills paid within February 2020	**39.90%**	**74.97%**	**42.52%**	**38.15%**

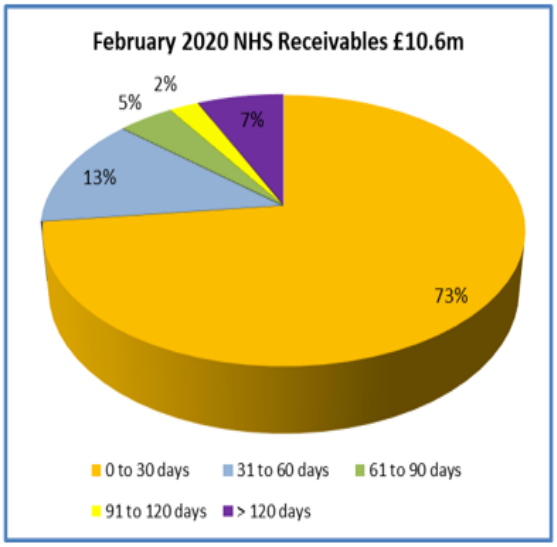
SUSTAINABLE SERVICES – NHS RECEIVABLES

Executive Lead: Director of Finance & Digital

CQC Domain: Well-Led

2021 Objective: Our Services





	Totals outstanding debt £'000						
	0 - 30 days	31 - 60 days	61 - 90 days	91 - 120 days	120 + days	Grand Total	90+ days
CCGs - Lincolnshire	2,310	305	92	66	278	3,051	344
CCGs - Other	284	198	8	78	135	703	213
Trusts - Lincolnshire	106	492	315	1	21	935	22
Trusts - Other	543	429	20	25	128	1,145	153
Other NHS	4,488	(19)	30	77	170	4,746	247
Total	**7,731**	**1,405**	**465**	**247**	**732**	10,580	**979**

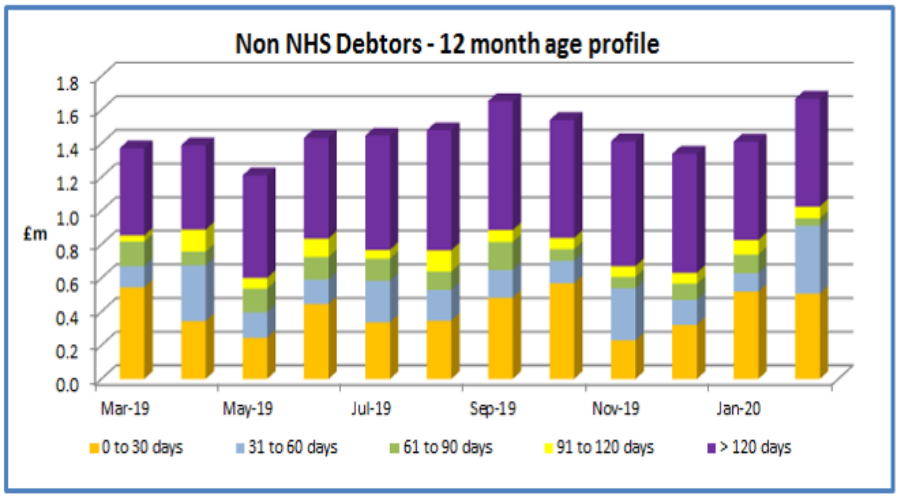
The tables above show the level of NHS debt over the last 12 months alongside the aged split at 29 February 2020. Overall levels of debt have remained steady having hit the lowest point since early 2018/19 in September. Much of this can be attributed to the 'without prejudice' agreement between ULHT and the four Lincolnshire CCGs, LPFT and LCHS to make invoice payments 'on account' to assist ULH cash liquidity.

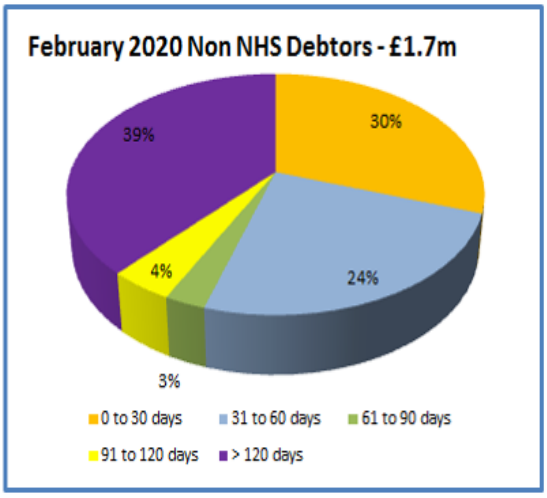
SUSTAINABLE SERVICES – NON NHS RECEIVABLES

Executive Lead: Director of Finance & Digital

CQC Domain: Well-Led

2021 Objective: Our Services





	Totals outstanding debt £'000						
Description	**0 - 30 days**	**31 - 60 days**	**61 - 90 days**	**91 - 120 days**	**120 + days**	**Grand Total**	**90+ days**
Overseas Visitors	20	7	11	3	68	**111**	72
Debt Collection - Overseas	0	0	0	0	101	**101**	101
NHS Non English	3	5	(2)	18	46	**70**	64
Misc	463	379	28	31	297	**1,198**	328
Salary Overpayments	19	11	6	14	31	**80**	45
Private Patients	0	0	0	0	0	-	0
Debt Collection - General	0	0	0	0	62	**62**	62
Agreed Installment Plans	0	1	2	3	37	**43**	40
Grand Total	**506**	**404**	**45**	**70**	**641**	**1,665**	**711**

The tables above show the level of Non-NHS debt over the last 12 months alongside the aged split at 29 February 2020.

The level of debt has increased £0.2m since last month and is £0.6m higher than this period last year. The position is driven in part by:
1. Overseas Debt - currently £0.2m over 90 days. Bad debt provision continues to be updated and CCG risk share is in place to fund 50% of any written off debt, write offs will be required in March following bad debt review.
2. A dispute has arisen with one of the retailers on Trust Sites. This is being addressed through legal channels but accounts for £0.2m.
3. A further £0.1m is in dispute with St Barnabas and has been escalated to the contracting team to seek resolution / payment. A meeting was held between the two parties in month but further work remains to resolve.
The breakdown of debt across general category headings is shown opposite.

SUSTAINABLE SERVICES – EXTERNAL FINANCIAL LIMIT & CAPITAL RESOURCE LIMITS

Executive Lead: Director of Finance & Digital

CQC Domain: Well-Led

2021 Objective: Our Services

External Financing Limit Target (EFL)	Initial EFL	Agreed & Notified amendments	Anticipated future amendments	Forecast EFL
	£000s	£000s	£000s	£000s
Anticipated EFL at Plan	**79,693**	**0**	**0**	**79,693**
April 19 Planned Cash movements	1,929			**1,929**
Capital element of Finance leases - repayments		0		**0**
2018/19 additional deficit financing		9,552		**9,552**
Interim revenue support loan: deficit financing		40,107	1,049	**41,156**
PSF temporary loan financing		13,474	2,951	**16,425**
Working Capital Loan		805	0	**805**
Fire safety - Loan		11,700	0	**11,700**
Fire safety loan repayments		(2,248)	(104)	**(2,352)**
Salix Loan Financing		1,482	0	**1,482**
Salix Loan repayment		0	0	**0**
PDC drawn 18/19 carried forward		102		**102**
PDC received: Medical School		0	0	**0**
PDC received: LED Lighting		1,439	0	**1,439**
PDC received: E- Health Records		977	0	**977**
PDC received: E- Health Records - tranche 2			700	**700**
PDC received: STP support LCHS / LPT		0	974	**974**
PDC received: Fluoroscopy		1,200	0	**1,200**
PDC received: Cyber Security		521	0	**521**
PDC received: CT / MRI		1,779	0	**1,779**
PDC received: Changing Places		97	0	**97**
PDC Received: Corona Virus preparation			84	**84**
Initial / Agreed changes / Anticipated changes / Forecast EFL	**1,929**	**80,987**	**5,654**	**88,570**

Performance against Capital Resource Limit (CRL) Target	Initial CRL	Agreed & Notified amendments	Anticipated future amendments	Forecast CRL
	£000s	£000s	£000s	£000s
Anticipated CRL at Plan	**31,155**	**0**	**0**	**31,155**
Planned Depreciation	13,200			**13,200**
Fire safety - Loan		11,700	0	**11,700**
Fire safety loan repayments	(2,490)		138	**(2,352)**
Salix Loan Financing		1,482	0	**1,482**
Salix Loan repayment	(231)	0	231	**0**
PDC drawn 18/19 carried forward		102		**102**
PDC received: Medical School		0	0	**0**
PDC received: LED Lighting		1,439	0	**1,439**
PDC received: E- Health Records		977	0	**977**
PDC received: E- Health Records - tranche 2		0	700	**700**
PDC received: STP support LCHS / LPT		0	974	**974**
PDC received: Fluoroscopy		1,200	0	**1,200**
PDC received: Cyber Security		521	0	**521**
PDC received: CT / MRI		1,779	0	**1,779**
PDC received: Changing Places		97	0	**97**
PDC Received: Corona Virus preparation		0	84	**84**
Initial / Agreed changes / Anticipated changes / Forecast CRL	**10,479**	**19,297**	**2,127**	**31,903**
Forecast Capital expenditure				**31,880**
Planned underspend re PDC schemes deferred into 2019/20				
Less Capital funded via Charitable Donations				**(120)**
Less Net book value of disposed assets				**(7)**
Charge against CRL				**31,753**
(Over) / Under shoot against CRL target				**150**

EFL

The Trust External Financing limit is set by the DHSC. This is a cash limit on net external financing and it is one of the controls used by the DHSC to keep cash expenditure of the NHS as a whole within the level agreed by Parliament in the public expenditure control totals. Trusts must not exceed the EFL target, which effectively determines how much more (or less) cash a Trust can spend over that which it generated from its activities. This target translates in simple terms to the Trust holding a minimum cash balance at year end of £5.4m.

CRL

The Trust is allocated a CRL target based upon its planned internally generated resources - depreciation and asset sale proceeds plus agreed net additional developments funded by loans / PDC.

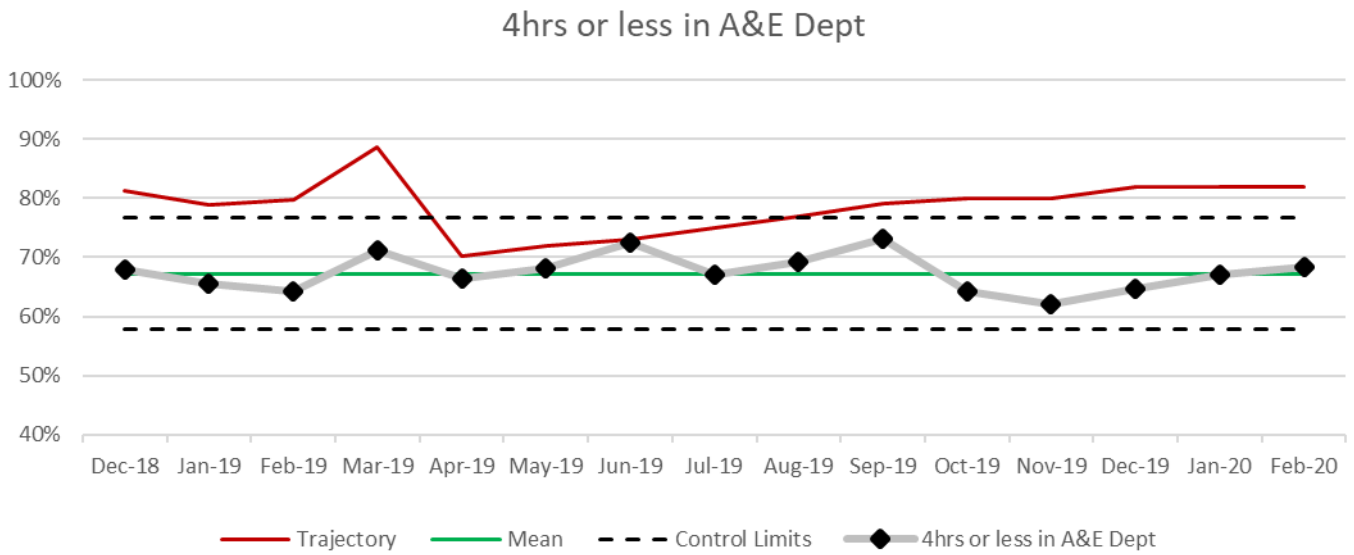
Trusts are not permitted to exceed the CRL.

ZERO WAITING – A&E 4 HOUR WAIT

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services



Challenges/Successes

- A&E overall outturn for February, Type 1 and primary care streaming delivered 68.42% against a trajectory of 82%, an adverse variance of 13.58% against trajectory but demonstrates a 1.42% improvement compared with January.
- LCH performance for February was 65.10% compared to 63.05% in January.
- This represents an improvement of 2.05% compared with January and is 16.9% adverse variance to trajectory.
- PHB performance for February was 64.02% compared to 62.47% in January.
- This represents a 1.55% improvement compared with January and 17.98% adverse to trajectory.
- GDH performance for February was 94.94% compared to 95.27% in January. This represents a 0.33% adverse performance compared with January but is 12.94% in excess of trajectory.
- There were 365 less non-elective discharges in February compared with January.
- There were 4,847 non elective discharges in February compared with 5212 non elective discharges in January.
- Average LOS for non-elective admissions has reduced to 4.50 days in February, consistent with performance in November and December and 0.38/day improved compared with January.

Actions in place to recover:

Some of the actions against this metric are repetitive but continue to be valid.

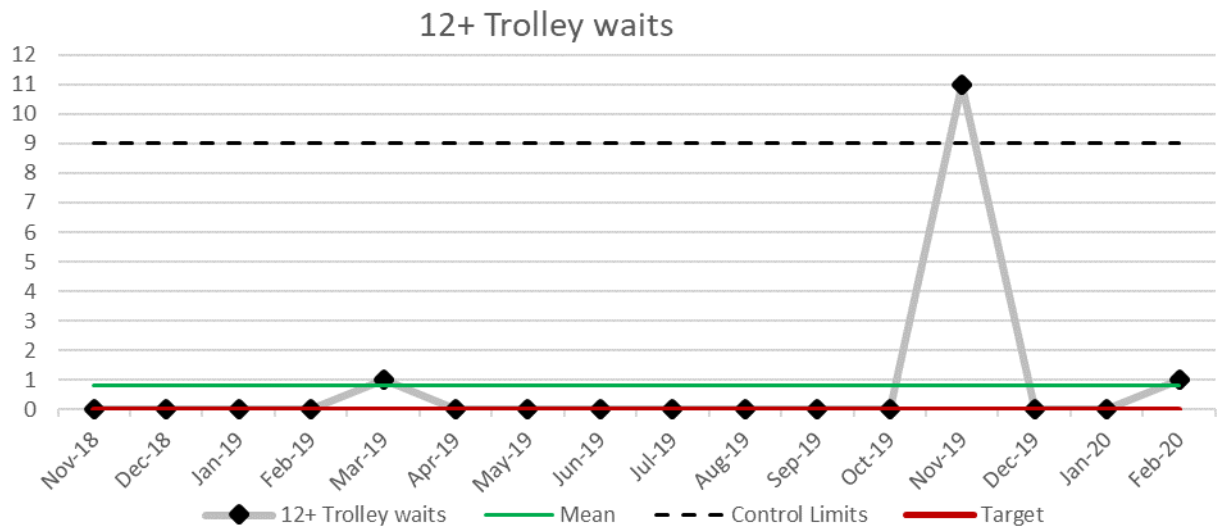
- Continue with reduction in ambulance conveyances through alternative pathways targeting out of area first and increased use of the Clinical Assessment Service which has now been enhanced;
- Increase numbers of patients seen through primary care streaming/Urgent Care Centres; protecting the minors stream and focussing on delivering 4 hours through this stream. UTC numbers are now in access of 30%
- Long stay Tuesday and Wednesday at LCH and PHB to further reduce stranded patient numbers by re-focusing back to 21 day LOS as per ECIST recommendations is now realising both impact and reduction.
- Increase numbers of patients who are seen and treated through a Same Day Emergency Care (SDEC) pathway; Target is 20% of the Emergency Take is being realised.
- Red to Green roll out has been well received across the Trust. The second MADE event took place week commencing 6th January and some benefits were demonstrated with increased discharges. Additional challenge is in place against the 13 LCC funded schemes to reduce acute care LOS.

ZERO WAITING – 12HR + TROLLEY WAITS

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services



Challenges/Successes

- 1 x 12 hour breach was experienced during February.

Actions in place to recover:

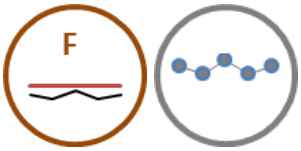
- The breach has been investigated with the staff concerned and occurred due to a lapse in communication at several points across the patients pathway leading to a 'swiss cheese' effect
- Individual staff have been spoken to and communication is being monitored to ensure this does not happen again

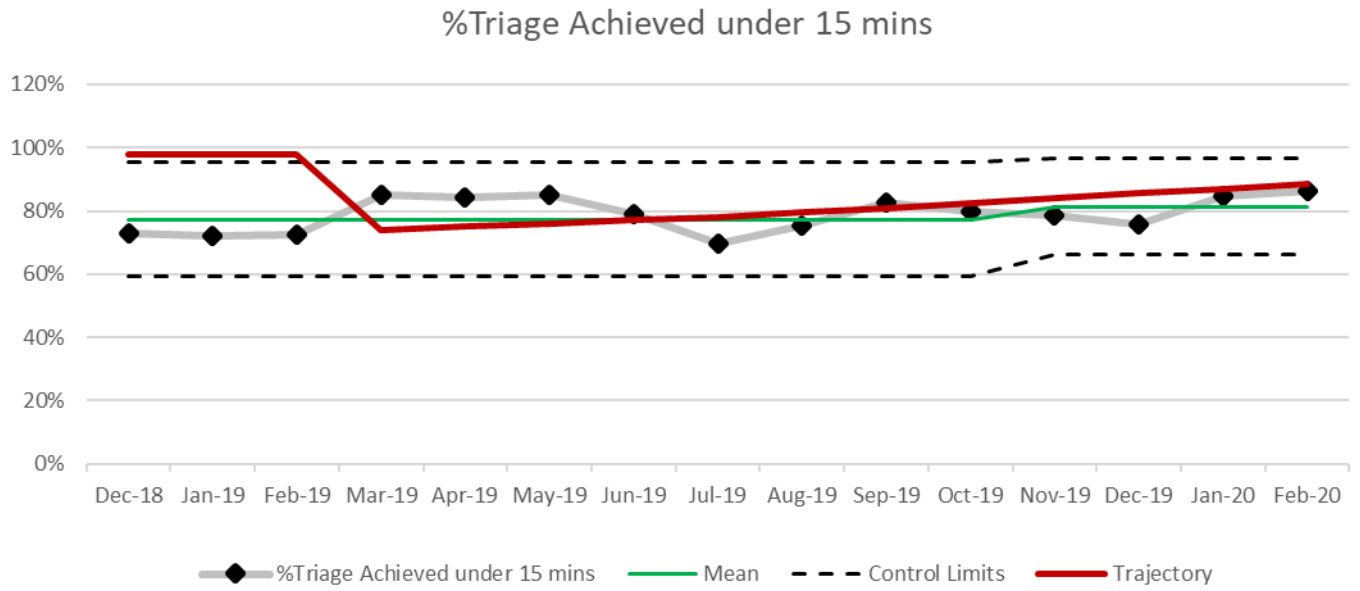
ZERO WAITING – %TRIAGE ACHIEVED UNDER 15 mins

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services





Challenges/Successes

- Triage saw slight deterioration across all 3 acute sites in February.
- LCH triage performance was 1.2% adverse variance compared to January 6.8% variance against trajectory.
- PHB triage performance was 3.3% adverse variance compared to January and 10.2% variance against trajectory.
- GDH triage performance was 2.4% adverse variance compared to January but 5.6% in excess of trajectory.
- This metric is also captured as part of the daily and weekly CQC assurance reporting and performance is discussed daily by clinicians as part of the ED safety huddles.

Actions in place to recover:

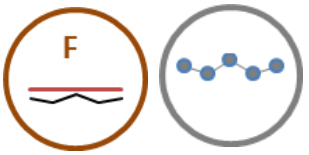
- Work continues at LCH and PHB, to ensure that the 2nd triage stream is in place and protected. As and when required
- Triage time is a key performance indicator in regards to patient safety and will continue to be scrutinised, monitored and challenged at all operational delivery levels 3 x daily through the Capacity and Performance Meetings and within the UEC programme.
- The report now available at individual patient level to identify where the standard has not been met still requires a nominated operational lead daily to highlight and address omissions and ensure actions in place to reduce situation reoccurrence.
- Increased visibility on rectification actions is required.

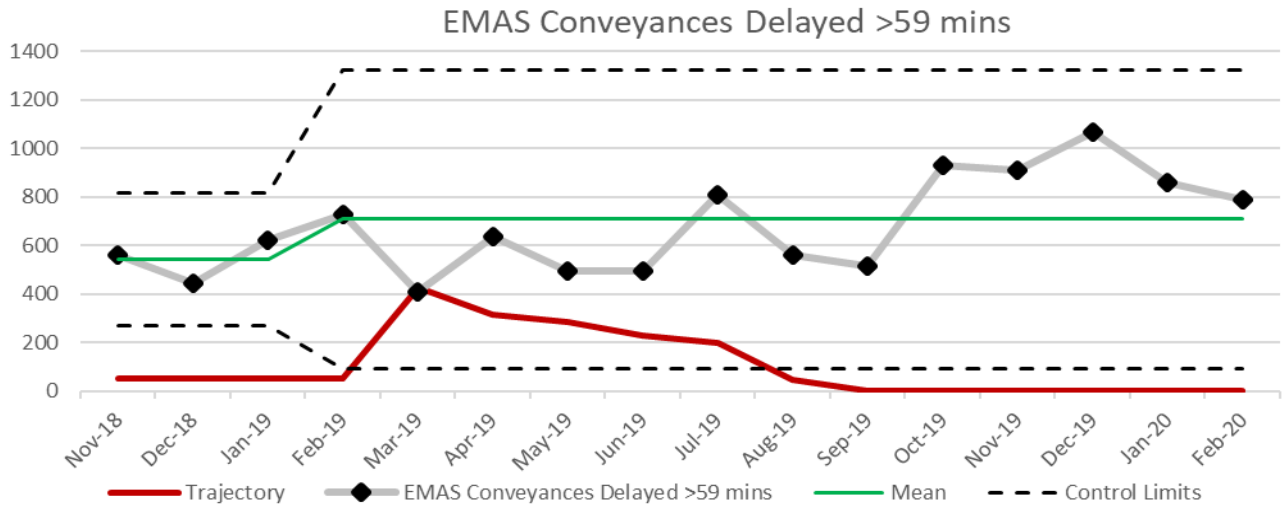
ZERO WAITING – AMBULANCE HANDOVER >59 Mins

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services





Challenges/Successes

- During February at LCH there were 480 >59 min ambulance delays 44 more than January.
- At PHB there were 307 >59 min ambulance delays 111 less than January.
- At GDH there was 1 >59 min ambulance handover delay 2 less than January.
- Despite the increase in the number of ambulance handover delays at LCH, February experienced 69 less >59 minutes delays.

Actions in place to recover

Some of the actions against this metric are repetitive but continue to be valid.

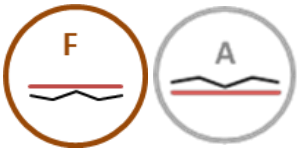
- Rapid Access and Treatment (RAT) models have been reviewed at both LCH and PHB hospital sites in particular the staffing models for RAT, competency and processing of patient. This is a key performance indicator within the Trust Capacity and Flow Meetings. The route cause for any delay is discussed and mitigation actions are formulated in response. These are now discussed in the Divisional UEC Governance Meeting.
- Site Duty Managers (SDMs) track and monitor every conveyance to ED greater than 15 minutes and record actions taken and report to the Deputy Chief Operating Officer, Urgent Care in hours and to the Silver Commander out of hours.
- The close working relationship between the DOM and Silver Commander (in and out of hours) continues to support appropriate conveyance and handover delays.
- Daily system calls are in place 7 days a week to review trends, activity spikes and predicted demand in order to inform the Emergency Department thus maximising readiness to receive.

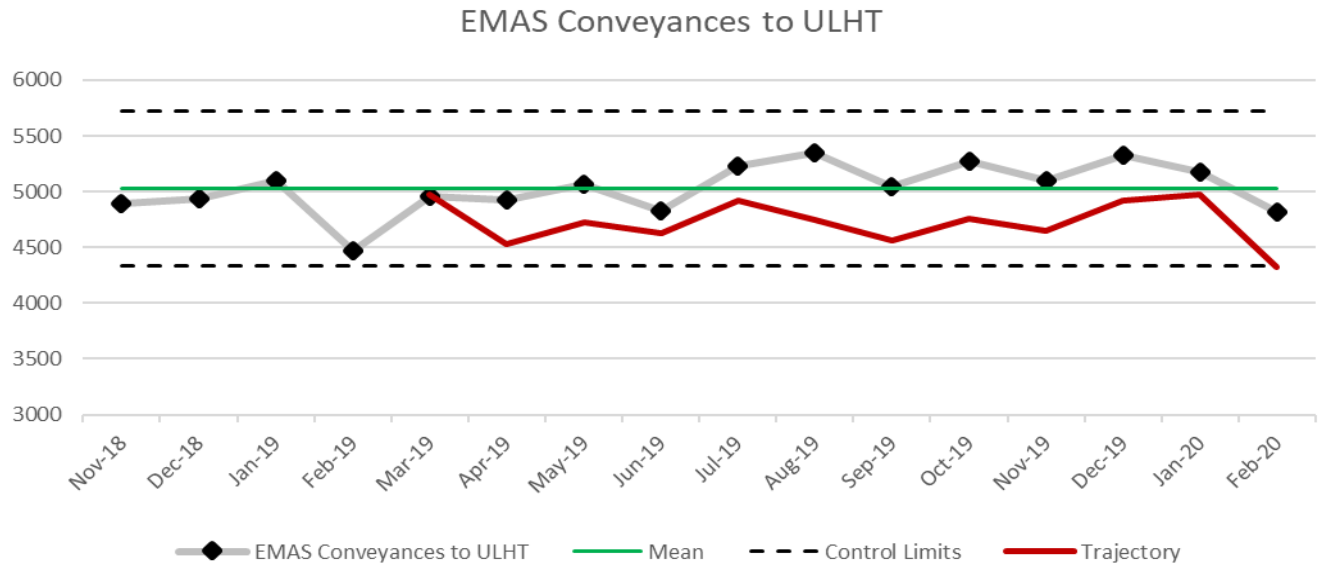
ZERO WAITING – AMBULANCE CONVEYANCES

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services





Challenges/Successes

- February saw a 354 reduction in the number of ambulances conveyed to each of its sites compared with January, although February has less active days.
- The biggest reduction was seen at PHB with 217 less conveyances during February than January.
- LCH received 2701 conveyances in February compared with 2794 in January a reduction of 92.
- PHB received 1860 conveyances in February compared with 2077 in January
- GDH received 255 conveyances in February compared with 300 in January

Actions in place to recover

Some of the actions against this metric are repetitive but still valid.

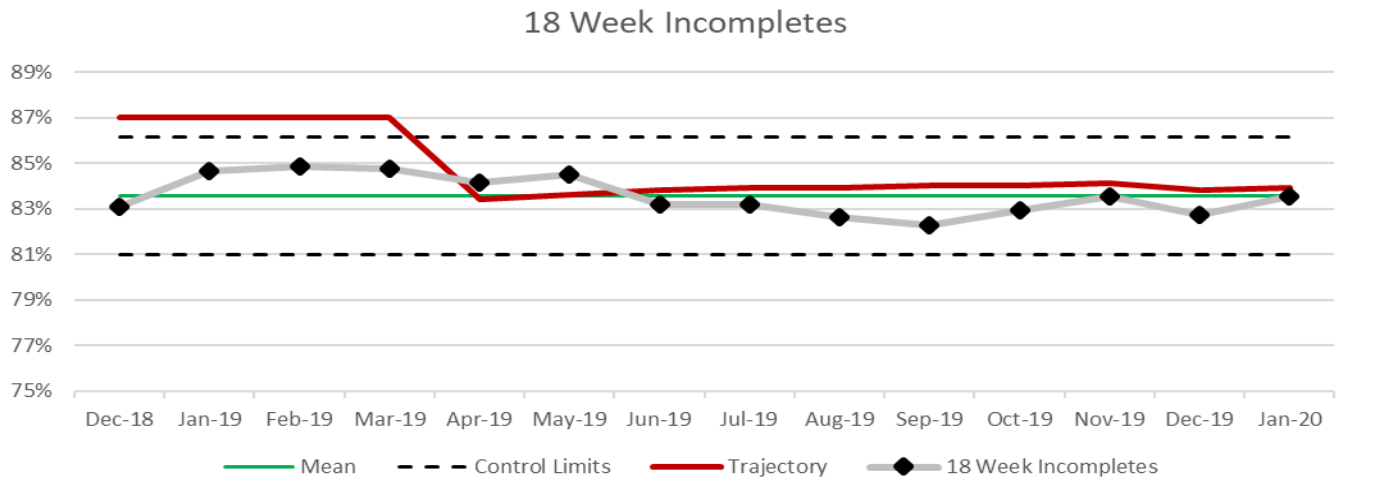
- This is a key metric within the Capacity and performance meetings held x 3 daily and has individual accountability to ensure delivery. This is overseen by the Deputy Chief Operating Officer, Urgent Care.
- Work remains ongoing with System Partners in applying a more intelligent demand response tool to support compliance with agreed handover recovery trajectory. This is a standard agenda item on the System Wide/Regulator Call conducted daily and the monthly Ambulance handover delay meeting chaired by NHSi
- ULHT Representative/Silver OOH and EMAS ROM / DOM control continue to apply a daily review of pressure on the departments, County wide profile against demand, destination of demand and attempts manage that demand. Daily intelligence shared routinely as to the forecast spikes in demand and this continues to be applied to the Emergency Departments response capability. This is co-ordinated by the Deputy Chief Operating Officer, Urgent Care and the Duty DOM
- Conveyance numbers continue to be monitored through the Ambulance Handover Group.
- Appropriate conveyance monitoring is in place within EMAS with oversight by Deputy Chief Operating Officer – Urgent Care and Daily System Call.
- EMAS currently undertaking spot audits against clinically appropriate conveyance and audit results reported to Ambulance Handover Group with escalation to SRG and UECDB.

ZERO WAITING - RTT 18 WEEKS INCOMPLETES

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services



Challenges/Successes

RTT performance is currently below trajectory and standard.

January saw RTT performance of 83.52%, 0.77% better than December.

Endocrinology (62.60%) is the lowest performing specialty, from 64.06% last month (-1.46%). Neurology has improved again this month with a 3.82% increase from 78.38% last month to 82.20% in January.

The five specialties with the highest number of 18 week breaches at the end of the month were:

- Maxillo-Facial Surgery + Orthodontics + Oral Surgery - 860 (Decreased by 102)
- Gastroenterology - 788 (Increased by 22)
- General Surgery - 681 (Increased by 85)
- ENT - 614 (Reduced by 85)
- Ophthalmology - 372 (Increased by 17)

Actions in place to recover:

As detailed above, performance in Gastroenterology and General Surgery continue to decline. Work has commenced on sending a cohort of admitted patients to BMI Park for surgery. To date details of 70 patients have been sent, with 29 having been clinically accepted.

A cohort of 77 admitted Maxillo Facial patients were outsourced to NUH during February 2020, with 34 accepted.

Unfortunately T&O did not achieve their projected target to have achieved the18 week standard by end of December 2019. The validated position for January 2020 finished at 88.05% which is 1.84% down from December. The division are focussed on achieving 92% in February 2020. However Paediatric Trauma And Orthopaedics did achieve the standard finishing at 95.69%

Other specialties achieving the 18 week standard were:

- Ophthalmology 92.08%
- Breast 98.54%
- Community Paediatrics 94.40%
- Clinical Oncology 95.20%

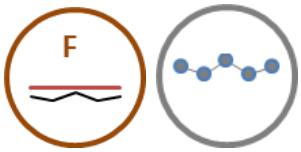
Validation of the incomplete waiting list data quality exclusion pots continues, with an anticipated completion of end of March.

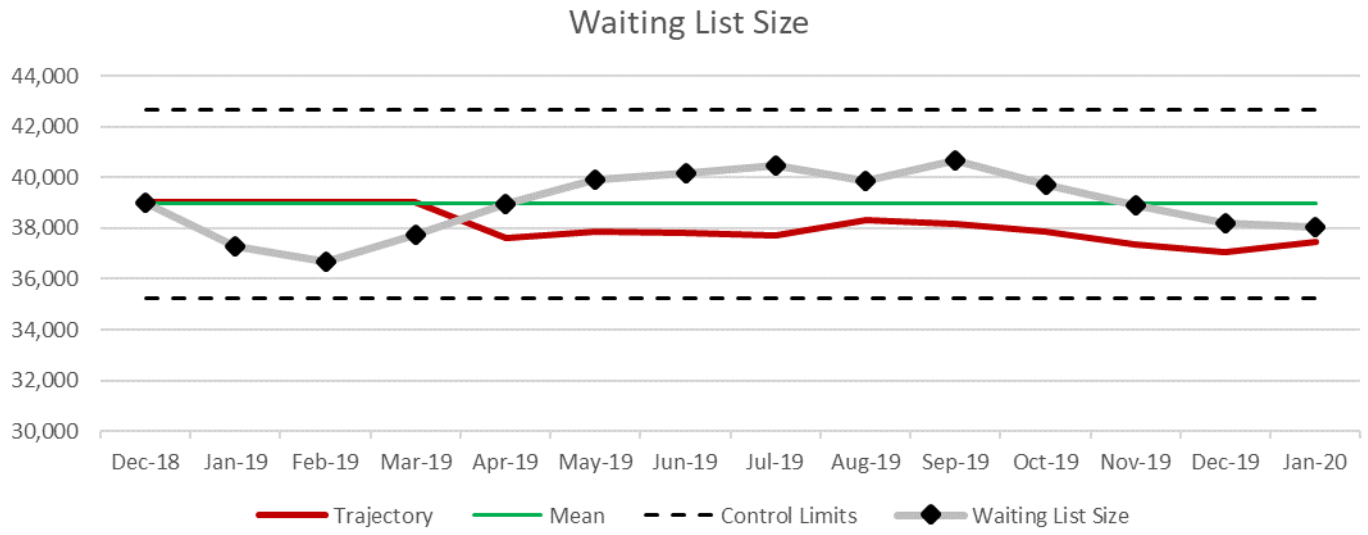
ZERO WAITING – WAITING LIST SIZE

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services





Challenges/Successes

Overall waiting list size has improved from December, with January total waiting list reducing by 193 to 38,026.The incompletes position for January is now approx. 1,006 less than it was in March 2018 (39,032).

The top five specialties showing an increase in total incomplete waiting list size from December are:

- General Surgery + 128
- Ophthalmology + 115
- Trauma & Orthopaedics + 76
- Gynaecology + 50
- Colorectal Surgery + 38

The five specialties showing the biggest decrease in total incomplete waiting list size from December are:

- Maxillo-Facial Surgery + Orthodontics + Oral Surgery - 170
- Cardiology - 119
- Vascular Surgery - 72
- Rheumatology - 51
- Breast Surgery - 40

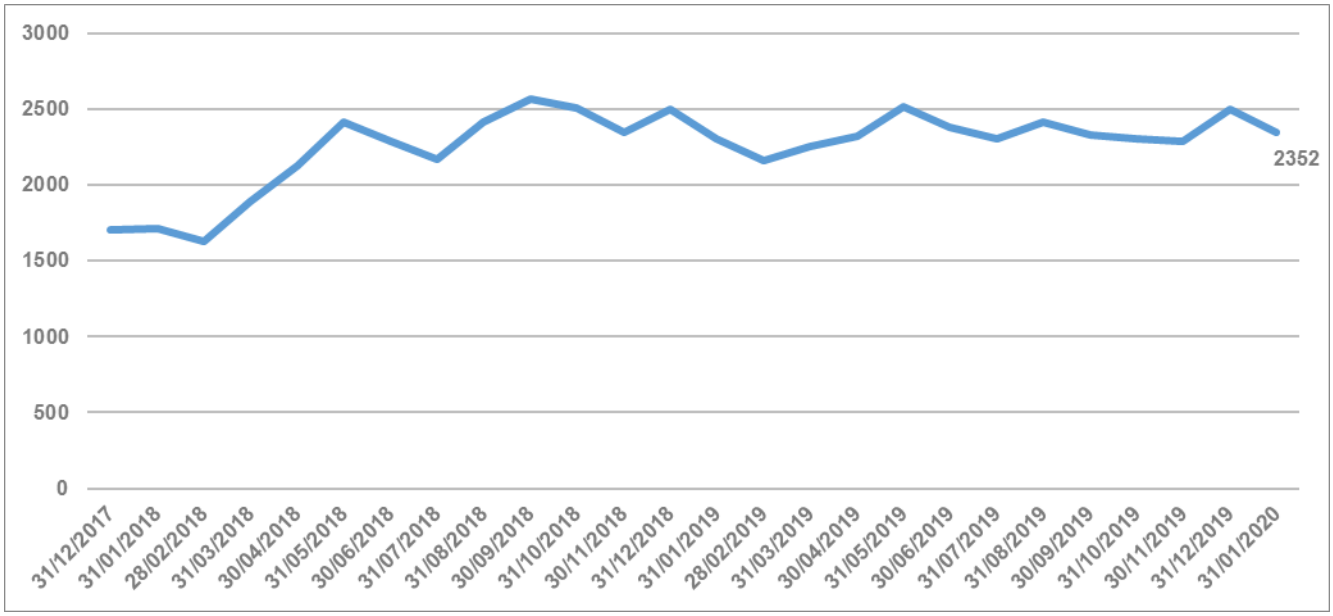
Actions in place to recover

As part of the National Validation Programme, ULHT have been allocated resource of two people for 24 days to work on validating the incomplete waiting list. This will start on 16th March following defined criteria as set out in the NECS report. Results and findings will be made available to the trust on completion.

Discussions are being had with CCG/STP colleagues regarding Gastroenterology. This will look at adopting the same approach that was successfully used for Neurology.

- December to January saw an increase of patients waiting over 40 weeks, +33, with Endocrinology (+14) showing the largest increase. 23 specialties reduced their position compared to last month, with Maxillo-Facial Surgery + Orthodontics + Oral Surgery showing the best improvement of -5 patients from last month.
- The Trust are also working to reduce overall waiting times to 26 weeks. With monitoring/challenge of this target being tracked through the RTT Recovery and Delivery meeting.
  The chart below shows progress up to 31st January, with a decrease of 147 patients from December. The largest increase was seen in Gastroenterology, +52. The largest decrease of -53, being in Maxillo-Facial Surgery + Orthodontics + Oral Surgery.

Total Number of Incomplete Patient Pathways at 26 Weeks and Above for ULHT by Month

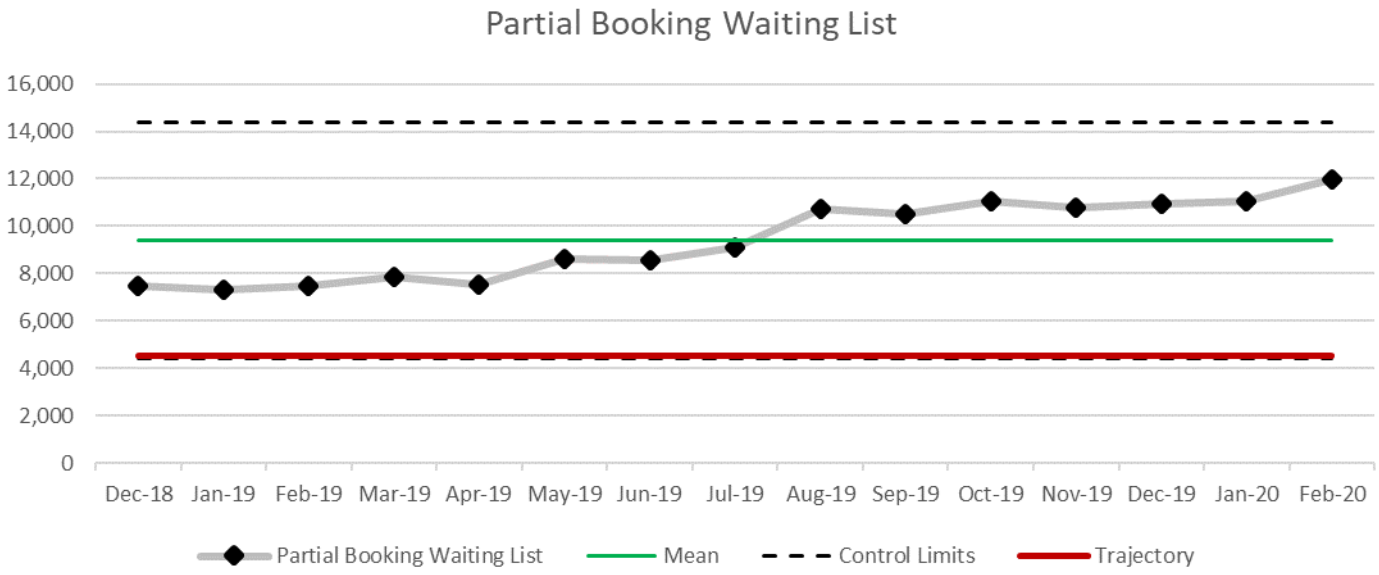


ZERO WAITING – PARTIAL BOOKING WAITING LIST

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services



Challenges/Successes.

The Trust has reviewed its terms of reference for our RTT delivery and recovery group / meeting. This will place greater emphasis on PBWL performance alongside RTT.

The Trust has a team that are dedicated to validation, although they are starting on RTT they will move onto PBWL.

The Trust is writing to all patients that have been more than 40 weeks overdue to ensure the appointment is still required. The patients are then clinically reviewed to risk stratify the patients.

The Outpatient management team is meeting regularly with the Divisions looking at ways to increase utilisation of core capacity without increasing cost.

Actions in place to recover:

In additions to actions completed above.

The Trust is running 642 meetings to reduce cancellations with an increased level of authorisation. We are now using a different system to highlight slot utilisation and vacant slots to ensure we maximise slot capacity and discuss with the Clinical Business Units.

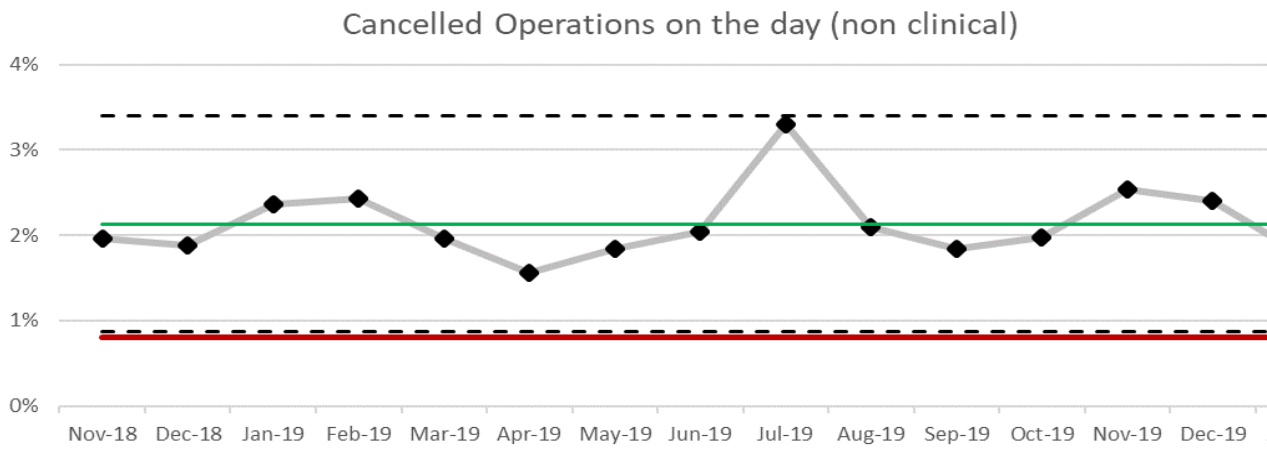
Outpatients will provide support for the Divisions to redesign, offering alternative patient pathways to reduce the number of patients on the PBWL. Clinical Forum took place for 5 specialities to review their services in partnership with the CCG's to look at alternative patient pathways to reduce the need for Outpatient clinical follow up appointments. The detail is currently being worked up to deliver the pathways and the subsequent improvements.

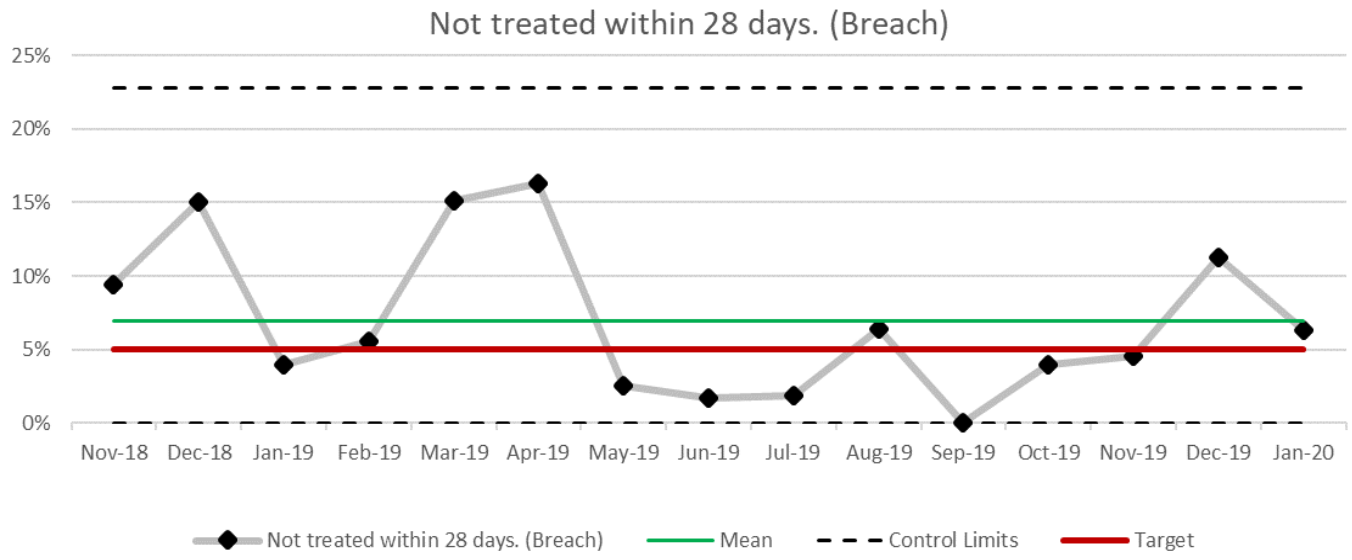
ZERO WAITING – CANCELLED OPS

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services





Based Un-validated Cancelled Ops figures

Challenges/Successes

We are demonstrating a downward trend in cancellations on the day for non-clinical reasons, in January 2020 we achieved a 27% improvement compared to January 2019. The numbers of cancellations on the day for non-clinical reasons are at the lowest in January 2020 since April 2019.

The TACC Transformation Oversight Committee has reviewed work streams to support the reduction in cancelled operations for non-clinical reasons.

Work streams and objectives

Pre-operative assessment

- To standardise pre-operative processes and procedures across ULHT.
- To pre assess sufficient patients to meet waiting list targets.
- To increase numbers of same day pre assessments being completed.
- To ensure pre-operative assessments being completed based on clinical need.

Booking and Scheduling

- To centralise waiting list teams into the TACC CBU.
- To co-locate waiting list staff to work collaboratively.
- To streamline effective and efficient booking processes.
- To implement KPI's and proactively manage.
- To ensure all lists are fully booked.
- To implement pooled lists where appropriate.

Clinical Planning

- To review the 642 process and management.
- To ensure "golden patient" is consistently identified on each list daily.
- To reduce cross site movement of equipment / cost.

Workforce optimisation

- To ensure transparency of theatre start and finish times.
- To optimise flexible working arrangements across the trust.
- To ensure effective leadership is in place across the trust.

Issues

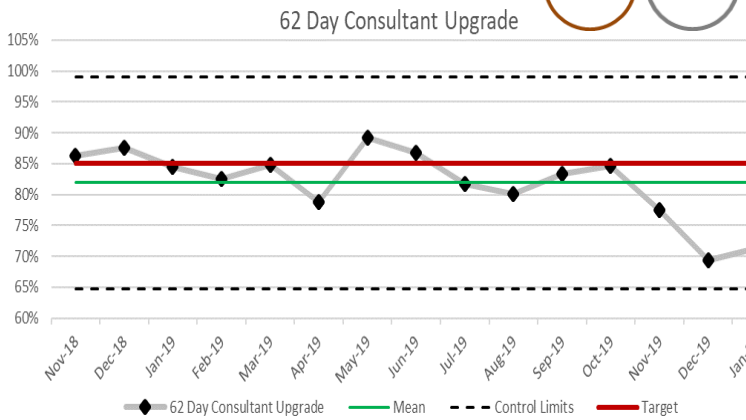
Improvement and sustainability of this metric is dependent on multiple factors, therefore the Trust Wide theatre services has been identified as an area for improvement via the Quality and Safety Programme of improvements. An ongoing challenge continues to be the high vacancy factors within our theatre departments as well as the pressure on bed availability.

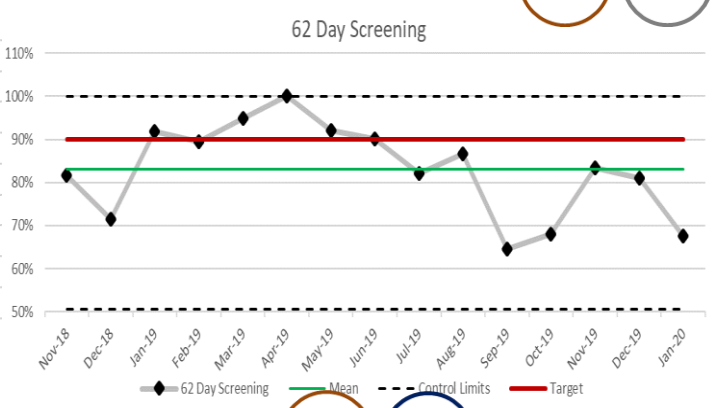
ZERO WAITING – CANCER 62 DAY

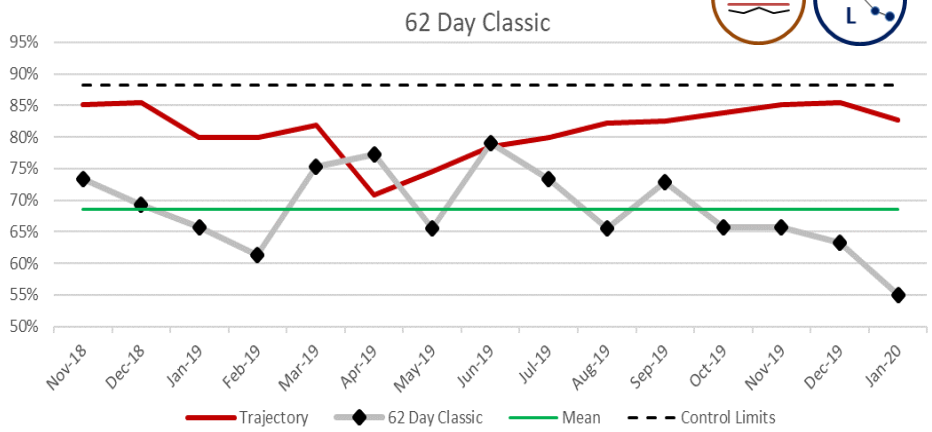
Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services







Challenges/Successes

January saw the lowest 62 Day Classic performance the Trust, and the country, have reported. The 62 Day Classic standard under-performed against the trajectory of 82.8% with no tumour site performing against their agreed trajectory.

Early indications are that our February 62 Day Classic performance will be similar to November/December's, with anticipated performance being circa 65% (trajectory 83.4%).

Actions in place to recover:

The Cancer Improvement team continue to move forward the high impact actions with the support of the Divisions and the STP.

The Trust forecast demonstrates a need to manage the 62 Day standard to ensure that we achieve the national standard and improve sustainability. In order to support this the high impact actions are being scoped to facilitate improvements across 5 speciality areas to improve 62 day performance and patient experience.

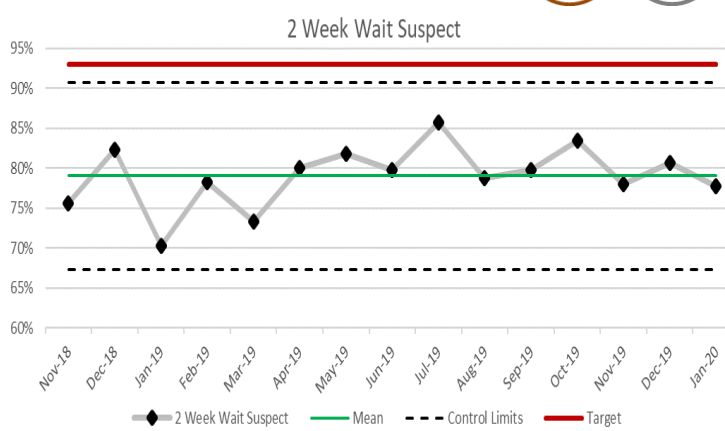
If delivery of all the actions were achieved, this would have the potential to typically improve the trust performance from circa 65% to approx. 78%, an improvement of 15%.

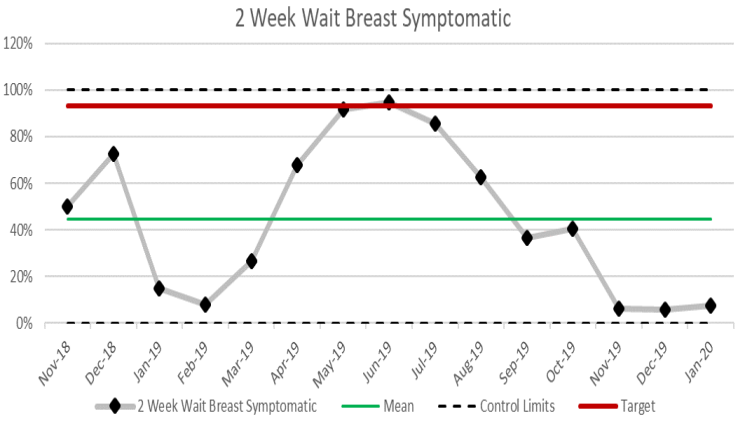
ZERO WAITING – CANCER 2 WEEK WAIT

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services





Challenges/Successes

Five tumour sites met the 14 Day standard in January (Haematology, Head & Neck, Lung, Sarcoma and Skin) and two narrowly missed (Urology and Upper GI)

February's forecast tumour site 7 Day performance is as below:

7 Day target Referral-to-First OPA 80%	Total	7 Day Prfrmnce %
Brain/CNS	18	55.6
Breast	274	5.1
Breast Symptomatic	159	4.4
Colorectal	520	31.0
Gynaecology	183	23.5
Haematology	17	70.6
Head & Neck	234	31.6
Lung	55	65.5
Sarcoma	11	72.7
Skin	409	65.3
Upper GI	195	59.0
Urology	267	42.0
Totals (excl Breast Sympto)	2183	39.0

Breast: Since August 2019 there have been substantial capacity issues for both Suspect and Symptomatic Breast patients, with a continually deteriorating position to date. This has resulted in nearly 90% of Symptomatic patients failing the 14 Day standard in December and January.

Actions in place to recover:

The Trust has set an internal target of 80% patents to be seen within 7 days of GP referral. As an organisation, from January 2020, we will continue to report the 14 Day performance externally however internally we will only be using the 7 Day performance as the measured metric to support us in preparation to deliver the 28 Day Faster Diagnosis Standard from April 2020. All tumour sites, excluding Gynaecology, have committed to deliver this standard.

For the Breast Service, a high level pan-Division capacity review meeting is scheduled and weekly operational planning meetings are in place. The Trust's Clinical Service Review process is underway in the breast service (concludes mid-March) looking at service efficiency and models of care. The expectation was that all patients were to be booked within 14 days by beginning of February, with this position sustained going forward, but has proven challenging to accomplish, critical issue being the loss of one locum consultant Breast Radiologist and a second locum was potentially at risk.

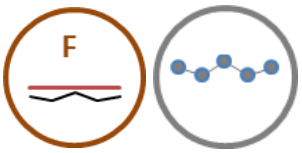
February and March Breast 14 Day performance is improving and now circa 20%

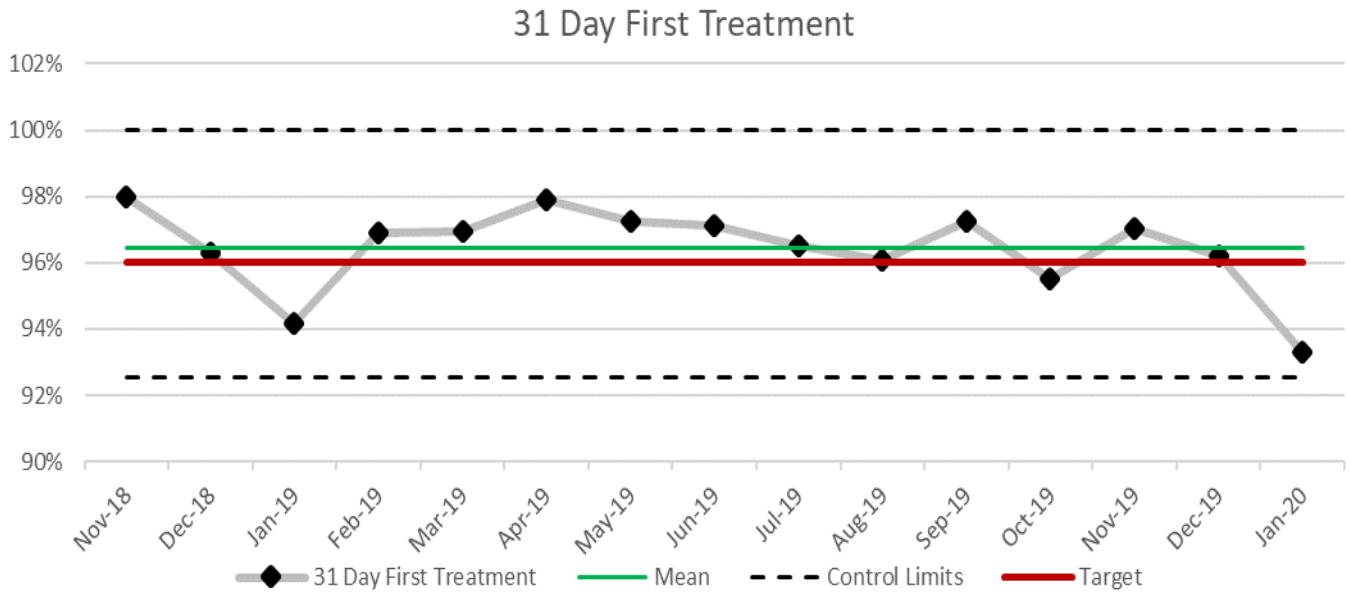
ZERO WAITING – 31 DAY FIRST TREATMENT

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services





Challenges/Successes

The Trust achieved all 31 Day Subsequent standards in January. The 31 Day First was below standard and the key challenged areas were Breast and Colorectal due to theatre capacity and patient choice to delay.

Actions in place to recover:

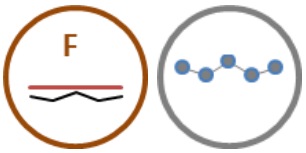
The 31 Day First is largely a successful standard for the Trust, being achieved in 10 out of the last 12 months, and is expected to be back on track going forward. With the potential of non-cancer work being suspended due to Coronavirus, this may increase theatre capacity and help secure this standard going forward.

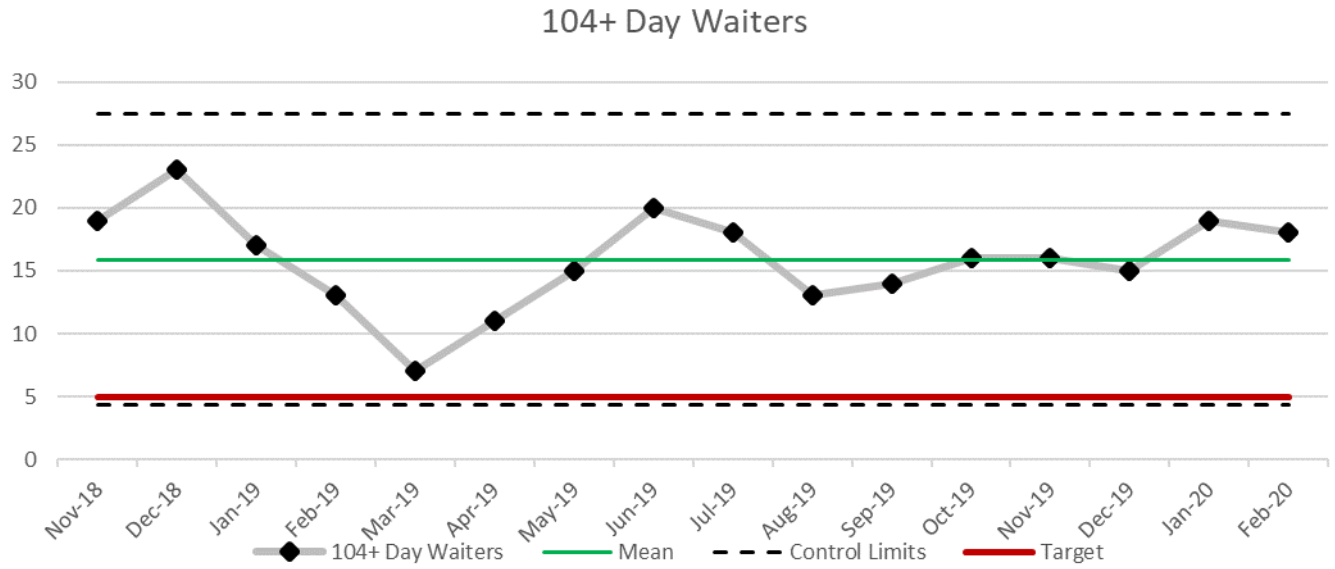
ZERO WAITING – 104+ DAY WAITERS

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services





Challenges/Successes

The 104+ Day backlog having risen, due to an increase in backlog figures, has stabilised circa 19 patients. This is above the target of 10 patients and maintaining this level against a background of high backlog numbers will be challenging.

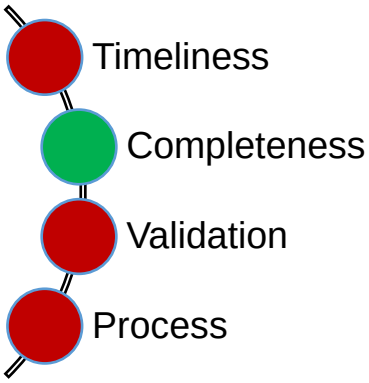
Actions in place to recover:

Focus is being placed on reducing the 62+ Day backlog and thereby minimise the numbers approaching the 104 day mark.

A daily report is issued to the Divisions, highlighting the volumes in their areas with the report allowing immediate drill-down to patient-level detail. The 104+ patients are first to be discussed during the twice weekly Trust-wide Cancer Call, chaired by the CSS Divisional Managing Director.

APPENDIX A – KITEMARK

Reviewed:
1st April 2018
Data available at: Specialty level



Domain	Sufficient	Insufficient
Timeliness	Where data is available daily for an indicator, up-to-date data can be produced, reviewed and reported upon the next day. Where data is only available monthly, up-to-date data can be produced, reviewed and reported upon within one month. Where the data is only available quarterly, up-to-date data can be produced, reviewed and reported upon within three months.	Where data is available daily for an indicator, there is a data lag of more than one day. Where data is only available monthly, there is a data lag of more than one month. Where data is only available quarterly, there is a data lag of more than one quarter.
Completeness	Fewer than 3% blank or invalid fields in expected data set. This standard applies unless a different standard is explicitly stated for a KPI within commissioner contracts or through national requirements.	More than 3% blank or invalid fields in expected data set
Validation	The Trust has agreed upon procedures in place for the validation of data for the KPI. A sufficient amount of the data, proportionate to the risk, has been validated to ensure data is: - Accurate - In compliance with relevant rules and definitions for the KPI	Either: - No validation has taken place; or - An insufficient amount of data has been validated as determined by the KPI owner, or - Validation has found that the KPI is not accurate or does not comply with relevant rules and definitions
Process	There is a documented process to detail the following core information: - The numerator and denominator of the indicator - The process for data capture - The process for validation and data cleansing - Performance monitoring	There is no documented process. The process is fragmented/inconsistent across the services

To:	**Trust Board**
From:	Medical Director
Date:	April 2020

Title:	**Strategic Risk Report**

Responsible Director: Dr Neill Hepburn, Medical Director

Author: Paul White, Risk Manager

Purpose of the Report:
The purpose of this report is to enable the Trust Board to:

- Review the management of corporate risks within the Trust and the extent of risk exposure at this time
- Evaluate the effectiveness of the Trust's risk management processes

The Report is provided to the Committee for:

Decision		Discussion	✓
Assurance		Information	✓

Summary/Key Points:

- 40 out of 80 strategic risks recorded on Datix are currently rated as Very high or High (50% of the total)
- There are 6 Very high risks at present:
  - Coronavirus (Covid-19) pandemic (NEW)
  - Capacity to manage emergency demand
  - Workforce capacity & capability
  - Workforce engagement & morale
  - Delivery of the Financial Recovery Programme
  - Substantial unplanned expenditure or financial penalties
- 28% of operational risks are currently rated Very high or High (55 out of 192)

Recommendations
That the Trust Board considers the content of the report and advises if any further action is required.

Strategic Risk Register Significant strategic risks to Trust objectives are referenced within the Board Assurance Framework (BAF).	**Performance KPIs year to date** Performance in reviewing risks in accordance with the Risk Management Policy is reported regularly to the Audit Committee.
Assurance Implications This report enables the Trust Board to review the effectiveness of risk management processes so that it can be assured regarding current risk control strategies and the extent of risk exposure at this time.	
Patient and Public Involvement (PPI) Implications The effectiveness of the Trust's risk and corporate governance arrangements is reported through the Annual Governance Statement (AGS) and is included in the opinion of both internal and external audit. As such, it may influence the degree of confidence that patients and members of the public have in the Trust.	
Equality Impact The Trust's Risk Management Policy has been assessed for equality impact and no issues were identified.	
Information exempt from Disclosure – No	
Requirement for further review? No	

1. Purpose of the Report

1.1 The purpose of this report is to enable the Trust Board to:

- Review the management of corporate risks within the Trust and the extent of risk exposure at this time
- Evaluate the effectiveness of the Trust's risk management processes

2. Recommendations

2.1 That the Trust Board considers the content of the report and advises if any further action is required.

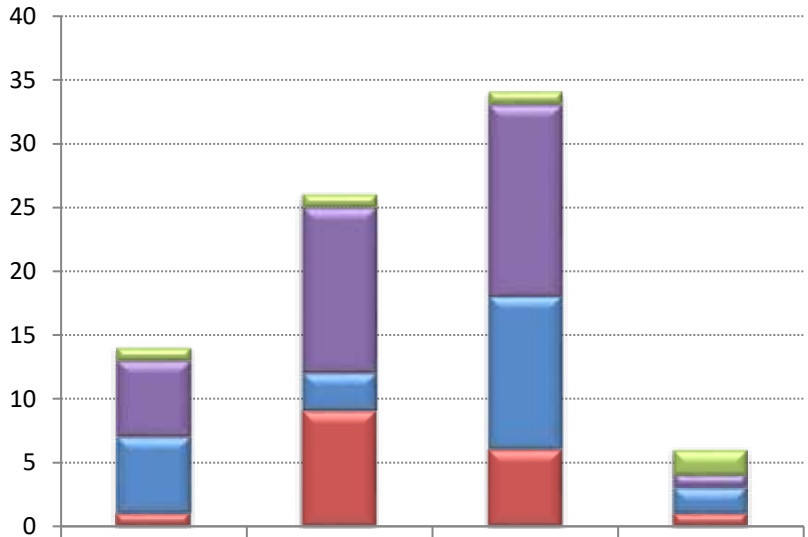
3. Reasons for Recommendations

3.1 The Trust Board has overall accountability for the management of risk within the organisation.

4. Summary of Key Points

Strategic Risk Profile

4.1 **Chart 1** shows the number of strategic risks by risk type and current (residual) risk rating:



	Low risk	Moderate risk	High risk	Very high risk
Finances	1	1	1	2
Reputation / compliance	6	13	15	1
Service disruption	6	3	12	2
Harm (physical or psychological)	1	9	6	1

4.2 **Table 1** shows a summary of the full Strategic Risk Register:

ID	Title	Division	Risk Type	Rating (current)	Risk level (current)
4558	Global coronavirus (Covid-19) pandemic	Corporate	Harm (physical or psychological)	25	Very high risk
4175	Capacity to manage emergency demand	Medicine	Service disruption	20	Very high risk
4362	Workforce capacity & capability (recruitment, retention & skills)	Corporate	Service disruption	20	Very high risk
4083	Workforce engagement, morale & productivity	Corporate	Reputation / compliance	20	Very high risk
4382	Delivery of the Financial Recovery Programme	Corporate	Finances	20	Very high risk
4383	Substantial unplanned expenditure or financial penalties	Corporate	Finances	20	Very high risk
4405	Critical infrastructure failure disrupting aseptic pharmacy services	Clinical Support Services	Service disruption	16	High risk

ID	Title	Division	Risk Type	Rating (current)	Risk level (current)
4480	Safe management of emergency demand	Medicine	Harm (physical or psychological)	16	High risk
4403	Compliance with electrical safety regulations & standards	Corporate	Reputation / compliance	16	High risk
4384	Substantial unplanned income reduction or missed opportunities	Corporate	Finances	16	High risk
4144	Uncontrolled outbreak of serious infectious disease	Corporate	Service disruption	16	High risk
3520	Compliance with fire safety regulations & standards	Corporate	Reputation / compliance	16	High risk
3688	Quality of the hospital environment	Corporate	Reputation / compliance	16	High risk
3690	Compliance with water safety regulations & standards	Corporate	Reputation / compliance	16	High risk
3951	Compliance with regulations & standards for aseptic pharmacy services	Clinical Support Services	Reputation / compliance	16	High risk
4156	Safe management of medicines	Clinical Support Services	Harm (physical or psychological)	16	High risk
4044	Compliance with information governance regulations & standards	Corporate	Reputation / compliance	16	High risk
4437	Critical failure of the water supply	Corporate	Service disruption	16	High risk
4497	Contamination of aseptic products	Clinical Support Services	Harm (physical or psychological)	15	High risk
4179	Major cyber security attack	Corporate	Service disruption	12	High risk
4043	Compliance with patient safety regulations & standards	Corporate	Reputation / compliance	12	High risk
4145	Compliance with safeguarding regulations & standards	Corporate	Reputation / compliance	12	High risk
4146	Effectiveness of safeguarding practice	Corporate	Harm (physical or psychological)	12	High risk
4157	Compliance with medicines management regulations & standards	Clinical Support Services	Reputation / compliance	12	High risk
3720	Critical failure of the electrical infrastructure	Corporate	Service disruption	12	High risk
4176	Management of demand for planned care	Surgery	Service disruption	12	High risk
3689	Compliance with asbestos management regulations & standards	Corporate	Reputation / compliance	12	High risk

ID	Title	Division	Risk Type	Rating (current)	Risk level (current)
3503	Sustainable paediatric services at Pilgrim Hospital, Boston	Family Health	Service disruption	12	High risk
4142	Safe delivery of patient care	Corporate	Harm (physical or psychological)	12	High risk
4081	Quality of patient experience	Corporate	Reputation / compliance	12	High risk
4082	Workforce planning process	Corporate	Service disruption	12	High risk
4368	Efficient and effective management of demand for outpatient appointments	Clinical Support Services	Reputation / compliance	12	High risk
4300	Availability of medical devices & equipment	Corporate	Service disruption	12	High risk
4385	Compliance with financial regulations, standards & contractual obligations	Corporate	Reputation / compliance	12	High risk
4402	Compliance with regulations and standards for mechanical infrastructure	Corporate	Reputation / compliance	12	High risk
4406	Critical failure of the medicines supply chain	Clinical Support Services	Service disruption	12	High risk
4423	Working in partnership with the wider healthcare system	Corporate	Service disruption	12	High risk
4476	Compliance with clinical effectiveness regulations & standards	Corporate	Reputation / compliance	12	High risk
4481	Availbility of patient information	Corporate	Service disruption	12	High risk
4556	Safe management of demand for outpatient appointments	Clinical Support Services	Harm (physical or psychological)	12	High risk
4526	Internal corporate communications	Corporate	Reputation / compliance	8	Moderate risk
4528	Minor fire safety incident	Corporate	Harm (physical or psychological)	8	Moderate risk
4424	Delivery of planned improvements to quality & safety of patient care	Corporate	Reputation / compliance	8	Moderate risk
4483	Safe use of radiation	Clinical Support Services	Harm (physical or psychological)	8	Moderate risk
4486	Clinical outcomes for patients	Corporate	Harm (physical or psychological)	8	Moderate risk
4404	Major fire safety incident	Corporate	Harm (physical or psychological)	8	Moderate risk
4389	Compliance with corporate governance regulations & standards	Corporate	Reputation / compliance	8	Moderate risk

ID	Title	Division	Risk Type	Rating (current)	Risk level (current)
4397	Exposure to asbestos	Corporate	Harm (physical or psychological)	8	Moderate risk
4398	Compliance with environmental and energy management regulations & standards	Corporate	Reputation / compliance	8	Moderate risk
4399	Compliance with health & safety regulations & standards	Corporate	Reputation / compliance	8	Moderate risk
4400	Safety of working practices	Corporate	Harm (physical or psychological)	8	Moderate risk
4401	Safety of the hospital environment	Corporate	Harm (physical or psychological)	8	Moderate risk
4363	Compliance with HR regulations & standards	Corporate	Reputation / compliance	8	Moderate risk
4138	Patient mortality rates	Corporate	Reputation / compliance	8	Moderate risk
4141	Compliance with infection prevention & control regulations & standards	Corporate	Reputation / compliance	8	Moderate risk
3687	Implementation of an Estates Strategy aligned to clinical services	Corporate	Service disruption	8	Moderate risk
3721	Critical failure of the mechanical infrastructure	Corporate	Service disruption	8	Moderate risk
3722	Energy performance and sustainability	Corporate	Finances	8	Moderate risk
4003	Major security incident	Corporate	Harm (physical or psychological)	8	Moderate risk
4177	Critical ICT infrastructure failure	Corporate	Service disruption	8	Moderate risk
4180	Reduction in data quality	Corporate	Reputation / compliance	8	Moderate risk
4181	Significant breach of confidentiality	Corporate	Reputation / compliance	8	Moderate risk
4182	Compliance with ICT regulations & standards	Corporate	Reputation / compliance	8	Moderate risk
4351	Compliance with equalities and human rights regulations, standards & contractual requirements	Corporate	Reputation / compliance	8	Moderate risk
4352	Public consultation & engagement	Corporate	Reputation / compliance	8	Moderate risk
4353	Safe use of medical devices & equipment	Corporate	Harm (physical or psychological)	8	Moderate risk
4061	Financial loss due to fraud	Corporate	Finances	4	Low risk

ID	Title	Division	Risk Type	Rating (current)	Risk level (current)
4277	Adverse media or social media coverage	Corporate	Reputation / compliance	4	Low risk
4386	Critical failure of a contracted service	Corporate	Service disruption	4	Low risk
4387	Critical supply chain failure	Corporate	Service disruption	4	Low risk
4388	Compliance with procurement regulations & standards	Corporate	Reputation / compliance	4	Low risk
4438	Severe weather or climatic event	Corporate	Service disruption	4	Low risk
4439	Industrial action	Corporate	Service disruption	4	Low risk
4440	Compliance with emergency planning regulations & standards	Corporate	Reputation / compliance	4	Low risk
4441	Compliance with radiation protection regulations & standards	Clinical Support Services	Reputation / compliance	4	Low risk
4467	Impact of a 'no deal' EU Exit scenario	Corporate	Service disruption	4	Low risk
4469	Compliance with blood safety & quality regulations & standards	Clinical Support Services	Reputation / compliance	4	Low risk
4482	Safe use of blood and blood products	Clinical Support Services	Harm (physical or psychological)	4	Low risk
4502	Compliance with regulations & standards for medical device management	Corporate	Reputation / compliance	4	Low risk
4514	Hospital @ Night management	Corporate	Service disruption	4	Low risk

4.3 40 out of 80 strategic risks recorded on Datix are currently rated as Very high or High (50% of the total).

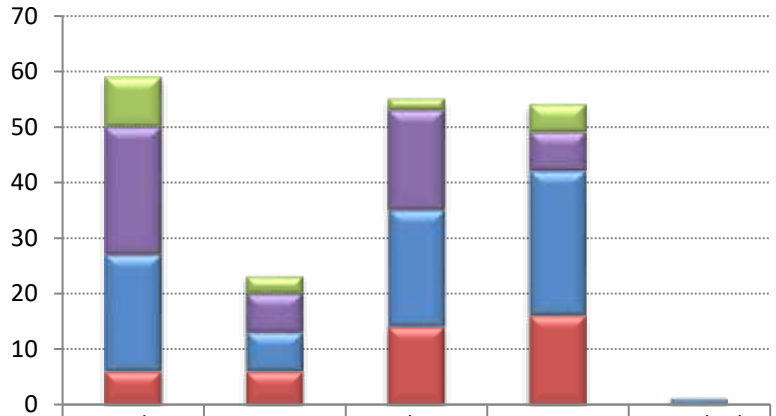
4.4 Since the last report (March 2020) the following changes have been made to the Strategic Risk Register:

- A new strategic risk has been added in relation to the coronavirus pandemic, with a rating of Very high (25); the core service disruption risk of an uncontrolled outbreak of serious infectious disease remains on the strategic risk register, with a rating of High risk (16)
- The risk of sustained disruption to aseptic pharmacy services has been reduced from Very high (20) to High risk (16) due to the current use of a temporary facility and development of proposals for a sustainable service model

4.5 A report showing details of all risks recorded on the Strategic Risk Register with a current (residual) risk rating of Very high (a score of 20 or more) along with planned mitigating actions is included as **Appendix I**.

Operational Risk Profile

4.6 **Chart 2** shows the number of operational (divisional business unit) risks by current (residual) risk rating:



	Very low risk	Low risk	Moderate risk	High risk	Very high risk
Finances	9	3	2	5	0
Reputation / compliance	23	7	18	7	0
Service disruption	21	7	21	26	1
Harm (physical or psychological)	6	6	14	16	0

4.7 Of the 192 risks recorded on divisional business unit risk registers, 55 (28%) are currently rated as Very high or High. 1 operational risk is rated Very high (20):

- Diagnostics CBU due to the age and condition of a substantial amount of diagnostic equipment;
- The Respiratory specialty risk in relation to the potential for delayed commencement of Non-Invasive Ventilation (NIV) has been incorporated within the strategic patient safety risk register and reassessed as High risk (16)

4.8 A summary of those operational risks with a current rating of Very high or High risk (12 or more) is included as **Appendix II**.

Risk management process

4.9 Each strategic risk has an Executive lead, with overall responsibility for its management; and a Risk lead responsible for reviewing and updating the risk register. The majority are also assigned to a lead group for regular scrutiny. All are aligned with the appropriate assurance committee of the Trust Board.

4.10 Risks are defined according to the type of consequence that would be experienced should they materialise, with a severity scale of 1 to 5 using the following definitions:

- Harm (physical or psychological) – this may be to patients (as a result of issues with care); to members of staff, or to visitors (arising from health & safety issues) and covers a range from minor injuries through to multiple fatalities
- Service disruption – which ranges from the implementation of local business continuity plans up to critical and major incidents

- Reputation / compliance – which covers the potential for individual complaints up to a fundamental loss of confidence amongst commissioners; regulators; and the government (many risks of this nature relate to compliance with national standards, regulations and contractual obligations)
- Finances – which is based on the budgetary impact, from minimal cost increases to jeopardising financial sustainability

4.11 The Risk Scoring Guide, which is used to assess all risks recorded on the Trust's strategic and operational risk registers, is attached for reference as **Appendix III**.

4.12 Operational risk registers are also in place for every Clinical Business Unit (CBU) and corporate department. A flow chart summarising the risk management process is attached as **Appendix IV**.

4.13 During the current coronavirus major incident the Risk & Incident Team in Clinical Governance will be providing additional support to facilitate the risk management process, including liaison with risk leads to review outstanding risk actions and updating risk registers on their behalf.

Risk management reporting

4.14 All quarterly risk register reviews are being aligned with the first month of each quarter from July 2020 (quarter 2). This is to enable more effective management and support as well as to facilitate the development and regular production of a detailed analytical risk report to Trust Board on a quarterly basis.

Appendix I - Very high Strategic Risks (March 2020)

ID	Title & description	Executive lead	Risk Type	Risk level (inherent)	Controls in place	Risk level (current)	Lead assurance committee	Risk level (acceptable)	Review date	Weakness/Gap in Control	Specialty	Planned actions	Action risk rating	Action due date	Action progress
4558	**Global coronavirus (Covid-19) pandemic** If the Trust is unable to treat patients presenting with severe symptoms of Covid-19 coronavirus; Caused by the absence of an effective treatment, issues with the availability of essential equipment and facilities or the staffing capacity to manage the level of demand; It could result in a large number of patient deaths due to infection with the virus.	Evans, Simon	Harm (physical or psychological)	Very high risk	Declared as a Level 4 incident throughout the UK (requires NHS England National Command and Control to support the NHS response). NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level. NHS in Lincolnshire and nationally together with Public Health England (PHE) to put in place measures to ensure the safety of all public, patients and NHS staff while also ensuring services are available to the public as normal. ULHT to implement actions as required in line with the national and regional plan.	Very high risk (25)	Quality Governance Committee (QGC)	Low risk	31/07/2020	There is currently no vaccine and no identified treatment specific to Covid-19. As the virus is new there is very little reliable data available. Based on the experience of other countries there may not be sufficient capacity in some areas of the UK to manage expected levels of demand. Peak Covid-19 demand in Lincolnshire is expected to peak between 8th and 14th April.	Infection, Prevention & Control	Increased critical care capacity to be able to support 80 level three patients (Intensive Care). Increased volume of patients who can be supported using Continuous Positive Airway Pressure (CPAP). Increased number of ward beds available from 920 core beds up to 1089. Review of clinical pathways. Cancellation of non-urgent surgery & diagnostics. Continued replenishment of PPE stocks. Redeployment of non-clinical staff to support front line. Cancellation of annual leave in April. Daily staff SBAR briefing.	Very high risk (20-25)	30/06/2020	As of Monday 31st March 2020: We continue to be in the 'Delay' phase of our response to COVID-19. Nationally the number of cases of COVID-19 are increasing as expected. Advice on self-isolation and social distancing is critical to reducing the rate of this pandemic. Latest figures indicate there are now 22,141 confirmed cases in the UK and 1,408 deaths. Situation in Lincolnshire and ULHT - there are 78 confirmed cases of COVID-19 in Lincolnshire, including 10 cases being cared for at Pilgrim Hospital, Boston and 28 at Lincoln County Hospital. Six patients have been discharged from our hospitals and are continuing with their recovery at home or in another suitable setting. Sadly, seven of our patients in our hospitals in Lincolnshire who tested positive for COVID-19 have died.
4175	**Capacity to manage emergency demand** If the volume of emergency demand significantly exceeds the ability of the Trust to manage it; Caused by an unexpected surge in demand, operational management issues within other healthcare providers or a reduction in capacity and capability within ULHT; It could result in a significant, prolonged adverse impact on the quality and productivity of services across multiple directorate and / or sites affecting a large number of patients and the achievement of national NHS access standards.	Evans, Simon	Service disruption	Very high risk	ULHT operational demand management policies & procedures. Operational performance management framework & regular reporting / monitoring at divisional and corporate levels. Monthly performance report to Trust Board. Urgent and Emergency Care Board (UECB) delivery plan. Lincolnshire Sustainability & Transformation Partnership (STP) and Plan. Horizon scanning processes.	Very high risk (20)	Finance, Performance & Estates Committee (FPEC)	Moderate risk	31/07/2020	• Comprehensive and effective triage • Improve time to RAT • Reduce ambulance handover delay • Improve time to 1st assessment • Effective GP Streaming • Improve non-admitted pathway compliance • Delivery of an ambulatory care model • Implementation of frailty model • Reconfiguration • Redesign the site management and bed meeting model • SAFER implementation • Effective discharge by 10:00 • Reduce number of stranded and super stranded patients • Implementation of Red to Green • Implementation of Full Capacity Protocol (FCP) • Implementation of criteria led discharge • Rapid handover Protocol	Operations	Continued interrogation against workstream progress through the urgent and emergency care workstream (ULHT). Continued scrutiny of delivery against agreed actions against all 7 workstreams (now including Hospital at Night) A completely revised approach to winter planning and system resilience needs to be commissioned to be undertaken including governance and assurance against delivery.	Very high risk (20-25)	31/03/2020	*The UEC improvement programme has undertaken an internal review of process, key stakeholders and original milestones where off track clear rectification plans are now in place *Recovery and rectification is led by the UEC improvement programme lead (Sarah Hall) *A system wide resilience review has also been commissioned and completed *System Resilience Group (SRG) is the vehicle by which assurance will be given, for example the 13 government funded schemes for LCC *Partnership working with the system and a more intuitive winter plan (ULHT) will support a more proactive response and delivery to system need *The system has matured over the last 12 months and confidence exists to challenge each part of our system *The risk remains as highlighted to Trust Board (ULHT) and UCB that the volume of emergency demand continues to pose a significant threat to delivery *Specific concerns relate to ambulance handover delays, increased non-elective admissions, stranded and super stranded patients *Further mitigation exists within the Lincoln site reconfiguration to minimise the impact of the projected circa -120 bed deficit trust wide
4382	**Delivery of the Financial Recovery Programme** If the Trust becomes unable to delivery key elements of the Financial Recovery Plan within the current financial year; Caused by issues with the design or implementation of planned cost reduction initiatives; It could result in a material adverse impact on the ability to achieve the annual control total and reduce the scale of the financial deficit.	Matthew, Paul	Finances	Very high risk	Financial strategy. Financial recovery planning process. Financial Recovery Plan governance & monitoring arrangements. Directorate performance & accountability framework. Financial management information. Financial Special Measures (since September 2017). Financial Turnaround Group (FTG) oversight. Programme Management Office & dedicated Programme Manager.	Very high risk (20)	Finance, Performance & Estates Committee (FPEC)	Moderate risk	31/07/2020	Identified schemes for 2019/20 cover the level of efficiency required (£25.6m). If assumptions are inaccurate; or if there are capacity & capability issues with delivery; it may result in failure to deliver these schemes.	Finance	Finance PMO team working with divisions to manage planned schemes and identify mitigating schemes. Additional external resource to be brought in to support delivery.	Very high risk (20-25)	31/03/2020	
4383	**Substantial unplanned expenditure or financial penalties** If the Trust incurs substantial unplanned expenditure or financial penalties within the current financial year; Caused by issues with budget planning, budgetary controls, compliance with standards or unforeseen events; It could result in a material adverse impact on the ability to achieve the annual control total and reduce the scale of the financial deficit.	Matthew, Paul	Finances	Very high risk	Financial strategy. Annual budget setting process. Capital investment planning process. Capital investment programme delivery & monitoring arrangements. Monthly financial management & monitoring arrangements. Contract governance and monitoring arrangements. Directorate performance & accountability framework. Key financial controls. Financial management information.	Very high risk (20)	Finance, Performance & Estates Committee (FPEC)	Moderate risk	31/07/2020	Continued reliance upon a large number of temporary agency and locum staff to maintain the safety and continuity of clinical services across the Trust, at substantially increased cost.	Finance	Financial Recovery Plan schemes: recruitment improvement; medical job planning; agency cost reduction; workforce alignment.	Very high risk (20-25)	31/03/2020	
										Interest rate may increase if the Trust deviates adversely from plan in the financial year. Non-delivery of plan would also mean the Trust won't have access to FRF; PSF; and MRET (valued at £29m).	Finance	Delivery of the Financial Recovery Programme; maintaining grip & control on expenditure; use of PRM process to hold divisions to account and develop mitigating schemes where needed.	Very high risk (20-25)	31/12/2018	
										The Trust is at risk of being removed from the National Windows 10 licensing arrangement with a potential liability of up to £1.5m. NHSDigital will make a final decision in March 2020 depending on the overall state of the NHS estate in England.	Information & Communications Technology	The Trust to continue to work closely with NHS Digital keeping them appraised of our situation. The ICT Department has a plan to continue the rollout of Windows 10 upgrading the devices that can be upgraded and by rolling out the correct version to the VDI environment, this will continue to increase the numbers of devices that are using the national licensing agreement. The ICT Department working with finance continue to explore ways and means of accessing external capital resource and this continues to be top priority pending any capital allocation to ICT in 19/20 and beyond.	Moderate risk (8-10)	31/03/2020	Risk has been discussed within ICT and with Paul Matthew, it has also been escalated as a system issue to the STP via IMTEG. Current capital position is unhelpful and unsupportive of a resolution. ICT working with Finance colleagues to explore options and review potential for emergency capital bids.

Appendix I - Very high Strategic Risks (March 2020)

ID	Title & description	Executive lead	Risk Type	Risk level (inherent)	Controls in place	Risk level (current)	Lead assurance committee	Risk level (acceptable)	Review date	Weakness/Gap in Control	Specialty	Planned actions	Action risk rating	Action due date	Action progress
4083	**Workforce engagement, morale & productivity (corporate)** If the Trust were to lose the engagement of a substantial proportion of its workforce; Caused by issues with low morale, lack of job satisfaction or uncertainty about the future; It could result in a substantial, widespread and prolonged reduction in productivity across multiple services affecting a large number of patients and staff.	Rayson, Martin	Reputation / compliance	Very high risk	Staff Charter & Personal Responsibility Framework Staff engagement strategies & plans. Internal communications platforms (intranet; bulletins; forums). Staff survey process and response planning. People management & appraisal policies, processes, systems (e.g. ESR) training & monitoring. Core learning programmes. Leadership development and succession planning processes. Management of change policies, guidelines, support and training. Partnership agreement with staff side representatives. Occupational health & wellbeing arrangements for staff.	Very high risk (20)	Workforce & Organisational Development Committee (W&ODC)	Low risk	31/07/2020	Impact of the cost reduction programme & organisational change on staff morale. The national staff survey results for 2017 shows that the impact of the Trust going into special measures for both quality and finance is being felt by staff. Morale has declined significantly, pride in working for ULHT has gone down and staff feel that decisions are taken on the basis of finance, rather than patient experience and safety and to the detriment of staff (e.g. increase in car parking charges & controls over travel and training). There is significant cynicism amongst staff, which will not be resolved until they see action alongside the words.	Human Resources	Shaping a response to the staff survey results which will inform the revised People Strategy and the 2021 Programme. One of the key themes will be creating a strategic narrative which gives hope for the future and addresses the issue that quality and money are not incompatible. Improvement methodology work provides means for staff to make efficiency and patient experience improvements. FAB programme will emphasise what is possible. Directorates will be tasked with also addressing staff survey issues at a local level. The actions proposed provide the mitigation, but we have to recognise that this remains a tough environment in which to drive up morale. Staff survey predated launch of 2021, but there is a need to tackle vacancy gaps as well.	Very high risk (20-25)	31/03/2020	Actions have been taken since the 2018 staff survey results against some the biggest themes emerging. Each Division has been asked to work to address the issues identified in their survey results. The Engagement Bus will be visiting each site in September. This will be accompanied by a "you said, we did" campaign. The next staff survey will be open in October 2019 and results will be available in early 2020. Review once the next set of staff survey results are available.
										Relationships with staff side representatives are challenged by the scale of organisational change required and the extent to which staff side wish to protect the status quo. There are disagreements amongst staff side representatives and not all meetings have taken place as scheduled.	Human Resources	Reviewing the current recognition agreement to modernise it and ensure it is fit for purpose. It is based on the Sandwell model and seeks to ensure proper debate, without giving staff side the capacity to prevent us moving beyond the status quo. Intention is to write to staff side to propose a further partnership meeting. Formal consultation around the new recognition agreement will begin shortly.	Moderate risk (8-10)	31/03/2020	Vote of no confidence in the Board by staff side in November 2018. Outstanding issues have been resolved, except there is a need for a facilitated discussion on future partnership working. The review of the recognition agreement has been on hold. We will resurrect this and elements of this will be controversial.
4362	**Workforce capacity & capability (recruitment, retention & skills)** If there is a significant reduction in workforce capacity or capability across the Trust; Caused by issues with the recruitment and retention of sufficient numbers of staff with the required skills and experience; It could result in sustained disruption to the quality and continuity of multiple services across directorates and may lead to extended, unplanned closure of one or more services which has a major impact on the wider healthcare system.	Rayson, Martin	Service disruption	Very high risk	Overall ULHT People Strategy & Workforce Operational Plan. Workforce planning processes & workforce information management. Medical staff recruitment framework & associated policies, training & guidance. Medical staff appraisals / validation processes. National audit & benchmarking data on the medical workforce. Nursing staff recruitment framework & associated policies, training & guidance. Allied Healthcare Professionals (AHPs) staff recruitment framework & associated policies, training & guidance. Non-clinical staff recruitment framework & associated policies, training & guidance. Bank, locum & agency staffing arrangements. Rota management systems & processes. People management policies, training & guidance. Core learning programme & training provision. Leadership development programme.	Very high risk (20)	Workforce & Organisational Development Committee (W&ODC)	Moderate risk	31/07/2020	Substantial challenge to recruiting and retaining sufficient numbers of Registered Nurses (RNs) to maintain safely the full range of services across the Trust.	Human Resources	Focus on nursing staff engagement & structuring development pathways; use of apprenticeship framework to provide a way in to a career in nursing; exploration of new staffing models, including nursing associates; continuing to bid for SafeCare live funding.	Very high risk (20-25)	31/03/2020	Nursing offer in place. Strategy for recruiting nurses in place, involving international and national recruitment, alongside maximising NQNs and trainee nurse associates. Review again at end of financial year.
										High vacancy rates for consultants & middle grade doctors throughout the Trust.	Human Resources	Focus on medical staff engagement & structuring development pathways. Utilisation of alternative workforce models to reduce reliance on medical staff.	Very high risk (20-25)	31/03/2020	Plan for every medical post in place. Good progress on recruitment (to plan) in QTR 1 and good pipeline in QTR 2. Working with two agency partners. Review again at end of financial year.
										A significant proportion of the current clinical workforce are approaching the age at which they could retire, which may increase skills gaps and vacancy rates.	Human Resources	Workforce plans to identify the potential risk due to the age profile in more detail, by year and service area; People Strategy includes mitigating actions; using HEE funding to bring additional capacity into OD in order to make progress on this project.	High risk (12-16)	31/03/2020	Retention plan in place - aiming for 1-2% reduction in attrition in 2019/20. Review again at end of calendar year.
										The Trust is dependent on Deanery positions to cover staffing gaps with medical trainees; shortages in the medical recruitment team will impact on the next rotation if not resolved.	Human Resources	Education Director action plan to address the issues raised.	High risk (12-16)	31/03/2020	Higher number of junior doctors in August rotation. Actions to improve juniors experience identified. Review again at end of calendar year.
										NHSI propose the introduction of 2 further measures to reduce agency spend in non-clinical areas: - a restriction on the use of off-framework agency workers to fill non-clinical and unregistered clinical shifts (to use of on-framework agencies only) - A restriction on the use of admin and estates agency workers to bank or substantive / fixed term only (with exemptions for special projects and shortage specialties)	Human Resources	Review of proposals and potential impact, to identify any required action.	High risk (12-16)	31/03/2020	Action plan in place to reduce agency spend. Central medical agency team operating and impact is being felt. However agency spend is not reducing as expected. Further action being taken, particularly around nursing agency spend. Review again at end of calendar year.

Appendix II - Very high High Operational Risks (March 2020)

ID	Title	Division	Risk Type	Rating (current)	Risk level (current)
4426	Availability of essential equipment & supplies (Diagnostics CBU)	Clinical Support Services	Service disruption	20	Very high risk
4301	Delayed patient diagnosis or treatment (Specialty Medicine CBU)	Medicine	Harm (physical or psychological)	16	High risk
4305	Exceeding annual budget (Specialty Medicine CBU)	Medicine	Finances	16	High risk
4311	Access to essential areas of the estate (Specialty Medicine CBU)	Medicine	Service disruption	16	High risk
4331	Exceeding annual budget (Urgent & Emergency Care CBU)	Medicine	Finances	16	High risk
4392	Replacement of essential equipment to prevent service disruption (Estates & Facilities)	Corporate	Service disruption	16	High risk
4396	Exceeding annual budget (Estates & Facilities)	Corporate	Finances	15	High risk
4334	Access to essential areas of the estate (Urgent & Emergency Care CBU)	Medicine	Service disruption	15	High risk
4330	Workforce capacity & capability (Urgent & Emergency Care CBU)	Medicine	Service disruption	15	High risk
4328	Quality of patient experience (Urgent & Emergency Care CBU)	Medicine	Reputation / compliance	15	High risk
4302	Workforce capacity & capability (Specialty Medicine CBU)	Medicine	Service disruption	15	High risk
4303	Safety & effectiveness of patient care (Specialty Medicine CBU)	Medicine	Harm (physical or psychological)	15	High risk
4170	Workforce capacity & capability (Pharmacy)	Clinical Support Services	Service disruption	15	High risk
4297	Workforce capacity & capability (Therapies & Rehabilitation)	Clinical Support Services	Service disruption	15	High risk
4190	Safety & effectiveness of patient care (Surgery CBU)	Surgery	Harm (physical or psychological)	12	High risk
4191	Availability of essential equipment (Surgery CBU)	Surgery	Service disruption	12	High risk
4196	Workforce capacity & capability (Surgery CBU)	Surgery	Service disruption	12	High risk
4201	Compliance with regulations & standards (Surgery CBU)	Surgery	Reputation / compliance	12	High risk
4221	Access to essential areas of the estate (T&O and Ophthalmology CBU)	Surgery	Service disruption	12	High risk
4262	Availability of essential equipment & supplies (T&O and Ophthalmology CBU)	Surgery	Service disruption	12	High risk
4288	Availability of essential information (Therapies & Rehabilitation)	Clinical Support Services	Service disruption	12	High risk
4115	Workforce capacity & capability (TACC CBU)	Surgery	Service disruption	12	High risk
4116	Availability of essential equipment & supplies (TACC CBU)	Surgery	Service disruption	12	High risk
4118	Safety & effectiveness of patient care (TACC CBU)	Surgery	Harm (physical or psychological)	12	High risk
4120	Delayed patient discharge or transfer of care (TACC CBU)	Surgery	Harm (physical or psychological)	12	High risk
4168	Availability of essential equipment & supplies (Pharmacy)	Clinical Support Services	Service disruption	12	High risk
4169	Availability of essential information (Pharmacy)	Clinical Support Services	Service disruption	12	High risk
4304	Health, safety & security of staff, patients and visitors (Specialty Medicine CBU)	Medicine	Harm (physical or psychological)	12	High risk
4315	Delayed patient diagnosis or treatment (Cardiovascular CBU)	Medicine	Harm (physical or psychological)	12	High risk
4317	Exceeding annual budget (Cardiovascular CBU)	Medicine	Finances	12	High risk
4320	Workforce capacity & capability (Cardiovascular CBU)	Medicine	Service disruption	12	High risk
4322	Safety & effectiveness of patient care (Cardiovascular CBU)	Medicine	Harm (physical or psychological)	12	High risk

Appendix II - Very high High Operational Risks (March 2020)

ID	Title	Division	Risk Type	Rating (current)	Risk level (current)
4324	Access to essential areas of the estate (Cardiovascular CBU)	Medicine	Service disruption	12	High risk
4327	Delayed patient diagnosis or treatment (Urgent & Emergency Care CBU)	Medicine	Harm (physical or psychological)	12	High risk
4329	Safety & effectiveness of patient care (Urgent & Emergency Care CBU)	Medicine	Harm (physical or psychological)	12	High risk
4333	Delayed patient discharge or transfer of care (Urgent & Emergency Care CBU)	Medicine	Reputation / compliance	12	High risk
4408	Safety & effectiveness of patient care (Children & Young Persons CBU)	Family Health	Harm (physical or psychological)	12	High risk
4409	Health, safety & security of staff, patients and visitors (Children & Young Persons CBU)	Family Health	Harm (physical or psychological)	12	High risk
4412	Access to essential areas of the estate (Children & Young Persons CBU)	Family Health	Service disruption	12	High risk
4415	Exceeding annual budget (Children & Young Persons CBU)	Family Health	Finances	12	High risk
4416	Delayed patient diagnosis or treatment (Children & Young Persons CBU)	Family Health	Harm (physical or psychological)	12	High risk
4420	Workforce capacity & capability (Children & Young Persons CBU)	Family Health	Service disruption	12	High risk
4425	Workforce capacity & capability (Diagnostics CBU)	Clinical Support Services	Service disruption	12	High risk
4335	Compliance with regulations & standards (Urgent & Emergency Care CBU)	Medicine	Reputation / compliance	12	High risk
4340	Workforce capacity & capability (Cancer Services CBU)	Clinical Support Services	Service disruption	12	High risk
4372	Compliance with regulations & standards (Outpatient Services)	Clinical Support Services	Reputation / compliance	12	High risk
4373	Availability of essential information (Outpatient Services)	Clinical Support Services	Service disruption	12	High risk
4391	Health, safety & security of staff, patients and visitors (Estates & Facilities)	Corporate	Harm (physical or psychological)	12	High risk
4429	Availability of essential information (Diagnostics CBU)	Clinical Support Services	Service disruption	12	High risk
4433	Compliance with regulations & standards (Diagnostics CBU)	Clinical Support Services	Reputation / compliance	12	High risk
4435	Access to essential areas of the estate (Diagnostics CBU)	Clinical Support Services	Service disruption	12	High risk
4452	Compliance with regulations & standards (Women's Health & Breast Services CBU)	Family Health	Reputation / compliance	12	High risk
4460	Workforce capacity & capability (Women's Health & Breast Services CBU)	Family Health	Service disruption	12	High risk
4461	Safety & effectiveness of patient care (Women's Health & Breast Services CBU)	Family Health	Harm (physical or psychological)	12	High risk
4462	Health, safety & security of staff, patients and visitors (Women's Health & Breast Services CBU)	Family Health	Harm (physical or psychological)	12	High risk

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Risk Management Policy Appendix I: Risk Scoring Guide

To be used when assessing risks that are recorded on the Trust risk register (Datix).

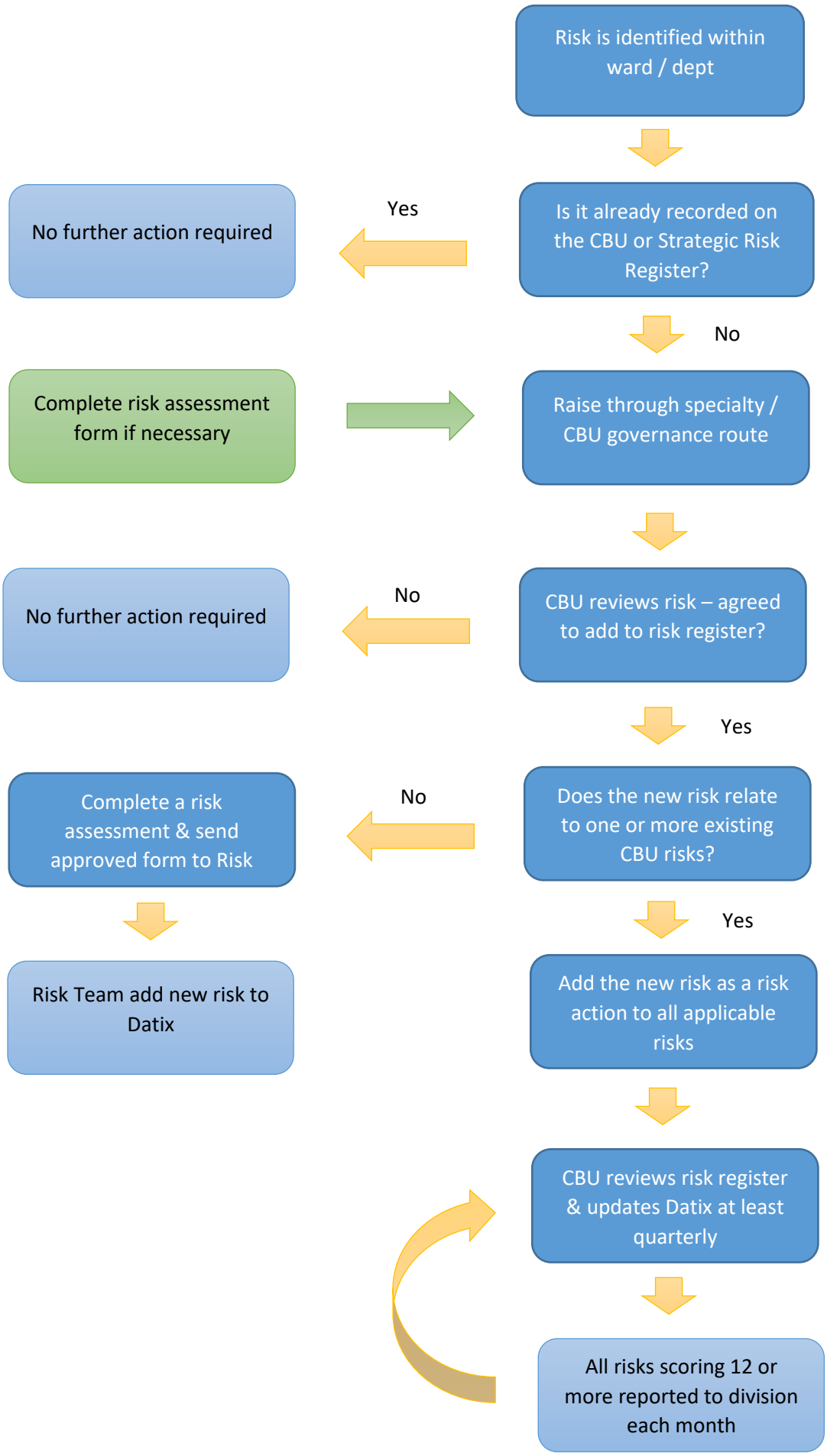
	Severity score & descriptor (with examples)				
Risk type	**1 Very low**	**2 Low**	**3 Medium**	**4 High**	**5 Very high**
Harm (physical or psychological)	Low level of harm affecting a small number of patients, staff or visitors within a single location.	Low level of harm affecting a large number of patients, staff or visitors within a single location.	Significant but not permanent harm affecting multiple patients, staff or visitors within a single business unit.	Significant long-term or permanent harm affecting multiple patients, staff or visitors within one or more business units.	Significant long-term or permanent harm affecting a large number of patients, staff or visitors throughout the Trust.
Service disruption	Manageable, temporary disruption to peripheral aspects of service provision affecting one or more services.	Noticeable, temporary disruption to essential aspects of service provision reducing the efficiency & effectiveness of one or more services.	Temporary, unplanned service closure affecting one or more services or significant disruption to efficiency & effectiveness across multiple services.	Extended, unplanned service closure affecting one or more services; prolonged disruption to services across multiple business units / sites.	Indefinite, unplanned general hospital or site closure.
Compliance & reputation	Limited impact on public, commissioner or regulator confidence. e.g.: Small number of individual complaints / concerns received.	Noticeable, short term reduction in public, commissioner and / or regulator confidence. e.g.: Recommendations for improvement for one or more services; concerns expressed in local / social media; multiple complaints received.	Significant, short term reduction in public, commissioner and / or regulator confidence. e.g.: Improvement / warning notice for one or more services; independent review; adverse local / social media coverage; multiple serious complaints received.	Significant, long-term reduction in public, commissioner and / or regulator confidence. e.g.: Special Measures; prohibition notice for one or more services; prosecution; sustained adverse national / social media coverage.	Fundamental loss of public, commissioner and / or regulator confidence. e.g.: Suspension of CQC Registration; Parliamentary intervention; vitriolic national / social media coverage.
Finances	Some adverse financial impact (unplanned cost / reduced income / loss) but not sufficient to affect the ability of the service / department to operate within its annual budget.	Noticeable adverse financial impact (unplanned cost / reduced income / loss) affecting the ability of one or more services / departments to operate within their annual budget.	Significant adverse financial impact (unplanned cost / reduced income / loss) affecting the ability of one or more business units to operate within their annual budget.	Significant adverse financial impact (unplanned cost / reduced income / loss) affecting the ability of the organisation to achieve its annual financial control total.	Significant aggregated financial impact (unplanned cost / reduced income / loss) affecting the long-term financial sustainability of the organisation.

Likelihood score & descriptor (with examples)				
1 Extremely unlikely	**2 Quite unlikely**	**3 Reasonably likely**	**4 Quite likely**	**5 Extremely likely**
Unlikely to happen except in very rare circumstances. Less than 1 chance in 1,000 (< 0.1% probability). No gaps in control. Well managed.	Unlikely to happen except in specific circumstances. Between 1 chance in 1,000 & 1 in 100 (0.1 - 1% probability). Some gaps in control; no substantial threats identified.	Likely to happen in a relatively small number of circumstances. Between 1 chance in 100 & 1 in 10 (1- 10% probability). Evidence of potential threats with some gaps in control.	Likely to happen in many but not the majority of circumstances. Between 1 chance in 10 & 1 in 2 (10 - 50% probability). Evidence of substantial threats with some gaps in control.	More likely to happen than not. Greater than 1 chance in 2 (>50% probability). Evidence of substantial threats with significant gaps in control.

Risk scoring matrix						
Severity	**5**	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
		1	**2**	**3**	**4**	**5**
		Likelihood				

Risk rating	**Very low** (1-3)	**Low** (4-6)	**Moderate** (8-10)	**High** (12-16)	**Very high** (20-25)

Risk management process (January 2020)



United Lincolnshire Hospitals NHS Trust

Board Assurance Framework (BAF) 2019/20 - March 2020

Ambition	Board Committee	Enabling Strategy	
Our Patients: Providing consistently safe, responsive, high quality care	Quality Governance Committee	Quality Strategy	Research Strategy
Our Services: Providing efficient and financially sustainable services	Finance, Performance and Estates Committee	Financial Strategy Estates Strategy	Digital Strategy Environmental Strategy
Our People: Providing services by staff who demonstrate our values and behaviours	Workforce, OD and Transformation Committee	People Strategy Equality Diversity and Inclusion Strategy Communications and Engagement Strategy	
Our Partners: Providing seamless integrated care with our partners	Finance, Performance and Estates Committee		

Ref	Objective	Metric	Exec Lead	How we may be prevented from meeting objective	Link to Risk Register	Link to Standards	Identified Controls (Primary, secondary and tertiary)	Control Gaps	How identified control gaps are being managed	Source of assurance	Assurance Gaps - where are we not getting effective evidence	How identified gaps are being managed	Committee providing assurance to TB	Assurance rating
SO1	**Providing consistently safe, responsive, high quality care**													
1a	Deliver harm free care	Mortality - HSMR within control limits	Medical Director	Coding incomplete/inaccurate Non delivery of the Trust Mortality Reduction Strategy Not working in Partnership across the health care system Inability to control/manage emergency demand	Corporate Risk ID 4138 - Mortality rates (Moderate)	CQC Safe	Dr Foster - investigations into Dr Foster alerts HSMR and SHMI National Benchmarking Reports National audits - secondary control ReSPECT Quality Account Priority 3 Learning from deaths and patient safety incidents Introduction of medical examiners Perinatal mortality review tool (PMRT)	Consistent delivery of ReSPECT Inability to control/manage emergency demand System wide partnership working: - preventing admission - provision of appropriate and timely discharge - reviewing deaths	Comprehensive ReSPECT roll out programme, system wide multi-professional education and audit Urgent Care Board Lincolnshire Mortality Learning Network	Triangulation of lessons learned, incidents, coroners, claims and complaints National audit reports Mortality Reduction Plan Regular reporting on learning from deaths. Reviews of alerting diagnosis/conditions, including independent reviews IPR Routine quarterly focussed assurance reports to Quality Governance Committee	System wide partnership reports	System wide mortality group System Improvement Board	Quality Governance Committee	R
		Harm Free Care - Safety Thermometer 99%	Director of Nursing	Unreliable or inaccurate data Failure to deliver against action plans in place for key harms Inconsistency in quality reporting from new Divisions.	Corporate Risk ID 4142 - Safety of patient care (Moderate)	CQC Safe	QSIP Plan Harm Free Action Plans in all areas Ward Accreditation Programme National benchmarking Integrated Performance Report Quality Strategy Patient Experience Plan Inclusion Strategy QSOG reports Quality Account priorities 1 ,2 &	Lack of capacity to deliver Inclusion of actions from CQC visit within QSIP plan Not available in all areas Data Quality Quality Strategy not approved Risk highlighted through QSOG of gaps in senior clinical leadership roles within the Divisions	Bi weekly meetings Harm Free care Steering Group QSIP Programme Patient experience annual plan as part of Quality Strategy Meeting to finalise metrics Infection Prevention and Control Group	Integrated Performance Report Patient Experience Dashboard and codesign of pathways with patients Quality and Safety Improvement Plan Clinical Audit Programme Ward Accreditation results Harm Free Care Group Medicines Management exception report Safeguarding exception report Infection Prevention	Quality Strategy not approved Harm Review data quality - Process has been significantly reviewed fits with committee work programme. To remain as gap for time being QSOG still in development New Trust Operating Model still embedding.	Director of Nursing and Medical Director to further develop Quality Strategy Identification of relevant groups ownership of Harm Review policy and process	Quality Governance Committee	

Ref	Objective	Metric	Exec Lead	How we may be prevented from meeting objective	Link to Risk Register	Link to Standards	Identified Controls (Primary, secondary and tertiary)	Control Gaps	How identified control gaps are being managed	Source of assurance	Assurance Gaps - where are we not getting effective evidence	How identified gaps are being managed	Committee providing assurance to TB	Assurance rating
							4 Hygiene Code <u>Internal Audit:</u> Data quality of KPIs - Q4 Compliance with legislation - Q2	Lack of ability to rely on divisional governance Metric not finalised Sharing and learning not at desired level Implementation and/or delivery against existing guidance or safety recommendations (national and local) in relation surgical site safety leading to Never Events	Action plan being developed to address surgical site safety to reduce the number of Never Events reported. Sign off of action plan January 2020 at QGC	Control exception report Equality and Diversity Patient report Inclusion strategy	Patient Experience and links to Quality Strategy and how articulated in BAF			
1b	Valuing our patients' time	% patients seen at appointment time (within 15 minutes of appointment time)	Chief Operating Officer	Unreliable, incomplete or inaccurate data Insufficient clinic capacity resulting in overbooking Inappropriate clinic configuration providing duplicate appointment times Patients arriving late for their clinic appointment Poor engagement	Corporate risk ID 4368 - Outpatient demand (High)	CQC Responsive	Specialty Governance Data Quality Group Outpatient Improvement Programme Delivering Productive Services Group	Data Quality Insufficient outpatient capacity to meet current demand across a number of specialties Consistency of Specialty Governance process	Data Quality workstream Performance Review Meetings Outpatient improvement programme System approach to managing planned care demand Governance team supporting embed of specialty governance post TOM implementation	Monthly Productive Services Group FPEC	Impact of actions being taken via PRM and prodcutive services group not visible	Ensure reported through performance report to incorporate necessary narrative and impact from productive services group	Finance, Performance and Estates Committee	R

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SO2	Providing efficient and financially sustainable services													
2a	Have 'zero waits' to access our services	% patients discharged within 24 hours of PDD	Chief Operating Officer	Unreliable or inaccurate data Poor engagement with setting PDD Internal systems not efficient to support timely discharge	Corporate risk ID 4176 - Planned care demand (High)	CQC Effective	Urgent and Emergency Care Improvement Programme - workstream 4, Ward Processes and 5, Discharge and Partnerships Daily review and overview by operational services Delivering Productive Services Group	Specialty Governance Data Quality Issues	Data Quality workstream PRMs probing gaps in speciality control and assigning actions to close	Urgent and Emergency Care Improvement Programme update IPR	Beginning of the year represented a process with an assurance gap	Current performance reported now accurately reflects the metric however, year to date reflects the previous gap from Q1	Finance, Performance and Estates Committee	A
2b	Ensure that our services are sustainable on a long-term basis i.e. here to stay	Delivery of Financial Plan £70.3m deficit	Director of Finance and Digital	Efficiency schemes do not cover extent of savings required - £25.6m Continued reliance on agency and locum staff to maintain services at substantially increased cost Failure to achieve recruitment targets increases workforce costs Unplanned expenditure or financial penalties Failure to secure all income linked to coding or data quality issues Failure to secure contract income through backlog and repatriation schemes and inability to remove cost Activity exceeds contracted levels over and above repatriation and fails to secure all income due from commissioners	Corporate risk ID 4382 - Delivery of FRP (Very high) Corporate risk ID 4384 - Income reduction (High) Corporate risk ID 4383 - Unplanned expenditure (Very high)	CQC Well Led CQC Use of Resources	Financial Turnaround Group (FTG) oversight of FRP Vacancy control process Centralised agency team Financial Strategy and Annual Financial Plan Performance Management Framework Delivery of output of Clinical Service Review programme System wide savings plan <u>Internal Audit:</u> Finance efficiency programme - Q2 Performance Management and reporting - Q3 Education Funding - Q1	Reliance on temporary staff to maintain services, at increased cost Operational ownership and delivery of efficiency schemes Delivery of workforce cost reduction schemes Clinical coding & data quality issues Operational ownership of income at directorate level Lack of control over local demand reduction initiatives	Recruitment & retention initiatives to reduce reliance on temporary staff Income improvement plan for each directorate Divisional FRP meetings held fortnightly. Reporting by schemes into PRMs Divisional review of every post in the Trust Engagement with commissioners through system wide contract management framework Improved reporting in to divisions System savings plan and delivery group Performance review process refresh through new operating model	Monthly Finance Report to Trust Board including capital and contracting FSM meetings with NHSI Scrutiny and challenge through Finance, Performance and Estates Committee Internal Performance Review Meetings Internal Audit work reports IPR System Wide NHSE&I Performance and Escalation Meeting	Impact of recruitment and reduction in temporary staff Structures and systems in place however the Trust have a lack of control over expenditure Model Hospital Benchmarking CQC Use of resources	Report on recruitment and temporary staffing impact PRM Meeting outcomes, dashboard to be developed to be presented to Finance, Performance and Estates Committee Delivery of Financial Efficiency plans	Finance, Performance and Estates Committee	R

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		% of services rated as 'delivering' *Note: 2019/20 is baseline year. % not in place, working through baseline in draft, scrutiny and road testing criteria and application, scheme of delivery and devolution* *Baseline analysis of how to manage classification of service performance - 3 levels*	Director of Finance and Digital	Lack of capacity to establish a robust programme of work Lack of focus and attention - not nationally required, externally driven - alternative pressures	None	CQC Use of Resources	TOM Operational Group TMG Delivery Proposal taken and agreed at TMG to set baseline 6 month shadow running <u>Internal Audit:</u> TOM Governance - Q4	Aligned to revision to national standards 20/21 Report on milestone plan Triumvirate Plan Signed off proposal at TMG	Tracking national developments Developing shadow running of national standards as they become clear Trust Operating Model Operational Group Debate on metrics across the CBUs/Divisions Project management plan with milestones being met	FPEC Updates TMG Updates	Process not in place currently, no plan and milestones	TOM Implementation to develop and agree service rating scheme for formal agreement at TMG	Finance, Performance and Estates Committee	
SO3	**Providing services by staff who demonstrate our values and behaviours**													
3a	Have a modern and progressive workforce	Vacancy fill rate	Director of People&OD	Inadequate workforce planning processes	Corporate risk ID 4362 - Workforce capacity & capability (Very high) Corporate risk ID 4082 - Workforce planning (High)		System workforce planning process - aligned with 5 year plan + internal workforce planning process, aligned to operational plan + Ward establishment reviews + Job planning for medical and other staff	Alignment of workforce plans to operational plans and intentions for the system + Job planning process not yet completed for 2019/20	LWAB Workforce Planning Group + Improved internal process, aligned to operational plans + Job planning process for 20/21 linked to demand/capacity planning	Completed workforce plans + completed job plans + output of ward establishment reviews	Effectiveness of job planning + Accuracy of establishment information	20/21 job planning process to begin in Autumn 2019 - regular monitoring reports on progress + Establishment review process	Workforce, OD and Transformation Committee	R
				Inability to recruit to areas of high vacancy - consultants, doctors and registered nurses in particular			Workforce Plan aligned to Financial Recovery Plan + Agreed approach to recruiting to key roles + Attraction strategy	Continued high vacancy rates for key clinical staff and no reduction in high agency spend	Recruitment partnership for medical and nursing recruitment + System attraction strategy + National campaigns for nursing and AHPS + Improvements to transactional recruitment process	Workforce IPR - vacancy data + KPIs relating to speed of recruitment process + Audit work	Availability of registered nurses + Appropriate targets for recruitment process, regularly reported	New recruitment partner for nursing recruitment + On-going review of recruitment process		
				Reliance on deanery positions to cover staffing gaps			Attraction of junior doctors + experience whist at ULHT (Guardian of Safe Working Practice role + GMC surveys)	Establishment of Guardian role across ULHT + poor survey results	Additional support being provided to the Guardian + Project to improve junior doctor experience	Regular report by Guardian to Committee + GMC survey results	Comprehensive Guardian's report not yet regularly provided to the Committee	Action being taken to improve support to the Guardian		
				Failure to embrace new roles			Workforce planning processes + Work of the Talent Academy around promotion of apprenticeships, new roles and new supply pipelines	Failure to fully to embrace new roles, such as Physician Associates	Additional funding to support new roles	Regular report on number of apprenticeships and activities of the Talent Academy	Pay back of ULHT apprenticeship levy	Maximisation of apprenticeship take-up in ULHT and transfer to primary care		
				Significant proportion of the workforce reaching retirement age			Succession planning + Initiatives such as "retire and return"	Succession planning not in place systematically	Talent management approach to ULHT being developed, within a system approach	Age profile of the workforce + Take up of schemes available	None			
				Attrition rate (overall and at particular sites and in specialties) is above the average			Retention plan - initiatives around flexible working, exit interviews, itchy feet interviews	Potential impact of Brexit	Communication and engagement by managers to EU staff	Workforce IPR - Turnover rate + numbers signing up to remain after Brexit	Report on EU staff remaining in the workplace	Progress reports on implementation of retention plans and take-up of initiatives		
				Failure to adequately equip our staff with the skills they need to fulfil their roles			Mandatory training programme + Development and delivery of the Education and Learning Strategy + Ability to access learning programmes + Potential of Medical School to refocus Trust on learning as an offer	Low completion rates of mandatory training + Education and Learning Strategy not yet driving investment + Progress in development of partnership with Medical School	Communications + Establishment of the Education and Learning Group + New appointment of Director of Education	Workforce IPR - training completion rates + Progress reports on Education & Learning Strategy and Medical School + Audit work	Regular reporting of progress not in place	Intention as part of IIP to monitor progress on delivery of plan and PI to cover access to learning and development		
				Sickness absence rates higher than in other Trusts			Attendance Policy + ER activity with managers to manage attendance + Health and Well-being activity	Sickness rates higher than others + Low NSS scores on health and well-being	Introduction of Empactis system and review of policy + Review of approach to health and well-being	Workforce IPR - Sickness data + Regular Health and Wellbeing updates + Audit work	Visibility to managers of sickness patterns and of appropriate management action not being taken	Empactis system will enable more detailed reporting		
				Lack of clarity over the future direction of the Trust and each individual's role in it			Review of Strategic Planning Framework to simplify + Communications Plan around new vision etc. + Individual Performance Management System (Appraisal)	Awareness of 2021 brand strong, but cannot translate into understanding of future direction and individual role in it	Review of framework + Review of internal communications plan	NSS Survey data + Internal Comms survey + Appraisal completion rates	Explore other ways we can regularly monitor awareness of key messages			

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3b	Work as one team	Recommend as a place to work in staff survey 46% (↑ of 5%	Director of People&OD	Lack of trust in the senior leadership of the organisation - opportunity for staff voice to be heard)	Corporate risk ID 4083 Workforce engagement (High)		Role of Senior Leadership Forum and new Middle Manger Forum (both to be renamed) + TOM OD Plan to build capability + Work on visibility (staff feeling that they are heard) + Medical Engagement Work	Evidence from National Staff Survey (NSS) indicates a lack of trust, hope in the future and belief that things can improve + Low levels of medical engagement	Work to improve visibility - future of "big conversations" + review of Team Pilgrim/Louth etc. + Links to leadership work	NSS Survey data + other survey work	None		Workforce & OD Committee	R
				Leadership which is not compassionate and engaging			Leadership development programmes + Personal Responsibility Framework for managers + Appraisal for managers	Evidence from NSS indicates quality of leadership is not consistent + Attendance of the right people on the right programmes (with appropriate wrap-arounds to ensure impact)	Revisions to current leadership programme (e.g. adoption of coaching) + Review of Personal Responsibility Framework + Development programmes for Clinical Leads & General Managers	NSS Survey data + Attendance at leadership programmes	Explore other ways in which we can measure impact of leadership development	Work as part of the IIP to identify additional impact measures for work around leadership		
				Organisational culture which does not reflect the values of the Trust			Values and Staff Charter (Personal Responsibility Framework) - Staff Charter Workshops to embed values	Behaviours are not consistently good	Work on "civility" and "kindness"	NSS Survey data + ad-hoc surveys	Ability to assess progress between national staff survey data being available	Potential for a regular temperature check on behaviours to be developed		
		Recommend as a place to receive care in staff survey 53% (↑ of 5%)		Lack of fairness in the operation of ULHT workforce policies			Framework of ULHT Workforce policies under regular review + Freedom To Speak Up Guardian	Pressure on ER system + Lack of fair application of policies referenced in CQC report + Awareness of Freedom To Speak Up Guardian	Implementation of "Just Culture" approach to policies and ER work + Management Development + Freedom To Speak Up Champions	Workforce IPR - Regular data on ER activity + Freedom To Speak Up Guardian Reports	None			
				Lack of effective partnership with staffside			Recognition Agreement + EPF/JNF + Informal dialogue	Partnership with Staffside is broken	Revised Recognition Agreement with new meeting structure and facility time breakdown + Further relationship building work		Can measure progress on the recognition agreement, but no formal measure of the strength of our partnership	Explore need for a measure of health of partnership with staffside		
				Organisation does not fully embrace inclusiveness			Inclusion Strategy and regular reporting + Staff Networks	Issues around bullying and harassment + Workforce profile that demonstrates inclusivity	Talent management approach will embrace issues of diversity	WRES and WDES reporting + Gender Equality Data	None			
				Addressing issues around bullying and harassment in the ULHT workplace			Bullying and harassment project and initiatives that will follow	NSS data evidences a problem with bullying and harassment in the Trust	Complete project and implement actions agreed - initially 100 day projects	NSS Survey data	None			

United Lincolnshire Hospitals NHS Trust

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SO4	**Providing seamless integrated care with our partners**													
4a	Make sure that the care given to our patients is seamless between ULHT and other service providers through better service integration	% reduction in face to face contacts in Outpatients 5% (Responsibility for the metric delivery sits with the Chief Operating Officer)	Chief Executive Officer	Lack of robust system plan Lack of/insufficient system capacity Poor engagement with primary/community care Demand Unaffordable Poor system working No single system plan	Corporate risk ID 4368 - Outpatient demand (High)	CQC Caring CQC Responsive CQC Well Led	1st line Activity monitoring Activity plan Contract Improvement project System plan delivery System Performance Report to SET STP/SET/LCB infrastructure ASR Single system plan ICC development programme 2nd line: ICS Development 3rd line: NHS ICS Maturity Index Internal Audit: STP Governance - Q2	ASR - capital limitation System delivery method not yet mature	ASR being refreshed for resubmission System wide SROs appointed and delivery framework being established	LCB Oversight SET CEO Updates at Board Healthy Conversation System wide partnership reports	No named ULHT individual for delivery of work stream	Allocation of responsibility and resource to ULHT individual for delivery of workstream Improving ULH document agreed through Remuneration Committee. Shared with organisation w/c 13 Jan creates new Directorate of Integration and Improvement Headed by Dir of Integration and Imp/Dep CEO	Finance, Performance and Estates Committee	R

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The BAF management process

The Trust Board has assigned each strategic objective of the 2021 Strategy to a lead assurance committee. Outcomes under each strategic objective are aligned to a lead committee or reserved for review by the Trust Board.

The process for routine review and update of the BAF is as follows:

- The corporate risk register is maintained by the lead executive, in accordance with the Risk Management Policy
- The BAF is updated with any changes to those corporate risks recorded within it; the Trust Board decides which corporate risks are significant enough to warrant inclusion on the BAF, based on recommendations from committees
- The lead assurance committee (or Trust Board, where applicable) reviews the management of risks to each required outcome(as part of their regular work programme), through evaluation of reports and risk assessments provided at Committee by executive leads
- The lead committee identifies any gaps in controls or assurance and ensures there are appropriate plans in place to address them
- The lead committee decides on an assurance rating for each required outcome, based on evidence provided in identified sources of assurance

To facilitate this process, each committee will receive regular reports from specialist groups, executive leads and other sources which provide management information and analysis of relevant key risks, to enable the committee to make a judgement as to the level of assurance that can be provided to the Board. All reports to committees should first have been reviewed and approved by the executive lead.

When deciding on the assurance rating for each outcome the following key should be used:

Effective controls may not be in place and/or appropriate assurances are not available to the Board

Effective controls are thought to be in place but assurances are uncertain and/or possibly insufficient

Effective controls are definitely in place and Board are satisfied that appropriate assurances are available

NHS
United Lincolnshire Hospitals
NHS Trust

To:	Trust Board
From:	Karen Willey, Deputy Trust Secretary
Date:	7th April 2020
Essential Standards:	

Title:	Board Assurance Framework (BAF) 2019/20

Author/Responsible Director: Karen Willey, Deputy Trust Secretary/Jayne Warner, Trust Secretary

Purpose of the Report:

To present the 2019/20 Board Assurance Framework

The Report is provided to the Board for:

Decision		Discussion	X
Assurance		Information	X

Summary/Key Points:

The 2019/20 BAF has been reviewed by the Executive Directors during March.

Due to the Covid-19 pressures the Committee meetings were streamlined during March resulting in the Workforce and Organisational Development Committee receiving the BAF for information only. The Quality Governance Committee did not receive the BAF and the Finance, Performance and Estates Committee received and discussed the BAF.

The Board is asked to consider whether the risks around Covid-19 captured within the Strategic Risk Register (Risk Number 4558) should be included in the 2019/20 BAF.

There were no updates to the BAF during March with no changes to the RAG ratings.

Direction of Travel of Assurance Ratings:

RAG Rating	February 2020	March 2020	Direction
Red	6	6	→
Amber	1	1	→
Green	0	0	→

The BAF will continue to be updated through the Executive Directors before being presented to Committee meetings for discussion and further update where required, monthly updates will be received by the Trust Board.

Recommendations:

The Trust Board are asked to:

- Consider the issues around Covid-19 for inclusion in the BAF
- Note the updates within the Board Assurance Framework and confirm the assurance ratings provided by the Committees
- Consider the identified gaps in assurance and advise/identify reports to be presented to the Board or Committees which would support the closure of the assurance gaps

Strategic Risk Register	**Performance KPIs year to date**
Links to the risk register are included within the BAF and will be updated as risks are identified	Appropriate KPIs relevant to the ambitions will be identified within the BAF

Resource Implications (eg Financial, HR) N/A

Assurance Implications Assurance on delivery of Trust ambitions is provided within the BAF

Patient and Public Involvement (PPI) Implications N/A

Equality Impact N/A

Information exempt from Disclosure No

Requirement for further review? Monthly review through Committees and Trust Board