Bundle Trust Board Meeting in Public Session 1 December 2020

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

1	Introduction, Welcome and Chair's Opening Remarks *Chair*
2	Public Questions *Chair*
3	Apologies for Absence *Chair*
4	Declarations of Interest *Chair*
5.1	Minutes of the meeting held on 3 November 2020 *Chair* Item 5.1 Public Board Minutes November 2020.docx
5.2	Matters arising from the previous meeting/action log *Chair* Item 5.2 Public Action log November 2020.docx
6	Chief Executive and Executive Director's Organisational Update *Chief Executive* Item 6 Chief Executive's Report, 011220.docx
7	Strategic Objective 1 To Deliver high quality, safe and responsive patient services, shaped by best practice and our communities
7.1	Assurance and Risk Report from the Quality Governance Committee *Chair of Quality Governance Committee* Item 7.1 QGC Upward report November 2020 v1.doc
8	Strategic Objective 2 To enable our people to lead, work differently and to feel valued, motivated and proud to work at ULHT
8.1	Assurance and Risk Report from the People and Organisational Development Committee *Chair of People and OD Committee* Item 8.1 POD - Upward Report - November 2020.doc
8.2	BAME Network Update - Presentation *Chair and Vice Chair BAME Network*
9	Strategic Objective 3 To ensure that services are sustainable, supported by technology and delivered from an improved estate
9.1	Assurance and Risk Report from the Finance, Performance and Estates Committee *Chair of Finance, Performance and Estates Committee* Item 9.1 FPEC Upward Report November 2020 v1.docx
10	Strategic Objective 4 To implement integrated models of care with our partners to improve Lincolnshire's health and wellbeing
10.1	Lincolnshire System Priorities 2020/21 - Status Update *Chief Executive* Item 10.1 Lincolnshire System Priorities 202021.docx Item 10.1 System priorities 2020-21 - November 2020 SLB update v4.pdf
11	Integrated Performance Report *Director of Finance and Digital* Item 11 Integrated Performance Report.docx
12	Risk and Assurance
12.1	Risk Management Report *Director of Nursing* Item 12.1 Strategic Risk Report - December 2020.docx
12.2	Board Assurance Framework

Trust Secretary

Item 12.2 BAF 2020-21 Front Cover December 2020.docx

Item 12.2 BAF 2020-2021 v24.11.2020.xlsx

13 Any Other Notified Items of Urgent Business

14 The next meeting will be held on Tuesday 2 February 2021

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.

Minutes of the Trust Board Meeting

Held on 3 November 2020

Via MS Teams Live Stream

Present

Voting Members:
Mrs Elaine Baylis, Chair
Mrs Sarah Dunnett, Non-Executive Director
Dr Karen Dunderdale, Director of Nursing
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
Mrs Liz Libiszewski, Non-Executive Director
Mr Paul Matthew, Director of Finance and Digital
Dr Chris Gibson, Non-Executive Director

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
Ms Cathy Geddes, Improvement Director, NHSE/I
Dr Maria Prior, Healthwatch Representative

Apologies
Mr Geoff Hayward, Non-Executive Director

1530/20	**Item 1 Introduction** The Chair welcomed Board members and members of the public who had joined the live stream to the meeting. In line with guidance on Covid-19 the Board continue to hold meetings open to the public through the use of MS Teams live. In line with policy, papers had been published on the Trust website a week ahead of the meeting and the public able to submit questions in the usual manner.
1531/20	The Chair moved to questions from members of the public. **Item 2 Public Questions** **Q1 from Jody Clark** **I was reading in the agenda about the additional theatres and 7 day working.** **I would like to ask, how many patients undergoing surgery, stay overnight at Grantham Hospital? And what staff care for those patients?** **When will the theatres be ready and who will staff them?**

	Considering Saturday surgery is already run by a skeleton crew. How will the 7 day working be staffed? **And have you considered talking to the surgical teams at Grantham, as to what specialist services are available and on which day? As sending the wrong mix of patients to surgical staff causes cancellations, when there is extra capacity on other specialities. This is an easy issue to fix.** The Chief Operating Officer responded: Theatres, as reported in the Integrated Performance Report, had this month seen an increase in utilisation, Grantham had been a key part of this. It was difficult to provide a meaningful answer to the number of patients who stay overnight at Grantham due to the varying figures day to day and week to week. There was currently one ward for overnight stays that could have upwards of 20 patients. Plans in place included the increase of theatre capacity and it was estimated that there would be a move to a second ward for overnight stays. Currently the proportion was mostly day case but this would change in line with the demands of patients who needed urgent or cancer surgery and this was expected to change significantly over the course of the year. The teams at Grantham were those caring for surgical patients supplemented with other expertise of staff from Lincoln and Pilgrim. The complement of staff provides a wide range of expertise across multiple specialities in order to deliver a wide range of services. The Trust were pleased with the progress of the theatres with the expectation that the first will be installed in December and the second in January. There was confidence that the theatres would be available in the last quarter of the year and that capacity would increase. The staff in place at weekends was akin to that in place during the week however not all theatres were filled at the weekends. There was a plan to move lists, redesign shift patterns and rotas at Lincoln and Pilgrim where elective surgery was not being performed, to support Grantham and increase weekend capacity. The Trust had a talented Clinical Director of Surgery who is an anaesthetist, working at Grantham and talks to the surgical teams on a daily basis across the sites to ensure appropriate coordination of services. This includes working preoperatively to ensure patients selected for Grantham were safe to be operated on. There were times where the health of a patient deteriorated from the point of the preoperative assessment and this can lead to cancellations. Safety checks were in place to ensure that operations were not conducted on those patients who required additional care, this was offered at Lincoln and Pilgrim. **Q2 from Councillor R Wootten** **May I start by once again thanking all staff for their commitment and dedication in serving the people of Lincolnshire, people that I speak to appreciate the work that you do and ask me to convey their thanks to you all.** **Charging patients to park at hospital is seen by many as a tax on being ill so I welcomed the suspension of car park charges. I also welcome the revised charges which came into effect yesterday in particular not to charge Blue badge holders. For some of those that are disabled it is not that they cannot afford to pay it is the physical ability to pay. Will you consider continuing to exempt those when you review your charges again next year and keep all other charges as low as possible.**

	The Director of Finance and Digital responded: There would be consideration of continuing to exempt blue badge holders from parking charges. Work would be undertaken with those patients with long-term conditions who access services on a regular basis to park for free on a permanent basis. There was a fine balance between available car parking and the charges in place, hence the charges made. This would all be taken in to consideration when the review of charges is undertaken in March 2021. **Q3 from Councillor L Wootten** **My question is ULHT state Outstanding care, personally delivered .** **With a mantra of: Patient centred , Excellence, Respect, Compassion, Safety.** **However there are many complaints in particular with A&E services in Lincoln and Boston about excessive waiting times, staff attitude and a lack of communication.** **I know on paper you say things are in place to address the situation but, these problems don't go away , so my question is** **" What's gone wrong "** The Director of Nursing responded: As you would expect the Trust takes feedback very seriously and it is disappointing to read comments from the public who have had a negative experience within our emergency departments. Over the last 12 months the Trust has made a number of changes and improvements within the emergency departments at Lincoln and Pilgrim. The Trust are aware of issues with long waits, and communication, and are taking a range of measures to address these. To reduce the long waits, the Trust have invested substantially in the emergency workforce. Both of the two main departments have seen multiple investments in nursing staffing, with the most recent in April of this year. This is not just an increase in overall numbers, but is in the creation of new roles such as handover practitioners who reduce the time that patients have to wait who arrive by ambulance and are allocated a Nurse and Doctor who are assigned to care for Children and Young People in the emergency departments. Part of the investment at Pilgrim Hospital includes assigning staff to a 'transfer team' so that patients are moved safely and swiftly to their discharge destination. This is not only about nursing and the Trust has also invested heavily to increase the number of doctors on duty, particularly those who are senior decision makers. This investment has resulted in a major improvement in the time patients wait for a medical assessment, with most patients receiving the senior assessment in less than an hour from arrival. However, this has to be balanced against the increased complexity of providing emergency care during a pandemic, which can increase overall treatment times due to additional cleaning and wearing of protective equipment. These changes have been underpinned by strengthening of leadership and changes to the culture within these areas with support from Human Resources and Organisational Development colleagues. Further planned work includes the delivery of customer care training for all staff in the emergency departments. All of the above has been strengthen by the implementation of an emergency department assurance tool, which monitors and reports on key quality & safety and other indicators, reviewed on a weekly basis by teams.

	Clearly, it is particularly disappointing to hear complaints about the attitude of staff. Whilst these are rare, the Trust investigate every complaint that is raised and will not hesitate to tackle individuals who do not meet the Trust values and behaviours. The Trust is seeing a number of positive impacts within the emergency departments as a result of the improvements and changes made including the gradual reduction in the number of complaints about this area. The Trust views complaints as an opportunity to learn lessons from things that have gone wrong and as an opportunity to continually review and make changes to the services it provides and we will continue. Whilst there is clearly still further work to do the Director of Nursing was confident that the Trust was moving in the right direction. The Chief Operating Officer added: The response put in place was really important and the Director of Nursing had articulated a number of key actions. The Trust also spends time reviewing externally and inviting partners to provide feedback about the services. This is not only patients but also system partners, this has now been expanded to include independent reviews. These will help to formulate responses, not necessarily with staffing changes as described, but with the process work that needs to be addressed on a regular basis. This work features as part of the winter plan and Phase 3 plan in preparation for the increase in demands on the Trusts emergency services.
1532/20	**Item 3 Apologies for Absence** Apologies were received from Mr Geoff Hayward, Non-Executive Director
1533/20	**Item 4 Declarations of Interest** There were no declarations of interest which had not previously been declared.
1534/20	**Item 5.1 Minutes of the meeting held on 6 October 2020 for accuracy** The minutes of the meeting held on 6 October 2020 were agreed as a true and accurate record.
1535/20	**Item 5.2 Matters arising from the previous meeting/action log** The Chair noted that the action log had been updated and items were either due for discussion on the agenda or were not yet due.
1536/20 1537/20	**Item 6 Chief Executive Horizon Scan including STP** The Chief Executive presented the report to the Board noting that there had been a number of changes since the writing of the report, including the new national restrictions that would come in to place on 5th November. It was noted that the proposal for restrictions continued to be debated by parliament and further guidance was awaited. It was clear that one of the objectives of the restrictions was to protect the NHS as in the first phase of the pandemic response.

1538/20	The Chief Executive noted that there would be a need to manage staffing and particularly the national messages for people to stay at home and to work from home if possible. National guidance stated that public sector employees working in essential services should continue to go to work but extra consideration should be given to those at higher risk. This would likely impact staff who were clinically extremely vulnerable and there would need to be some work to identify those staff again and put appropriate arrangements in place.
1539/20	The Chief Executive advised, in light of new restrictions, that the Trust remained open for business as did the whole NHS and that the Trust would continue to manage Covid-19 cases, winter pressures and recovery of non-Covid-19 services that had been paused in the first wave.
1540/20	The Trust were not looking to suspend a wide range of services but would keep this under review as potential circumstances changed. The public would continue to be updated on any changes that were made and the reasons for them.
	System Issues
1541/20	The Chief Executive noted that the social media campaign 'Let's do this together' presented to the previous meeting had been shared with individuals in a number of settings and would officially launch on 5th November.
1542/20	The Acute Services Review Pre Consultation Business Case would be reviewed at a regional panel on the 12th November.
1543/20	A positive System Review Meeting had been held on the 7th October with system and regulator colleagues and it was hoped that this would be replicated at the next meeting.
1544/20	The financial year had been split in two halves and the financial plan for half year 2 had been submitted by the system. The intention was for the plan to be delivered in partnership in order to deliver the year-end position within the financial envelope.
	Trust Specific Issues
1545/20	The Trust had been running a number of virtual Integrated Improvement Plan sessions delivered by the Chief Executive and Director of Improvement and Integration. 51 one hour sessions had been delivered to staff. There were still a number of staff who had not been able to attend and consideration was being given to a filmed session available to all remaining staff.
1546/20	The flu campaign continued to be delivered and so far 45% of frontline staff had received the vaccination, in line with the regional average.
1547/20	Car parking charges had been introduced and would be discussed later on the agenda.
1548/20	The Staff Survey had been sent out. The previous years response rate was 50%, the Trust were keen to encourage all staff to complete the survey.
1549/20	Work was being carried out in relation to rural acute hospitals with NHS England/Improvement to ensure that rural Trusts, like United Lincolnshire Hospitals NHS Trust, had an opportunity to engage in policy decisions.
1550/20	The Trust continued to work well with the University of Lincoln and University of Nottingham in relation to the Lincoln Medical School.
1551/20	The Chief Executive also reminded the Board of the 2 national adverts that were out for 2 Board positions.

1552/20	Dr Gibson noted that the social media campaign, whilst important, appeared to overlap with the 'Help us help you' campaign being run by NHS England in relation to cancer and antenatal care. Whist both campaigns were important there needed to be clear messages that were not contradictory.
1553/20	The Chief Executive provided reassurance that the Lincolnshire campaign had been discussed with both national and regional teams to ensure that there was consistent messaging.
1554/20	The Chair noted that the campaign had been considered at a regional meeting and it was understood that there was a clear read across. The Trust Board: • **Noted the update and significant assurance provided**
	Item 8 Objective 1 To Deliver high quality, safe and responsive patient services, shaped by best practice and our communities
1555/20	**Item 8.1 Assurance and Risk Report Quality Governance Committee** The Chair of the Quality Governance Committee, Mrs Libiszewski provided the assurances received by the Committee at the 20th October 2020 meeting.
1556/20	A lack of assurance had been received in relation to objective 1a, deliver harm free care. A number of papers were reviewed that had been presented at the Board meeting and an update received in relation to never events and serious incidents. There were a number of actions relating to these that were being carried out.
1557/20	An update was received in relation to ward accreditation and the Director of Nursing had taken a refreshed approach that had been presented to the Committee. The criteria had been reset and the award would need to be applied for rather than given. The Committee looked forward to seeing the new approach and wards working through the process.
1558/20	The Committee received the Infection Prevention and Control annual report that would be discussed by the Board.
1559/20	The Committee were now receiving monthly updates in relation to the Maternity Clinical Negligence Scheme for Trusts (CNST) as the Trust worked toward a submission in May 2021. Significant work was being done and the current status presented to the Committee. The Committee noted the challenges being faced due to the IT system and noted the concern regarding the ability of the system to collect the appropriate data. Consideration was being given to a business case for a new system.
1560/20	Due to the volume of evidence to be reviewed the Non-Executive Director lead for maternity offered to support with quality assurance reviews of the evidence, this was not something that the Committee would be able to support with.
1561/20	The Committee received the Cumberlege report and a self-assessment which ad been conducted, further work, to be led by the Patient Safety Group, would be undertaken.
1562/20	In relation to strategic objective 1b, improve patient experience, the Committee had received the complaints annual report that would again be discussed by the Board.

1563/20	Work was taking place to embed learning and ownership of the complaints process and how this would embed in to patient experience, working in line with the Integrated Improvement Plan.
1564/20	The Clinical Governance review, commissioned by the Director of Nursing, was reviewed in detail and had been segmented in to streams of work. These focused on the work of the clinical governance teams and divisions and also described process actions.
1565/20	The second set of issues were in relation to the functioning groups that now reported directly to the Committee and there was a need to ensure that the groups delivered against the risk register, programmes of work and linked to the Board Assurance Framework. The Committee had asked that the groups be reviewed to ensure the links were in place. Following a review of the groups the Committee would report any substantive changes required.
1566/20	The third area identified related to some well led areas and would be picked up through the Director of Nursing and Executive team. These were mostly considered to be housekeeping issues that needed to be identified in order to take forward.
1567/20	The Committee wished to highlight to the Board the sustained reduction in pressure ulcers and some sustained improvement in relation to the approach taken in duty of candour.
1568/20	The CQC action plan was received by the Committee and would be discussed by the Board.
1569/20	The Committee wished to highlight to the Board the concerns regarding the maternity IT system noting that this would be monitored by the Committee. A further issue had been the frequency of the updating of the risk registers and this not being as frequent as needed.
1570/20	The Chair noted the report and thanked Mrs Dunnett for offering to quality assure the maternity CNST evidence. The intention was to hold a future Board Development session in relation to CNST.
1571/20	The Chair noted the escalation point in relation to the maternity system and noted that this was being addressed by the Director of Finance and Digital. The ward accreditation was positive and would strengthen the approach to quality and safety.
1572/20	Mrs Ponder agreed with the comments relating to the updating of the risk register noting that this had been raised at the Finance, Performance and Estates Committee. This would be addressed by the Director of Nursing. The Trust Board: • **Received the assurance report**
1573/20	**Item 8.2 Patient Safety Incident Management Report** The Director of Nursing presented the report to the Board highlighting that there had been further detail included within the report however there had been no significant changes from the previous report.
1574/20	The process, particularly in relation to follow up actions, continued to be strengthened although it was noted that this was not progressing at the desired pace.
1575/20	Serious incident numbers were being monitored to ensure that these were maintained and a backlog did not develop. There had been an increase in the month of serious incidents.

1576/20	A conversation would be held in relation to the reporting groups to the Quality Governance Committee and the frequency of reporting. Assuming all checks and balancing was in place through key performance indicator monitoring on a monthly basis the would enable a clear discussion regarding frequency and reporting of trends over time
1577/20	Mrs Ponder raised concerns regarding the number of open actions relating to never events. Given that these were extremely serious Mrs Ponder asked what could be done in order to prioritise addressing the actions and learning from these, with a view to reducing future never events from the learning.
1578/20	Mrs Ponder noted that the report indicated that Datix was used to support the management of incidents affecting staff, visitors and assets and was unclear where the visitor and assets element was being reported as this was not received by the Finance, Performance and Estates Committee.
1579/20	The Director of Nursing noted that previously reported to the Board was the sizeable number of open actions. Some of these had been process and housekeeping that needed to be closed when actions were completed. However, a number of these had been true actions and it would be possible to identify themes and learning between never events.
1580/20	There was a process in place, supported by the governance team, in relation to never events related to theatres. A Theatre Safety Group had been established and was now addressing actions from never events and a process would be put in place to ensure lessons learnt from one incident were used to prevent further incidents of a similar nature.
1581/20	Regarding patient, staff and visitor incidents, these were seen through Quality Governance Committee however assets were not. The Datix system and reporting of these was good however the robustness of individuals understanding of accessing detailed levels of reporting was unclear. It was confirmed that it was unlikely that these incidents were received elsewhere and there was a need to focus these to the appropriate Committee.
1582/20	The Chair requested that this narrative was included within future reports to strengthen the report.
1583/20	The Medical Director noted that most of the actions related to the bigger issue of culture and there was a need, in order to sustain progress, to understand why these incidents were occurring. This would form part of the safety culture work that was due to commence in theatres and emergency departments due to them being high risk areas. A PASCAL survey would be used to understand how staff felt, why incidents occurred and this would be run concurrently with training from human factors experts. This work would run over several years as part of the Integrated Improvement Plan.
1584/20	Mrs Dunnett requested further information to understand the 21 serious incidents reported during September, appreciating that a number of these related to previous months. Mrs Dunnett asked if there were any themes coming to light that were either Covid-19, capacity related or as a result of harm caused due to long waits.
1585/20	The Director of Nursing noted that there were no themes specific to Covid-19 or the complexities of the pandemic. The intention was to provide the Quality Governance Committee with specific themes related to these incidents. The Trust Board: • **Received the report noting the moderate assurance**

1586/20	**Item 8.3 Safe Staffing Report** The Director of Nursing presented the regular report to the Board noting that there continued to be seen, throughout September, a plateauing of staffing levels across the Trust in relation to temporary staff.
1587/20	These levels were below pre pandemic levels and had been demonstrated through the data presented. There had been a slight increase seen in bank shifts compared to agency in order to support the workforce. This was up to 40% and slightly below where the Trust were aiming for.
1588/20	There had been a continued reduction throughout September of agency usage and associated costs. The Board were advised that whilst a reduction in usage and cost was being seen this should be noted in relation to the pandemic situation. There was a need to ensure that there was triangulation of quality and safety of patients against the correct level of fill.
1589/20	The Board were assured on the correct level of fill as this was checked on a twice daily basis. Associated with the acuity and dependency of patients there was a flexible move of staff to ensure correct levels. Quality metric review meetings had recently commenced across all wards and departments to review all quality metrics related to patient safety and nursing and midwifery red flags. There were triangulated with the workforce and against the establishment levels recently agreed by the Board.
1590/20	Dr Prior commented that the emergency departments were the highest users of agency however these figures were excluded from the graphs presented and asked for the detail on the scale of use in the departments.
1591/20	Dr Prior also asked if the current recruitment initiatives were having an impact on recruitment rates in the emergency departments and if there were any future initiatives.
1592/20	The Director of Nursing noted that the graphs did not include the data due to the amount of usage, as this was more sizeable that in the other highest areas shown on the graphs.
1593/20	Recruitment activity was beginning to show a significant impact on vacancies and there had in April 2020 been improvements in the amount of senior level recruitment. It was noted however that this was not mutually exclusive.
1594/20	There had been recruitment of newly qualified and international nurses and it was anticipated that these would move from supernumerary in to the numbers within the establishment which should start to show some impact.
1595/20	Dr Gibson noted that the main reason for agency use was vacancies however the data presented was variable for the use required on wards and asked if there was any learning that could be taken from those wards who appeared to be managing.
1596/20	The Director of Nursing noted that there were a number of reasons for vacancies including, leadership which would be addressed through leadership culture change work being conducted by the Organisational Development team.
1597/20	There had been significant work from the Organisational Development team within the emergency department regarding culture and this had culminated in a placement inspection for student nurses. This had resulted in an extremely positive placement assessment by the University, it was clear that leadership had a key impact on the outcome.

1598/20	Regarding the point made in relation to the type of patients and acuity, dependency and turnover of staff. Turnover often related to individuals, particularly newly qualified nurses, not having previous exposure to the department and deciding this was not for them so they move on. The Trust would need to ensure support was in place for staff in the areas being worked in. This tended to result in vacancy pockets moving around organisations over time.
1599/20	The Chief Executive noted the large quantity of factual data but sought information on the mood amongst staff and if there was a recognition of progress being made with staffing levels.
1600/20	The Director of Nursing noted that it was felt that this was recognised however at times when it was busy and staff were caring for patients with high dependency, although staffing was set through the establishment and added to if needed, the perception remained that the Trust was understaffed. Work had been undertaken with the ward sisters and staff in setting the establishments and what the safety nets were, there was a recognition though at times that staffed would need to be moved.
1601/20	Moving staff could become wearing for them and there was a need to remain cognisant of this, overall however staff appeared appreciative of the establishment.
1602/20	Mrs Dunnett acknowledged the positive success with international recruitment and the pipeline of new starts and asked what support was in place for new international recruits.
1603/20	The Director of Nursing advised that pre-work was conducted by the companies that the Trust worked with when recruiting international nurses to meet candidates. This was currently done virtually and the staff were quarantining upon arrival.
1604/20	The Trust had a full time member of staff who supported on boarding of staff to offer packages of support. Once through the 14 day quarantine period the Director of Nursing would meet with the nurses and teams to deliver a session about working at the Trust. A number of weeks of induction were completed supernumerary.
1605/20	After 3 months in post the staff work was undertaken with clinical educators to provide on the job inductions. The programme in place was supported by existing staff however there was an opportunity, through external funding, to support on boarding further.
1606/20	The Chief Executive asked the Director of Nursing, as the Director of Infection Prevention and Control if there had been added complications of moving staff between sites and wards whilst the Trust were trying to minimise footfall and potential additional infections.
1607/20	The Director of Nursing stated that there was an attempt to minimise staff movement as much as possible however there was a need to flex staff between wards and sites. There were however a number of red lines in relation to staff movement including staff not moving between secure and non-secure Covid-19 areas. Movement of staff within a shift was avoided where possible and if staff were moved then this was minimised to one move per shift. It was not always possible to achieve this as patient safety was the first priority.
1608/20	Staff wellbeing checks were undertaken with temperature check and national guidance was being considered regarding regular staff swabbing. All staff continued to receive regular infection prevention control updates on procedures and policies and all staff were aware of the standards of hands, face, space. Where staff do not abide by Trust policies a process was in place to offer additional support.
1609/20	Mrs Libiszewski asked if the outcome of Birth Rate Plus was still awaited.

1610/20	The Director of Nursing advised that Birth Rate Plus was in the process of being commissioned and would take between 4 to 6 weeks to complete. This would be reported back to the Board as a separate report for the midwifery establishment. The baseline figures would then be used for reporting.
1611/20	The Chair recognised the positive work to support on boarding of international recruits and asked if there was pastoral or cultural support in place or an opportunity to offer this through the staff networks and a lived experience.
1612/20	The Director of Nursing acknowledged that more could be done to support the staff through the networks and in relation to faith and spiritual care and would consider this in more detail. The Trust Board: • **Received the report noting the significant assurance**
1613/20	**Item 8.4 Infection Prevention and Control Annual Report** The Director of Nursing presented the annual infection prevention and control report to the Board noting this was the report for 2019/20 and was seen at the Quality Governance Committee and approved for ratification by the Board.
1614/20	The report met the statutory requirements for an annual report and whilst this provided limited assurance to the Board there was an awareness of infection prevention and control issues.
1615/20	The Director of Nursing advised that a positive for 2019/20 had been the achievement of accreditation for the Trusts laboratories.
1616/20	Although the Board were sighted on the area of concern, it was noted that there had been some improvement since April 2020 and this would feature in future reporting.
1617/20	Infection prevention and control had been managing outbreaks as they arose within the Trust and the Director of Nursing advised that further detail would be provided during the Private Board meeting.
1618/20	The Chair noted the disappointment in respect of the position that the Trust was in however was pleased to see that the actions in place were being considered at pace. The Trust Board: • **Received the report noting the limited assurance** • **Approved the Infection Prevention and Control Annual Report**
1619/20	**Item 8.5 Complaints Annual Report** The Director of Nursing presented the report to the Board noting that the report had been approved by the Quality Governance Committee and was presented to the Board for ratification, as part of the Board requirements to receive the annual report.
1620/20	The number of complaints had already been addressed and there were a number of processes and work undertaken to strengthen how these were managed. This would build on previous work undertaken in the organisation.
1621/20	Mrs Ponder noted that the plan for 2020/21 included communications training and advised that this had been included for several years. This did not appear to be having the impact required as it was a repeated action. Mrs Ponder asked if the training would be reviewed or

	consideration given to those who attended the training in the hope that this may, in future, have a more positive impact.
1622/20	The Director of Nursing advised that a review of the training would be commissioned to ensure that the right people were focused on and to offer tiers of training over a blanket approach.
1623/20	The Chair noted that a number of actions were process driven and there was a need to ensure behaviour change. It was suggested that the report should be more specific regarding how the Trust intended to change behaviour. The Trust Board: • **Received the report** • **Approved the Complaints Annual Report**
	BREAK
	Item 9 Objective 2 To enable our people to lead, work differently and to feel valued, motivated and proud to work at ULHT
1624/20	**Item 9.1 Assurance and Risk Report People and Organisational Development Committee** The Deputy Chair of the People and Organisational Development Committee, Mrs Dunnett provided the assurances received by the Committee at the 13th October 2020 meeting.
1625/20	Mrs Dunnett highlighted the assurances that had been received as part of the safer staffing report and this had now been discussed by the Board.
1626/20	Assurance was received in respect of Freedom to Speak Up (FTSU) and the Committee noted the low level of referrals during quarters 1 and 2 of the year. Work was being undertaken to promote the role of the guardian.
1627/20	The Committee were pleased to note that work was ongoing to triangulate both FTSU data with other sources of information including complaints and staff feedback.
1628/20	The Committee received a report regarding the preparation of a second wave of Covid-19 in relation to staffing.
1629/20	The draft research strategy was received and a number of comments provided by the Committee to ensure this was outcome focused and took account of financial resourcing. Clear links were also requested with the development of the medical school and to the previously undertaken internal audit report.
1630/20	The Committee considered the monthly dashboard noting two areas of attention. There were ongoing concerns regarding levels of performance appraisal levels and the levels of core learning. The Committee were advised that these were being addressed.
1631/20	The Board were advised of the success over the past 12 months in relation to recruitment with success seen with international recruitment. There had also been 68 medical staff who had joined the Trust in the past 12 months and a further 60 in the pipeline.
1632/20	The Chair noted the positive news in relation to recruitment to the Trust. The Chair asked if staff risk assessments, in particular those at risk and Black, Asian and Minority Ethnic (BAME)

	staff would be reassessed as part of wave 2. Consideration of the quality of these should also be considered in order to provide confidence to colleagues.
1633/20	The Director of People and Organisational Development noted that there had been regular regional reporting and there had been an achievement of 100% of BAME staff completing risk assessments. 100% of those staff known to be at risk had also been completed. The Trust were now close to achieving 95% of all staff having completed a risk assessment, this was above the national target. Significant work had been undertaken to support hard to reach staff in completing these.
1634/20	National guidance was currently being assessed in respect of the staff at risk in the second wave. Shielding was not automatically being introduced however there was an expectation that risk would be reviewed. A variety of actions were taken for staff that were at risk including working from home where possible or moving staff to work on green pathways.
1635/20	A review was being undertaken to determine where at risk and BAME staff were currently working to ensure that this remained appropriate. There remained some anxiety within the BAME community that risk assessments did not provide reassurance to staff. Further work would be undertaken on risk assessments to ensure reassurance could be provided. The Trust Board: • **Received the assurance report**
1636/20	**Item 9.2 Freedom to Speak Up Quarterly Update** The Freedom to Speak Up Guardian presented the quarterly update to the Board noting that this had been considered at the People and Organisational Development Committee as reported through the previous report.
1637/20	Following discussions by the Committee work would be undertaken to link more closely with the findings from the Organisational Development Team including results from the Pulse Survey. A meeting had been scheduled to determine how this information could be linked.
1638/20	Links continued to be built with the staff networks and the Divisions were encouraging staff to become champions to provide a direct divisional link to staff.
1639/20	The FTSU policy had been reviewed and was due to be relaunched to the organisation.
1640/20	October had been the national speak up month and a number of communications regarding the opportunity to speak up had been carried out with staff through social media, weekly communication e-mails, FTSU blog and both the Director of Nursing and Chief Executive had provided a mention in weekly e-mails. There had also been notable success with the background on staff computers being changed to promote FTSU month.
1641/20	The Freedom to Speak Up Guardian advised the Board that during October there had been over 50 referrals made which had been more than in the whole of the previous year. These were being worked through with support from the FTSU Champions and HR colleagues.
1642/20	Further analysis of these referrals would be reported in the next quarterly report but it had been clear that these had been received from across all staff groups and sites.
1643/20	The Chief Executive asked about the progress of the appointment to a standalone guardian and the timeline for this post to be in place.

1644/20	The Freedom to Speak Up Guardian advised that a survey would be shared within the organisation to ensure that this was what was wanted and to ensure staff could feed back on the process of appointing to the role. Following the survey of staff the job would be banded and advertised. It was hoped that there would be a full time guardian in place at the beginning of the new calendar year.
1645/20	The Chair asked when the gap analysis following the lessons learnt report from the National FTSU guardians' office would completed, to understand learning from other Trusts and reflect in to the practice of the Trust.
1646/20	The Freedom to Speak Up Guardian advised that this was being considered and once complete would be reported to the People and Organisational Development Committee through the next quarterly report. The Trust Board: • **Received the Freedom to Speak Up Quarterly Update noting the limited assurance**
	Item 10 Objective 3 To ensure that service are sustainable, supported by technology and delivered from an improved estate
1647/20	**Item 10.1 Assurance and Risk Report from the Finance, Performance and Estates Committee** The Chair of the Finance, Performance and Estates Committee, Mrs Ponder provided the assurances received by the Committee at the 16th October 2020 meeting.
1648/20	A lack of assurance was received against objective 3a A modern, clean and fit for purpose environment. The items reviewed under this objective included a report from the Health and Safety Group which stated the group had not met in October. The Committee reiterated request for sight of the terms of reference for the group and a review of work was being undertaken.
1649/20	Assurance had been sought from the group on the impact of Covid-19 on the health and safety of staff and patients. The Chief Operating Officer had advised that this would be reported to the Committee through Gold Command meetings and Covid-19 updates to the Board.
1650/20	A fire audit had been completed, commissioned by the Chief Operating Officer and completed by the newly appointed Authorising Engineer, the action plan would be presented to the Board.
1651/20	A lack of assurance had been received in relation to objective 3b. The Committee noted the Trust continued to breakeven driven by the half year 1 financial regime. This had included £8m of top up funding which had increased in month due to costs associated with the Gonerby Road Health Clinic.
1652/20	There had been no formal requirement to deliver cost improvement plans however year to date the Trust had delivered £3.7m, demonstrating that focus was being maintained on the delivery of savings. The Trust were aiming to achieve savings of £7m by yearend.
1653/20	A breakdown of the £41.3m capital funding had been received with emergency department work attracting £9.5m funding against an allocation of £17m. The Capital Delivery Group had been put in place to hold to account the capital spend within the Trust.

1654/20	Financial arrangements had been confirmed for the second half of the year and there was a move to a breakeven position across the system with a current gap of £4m.
1655/20	Assurance was received against digital and the Trust had, for the first time, achieved the data security toolkit standards and demonstrated a significant step forward for the Trust.
1656/20	The Committee annual report was received and the final amendments were noted.
1657/20	The Integrated Performance Report was reviewed with a detailed discussion held in relation to urgent care standards. The decrease in standards was reflective of the pressures across the Trust, nationally and regionally. Attendance within urgent care was exceeding pre-Covid-19 at times which was resulting in delayed conveyances. The capital programme had been designed to help address these issues.
1658/20	There had been an increase seen in length of stay which was causing difficulties to discharge due to patients requiring care and Covid-19 swabbing.
1659/20	Cancer performance had deteriorated due to the attempt to clear the backlog and reporting mechanisms in place. The trajectory in place was to clear the backlog of 104 day waits during November and then focus on 62 day waits.
1660/20	The committee performance dashboard demonstrated that there had not been an improvement in theatre utilisation and there was an alert to 52 week wait data. This was higher than it had ever been however the Trust were one of the best performers regionally.
1661/20	Outpatients were being managed through e-consultation and telephone appointments and it was likely that this would increase again during the second wave.
1662/20	The Committee were advised that the ophthalmic unit had opened at Louth Hospital and would help to clear the backlog within the specialty. The Committee would receive regional and national comparators of performance in further reports.
1663/20	There was continued improvement noted in reporting of the Integrated Improvement Plan and the maturity of the project. Assurance that 56 pieces of work were active with 44 on track, 2 completed but evidence required, 4 fully completed and 6 off track. Support and challenge sessions were taking place led by Executive Directors.
1664/20	The Phase 3 recovery plan performance was considered and outpatients was projected to reduce due to the difficulties with planning. The introduction of new theatres would have a negative impact for the first two months however the position would then improve.
1665/20	The Committee felt that the Board Assurance Framework remained reflective of the key risks but asked for assurance on full alignment as reporting progressed.
1666/20	The Chair noted the achievement of the toolkit and thanked all involved in ensuring this was achieved. The Board could not lose sight of the issues raised in relation to the Health and Safety Group.
1667/20	The Chair was pleased that the Capital Delivery Group was in place to ensure the significant amount of capital funding was spent in the right way and on the right things. The group would report to the Committee and would be chaired by the Director of Finance and Digital. The Trust Board: • **Received the assurance report**

1668/20	The Chair advised that the item 13.3 Audit Committee Upward report would be taken at this point on the agenda.
1669/20	**Item 13.3 Audit Committee Upward Report** The Chair of the Audit Committee, Mrs Dunnett provided the upward report to the Board from the meeting on the 12th October 2020 meeting.
1670/20	The Committee were assured on the actions being taken by the Board and Committees to implement the recommendations made by NHS England/Improvement on the Board and subcommittee performance. The outstanding actions were in respect of the Medicines Management Optimisation Group.
1671/20	The Committee undertook an annual review of the terms of reference and work programme with the terms of reference being presented to the Board for approval.
1672/20	The Committee received the Internal Audit progress report against the 2020/21 plan. This had not progressed as hoped and current delivery was estimated at 30% of the plan. Reassurance was received from the audit provider that the plan could be delivered within 2020/21 but this would be kept under close review. Executive support would be required to ensure delivery.
1673/20	The Committee received a positive data security and protection report and concerns were raised regarding recruitment with only partial assurance received. This was being monitored through the People and Organisational Development Committee.
1674/2	Work remained ongoing to ensure the implementation of all internal audit actions to ensure that there was a strong control environment. The Executive Directors had worked hard to improve the implementation rate and position and monitoring was ongoing.
1675/20	The Committee had been joined by the new External Audit providers and the Committee were assured of the induction process of changing audit providers.
1676/20	A counter fraud progress report was received with assurances for all areas. It was noted however that capacity was stretched and the Committee asked that this be kept under close review by the Director of Finance and Digital.
1677/20	There continued to be a high level of waivers in respect of procurement however this reflected the Covid-19 situation and was being closely monitored.
1678/20	The Trust remained challenged regarding the number of payroll overpayments in respect of leavers and this was again a focus of the People and Organisational Development Committee.
1679/20	The Committee were keeping policy management under close review and work was being undertaken, led by the Trust Secretary, to coordinate policy management work and ensure there was a plan for outstanding policies to be updated.
1680/20	The Committee reviewed the Board Assurance Framework, from the assurances and evidence provided an amber rating had been agreed. This reflected the status of policy work, the level of audit work ongoing and the work on shared decision making. Through the subcommittee reports the Committee had heard about concerns regarding the risk register being up to date, this also underpinned the amber rating for objective 2c.

1681/20	The Chair noted disappointment that the internal audit in relation to the Trust Operating Model not having been received and asked if there was confidence this would be received.
1682/20	The Director of Finance and Digital advised that the draft had been received during the Board meeting and that this would be reviewed.
1683/20	The Board considered and approved the terms of reference for the Audit Committee. The Trust Board: • **Received the update and noted the moderate assurance** • **Approved the Audit Committee Terms of Reference**
1684/20	**Item 10.2 Phase 3 plan – return to non Covid Health Services** The Chief Operating Officer presented the report to the Board noting that this offered a high level brief in relation to the Phase 3 plan.
1685/20	Previous reports had explained the actions being taken and aspirations of the Trust, the report presented provided the overall ambition during Phase 3. This was to continue with as many services as possible for as long as possible against any context of wave 2, whilst continuing to provide safe care.
1686/20	Throughout the report, reference had been made to the balance of challenges being faced and the report presented was a summary of a lengthy planning document. The process used to develop the plan had been similar to the way in which annual plans for the Trust would be developed including operational, workforce and finance context. It was noted however that this had been completed in a shorter period than usual for the full annual plan.
1687/20	National guidance from the letter previously presented to the Board was used to support the development of the plan and as such the same structure was used and a section A and B presented.
1688/20	Section A describes the response to planned care and restoration and recovery of non-Covid-19 services. The Board had spent some time discussing the Grantham green site model and it was noted that this was a fundamental part of the recovery plan and put the Trust in a positive position of being able to protect services. The numbers described in section A1 and A2 are as a result of some of the key actions taken.
1689/20	It was noted that the Trust had not produced a winter plan for the year, as this had been included within the Phase 3 plan presented to the Board. This incorporated all elements that required addressing before the end of the year.
1690/20	The plan had been developed in collaboration with system partners and the final submission to NHS England/Improvement (NHSE/I) had been completed as a system. This reflected the need for some key actions to be taken outside of the organisation to ensure that the Trust could deliver the recovery described.
1691/20	Within the submission made, it was recognised that, not all elements would be delivered as has been requested through the Phase 3 letter, in respect of full levels of recovery of all domains or points of deliver. This had been deliberate in some cases as through the redesign of some aspects of services there would not be full restoration of activity to levels pre-Covid-19. Different pathways would be developed to support service delivery meaning that activity would not be restored in the way previously delivered.

1692/20	In other areas the plan had been completed with what was believed to be a reasonable and accurate portrayal of what could happen in Phase 3 and over the course of the coming months, given what was known about Covid-19 and the impact on staffing and urgent care.
1693/20	The position was dynamic and since producing the report and the plan being signed off, wave 2 had substantially increased going from single figure Covid-19 patients to more than 50 patients. Other regions had moved from tier 1 to tier 3 and had seen substantially more patients. The plan had been designed in such as way as to consider that there would be a return back to high levels of Covid-19 patients. Through actions taken this would protect many of the services in order to continue to deliver cancer and clinically urgent services.
1694/20	The plan had been through assurance processes with the regulators and as a system with NHSE/I to ensure this covered all best practice guidance. Confirmation had been received by the Trust that the regulators were content with the plan and that it was robust.
1695/20	Dr Gibson asked if the workforce was in place to make full use of the extra imaging capacity that was described and what the plans were to deliver this. Dr Gibson noted that the modelling for the second wave described an identical wave to the first and asked what confidence there was in relation to the sensitivity analysis and if there was any flexibility if this was different.
1696/20	The Chief Operating Officer advised that there had been configuration of imaging services which had required an increase in physical capacity to create both green and blue pathways to protect patients. The physical scanners provided greater flexibility without an increase in workforce however there was an attempt to increase capacity in order to reduce the backlog for low acuity and low urgency patients.
1697/20	The modelling had considered the workforce available and scenarios had been considered should staff be unavailable, this had examined similar behaviour as experienced during the first wave and the typical percentage loss of staff due to symptoms or confirmed cases. Services at the point could continue to be delivered unless there was an outbreak or substantial impact in one area.
1698/20	General absenteeism due to Covid-19 had been considered however there was not a contingency plan in place to deliver the plan in respect of overall elective numbers should an outbreak in diagnostics be experienced, as an example. As would be done for all services in this position, elective provisions would be reduced with a focus on clinically urgent and emergency patients until such a time as the workforce numbers increased.
1699/20	There had been a substantial amount of modelling in relation to wave 2 that considered the dynamic situation, this had considered three sets of scenarios for the preparation of the report. The scenarios looked at what would happen if 5%, 20% and 35% of services were affected by Covid-19.
1700/20	Within the 5% and 20% scenarios the Trust would be able to continue to sustain the plan with reductions of up to 15% loss of elective services. However the Board were advised that should there be a 35% loss this would result in the shutting down of most elective services and could possibly trigger the Grantham indicators in relation to the green site model.
1701/20	The Chair asked what the impact would be on the bed base, the usual position moving in to the winter period was a bed deficit and in addition the Trust were not trying to protect Grantham Hospital to deliver elective care.

1702/20	The Chief Operating Officer noted that going in to winter the Trust would have more medical urgent care beds as a proportion of the bed base. There had been a number of key assumptions built in to the plan that stated the length of stay, noting that the emergency length of stay had increased and was above the level described in the plan. It was important that as a system there was an improvement in the discharge rate, especially for those patients needing care outside of the organisation.
1703/20	The Chief Operating Officer advised that there had been a disproportionate increase in length of stay for those patients who required care outside of the organisation and this was due to having to work through the complexity of identifying negative Covid-19 patients. This was a key risk for the Trust and was being worked through on a daily basis.
1704/20	The demands of winter had been factored in to the plan including the need for emergency beds and having a greater proportion of these available than in previous years.
1705/20	The Chief Executive asked if it was possible to set out an approach, in particular to query Covid-19 or Covid-19 positive patients, to conduct work with the County Council and Lincolnshire Care Home Association regarding discharges to care homes that kept the Trust, patient and care homes safe.
1706/20	The Chief Operating Officer advised that since Phase 1 of the response the Trust had been transferring patients to care homes with a confirmed Covid-19 status, following national guidance, within a strict window of time from the confirmed status. A stringent process was being followed in order to ensure a high degree of confidence in the patients being transferred.
1707/20	Some of those patients transferred were Covid-19 positive, although these were small numbers, it had been difficult to find capacity to discharge patients back in to care homes or the care system. This had led to an increase in length of stay.
1708/20	Work was underway with the County Council and care providers in order to build capacity and prepare for an increase during wave 2. Additional measures had been taken when transferring patients and large proportions of personal protective equipment (PPE) was supplied to the care homes as it had been recognised that there had been difficulties in accessing PPE.
1709/20	During a regional review, with CQC involvement, the Trust had been praised for the discharge process that supported both the patients and care home staff by taking this approach.
1710/20	Mrs Libiszewski asked what planning was in place for paediatric services over the winter period.
1711/20	The Chief Operating Officer noted that planning took account of paediatric core services, emergency departments and receiving units. The Trust would continue to use the measures put in place between Pilgrim and Lincoln in terms of the protocols in order to manage children including the emergency departments.
1712/20	As part of the Covid-19 preparation there needed to be appropriate rapid access for paediatric patients and their parents/carers. There was still a need however to separate departments in to Covid-19 and non-Covid-19. There would be a continuation of the paediatric model that had been running since the commencement of the manage phase and this would include those measures put in place in the emergency departments.
1713/20	The Chair noted that content of the plan stating there was a level of confidence in the position of the Trust to be able to deliver the plan.

	The Trust Board: • **Received the report noting the moderate assurance**
1714/20	**Item 10.3 Patient and Visitor Car Parking** The Director of Finance and Digital presented the report to the Board noting that on 3rd March 2020 the Trust Board had considered a paper to revise car parking tariffs to come in to effect on 1st April 2020, this had mainly been to align to new Department of Health and Social Care guidance.
1715/20	Subsequent to this and due to the impact of Covid-19 the decision had been taken to suspend parking charges. There were now 3 core drivers that had been taken in to account as to why there had been the decision to reintroduce parking charges.
1716/20	This had been due to the pressure and availability of car parking since the reinstatement of activity in line with the Phase 3 plan. There was a need to manage the available space and this had been reduced due to commuters and other non-hospital users parking on site and going elsewhere.
1717/20	For the second half of the year the financial regime had altered and there was now an expectation of returning commercial income to previous levels. The third consideration had been in relation to the contract in place with the supplier to run and operate the Trust care parks. The Trust had to fulfil its obligations in respect of the contract and contractual requirements had been waived for 6 months.
1718/20	The Trust recognised that there continued to be an impact from Covid-19 and as such a review of charging rates had been undertaken and a significant reduction on those made. Of particular note was the introduction of a free 30-minute slot to enable patients and those dropping off and picking up to access the site free of charge.
1719/20	The Chair noted the paper and the significant assurance on the process. There had been the intention to move to this position however Covid-19 had delayed this. There was now a need to enact the changes and the decision made to alter the fees. The Trust Board: • **Received the report noting the significant assurance** • **Noted the reinstatement of visitor parking changes with reduced rates effective 2nd November 2020**
	Item 11 Objective 4 To implement integrated models of care with our partners to improve Lincolnshire's health and wellbeing
1720/20	**Item 11.1 Research and Innovation Strategy** The Chair noted that the strategy had been received by the People and Organisational Development Committee and that suggested amendments had been made to strengthen this, the strategy had read as a positive document.
1721/20	The Medical Director presented the Research and Innovation Strategy to the Board noting that research at the Trust had previously been a specialist or silo activity where it had been the prerogative of individuals to conduct research.

1722/20	Considering a comparison with 10 similar acute Trusts the Trust had not performed or recruited to the same levels as others, it was unclear as to why this was however as a consequence of the ambition to become a teaching Trust there was a need for a step change.
1723/20	This would require a fundamental change to the research capability within the Trust and there was a recognised need to improve governance, finance processes and a change to the recognition of the role of research, not only in the Trust but also with partners.
1724/20	A part of the preparation of the strategy partners and stakeholders had been engaged to gain their views and insights to provide structure in how to undertaken the fundamental change to the offer. It was becoming clear that the Medical School and the offer of greater career opportunities was bringing with it more staff and better quality colleagues and research formed part of this. Research was currently medical centred and restrictive, this needed to be broadened in order to build a research based for all staff.
1725/20	A series of strategic objectives, running over a period of three years, had been identified within the strategy to strengthen the Research and Innovation Department to ensure good governance and clear financial flows. This would build on not only capacity but also capability and the breadth of people engaging. There was a need to engage with patients and service users so that they could contribute and guide the Trust in the types of studies that would be of patient benefit.
1726/20	Networks would need to be developed and this had started with the involvement of partners in the development of the strategy. This was already proving to be beneficial as partners were coming forward with initiatives such as joint appointments. Developing a recognised research pathway would offer a supplementary career option for people coming to work for the Trust and would improve the breadth of talent and retention.
1727/20	The strategy had been laid out as a road map to describe the journey and foundations put in place to develop and broaden the offer, at the end of the 3 years there would be a clear foundation, research facility and department to take this forward.
1728/20	Dr Gibson welcomed the strategy and noted that the appointment of a Clinical Director of Research and Innovation did not appear to be very prominent within the strategy and suggested that this may need a higher profile.
1729/20	Considering how the Trust would become more visible as a research active Trust this would be done through publications and presentations. There may be benefit in counting the number of papers published with the Trust's name on and recording this approach within the strategy.
1730/20	Dr Gibson also noted that inclusivity of staff groups had been discussed but that the strategy had not referenced healthcare scientists, other staff groups who were also not mentioned may feel that the strategy was not relevant to them.
1731/20	The Medical Director noted that the omission of healthcare scientists was an error and would be rectified. Regarding publications it was right to undertake a research project, particularly those involving patients but it also involved resource and to then not publish was dishonest and did not contribute to knowledge to help others.
1732/20	Within the strategy there was the inclusion of working with the University of Lincoln for the research evaluation framework. For research to be successful both the Trust and partners would need to succeed. The Trust needed to be aware of the criterion that needed to be satisfied and part of this was the publication of research. Work would need to be carried out to support staff to write research papers and a coaching offer would need to be developed.

1733/20	Part of the year one objectives was to resolve governance issues and current appointments were due for renewal in summer 2021, these posts would be reappointed to.
1734/20	Mrs Libiszewski noted how enthusiastic and positive the strategy was and noted that other Trusts had a presence on social media to promote research within the Trust and suggested that this be considered.
1735/20	A number of key posts were noted within the structure however these would need to be filled by the right person in order to spearhead and build the vision in to reality. Mrs Libiszewski asked when the post of Head of Research would be appointed to and what the level of confidence was in finding the right applicant.
1736/20	The Medical Director noted that the post had been advertised with 5 shortlisted and 3 progressing to the assessment centre, interviews were due to take place week commencing 9th November. There was a good field of candidates and the step change in recruitment would support finding the right candidate.
1737/20	The Chair endorsed the comments made in relation to the strategy noting that this would support the Trust as a modern and progressive organisation, irrespective of the ambition to become a teaching Trust.
1738/20	It was noted that previously there had been an agreement to reference publications, where possible, within Trust Board papers in order to draw attention to these, this had been lost however the Chair suggested that this be picked up again in order to promote the good work happening within the organisation.
1739/20	Subject to the suggested additions made by members of the Board, the strategy was approved. The Trust Board • **Received the strategy noting the moderate assurance** • **Approved the Research and Innovation Strategy subject to the requested amendments**
1740/20	**Item 12 Integrated Performance Report** The Chair noted that the Committees had conducted due diligence to the relevant key performance indicators (KPIs) and areas of focus during October and noted the report provided limited assurance. The Trust Board: • **Noted the report and limited assurance**
	Item 13 Risk and Assurance
1741/20	**Item 13.1 Risk Management Report** The Director of Nursing presented the report to the Board advising that report continued to develop to provide transparency of the risks, controls and mitigations in place.
1742/20	It was noted that there had been little change to the risks since being presented the previous month. This was partly due to the configuration of the risk register and also the lack of

	understanding from within the organisation as to how risks should be captured within the register.
1743/20	The risk register was now being reviewed and work was underway with the Divisions to consider how the Governance Teams worked with them to offer support. A first draft of the training and development programme had been produced and was in line with supporting the understanding of risks and how to use the risk register.
1744/20	The roles and outline of roles of governance posts that support the Clinical Business Units had been refreshed and this would ensure changes within the risk register over the coming months would be seen.
1745/20	The Chair noted that there was a new strategic risk added to the risk register in relation to the delivery of the medical education centre and was keen that this remained on track.
1746/20	The Board noted the high level of risk within the register but noted that mitigating actions were now starting to have an impact. The Trust Board: • **Accepted the top risks within the risk register** • **Received the report and noted the moderate assurance**
1747/20	**Item 13.2 Board Assurance Framework** The Chair noted that the Board Assurance Framework (BAF) had been reviewed by each of the Committees and noted that change of assurance rating for objective 4a, moving from red to amber.
1748/20	The Trust Secretary confirmed that the Committees had considered the BAF during October and work was underway to draw this back from an entirely Covid-19 focus to strike the balance of assurance and the Integrated Improvement Plan actions.
1749/20	Ahead of the November Committee meetings the Trust Secretary noted that there would be a review of the BAF in order to ensure assurances were reflective of what was being received by the Committees.
1750/20	The Chair noted that the papers received by the Board during the meeting had not resulted in a need for further changes to any of the assurance ratings presented. The Trust Board: • **Received the report and noted the limited assurance**
1751/20	**Item 13.4 CQC Update** The Director of Nursing presented the report to the Board noting that the communications plan and guide for staff presented at the previous Board meeting was now being enacted and support shared with staff.
1752/20	Quality reviews continued to be undertaken in all areas and consideration was now being given to what this would mean in relation to Covid-19 and footfall across the organisation. There was a need to continue to support services in respect of quality reviews and any themes from these were being escalated to the Executive Team.

1753/20	Improvements were now being seen in relation to the action plan with seven red areas identified, these were predominantly medicines, medicines management and pharmacy. There remained and outstanding issues with speech and language therapy (SALT) provision in to critical care areas.
1754/20	The Director of Finance and Digital noted that there remained some issues in relation to SALT and some of the requirements made by the Care Quality Commission had been separated from each other. A meeting had been held to ensure clarity was provided on the work that was required and this had allowed a tactical solution to be put in place. This had led to the correct strategic solution being in place in the coming weeks to resolve the issue.
1755/20	The Chair noted the positive movement of the SALT provision and the pragmatic approach being taken. The Chair asked if there was a clear plan in place to address the pharmacy and medicine actions.
1756/20	The Director of Nursing advised that a confirm and challenge session, in line with those held for the Divisions, had taken place resulting in a number of immediate actions. The wider requirements for medicine and pharmacy provision across the Trust would be considered. The Trust Board: • **Received the report and noted the moderate assurance**
1757/20	**Item 14 Board Forward planner** The Board received the forward planner for information noting the content. The Trust Board: • **Received the forward planner**
1758/20	**Item 15 Any Other Notified Items of Urgent Business** There were no other notified items of urgent business
	The next meeting will be held on Tuesday 1 December 2020, arrangements to be confirmed taking account of national guidance

Voting Members	**3 Dec 2019**	**4 Feb 2020**	**3 Mar 2020**	**7 Apr 2020**	**5 May 2020**	**2 June 2020**	**11 June 2020**	**7 July 2020**	**4 Aug 2020**	**1 Sept 2020**	**6 Oct 2020**	**3 Nov 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	A	X	X
Geoff Hayward	X	X	X	X	A	A	A	A	A	A	A	A
Gill Ponder	X	X	X	X	X	X	X	X	X	X	X	X
Neill Hepburn	X	X	X	X	X	X	X	A	X	X	X	X
Sarah Dunnett	X	X	X	X	X	X	X	X	X	X	X	X
Elizabeth Libiszewski	X	X	A	X	X	X	X	X	X	X	X	X
Paul Matthew	X	X	X	X	X	X	X	X	A	X	X	X
Andrew Morgan	X	X	X	X	X	X	X	X	X	X	X	X

Victoria Bagshaw	X	X										
Mark Brassington	X	X	X	X	X	X	X	X	X	X	X	X
Karen Dunderdale			X	X	X	X	X	X	X	X	X	X

PUBLIC TRUST BOARD ACTION LOG

Agenda item: 6

Trust Board date	Minute ref	Subject	Explanation	Assigned to	Action due at Board	Completed
1 October 2019	1576/19	Smoke Free ULHT	Post implementation review to be presented to the Board	Rayson, Martin	~~07/04/2020~~ ~~03/11/2020~~ 01/12/2020	Agenda Item for Private Board December. Deferred due to covid pressures
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~~ ~~13/07/2020~~ 03/11/2020	Audit Committee reviewed actions. Detail within Audit Committee Upward Report -Complete
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~~ ~~25/07/2020~~ 03/11/2020	Action Plan Agenda Item Private Board - Complete
4 February 2020	077/20	Assurance and Risk Report Quality Governance Committee	Review of TOM and governance to be presented to the Board	Evans, Simon	~~07/04/2020~~ ~~07/07/2020~~ 03/11/2020	Further work commissioned. Report now expected March 2021
6 October 2020	1433/20	Assurance and Risk Report Quality Governance Committee	CNST Board Development workshop to be arranged	Warner, Jayne	03/11/2020	Added to potential future items for Board Development Programme 2021 – Complete
6 October 2020	1523/20	Risk Register	EU Exit risk to be reviewed due to reaching end of transition period in relation to gaps in supplies and staffing	Karen Dunderdale	03/11/2020	To be picked up in monthly review by Exec Leads

OUTSTANDING CARE personally DELIVERED

NHS United Lincolnshire Hospitals NHS Trust

Meeting	*Public Trust Board*
Date of Meeting	*1 December 2020*
Item Number	*Item 6*
Chief Executive's Report	
Accountable Director	*Chief Executive*
Presented by	*Andrew Morgan, Chief Executive*
Author(s)	*Andrew Morgan, Chief Executive*
Report previously considered at	*N/A*

How the report supports the delivery of the priorities within the Board Assurance Framework	
1a Deliver harm free care	
1b Improve patient experience	
1c Improve clinical outcomes	
2a A modern and progressive workforce	
2b Making ULHT the best place to work	
2c Well Led Services	*X*
3a A modern, clean and fit for purpose environment	
3b Efficient use of resources	
3c Enhanced data and digital capability	
4a Establish new evidence based models of care	
4b Advancing professional practice with partners	
4c To become a university hospitals teaching trust	

Risk Assessment	*N/A*
Financial Impact Assessment	*N/A*
Quality Impact Assessment	*N/A*
Equality Impact Assessment	*N/A*
Assurance Level Assessment	*Insert assurance level* • *Significant*

Recommendations/ Decision Required	• *To note*

Executive Summary

1. Introduction

This report is presented in a different format this month. As well as the usual updates from the CEO, there are updates from Directors on key issues. This is in recognition of the need to reduce the burden on Directors of writing reports during the current Wave 2 of COVID, whilst still providing appropriate assurance to the Board.

2. CEO System Overview

- Planning is underway across the system for the mobilisation of the COVID vaccination programme. This includes work relating to distribution of the vaccine, identifying mass vaccination sites, local sites, identifying priority groups, confirming the delivery model in terms of who will be giving the vaccinations, recruiting staff, communications, and a NHS staff vaccination programmes. All of this is subject to the vaccine(s) being approved for use.
- Alongside work on the COVID vaccination programme, work is continuing to improve the uptake of the flu vaccination amongst NHS staff. The aim is to get to 90% of front-line staff having been vaccinated by the end of November.
- Much of the focus within the system is on managing Wave 2 of COVID. An update is provided elsewhere in this paper. There is a system winter preparedness review with NHSE/I on the 25th November. A verbal update will be provided to the Board at its meeting on 1st December.
- There was a positive Acute Services Review (ASR) Panel review meeting with Midlands NHSE/I on 12th November. A formal letter is awaited. If NHSE/I are content with the proposals and the Pre-Consultation Business Case, the next stage would be for it to proceed to the National Panel for review and hopefully approval.
- Work continues across the system on preparing for the end of the EU Transition period on 31st December. Each organisation has a SRO leading on the implications of the ending of the transition period and the mitigating actions that may be required. These actions will be influenced by whether or not there is a trade agreement with the EU and what is contained in any such agreement.

3. CEO Trust Overview

- The Trust has now taken delivery of the Lateral Flow testing kits to enable patient-facing staff to test themselves for COVID twice weekly. These are being distributed to staff along with training and usage instructions. The tests can be done at home in approximately 5 minutes and the results are available within approximately 30 minutes. If a member of staff tests positive, a PCR swab is then arranged to confirm the result, with the member of staff self-isolating in the meantime.
- The Integrated Improvement Plan Big Conversations with staff have now concluded. A video version of the presentation will be made available to those staff who did not book onto one of the live events. A booking

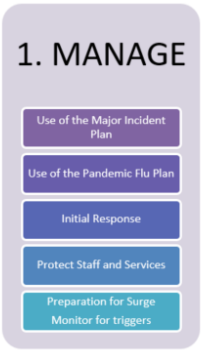
system will be put in place for this video presentation so that there is a record of the proportion of staff who have accessed this information.

- I am pleased to confirm that Simon Evans has been appointed as the substantive Chief Operating Officer for the Trust. This follows the final interview stage of the recruitment process. The post was advertised nationally. Simon has been acting into the role since early 2020.
- The national advert for the Trust's new Medical Director has now closed. There were 19 applications and the shortlisting process is now underway.

4. Covid – Incident and Operational Update

On 5th November 2020 the NHS returned to a level 4 incident level putting in place national direction of the response to the pandemic and increasing number of cases of Covid-19 in hospitals across the country.

In response to this the Trust put in place immediately a full Incident Command Centre approach echoing the model used in the initial stages of the pandemic in March. Plans developed in March this year did consider the need to return to this status and therefore the Trust has now activated its MANAGE phase plan to respond to the current challenges; its objectives and the associated plans and polices are described below.

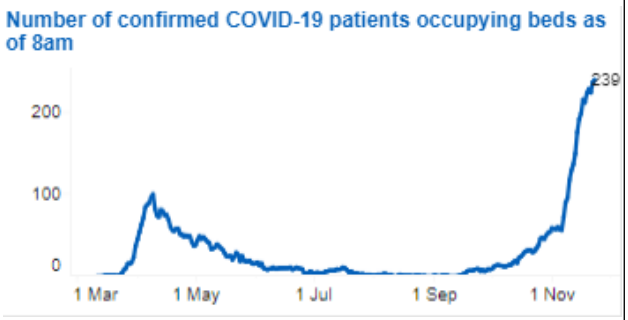


Objective
- Put in place the necessary resources and management operations
- Immediately necessary changes; constraints based and preparation for surge

Policies
- Pandemic Influenza Plan, and
- Major Incident Plan

Plans developed
- Surge Plan v8 – Triggers in Critical Care and Ward Based Demand
- Oxygen & Bed Allocation Plan
- Workforce Plan

Unlike Wave 1 the most recent increase in Covid-19 demand on services and staff is in the context of much busier hospitals conducting emergency and elective care at levels similar to pre-Covid-19 pandemic. A number of factors are driving this:



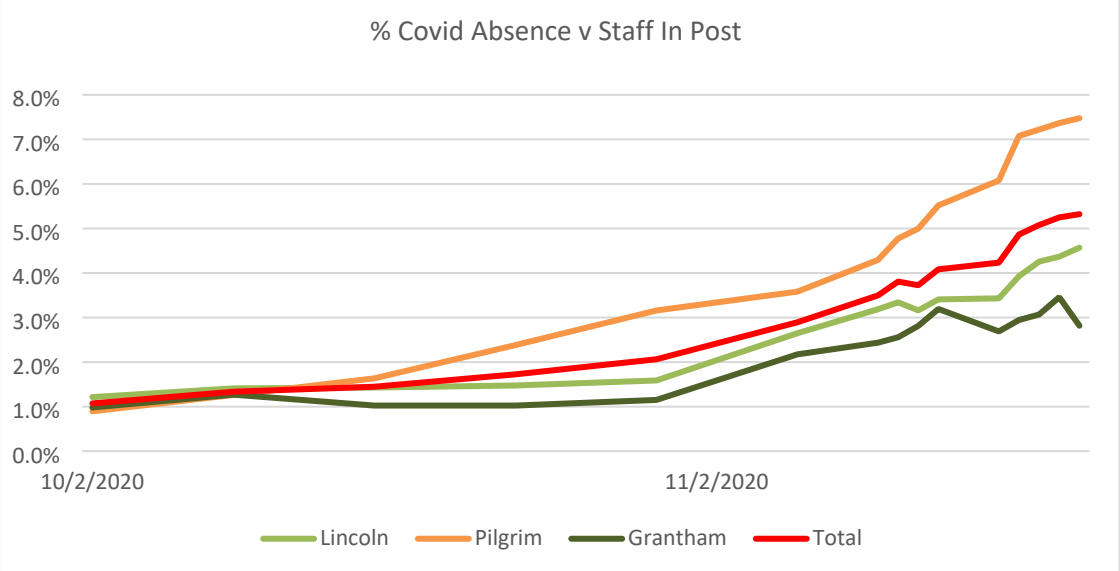
- Wave 1 Urgent Care demands were reduced by 60% at times reducing the number of patients requiring inpatient care and demand on Emergency Departments
- There are increased numbers of patients that are Covid-19 positive that require care that cannot be supported by homes/services in the community in wave 2 increasing delays to discharge.
- Cancer and clinically urgent care appointments/treatments cannot be cancelled or delayed in wave 2. Wait times cannot be extended for these patients as they were in wave 1.
- The prevalence of Covid-19 in Lincolnshire in recent weeks is significantly higher than in Wave 1, resulting in more than double the number of patients in our hospitals.

- The level of staff absence and reduced agency staff fill rates

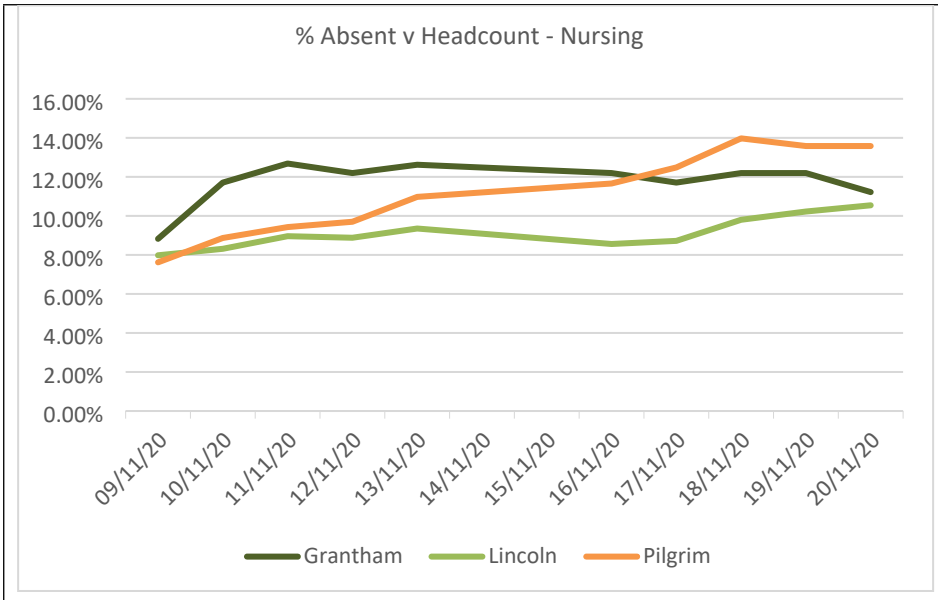
Grantham Green site remains critical to protecting Cancer and clinical urgent care capacity throughout the Wave 2 response. This is more important as Green pathways at LCH and PHB hospitals have not been able to sustain Green pathways because of the level of Covid-19 demands on those sites.
Triggers set for the return to pre Covid-19 configuration at Grantham have not been met in the last month. A critical incident was declared at ULHT on November 13th as a result of compromised urgent care provision however a system response was enacted and the Trust stepped down from this within 72 hours.
Models forecasting future demands predict a peak of more than 300 positive Covid-19 patients in our hospitals in early-mid December 2020. Surge plans and associated workforce plans are being developed to maximise capacity available to respond to these increased demands.

5. Staff Absence

As of 23rd November, the overall percentage absence rate was 11%. The chart below shows the COVID percentage absence rate, which has risen significantly since the end of October.



What this table does not show however is the variance between different staff groups. Those staff groups directly involved in patient care have absence rates higher than 11%. The charts below show the specific rates for Medical Staff, Nursing, Additional Clinical Services and estates. Staff absence is having a significant impact on our ability to deliver patient care.
COVID absence covers staff who are ill with COVID, are shielding or are isolating because members of their families are symptomatic.
We have been managing a number of staff clusters.


% Absent v Headcount - Nursing
16.00%
14.00%
12.00%
10.00%
8.00%
6.00%
4.00%
2.00%
0.00%
09/11/20
10/11/20
11/11/20
12/11/20
13/11/20
14/11/20
15/11/20
16/11/20
17/11/20
18/11/20
19/11/20
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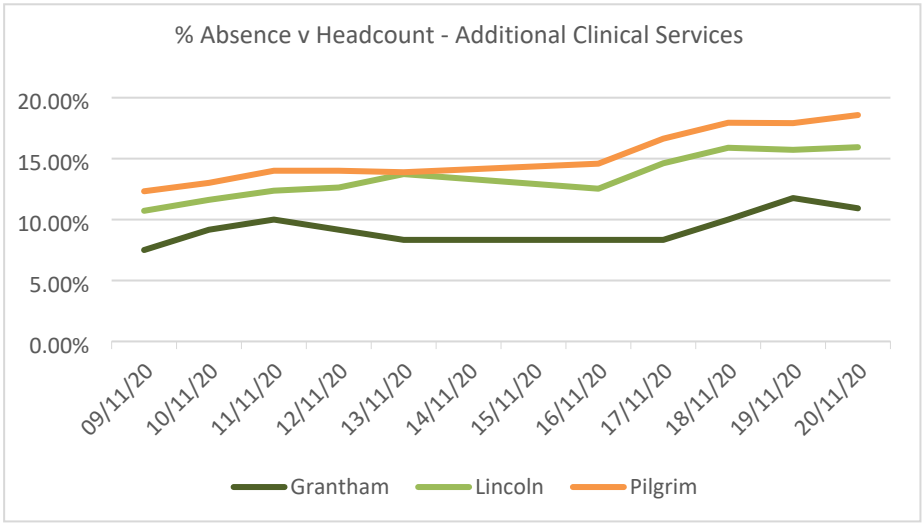
Grantham
Lincoln
Pilgrim


% Absence v Headcount - Additional Clinical Services
20.00%
15.00%
10.00%
5.00%
0.00%
09/11/20
10/11/20
11/11/20
12/11/20
13/11/20
14/11/20
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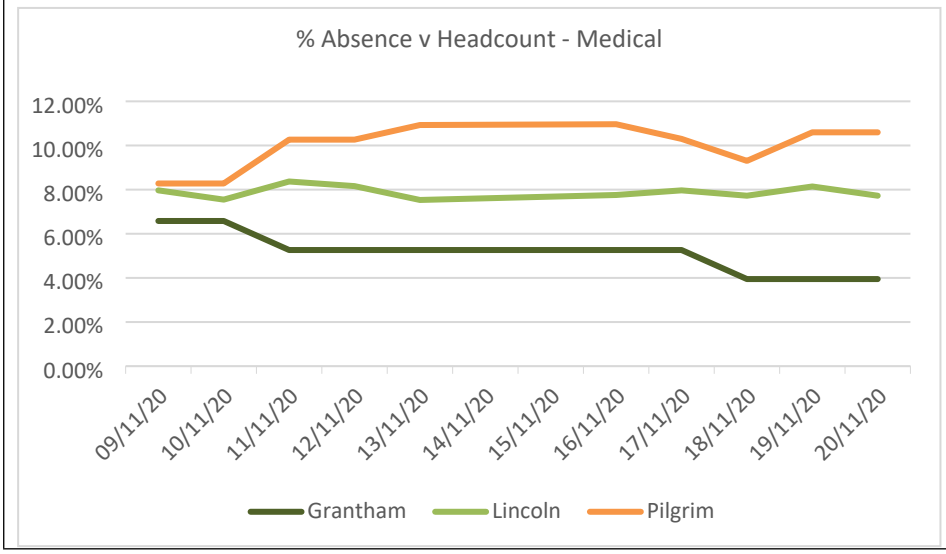
20/11/20
Grantham
Lincoln
Pilgrim


% Absence v Headcount - Medical
12.00%
10.00%
8.00%
6.00%
4.00%
2.00%
0.00%
09/11/20
10/11/20
11/11/20
12/11/20
13/11/20
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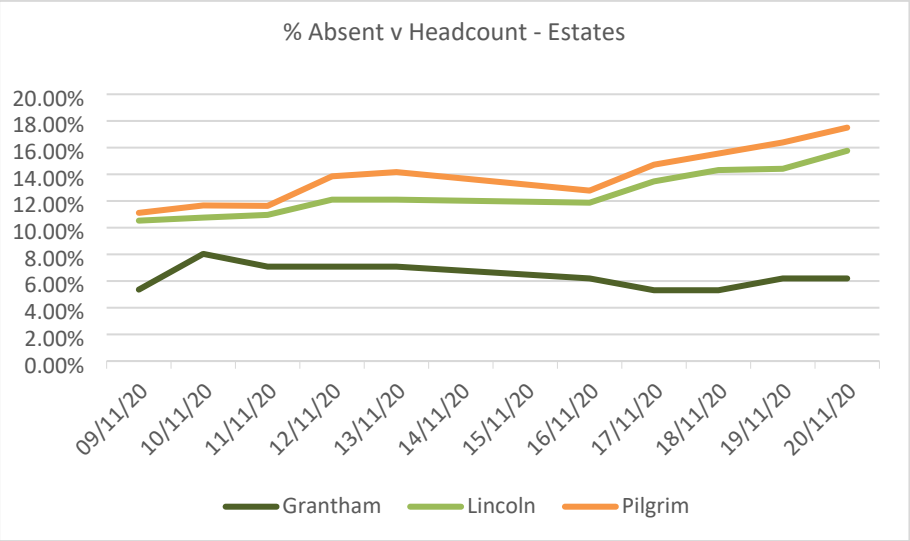


6. Keeping our staff safe

- 96% of our staff have had a COVID risk assessment and adaptations have been made to their working arrangements where necessary e.g. to work on a green pathway. 100% of our BAME staff have had an assessment and that assessment has been amended to reflect latest best practice guidance.
- 43 staff are shielding ay home as a consequence of revised Government guidance issued at the start of the second lockdown.
- The twice daily staff well-being checks (including a temperature check), which has been in place since the Grantham Green Site commenced, is being extended to other sites, with the expectation this will be in place by early December.
- Lateral Flow ("Home") Testing is being rolled out during w/c 23rd November to 6600 "frontline staff"
- We are swabbing staff who are symptomatic, get a positive test through Lateral Flow and where we have a cluster of COVID positive staff in any part of the organisation. We also swab any symptomatic relatives of our staff members.
- We have a target to vaccinate against flu 90% of that same staff group by the end of November (before commencing COVID vaccination of staff). As of 23rd November, we had vaccinated 65%. We have received a further delivery of vaccines and have re-supplied our peer to peer vaccinators and have set up a number of additional flu clinics, including at the collecting points for the home testing kits.
- Arrangements are being made to commence the vaccination of our staff against COVID 19 at the beginning of December (separate to the community vaccination programme). This is a complex vaccination to deliver
- There is regular communication about the appropriate us of PPE. Where we have been concerned about inappropriate use of PPE, we have introduced

a process where staff are taken through a rapid training programme on PPE and are strongly reminded of our expectations of them as employees.

7. Well-Being

Our extensive well-being offer has been in place through the COVID pandemic. This is regularly reviewed by our representative Well-Being Team and publicised to our staff (incorporating help-lines, wobble rooms, access to information). We have recently introduced Well-Being Hubs at Pilgrim and Lincoln which offers a "drop-in" facility for staff who need support open for 12 hours per day. We have publicised our broader well-being offer for staff at Grantham and Louth.
The SBAR (Situation, Background, Assessment, Recommendations) provides a regular communication to staff on the Trust response to COVID. ELT Live ensures the Executive LeadershipTeam have visibility and the Team continue to visit different sites.

8. Increasing Supply

Issues around supply and demand are discussed on a daily basis at the Workforce Cell. Issues around nursing supply are exacerbated by a reduction in agency staff available.
The system has responded to requests for mutual aid, when requests have been made. We have also more informally sought to access staff at LPFT and Lincolnshire County Council to bolster our bank numbers.
The following actions have been taken by the Cell to respond to the supply challenges:

- Redeployment of clinical staff on a risk basis to cover the twin challenge of increasing numbers of COVID patients and reduced staff numbers
- Redeployment of support staff into new ward support roles
- The introduction of incentive payments for nursing and cleaning roles to encourage staff to join the bank and offer more shifts
- Reinvigorating the COVID bank so that we can draw down staff to support Estates and Facilities staff in particular
- Other staff have volunteered to undertake cleaning and moving patients when needed.

9. National Finance Regime

- The national NHS M1-M6 financial regime which provided sufficient central resource to enable each organisation to break-even has now ended and has been replaced for M7-M12 with an STP based income envelope.
- The Lincolnshire income envelope is inclusive of proposed block arrangements for each of the three Providers and the CCG and £87m 'top up, growth and COVID related' income that the STP has agreed an apportionment of planned support across the four organisations.

10. ULHT Month 7 Financial Headlines

- In M7 the Trust has delivered a surplus of £145k for the month; this is after planned support from the Lincolnshire system of £11.9m.

- The income position is breakeven for the block and STP planned support with a minor upside on other operating income.
- Expenditure is overall aligned to the plan with an underspend of £0.4m in Pay offset by an over spend of £0.4m in Non-pay.
- The favourable pay movement relates to lower than expected growth in agency costs as part of the Trusts response to the Restore phase of Covid.
- The pressure in Non-Pay relates to higher than forecast energy costs as a result of a breakdown and the associated repairs, this pressure will continue into November and then is anticipated to revert back to forecast levels.
- The Trust incurred £0.7m of additional expenditure in relation to Covid-19 in M7 (£15.2m year to-date) – spend within the forecast levels.
- The Trust incurred £0.6m of additional expenditure in relation to Restore in M7 (£3.3m year to-date) which was £0.7m lower than in Month 6 due to non-recurrent expenditure of £0.7m in Month 6 at Gonerby Road – spend within the forecast levels.
- Capital expenditure for the year to date stands at c£7.3m which is c£10m behind plan. The forecast CRL expenditure remains on track, with the newly formed Capital Delivery Group providing oversight.
- The month end cash balance is £63.2m which is an increase of £49.5m against cash at 31 March, this is driven by the national finance regime.

11. System Financial Position

- Against the STP income envelope the Lincolnshire system submitted a planned year-end deficit of £4m.
- 100% of this deficit position sits within the CCG with the three Provider trusts planning a zero break-even position.
- The overall system position reported at Month 7 shows a deficit of £16k. This represents a positive variance against plan of £0.5m, a number of factors are driving this position including the ULHT favourable M7 position
- The system-wide forecast position remains in line with plan.

OUTSTANDING CARE personally DELIVERED

NHS United Lincolnshire Hospitals NHS Trust

Report to:	Trust Board
Title of report:	Quality Governance Committee Assurance Report to Board
Date of meeting:	17th November 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 2020/21 objectives. The Trust are in Phase 3/Wave 2 in response to Covid-19 and as such the meeting was held via Microsoft Teams with a reduced agenda to focus on key priorities. The Committee were mindful of the pressures being faced by the Trust and noted that Gold Command had been reinstated.
	Lack of Assurance in respect of SO 1a Issue: Deliver harm free care **Safeguarding Assurance Report** The Committee were advised of a risk associated to WebV boards and noted that this would be added to the risk register and immediate mitigation and action had taken place. **Patient Safety Group Assurance Report** The Committee noted that 21 serious incidents had been declared during September and were advised that a number of these were historic and raised through complaints and coroners. There had been one serious incident declared in October. The Committee noted that positive movement on Never Event actions. **Safety Culture** The Committee were advised that due to Covid-19 there had been a delay to some key elements of the safety culture work. The pascal survey was due to be launched in theatres and would survey all theatre staff, the time frame to complete the survey had been extended to support completion. The Committee noted that funding would support a second survey to be undertaken in the emergency department and direct admission area in addition to a 3rd cohort of train the train human factors training. This would enable the Trust to have an internal human factors training faculty.

	The Committee were advised that tangible outcomes would be available in the new year however were advised that it was not yet possible to advised when the impact would be realised. The Committee agreed that due to the significance of the safety culture work that this should be owned by all and therefore received by the Board. **Infection Prevention and Control Assurance Report** The Committee were advised that in future specific outbreak reports would be received and it was noted that there had been a critical incident declared in the Trust due to no flow at Pilgrim, no beds on either site and staffing issues. The Committee were advised of the exceptional response from staff and the occupational health and infection control teams in order to manage the critical incident. The Committee explored the impact of Covid-19 and the number of patients in the Trust and were assured that there were no concerns relating to the use of oxygen or access to PPE. There had been an increase in medically fit patients for discharge and the Trust were working with a number of care homes who had offered beds to support the Trust with Covid-19 positive patients. The Committee were assured that the flu vaccination programme continued to progress. **High Profile Cases** The Committee were advised that there had been a successful recruitment process for a thrombolysis nurse following a high profile incident and a rolling training programme was in place. Actions from the latest never event reported to the Committee remained on track and the clinical teams were being supported by the Clinical Governance Team. The Committee noted the improvement of clarity provided in the report. **Harm Review** The Committee noted there were a number of actions underway in order to link through to related governance processes and reporting needed to be agreed for the Committee. A further paper would be presented to the December meeting.
	Lack of Assurance in respect of SO 1b Issue: Improve patient experience **Patient Experience Group Assurance Report**

	The Committee noted the improvement in reporting and requested that actions from previous reports needed to be embedded. **Complaints report (open actions)** The Committee received the report noting that there had been an agreement of a new KPI and that this would be reported and monitored through PRMs. There would be a focus on the more recent actions with the older actions being themed and closed. The Committee agreed to receive monthly reports in relation to open complaint actions.
	Lack of Assurance in respect of SO 1c Issue: Improve Clinical Outcomes **Clinical Effectiveness Assurance report including Clinical Audit – Implementation of recommendations** The Committee received the reports and raised concern that there were no outcomes provided against the actions from the clinical audit recommendations. The Committee were advised that this would be addressed through the review of the sub-groups The Committee raised concern in relation to surgical site infections (SSI) and how these were audited. The audit reported highlighted that the Trust did not have an SSI prevention bundle or prophylaxis guidelines. The Committee noted that a project group had been established to conduct a review and feedback would be received via the Clinical Effectiveness Group.
	Assurance in respect of other areas: **Living with Cancer Strategy** The Committee received the strategy noting that further assurance would be required to determine the position and sought to ensure that this was aligned to the health inequalities work **Internal Quality Visits/15 steps** The Committee noted that it had not been possible to progress visits during the pandemic, visits would be reintroduced when possible. **Integrated action plan – patient experience/IIP/CQC** The Committee noted that the patient experience group would focus its work plan on the work undertaken with the action plan and further updates would be received to the Committee through the assurance reports.

	QIA Process The Committee noted that quality impact assessments were being received through Gold Command and signed off by the Director of Nursing and Medical Director. A further meeting was planned to review the process. The Committee requested assurance of those quality impact assessments and equality impact assessments that were either approved or rejected during the response to the pandemic. **Committee Performance Dashboard** The Committee were pleased to note the significant work in relation to pressure ulcers and there were currently no grade 4 pressure ulcers reported. Work continued on improvement with sepsis and this was now starting to embed. Concern was raised regarding the continuous steady increase of HSMR and requested sight of the analytics in order to seek assurance. **Maternity Dashboard** The Committee noted there were no new issues highlighted through the dashboard and as a detailed update from the division on actions being taken had been received previously, the Committee agreed that this would be received on a quarterly basis. **CQC Update** The Committee were advised that the second wave of Covid-19 had impacted on the pace of the confirm and challenge actions from the first round of meetings that had been held. The second round had now been scheduled for the new year. Weekly meetings of the CQC preparedness group continued to maintain oversight of the actions and escalations made to ELT where required. The provider information request continued to be populated to ensure available should it be required. The Committee noted the number of red actions associated with pharmacy and were advised a specific confirm and challenge session had been held. Progress was being made with a business case which would be presented to a future Board meeting however actions were planned where possible. **Stroke – review of stroke outcome data** The Committee received the report and sought assurance that patient care was not being impacted due to the revised pathways in place. The Committee sought clarity of outcomes in relation to the changes that had been made to the pathway given the concern of outcomes noted in the report for patients.

	The Committee noted concern that the service was not included within the Acute Services Review and wished to escalate concerns to the Board that whilst there was a memorandum of understanding in place long term solutions needed to be considered. The Committee referred to Finance, Performance and Estates Committee the issue of performance of the stroke service and requested that it consider if the pathway was sustainable and appropriate in the longer term.
Issues where assurance remains outstanding for escalation to the Board	The Committee wished to highlight to the Board the ongoing concerns regarding the stroke service and the need to consider future service delivery.
Items referred to other Committees for Assurance	Finance, Performance and Estates Committee – Stroke service Performance of the stroke service and consideration of the pathway being sustainable and appropriate in the longer term.
Committee Review of corporate risk register	The Committee did not review the risk register due to discussing a reduced agenda but noted no new issues
Matters identified which Committee recommend are escalated to SRR/BAF	None
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	N	D	J	F	M	A	M	J	J	A	S	O	N
Elizabeth Libiszewski Non-Executive Director	X	X	X	A	X	X	X	X	X	X	X	X	X
Chris Gibson Non-Executive Director	A	X	X	X	X	X	X	X	X	X	X	X	X
Neill Hepburn Medical Director	X	X	X	X	X	X	X	X	X	X	X	X	C
Karen Dunderdale Director of Nursing				X	X	X	X	X	X	X	X	D	X
Michelle Rhodes/ Victoria Bagshaw Director of Nursing	X	X	X	X									
Simon Evans Chief Operating Officer								X	X	A	X	D	C

X in attendance
A apologies given
D deputy attended
C Director supporting response to Covid-19

Report to:	Trust Board
Title of report:	People and OD Committee Assurance Report to Board
Date of meeting:	12th November 2020
Chairperson:	Geoff Hayward, 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 Committee worked to the 2020/21 objectives. The Trust are in the 'Restore' phase in response to Covid-19, the meeting was held via Microsoft Teams with a reduced agenda to focus on key priorities.
Assurances received by the Committee	**Assurance is respect of SO 2a** **Issue: A modern and progressive workforce** **Committee Assurance Report** The Committee noted the continued positive improvement with appraisal rates noting that the figure for October was the highest recorded since May 2018. Vacancies continued to show a downward trend and a further cohort of international nurses had commenced in post. The Committee noted that there could be a significant impact on the ability to deliver actions within the Integrated Improvement Plan due to wave 2 of Covid-19. The Committee were advised that work progressed with workforce transformation and that Covid-19 had impacted on the ability to deliver this. A work programme is in place and the Workforce Transformation Sub Group was due to be held to look at the programmes of work that would have the greatest impact in the shortest time.

	Safer Staffing The Committee noted the safer staffing report **Job planning** The Committee received an update in relation to job planning noting that there was a risk to the completion of job plans by April 2021 due to the impact of Covid-19. **Wave 2 workforce plan** The Committee were advised that planning was in place for wave 2 with the intention of continuing service delivery and the Grantham green site model. Redeployment would be more limited and as such more complex planning required in order to release staff. The well-being programme had been relaunched to support staff and staff swabbing programmes were being introduced. Shielding guidance for those staff at risk was being considered to ensure that risk assessments were up to date and supported staff appropriately. The Committee were advised that plans were being developed to deliver the Covid-19 vaccination from December and the 3 provider Trusts would take responsibility with a project team being established. Home testing would be introduced for frontline staff and further information was awaited on the introduction of this.
	Assurance in respect of SO 2b **Issue: Making ULHT the best place to work** **Committee Assurance Report** The Committee were advised that all leadership training for the foreseeable future had been paused due to the current situation and incident level, this would impact a number of KPIs. The Trust intended to conduct its own pulse survey in future and it was noted that the most recent results were not as positive. The Trust would try to be less dependent on the National Staff Survey in seeking the views of staff.

The Committee noted the increased confidence in staff to raise concerns as demonstrated by the increase in Freedom to Speak Up referrals.

Guardians of Safe Working
The Committee were advised that there had been an unusual decrease in exception reports during August and this was thought to be due to how active those professionals had been during the first surge of Covid-19.

Work continued to improve the experience of Junior Doctors and work to improve rotas was also underway. Consideration was also being given to engagement with Junior Doctors and issues raised through the Junior Doctor were being considered.

CQC Culture Change
The Committee were advised that following feedback it appeared that leaders within the Divisions were unaware of organisational development interventions that were taking place. There had been concern that during well-led interviews in preparation for a CQC visit the interventions were not being articulated.

This was being addressed through a briefing paper being submitted to the Trust Leadership Team to ensure leaders were fully briefed on the activities being undertaken.

Lack of Assurance in respect of SO4c
Issues: To become a University Hospitals Teaching Trust

Update on progress for ULH to become a University Teaching Trust
The Committee were advised that there was now a dedicated project manager in post to support the delivery of the project and timescales had been included within the report.

The project initiation document for medical education had been amended to ensure that this was included within the programme of work.

A new business case had been developed for the medical centre and was awaiting approval due to a number of changes made however the

	Committee were advised the tender process had been completed and a preferred bidder in place. The timescale for completion was 20-25 weeks. The Committee were pleased that there was additional resource available to support the delivery of the programme. **Revalidation 2019/20** The Committee noted that the annual audit had been submitted to NHS England/Improvement even though there was no requirement for the current year to submit. This would be reported to the Board.
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 and reviewed the risk register
Matters identified which Committee recommend are escalated to SRR/BAF	No areas identified
Committee position on assurance of strategic risk areas that align to committee	No areas identified
Areas identified to visit in ward walk rounds	No areas identified

Attendance Summary for rolling 12 month period

Voting Members	**D**	**J**	**F**	**M**	**A**	**M**	**J**	**J**	**A**	**S**	**O**	**N**
Geoff Hayward (Chair)	X	X	A	A	No meetings held due to Covid-19			X	X	X	X	X
Sarah Dunnett	A	X	X	X				X	X	X	X	X
Non-Voting Members												X
Martin Rayson	X	X	X	X				X	X	X	X	X
Matthew Dolling												
Simon Evans	A	A	A	D				X	D	D	D	C
Victoria Bagshaw	X	X	X									
Karen Dunderdale				A				X	X	X	X	X

X In attendance

A Apologies

D Deputy in attendance

C Director supporting response to Covid-19

Report to:	Trust Board
Title of report:	Finance, Performance and Estates Committee Assurance Report to Board
Date of meeting:	19 November 2020
Chairperson:	Gill Ponder, Non-Executive Director
Author:	Karen Willey, Deputy 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 Committee worked to the 2020/21 objectives. The Trust are in Phase 3 / Wave 2 in response to Covid-19 and as such the meeting was held via Microsoft Teams with a reduced agenda to focus on key priorities.
Assurances received by the Committee	**Lack of Assurance** in respect of SO 3a A modern, clean and fit for purpose environment **Issue: Assurance Report Estates Statutory Compliance** The Committee received the report raising a number of concerns where additional assurances would be required. Particularly in relation to action plans and where these were stated to be in place but no assurance had been provided on delivery progress. The Committee noted the improved reporting, but it was seeking enhanced levels of assurance that delivery of actions was underpinned by clear baseline data against which to measure outcomes, progress information and performance improvement data. The Committee also requested further assurance on the follow up activity after cleanliness audits and continued compliance with the requirements of enforcement notices.
	Lack of Assurance in respect of SO 3b Efficient Use of Resources **Issue: Finance Report** The Committee received the report and were pleased to see the new consolidated format of report. The Committee noted the achievement of a small surplus for month 7 (£145k), mainly driven by lower than expected growth in agency costs partially offset by increased energy costs. This did however reflect the

	staffing difficulties being faced by the Trust as Wave 2 of Covid-19 began to impact Lincolnshire. The Committee noted the need to maintain a grip on spend during the second half of the year due to the expected increased spend as a result of the second wave of Covid-19. In order to support staffing supply, enhanced rates had been agreed for bank staff for nursing and housekeeping and this had resulted in an increased number of staff joining the bank. It was hoped that these staff would remain on the bank in the medium-term. The Committee requested a further update in relation to cost improvement plans at the December meeting in order to be assured of delivery for the year. Concern was noted regarding missing outcomes, not only due to the financial impact but also due to the impact on patients. A plan would be developed in order that this would be in place when it was appropriate to be implemented. **Issue: Capital Report** The Committee noted that there had been three meetings of the Capital Delivery Group. The report presented would be further improved by the inclusion of a Gantt chart that would demonstrate delivery of schemes on a weekly basis. The Committee were advised that a Deputy Chief Operating Officer had been appointed on an interim basis and would be leading on the capital programme of work from an operational perspective. There had been a significant increase in the level of activity however there was some concern about the cost of the programmes due to increasing material costs due to market changes as a result of Covid-19.
	Assurance in respect of other areas: **Committee Performance Dashboard** The Committee received the dashboard noting the difficult circumstances that the Trust were working in however noted that diagnostic services had not recovered like other services. The Committee noted concern about progress with the planned clearance of the 104+ day wait backlog by the end of November and sought assurance on the focus on this priority. The Committee noted that an update in relation to Covid-19 would be provided directly to the Board given the impact of Wave 2 on the Trust and the national Level 4 status of the NHS. The Committee were provided with a brief update of the position to provide context for the performance data.

	Committee members raised a series of questions and requested that these were addressed through the report to the Board. **Integrated Performance Report** The Committee received the report and were advised that performance was impacted across a range of metrics by Wave 2. Specifically attendance through ED in Wave 2 had not seen the reduction that was seen in Wave 1 putting the services under additional pressure. The Committee noted that a number of measures were moving in the wrong direction against the backdrop of Covid-19. The Committee raised concerns in relation to harm to patients experiencing waits over 104+ days and would refer the concern to the Quality Governance Committee. **Integrated Improvement Plan Report** The Committee received the report noting that there was an impact on the delivery of programmes due to Covid-19. The Committee discussed the CQC preparation confirm and challenge sessions and noted that there had been a specific session held for Pharmacy to ensure that the service was appropriately supported. The Committee were assured that action was being taken to support Pharmacy services however felt that there needed to be consideration to culture change and management of investment in order to fully resolve the issues. The Committee were pleased with the development of the report to keep track of progress of the programmes however noted that this could be strengthened with the inclusion of a link to the impact of risk on the Board Assurance Framework.
Issues where assurance remains outstanding for escalation to the Board	No additional items to raise.
Items referred to other Committees for Assurance	Quality Governance Committee – Harm review process The Committee requested a review of harm to patients to determine the level of harm related to 104 day waits and to consider if the harm review process was sufficient in current circumstances.
Committee Review of corporate risk register	Due to the reduced agenda, the Committee did not review the risk register at this meeting.
Matters identified which Committee recommend are escalated to SRR/BAF	The Committee was assured that the BAF was reflective of the key risks in respect of the strategic objectives of the organisation, but noted that evidence of assurances against objective 4a had not yet been presented to the Committee.

Committee position on assurance of strategic risk areas that align to committee	As above
Areas identified to visit in dept walk rounds	None

Attendance Summary for rolling 12-month period

Voting Members	N	D	J	F	M	A	M	J	J	A	S	O	N
Gill Ponder, Non-Exec Director	X	X	A	X	X	No meetings held due to Covid-19			X	X	X	X	X
Geoff Hayward, Non-Exec Director	X	X	X	X	X				X	X	X	X	X
Chris Gibson, Non-Exec Director	A	X	X	A	X				X	X	X	X	X
Director of Finance & Digital	X	D	X	X	X				X	X	X	X	X
Chief Operating Officer	X	X	X	D	A				A	D	X	X	C
Director of Estates & Facilities	D	X	D	X									
Director of Improvement & Integration											A	X	C

X in attendance

A apologies given

D deputy attended

C Director supporting response to Covid-19

OUTSTANDING CARE personally DELIVERED

NHS United Lincolnshire Hospitals NHS Trust

Meeting	*Trust Board*
Date of Meeting	*1 December 2020*
Item Number	*Item 10.1*
Lincolnshire System Priorities 2020/21	
Accountable Director	*Andrew Morgan Chief Executive*
Presented by	*Andrew Morgan, Chief Executive*
Author(s)	*Lincs CCG*
Report previously considered at	*N/A*

How the report supports the delivery of the priorities within the Board Assurance Framework	
1a Deliver harm free care	
1b Improve patient experience	
1c Improve clinical outcomes	
2a A modern and progressive workforce	
2b Making ULHT the best place to work	
2c Well Led Services	
3a A modern, clean and fit for purpose environment	
3b Efficient use of resources	
3c Enhanced data and digital capability	
4a Establish new evidence based models of care	
4b Advancing professional practice with partners	*X*
4c To become a university hospitals teaching trust	

Risk Assessment	*Objectives within BAF referenced to Risk Register*
Financial Impact Assessment	*N/A*
Quality Impact Assessment	*N/A*
Equality Impact Assessment	*N/A*
Assurance Level Assessment	*N/A*

Recommendations/ Decision Required	• *Board to note the update on the current status of the 2020/21 system priorities*

Lincolnshire System Priorities 2020/21

Status Update – November 2020

Lincolnshire System Priorities 2020/21 | Status Update

UEC & Winter Planning

- Urgent and Emergency Care Delivery Board's Terms of Reference reviewed and strengthened
- Surge and Escalation Plan reviewed and updated to reflect: COVID 19 pandemic; EU Exit Trade Deal; UEC pressures; immunisation & vaccination (flu and possible COVID vaccine); Test & Trace
- 111 First implemented by the go live target of 12/10/20; Assurance completed on the four main areas(demand & capacity; digitally enabled services; clinical and wider pathways; comms and engagement)
- Patient Flow and Discharge Cell continues to operate as an over-arching cell supporting a number of different system programmes, to provide oversight for patient flow across the system.
- The Home-First Partnership is completing a system-wide gap analysis against the DHSC's 'Hospital Discharge Service: Policy and Operating Model'
- 12 Hour Aggregated Standard: The review of the aggregated waiting time in the ED across ULHT identified some additional work is required to enable the correct collection of this metric and move towards the new A & E standards.
- The CQC's new Patient First assessment process incorporates the many learning points for emergency care identified during the pandemic response. ULHT is in the initial cohort for review - it was agreed at the UEB that key learning from this process can be applied to the whole system.

Digital enabling

- Priorities that have been identified for the remainder of 2020/21:
- Cancer Somerset Registry integration into Care Portal
- Endoscopy results feed into Care Portal
- System-wide Palliative Care plans (ePACCS)
- Remote monitoring in care Homes and wider locations
- Mosaic integration into Care Portal – currently in test phase
- E-discharge planning (Care planning through Care Portal): pilot went live 01/10/20
- E-consultation/e-triage review and consolidation
- Cyber Security
- COVID vaccination support
- RiO Care Portal Integration: currently in test phase
- Self-help planning and building foundations
- NWAFT Care Portal Integration: currently in test phase
- Care Portal contract

Issues/Risks

- 2nd wave COVID-19 and staff attendance and well-being
- Dependency on external contractors
- Ability to transform services in a timely manner due to competing demands
- Cyber threats

People Plan

Priorities for the remainder of 2020/21:

- More People – Attraction Strategy and Inspiring the next generation: Be Lincolnshire launch, East Coast focus, Integrated Delivery plan (Talent Academy), Maximising school engagement
- Working Differently – Learning and Development: Nursing apprenticeships, increased placements, digital learning, collaborative approach to learning
- Working Differently – Workforce Transformation : Workforce planning, embedding new roles, rotational roles, volunteering, digital skills, collaborative bank
- Compassionate and Inclusive Culture – Leadership and Development: Coaching, mindset training, Mary Seacole, PCN OD development, Chair/CEO development
- Compassionate and Inclusive Culture – BAME and Allies: Cultural intelligence, empowering staff to have a voice, mentorship, awareness, psychological safety, representation
- Compassionate and Inclusive Culture – Health and Wellbeing: Health and wellbeing system offer, Mental Health First Aid
- Chairs of the programme groups will provide updates and assurance to the Lincolnshire People Board

Issues/Risks

- 2nd wave COVID-19 creating barriers to the ability to recruit locally and internationally due to restrictions imposed and operational pressures
- Competing for skilled workforce with other Systems
- High levels of dependency upon bank and agency – cost implications and continuity of care
- Financial Envelope is less than needed
- Ability to transform services timely whilst managing backlog, business as usual and winter

Lincolnshire System Priorities 2020/21 | Status Update

Mental health recovery

- LPFT services all fully restored following end of COVID-19 phase 1 pandemic. Referral levels for IAPT restored to pre-COVID levels by end of July 2020. Developed system wide "universal mental health offer", Phase 3 plans currently on track
- Working with primary care and mental health clinical colleagues to build joint working arrangements through clinical interface group
- Bidding for CMHT Phase 2: Financial envelope is £1.4m. Review of draft bid with NHSE regional team on 18/011/20. Final submission - Jan 2021
- Winter pressures funding bid developed

Issues/Risks

- If COVID-19 wave 2 diminishes capacity, then some services may need to be scaled back in line with business continuity plans
- If workforce reduces due to illness/self-isolation, then services will need to be scaled back
- If funding is not made available to enhance community assets/resilience, then mental health "surge" in number of people requiring emotional well being support will not be adequately responded to

Mental health out of area

- Mobilisation of Ash Villa as a new 15 bed female acute treatment ward - supply chain delay has resulted in opening date slippage to 01/02/21
- Conversion of The Wolds from a long stay open rehabilitation ward into a 16 bed mental health reablement ward, enabled through the new Community Rehabilitation Service: remains on track to achieve zero inappropriate OOA acute & PICU placements by Apr 2021

Issues/Risks

- Workforce supply for Ash Villa: mitigated through recruitment campaign and incentives plus bank/agency and/or redeployment as required
- Bed closures: there will be up to 2 male out of area PICU placements at any one time until social distancing rules are relaxed. staff f infection/isolation could result in further local bed closures
- Demand for inpatient MH services could increase, leading to an increase in out of area placements

BAME Inequalities Workforce

- Second system wide BAME staff network held, chaired by Medical Director of LPFT.
- Terms of reference drafted. Further meetings planned. Capacity to support the work of the group identified. Report into System People Board 12 November 2020 for assurance

Access waiting times [See Phase 3 report for key metrics]

- There will be no significant change in direction from the plan agreed by system executives in December 2019 and detailed in the Long Term Plan
- Programmes restarted; Board 02/12/20
- The Lincolnshire system is in a better position compared to neighbouring systems due to the excellent systems that were in place prior to the pandemic and the development of a temporary green elective site

Issues:

Impact of high level of COVID-19 in N/NE Lincs; NLAG using St Hughes more for elective which will impact on Lincs patients requiring non-urgent care
Boston: all electives ceased until 22/11/20
Workforce: test and trace; access to agency

Risks:

Impact of COVID-19 resurgence; out of county pathways

Cancer [See Phase 3 report for key metrics]

- System comms strategy to support restoration
- GPs engaged and supportive of new cancer pathways (FIT, Direct Access, NG12, Advice & Guidance)
- Population coverage include collaborative commissioning and tertiary and wider support for NLAG and NWAFT
- Backlog: NHSEI target of maximum 40 patients waiting 104 days by end of November 2020: now off track due to operational pressures
- System focus on 28 day faster diagnosis standard
- CCG setting up a Screening and Early diagnosis steering group to oversee recovery; Collaboration with PHE to identify and reduce health inequalities around screening
- Rapid Diagnostic Centre: Non-specific symptom pathway due to go live Dec 2020 with a primary care model, with direct access to CT & virtual triage post diagnostic ; specific pathway for Lung went live on 01/09/20; specific pathway for Upper GI due to go live early 2021
- Implementation of personalised follow up pathways in breast, prostate and colorectal by April 2021: on track

Issues/Risks:

- Oncology fragile service review
- Breast Services review
- Acute hospitals being seen as ‘COVID-safe’ by the public
- Patients unwilling to travel to Green Site (or other diagnostic sites)
- Patient compliance with self-isolation requirements
- Additional load on specialist equipment due to 7 day working
- Clinical engagement (clinical reviews & FDS)

Lincolnshire System Priorities 2020/21 | Status Update

Long Term Plan Refresh

- Approach agreed by SLB in October 2020
- Stage 1: Self-assessment concluding for most clinical service areas.
- Stage 2: NED-chaired panel reviews – currently planned to be carried out late November/December; NED chairs and Vice-Chairs identified
- Timescales are already slipping from original plan due to capacity issues

Issues/Risks

- Operational pressures are preventing progress in some areas. This is particularly hindering ULHT's capacity to engage in the LTP refresh, which will principally slow down work in the Planned care, Diagnostics & Cancer and UEC bundles. SLB to revisit objectives and timescales on 19/11/20

System Finance

- Months 1- 6: Breakeven
- Months 7 – 12: £4m overall system deficit projected
- Month 7 position: £500k surplus

Issues/Risks

- Risk of further Phase 3 expenditure to meet delivery requirements: Continued system working to identify off-track performance and decision making process to support early intervention
- Providers outside of the Lincs system fail to meet last year volumes: Flag anomalies within EIS with NHSE/I and disproportionate impact on Lincs
- Staff recruitment and availability issues and consequential under-delivery of elective targets therefore incurring larger EIS claw-back: If recruitment is not successful then this will reduce the level of planned workforce expenditure, which in part will off-set the EIS fines.
- Financial impact if CHC assessment toolkit not undertaken within 30 days post-discharge or level of CHC post assessment higher than anticipated: Joint working between CHC finance and quality teams with Exec oversight.
- Financial impact if the COVID-19 surge combined with winter pressures and the service restoration programme prevents QIPP/CIP opportunities from being developed and implemented: System contingency in place.
- Provider I&E variation: Additional CIP/QIPP opportunities

Acute Services Review

- Key milestones: Boards agree PCBC; NHSEI assurance [current position]; CCG agree final PCBC; Public consultation; Consultation evaluation and development of DMBC; CCG agree DMBC; Implementation

Issues/Risks

- Operational pressures hindering capacity for clinicians to be involved in any further development work

LD Transforming Care

- Recovery Programme Plan developed and agreed: Complete
- Development of single system SOP for RCAs, C(E)TRs and LEAPs to ensure clarity across all teams for admission avoidance and hospital discharge: Amber
- Delivery and Improvement: Addressing the identified gaps in services provision: Amber
- Specialist Adult Services Joint Accommodation Strategy to be developed and commence implementation: Amber
- Develop a memorandum of understanding to underpin the development of revised pooled budget arrangements linked to the 4 levels of Independence. CCG to lead on Level 1 and 2 and LCC on Level 3 and 4: Amber
- Leadership and Governance review of ToR and Sub Groups: Complete
- Organisational Development and People: Amber

Issues/Risks:

A risk log is being developed for sign off at TC Partnership Board in November.

Health Inequalities

Initiatives progressed, whilst the programme is being developed:

- EOI submitted for NHSEI 'Health Equalities Partnership Programme – Understanding barriers to engagement', for people in Mablethorpe and East coast with diabetes prevention & self-management. (awaiting decision)
- Development of HI data pack for East coast. This has already been used to support the Connected Towns Fund bids and Community Mental Health Transformation Programme
- Supported the Towns Funds Bid
- First stage of Beacon/ First Coastal PCN Workforce planning project – feeding into wider Whole System Partnership East Coast workforce project
- Report on proposed approach for Health Inequalities Programme prepared and tabled for Dec 2020 JWEG.

Following initiatives have not been progressed due to COVID-19, but will be taken forward as part of the HI programme:

- Develop plans for commissioning and implementation of a new inpatient smoking cessation service hospital-based alcohol care teams in conjunction with secondary care provider trusts. (CCG in partnership with Public Health)
- Expanding the 'Making Every Contact Count' approach

Issues/Risks:

- Analyst capacity
- Programme resource
- Partners ability to engage

Meeting	Trust Board
Date of Meeting	1st December 2020
Item Number	
Integrated Performance Report for October 2020	
Accountable Director	Paul Matthew, Director of Finance & Digital
Presented by	Paul Matthew, Director of Finance & Digital
Author(s)	Sharon Parker, Performance Manager
Report previously considered at	FPEC

How the report supports the delivery of the priorities within the Board Assurance Framework	
1a Deliver harm free care	*X*
1b Improve patient experience	*X*
1c Improve clinical outcomes	*X*
2a A modern and progressive workforce	
2b Making ULHT the best place to work	
2c Well Led Services	*X*
3a A modern, clean and fit for purpose environment	*X*
3b Efficient use of resources	
3c Enhanced data and digital capability	
4a Establish new evidence based models of care	
4b Advancing professional practice with partners	
4c To become a university hospitals teaching trust	

Risk Assessment	*N/A*
Financial Impact Assessment	*N/A*
Quality Impact Assessment	*N/A*
Equality Impact Assessment	*N/A*
Assurance Level Assessment	*Insert assurance level* • *Limited*

Recommendations/ Decision Required	• *The Committee is asked to note the current performance. The Committee is to note action to be taken where performance is below the expected target.*

Executive Summary

Quality

Mortality

1. HSMR

HSMR for the rolling year (August 19 – July 2020) is showing at 100.98 for the Trust which is in expected limits. Lincoln site is outside the expected limits at 110.96 for the rolling year; with 101 more deaths than predicted (1025 Observed: 924 Predicted). Pilgrim and Grantham are achieving better than the expected threshold limits for the rolling year. HSMR for all Divisions are within expected limits for the rolling year.
Clinical Governance are reviewing the coding between the two sites to see where the differences occur and to investigate the apparent difference between Lincoln and Pilgrim to gain a greater understanding.
Septicaemia (except in labour): alerting for the fifth month at Lincoln – Case note review underway with the Sepsis practitioners.

2. SHMI

ULHT are in Band 2 within expected limits with a score of 109.34, an increase from the last reporting period. SHMI includes both deaths in-hospital and within 30-days of discharge. The data is reflective up to May 2020. SHMI will not be including COVID-19 deaths

Clinical Audit and Effectiveness

National Audit Participation Rate

Performance against this metric has been impacted by COVID-19 and the resulting changes to national data collections and cancellation of elective procedures. However performance is improving and for October 2020 has remained the same at 95% against a trajectory of 98%.

eDD within 24 hours

The Trusts compliance of sending eDDs within 24 hours for October 2020 was 93.1%. Compliance for eDDs sent anytime in October was 95.9%. Of the 3549 admissions, 146 eDD's have not been sent.

Sepsis

1. Intravenous antibiotics within an hour (Paediatric ED)

Compliance for Children's antibiotics within an hour in ED has fallen short of the 90% standard achieving 71.4% for the second month running (5 of 7 patients). The harm reviews undertaken for those children who did not receive treatment within an hour have revealed no harms or concerns as the patients did not require antibiotics as the illnesses were viral in nature. The escalation report identifies further actions that are being taken within the ED's.

2. Sepsis screening compliance inpatient (Paediatric)

Sepsis screening compliance for inpatient (child) has decreased to 81% for October against a trajectory of 90%. The missed screens are almost exclusively at Lincoln site with the compliance on Rainforest at 77% and Safari 70%. Harm reviews have been conducted for these missed screens revealing that an emerging theme is miscalculation of the PEWS score by student nurses and temporary/agency staff with no harm resulting and corrections were inputted in a timely fashion. Actions to recover have been identified.

Mixed Sex Accommodation Breach

The single sex breach occurred within the Surgical Emergency Assessment Unit and has been validated. Further investigation of the incident is required to identify any actions to be taken to prevent reoccurrence.

Operational Performance

On 5th March 2020, in response to the Covid-19 pandemic, the Trust enacted the Pandemic Flu plan and elements of the Major Incident Plan and put in place Command and Control systems. This response continued until 1st August when nationally the national Emergency Response Level was reduced to Level 3. This signified the start of the Recovery Phase of the response to Covid-19 pandemic.

Operational performance for the periods of August-Sept where data is available reflects the Recovery Phase where services are being reinstated as part of this Phase 3 Recovery programme. From August 1st this recovery commenced with ambitions to returning to pre-Covid-19 levels of waiting lists, response times and constitutional standards, in line with expectations as set out in Sir Simon Stevens' letter of 31st July 2020.

A & E and Ambulance Performance

4-hour performance for October was 74.76%, whilst this is a drop of 0.48% from September it remains above the forecast trajectory of 73.62%, achieved against a backdrop of slightly reduced demand from September ED attendances. The Trust is performing above the pre-Covid-19 target trajectory and has done for the last six months. Both recording and achievement of the 15min triage targets improved with an improvement of 0.10% in recording and a slightly improved performance against the 15min target again this month, up by 1.28% to 88.62% compared to 87.39% in September; it continues to be above the mean performance and well within control limits. Measures are in place to ensure this metric achieves its improvement trajectory.

During October there were 270>59 minute ambulance handover delays across the Trust, a deterioration from September's position of 250. There was a 4.48% increase in conveyances across all sites, although overall ED type 1 streaming was down 2.17%. Amongst load sharing strategies handover and alternative pathway, RAT has been reinstated and the Trust has been successful in securing £17million to increase the footprint of both LCH and PHB Emergency Departments, to ensure environments are fit for purpose and safely deliver care in socially distanced spaces. NHSE/I are supporting improvement strategies including further engagement with the System to reduce overall ambulance conveyances.

Referral to Treatment

RTT performance for September was 55.87% up from 51.16% in August, an improvement of 4.71%. The Trust reported 350 incomplete 52 week breaches for September end of month. Root cause analysis and harm reviews have not indicated any concerns with patients coming to harm, however as the number of delays increases risk stratification and prioritisation will becomes more and more important. Regionally ULHT continue to have proportionately few 52 week delays representing the work undertaken by teams with telephone and e-consultations, however this number is likely to continue to rise until recovery plans start to take effect in.

Waiting Lists

Overall waiting list size has increased from August to September, with the total waiting list increasing by 1126 to 45,159 compared to the previous two months' increases of 2725 (June-July) and 1727 (July-August). Original trajectories forecasting the impact of Covid-19 forecast a much greater increase, and so in future months with some services being Restored and the impact of the Recovery plans from September this increase is likely to start to reduce at the end of September. New trajectories are being developed in line with the Recovery phase and are monitored weekly via the PTL Meeting.

Diagnostics

(Diagnostics October Data Not Yet Available) Diagnostics access performance for September (56.98%) has improved compared with August (52.81%). With restoration of endoscopy, now booking cancer patients within 7-10 days and imaging capacity, modelling continues to demonstrate a strong recovery against key Recovery Targets (CT and MRI). The hire of the mobile MRI to support continued improvement through the Recovery Phase has been extended and whilst the CT modular unit failed to be deployed as planned in September at Pilgrim, it is now installed and provides resilience to the existing scanner at Pilgrim although other modalities and diagnostic services are not expected to fully recover until much later in the year as focus remains on Urgent Care and clinically urgent patients.

Cancer

Indicative performance for September for the 62 Day Classic Cancer Target is 65% forecast, in line with predictions of a deterioration as the focus remains on addressing the backlog putting us below the national average.

Backlog number of patients waiting more than 62 and 104 days remains a priority and is part of Covid-19 Recovery phases. As of the 5th October there remains 40 patients over 104 days down from 163 in mid-July. Colorectal cancer capacity remains a challenge and accounts for approx. 50% of long waiting patient. 31 day 1st treatment was missed and was predominantly affected by Covid and reductions in capacity owing to social distancing combined with an ongoing reluctance of a high number of patients who were unfit or unwilling to engage with the NHS at this time.

In addition to the speciality clinical capacity post Covid, challenges include an increasing resistance to travel available capacity across the ULHT sites; patient engagement and compliance with swabbing and isolation guidance; and limited OPD capacity owing to social distancing and cleaning guidance.

However, additional Vanguard theatres are planned for Grantham with a planned focus on increasing Cancer activity in Breast and Gynae, the Breast Review is well underway; and there are plans for additional relocatable CT capacity, and additional administrative support for colorectal to support and enhance clinical engagement. The return of a consultant from sabbatical along with a third appointment starting in December will support Head and Neck Cancer recovery.

Workforce

Pay, Bank and Agency

October's substantive pay position is an anomaly created by the medical pay award being lower than that planned for, resulting in pay being 0.7% below target in month. If discounted, pay would remain +10% compared to plan.

Total agency spend has remained fairly static for the last three months. Spend is below the equivalent figures for 2019/20, but significantly above the NHSE/I ceiling.

Medical agency booked hours were up from 18,900 to 19,499 in October. The agency spend was therefore up slightly at £1,824,421 from £1,746,436 in September but still below the levels in the last two financial years.

Agency bookings account for 57.5% of October's total, with the remaining being split with 41.9% from Internal bank and 0.6% from Regional bank. The internal bank fill is over 40% for the third consecutive month which is great news and we continue to drive that forward.

Nursing agency expenditure increased in October as a consequence of the impact of COVID. Further work has been undertaken on the incentivisation of bank, to address the current balance between bank and agency.

Vacancies and Turnover
October continues to see a reduction in vacancy rates across both medical and AHP staff. There was a reduction in nursing, after a number of months where there have been increases, but this is due to the intake of newly-qualified staff.

Appraisals
The percentage of appraisals completed continues to increase and is at the highest level since May 2018, although still well below target.

Paul Matthew
Director of Finance & Digital
November 2020

OUTSTANDING CARE personally DELIVERED

NHS United Lincolnshire Hospitals NHS Trust

PERFORMANCE OVERVIEW

5 Year Priority	KPI	CQC Domain	Strategic Objective	Responsible Director	In month Target	Aug-20	Sep-20	Oct-20	YTD	YTD Trajectory	Latest Month Pass/Fail	Trend Variation	Kitemark
Deliver Harm Free Care	Clostridioides difficile position	Safe	Patients	Director of Nursing	9	7	8	3	44		P		
	MRSA bacteraemia	Safe	Patients	Director of Nursing	0	0	0	0	1		P		
	MSSA bacteraemia cases counts and 12-month rolling rates of hospital-onset, using trust per 1000 bed days formula	Safe	Patients	Director of Nursing	TBC	0.04	0.02	0.04	0.05				
	E. coli bacteraemia cases counts and 12-month rolling rates, per 1000 bed days formula	Safe	Patients	Director of Nursing	TBC	0.18	0.01	0.04	0.07				
	Never Events	Safe	Patients	Director of Nursing	0	1	0	0	1		P		Timeliness, Completeness, Validation, Process
	New Harm Free Care	Safe	Patients	Director of Nursing	99%								Timeliness, Completeness, Validation, Process
	Pressure Ulcers category 3	Safe	Patients	Director of Nursing	4.3	3	1	2	11		P		
	Pressure Ulcers category 4	Safe	Patients	Director of Nursing	1.3	0	0	0	1		P		Timeliness, Completeness, Validation, Process
	Pressure Ulcers - unstageable	Safe	Patients	Director of Nursing	19/20 will be used as a benchmark	7	4	6	36				
	Summary Hospital Mortality Indicator (SHMI) (rolling year data 6 month time lag)	Effective	Patients	Medical Director	100	107.56	108.92	109.34	109.08		F		
	Hospital Standardised Mortality Ratio - HSMR (rolling year data 3 month time lag)	Effective	Patients	Medical Director	100	100.90	102.26	100.98	97.88		F	A	
	Sepsis screening (bundle) compliance for inpatients (adult)	Safe	Patients	Director of Nursing	90%	91.20%	90.10%	90.00%	87.27%		P		
	Sepsis screening (bundle) compliance for inpatients (child)	Safe	Patients	Director of Nursing	90%	93.30%	95.90%	81.00%	88.09%		F		
	IVAB within 1 hour for sepsis for inpatients (adult)	Safe	Patients	Director of Nursing	90%	92.60%	90.90%	93.00%	92.50%		P		
	IVAB within 1 hour for sepsis for inpatients (child)	Safe	Patients	Director of Nursing	90%	100.00%	100.00%	100.00%	89.58%		P		

OUTSTANDING CARE personally DELIVERED

NHS United Lincolnshire Hospitals NHS Trust

PERFORMANCE OVERVIEW

5 Year Priority	KPI	CQC Domain	Strategic Objective	Responsible Director	In month Target	Aug-20	Sep-20	Oct-20	YTD		Latest Month Pass/Fail	Trend Variation	Kitemark
Deliver Harm Free Care	Sepsis screening (bundle) compliance in A&E (adult)	Safe	Patients	Director of Nursing	90%	91.70%	94.30%	93.60%	93.10%		P	A	
	Sepsis screening (bundle) compliance in A&E (child)	Safe	Patients	Director of Nursing	90%	88.10%	90.60%	91.20%	91.23%		P	A	
	IVAB within 1 hour for sepsis in A&E (adult)	Safe	Patients	Director of Nursing	90%	97.50%	96.40%	95.50%	96.24%		P		
	IVAB within 1 hour for sepsis in A&E (child)	Safe	Patients	Director of Nursing	90%	100.00%	71.40%	71.40%	91.83%		F		
	Rate of stillbirth per 1000 births	Safe	Patients	Director of Nursing	4.20	2.39	2.39	2.39	2.19		P	B	
	Number of Serious Incidents (including never events) reported on StEIS	Safe	Patients	Director of Nursing	14	17	21	1	86		P		Timeliness, Completeness, Validation, Process
	Catheter Associated Urinary Tract Infection	Safe	Patients	Director of Nursing	1				0				
	Falls per 1000 bed days resulting in moderate, severe harm & death	Safe	Patients	Director of Nursing	0.19	0.18	0.11	0.00	0.13		P		Timeliness, Completeness, Validation, Process
	Reported medication incidents per 1000 occupied bed days	Safe	Patients	Medical Director	4.3	6.26	5.50		5.14		P	B	
	Medication incidents reported as causing harm (low /moderate /severe / death)	Safe	Patients	Medical Director	10.7%	10.40%	13.60%	8.30%	12.83%		P		
	Potential under reporting of patient safety incidents / Reported incidents (all harms) per 1,000 bed days	Safe	Patients	Medical Director	30	36.86	34.03	33.69	36.12		P		
	Patient Safety Alert compliance (number open beyond deadline)	Safe	Patients	Medical Director	0	0	0	0	2		P		
	National Clinical audit participation rate	Effective	Patients	Medical Director	98%	93.00%	95.00%	95.00%	93.00%		F		
	7 day Services Clinical Standard 2 (all patients have a Consultant review within 14 hours of admission)	Effective	Patients	Medical Director	90%	Not Collected audit done twice a year							
	7 day Services Clinical Standard 8 (ongoing review)	Effective	Patients	Medical Director	90%	Not Collected audit done twice a year							
	Venous Thromboembolism (VTE) Risk Assessment	Safe	Patients	Medical Director	95%	98.10%	97.60%	97.46%	97.18%		P		
	eDD issued within 24 hours	Effective	Patients	Medical Director	95%	93.20%	93.10%	93.10%	93.76%		F		

OUTSTANDING CARE personally DELIVERED

NHS United Lincolnshire Hospitals NHS Trust

PERFORMANCE OVERVIEW

5 Year Priority	KPI	CQC Domain	Strategic Objective	Responsible Director	In month Target	Aug-20	Sep-20	Oct-20	YTD	YTD Trajectory	Latest Month Pass/Fail	Trend Variation	Kitemark
A Modern and Progressive Workforce	Overall percentage of completed mandatory training	Safe	People	Director of HR & OD	95%	88.96%	89.49%	90.47%	89.22%		F	B	
	Number of Vacancies	Well-Led	People	Director of HR & OD	12%	12.74%	12.43%	12.29%	12.48%		F	B	
	Sickness Absence	Well-Led	People	Director of HR & OD	4.5%	5.02%	5.00%	4.92%	5.00%		F	A	
	Staff Turnover	Well-Led	People	Director of HR & OD	12%	10.73%	10.76%	10.92%	10.90%		P		
	Staff Appraisals	Well-Led	People	Director of HR & OD	90%	70.86%	75.91%	78.51%	71.69%		F		
					£'000	£'000	£'000	£'000	£'000				
	Agency Spend	Well-Led	People	Director of HR & OD	TBC	-£3,060	-£3,163	-£3,047	-£22,965				

5 Year Priority	KPI	CQC Domain	Strategic Objective	Responsible Director	In month Target	Aug-20	Sep-20	Oct-20	YTD		Latest Month Pass/Fail	Trend Variation	Kitemark
Improve Patient Experience	Mixed Sex Accommodation breaches	Caring	Patients	Director of Nursing	0	0	0	1	1		F		Timeliness, Completeness, Validation, Process
	% Triage Data Not Recorded	Effective	Patients	Chief Operating Officer	0%	0.82%	0.40%	0.23%	0.31%		F		
	Duty of Candour compliance - Verbal	Safe	Patients	Medical Director	100%	100.00%	100.00%		91.17%		P		
	Duty of Candour compliance - Written	Responsive	Patients	Medical Director	100%	100.00%	100.00%		84.50%		P		

OUTSTANDING CARE personally DELIVERED

NHS United Lincolnshire Hospitals NHS Trust

PERFORMANCE OVERVIEW

5 Year Priority	KPI	CQC Domain	Strategic Objective	Responsible Director	In month Target	Aug-20	Sep-20	Oct-20	YTD	YTD Trajectory	Latest Month Pass/Fail	Trend Variation	Kitemark
Improve Clinical Outcomes	4hrs or less in A&E Dept	Responsive	Services	Chief Operating Officer	73.62%	78.46%	75.27%	74.76%	82.43%	70.28%	P		
	12+ Trolley waits	Responsive	Services	Chief Operating Officer	0	0	0	0	0	0	P		
	%Triage Achieved under 15 mins	Responsive	Services	Chief Operating Officer	88.5%	86.12%	87.39%	88.62%	91.66%	88.50%	P	A	
	52 Week Waiters	Responsive	Services	Chief Operating Officer	0	269	350		836	0	F	H	
	18 week incompletes	Responsive	Services	Chief Operating Officer	84.1%	51.16%	55.87%		57.16%	84.10%	F		
	Waiting List Size	Responsive	Services	Chief Operating Officer	37,762	44,033	45,159		n/a	n/a	F	H	
	62 day classic	Responsive	Services	Chief Operating Officer	85.4%	68.89%	62.95%		69.07%	85.39%	F		
	2 week wait suspect	Responsive	Services	Chief Operating Officer	93.0%	80.83%	80.89%		88.62%	93.00%	F		
	2 week wait breast symptomatic	Responsive	Services	Chief Operating Officer	93.0%	29.55%	7.53%		59.80%	93.00%	F	L	
	31 day first treatment	Responsive	Services	Chief Operating Officer	96.0%	92.37%	93.27%		94.63%	96.00%	F		
	31 day subsequent drug treatments	Responsive	Services	Chief Operating Officer	98.0%	96.72%	100.00%		98.11%	98.00%	P		
	31 day subsequent surgery treatments	Responsive	Services	Chief Operating Officer	94.0%	87.18%	86.36%		87.44%	94.00%	F		
	31 day subsequent radiotherapy treatments	Responsive	Services	Chief Operating Officer	94.0%	88.68%	92.55%		93.33%	94.00%	F		
	62 day screening	Responsive	Services	Chief Operating Officer	90.0%	0.00%	27.27%		20.17%	90.00%	F	?	

OUTSTANDING CARE personally DELIVERED

NHS United Lincolnshire Hospitals NHS Trust

PERFORMANCE OVERVIEW

5 Year Priority	KPI	CQC Domain	Strategic Objective	Responsible Director	In month Target	Aug-20	Sep-20	Oct-20	YTD	YTD Trajectory	Latest Month Pass/Fail	Trend Variation	Kitemark
Improve Clinical Outcomes	62 day consultant upgrade	Responsive	Services	Chief Operating Officer	85.0%	86.21%	84.42%		81.40%	85.00%	F		
	Diagnostics achieved	Responsive	Services	Chief Operating Officer	99.0%	52.81%	56.98%		50.71%	99.00%	F	?	
	Cancelled Operations on the day (non clinical)	Responsive	Services	Chief Operating Officer	0.8%	1.16%	2.24%		1.40%	0.80%	F		
	Not treated within 28 days. (Breach)	Responsive	Services	Chief Operating Officer	0	5	6		67	0	F		
	#NOF 48 hrs	Responsive	Services	Chief Operating Officer	90%	94.74%	90.14%		88.28%	90%	P		
	#NOF 36 hrs	Responsive	Services	Chief Operating Officer	TBC	80.26%	83.10%		75.28%				
	EMAS Conveyances to ULHT	Responsive	Services	Chief Operating Officer	4,657	4,688	4,501	4,712	4,419	4,657	F	B	
	EMAS Conveyances Delayed >59 mins	Responsive	Services	Chief Operating Officer	0	194	250	270	134	0	F	B	
	104+ Day Waiters	Responsive	Services	Chief Operating Officer	5	70	36	52	481	30	F		
	Average LoS - Elective (not including Daycase)	Effective	Services	Chief Operating Officer	2.80	2.19	2.63	2.50	2.85	2.80	P		
	Average LoS - Non Elective	Effective	Services	Chief Operating Officer	4.50	4.35	4.53	4.36	4.11	4.5	P		
	Delayed Transfers of Care	Effective	Services	Chief Operating Officer	3.5%	Submission suspended			3.13%	3.5%			
	Partial Booking Waiting List	Effective	Services	Chief Operating Officer	4,524	21,853	22,738	20,055	19,969	4,524	F	A	
	Outpatients seen within 15 minutes of appointment	Effective	Services	Chief Operating Officer	70.0%	41.9%	37.1%	37.3%	37.44%	70.00%	F		
	% discharged within 24hrs of PDD	Effective	Services	Chief Operating Officer	45.0%	35.0%	37.2%	38.3%	36.54%	45.00%	F		

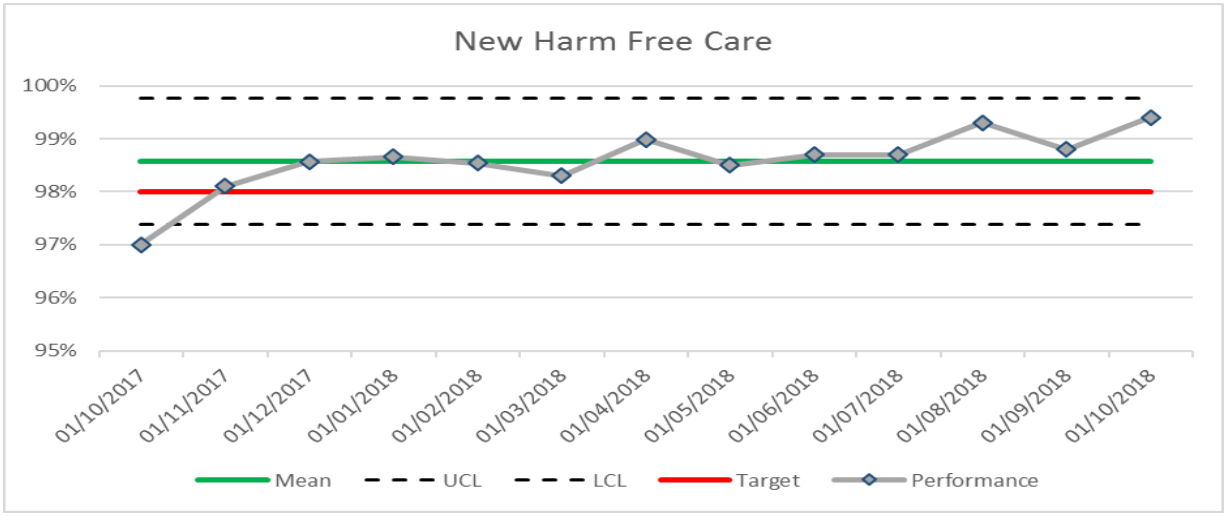
STATISTICAL PROCESS CONTROL CHARTS

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:



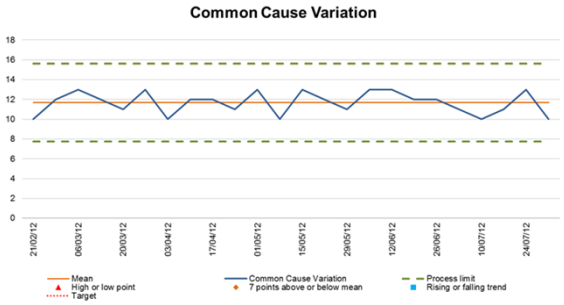
Normal variations in performance across time can occur randomly- without a direct cause, and should not be treated as a concern, or a sign of improvement, and is unlikely to require investigation unless one of the patterns defined below applies.

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

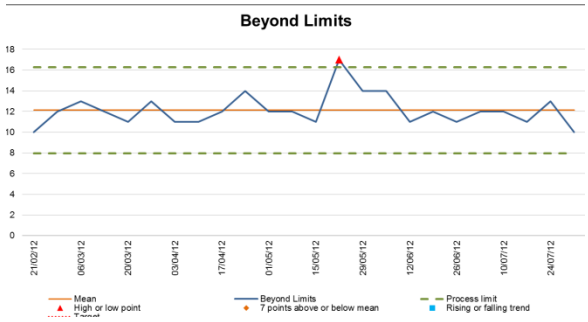
- Normal variation – (common cause) fluctuations in data points that sit between the upper and lower control limits
- Extreme values – (special cause) any value on the line graph that falls outside of the control limits. These are very unlikely to occur and where they do, it is likely a reason or handful 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

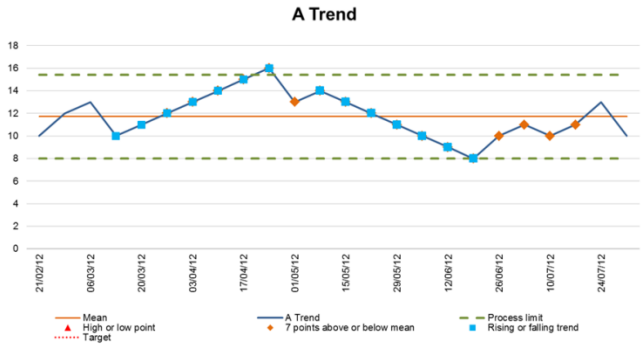


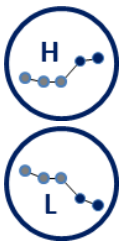
Extreme Values



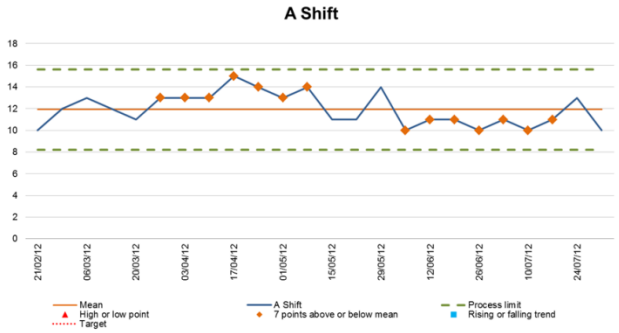
There is no Icon for this scenario.

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

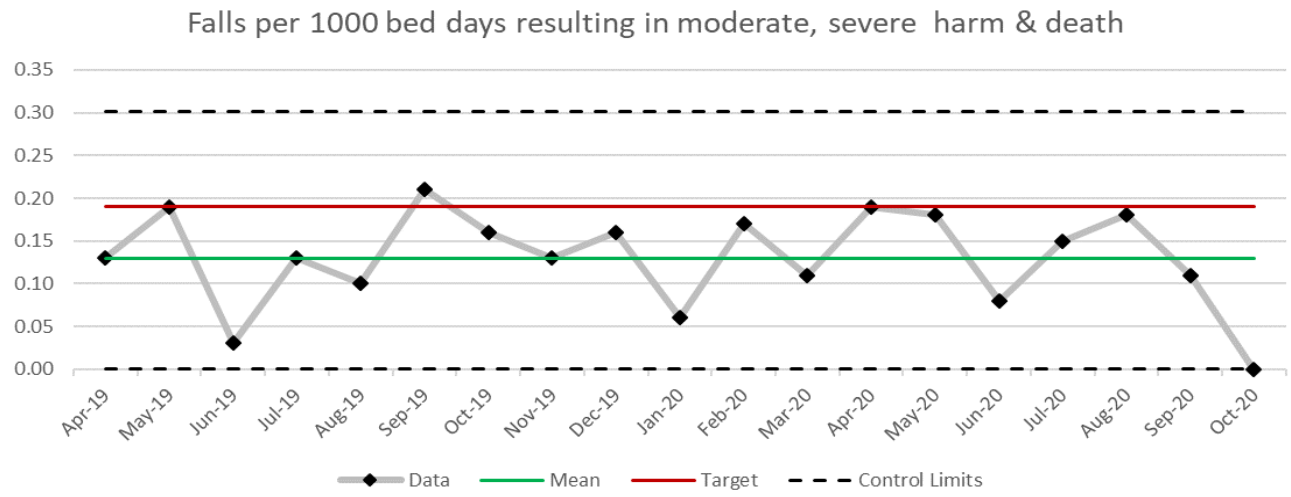
Where the target has been missed for at least 3 of the most recent data points in a row, or in a string of 7 of the most recent data points, at least 5 out of the 7 data points have missed.

DELIVER HARM FREE CARE – FALLS

Executive Lead: Director of Nursing

CQC Domain: Safe

Strategic Objective: Patients



Challenges / Successes:

- The Trust data for October 2020 shows 0 Serious falls with moderate, severe harm or death per 1000 Occupied bed days (OBDs). ULHT will of course remain within the threshold expected as a result.

To date the data remains unvalidated.

Over recent months the backlog of open falls incidents has continued to reduce. There are currently 10 open divisional falls investigations, one of these is overdue, and is on target to be submitted within seven days of the original deadline. This delayed investigation is from the medicine division.

October saw a slight reduction in total falls numbers, (144 in October compared to 155 in September), the most notable impact being no reported moderate, severe harm or deaths as a result of a patient fall.

Actions in place to recover

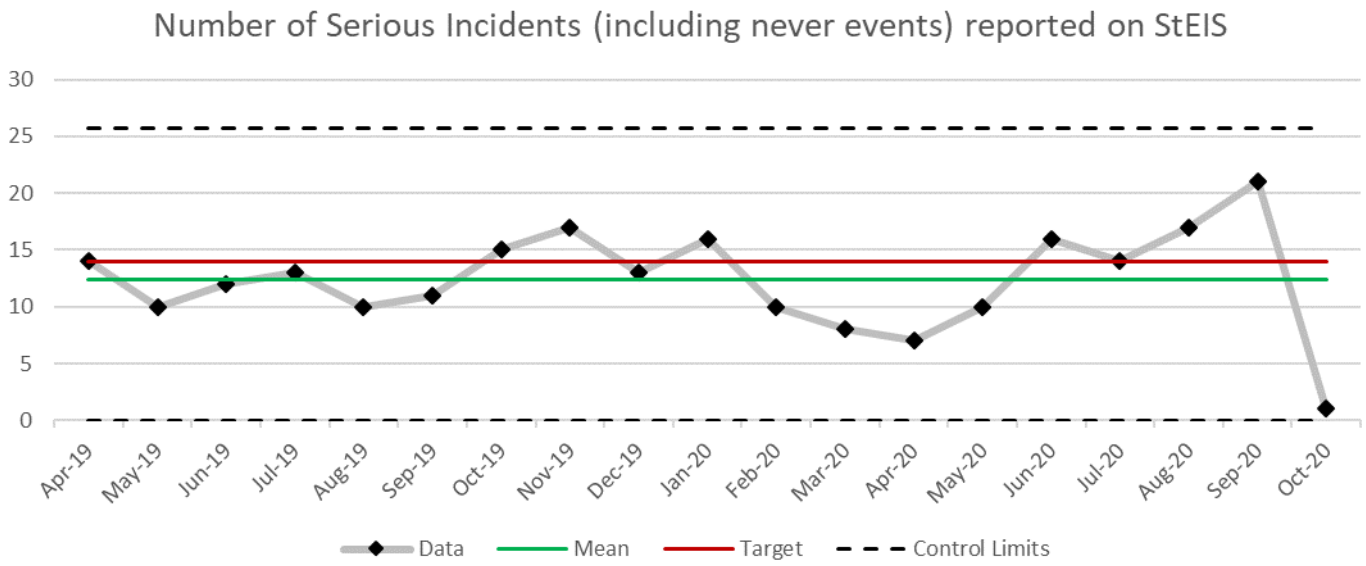
- The emerging themes emerging, are constantly being evaluated to draw out new learning opportunities and potential changes to practice.
- More timely and supportive discussion of falls RCA's is beginning to occur, as the backlog of older cases is cleared.
- Preparation for Focus on Fundamentals in December being Frailty focussed.
- Revised Falls incident support structure likely to commence 19th November 2020.
- Additional support for Divisions continues, to sustain timely closure and submission of reports to CCG.
- Falls prevention leaflet completed, now approved and available on the intranet.
- Falls prevention Fridays are being promoted, to encourage staff preparation for the weekends.
- Post falls Safety huddle process is being trialled, and feedback gathered in preparation for implementation across the organisation.
- Focussed training and support is in place for areas with a high number of inpatient falls.

DELIVER HARM FREE CARE – SERIOUS INCIDENTS ON StEIS

Executive Lead: Director of Nursing

CQC Domain: Safe

Strategic Objective: Patients



The Trust declared 1 Serious Incident in October 2020, the lowest number declared in a single month during the last 2 financial years and following 21 declared in September.
There are several factors which help to explain why this is a natural variation rather than a cause for concern:

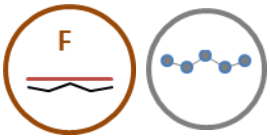
- The Serious Incident Panel, led by the Medical Director and Director of Nursing, has continued to meet and make decisions regarding possible Serious Incidents twice a week, including during the earlier stages of the Covid-19 response and throughout October.
- The Panel considered a higher number of Rapid Reviews in the months June to September 2020 (almost double the usual average); this was driven by a combination of additional Medical Examiner reviews of patient deaths and the Risk & Incident Team working with divisions to resolve a backlog of outstanding requests for Rapid Review; 22 Rapid Reviews were considered in October.
- The data provided shows Serious Incidents by the date they are declared on the StEIS system, not when they happened; the number of Serious Incidents actually occurring in October was 2; in September there were 8.
- There were no patient falls incidents resulting in Moderate harm; Severe harm; or Death in October (patient falls typically account for around 25% of the Trust's Serious Incidents).
- The Panel made the decision on 3 occasions in October to add recent incidents to ongoing Serious Incident investigations rather than declaring them separately, as no serious harm was caused but there was sufficient evidence of learning potential; if there had not been ongoing investigations it is likely these would have been declared as Serious Incidents in their own right; 1 further Rapid Review required further information before a decision could be made.
- 3 Serious Incidents were declared by the Panel in the first week of November, demonstrating that the existing arrangements continue to function appropriately.

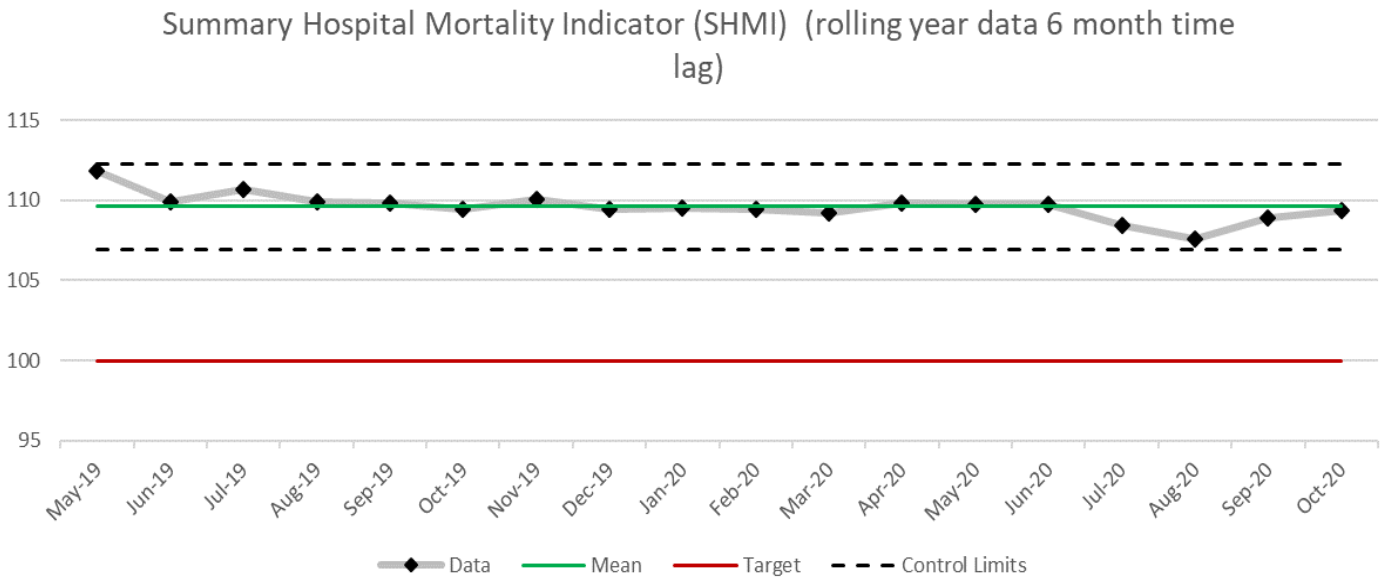
DELIVER HARM FREE CARE – MORTALITY SHMI

Executive Lead: Medical Director

CQC Domain: Effective

Strategic Objective: Patients





Challenges / Successes:

ULHT are in Band 2 within expected limits with a score of 109.34, an increase from the last reporting period. SHMI includes both deaths in-hospital and within 30-days of discharge. The data is reflective up to May 2020.

ULHT's current in-hospital SHMI is 96.62 and is below threshold limits.

SHMI against our peers shows that ULHT remains in Band 2, however the Trust has moved up five places. This is showing that overall SHMI across our peer group continues to reduce. However; only 56 of the 125 peer hospitals fall under the benchmark of 100.

NHS Digital are excluding all data in regard to COVID-19. We are still unsure of how this will continue to impact on our SHMI, however we are currently seeing an upward trend.

Alerts:

Pneumonia: alerting on 'all deaths'. This is the third month alerting.

Acute Myocardial Infarction: alerting on 'all deaths' for the second month, its is no longer alerting on in-hospital deaths.

Intestinal obstruction without hernia: alerting on 'in-hospital' deaths for the first month. This alerted for 2 months (Aug and Sept) for our HSMR at Lincoln.

Actions in place to recover:

System wide issues are being presented at the Lincolnshire Collaborative.

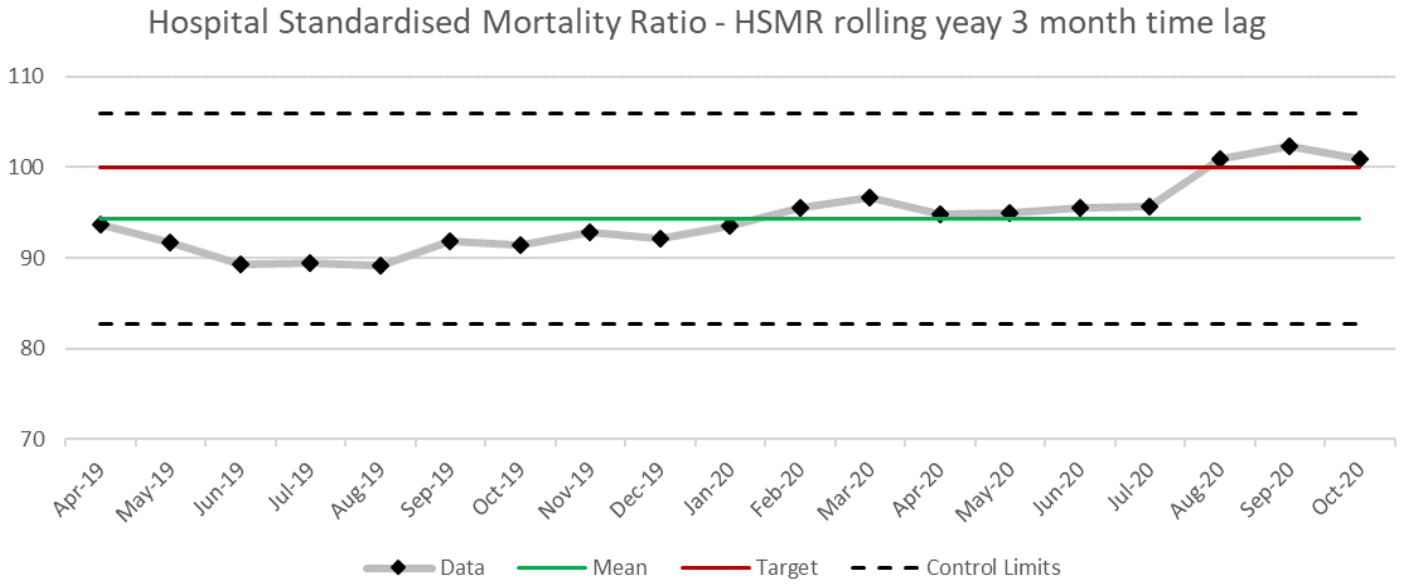
- Dr Foster is completing a deep dive into our SHMI.

DELIVER HARM FREE CARE – MORTALITY HSMR

Executive Lead: Medical Director

CQC Domain: Effective

Strategic Objective: Patients



Challenges/Successes

ULHT's HSMR is at 100.98 (Aug 19 – Jul 20), which is within expected limits.
Lincoln site is outside the expected limits at 110.96 for the rolling year; with 101 more deaths than predicted (1025 Observed: 924 Predicted).
Pilgrim and Grantham are achieving better than the expected threshold limits for the rolling year.
HSMR for the financial year is showing above expected for the Trust and Lincoln and Pilgrim sites. However, due to the COVID-19 pandemic this was to be expected.
HSMR for all divisions are within expected limits for the rolling year.
HSMR by divisions for the financial year (April - Jul) is showing Medicine to be alerting; again expected due to COVID-19.
A reduced number of hospital spells across the Trust has impacted our HSMR, whilst there are the same number of deaths as per previous reporting periods.

Alerts

Septicaemia (except in labour): alerting for the fifth month at Lincoln.
Other liver diseases: First month alerting at Trust Level.

Actions in place to recover:

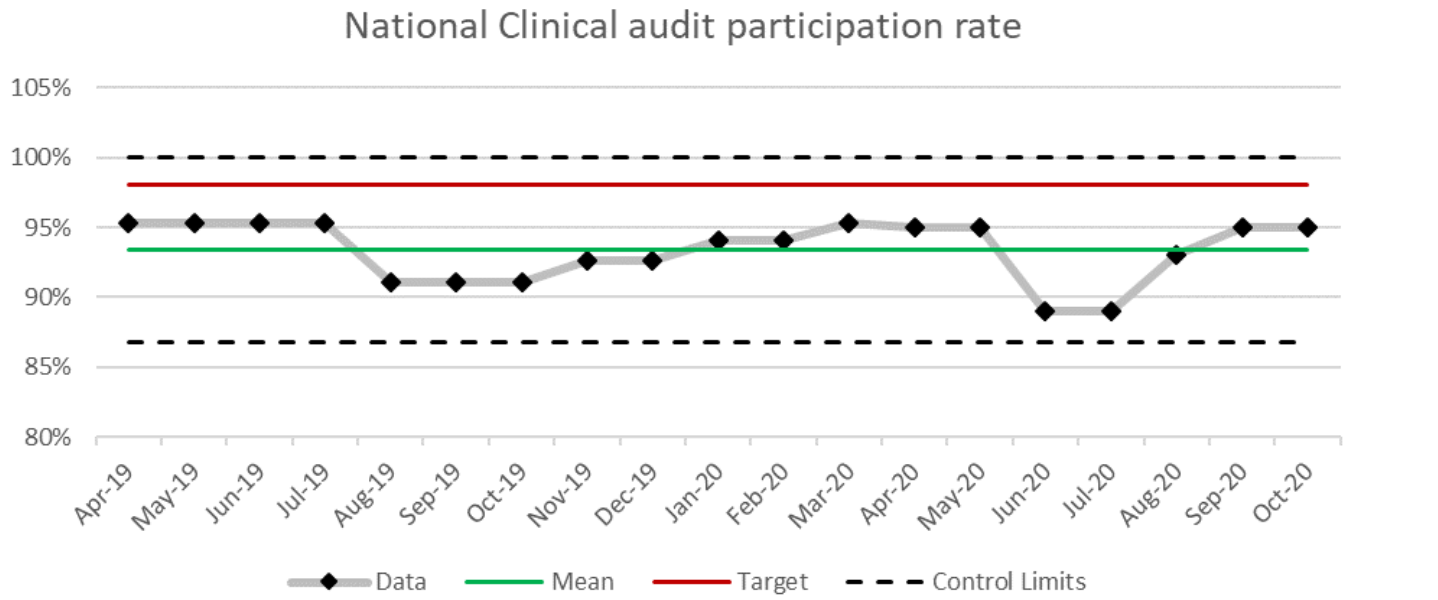
Clinical Governance are reviewing the coding between the two sites to see where the differences occur and to investigate the apparent difference between Lincoln and Pilgrim to gain a greater understanding.
ULHT would take part in the COVID-19 study run by Royal College of Physicians.

DELIVER HARM FREE CARE – NATIONAL CLINICAL AUDIT RATE

Executive Lead: Medical Director

CQC Domain: Effective

Strategic Objective: Patients



Challenges/Successes

The % participation National Clinical Audit rate has remained at 95% for the month of October 2020 compared to a target of >98% the following is not compliant with data submissions;

- None Participation in the National IBD audit to be clarified with the Gastroenterologists as the latest National report lists all other eligible Trusts are participating, there is a participation fee to be paid by each Trust it's not clear if this is the reason for none participation

Actions in place to recover:

Elective procedures cancelled in line with NHS England Guidance.

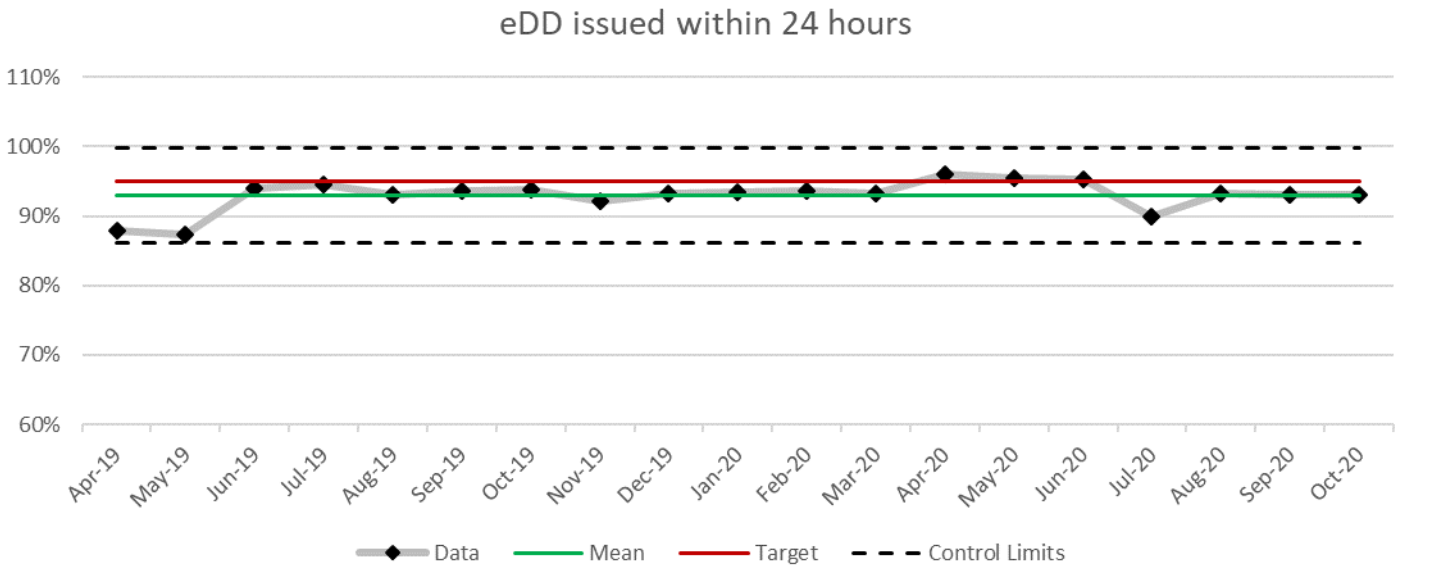
- Procedures now taking place this should improve participation submissions with the Green site restoration phase.

DELIVER HARM FREE CARE – eDD ISSUED WITHIN 24 HOURS

Executive Lead: Medical Director

CQC Domain: Effective

Strategic Objective: Patients



Challenges/Successes

The Trust achieved 93/1% compliance with sending eDDs within 24 hours for October 2020. 95.9% were sent anytime during the month of October. Of the 3,549 admissions, 146 eDDs have not been sent.

Actions in place to recover:

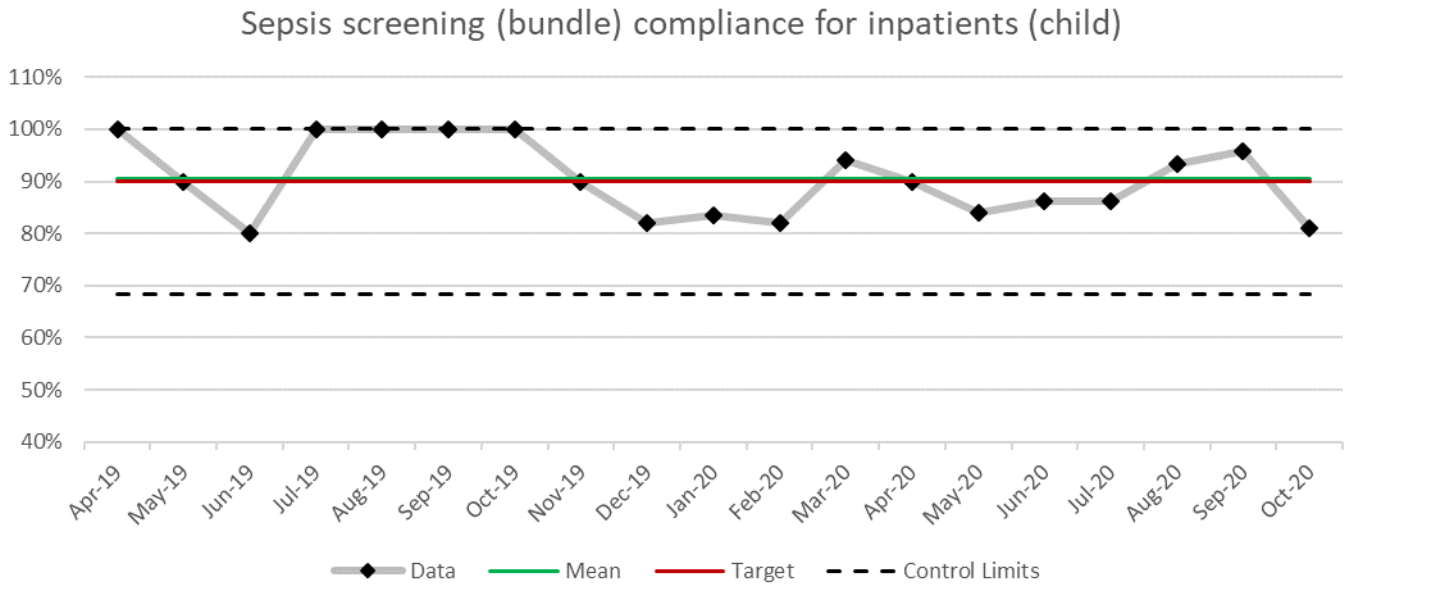
Monthly Divisional compliance discussed at Governance Meetings. Backlog monitored at the eDD group.

DELIVER HARM FREE CARE – SEPSIS SCREENING

Executive Lead: Director of Nursing

CQC Domain: Safe

Strategic Objective: Patients



Challenges/Successes

Sepsis screening compliance for inpatient (child) has decreased to 81% and therefore not achieved the 90% target. The missed screens are almost exclusively at Lincoln site with the compliance on Rainforest at 77% and Safari 70%. Harm reviews have been conducted for these missed screens revealing that an emerging theme is miscalculation of the PEWS score by student nurses and temporary/agency staff with no harm resulting and corrections were inputted in a timely fashion.

Actions in place to recover:

The ward lead, in conjunction with the paediatric sepsis/resuscitation practitioner, has commenced targeted training for student nurses whilst on placement and has provided additional support and training for unregistered staff.

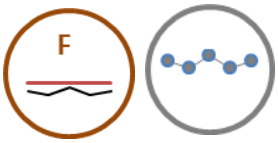
This training will focus on highlighting the need for documenting when escalation has been instituted and to whom and including as much relevant information in the event notes as possible. Individual training has been planned for those that staff that have been noted to have encountered difficulties with PEWS calculation and will include sepsis training.

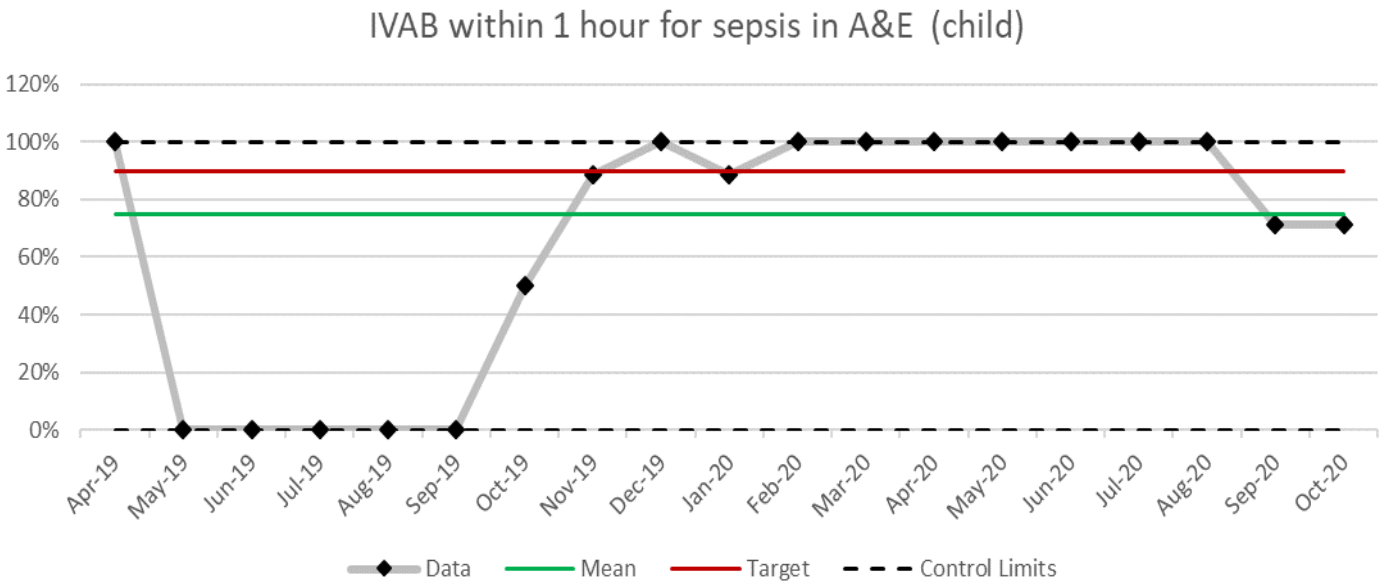
DELIVER HARM FREE CARE – SEPSIS SCREENING

Executive Lead: Director of Nursing

CQC Domain: Safe

Strategic Objective: Patients





Challenges/Successes

Compliance for Children's sepsis screening in A&E has fallen short of the 90% standard achieving 71.4% for the second month running (5 of 7 patients). The harm reviews undertaken for those children who did not receive treatment within an hour have revealed no harms or concerns as the patients did not require antibiotics as the illnesses were viral in nature.

Actions in place to recover:

To continue to encourage staff to involve medical staff in early decision making around when a presentation may be viral in nature and to complete not required with associated rationale rather than leave the section blank.

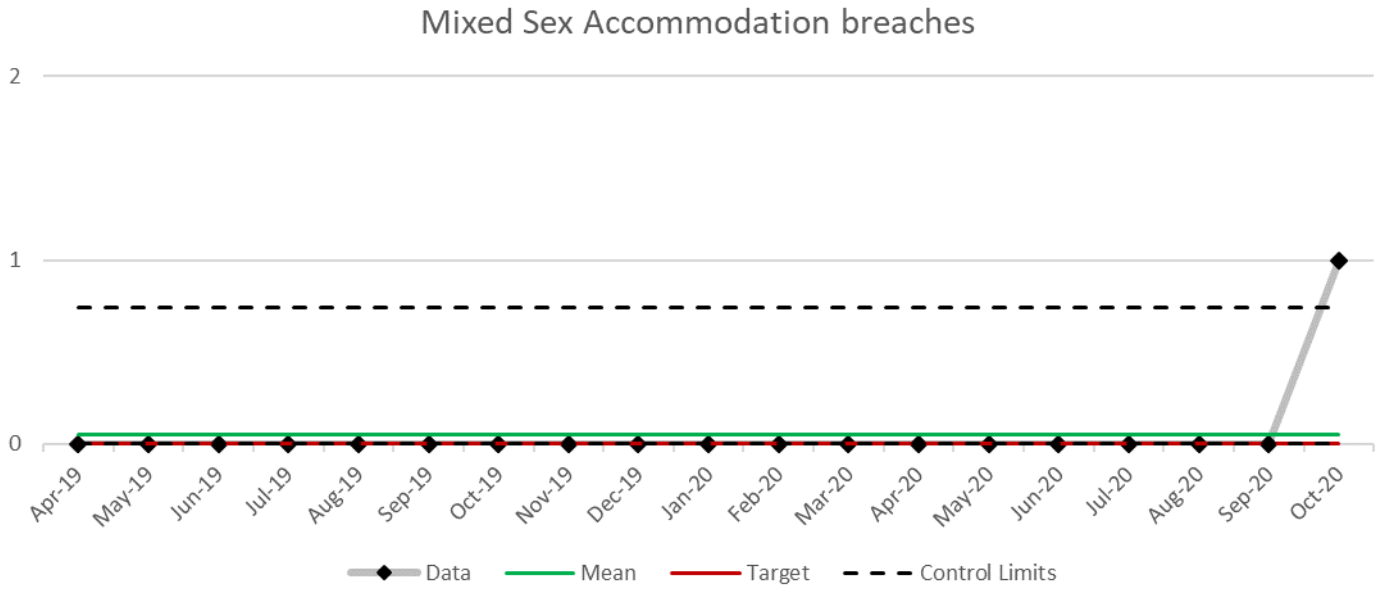
The paediatric sepsis/resuscitation practitioner has arranged sepsis training for newly qualified nurses to highlight their role in delivering the sepsis bundle in 60 minutes and this will include ad hoc sessions for existing substantive staff.

IMPROVE PATIENT EXPERIENCE – MIXED SEX ACCOMMODATION

Executive Lead: Director of Nursing

CQC Domain: Caring

Strategic Objective: Patients



Challenges/Successes

The single sex breach occurred within the Surgical Emergency Assessment Unit and has been validated.

Actions in place to recover:

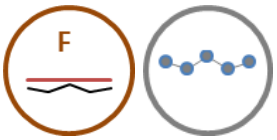
Further investigation of the incident is required to identify any actions to be taken to prevent reoccurrence.

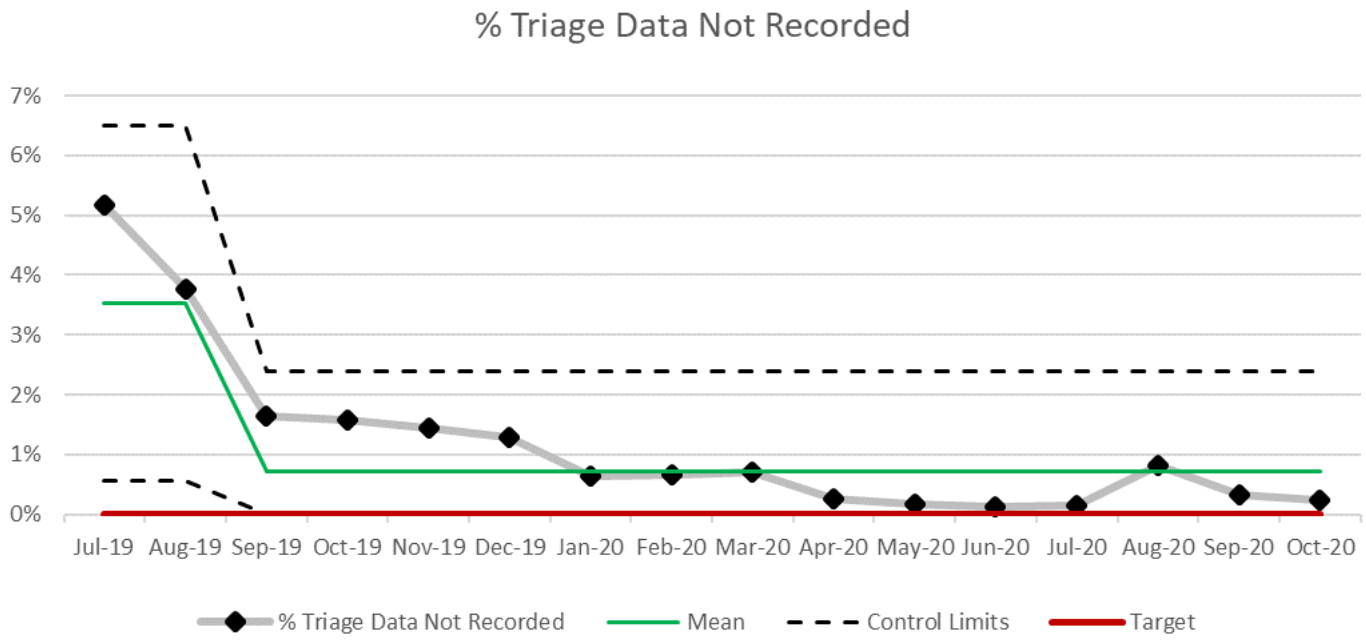
IMPROVE PATIENT EXPERIENCE – % TRIAGE DATA NOT RECORDED

Executive Lead: Chief Operating Officer

CQC Domain: Effective

Strategic Objective: Patients





Challenges/Successes

- October demonstrated a 0.10% positive variation in performance compared with September and remains well 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. Improvements were seen on both sites.
- The ability to provide two triage streams has also improved especially at Pilgrim Hospital.
- The UEC Operational Leads have been proactive in addressing recording compliance in real time.

Actions in place to recover:

- The actions against this metric are repetitive but still valid.
- The Deputy Divisional Director of Nursing/Lead Nurse, Urgent and Emergency Care (UEC) ensures increased compliance and maintenance against this target and improvements continue to be realised.
- Additional training is ongoing.

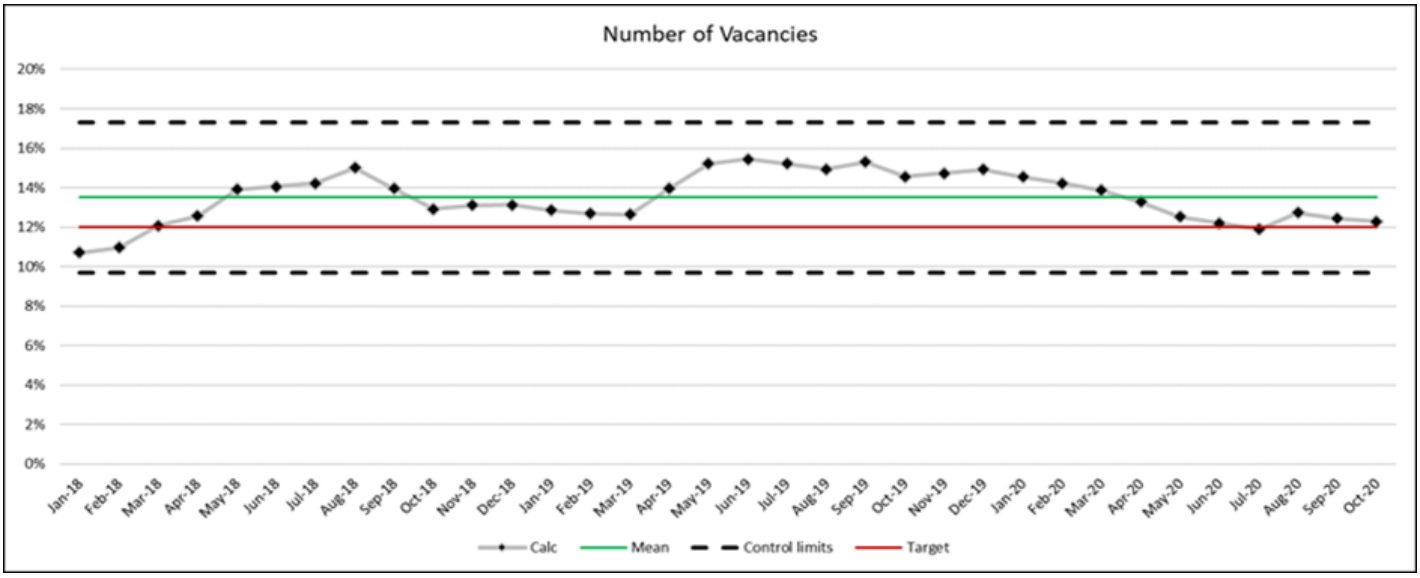
Triage time is a key patient safety performance indicator and forms an essential part of the department huddles. Overview, scrutiny and challenge continues to be provided through the 3 x daily Capacity and Performance Meetings and support.

A MODERN AND PROGRESSIVE WORKFORCE – VACANCY RATES

Executive Lead: Director of HR & OD

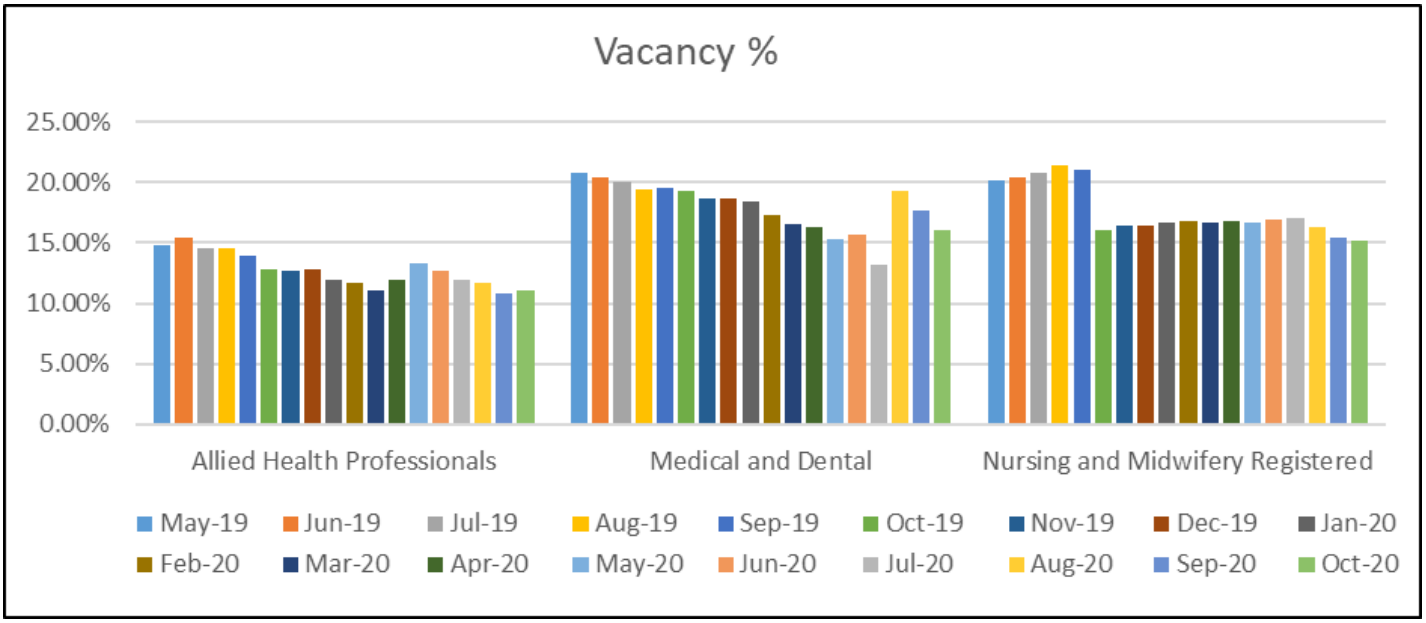
CQC Domain: Well-Led

Strategic Objective: People



Challenges/Successes

October continues to see a reduction in vacancy rates across both medical and AHP staff. The reduction in nursing is due to the intake of newly-qualified staff.



Staff Group	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Allied Health Professionals	12.68%	12.82%	12.00%	11.71%	11.02%	11.93%	13.33%	12.66%	11.90%	11.66%	10.81%	11.06%
Medical and Dental	18.64%	18.62%	18.43%	17.31%	16.58%	16.27%	15.31%	15.66%	13.21%	19.28%	17.65%	16.00%
Nursing and Midwifery Registered	16.40%	16.40%	16.74%	16.82%	16.67%	16.75%	16.69%	16.87%	17.08%	16.36%	15.50%	15.16%

Medical Staff Vacancy Rate

Further improvement in consultant and SAS Doctor Vacancy Rates are built into the 2020/21 Operational Plan, however the timeline for this planned improvement may be impacted on second wave of the COVID pandemic.

A 6 month digital marketing campaign commenced w/c 2/11/20 JustR to attract Consultants to the ICU department, the desired outcome is to increase the calibre of applicants and help fill 5 Consultant positions.

Nursing Vacancy Rate

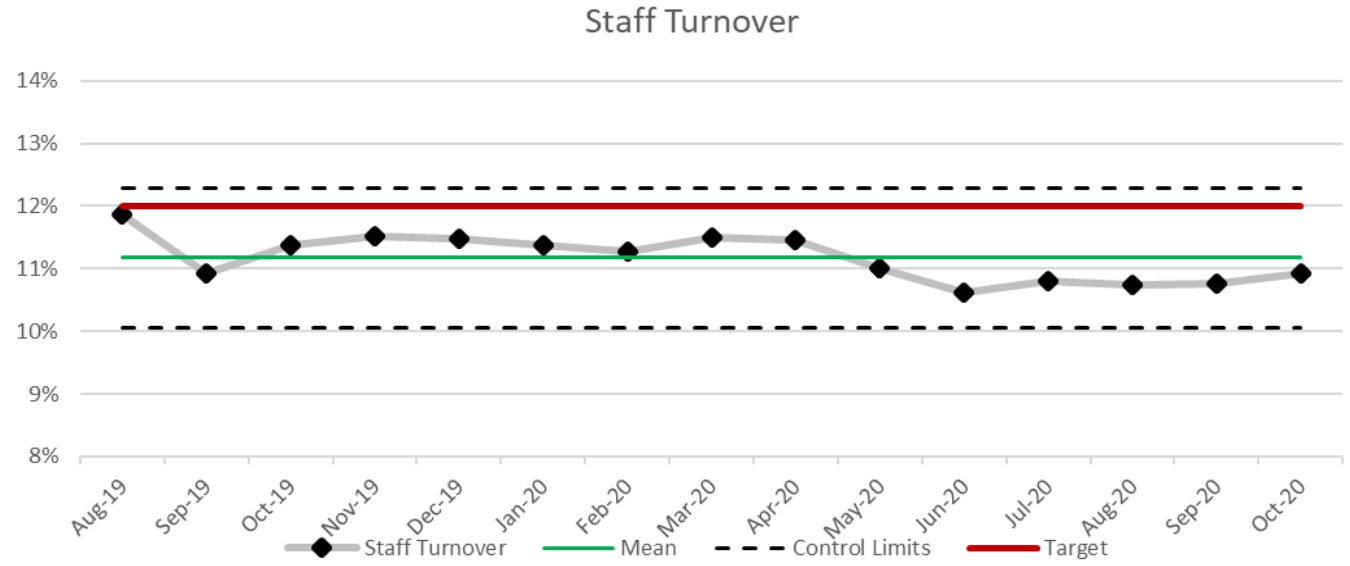
24 International Nurses arrived in the October Cohort. The September Cohort (9) have taken their OSCE exam and awaiting result. Awaiting outcome for the bids submitted for Stand A and B.

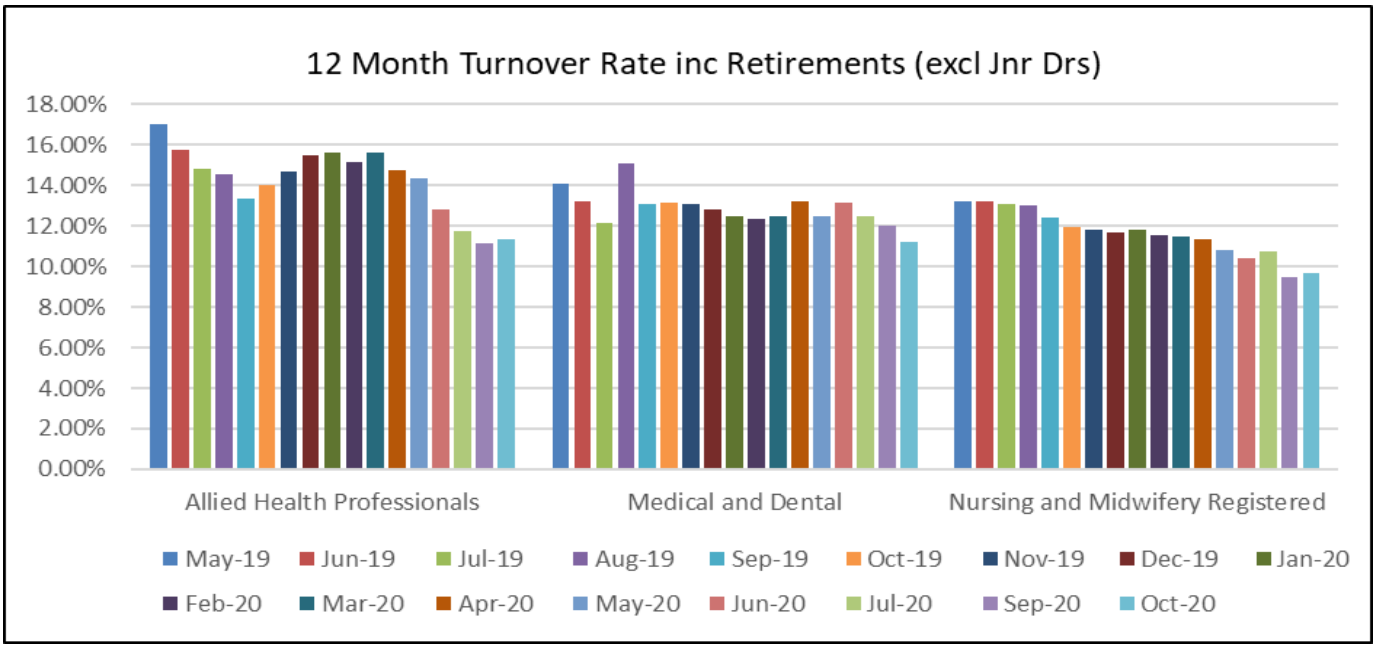
A MODERN AND PROGRESSIVE WORKFORCE – VOLUNTARY TURNOVER

Executive Lead: Director of HR & OD

CQC Domain: Well-Led

Strategic Objective: People





Staff Group	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Allied Health Professionals	14.69%	15.46%	15.60%	15.16%	15.64%	14.73%	14.37%	12.79%	11.74%	10.43%	11.14%	11.31%
Medical and Dental	13.04%	12.78%	12.46%	12.36%	12.44%	13.21%	12.49%	13.14%	12.49%	11.87%	11.98%	11.20%
Nursing and Midwifery Registered	11.81%	11.70%	11.82%	11.56%	11.50%	11.32%	10.80%	10.42%	10.71%	9.93%	9.48%	9.68%

Whilst overall this is a positive picture, there are pockets of very high turnover, notably in parts of nursing. It is also unclear how much turnover has been impacted by the pandemic.

Challenges/Successes

Longer-term trends for turnover remain positive, with the nursing rate close to national median rates. AHP turnover rate vacancy rate remains below 12%. Overall turnover is at around 10.9%.

The following actions around recruitment and retention are in place:

- Continued strong pipeline for Consultant and SAS recruitment.
- Divisions continue to use the 'plan for ever post' approach to all vacant posts and there is greater triangulation with associated agency costs.
- High number of AACs planned for 20/21 with an increasing standard on the bar to be met for appointment as a ULHT consultant. Increasing number of applicants for posts.
- JustR, digital recruitment specialists, engaged to support a 6 months campaign to recruit ICU consultants and a 2 month campaign for Medicine Nurses.
- International strategic partnership fully mobilised with further Divisional engagement events to take place.
- Multiple medical forums in place to engage and retain our doctors.
- SAS Development calendar launched with 8 days of online sessions planned over the next 3 months.
- Recruitment plans and forward projections reviewed within FRM meetings
- Completing review of recruitment functions

Our plans going forward embrace the following:

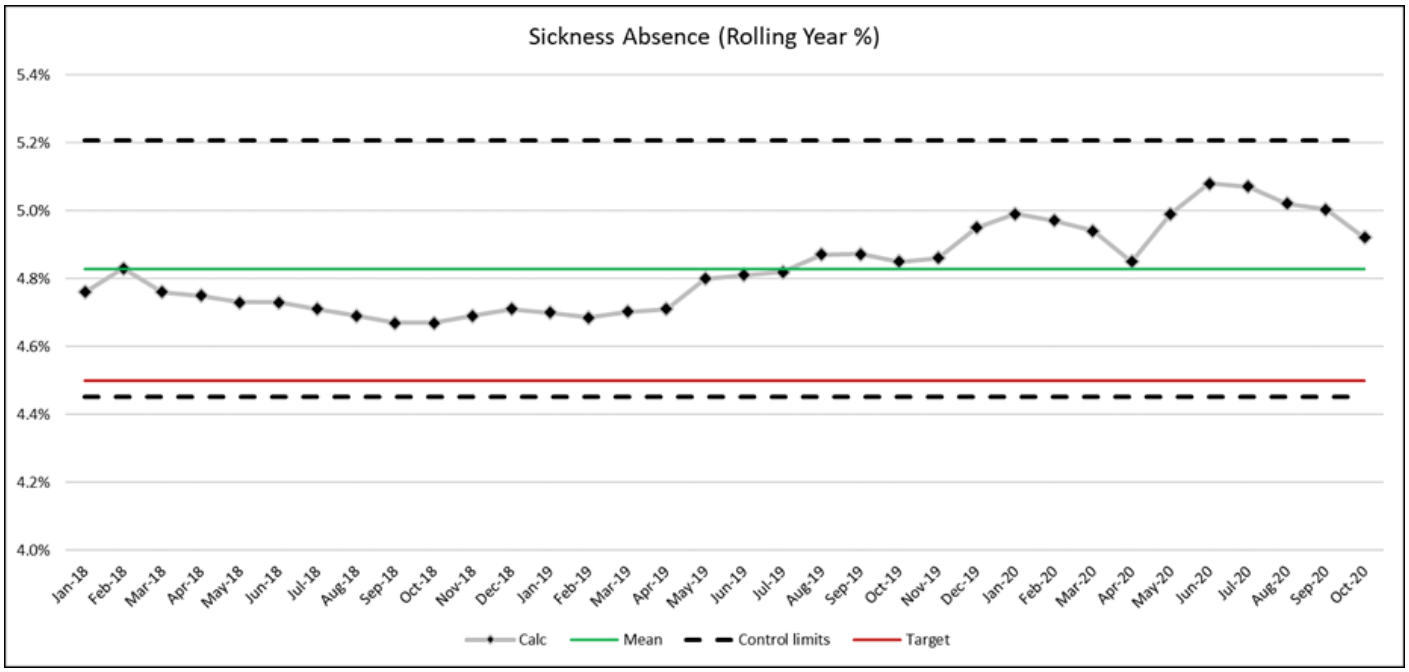
- Continued focus on enhancing awareness and action to improve retention across the Trust
- Widen 'plan for every post' to Nursing and AHP vacancies.
- Nursing "plan for every post" meetings arranged in surgery and due to commence w/c 9/11/20 to ensure robust plans are in place for all vacancies.
- A number of digital media recruitment campaigns planned.
- Undertaking a review of reward and our use of recruitment and retention premiums

A MODERN AND PROGRESSIVE WORKFORCE – SICKNESS

Executive Lead: Director of HR & OD

CQC Domain: Well-Led

Strategic Objective: People



Challenges/Successes

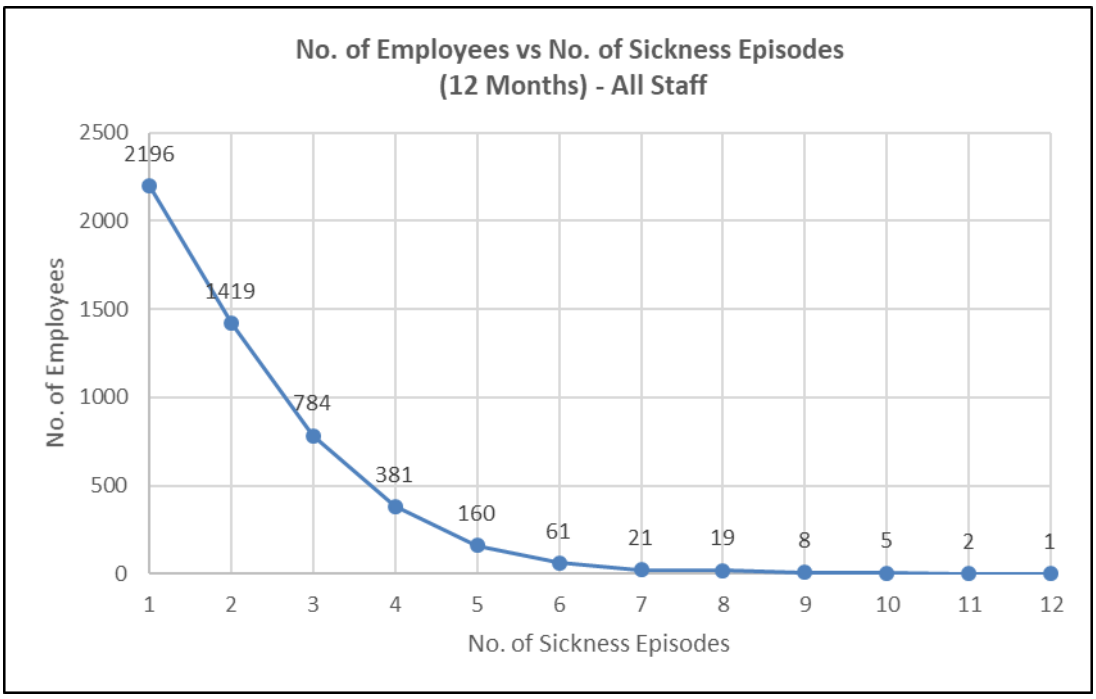
The 12 month rolling absence figure has decreased slightly by 0.1% to 4.9%.

There is a clear impact that COVID has had on sickness levels across the Trust. The table below indicates that this is increasing absence rates between 0.23% and 0.08% to the monthly sickness figure:

Month	Non Covid %	Covid Related %	Total %
June	4.38%	0.23%	4.61%
July	4.38%	0.14%	4.52%
August	4.42%	0.08%	4.50%

The ER Team has created a report to offer a full appreciation and understanding in the form of analysis of the Trust's and Divisions trends and statistics. The report evidences the Trust's current position in respect of non-attendance absence, reasons and hotspot areas.

Two of the graphs from that report are presented below. The first shows the breakdown of the number of occasions on which staff are absent. There are 270 staff who have had 5 or more sickness episodes in the year. The ER team work in particular on the trigger cases, which includes frequent sickness absences and long-term sickness cases.



Absence cases	Medicine	Surgery	Family Health	CSS	Corp.	Estates and Facilities	Total
Long Term +28 days	45	42	32	39	14	40	**215**
5 or more episodes in 12 Months	102	44	20	60	7	37	**270**

The Employee Relations Team continue to work closely with the Workforce Intelligence team on absence management and (in particularly moving into the 2nd wave and lockdown), and COVID-19 related absences on an ongoing basis. These reports continue to enable us to provide ongoing analysis and reporting to assist the ER team to understand the impact on workforce availability, service delivery and assist ER to support managers to record, monitor and manage Covid related absences appropriately.

There has been an increase in daily cases, the report had consistently remained around 50 cases on the daily reports but October has seen an increase, with the week commencing 30th October 2020 seeing approximately 150 cases on the daily reports

The ER team are continuing to hold meetings where possible via Microsoft Teams. This assists the team to deliver timely support that is more accessible and supports to reduce email traffic and ensures adherence in the government and national Covid guidance whilst maintaining momentum in holding meetings. Only hearings where it is potential Gross misconduct and therefore could result in action short of dismissal or termination of contract as an outcome then a face to face hearing will be offered.

Lockdown should see less staff required to quarantine after returning from abroad as all travel will be essential only.

In order to improve the management of sickness absence, the following actions are being taken:

- The ER Team are in the process of recruiting 2x Band 3 ER Support Assistants and 2x Band 2 AMS Administrators to support the current ER activity and the AMS/Empactis roll out respectively.
- The ER Team will continue to focus on arranging formal hearings all ER activity including Absence Capability. The ER team will continue to support managers to ensure contact is maintained with employees throughout the processes.
- There are 4 capability cases currently waiting a hearing, 3 have dates booked in and 1 will continue to be arranged, delay is due to the employee currently being in recovery from surgery.
- A Covid absence report will continue to be generated on a daily basis, to monitor trends and take actions where necessary.
- All cases regarding Capability in relation to ill health will continue to be discussed at the fortnightly Agenda for Change ER Activity meetings to ensure that managers maintain momentum in managing this process in a timely manner.
- Bespoke training sessions for Attendance management continues virtually for new staff as required.
- The Attendance Management System has successfully gone live with our first 2 Cohorts - Corporate back office staff not in Healthroster and ICT.
- The Assistants will be working with managers in the identified hotspot areas to address the issues.
- AMS will be rolled out to the following areas as detailed below:
  - 16th November, 2020 - Estates and Facilities, Occupational Health and Lincoln and Louth Outpatient Department
  - 14th December, 2020 – CSS
  - 18th January, 2021 – Family Health, Medicine and Surgery
- Work continues to look at the absence reporting processes as a whole for the Medical and Dental Staff to ensure that this group are also supported and incorporated in using AMS.
- The case management module will be implemented at the start of the new year, with full implementation by the end of February. This will support the Assistant ER Advisers and ER Advisers in managing attendance in each division going forward.

There are some risks which might prevent the progress intended:

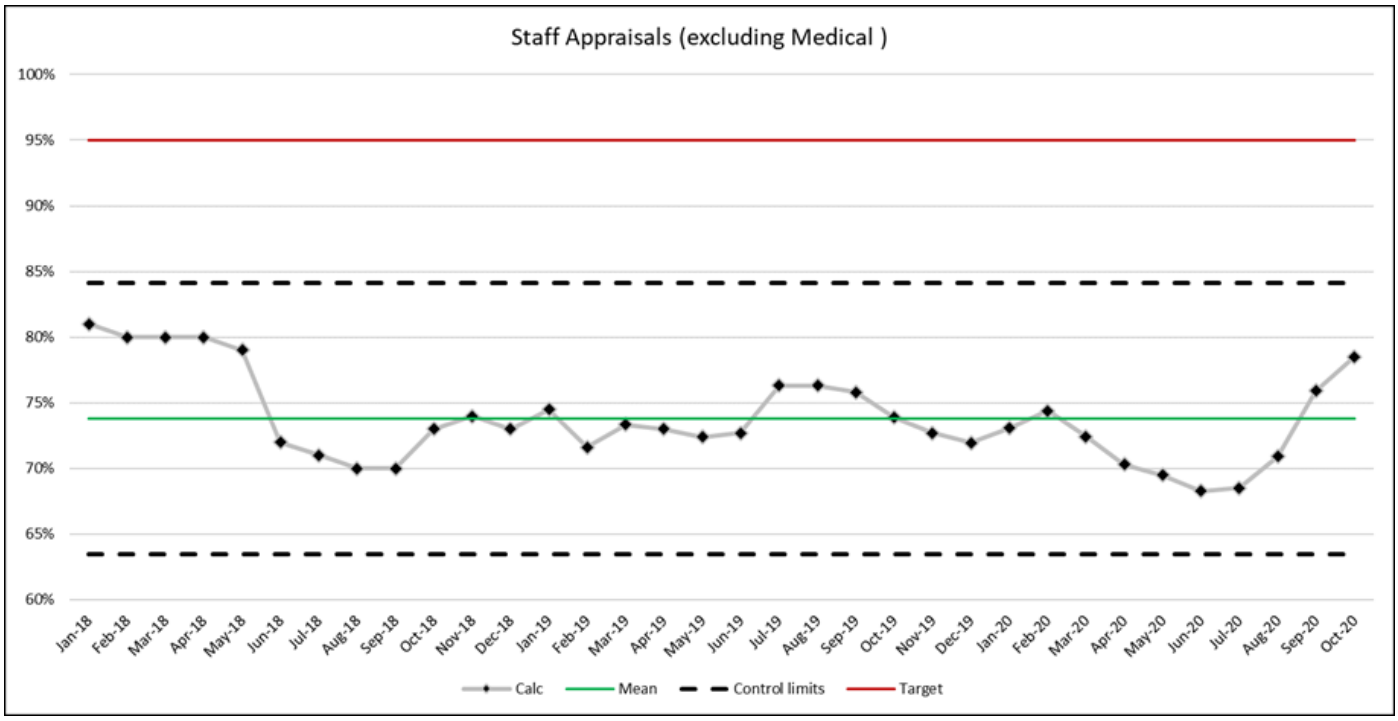
- COVID is preventing some employees from attending meetings, especially if they are unable to use the TEAMs app, potential to impact on timeliness of processes,
- The increase in ER activity, the roll out of AMS, absence rates increasing and the impact of seasonal pressures and Covid has impacted on the capacity within the ER Team to be able to cope with the demand in a timely and succinct manner, this is impacting on our ability to conclude cases and adhere to trust policies.

A MODERN AND PROGRESSIVE WORKFORCE – APPRAISALS

Executive Lead: Director of HR & OD

CQC Domain: Well-Led

Strategic Objective: People



Challenges/Successes

The percentage of appraisals completed continues to increase and is at the highest level since May 2018, although still well below target.

The following actions are being taken to improve performance:

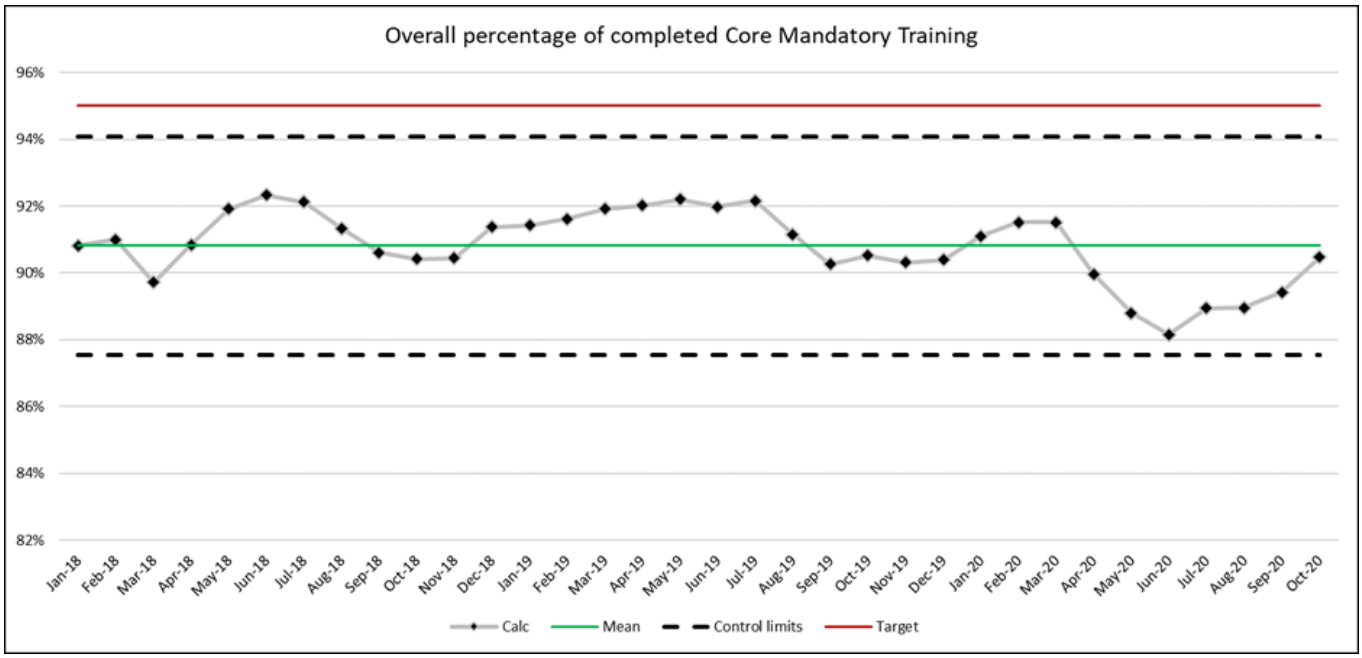
- Appraisals are monitored through weekly league tables published to TLT on completion rates within divisions. Managers are being asked to indicate the date on which appraisals will be held for all those that are outstanding

A MODERN AND PROGRESSIVE WORKFORCE – CORE LEARNING

Executive Lead: Director of HR & OD

CQC Domain: Well-Led

Strategic Objective: People



Challenges/Successes

The compliance rate for Core Learning was consistently above 90%, but dipped when COVID impacted the organisation. From a low point in June, the rate has started to rise again and is now above 90%, which is likely to be our amended target for 2021/21 (based on targets at other Trusts).

Actions in place to recover:

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 place due to Coronavirus outbreak and evaluations from managers and users have been overwhelmingly positive.

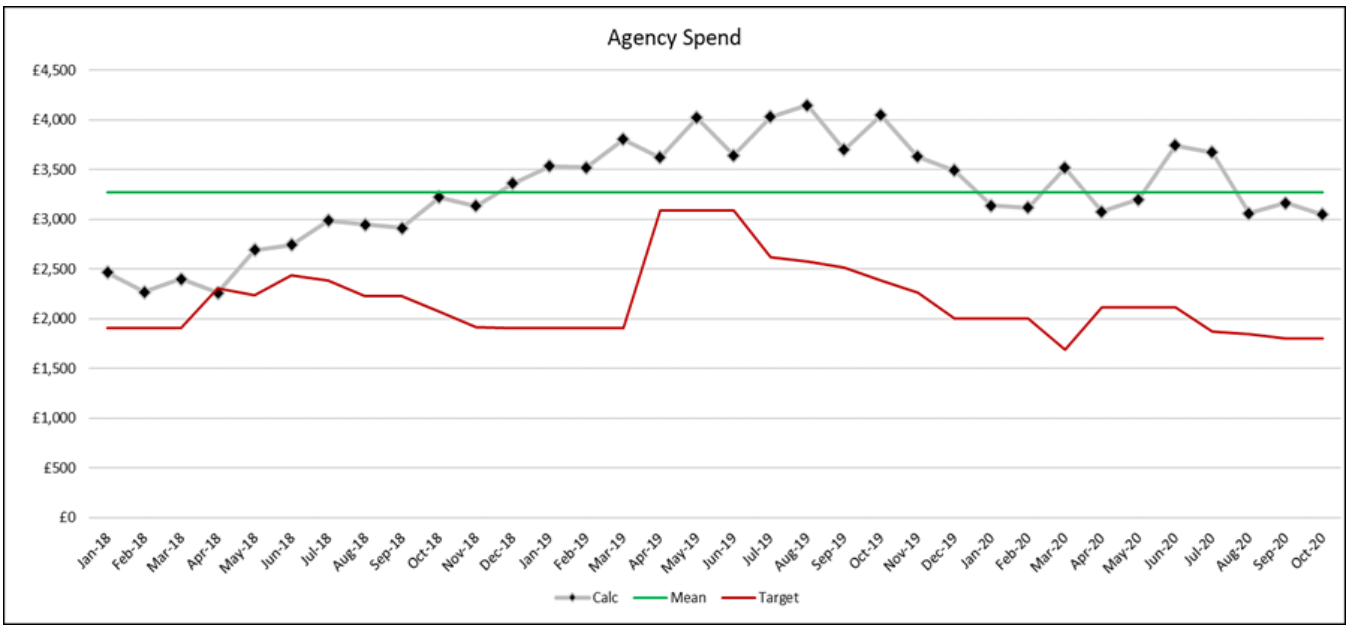
A new IPC Policy Breach e-learning program has been developed to help to ensure that staff work in a safe way during the Covid-19 outbreak

EFFICIENT USE OF OUR RESOURCES – AGENCY SPEND

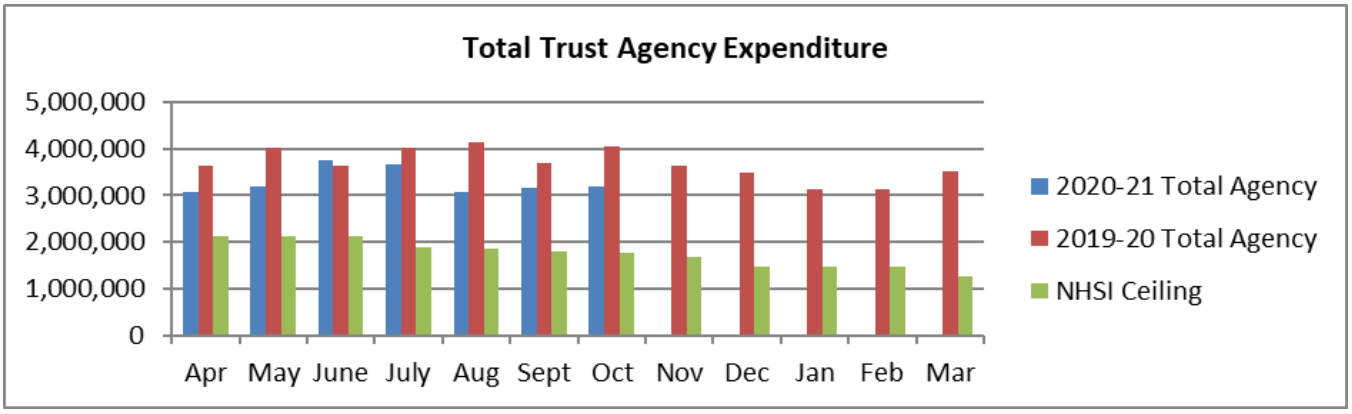
Executive Lead: Director of HR & OD

CQC Domain: Well-Led

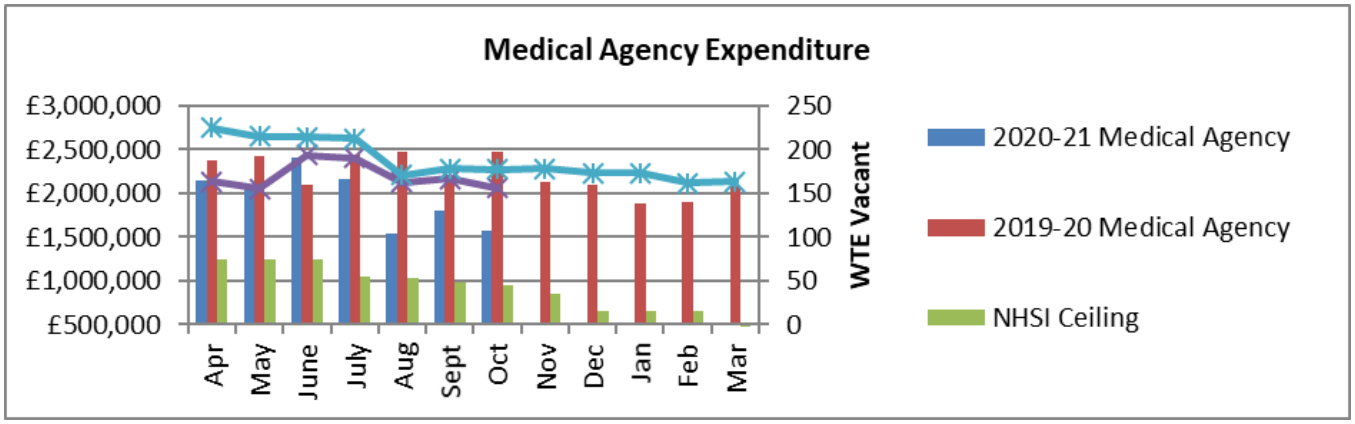
Strategic Objective: People

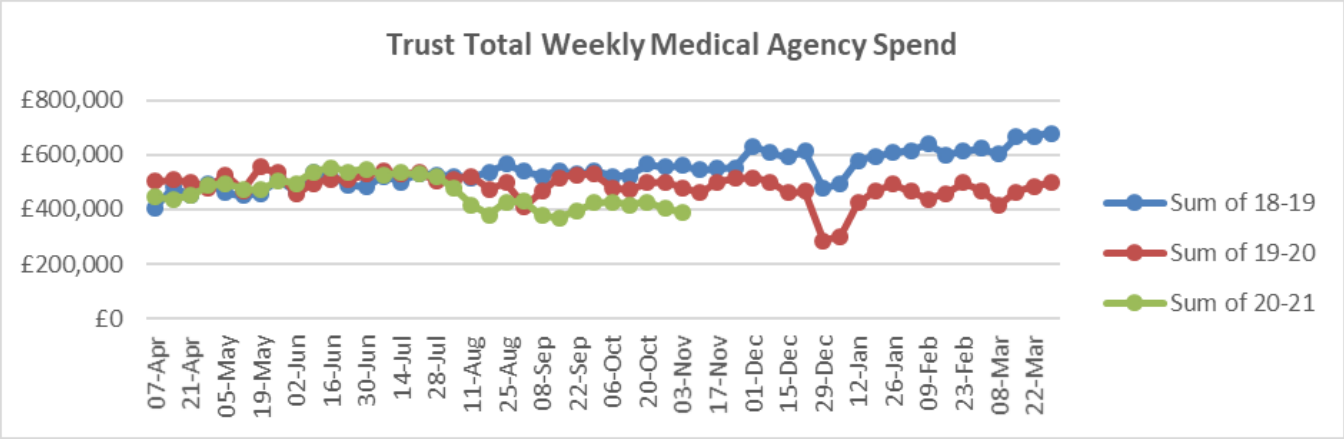


Challenges/Successes



Total agency spend has remained fairly static for the last three months. Spend is below the equivalent figures for 2019/20, but significantly above the NHSE/I ceiling.





Agency booked hours were up from 18,900 to 19,499 in October. The agency spend was therefore up slightly at £1,824,421 from £1,746,436 in September but still below the levels in the last two financial years.

The number of requested shifts increased slightly to 4,012 compared to 3,886 in September. The increase reflects requests for additional shifts to support COVID areas and backfill some sickness.

Agency bookings account for 57.5% of October's total, with the remaining being split with 41.9% from Internal bank and 0.6% from Regional bank. The internal bank fill is over 40% for the third consecutive month which is great news and we continue to drive that forward.

The overall fill rate for October was 94.9%, with 78 unfilled shifts across the Trust.

2039 of the 2237 agency booked shifts were due to vacancies. The balance was split between extra cover, COVID , annual leave, and recovery.

We will continue to go through the highest rate and costing Doctors and look to reduce or replace these where possible to try and bring the averages down for next month.

The positive work on commissions control continues in October with a further £6,298 saved.

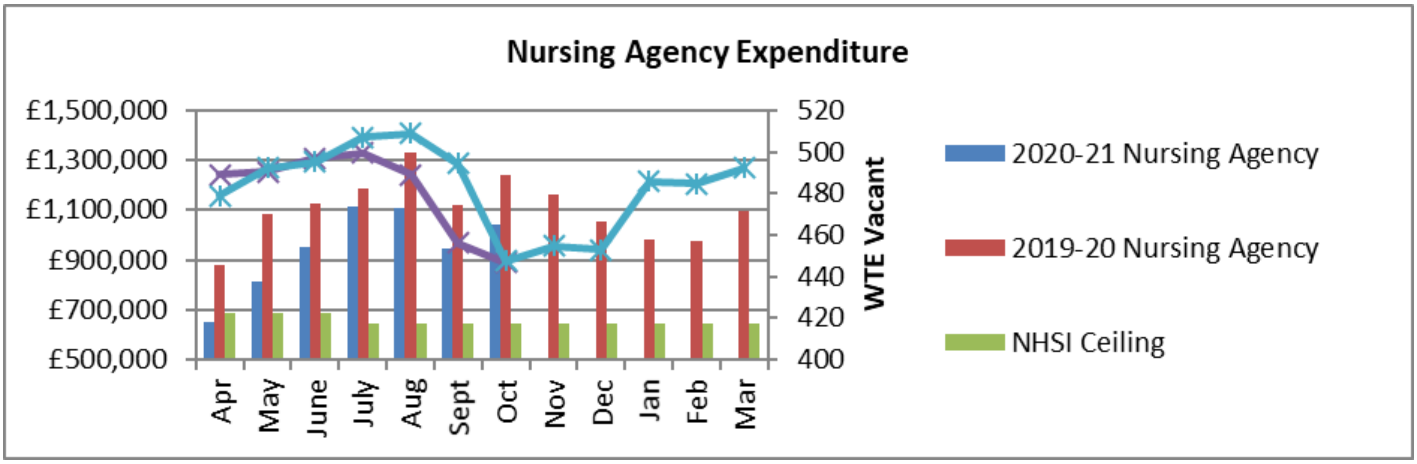
A further £10,883 has been saved on breaks above and beyond our break policy for the month of October and takes the total for the last 12 months to £184,411

DE savings for the month of October were at £329,500 taking the last 12 months total to £4.23million. The DE efficiency was at 99.4% with only 14 shifts being VAT applicable. This is the 2nd most efficient month in the last 24 months.

We still have no off framework bookings.

Current forecast for November agency is £1,635,581 which will increase in month as we secure November bookings, I will provide a weekly update on this forecast as we validate the previous week worked.

Nursing Agency Spend



Nursing agency expenditure increased in October as a consequence of the impact of COVID.

The Nursing Workforce Transformation Project Group (NWTPG) continues to provide oversight and direction relevant to nursing workforce recruitment, retention and deployment. Each of these aspects impact on prospective nursing agency spend.

Initiatives include:

- Scrutiny of nursing vacancies and oversight of plans to recruit to vacant positions.
- Review of 'time to recruit' metrics and identification of remedial plans.
- Oversight and amelioration of roster design metrics, including: roster-forecast planning (6-week standard); and staff distribution/allocations within rotas (such as annual and study leave authorisation).
- Development of a Business Intelligence (BI) model in conjunction with NHSIE relevant to workforce metric oversight.
- Production of Standard Operating Procedure (SOP) for last minute shift escalations.
- Scrutiny of workforce shielding metrics, maximising opportunity for return to work.
- Allocate and e-Roster training to assist managers with roster production and reporting functionality.
- Rostering policy under review to support smart rostering.
- Project plan aimed at increasing Nurse Bank shift fill rates in development.
- Daily staffing meetings to confirm shift prioritisation and staff deployment.

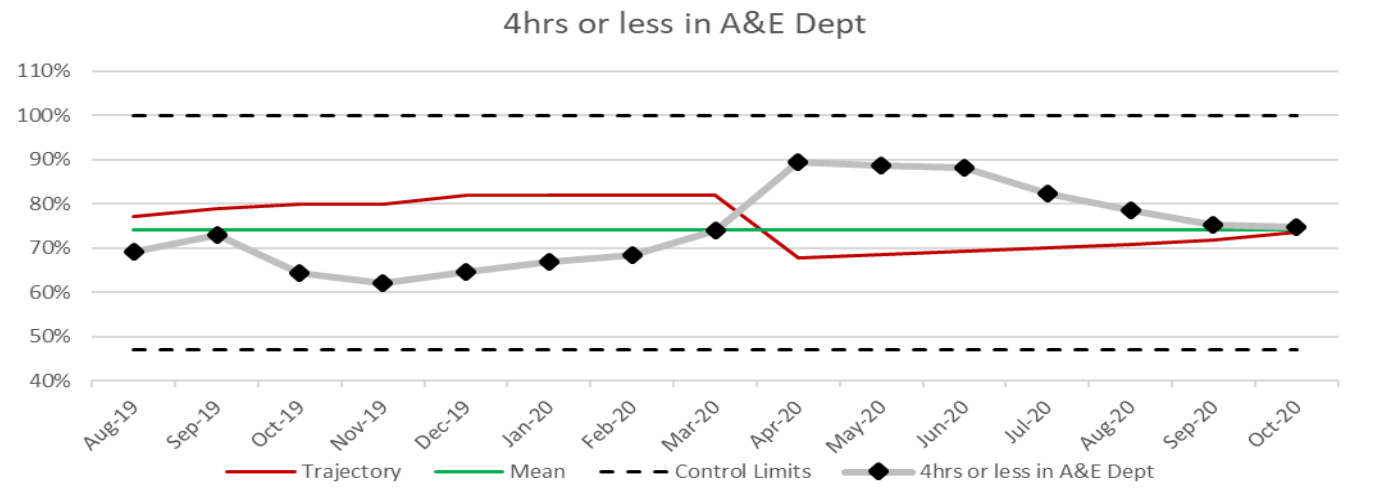
The key action for the next four weeks is agreement of the way in which we can incentivise bank to readdress the balance between agency and bank staff.

IMPROVE CLINICAL OUTCOMES – A&E 4 HOUR WAIT

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services



Challenges/Successes

- The Urgent Care Treatment Centres and Emergency Departments attendances experienced a 2.17% decrease in October and a further deterioration in in performance.
- October ED type 1 and streaming was 15,589 attendances verses 16, 036 in September. This represents a 2.17% decrease. By site LCH experienced a 0.51% increase in attendances, PHB saw a decrease of 3.85%. Grantham also experienced a decrease in UTC attendances of 6.65%
- October overall outturn for A&E type 1 and primary care streaming delivered 74.76% against an agreed trajectory of 73.62%.
- This demonstrates a further deterioration in performance. 0.48% compared with September outturn. Although this is still an improvement against trajectory of 1.14%, performance has deteriorated for 6 consecutive months which is now statistically significant. Concern in respect of this safety metric has been raised both regionally and nationally.
- By site, for October, LCH delivered 68.66%, a 3.81% deterioration on September's performance, PHB delivered 72.27%, an improvement of 2.3%. GDH achieved 97.88% which was a slight deterioration of 0.09% compared to September. This includes type 1 and type 3.
- The highest days of delivery by the Emergency Departments only was 15th October when PHB delivered 80% and on 3rd October when LCH achieved 65.71%. The performance uplift from the UTCs was 5.23% at PHB (85.23%) and 12.38% at LCH (78.05%). Conversely, the lowest day of delivery by the Emergency Departments was 23rd October, when LCH only achieved 43.60% and on 9th October when PHB only achieved 40%. The performance uplift from the UTCs activity was 14.49% (58.19%) and 21.54% (61.54%) respectively.
- Streaming at PHB experienced an in performance, 97.59% in October verses 94.26% in September. Lincoln experienced a slight deterioration in October 98.70% versus 98.81% in September.

Actions in place to recover:

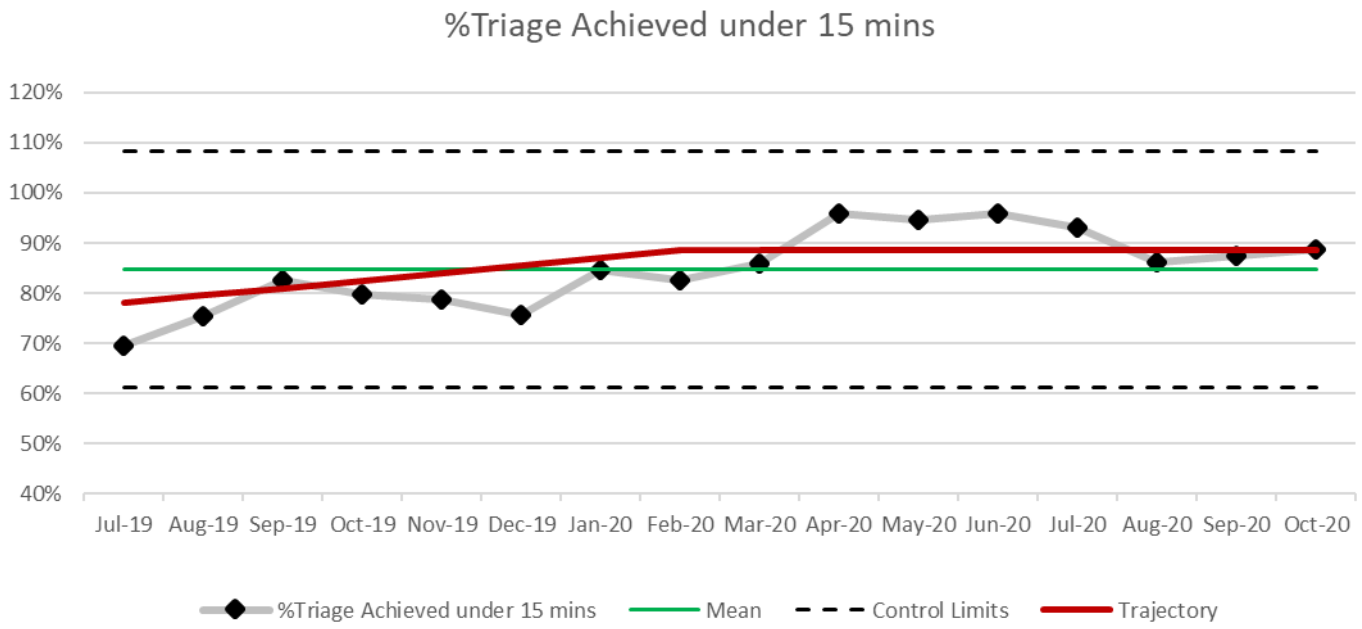
- The Recovery phase of COVID management reflects those process improvements, not affected by volume, in a revised Urgent and Emergency Care Improvement Programme. This will act as the vehicle to drive sustained changes going forward.
- The ability to respond dynamically in all urgent and emergency care access areas will support patients to be seen by the right person in the right service.
- The embedding of the Internal Professional Standards Framework underpins this.

IMPROVE CLINICAL OUTCOMES – %TRIAGE ACHIEVED UNDER 15

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services



Challenges/Successes

- Triage under 15 minutes improved in October by September by 1.23%. 88.62% in October verses 87.39% in September. The balance between managing the blue pathway and green pathway in both our Emergency Departments and our Assessment Units continues to be problematic, even with slightly reduced attendances.
- The ability to provide two triage streams has also improved.
- Measures are in place to ensure this key metric continues to achieve its improvement trajectory toward 100%.
- This metric continues to be 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 led by the Deputy Divisional Nurse for Urgent an Emergency Care.

Actions in place to recover:

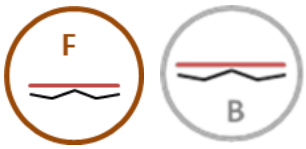
- Pre-COVID19 levels of attendances have been exceeded, although the Trust experienced a further reduction in attendances in October, the focus must remain on achievement of this safety metric.
- All key operational posts have now been appointed to within Urgent and Emergency Care and the expectation of action and remedy has been made explicit.
- Clear action and recovery plans are scrutinised at the three times daily Performance and Capacity. Staffing deficits that may impact on the ability to maintain a second triage stream both in and out of hours are highlighted and addressed.

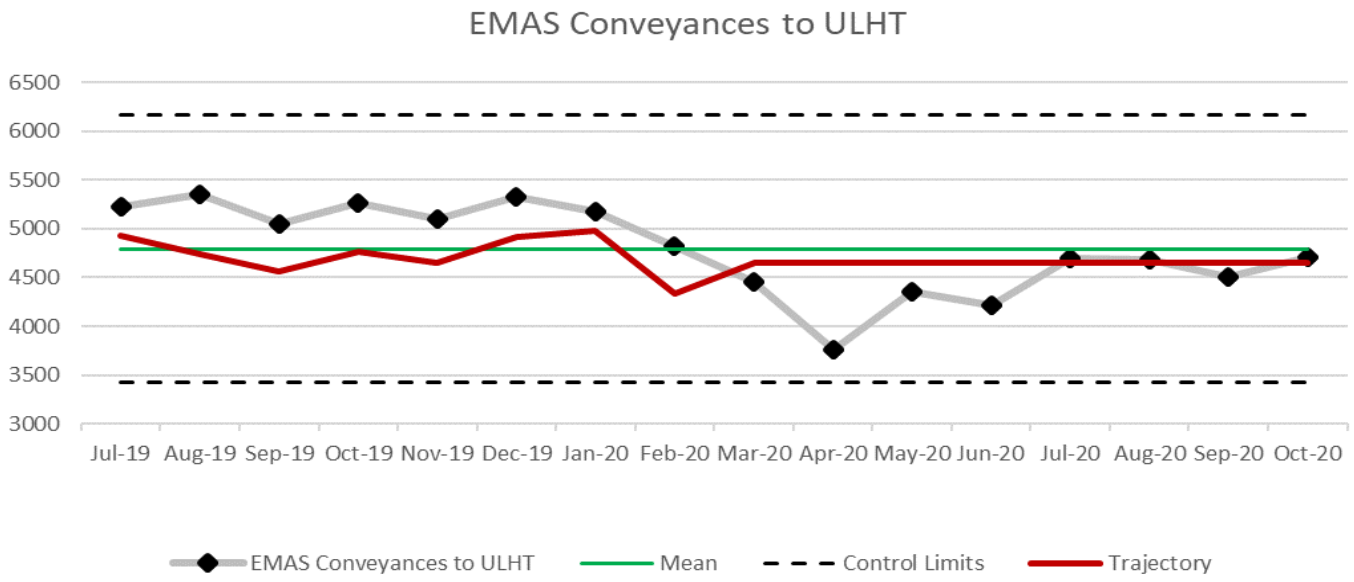
IMPROVE CLINICAL OUTCOMES – AMBULANCE CONVEYANCES

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services





Challenges/Successes

- Ambulance conveyances for October were 4712 compared to 4501 in September. This represents a 4.48% increase in conveyances across all sites.
- By site, LCH conveyances were 2833 in October compared with 2690 in September, a 4.48% increase, PHB was 1826 in October compared with 1776 in September, a 2.74% increase. GDH experience a significant increase in conveyance in October, 53 compared to 35 in September, an increase of 33.97%.
- Load share for conveyances from GDH to PHB and LCH is more balanced but needs constant monitoring.
- We continue to work with the System to reduce our overall attendances and conveyances by ensuring all admission avoidance pathways are robust and communicated clearly. We still need clarification of the benefit from EMAS introducing 'Hear and Treat' and 'See and Treat' which is set at regional level rather than a local level. This continues to be challenged by the Lincolnshire System.

Actions in place to recover

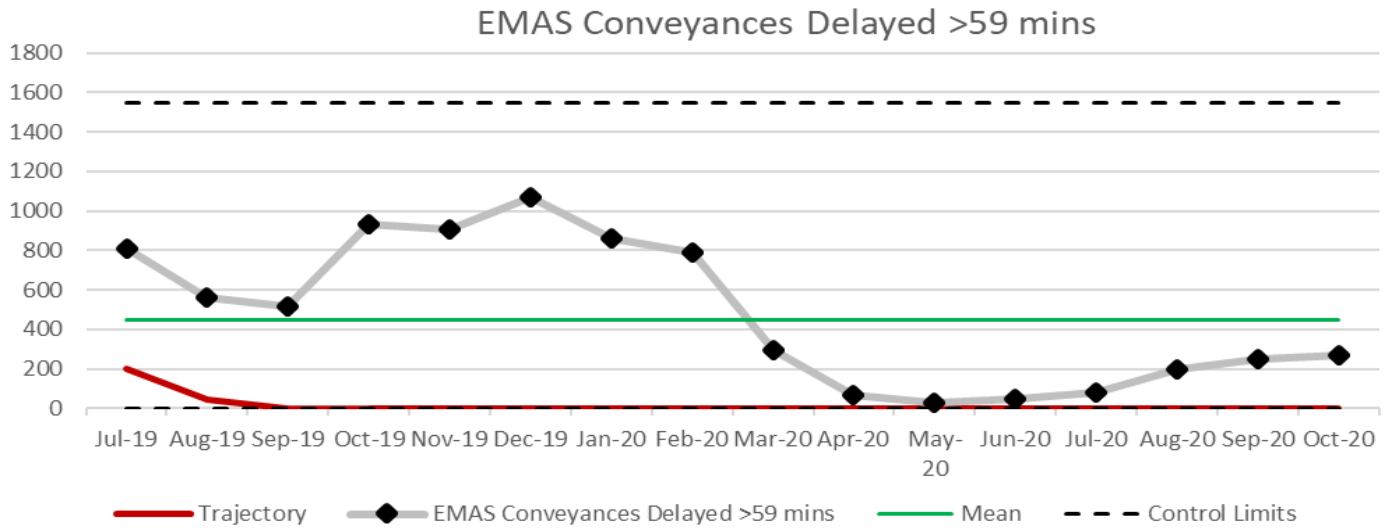
- Recovery plans being put in place by the Trust for urgent and emergency care (UEC) include patients being appropriately clinically managed through alternative streams to avoid large numbers of patients in the emergency department leading to possible delays in handover.
- An increase to the overall footprint of our Emergency Departments is currently underway with secured funding. This will include Priority Admission Response Units (PARU), which are designed to be a safe and secure environment to provide an alternative 'wating area' for those patients requiring inpatients beds to reduce the burden in the Emergency Department Departments.
- Key to delivering a reduction on the overall burden on the Acute Trust is the Systems UEC Recovery plan which includes transparency and assurance of the Recovery plans developed and agreed by our partners in EMAS, LPFT, ASC and LCHS. Regional and National support has been made available .

IMPROVE CLINICAL OUTCOMES – AMBULANCE HANDOVER >59

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services



Challenges/Successes

- During October there were 270 > 59-minute ambulance handover delays. This is an increase of 20 compared to September. This represents a 7.41% increase in >59-minute ambulance handover delays. LCH had 210 >59-minute ambulance conveyances in October compared with 164 in September. This represents a 21.91% increase in October compared with September. PHB had 60 > 59-minute ambulance handover delays in October compared to 86 in September. This represents a 30.74% reduction.
- Delays experienced at LCH and PHB can be attributed a continued inability to 'flex' the segregated pathways more responsively against the presenting demand. There continues to be a challenge in regard to the pattern of conveyance and poor flow, especially at LCH.
- The National/Regional Ambulance Handover Delay Protocol went live on 29th October. ULHT has been highlighted as being in the lower quartile for >59-minute handover delays.
- A robust relationship exists with the Lincolnshire EMAS Divisional Operations Manager, Clinical Site Manager, ULHT Operational Silver Commander to ensure any concerns are raised.

Actions in place to recover

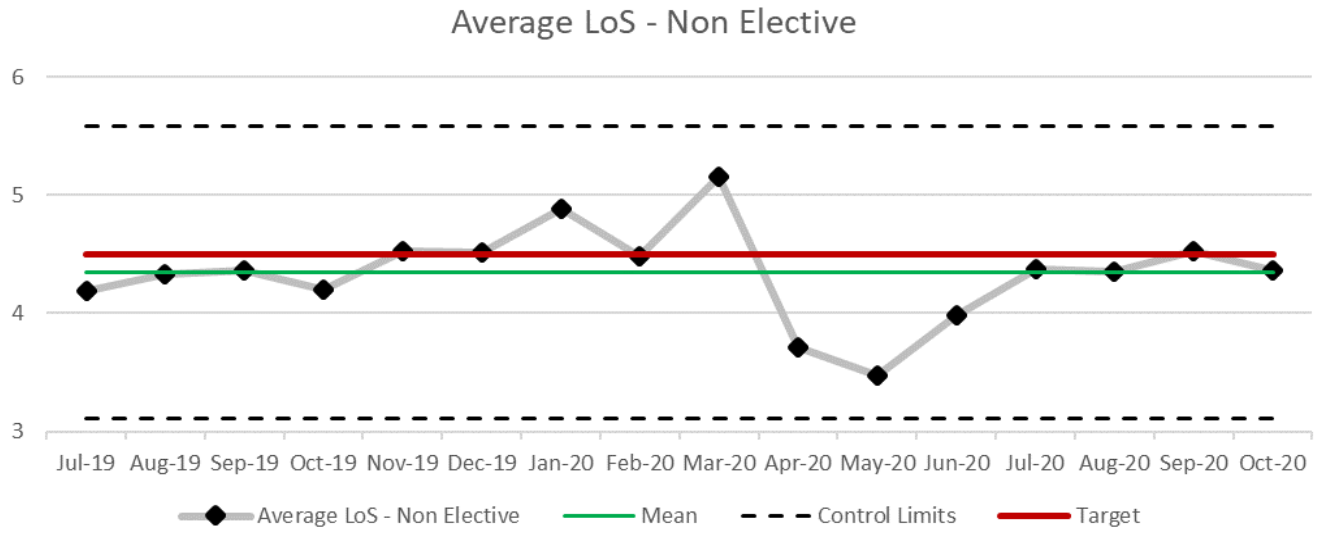
- As part of recovery and following confirmation of additional monies to enhance our urgent care facilities, work continues to bring these plans to fruition. This will include a larger footprint for RAT and the addition of Priority Admissions Response Units (PARU)on both the PHB and LCH sites. The latter, as previously mentioned, will reduce the number of patients waiting in the departments for access to inpatient care. These measures seek to significantly reduce >59mins handover delays.
- Work continues within the System to reduce the overall ambulance conveyances to ULHT through implementing robust alternative pathways.
- All ambulances at 30 minutes post arrival are now escalated to the Clinical Site Manager (CSM) if there is no robust plan to 'off load'. The CSM will work to resolve and will escalate to the Silver Commander if the handover delay protocol will be breached.

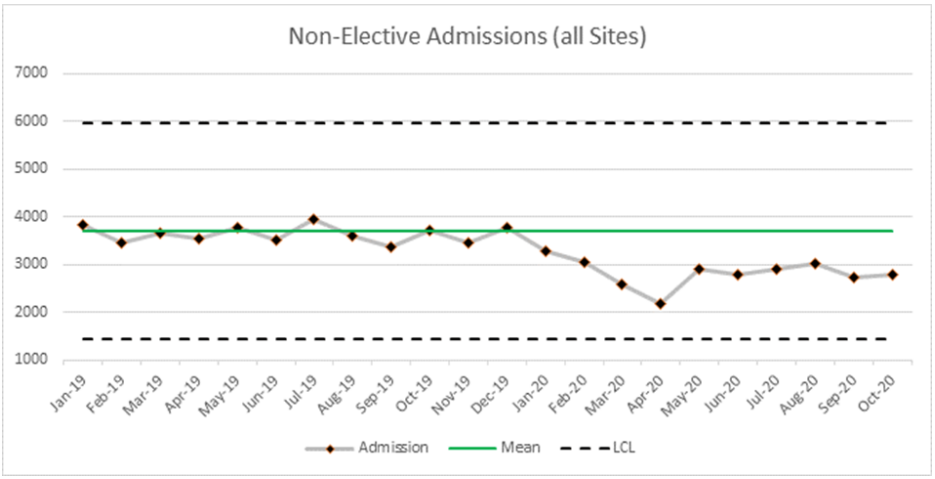
IMPROVE CLINICAL OUTCOMES – AVERAGE LOS NON-ELECTIVE

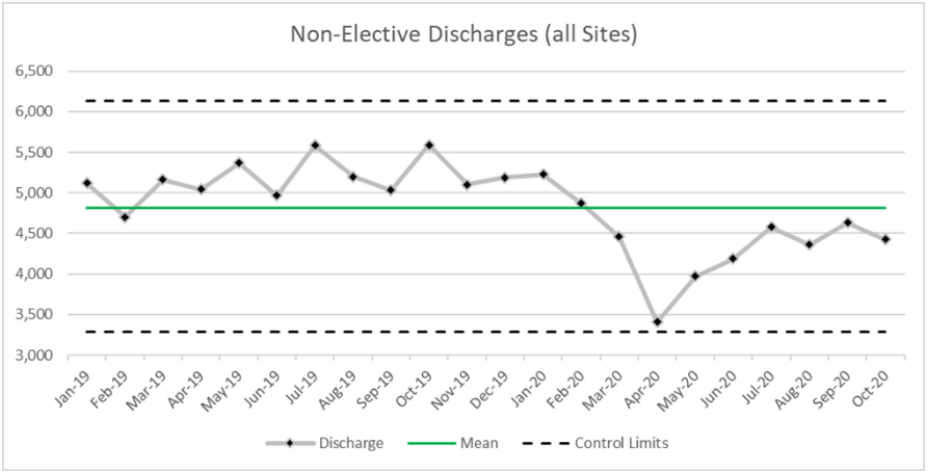
Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services







Challenges/Successes

- Average LOS for non-elective admissions (NELA) saw a slight improvement during October, delivering 4.36 ALOS compared to 4.53 ALOS in September. during September, delivering 4.53 ALOS. This represents a positive variation of 0.17 days and now below the trust target of 4.50 days.
- Non elective admissions increased slightly in October to 2783 verses 2735 in September. This represents a 1.73% increase. We are still below pre-covid levels. An October 2019 admission comparison to October 2020 shows a 24.81% decrease in non-elective admissions. 3710 NELA in October 2019 verses 2783 in October 2020
- Non elective discharges decreased from 4,629 in September to 4,424 in October, a reduction of 205. This represents a 4.43% reduction.
- G&A core bed availability within ULHT has reached its tolerance at PHB and LCH. This was compounded by a Coronavirus outbreak on several wards, especially at PHB which rendered several beds unusable.
- The predicted C-19 second wave modelling (prevalence and bed requirement) has proven accurate to +/- 2 days.
- During October the numbers of patients with a LLOS decreased. 95 in October compared to 102 in September. A decrease of 7 patients.
- The work of the system wide discharge cell continues to address inequalities in access for both Community care and adult social care and is now in operation 7 days a week with twice daily calls.
- The local patient swabbing agreement for all patients requiring on going care within Adult Social Care is still causing some discharge delays of >72 hours. This process has received national recognition as exemplar practice.

Actions in place to recover

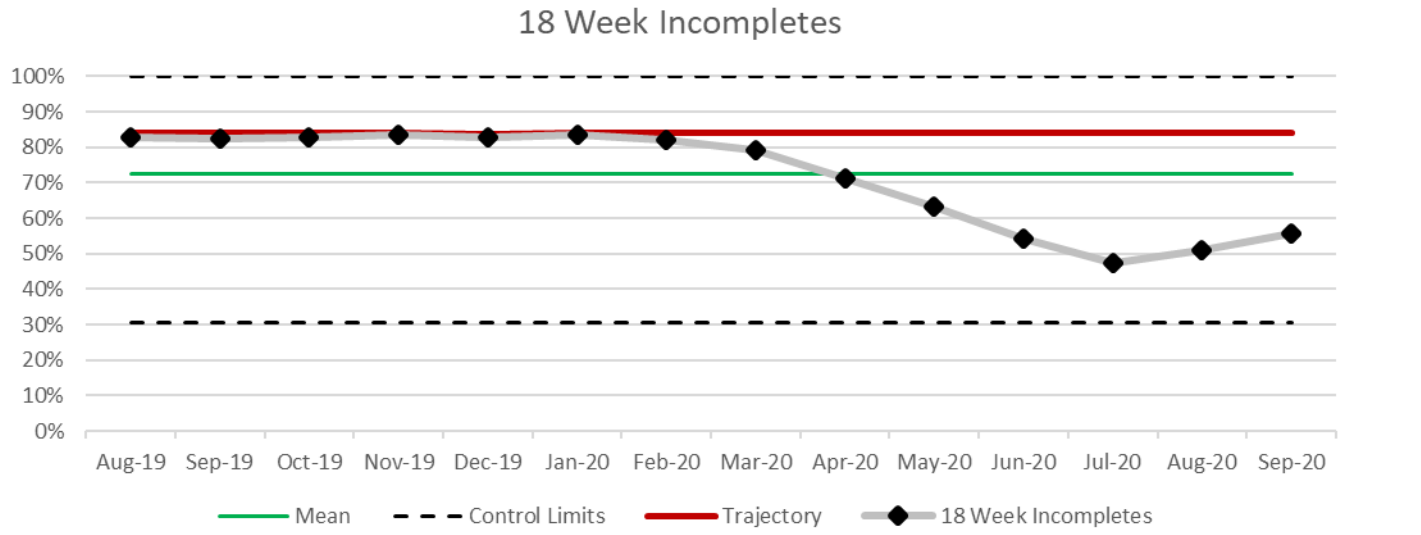
- Multi-agency discharge meetings continue take place daily, seven days a week. Line by line reviews take place against each patient on pathway 1,2 and 3. This process is now robust and an increase the discharge of medically optimised patients across the entire week (7days) is being realised.
- Long length of stay meetings for each hospital site remain in place to support more complex patients through their discharge pathway.
- More work is required in respect of the discharge pathways, in particular, pathway zero and especially at LCH.
- MADE events undertaken on 29th and 30th October had varying success. Further events are being planned and will incorporate lessons learned.
- The System is exploring options to commission care homes who will support patients with positive swabs, especially pathway 1 and 2 where the demand is the greatest. If successful, it is anticipated, the impact will be positive on reducing our 'Reason to Reside/Remain' in acute beds. 5 Care Homes have expressed an interest.

IMPROVE CLINICAL OUTCOMES - RTT 18 WEEKS INCOMPLETES

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services



Challenges/Successes

RTT performance is currently below trajectory and standard.

September saw RTT performance of 55.87% which is +4.71% better than August.

Maxillo-Facial Surgery, Orthodontics and Oral Surgery is the lowest performing specialty, however their performance has increased from 30.06% last month to 37.80% (+7.74%). Neurology has also improved this month with a 3.82% increase from 42.27% last month to 46.09% in September.

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

- Ophthalmology - 3693 (Decreased by 336)
- Trauma & Orthopaedics - 2254 (Decreased by 42)
- ENT - 1885 (Decreased by 192)
- Maxillo-Facial Surgery + Orthodontics + Oral Surgery - 1728 (Decreased by 178)
- General Surgery - 1443 (Decreased by 77

Actions in place to recover:

Performance across most specialties continues to increase albeit slowly.

As the figures above show, despite having the highest number of 18w breaches, these specialties have shown an overall decrease in numbers. With Ophthalmology and ENT have seeing the largest increase in performance.

The re-introduction of routine elective work for both admitted and non-admitted continues in line with recovery plans.

The Endoscopy service are working closely with the divisions identifying their longest waiting routine patients and prioritising these together with clinically urgent patients.

Specialties achieving the 18 week standard for September were:

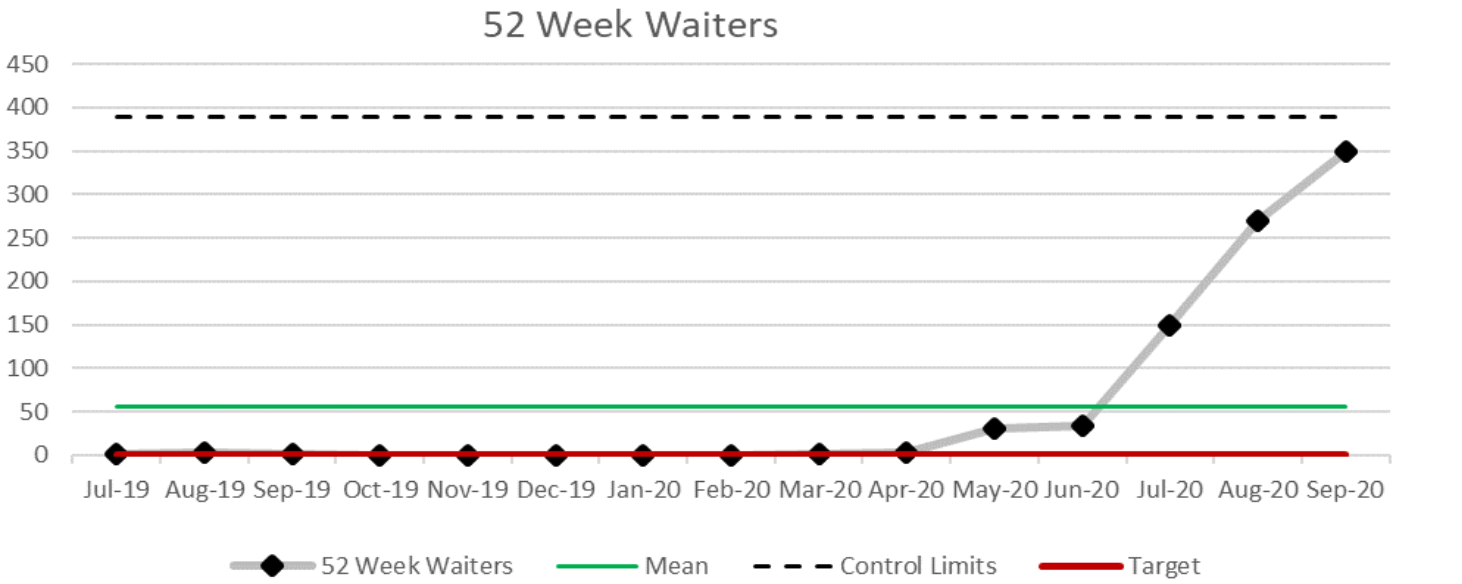
- Clinical Oncology 97.77%
- Paediatric Urology 92%

IMPROVE CLINICAL OUTCOMES – 52 WEEK WAITERS

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services



Challenges/Successes

The Trust reported three hundred and fifty incomplete 52 week breaches for September end of month.

Root cause analysis (RCA) and harm reviews will be completed by the relevant division for each patient. Where required, discussions around the incorrect data entry will be had with relevant staff and necessary actions implemented.

As anticipated there are an increased number of breaches declared each month. However, full focus is on these patients at the weekly PTL meeting to ensure that there is a plan for every patient.

Actions in place to recover

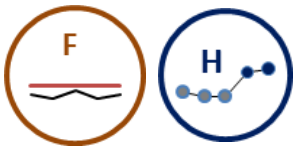
Recovery plans continue to be implemented; accounting for a changing environment.
Across the Trust outpatient services continue to use all available media to consult with patients.

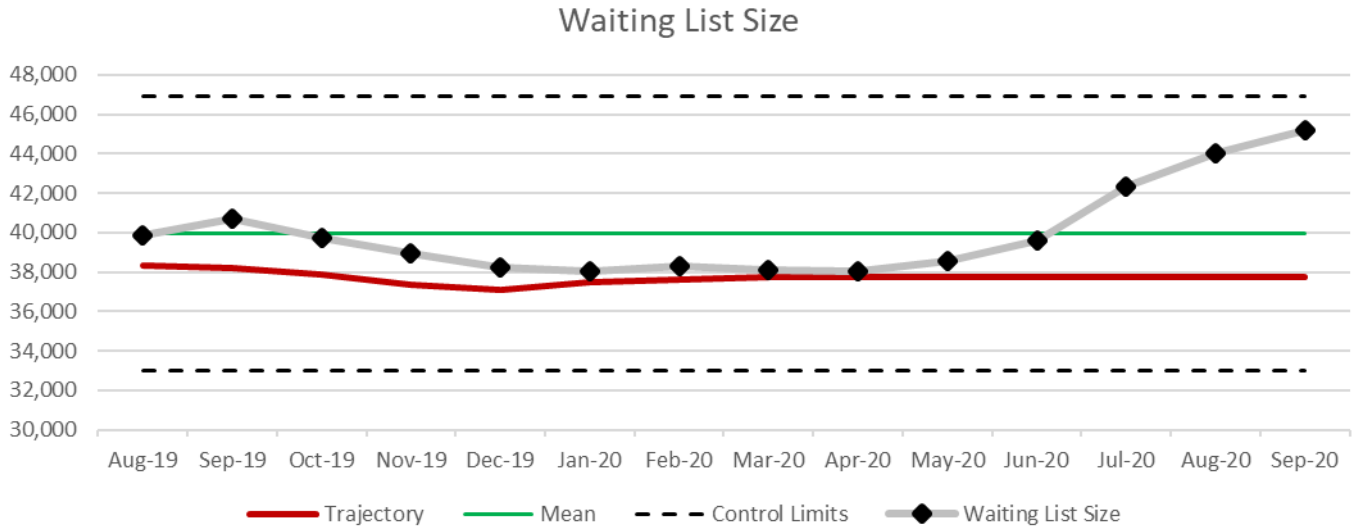
IMPROVE CLINICAL OUTCOMES – WAITING LIST SIZE

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services





Challenges/Successes

Overall waiting list size has increased from August, with September total waiting list increasing by 1126 to 45,159. The incompletes position for September is now approx. 6127 more than the March 2018 (39,032) target.

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

- Ophthalmology + 245
- Trauma & Orthopaedics + 226
- ENT + 172
- Dermatology + 168
- Colorectal Surgery + 131

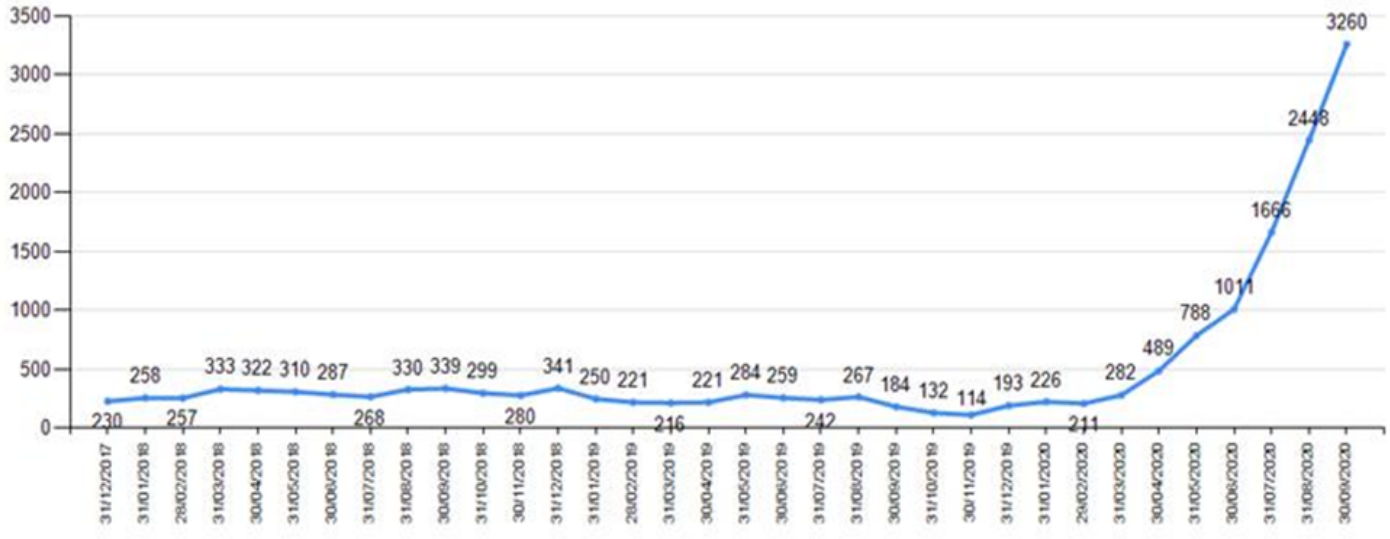
The five specialties showing the biggest decrease in total incomplete waiting list size from July are:

- Endocrinology- 59
- Gastroenterology - 54
- Diabetic Medicine - 50
- Community Paediatrics - 49
- Neurology - 33

Actions in place to recover

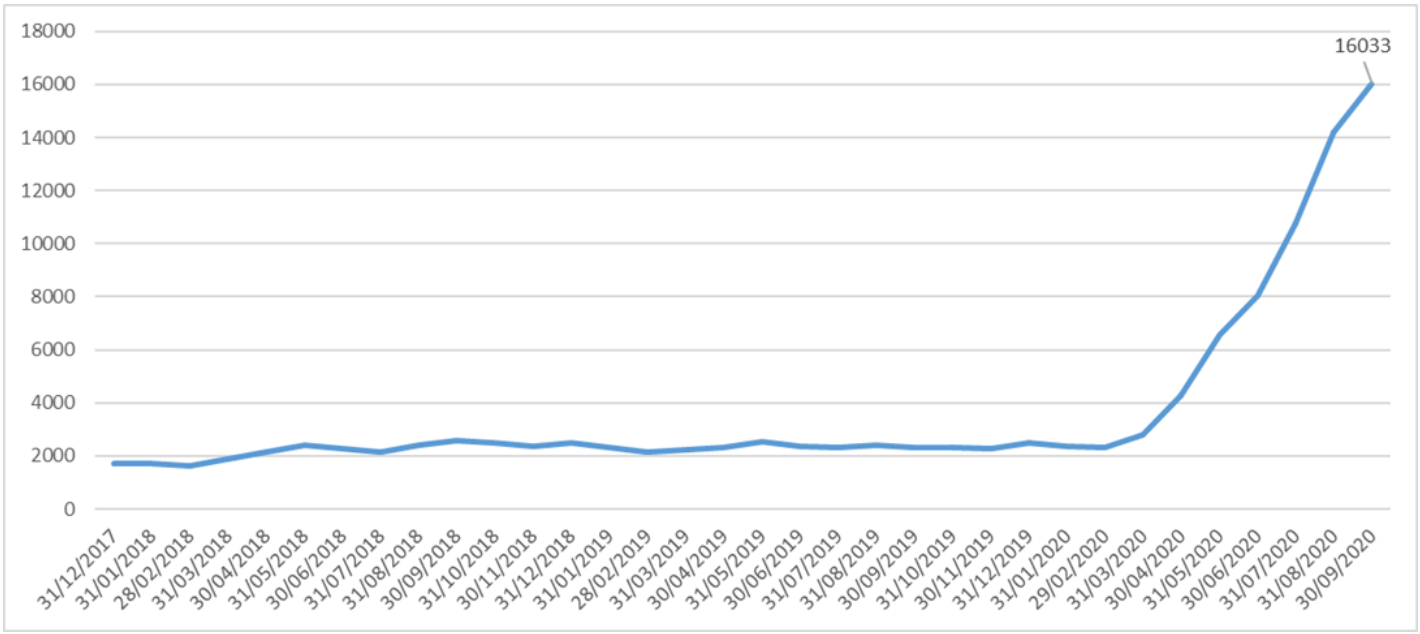
The longest waiting patients are tracked and discussed at the weekly PTL meeting. September showed 3260 patients waiting 40 weeks and above as the chart below shows. August to September saw an increase of patients waiting over 40 weeks, +812, with Ophthalmology (+305) showing the largest increase. Eight specialties reduced their position compared to last month, with Endocrinology showing the best improvement of -18 patients from last month.

Total Number of Incomplete Patient Pathways at 40 Weeks and Above for ULHT by Month



The chart below shows progress up to 30th September, with an increase of 1821 patients from August. The largest increase was seen in Trauma & Orthopaedics, +428. Fourteen specialties decreased their position with the largest decrease being seen in Endocrinology, - 38.

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

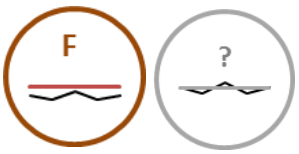


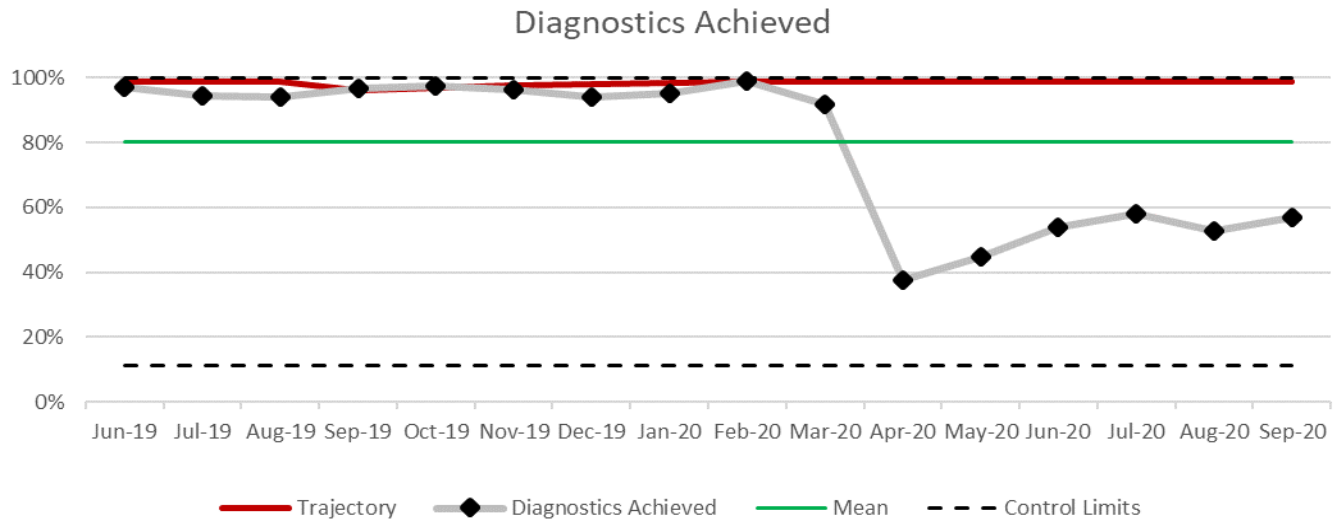
IMPROVE CLINICAL OUTCOMES – DIAGNOSTICS

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services





Challenges/Successes:

September performance was 56.98% which was a slight improvement on August 52.81%

Actions in place to recover:

Endoscopy is now booking cancer patients within 7-10 days and is now working on the urgent request backlog which we are now booking under 6 weeks. At the present time routine patients are still not being booked but will be when the backlog of urgent is dealt with. Still using Medinet to offer additional support a weekends on Lincoln Louth and Grantham.

Audiology have successfully negotiated with Specsavers to take on 251 patients off the ULHT backlog. These patients will be seen for 3 years under Specsavers. ENT have uncoupled some of their audiology ENT joint clinics, we are aware of 450 patients on the PBWL requiring an audiology diagnostic appointment. These are additional diagnostic requests and will now be reported will under the DM01. Under Covid social distancing this will be considerably hard to deal with this increase in demand. Plans are being pulled together as to how this additional work and existing backlog due to Covid will be undertaken. We are extremely close to delivering 100% pre covid activity levels

CT capacity was lost in September due to the failed delivery of the CT modular unit. This has now been delivered in October so will supply additional capacity at Pilgrim and resilience to the aging scanner at Pilgrim. This will help with cancer urgent and routine outpatient referrals. There is still difficulty in getting patients to attend their appointments as they want to wait until: Is over. This has been raised in the cancer Fort nightly meeting with Charlie Carol and we will look at a process to try and support these patients.

Neuro physiology. We now have 3 substantive staff in post and 1 agency so a total of 4 staff. We are struggling for clinic space at Pilgrim to undertake the additional clinics needed as there has been a Re configuration of that space. Neuro physiology is also very close to pre Covid activity levels

MRI is very close to pre covid capacity at around 87% there is very little uptake for the Green site scanner due to patient's not wanting to follow the IPC process to have the scan at Grantham. Plans

were in place to get an additional mobile MRI to cover that work. There was also a backlog of cardiac patients that radiology and cardiology are looking at to resolve. The MRI additional scanner at Grantham that was in place to offer an MRI service whilst the scanner was being replaced has now been extended to April. We are looking to use this from November as a blue scanner to offer additional capacity.

Cardio physiology I have taken this information from the cardiology physiology action plan please see attached

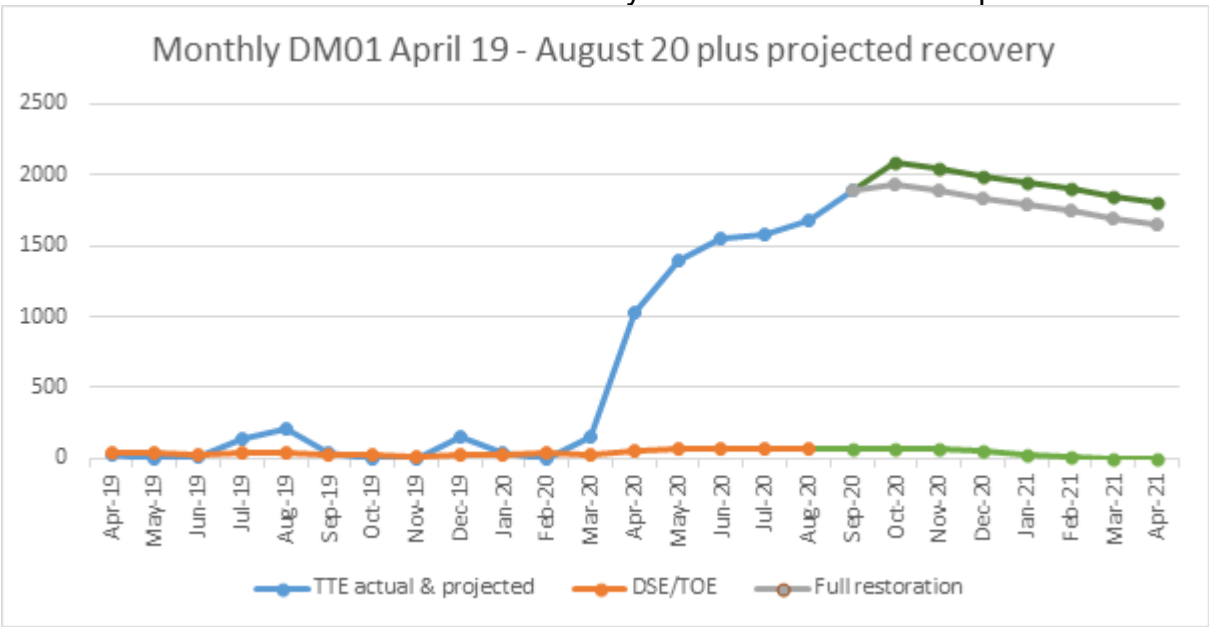
Service Recovery

As part of the phase three workings, based on the size of the current backlog it is estimated that 4.0wte B7 Physiologists (or equivalent agency) are required for circa 9 months to reduce the current backlog to pre-covid levels. This has been included as part of the wider CBU recovery plans, but as of yet, no confirmation has been received organisationally re. commencement of recovery activity.

Based on current in-progress restoration and changes, the following recovery trajectory (overleaf) is expected.

This takes into account:

- Additional 20 x specialised echoes per month at Lincoln site following estates work from December onwards.
- Additional 160 x TTE slots at Pilgrim site, following estates work at Pilgrim, and current student technician completing their degree. Active from December 2020.
- Restoration of 88 x TTE slots at Lincoln following repatriation of current ad-hoc specialised activity to new Physiology build (currently done in clinic 3) from December 2020 onwards.
- Current GDH work across Moy Park and Vine Street sites.
- Restoration of 32 x TTE slots currently lost due to additional inpatient focus at Pilgrim site.



The full restoration line (grey) shows the potential progression of recovery should Grantham site allow blue pathways to be restored in Cardiac Physiology. This would facilitate the restoration of a further 154 slots on GDH site.

The numbers calculated are based on assumptions of:

- 881 referrals per month (based on August's referrals total of 771, plus an average 110 PBWL echoes per month)
- No list cancellations due to increased inpatient demand
- No significant staff absence levels due to COVID-19.

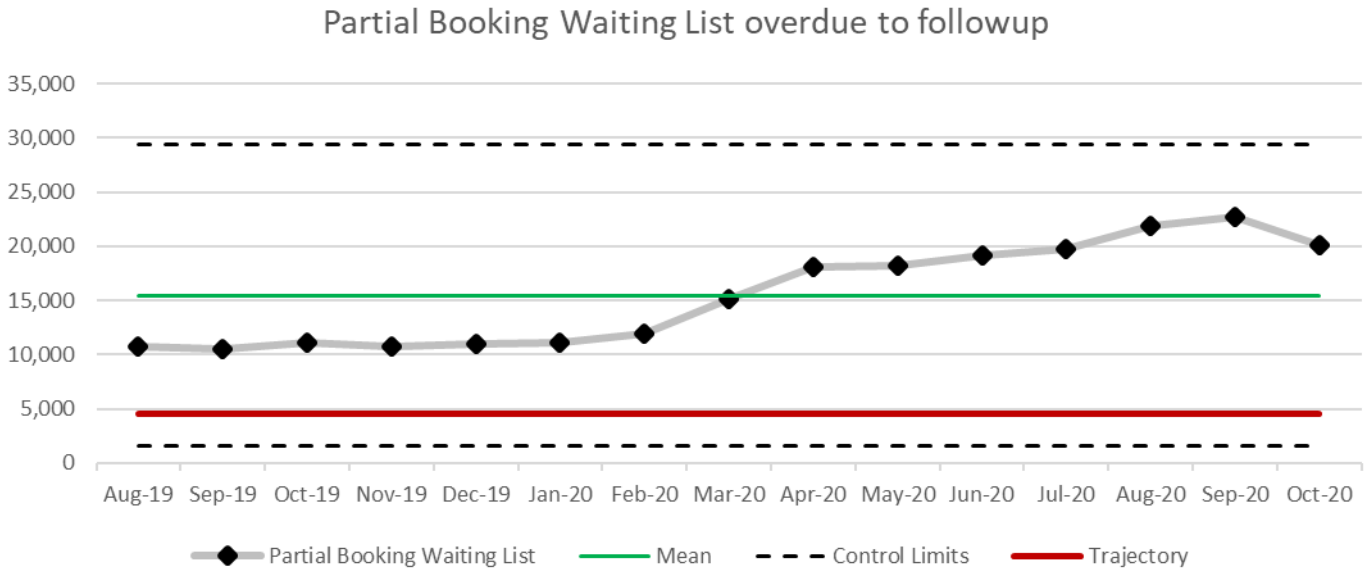
Please note, this trajectory is formulated based on current demand vs. emerging capacity and has not factored in additional rapid recovery proposed as part of Stage 3 recovery.

IMPROVE CLINICAL OUTCOMES – PARTIAL BOOKING WAITING

Executive Lead: Chief Operating Officer

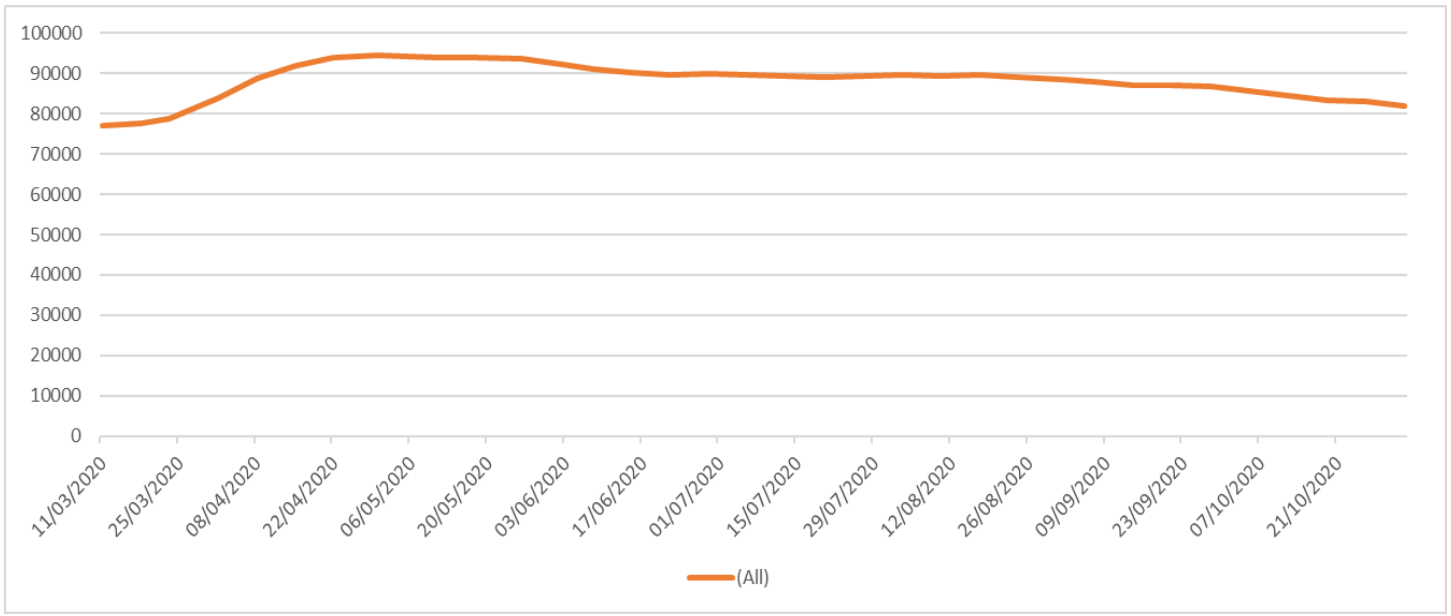
CQC Domain: Responsive

Strategic Objective: Services



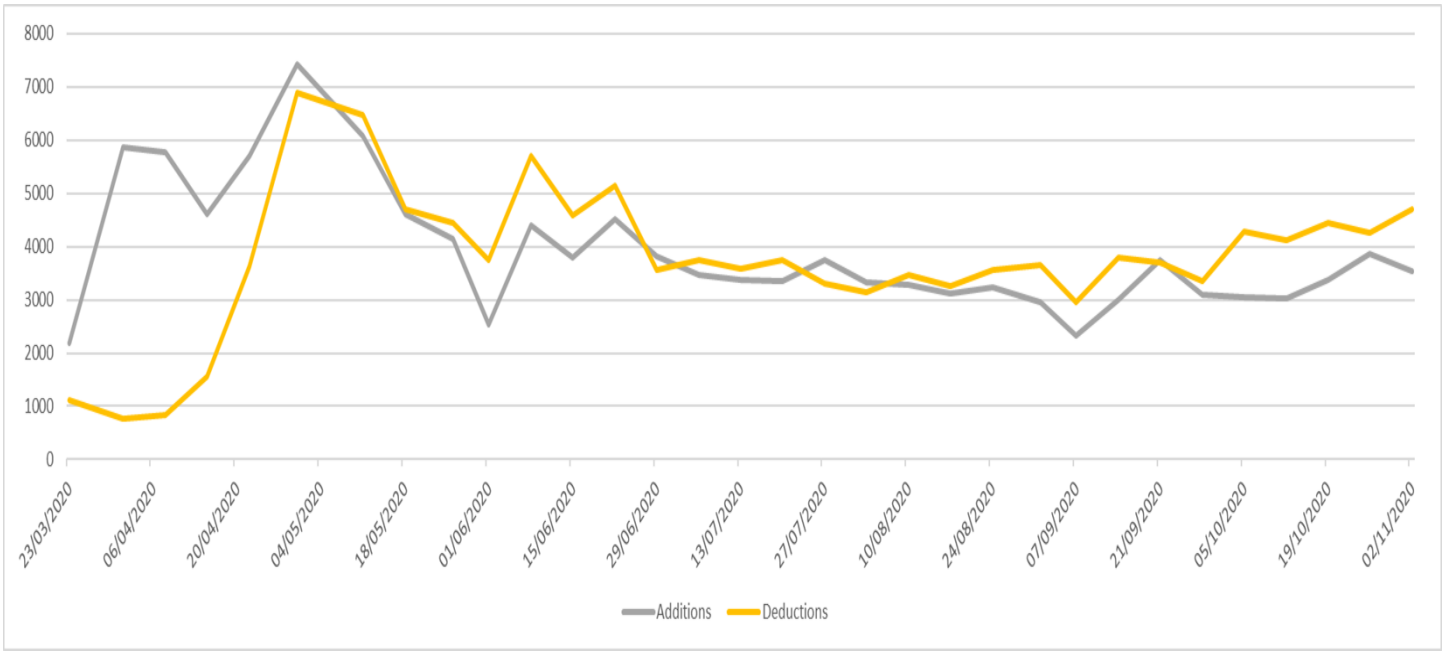
Challenges/Successes:

Following a period of growth through March to May due to a significant reduction in routine outpatient activity because of the Trust's response to COVID-19 first wave. The Trust has since implemented a recovery plan to reduce the PBWL to pre Covid levels as per NHSE/ I instruction. The plans have been submitted and the implementation has started to see a reduction in both the overdue PBWL and the overall PBWL size. The challenge will be to sustain this level of reduction when we are seeing increased levels of Covid patients within the Trust.



Actions in place to recover:

Our recovery actions include administrative validation, clinical triage, introducing PIFU (patient Initiated Follow Ups) and the scaling up of technology enabled care. The specialities have submitted their plans to increase activity within outpatients, although through less sites. The planned actions are challenged at a fortnightly PBWL review meeting and progress is reported through the Trust SBAR. We are monitoring and challenging at the PBWL meetings to ensure deductions continue to outrun additions, leading to the reduction in overall waiting list size.

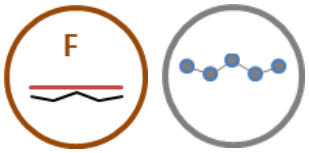


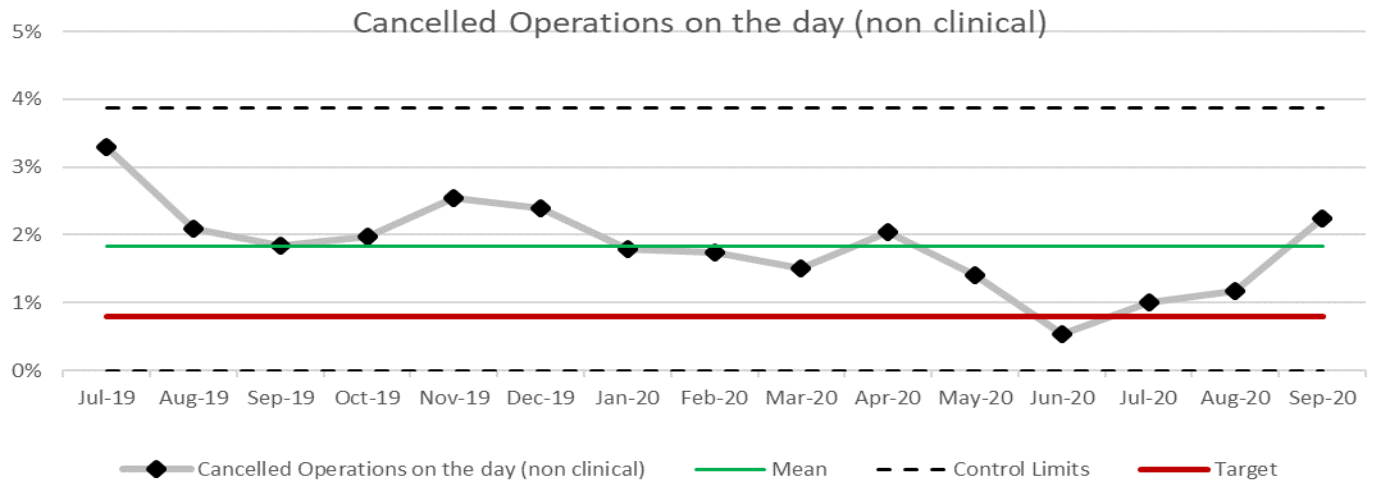
IMPROVE CLINICAL OUTCOMES – CANCELLED OPS

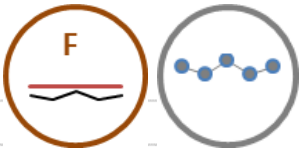
Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services







Challenges/Successes:

There has been a further increase in the number of on the day cancellations during September. Reason for cancellations include patients being medically unfit, further tests required, lack of theatre time, patient cancellations due to being unwell. The issue remains regarding the complexity of surgery due to passage of time as this is resulting in some cases taking longer than planned which then unfortunately leads to cancellations.

Actions in place to recover:

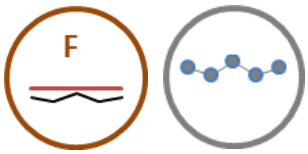
The list allocations are being reviewed to see if any changes can be made to reduce the volume of cancellations.
Further analysis is also being undertaken on coding of cancellations to ensure they are being accurately recorded.

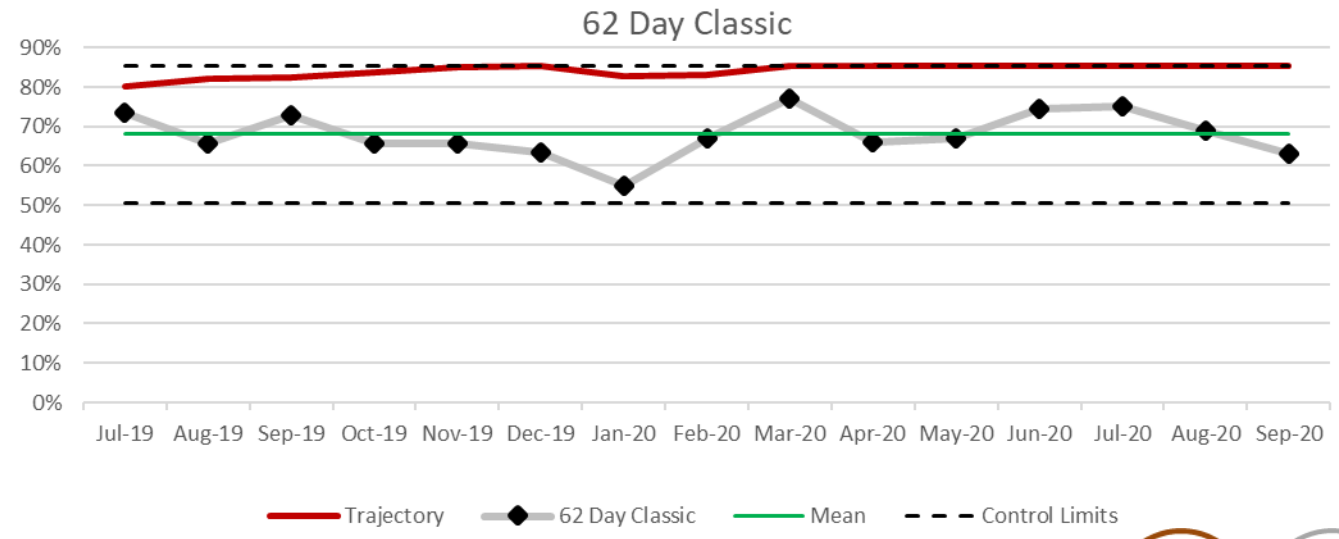
IMPROVE CLINICAL OUTCOMES – CANCER 62 DAY

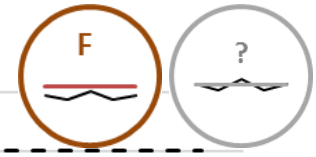
Executive Lead: Chief Operating Officer

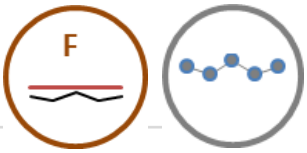
CQC Domain: Responsive

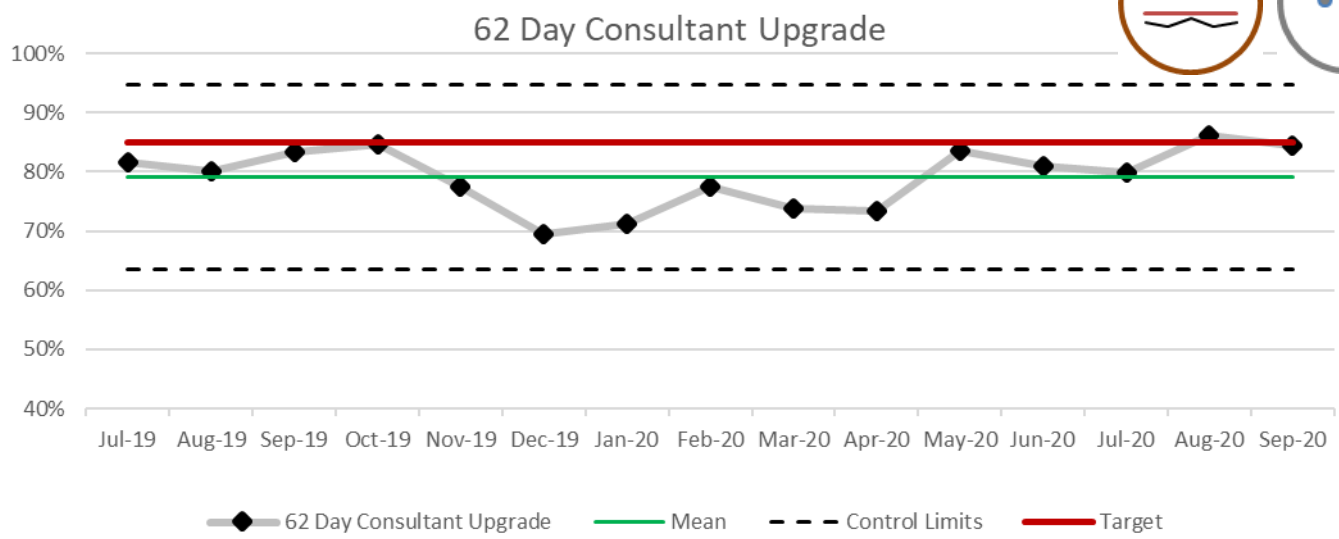
Strategic Objective: Services





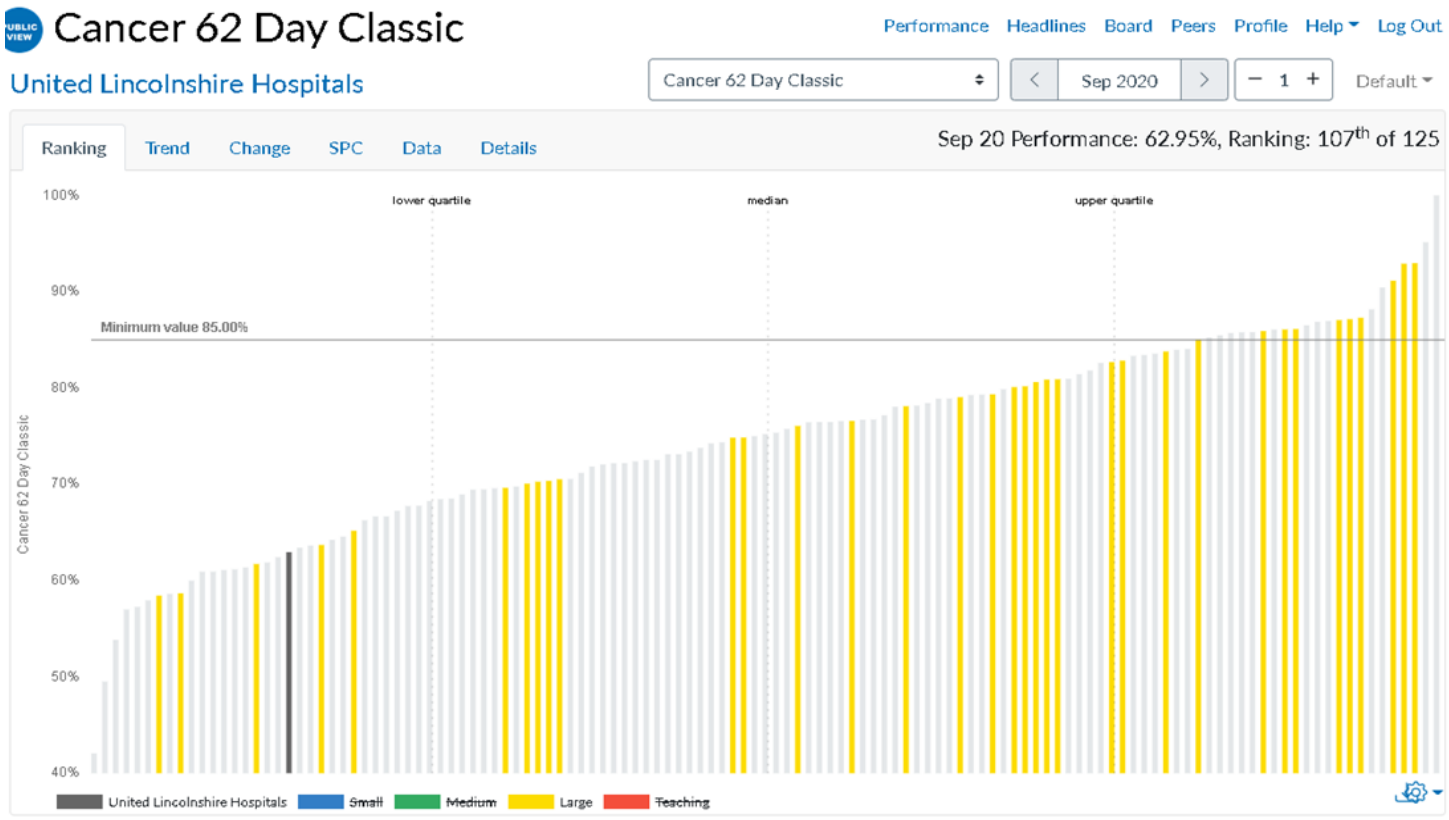


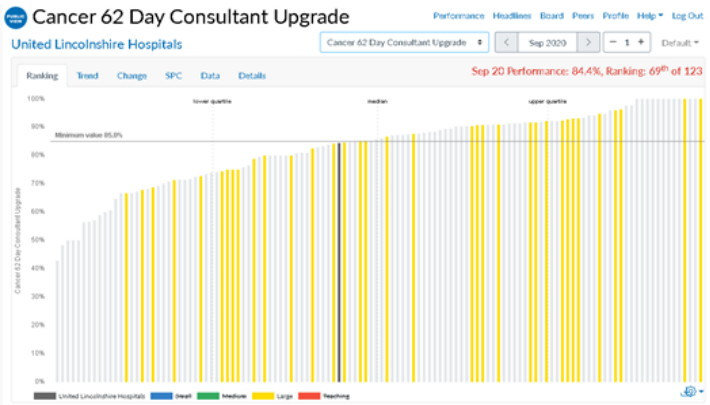


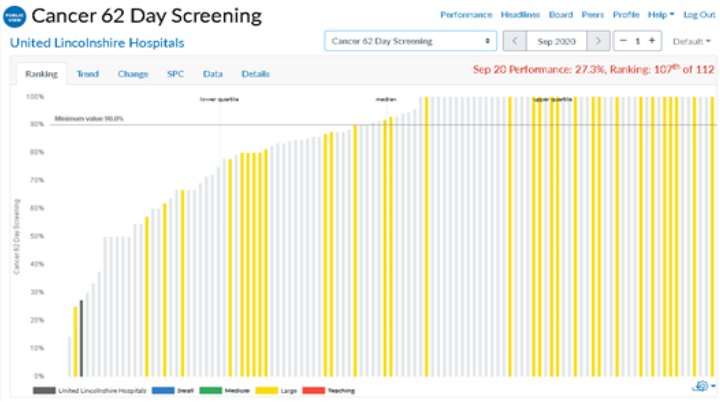


Challenges/Successes

In September our 62 Day Classic performance fell 5.9% compared to August, at 63.0% and putting us below the national average (74.7%) and putting us in the lower quartile







Early indications are that our October 62 Day Classic performance will be circa 60%.

Challenges to our performance include:

- Inappropriate referrals from GPs (eg not having face-to-face appointment prior to referral.
- Patient engagement in diagnostic process (reluctance to visit hospitals during COVID-19 with the second surge threat, and now reality, amplifying this effect)
- Increased time to book diagnostics with patients due to COVID requirements (for Endoscopy it has increased from 6 mins to 16 mins per patient) can add to patient anxiety and reluctance to attend

- Capacity not always where patient is willing to travel
- Patient acceptance & compliance with swabbing and self-isolating requirements
- Limited outpatient capacity due to social distancing requirements
- Reduced theatre capacity across the Trust, all Specialties vying for additional sessions
- Severely restricted access to Independent Sector capacity relative to regional colleagues
- Recognition that backlogs created during COIVD-19, due to stopped/reduced services, are still progressing through diagnostic and treatment pathways (ie breaches need to be treated before performance is able to improve)
- 62 Day backlogs significantly in excess of pre-COVID levels for in Colorectal, Gynaecology, Head & Neck, Upper GI and Urology
- Clinical capacity to engage in clinical reviews & FDS
- Capacity within Divisions to give necessary attention to Cancer
- Lost treatment capacity due to short notice cancellation of patients (unwell on the day of treatment or day before), not allowing time to swab replacement patients

Actions in place to recover:

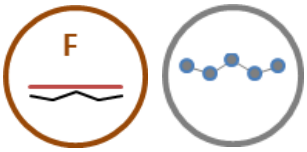
- 28 Day FDS identified as Trust's single cancer performance work stream in the Integrated Improvement Program
- Additional theatres being installed at Grantham for Breast & Gynaecology (coming from Italy but delayed due to COVID). First one now due 21st December and second one in January.
- Breast Services review (awaiting final report from NHSI support)
- Review of Colorectal theatre list scheduling to better align with clinician availability
- Additional relocatable CT at Boston
- Bid for 'blue' CT at Grantham
- Endoscopy booking team to recruit 3 WTE
- 2 WTE Endoscopist posts going out to advert
- New Endoscopy decontamination facility at Louth on line since September, giving improved turn-around times
- £1.26m NHSE funding awarded for replacement of Pilgrim decontamination unit as well as new stacks and scopes
- Dedicated admin resource within Colorectal CBU to support clinical engagement
- Return of H&N consultant (from sabbatical) and third post appointed (starting December)
- Oncology Fragile Service under review with possible new consultant candidates identified

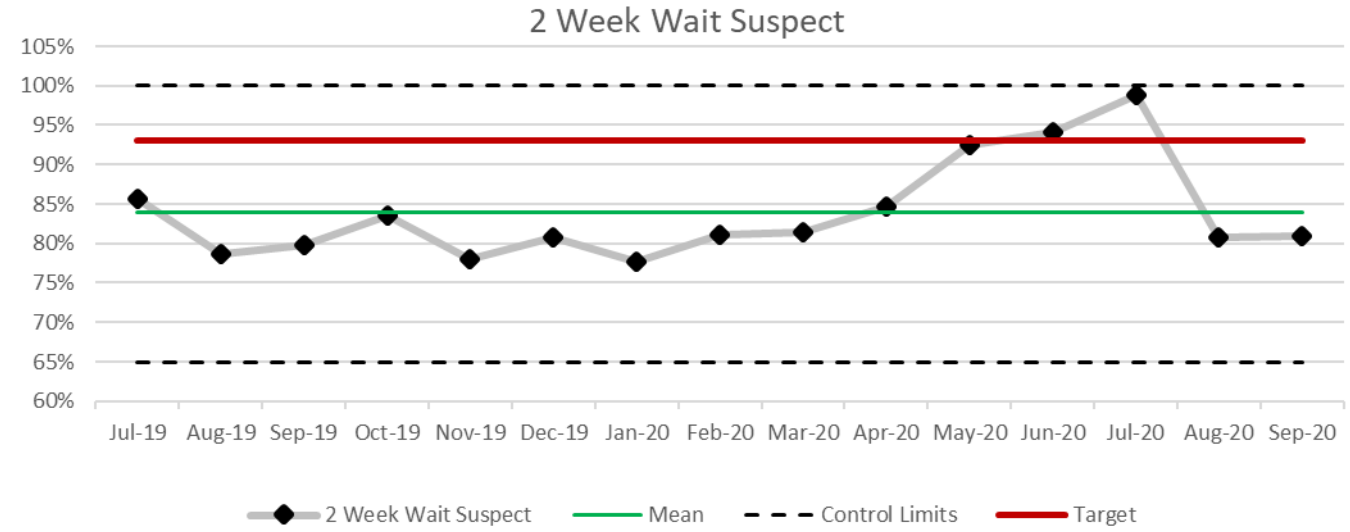
IMPROVE CLINICAL OUTCOMES – CANCER 2 WEEK WAIT

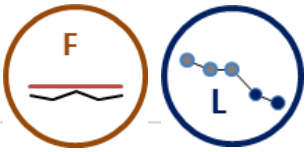
Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services

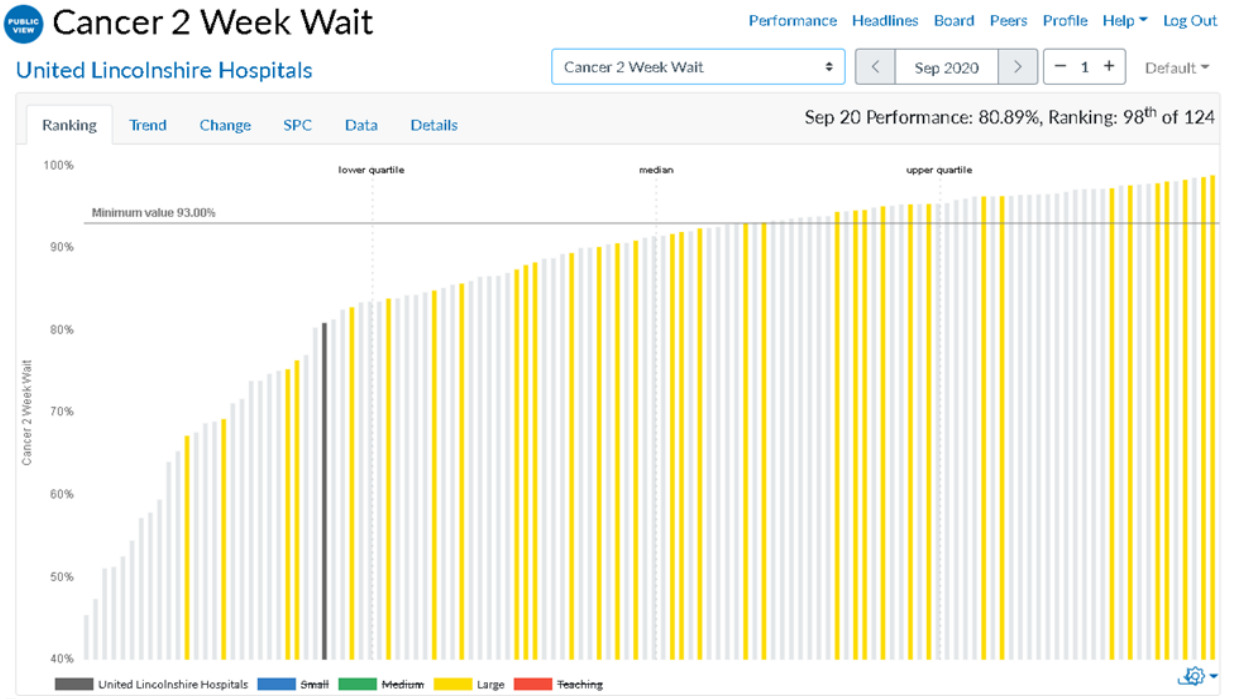


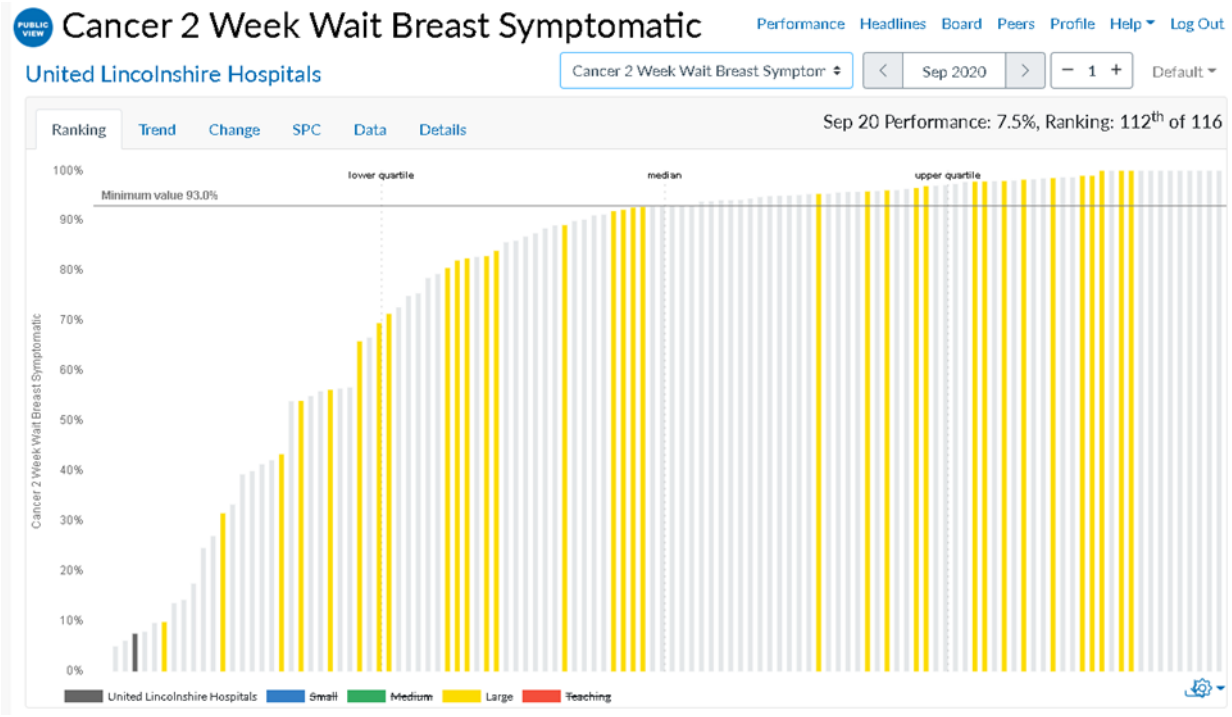




Challenges/Successes

The Trust's 14 Day performance continues to be significantly impacted by the current Breast Service One-Stop appointment alignment issues - 54% of the Trust's 14 Day breaches were within that tumour site. The other tumour sites that considerably under-performed include Upper GI (18% of breaches), Gynaecology (9%) and Urology (9%).





Actions in place to recover:

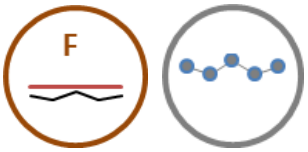
- Work continues to align all 2ww Referral forms to NG12
- Breast Services review (awaiting final report from NHSI support)
- New Gynae ultrasound Direct Access pathway due to commence w/c 9th November but delayed due to COVID surge
- H&N Neck Lump Direct Access pathway pilot to commence 16th November
- Lung Direct Access pathway to commence Trustwide
- Pilot of triaging all Skin 2ww referrals
- Project to establish Upper GI Direct Access pathway by Jan 2
- Urology continued review of cystoscopy provision.

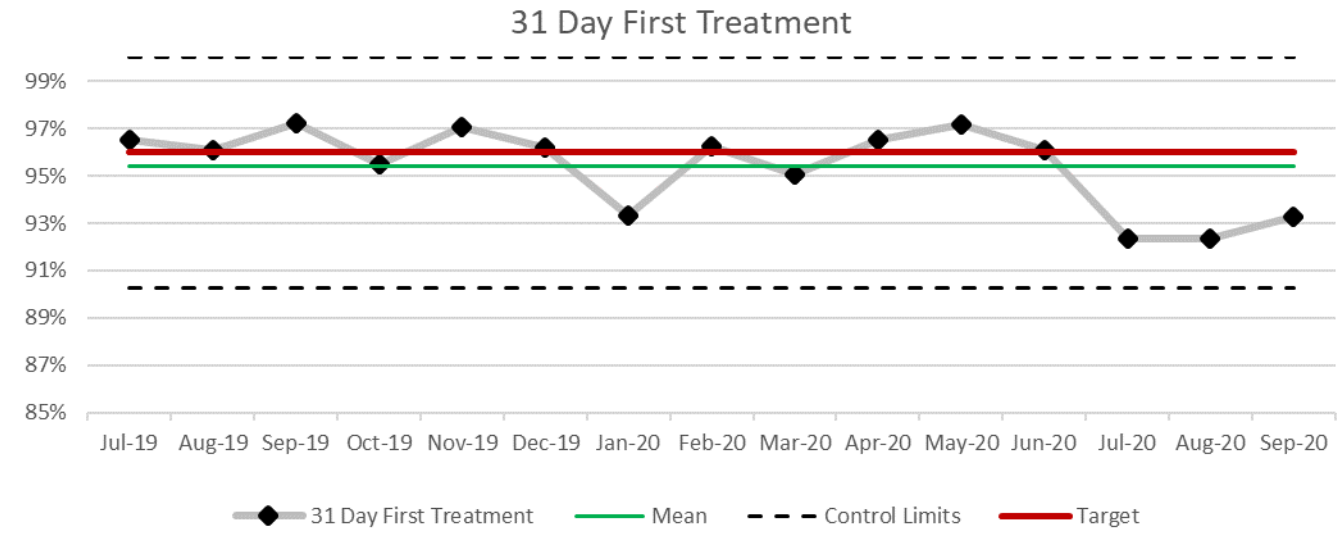
IMPROVE CLINICAL OUTCOMES – CANCER 31 DAY

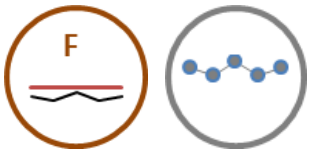
Executive Lead: Chief Operating Officer

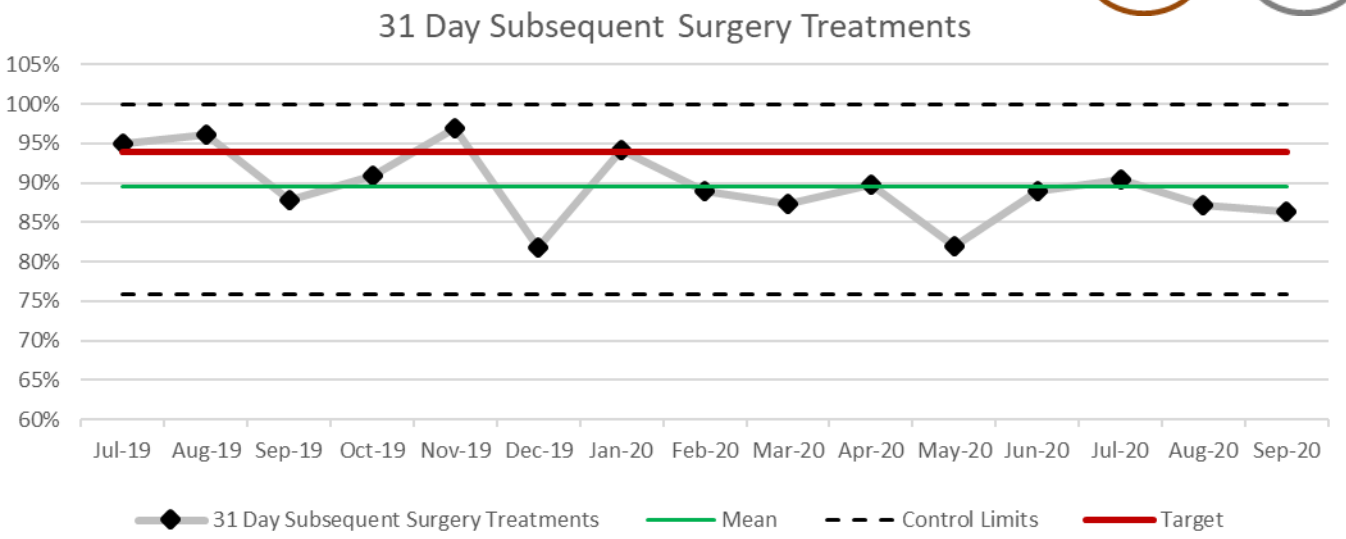
CQC Domain: Responsive

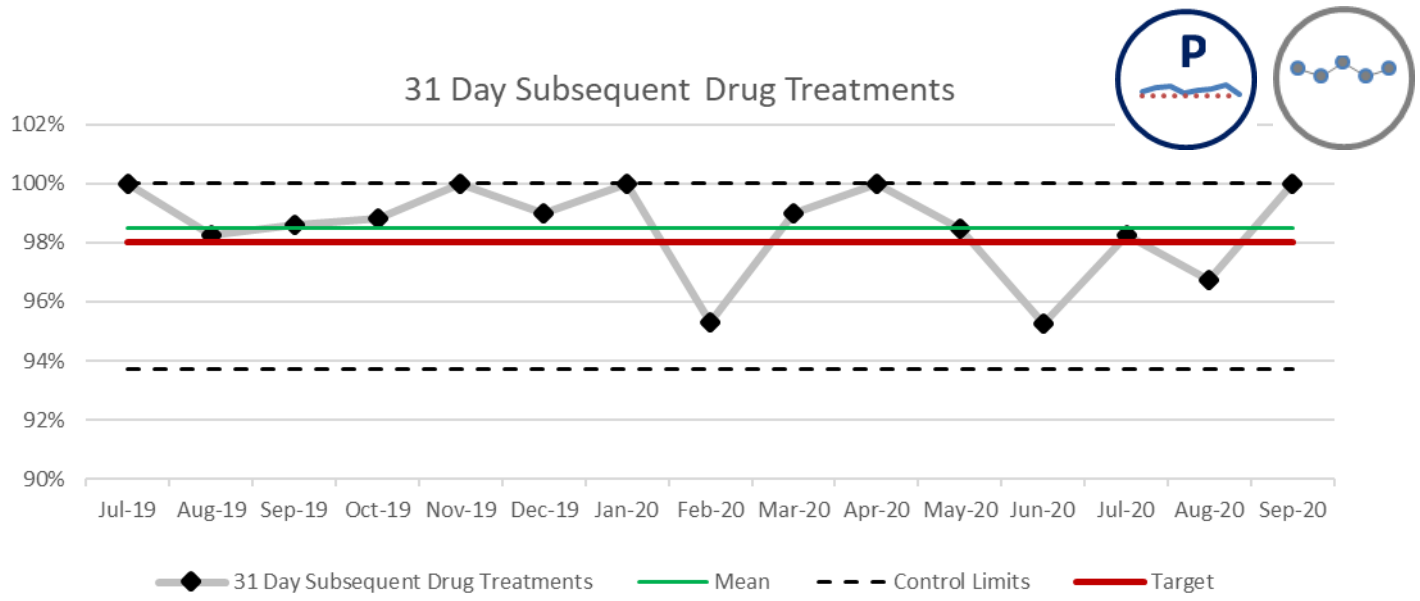
Strategic Objective: Services

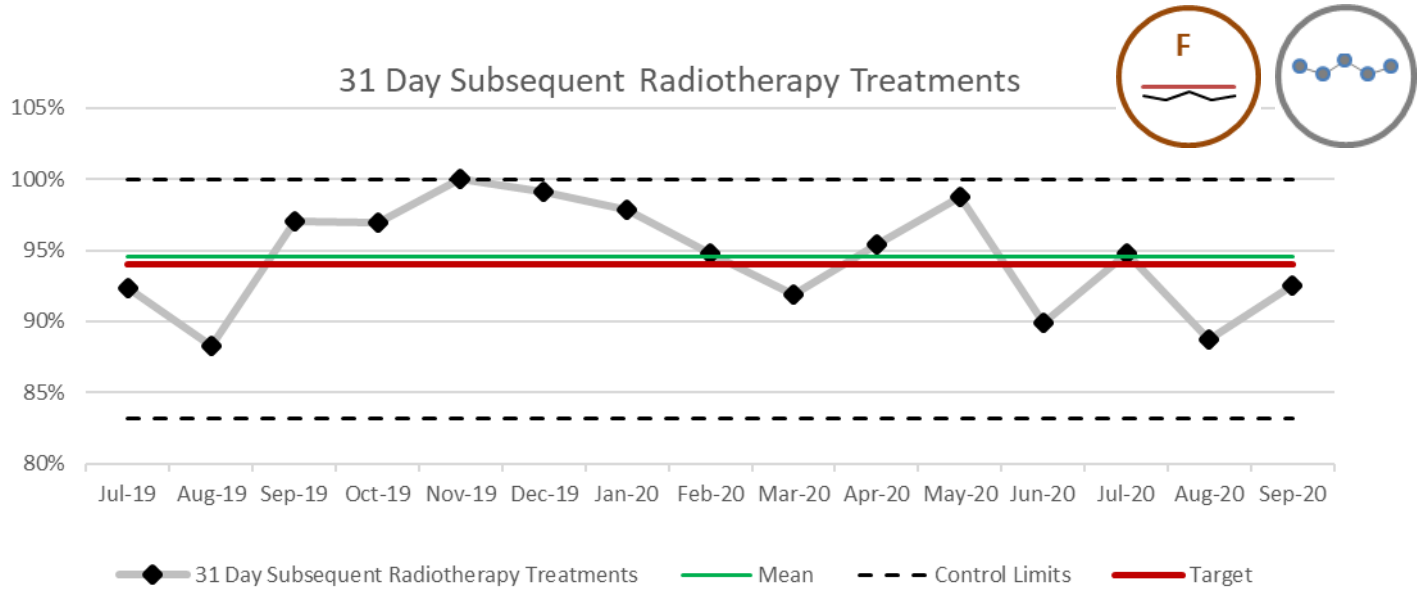






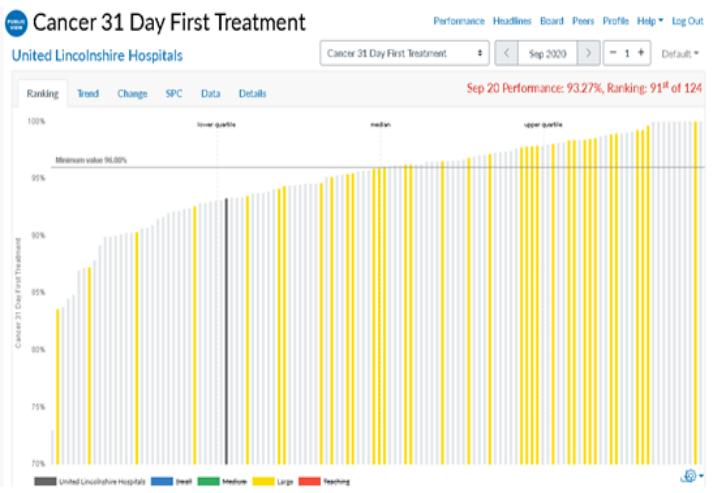


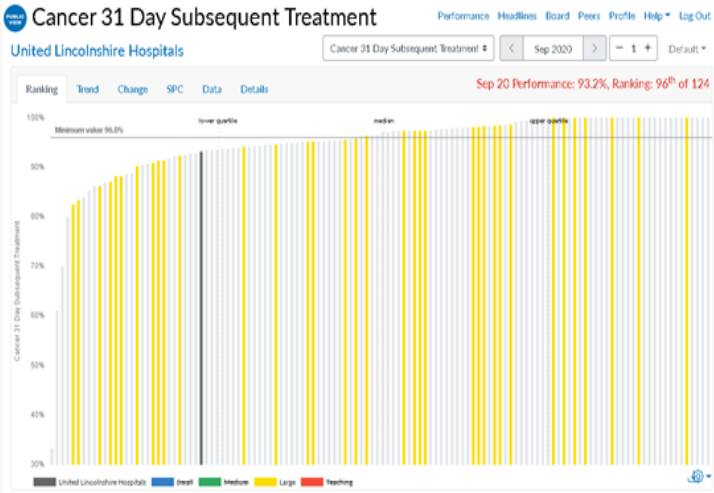




Challenges/Successes

The 31 Day standards were missed primarily due to the impact of COVID (the reduction in capacity due to social distancing).





Actions in place to recover:

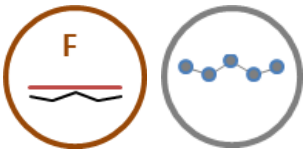
- Additional theatres being installed at Grantham for Breast & Gynaecology (coming from Italy but delayed due to COVID). First one now due 21st December and second one in January.
- Review of Colorectal theatre list scheduling to better align with clinician availability
- Return of H&N consultant and third post appointed to (starting December)
- Oncology Fragile Service under review with possible new consultant candidates identified

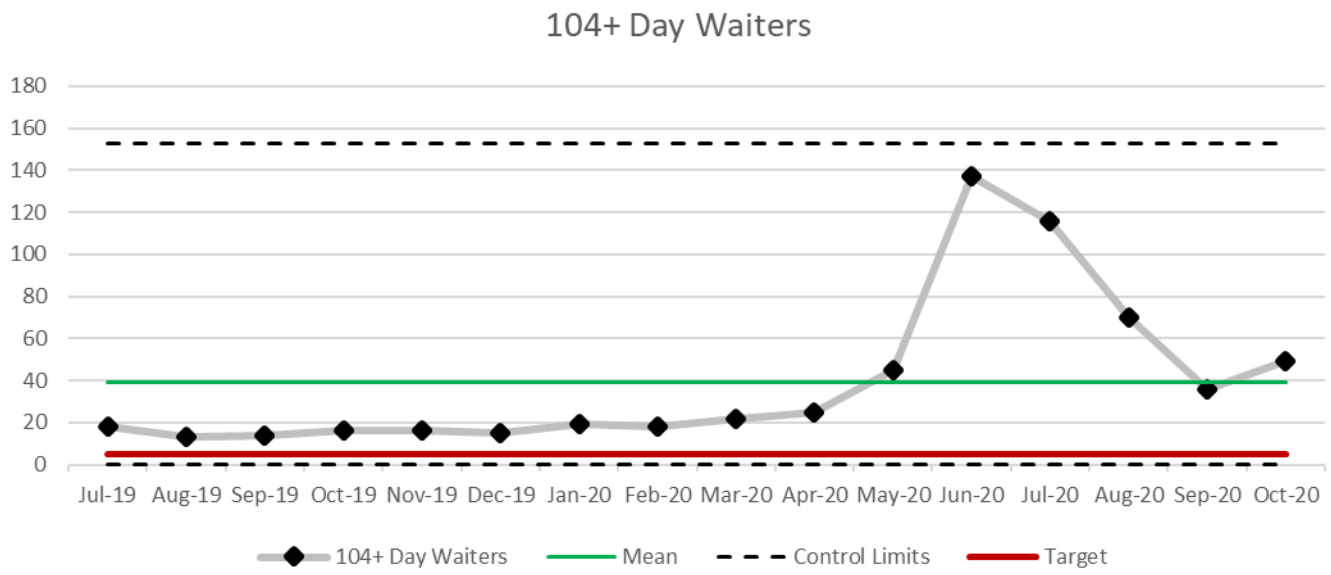
IMPROVE CLINICAL OUTCOMES – CANCER 104+ DAY WAITERS

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services

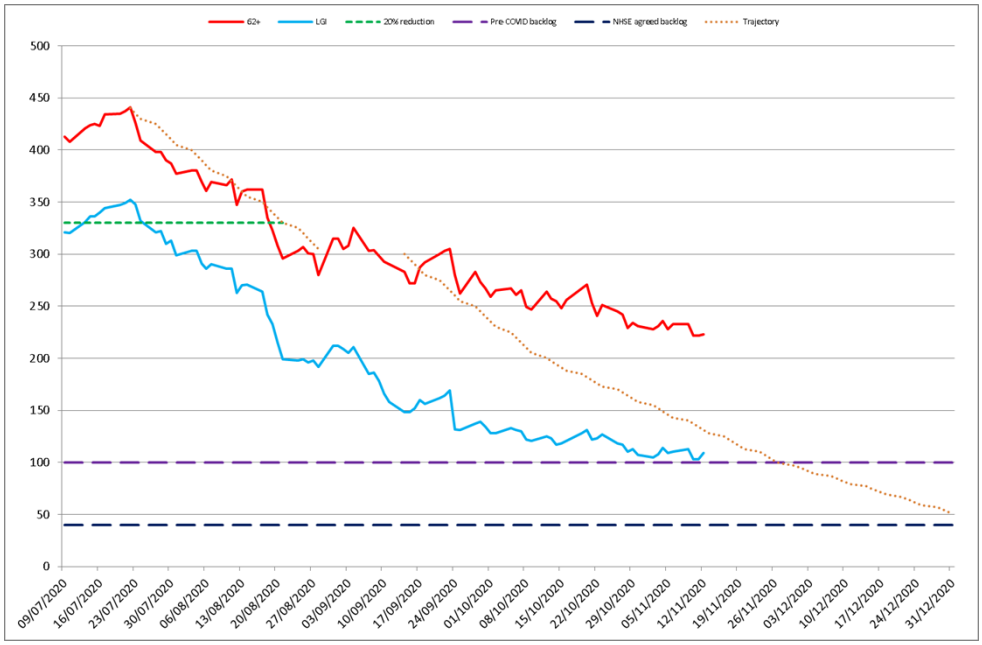




Challenges/Successes

Though the backlog has been reducing, it has not been at the speed required.

- As of 12th November the 62 Day backlog is at 223 patients (from 441) (target – below 40) **49% Reduction**
- In August Colorectal patients accounted for c.70% of backlog and is now c.50%
- Of the other tumour sites, Gynaecology, Head & Neck, Upper GI and Urology remain outliers compared to pre-COVID levels
- Clearance is not following trajectory, delaying reaching pre-COVID levels until late December



104 Day Waiters as of 12th November is at 52 (from 163) (target – below 10) **68% Reduction**

- 29 Colorectal (main themes: 10 awaiting Clinical Review, 9 awaiting diagnostics, 6 awaiting OPA/outcome)
- 8 Urology
- 4 Head & Neck
- 3 each Upper GI and Sarcoma
- 2 each Gynae and Haematology
- 1 Lung

Over 15% of the 104 Day Waiters have complex/mental health needs requiring significant specialist nurse involvement (Pre-Diagnosis CNS)

Challenges to reducing the backlogs:

- Patient engagement in diagnostic process (reluctance to visit hospitals during COVID-19 with second surge threat, and now reality, amplifying this effect)
- Increased time to book diagnostics with patients due to COVID requirements (for Endoscopy it has increased from 6 mins to 16 mins per patient) can add to patient anxiety and reluctance
- Capacity not always where patient is willing to travel
- Patient acceptance & compliance with swabbing and self-isolating requirements
- Limited outpatient capacity due to social distancing requirements
- Reduced theatre capacity across the Trust, all Specialties vying for additional sessions
- Severely restricted access to Independent Sector capacity relative to regional colleagues
- Recognition that backlogs created during COIVD-19, due to stopped/reduced services, are still progressing through diagnostic and treatment pathways (ie breaches need to be treated before performance is able to improve)
- Clinical capacity to engage in clinical reviews & FDS
- Capacity within Divisions to give necessary attention to Cancer
- Lost treatment capacity due to short notice cancellation of patients (unwell on the day of treatment or day before), not allowing time to swab replacement patients

<u>Actions in place to recover:</u>

As for the 62 Day Performance actions:

- 28 Day FDS identified as Trust's single cancer performance workstream in the Integrated Improvement Program
- Additional theatres being installed at Grantham for Breast & Gynaecology (coming from Italy but delayed due to COVID). First one now due 21st December and second one in January.
- Breast Services review (awaiting final report from NHSI support)
- Review of Colorectal theatre list scheduling to better align with clinician availability
- Additional relocatable CT at Boston
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- Dedicated admin resource within Colorectal CBU to support clinical engagement
- Return of H&N consultant (from sabbatical) and third post appointed (starting December)
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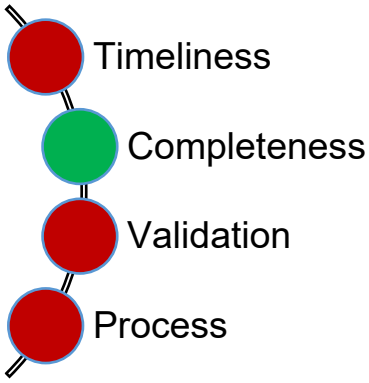
APPENDIX A – KITEMARK

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

Meeting	*Trust Board*
Date of Meeting	*1 December 2020*
Item Number	*Item 12.1*
Strategic Risk Report	
Accountable Director	*Dr Karen Dunderdale, Director of Nursing*
Presented by	*Dr Karen Dunderdale, Director of Nursing*
Author(s)	*Paul White, Risk & Incident Lead*
Report previously considered at	*N/A*

How the report supports the delivery of the priorities within the Board Assurance Framework	
1a Deliver harm free care	*X*
1b Improve patient experience	*X*
1c Improve clinical outcomes	*X*
2a A modern and progressive workforce	*X*
2b Making ULHT the best place to work	*X*
2c Well Led Services	*X*
3a A modern, clean and fit for purpose environment	*X*
3b Efficient use of resources	*X*
3c Enhanced data and digital capability	*X*
4a Establish new evidence based models of care	
4b Advancing professional practice with partners	
4c To become a university hospitals teaching trust	

Risk Assessment	*Multiple – please see report*
Financial Impact Assessment	*None*
Quality Impact Assessment	*None*
Equality Impact Assessment	*None*
Assurance Level Assessment	*Moderate*

Recommendations/ Decision Required	*Trust Board is invited to review the report and identify any areas of strategic risk requiring further action*

Executive Summary

- This is a shortened Strategic Risk Report, with a focus on the highest priority risks currently being managed within the Trust as the impact of the second wave of the Covid-19 pandemic continues to be felt across all divisions and corporate services.
- Whilst overall risk ratings within the strategic risk register are unchanged from last month, key risk indicators have been updated where data is available, to illustrate the current extent of exposure to all Very high risks (those rated 20-25).

Purpose

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

- Review the management of risks throughout the Trust and consider the extent of risk exposure at this time.
- Evaluate the effectiveness of the Trust's risk management processes.

1. Introduction

1.1 The Trust's risk registers are recorded on the Datix Risk Management System. They are comprised of two distinct layers, which are defined in the Trust's current Risk Management Strategy as:

- Strategic risk register – used to manage significant risks to the achievement of Trust-wide or multi-divisional objectives.
- Operational risk registers – used to manage significant risks to the objectives of divisional business units and their departments or specialties.

1.2 Please note that this is a shortened version of the regular Strategic Risk Report, focussed on updating Trust Board regarding current priority strategic risks.

2. Strategic Risk Profile

2.1 There is 1 strategic quality & safety risk with a current rating of Very high risk:

Risk title (ID)	Local impact of the global coronavirus (Covid-19) pandemic (4480)		
Current risk rating	Very high (25)	**Risk lead**	Kevin Shaw
Lead group	Infection Prevention & Control Group		

Key Risk Indicators (KRIs):

- Number of Covid-19 confirmed cases within Lincolnshire – continuing to rise (2,365 weekly cases reported on 23rd November compared with 1,711 on the 16th).

- Number of in-patient admissions due to Covid-19 – continuing to rise, 117 at Lincoln and 123 at Pilgrim on 23rd November (compared with 7 and 1 respectively on 30th September).
- Patient deaths due to Covid-19 – total of 251 at the time of reporting, compared with 147 at the end of September.
- Bed occupancy levels – proportion of beds filled with Covid-19 positive patients was 14.7%, as a seven-day average, on 17th November (top half of trusts nationally).
- Number and severity of patient safety incidents linked to Covid-19 – monthly average reduced from 85 at the height of the pandemic to 63 in August / September; 97 in the first 3 weeks of November.
- 26% of these were infection control / environmental hazard incidents; 24% related to resource availability & administrative processes (including diagnostics); 8% to therapeutic processes or medication
- Proportion of Covid-related incidents resulting in harm was 30% in April; reduced to 14% in July; it is up to 29% in the first 3 weeks of November.
- Average of 3 Serious Incidents where Covid-19 is a contributory factor, each month since March.
- Serious harm has been mostly likely to result from administrative & diagnostic incidents (41%); infection control (17%) or therapeutic processes (17%)

Gaps in control & mitigating actions:

- Lack of an approved vaccine and limited effective treatment options available; the Trust has enacted the agreed national response plan and has reintroduced services suspended during the first wave.
- System-wide plans are in place throughout Lincolnshire to deliver the vaccination programme once it becomes available.
- Essential information to all staff continues to be provided through daily SBAR briefings.
- The Trust also continues to brief relevant external stakeholders

2.2 There are 3 strategic finance, performance & estates risks with a current rating of Very high risk:

Risk title (ID)	Capacity to manage emergency demand (4175)		
Current risk rating	Very high (20)	**Risk lead**	Simon Evans
Lead group	Divisional Performance Review Meetings (PRMs)		

Key Risk Indicators (KRIs):

- A&E waiting times against the constitutional standard – 4-hour performance for September 2020 was 75.27%, with slightly reduced demand in September; performance has been above pre-Covid trajectory for 5 months and 8% better than 2019

- Ambulance handover times – in September 2020 there were 250>59-minute ambulance handover delays across the Trust, a deterioration from August's position of 194, despite a 3.99% reduction in conveyances across all sites

Gaps in control & mitigating actions:

- Specific concerns relate to ambulance handover delays, increased non-elective admissions, stranded and super-stranded patients.
- Lincoln site reconfiguration plans & business case for investment on Pilgrim site (with government funding) – work underway
- The U&EC improvement programme has undertaken an internal review of process, key stakeholders and original milestones. Where off track clear rectification plans are now in place.
- 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 within the system and a more intuitive winter plan at ULHT will support a more proactive response and delivery to system need

Risk title (ID)	Substantial unplanned expenditure or financial penalties (4383)		
Current risk rating	Very high risk (20)	**Risk lead**	Jon Young
Lead group	Financial Turnaround Group		

Key Risk Indicators (KRIs):

- Expenditure against budget – continued breakeven position at the end of Month 6 (September 2020) driven by the financial regime in place inclusive of £8.0m additional top-up funding
- Pay position increased by £0.5m from August, and was below the draft plan; this increase was driven mainly by agency costs

Gaps in control & mitigating actions:

- Reliance upon a large number of temporary agency and locum staff to maintain the safety and continuity of clinical services across the Trust, at increased cost, has been reducing through recruitment to substantive posts.
- Financial Recovery Plan schemes include recruitment improvement; medical job planning; agency cost reduction; workforce alignment.
- Interest rate may increase and the Trust won't have access to FRF; PSF; and MRET if there is adverse deviation from plan in the financial year.
- Maintenance of grip & control on expenditure; use of PRM process to hold divisions to account and develop mitigating schemes where needed.

Risk title (ID)	Delivery of the Financial Recovery Programme (4382)		
Current risk rating	Very high risk (20)	**Risk lead**	Jon Young
Lead group	Financial Turnaround Group		

Key Risk Indicators (KRIs):

- Value of cost reduction achieved against plan - CIP delivery in the financial year to September 2020 was £3.7m (against an aim to deliver £7m in year with a stretch target of £9m)

Gaps in control & mitigating actions:

- If assumptions for the level of efficiency to be delivered by identified schemes prove to be inaccurate, or if there are capacity & capability issues with delivery, it may result in failure to deliver these scheme.
- The Finance PMO team works with divisions to manage planned schemes and identify mitigating schemes - 3 Efficiency Project Managers are now in post to assist with CIP delivery.
- Utilisation of additional external resource to support delivery.

2.3 There are 2 strategic people & organisational development risks with a current rating of Very high risk:

Risk title (ID)	Workforce capacity & capability (recruitment, retention & skills) (4362)		
Current risk rating	Very high (20)	**Executive lead**	Martin Rayson
Lead group	Workforce Strategy Group		

Key Risk Indicators (KRIs):

- Staff vacancy rates – overall vacancy rate has been reducing to September 2020 across medical, nursing and AHP workforce
- Staff turnover rate overall is around 10% (as of September 2020)
- Sickness absence rates – the 12 month rolling absence rate to September 2020 was 5%; the number of staff absent due to Covid reasons (sickness and isolation) remained low in September, but started to rise in October
- Bank & agency usage (medical and nursing) - Monthly medical agency spend in August and September 2020 was the lowest in 28 months; nursing agency usage has reduced significantly, average number of shifts provided per week in September was 615, reduced from 687 per week in August
- Core Learning compliance rates – is consistently 90-92% (having risen again towards pre-Covid levels by September 2020); the Trust achieved the 95% compliance rate for IG training during September.

Gaps in control and mitigating actions:

- Workforce supply is a work-stream in the Integrated Improvement Plan.
- Medical bank is now at 40%, a continuous upward trend which is reducing the agency bill
- Director of Nursing has introduced a refreshed forum for transforming the nursing workforce with an early focus on nursing agency use and cost.

- Introduction of a Medical Transformation Programme; risk now driven by shortages in key fragile services.
- Focus in Restoration and Recovery phases on ensuring agency spend does not increase.
- Temporary impact of Covid-19 on workforce capacity across all services – additional occupational health support in place & being continually strengthened.
- A review of core-learning - content and way it is managed – is planned for December 2020.

Risk title (ID)	Workforce engagement, morale & productivity (4083)		
Current risk rating	Very high (20)	**Executive lead**	Martin Rayson
Lead group	Workforce Strategy Group		

Key Risk Indicators (KRIs):

- Staff appraisal rates - appraisal rates (excluding medical staff) across the Trust increased slightly in August and September 2020, to above 75% (having fallen to below 70% between May and July) against a target of 95%
- People Pulse survey results – almost 900 staff completed the first survey (in July 2020), a response rate of around 12%; 85% of staff felt informed (+0.6 vs NHS overall); 63% felt confident in local leaders (equal to NHS overall); 61% felt supported (-5.7 vs NHS overall); 59% felt they had a good work-life balance (-2.5 vs NHS overall).
- NHS National Staff Survey (NSS) results – some improvement in results of 2019 staff survey across two thirds of the questions, still below average for acute trusts; less than 50% of staff would recommend ULHT as a place to work; the Trust's score for the bullying & harassment theme in the NSS stayed relatively unchanged in 2019 at 7.6 against a national average of 7.9.

Gaps in control and mitigating actions:

- Work on morale is part of the Integrated Improvement Plan and a number of work-streams within it, including introduction of an individual performance management/appraisal e-learning programme from November & implementation of new WorkPal online appraisal system (now in place).
- New approaches to interacting with staff during Covid response; feedback has been positive and was reflected in results from the NHS Pulse Survey.

3. Conclusions & recommendations

3.1 The Trust's highest priority risks at present continue to relate to the Covid-19 pandemic and the potential impact on patients; staff; and the continued provision of a full range of clinical services.

3.2 A summary of all current strategic risks is included as **Appendix 1**.

3.3 The Trust Board is invited to review the report and advise of any further action required at this time to improve the management of strategic risks or to strengthen the Trust's risk management framework.

Appendix 1 - Summary of all risks recorded on the Strategic Risk Register:

ID	Title	Risk Type	Rating (current)	Risk level (current)
4558	Local impact of the global coronavirus (Covid-19) pandemic	Harm (physical or psychological)	25	Very high risk
4382	Delivery of the Financial Recovery Programme	Finances	20	Very high risk
4383	Substantial unplanned expenditure or financial penalties	Finances	20	Very high risk
4175	Capacity to manage emergency demand	Service disruption	20	Very high risk
4362	Workforce capacity & capability (recruitment, retention & skills)	Service disruption	20	Very high risk
4083	Workforce engagement, morale & productivity	Reputation / compliance	20	Very high risk
4144	Uncontrolled outbreak of serious infectious disease	Service disruption	16	High risk
3688	Quality of the hospital environment	Reputation / compliance	16	High risk
4044	Compliance with information governance regulations & standards	Reputation / compliance	16	High risk
4156	Safe management of medicines	Harm (physical or psychological)	16	High risk
3690	Compliance with water safety regulations & standards	Reputation / compliance	16	High risk
3720	Critical failure of the electrical infrastructure	Service disruption	16	High risk
4403	Compliance with electrical safety regulations & standards	Reputation / compliance	16	High risk
4384	Substantial unplanned income reduction or missed opportunities	Finances	16	High risk
4300	Availability of medical devices & equipment	Service disruption	16	High risk
4480	Safe management of emergency demand	Harm (physical or psychological)	16	High risk
4437	Critical failure of the water supply	Service disruption	12	High risk
4405	Critical infrastructure failure disrupting aseptic pharmacy services	Service disruption	12	High risk
4406	Critical failure of the medicines supply chain	Service disruption	12	High risk
4423	Working in partnership with the wider healthcare system	Service disruption	12	High risk
4385	Compliance with financial regulations, standards & contractual obligations	Reputation / compliance	12	High risk

ID	Title	Risk Type	Rating (current)	Risk level (current)
4401	Safety of the hospital environment	Harm (physical or psychological)	12	High risk
4402	Compliance with regulations and standards for mechanical infrastructure	Reputation / compliance	12	High risk
4176	Management of demand for planned care	Service disruption	12	High risk
4181	Significant breach of confidentiality	Reputation / compliance	12	High risk
4179	Major cyber security attack	Service disruption	12	High risk
4157	Compliance with medicines management regulations & standards	Reputation / compliance	12	High risk
3689	Compliance with asbestos management regulations & standards	Reputation / compliance	12	High risk
4145	Compliance with safeguarding regulations & standards	Reputation / compliance	12	High risk
4146	Effectiveness of safeguarding practice	Harm (physical or psychological)	12	High risk
4043	Compliance with patient safety regulations & standards	Reputation / compliance	12	High risk
3503	Sustainable paediatric services at Pilgrim Hospital, Boston	Service disruption	12	High risk
3520	Compliance with fire safety regulations & standards	Reputation / compliance	12	High risk
4142	Safe delivery of patient care	Harm (physical or psychological)	12	High risk
4081	Quality of patient experience	Reputation / compliance	12	High risk
4082	Workforce planning process	Service disruption	12	High risk
4581	Heating (Trust Wide)	Harm (physical or psychological)	12	High risk
4481	Availability & integrity of patient information	Service disruption	12	High risk
4556	Safe management of demand for outpatient appointments	Harm (physical or psychological)	12	High risk
4497	Contamination of aseptic products	Harm (physical or psychological)	10	Moderate risk
4567	Working Safely during the COVID -19 pandemic (HM Government Guidance)	Reputation / compliance	9	Moderate risk
4526	Internal corporate communications	Reputation / compliance	8	Moderate risk

ID	Title	Risk Type	Rating (current)	Risk level (current)
4528	Minor fire safety incident	Harm (physical or psychological)	8	Moderate risk
4553	Failure to appropriately manage land and property	Finances	8	Moderate risk
4502	Compliance with regulations & standards for medical device management	Reputation / compliance	8	Moderate risk
4579	Delivery of the new Medical Education Centre	Reputation / compliance	8	Moderate risk
4483	Safe use of radiation	Harm (physical or psychological)	8	Moderate risk
4486	Clinical outcomes for patients	Harm (physical or psychological)	8	Moderate risk
4476	Compliance with clinical effectiveness regulations & standards	Reputation / compliance	8	Moderate risk
4424	Delivery of planned improvements to quality & safety of patient care	Reputation / compliance	8	Moderate risk
4467	Impact of a 'no deal' EU Exit scenario	Service disruption	8	Moderate risk
4404	Major fire safety incident	Harm (physical or psychological)	8	Moderate risk
4389	Compliance with corporate governance regulations & standards	Reputation / compliance	8	Moderate risk
4397	Exposure to asbestos	Harm (physical or psychological)	8	Moderate risk
4398	Compliance with environmental and energy management regulations & standards	Reputation / compliance	8	Moderate risk
4399	Compliance with health & safety regulations & standards	Reputation / compliance	8	Moderate risk
4400	Safety of working practices	Harm (physical or psychological)	8	Moderate risk
4363	Compliance with HR regulations & standards	Reputation / compliance	8	Moderate risk
4368	Efficient and effective management of demand for outpatient appointments	Reputation / compliance	8	Moderate risk
4138	Patient mortality rates	Reputation / compliance	8	Moderate risk
4141	Compliance with infection prevention & control regulations & standards	Reputation / compliance	8	Moderate risk
3687	Implementation of an Estates Strategy aligned to clinical services	Service disruption	8	Moderate risk
3721	Critical failure of the mechanical infrastructure	Service disruption	8	Moderate risk

ID	Title	Risk Type	Rating (current)	Risk level (current)
3722	Energy performance and sustainability	Finances	8	Moderate risk
3951	Compliance with regulations & standards for aseptic pharmacy services	Reputation / compliance	8	Moderate risk
4003	Major security incident	Harm (physical or psychological)	8	Moderate risk
4177	Critical ICT infrastructure failure	Service disruption	8	Moderate risk
4180	Reduction in data quality	Reputation / compliance	8	Moderate risk
4182	Compliance with ICT regulations & standards	Reputation / compliance	8	Moderate risk
4351	Compliance with equalities and human rights regulations, standards & contractual requirements	Reputation / compliance	8	Moderate risk
4352	Public consultation & engagement	Reputation / compliance	8	Moderate risk
4353	Safe use of medical devices & equipment	Harm (physical or psychological)	8	Moderate risk
4061	Financial loss due to fraud	Finances	4	Low risk
4277	Adverse media or social media coverage	Reputation / compliance	4	Low risk
4386	Critical failure of a contracted service	Service disruption	4	Low risk
4387	Critical supply chain failure	Service disruption	4	Low risk
4388	Compliance with procurement regulations & standards	Reputation / compliance	4	Low risk
4438	Severe weather or climatic event	Service disruption	4	Low risk
4439	Industrial action	Service disruption	4	Low risk
4440	Compliance with emergency planning regulations & standards	Reputation / compliance	4	Low risk
4441	Compliance with radiation protection regulations & standards	Reputation / compliance	4	Low risk
4469	Compliance with blood safety & quality regulations & standards	Reputation / compliance	4	Low risk
4482	Safe use of blood and blood products	Harm (physical or psychological)	4	Low risk
4514	Hospital @ Night management	Service disruption	4	Low risk

OUTSTANDING CARE personally DELIVERED

NHS United Lincolnshire Hospitals NHS Trust

Meeting	*Trust Board*
Date of Meeting	*1 December 2020*
Item Number	*Item 12.2*
Board Assurance Framework (BAF) 2020/21	
Accountable Director	*Andrew Morgan Chief Executive*
Presented by	*Jayne Warner, Trust Secretary*
Author(s)	*Karen Willey, Deputy Trust Secretary*
Report previously considered at	*N/A*

How the report supports the delivery of the priorities within the Board Assurance Framework	
1a Deliver harm free care	*X*
1b Improve patient experience	*X*
1c Improve clinical outcomes	*X*
2a A modern and progressive workforce	*X*
2b Making ULHT the best place to work	*X*
2c Well Led Services	*X*
3a A modern, clean and fit for purpose environment	*X*
3b Efficient use of resources	*X*
3c Enhanced data and digital capability	*X*
4a Establish new evidence based models of care	*X*
4b Advancing professional practice with partners	*X*
4c To become a university hospitals teaching trust	*X*

Risk Assessment	*Objectives within BAF referenced to Risk Register*
Financial Impact Assessment	*N/A*
Quality Impact Assessment	*N/A*
Equality Impact Assessment	*N/A*
Assurance Level Assessment	*Insert assurance level* • *Limited*

Recommendations/ Decision Required	• *Board to consider assurances provided in respect of Trust objectives noting that framework has been reviewed through committee structure*
	• *Board to consider reverting BAF to pre-Covid-19 format allowing for detailed capture of assurance and mitigation*

Executive Summary

The relevant objectives of the 2020/21 BAF were presented to all Committees during November.

A significant review of strategic objective 2c – Well led services had been undertaken to reflect the progress against identified controls.

All other objectives have been considered and where there is expected to be an impact due to wave 2 of Covid-19 this has been indicated within the 'Controls in place during Covid' column.

Assurance ratings have been provided for all objectives and have been confirmed by the Committees. The Board should note that there had been no movement in the assurance ratings during November.

The following assurance ratings have been identified:

Objective		Rating at start of 2020/21	Previous month (October)	Assurance Rating (November)
1a	Deliver harm free care	R	R	R
1b	Improve patient experience	R	R	R
1c	Improve clinical outcomes	R	R	R
2a	A modern and progressive workforce	R	R	R
2b	Making ULHT the best place to work	R	R	R
2c	Well led services	A	A	A
3a	A modern, clean and fit for purpose environment	R	R	R
3b	Efficient use of resources	G	R	R
3c	Enhanced data and digital capability	A	A	A
4a	Establish new evidence based models of care	R	A	A

4b	Advancing professional practice with partners	G	G	G
4c	To become a University Hospitals Teaching Trust	A	R	R

During the response to wave 2 of Covid-19 the Trust are continuing to operate business as usual alongside the response to wave 2. As such the Board are being asked to consider reverting to the standard format of the BAF to reflect the Trusts position in continuing business as usual.

The format would be reverted and presented to the December 2020 and January 2021 Committee meetings for full review and consideration prior to being presented to the Board in February 2021.

This would allow the Committees the ability to confirm and challenge the content of the framework within the business as usual context and also ensure the inclusion of any impact the Covid-19 would have on the delivery of strategic objectives.

Board Assurance Framework (BAF) 2020/21 - November 2020

Strategic Objective	Board Committee
Patients: To deliver high quality, safe and responsive **patient** services, shaped by best practice and our communities	Quality Governance Committee
People: To enable our **people** to lead, work differently and to feel valued, motivated and proud to work at ULHT	People and Organisational Development Committee
Services: To ensure that **services** are sustainable, supported by technology and delivered from an improved estate	Finance, Performance and Estates Committee
Partners: To implement integrated models of care with our **partners** to improve Lincolnshire's health and well-being	Trust Board

Ref	Objective	Exec Lead	How we may be prevented from meeting objective	Link to Risk Register	Link to Standards	Identified Controls (Primary, secondary and tertiary)	Controls in place during Covid	How identified control gaps are being managed	Source of assurance	Assurances in place during Covid	How identified gaps are being managed	Committee providing assurance to TB	Assurance rating
SO1	**To deliver high quality, safe and responsive patient services, shaped by best practice and our communities**												
1a	Deliver Harm Free Care	Director of Nursing/Medical Director	Failure to manage demand safely Failure to provide safe care Failure to provide timely care Failure to use medical devices and equipment safely Failure to use medicines safely Failure to control the spread of infections Failure to safeguard vulnerable adults and children Failure to manage blood and blood products safely Failure to manage radiation safely Failure to deliver planned improvements to quality and safety of care Failure to provide a safe hospital environment Failure to maintain the integrity and availability of patient information	4558 4480 4142 4353 4146 4556 4481	CQC Safe	Developing a safety culture Theatre Safety Group Improving the safety of Medicines management through Medicines Quality Group Ensuring early detection and treatment of deteriorating patients Ensuring safe surgical procedures Ensuring a robust safeguarding framework is in place to protect vulnerable patients and staff Maintaining our HSMR and improving our SHMI Delivering on all CQC Must Do actions and regulatory notices Ensure continued delivery of the hygiene code Medical records management systems & processes Ensuring continued incident investigations, harm reviews and assurance of learning Speciality governance programme Patient Safety Group	Command and control arrangements in place including daily GOLD meetings CQC actions monitored through QGC meeting during COVID19 19 streamlined governance arrangements Separate care pathway for urgent and planned care to aim to eliminate risk of nosocomial infection Reduce the risk of nosocomial transmission when care cannot be delayed and testing status not known Elective care patients assessed by test and symptoms to be Covid-19 risk minimised Urgent and emergency care in a defined zone Establishment of Grantham 'Green Site' & temporary repurposing of A&E to an Urgent Treatment Centre under LCHS management	National guidance followed on PPE / infection prevention & control; Pandemic Flu Plan initiated; separate care pathways for urgent & planned care; Lincoln A&E reconfiguration project; Pilgrim A&E re-development project Replacement of manual prescribing processes with an electronic prescribing system; improvements to medication storage facilities; strengthening of Pharmacy involvement in discharge processes Review of Never Events & effectiveness of LocSSIPs / theatre safety programme; improved timeliness & delivery of NIV; revised policies, procedures & training to support deteriorating patients; implementation of Trust-wide electronic patient handover system; strengthening of discharge processes; clinical service review of Respiratory Medicine Implementation of a central database of medical device user training records Updated policy & training in use of chemical restraint / sedation; strengthening of pathways & training to support patients with mental health issues Proposals to address staffing capacity gaps and estates availability issues to improve appointment slot utilisation; measures required to manage risks associated with use of virtual consultations as default option - assessment in progress Implementation of an Electronic Patient Records (EPR) system	Trust Wide Accreditation Programme Reports National and Local Harm Free Care indicators Safeguarding, DoLS and MCA training Safety Culture Surveys Sepsis Six compliance data HSMR and SHMI data Flu vaccination rates Audit of response to triage, NEWS, MEWS and PEWS CQC Ratings and progress on delivery of Must Do and Should Do actions and regulatory notices Monitoring nosocomial infection rates National Clinical Audits Dr Foster alerts Patient safety indicators in the IPR Quality and Safety Risk Report Incident Management Report Mortality Report Upward Reports of the: Safeguarding Group Medicines Optimisation and Safety Group Patient Safety Group (incorporating sub-groups)	Assurance received through daily/weekly briefing processes with Chair/CEO/ Execs Gold recovery meeting 3 times per week	Assurance gaps to be identified through Trust Board streamlined governance process and Quality Governance Committee	Quality Governance Committee	R

Ref	Objective	Exec Lead	How we may be prevented from meeting objective	Link to Risk Register	Link to Standards	Identified Controls (Primary, secondary and tertiary)	Controls in place during Covid	How identified control gaps are being managed	Source of assurance	Assurances in place during Covid	How identified gaps are being managed	Committee providing assurance to TB	Assurance rating
1b	Improve patient experience	Director of Nursing	Failure to provide a caring, compassionate service to patients and their families Failure to provide a suitable quality of hospital environment	3688 4081	CQC Caring	Greater involvement in the co-design of services working closely with Healthwatch and patient groups Greater involvement in decisions about care Deliver Year 3 objectives of our Inclusion Strategy Redesign our communication and engagement approaches to broaden and maximise involvement with patients and carers	Command and control arrangements in place including daily GOLD meetings CQC actions monitored through QGC meeting during COVID19 19 streamlined governance arrangements Pandemic Flu Plan initiated Informed consent regarding risks Agreement to comply with requirements Access controlled by exemplary IPC and PPE compliance Access controls maintain equitable access to healthcare	Estates works planned across Lincoln, Pilgrim and Grantham hospitals to address identified through the PLACE survey (Patient-Led Assessment of the Clinical Environment) - including decoration of walls, windows & fascias; flooring; and bed space curtains / track systems. IIP projects specifically: co-design; Schwartz Rounds; engaging with patients and families; real time surveying, involving in decisions about care. Ensure Patient Panel optimised and continue current work to embed patient voice and experience within QSIR programmes.	Getting real time patient and carer feedback Hold 6 listening events Thematic reviews of complaints and compliments, Quarterly/Annual Reports User involvement numbers National patient surveys Number of locally implemented changes as a result of patient feedback Patient experience indicators in the IPR Patient Experience Group Upward Report Quality and Safety Risk Report	Assurance received through daily/weekly briefing processes with Chair/CEO/ Executives	Assurance gaps to be identified through Trust Board streamlined governance process and Quality Governance Committee	Quality Governance Committee	R
1c	Improve clinical outcomes	Medical Director	Failure to provide effective diagnosis and treatment that deliver positive patient outcomes Failure too provide timely diagnosis and treatment that deliver positive patient outcomes	4558	CQC Responsive CQC Effective	Ensuring our Respiratory patients receive timely care from appropriately trained staff in the correct location Ensuring recommendations from Get it Right First Time (GIRFT) Reviews are implemented Ensuring compliance with local and national clinical audit reports Ensuring NICE guidance and national publications are implemented Ensuring guidelines and SOPs are current and reviewed within the agreed timescales Review of pharmacy model and service Clinical Effectiveness Group	Command and control arrangements in place including daily GOLD meetings CQC actions monitored through QGC meeting during COVID19 19 streamlined governance arrangements Pandemic Flu Plan initiated	Clearance of backlog of NICE guidelines and technical appraisal assessments Developing the use of national and local clinical audit data to evaluate clinical effectiveness Strengthening the management of clinical effectiveness at divisional level through improved information and reporting	Numbers of NIV patients receiving timely care Numbers of unplanned ITU admission numbers Monitoring the implementation of GIRFT recommendations Implementation of recommendations with local and national clinical audit reports Clinical effectiveness indicators in the IPR Clinical Effectiveness Group Upward Report	Assurance received through daily/weekly briefing processes with Chair/CEO/ Execs	Assurance gaps to be identified through Trust Board streamlined governance process and Quality Governance Committee	Quality Governance Committee	R

Ref	Objective	Exec Lead	How we may be prevented from meeting objective	Link to Risk Register	Link to Standards	Identified Controls (Primary, secondary and tertiary)	Controls in place during Covid	How identified control gaps are being managed	Source of assurance	Assurances in place during Covid	How identified gaps are being managed	Committee providing assurance to TB	Assurance rating
SO2	**To enable out people to lead, work differently and to feel valued, motivated and proud to work at ULHT**												
2a	A modern and progressive workforce	Director of People and Organisational Development	The response to the COVID incident through the manage and restore phases, has delayed the projects in our Integrated Improvement Plan related to "People". There have been positives in our response to COVID, such as staff communication and engagement and management of risks to staff. The second wave of COVID may have a further impact on the ability to progress all the actions in the IIP.	4362	CQC Safe CQC Responsive CQC Effective	Embed Robust workforce planning and development of new roles Targeted recruitment campaigns to include overseas recruitment Delivery of annual appraisals and mandatory training Creating a framework for people to achieve their full potential Embed continuous improvement methodology across the Trust Reducing absence management Deliver Personal and Professional development	Level 4 EPRR stepped down to Level 3 incident throughout the UK with regional NHSE/I command and control CQC actions monitored through QGC meeting during Covid 19 streamlined governance arrangements. We have reintroduced some key IIP projects, including international recruitment, absence management, appraisals and mandatory training and talent management. These may be further delayed by Wave 2 COVID. We will ensure workforce planning is integrated into business planning for 2021/22. However more fundamental workforce transformation will be progressed with a view to creating a framework within which workforce planning for 22/21 can take place. Pandemic Flu Plan initiated	Covid Command and decision making structure alongside Board agreed lean governance arrangements have been in place during the COVID incident. We have re-established the Workforce Strategy Group, who are overseeing delivery of the People workstreams of the IIP and have designed a report to give assurance to the Workforce and OD Committee, highlighting actions to manage control gaps. The Operational Equality and Diversity Group will undertake a similar role for workforce equality and diversity issues.	Vacancy rates Turnover rates Rates of appraisal/mandatory training compliance Learning days per staff member Staff survey feedback Sickness/absence data Reported progress on the implementation of the NHS People Plan and the Lincolnshire System Workforce Plan	Assurance received through daily/weekly briefing processes with Chair/CEO/ Execs	Assurance gaps to be identified through Trust Board streamlined governance process and People and Organisational Development Committee	People and Organisational Development Committee	**R**
2b	Making ULHT the best place to work	Director of People and Organisational Development	The response to the COVID incident through the manage and restore phases, has delayed the projects in our Integrated Improvement Plan related to "People". There have been positives in our response to COVID, such as staff communication and engagement and management of risks to staff. The second wave of COVID may have a further impact on the ability to progress all the actions in the IIP.	4083	CQC Well Led	Embedding our values and behaviours Reviewing the way in which we communicate with staff and involve them in shaping our plans Adapting our responsibility framework and leadership programmes in line with the NHS Leadership Compact Revise our diversity action plan for 2021/22 to ensure concerns around equity of treatment and opportunity are tackled Agree and promote the core offer of ULHT, so our staff feel valued, supported and cared for Implementing Schwartz Rounds	We have reintroduced some key IIP projects, including international recruitment, absence management, appraisals and mandatory training and talent management. These may be further delayed by Wave 2 COVID. We will ensure workforce planning is integrated into business planning for 2021/22. However more fundamental workforce transformation will be progressed with a view to creating a framework within which workforce planning for 22/21 can take place. We will embrace enhancements introduced during COVID, such as the more regular meetings with staffside, the revised Staff	Covid Command and decision making structure alongside Board agreed lean governance arrangements have been in place during the COVID incident. We have re-established the Workforce Strategy Group, who are overseeing delivery of the People workstreams of the IIP and have designed a report to give assurance to the People and OD Committee, highlighting actions to manage control gaps. The Operational Equality and Diversity Group will undertake a similar role for workforce equality and diversity issues.	WRES/ WDES Data Staff survey feedback - engagement score, recommend as place to work Number of staff attending leadership courses Number of Schwartz rounds completed (once implemented) Protect our staff from bullying, violence and harassment - measure through National Staff Survey Reports on progress in implementing the NHS People Plan and the Lincolnshire System Workforce Plan	Assurance received through daily/weekly briefing processes with Chair/CEO/ Execs		People and Organisational Development Committee	**R**

Ref	Objective	Exec Lead	How we may be prevented from meeting objective	Link to Risk Register	Link to Standards	Identified Controls (Primary, secondary and tertiary)	Controls in place during Covid	How identified control gaps are being managed	Source of assurance	Assurances in place during Covid	How identified gaps are being managed	Committee providing assurance to TB	Assurance rating
						Embed Freedom to Speak Up and Guardian of safe Working Celebrate year of the Nurse/Midwife	Engagement Group and the ELT Live sessions on Facebook and Teams		Workforce Plan Use of NHSI Covid pulse survey				
2c	Well led services	Chief Executive	Current systems and processes for policy management are inadequate resulting in failure to review out of date or policies which are not fit for purpose	4277 4389	CQC Well Led	Review of executive portfolios Simplify Trust strategic framework Embedding Divisional Governance structures to operate as one team Delivery of risk management training programmes Review and strengthening of the performance management & accountability framework Development and delivery of Board development programme Shared Decision making framework Implemented a robust policy management system Ensure system alignment with improvement activity Operate as an ethical organisation	Board Development programme in place - complete Current process for policies continuing Different process for corporate, clinical and HR Document management system ineffective Owner for PID not identified Project paused during Covid-19	Review of document management processes New document manager system - SharePoint Single process for polices PID owner to be identified through IIP support and challenge session Nov 2020	Third party assessment of well led domains Internal Audit assessments Completeness of risk registers Annual Governance Statement Number of Shared decision making councils in place Numbers of in date policies CQC Report formerly ELT report	Head of Internal Audit Opinion received showing improved position on previous year Annual Governance Statement - Completed No source of assurance identified Fortnightly ELT report still showing limited assurance CQC Should Do action Board have not agreed what an ethical organisation will look like for ULHT	Identify through IIP work on Shared Decision making - how assurance will be received Additional resource support from ICT/Libraries Working group to be established to draft proposal to consider at Board Development session - Nov 2020	Audit Committee	A

Ref	Objective	Exec Lead	How we may be prevented from meeting objective	Link to Risk Register	Link to Standards	Identified Controls (Primary, secondary and tertiary)	Controls in place during Covid	How identified control gaps are being managed	Source of assurance	Assurances in place during Covid	How identified gaps are being managed	Committee providing assurance to TB	Assurance rating
SO3	**To ensure that services are sustainable, supported by technology and delivered from an improved estate**												
3a	A modern, clean and fit for purpose environment	Chief Operating Officer	Covid-19 impact on supplier services who are supporting the improvement, development, and maintenance of our environments. Availability of funding to support the necessary improvement of environments (capital and revenue)	3720 3520 3688 4403 3690	CQC Safe	Develop business case to demonstrate capital requirement Delivering environmental improvements in line with Estates Strategy Continual improvement towards meeting PLACE assessment outcomes Review and improve the quality and value for money of Facility services including catering and housekeeping Continued progress on improving infrastructure to meet statutory Health and Safety compliance	Declared as a level 4 incident throughout the UK. NHSE nationally and then regionally coordinate NHS response through a command and control process. Major incident (Gold Command Structure) employed locally. Estates and Facilities Cell reviews the key elements of environmental conditions to support the increasing demands on IPC, and complex infection control measures required. Health & Safety conditions are reviewed in the context of Estates and Facilities Cell and are reviewed by Silver Incident command and then subsequently Gold sign off.	Control gaps identified and reported through to Gold Command Structure where Covid related. Water/Fire safety meetings are in place and review of controls are part of external validation from authorised engineers. Now that additional capital funding has been secured for critical infrastructure a new Forum will be created to capture progress and feed back into governance systems how risks are mitigated and alleviated. Audits of changes are carried out internally and externally as part of NHSE change processes as well as contained within internal reviews.	PLACE assessments 6 Facet Surveys Reports from authorised engineers Staff and user surveys MiC4C cleaning inspections Response times to urgent estates requests Estates led condition inspections of the environment Response times for reactive estates repair requests Progress towards removal of enforcement notices	Assurance received through daily/weekly briefing processes with Chair/CEO/ Execs Monthly and where necessary extraordinary board meetings review the response to Covid which include measures required to ensure environments are suitable/fit for purpose in the context of Covid. Business Cases for deployment of emergency capital bids and feedback on delivery against those deployment plans. Datasets and additional reporting measures are in place that describe key environmental issues (supply of oxygen in wards as an example) to NHSE in addition to local usage for assurance purposes.	Assurance gaps identified are addressed through the command structure governance process, and mitigation steps taken. Additional reporting by exception is put in place to provide evidence and contribute to assurance process. No Covid-19 related gaps identified are escalated through estates and facilities group as part of upward reporting and where urgent or significant impact to Exec Leadership Team, where immediate actions can be taken.	Finance, Performance and Estates Committee	R
3b	Efficient use of our resources	Director of Finance and Digital	Efficiency schemes do not cover extent of savings required - £27.0m Continued reliance on agency and locum staff to maintain services at substantially increased cost Failure to achieve recruitment targets increases workforce costs Unplanned expenditure (as a result of unforeseen events) or financial penalties Failure to secure all income linked to coding or data quality issues National requirements and Trust response to Phase 3 - Recovery.	4382 4383 4384	CQC Well Led CQC Use of Resources	Delivering £27m CIP programme in 20/21 Delivering financial plan Utilising Model Hospital, Service Line Reporting and Patient Level Costing data to drive focussed improvements Implementing the CQC Use of Resources Report recommendations Working with system partners to deliver the Lincolnshire Plan. Detailed activity modelling aligned to resource requirements to support Trust and System response to Phase 3.	Deliver a monthly break-even position after taking Coivd-19 (including Restore and Recovery) costs into account.	Divisional Financial Review Meetings Centralised agency & bank team Financial Strategy and Annual Financial Plan Performance Management Framework System wide savings plan Internal Audit: Integrated Improvement Plan - Q2 Temporary Staffing - Q1 Education Funding - Q3 Estates Management - Q4 Workforce Planning - Q2	Delivery of CIP Achievement of Financial Plan Closing the Model Hospital opportunity gap Improve service line profitability	Financial Reporting to Board Covid-19 financial governance process Suspension of national financial regime	Management of control gaps being reintroduced in a phased way from July 2020. Continue to await national guidance. Whilst further national guidance has been released this has been focused on recovery and cost control and projections. Further guidance in respect of CIP is expected in due course.	Finance, Performance and Estates Committee	R

Ref	Objective	Exec Lead	How we may be prevented from meeting objective	Link to Risk Register	Link to Standards	Identified Controls (Primary, secondary and tertiary)	Controls in place during Covid	How identified control gaps are being managed	Source of assurance	Assurances in place during Covid	How identified gaps are being managed	Committee providing assurance to TB	Assurance rating
3c	Enhanced data and digital capability	Director of Finance and Digital	Tender for Electronic Health Record is delayed or unsuccessful Tactical response to Covid-19 may impact in-year delivery. Major Cyber Security Attack Critical Infrastructure failure	4177 4179 4180 4182 4481	CQC Responsive	Improve utilisation of the Care Portal with increased availability of information Commence implementation of the electronic health record Undertake review of business intelligence platform to better support decision making Implement robotic process automation Improve end user utilisation of electronic systems Complete roll out of Data Quality kite mark	Cyber Security and enhancing core infrastructure to ensure network resilience. Roll-out IT equipment to enable agile user base.	Digital Services Steering Group Digital Hospital Group Operational Excellence Programme Outpatient Redesign Group	Number of staff using care portal Delivery of 20/21 e HR plan Number of RPA agents implemented Ensuring every IPR metric has an associated Data Quality Kite Mark Delivering improved information and reports Implement a refreshed IPR	Schemes paused to enable tactical response to Covid-19. Limited progress being made where possible.	Management of control gaps being reintroduced in a phased way from July 2020. Steady implementation of PowerBI through specific bespoke dashboards and requests. Continue to review this as part of wider BI platform Workplan being drafted to ensure compliance before end of Financial year, delayed by resource availability.	Finance, Performance and Estates Committee	A
SO4	**To implement integrated models of care with our partners to improve Lincolnshire's health and well-being**												
4a	Establish new evidence based models of care	Director of Improvement and Integration	Specific projects paused during the Covid 19 manage phase, specific projects are now progressing with delivery throughout the Covid Recovery Phase		CQC Caring CQC Responsive CQC Well Led	Supporting the implementation of new models of care across a range of specialties - in progress Support Creation of ICS - commencing Support the development of an Integrated Community Care programme - on hold Support the consultation for Acute Service Review (ASR) Phase 1. Assurance panel to be held with NHSE/I to review the Pre-Consultation Business Case. Dates for NHSE/I panel either 4th or 12th November Improvement programmes for cancer, outpatients and urgent care in progress, programme for theatres is on hold	Declared as a level 4 incident throughout the UK from March 2020. Now NHSE are coordinating phase 3 of the recovery phase, returning urgent and non-urgent services back to capacity and provision as it was pre-covid. During this period of recovery, work is in progress on specific projects to introduce new evidence based models of care as highlighted in column G. In addition, benefits from service changes made as a result of the need to change	Control gaps identified and reported through to Gold Command Structure Delivery of service transformation aligned to the IIP overseen by the Trust Leadership Team.	Numbers of new models of care established Delivery of ASR Year 1 objectives Improvement in health and wellbeing metrics	Assurance received through daily/weekly briefing processes with Chair/CEO/Execs COVID reporting to Trust Board monthly	Steady implementation of the Outstanding Care Together Programme to identify Strategic priorities for the remainder of 2020/21 and for 2021/22 aligned to the IIP. Roll out of Outstanding Care Improvement System has started with Wave 1 in Medicine Outpatient Transformation work has been escalated from the perspective of moving to virtual and telephone consultations which has also enabled outpatient activity to continue safely during the Covid Pandemic. The Lincolnshire system has agreed a new system	Finance, Performance and Estates Committee	A

Ref	Objective	Exec Lead	How we may be prevented from meeting objective	Link to Risk Register	Link to Standards	Identified Controls (Primary, secondary and tertiary)	Controls in place during Covid	How identified control gaps are being managed	Source of assurance	Assurances in place during Covid	How identified gaps are being managed	Committee providing assurance to TB	Assurance rating
						Development and Implementation of new pathways for paediatric services - in progress Implementing the Outstanding Care Together Programme to support the Organisation to focus on high priority improvements.	due to Covid will be locked in for the future, at the same time as addressing any impact on equality for patients who may have poorer clinical outcomes.				architecture to support the implementation of an Integrated Care System. In the new architecture, ULHT has been allocated the system lead role for cancer and access. Simon Evans is the SRO for access and Dr Neill Hepburn the SRO for cancer. The SRO's has been asked to scope out their programmes for 2021/22.		
4b	Advancing professional practice with partners	Director of Nursing	Specific projects paused during Covid 19 response		CQC Caring CQC Responsive CQC Well Led	Supporting the expansion of medical training posts Support widening access to Nursing and Midwifery and AHP Support expansion of Paediatric nursing programme Developing System wide rotational posts Scope framework to support staff to work to the full potential of their licence Ensure best use of extended clinical roles and our future requirement	Nursing, Midwifery and AHPs have been feeding into the practice placement offers as coordinated by Health Education England, and have employed students who have opted in to extended clinical placements throughout the COVID pandemic. This includes all branches of nursing and midwifery.	Students who are on placement have been allowed to choose where they wish to work and have been supported in their request. There is a formal route of raising any concern via HEE, HEIs and locally. Any issues have been managed in a timely manner	Increase in training post numbers Numbers on Apprenticeship pathways Numbers of dual registrants Numbers of joint posts and non medical Consultant posts Numbers of pre-reg and RN child	Feedback has been sought from the students in practice and the Assistant Director of Nursing has engaged in the weekly strategic calls hosted by HEE	The Medical Director would be required to add information around medical staffing		G
4c	To become a University Hospitals Teaching Trust	Medical Director	Specific projects paused during Covid 19 response			Developing a business case to support the case for change Gap analysis and Tracker Increasing the number of Clinical Academic posts Refresh of our Research, Development and Innovation Strategy Improve the training environment for medical students and Doctors Tracker vs Framework	Quarterly Review meetings	Gap analysis and Tracker developed and updated quarterly against national criteria	Progress with application for University Hospital Trust status Numbers of Clinical Academic posts RD&I Strategy and implementation plan agreed by Trust Board GMC training survey Stock check against checklist	Reintroduction of students		People and Organisational Development Committee	R

Ref	Objective	Exec Lead	How we may be prevented from meeting objective	Link to Risk Register	Link to Standards	Identified Controls (Primary, secondary and tertiary)	Controls in place during Covid	How identified control gaps are being managed	Source of assurance	Assurances in place during Covid	How identified gaps are being managed	Committee providing assurance to TB	Assurance rating

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