Bundle Trust Board Meeting in Public Session 5 May 2020

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

1 Introduction, Welcome, Chair's Opening Remarks and Health and Safety
Chair

2 Public Questions
Chair

3 Apologies for Absence
Chair

4 Declarations of Interest
Chair

5 Minutes of the meeting held on 7 April 2020
Chair
Item 5 Public Board Minutes April 2020 v2.docx

6 Matters arising from the previous meeting/action log
Chair
Item 6 Public Action log April 2020.docx

7 Chief Executive Horizon Scan Verbal
Chief Executive

8 Covid -19 Update
Chief Operating Officer
Item 8 Trust Board Emergency Planning COVID19 May v4.docx

9 Assurance and Risk Report from the Quality Governance Committee
Chair of Quality Governance Committee
Item 9 QGC Upward report April 2020 v2.doc

10 Integrated Performance Report
Director of Finance & Digital
Item 10 Integrated Performance Report - Trust Board.pdf

11 Risk and Assurance

11.1 Risk Management Report
Medical Director
Item 11.1 Trust Board - Strategic Risk Report - May 2020.pdf
Item 11.1 Appendix I - Very high Strategic Risks - April 2020.pdf
Item 11.1 Appendix II - Very high & High Operational Risks - April 2020.pdf
Item 11.1 Appendix III - Risk Scoring Guide - July 2019.pdf
Item 11.1 Appendix IV - Risk management process Jan 2020.pdf
Item 11.1 Appendix V - ULHT Risk-and-Quality-Impact-Assessment-Process---Coronavirus-Major-Incident-Service-Change---14 April-2020.docx

11.2 Board Assurance Framework Year End 2019/20
Trust Secretary
Item 11.2 BAF 2019-20 Front Sheet May 2020.docx
Item 11.2 BAF 19-20 v28.04.2020.xlsx

11.3 Board Assurance Framework 2020/21 - Covid
Trust Secretary
Item 11.3 BAF 2020-21 Front Sheet May 2020.docx
Item 11.3 DRAFT BAF 2020-2021 v280220.xlsx

12 Any Other Notified Items of Urgent Business

13 The next meeting will be held on Tuesday 2nd June 2020

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

Agenda Item 5

Minutes of the Trust Board Meeting

Held on 7 April 2020

Via Teleconference

Lincoln Suite, Lincoln County Hospital

Present

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

Apologies

371/20	**Item 1 Introduction** The Chair welcomed members to the teleconference meeting in the extraordinary circumstances.
372/20	The meeting, in line with government guidance on COVID-19, was held via teleconference and the decision had been made not to open the meeting to members of the public to attend.
373/20	Board papers had been made available via the website. Members of the public were also invited to submit questions ahead of the meeting in the usual manner. There would be a set of minutes published by 14th April in order to ensure the details of the meeting were accessible to the public.
374/20	The Chair reflected on the extraordinary situation in which Board colleagues were working as the Trust were and expressed gratitude to those who had shared experiences from other Trusts for which ULHT was able to take learning and put this in to practice.

375/20 376/20	The Board acknowledged those Doctors and Nurses from other Trusts, who, as a result of becoming infected, had died and expressed our thoughts were with the colleagues and families of those who had died together with members of their Trust Boards Mrs Baylis emphasised that the experience of colleagues in other parts of the country underlines the importance of the effectiveness of our response. The Board noted that the discussions would be framed around the response to COVID-19. We are operating in a level 4 national command and control framework meaning that the Trust were responding to national objectives to protect life and reduce harm
377/20	**Item 2 Public Questions** **Q1 from Jody Clarke** **Firstly, I want to pass on my heartfelt appreciation to all of you at United Lincolnshire Hospitals, from catering, cleaners and porters, to Nurses, Doctors and every single one of you, working so hard during these times and keeping us all safe and well. My question is, If the Covid 19 outbreak escalates and you need to increase capacity, can you tell me what the plan would be in relation to Grantham Hospital?** The Chief Operating Officer responded: Grantham Hospital has a key part to play in the response to the incident. There are a number of areas of the Trust surge plan which use Grantham Hospital. There are no plans going forward for critical care to be provided from Grantham Hospital, this is in line with the national steer that critical care capacity should be increased from existing units and not created in new units. Grantham is likely to see an increase in capacity and there is a plan in place to increase endoscopy and diagnostic services. The layout of Grantham provides the opportunity to offer these services to cancer patients in a safe environment.
378/20	**Item 3 Apologies for Absence** There were no apologies for absence received.
379/20	**Item 4 Declarations of Interest** There were no declarations of interest which had not previously been declared.
380/20	**Item 5 Minutes of the meeting held on 3rd March 2020 for accuracy** The minutes of the meeting held on 3rd March 2020 were agreed as a true and accurate record subject to the following amendments: 228/20 – Should read – Had been recommended following an internal audit report 279/20 – Should read – By the end of May 2020 283/20 – Should read – The biggest areas of concern on statutory maintenance backlog were
381/20	**Item 6 Matters arising from the previous meeting/action log** 1576/19 – Post implementation review of Smoke Free ULHT – Deferred due to Covid-19

	1641 & 1642/19 – Audit Committee to received reports and action plans from NHS Improvement Board observation – Deferred to next Audit Committee 1747/19 – Business case review of fires works – Further work ongoing. To be presented to next Finance, Performance and Estates Committee, date to be confirmed. 077/20 – Review of Trust Operating Model and governance – Deferred due to Covid-19 214/20 – Increase in signage of infection prevention and control – Information had been placed in public areas however as part of the Trust response to Covid- 19 the Trust had now closed to visitors. Complete. 326/20 – Consideration of shortening of medical e-rostering timescale implementation – Director of People and Organisation Development to progress, to advise Board of the position 7 July 2020 343/20 – Review staff survey indicator in relation to violence from patients – Deferred due to Covid-19
382/20	**Item 7 Chief Executive Verbal Briefing** The Chief Executive provided a verbal update to the Board noting that the current position was a level 4 national emergency, actions being taken by the Trust were in line with the instructions being given nationally.
383/20	Some information was being learnt from the national press conferences being held daily at 5pm where policy was announced and then escalated through NHS England.
384/20	Actions were being progressed through the Lincolnshire Local Resilience Forum and there was a strong system coordination role through the Strategic Coordinating Group with full Gold and Silver Command in place across the system.
385/20	The national policy set was to save lives and reduce harm, in relation to colleagues and the workforce this was about helping staff to stay safe and well and at work. A key part of the national push was that there needed to be capacity within the NHS to meet the expected demand. The message to stay at home to protect the NHS and save lives was not a statement but an action driven through policy that the Trust were following.
386/20	In order to create capacity the Trust had postponed elective surgery and activity. There had been a push with system colleagues in order to discharge medically safe patients. Arrangements had also been put in place that allowed the NHS to purchase capacity from the independent sector.
387/20	The current capacity in the Trust was 400 empty beds however this changed daily as a result of huge efforts made across the system to ensure acute beds and intensive care had the capacity to cope with the expected surge in Covid-19 and related respiratory conditions.
388/20	The situation was fast moving and there was a need for the Board to ensure that the approach taken to changes was clear through the Gold Command structure and adherence to national guidance. There needed to be clarity on the decisions made, how, why and what the impact had been both on the organisation and patients.
389/20	The Chief Executive was keen to demonstrate that progress was being made with the system action plan that had been as a result of a letter of instruction from NSH England/Improvement.

	The letter had indicated the actions that should be taken in response to a level 4 emergency. Although the system was not yet in the surge phase there had been some consideration to begin looking at recovery, what this may look like and what issues might be expected.
390/20	Whilst Covid-19 was a national issue there was also a need to continue work within the Trust to avoid harm to patients and the public and to prioritise other areas of critical care. The Chief Executive reassured the Board that the Executives were sighted on non-Covid-19 work in addition to responding to the pandemic.
391/20	The Chief Executive thanked all colleagues across the Trust working hard and being flexible at an anxious time for people. Staff were responding magnificently to the situation, the Executive Leadership Team included. Gold Command had been split across the Chief Operating Office, Director of Nursing and Director of Improvement and Integration with the Chief Operating Officer acting as the Incident Commander. Thanks were expressed for the work they were doing.
392/20	The Chief Executive also thanked the public for the huge emotional and practical support demonstrated through donations including food, equipment and PPE. These donations had been received from both the public and local businesses. In addition the 'Clap for Carers' at 8pm on a Thursday had shown the huge public support for all that was being done and it had been humbling to see this in action.
393/20	The Non-Executives and Dr Prior also offered thanks to staff. The Trust Board: • **Received the update** *Mrs Dunnett and Director of Improvement and Integration joined the meeting*
394/20	**Item 8 COVID-19** The Chief Operating Officer presented the report in order to update the Board with regards to the response to COVID-19 acknowledging the rapid change in guidance and national steer.
395/20	In the seven days since the production of the report there had been significant numbers of further directives and guidance issued from NHS Improvement and professional bodies. The report, although now out of date, described the overall approach being taken.
396/20	The NHS and the Trust were well prepared to respond to the incident and had a pandemic flu plan in place that was being utilised alongside the major incident plan. Together these plans created the structure of the response.
397/20	The Chief Operating Officer was acting as the Incident Commander with Gold Command having been established. There was also a Medical Commander in place and cells set up to run the incident management teams working on specific elements of the plan.
398/20	The Trust had six areas focusing on the overall response which fed back in to the command and control structure. Daily contact was undertaken with local resilience partners and incident command centres are joined via videoconferencing. Primarily Lincolnshire Community Health Services NHS Trust who were the closet partner in the response.
399/20	A number of measures had been put in place to protect staff and services during the response. There was a need to ensure that there was a maximum number of staff working to respond to the surge whilst protecting those who did not need to be working on site, required

	shielding, were symptomatic or had other conditions that meant they could not be at work. This was being monitored on a daily basis.
400/20	The overall surge approach was described in the paper and the modelling and timescale of the expected surge had changed since the production of the report. There was an expectation of a surge for the Easter Bank Holiday Weekend however Lincolnshire was behind other areas in terms of the increase in demand.
401/20	London and the West Midlands had been significantly affected and had seen a large portion of surge. The county were further behind what had been anticipated in terms of the response. Plans indicated the need to put in place additional capacity for services to keep patients safe.
402/20	The Chief Operating Officer advised that consideration of the recovery process had commenced. It as acknowledge that this may feel early considering the surge had not yet occurred however the Trust were anticipating the recovery phase to be significant, requiring months of changes to service and capacity. The Trust would need to bring care back in line with national standards, in particular elective waiting times. Resources were being allocated in order to ensure this was well managed.
403/20	A specific cell had been created to examine the Trusts response and provide intelligence regarding provision of cancer services. The national response to cancer services had been that Covid-19 would receive the maximum attention with critical care aligned to the Covid-19 response. The Trust had examined the guidance with both regional and Cancer Alliance partners and a plan had been prepared in order to protect cancer surgery throughout the Covid-19 incident.
404/20	Mr Hayward asked if the appropriate arrangements were in place to ensure that learning from the incident was captured and asked how assurances would be provided to the public following recovery that deep clean of clinical areas had been undertaken.
405/20	The Chief Operating Officer advised that the governance structure in place recorded decision making on a transactional basis including the why, risks, associated benefits and the outcome and impact of the decisions. This involved learning throughout the incident.
406/20	The Director of Nursing advised that there were clear standards about how and when deep cleans were undertaken and this applied equally to the pandemic. The logistics of deep cleaning would be included within the recovery plan.
407/20	Mrs Libiszewski requested further assurance on the partial booking waiting list where patients may not be on a cancer pathway. How would the Trust ensure that the data was available to treat patients in the right way as quickly as possible?.
408/20	The Chief Operating Officer noted that planned care had a cell within the incident centre and this produced daily information in relation to the impact of waiting times for patients that were non-urgent, including cancer and patients on the partial booking waiting list. Within the recovery plan there would be the inclusion of planned care and how the Trust respond and track the implications. Risks assessments were being utilised and there had been the protection of a small degree of capacity for those patients defined clinically as urgent.
409/20	The Board discussed how the process was working and how this would be reported in to the Quality Governance Committee as part of the Covid-19 report. There was a need for assurances to be received prior to entering the recovery phase. Initial conversations had been undertaken regarding the immediacy of ensuring sight of patient harm and the waiting list position. There was an importance for Quality Impact Assessments to be completed on decisions being made to ensure a clear record.

410/20	The Chief Operating Officer and Director of Nursing would develop a proposal for reporting to the Quality Governance Committee to demonstrate the completeness of quality impact assessments, harm caused to patients and the impact on the partial booking waiting list due to Covid-19. **Action – Chief Operating Officer/Director of Nursing, 14 April 2020**
411/20	Mrs Dunnett asked what the impact had been on maternity services and if there had been any changes. The Chief Operating Officer noted that some changes had been made to pathways due to availability of staffing and due to the need for a temporary move of clinics.
412/20	The Director of People and Organisational Development updated the Board on the Health and Wellbeing offers being made available for staff. Work was being undertaken to ensure that staff were effectively supported and the approach had been developed with system partners and Staff Side representatives. Updates on the offer available to staff was circulated through the SBARs.
413/20	There had been a focus within the offer of mental health well being for staff including mental health first aiders and counselling. The Trust were looking to ensure staff were aware of regular debriefs and where psychological support could be offered. A national helpline was also in place for staff.
414/20	The Chief Executive provided the Board with an update on how staff were being engaged throughout the incident including daily Situation Background Assessment Recommendation (SBAR) Report, Facebook live sessions and weekly informal meetings with Staff Side representatives. The approach had offered a way in which to reset the communication with staff and the frequency, the feedback received had been positive. The intention was to maintain the level of communication throughout the incident, recovery and moving forward. The Trust Board: • **Received the report**
	Item 9 ITEMS FOR INFORMATION
415/20	**Item 9.1 Assurance and Risk Report Quality Governance Committee** The Trust Chair noted that the Committee had considered the governance arrangements of the Trust during the Covid-19 response, had provided a good review of the meeting and were wishing to advise the Board of the nature of the proposed Covid-19 governance report.
416/20	The Chair of the Quality Governance Committee, Mrs Libiszewski noted for the attention of the Board that the NHS Improvement Infection Prevention and Control (IPC) report had been received. The Committee were pleased to hear of the arrangements being put in place to improve IPC, this could not be more important at this time. Work was being undertaken by the Director of Nursing/Director of IPC to ensure staff understood responsibilities for IPC now and in the future. The Trust Board: • **Noted the assurance report**
417/20	**Item 9.2 Assurance and Risk Report Finance, Performance and Estates Committee**

	The Trust Chair noted that there had not been any escalations to the Board following the Committee. The Trust Board: • **Noted the assurance report**
418/20	**Item 9.3 Assurance and Risk Report Workforce and Organisational Development Committee** The Trust Chair noted that there had not been any escalations to the Board following the Committee. The Trust Board: • **Noted the assurance report**
419/20	**Item 9.4 Assurance Report from Audit and Risk Committee** The Trust Chair noted that there had not been any escalations to the Board following the Committee. The Trust Board: • **Noted the assurance report**
420/20 421/20 422/20	**Item 9.5 Integrated Performance Report** The Trust Chair noted that the report contained February data and this had been received by the assurance committees. Mr Hayward noted concerns regarding duty of candour and hoped that this would improve moving forward. The Medical Director noted that the data on duty of candour was disappointing, advising that this had been as a result of the Risk Team taking a less active role during that month. There had been a view that sufficient work had been undertaken to allow the Risk Team to step back the support. It had been clear from the data that the clinical teams were not yet mature enough to take this forward and as such the Risk Team had stepped back in. The Trust Board: • **Noted the report**
423/20 424/20 425/20	**Item 9.6 Risk Management Report** The Trust Chair noted that there had been a new risk added to the register in light of the Coivd-19 pandemic, this had been rated at 25. The other top risks had previously been reviewed. The Medical Director advised that the Covid-19 risk remained a work in progress and that this had led to the reconfiguration of the working of the Trust. The risk of harm to patients, staff, finances and estates was very significant making it essential that the Trust reconfigures. Behind the strategic risk were individual operational risks that were being identified and worked through by the Risk Team with the Operational Teams. Decisions were being made in order to capture, understand and mitigate the risks. There were daily decisions being made due to the fast paced situation, oversight of the risks would be required.

426/20	The Chair indicated that it would be important to see the mitigations and accepted that it would be dynamic. Clarification of where the daily oversight of the new and emerging operational risks and mitigation was sought. The Medical Director confirmed that the Risk Team took responsibility for tracking with oversight taking place at the daily Gold meetings.
427/20	Further work would be required in order to develop further and capture the oversight by Gold Command that would ensure an audit trail was in place. **Action – Medical Director, 5 May 2020**
428/20	Mrs Libiszewski noted that a number of risks within the register would need to be altered in light of the addition of the Covid-19 risk due to the impact this would have. Refinement of the link between the Covid-19 risk and some of the current risks on the register would be required.
429/20	The Medical Director would consider in light of the Covid-19 risk the wider impact on existing risks and the requirement to ensure these were updated and reflective of the current situation. **Action – Medical Director, 14 April 2020**
430/20	Mr Hayward commented on risks 4175 and 4480 regarding capacity to manage emergency demand and the safe management of the Emergency Department. There had been a benefit seen in the public not attending A&E during the Covid-19 pandemic and asked what plans were in place to maintain this going forward.
431/20	The Chair noted the observation that had been made however suggested that this be deferred to a more appropriate time when the recovery cell was operating. The Director of Improvement and Integration noted that this would be wider than attendances within the Emergency Department and would need to be reviewed in a wider context.
432/20	The Board noted the risk register and the addition of risk 4458, recognising the impact of this on existing risks within the register that would require review to reflect on the impact of Covid-19. The Trust Board: • **Received the update** • **Accepted the top risks within the register**
433/20	**Item 9.7 Board Assurance Framework 2019/20** The Chair noted that the Board Assurance Framework had been reviewed by the Executive Directors but had not been received by all of the Committees.
434/20	The Trust Secretary advised that work to populate the 2020/21 framework would be difficult to progress in respect of the agreed 2020/21 objectives due to Covid-19 pressures and sought the view of the Board on bringing a framework that was specific to the current situation.
435/20	The Improvement Director noted that given that a Board Assurance Framework was a dynamic document used to monitor the delivery of objectives then it would be appropriate to focus the framework on the issues surrounding Covid-19.
436/20	The Board were in agreement that a reduced version of the framework would be a pragmatic approach in ensuring that there was focused objective delivery. The framework would include

	a separate Covid-19 objective that linked back to the objectives originally set by the Board for 2020/21. The Trust Secretary would develop the framework with the support of the Improvement Director and Committee Chairs. **Action – Trust Secretary/Improvement Director, 14 April 2020**
437/20	The Committee Chairs would be invited to comment on and review the 2019/20 framework to consider if this was reflective of the position of the Trust considering Covid-19. The final document would be presented back to the Board for year end sign off. **Action – Deputy Trust Secretary, 5 May 2020** The Trust Board: • **Received the Board Assurance Framework**
438/20	**Item 10 Any Other Notified Items of Urgent Business** The Chair concluded the Board meeting by endorsing the points made by the Chief Executive and thanked the Executives and Chief Executive for the ongoing work to ensure the organisation was prepared and responsive for the current and future situation
439/20	The Chair further endorsed the comments with regard to the appreciation to members of the public for the support being offered to the Trust and staff.
440/20	The Chair expressed a wish to write out to staff on behalf of the Board to recognise the magnitude of the challenges being faced and the effort being undertaken by staff in the organisation. **Action – Chief Executive, 5 May 2020**
	The next meeting will be held on Tuesday 5 May 2020, arrangements to be confirmed taking account of national guidance

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

Agenda Item 5

Andrew Morgan				X	X	A	X	X	X	X	X	X
Victoria Bagshaw							X	X	X	X		
Mark Brassington							X	X	X	X	X	X
Karen Dunderdale											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~~ 02/04/2020	Deferred due to Covid -19
1 October 2019	1641/19 and 1642/29	NHS Improvement Board Observations and actions	Updated action plan to be presented to the Board and Audit Committee to receive reports and action plans	Warner, Jayne	~~03/12/2019~~ ~~4/12/2019~~ 13/07/2020	Audit Committee reviewed actions in Jan meeting. Review again at July Audit Committee
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	Due to FPEC in January. Report back to TB Feb Further work ongoing. To be presented to next FPEC date to be confirmed.
4 February 2020	049/20	Integrated Improvement Plan	Board to receive IIP programme of delivery, identifying how changes would be maintained and embedded	Brassington, Mark	05/05/2020	
4 February 2020	077/20	Assurance and Risk Report Quality Governance Committee	Review of TOM and governance to be presented to the Board	Brassington, Mark	~~07/04/2020~~ 02/06/2020	Deferred due to Covid-19
3 March 2020	214/20	Infection Control	Increase in signage of infection prevention control measures in the public areas of the Trust	Dunderdale, Karen	07/04/2020	Information had been placed in public areas however the move to social distancing

						had resulted in members of the public not being on site. Complete.
3 March 2020	326/20	Assurance and Risk Report Workforce and Organisational Development Committee	Consideration of shortening of medical e-rostering timescale implementation and efficient use of resource	Rayson, Martin	~~07/04/2020~~ 07/07/2020	Dir of People &OD to progress. To advise Board of position July 2020
3 March 2020	343/20	Staff Survey Results	Review staff survey indicator in relation to violence from patients to identify hot spots to focus activity and support	Rayson, Martin	~~07/04/2020~~ 02/06/2020	Deferred due to Covid-19
3 March 2020	353/20	Freedom to Speak Up Quarterly Report	Review other Trusts data to consider how greater assurance could be provided	Freedom to Speak up Guardian	07/07/2020	
7 April 2020	410/20	Covid-19	Develop proposal for reporting to Quality Governance Committee re QIAs, patient harm and waiting list impact	Evans, Simon/Dunderdale, Karen	14/04/2020	Report received at QGC meeting 21/04/20 Captured in upward report.
7 April 2020	427/20	Risk Management Report	Develop and further capture oversight by Gold Command to ensure audit trail in place	Hepburn, Neill	05/05/2020	Agenda Item
7 April 2020	429/20	Risk Management Report	Existing risks to be updated in response to the impact of Covid-19	Hepburn, Neill	05/05/2020	Agenda Item
7 April 2020	436/20	Board Assurance Framework 2019/20	Develop a streamlined BAF including a separate Covid-19 objective	Warner, Jayne/Geddes, Cathy	14/04/2020	Agenda Item
7 April 2020	437/20	Board Assurance Framework 2019/20	Circulate 2019/20 BAF to Committee Chairs for review prior to final sign off by Board	Willey, Karen	05/05/2020	Agenda Item. Complete

United Lincolnshire Hospitals NHS Trust

`To:	Trust Public Board
From:	Simon Evans Chief Operating Officer and Executive Officer for Emergency Planning
Date:	28th April 2020
Healthcare standard	Emergency Planning
Title:	United Lincolnshire Hospitals NHS Trust Response to Covid19

Author/Responsible Director: Simon Evans Chief Operating Officer

Purpose of the report: To provide an update on the Trust's Response to Covid19 Pandemic and Describe Current Proposed Plan

The report is provided to the Board for:

Decision		Discussion	
Assurance	X	Information	X

Summary/key points:

- The Trust has responded to the national level 4 emergency by putting in place an Incident Management Team and Incident Command Centres
- A set of governance processes have been running since the beginning of the incident ensuring that decision making processes are safe, risks are clear and mitigated . These processes appropriately use available best practice and are informed with informatics and intelligence reports
- An overall plan has been developed that articulates the 4 stages of the response to COVID. These are MANAGE, RESTORE, RECOVER, NEW NHS WAYS
- The initial Surge modelling developed on London and NHSE models has helped create plans to increase capacity of critical care, increased oxygen supported and general acute inpatient beds.
- To date ULHT has responded completely to all emergency demand for Covid19 meeting standards for access to critical emergency services
- Latest intelligence reports on Covid19 for Lincolnshire suggest the Trust is now well placed to consider moving to the RESTORE phase, and to put in place models of care that protect vulnerable patients whilst undertaking increased urgent and planned care activities. (Such as increased Cardiac treatments, Cancer, and where safe and possible more routine elective treatment Orthopaedic etc.)

Recommendations: Discuss and note the contents of the report

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

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

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

Patient and Public Involvement (PPI) implications – National implications for patients and the wider public are communicated via Public Health England. Local decision making and incident responses are in line with Pandemic and Major Incident Plans.
Equality impact – National implications for patients and the wider public are communicated via Public Health England. Local decision making and incident responses are in line with Pandemic and Major Incident Plans.
Information exempt from disclosure – No
Requirement for further review? Yes

1. Background to COVID-19 Command and Control Process

On 30th January the first phase of the NHS's preparation and response to Covid19 was triggered with the declaration of a Level 4 National Incident. At the same time Covid19 was confirmed as a High Consequence Infectious Disease (HCID) and the UK risk level was raised from moderate to high.

On the 3rd March Department of Health and Social Care issued the action plan Coronavirus action plan; a guide to what you can expect across the UK. This reflected the strengthened legal powers announced by Secretary of State for Health and Social Care

As NHSEI created national and regional Incident Command Centres (ICCs) and Incident Management Teams (IMTs) all trusts were tasked with enacting their own major incident plans and creating similar structures, 7 days per week and at a minimum 12 hours per day.

In line with the Major Incident plan and the Pandemic Flu plan a team of three Gold Executive Directors including the Director of Nursing/DIPC, The Director of Improvement and Integration/Deputy CEO and the Chief Operating Officer formed a 7 day rota in managing the incident at ULHT.

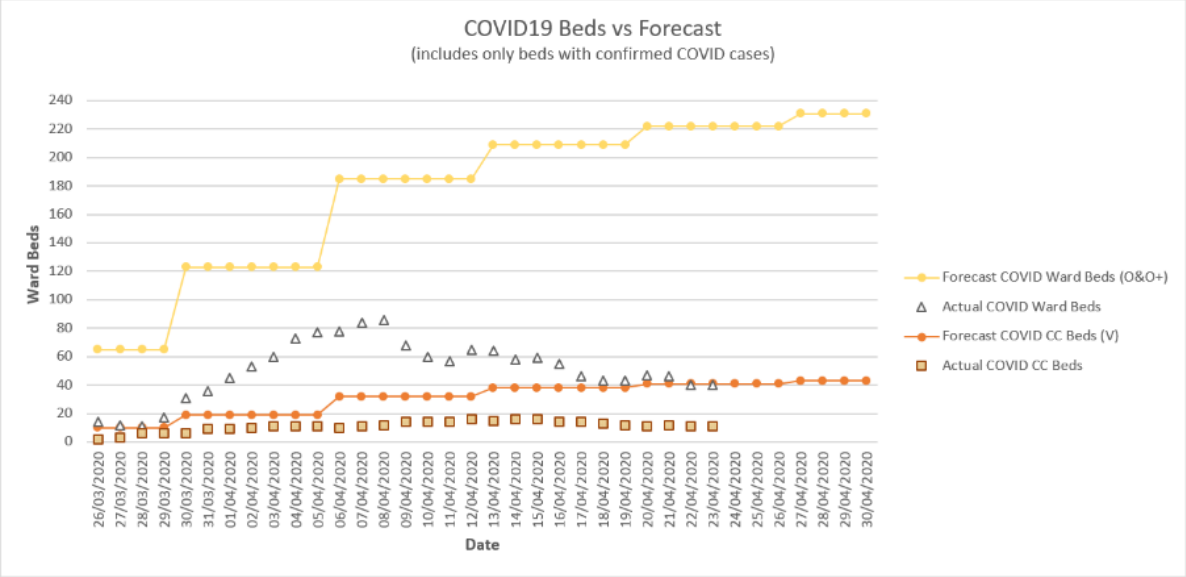
National guidance issued on the 29th April described the need to maintain a command and control process through the next (RESTORE) phase of response to Covid19. Trusts are asked to continue with these arrangements and not step down the Incident Management Teams structure until notified.

Communication from NHSEI and ongoing directives made clear the line of command through NHSEI National – regional – Trusts and that plans must be followed without undue regional deviation. Furthermore, that Local Resilience Forums should be a supportive format to the response and not deviate from NHSEI direction.

2. Impact of Actions to Date

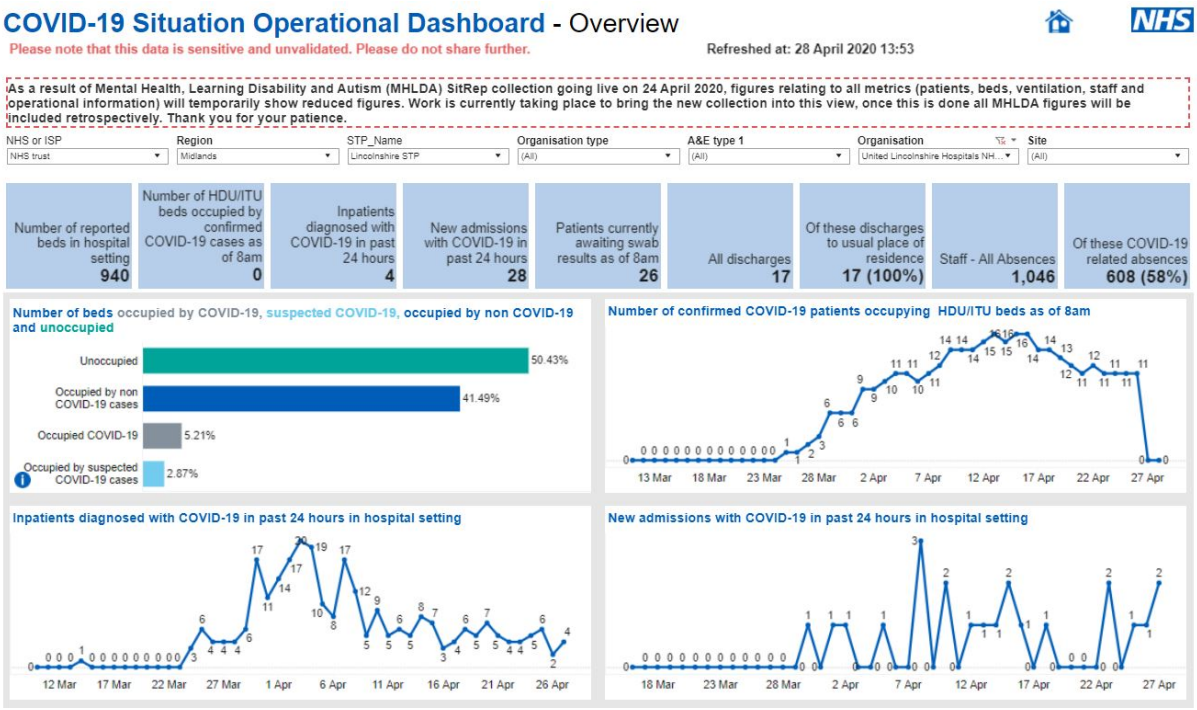
The response to date from the onset of the Level 4 national incident has been described as the fastest and most far reaching repurposing of NHS services, staffing and capacity in the NHS' 72 year history. National guidance given in March described the expectation of a significant surge in demand for emergency services.

Subsequently the implementation of national lockdown and social distancing has resulted in a demand less than predicted Nationally. Rurality and geography are likely to be contributory factors that have had an even greater impact on reducing demand in Lincolnshire.



As a result to date all emergency patients including those with suspected or confirmed COVID have had access to the services they have needed within standard timescales. Overall emergency demand has been less than normal and with capacity in place response times for emergency services have been in line with national emergency standards. (Time to be triaged and time to be treated most notably both achieving national standards.)

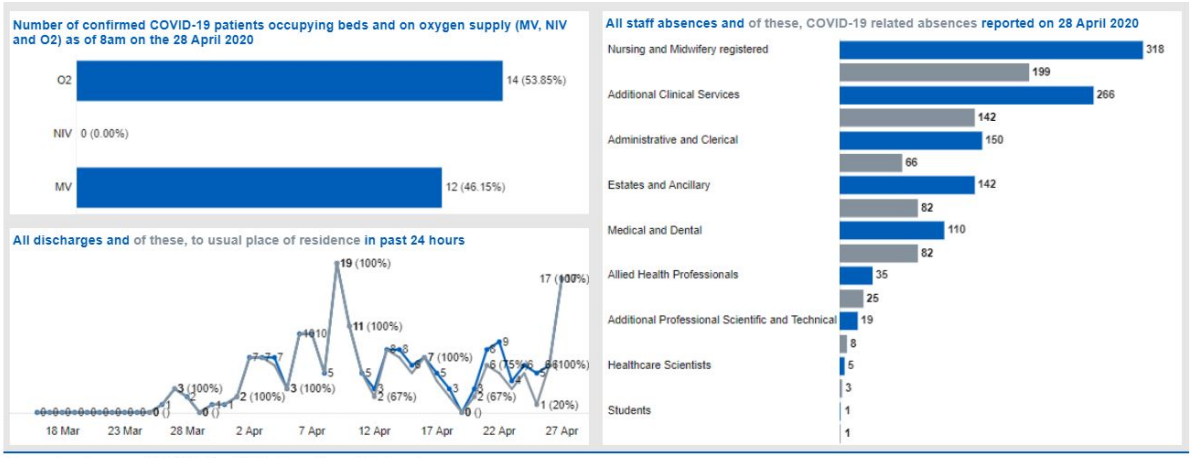
The dashboard below shows how demand has increased, plateaued and started to reduce. It also shows the surge capacity created in line with national planning request.



During the response to the initial increase in COVID patients the Trust has had to manage increased sickness levels, with staff both shielding as well as off with suspected or confirmed Covid19. Sadly in late April a member of staff from PHB died with confirmed Covid19. A staff nurse from one of our surgical wards at PHB he was very well liked, professional, respected by members of the team and will be greatly missed. Wellbeing services have

been provided and will continue to offer support to colleagues and teams affected by the loss of one of our nurses and the wider impact of Covid19.

Managing increased levels of absence has introduced challenges whilst maintaining escalated levels of critical care services, as well as keeping inpatient capacity to levels required. This has been made easier with reduced demand (63% of normal) on general inpatient, and with improved discharge processes that have been put in place. These processes have reduced medically fit/medically stable to transfer patients who do not require acute care down to the lowest number recorded.



For queries please email NHSI.NationalAEDashboardSupport@nhs.net

3. Personal Protective Equipment (PPE)

The response to Covid19 has followed Pandemic plans developed nationally and locally at ULHT. These plans included the preparation for the large volumes of PPE equipment required. Guidance on usage of PPE has been provided from Public Health England (PHE) and ULHT have adopted this exclusively.

Throughout the response to COVID there has been a great deal of interest and concern for both the way in which PPE is used and the supply of equipment. From early stages of the response Trusts have had supply chains removed from local control as the incident moved to a just in time central allocation process. This process did increase anxiety and combined with international shortages of certain elements of PPE (most notably gowns) this has led to increased media coverage and national staff body concern.

At ULHT through a combination of alternative sourcing, national allocation and a less than average requirement for PPE (stemming from having less suspected and confirmed COVID patients) there have not been any occasions where PPE has run out.

There remains strict focus on PPE usage and supply, and with international shortage in production and supply of certain items this will remain the case. However, ULHT have remained in a place of relative strength where on a number of occasions they have been able to support system and regional partner organisations through mutual aid.

There are published guidelines that describe contingency measure that should be taken should PPE not be available through shortages. Whilst the Trust recognise this as a contingency there are no plans to reach that level of stock and all efforts continue to continue to provide the ideal level of PPE.

4. Testing

Testing capacity has developed significantly from the initial stages of response to Covid19. The national target of 100,000 tests per day by the end of April, coupled with expansion in the eligibility criteria will provide capacity for all patients that require testing at ULHT, all staff that may become symptomatic, and provide the ability to create testing regimes for staff in time.

Staff testing is now completed using the centrally developed application and booking system, that in turn directs staff to either a Lincoln facility, or to mobile testing centres run jointly with MOD support.

Staff volume and pattern of cases are monitored daily. There has been one identified cluster of staff at the Pilgrim site where immediate action was taken to minimise the impact and keep staff and patients safe. An investigation of this cluster has identified with NHSE regional support that all reasonable practical precautions were taken.

An outbreak policy for staff has been agreed through the current governance arrangements.

Patients who require urgent, cancer and planned surgery have also now been able to access testing prior to surgery to ensure that both they and the staff caring for them are protected from transfer of Covid19.

5. ULHT Response to COVID 19 Plan (Campaign Plan)

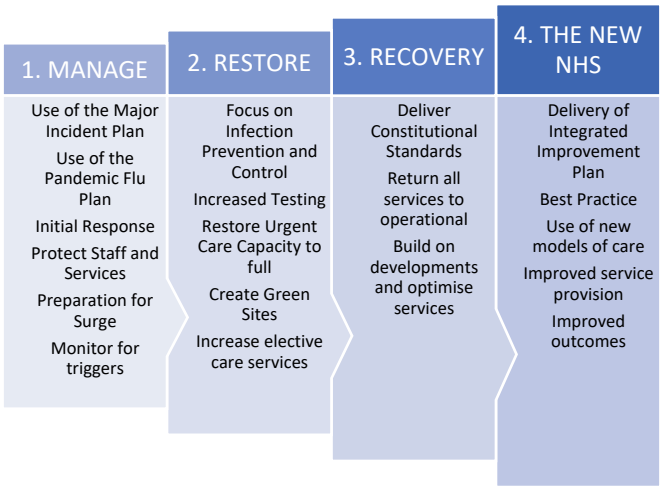
ULHT response to Covid19 has required the development of an overarching plan that details 4 phases. Each phase will consider the likely scenarios and triggers for different courses of action, and in turn have a series of options contained that can be enacted.

Whilst these phases are described in a linear fashion, it is important to note that at any point during RESTORE or RECOVERY phases there may be a need to put in place surge capacity. The development of surge plans has provided a suite of responses that could be enacted at short notice at any point given certain triggers.

By creating a plan such as this clinical teams will have pre-planned responses to scenarios that range from little to no change up to a super surge model that requires a fundamental change in the operating capacity of each service in each hospital.

As the Covid19 situation has developed rapidly, some elements of the plan have been enacted and subsequently closed (such as the Critical Care Surge plan), whereas others have yet to be put in place (and possibly may never be put in place).

The 4 phases of this plan in line with NHSEI staging are as follows:



6. Phase 1 MANAGE

6.1 The Initial Response

The MANAGE phase of the Covid19 plan has been to put in place the necessary resources and management operations to steer the organisation through the remainder of the Level 4 emergency.

This phase primarily used two trust policies designed for this kind of situation, the Pandemic Flu Policy, and the Major Incident Plan. Calling on these two documents with support from NHSEI guidance helped with putting in place the necessary structures:

- Incident Management Team
- Incident Command Centres (Silver, Silver support and Gold)

In addition to these, new governance arrangements were developed, that appropriately authorised the necessary changes, investments and reviews of pathways to respond to initial demands surge.

This first phase also put in place the national guidance to prepare the organisation for future surge and the appropriate changes required to protect staff and patients. Namely:

- Changes in visiting arrangements
- The segregation of patients with suspected and confirmed Covid19
- The cessation of certain low risk routine services, in order to prepare additional capacity for surge, and to protect patients from risk of contracting Covid19
- Put in place pathways to protect cancer services, including transferring some services between hospitals

6.2 Protect Staff and Services

Protecting staff as well as patients has been a key priority for the MANAGE phase, with a specific Workforce Cell setup to support key activities. The workforce cell reporting into Silver and Gold command has been led by the Trust's Director of People and Organisational Development and has put in place systems and processes to support staff who:

- Are required to shield themselves and not return to work
- Are symptomatic and require access to testing and occupational health advice

- Are anxious and require support, with a wellbeing package of services in and outside of the trust that can be accessed.
- No longer need to work within our hospitals and can continue to work from home
- No longer have work to do because their service has ceased or changed and can support in another role in a critical area.

Working collaboratively with staff side representatives a suite of communications and informing systems have been put in place to help staff understand the rapidly changing position and services we have been offering. These include:

- Daily SBAR (situation background assessment and recommendation update)
- On demand special briefings such as those describing changes in Personal Protective Equipment (PPE)
- Use of social media messaging with the above briefings and key links to Public Health England as well as .Gov.uk sites
- Live broadcasts with Executive Team each week on Facebook with questions and answers live from staff on line
- Daily and weekly staff side briefing sessions for all union representatives to understand what measures are in place to support staff

6.3 Impact on BAME Staff of Covid19

Emerging UK and international data suggests that people from Black, Asian and Minority Ethnic (BAME) backgrounds are also being disproportionately affected by Covid19. Public Health England have been asked by DHSC to investigate this. In advance of their report and guidance, on a precautionary basis we are implementing recommendations that employers should risk-assess staff at potentially greater risk and make appropriate arrangements accordingly. BAME staff support forums are actively discussing this response whilst awaiting further national guidance.

6.4 Preparation for Surge; Plans and Triggers

Throughout the MANAGE stage of Covid19 Response plan a number of Surge Plan scenarios have been developed. Each response is based on a set of assumptions and triggers and uses the latest modelling of anticipated demand and patient behaviour from London, NHSE and experiences from other countries.

The most likely scenario for surge is a plan that requires substantial increases in Critical Care Capacity as well as General Acute beds, with a very high usage of oxygen services. This plan known as Surge Plan v8 also considers the likely model of increased emergency activity generally as the population gain confidence in using hospital services and increase presentations to Emergency Departments.

In addition to Surge Plan v8 additional work has been undertaken to prepare plans for a much more severe change in demand on services. Although not worst case conceived this scenario stretches the Trust to the maximum theoretical occupancy of our facilities with some of the highest levels of acuity in patients. As an exercise in preparation this is important to identify the full extent possible and exactly how teams would operate in the most extreme circumstances. It is likely should these levels be required that major regional and national mutual aid systems would be in place.

7. Phase 2 RESTORATION

With planning complete on how and when surge responses could be put in place, the current position faced by the Trust and nationally is that the initial wave of COVID demand is subsiding. All modelling suggests that whilst subsiding, Covid19 will be a disease that will be in general population for many more months.

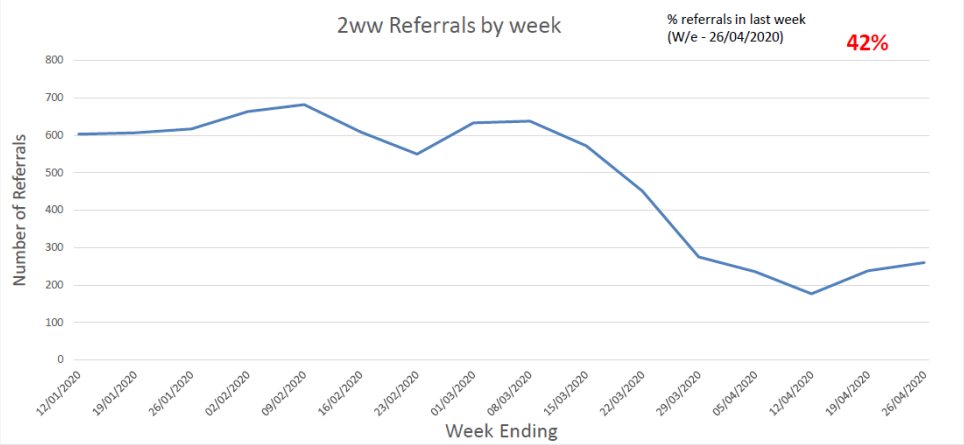
Initial plans put in place to create capacity whilst the likely demand was unknown must now be adapted so that pathways can return the full range required by Lincolnshire patients.

The RESTORATION phase will take place from 28th April for a period of 6 weeks. As a Trust with comparatively less impact of Covid19 ULHT is well placed to restore many services to appropriate capacity swiftly.

During this phase Trusts will focus heavily on Infection prevention and control measures as well as use of testing services to create Green (non COVID) pathways and potentially Green sites. All emphasis is placed on the safe restoration of services and not create additional risks to patients and staff.

During this phase the Trust will be required to develop full capacity of urgent care services at pre COVID incident levels, as well as protecting capacity to provide elective services, especially cancer services.

ULHT has continued to offer Cancer services using clean pathways during the MANAGE stage, however the RESTORATION stage will take this further and create additional capacity to be able to manage all cancer and suspected cancer patients within the national standards. It is anticipated that during this stage Cancer referrals will return to historical levels from the significant decline seen in recent weeks. National and regional campaigns reinforcing the need for patients to contact the NHS if they suspect they may have cancer symptoms will increase in intensity throughout the RESTORATION stage.



Use of the independent sector will continue where necessary, and where the Trust is not able to put in place the capacity to treat patients in a timely way. Working collaboratively with Nottingham University Hospitals NHS Trust and Sherwood Forest Hospitals NHS Foundation Trust as part of the East Midlands Cancer Alliance, patients will be given equitable access to regional independent sector hospitals, as well as between NHS hospitals.

RESTORATION will also review all service changes that have taken place during the MANAGE stage and consider those that could be restarted, where ceased previously. Services such as screening services and certain routine elective treatments will also be restarted, where safe to do so. This will focus on patients who have the greatest need using agreed risk based systems, as well as those that have been waiting the longest to be seen.

8. Phase 3 RECOVERY

The RECOVERY stage develops measures taken during the RESTORATION phase into full service provision across ULHT. This not only describes reinstating all services, but also describes how all services will reach constitutional standards. This includes the reduction in patients awaiting follow up appointments, as well as waiting time for operations and treatments down to those time periods described in the NHS constitution.

The RECOVERY phase is likely to take a number of months, with significant increases in overall elective and outpatient service capacity in order to reduce the waiting lists build up during the early stages of Covid19 response.

RECOVERY will likely build on the efficiencies and the improved responsiveness of services developed as part of the Covid19 response. Services such as Outpatients will likely be delivered with much greater use of technology, such as E-consultations and telephone consultations. Early feedback of the use of these systems has been positive from patients and clinical teams, and there the continuation and growth in the use of this model of care is likely to be a major part of the RECOVERY phase.

9. Phase 4 THE NEW NHS

The final stage describes how services will operate once RECOVERY is complete and our services have evolved over the next 12-18 months. This phase will be aligned with our Integrated Improvement Plan Objectives and Outcomes and will build on the successful models of care used in our response to Covid19. This phase will become the new normal state of operating for ULHT, and will reflect adopted best practice not just internally but regionally and nationally.

Agenda Item

United Lincolnshire Hospitals NHS Trust

Report to:	Trust Board
Title of report:	Quality Governance Committee Assurance Report to Board
Date of meeting:	24th April 2020
Chairperson:	Liz Libiszewski, Non-Executive Director
Author:	Jayne Warner, Trust Secretary

Purpose	This report summarises the assurances received and key decisions made by the Quality Governance Assurance Committee (QGC). The report details the strategic risks considered by the Committee on behalf of the Board and any matters for escalation for the Board's response. This assurance committee meets monthly and takes scheduled reports from all Trust operational committees according to an established work programme. The Committee worked to the 2019/20 objectives. The Trust are in the 'Delay' phase in response to Covid-19 and as such the meeting was held via Microsoft Teams with a reduced agenda to focus on key priorities
	Lack of Assurance in respect of SO 1a Issue: Delivering harm free care **Infection Prevention Control** The Committee received a verbal update from the Director of Nursing and it was noted that the current focus was Covid-19 however the Trust had brought in additional support for business as usual and a single action plan developed which would pick up all outstanding issues. The Committee were advised that the additional resource had been put in place would ensure appropriate training was established and also undertake a review on the Trusts compliance with the hygiene code. **Work Programme and ToR** An interim work programme would be developed for use during the COVID period to mitigate against the loss of key issues from the Committee agenda. The Committee would continue to operate in line with the governance arrangements approved at the April Trust Board Meeting. The work programme would be aligned to the interim BAF considered at May Trust Board. **COVID-19** The Committee were given assurances on the Incident Management structure. Assurance was given on oxygen supply. This was being continuingly monitored. Assurance was given that national guidance was being followed on PPE usage and stock levels under constant scrutiny. The Committee highlighted their concern about risks to non-Covid

	patients whose treatment was on hold and asked that this impact was kept under review. **QIA for short notice service change** The process was noted by the Committee and noted progress with retrospective QIAs. Going forward the process would be applied to all changes. **CQC** The Committee noted that the report was explicit about the position against the CQC must and should do actions whilst recognising why some actions had now been progressed. The Chair noted the assurances which had been relied on through the Ward Accreditation process and state that any development of that process would need to be well understood by the Committee. The Director of Nursing confirmed that one of the Quality Matrons was now supporting the CQC work and further reports would be submitted to the Committee.
	Assurance in respect of other areas: **Risk Report** The Committee received the risk report noting that there had been a number of changes since the production of the report. The Covid-19 risk had remained at 25. The management of emergency demand had reduced to 16 due to the reduced A&E attendance. The Committee requested a further update in respect of Covid-19, the level of detail to be received by the Committee would need to be determined. **Incident Management** The Committee noted incident figures had reduced and this could be attributed to the impact of COVID-19. The Committee noted that Duty of Candour was only being maintained with the intervention of the Clinical Governance Team. This would be addressed through safety culture work.
Issues where assurance remains outstanding for escalation to the Board	None
Items referred to other Committees for Assurance	No items referred to other committees
Committee Review of corporate risk register	The Committee reviewed the risk register noting that updates to reflect COVID risks were underway
Matters identified which Committee	The Committee noted the lack of progress in the 2019/20 risks and agreed to review how they worked with the BAF in 2020/21

recommend are escalated to SRR/BAF	
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	M	J	J	A	S	O	N	D	J	F	M	A
Elizabeth Libiszewski Non-Executive Director	X	X	X	A	X	X	X	X	X	A	X	X
Chris Gibson Non-Executive Director	X	X	A	X	A	X	A	X	X	X	X	X
Neill Hepburn Medical Director	D	X	X	X	X	X	X	X	X	X	X	X
Karen Dunderdale Director of Nursing										X	X	X
Michelle Rhodes/ Victoria Bagshaw Director of Nursing	X	X	X	X	D	X	X	X	X	X		

X in attendance A apologies given D deputy attended

To:	Trust Board
From:	Paul Matthew, Director of Finance & Digital
Date:	5th May 2020
Healthcare standard	All healthcare standard domains

Title:	Integrated Performance Report for March 2020

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

Purpose of the report:
To update the Board on the performance of the Trust for the period 31st March 2020, provide analysis to support decisions, action or initiate change and set out proposed plans and trajectories for performance improvement.

The report is provided to the Board for:

Decision		Discussion	√
Assurance	√	Information	

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

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

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

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

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

Patient and Public Involvement (PPI) implications None

Equality impact None

Information exempt from disclosure None

Requirement for further review? None

Integrated Performance Report

Trust Board
April 2020

EXECUTIVE SUMMARY

Quality

This IPR is the first that has been received by the Committee during the response to COVID-19 and contains a reduced subset of the quality metrics that have previously been collected.

These metrics are based on the agreement at QGC and Board about the priority areas for governance, the national guidance about what data will be available and those that enable the Trust to monitor quality of care and patient outcomes.

There was one unwitnessed fall at the Grantham Hospice in Hospital following which the patient deteriorated and subsequently died. The exception report includes a summary of the work being undertaken to reduce falls with harm in the Trust.

Overall SHMI which includes both deaths in-hospital and within 30 days of discharge (November 2018 – October 2019) is 109.18 and is in band 2 (within expected limits) and shows a slight decrease from the previous reporting period. Our current in-hospital SHMI is 95.29. An audit has been undertaken of deaths within 30 days to review the patients system wide pathway. This has been presented internally and will be taken to the Lincolnshire System Mortality Group for discussion as the areas identified relate to out of hospital care.

Sepsis screening compliance for children in A&E has improved to 89% against a target 90% target. Sepsis intravenous antibiotic compliance for inpatient children is 83% against a target 90% target and the exception report identifies actions being taken.

Duty of Candour verbal and written compliance for February 2020 has improved. However, poor compliance within the Medicine Division continues and the exception report identifies actions being taken.

Response rates in maternity and outpatient areas were below the Trusts trajectory. Recommend rates in inpatient areas, A&E and outpatients were below the Trusts trajectory. The exception report identifies actions being taken.

Operational Performance

On 5th March 2020, in response to the COVID19 pandemic, the Trust enacted the Pandemic Flu plan and elements of the Major Incident Plan, and put in place Command and Control systems. As at the date of writing this report and Trust Board, the Trust continues to operate in this way. The operational performance for March must therefore be seen within the operational context and landscape within which ULHT and indeed the entire NHS are working.

4 hour performance for March was 73.87%. This represents a 5.45% improvement compared to February and 8.13% adverse to trajectory.

March experienced an improvement in ambulance handovers. At Pilgrim there were 124 >59 min ambulance handover delays compared with 307 in February. At Lincoln there were 171 >59 min ambulance handover delays during March compared with 480 in February and at Grantham there were 0 >59 min ambulance handover delays in March compared with 1 in February.

RTT performance for February was 82.23%, a decrease of 1.29% from January. The national 92% standard was achieved in Breast Surgery and Clinical Oncology. Gastroenterology, Endocrinology and General Surgery continue to pose the greatest long wait risks and all of these specialties have performance improvement plans in place.

The overall waiting list size showed a slight increase from January to 38,268 (+49) but remains on track to achieve the March 2020 target.

The increasing trend for the number of overdue follow ups on the Partial Booking Waiting List remains a concern. We have seen significant growth of the partial booking waiting list in March due to the impact of the Trust's Covid-19 delay phase response and related reduced planned care outpatient clinic services. At the end of March, the number of patients waiting over 6 weeks beyond their follow up appointment due date was 15,103. Use of digital technology, new referral clinical triage and PBWL clinical review form the basis of our planned care recovery plan.

Following successful achievement of the Diagnostics (DM01) 99% standard in February for the first time since June 2018 performance reduced in March as a direct result of Covid-19 impact. 8.06% of patients waiting for a DM01 diagnostic test at the end of March were waiting over 6 weeks. During the Covid-19 Delay and Surge phases the Trust has implemented robust plans to ensure patient safety and access to 2 week wait Cancer, emergency and urgent diagnostics.

62 Day Cancer performance for February was significantly improved from the previous month, although remains under the agreed performance trajectory. March performance is forecast to achieve >75%. Focus is currently on maintaining and maximising operational delivery of Cancer services during the Covid-19 Delay and Surge phases, with the introduction of new pathways and collaboration with the Cancer Alliance, primary care and regional provider partner colleagues.

Symptomatic Breast 2WW performance increased in February with improvement forecast to continue on a trajectory to >75% for April.

Paul Matthew
Director of Finance & Digital
April 2020

PERFORMANCE OVERVIEW

True North	KPI	CQC Domain	2021 Objective	Responsible Director	Target per month	Jan-20	Feb-20	Mar-20	YTD	Pass/Fail	Trend Variation
Harm Free Care	Clostridioides difficile position	Safe	Our Patients	Director of Nursing	9	3	4	4	66	P	
	MRSA bacteraemia	Safe	Our Patients	Director of Nursing	0	0	1	0	4	P	
	Patient falls resulting in severe harm	Safe	Our Patients	Director of Nursing	1.4	0	0	0	10	P	
	Patient falls resulting in death	Safe	Our Patients	Director of Nursing	0	1	4	1	10	F	
	Pressure Ulcers category 3	Safe	Our Patients	Director of Nursing	4.3	5	3	2	34	P	
	Pressure Ulcers category 4	Safe	Our Patients	Director of Nursing	1.3	0	0	0	1	P	
	Never Events	Safe	Our Patients	Medical Director	0	0	0	0	9	P	
	Number of Serious Incidents (including never events) reported on StEIS	Safe	Our Patients	Medical Director	14	16	10	9	154	P	
	Patient Safety Alert compliance (number open beyond deadline)	Safe	Our Patients	Medical Director	0	1	0	0	13	P	
	Hospital Standardised Mortality Ratio - HSMR (basket of 56 diagnosis groups) (rolling year data 3 month time lag)	Effective	Our Patients	Medical Director	100	93.49	95.50	96.60	92.25	P	B
	Summary Hospital Mortality Indicator (SHMI) (rolling year data 6 month time lag)	Effective	Our Patients	Medical Director	100	109.50	109.42	109.18	109.93	F	B

PERFORMANCE OVERVIEW

True North	KPI	CQC Domain	2021 Objective	Responsible Director	Target per month	Jan-20	Feb-20	Mar-20	YTD	Pass/Fail	Trend Variation
Harm Free Care	Sepsis screening (bundle) compliance for inpatients (adult)	Safe	Our Patients	Director of Nursing	90%	85.8%	88.50%	90.00%	88.43%	P	A
	Sepsis screening (bundle) compliance for inpatients (child)	Safe	Our Patients	Director of Nursing	90%	83.5%	82.00%	94.00%	91.79%	P	
	IVAB within 1 hour for sepsis for inpatients (adult)	Safe	Our Patients	Director of Nursing	90%	95.2%	90.10%	90.00%	87.09%	P	A
	IVAB within 1 hour for sepsis for inpatients (child)	Safe	Our Patients	Director of Nursing	90%	40.0%	91.00%	83.00%	67.42%	F	
	Sepsis screening (bundle) compliance in A&E (adult)	Safe	Our Patients	Director of Nursing	90%	90.5%	91.50%	92.00%	90.06%	P	A
	Sepsis screening (bundle) compliance in A&E (child)	Safe	Our Patients	Director of Nursing	90%	85.5%	86.60%	89.00%	78.77%	F	A
	IVAB within 1 hour for sepsis in A&E (adult)	Safe	Our Patients	Director of Nursing	90%	95.0%	94.00%	96.00%	95.75%	P	A
	IVAB within 1 hour for sepsis in A&E (child)	Safe	Our Patients	Director of Nursing	90%	88.8%	100.00%	100.00%	62.74%	P	
	Rate of stillbirth per 1000 births	Safe	Our Patients	Director of Nursing	4.2%	2.37%	2.57%	2.35%	2.85%	P	B

PERFORMANCE OVERVIEW

True North	KPI	CQC Domain	2021 Objective	Responsible Director	In month Target	Jan-20	Feb-20	Mar-20	YTD	YTD Trajectory	Latest Month Pass/Fail	Trend Variation	Kitemark
Modern and Progressive Workforce	Overall percentage of completed mandatory training	Safe	Our People	Director of HR & OD	95%	91.10%	91.52%	91.14%	91.23%		F		
	Number of Vacancies	Well-Led	Our People	Director of HR & OD	12%	14.54%	14.22%	13.87%	14.64%		F	A	
	Sickness Absence	Well-Led	Our People	Director of HR & OD	4.5%	4.99%	4.97%	4.94%	4.87%		F	H	
	Staff Turnover	Well-Led	Our People	Director of HR & OD	12%	11.38%	11.27%	11.50%	11.09%		P		
	Staff Appraisals	Well-Led	Our People	Director of HR & OD	90%	73.07%	74.38%	72.43%	73.71%		F		

PERFORMANCE OVERVIEW

True North	KPI	CQC Domain	2021 Objective	Responsible Director	In month Target	Jan-20	Feb-20	Mar-20	YTD		Latest Month Pass/Fail	Trend Variation	Kitemark
Valuing Patients Time	Friends & Family Test Inpatient (Response Rate)	Caring	Our Patients	Director of Nursing	26%	28.37%	28.91%		28.41%		P	A	
	Friends & Family Test Inpatient (Recommend)	Caring	Our Patients	Director of Nursing	97%	87.92%	89.89%		88.69%		F		
	Friends & Family Test Emergency Care (Response Rate)	Caring	Our Patients	Director of Nursing	19%	27.67%	22.22%		24.91%		P		
	Friends & Family Test Emergency Care (Recommend)	Caring	Our Patients	Director of Nursing	87%	81.79%	83.38%		81.60%		F		
	Friends & Family Test Maternity (Response Rate)	Caring	Our Patients	Director of Nursing	23%	18.81%	9.36%		18.18%		F		
	Friends & Family Test Maternity (Recommend)	Caring	Our Patients	Director of Nursing	97%	98.68%	97.14%		98.62%		P		
	Friends & Family Test Outpatients (Response Rate)	Caring	Our Patients	Director of Nursing	14%	12.44%	11.76%		11.22%		F	A	
	Friends & Family Test Outpatients (Recommend)	Caring	Our Patients	Director of Nursing	94%	93.23%	93.60%		93.32%		F		
	Mixed Sex Accommodation breaches	Caring	Our Patients	Director of Nursing	0	0	0	0	0		P		Timeliness, Completeness, Validation, Process
	No of Complaints received	Caring	Our Patients	Director of HR & OD	70	54			624				Timeliness, Completeness, Validation, Process
	No of Pals	Caring	Our Patients	Director of HR & OD		590			4873				Timeliness, Completeness, Validation, Process
	% Triage Data Not Recorded	Effective	Our Patients	Chief Operating Officer	0%	0.66%	0.98%	0.72%	2.02%		F		
	Duty of Candour compliance - Verbal	Safe	Our Patients	Medical Director	100%	62.00%	93.00%		91.73%		F		
	Duty of Candour compliance - Written	Responsive	Our Patients	Medical Director	100%	46.00%	73.00%		81.00%		F		

PERFORMANCE OVERVIEW

True North	KPI	CQC Domain	2021 Objective	Responsible Director	In month Target	Jan-20	Feb-20	Mar-20	YTD	YTD Trajectory	Latest Month Pass/Fail	Trend Variation	Kitemark
Zero Waiting	4hrs or less in A&E Dept	Responsive	Our Services	Chief Operating Officer	82.0%	67.00%	68.42%	73.87%	68.05%	77.47%	F		
	12+ Trolley waits	Responsive	Our Services	Chief Operating Officer	0	0	1	0	12	0	P		
	%Triage Achieved under 15 mins	Responsive	Our Services	Chief Operating Officer	88.5%	84.70%	82.47%	85.95%	80.22%	81.27%	F		
	52 Week Waiters	Responsive	Our Services	Chief Operating Officer	0	0	0		8	0	P		
	18 week incompletes	Responsive	Our Services	Chief Operating Officer	84.0%	83.52%	82.23%		83.17%	83.84%	F	B	
	Waiting List Size	Responsive	Our Services	Chief Operating Officer	37,629	38,026	38,268		n/a	n/a	F		
	62 day classic	Responsive	Our Services	Chief Operating Officer	83.2%	54.94%	67.13%		68.23%	80.57%	F		
	2 week wait suspect	Responsive	Our Services	Chief Operating Officer	93.0%	77.70%	81.08%		80.62%	93.00%	F		
	2 week wait breast symptomatic	Responsive	Our Services	Chief Operating Officer	93.0%	7.32%	15.72%		46.71%	93.00%	F	L	
	31 day first treatment	Responsive	Our Services	Chief Operating Officer	96.0%	93.31%	96.27%		96.40%	96.00%	P		
	31 day subsequent drug treatments	Responsive	Our Services	Chief Operating Officer	98.0%	100.00%	95.31%		98.68%	98.00%	F		
	31 day subsequent surgery treatments	Responsive	Our Services	Chief Operating Officer	94.0%	94.12%	88.89%		92.12%	94.00%	F		
	31 day subsequent radiotherapy treatments	Responsive	Our Services	Chief Operating Officer	94.0%	97.89%	94.74%		95.73%	94.00%	P		
	62 day screening	Responsive	Our Services	Chief Operating Officer	90.0%	67.57%	70.59%		80.56%	90.00%	F		

PERFORMANCE OVERVIEW

True North	KPI	CQC Domain	2021 Objective	Responsible Director	In month Target	Jan-20	Feb-20	Mar-20	YTD	YTD Trajectory	Latest Month Pass/Fail	Trend Variation	Kitemark
Zero Waiting	62 day consultant upgrade	Responsive	Our Services	Chief Operating Officer	85.0%	71.24%	77.59%		80.02%	85.00%	F		
	diagnostics achieved	Responsive	Our Services	Chief Operating Officer	99.0%	95.35%	99.08%	91.94%	95.82%	98.17%	F		
	Cancelled Operations on the day (non clinical)	Responsive	Our Services	Chief Operating Officer	0.8%	1.80%	1.74%		2.10%	0.80%	F		
	Not treated within 28 days. (Breach)	Responsive	Our Services	Chief Operating Officer	5%	6.31%	5.94%		5.52%	5.00%	F		
	#NOF 48 hrs	Responsive	Our Services	Chief Operating Officer	90%	91.07%	91.43%	92.50%	91.19%	90%	P		
	#NOF 36 hrs	Responsive	Our Services	Chief Operating Officer	TBC	87.50%	75.71%	83.75%	83.43%				
	EMAS Conveyances to ULHT	Responsive	Our Services	Chief Operating Officer	4,657	5,170	4,816	4,458	5,102	4,703	P		
	EMAS Conveyances Delayed >59 mins	Responsive	Our Services	Chief Operating Officer	0	857	788	295	704	0	F		
	104+ Day Waiters	Responsive	Our Services	Chief Operating Officer	5	19	18	22	197	60	F	H	
	Average LoS - Elective (not including Daycase)	Effective	Our Services	Chief Operating Officer	2.80	2.26	2.52	3.07	2.65	2.80	F		
	Average LoS - Non Elective	Effective	Our Services	Chief Operating Officer	4.50	4.88	4.48	5.15	4.49	4.5	F		
	Delayed Transfers of Care	Effective	Our Services	Chief Operating Officer	3.5%	3.65%	3.67%		3.09%	3.5%	F		
	Partial Booking Waiting List	Effective	Our Services	Chief Operating Officer	4,524	11,064	11,953	15,103	10,500	4,524	F	H	
	Outpatients seen within 15 minutes of appointment	Effective	Our Services	Chief Operating Officer	60.3%	35.4%	36.7%	36.6%	35.26%	50.50%	F	A	
	% discharged within 24hrs of PDD	Effective	Our Services	Chief Operating Officer	45.0%	38.1%	36.5%	37.0%	46.71%	45.00%	F		

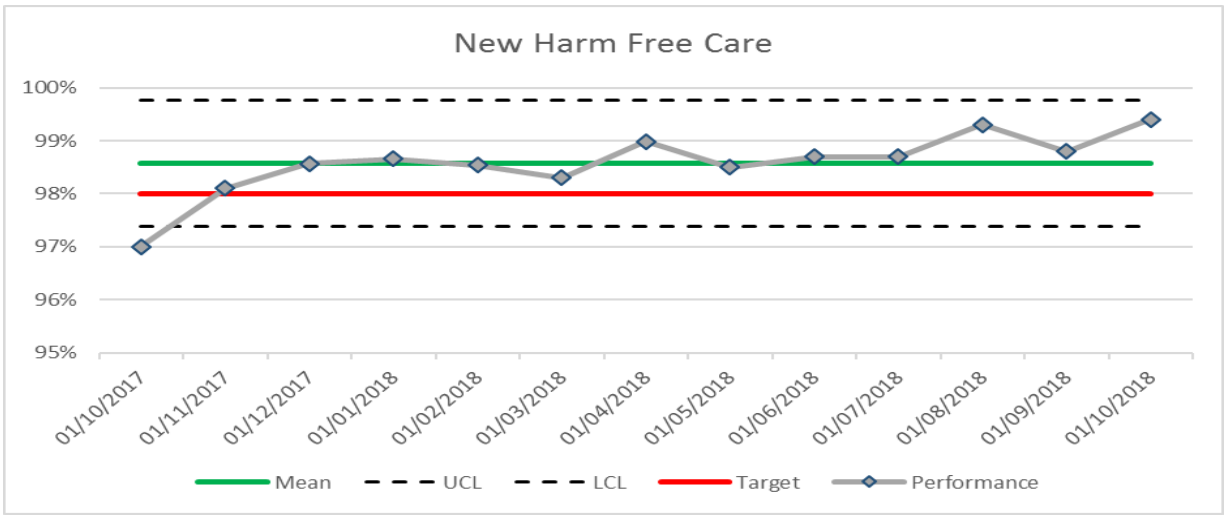
STATISTICAL PROCESS CONTROL CHARTS

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

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

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

An example chart is below:



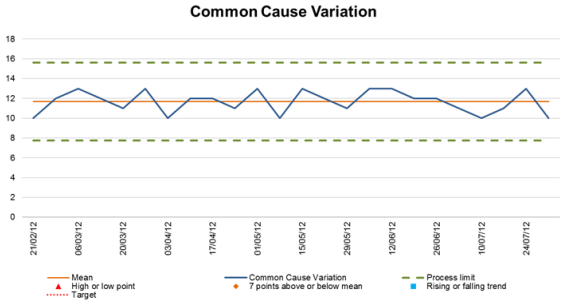
Normal variations in performance across time can occur randomly- without a direct cause, and should not be treated as a concern, or a sign of improvement, and is unlikely to require investigation unless one of the patterns defined below applies.

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

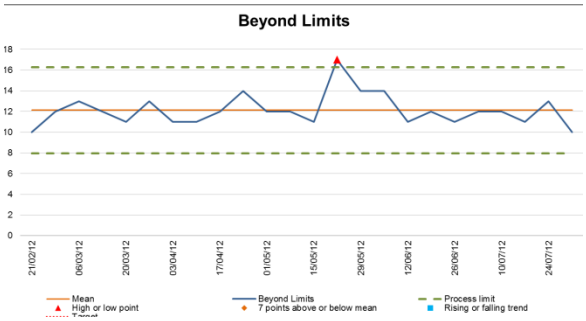
- Normal variation – (common cause) fluctuations in data points that sit between the upper and lower control limits
- Extreme values – (special cause) any value on the line graph that falls outside of the control limits. These are very unlikely to occur and where they do, it is likely a reason or handful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

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

Normal Variation

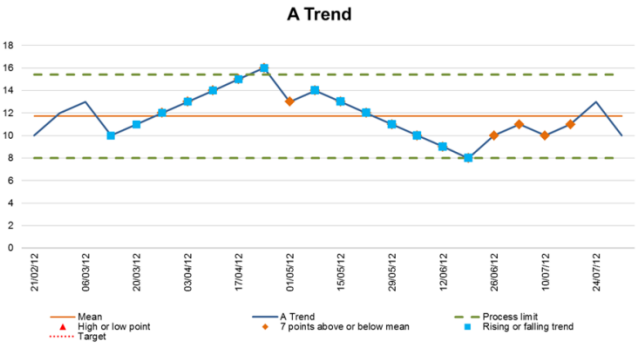


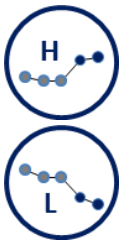
Extreme Values



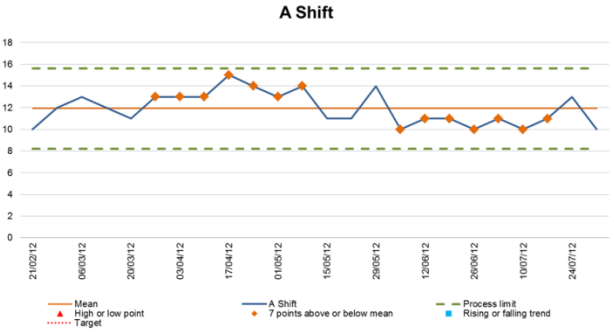
There is no Icon for this scenario.

A Trend (upward or downward)





A Trend (a run above or below the mean)



Where a target has been met consistently

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

Where a target has been missed consistently

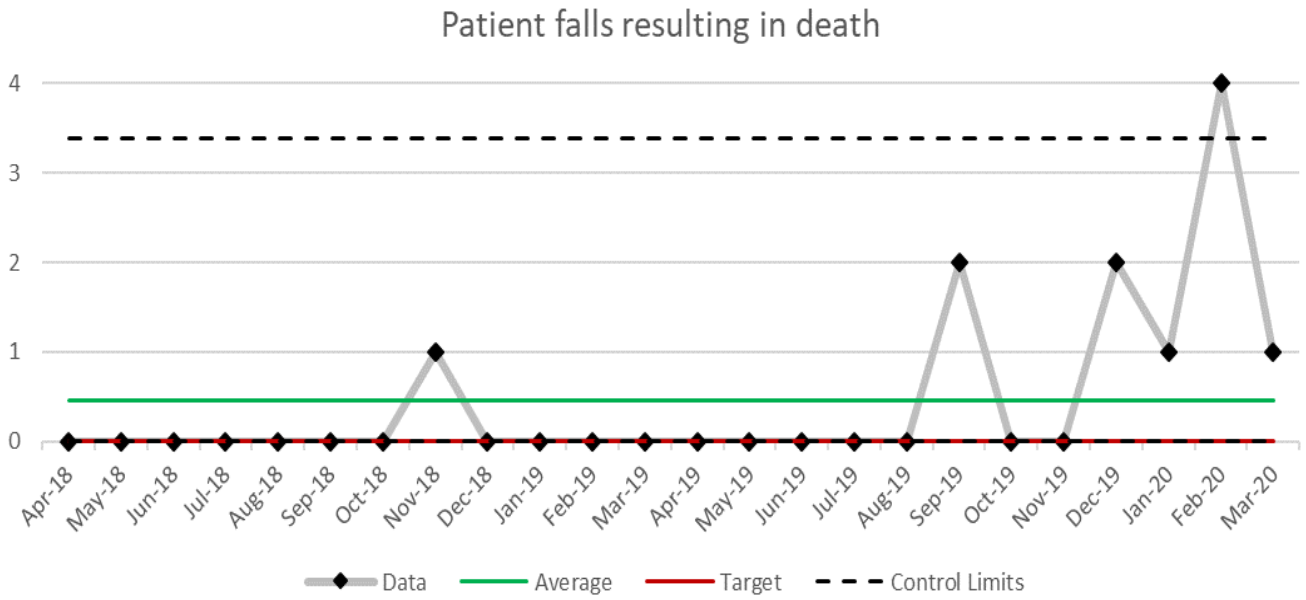
Where the target has been missed for at least 3 of the most recent data points in a row, or in a string of 7 of the most recent data points, at least 5 out of the 7 data points have missed.

HARM FREE CARE – FALLS

Executive Lead: Director of Nursing

CQC Domain: Safe

2021 Objective: Our Patients



Challenges/Successes

There has been one unwitnessed fall incident following which the patient deteriorated and subsequently died. The incident occurred at Grantham Hospice in Hospital. The death has been referred to the Coroner and an outcome is awaited.

Actions in place to recover:

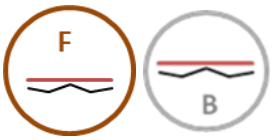
- The incident has been reported and will be investigated in accordance with Serious Incident requirements to identify any specific learning and actions.
- Programme of Focus on Falls Safety Support deep dive visits by the Frailty Nurse Specialist, Frailty Consultant Nurse and Corporate Head of Nursing has commenced, the pace of undertaking these will affected by reduced staffing availability.
- Currently developing alternative ways of investigating serious incidents and developing improvement plans from lessons learned to ensure learning is timely in current situation.
- FaLLS -Focus and Lessons Learned Sharing safety messages being created that can be used in safety huddles and revised specialty governance meetings.
- A staff educational passport for frailty has been developed, a schedule of regular training sessions has been developed and was due to commence in April 2020 however start will be delayed due to current COVID19 situation and redeployment of staff.

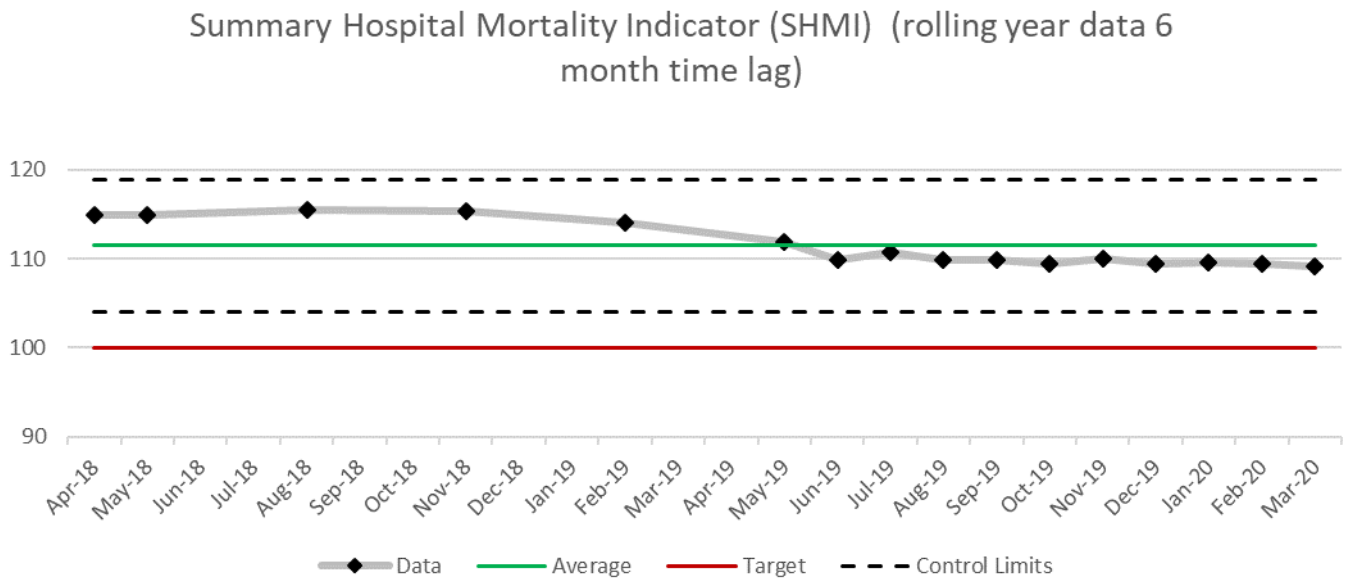
HARM FREE CARE - MORTALITY

Executive Lead: Medical Director

CQC Domain: Safe

2021 Objective: Our Patients





Challenges/Successes

SHMI (November 2018 – October 2019) is 109.18 and is in band 2 within expected limits which is a slight decrease from the previous reporting period. SHMI includes both deaths in-hospital and within 30 days of discharge. SHMI's current in-hospital SHMI is 95.29

Actions in place to recover

An audit has been completed to review deaths within 30 days to review the patients system wide pathway. Issues identified was lack of advanced care planning and completion of ReSPECT

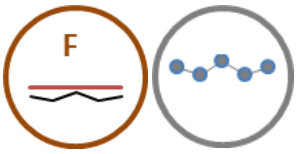
Alerts: COPD is alerting for all deaths in SHMI, however, there are no alerts for in-hospital SHMI.

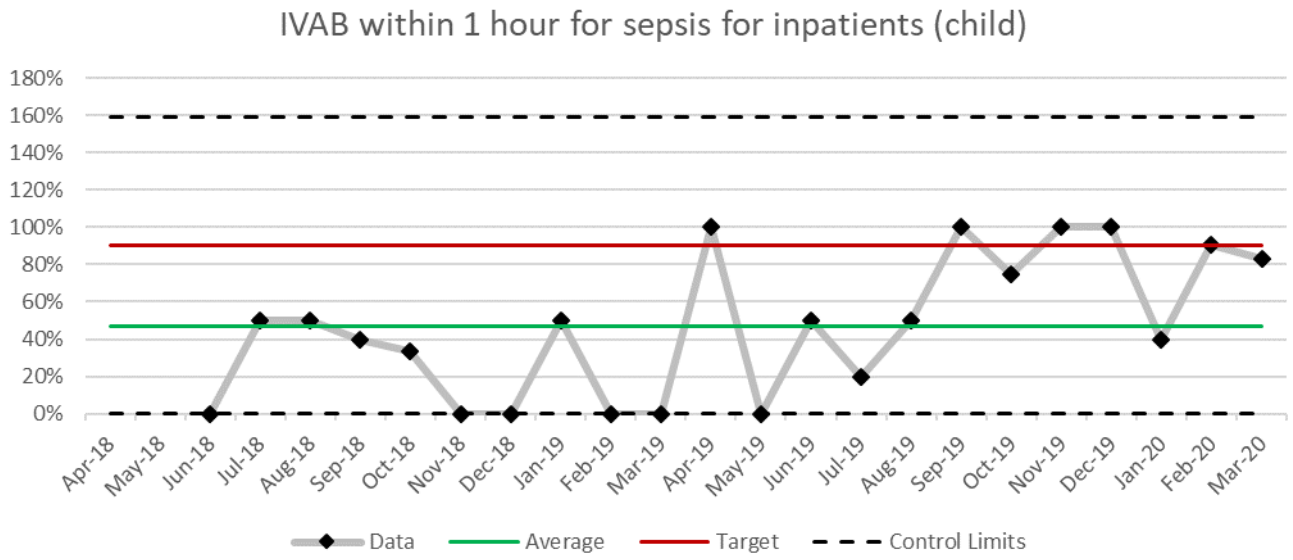
HARM FREE CARE – SEPSIS SCREENING

Executive Lead: Director of Nursing

CQC Domain: Safe

2021 Objective: Our Patients





Challenges/Successes

Sepsis intravenous antibiotic compliance for inpatient children remains has declined slightly to 83% which equates to 5 out of 6 patients, falling short of the 90% target.

Actions in place to recover:

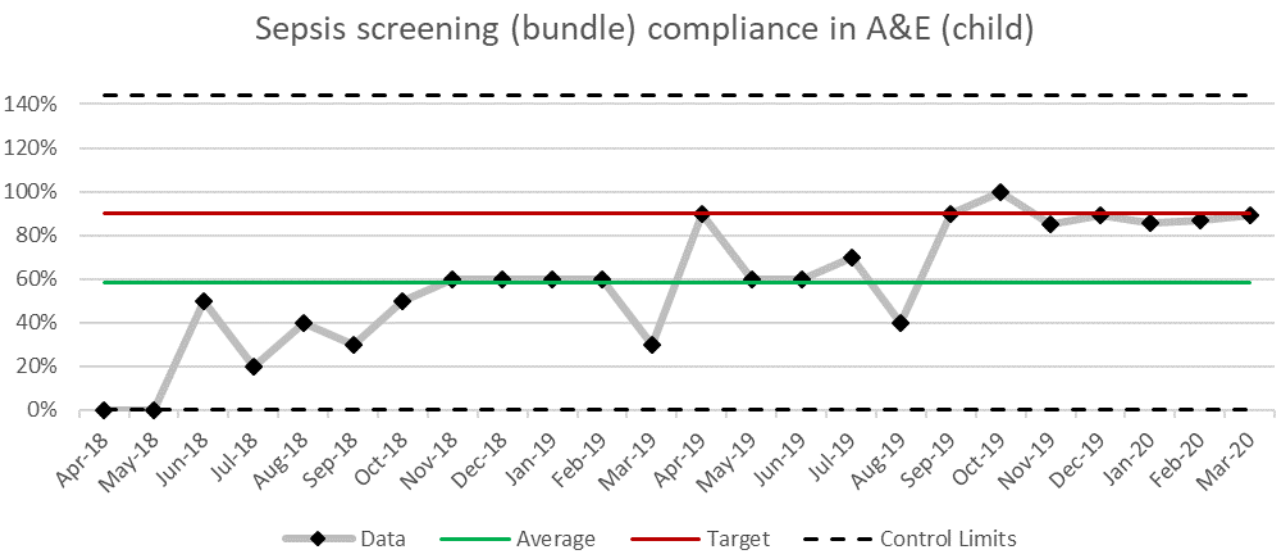
An unsure option has been piloted on the under 5s sepsis tool as demonstrated on the Great Ormond Street sepsis tool- this was approved as a pilot in the paediatric governance meetings, this allows this clinician to monitor and investigate the child's condition closely prior to making the decision to cannulate the child and treat unnecessarily with intravenous antibiotics. Unsure option use will be monitored. This will be reviewed in future governance meetings. Of the 1 patient that had a delay in antibiotic treatment the unsure option should have been selected on the bundle to allow the clinician the additional time to complete the required investigations in order to provide the appropriate treatment.

HARM FREE CARE – SEPSIS SCREENING continued

Executive Lead: Director of Nursing

CQC Domain: Safe

2021 Objective: Our Patients



Challenges/Successes

Sepsis screening compliance for children in A&E has improved to 89% falling just short of the 90% target. Harm reviews gathered on a daily basic and collated on a weekly basis. No harm has come to any of the children requiring sepsis screens that didn't receive them.

Actions in place to recover:

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

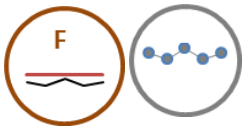
Sepsis practitioners continue to attend A&E safety huddles when able to discuss sepsis for both adults and children, compliance results collected weekly and results shared locally with the teams.

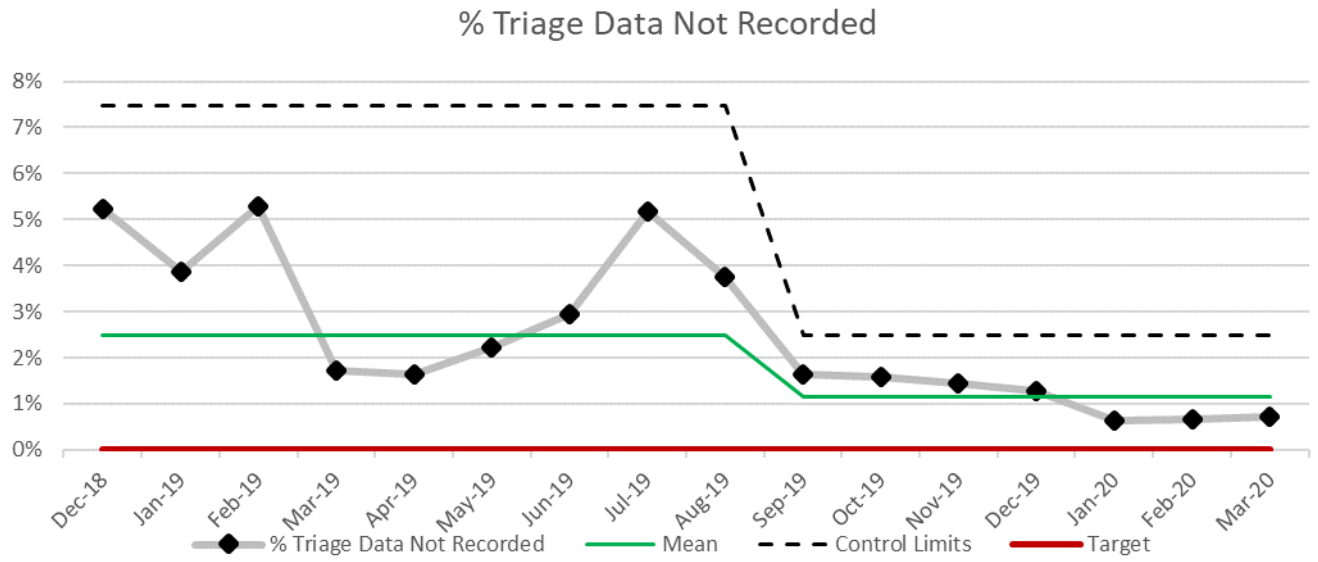
VALUING PATIENTS TIME – % TRIAGE DATA NOT RECORDED

Executive Lead: Chief Operating Officer

CQC Domain: Effective

2021 Objective: Our Patients





Challenges/Successes

- March demonstrated a 0.06% negative variation in performance compared with February but 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.
- In response to the CQC recommendations the Pre Hospital Practitioner role where possible has been replaced by a registrant. Shifting to this model has continued to generate some disruption in relation to this key performance indicator.
- High levels of agency usage and temporary non-substantive staff continue to be in place in the Emergency Departments, but these staff are familiar to the departments and are deemed competent to both practice and support.

Actions in place to recover:

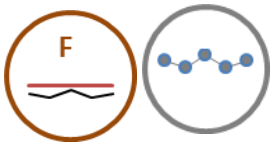
- The actions against this metric are repetitive but still valid.
- The Urgent and Emergency Care Lead Nurse ensures increased compliance and maintenance against this target and improvements continue to be realised.
- The Divisional UEC Operational Leads (DGM and Lead Nurse) continually feedback performance to the clinical teams and address non-adherence to process and seeks rectification measures.
- Triage time is a key patient safety performance indicator and will continue to be monitored and challenged at the 3 x daily through the Capacity and Performance Meetings.

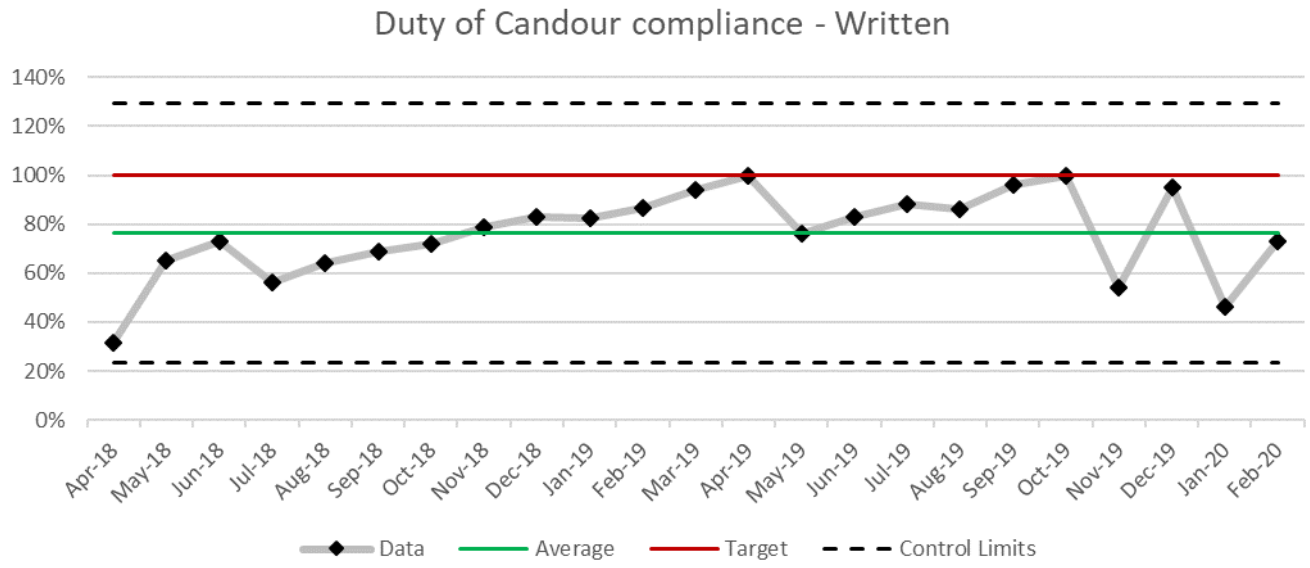
VALUING PATIENTS TIME – DUTY OF CANDOUR

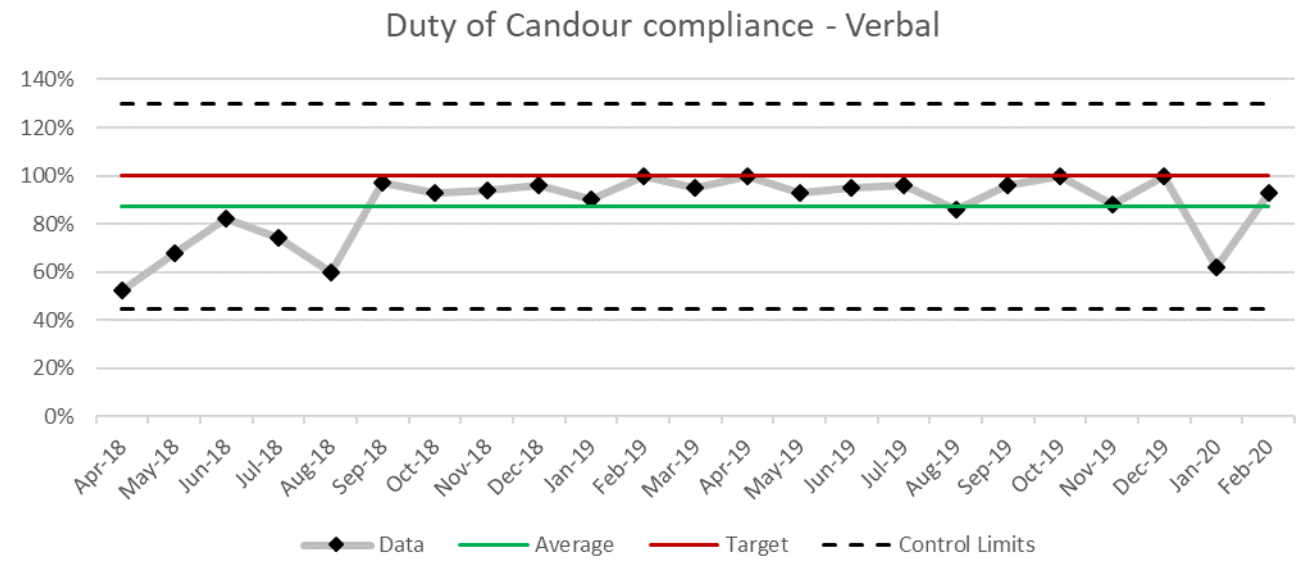
Executive Lead: Medical Director

CQC Domain: Caring/Responsive

2021 Objective: Our Patients







Challenges/Successes

- Duty of Candour 'Notification in person' compliance in February 2020 was 93% (1 non-compliant incident)
- Written follow-up' compliance in February 2020 was 73% (5 non-compliant incidents)

Actions in place to recover:

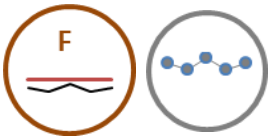
- The Risk & Incident Team within Clinical Governance are providing additional support by drafting written follow-up letters on behalf of clinicians

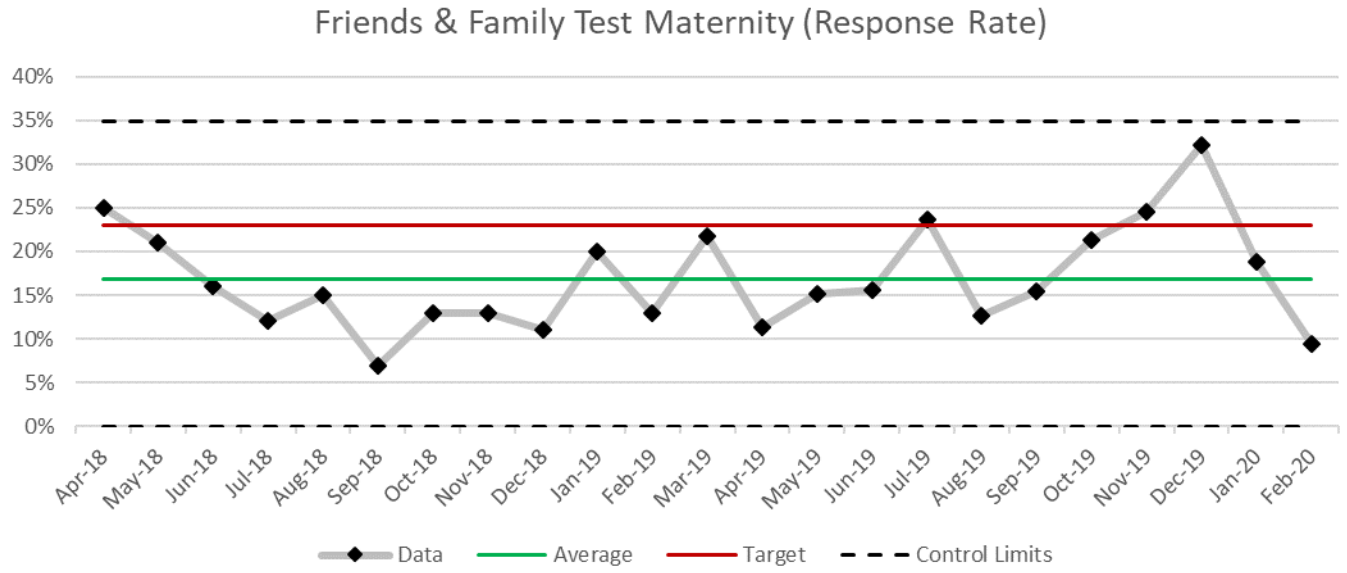
VALUING PATIENTS TIME – FRIENDS AND FAMILY RESPONSE RATES

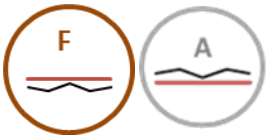
Executive Lead: Director of Nursing

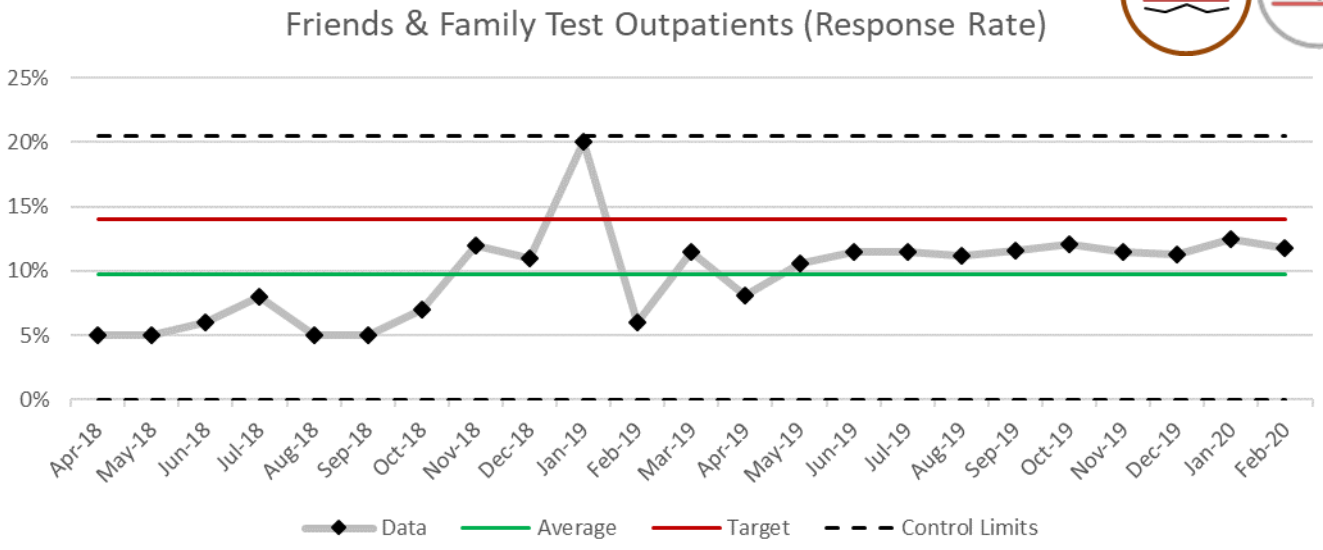
CQC Domain: Caring

2021 Objective: Our Patients







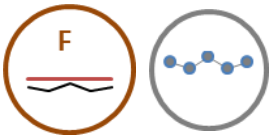


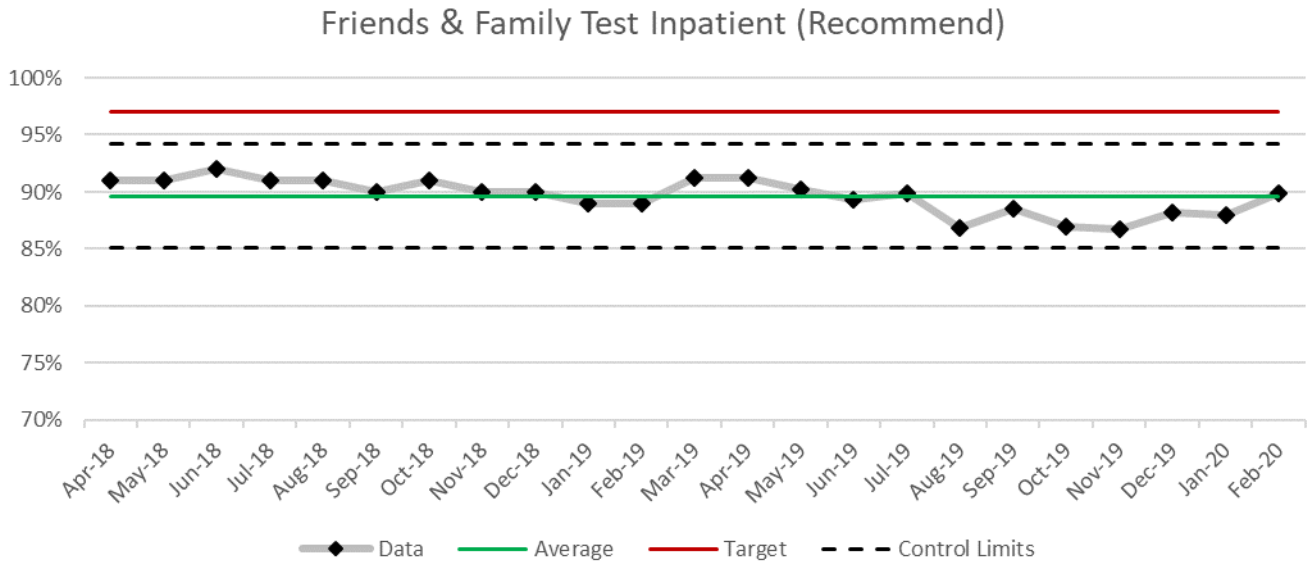
VALUING PATIENTS TIME – FRIENDS AND FAMILY RECOMMEND RATES

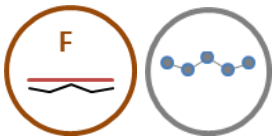
Executive Lead: Director of Nursing

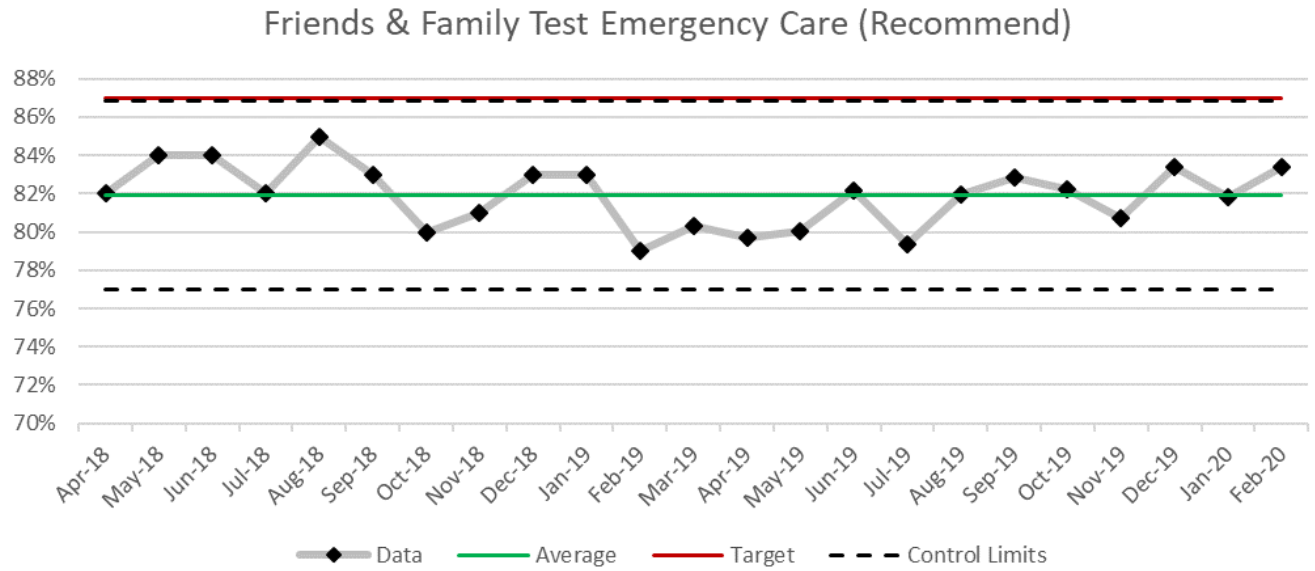
CQC Domain: Caring

2021 Objective: Our Patients







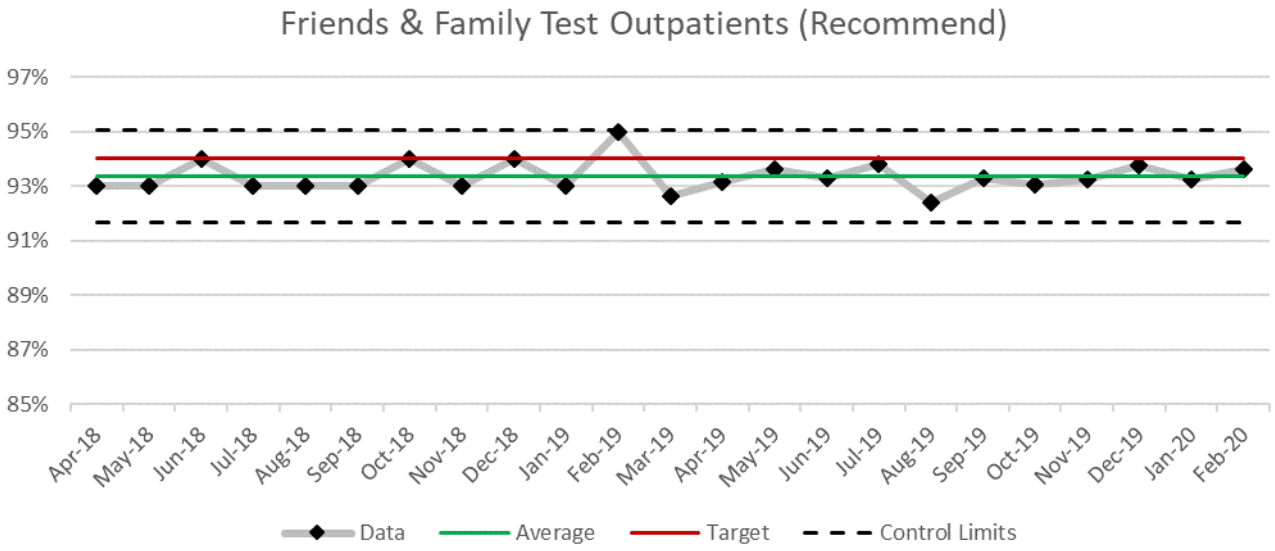


VALUING PATIENTS TIME – FRIENDS AND FAMILY RECOMMEND RATES

Executive Lead: Director of Nursing

CQC Domain: Caring

2021 Objective: Our Patients



Challenges/Successes

- Overall 92% of patients would recommend and 4% of patients would not recommend. Based on 7,033 ratings and 5,629 comments with 79% of comments received being positive, 5% neutral and 17% negative.
- Inpatients and ED % FFT recommends continues to rise slightly from October
- Other nationally reports FFT streams remain static
- 517 concerns were taken to PALS during February- 310 for Lincoln and Louth, 63 for Grantham, 201 for Pilgrim and the remainder for community hospitals. 3 PALS concerns was escalated to formal complaints
- The top 3 themes for PALS remain as Communication with Patients/relatives & carers, Appointment Cancellations and clinical treatment
- 2,677 counting compliments were recorded
- Counting Compliments against complaints ratio – 41:1

Actions in place to recover:

- The reporting / assurance process to Patient Experience Group for all divisions has been agreed and will commence from April 2020.
- Each division will report once a quarter for the previous quarter.
- Timings ties in to enable the PXG assurance report to 'feed into' the divisional reports to QSOG/QGC and thereby cut down the number of reports required
- PXG meets required timeframes for upward reporting to QSOG/QGC.
- A new patient experience assurance report has been created and circulated to all divisions

New national FFT guidance from April 2020 has been released by NHSE & I

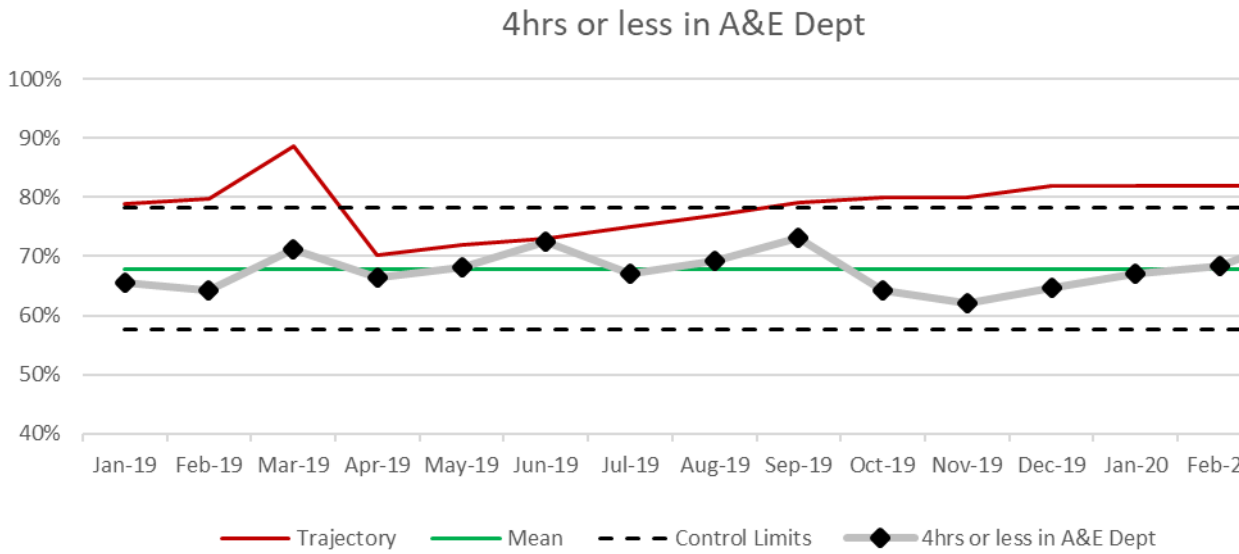
- New wording of the question
- % recommends will cease

ZERO WAITING – A&E 4 HOUR WAIT

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services



Challenges/Successes

- On the 3rd March the UK risk level was raised from moderate to high, and an NHS wide Level 4 incident was declared in response to the COVID19 Pandemic. Further Government measures on 18th March included the closure of schools until further notice, the closure of pubs, restaurants, gyms and other social venues on 20th March and full 'lockdown' on 24th March for a period of initially 3 weeks extended by a further 3 weeks.
- This report will provide an update on key performance indicators against a significantly changed and temporary landscape
- A&E overall outturn for March, Type 1 and primary care streaming delivered 73.87% against a trajectory of 82%, an adverse variance of 8.13% against trajectory but demonstrates a 5.45% improvement compared with February.
- In the month of March, peak performance at LCH was 84.76% on 31st March and peak performance at PHB was 89.53% on 22nd March.
- The peak performance at both hospital sites is likely to be attributed to reduced attendances and ambulance conveyances as a result of being in lockdown, and the Trust operating in level 4 status which provides for a more enhanced medical model in the Emergency Department
- During March, there was a decrease in non-elective admissions by 469. This follows a consistent trend from December 2019.
- In March there were a total of 2589 non-elective admissions compared with 3058 in February.
- There were 406 less non-elective discharges in March compared with February. During March there were 4461 discharges against 4867 in February.
- Average LOS for non-elective admissions has experienced its highest point for over 15 months with an ALOS of 5.15 days. COVID-19 length of stay will have contributed significantly to this increase with the average length of stay for COVID-19 patients being 8.5 days. Another factor driving this position will be that, as part of the revised discharge guidelines for COVID-19 any patients who were less complex were discharged more quickly.

Actions in place to recover :

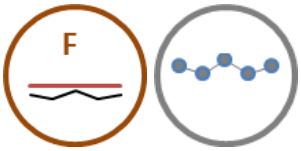
- Those process improvements not affected by volume are being captured for sustainability projects post COVID-19.

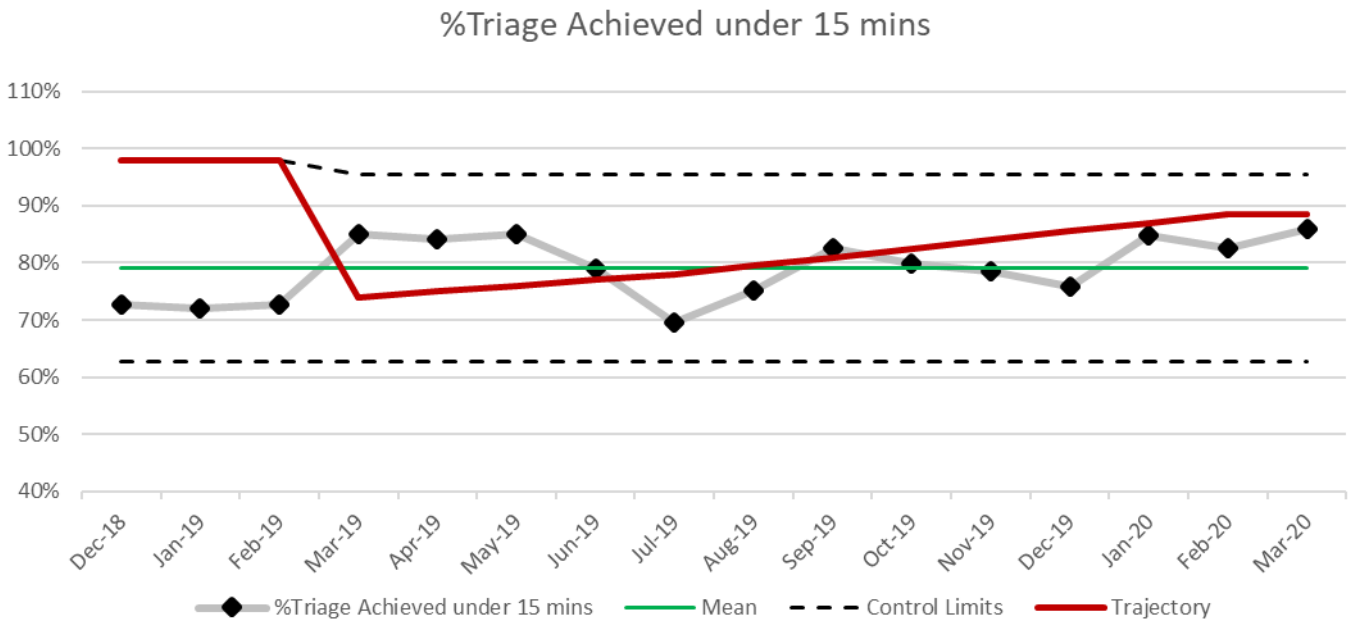
ZERO WAITING – %TRIAGE ACHIEVED UNDER 15 mins

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services





Challenges/Successes

- Triage for March was 85.95% against a trajectory of 88.50%.
- This is negative variance of 2.55% compared with trajectory and 3.48% positive improvement compared with February.
- March is the best triage performance for 15 months and this must be seen against a backdrop of the current escalated position within which the country is operating in
- This metric is also captured as part of the daily and weekly CQC assurance reporting and performance is discussed daily by clinicians as part of the ED safety huddles.

Actions in place to recover:

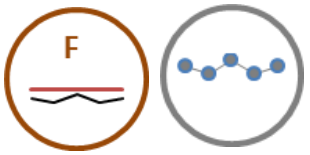
- Reduced volume will have contributed to this improvement in triage compliance as a result of lockdown and Nationally operating in escalated Level 4.

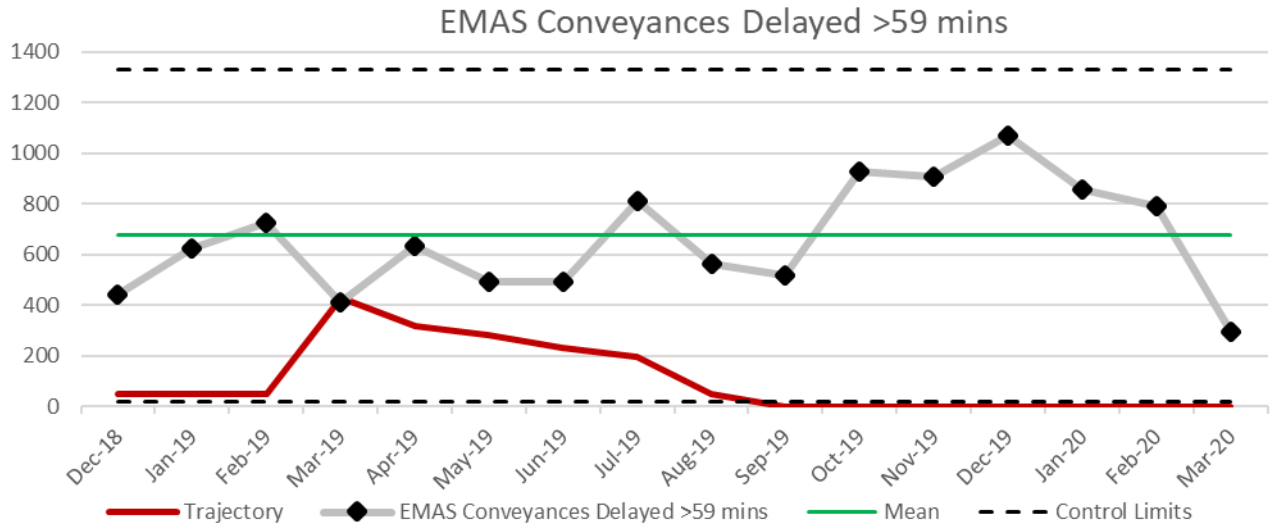
ZERO WAITING – AMBULANCE HANDOVER >59 Mins

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services





Challenges/Successes

- During March there were 205 ambulance handover delays, this is 493 less than in February.
- Ambulance conveyances during March have experienced a decline compared to previous months and more in line with 2018 figures.
- During March LCH had 2505 ambulances conveyed compared with 1860 in February, a difference of 685.
- Pilgrim had 1717 ambulances conveyed during March compared with 2701 in February, a difference of 984.
- Grantham had 236 ambulances conveyed during March compared with 255 in February, a difference of 19.

Actions in place to recover

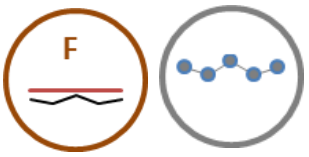
- As part of the Trust's COVID19 response, RAT has been temporarily suspended.
- As with all other processes during COVID19, improvements made during heightened escalation that would benefit from being carried over into business as usual are being collated.

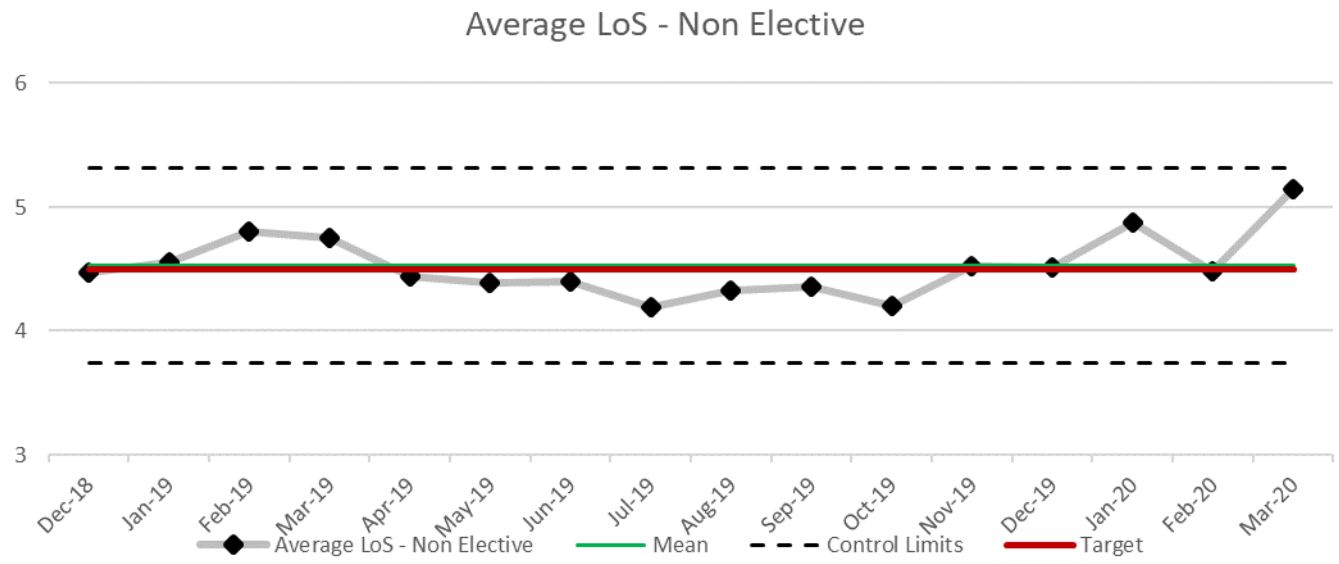
ZERO WAITING – AVERAGE LOS NON-ELECTIVE

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services





Challenges/Successes

- Average LOS for non-elective admissions has experienced its highest point for over 15 months with an ALOS of 5.15 days.
- COVID-19 length of stay will have contributed significantly to this increase with the average length of stay for COVID-19 patients being 8.5 days.
- Another factor driving this position will be that, as part of the revised discharge guidelines for COVID-19 any patients who were less complex were discharged more quickly.
- Average LoS non-elective admissions by hospital site demonstrate an increased position across the board.
- Lincoln non-elective average LoS in March was 5.29 compared with 4.51 in February.
- Pilgrim was 4.82 compared with 4.27 in February
- Grantham was 6.06 compared with 5.58 in February.
- As at 31st March there were 75 super stranded patients in the hospital and although this is 13 less than trajectory, based on the relatively low level of occupancy, this will be impacting upon average length of stay.

Actions in place to recover

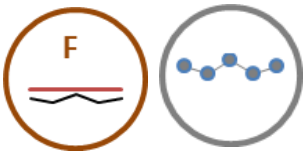
- Multi-agency daily discharge meetings in place action planning patients through their discharge pathway.
- Weekly multi-agency long length of stay meetings for each hospital site in place to support more complex patients through their discharge pathway.
- COVID positive status pathway now agreed across the system and implemented.

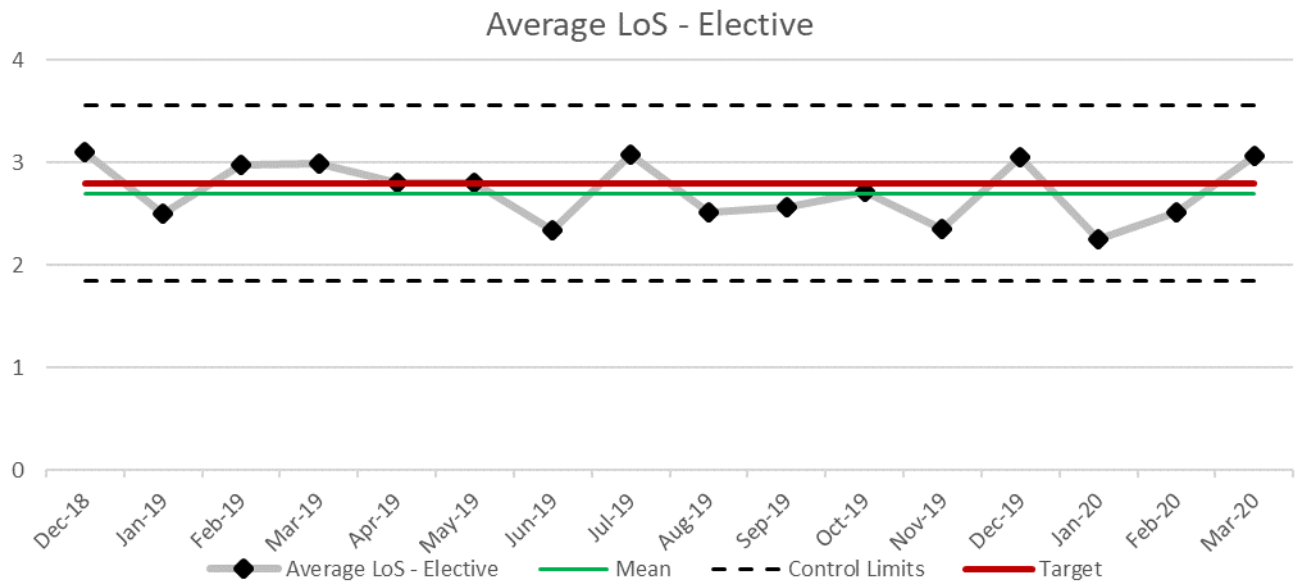
ZERO WAITING – AVERAGE LOS ELECTIVE

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services



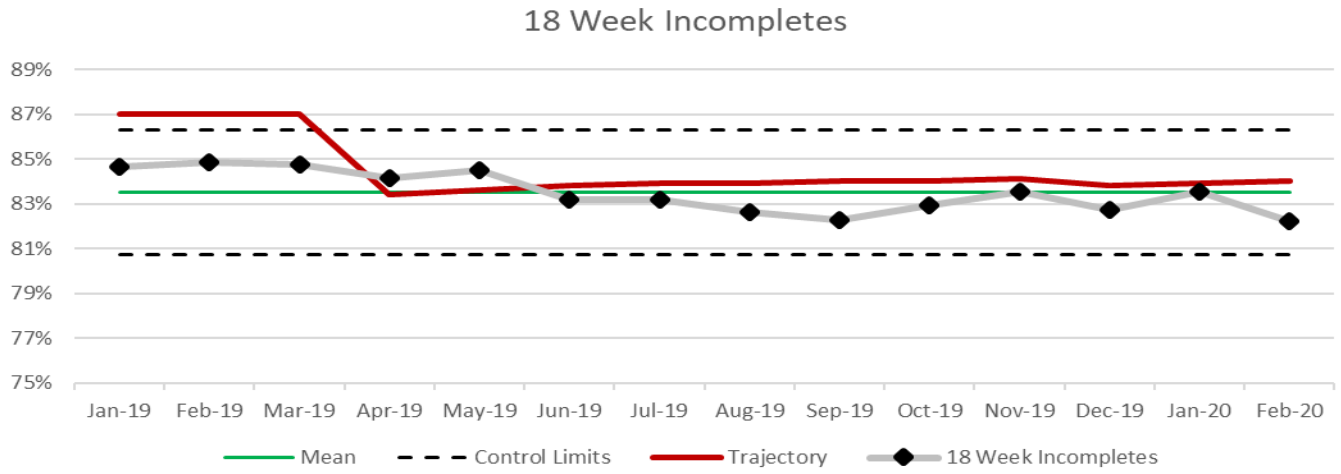


ZERO WAITING - RTT 18 WEEKS INCOMPLETES

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services



Challenges/Successes

RTT performance is currently below trajectory and standard.

February saw RTT performance of 82.23%, 1.29% worse than January.

Paediatric Urology (55.56%) is the lowest performing specialty, from 86.67% last month (-31.11%). Neurology has deteriorated this month with a 4.01% decrease from 82.20% last month to 78.19% in February.

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

- Gastroenterology - 901 (Increased by 113)
- Maxillo-Facial Surgery + Orthodontics + Oral Surgery - 894 (Increased by 34)
- ENT - 769 (Increased by 115)
- General Surgery - 716 (Increased by 35)
- Ophthalmology - 448 (Increased by 76)

Actions in place to recover:

As detailed above, performance in Gastroenterology and General Surgery continue to decline. Work has commenced on sending a cohort of General Surgery admitted patients to BMI Park for surgery. 6 patients have had operations, 12 have been put on hold due to Covid19 and the remainder were rejected.

Unfortunately T&O did not achieve their projected target to have achieved the18 week standard. The validated position for February 2020 finished at 87.15% which is 0.90% down from January.

Other specialties achieving the 18 week standard were:

- Breast Surgery 98.82%
- Clinical Oncology 92.45%

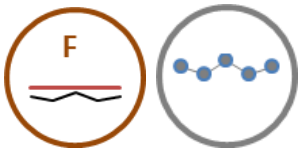
Validation of the incomplete waiting list data quality exclusion pots continued during February, however this has currently been put on hold.

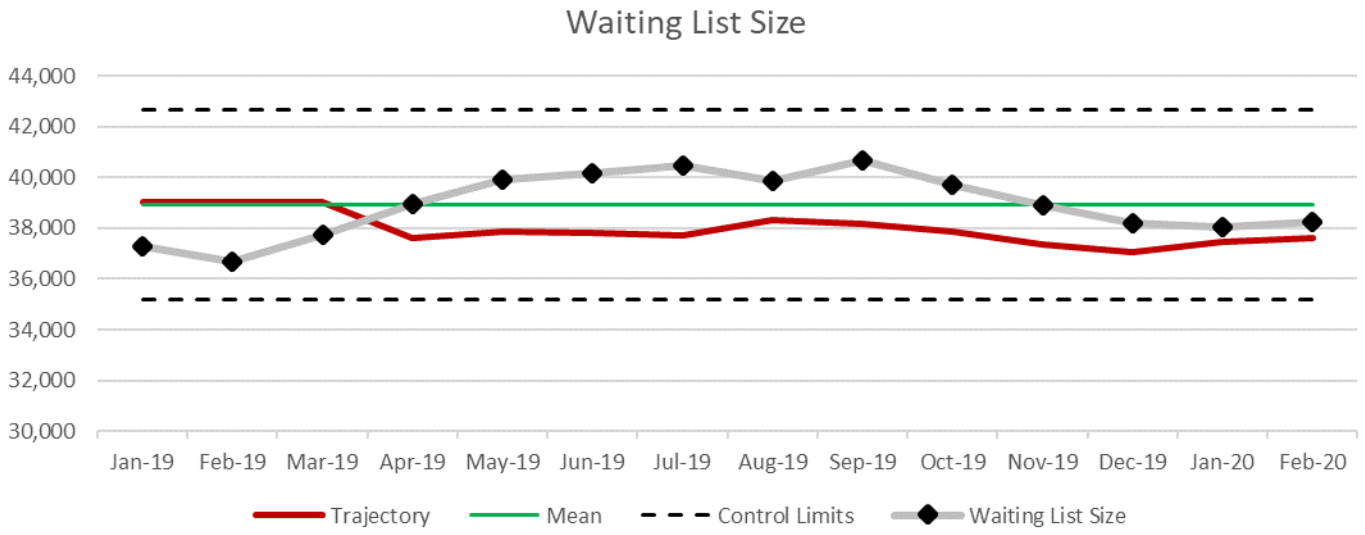
ZERO WAITING – WAITING LIST SIZE

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services





Challenges/Successes

Overall waiting list size has deteriorated from January, with February total waiting list increasing by 242 to 38,268.The incompletes position for February is now approx. 764 less than the March 2018 (39,032) target.

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

- Ophthalmology + 160
- ENT + 128
- Cardiology + 102
- Gastroenterology + 67
- Paediatrics + 67

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

- Trauma & Orthopaedics - 106
- Dermatology - 104
- Neurology - 98
- General Surgery - 78
- Gynaecology - 76

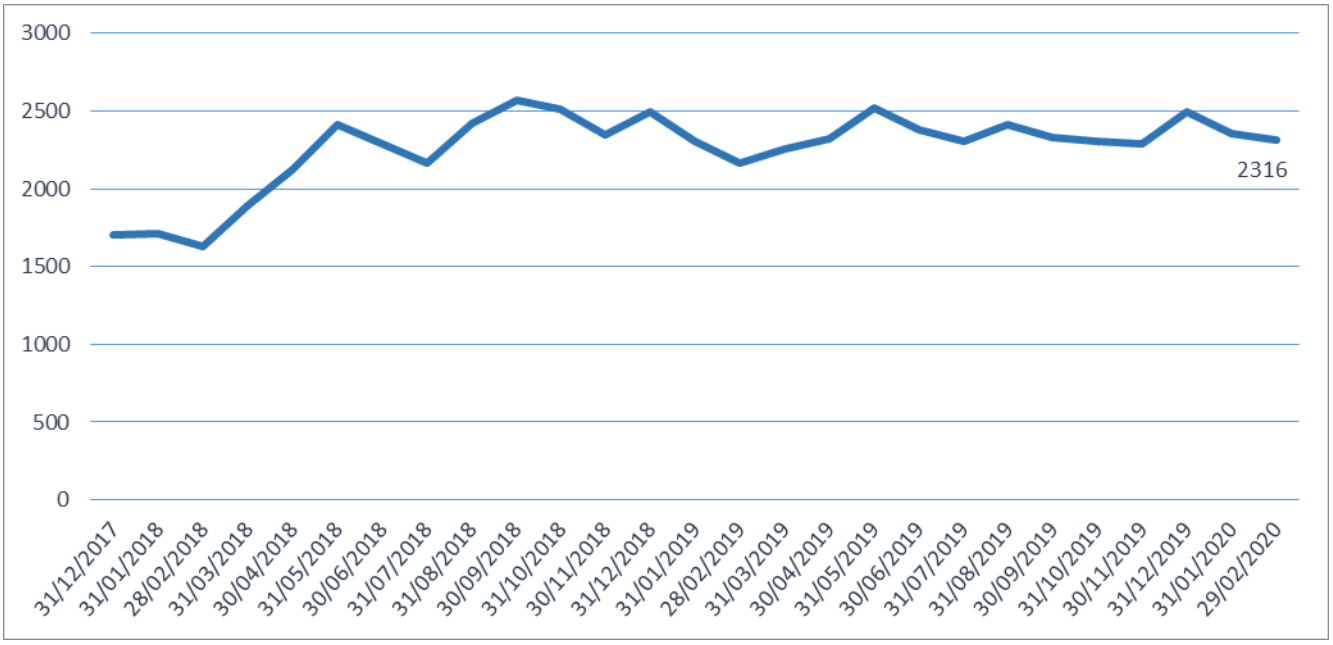
Actions in place to recover

The National Validation Programme of the incomplete waiting list continues This started on 16th March following defined criteria as set out in the NECS report. This is due to be completed by 17th April. Results and findings will be made available to the trust on completion.

Discussions are currently on hold with CCG/STP colleagues regarding management of the Gastroenterology service. This will resume in the future to look at adopting the same approach that was successfully used for Neurology.

- January to February saw a decrease of patients waiting over 40 weeks, -15, with Gastroenterology (+27) showing the largest increase. 16 specialties reduced their position compared to last month, with General Surgery showing the best improvement of -18 patients from last month.
- The Trust are also working to reduce overall waiting times to 26 weeks. With monitoring/challenge of this target being tracked through the RTT Recovery and Delivery meeting.
  The chart below shows progress up to 29th February, with a decrease of 36 patients from January. The largest increase was seen in Gastroenterology, +78. The largest decrease of -67, being in Dermatology.

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



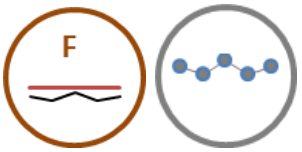
In response to the Covid19 pandemic, the Trust has suspended all routine Elective Surgery and face to face Outpatient activity. This will have an adverse effect on both Waiting List size and 18w performance. This continues to be monitored with maintenance plans being worked on with the specialties, such changing face to face consultations to telephone, advice and guidance and results clinics, and in preparation for recommencement of services, recovery plans are being drafted.

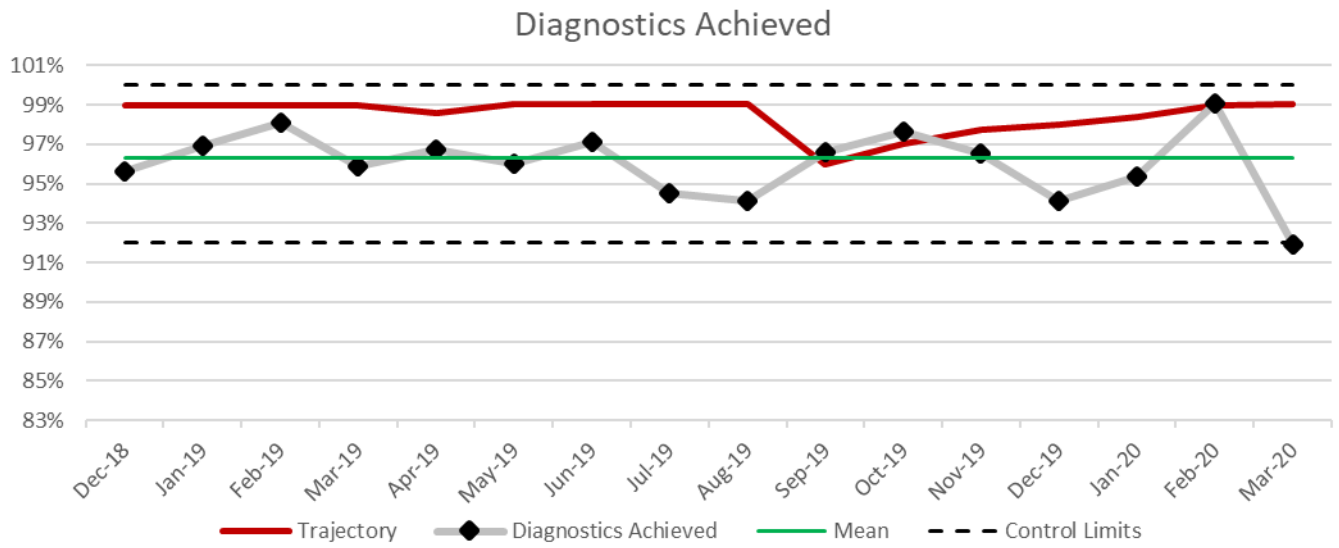
ZERO WAITING – DIAGNOSTICS

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services





Challenges/Successes:

Following successful achievement of the 99% standard in February for the first time since June 2018 performance reduced in March as a direct result of Covid-19 impact. 8.06% of patients waiting for a DM01 diagnostic test at the end of March were waiting over 6 weeks.

The Trust's response to Covid-19 Delay (build to surge) and Surge phase planning has included creating required urgent care capacity and supporting national guidance on social distancing and safe practice by reducing planned care activity.

Subsequently diagnostics services have been reduced and in some cases routine (non-urgent or emergency) activity has stopped temporarily.

Endoscopy and echocardiography services have been significantly impacted and are responsible for the majority of the Trust's DM01 breaches in March.

Actions in place to recover:

During the Covid-19 Delay and Surge phases the Trust has robust plans to ensure patient safety and that all patients requiring 2 week wait Cancer, emergency or urgent diagnostics are able to access appropriate care within Constitutional waiting time standards.

The impact of Covid-19 and the Trust's response to this incident will continue to affect access to routine diagnostic tests for our patients until such a time that national guidance is reviewed and the Trust's planned response to meeting national guidance and delivering the required urgent care capacity is changed.

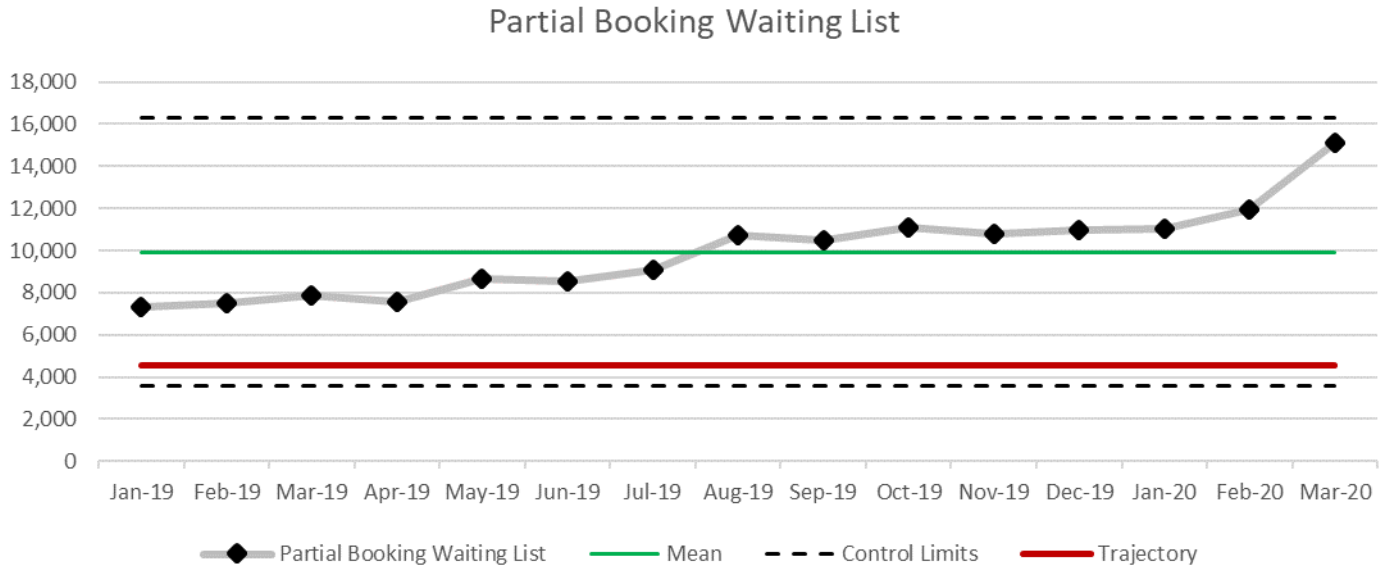
A Recovery Cell has been established within the Trust's Covid-19 Tactical Response which is coordinating the scope, planning and delivery of the Recovery phase. The scope of this cell covers delivery of the NHS Constitutional Standards including managing risk and providing timely access to diagnostics, as well as Referral to Treatment (RTT), Cancer and Urgent and Emergency Care.

ZERO WAITING – PARTIAL BOOKING WAITING LIST

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services



Challenges/Successes:

We have seen significant growth of the partial booking waiting list in March due to the impact of the Trust's Covid-19 delay phase response and related reduced planned care outpatient clinic services.

At the end of March the number of patients waiting over 6 weeks beyond their follow up appointment due date was 15,103.

Actions in place to recover:

Although our Covid-19 delay phase response has involved significantly reducing planned care services, we have implemented a number of actions to ensure urgent appointments are provided where necessary and long waits are mitigated as far as possible during this period.

Our actions include the use of telephone and video conferencing for outpatient appointments. The Trust has received praise from local primary care for our execution of transition from face to face to telephone / VC clinics for a number of specialties, and the Trust is conducting more outpatient activity this way than many other Trust's in the region.

Some specialties, such as General Surgery, are maintaining a full clinic schedule utilising clinicians working from home due to self-isolation, social distancing or shielding and utilising digital technology to undertake remote VC appointments.

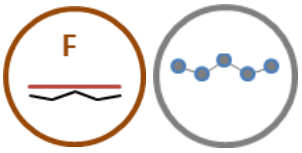
Use of digital technology, new referral clinical triage and PBWL clinical review form the basis of our planned care recovery plan which has commenced and will continue to be closely managed over the coming weeks and months.

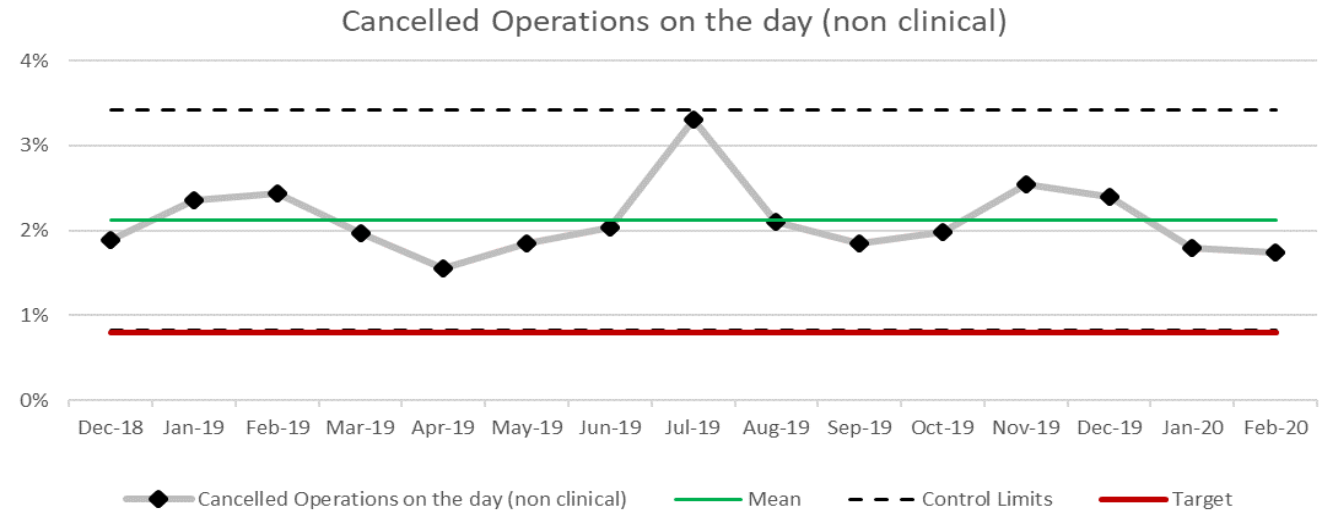
ZERO WAITING – CANCELLED OPS

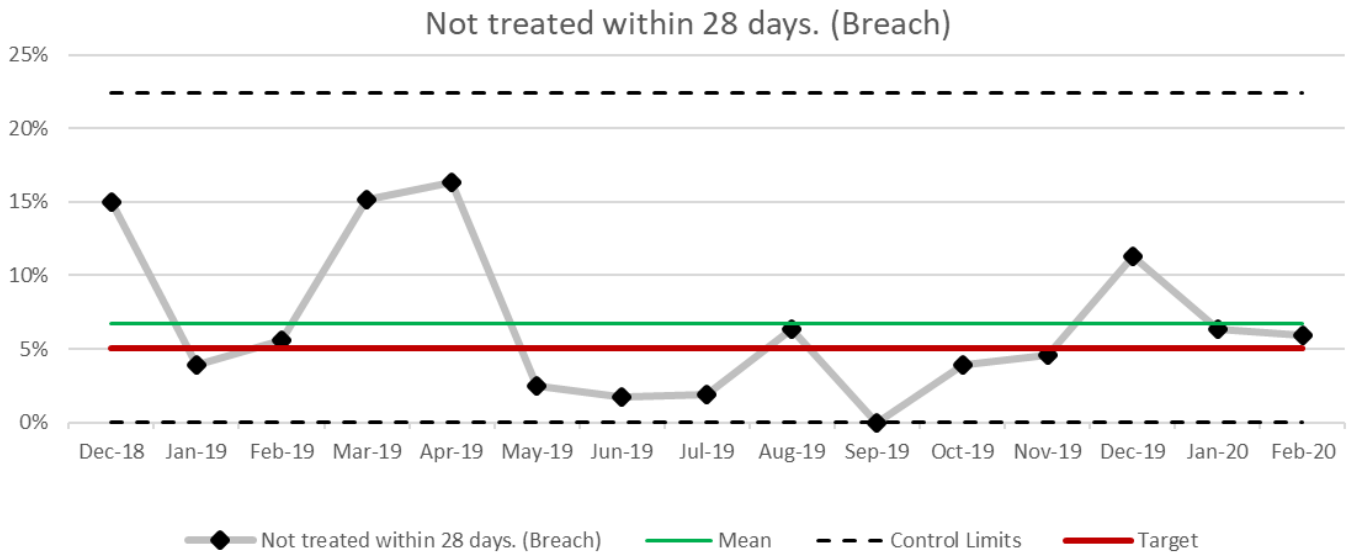
Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services





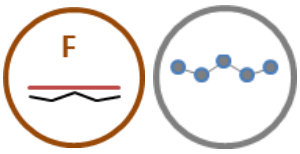


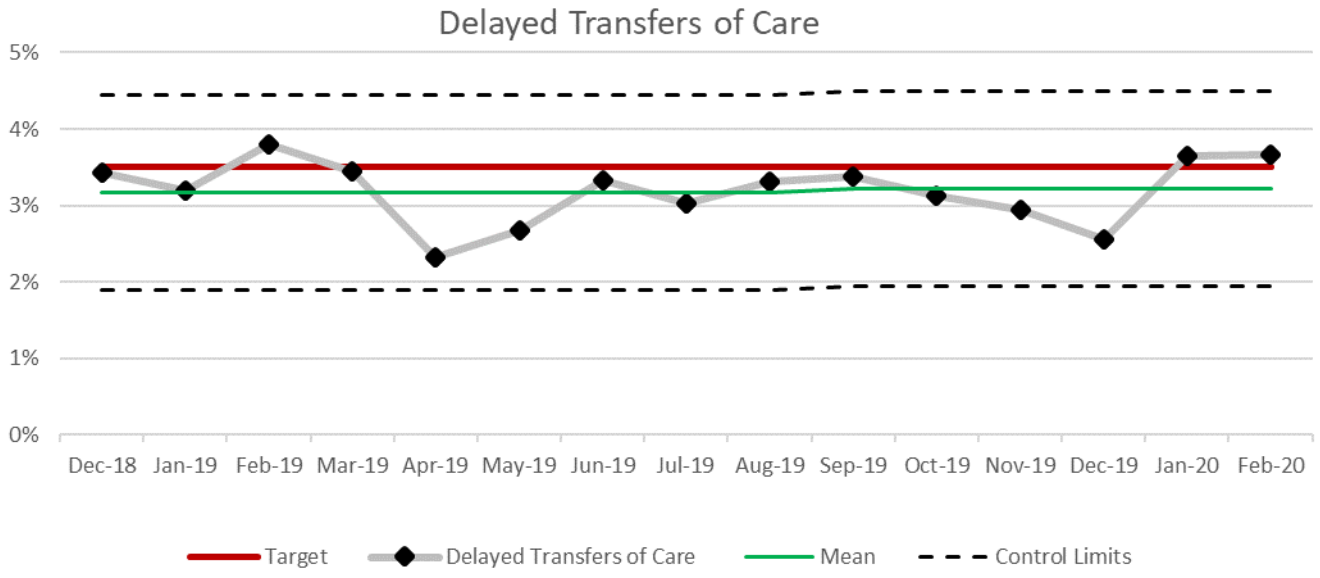
ZERO WAITING – DELAYED TRANSFER OF CARE

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services



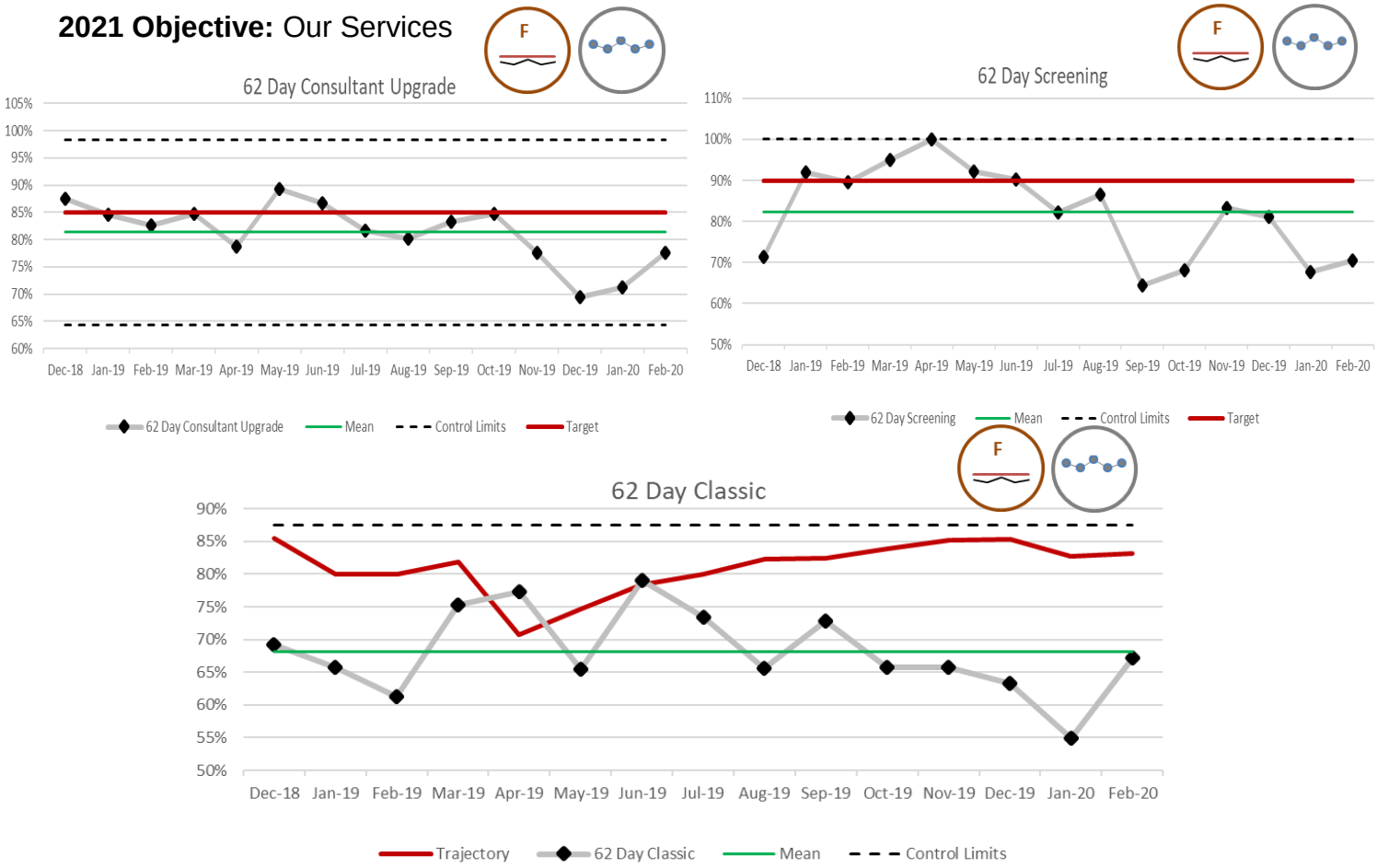


ZERO WAITING – CANCER 62 DAY

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services



Challenges/Successes

February saw the an improvement in 62 Day Classic performance the Trust from the low point in January. The 62 Day Classic standard under-performed against the trajectory of 83.4% with only Skin performing against their agreed trajectory.

Early indications are that our March 62 Day Classic performance will be back to where it was this time last year, with anticipated performance being circa 75% (trajectory 86.6%).

Actions in place to recover:

COVID-19 has put a temporary hold on the work the Cancer Improvement Managers were doing as their efforts are being focused on supporting the operational activity to get cancer patients treated, and are key members of the Cancer Hub.

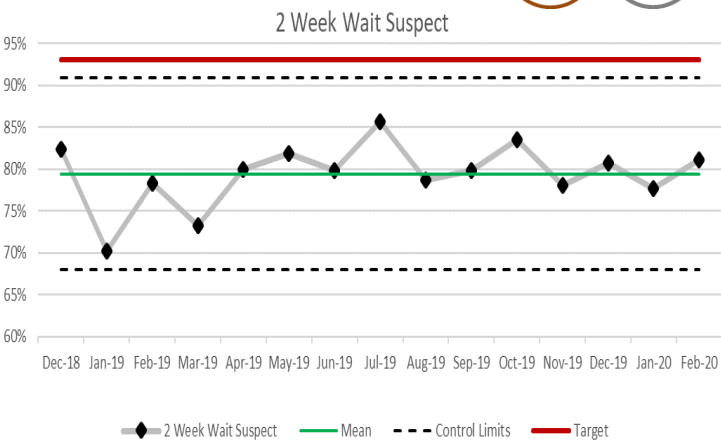
With all effort being to urgently introduce new ways of working during COVID-19, focus on Recovery plans will start as soon as resource is able to be released. The first item to be reviewed will be ensuring all 2ww referral forms map directly to the NICE NG12 guidelines of suspect cancer referral criteria, so that these will be in use before the Recovery phase commences.

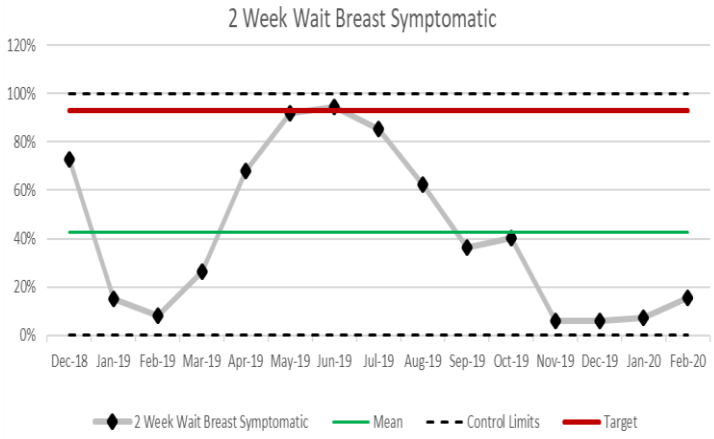
ZERO WAITING – CANCER 2 WEEK WAIT

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services





Challenges/Successes

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

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

7 Day target Referral-to-First OPA 80%	Total	7 Day Prfrmnce %
Brain/CNS	20	80.0
Breast	288	2.1
Breast Symptomatic	123	0.8
Colorectal	538	49.1
Gynaecology	167	32.9
Haematology	8	37.5
Head & Neck	238	38.7
Lung	59	64.4
Sarcoma	13	53.9
Skin	379	84.4
Upper GI	158	61.4
Urology	326	53.4
Totals (excl Breast Sympto)	2194	48.9

Actions in place to recover:

The same challenges currently facing the 62 Day standard apply to the Two Week Wait standard. The work due to be undertaken on the NICE NG12 guideline criteria will have a positive effect on this standard, ensuring a lower volume of higher quality referrals reach the Trust

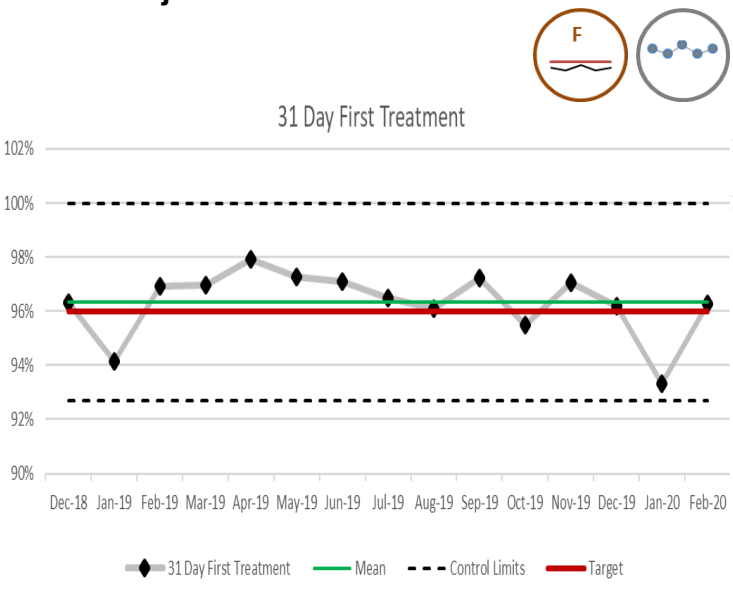
April's Breast 14 Day performance is showing an improved circa 75% performance.

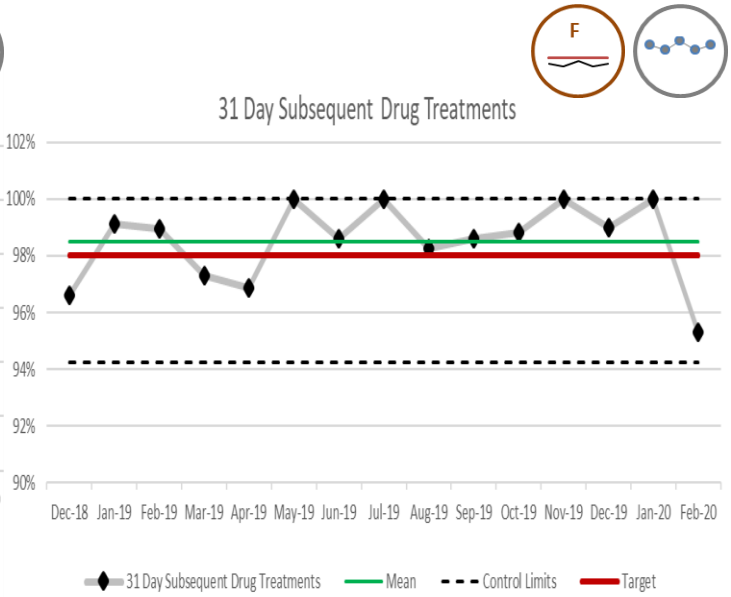
ZERO WAITING – 31 DAY FIRST TREATMENT

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services





Challenges/Successes

The Trust achieved the 31 Day First and the Subsequent RT standards. 31 Day Subsequent Drug standard was missed due to 2 medical delays (a stenting and a nephrostomy needed prior to starting) and the key challenges for the 31 Day Subsequent Surgery standard were around Colorectal and Dermatology theatre capacity.

Actions in place to recover:

Although all theatre activity initially stopped in the run-up to COVID-19, two theatres per day, seven days a week, have been identified for cancer surgery. With few other competing surgical patients, this is allowing a significant number of cancer treatments to proceed and thereby reducing the cancer waiting list backlog.

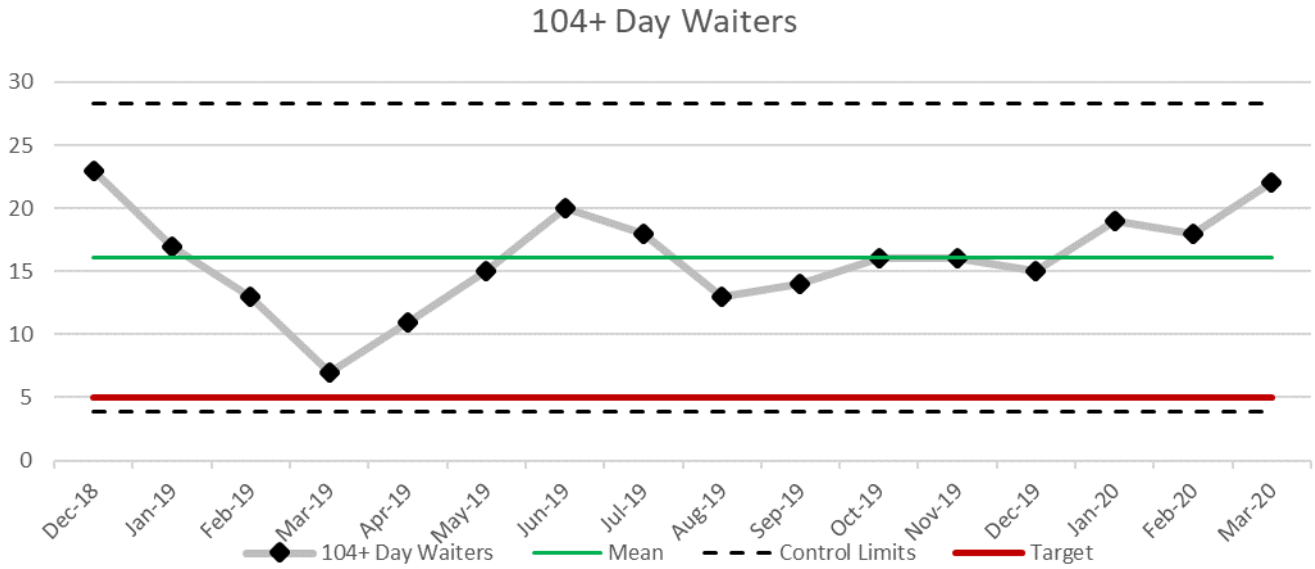
Brachytherapy, which falls under the RT standard, also stopped due to demands on the Anaesthetist resource but discussions are underway to arrange anaesthetic provision alongside the above theatre usage. The stoppage has created a backlog of breach patients, which are likely to be treated in April and May and will have an detrimental impact on the Subsequent RT standard during those months.

ZERO WAITING – 104+ DAY WAITERS

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

2021 Objective: Our Services



Challenges/Successes

The 104+ Day backlog was stabilising week-on-week but the COVID-19 crisis temporarily stopping all diagnostics and treatments, both at ULHT and tertiary centres, has had an impact on these numbers. As of 15th April there were 22 patients waiting over 104 days and though above the target of 10 patients this figure demonstrates that patients are being removed at almost the same rate they are being added. Work continues to reduce the number below 104 days, and minimise the likelihood of those patients becoming a long waiter.

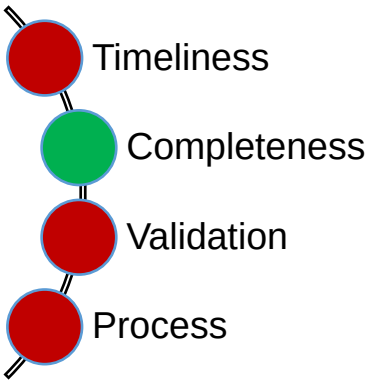
Actions in place to recover:

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

A daily report is issued to the Divisions, highlighting the volumes in their areas with the report allowing immediate drill-down to patient-level detail.

APPENDIX A – KITEMARK

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



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

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

Title:	**Strategic Risk Report**

Responsible Director: Dr Neill Hepburn, Medical Director

Author: Paul White, Risk Manager

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

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

The Report is provided to the Committee for:

Decision		Discussion	✓
Assurance		Information	✓

Summary/Key Points:

- 41 out of 80 strategic risks recorded on Datix are currently rated as Very high or High (51% of the total)
- There are 6 Very high risks at present:
  - Coronavirus (Covid-19) pandemic
  - Capacity to manage emergency demand
  - Workforce capacity & capability
  - Workforce engagement & morale
  - Delivery of the Financial Recovery Programme
  - Substantial unplanned expenditure or financial penalties
- The strategic risk due to the Covid-19 pandemic has been updated with additional risk actions covering PPE; health & safety; and the potential patient impact of temporary service changes
- Strategic financial risks require reassessment for the new financial year and in light of the recent government announcement on NHS debt
- 28% of operational risks are currently rated Very high or High (55 out of 192)
- A new QIA and Risk Assessment process has been introduced to evaluate the impact of temporary service changes during the Covid-19 pandemic response period

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

1. Purpose of the Report

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

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

2. Recommendations

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

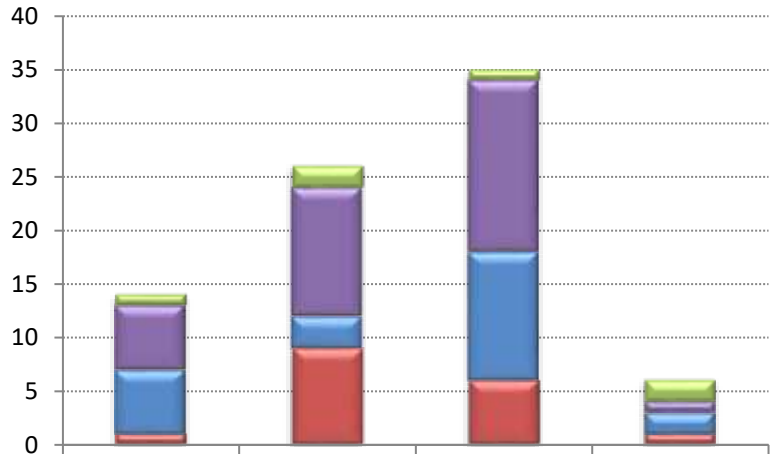
3. Reasons for Recommendations

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

4. Summary of Key Points

Strategic Risk Profile

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



	Low risk	Moderate risk	High risk	Very high risk
Finances	1	2	1	2
Reputation / compliance	6	12	16	1
Service disruption	6	3	12	2
Harm (physical or psychological)	1	9	6	1

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

ID	Title	Division	Risk Type	Rating (current)	Risk level (current)
4558	Global coronavirus (Covid-19) pandemic	Corporate	Harm (physical or psychological)	25	Very high risk
4175	Capacity to manage emergency demand	Medicine	Service disruption	20	Very high risk
4362	Workforce capacity & capability (recruitment, retention & skills)	Corporate	Service disruption	20	Very high risk
4083	Workforce engagement, morale & productivity	Corporate	Reputation / compliance	20	Very high risk
4382	Delivery of the Financial Recovery Programme	Corporate	Finances	20	Very high risk
4383	Substantial unplanned expenditure or financial penalties	Corporate	Finances	20	Very high risk
4405	Critical infrastructure failure disrupting aseptic pharmacy services	Clinical Support Services	Service disruption	16	High risk
4480	Safe management of emergency demand	Medicine	Harm (physical or psychological)	16	High risk

ID	Title	Division	Risk Type	Rating (current)	Risk level (current)
4403	Compliance with electrical safety regulations & standards	Corporate	Reputation / compliance	16	High risk
4384	Substantial unplanned income reduction or missed opportunities	Corporate	Finances	16	High risk
4144	Uncontrolled outbreak of serious infectious disease	Corporate	Service disruption	16	High risk
3520	Compliance with fire safety regulations & standards	Corporate	Reputation / compliance	16	High risk
3688	Quality of the hospital environment	Corporate	Reputation / compliance	16	High risk
3690	Compliance with water safety regulations & standards	Corporate	Reputation / compliance	16	High risk
3951	Compliance with regulations & standards for aseptic pharmacy services	Clinical Support Services	Reputation / compliance	16	High risk
4156	Safe management of medicines	Clinical Support Services	Harm (physical or psychological)	16	High risk
4044	Compliance with information governance regulations & standards	Corporate	Reputation / compliance	16	High risk
4437	Critical failure of the water supply	Corporate	Service disruption	16	High risk
4497	Contamination of aseptic products	Clinical Support Services	Harm (physical or psychological)	15	High risk
4179	Major cyber security attack	Corporate	Service disruption	12	High risk
4043	Compliance with patient safety regulations & standards	Corporate	Reputation / compliance	12	High risk
4145	Compliance with safeguarding regulations & standards	Corporate	Reputation / compliance	12	High risk
4146	Effectiveness of safeguarding practice	Corporate	Harm (physical or psychological)	12	High risk
4157	Compliance with medicines management regulations & standards	Clinical Support Services	Reputation / compliance	12	High risk
3720	Critical failure of the electrical infrastructure	Corporate	Service disruption	12	High risk
4176	Management of demand for planned care	Surgery	Service disruption	12	High risk
3689	Compliance with asbestos management regulations & standards	Corporate	Reputation / compliance	12	High risk
3503	Sustainable paediatric services at Pilgrim Hospital, Boston	Family Health	Service disruption	12	High risk

ID	Title	Division	Risk Type	Rating (current)	Risk level (current)
4142	Safe delivery of patient care	Corporate	Harm (physical or psychological)	12	High risk
4081	Quality of patient experience	Corporate	Reputation / compliance	12	High risk
4082	Workforce planning process	Corporate	Service disruption	12	High risk
4368	Efficient and effective management of demand for outpatient appointments	Clinical Support Services	Reputation / compliance	12	High risk
4300	Availability of medical devices & equipment	Corporate	Service disruption	12	High risk
4385	Compliance with financial regulations, standards & contractual obligations	Corporate	Reputation / compliance	12	High risk
4402	Compliance with regulations and standards for mechanical infrastructure	Corporate	Reputation / compliance	12	High risk
4406	Critical failure of the medicines supply chain	Clinical Support Services	Service disruption	12	High risk
4423	Working in partnership with the wider healthcare system	Corporate	Service disruption	12	High risk
4476	Compliance with clinical effectiveness regulations & standards	Corporate	Reputation / compliance	12	High risk
4481	Availability of patient information	Corporate	Service disruption	12	High risk
4556	Safe management of demand for outpatient appointments	Clinical Support Services	Harm (physical or psychological)	12	High risk
4181	Significant breach of confidentiality	Corporate	Reputation / compliance	12	High risk
4526	Internal corporate communications	Corporate	Reputation / compliance	8	Moderate risk
4528	Minor fire safety incident	Corporate	Harm (physical or psychological)	8	Moderate risk
4424	Delivery of planned improvements to quality & safety of patient care	Corporate	Reputation / compliance	8	Moderate risk
4483	Safe use of radiation	Clinical Support Services	Harm (physical or psychological)	8	Moderate risk
4486	Clinical outcomes for patients	Corporate	Harm (physical or psychological)	8	Moderate risk
4404	Major fire safety incident	Corporate	Harm (physical or psychological)	8	Moderate risk
4389	Compliance with corporate governance regulations & standards	Corporate	Reputation / compliance	8	Moderate risk

ID	Title	Division	Risk Type	Rating (current)	Risk level (current)
4397	Exposure to asbestos	Corporate	Harm (physical or psychological)	8	Moderate risk
4398	Compliance with environmental and energy management regulations & standards	Corporate	Reputation / compliance	8	Moderate risk
4399	Compliance with health & safety regulations & standards	Corporate	Reputation / compliance	8	Moderate risk
4400	Safety of working practices	Corporate	Harm (physical or psychological)	8	Moderate risk
4401	Safety of the hospital environment	Corporate	Harm (physical or psychological)	8	Moderate risk
4363	Compliance with HR regulations & standards	Corporate	Reputation / compliance	8	Moderate risk
4138	Patient mortality rates	Corporate	Reputation / compliance	8	Moderate risk
4141	Compliance with infection prevention & control regulations & standards	Corporate	Reputation / compliance	8	Moderate risk
3687	Implementation of an Estates Strategy aligned to clinical services	Corporate	Service disruption	8	Moderate risk
3721	Critical failure of the mechanical infrastructure	Corporate	Service disruption	8	Moderate risk
3722	Energy performance and sustainability	Corporate	Finances	8	Moderate risk
4003	Major security incident	Corporate	Harm (physical or psychological)	8	Moderate risk
4177	Critical ICT infrastructure failure	Corporate	Service disruption	8	Moderate risk
4180	Reduction in data quality	Corporate	Reputation / compliance	8	Moderate risk
4182	Compliance with ICT regulations & standards	Corporate	Reputation / compliance	8	Moderate risk
4351	Compliance with equalities and human rights regulations, standards & contractual requirements	Corporate	Reputation / compliance	8	Moderate risk
4352	Public consultation & engagement	Corporate	Reputation / compliance	8	Moderate risk
4353	Safe use of medical devices & equipment	Corporate	Harm (physical or psychological)	8	Moderate risk
4061	Financial loss due to fraud	Corporate	Finances	4	Low risk
4277	Adverse media or social media coverage	Corporate	Reputation / compliance	4	Low risk

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

4.3 41 out of 80 strategic risks recorded on Datix are currently rated as Very high or High (51% of the total).

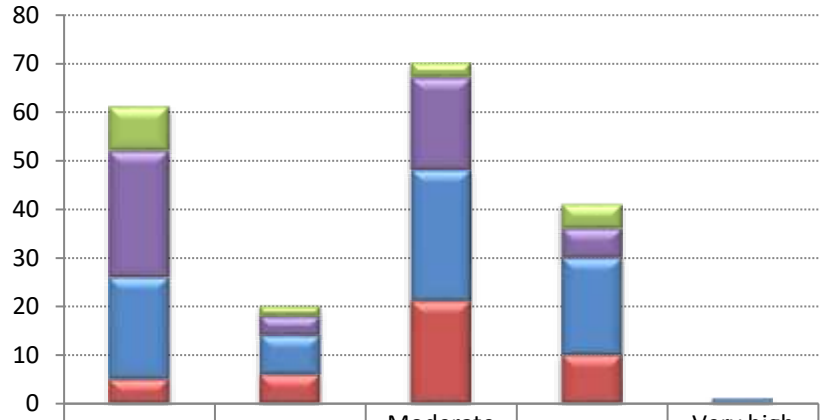
4.4 Since the last report (April 2020) the following changes have been made to the Strategic Risk Register:

- The new strategic risk in relation to the coronavirus pandemic, with a current rating of Very high (25), has been updated with additional risk actions:
  - Availability & safe use of PPE
  - Safe management of Covid patients
  - Potential for increased risk due to temporary service changes during the Covid response period
- The risk of a significant breach of confidentiality has been increased from Moderate (8) to High (12) on review, as there are currently two High risk actions open (in relation to human error due to training needs and limited incident reporting)
- Strategic financial risks require reassessment for the new 2020/21 financial year and in light of the recent UK Government announcement on NHS debt

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

Operational Risk Profile

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



	Very low risk	Low risk	Moderate risk	High risk	Very high risk
Finances	9	2	3	5	0
Reputation / compliance	26	4	19	6	0
Service disruption	21	8	27	20	1
Harm (physical or psychological)	5	6	21	10	0

4.7 Of the 193 risks recorded on divisional business unit risk registers, 42 (21%) are currently rated as Very high or High:

- This is a reduction in overall risk exposure from 28% Very high or high risk last month, this may be attributable to to the impact on services during the Covid-19 pandemic response period
- One operational risk remains rated Very high (20) - Diagnostics CBU - due to the age and condition of a substantial amount of diagnostic equipment

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

Risk management process

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

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

- Harm (physical or psychological) – this may be to patients (as a result of issues with care); to members of staff, or to visitors (arising from health &

safety issues) and covers a range from minor injuries through to multiple fatalities
- Service disruption – which ranges from the implementation of local business continuity plans up to critical and major incidents
- Reputation / compliance – which covers the potential for individual complaints up to a fundamental loss of confidence amongst commissioners; regulators; and the government (many risks of this nature relate to compliance with national standards, regulations and contractual obligations)
- Finances – which is based on the budgetary impact, from minimal cost increases to jeopardising financial sustainability

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

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

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

4.14 A new Quality Impact Assessment and Risk Assessment process has been introduced, with supporting documentation, to evaluate the potential impact of service changes made during the Covid-19 pandemic response period. A copy of the template document is attached for reference as **Appendix V**. Any residual risks requiring further mitigating action will be added to the appropriate CBU risk register as a new, Covid-specific risk to enable efficient and effective management.

Risk management reporting

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

Appendix I - Very high Strategic Risks (April 2020)

ID	Title & description	Executive lead	Risk Type	Risk level (inherent)	Controls in place	Risk level (current)	Lead assurance committee	Risk level (acceptable)	Review date	Weakness/Gap in Control	Specialty	Planned actions	Action risk rating	Action due date	Action progress
4558	**Local impact of the global coronavirus (Covid-19) pandemic** If the Trust is unable to manage safely and effectively the care of patients presenting with severe symptoms of Covid-19 coronavirus; Caused by the absence of an effective treatment, issues with the availability of essential equipment (including Personal Protective Equipment - PPE - for staff) and necessary facilities or the required staffing capacity to manage the level of demand; It could result in a large number of deaths amongst patients and staff.	Evans, Simon	Harm (physical or psychological)	Very high risk	Declared as a Level 4 incident throughout the UK (requires NHS England National Command and Control to support the NHS response). NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level. NHS in Lincolnshire and nationally together with Public Health England (PHE) to put in place measures to ensure the safety of all public, patients and NHS staff while also ensuring services are available to the public as normal. ULHT to implement actions as required in line with the national and regional plan.	Very high risk	Quality Governance Committee	Low risk	31/07/2020	There is currently no vaccine and no identified treatment specific to Covid-19. As the virus is new there is very little reliable data available. Based on the experience of other countries there may not be sufficient staffing capacity, intensive care facilities and equipment, and sustainable supply of Personal Protective Equipment (PPE) in some areas of the UK to manage expected levels of demand safely.	Operations	Increased critical care capacity to be able to support 80 level three patients (Intensive Care). Increased volume of patients who can be supported using Continuous Positive Airway Pressure (CPAP). Increased number of ward beds available from 920 core beds up to 1089. Review of clinical pathways. Cancellation of non-urgent surgery & diagnostics. Continued replenishment of PPE stocks. Redeployment of non-clinical staff to support front line. Cancellation of annual leave in April. Daily staff SBAR briefing.	Very high risk (20-25)	30/06/2020	Current forecast is that the expected surge in demand is now likely to occur towards the end of April or early May; it is likely to be less severe in intensity but last longer than initially predicted.
										Biological Agents (such as coronavirus) are covered under the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Therefore guidance to populating this assessment for COVID 19 COSHH provides a framework of actions designed to control risk from exposure to hazardous substances. The Approved Code of Practice (ACOP) to COSHH Regulation 7 states that if employers cannot prevent exposure to a biological agent, they should take steps to ensure that it is controlled adequately and consider all the requirements set out in regulation 7(3), (4), (6) and (7). COVID 19 when in an airborne state, micro-organisms can be classed as particles, and therefore can if not controlled risk transmission and be a source of infection to one or more persons. The result of contact can lead to respiratory distress / infection requiring different clinical treatments relating to assisted ventilated support. Treatment and clinical management is dependent upon each individual case and data suggests that multiple health concerns increase the likelihood of a poor healthcare outcome and potentially death.	Human Resources	In the context of the COSHH Regulations, elimination, substitution, and physical separation are not possible in the healthcare setting as workers are exposed to infectious agents as a consequence of their work. Since physically preventing exposure of healthcare workers to the virus is not feasible, it is important to minimise the likelihood that they will become infected, as far as is reasonably practicable, whilst still ensuring they are able to undertake their duties effectively. What is both reasonable and practicable will change during a pandemic, although the duty of control will still be based upon applying protective measures appropriate to the activity and consistent with the risk assessment. The Trust at this time recognises that guidance from Government and bodies such as Public Health England can change daily have the following mechanisms in place as part of the Governance Framework: Intranet submenu for COVID 19. The content of this is available to staff covering many topics including clinical pathways, fit testing, PPE guidance and protocols and associated documentation issued by Public Health England. The site also provides links to Government points of contact and advice. From each department areas / wards such guidance is being used according to local procedures and activities specific to task/ location. Department/ wards are required to escalate and report activities to Trust's Gold Command which meets to discuss the Trust's COVID 19 status. This information is then distributed via Silver Command to staff team leads and staff across the Trust using Daily Communications.	Moderate risk (8-10)	30/09/2020	This risk register item is to be managed as part of the strategic response to the coronavirus outbreak, with advice and support from Infection Prevention, Occupational Health and Health & Safety Team. 11/4/2020 Entry update following completion of a generic risk assessment in the management under COSHH regulation's 2002. Assessment inserted into documents has been sent to IPC lead KS for his attention and request to include it as part of COVID info on the Trust's intranet. 15/4/2020 Entry update the Health & Safety Team have developed an assessment which reflects the current mechanisms in place specific to the management of staff and potential hazards associated with Control of Substances Hazardous to Health (COSHH) Regulations 2002. In relation to Social Distancing associated in areas but not exclusive to admin and clerical such as health records/ health secretaries offices. 22/4/2020 Entry update - Health & Safety Team have provided further guidance on health & safety matters relating to the following 1.Covid-19 and Pregnancy for healthcare staff and associated risk factors 2.Emotional and Wellbeing impact of ULHT staff using PPE during the Covid-19 pandemic 3.COVID-19 Working from home 4.COVID-19 - Suspected or Confirmed Patient Swab Testing Staff are able to access the advice / guidance and assessments using the intranet link. http://ulhintranet/coronavirus-covid-19-latest-information-and-advice
										Raised through CAS Alert: Every patient requiring O2 on wards draws on the Oxygen storage tank. With hospitals now treating a large proportion of their inpatients for COVID19 infection, the draw is exceptionally high. The result is that some hospitals are drawing more oxygen from their tanks than the maximum flow for which they were designed. This carries the risk of icing that could cause flow to drop unexpectedly, compromising supply to patients and/or permanent damage to the system. It is critical that only approved guidance is followed to achieve maximum sustainable flow from existing installations. Unapproved procedures may cause permanent damage, and there may be no spares available to repair.	Estates	Twice/day check and de-ice in accordance with BOC recommendations. Respiratory nurses to act as Oxygen Guardian. SOP to be developed to enable response to low pressure alarms (will require clinical input as patients on oxygen will need to be managed if a low pressure fault develops). To set up an oxygen control meeting for 3pm daily. If a low pressure alarm sounds due to high usage this will require a clinical decision to reduce usage; if the low pressure alarm is due to a fault on the pipe Estates would action.	High risk (12-16)	30/06/2020	Spreadsheet calculator has been completely changed as the physics of patient treatment have changed due to needing 90% saturation requires min 15l CPAP therefore all calculations have changed – ward locations will also require tracking to provide a dispersed oxygen demand across the sites to help prevent overloading of the system in any one particular area – this concept is understood and agreed by the clinicians. A real time tracking system will need establishing at the 3pm daily meeting. The current system is only designed to HTM standards which are likely to be vastly exceeded in terms of flow rates. Pressure monitoring will be difficult to provide a real time live sense of how the Oxygen system is flowing in a realistic timescale before it falls over – therefore an alternative monitoring system will need to be developed as part of the SOP that brings together oxygen usage/ patient treatment/ ward location, etc.
										The Health and Safety at Work etc Act 1974 requires you to provide whatever information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of your employees. This is expanded by the Management of Health and Safety at Work Regulations 1999, which identify situations where health and safety training is particularly important, eg when people start work, on exposure to new or increased risks and where existing skills may have become rusty or need updating. Background In response to COVID 19 the Trust has been required to enact the pandemic flu response, following guidance from Public Health England. This involves preparing business continuity plans to respond to alternative models of working to respond to significant increases in demand and a reduction in workforce. As a result Human Resources Department Lead was required to suspend certain Core Learning Programmes and move face to face Induction to online programmes. This assessment will also capture the restrictions issued on 19/3/2020 relating to Current training commitments - response to COVID–19- Core Learning with suspension of Health & Safety and Patient Handling. The risk identifies all new starters, and staff employed within the Trust in a non-clinical and clinical role, the harm caused by COVID 19 in relation to physical and mental symptoms caused directly or indirectly by the virus. The harm ranging from minor to major effects associated with current COVID restrictions could lead to financial costs of accidents and occupational ill health, and breach of associated health & safety legislation.		It is recognised that practical learning is not available and as this is a major part of the Induction programme for Health & Safety particularly encompassing People Handling, the purpose of this assessment to recognise the associated hazards and potential risks for the non-delivery of training to new starters. The assessment will be subject to change from advice by COVID-19 (Coronavirus) SBAR and HR Leads and updated accordingly. Assessment identifies the potential hazards inclusive of activities relating to patients and in particular patient handling using associated medical devices, evaluation of risks and measures for controlling them.	Moderate risk (8-10)	30/09/2020	The assessment requires all divisions to manage their risks being supported by Human Resources- Organisational Development, Clinical Engineering and Health & Safety Team. 15/4/2020 Entry update - Health & Safety Team have as part of the intranet support for staff relating to Health & Safety created a specific submenu populated with guidance and related links http://ulhintranet/coronavirus-covid-19-latest-information-and-advice this together with advice through emails and direct telephone contacts will support staff in their knowledge and skills. Entry update 22/4/2020 Health & Safety Team have been advised by Organisational Development that Core Learning/inclusive of Induction Training restrictions will continue beyond the month of May. Control measures for staff in Health & Safety knowledge remains in place supported by presence of Health & Safety Team.

Appendix I - Very high Strategic Risks (April 2020)

ID	Title & description	Executive lead	Risk Type	Risk level (inherent)	Controls in place	Risk level (current)	Lead assurance committee	Risk level (acceptable)	Review date	Weakness/Gap in Control	Specialty	Planned actions	Action risk rating	Action due date	Action progress
										Personal Protective Equipment Regulations 2002: Employers have duties concerning the provision and use of personal protective equipment (PPE) at work. PPE is equipment that will protect the user against health or safety risks at work. It can include items such as safety helmets, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses. In response to COVID 19 the Trust has been required to enact the pandemic flu response, following guidance from Public Health England. This involves preparing business continuity plans to respond to alternative models of working to respond to significant increases in demand and a reduction in workforce. The risk assessment identifies all staff employed within the Trust in a non-clinical and clinical role, the harm caused by COVID 19 in relation to physical and mental symptoms caused directly or indirectly by the virus and the potential risks of wearing PPE for period during the course of a work shift. The harm ranging from minor to major effects associated with current COVID restrictions could lead to financial costs of accidents and occupational ill health, and breach of associated health & safety legislation.		It is recognised that to use PPE is as a last resort however in the case of COVID Government guidance states wearing of PPE is needed in addition to implementing other controls such as hand hygiene social distancing, restricting patient and staff movement etc. The purpose of this assessment to recognise the associated hazards and potential risks of wearing PPE. The assessment will be subject to change from advice by COVID-19 (Coronavirus) SBAR and IPC leads and updated accordingly. Assessment identifies the potential hazards inclusive of activities relating to patients and in particular patient handling using associated medical devices, evaluation of risks and measures for controlling them.	Moderate risk (8-10)	30/09/2020	The assessment requires all divisions to manage their risks being supported by IPC, Occupational Health and Health & Safety Team. Entry update- Use of PPE for suspected and positive Covid-19 patients assessment identifies the potential hazards associated with wearing PPE, this assessment as been updated to record the current communications brief issued to staff 20/4/2020.(inserted as a document. To note Health & Safety Team have designed a submenu specific to COVID 19 Health & Safety matters http://ulhintranet/coronavirus-covid-19-latest-information-and-advice Communications sent out to staff 21/4/2020.
										Temporary reduction in service provision across the Trust in response to the Covid-19 pandemic - including the suspension of cancer screening programmes; non-urgent elective procedures and face to face outpatient appointments - may increase the risk of significant harm and a poor clinical outcome for a large number of patients. t is also likely that patients may not attend A&E or appointments due to concerns regarding the pandemic, thereby increasing the risk of harm to themselves. The UK Government has not yet issued guidance on an exit strategy or the likely timescale for a return to regular service provision.	Operations	Introduction of a comprehensive Quality Impact Assessment (QIA) and Risk Assessment process for all service change decisions; to be approved through Covid Gold Command.	High risk (12-16)	30/06/2020	Process approved by Gold and to remain in place throughout the Covid response.
4175	**Capacity to manage emergency demand** If the volume of emergency demand significantly exceeds the ability of the Trust to manage it; Caused by an unexpected surge in demand, operational management issues within other healthcare providers or a reduction in capacity and capability within ULHT; It could result in a significant, prolonged adverse impact on the quality and productivity of services across multiple directorate and / or sites affecting a large number of patients and the achievement of national NHS access standards.	Evans, Simon	Service disruption	Very high risk	ULHT operational demand management policies & procedures. Operational performance management framework & regular reporting / monitoring at divisional and corporate levels. Monthly performance report to Trust Board. Urgent and Emergency Care Board (UECB) delivery plan. Lincolnshire Sustainability & Transformation Partnership (STP) and Plan. Horizon scanning processes.	Very high risk (20)	Finance, Performance & Estates Committee (FPEC)	Moderate risk	31/07/2020	• Comprehensive and effective triage • Improve time to RAT • Reduce ambulance handover delay • Improve time to 1st assessment • Effective GP Streaming • Improve non-admitted pathway compliance • Delivery of an ambulatory care model • Implementation of frailty model • Reconfiguration • Redesign the site management and bed meeting model • SAFER implementation • Effective discharge by 10:00 • Reduce number of stranded and super stranded patients • Implementation of Red to Green • Implementation of Full Capacity Protocol (FCP) • Implementation of criteria led discharge • Rapid handover Protocol	Operations	Continued interrogation against workstream progress through the urgent and emergency care workstream (ULHT). Continued scrutiny of delivery against agreed actions against all 7 workstreams (now including Hospital at Night) A completely revised approach to winter planning and system resilience needs to be commissioned to be undertaken including governance and assurance against delivery.	Very high risk (20-25)	31/03/2020	*The UEC improvement programme has undertaken an internal review of process, key stakeholders and original milestones where off track clear rectification plans are now in place *Recovery and rectification is led by the UEC improvement programme lead (Sarah Hall) *A system wide resilience review has also been commissioned and completed *System Resilience Group (SRG) is the vehicle by which assurance will be given, for example the 13 government funded schemes for LCC *Partnership working with the system and a more intuitive winter plan (ULHT) will support a more proactive response and delivery to system need *The system has matured over the last 12 months and confidence exists to challenge each part of our system *The risk remains as highlighted to Trust Board (ULHT) and UCB that the volume of emergency demand continues to pose a significant threat to delivery *Specific concerns relate to ambulance handover delays, increased non-elective admissions, stranded and super stranded patients *Further mitigation exists within the Lincoln site reconfiguration to minimise the impact of the projected circa -120 bed deficit trust wide
										Risk of increased demand on ED services if patients attend ED with COVID 19 related illness/complications.	Operations	Advice given to self isolate and use the NHS 111 service.	Low risk (4-6)	31/08/2020	Controls in place for the Covid response period.
4382	**Delivery of the Financial Recovery Programme** If the Trust becomes unable to delivery key elements of the Financial Recovery Plan within the current financial year; Caused by issues with the design or implementation of planned cost reduction initiatives; It could result in a material adverse impact on the ability to achieve the annual control total and reduce the scale of the financial deficit.	Matthew, Paul	Finances	Very high risk	Financial strategy. Financial recovery planning process. Financial Recovery Plan governance & monitoring arrangements. Directorate performance & accountability framework. Financial management information. Financial Special Measures (since September 2017). Financial Turnaround Group (FTG) oversight. Programme Management Office & dedicated Programme Manager.	Very high risk (20)	Finance, Performance & Estates Committee (FPEC)	Moderate risk	31/07/2020	Identified schemes for 2019/20 cover the level of efficiency required (£25.6m). If assumptions are inaccurate; or if there are capacity & capability issues with delivery; it may result in failure to deliver these schemes.	Finance	Finance PMO team working with divisions to manage planned schemes and identify mitigating schemes. Additional external resource to be brought in to support delivery.	Very high risk (20-25)	31/03/2020	Risk to be reassessed for the new financial year.
4383	**Substantial unplanned expenditure or financial penalties** If the Trust incurs substantial unplanned expenditure or financial penalties within the current financial year; Caused by issues with budget planning, budgetary controls, compliance with standards or unforeseen events; It could result in a material adverse impact on the ability to achieve the annual control total and reduce the scale of the financial deficit.	Matthew, Paul	Finances	Very high risk	Financial strategy. Annual budget setting process. Capital investment planning process. Capital investment programme delivery & monitoring arrangements. Monthly financial management & monitoring arrangements. Contract governance and monitoring arrangements. Directorate performance & accountability framework. Key financial controls.	Very high risk (20)	Finance, Performance & Estates Committee (FPEC)	Moderate risk	31/07/2020	Continued reliance upon a large number of temporary agency and locum staff to maintain the safety and continuity of clinical services across the Trust, at substantially increased cost.	Finance	Financial Recovery Plan schemes: recruitment improvement; medical job planning; agency cost reduction; workforce alignment.	Very high risk (20-25)	31/03/2020	Risk to be reassessed for the new financial year.
										Interest rate may increase if the Trust deviates adversely from plan in the financial year. Non-delivery of plan would also mean the Trust won't have access to FRF; PSF; and MRET (valued at £29m).	Finance	Delivery of the Financial Recovery Programme; maintaining grip & control on expenditure; use of PRM process to hold divisions to account and develop mitigating schemes where needed.	Very high risk (20-25)	31/12/2018	Risk to be reassessed for the new financial year.

Appendix I - Very high Strategic Risks (April 2020)

ID	Title & description	Executive lead	Risk Type	Risk level (inherent)	Controls in place	Risk level (current)	Lead assurance committee	Risk level (acceptable)	Review date	Weakness/Gap in Control	Specialty	Planned actions	Action risk rating	Action due date	Action progress
					Financial management information.					The Trust is at risk of being removed from the National Windows 10 licensing arrangement with a potential liability of up to £1.5m. NHSDigital will make a final decision in March 2020 depending on the overall state of the NHS estate in England.	Information & Communications Technology	The Trust to continue to work closely with NHS Digital keeping them appraised of our situation. The ICT Department has a plan to continue the rollout of Windows 10 upgrading the devices that can be upgraded and by rolling out the correct version to the VDI environment, this will continue to increase the numbers of devices that are using the national licensing agreement. The ICT Department working with finance continue to explore ways and means of accessing external capital resource and this continues to be top priority pending any capital allocation to ICT in 19/20 and beyond.	Moderate risk (8-10)	31/03/2020	Risk has been discussed within ICT and with Paul Matthew, it has also been escalated as a system issue to the STP via IMTEG. Current capital position is unhelpful and unsupportive of a resolution. ICT working with Finance colleagues to explore options and review potential for emergency capital bids.
4083	**Workforce engagement, morale & productivity (corporate)** If the Trust were to lose the engagement of a substantial proportion of its workforce; Caused by issues with low morale, lack of job satisfaction or uncertainty about the future; It could result in a substantial, widespread and prolonged reduction in productivity across multiple services affecting a large number of patients and staff.	Rayson, Martin	Reputation / compliance	Very high risk	Staff Charter & Personal Responsibility Framework Staff engagement strategies & plans. Internal communications platforms (intranet; bulletins; forums). Staff survey process and response planning. People management & appraisal policies, processes, systems (e.g. ESR) training & monitoring. Core learning programmes. Leadership development and succession planning processes. Management of change policies, guidelines, support and training. Partnership agreement with staff side representatives. Occupational health & wellbeing arrangements for staff.	Very high risk (20)	Workforce & Organisational Development Committee (W&ODC)	Low risk	31/07/2020	Impact of the cost reduction programme & organisational change on staff morale. The national staff survey results for 2017 shows that the impact of the Trust going into special measures for both quality and finance is being felt by staff. Morale has declined significantly, pride in working for ULHT has gone down and staff feel that decisions are taken on the basis of finance, rather than patient experience and safety and to the detriment of staff (e.g. increase in car parking charges & controls over travel and training). There is significant cynicism amongst staff, which will not be resolved until they see action alongside the words.	Human Resources	Shaping a response to the staff survey results which will inform the revised People Strategy and the 2021 Programme. One of the key themes will be creating a strategic narrative which gives hope for the future and addresses the issue that quality and money are not incompatible. Improvement methodology work provides means for staff to make efficiency and patient experience improvements. FAB programme will emphasise what is possible. Directorates will be tasked with also addressing staff survey issues at a local level. The actions proposed provide the mitigation, but we have to recognise that this remains a tough environment in which to drive up morale. Staff survey predated launch of 2021, but there is a need to tackle vacancy gaps as well.	Very high risk (20-25)	31/03/2020	Actions have been taken since the 2018 staff survey results against some the biggest themes emerging. Each Division has been asked to work to address the issues identified in their survey results. The Engagement Bus will be visiting each site in September. This will be accompanied by a "you said, we did" campaign. The next staff survey will be open in October 2019 and results will be available in early 2020. Review once the next set of staff survey results are available.
										Relationships with staff side representatives are challenged by the scale of organisational change required and the extent to which staff side wish to protect the status quo. There are disagreements amongst staff side representatives and not all meetings have taken place as scheduled.	Human Resources	Reviewing the current recognition agreement to modernise it and ensure it is fit for purpose. It is based on the Sandwell model and seeks to ensure proper debate, without giving staff side the capacity to prevent us moving beyond the status quo. Intention is to write to staff side to propose a further partnership meeting. Formal consultation around the new recognition agreement will begin shortly.	Moderate risk (8-10)	31/03/2020	Vote of no confidence in the Board by staff side in November 2018. Outstanding issues have been resolved, except there is a need for a facilitated discussion on future partnership working. The review of the recognition agreement has been on hold. We will resurrect this and elements of this will be controversial.
4362	**Workforce capacity & capability (recruitment, retention & skills)** If there is a significant reduction in workforce capacity or capability across the Trust; Caused by issues with the recruitment and retention of sufficient numbers of staff with the required skills and experience; It could result in sustained disruption to the quality and continuity of multiple services across directorates and may lead to extended, unplanned closure of one or more services which has a major impact on the wider healthcare system.	Rayson, Martin	Service disruption	Very high risk	Overall ULHT People Strategy & Workforce Operational Plan. Workforce planning processes & workforce information management. Medical staff recruitment framework & associated policies, training & guidance. Medical staff appraisals / validation processes. National audit & benchmarking data on the medical workforce. Nursing staff recruitment framework & associated policies, training & guidance. Allied Healthcare Professionals (AHPs) staff recruitment framework & associated policies, training & guidance. Non-clinical staff recruitment framework & associated policies, training & guidance. Bank, locum & agency staffing arrangements. Rota management systems & processes. People management policies, training & guidance. Core learning programme & training provision. Leadership development programme.	Very high risk (20)	Workforce & Organisational Development Committee (W&ODC)	Moderate risk	31/07/2020	Substantial challenge to recruiting and retaining sufficient numbers of Registered Nurses (RNs) to maintain safely the full range of services across the Trust.	Human Resources	Focus on nursing staff engagement & structuring development pathways; use of apprenticeship framework to provide a way in to a career in nursing; exploration of new staffing models, including nursing associates; continuing to bid for SafeCare live funding.	Very high risk (20-25)	31/03/2020	Nursing offer in place. Strategy for recruiting nurses in place, involving international and national recruitment, alongside maximising NQNs and trainee nurse associates. Review again at end of financial year.
										High vacancy rates for consultants & middle grade doctors throughout the Trust.	Human Resources	Focus on medical staff engagement & structuring development pathways. Utilisation of alternative workforce models to reduce reliance on medical staff.	Very high risk (20-25)	31/03/2020	Plan for every medical post in place. Good progress on recruitment (to plan) in QTR 1 and good pipeline in QTR 2. Working with two agency partners. Review again at end of financial year.
										A significant proportion of the current clinical workforce are approaching the age at which they could retire, which may increase skills gaps and vacancy rates.	Human Resources	Workforce plans to identify the potential risk due to the age profile in more detail, by year and service area; People Strategy includes mitigating actions; using HEE funding to bring additional capacity into OD in order to make progress on this project.	High risk (12-16)	31/03/2020	Retention plan in place - aiming for 1-2% reduction in attrition in 2019/20. Review again at end of calendar year.
										The Trust is dependent on Deanery positions to cover staffing gaps with medical trainees; shortages in the medical recruitment team will impact on the next rotation if not resolved.	Human Resources	Education Director action plan to address the issues raised.	High risk (12-16)	31/03/2020	Higher number of junior doctors in August rotation. Actions to improve juniors experience identified. Review again at end of calendar year.
										NHSI propose the introduction of 2 further measures to reduce agency spend in non-clinical areas: - a restriction on the use of off-framework agency workers to fill non-clinical and unregistered clinical shifts (to use of on-framework agencies only) - A restriction on the use of admin and estates agency workers to bank or substantive / fixed term only (with exemptions for special projects and shortage specialties)	Human Resources	Review of proposals and potential impact, to identify any required action.	High risk (12-16)	31/03/2020	Action plan in place to reduce agency spend. Central medical agency team operating and impact is being felt. However agency spend is not reducing as expected. Further action being taken, particularly around nursing agency spend. Review again at end of calendar year.

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

ID	Title	Division	Risk Type	Rating (current)	Risk level (current)
4426	Availability of essential equipment & supplies (Diagnostics CBU)	Clinical Support Services	Service disruption	20	Very high risk
4116	Availability of essential equipment & supplies (TACC CBU)	Surgery	Service disruption	12	High risk
4168	Availability of essential equipment & supplies (Pharmacy)	Clinical Support Services	Service disruption	12	High risk
4169	Availability of essential information (Pharmacy)	Clinical Support Services	Service disruption	12	High risk
4170	Workforce capacity & capability (Pharmacy)	Clinical Support Services	Service disruption	12	High risk
4191	Availability of essential equipment (Surgery CBU)	Surgery	Service disruption	12	High risk
4194	Delayed patient diagnosis or treatment (Surgery CBU)	Surgery	Harm (physical or psychological)	12	High risk
4196	Workforce capacity & capability (Surgery CBU)	Surgery	Service disruption	12	High risk
4201	Compliance with regulations & standards (Surgery CBU)	Surgery	Reputation / compliance	12	High risk
4262	Availability of essential equipment & supplies (T&O and Ophthalmology CBU)	Surgery	Service disruption	12	High risk
4302	Workforce capacity & capability (Specialty Medicine CBU)	Medicine	Service disruption	12	High risk
4303	Safety & effectiveness of patient care (Specialty Medicine CBU)	Medicine	Harm (physical or psychological)	12	High risk
4304	Health, safety & security of staff, patients and visitors (Specialty Medicine CBU)	Medicine	Harm (physical or psychological)	12	High risk
4305	Exceeding annual budget (Specialty Medicine CBU)	Medicine	Finances	12	High risk
4311	Access to essential areas of the estate (Specialty Medicine CBU)	Medicine	Service disruption	12	High risk
4315	Delayed patient diagnosis or treatment (Cardiovascular CBU)	Medicine	Harm (physical or psychological)	12	High risk
4317	Exceeding annual budget (Cardiovascular CBU)	Medicine	Finances	12	High risk
4320	Workforce capacity & capability (Cardiovascular CBU)	Medicine	Service disruption	12	High risk
4322	Safety & effectiveness of patient care (Cardiovascular CBU)	Medicine	Harm (physical or psychological)	12	High risk
4324	Access to essential areas of the estate (Cardiovascular CBU)	Medicine	Service disruption	12	High risk
4327	Delayed patient diagnosis or treatment (Urgent & Emergency Care CBU)	Medicine	Harm (physical or psychological)	12	High risk
4328	Quality of patient experience (Urgent & Emergency Care CBU)	Medicine	Reputation / compliance	12	High risk
4331	Exceeding annual budget (Urgent & Emergency Care CBU)	Medicine	Finances	12	High risk
4333	Delayed patient discharge or transfer of care (Urgent & Emergency Care CBU)	Medicine	Reputation / compliance	12	High risk
4334	Access to essential areas of the estate (Urgent & Emergency Care CBU)	Medicine	Service disruption	12	High risk
4335	Compliance with regulations & standards (Urgent & Emergency Care CBU)	Medicine	Reputation / compliance	12	High risk
4340	Workforce capacity & capability (Cancer Services CBU)	Clinical Support Services	Service disruption	12	High risk
4372	Compliance with regulations & standards (Outpatient Services)	Clinical Support Services	Reputation / compliance	12	High risk
4391	Health, safety & security of staff, patients and visitors (Estates & Facilities)	Corporate	Harm (physical or psychological)	12	High risk
4392	Replacement of essential equipment to prevent service disruption (Estates & Facilities)	Corporate	Service disruption	12	High risk
4394	Access to essential areas of the estate (Estates & Facilities)	Corporate	Service disruption	12	High risk
4396	Exceeding annual budget (Estates & Facilities)	Corporate	Finances	12	High risk

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

ID	Title	Division	Risk Type	Rating (current)	Risk level (current)
4409	Health, safety & security of staff, patients and visitors (Children & Young Persons CBU)	Family Health	Harm (physical or psychological)	12	High risk
4415	Exceeding annual budget (Children & Young Persons CBU)	Family Health	Finances	12	High risk
4416	Delayed patient diagnosis or treatment (Children & Young Persons CBU)	Family Health	Harm (physical or psychological)	12	High risk
4420	Workforce capacity & capability (Children & Young Persons CBU)	Family Health	Service disruption	12	High risk
4425	Workforce capacity & capability (Diagnostics CBU)	Clinical Support Services	Service disruption	12	High risk
4429	Availability of essential information (Diagnostics CBU)	Clinical Support Services	Service disruption	12	High risk
4435	Access to essential areas of the estate (Diagnostics CBU)	Clinical Support Services	Service disruption	12	High risk
4452	Compliance with regulations & standards (Women's Health & Breast Services CBU)	Family Health	Reputation / compliance	12	High risk
4460	Workforce capacity & capability (Women's Health & Breast Services CBU)	Family Health	Service disruption	12	High risk
4461	Safety & effectiveness of patient care (Women's Health & Breast Services CBU)	Family Health	Harm (physical or psychological)	12	High risk

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Risk Management Policy Appendix I: Risk Scoring Guide

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

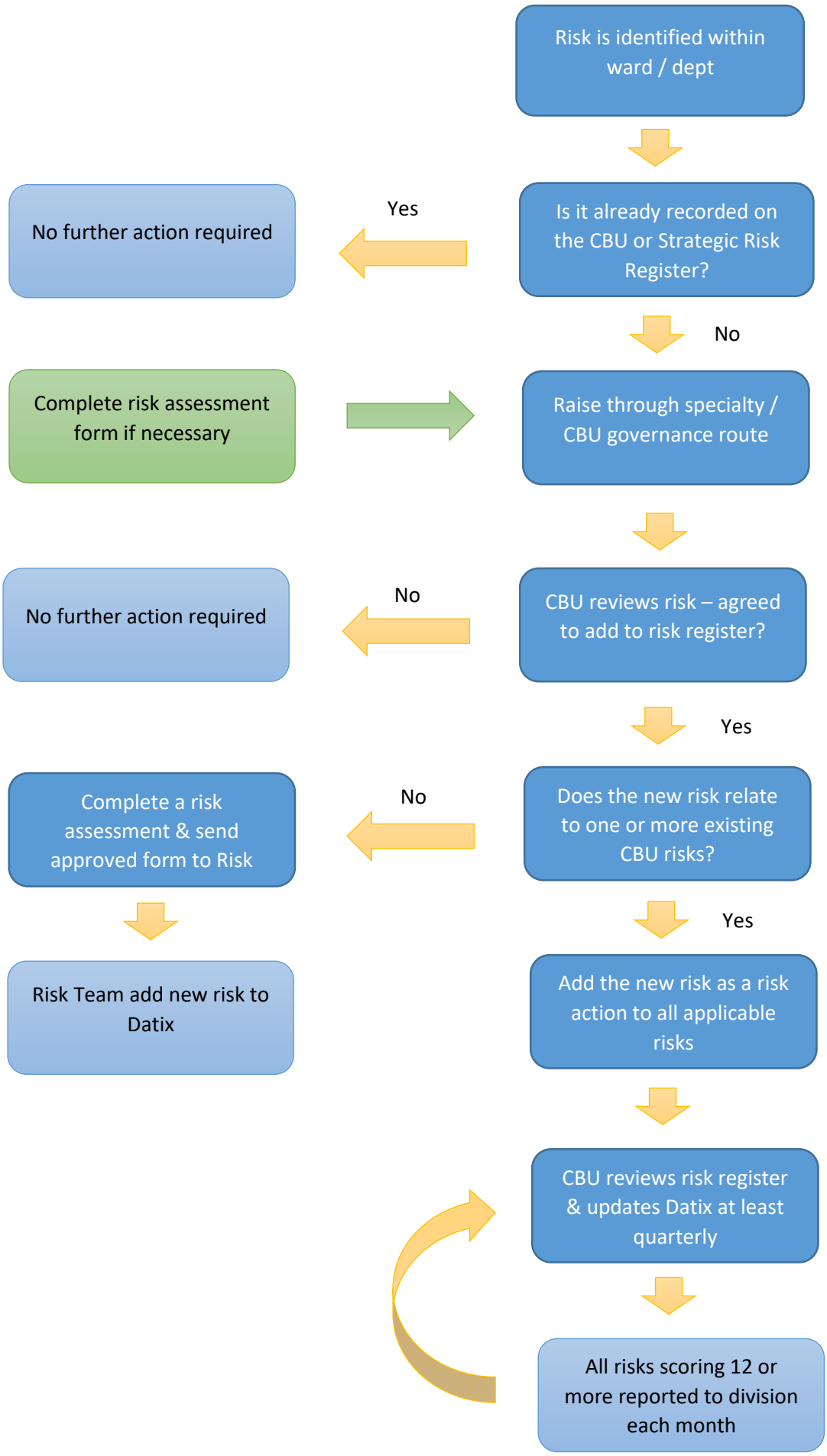
	Severity score & descriptor (with examples)				
Risk type	**1 Very low**	**2 Low**	**3 Medium**	**4 High**	**5 Very high**
Harm (physical or psychological)	Low level of harm affecting a small number of patients, staff or visitors within a single location.	Low level of harm affecting a large number of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

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

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

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

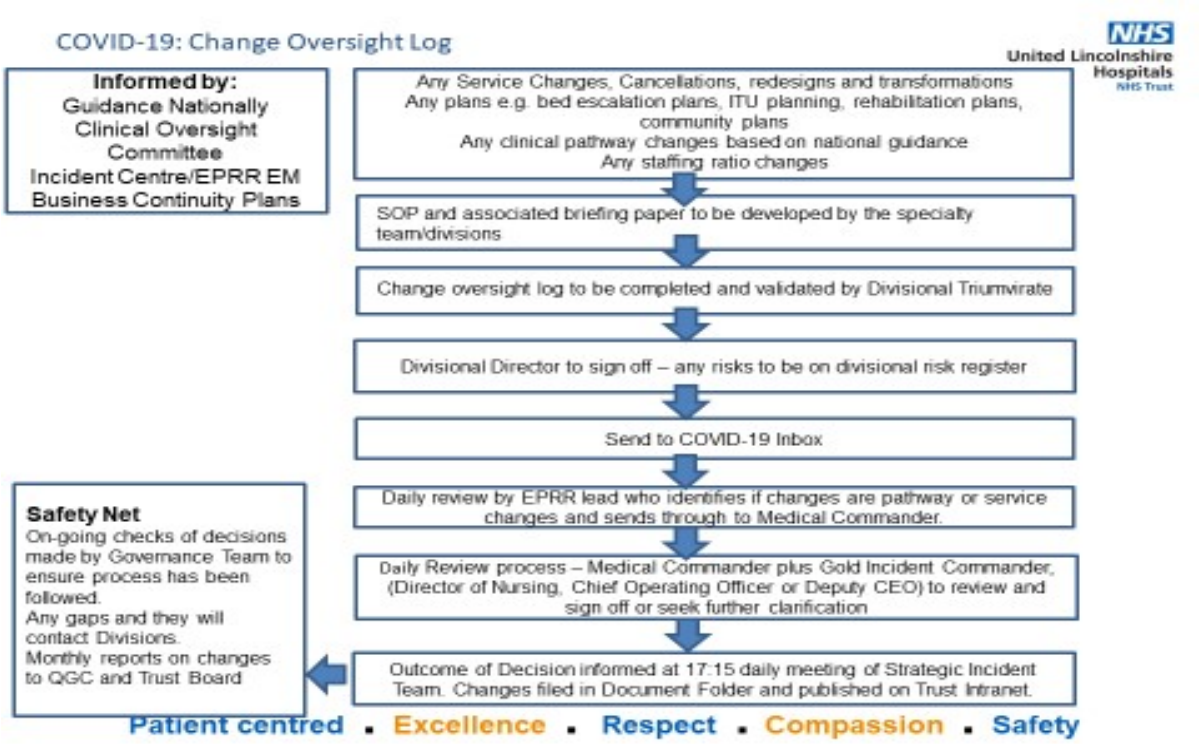
Risk management process (January 2020)



COVID-19 Service Change Risk & Quality Impact Assessments Process and Documentation

V2 Updated 14 April 2020

1. Change Oversight Log



2. Background Information

Please provide some supporting information in the table below:

	Please Complete Columns Below
Name of Service affected by the proposed change	
Division	
Brief Description of service change	
Is the Service change based on any national guidance received? ***(if yes please state the name of the guidance in the opposite column)***	Yes / No Name of National Guidance / Document:
Is the Service change based on any local guidance received? ***(if yes please state the name of the guidance in the opposite column)***	Yes / No Name of Local Guidance / Document:
Names of those involved in completing the QIA / Risk Assessment	

3. Quality Impact Assessment Form

Quality Impact Assessment (QIA)	
Name of Scheme	
Reference	
Division	
Proposed Start Date	

Quality Impact Risks										
	Yes/No (If Yes complete the following)	Risk Description	Initial Assessment				Post Mitigation			
			Impact	Likelihood	Consequence	Rating	Mitigations	Likelihood	Consequence	Rating
Impact on Duty of Quality (CQC/ Constitutional Standards)?						0				0
Impact on Patient Safety?						0				0
Impact on Clinical Outcomes?						0				0
Impact on Patient Experience?						0				0
Impact on Staff Experience?						0				0

Divisional Authorisation			
Name	**Position/Job Title**	**Signature**	**Date**
	Divisional Clinical Director		
	Divisional Managing Director		
	Divisional Head of Nursing		

Executive Leadership Team Authorisation			
Name	**Position/Job Title**	**Signature**	**Date**
	Medical Director		
	Director of Nursing		
	Gold Command		

4. Risk Assessment Form

Subject of risk assessment			
Completed by (name & role)		**Date completed**	
Divisional Sign off by (name & role)		**Date completed**	

What is the specific service change being proposed?	What is the increased risk (to patients, staff, visitors or Trust assets) as a result?	What can be done immediately to control this risk? (Attach documented new procedures, plans, etc.)	If these controls are in place, what is the level of risk? (Scoring Guide attached)	What further action (if any) would be needed to improve control of this risk?

5. Scoring Guide and Completion Notes for Risk Assessment

Risk Scoring Guide

This is a simplified version of the scoring guide that forms part of the Trust's Risk Management Policy:

	Risk ratings & examples				
Risk type	**1 -3** **Very low risk** (minimal chance)	**4-6** **Low risk** (<1% chance)	**8-10** **Moderate risk** (1-10% chance)	**12-16** **High risk** (10-50% chance)	**20-25** **Very high risk** (>50% chance)
Harm (physical or psychological)	Extremely unlikely to result in severe harm to multiple individuals	Unlikely to result in severe harm to multiple individuals	Reasonably likely to result in severe harm to multiple individuals	Quite likely to result in severe harm to multiple individuals	Extremely likely to result in severe harm to multiple individuals
Service disruption	Unlikely to result in noticeable disruption to any services	Likely to result in noticeable disruption to one or more services	Reasonably likely to result in temporary, unplanned closure of one or more services	Quite likely to result in extended, unplanned closure of multiple services	Extremely likely to result in closure of one or more hospitals
Compliance & reputation	Unlikely to result in complaints or concerns raised.	Unlikely to result in multiple complaints, serious concerns or adverse media attention	Reasonably likely to result in multiple complaints, serious concerns or adverse media attention	Quite likely to result in a large number of complaints, serious concerns raised and sustained adverse media attention	Extremely likely to result in a loss of public, commissioner and / or regulator confidence
Finances	Unlikely to result in noticeable adverse financial impact	Unlikely to result in significant adverse financial impact	Reasonably likely to result in Significant adverse financial impact	Quite likely to affect the ability of the Trust to achieve its annual financial control total	Extremely likely to affect the long-term financial sustainability of the Trust

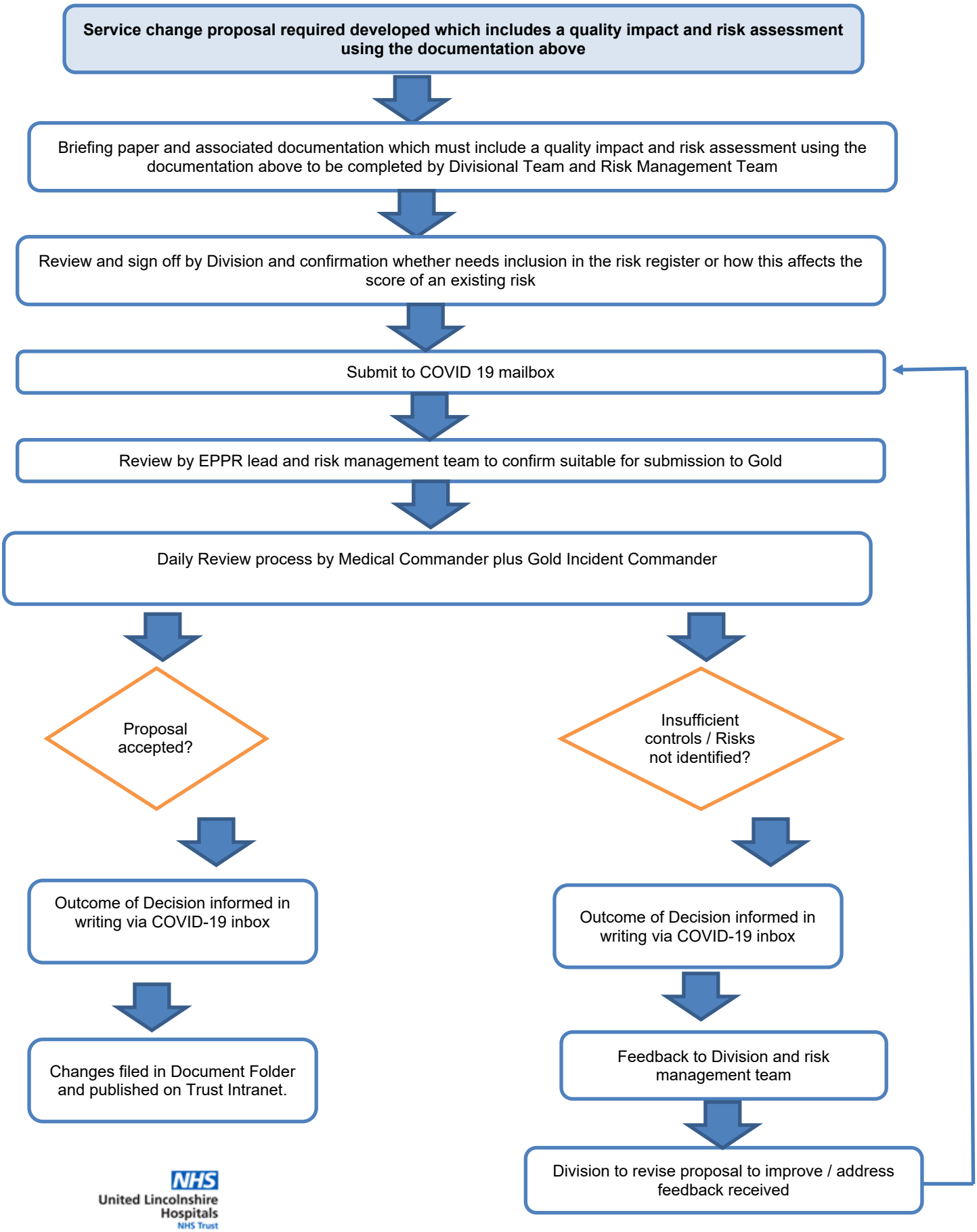
*The Trust Board's current **Risk Appetite Statement** indicates that the aim should be for all risks of harm to be reduced to Low wherever possible; for other risk types, Moderate or even High risks may be accepted where there are clear benefits or if it is necessary in order to reduce the risk of harm.*

Guidance notes

- *This form should be used to risk assess the implications of all proposed service changes made in response to the coronavirus (Covid-19) major incident, prior to a decision being made on the proposal*
- *How this risk assessment fits into the decision-making process is summarised on the attached flow chart*
- *A description of the business area or services covered by the risk assessment should be provided in the header section, along with details of who has completed it and the date it was completed*
- *Only risks that have been identified as increasing due to the proposed service change need to be included in the risk assessment*
- *If there are no increased risks identified when during the development of the proposal, this should be noted within the proposal to confirm that risks have been considered*
- *Risks of harm to patients, staff and visitors, as well as to the value of Trust assets as a result of the proposed service change should be considered*
- *Completed risk assessment should be included with all service change proposals to enable a risk-based decision to be made*
- *Any residual risks (those that require further mitigating action to be introduced alongside implementation of the proposal) should be added to the appropriate CBU risk register and managed as a priority*
- *An example risk assessment is included below for reference:*

What is the specific service change being proposed?	***What is the increased risk (to patients, staff, visitors or Trust assets) as a result?***	***What can be done immediately to control this risk? (Attach documented new procedures, plans, etc.)***	***If these controls are in place, what is the level of risk?*** *(Scoring Guide attached)*	***What further action (if any) would be needed to improve control of this risk?***
Temporary cancellation of all non-urgent surgery	*Could result in multiple patients suffering severe harm / deterioration in their condition*	*Revised Standard Operating Procedure prioritising highest risk patients*	*Low risk (4-6)*	*None required*
Clinical staff are required to come into contact with patients or colleagues infected with Covid-19	*Staff may be infected and become severely unwell*	*Operational guidelines for clinical staff and use of appropriate PPE*	*Low risk (4-6)*	*None required*
Social distancing, self-isolation and shielding guidelines	*May result in severed staffing capacity shortages that reduces service provision*	*Enactment of departmental workforce business continuity plans*	*Moderate risk (8-10)*	*Request for additional staff through the re-deployment process*

6. Service Change Proposal Flowchart for Risk and Quality Impact Assessment Process



NHS United Lincolnshire Hospitals NHS Trust

United Lincolnshire Hospitals NHS Trust

To:	Trust Board
From:	Karen Willey, Deputy Trust Secretary
Date:	5th May 2020
Essential Standards:	

Title:	Board Assurance Framework (BAF) 2019/20

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

Purpose of the Report:

To present the 2019/20 Board Assurance Framework

The Report is provided to the Board for:

Decision		Discussion	
Assurance		Information	X

Summary/Key Points:

The 2019/20 BAF has been closed at year-end and is being presented to the Board as the final version for 2019/20.

The narrative was updated across all objectives to reflect the impact of Covid-19 to the Trust and to recognise that a level 4 national incident was declared on 30th January 2020.

The year-end assurance ratings recorded within the BAF are detailed below.

Assurance Ratings:

RAG Rating	March 2020
Red	6
Amber	1
Green	0

Recommendations: The Trust Board are asked to receive the final version of the 2019/20 Board Assurance Framework.	
Strategic Risk Register Links to the risk register are included within the BAF and will be updated as risks are identified	**Performance KPIs year to date** Appropriate KPIs relevant to the ambitions will be identified within the BAF
Resource Implications (eg Financial, HR) N/A	
Assurance Implications Assurance on delivery of Trust ambitions is provided within the BAF	
Patient and Public Involvement (PPI) Implications N/A	
Equality Impact N/A	
Information exempt from Disclosure No	
Requirement for further review? Monthly review through Committees and Trust Board	

United Lincolnshire Hospitals NHS Trust

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

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

Ref	Objective	Metric	Exec Lead	How we may be prevented from meeting objective	Link to Risk Register	Link to Standards	Identified Controls (Primary, secondary and tertiary)	Control Gaps	How identified control gaps are being managed	Source of assurance	Assurance Gaps - where are we not getting effective evidence	How identified gaps are being managed	Committee providing assurance to TB	Assurance rating
SO1	**Providing consistently safe, responsive, high quality care**													
1a	Deliver harm free care	Mortality - HSMR within control limits	Medical Director	Coding incomplete/inaccurate Non delivery of the Trust Mortality Reduction Strategy Not working in Partnership across the health care system Inability to control/manage emergency demand Impact of Covid-19 to the Trust - Level 4 National Incident declared 30th January 2020	Corporate Risk ID 4138 - Mortality rates (Moderate)	CQC Safe	Dr Foster - investigations into Dr Foster alerts HSMR and SHMI National Benchmarking Reports National audits - secondary control ReSPECT Quality Account Priority 3 Learning from deaths and patient safety incidents Introduction of medical examiners Perinatal mortality review tool (PMRT) Enact pandemic flu response	Consistent delivery of ReSPECT Inability to control/manage emergency demand System wide partnership working: - preventing admission - provision of appropriate and timely discharge - reviewing deaths	Comprehensive ReSPECT roll out programme, system wide multi-professional education and audit Urgent Care Board Lincolnshire Mortality Learning Network	Triangulation of lessons learned, incidents, coroners, claims and complaints National audit reports Mortality Reduction Plan Regular reporting on learning from deaths. Reviews of alerting diagnosis/conditions, including independent reviews IPR Routine quarterly focussed assurance reports to Quality Governance Committee	System wide partnership reports	System wide mortality group System Improvement Board	Quality Governance Committee	R
		Harm Free Care - Safety Thermometer 99%	Director of Nursing	Unreliable or inaccurate data Failure to deliver against action plans in place for key harms Inconsistency in quality reporting from new Divisions. Impact of Covid-19 to the Trust - Level 4 National Incident declared 30th January 2020	Corporate Risk ID 4142 - Safety of patient care (Moderate)	CQC Safe	QSIP Plan Harm Free Action Plans in all areas Ward Accreditation Programme National benchmarking Integrated Performance Report Quality Strategy Patient Experience Plan Inclusion Strategy QSOG reports Quality Account priorities 1 ,2 & 4	Lack of capacity to deliver Inclusion of actions from CQC visit within QSIP plan Not available in all areas Data Quality Quality Strategy not approved Risk highlighted through QSOG of gaps in senior clinical leadership roles within the Divisions	Bi weekly meetings Harm Free care Steering Group QSIP Programme Patient experience annual plan as part of Quality Strategy Meeting to finalise metrics Infection Prevention and Control Group	Integrated Performance Report Patient Experience Dashboard and codesign of pathways with patients Quality and Safety Improvement Plan Clinical Audit Programme Ward Accreditation results Harm Free Care Group Medicines Management exception report Safeguarding exception report Infection Prevention	Quality Strategy not approved Harm Review data quality - Process has been significantly reviewed fits with committee work programme. To remain as gap for time being QSOG still in development New Trust Operating Model still embedding. Patient Experience and links to	Director of Nursing and Medical Director to further develop Quality Strategy Identification of relevant groups ownership of Harm Review policy and process	Quality Governance Committee	

Ref	Objective	Metric	Exec Lead	How we may be prevented from meeting objective	Link to Risk Register	Link to Standards	Identified Controls (Primary, secondary and tertiary)	Control Gaps	How identified control gaps are being managed	Source of assurance	Assurance Gaps - where are we not getting effective evidence	How identified gaps are being managed	Committee providing assurance to TB	Assurance rating
							Hygiene Code Enact pandemic flu response <u>Internal Audit:</u> Data quality of KPIs - Q4 Compliance with legislation - Q2	Lack of ability to rely on divisional governance Metric not finalised Sharing and learning not at desired level Implementation and/or delivery against existing guidance or safety recommendations (national and local) in relation surgical site safety leading to Never Events	Action plan being developed to address surgical site safety to reduce the number of Never Events reported. Sign off of action plan January 2020 at QGC	Infection Prevention Control exception report Equality and Diversity Patient report Inclusion strategy	Patient Experience and links to Quality Strategy and how articulated in BAF			
1b	Valuing our patients' time	% patients seen at appointment time (within 15 minutes of appointment time)	Chief Operating Officer	Unreliable, incomplete or inaccurate data Insufficient clinic capacity resulting in overbooking Inappropriate clinic configuration providing duplicate appointment times Patients arriving late for their clinic appointment Poor engagement Impact of Covid-19 to the Trust - Level 4 National Incident declared 30th January 2020	Corporate risk ID 4368 - Outpatient demand (High)	CQC Responsive	Specialty Governance Data Quality Group Outpatient Improvement Programme Delivering Productive Services Group Enact pandemic flu response	Data Quality Insufficient outpatient capacity to meet current demand across a number of specialties Consistency of Specialty Governance process	Data Quality workstream Performance Review Meetings Outpatient improvement programme System approach to managing planned care demand Governance team supporting embed of specialty governance post TOM implementation	Monthly Productive Services Group FPEC	Impact of actions being taken via PRM and productive services group not visible	Ensure reported through performance report to incorporate necessary narrative and impact from productive services group	Finance, Performance and Estates Committee	R

Ref	Objective	Metric	Exec Lead	How we may be prevented from meeting objective	Link to Risk Register	Link to Standards	Identified Controls (Primary, secondary and tertiary)	Control Gaps	How identified control gaps are being managed	Source of assurance	Assurance Gaps - where are we not getting effective evidence	How identified gaps are being managed	Committee providing assurance to TB	Assurance rating
SO2	Providing efficient and financially sustainable services													
2a	Have 'zero waits' to access our services	% patients discharged within 24 hours of PDD	Chief Operating Officer	Unreliable or inaccurate data Poor engagement with setting PDD Internal systems not efficient to support timely discharge Impact of Covid-19 to the Trust - Level 4 National Incident declared 30th January 2020	Corporate risk ID 4176 - Planned care demand (High)	CQC Effective	Urgent and Emergency Care Improvement Programme - workstream 4, Ward Processes and 5, Discharge and Partnerships Daily review and overview by operational services Delivering Productive Services Group Enact pandemic flu response	Specialty Governance Data Quality Issues	Data Quality workstream PRMs probing gaps in speciality control and assigning actions to close	Urgent and Emergency Care Improvement Programme update IPR	Beginning of the year represented a process with an assurance gap	Current performance reported now accurately reflects the metric however, year to date reflects the previous gap from Q1	Finance, Performance and Estates Committee	A
2b	Ensure that our services are sustainable on a long-term basis i.e. here to stay	Delivery of Financial Plan £70.3m deficit	Director of Finance and Digital	Efficiency schemes do not cover extent of savings required - £25.6m Continued reliance on agency and locum staff to maintain services at substantially increased cost Failure to achieve recruitment targets increases workforce costs Unplanned expenditure or financial penalties Failure to secure all income linked to coding or data quality issues Failure to secure contract income through backlog and repatriation schemes and inability to remove cost Activity exceeds contracted levels over and above repatriation and fails to secure all income due from commissioners Impact of Covid-19 to the Trust - Level 4 National Incident declared 30th January 2020	Corporate risk ID 4382 - Delivery of FRP (Very high) Corporate risk ID 4384 - Income reduction (High) Corporate risk ID 4383 - Unplanned expenditure (Very high)	CQC Well Led CQC Use of Resources	Financial Turnaround Group (FTG) oversight of FRP Vacancy control process Centralised agency team Financial Strategy and Annual Financial Plan Performance Management Framework Delivery of output of Clinical Service Review programme System wide savings plan Enact pandemic flu response <u>Internal Audit:</u> Finance efficiency programme - Q2 Performance Management and reporting - Q3 Education Funding - Q1	Reliance on temporary staff to maintain services, at increased cost Operational ownership and delivery of efficiency schemes Delivery of workforce cost reduction schemes Clinical coding & data quality issues Operational ownership of income at directorate level Lack of control over local demand reduction initiatives	Recruitment & retention initiatives to reduce reliance on temporary staff Income improvement plan for each directorate Divisional FRP meetings held fortnightly. Reporting by schemes into PRMs Divisional review of every post in the Trust Engagement with commissioners through system wide contract management framework Improved reporting in to divisions System savings plan and delivery group Performance review process refresh through new operating model	Monthly Finance Report to Trust Board including capital and contracting FSM meetings with NHSI Scrutiny and challenge through Finance, Performance and Estates Committee Internal Performance Review Meetings Internal Audit work reports IPR System Wide NHSE&I Performance and Escalation Meeting	Impact of recruitment and reduction in temporary staff Structures and systems in place however the Trust have a lack of control over expenditure Model Hospital Benchmarking CQC Use of resources	Report on recruitment and temporary staffing impact PRM Meeting outcomes, dashboard to be developed to be presented to Finance, Performance and Estates Committee Delivery of Financial Efficiency plans	Finance, Performance and Estates Committee	R

Ref	Objective	Metric	Exec Lead	How we may be prevented from meeting objective	Link to Risk Register	Link to Standards	Identified Controls (Primary, secondary and tertiary)	Control Gaps	How identified control gaps are being managed	Source of assurance	Assurance Gaps - where are we not getting effective evidence	How identified gaps are being managed	Committee providing assurance to TB	Assurance rating
		% of services rated as 'delivering' *Note: 2019/20 is baseline year. % not in place, working through baseline in draft, scrutiny and road testing criteria and application, scheme of delivery and devolution* *Baseline analysis of how to manage classification of service performance - 3 levels*	Director of Finance and Digital	Lack of capacity to establish a robust programme of work Lack of focus and attention - not nationally required, externally driven - alternative pressures Impact of Covid-19 to the Trust - Level 4 National Incident declared 30th January 2020	None	CQC Use of Resources	TOM Operational Group TMG Delivery Proposal taken and agreed at TMG to set baseline 6 month shadow running Enact pandemic flu response <u>Internal Audit:</u> TOM Governance - Q4	Aligned to revision to national standards 20/21 Report on milestone plan Triumvirate Plan Signed off proposal at TMG	Tracking national developments Developing shadow running of national standards as they become clear Trust Operating Model Operational Group Debate on metrics across the CBUs/Divisions Project management plan with milestones being met	FPEC Updates TMG Updates	Process not in place currently, no plan and milestones	TOM Implementation to develop and agree service rating scheme for formal agreement at TMG	Finance, Performance and Estates Committee	
SO3	**Providing services by staff who demonstrate our values and behaviours**													
3a	Have a modern and progressive workforce	Vacancy fill rate	Director of People&OD	Inadequate workforce planning processes	Corporate risk ID 4362 - Workforce capacity & capability (Very high) Corporate risk ID 4082 - Workforce planning (High)		System workforce planning process - aligned with 5 year plan + internal workforce planning process, aligned to operational plan + Ward establishment reviews + Job planning for medical and other staff	Alignment of workforce plans to operational plans and intentions for the system + Job planning process not yet completed for 2019/20	LWAB Workforce Planning Group + Improved internal process, aligned to operational plans + Job planning process for 20/21 linked to demand/capacity planning	Completed workforce plans + completed job plans + output of ward establishment reviews	Effectiveness of job planning + Accuracy of establishment information	20/21 job planning process to begin in Autumn 2019 - regular monitoring reports on progress + Establishment review process	Workforce, OD and Transformation Committee	**R**
				Inability to recruit to areas of high vacancy - consultants, doctors and registered nurses in particular			Workforce Plan aligned to Financial Recovery Plan + Agreed approach to recruiting to key roles + Attraction strategy	Continued high vacancy rates for key clinical staff and no reduction in high agency spend	Recruitment partnership for medical and nursing recruitment + System attraction strategy + National campaigns for nursing and AHPS + Improvements to transactional recruitment process	Workforce IPR - vacancy data + KPIs relating to speed of recruitment process + Audit work	Availability of registered nurses + Appropriate targets for recruitment process, regularly reported	New recruitment partner for nursing recruitment + On-going review of recruitment process		
				Reliance on deanery positions to cover staffing gaps			Attraction of junior doctors + experience whist at ULHT (Guardian of Safe Working Practice role + GMC surveys)	Establishment of Guardian role across ULHT + poor survey results	Additional support being provided to the Guardian + Project to improve junior doctor experience	Regular report by Guardian to Committee + GMC survey results	Comprehensive Guardian's report not yet regularly provided to the Committee	Action being taken to improve support to the Guardian		
				Failure to embrace new roles			Workforce planning processes + Work of the Talent Academy around promotion of apprenticeships, new roles and new supply pipelines	Failure to fully to embrace new roles, such as Physician Associates	Additional funding to support new roles	Regular report on number of apprenticeships and activities of the Talent Academy	Pay back of ULHT apprenticeship levy	Maximisation of apprenticeship take-up in ULHT and transfer to primary care		
				Significant proportion of the workforce reaching retirement age			Succession planning + Initiatives such as "retire and return"	Succession planning not in place systematically	Talent management approach to ULHT being developed, within a system approach	Age profile of the workforce + Take up of schemes available	None			
				Attrition rate (overall and at particular sites and in specialties) is above the average			Retention plan - initiatives around flexible working, exit interviews, itchy feet interviews	Potential impact of Brexit	Communication and engagement by managers to EU staff	Workforce IPR - Turnover rate + numbers signing up to remain after Brexit	Report on EU staff remaining in the workplace	Progress reports on implementation of retention plans and take-up of initiatives		
				Failure to adequately equip our staff with the skills they need to fulfil their roles			Mandatory training programme + Development and delivery of the Education and Learning Strategy + Ability to access learning programmes + Potential of Medical School to refocus Trust on learning as an offer	Low completion rates of mandatory training + Education and Learning Strategy not yet driving investment + Progress in development of partnership with Medical School	Communications + Establishment of the Education and Learning Group + New appointment of Director of Education	Workforce IPR - training completion rates + Progress reports on Education & Learning Strategy and Medical School + Audit work	Regular reporting of progress not in place	Intention as part of IIP to monitor progress on delivery of plan and PI to cover access to learning and development		
				Sickness absence rates higher than in other Trusts			Attendance Policy + ER activity with managers to manage attendance + Health and Well-being activity	Sickness rates higher than others + Low NSS scores on health and well-being	Introduction of Empactis system and review of policy + Review of approach to health and well-being	Workforce IPR - Sickness data + Regular Health and Wellbeing updates + Audit work	Visibility to managers of sickness patterns and of appropriate management action not being taken	Empactis system will enable more detailed reporting		
				Impact of Covid-19 to the Trust - Level 4 National Incident declared 30th January 2020			Enact pandemic flu response							

Ref	Objective	Metric	Exec Lead	How we may be prevented from meeting objective	Link to Risk Register	Link to Standards	Identified Controls (Primary, secondary and tertiary)	Control Gaps	How identified control gaps are being managed	Source of assurance	Assurance Gaps - where are we not getting effective evidence	How identified gaps are being managed	Committee providing assurance to TB	Assurance rating
3b	Work as one team	Recommend as a place to work in staff survey 46% (↑ of 5%	Director of People&OD	Lack of clarity over the future direction of the Trust and each individual's role in it	Corporate risk ID 4083 Workforce engagement (High)		Review of Strategic Planning Framework to simplify + Communications Plan around new vision etc. + Individual Performance Management System (Appraisal)	Awareness of 2021 brand strong, but cannot translate into understanding of future direction and individual role in it	Review of framework + Review of internal communications plan	NSS Survey data + Internal Comms survey + Appraisal completion rates	Explore other ways we can regularly monitor awareness of key messages		Workforce & OD Committee	R
				Lack of trust in the senior leadership of the organisation - opportunity for staff voice to be heard)			Role of Senior Leadership Forum and new Middle Manger Forum (both to be renamed) + TOM OD Plan to build capability + Work on visibility (staff feeling that they are heard) + Medical Engagement Work	Evidence from National Staff Survey (NSS) indicates a lack of trust, hope in the future and belief that things can improve + Low levels of medical engagement	Work to improve visibility - future of "big conversations" + review of Team Pilgrim/Louth etc. + Links to leadership work	NSS Survey data + other survey work	None			
				Leadership which is not compassionate and engaging			Leadership development programmes + Personal Responsibility Framework for managers + Appraisal for managers	Evidence from NSS indicates quality of leadership is not consistent + Attendance of the right people on the right programmes (with appropriate wrap-arounds to ensure impact)	Revisions to current leadership programme (e.g. adoption of coaching) + Review of Personal Responsibility Framework + Development programmes for Clinical Leads & General Managers	NSS Survey data + Attendance at leadership programmes	Explore other ways in which we can measure impact of leadership development	Work as part of the IIP to identify additional impact measures for work around leadership		
				Organisational culture which does not reflect the values of the Trust			Values and Staff Charter (Personal Responsibility Framework) - Staff Charter Workshops to embed values	Behaviours are not consistently good	Work on "civility" and "kindness"	NSS Survey data + ad-hoc surveys	Ability to assess progress between national staff survey data being available	Potential for a regular temperature check on behaviours to be developed		
		Recommend as a place to receive care in staff survey 53% (↑ of 5%)		Lack of fairness in the operation of ULHT workforce policies			Framework of ULHT Workforce policies under regular review + Freedom To Speak Up Guardian	Pressure on ER system + Lack of fair application of policies referenced in CQC report + Awareness of Freedom To Speak Up Guardian	Implementation of "Just Culture" approach to policies and ER work + Management Development + Freedom To Speak Up Champions	Workforce IPR - Regular data on ER activity + Freedom To Speak Up Guardian Reports	None			
				Lack of effective partnership with staffside			Recognition Agreement + EPF/JNF + Informal dialogue	Partnership with Staffside is broken	Revised Recognition Agreement with new meeting structure and facility time breakdown + Further relationship building work		Can measure progress on the recognition agreement, but no formal measure of the strength of our partnership	Explore need for a measure of health of partnership with staffside		
				Organisation does not fully embrace inclusiveness			Inclusion Strategy and regular reporting + Staff Networks	Issues around bullying and harassment + Workforce profile that demonstrates inclusivity	Talent management approach will embrace issues of diversity	WRES and WDES reporting + Gender Equality Data	None			
				Addressing issues around bullying and harassment in the ULHT workplace			Bullying and harassment project and initiatives that will follow	NSS data evidences a problem with bullying and harassment in the Trust	Complete project and implement actions agreed - initially 100 day projects	NSS Survey data	None			
				Impact of Covid-19 to the Trust - Level 4 National Incident declared 30th January 2020			Enact pandemic flu response							

Ref	Objective	Metric	Exec Lead	How we may be prevented from meeting objective	Link to Risk Register	Link to Standards	Identified Controls (Primary, secondary and tertiary)	Control Gaps	How identified control gaps are being managed	Source of assurance	Assurance Gaps - where are we not getting effective evidence	How identified gaps are being managed	Committee providing assurance to TB	Assurance rating
SO4	**Providing seamless integrated care with our partners**													
4a	Make sure that the care given to our patients is seamless between ULHT and other service providers through better service integration	% reduction in face to face contacts in Outpatients 5% (Responsibility for the metric delivery sits with the Chief Operating Officer)	Chief Executive Officer	Lack of robust system plan Lack of/insufficient system capacity Poor engagement with primary/community care Demand Unaffordable Poor system working No single system plan Impact of Covid-19 to the Trust - Level 4 National Incident declared 30th January 2020	Corporate risk ID 4368 - Outpatient demand (High)	CQC Caring CQC Responsive CQC Well Led	1st line Activity monitoring Activity plan Contract Improvement project System plan delivery System Performance Report to SET STP/SET/LCB infrastructure ASR Single system plan ICC development programme 2nd line: ICS Development 3rd line: NHS ICS Maturity Index Internal Audit: STP Governance - Q2 Enact pandemic flu response	ASR - capital limitation System delivery method not yet mature	ASR being refreshed for resubmission System wide SROs appointed and delivery framework being established	LCB Oversight SET CEO Updates at Board Healthy Conversation System wide partnership reports	No named ULHT individual for delivery of work stream	Allocation of responsibility and resource to ULHT individual for delivery of workstream Improving ULH document agreed through Remuneration Committee. Shared with organisation w/c 13 Jan creates new Directorate of Integration and Improvement Headed by Dir of Integration and Imp/Dep CEO	Finance, Performance and Estates Committee	R

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The BAF management process

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

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

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

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

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

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

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

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

NHS
United Lincolnshire Hospitals
NHS Trust

To:	Trust Board
From:	Jayne Warner Trust Secretary
Date:	5th May 2020
Essential Standards:	

Title:	Board Assurance Framework (BAF) 2020/21

Author/Responsible Director: Jayne Warner, Trust Secretary

Purpose of the Report:

To present the 2020/21 Board Assurance Framework for consideration. Following discussions at the April meeting about how the Board would seek assurance during the Covid 19 national incident it was agreed that a review would be completed of the elements of the proposed 2020/21 Board Assurance Framework acknowledging that some areas would not progress whilst the Trust responded to the incident but that some objectives would remain a focus for the organisation and alternative routes for assurance may need to be identified.

The Report is provided to the Board for:

Decision		Discussion	X
Assurance	X	Information	

Summary/Key Points:

The 2020/21 BAF was being developed based on the objectives within the Trust Integrated Improvement Plan. The launch of the plan within the Trust was paused with the declaration of the national incident in response to the threat from covid - 19.

Moving forward the monthly update of the board assurance framework will be aligned with progress against the Integrated Improvement Plan, however, whilst the work on this is paused the draft board assurance framework has been update to reflect where the impact of covid-19 creates a risk to the achievement of the Trust objectives for 2020/21. Some of the objectives will not have been updated and remain paused.

It should be noted that for the May meeting the framework has not been considered by the Board Committees. During May the relevant areas of the framework will be shared and considered at the Quality Governance Committee.

Assurance Ratings:

RAG Rating	April 2020
Red	
Amber	
Green	

Recommendations:

The Trust Board are asked to receive the initial draft version of the 2020/21 Covid specific Board Assurance Framework.

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

Resource Implications (eg Financial, HR) N/A

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

Patient and Public Involvement (PPI) Implications N/A

Equality Impact N/A

Information exempt from Disclosure No

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

Board Assurance Framework (BAF) 2020/21

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	Workforce 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	If the Trust is unable to manage safely and effectively the care of patients presenting with severe symptoms of covid 19 caused by the absence of an effective treatment, issues with availability of equipment (including PPE) or the required staffing capacity to manage the level of demand	4558	CQC Safe	Developing a safety culture Improving the safety of Medicines management 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	Declared as a level 4 incident throughout the UK. NHSE to coordinate NHS response. Measures to be put in place locally to ensure safety of public, patients and staff. Trust actions as per national and regional plans Major incident (Gold Command Structure) Continued review and monitoring of HSMR and SHMI by QGC CQC actions monitored through QGC meeting during Covid 19 streamlined governance arrangements IPC Team part of Trust Covid response National guidance followed on PPE/ Infection Prevention methods Pandemic Flu Plan initiated	Control gaps identifed and reported through to Gold Command Structure.	Trust Wide Accreditation Programme 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	Assurance received through daily/weekly briefing processes with Chair/CEO/ Execs	Assurance gaps to be identified through Trust Board streamlined governance process and Qualioty Governance Committee	Quality Governance Committee	**TBD**
1b	Improve patient experience	Director of Nursing	If the Trust is unable to manage safely and effectively the care of patients presenting with severe symptoms of covid 19 caused by the absence of an effective treatment, issues with availability of equipment (including PPE) or the required staffing capacity to manage the level of demand	4558	CQC Safe	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	Declared as a level 4 incident throughout the UK. NHSE to coordinate NHS response. Measures to be put in place locally to ensure safety of public, patients and staff. Trust actions as per national and regional plans Major incident (Gold Command Structure) CQC actions monitored through QGC meeting during Covid 19 streamlined governance arrangements Pandemic Flu Plan initiated	Control gaps identifed and reported through to Gold Command Structure.	Getting real time patient and carer feedback Hold 6 listening events Thematic reviews of complaints and compliments User involvement numbers National patient surveys Number of locally implemented changes as a result of patient feedback	Assurance received through daily/weekly briefing processes with Chair/CEO/ Execs	Assurance gaps to be identified through Trust Board streamlined governance process and Qualioty Governance Committee	Quality Governance Committee	

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1c	Improve clinical outcomes	Medical Director	If the Trust is unable to manage safely and effectively the care of patients presenting with severe symptoms of covid 19 caused by the absence of an effective treatment, issues with availability of equipment (including PPE) or the required staffing capacity to manage the level of demand	4558	CQC Safe 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 Review of pharmacy model and service	Declared as a level 4 incident throughout the UK. NHSE to coordinate NHS response. Measures to be put in place locally to ensure safety of public, patients and staff. Trust actions as per national and regional plans Major incident (Gold Command Structure) CQC actions monitored through QGC meeting during Covid 19 streamlined governance arrangements Pandemic Flu Plan initiated	Control gaps identifed and reported through to Gold Command Structure.	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	Assurance received through daily/weekly briefing processes with Chair/CEO/ Execs	Assurance gaps to be identified through Trust Board streamlined governance process and Qualioty Governance Committee	Quality Governance Committee	
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	If the Trust is unable to manage safely and effectively the care of patients presenting with severe symptoms of covid 19 caused by the absence of an effective treatment, issues with availability of equipment (including PPE) or the required staffing capacity to manage the level of demand	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		Control gaps identifed and reported through to Gold Command Structure.	Vacancy rates Turnover rates Rates of appraisal/mandatory training compliance Learning days per staff member Staff survey feedback Sickness/absence data	Assurance received through daily/weekly briefing processes with Chair/CEO/ Execs	Assurance gaps to be identified through Trust Board streamlined governance process and Qualioty Governance Committee	Workforce and Organisational Development Committee	

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
2b	Making ULHT the best place to work	Director of People and Organisational Development	Specific projects paused during Covid 19 response	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 Embed Freedom to Speak Up and Guardian of safe Working Celebrate year of the Nurse/Midwife			WRES/ DES Data Staff survey feedback Number of staff attending leadership courses Number of Schwartz rounds completed Protect our staff from bullying, violence and harassment			Workforce and Organisational Development Committee	
2c	Well led services	Chief Executive	Specific projects paused during Covid 19 response		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 Implementing a Shared Decision making framework Implementing a robust policy management system Ensure system alignment with improvement activity Operate as an ethical			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			Audit Committee	

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
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	If the Trust is unable to manage safely and effectively the care of patients presenting with severe symptoms of covid 19 caused by the absence of an effective treatment, issues with availability of equipment (including PPE) or the required staffing capacity to manage the level of demand		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			PLACE assessments 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			Finance, Performance and Estates Committee	
3b	Efficient use of our resources	Director of Finance and Digital	Specific projects paused during Covid 19 response		CQC Well Led CQC Use of Resources	Delivering £25m 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			Delivery of CIP Achievement of Financial Plan Achievement of Model Hospital opportunities Improve service line profitability			Finance, Performance and Estates Committee	
3c	Enhanced data and digital capability	Director of Finance and Digital	Specific projects paused during Covid 19 response		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			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			Finance, Performance and Estates Committee	

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
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 Covid 19 response		CQC Caring CQC Responsive CQC Well Led	Supporting the implementation of new models of care across a range of specialties Support Creation of ICS Support the development of an Integrated Community Care programme Support the consultation for Acute Service Review (ASR) Improvement programmes for cancer, outpatients, theatres and urgent care Development and Implementation of new pathways for paediatric services			Numbers of new models of care established Delivery of ASR Year 1 objectives Improvement in health and wellbeing metrics				
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			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				
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 Increasing the number of Clinical Academic posts Refresh of our Research, Development and Innovation Strategy Improve the training environment for medical students and Doctors			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				

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