Bundle Trust Board Meeting in Public Session 4 August 2020

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

1 Introduction, Welcome and Chair's Opening Remarks
Chair

2 Public Questions
Chair

3 Apologies for Absence
Chair

4 Declarations of Interest
Chair

5.1 Minutes of the meeting held on 7 July 2020
Chair
Item 5.1 Public Board Minutes July 2020.docx

5.2 Matters arising from the previous meeting/action log
Chair
Item 5.2 Public Action log July 2020.docx

6 Chief Executive Horizon Scan Including STP
Chief Executive
Item 6 Chief Executive Report, 040820.docx

6.1 Covid Update
Chief Operating Officer
Item 6.1 Cover Report Covid-19 Restore Phase Progress Summary August 2020.docx

7 Patient/Staff Story
Director of Nursing

Please be aware that sometimes our patient and staff stories can deal with very difficult subjects, which may affect you personally. If you are concerned about this the Trust Secretary can advise you of the subject to be discussed at the start of the meeting.

8 Strategic Objective 1 To Deliver high quality, safe and responsive patient services, shaped by best practice and our communities

8.1 Assurance and Risk Report from the Quality Governance Committee
Chair of QGC
Item 8.1 QGC Upward report July 2020 v1.doc

8.2 National Inpatient Survey
Director of Nursing
Item 8.2 National Inpatient Survey report July 2020.docx
Item 8.2 IP19_United Lincolnshire Hospitals NHS Trust.pdf

8.3 National Cancer Survey
Medical Director
Item 8.3 National Cancer Survey (04.08.2020) v4a.docx

9 Strategic Objective 2 To enable our people to lead, work differently and to feel valued, motivated and proud to work at ULHT

9.1 Assurance and Risk Report from the Workforce and Organisational Development Committee
Chair of Workforce & OD Committee
Item 9.1 WOD - Upward Report - July 2020.doc

9.2 WRES/WDES Annual Submission
Director of People and OD
Item 9.2 WDES_Report_2019_2020_Trust_Board_United_Lincolnshire_Hospitals_NHS_RWD_August_2020_FINAL.docx
Item 9.2 WDES_Report_2019_2020_ULHT_RWD_Trust_Board_FINAL_August_2020.docx

Item 9.2 WRES_Report_2019_2020_Trust_Board_United_Lincolnshire_Hospitals_NHS_RWD_August_2020_FINAL.docx

Item 9.2 WRES_Report_United_Lincolnshire_Hospitals_NHS_RWD_August_2020_Board_FINAL.pdf

Item 9.2 WRES_Indicator_1_A4C_Medical_detail_%_July_2020_FINAL.pdf

10 Strategic Objective 3 To ensure that services are sustainable, supported by technology and delivered from an improved estate

10.1 Assurance and Risk Report from the Finance, Performance and Estates Committee

Chair of Finance, Performance and Estates Committee

Item 10.1 FPEC Upward Report July 2020 v1.docx

10.2 Business Case Pilgrim A&E

Director of Improvement and Integration

Item 10.2 PHB ED_OBC_V5 07_07_20.docx

11 Strategic Objective 4 To implement integrated models of care with our partners to improve Lincolnshire's health and wellbeing

12 Integrated Performance Report

Dep Dir of Finance

Item 12 Integrated Performance Report - Trust Board.pdf

13 Risk and Assurance

13.1 Risk Management Report

Director of Nursing

Item 13.1 Strategic Risk Report - August 2020.pdf

13.2 Board Assurance Framework

Trust Secretary

Item 13.2 BAF 2020-21 Front Cover August 2020.docx

Item 13.2 BAF 2020-2021 v28.07.2020.xlsx

13.3 Upward Report Audit Committee

Chair of Audit Committee

Item 13.3 Audit Committee Upward Report.docx

14 Board Forward Planner

Trust Secretary
For Information

Item 14 Board Forward Planner 2020 v 1.doc

15 Any Other Notified Items of Urgent Business

16 The next meeting will be held on Tuesday 1st September 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 July 2020

Via MS Teams Live Stream

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

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
Mr Geoff Hayward, Non-Executive Director

800/20	**Item 1 Introduction** The Chair welcomed Board members and members of the public who had joined the live stream to the meeting. In line with guidance on Covid-19 the Board continue to hold meetings in public session through the use of MS Teams live. In line with policy, papers had been published on the Trust website a week ahead of the meeting and the public able to submit questions in the usual manner.
801/20	The Chair moved to questions from members of the public. **Item 2 Public Questions** **Q1 from Councillor Charmaine Morgan** **During the height of the cv19 epidemic how many operations were carried out at Lincoln and Boston, broken down cancer: non cancer? How many of those people subsequently developed cv19?**

	Since the closure of Grantham A&E and loss of medical wards, how many cancer patients have been operated on at GDH? Boston? Lincoln? What was the severity of their condition?
802/20	The Chief Operating Officer responded: The “height of the epidemic” had been interpreted as the point at which surge measures had been put in place for unknown but very significant levels of demand. At that point Lincoln, Boston and Grantham Hospitals did not operate on any patients that were not emergency inpatients, cancer, elective or routine elective. Changes had been put in place at Grantham for the Green site on 29th June. Surgery commenced on 1st July and in the 4 days of operating, 32 surgeries had been carried out. 21 of those had been diagnosed or were in the process of being diagnosed with cancer. The severity of cancers being operated on were classed as suspected or confirmed cancer and or urgent surgery that may be life or limb threatening. Life threatening classifications were being carried out at Lincoln and Pilgrim with limb threatening being carried out at Grantham. There had been no patients who had post operatively contracted Covid-19 and this demonstrated why the measures had been put in place, particularly on the Grantham site.
803/20	**Q2 from Councillor Ray Wootten** **Does the board accept that the ‘temporary’ closure of Grantham A&E and, the transfer of services to Lincoln Hospital has caused anger amongst patients that are now having to travel in excess of 50 miles for a service that was available locally. A lot of residents cannot afford, or do not have transport to get to an appointment. Will you restore services that have been removed once the need for a Covid 19 green site, is no longer required.**
804/20	The Chief Executive responded: The Board are aware that a number of people are angry about the changes that had been made at Grantham Hospital however it is also known from correspondence received that there are a number of people who are angry that they have had care delayed due to activity not being undertaken. It is important that both sides are heard. When the Board made the decision on 11 June 2020 there were difficult judgements to make both in terms of the local position at Grantham versus some of the wider issues affecting those patients waiting for treatment in other parts of the county, as well as Grantham. It is necessary to note that services continue to be provided in the Grantham area and that the Urgent Treatment Centre is being used by more people than used the A&E. Recognising that the opening hours are longer. Patient feedback that had been received by Lincolnshire Community Health Services NHS Trust had been positive. The Trust were also trying to provide as many services locally as possible, if not on the Green site then in other parts of the town. The restoration paper on the agenda would allow public attendees to hear more about those services and where these were being provided. The changes agreed be the Board on 11 June 2020 were temporary and work was underway to define the criteria that would be applied when the Board would consider ending the temporary arrangements. The effort to date had focused on setting up safe services. The criteria would consider the incident level of Covid-19 and if this could trigger the surge plan,

	infection prevention and control, waiting lists, winter pressures, harm reviews, impact on other Trusts, staffing availability, financial regime and any strategic direction given nationally or by the Lincolnshire Clinical Commissioning Group. Work was taking place to develop the metrics and these would be reported back to the Board in public at a future date. The changes were reiterated as temporary and the public were reminded that any proposals to make the changes permanent were not within the gift of the Trust Board. This would be a matter for Lincolnshire Clinical Commissioning Group (CCG) who would be responsible for public consultation that would take in to account the Acute Services Review and Healthy Conversations work. The Trust intent was to restore services when possible to do so.
805/20	**Q3 from Councillor Linda Wootten** **If the creation of an Urgent Treatment Centre is a success at Grantham Hospital, will the Temporary closure of the A&E service be permanent? If so what will happen to the dispersed staff from the Grantham site?**
806/20	The Chief Executive responded: The changes agreed by the Board were temporary, any permanent changes were not a matter for the Trust Board but for the CCG who would be required to conduct public consultation. If the CCG consulted on changing to an Urgent Treatment Centre (UTC) then the Trust would engage with the workforce regarding the implication of those changes. It would not be possible to say where the roles would be moved to or what these could be however in that circumstance the Trust would enact the management of change policy. There had been development of very thorough engagement processes with Staff Side and this would continue in the future and discussions would be held with staff. It was not possible to respond in detail to the question due to the hypothetical nature however the Board did not intend to make the changes permanent.
807/20	**Q4 from Colin Musson** **I understand that you have now commenced doing operations at Grantham. You were forecasting to carry out 25 per day. Could you report please how many you have attained daily over the first week. Can the total no of Operations done on a daily basis be split into a) How Many Cancer Operations and b) How many other Operations?**
808/20	The Chief Operating Officer responded: Operations commenced on 1 July and as such the Trust had only operated for 4 full days with data available. As part of the safe restoration this was being done in a careful and considered manner. This had resulted in the first 2 days of operating running reduced lists in order to ensure that staff could acclimatise to the new ways of working. Over the 4 day period 32 operations had been conducted, 21 of which were patients who had either confirmed or suspected cancer. It was expected that this would increase to 25 operations per day over the next circa 10 days. As part of the increase in operations this would need to consider the case mix and as such the Trust were hoping to achieve an average of 25 operations per day.

	Quarterly reviews will be conducted to examine all aspects of the Grantham Green site restoration, this will include operations and review of the achievement of reduction in the cancer waiting list.
809/20	**Q5 from Liz Wilson**
	Can you tell us what the baseline data for the UTC at Grantham Hospital are, and what measures will be used to evaluate its performance and impact?
810/20	The Chief Operating Officer responded: The baseline data and safety checks were using data from 2018, 2019 and pre Covid-19 date up to June 2020. For many systems across the country, Covid-19 levels of demand had been different to usual levels for both urgent and planned care. The comparators were being used to understand the impact. The report on the agenda included an early review regarding the change to a UTC and there would be a suite of indicators in order to understand the impact and achievement of objectives set. These objectives were to provide safe care for outpatients across Lincolnshire whilst reinstating urgent cancer care. The indicators would be included in the quarterly review. The indicators would include the number of patients attending the UTC and A&E both in Lincolnshire and outside of the county. The number of patients transferred between sites and other qualitative measures such as time taken to be seen by a clinical decision maker. The report would be presented in October 2020.
811/20	**Item 3 Apologies for Absence** Apologies were received from Mr Geoff Hayward, Non-Executive Director
812/20	**Item 4 Declarations of Interest** There were no declarations of interest which had not previously been declared.
813/20	**Item 5.1 Minutes of the meeting held on 2 June and 11 June 2020 for accuracy** The minutes of the meeting held on 2nd June 2020 were agreed as a true and accurate record subject to the following amendments 567/20 – Should read – This was not just about Covid-19 as other infections were still present. 604/20 – Should read – Of the staff tested so far, circa 2000, the positive rate was 13.68%, with a prevalence rate of 8.8% for BAME staff. The minutes of the meeting held on 11th June 2020 were agreed as a true and accurate record.
814/20	**Item 5.2 Matters arising from the previous meeting/action log** The Chair noted that a number of actions remained pending due to the Trust response to Covid-19.

815/20	326/20 – Consideration of shortening of medical e-rostering timescales – Covid-19 had affected the job planning process for medics however, a review was being undertaken. A plan was being developed in order to finalise job planning for the 2019/20 financial year and to take job planning forward.
816/20	Within this the introduction of the medics on duty activity manager module had been delayed but anaesthetics and intensive care would go live in September 2020. Consideration had been given to increasing the speed of introduction however due to the Covid-19 impact this would be difficult to achieve in the short term. There was a need to ensure adequate engagement from services as they continued to respond to Covid-19 along with the ability to provide sufficient and adequately trained resources.
817/20	The significance of medical e-rostering was recognised in relation to efficiency and being part of the Integrated Improvement Plan, this would be reviewed towards the end of the calendar year.
818/20	**Item 6 Chief Executive Horizon Scan including STP**
	The Chief Executive provided a verbal update to the Board noting that it was anticipated that written reports would recommence for the August meeting.
	Trust Specific Issues
819/20	The Chief Executive noted that there had been a focus on the restoration plan which would be discussed later in the meeting and work had been undertaken on the Integrated Improvement Plan (IIP).
820/20	The IIP remained the key document for the Trust setting out aspirations over the next 5 years with more detail about what the Trust were seeking to do in the current year. This had been impacted by Covid-19. The IIP had been linked with work on operational excellence.
821/20	The capital business case for the redevelopment of Pilgrim A&E was progressing with work undertaken in line with treasury guidance. The Trust was hopeful that this would be signed off in the near future.
822/20	There had been communication with NHS England/Improvement (NHSE/I) regarding additional capital available to the Trust. This had been approached following the recent announcement from the Prime Minister regarding the support to build. It was not clear if there would be any funding available to the Trust however it had been made clear that there was a need to resolve areas of work including critical infrastructure.
823/20	Work continued with the University of Lincoln regarding the medical school and there had been a positive view of the work being undertaken.
824/20	The staff engagement group had been revamped with a weekly meeting held with formal Staff Side representatives. This would now be widened out to engagement with the workforce. The Executive Team Live weekly sessions had continued during the response to Covid-19 and these would continue through the restoration and recovery phases.
	System Issues
825/20	The Chief Executive noted that it would be important that the System through the CCG pushed forward work around the longer term vision and plans for Lincolnshire. The Healthy

	Conversation output report had been published at the beginning of Covid-19 and this needed to be revisited and the public consultation commenced.
826/20	The System was working with NHSE/I on lessons learnt during Covid-19 regarding behaviours, process, decision making and governance to determine what should be continued, what worked well, what didn't and what could be embedded through system working.
827/20	Work on system governance would need to be developed to ensure decision making was aligned against the right strategic priorities from lessons that had been learnt.
828/20	Winter planning had commenced, in line with normal planning timescales, and would include surge plans for a potential second wave of Covid-19.
829/20	The System were hoping to formalise the provider alliance between the three statutory NHS bodies. Closer links had developed with the Primary Care Networks and there was a view to improve the relationship to be able to better provide the agenda set by the System.
830/20	The Chair noted the positive progress and request for capital and had been pleased that the work with the University had not stopped. It had been disappointing that there had been momentum lost in relation to system work and this needed to pick up. The Chair reiterated for clarity that the long terms plans for the Lincolnshire Health System were the responsibility of the CCG. The Trust Board: • **Noted the update**
831/20	The Chair noted the introduction of a revised Board reporting template and invited the Trust Secretary to provide an explanation on it's use and associated assurance ratings.
832/20	The Trust Secretary advised that the updated template was to be used for both Trust Board and Committees. This now clearly identified how the paper supported the Trusts priorities and cross referenced to the objectives within the Board Assurance Framework (BAF).
833/20	The Executives would be asked to provide the Board with the level of assurance being provided by the paper using the RAG rating scale within the BAF. The front sheet would be completed to match the RAG scale where limited, moderate and significant assurance on the reports would then map to the RAG rating recorded within the BAF.
834/20	The Chair noted the need for the Board and Committees to move in to the discipline of using the front sheet assurance ratings in order to strengthen assurance processes.
835/20	**Item 7 Covid-19 Update** The Chief Operating Officer presented the report to the Board noting that the paper was a continuation from previous reports that provided an update on the Trust position and overall response to Covid-19.
836/20	The Trust remained in the restore phase of Covid-19 and continued to operate under a level 4 emergency across the NHS. Whilst Covid-19 numbers and cases in Lincolnshire were low and had been decreasing, there were still a large number of patients who had not been able to access care and services.

837/20	The Trust, as requested by the NHS Chief Executive and Chief Operating Officer, had reviewed the service changes made through the manage phase of the response and consideration has been given to whether these services should be continued in the same way. Consideration was also given to those services paused to determine if they should remain paused until the recovery phase commenced. A comprehensive review of the changes made had been detailed in the report supported by Quality and Equality Impact Assessments.
838/20	Since the agreement by the Board on 11 June 2020 for the Green site, the A&E at Grantham had been converted to a 24/7 UTC. A number of early indications had shown that usage had increased. The medical bed base had been converted to a surgical bed base meaning that the Infection Prevention and Control (IPC) approach was in place to reduce the risk of contracting Covid-19 for the most vulnerable patients. Additional IPC measures had also been introduced including patient and staff testing and periods of isolation. This had been working well.
839/20	The Chief Operating Officer thanked system partners and the teams at Grantham for their support, as a number had been required to relocate in order to reduce footfall on the site. The Board were asked to note that the paper recommended a formal thanks be placed on record to those who had supported the Trust.
840/20	A number of alternative locations for services in Grantham had been identified to reduce the number of patient who would need to travel out of the Grantham area for care. There were 4 new locations in healthcare, local government and commercial unit settings that had been commissioned as part of the response. Grantham patients could continue to access services locally and inequalities of care were not created by transferring patients beyond that which was absolutely necessary.
841/20	The Endoscopy services remained a significant risk with a large number of patients awaiting diagnostic procedures and there was a prioritisation and risk process in place to prioritise for the limited capacity to date. As part of the restoration and recovery phase the Trust were putting in place a large mobilisation of endoscopy capacity across all sites. Additional capacity was also being sought through the private sector and with the use of mobile units.
842/20	Some screening services had appropriately restarted and other remained, in line with guidance, aligned to the recovery phase. It was anticipated that some services would not be back to capacity until March 2021.
843/20	A recommendation had been made in the report for the reinstatement of certain aspects of corporate governance with the reintroduction of the Finance, Performance and Estates Committee and Workforce and Organisational Development Committee. These would however be reinstated with lean agendas that identify the key and important urgent issues to be examined as part of the Trusts assurance process. This would reflect the need to maintain the level of reduced burden and ensure senior manager and clinical teams had capacity to manage the incident.
844/20	Mrs Libiszewski asked how the success of changes to services, such as the introduction of telephone and video consultations, had been assessed, particularly relating to obstetrics.
845/20	Mrs Libiszewski provided comment to link through to the Quality Governance Committee report in relation to harm reviews. The report received by the Committee had shown that processes varied across the Trust and it was important for the Board to understand the urgent work requested to take place to reduce the variability.

846/20	The Chief Operating Officer advised that some of the early changes that were needed relating to home births had been an area of concern for patients. Feedback was being captured through compliments and complaints and teams had been vigilant whilst conducting consultations to ask key questions to lead, if needed, to a face to face appointment.
847/20	There was no written report to support the feedback however this was being considered.
848/20	There have been complaints received and there have been fully investigated ahead of reaching the formal complaints process. As part of the restoration of antenatal services there would be a greater number restored to face to face.
849/20	It was acknowledged that there were a number of harm review systems in place that had been designed at different times for different areas. This was being worked through with the CCG and partners to ensure they were of appropriate quality and variation minimised. It was hoped this would also reduce the burden on staff and reduce any associated levels of risk.
850/20	Dr Prior requested an update on bed occupancy levels with the Trust and testing of staff, particularly asking if there had been a risk assessment conducted regarding the decision not to test asymptomatic staff.
851/20	Dr Prior also asked how the Trust were managing agency staff during the Covid-19 response in relation to those staff moving between locations for different shifts.
852/20	The Chief Operating Officer advised that bed occupancy was being monitored however, due to having multiple sites, this figure did not always present an accurate reflection. The Trust monitored bed occupancy at site level with Lincoln being the busiest with highest level of occupancy. Beds however remain closed in order to maintain the deep clean programme, a process put in place at the start of the Covid-19 response.
853/20	Bed occupancy had increased by 11% in the past 8 weeks, in line with other Trusts, as well as seeing an increase in urgent care and admissions. This reflects the increased confidence in the public to access services not accessed during the height of Covid-19.
854/20	Screening and daily screening of staff had been considered in some detail in order to understand the benefits of routine testing, versus the drawback of reduced response times of laboratories. Following regional and national guidance an approach was taken not to routinely test staff who were not showing symptoms.
855/20	The Trust were being vigilant regarding staff who became symptomatic and twice daily screening was being used, temperature checks and questionnaires, to ensure any sign of illness was quickly addressed and testing arranged where required.
856/20	There had been a reduced level of agency staff with almost no agency usage at Grantham and the process for screening had been fed back to the agencies. There had been more use of agencies on other sites and it had been stipulated to those agencies that staff who became symptomatic or experienced a change to their well being notified of this and were tested immediately.
857/20	The Director of People and Organisational Development noted that the approach to staff testing remained under review based upon guidance received. Should the position change regarding asymptomatic staff the guidance would be followed.
858/20	The Director of Nursing noted that the reason for conducting staff testing was to enable the Trust to understand if there were any staff to staff, staff to patient or nosocomial transmission. A recent publication by the Office of National Statistics had demonstrated that nosocomial

	transmission nationally was reducing significantly. For those patients admitted to hospital in the last 6 weeks, there had been a 55% reduction in nosocomial transmission. For patients tested 8 days post symptoms there had been a 71% reduction in nosocomial transmission. This was now not a factor driving the epidemic.
859/20	The Medical Director stated that the Trust had taken the opportunity to embrace the research ability, allowing staff to access testing and the Trust to contribute to staff surveillance. This contributed to the national picture but also provided the ability of the research team to embed themselves in the daily working of the Trust.
860/20	Mrs Dunnett noted the need to consider capturing of patient experience and feedback in a proactive manner, particularly as Friends and Family Test data was not being received.
861/20	The Director of Nursing advised that patient experience had been considered and the Head of Patient Experience had presented a report to the Nursing, Midwifery and AHP Forum that considered data collection in a more robust way. This would strengthen the understanding both internally and externally to provide a broader view from patients, carers and visitors who had not been able to come in to the Trust. The reports would be presented to the Quality Governance Committee.
862/20	The Chief Executive confirmed that the NHS remained in a level 4 national incident, this was where the NHS would operate in a command and control basis. This was the highest level of incident and had driven a number of actions that the Trust and others had taken. This was different to the national alert level of which there were 5 stages. This had been introduced by the Prime Minister and had recently moved from level 4, transmission is high or rising and social distancing continues, to level 3, the virus is in general circulation and gradual relaxation of restrictions can take place. It was important to note the difference as this had caused confusion as the NHS incident level remained in place at level 4.
863/20	The Chief Executive enquired as to how the Trust were communicating with those patients who were on a waiting list regarding the likelihood of when they would be seen.
864/20	The Chief Operating Officer noted that there had been a large number of patients at the outset of the Covid-19 response who had been advised that there was a cancellation or delay to treatment. There had been around 90% of telephone follow up calls informing patients where they were in the overall journey of their treatment and waiting list. For some patients there had been a decision made to change the treatment pathway. For others there was a need to wait and the indication given that this would move in to the recovery phase.
865/20	As the Trust move in to larger volume activity and restoration of services, communication with patients will be undertaken by letter. Risks assessments will be conducted and patients spoken to in order to revisit the level of risk.
866/20	Dr Gibson noted that the report demonstrated the sheer scale of service changes made and tribute needed to be paid to those staff who had been able to put this in place. As the Trust moved to restore and recovery it was noted that the Trust would review this. Dr Gibson requested that as the Trust began the review of services that staff were empowered to considered how services be provided differently.
867/20	The Chief Operating Officer noted that there had been a review of 101 service changes as part of the process. Some of these had been grouped and some were lower level than detailed in the report. Collectively as a system reviews had been undertaken regarding the next steps as part of system wide innovation review. Use of technology would be front and centre of this, there had been the achievement of putting technology in place that was better for patients, staff and services. This would not have been achieved in normal circumstances.

868/20	Following the system review a comprehensive report would be pulled together and it was likely that the Trust would conduct internal reviews at the appropriate time.
869/20	Dr Gibson noted the move to the Single Hyper-acute Service in Lincoln and it had been stated that this would be under continuous review. Dr Gibson requested that the review data was seen by the Quality Governance Committee to understand how this was functioning. **Action – Medical Director, 21 July 2020**
870/20	Mrs Ponder asked if there would be any specific capturing of patient feedback for those patients who would need to access care from a different location in order to monitor the impact on them and the quality of services being received.
871/20	The Director of Nursing advised that patient feedback would be captured for specific venues, this would be undertaken in a number of different formats.
872/20	The Chief Executive requested an update on the work being undertaken regarding transport as this had been a key point raised by the public.
873/20	The Chief Operating Officer noted that from the outset it had been recognised in the Equality Impact Assessment that transport would be an issue for patients moving to Grantham and travelling further. It was believed that the Trust had minimised the movement of patients out of Grantham. The Trust had worked with the CCG and transport provider colleagues to put in place additional dedicated transport services. Feedback received had been positive and patients had indicated that the service offered felt safe. There had been limited feedback and a more robust piece of work would be undertaken.
874/20	The Chair noted that there was a strong focus on patient experience through the discussions. There was a concern regarding endoscopy however, it was clear that there were actions in place to build capacity.
875/20	The Board agreed to reinstate the Committee meetings with a governance lean methodology, this would strengthen the effectiveness of assurance mechanisms to the Board.
876/20	The Chair formally offered the thanks and gratitude of the Trust Board to system partners who had supported the Trust in enacting the complex and challenging phase of the Covid-19 Restore plan. The Trust Board: • **Received the progress update noting the moderate assurance**
Item 8	**Objective 1 To Deliver high quality, safe and responsive patient services, shaped by best practice and our communities**
877/20	**Item 8.1 Assurance and Risk Report Quality Governance Committee** The Chair of the Quality Governance Committee, Mrs Libiszewski provided the assurances received by the Committee at the 23rd June 2020 meeting. The Committee continued to meet with a limited agenda to conduct due diligence.
878/20	The Committee received the work programme noting the work which continued to ensure all elements were captured that required reporting.

879/20	Further action had been requested by the Committee in relation to the harm review process to ensure consistency of the approach taken across the Trust and to ensure harms identified were captured and reported through to the Committee. Actions to address this would be reported back to the Committee in July.
880/20	The Committee received a review of mortality during the Covid-19 period and noted the significant positive learning that had been taken from the review. Of particular note had been how communications had been supported during the period. The Committee requested further work be undertaken to look at the ethnicity of patients affected.
881/20	The upward report from the Infection, Prevention and Control Group was received and the Committee noted two key elements, water testing, for which the Committee requested urgent work and hygiene code compliance.
882/20	The Director of Nursing had conducted an urgent review of hygiene code compliance. The Board had last received an update in January 2020 however the report which would be presented to the meeting noted a shift in compliance and a number of policy issues. Further work had been requested on clinical policies along with the overarching governance arrangements for policy compliance across the Trust.
883/20	The Committee accepted the modern slavery statement and safeguarding statement of intent for publication.
884/20	Updates were received regarding the CQC must and should do actions and the Committee noted that progress continued to be made against actions despite the current level of response to Covid-19.
885/20	The Board Assurance Framework was reviewed and objectives rated in terms of the assurances received. The Board are asked to note that some objectives were not rated due to the reporting cycle and assurances having not yet been received against the objectives. The Trust Board: • **Received the assurance report**
886/20	**Item 8.2 Hygiene Code** The Director of Nursing/Director of Infection Prevention and Control (DIPC) presented a revised review of the hygiene code noting that this was the Trust's statutory responsibility around Infection Prevention and Control (IPC).
887/20	It had been indicated to the Board in June and through the Quality Governance Committee that it was likely, following a review of the hygiene code that this would lead to limited assurance. The iteration presented provided limited assurance. The IPC Group would meet with the intention of reviewing the hygiene code in detail and identify action owners.
888/20	The report demonstrated that the Trust were compliant with 5 criterion and that evidence could be provided. Partial compliance was recorded for 2 and limited, if any compliance, recorded for 3 criterion. Work was being undertaken around aspects of the code and this was being over seen by the Director of Nursing as the DIPC. Positive improvement in at least 2 of the criterion was expected following the IPC Group meeting.
889/20	The DIPC was clear that criterion would not be declared compliant until there was evidence to demonstrate the position. A review had been commissioned to understand how the Board

	found itself in the positon of having received assurance at the beginning of the year and was now being offered limited assurance.
890/20	The Chair expressed disappointment due to the position that the Board were advised the Trust had been. However the Chair was reassured that a review was now being conducted and welcomed the outcome. The Trust Board: • **Received the report noting the revised Trust position of limited assurance**
Item 9	**Objective 2 To enable our people to lead, work differently and to feel valued, motivated and proud to work at ULHT**
891/20	**Item 9.1 Workforce report** The Director of People and Organisational Development presented the paper to the Board noting that this sought to provide assurance that the Trust had taken action to ensure adequate staff numbers in place to deliver the Covid-19 surge plan and, that there would a sufficient workforce to respond to any future spike.
892/20	In addition, the paper outlined the actions taken to minimise the risk to staff, through a structured approach to risk. The Trust had followed the Public Health England and other NHS bodies guidance. To support the assurance work there had been a comparison of the Trust's approach to best practice available.
893/20	The report highlighted the work undertaken to support wellbeing of staff. Staff engagement had sought to ensure that staff were fully briefed on the response and enabled the Trust to quickly address queries and concerns in an open and transparent manner.
894/20	There had been an enhanced wellbeing offer to staff, working in partnership with colleagues across the Lincolnshire Health and Care system.
895/20	It was clear that staff had gone above and beyond to respond to Covid-19 and the opportunity had been taken within the report to highlight some examples of the sacrifices made by staff.
896/20	The Trust continued to address the workforce challenges. Work had been undertaken to establish the green site as part of the restoration phase, in doing so this had impacted considerably on the workforce. Restoration would however allow a review of those staff isolating and shielding, where duties could not be undertaken from home to return to a safe onsite environment.
897/20	The Trust were starting to focus on the recovery phase and would ensure a strong wellbeing focus due to the ongoing impact of Covid-19.
898/20	Lessons learnt would be picked up as part of the Integrated Improvement Plan and would be reported back through the Workforce and Organisational Development Committee. Since drafting the report the Trust had expressed an interest in introducing the Pulse tool. This would allow systematic testing of staff mood. It was hoped that this would be introduced in the coming months.
899/20	The Chair noted that there had been discussions regarding the benefit of non-patient facing staff spending time in patient facing areas as this had been shown to be a great enabler and motivator of people. There was a desire to continue the opportunity for staff.

900/20	Dr Gibson stated that he found the stories at the end of the report moving and clearly demonstrated that staff had gone the extra mile. Dr Gibson expressed his personal thanks to staff for their efforts.
901/20	Dr Gibson noted that the Trust had reported 13% of staff testing positive and asked if, as had been done at another Trust, it would be possible to categorise those in to frontline with PPE, or back office staff.
902/20	The Director of People and Organisational Development stated that the information gathered would be for a return to NHSI, whilst those figures were not to collected it was possible to note that there were lower rates of infection for non-clinical staff compared to clinical.
903/20	Mrs Ponder echoed Dr Gibson's thanks to staff and asked if some of the more non-traditional approaches to staffing that had been used during the period might be built on in future resource planning.
904/20	The Director of People and Organisational Development advised that planning was about to commence which would be linked to the recovery phase, this would include workforce planning. The Trust were committed to assisting colleagues to consider staffing models needed to deliver services going forward. Staff would be encouraged to consider if any lessons learnt from the mix of staffing used and adoption of new roles during Covid-19 would be applicable going forward.
905/20	The Director of Nursing noted that in relation to nursing and midwifery, there was an establishment review scheduled to take place in August. There would be a review of the establishments approved at the beginning of the year and consideration of new and emerging roles.
906/20	The announcement of the expansion of student nurse places would mean that the Trust would take an appropriate share. There was a need to have in place a 3 year forward plan for the Nurse Associate role and it had become clear that these would be an integral part of the workforce.
907/20	The Chair expressed the Boards collective appreciation to those staff who had gone above and beyond on a regular basis in the interested of caring for patients. Heartfelt thanks were expressed. The Trust Board: • **Received the report and noted the moderate assurance**
908/20	**Item 9.2 BAME Update** The Director of Improvement and Integration/ BAME Champion offered moderate assurance regarding the progress in supporting Black, Asian and Minority Ethnic (BAME) colleagues. The purpose of the report was to provide an update on how the Trust were supporting BAME staff through testing and the completion of risk assessments.
909/20	A Board Development session was scheduled for 21st July in order to discuss more broadly the inclusion agenda, work being undertaken and the BAME network.
910/20	The Trust had a higher percentage of BAME colleagues compared to the percentage of the Lincolnshire population. The Workforce Race Equality Standards (WRES) had been submitted for the past 3 year. In general the trend for indicators 1 – 4, which were process measures, had been improving as an organisation. The cultural measures, indicators 5 – 8,

	were deteriorating. This was the picture being seen across other NHS organisations and these indicators were about how staff self-reported experiences of working in the NHS. The indicators focused on elements such as bullying, harassment, discrimination and equality of opportunity.
911/20	The Board were advised that the position broadly remained the same in terms of the total population of staff reporting positive for covid-19. The proportion of staff within this who were BAME colleagues testing positive had reduced in line with the overall reduction.
912/20	It had become more complicated to receive an up to date position with staff testing as the testing regime becomes more complicated. This was due to community and private providers testing staff and the Trust being reliant on staff members to inform of the test results. The Trust were starting to be advised of the outcome and this should give a more accurate picture.
913/20	In line with the national statement that all organisations should risk assess BAME colleagues by the 24th July, the Trust were making good progress and had been committed to completing this for a number of weeks. At the time of the Board meeting this had reached 92% completion. There were 78 risk assessments left to complete.
914/20	The WRES indicators had shown that the number of staff declining to complete the risk assessment was due to them not feeling comfortable sharing information. There was a lack of confidence that the information would be used in the right way. Clinical Directors and leaders within the divisions were talking to staff to reassure them that the assessments were being completed in order to support staff.
915/20	Following the completion of risk assessments this had resulted in over half of the staff having a modification to their role which could be with a complete change of role, working off site or a slight modification to the work they were carrying out on site.
916/20	All outstanding staff requiring a risk assessment had dates booked for completion with a view to completing by 10th July.
917/20	The Chair noted that there had been a letter received from the Regional Director NHSE/I Midlands highlighting the need to ensure that Trusts were doing all they could to support BAME staff. The Chair was assured that the Trust were taking all necessary action. The Trust Board: • **Noted the report and moderate assurance**
918/20	**Item 9.3 Freedom to Speak Up update** The Freedom to Speak Up Guardian presented the report to the Board noting that the Trust intended to conduct a review and refresh the Speaking Up arrangements to ensure compliance with all published guidance.
919/20	The Board were aware that embedding speaking up was a year one work stream within the IIP and that this had been an area highlighted in external reviews. It was recognised that the Trust had progressed through the establishment of the champions network but there remained areas that needed to be addressed.
920/20	An independent Guardian post would be created within the Trust to allow dedicated time for supporting staff something which the Trust recognised was difficult to achieve with the current arrangement where the role was not dedicated to allow ring-fenced time. Recruitment will not

	commence until an engagement exercise has taken place, based on guidance from the national office, to understand how Trust staff would like speaking up arrangements to work and to udnerstand who they would trust and speak up to.
921/20	The Chair supported the review of the arrangements noting that there had been a significant amount of new guidance and findings from reviews since the introduction of the role.
922/20	The Chief Executive supported the approach to be taken and noted that this was about how the Trust fostered the right culture. The aim of the review would be to continue to build a positive speaking up culture. The Trust Board: • **Noted the report and recommendations** • **Noted the limited assurance**
Item 10	**Objective 3 To ensure that service are sustainable, supported by technology and delivered from an improved estate**
923/20	**Item 10.1 Finance Report Month 2** The Director of Finance and Digital presented the report noting that at the end of month 2 the Trust had achieved break even and continued to operate under the current financial regimes to respond to Covid-19.
924/20	The Board were advised that £5.7m of costs directly attributable to Covid-19 had been absorbed by the Trust and there had been a requested top up of £700k.
925/20	The agency bill had remained broadly flat throughout the incident and there had been a shift internally with agency spend as services had been suspended. Month 2 had seen an increase in agency spend of which £2.2m was attributable to Covid-19.
926/20	The Trust were operating under a different financial regime with the traditional contract and payment by results contracts suspended along with the suspension of cost improvement plans (CIP). The Trust were targeted to achieve £27m of CIP in year. A non-recurrent saving for the CNST bill had occurred by default on 1 April 2020 and work was underway to ensure infrastructure was in place to move on with CIP.
927/20	The current regime was due to end on 31 July 2020 and details and guidance were awaited as to what the financial regime would look like from 1 August 2020 to 31 March 2021. It was expected that the Trust would remain on a block contract with this moving to system level. There would continue to be the opportunity to access top up monies.
928/20	There had been a £1.1m spend on capital in the first 2 months of the year, circa £300k related to Covid-19 and a number of schemes had been lodged in the national system to access additional capital. The Trust had received a reimbursement for £1.7m that had been spent on capital the previous year, the funds were expected soon.
929/20	The Trust were in a position whereby there was £72.9m available cash which had increased from £63.3m the previous month. This had been driven by the receipt of 2 months worth of payments being released to providers to ensure cash flow.
930/20	The Trust had worked to ensure that cash had flowed out of the organisation in order to support payments to small businesses. There had been an effort to move to, as close as

	possible, a 5 day pay time. This had resulted in the creditor position dropping from £20.8m to £9.4m.
931/20	The Director of Finance and Digital noted that the forecast for the first four months had resulted in the expectation that by the end of July 2020 the Trust would incur £11.3m of Covid-19 costs in totality. There would be £3.4m additional top up required however things continued to change rapidly.
932/20	As the Trust restored services this was impacting on bringing the non-pay cost base back up and in turn bringing in some agency spend. There was a particular focus at Grantham where activity was coming back on stream.
933/20	The Chair noted the clear line of sight on expenditure and income and was pleased that there was support being provided to local suppliers with the cash flow.
934/20	Mrs Ponder asked to what extent the divisions needed to move towards a cost control and efficiency mind-set, rather than that of Covid-19 being the priority. A number of risks had been outlined in the report however there had been nothing to indicate how these would be mitigated.
935/20	The Director of Finance and Digital noted that cost control needed to come back in, supported by the potential change in regime and moving to a system basis. There continued to be light touch meetings with divisions regarding finance. From July there would be the establishment of Financial Review meetings which would provide the opportune time to hold the conversation regarding the financial position and steps being taken. This needed to be done in a controlled and managed way.
936/20	Risk mitigation was not yet developed however this would roll out of the financial review meetings. The report was a statement of the current position under the current way of working. There would need to be some clarity in order to work through some of this. Mitigation actions would be developed against the risks that then reported through the correct assurance Committee and Board. The Trust Board: • **Received the report and noted the limited assurance**
Item 11	**Objective 4 To implement integrated models of care with our partners to improve Lincolnshire's health and wellbeing**
937/20	**Item 12 Integrated Performance Report** The Chair took the paper as read, noting that the Quality Governance Committee had reviewed the relevant metrics.
938/20	The Director of People and Organisational Development advised the Board that the current levels of appraisal and mandatory training rates had reduced and that there would need to be a renewed focus over the coming months to move closer to target.
939/20	The Board noted that in August the Integrated Performance Report would be re-aligned to the 2020/21 objectives which would better support assurances being provided. The Trust Board: • **Received the update and noted limited assurance**

Item 13	**Risk and Assurance**
940/20	**Item 13.1 Risk Management Report** The Medical Director presented the report to the Board noting that the risk relating to a no deal Brexit had been increased from low to moderate whilst the Trust waited to see how this evolved.
941/20	The risks relating to the Covid-19 pandemic were being reviewed and would need to be modified as the pandemic evolved. The Trusts preparations would need to change and therefore the risks the Trust would run in relation to reconfiguration of services and ability to provide care would alter.
942/20	The Board were asked to note that the harm review process was retrospective and would need to be moved to a forward looking position. This was a nationwide issue that would need to be grasped.
943/20	There were a number of risks relating to safety within the clinical risks and underlying these was the importance of appropriate decision making. This highlighted the importance of the Trust developing staff to ensure that they performed well and were supported and developed to do so. This would be a crucial step to move the Trust to an outstanding position.
944/20	The Chair noted that there had been a review of the risks by the Executive Leads and there were a number of items within the report that were not assured. The Chair sought clarity on where these would be reported. The Medical Director confirmed that these would be reported through the relevant Board Committees. The Trust Board: • **Accepted the top risks within the risk register** • **Received the report and noted the moderate assurance**
945/20	**Item 13.2 Board Assurance Framework** The Trust Secretary presented the Board Assurance Framework (BAF) to the Board noting that this had been considered at the Quality Governance Committee.
946/20	As the finance and workforce committees had not met the BAF had been reviewed by the Executive Directors who had provided indicative assurance ratings against the objectives. As the governance arrangements would step up during July and Committee meetings reinstated the BAF would be presented to the Committees for assurance ratings to be confirmed.
947/20	The Chair noted the need to continue to progress the discipline of mapping the papers received by the Board to the BAF. The Chair reviewed the papers received to confirm that the ratings provided within the BAF were accurate.
948/20	Mrs Libiszewski sought clarity on the Use of Resources rating that had been indicated as green, the paper received to support this had not provide the same level of assurance.
949/20	The Director of Finance and Digital advised that the paper and BAF had been produced at different points in time and rated differently due to two different regimes being run. The green rating supported the break even position of the Trust however the report was limited due to the underpinning position.

	The Trust Board: • **Received the report**
950/20	**Item 14 Any Other Notified Items of Urgent Business** There were no other notified items of urgent business
	The next meeting will be held on Tuesday 4 August 2020, arrangements to be confirmed taking account of national guidance

Voting Members	**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**	**5 May 2020**	**2 June 2020**	**11 June 2020**	**7 July 2020**
Elaine Baylis	X	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	X
Geoff Hayward	X	X	A	X	X	X	X	X	X	A	A	A	A
Gill Ponder	X	X	A	X	X	X	X	X	X	X	X	X	X
Neill Hepburn	X	X	A	X	X	X	X	X	X	X	X	X	A
Michelle Rhodes	A	A	X										
Kevin Turner	X	A											
Sarah Dunnett	X	A	X	X	X	X	X	X	X	X	X	X	X
Elizabeth Libiszewski	X	X	X	A	X	X	X	A	X	X	X	X	X
Paul Matthew	X	A	X	X	X	X	X	X	X	X	X	X	X
Andrew Morgan	X	X	A	X	X	X	X	X	X	X	X	X	X
Victoria Bagshaw				X	X	X	X						
Mark Brassington				X	X	X	X	X	X	X	X	X	X
Karen Dunderdale								X	X	X	X	X	X

PUBLIC TRUST BOARD ACTION LOG

Agenda item: 6

Trust Board date	Minute ref	Subject	Explanation	Assigned to	Action due at Board	Completed
1 October 2019	1576/19	Smoke Free ULHT	Post implementation review to be presented to the Board	Rayson, Martin	~~07/04/2020~~	Deferred due to Covid -19 Board to agree revised date for review.
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	Fireworks reviewed at July FPEC meeting-complete
4 February 2020	049/20	Integrated Improvement Plan	Board to receive IIP programme of delivery, identifying how changes would be maintained and embedded	Brassington, Mark	~~05/05/2020~~ 21/07/2020	Review underway of all IIP PIDs to confirm how they will be revised to continue. Board Development session set for July - Complete
4 February 2020	077/20	Assurance and Risk Report Quality Governance Committee	Review of TOM and governance to be presented to the Board	Evans, Simon	~~07/04/2020~~ 07/07/2020	Int Audit review still awaited
3 March 2020	326/20	Assurance and Risk Report Workforce and Organisational	Consideration of shortening of medical e-rostering timescale implementation and efficient use of resource	Rayson, Martin	~~07/04/2020~~ 07/07/2020	Complete

		Development Committee				
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~~ 07/07/2020	Deferred due to Covid-19
7 July 2020	869/20	Covid-19	Review of Single Hyper-acute service to be reported to the Quality Governance Committee	Hepburn, Neill	21/07/2020	Complete

Meeting	*Public Trust Board*
Date of Meeting	*4 August 2020*
Item Number	*Item 6*
Chief Executive's Report	
Accountable Director	*Chief Executive*
Presented by	*Andrew Morgan, Chief Executive*
Author(s)	*Andrew Morgan, Chief Executive*
Report previously considered at	*N/A*

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

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

Recommendations/ Decision Required	• *To note*

Executive Summary

System Issues

a) Much of the work of the system, including ULHT, is still devoted to the level 4 national incident relating to the COVID-19 pandemic. There is an update report elsewhere on today's agenda about COVID so I will not repeat here all the details of the work that is underway. Suffice to say that the focus is on managing the incident, restoring urgent non-COVID services as part of the Phase 2 Restoration work, and getting ready for the Phase 3 Recovery phase. Recognising that we are still in a level 4 incident, national guidance is due very soon on the requirements relating to the Recovery phase.
b) The national flu campaign for 2020 is underway with a focus on both vaccinating the public and staff. As reported in the media, there has been a widening of the cohorts of the public who will be eligible for a flu vaccination. There is also an expectation of an increased take-up amongst health care staff.
c) The publication of the NHS People Plan was delayed due to the pandemic. It is anticipated that the People Plan will be published imminently.
d) The CQC is undertaking a piece of work entitled 'Provider Collaboration Reviews' across 11 geographical areas in England, including Lincolnshire. These reviews are being conducted virtually and the aim is to complete the work by the end of August. The aim is to produce a national report which captures themes and identifies learning, through focusing on the learning around partnership working and preparations for the re-establishment of services.
e) The Lincolnshire system has also been participating in a Lessons Learnt Review conducted by NHSE/I in the Midlands. This has looked at learning across 6 domains; governance, clinical and quality processes, support processes, people, inequalities, leadership and culture. This work is complementary to local Lincolnshire work conducted in partnership with Arden and GEM's Effective Leadership Solutions Team, which has been looking at capturing the learning and reflections from the system's response to the pandemic.
f) The Independent Medicines and Medical Devices Safety Review, chaired by Baroness Julia Cumberlege, published its report titled 'First Do No Harm' in early July. The report sets out nine recommendations. These recommendations will need to be considered by the local system.
g) Work is underway to revise the NHS Lincolnshire system governance arrangements following a review into new ways of working. Any revised arrangement needs to facilitate delivery of the system priorities. This work is nearing completion. There will be both Executive focus on operational delivery and Non-Executive focus on assurance and stewardship. These arrangements are separate from the work that is being done around preparations for an ICS from April 2021.

Trust Specific Issues

a) The Integrated Improvement Plan 'Outstanding Care, Personally Delivered' was launched in March 2020. The launch and the subsequent

implementation was interrupted by the COVID-19 pandemic. The Integrated Improvement Plan remains a critical piece of work for the Trust and action has therefore been taken to update the plan and continue with its implementation. Integral to the implementation is the work that the Trust has been doing around adopting the principles and practice of Operational Excellence, which has been used to good effect in a number of high performing Trusts.

b) The CQC has reviewed the Board's assurance regarding the effectiveness of the Trust's Infection Prevention and Control (IPC) measures. The CQC found that the Board is assured that the Trust has effective infection prevention and control measures in place. It was reported that the Trust have carried out a comprehensive assessment and have a hygiene code gap analysis to identify any issues and address them along with the IPC Board Assurance Framework. Any issues that have been identified have sufficient mitigation in place while the Trust are implementing any further required long term measures. This is a positive outcome which should be welcomed, whilst recognising that more work is needed around IPC, as set out in the Hygiene Code report to the Board in July.

c) The three provider NHS Trusts in Lincolnshire are developing more effective working relationships with the new Primary Care Networks (PCNs) in Lincolnshire. The PCNs have formed a PCN Alliance and discussions are underway to agree how the relationship can be developed between the Trusts and the PCN Alliance. This will include agreement on the priority areas for joint action and impact.

d) NHSE/I in the Midlands has established a regional Strategic Transformation and Recovery (STaR) Board, supported by 4 STaR Board Working Groups : clinical services and commissioning strategies; strategies and approach to addressing inequalities and prevention; timely and safe restoration and recovery of services; how NHS Midlands is led, run and organised. Elaine Baylis has been invited to be a member of the STaR Board and I have been invited to be a member of the Safe Restoration and Recovery of Services group.

e) The 2020 Staff Awards had to be put on hold due to the pandemic. We are now working out how to celebrate with the winners and those shortlisted, whilst acknowledging that a face to face celebratory event is not going to be possible. Attention has now also turned to the 2021 Staff Awards.

Meeting	*Trust Board*
Date of Meeting	*4 August 2020*
Item Number	*Item ?*
ULHT Covid-19 Restore Phase Update – Progress Summary	
Accountable Director	*Simon Evans, Chief Operating Officer*
Presented by	*Simon Evans, Chief Operating Officer*
Author(s)	*Simon Evans, Chief Operating Officer*
Report previously considered at	*N/A*

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

Risk Assessment	*Covid-19 Strategic Risk*
Financial Impact Assessment	*Resource Implications are in line with authorisation SFIs and Covid19 operating parameters.*
Quality Impact Assessment	*None noted*
Equality Impact Assessment	*EIA are conducted on significant changes*
Assurance Level Assessment	*Insert assurance level* • *Moderate*
Recommendations/ Decision Required	• The Board are asked to accept this progress update, noting the nature of the current national level 4 incident, the nature of frequent new guidance and requirement for all plans to be flexible and responsive.

Executive Summary

Patient-centred ◆Respect◆ Excellence ◆Safety◆ Compassion

Summary/key points:

The Trust continues to operate in the context of a Level 4 emergency response to the Covid-19 pandemic. Command and control systems remain in place and efforts continue to be focussed on Restoration of essential services including urgent care, cancer and other priority services.

As part of the level 4 response the Trust operates within the context of *'Reducing the burden'* governance guidance published by NHSE/I. On 11 May the Trust confirmed its Restore Phase plan as an important component of its overall Covid 19 campaign strategy, which was presented at Trust Board in June. This report presents a high-level review of this Restore Phase plan and the progress made to date against required and intended actions.

The Trust's Restore phase set out 4 key objectives:

- Focus on Infection Prevention and Control and Increased Testing
- Restore Urgent Care Capacity to full
- Create Green Sites/Pathways and Increase elective care services
- Review service changes made

The Restore has been heavily focused on Infection Prevention and Control to create optimum levels of protection for patients and staff. An important vehicle to deliver this and an integral component of the Trust's Restore phase plan is the creation of a Green site at Grantham, which was approved by Trust Board in 11th June 2020 and implemented from the 29th June 2020.

Urgent Care capacity has been restored and performance improvements have been sustained although in recent weeks, as demands exceed pre-Covid levels this has started to fluctuate.

Green sites and pathways have enabled the restoration of services in surgery, partial outpatients and diagnostics. With substantial increases in activity in all areas. Surgery at Grantham has increased to nearly 17/cases per day in July against a target of 25/day and more than 200 patients have been treated from the 1st July -27th July.
Backlogs in a number of areas have started to decrease and trajectories in key areas for cancer and in diagnostics have substantial improvements projected in August and preparing for the Recovery phase.

All service changes made through the Trust's Covid 19 campaign have been assessed for risk, quality and equality impact through the authorisation process previously described in the Manage phase. This report describes the approach being taken and progress to date to restore, revert or embed these changes during the Restore Phase.

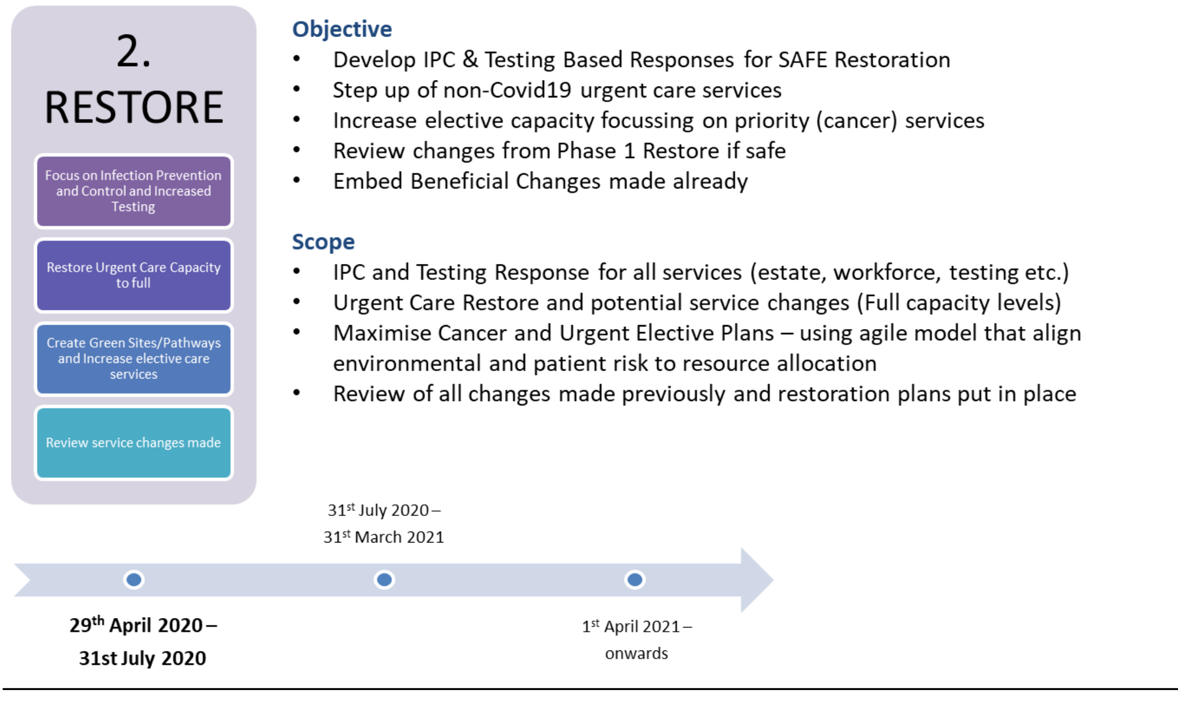
This will likely be the last report describing Restore activities as the Trust prepares to move into the Recovery phase. Although slightly delayed whilst awaiting national guidance it is likely the Recovery Phase will commence in September.

1. Background

On 30 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 3 March the Department of Health and Social Care issued the 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.

On 11 May the Trust confirmed it's Restore Phase plan as an important component of its overall Covid 19 campaign strategy, which was presented at Trust Board in June. This report presents a summary review of this Restore Phase plan and progress made to date against required and intended actions.

2. Restore Phase



With planning complete on how and when surge responses could be put in place, the current position faced by the Trust and nationally continues to be that the initial wave of Covid19 demand is subsiding. All modelling suggests that whilst subsiding, Covid19 will be a disease that will be in general population for many more months. During this phase focus will be heavily on infection prevention and control measures as well as use of testing services to create optimum levels of protection for patients and staff. Emphasis will be placed on the safe restoration of services and not to create additional risks.

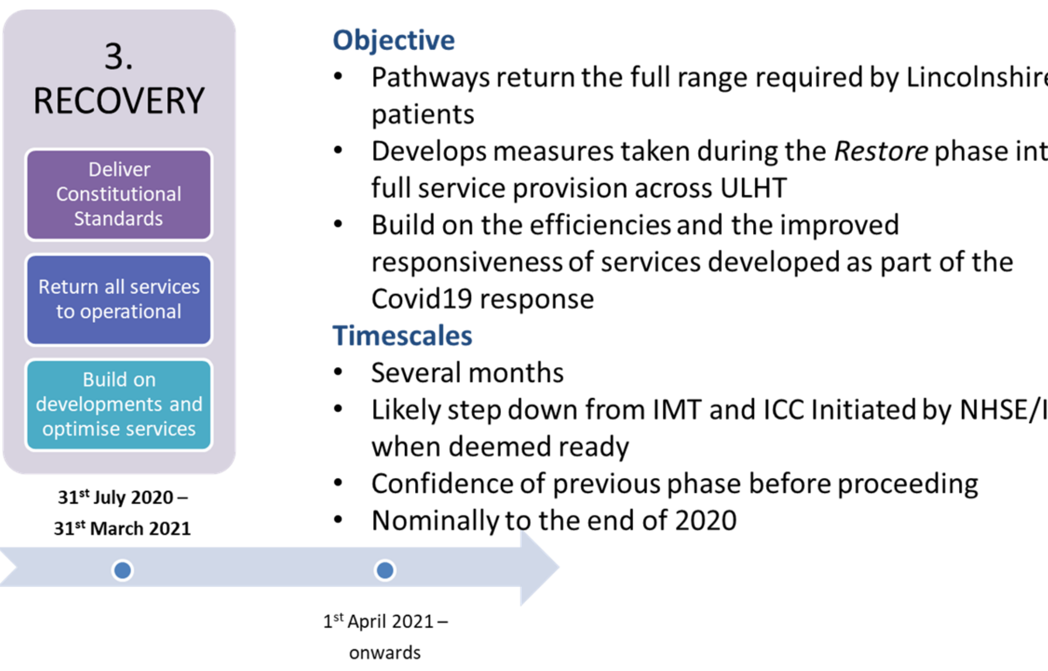
3. Recovery Phase Planning

This report is expected to be the last update on Restore plan progress as the Trust prepares to move into the Recovery Phase. The Recovery Phase was initially planned to commence 31st July 2020 onwards on the instruction of NHSE/I through the incident command structure.

NHSE/I board papers describe the key priorities for systems as:

- Preparing for winter, including the delivery of an expanded seasonal flu vaccination programme
- Restoring the number of people waiting for cancer diagnosis or treatment to at least pre-pandemic levels and restore cancer screening services
- Addressing health inequalities that have been exposed by the pandemic
- Recover as much elective activity as possible, including maintaining improvements in reducing the number of face-to-face outpatient appointments
- Restoring service delivery in primary care and community services, prioritising those with greatest clinical need
- Continuing to increase investment in mental health services in line with the mental health investment standard
- Reducing the number of children, young people and adults with a learning disability, autism or both in a specialist inpatient setting

These priorities together will be assimilated into the Trust's Recovery Phase Objective as described below.



It is anticipated that Phase 3 will run until the end of 2020/21 financial year.

4. Restore Phase Objective One Focus on Infection Control and Prevention

4.1. Patient and staff testing and screening

On the 27th July 2020 NICE published a guideline on the arrangements the NHS should put in place for patients needing elective surgery and other planned treatments and procedures (including diagnostics and imaging) during the COVID-19 pandemic.

This approach relaxed the previous guidance for patients requiring 14 days isolation before elective procedures that require anaesthesia/sedation. Recommendations made are in the process of implementation at the point of production of this report but will reduce isolation periods for patients to 72 hours prior to surgery at the same point of testing for Covid-19. Strict personal hygiene and social distancing measures are instead recommended up to the point of testing for Covid-19 where isolation measures will be required. It is expected that this will reduce the number of patients either refusing treatment, or not attending for treatments.

Staff testing approach is aimed at reducing healthcare associated Covid 19 infections in the Trust. Testing of staff is essential to ensure patient safety, maintain confidence in the Trust and protect the health and wellbeing of our staff. Trust protocol is to test all staff with symptoms or the index case if a household member. Non symptomatic staff are not tested.

In the event of an untoward incident or outbreak the Trust has an outbreak plan and staff and patients from the outbreak department will be tested. If a healthcare worker tests positive this will be risk assessed and colleagues who they've been in contact with may subsequently be identified and tested.

Up to the production of this report no outbreak has been recorded for Covid-19 on any wards at ULHT.

Staff continue to access the antibody test available, which tests for the presence of antibodies that will demonstrate whether an individual has had the disease. This has no immediate operational impact, although continued testing in this supports national studies and understanding of the transmission of Covid-19.

All staff attending the Grantham green site to work on the green pathway have a daily health screen, which includes a health and wellbeing assessment and temperature check. This more stringent measure builds on lessons learnt for Green sites developed in China and Europe.

5. Restore Phase Objective Two Restore Urgent Care Capacity

Full urgent care capacity is now restored with demand up to and exceeding previous levels.

The Trust's urgent and emergency care (UEC) activity reduced during the *Manage* phase with non-elective admissions at 42% of pre-pandemic average activity. Local UEC demand modelling forecasted non-elective admissions to increase by 13.6% per week up to a normal level by the end of May resulting in potential "rebound" of increased demand on urgent care service generated by delayed attendance, deterioration due to delay in seeking medical assistance and postponed activity.

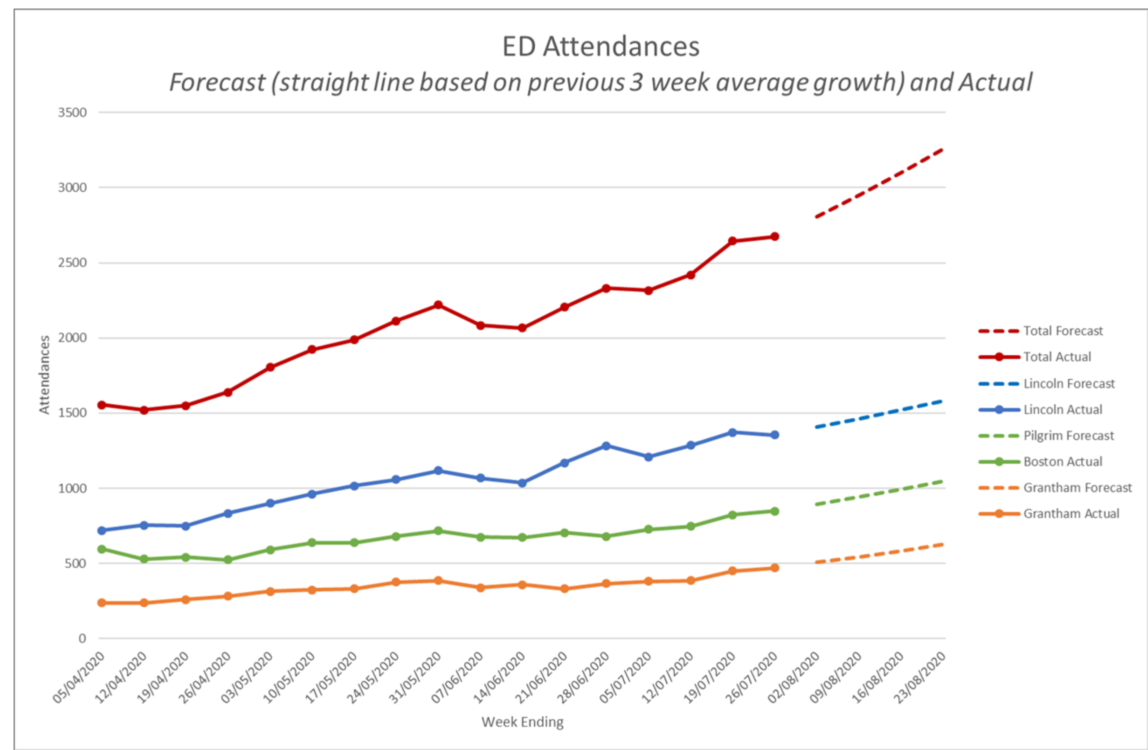
Following high rates of increase in May, ED attendances looked to have plateaued in early June; however, large weekly increases have since been observed at Lincoln and Boston sites, with activity at those sites now higher than the 3 month period before the COVID-19 impact began. Whether this

is the beginning of the post-covid rebound of demand is too early to say, as July has historically been a busy period for Lincolnshire non-elective activity.

Comparison of the most recent activity levels of Type 1&3 attendances compared to 3-months pre-Covid19 3 levels are:

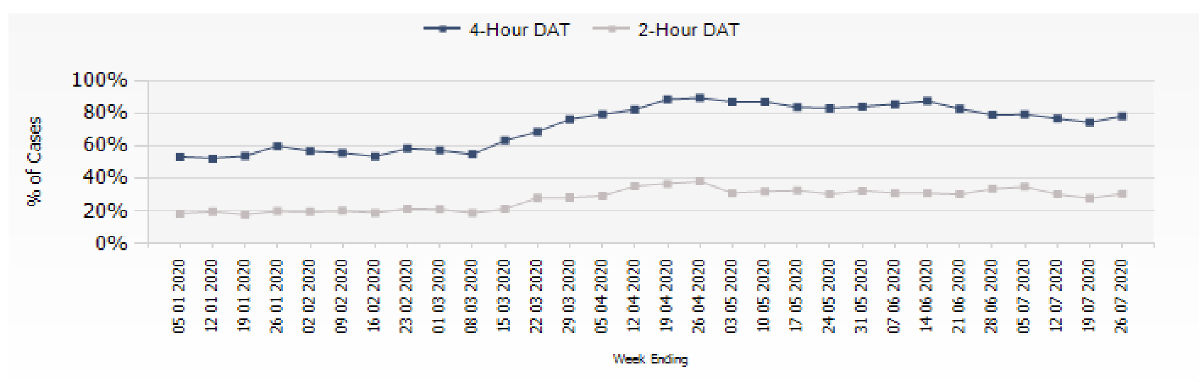
- Lincoln 105%
- Boston 91%
- Grantham (*UTC) 101%

This increase in demand can be seen in the chart below all ED/UTC attendances.



Grantham Increased Activity described in the table above represents A&E Activity up to the point of go-live and UTC activity from there on.

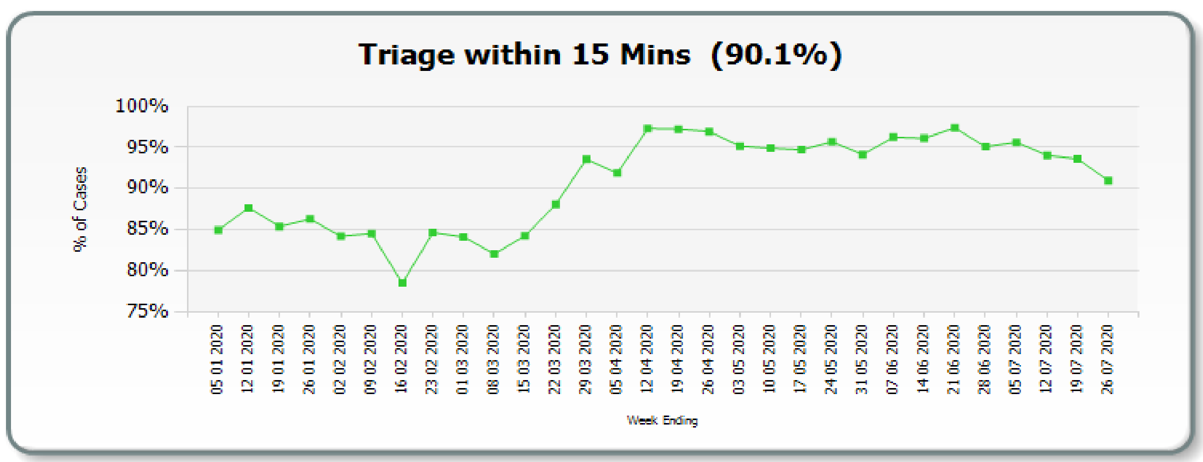
Despite attendances returning to pre-Covid 19 levels, the Trust's significantly improved 4-hour ED performance has been largely maintained at around 80%, although this has become more difficult as demand has increased. This can be seen in the 4-Hour Discharge/Admit/Transfer target achievement below.



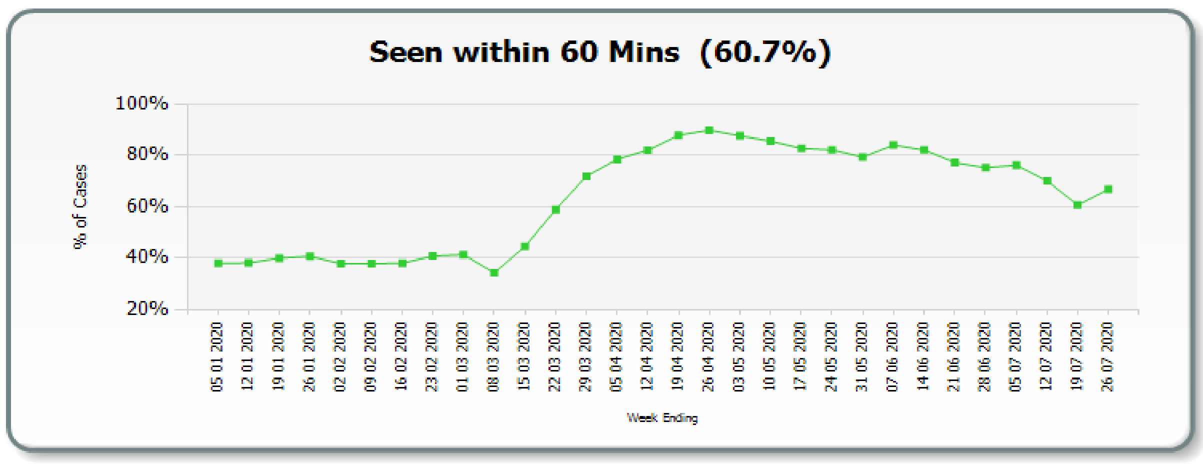
Year on year comparison with 4-Hour performance continues to be 8% higher than 2019/20 and places ULHT 7th most improved performance out of midlands Trusts for this time period.

Drivers for this have been the reduction in delays due to triage, being seen by a doctor and time to transfer to a base ward. Ambulance handover delays have also significantly reduced across the Trust.

This success has resulted from coordinated work to restore UEC capability, building on the investment in additional medical staff at the required pace and scheduling immediate changes to the front door model, ED pathways, same day emergency care (SDEC) provision and discharge efficiency.



Despite these improvements stress can be seen on both Triage and Seen within 60minute indicators as activity has significantly increased.



A key element of urgent care restoration is the capacity to manage increased ambulance conveyances. Despite increased acitivty back to pre-covid levels coupled with the complexity of managing split departments (split into query covid and non covid areas) ambulance handover improvements have been maintained.

Ambulance Handover Delays			Lincoln County Hospital				Boston Pilgrim Hospital			
Time Period	Start Date	End Date	AtH > 15 min	AtH > 45 min	AtH > 60 min	AtH > 120 min	AtH > 15 min	AtH > 45 min	AtH > 60 min	AtH > 120 min
		Trust Target	5%	0%	0%	0%	5%	0%	0%	0%
Qtr 3/19-20	01/10/2019	31/12/2019	78.6%	32.3%	24.1%	7.6%	76.1%	21.2%	15.6%	5.1%
Qtr 4/19-20	01/01/2020	31/03/2020	71.9%	19.9%	14.2%	3.9%	76.6%	20.4%	15.3%	5.1%
Qtr 1/20-21	01/04/2020	30/06/2020	63.5%	2.1%	0.7%	0.0%	69.8%	2.8%	1.3%	0.3%
Jul-20	01/07/2020	12/07/2020	60.8%	1.8%	0.2%	0.0%	69.1%	1.0%	0.3%	0.0%
Change Cycle 6 - Week DD	**13/07/2020**	**19/07/2020**	**74.9%**	**6.2%**	**3.4%**	**0.4%**	**75.5%**	**4.9%**	**3.9%**	**0.0%**

It is recognised that the ability to maintain increased demand through the emergency departments whilst maintaining IPC excellence through segregated pathways is a challenge for the Trust.

Capital works to increase the size and footprint at Lincoln Hospital and Pilgrim hospital departments temporarily are being prepared with the anticipation of increased capacity being in place for winter and potential Covid-19 surges later in the year.

6. Restore Phase Objective Three Create Green Sites and Pathways Increase Planned Care Capacity Focussing on Cancer and Urgent Elective Services

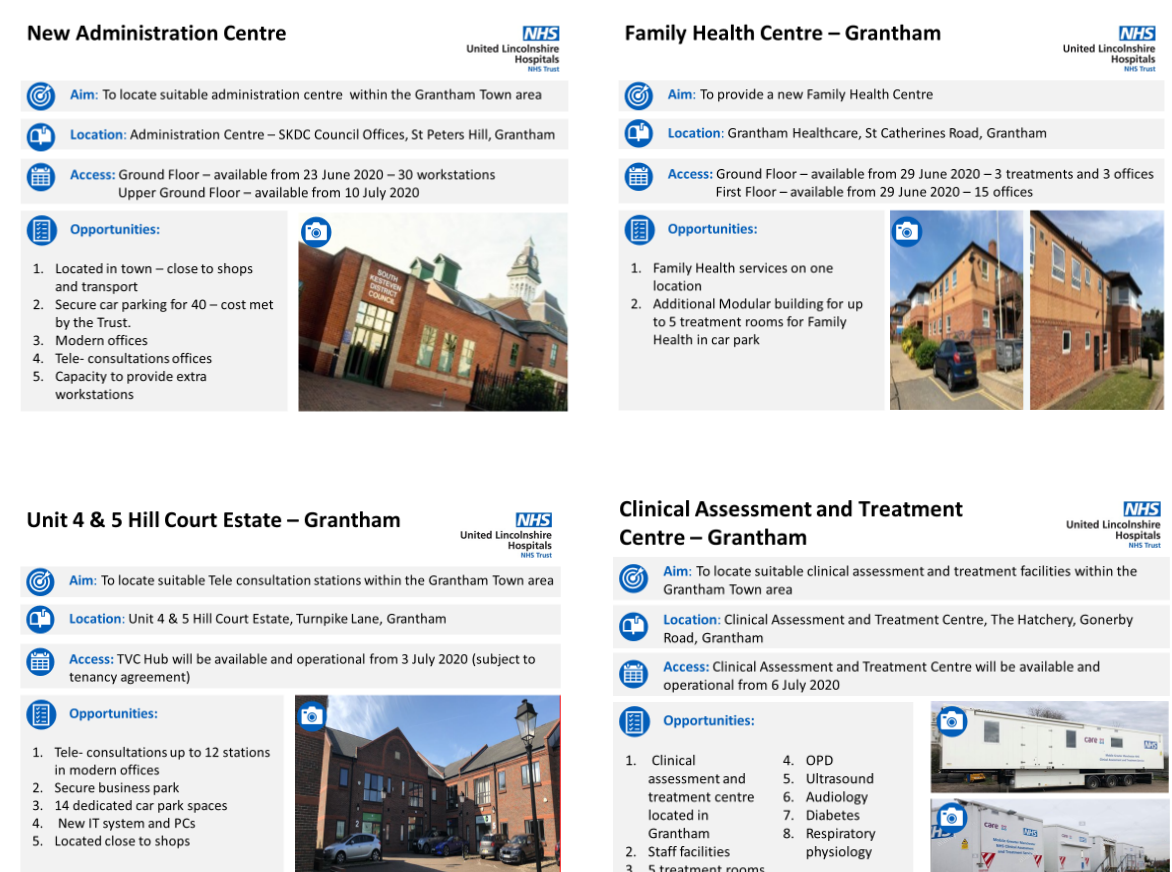
6.1. Grantham Green Site

On June 11th 2020, the Trust Board approved the proposal for temporary reconfiguration of services at Grantham as a Green site with a Blue isolated Urgent Treatment Centre. This decision was made following presentation of a case for the temporary reconfiguration of services as part of the Trust's response to the level 4 incident declared on 30 January 2020. This case for change included the options considered and the preferred option, the legal basis for the change, clinical leadership and governance established to oversee and enact the proposed changes.

Approval was given to proceed with the changes proposed and approval for the necessary work to deliver this change to commence, whilst recognising that these are temporary and that any proposal to make them permanent will be subject to public consultation. The timescale for the Green site is the duration of the Covid-19 Restore and Recovery phases up to at least 31 March 2021.

In order to maintain the highest level of protection and IPC standards on the Green site it has been necessary to relocate a number of services internally as well as with system partners. In order to reduce the number of services on site overall and remove all services that cannot sustain a Green pathway (Covid-negative patients only) a number of new/alternative locations have been identified and implemented. With feedback from system partners, patients and internally within the Trust the approach has reduced both patients and staff need to transfer to other hospital sites across Lincolnshire.

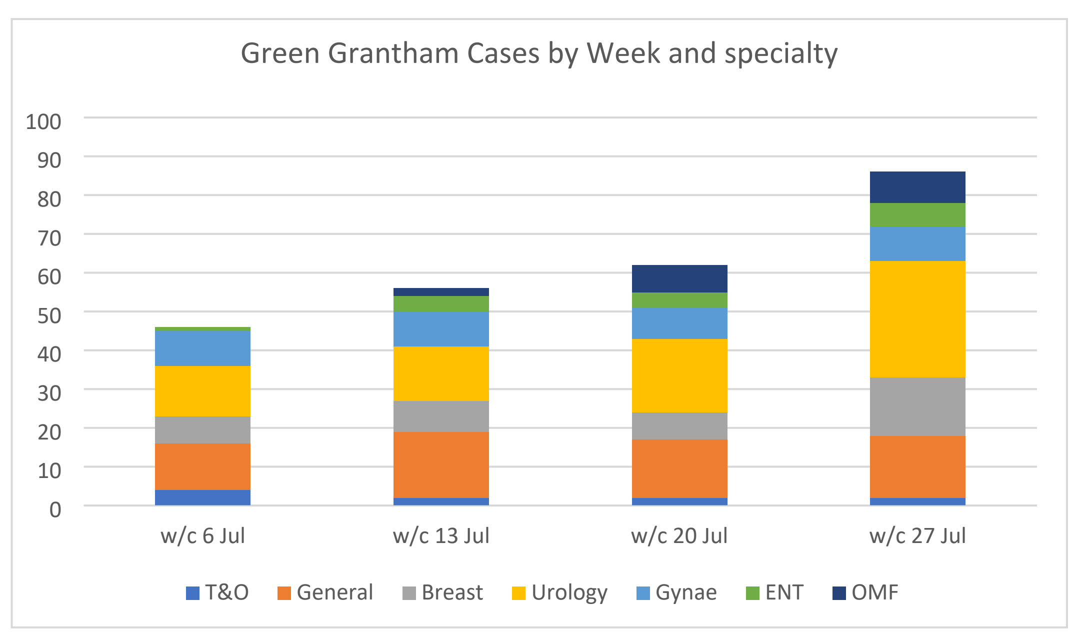
These new sites detailed below describe the main function location and timescales of when services occupied them:



On 1 July elective surgery commenced within the Grantham Green site and it is anticipated that as efficiency of the surgical model develops over the next month that throughput will see 25 cases through four extended theatre lists each day. Latest data suggests the average case/day has increased to 18/day in the 4 weeks it has been running.

The table below confirms the number of surgeries undertaken at Grantham since 1st July

	Cancer	Urgent Cases	Total
General Surgery	0	51	51
Urology	7	66	73
Breast	31	0	21
Gynae	9	17	26
Orthopaedics	0	9	9
OMF	15	0	15
Ophthalmology	0	4	4
ENT	1	6	7
	63	153	206



Additional diagnostic services are planned for the Clinical Assessment and Treatment Centre at the offsite location described above further reducing any unnecessary transfers to other hospital sites and reducing the demand on services in the UTC. It is hoped that this Centre will be one of the first Regional Diagnostic Centres although the Trust is in a priority list for MRI with many other trusts across the UK. This would provide X-Ray, Ultrasound, CT and MRI services as well as outpatient facilities for rapid review and one stop type services.

A formal Quarterly review of the Green Site proposal will be presented in October 2020.

6.2. Restore Essential Outpatient Services complete; with reaming services due to start in the recovery phase

The Trust has continued to provide outpatient consultations for cancer and urgent patients throughout the pandemic, while scaling up routine appointments during June, utilising telephone and VC as default to reduce the risk of cross-infection, only offering face to face appointments where clinically required. The scaling up of our use of technology-enabled care has been very successful, benefiting both patients and clinicians, and our focus is on embedding this new way of working as future business as usual.

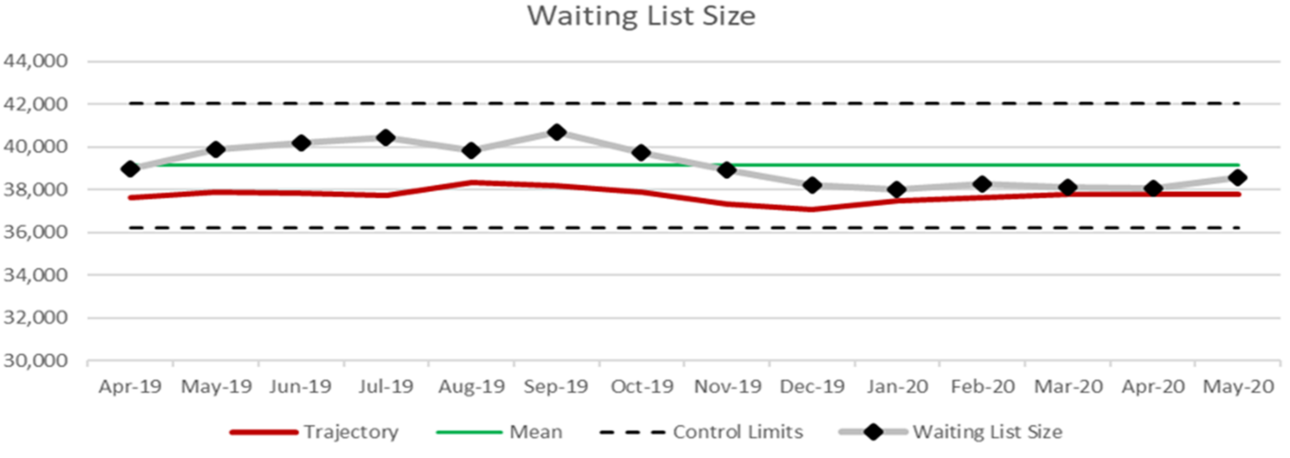
During July total outpatient's weekly activity has been approximately 60% of pre-pandemic volume. Currently circa. 49% of the Trusts maintained outpatient activity is being conducted by technology enabled care; over the telephone or by video consultation.

Face to Face, Telephone & Video Outpatient Attendances

Week	Face to Face	Telephone	Telemedicine (Video)
04/05/2020	2958	3202	3
11/05/2020	4200	4094	14
18/05/2020	4019	4575	11
25/05/2020	2978	3434	6
01/06/2020	3864	5090	26
08/06/2020	4130	5145	47
15/06/2020	4373	5182	82
22/06/2020	4066	5146	93
29/06/2020	4062	4735	77
06/07/2020	4146	4514	104
13/07/2020	4582	4231	87
20/07/2020	3706	3637	105

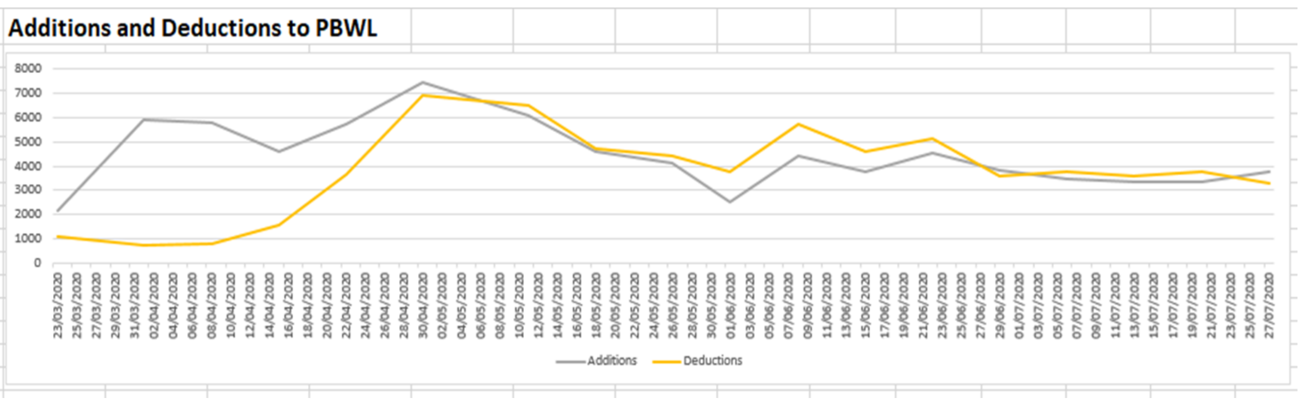
Specialty level waiting list recovery plans are being monitored and current performance is exceeding national and regional peer performance. The Trust reported 3 incomplete 52 week breaches for April and 31 in May (latest reporting period). Unfortunately, this is expected to double for June. Whilst this is unprecedented at ULHT, the increase in over 52 week waiting patients is expected and in line with Trust's strategy on prioritising urgent and clinical priority cases first during the Restore phase. The Trust continues to have one of the smallest over 52 week lists in the midlands.

The overall waiting list size has, as expected, begun to increase in May and this will continue in June.



Following a period of significant growth due to a reduction in routine outpatient activity, the partial booking (follow up) waiting has started to stabilise and reduce. Successful management of the risk to patients waiting so far has been achieved through a programme of recovery actions including clinical triage and validation together with the scaling up of technology enabled care and telephone clinics.

As a result of these actions waiting list deductions have consistently overtaken additions since mid-May.



Monitoring shows a clear improvement trend and continued reduction of the PBWL by circa. 900 per week. From the 23rd July the trend did start to show negatively although validation of outpatient attendance information will continue to change the most recent data.

It is anticipated as the Grantham outpatient capacity is increased on the new location, and other services start the Recovery phase this will improve further.

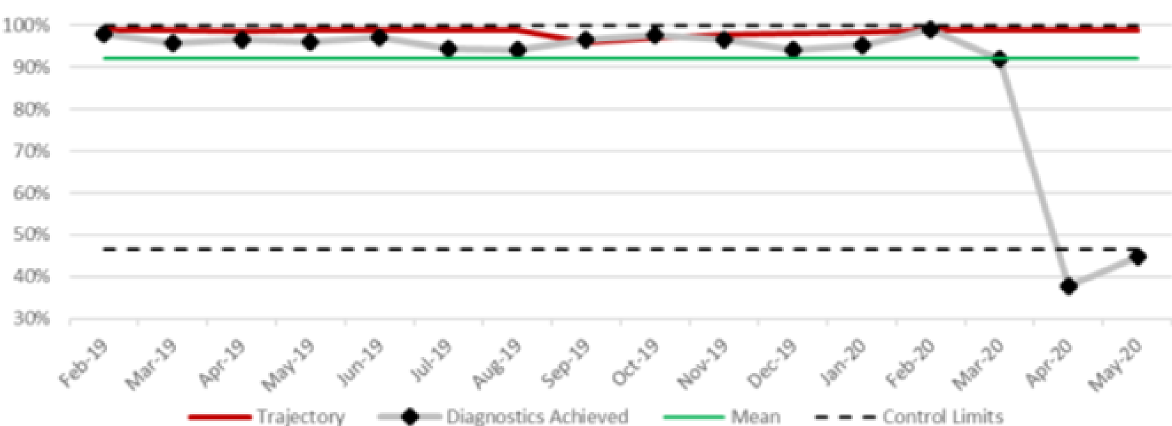
Harm reviews are completed for time critical overdue patients. This was described in previous updates and continues to be operated to ensure patient safety is maintained with long waiting patients.

Therapy outpatient services have ensured urgent patients have access to appointments through new referral triage and prioritisation, providing face to face clinic appointments only where clinically required following a risk assessment, and ensuring social distancing measures are in place. Restoration of services to date has involved limited implementation of the reintroduction of outpatients and community provision in order to retain seven-day staffing for in-patient settings and to support discharge planning.

6.3. Diagnostic Services have continued for urgent and cancer services; with the remainder scheduled to commence in the recovery phase

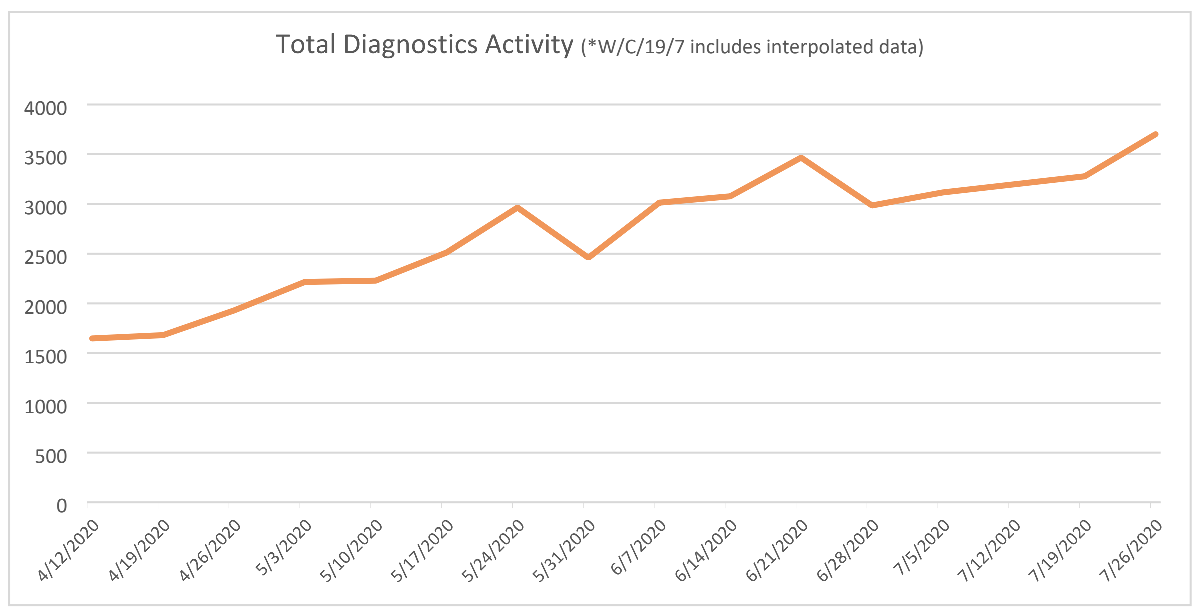
Diagnostics access remains protected for emergency and cancer activity and this will continue. There is in place, the capacity to scan all current and forecast cancer and emergency patients and throughout the pandemic period the Trust has consistently delivered 90-95% access to cancer diagnostics within 7 days.

As a direct result of Covid 19 impact 55% of patients waiting for a DM01 diagnostic test at the end of May were waiting over 6 weeks. This is in line with the average performance of Trusts nationally. Most patients waiting over 6 weeks continue to be within echocardiography and endoscopy diagnostic procedures. National professional body recommendations give guidance on the safe restoration of these diagnostics procedures and are proactively planning additional capacity to be implemented at the point when this is possible. In the meantime, demand management pathways are proving successful and we have implemented robust monitoring procedures for patients awaiting diagnostics.



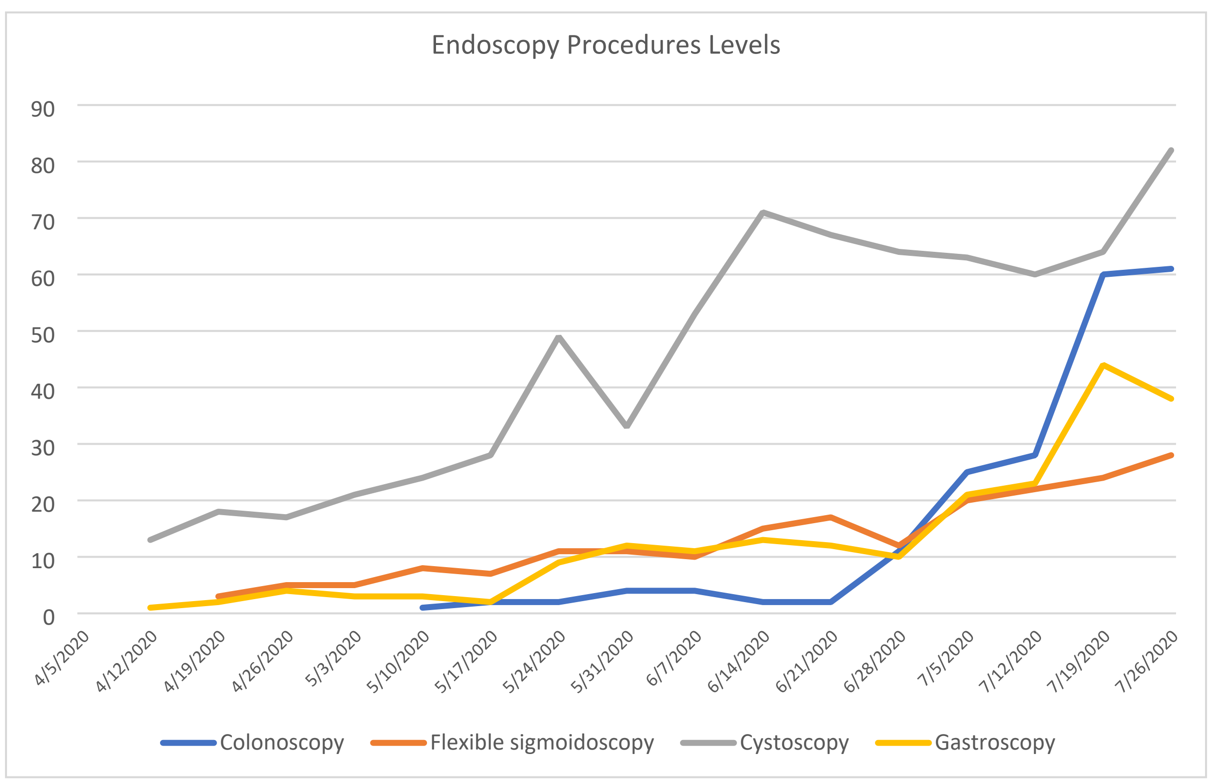
From the end of March only urgent cardiac echo activity continued to support cancer pathways with all routine activity temporarily stopped. This routine activity re-commenced from 8 June as planned at reduced capacity due to social distancing constraints. Estates reconfiguration work has been approved to proceed with investment which will support green pathways for TOE procedures through Lincoln and Pilgrim sites, in addition to Grantham site.

Activity in Diagnostics continues to increase with the restoration of services in July, and it is expected that Diagnostics waits >6 months will reduce significantly in July 2020.



Endoscopy services nationally are guided by the British Society of Gastroenterologists (BSG) and Joint Advisory Group on GI Endoscopy (JAG) and initial recommendations reduced services to emergency levels whilst the impact on Covid-19 was investigated. More recently in late July guidance on Endoscopy procedures as Aerosol Generating Procedures (AGPs) has been updated reducing the need to treat Colonoscopies as AGPs. Thus increasing the potential capacity of Endoscopy lists as additional IPC controls and cleaning time are reduced between patients. It is anticipated that the positive impact on this will take place in August.

A significant backlog has been created from the original reduction in service and this remains a key priority in the Restore phase, however, increases in the capacity of the service have been marked, and will continue to increase to levels far exceeding pre-covid levels.



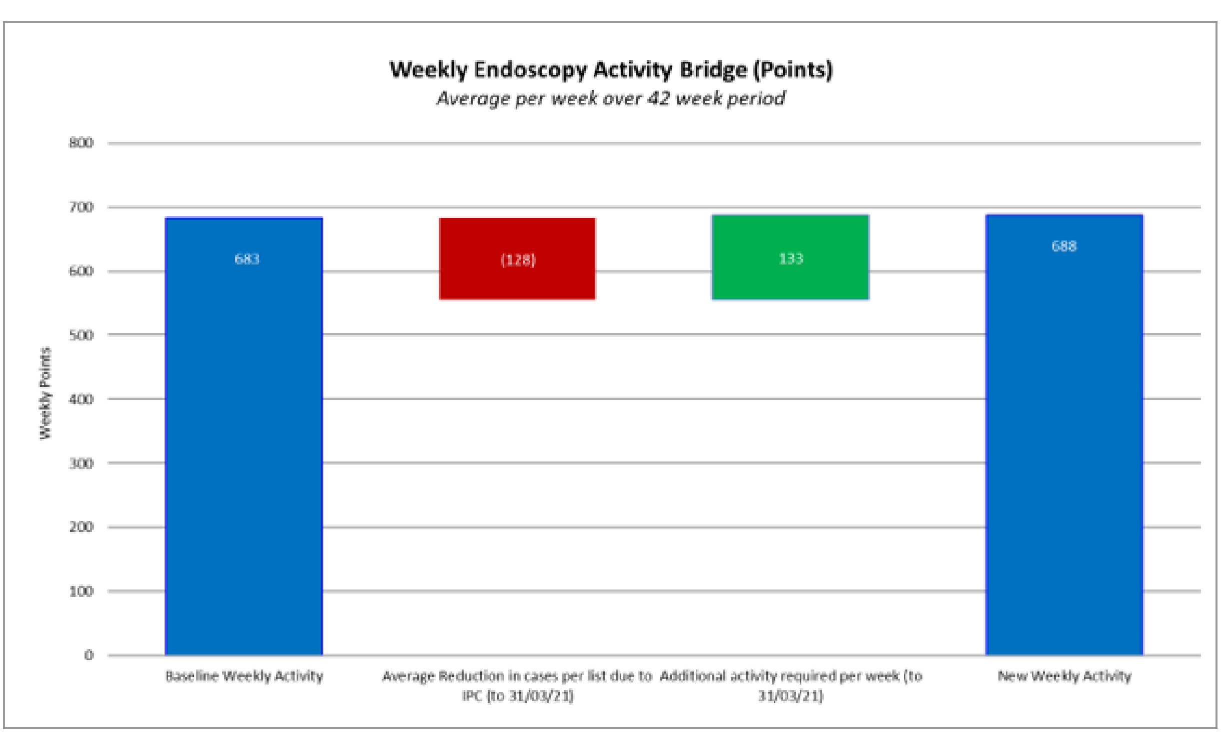
Demand management pathways for Endoscopy introduced during the *Manage* phase are proving successful in reducing the demand. The Trust continues to monitor and report weekly referrals, performance against DM01 standards and 7 & 10 day cancer standards.

Below describes the phased recovery plan for endoscopy:

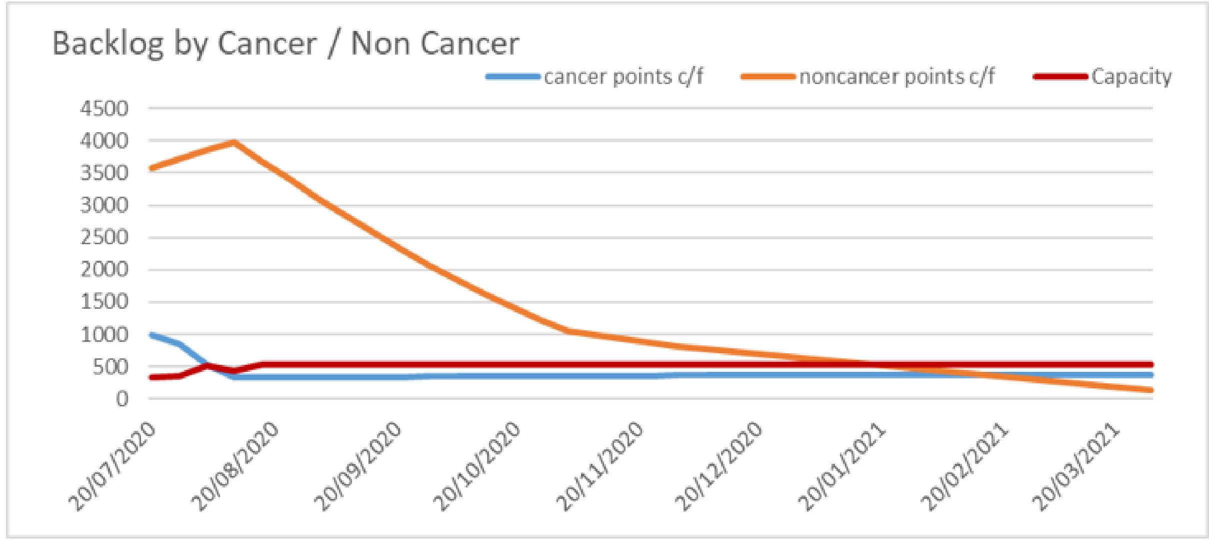
Phased Recovery Plan

Current phase	Complete by 31 July	Complete between 1 August 31 March 2021
ALIGN • Understand the current position with support of detailed capacity and demand studies • Agree the case for change • Agree vision and design principles	**DEFINE** • Determine opportunities for improvement that are aligned to cell vision • Test blue print with key stakeholders • Test Impact of opportunities following gap analysis	**DESIGN AND DELIVER** • Complete detailed design of the new clinical pathways • Determine timeline of the delivery plan • Rapid implementation • Continuous improvement

Reflecting the developments in July plans for Endoscopy have identified only relatively small changes in average points (a measure of the length total time a case takes) per week is needed to clear the total backlog of Endoscopy tests by 31st March. This is based on demand management strategies for primary care on advice and guidance, increased capacity through new use of endoscope cleaning and storage systems, better utilisation of endoscopy suites and the increased use of insourcing at weekends.



The anticipated recovery plan of backlog patients will deliver a reduction to sustainable levels for Cancer pathways in August and for all other elective pathways by 31st March 2021.



6.4. Urgent surgery and non-surgical procedures

The Trust has continued to ensure sufficient capacity for urgent and time critical surgery and non-surgical procedures using Royal College of Surgeons (RCS) advice on surgical prioritisation. Level 2 and 3 (critical care level) surgical activity continues through green pathways on Lincoln and Pilgrim sites, with the earlier described Grantham green site model being the vehicle for all other cancer and elective surgical activity delivery.

Elective surgery commenced at Grantham from 1 July with four theatres running initially Monday to Friday extended days, eventually enabling throughput of a planned 25 surgery cases per day.

6.5. Independent Sector Support:

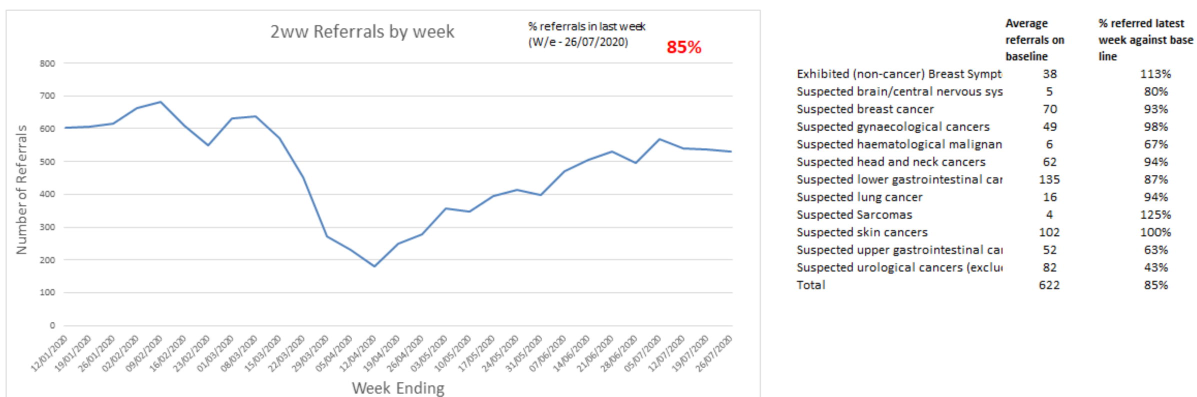
The Trust has and continues to work with system colleagues to make use of NHS contracted independent sector hospitals in order to increase capacity available to treat cancer, urgent and elective long waits.

At the time of writing BMI Lincoln had undertaken 56 operations on behalf of the Trust; 32 orthopaedics and 24 ophthalmology procedures. An agreement has also been reached with Ramsey Boston for 200 endoscopy procedures.

6.6. Cancer

The Trust has maintained urgent service access to essential cancer surgery and other treatment, and the provision of 2WW appointments, throughout the pandemic in line with national guidance and in collaboration with the regional Cancer Alliance and provider partners.

2WW referrals significantly reduced during the *Manage* phase and, as anticipated, have increased during the *Restore* phase with some tumour sites now returned to near pre-pandemic activity volume.



	Average referrals on baseline	% referred latest week against base line
Exhibited (non-cancer) Breast Sympt	38	113%
Suspected brain/central nervous sys	5	80%
Suspected breast cancer	70	93%
Suspected gynaecological cancers	49	98%
Suspected haematological malignan	6	67%
Suspected head and neck cancers	62	94%
Suspected lower gastrointestinal car	135	87%
Suspected lung cancer	16	94%
Suspected Sarcomas	4	125%
Suspected skin cancers	102	100%
Suspected upper gastrointestinal car	52	63%
Suspected urological cancers (exclu	82	43%
Total	622	85%

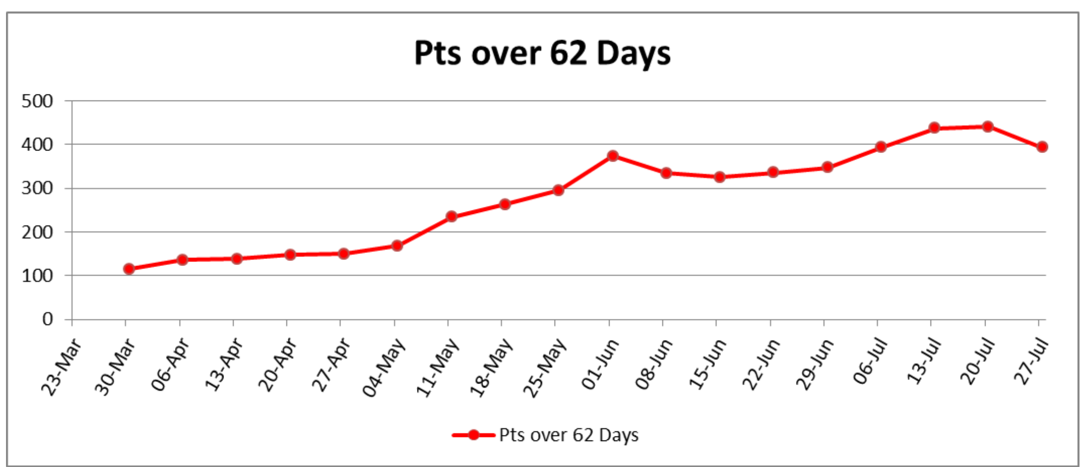
The Trust's 62 day cancer standard performance for July is forecast to be circa. 70%. During the course of the pandemic the over 62 day backlog has increased significantly and as of 28 July was 398 patients (down from high point of 441 on 22 July), with the Trust mirroring the national position. The table below shows the increase in the number of patients in both these groups for w/e 21st June compared to w/e 1st March.

	62 Day Waiters	104 Day Waiters
Trust	147%	300%
National	149%	363%

For both these cohorts of patients, the majority of them are on Colorectal pathways. The delay in these pathways was due to the need to close the Endoscopy Units to all but most clinically urgent cases. The Trust, as of 28th July, the number of Colorectal patients made up 80% of those waiting over 62 days and 83% of those waiting over 104 days.

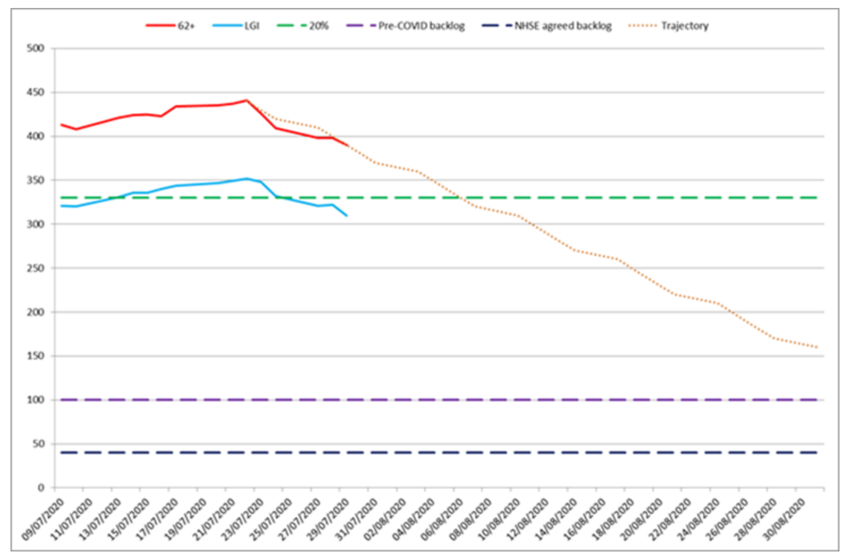
As previously described in the Diagnostic section of this report plans are in place to drastically reduce this backlog of patients waiting for suspected cancer Colonoscopy in August.

These backlogs will impact on the Trust's future performance but how much will depend on the volume that convert to a cancer diagnosis and when their treatments commence (ie focussed in one month or spread over many). It is likely that the Restore of endoscopy and increased capacity in August will lead to a significant reduction in 62day performance, however, nearly eradicate the backlog. The tables below identify the number of patients currently over 62 days and the number of patients by speciality.



Cancer Site	Backlog Target	18/03/2020	29/07/2020
Brain	1	0	1
Breast	2	3	5
Colorectal	6	39	310
CUP	1	0	1
Gynaecology	3	2	10
Haematology	3	3	2
Head and Neck	3	11	21
Lung	5	8	8
Sarcoma	1	2	2
Skin	2	2	3
Upper GI	4	11	7
Urology	9	21	20
Grand Total	**40**	**102**	**390**

All acute trusts received correspondence on 9 July 2020 requesting that a 20% reduction in those patients waiting over 62 days. The target for this reduction is 21 August. Based on the current endoscopy activity, the Trust will achieve this by 14th August. The table below describes the trajectory.

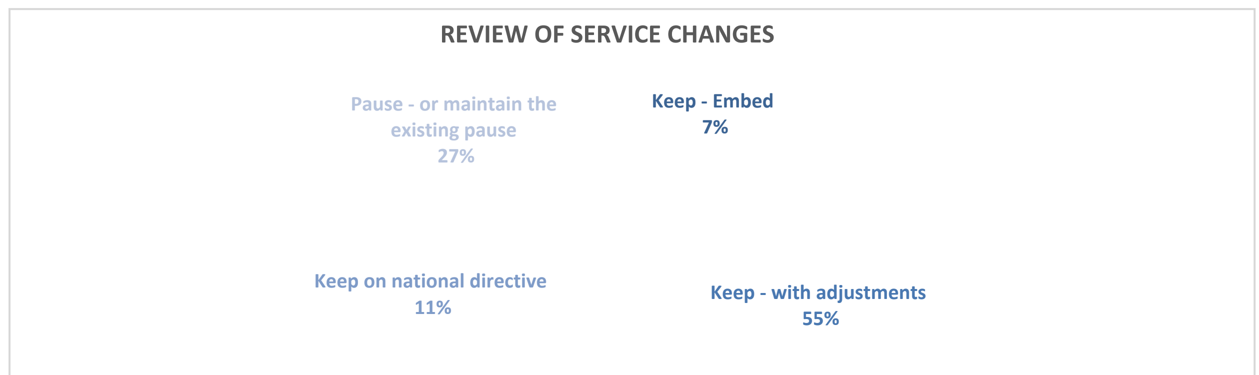


7. Restore Phase Objective Four Review of service changes

All service changes made through the Trust's Covid 19 campaign have been assessed for risk, quality and equality impact through the authorisation process previously described in the *Manage* phase. In total 106 changes were reviewed and grouped into 45 headings described in Appendix A.

Section 4 onwards in this report has described at a high level the approach being taken and progress to date to restore, revert or embed these changes against the original four objectives in the Restore Phase.

A summary of the actions taken on review of these changes is below:



7.1. Other key service changes update

CVD, heart attacks and stroke

Capacity has been prioritised for acute cardiac interventions and cardiology services, urgent arrhythmia services, severe heart failure and valve disease. Stroke service capacity remains unchanged offering 24/7 access to thrombolysis and 7-day access to TIA Services.

The majority of elective cardiology operating ceased at the end of March with only PPCI and urgent elective device procedures continuing, alongside urgent echo diagnostics to support the cancer pathway. Routine catheter lab activity, including angiograms and complex devices, resumed in June as planned. However, restoration of cardioversions and TOE procedures has been delayed as a result of work on the Grantham green site model. Scaling up of these procedures is prioritised for July and August.

On 31 March, in order to maintain capacity, the Trust's stroke pathway was temporarily revised to a hub and spoke model, supporting a single consultant on call rota. All Hyper-acute strokes are currently conveyed to and received by our Lincoln site. Patients who self-present to our Pilgrim Hospital site showing symptoms of stroke are transferred to Lincoln. Robust monitoring and weekly reporting to Gold Command of stroke ambulance conveyance and admission activity is in place. This pathway will continue temporarily while being under continual review.

Maternity services

The Trust's maternity services are currently delivering all antenatal, intrapartum and postnatal care in line with NICE guidance CG62, CG37 and Fetal Anomaly Screening Standards. The services Covid 19 Standard Operating Procedure remains in place to support management of pregnant women who are symptomatic or positive to Covid 19. Whilst all care is in line with national guidance and supports face to face contacts as required, some care continues to be delivered via telephone and video conference, where this is deemed appropriate. This has been a very successful initiative during the pandemic and is something that will be embedded and continue to be used.

Of note, the Trust has seen an increase in domestic abuse disclosure, as has been seen nationally, and safeguarding referrals to MARAC have increased. This is being managed well by the midwifery teams supported by the safeguarding team and in conjunction with other agencies.

Screening programmes

During the Restore Phase we have prioritised making screening services available for the recognised highest risk groups as identified in individual screening programmes. Planning to restore screening programmes has been approved by the Trust's ICC, is on track and outlined below. Recovery Phase activity trajectories are under development and will be presented in the August progress update.

AAA screening:

The AAA screening programme stopped screening on 16 March 2020 in line with PHE and Vascular Society guidance due to the assessed high risk to a vulnerable patient group. This has resulted in the Trust cancelling circa. 1000 screening appointments. All patients cancelled and all affected surveillance patients have been kept informed to enable full disclosure and ease stress surrounding their diagnoses.

National guidance has advised that activity should be reinstated during the Restore and Recovery Phases prioritising those patients at greatest risk of rupture, with plans agreed at local level.

The Trust currently has 572 patients on follow up with identified known small/medium AAA. Our current AAA screening backlog is circa. 900.

AAA screening will recommence in July with follow up of small/medium AAA patients prioritised.

Bowel screening:

The bowel cancer screening programme remains suspended nationally and the Trust continues to follow guidance set out by JAG and BSG. The Trust has a robust risk stratification process in place, patients are being contacted regularly to check on wellbeing and, where intervention is required, patients are being referred accordingly.

Screening centres have been advised to manage their own capacity and recommence FIT screening colonoscopies when able. Test kits should recommence following backlog clearance and future capacity has been identified. There is no recommendation from national bodies to recommence bowel scope currently.

The Trust continues to make use of available independent sector capacity having started in July. Future capacity is being planned ahead of further national guidance on the extended reintroduction of bowel scope.

Breast screening:

The breast screening service is currently suspended in line with national guidance. The high-risk service is provided by Nottingham University Hospitals through a service agreement and this service has resumed. Cancer 2WW services have been maintained throughout the pandemic.

National guidance describes programme recovery in two phases. Phase one is risk stratified backlog clearance and our plan to commence phase one from August is on track. Phase two will consist of women aged 53+ and not previously invited and 71+ in the screening slippage auto batch, with phase two start date anticipated March 2021.

Diabetic eye screening:

The DES programme stopped the majority of screening on 20 March due to the assessed high risk to this vulnerable group. Patients identified as at clinical risk have continued to be screened, approximately 2% of total normal screening activity.

National guidance describes recovery in two phases. Phase one is risk stratified backlog clearance of digital surveillance, newly diagnosed, pregnant, and previous low-level pathology and DNA patients. The Trust started this phase in July. Phase two will consist of all other patients with no pathology noted on last screen, with follow up deference protocol guidance enabling a March 2021 start for this phase.

Newborn hearing screening:

Our Newborn Hearing Screening Programme has been maintained throughout the pandemic. Outreach clinics were suspended from 1 April due to insufficient staffing availability and following PHE guidance. Since, parents have been offered screening for their babies at the bedside while still an inpatient. Outreach clinics are reintroduced starting in July/August.

Appendix A

ULHT service changes deployed during Covid 19 Phase to Reviewed and Service Status

Service	Type of Change	Description in detail	Phase to be Reviewed
Anaesthetics	Pre-Op assessment change	Moved to virtual pre-operative assessments during Covid, and there is a plan to sustain this change, and only bring patients in when absolutely necessary.	Restore
Audiology	Pause service	Audiology service was paused during covid but is planned to be reinstated.	Recovery
Audiology	Pathway change	Newborn hearing screening programme was continued during covid, but with no call-backs, there is a plan to restore this.	Restore
Cancer	2ww pathway change	Redesign of 2ww pathway for suspected lung and Upper GI cancer patients. More work to be undertaken through restore and recovery phase to complete pathway redesign. This will depend on reinstatement of endoscopy services, green site development and pathway specific work.	Restore
Cancer	Pathway change	Lung cancer pathway was changed during covid, some of the adjustments such as clinical triage has worked well and will be kept. Some of the changes are not sustainable, such as reduced access to diagnostics.	Restore
Cancer	Pathway change	Cancer referral pathways and management of cancer cases was altered to support covid-manage (no endoscopy, risk stratification for treatment, triage of referrals) and while the wider plan is to reinstate cancer diagnosis and treatment clinical pathways, the learning from these pathway changes will be taken and developed for the future to benefit patients of Lincolnshire during restore, recovery and Future NHS.	Restore
Cancer	Pathway Change	Chemotherapy delivered on GDH site during covid-manage, with the exception of: chemo-radiotherapy (Lincoln) oral-chemotherapy (patient home) It is likely that this arrangement will continue into Covid-restore and covid-recovery.	Restore
Cardiology	Guidance	Cardiology Primary Care Guidelines - introduced during Covid, have had positive feedback for helping primary care management of patients.	Recovery
Covid pathways	Clinical pathways & hospital sites	Creation of Green and Blue pathways and sites (Green covid free, Blue covid friendly)	Restore
Dermatology	Pathway change	Skin Cancer Pathways - some aspects of the dermatology service have been paused or moved during covid, while retaining as much of the cancer service as possible. In reinstating the service, Green Pathways, social distancing and PPE will be contributing factors to where the service is delivered.	Restore
Dermatology	Pathway change	Dermatology during covid has managed urgent and time sensitive cases, in order to reinstate the routine service, Green pathways, social distancing and PPE will be factored into plans.	Restore
Diabetes and Endocrinology	Pause service	Diabetes and Endocrinology - during covid ULHT Medics have been on a 24/7 medicine rota, and only managed emergency diabetes and endocrine cases. It is possible that at this point, we could develop the community diabetes services to take on the acute backlog.	Restore
Diagnostics	Pause service	Clinical Neurophysiology service was paused during covid but is planned for restoration with social distancing in place.	Restore
Diagnostics	Pause service	Dexa scanning is planned for restoration	Restore
Diagnostics	Pause service	Endoscopy procedures were halted during Covid-manage, and restoration will require BSG and JAG guidance. There will be a significant impact on capacity due to PPE and Social distancing requirements for AGP.	Restore
Diagnostics	Reduced service	MRI service is planned to be reinstated during covid-restore, with social distancing in place.	Restore

Diagnostics	Reduced service	Peripheral site X-ray cover was ceased during covid-manage and staff were redeployed onto other sites. The plan is to restore this service only once demand increases for the peripheral sites again.	Recovery
Diagnostics	Pause Service	Respiratory physiology is planned to be reinstated with PPE and social distancing in place	Restore
Diagnostics	Pathway change	Patients suspected of Upper GI cancer have been offered barium swallows instead of endoscopy during covid-manage. The plan is between CSS and Medicine to reinstate endoscopy when safe, to do so.	Restore
Diagnostics	Diagnostics	The Urodynamics service paused during Covid-manage and is planned to be reinstated	Recovery
Family Health	Paediatrics	Suspension of Paediatric Surgery - the plan is to reinstate paediatric surgery but this will need to be considered with the Green Pathways.	Restore
Head and Neck	Pathway change	Reduced provision of outpatient services for Otolaryngology at Peripheral sites was introduced during covid and it is proposed that this will continue.	Restore
Head and Neck	Pause service	Orthodontics were managed with as little f2f as possible during covid, this service could be restarted outside of the acute setting post-covid.	Restore
Head and Neck	Pathway change	OMF services have been scaled back during covid, but for the future a large amount of the referrals could be seen by dentists, keeping acute for those who need it.	Restore
Medicine	Pause service	Medical Day Unit - all non-urgent work paused during Covid, if services retain their left-shift post covid, there is a potential to repurpose Medical Day Unit in the future.	Recovery
Neurology	Pathway change	Neurology covid plan - different aspects of clinical pathways were either paused, moved to GP, or delivered remotely during covid. Some aspects of the changes can be kept, while some are to reinstated as require acute neurology assessment.	Recovery
Rheumatology	Pathway change	Rheumatology covid plan - different aspects of clinical pathways were either paused, moved to GP, or delivered remotely during covid. Some aspects of the changes can be kept, while some are to reinstated as require acute rheumatological assessment.	Recovery
Obstetrics	New pathway	Revised maternity pathways (hospital and community) to optimise the safe use of Video Consultation as part of the pathway. This has been assessed as successful, particularly in regard to the community midwifery clinical pathway – in excess of 500 video consultations.	Restore
Orthopaedics	New pathway	Trauma Assessment Unit Established at Pilgrim Hospital (same as in place for Lincoln) to align the process across sites. It is planned for this to continue.	Recovery
Paediatrics	PAU at Lincoln	Use of Safari Unit as a Paediatric Assessment Unit at the Lincoln Hospital site	Restore
Pharmacy	New pathway	Pharmacy provided deliveries of prescriptions during Covid, and these changes are planned to be reviewed and develop in order to support a permanently increased level of remote outpatient activity	Restore
Pharmacy	Pathway change	Rowlands Pharmacy Supply of Methotrexate - this was a pathway developed during Covid to support patients without requiring clinic attendance.	Recovery
Pharmacy	Pathway change	Pathway for Respiratory - Omalizumab & Mepolizumab. Patients receiving these drugs following referrals from NUH have been receiving their care via Homecare under existing contracts during Covid0-Manage. Prior to this patients would have attended clinic for injections.	Recovery
Pharmacy	Pause service	Closure of Louth Hospital Pharmacy Department during Covid Manage phase. Reinstating the service will depend on whether it is required, as part of wider Green Pathway work.	Recovery
Respiratory	Guidance	The guidance given to primary care for management of respiratory conditions during Covid-manage, could be developed and kept with clinical input from primary and acute services.	Recovery
Screening	Pause service	AAA screening service was paused during Covid-Manage, there is a plan to restore the service but social distancing and PPE measures will reduce capacity from 115 appointments per week to 80.	Restore

Screening	Pause service	Bowel Cancer Screening Programme was paused during Covid, and will be reinstated when guidance is given by BSG and JAG. There will be a significant impact on capacity due to social distancing and PPE necessary in AGP.	Restore
Screening	Pause service	Breast screening will be reinstated, and will have capacity impacts due to social distancing.	Restore
Screening	Pause service	Diabetic eye screening programme was paused during covid but is planned for restoration with social distancing and PPE measures in place, which will impact on capacity.	Restore
Therapies	Pause service	The Hydrotherapy service closed during Covid-manage, and is planned to be restored with social distancing and risk assessments in place.	Recovery
Therapies	Pause service	Spasticity clinics were paused during Covid, and are planned to be reinstated with risk assessments, PPE and social distancing	Restore
Stroke medicine	**Pathway Change**	Due to significant COVID related sickness, consultants shielding and the withdrawal of agency locums, it became urgently necessary to move from 2 x single site on Stroke On Call Rotas (1:4) to one trust wide on call rota to maintain safety and sustainability of access to thrombolysis.	Restore
Elective Care	**Pathway Change**	A Green site (Covid-19 free) at Grantham and District Hospital for this next phase of the pandemic. This would mean an increase in elective patients at Grantham hospital, including transfer of chemotherapy, cancer surgery and other surgery from across Lincolnshire.	Recovery
A&E	**Pathway Change**	Convert A&E to Urgent Treatment Centre ('UTC') and make physical estate changes to isolate from the rest of site. UTC isolation can be done in a way that removes staff/patient movement between Blue and Green areas. The preferred model converts the A&E, currently open from 8am to 6:30pm, into a 24/7 walk-in UTC treating patients with a NEWS score of 4 and below and using existing x-ray imaging facilities dedicated to the UTC. The UTC will be equipped to diagnose and treat many of the most common ailments people go to A&E for - 81% of patients who attended the A&E will still be able to attend the UTC. Patients may be referred to an urgent treatment centre by NHS 111 or by a GP, and patients can also turn up and walk-in. The Ambulatory Care Unit will be retained to provide day care for patients.	Recovery
Medicine	**Pathway Change**	Withdrawal of medical beds at Grantham - As medical beds will be withdrawn at Grantham a proportion of patients will be treated in the Ambulatory Care Unit (largely GP referrals) at Grantham and a number of patients will be re-routed and admitted at Lincoln.	Recovery

Report to:	Trust Board
Title of report:	Quality Governance Committee Assurance Report to Board
Date of meeting:	21st July 2020
Chairperson:	Liz Libiszewski, Non-Executive Director
Author:	Karen Willey, Deputy Trust Secretary

Purpose	This report summarises the assurances received and key decisions made by the Quality Governance Assurance Committee (QGC). The report details the strategic risks considered by the Committee on behalf of the Board and any matters for escalation for the Board's response. This assurance committee meets monthly and takes scheduled reports from all Trust operational committees according to an established work programme. The Committee worked to the 2020/21 objectives. The Trust are in the 'Restore' 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: Deliver harm free care **Committee Performance Dashboard** The Committee received the performance dashboard noting that there was now a dedicated resource in place for sepsis. The Committee noted that the report outlined a number of SIs that needed to be addressed from the previous month. A quality review meeting had been established in relation to SHMI and the Committee noted this was a key area of work for the system in order to ensure transformation of the indicator. **Incident and Risk Management Report** The Committee noted that there had largely been no change to the risk profile and were advised of the reduction of the aseptic pharmacy risk. Following the reduction seen in SIs in February there had been an increase in April. This demonstrated a return to normal levels of reporting along with the increased access to services. The Committee noted that there had been an increase for in hospital VTE and a VTE nurse was being introduced to provide support. The increase in reporting of VTE had accounted for some of the increase of incidents. Work was underway to conduct a collective review of NIV due to the increased use as a result of Covid-19. This was being addressed through the integrated improvement plan.

	There was an expectation that as the divisions began reporting to the Committee, mitigation and actions being taken to reduce risk would be seen. Serious incidents were being reviewed with CCG colleagues in order to close historical cases,. there would be a review of open cases in order to determine progression moving forward following the postponement of coroners as a result of Covid-19. The Committee noted that there had been a patient fall reported as a serious incident. The committee were disappointed that indicators did not show any improvement in operating theatres and wished to see the impact of the safety culture work **Harm Review process** The Committee noted that the revised report had been well received at a recent system review meeting. A number of actions were due to be completed by the end of July that would update the process, ensure a more holistic view and enable remedial action to be taken before issues arise. The Committee would receive an update back to the Committee on the revised process in September. **Infection Prevention Control Upward Report** The Committee noted the limited assurance being provided regarding water flushing and sampling. The Committee were advised that colleagues from another Trust were providing support for a resolution to the issue and contractors were now in place. Some improvement with the hygiene code was reported with 7 out of the 10 criterion now compliant and a continued increase in compliance was now being seen. The Committee recognised the significant amount of work required to continue improvements, mostly in relation to policies and procedures and a plan is now in place reporting to ELT and Audit Committee. **PVL MRSA Colonisation outbreak** The Committee received a written report to support the previous verbal updates received at the Private Board in July. The outbreak had now been closed and all patients affected had been discharged. Primary care and Public Health England were following up with the families affected. The Committee received assurance that there was confidence in the processes in place to manage MRSA outbreaks. There had been a number of learning points identified and actions would be resolved through the IPC Group and learning would be shared Trust wide. **Safeguarding Group Upward Report** The Committee received the report noting that the appointment of a Safeguarding Lead would enable issues to be better understood and

	progressed. The Committee welcomed the input to shifting the agenda forward in a meaningful way that supports patient care. **Patient Safety Group Upward Report** The Committee noted that there continued to be a variance with duty of candour and divisional representatives had been tasked with tackling inconsistencies. There had been an identified increase in reporting of incidents relating to conscious sedation and chemical restraint. This was due to better categorisation of incidents leading to improved intelligence. The patient safety group had been reassured that action had been taken regarding staff training and education to address the skill mix and staffing level issues identified. Development of a new policy to support staff was underway. The Committee noted that an updated CAS alert policy had been approved by the group that would address concerns of alerts not being dealt within in time. There had been no risk to the Trust as a result of the deadlines missed to action CAS alerts. The Committee ratified the Central Alert System and Field Safety Notifications Policy. **Medicines management and audit update Upward Report** The Committee noted that the Medicines Quality Group had not yet been established however this would be chaired by the Deputy Medical Director for Clinical Effectiveness upon return from Covid-19 duties. During Covid-19 a 7 day pharmacy model had been run leading to improved medicines reconciliation. The introduction of electronic prescribing would resolve a number of issues. Medication incidents were high but a reduction was being seen. Speciality governance had been light touch during Covid-19 but once this recommences there would be a reduction of outstanding NICE TAs. Improvement work was an objective within the integrated improvement plan for which the Committee noted the project initiation document had been completed. The business case was expected to be finalised shortly. It was hoped the integrated approach to deliver the service would see improvements in medicines management. The Committee noted that the audit received and requested that there was clarity over actions taken and closed from previous internal audits. **Nursing, Midwifery and AHP Forum** The Committee received the update report from the Nursing, Midwifery and APH Forum noting that the Flow audit would commence on 1st August. This would bring together the IPC audits to strengthen arrangements. The outputs of the audit would be used as part of the

	overall accreditation programme. The Committee were assured by the review to move away from 100% fill rates to 98%. Current fill rates, without temporary staff were 70%. The Committee were assured that there were robust controls in place and work would be completed to move towards a plan to fill shifts. The Committee ratified the terms of reference for the group.
	Lack of Assurance in respect of SO 1b Issue: Improve patient experience **Inpatient survey** The Committee received the inpatient survey noting that this would be received at the embargoed stage for future reports. The Committee noted that the ratings provided were not satisfactory and key themes were engagement and communication with patients. A full action plan would be received by the Committee in August following the recommendation and immediate actions that had been presented. This would form the work programme of the patient experience group. **Cancer survey** The survey results presented to the Committee related to April, May and June 2019 and a below national average score had been achieved of 8.5. The Committee noted that Covid-19 had impacted on the ability to implement the Cancer Strategy due to reduced funding for Macmillan services, on which the strategy was reliant. The strategy would be reviewed to understand the impact from Covid-19 and an action plan developed and reported to the Cancer Board. The Committee would receive an update to the October meeting and requested sight of the action plan to understand what could be progressed.
	Lack of Assurance in respect of SO 1c Issue: Improve clinical outcomes **Clinical audit** The Committee were advised that NHS England had suspended national clinical audit at end March due to Covid-19 however the Trust had taken the decision to continue to submit data. The Trust had achieved 89% data submission compared to the usual data submission of 95%. The Committee noted the difficulties with performance of clinical audits continued to be the extraction of benefits regarding individual practitioners performance. This was being addressed through medical appraisal and statutory areas for which outcomes have to be reported.

	The Committee were pleased that clinical audit would restart and that national clinical audits had continued during the Covid-19 response. The Committee requested that divisions provided input in to the detail of clinical audit to ensure Audit in all areas of clinical practice moved to a position where this was signed off and owned at divisional level.
	Assurance in respect of other areas: **Stroke** The service had been altered during Covid-19 with Hyper acute Stroke care delivered only from Lincoln Hospital due to significant workforce issues. This risk had reduced partially but was still fragile therefore a risk summit would be convened in August to review the service delivery. The Committee found it useful to see the rapid service changes that had been made and noted that there would be benefit in seeing the progress following the risk summit. The Committee noted that outcomes for patients had not been impacted by the temporary revision to the service. The Committee asked that all risks including the impact on other services at Lincoln be included in the summit. **CQC Must and Should do actions** The Committee were assured by the progress being made in relation to the CQC must and should do action plan however noted that this may be impacted and a reduction in achievement seen as clinical teams moved back to operational business. Mock visits were beginning to take place in preparation for the visit expected in the Autumn and any areas identified for rectification would be taken to the Executive Team to address. The Committee were reassured previous CQC reports would be reviewed to ensure all elements were addressed through the action plan. The Committee noted the need for a full review of the action plan and an update to the current governance structures. The Committee noted the progress that had been made in relation to the section notices and the reduced burden of reporting.
Issues where assurance remains outstanding for escalation to the Board	
Items referred to other Committees for Assurance	No items referred to other committees
Committee Review of	The Committee reviewed the risk register accepting the top risks within

corporate risk register	the register
Matters identified which Committee recommend are escalated to SRR/BAF	None
Committee position on assurance of strategic risk areas that align to committee	The Committee considered the reports which it had received which provided assurances against the strategic risks to strategic objectives.
Areas identified to visit in dept walk rounds	No areas identified.

Attendance Summary for rolling 12 month period

Voting Members	A	S	O	N	D	J	F	M	A	M	J	J
Elizabeth Libiszewski Non-Executive Director	A	X	X	X	X	X	A	X	X	X	X	X
Chris Gibson Non-Executive Director	X	A	X	A	X	X	X	X	X	X	X	X
Neill Hepburn Medical Director	X	X	X	X	X	X	X	X	X	X	X	X
Karen Dunderdale Director of Nursing							X	X	X	X	X	X
Michelle Rhodes/ Victoria Bagshaw Director of Nursing	X	D	X	X	X	X	X					
Simon Evans Chief Operating Officer											X	X

X in attendance A apologies given D deputy attended

Meeting	Quality Governance Committee
Date of Meeting	21 July 2020
Item Number	*Item 10.1*
2019 National Inpatient Survey Report	
Accountable Director	Dr. Karen Dunderdale. Director of Nursing
Presented by	Dr. Karen Dunderdale. Director of Nursing
Author(s)	Jennie Negus. Deputy Chief Nurse
Report previously considered at	Executive Leadership Team/ Quality Governance Committee

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

Risk Assessment	*4081*
Financial Impact Assessment	
Quality Impact Assessment	
Equality Impact Assessment	
Assurance Level Assessment	• *Limited*

Recommendations/ Decision Required	• Support divisions to develop local action plans supported and facilitated by the Patient Experience Team.
	• Develop corporate action plan linking to IIP and PX Plan and draw in divisional plans

Executive Summary

Private Trust Board in April received a headline report on the interim, embargoed results of the National Inpatient Survey conducted in September 2019. This was the first cut of results that Quality Health, our researchers, submitted to the CQC for their adjustments, benchmarking and national comparisons prior to publication. CQC published their reports on 02.07.20 and this paper brings the national benchmarking findings into consideration.

CQC use the results from the survey in regulation, monitoring and inspection to provide inspectors with an assessment of performance; the data is also used to support inspections and for NHSE/I to check progress and improvement against objectives. Despite its cited limitations in terms of timeliness with a lengthy delay between survey and reports and statistical relevance at ward or service level it remains an important data source and a survey of importance.

The report (attached) shows how ULHT scored for each evaluative question in the survey, compared with other trusts that took part. It uses an analysis technique called the 'expected range' to determine if the trust is performing 'about the same', 'better' or 'worse' compared with most other trusts. The data is standardised to take into account people's characteristics, such as age and gender which can influence experience of care and the way they report it. For example, research shows that men tend to report more positive experiences than women, and older people more so than younger people. A weighting is applied to individual responses to account for differences in demographic profile between trusts. For each question in the survey, the individual (standardised) responses are converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response and a score of 0 the worst.

There are 71 questions in total and these are grouped into domains. Whilst the report gives detail against each question, the CQC also publish the domain scores on their website ranking against the expected ranges of 'about the same', 'better' or 'worse' than other Trusts. https://www.cqc.org.uk/provider/RWD/survey/3 This is the page the public can see when the research our organisation.

Domain	Score / 10	Ranking
Emergency / A&E department	7.8	**Worse**
Waiting lists and planned admissions	8.9	About the same
Waiting to get a bed on the ward	6.3	About the same
The hospital and ward	7.8	About the same
Doctors	8.2	About the same
Nurses	7.9	About the same
Care and treatment	7.8	About the same
Operations and procedures	8.0	About the same
Leaving hospital	6.3	**Worse**
Feedback on care and research participation	1.1	About the same
Respect and dignity	8.8	About the same
Overall experience	7.8	About the same

Whilst the Trust had 2 questions ranked as 'worse' within the *Leaving Hospital* domain in the 2018 survey and 1 in the *Feedback on care and research participation* the organisation as a whole was ranked as 'about the same'. This is the first time that ULHT has been nationally ranked as 'worse' across a domain as a whole. An additional concern is the number of questions which are 'touching' the worst measures and without intervention could fall further. 143 acute and specialist NHS trusts participate in the survey annually and the national response rate was 45%. ULHT response rate was 49%.

Priorities

The recommended actions detailed in this section are being collated into an action plan for consideration by the divisions.

Clearly the two domains ranked as worse than other Trusts need immediate attention.

A&E

Q3: While you were in the A&E Department, how much information about your condition or treatment was given to you?

Worse

Recommended actions:

- Review the provision of regular and updated information given to patients about their condition and/or treatment in A&E. Consider who is giving the information, are we checking it has been understood and are there any questions remaining?
- Consider information prescriptions when patients are discharged.

Q4: Were you given enough privacy when being examined or treated in A&E department?

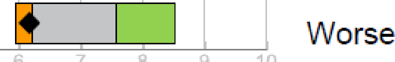
Worse

Recommended actions:

- Continue with current A&E quality improvements including increasing flow, preventing delays, no corridor care, non-cubicle care, escalation due to pressure.
- Ensure that patients are given as much privacy as possible when being examined or treated and consider during intentional-rounding, nurse in charge quality checks, physical environment, consider being overheard.

Leaving hospital

Q48: Did you feel you were involved in decisions about your discharge from hospital?



Recommended actions:

- Review the extent to which patients feel involved in decisions about their discharge from hospital. Champion the implementation of 'What Matters to me' IIP project. Reconsider the 'Ticket Home' methodology so patients have a written copy of their discharge timelines, plans and decisions that they can be involved in completing.
- Explore feasibility of routine post-discharge check in calls.

Q49: Were you given enough notice about when you were going to be discharged?

Recommended actions:

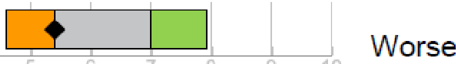
- Ensure all patients are given adequate notice of discharge; consider the messaging. For example telling a patient at 09:00 that they can go home that day for them will start the clock ticking from that time; telling them at 09:00 that they can go home that day but will need to wait until their blood results are back at 14:00 will shift the clock to start at 14:00.
- The main reason for delays in discharge was patients having to wait for medication to take home. Review the way in which discharge medication is ordered and delivered to the patient with a view to reducing delays or improving efficiency of the process. Drive this through the 10 by 10 processes.

The following four questions are interlinked and actions and impact can be considered together.

Q58: Did a member of staff tell you about medication side effects to watch for when you went home?

Q60. Did a member of staff tell you about any danger signals you should watch for after you went home?

Q62. Did the doctors or nurses give your family, friends or carers all the information they needed to help care for you?



Q65. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?

Recommended actions:

- Reconsider the Ticket Home initiative or something similar that includes who to contact if worried or any concerns; what will happen next such as expecting an appointment for follow up or community services coming in. Included in this clear information about medicines, particularly side effects to look out for and who to contact.

United Lincolnshire Hospitals
NHS Trust

'Ticket Home'

Your 'ticket home' explains the arrangements for your discharge so that you are fully involved and kept up to date. Please use this to discuss any problems or raise any issues or worries you may have. On the reverse are some key personal messages for you as a reminder for after you have been discharged.

Your expected Date of Discharge .... & planned time of Discharge ....

Physiotherapy Assessment	Yes	No	Physiotherapy Discharged	Yes	No
O.T. Assessment	Yes	No	O.T. Discharged	Yes	No
Social Worker Assessment	Yes	No	Social Worker Discharged	Yes	No
Blood Tests Required	Yes	No	Results Due	....	
Diagnostic Tests Required	Yes	No	Time Arranged	....	
			Results Due	....	
Take Home Medication Reqd	Yes	No	Sent to Pharmacy	Yes	No
Transport Required	Yes	No	Transport Booked	Yes	No

Who to contact after discharge if you have any concerns about your on-going care or treatment:

Your GP	Community Health Services	Social services	Hospital
______	______	______	______
✆ ______	✆ ______	✆ ______	✆ ______

Specific instructions / advice relating to your care and recovery (e.g. keep wound dry, avoid lifting, dietary restrictions.

____

____

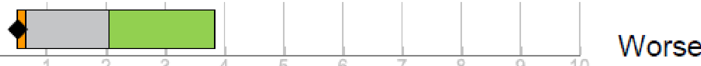
____

Specific instructions / advice relating to your medications:

Medication Name:	Side effects to watch for:	Who to contact if you are worried:

Feedback on care and research participation

Q69. During this hospital stay, did anyone discuss with you whether you would like to take part in a research study?



Worse

Recommended actions:

- Provide information displays / posters within the hospital detailing current Trust research activity and links to further information on our websites.
- For services and specialties where research is being conducted create information leaflets for attending patients to enable them to find out more.

Q70. During your hospital stay, were you ever asked to give your views on the quality of your care?

Worse

Recommended actions:

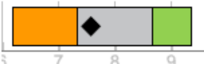
- We have a wide range of feedback initiatives within the Trust but this question focuses specifically on being asked whilst still an inpatient. Introducing the 'What Matters to Me' IIP project can have an impact in addition to including a prompt within the intentional-rounding templates.

We can see that the core issue is the quality of engagement and communication with our patients; we know that time and pressure is a factor and rushed discharges in response to demand and capacity can impact hugely on patient experience. We sometimes waste peoples time; patients and families spend a lot of time waiting – for admission, for treatment, for 'things to be done' and for discharge and we know this causes distress and frustration. The 'What Matters to Me' IIP project can bring asking patients and involving them in their care to be custom and practice and engaging them as the 'experts' on their care. Using patient stories to illustrate the difference good communication and involvement can make will demonstrate impact.

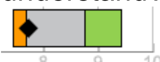
The questions detailed above are those where the Trust has been ranked as worse than other Trusts, however there are a number of other questions that have shown a significant deterioration or are 'touching' worst performing Trusts. For example:

Q13. Did the hospital staff explain the reasons for being moved in a way you could understand? This saw a 7% fall on 2018 scores.

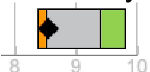
Q17. Did you get enough help from staff to wash or keep yourself clean? This score is touching the lowest banding



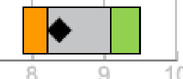
Q23. When you had important questions to ask a doctor, did you get answers that you could understand?



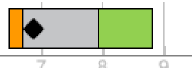
Q24. Did you have confidence and trust in the doctors treating you?



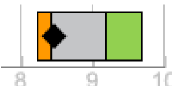
Q31. Did you have confidence and trust in any other clinical staff treating you?



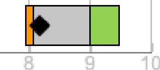
Q34. Were you involved as much as you wanted to be in decisions about your care and treatment?



Q36. How much information about your condition or treatment was given to you?

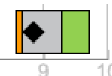


Q39. Were you given enough privacy when discussing your condition or treatment?

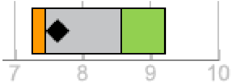


Q40. Were you given enough privacy when being examined or treated?

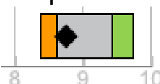
Q45. Did a member of staff answer your questions about the operation or procedure in a way you could understand?



Q47. Afterwards, did a member of staff explain how the operation or procedure had gone in a way you could understand?



Q67. Overall, did you feel you were treated with respect and dignity while you were in the hospital?



Many of the improvement actions required to shift these scores will be reliant on local level leadership and whilst supported by a corporate National Survey action plan each division will be expected to develop local actions. The Patient Experience team can assist with identifying improvement strategies and actions and supporting services to deliver and monitor progress. Suggested actions include:

- Survey results typically show that about a fifth of the patients do not fully understand answers to questions given by doctors. Introduce a patient experience / communication session within training, governance meetings, audit days.
- Champion the introduction of 'What Matters to Me' within wards and services.
- Consider introducing an 'always event' to ask patients: 'do you understand?' at ward rounds and consultations and use patient stories to demonstrate impact.

- Consider identifying an information lead on each ward to review and refresh patient information and collaborate with patients on information needs.
- There was some criticism of privacy, particularly when discussing condition or treatment. On wards we need to consider how bedside conversations are carried out being mindful of others in the room or bay.
- Promote the Real Time Surveying project so patients experiences of the quality of care can be known in real time and addressed and put right in a responsive rather than a reactive way.

Conclusion/Recommendations

This report is very disappointing but the issues raised are all 'fixable'.

The Integrated improvement plan projects within patient experience are solid foundations to support improvements against this survey.

- Greater involvement in decisions about care – this focuses on the What Matters to Me project and the KPI has been set to have at least 2 wards per month signed up. As detailed earlier in this report this project will go some significant way to addressing issues raised in the survey.

- Greater involvement in the co-design of services working closely with Healthwatch and patient groups – this is focused on introducing Evidence Based Co-design methodology to addressing improvements and could be a means for divisions to address a theme within the survey results, for example information needs, discharge pathways. Each division is being asked to sign up for one EBCD project.

- Redesign our communication and engagement approaches to broaden and maximise involvement with patients and carers – this project whilst not directly tied to the national survey will be a key mechanism for enabling our patients to be involved with our improvement plans, thinking and journey.
- The Real Time Surveying project whilst not a specific IIP project is a means for measuring success and improvement progress and can be a valuable tool in understanding locally what patients are experiencing and whether improvement measures are making a difference.

Patient Experience Group was paused during COVID-19 surge but is being recommenced with a first meeting in August to regroup, review and agree the terms of reference and workplan and from then to monthly meetings each with a divisional focus. This will provide the assurance framework for monitoring progress and achievement.

Jennie Negus
Head of Patient Experience
15th June 2020

Patient survey report 2019

Adult Inpatient Survey 2019

United Lincolnshire Hospitals NHS Trust

NHS Patient Survey Programme
Adult Inpatient Survey 2019

Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve. Our role is to register care providers, and to monitor, inspect and rate services. If a service needs to improve, we take action to make sure this happens. We speak with an independent voice, publishing regional and national views of the major quality issues in health and social care.

Adult Inpatient Survey 2019

To improve the quality of services that the NHS delivers, it is important to understand what people think about their care and treatment. One way of doing this is by asking people who have recently used health services to tell us about their experiences.

The 2019 survey of adult inpatients (the seventeenth iteration of the survey) involved 143 acute and specialist NHS trusts. 76,915 people responded to the survey, yielding an adjusted response rate of 45%.

Patients were eligible for the survey if they were aged 16 years or older, had spent at least one night in hospital and were not admitted to maternity or psychiatric units. Trusts sampled patients discharged during July 2019[1]. Trusts counted back from the last day of July 2019, including every consecutive discharge, until they had selected 1,250 patients (or, for a small number of specialist trusts who could not reach the required sample size, until they had reached 1st January 2019). Fieldwork took place between August 2019 and January 2020.

Surveys of adult inpatients were also carried out in 2002 and annually from 2004 to 2018. Although questionnaire redevelopments took place over the years, the survey results for this year are largely comparable to those from previous iterations.

The Adult Inpatient Survey is part of a wider programme of NHS patient surveys which covers a range of topics, including children and young people's services, community mental health services, urgent and emergency care services and maternity services. To find out more about the programme and to see the results from previous surveys, please see the links in the 'Further information' section.

CQC will use the results from the survey in the regulation, monitoring and inspection of NHS acute trusts in England. We will use data from the survey in our system of CQC Insight, which provides inspectors with an assessment of performance in areas of care within an NHS trust that need to be followed up. Survey data will also be used to support CQC inspections. NHS England and NHS Improvement will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health and Social Care will hold providers to account for the outcomes they achieve.

This research was carried out in accordance with the international standard for organisations conducting social research (accreditation to ISO20252:2012; certificate number GB08/74322).

Interpreting the report

This report shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part. It uses an analysis technique called the '**expected range**' to determine if your trust is performing 'about the same', 'better' or 'worse' compared with most other trusts. For more information on the expected range, please see the 'methodology' section below. This approach is designed to help understand the performance of individual trusts, and to identify areas for improvement.

[1] 31 trusts sampled additional months because of small patient throughputs.

This report shows the same data as published on the CQC website (https://www.cqc.org.uk/surveys). The CQC website displays the data in a more simplified way, identifying whether a trust performed 'better', 'worse' or 'about the same' as the majority of other trusts for each question and section.

Standardisation

People's characteristics, such as age and gender, can influence their experience of care and the way they report it. For example, research shows that men tend to report more positive experiences than women, and older people more so than younger people. Since trusts have differing profiles of people who use their services, this could potentially affect their results and make trust comparisons difficult. A trust's results could appear better or worse than if they had a slightly different profile of patients.

To account for this, we 'standardise' the data, which means we apply a weight to individual responses to account for differences in demographic profile between trusts. For each trust, results have been standardised by age, gender and method of admission (emergency or elective) of respondents to reflect the 'national' age-gender-admission type distribution (based on all respondents to the survey). This helps to ensure that no trust will appear better or worse than another because of its respondent profile. It therefore enables a more accurate comparison of results from trusts with different population profiles. In most cases this standardisation will not have a large impact on trust results; it does, however, make comparisons between trusts as fair as possible.

Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response and a score of 0 the worst. The higher the score for each question, the better the trust is performing.

It is not appropriate to score all the questions in the questionnaire. For example, some questions are descriptive, such as Q1, which asks respondents if their inpatient stay was planned or an emergency. Other questions are 'routing questions', which are designed to filter out respondents to whom the following questions do not apply. An example of a routing question is Q44 “During your stay in hospital, did you have an operation or procedure?”. For full details of question scoring please see the technical document (see 'Further information' section).

Section scoring is computed as the arithmetic mean of question scores for the section after weighting is applied.

Graphs

The graphs in this report show how the score for the trust compares to the range of scores achieved by all trusts taking part in the survey. The black diamond shows the score for your trust. The graph is divided into three sections:

- If your trust's score lies in the grey section of the graph, its result is 'about the same' as most other trusts in the survey.
- If your trust's score lies in the orange section of the graph, its result is 'worse' compared with most other trusts in the survey.
- If your trust's score lies in the green section of the graph, its result is 'better' compared with most other trusts in the survey.

The text to the right of the graph states whether the score for your trust is 'better' or 'worse' compared with most other trusts. If there is no text, the score is 'about the same.' These groupings are based on a rigorous statistical analysis of the data, as described in the following 'Methodology' section.

Methodology

The 'about the same,' 'better' and 'worse' categories are based on an analysis technique called the '**expected range**' which determines the range within which the trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust

and the scores for all other trusts. If the trust's performance is outside of this range, it means that it performs significantly above or below what would be expected. If it is within this range, we say that its performance is 'about the same'. Where a trust is identified as performing 'better' or 'worse' than the majority of other trusts, the result is unlikely to have occurred by chance.

In some cases, there will be no orange and / or no green area in the graph. This happens when the expected range for your trust is so broad it encompasses either the highest possible score for all trusts (no green section) or the lowest possible score for all trusts (no orange section). This could be because there were few respondents and / or a lot of variation in their answers.

Please note that if fewer than 30 respondents have answered a question, no score will be displayed for this question (and the corresponding section the question contributes to[2]). This is because the uncertainty around the result is too great.

A technical document providing more detail about the methodology and the scoring applied to each question is available on the CQC website (see 'Further information' section).

Tables

At the end of the report you will find tables containing the data used to create the graphs, the response rate for your trust and background information about the people that responded.

Scores from last year's survey are also displayed where available. The column called 'Change from 2018' uses arrows to indicate whether the score for this year shows a statistically significant increase (up arrow), a statistically significant decrease (down arrow) or has shown no statistically significant change (no arrow) compared with 2018. A statistically significant difference means that the change in the result is very unlikely to have occurred by chance. Significance is tested using a two-sample t-test with a significance level of 0.05.

Please note that comparative data is not shown for sections as the questions contained in each section can change year on year.

Where a result for 2018 is not shown, this is either because the question was new this year, or the question wording and / or the response categories have been changed. Where the question wording or response options were modified, it is not possible to compare the results because any score change could be caused by alterations in the survey instrument, rather than variation in a trust's performance.

Comparisons are also not able to be shown if a trust has merged with other trusts since the 2018 survey, or if a trust committed a sampling error in 2018.

Notes on specific questions

Please note that a variety of acute trusts take part in this survey and not all questions are applicable to every trust. The section below details modifications to certain questions, in some cases this will apply to all trusts, in other cases only to some trusts.

All trusts

Q50 and Q51: The information collected by Q50 "On the day you left hospital, was your discharge delayed for any reason?" and Q51 "What was the main reason for the delay?" are presented together to show whether a patient's discharge was delayed by reasons attributable to the hospital.

The combined question in this report is labelled as Q51 and is worded as: "Discharge delayed due to wait for medicines/to see doctor/hospital transport."

Q52: Information from Q50 and Q51 has been used to score Q52 "How long was the delay?" This assesses the length of a delay to discharge for reasons attributable to the hospital.

Q53 and Q56: Respondents who answered Q53 "Where did you go after leaving hospital?" with "I was transferred to another hospital" were excluded from the scoring of Q56 ("Before you left

[2]The section score is not displayed as it would include fewer questions compared with other trusts.

hospital, were you given any written or printed information about what you should or should not do after leaving hospital?”).

Trusts with female patients only

Q11: If your trust offers services to women only, the score for Q11 “While in hospital, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?” is not shown.

Trusts without an A&E department

Q3 and Q4: The results to these questions are not shown for trusts that do not have an A&E department.

Notes on question comparability

The following questions do not have historical comparisons because they were substantially modified for the 2019 questionnaire:

Q51: “What was the main reason for the delay”, where the third response option was modified from “I had to wait for an ambulance” to “I had to wait for hospital transport”.

Q66: “After being discharged, was the care and support you expected available when you needed it?” where the stem “after being discharged” was added.

For more information on questionnaire redevelopment and the reasons for modifying questions please see the Survey Development Report, available here:
https://nhssurveys.org/wp-content/surveys/02-adults-inpatients/01-design-development/2019/Survey%20development%20report.pdf

Further information

The full national results are on the CQC website, together with an A to Z list to view the results for each trust (alongside the technical document outlining the methodology and the scoring applied to each question):
https://www.cqc.org.uk/inpatientsurvey

The results for the adult inpatient surveys from 2015 to 2018 can be found at:
https://nhssurveys.org/data-library/

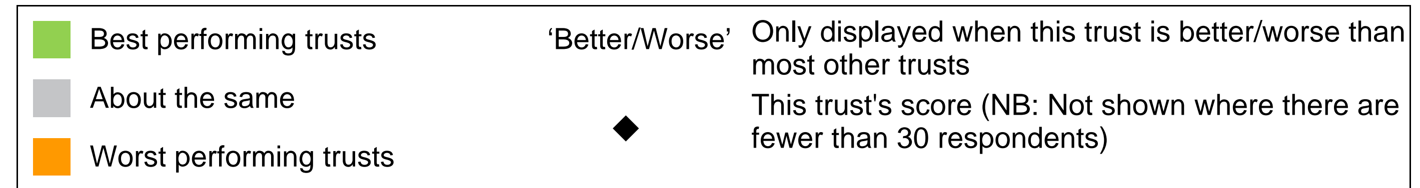
Full details of the methodology for the survey, including questionnaires, letters sent to patients, instructions for trusts and contractors to carry out the survey, and the survey development report, are available at:
https://nhssurveys.org/surveys/survey/02-adults-inpatients/

More information on the NHS Patient Survey Programme, including results from other surveys and a schedule of current and forthcoming surveys can be found at:
https://www.cqc.org.uk/content/surveys

More information about how CQC monitors hospitals is available on the CQC website at:
https://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-nhs-acute-hospitals

Adult Inpatient Survey 2019
United Lincolnshire Hospitals NHS Trust
Section scores

Section	
S1. The Accident & Emergency Department (answered by emergency patients only)	Worse
S2. Waiting list or planned admissions (answered by those referred to hospital)	
S3. Waiting to get to a bed on a ward	
S4. The hospital and ward	
S5. Doctors	
S6. Nurses	
S7. Your care and treatment	
S8. Operations and procedures (answered by patients who had an operation or procedure)	
S9. Leaving hospital	Worse
S10. Feedback on care and research participation	
S11. Respect and dignity	
S12. Overall experience	



Adult Inpatient Survey 2019

United Lincolnshire Hospitals NHS Trust

The Accident & Emergency Department (answered by emergency patients only)

Q3. While you were in the A&E Department, how much information about your condition or treatment was given to you? — Worse

Q4. Were you given enough privacy when being examined or treated in the A&E Department? — Worse

Waiting list or planned admissions (answered by those referred to hospital)

Q6. How do you feel about the length of time you were on the waiting list?

Q7. Was your admission date changed by the hospital?

Q8. Had the hospital specialist been given all necessary information about your condition/illness from the person who referred you?

Waiting to get to a bed on a ward

Q9. From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?

Best performing trusts

About the same

Worst performing trusts

'Better/Worse' Only displayed when this trust is better/worse than most other trusts

◆ This trust's score (NB: Not shown where there are fewer than 30 respondents)

Adult Inpatient Survey 2019

United Lincolnshire Hospitals NHS Trust

The hospital and ward

Q11. Did you ever share a sleeping area with patients of the opposite sex?

Q13. Did the hospital staff explain the reasons for being moved in a way you could understand?

Q14. Were you ever bothered by noise at night from other patients?

Q15. Were you ever bothered by noise at night from hospital staff?

Q16. In your opinion, how clean was the hospital room or ward that you were in?

Q17. Did you get enough help from staff to wash or keep yourself clean?

Q18. If you brought your own medication with you to hospital, were you able to take it when you needed to?

Q19. How would you rate the hospital food?

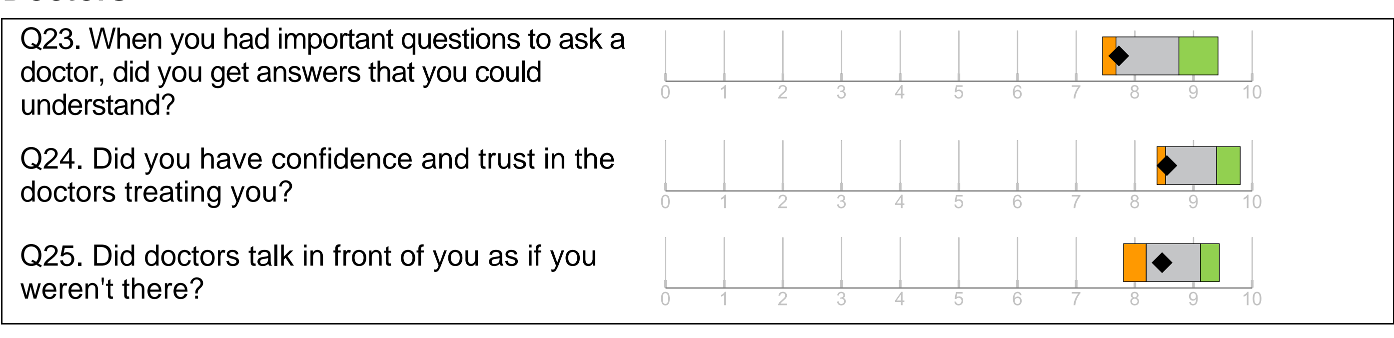
Q20. Were you offered a choice of food?

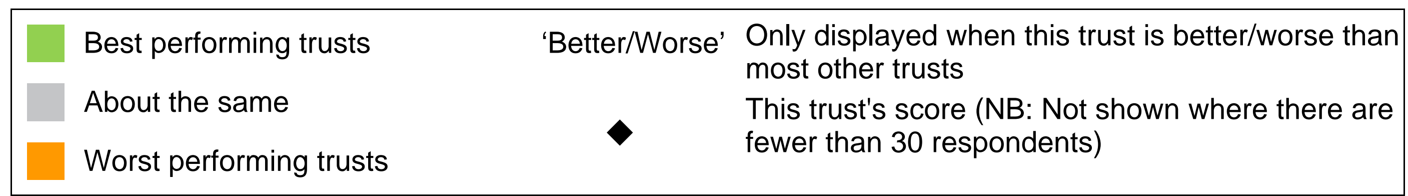
Q21. Did you get enough help from staff to eat your meals?

Q22. During your time in hospital, did you get enough to drink?

Q72. Did you feel well looked after by the non-clinical hospital staff?

Doctors

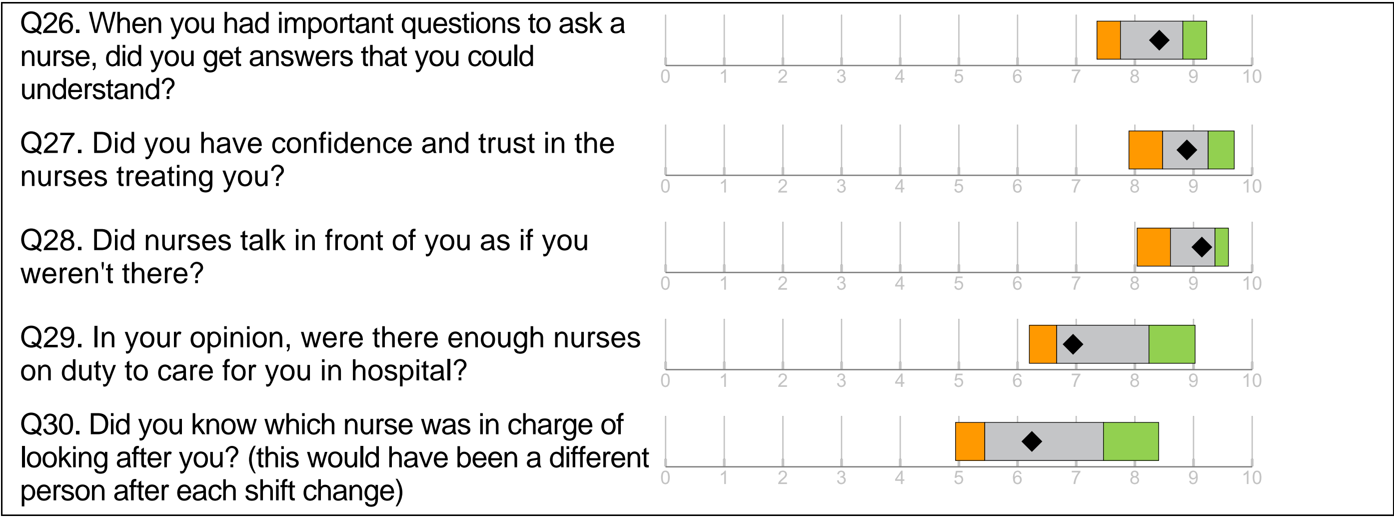


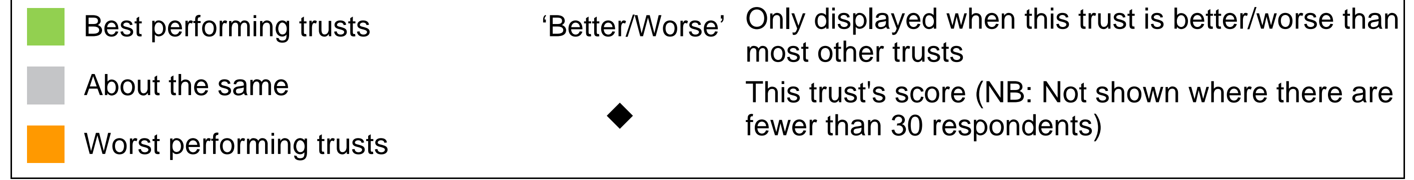


Adult Inpatient Survey 2019

United Lincolnshire Hospitals NHS Trust

Nurses





Adult Inpatient Survey 2019
United Lincolnshire Hospitals NHS Trust

Your care and treatment

Q31. Did you have confidence and trust in any other clinical staff treating you?

Q32. In your opinion, did the members of staff caring for you work well together?

Q33. Did a member of staff say one thing and another say something different?

Q34. Were you involved as much as you wanted to be in decisions about your care and treatment?

Q35. Did you have confidence in the decisions made about your condition or treatment?

Q36. How much information about your condition or treatment was given to you?

Q37. Did you find someone on the hospital staff to talk to about your worries and fears?

Q38. Do you feel you got enough emotional support from hospital staff during your stay?

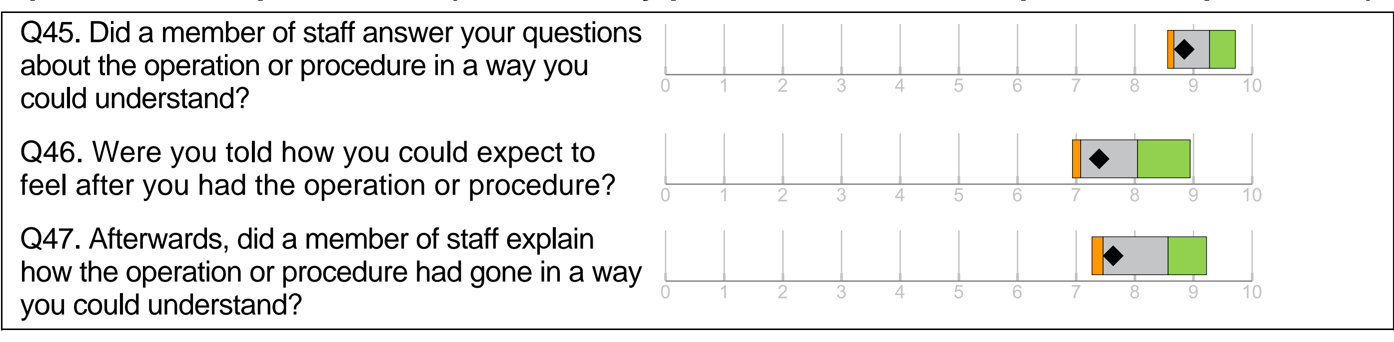
Q39. Were you given enough privacy when discussing your condition or treatment?

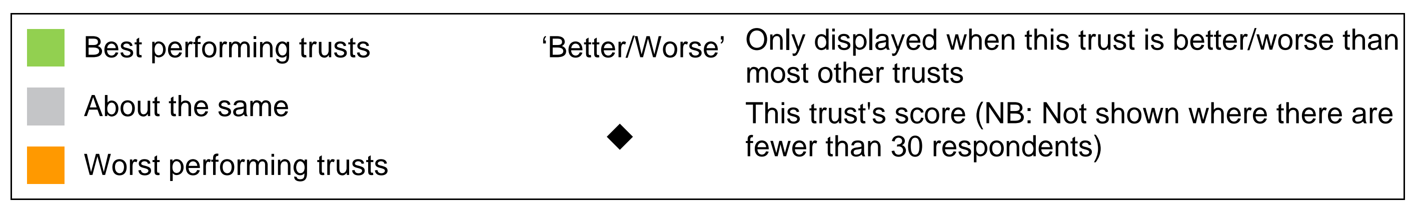
Q40. Were you given enough privacy when being examined or treated?

Q42. Do you think the hospital staff did everything they could to help control your pain?

Q43. If you needed attention, were you able to get a member of staff to help you within a reasonable time?

Operations and procedures (answered by patients who had an operation or procedure)



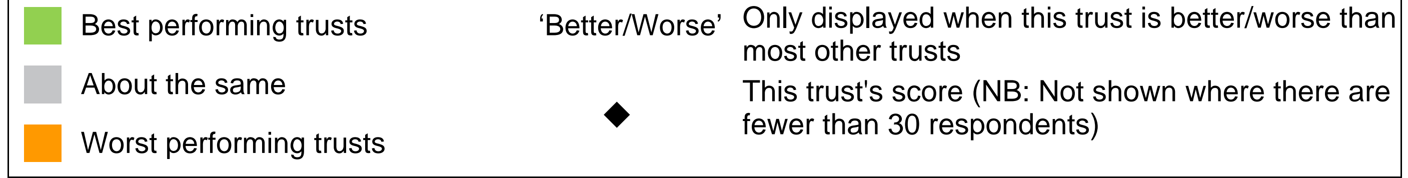


Adult Inpatient Survey 2019

United Lincolnshire Hospitals NHS Trust

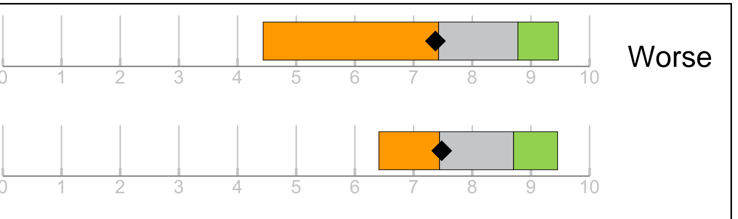
Leaving hospital

Question	
Q48. Did you feel you were involved in decisions about your discharge from hospital?	Worse
Q49. Were you given enough notice about when you were going to be discharged?	Worse
Q51. Discharge delayed due to wait for medicines / to see doctor / hospital transport.	
Q52. How long was the delay?	
Q54. After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition?	
Q55. When you left hospital, did you know what would happen next with your care?	
Q56. Were you given any written or printed information about what you should or should not do after leaving hospital?	
Q57. Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	
Q58. Did a member of staff tell you about medication side effects to watch for when you went home?	Worse
Q59. Were you given clear written or printed information about your medicines?	
Q60. Did a member of staff tell you about any danger signals you should watch for after you went home?	Worse
Q61. Did hospital staff take your family or home situation into account when planning your discharge?	
Q62. Did the doctors or nurses give your family, friends or carers all the information they needed to help care for you?	Worse
Q63. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	
Q64. Did hospital staff discuss with you whether additional equipment or adaptations were needed in your home?	



Q65. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?

Q66. After being discharged, was the care and support you expected available when you needed it?

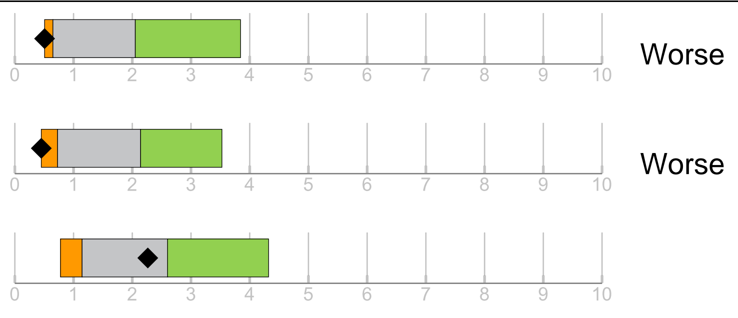


Feedback on care and research participation

Q69. During this hospital stay, did anyone discuss with you whether you would like to take part in a research study?

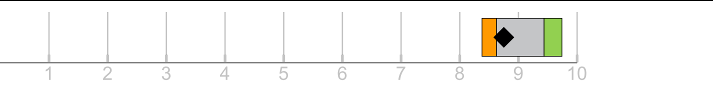
Q70. During your hospital stay, were you ever asked to give your views on the quality of your care?

Q71. Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?



Respect and dignity

Q67. Overall, did you feel you were treated with respect and dignity while you were in the hospital?



Overall experience

Q68. Overall...

Best performing trusts		'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same		◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts			

Adult Inpatient Survey 2019
United Lincolnshire Hospitals NHS Trust

		Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018
The Accident & Emergency Department (answered by emergency patients only)							
S1	Section score	7.8	7.6	9.0			
Q3	While you were in the A&E Department, how much information about your condition or treatment was given to you?	7.4	6.8	9.0	355	7.9	
Q4	Were you given enough privacy when being examined or treated in the A&E Department?	8.2	7.8	9.5	383	8.7	↓
Waiting list or planned admissions (answered by those referred to hospital)							
S2	Section score	8.9	7.7	9.6			
Q6	How do you feel about the length of time you were on the waiting list?	8.6	6.3	9.6	143	7.8	↑
Q7	Was your admission date changed by the hospital?	9.0	8.0	9.8	148	9.0	
Q8	Had the hospital specialist been given all necessary information about your condition/illness from the person who referred you?	9.1	8.2	9.5	149	9.0	
Waiting to get to a bed on a ward							
S3	Section score	6.3	5.8	9.3			
Q9	From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	6.3	5.8	9.3	563	6.6	

↑ or ↓	Indicates where 2019 score is significantly higher or lower than 2018 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2018 data is available.

Adult Inpatient Survey 2019
United Lincolnshire Hospitals NHS Trust

		Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018
The hospital and ward							
S4	Section score	7.8	7.3	9.0			
Q11	Did you ever share a sleeping area with patients of the opposite sex?	9.4	7.6	9.8	573	9.1	
Q13	Did the hospital staff explain the reasons for being moved in a way you could understand?	6.2	5.3	8.7	183	6.8	
Q14	Were you ever bothered by noise at night from other patients?	6.6	5.1	9.1	573	6.2	
Q15	Were you ever bothered by noise at night from hospital staff?	8.3	7.3	9.2	573	8.2	
Q16	In your opinion, how clean was the hospital room or ward that you were in?	8.7	8.2	9.8	576	8.9	
Q17	Did you get enough help from staff to wash or keep yourself clean?	7.6	6.2	9.4	317	7.8	
Q18	If you brought your own medication with you to hospital, were you able to take it when you needed to?	7.1	5.9	8.6	333	7.1	
Q19	How would you rate the hospital food?	5.6	4.5	7.9	545	6.1	↓
Q20	Were you offered a choice of food?	8.6	7.8	9.6	557	8.7	
Q21	Did you get enough help from staff to eat your meals?	6.9	5.1	9.4	130	7.2	
Q22	During your time in hospital, did you get enough to drink?	9.4	8.7	9.9	540	9.4	
Q72	Did you feel well looked after by the non-clinical hospital staff?	9.2	8.3	9.8	534	9.2	
Doctors							
S5	Section score	8.2	8.1	9.5			
Q23	When you had important questions to ask a doctor, did you get answers that you could understand?	7.7	7.4	9.4	514	7.7	
Q24	Did you have confidence and trust in the doctors treating you?	8.5	8.4	9.8	560	8.7	
Q25	Did doctors talk in front of you as if you weren't there?	8.5	7.8	9.4	560	8.5	

↑ or ↓	Indicates where 2019 score is significantly higher or lower than 2018 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2018 data is available.

Adult Inpatient Survey 2019
United Lincolnshire Hospitals NHS Trust

		Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018
Nurses							
S6	Section score	7.9	7.3	9.1			
Q26	When you had important questions to ask a nurse, did you get answers that you could understand?	8.4	7.4	9.2	488	8.0	
Q27	Did you have confidence and trust in the nurses treating you?	8.9	7.9	9.7	565	8.9	
Q28	Did nurses talk in front of you as if you weren't there?	9.1	8.0	9.6	564	9.1	
Q29	In your opinion, were there enough nurses on duty to care for you in hospital?	6.9	6.2	9.0	562	7.2	
Q30	Did you know which nurse was in charge of looking after you? (this would have been a different person after each shift change)	6.2	4.9	8.4	561	6.3	

↑ or ↓	Indicates where 2019 score is significantly higher or lower than 2018 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2018 data is available.

Adult Inpatient Survey 2019
United Lincolnshire Hospitals NHS Trust

		Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018
Your care and treatment							
S7	Section score	7.8	7.4	9.1			
Q31	Did you have confidence and trust in any other clinical staff treating you?	8.4	7.9	9.5	301	8.3	
Q32	In your opinion, did the members of staff caring for you work well together?	8.7	7.7	9.6	539	8.6	
Q33	Did a member of staff say one thing and another say something different?	8.0	7.4	9.1	563	7.7	
Q34	Were you involved as much as you wanted to be in decisions about your care and treatment?	6.9	6.5	8.8	562	6.9	
Q35	Did you have confidence in the decisions made about your condition or treatment?	8.1	7.6	9.4	567	8.1	
Q36	How much information about your condition or treatment was given to you?	8.5	8.2	9.7	549	8.6	
Q37	Did you find someone on the hospital staff to talk to about your worries and fears?	5.0	4.3	7.7	334	5.4	
Q38	Do you feel you got enough emotional support from hospital staff during your stay?	6.7	5.9	8.6	332	6.9	
Q39	Were you given enough privacy when discussing your condition or treatment?	8.2	7.9	9.5	557	8.6	↓
Q40	Were you given enough privacy when being examined or treated?	9.3	9.1	9.9	566	9.4	
Q42	Do you think the hospital staff did everything they could to help control your pain?	8.0	6.6	9.5	325	8.1	
Q43	If you needed attention, were you able to get a member of staff to help you within a reasonable time?	7.6	7.0	9.0	502	7.4	
Operations and procedures (answered by patients who had an operation or procedure)							
S8	Section score	8.0	7.7	9.3			
Q45	Did a member of staff answer your questions about the operation or procedure in a way you could understand?	8.8	8.6	9.7	269	8.8	
Q46	Were you told how you could expect to feel after you had the operation or procedure?	7.4	6.9	8.9	281	7.5	
Q47	Afterwards, did a member of staff explain how the operation or procedure had gone in a way you could understand?	7.6	7.3	9.2	278	7.5	

↑ or ↓	Indicates where 2019 score is significantly higher or lower than 2018 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2018 data is available.

		Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018
Leaving hospital							
S9	Section score	6.3	6.3	8.4			
Q48	Did you feel you were involved in decisions about your discharge from hospital?	6.2	6.0	8.5	552	6.4	
Q49	Were you given enough notice about when you were going to be discharged?	6.3	6.2	8.7	570	6.8	
Q51	Discharge delayed due to wait for medicines / to see doctor / hospital transport.	5.9	5.0	8.5	507		
Q52	How long was the delay?	7.0	6.2	9.3	506	7.4	
Q54	After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition?	6.3	5.0	8.2	299	5.8	
Q55	When you left hospital, did you know what would happen next with your care?	6.2	5.8	8.4	490	6.1	
Q56	Were you given any written or printed information about what you should or should not do after leaving hospital?	5.8	4.6	9.2	542	6.0	
Q57	Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	7.8	7.3	9.5	375	7.7	
Q58	Did a member of staff tell you about medication side effects to watch for when you went home?	3.5	3.5	7.4	328	4.1	
Q59	Were you given clear written or printed information about your medicines?	7.1	6.5	8.7	354	7.2	
Q60	Did a member of staff tell you about any danger signals you should watch for after you went home?	4.1	4.1	7.9	396	4.8	↓
Q61	Did hospital staff take your family or home situation into account when planning your discharge?	6.8	5.4	8.8	344	6.6	
Q62	Did the doctors or nurses give your family, friends or carers all the information they needed to help care for you?	5.4	4.6	7.9	352	6.0	
Q63	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	7.1	6.5	9.7	497	7.3	
Q64	Did hospital staff discuss with you whether additional equipment or adaptations were needed in your home?	7.4	6.8	9.4	171	8.4	↓
Q65	Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	7.4	4.4	9.5	293	7.5	
Q66	After being discharged, was the care and support you expected available when you needed it?	7.5	6.4	9.5	339		

↑ or ↓ Indicates where 2019 score is significantly higher or lower than 2018 score
(NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2018 data is available.

Adult Inpatient Survey 2019

United Lincolnshire Hospitals NHS Trust

		Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018
Feedback on care and research participation							
S10	Section score	1.1	0.8	3.7			
Q69	During this hospital stay, did anyone discuss with you whether you would like to take part in a research study?	0.5	0.5	3.8	487	0.7	
Q70	During your hospital stay, were you ever asked to give your views on the quality of your care?	0.5	0.5	3.5	498	0.6	
Q71	Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	2.3	0.8	4.3	476	2.2	
Respect and dignity							
S11	Section score	8.8	8.4	9.7			
Q67	Overall, did you feel you were treated with respect and dignity while you were in the hospital?	8.8	8.4	9.7	562	8.9	
Overall experience							
S12	Section score	7.8	7.4	9.2			
Q68	Overall...	7.8	7.4	9.2	546	7.8	

↑ or ↓	Indicates where 2019 score is significantly higher or lower than 2018 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2018 data is available.

Adult Inpatient Survey 2019
United Lincolnshire Hospitals NHS Trust

Background information

The sample	This trust	All trusts
Number of respondents	582	76915
Response Rate (percentage)	49	45

Demographic characteristics	This trust	All trusts
Gender (percentage)	(%)	(%)
Male	46	48
Female	54	52
Age group (percentage)	(%)	(%)
Aged 16-35	4	5
Aged 36-50	6	8
Aged 51-65	20	22
Aged 66 and older	70	65
Ethnic group (percentage)	(%)	(%)
White	96	92
Multiple ethnic groups	0	1
Asian or Asian British	1	2
Black or Black British	0	1
Arab or other ethnic group	0	0
Not known	3	3
Religion (percentage)	(%)	(%)
No religion	16	18
Buddhist	0	0
Christian	80	74
Hindu	0	1
Jewish	0	0
Muslim	0	2
Sikh	0	0
Other religion	2	1
Prefer not to say	2	3
Sexual orientation (percentage)	(%)	(%)
Heterosexual/straight	93	93
Gay/lesbian	0	1
Bisexual	1	1
Other	1	1
Prefer not to say	5	4

Meeting	*Trust Board*
Date of Meeting	*4th August 2020*
Item Number	*8.3*
National Cancer Patient Experience Survey 2019	
Accountable Director	*Dr Neill Hepburn*
Presented by	*Dr Neill Hepburn*
Author(s)	– *Beverly Duncan, Macmillan Lead Nurse for Cancer & End of Life Care* – *Jeff Ashby, Business Manager*
Report previously considered at	*Quality Governance Committee; 21st July 2020; Limited Assurance*

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

Risk Assessment	*The impact of Covid-19 on screening, diagnostics and surgery is on the Strategic Risk Register*
Financial Impact Assessment	*N.A*
Quality Impact Assessment	*Yes – a QIA was conducted regarding Covid-19 and Cancer Services*
Equality Impact Assessment	*N.A*
Assurance Level Assessment	*Limited*

Recommendations/ Decision Required	*Trust Board are asked to note that the figures from the 2019 Cancer Patient Experience Survey*
	Trust Board are asked to note that detailed action plans will be developed by August 2020 and monitored through the following meetings: Cancer Management Group, Patient Experience Group and divisional governance meetings
	Trust Board are asked to note the progress made since 2019 and note the delays caused directly and indirectly by Covid-19
Executive Summary	

The aim of this report is to update Trust Board on the current Cancer position within ULHT. This has been precipitated by two factors: the publication of the National Cancer Patient Experience Survey (NCPES) and the impact of Covid-19.

National Cancer Patient Experience Survey

The NCPES is a mandatory reporting tool which is commissioned and managed by NHS England. The latest iteration was published in June 2020 but collates data from 2019. The survey provides baselines from which to measure the local delivery of national strategies. ULHT's results were:

- 12 questions (23.1%) with a result that was higher than, or the same as, the national average.
- 19 questions (36.5%) with a result that was outside of the expected range.
- 40 questions (26.9%) with a result that was lower than the national average.
- 15 of those 40 (37.5%) demonstrated an improvement since the last survey.
- Response rate of 63% (836 patients) compared to national average of 61%.
- Average score of 8.5/10 compared to national average of 8.8/10.

Overall Cancer Position

- An action plan was created in 2019 to address issues raised in both the Living with Cancer Strategy and the NCPES 2018.
- The action plan objectives have not been completed.
- Covid-19 has significantly impacted progress and continues to do so. As well as direct impacts, it has resulted in the following staffing changes:
  - Withdrawal of Macmillan funding for a three year Cancer Matron.
  - Withdrawal of Macmillan funding for a Patient Engagement / Experience Manager.
  - Reduction of CCG-funded Living with Cancer project support.
- The LWC programme Board re-started on 9th July 2020.

Next Steps

31/08/2020: To review the action plan and update using the NCPES 2019 data.

30/09/2020: To present the updated action plan to the Patient Experience Group.

31/10/2020: To present the updated action plan to the QGC.

The Cancer action plan is still viewed as the best way to proceed. It should be noted that data collection from the NCPES 2019 took place very shortly after the action plan was first created. The action plan includes aspects of the NCPES and the LWC Strategy and will improve Cancer performance and quality in the Trust.

Actions include:

- Updating the existing action plan as a result of the 2019 survey.
- Agreeing a means of implementation and monitoring of the action plan.
- Improving use of patient experience data to inform ongoing progress.
- Agreeing Cancer Alliance funding for a one year Cancer Matron post.

Recent updates to Cancer services include:

May 2019 The Living with Cancer (LWC) Strategy for Lincolnshire was published

September 2019 The NCPES 2018 was received. The issues were noted, as was the lack of an action plan

November 2019 The action plan in relation to the NCPES 2018 and the LWC Strategy was created and presented to the Patient Experience Group. This was the first action plan since 2015 and it was agreed that this would be tumour site-specific

Quarter Four 2019/20 Living with Cancer project support was provided by the CCG

March 2020 The action plan was shared with the divisional leads and updates were requested

March 2020 Actions were placed on hold due to Covid-19. Project support was re-deployed within the CCG

The National Cancer Patient Experience Survey

The National Cancer Patient Experience Survey (NCPES) 2019 is a mandatory reporting tool which is commissioned and managed by NHS England. The latest iteration was published in June 2020. The Survey provides important baselines from which to measure the successful delivery of the national cancer strategy at a local level. It aims to:

- Monitor national progress on cancer care.
- Provide information to drive local quality improvements.
- Assist commissioners and providers of cancer care.
- Inform the work of charities and stakeholder groups.
- Support cancer patients.

The following points on methodology should be noted:

- The survey asks 61 questions, of which 52 are compared (see Appendix A).
- The sample for the survey includes all adult (aged 16 and over) NHS patients with a confirmed primary diagnosis of cancer, discharged from an NHS Trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2019.
- Patients give trusts an overall rating from zero (very poor) to ten (very good).

It should be noted that delivery of the Living with Cancer (LWC) Strategy across ULHT did not commence until 2019. The NCPES 2019 was completed at a time when ULHT implementation of the strategy was just beginning.

Analysis of the results for ULHT demonstrates the following:

- The greatest improvements have been noted in Breast and Dermatology. It should be noted that these were the areas that received direct project support.

- The Division is currently focusing on four tumour sites: Breast, Colorectal, Lung and Prostate. Analysis of the data has demonstrated four consistent themes throughout these sites:
  - Clinical Nurse Specialist: Q17. Patient given the name of the CNS who would support them through their treatment
  - Support for people with Cancer: Q22. Hospital staff gave information on getting financial help
  - Home Care and Support: Q50. Patient definitely given enough support from health or social services during treatment
  - Your overall NHS Care: Q58. Taking part in cancer research discussed with patient
- The lowest average score was for Lung, with a score of 8.0 compared to a national average of 8.8. The Division will therefore be focusing on this tumour site during the next twelve months.

The Living with Cancer Strategy

The Living with Cancer Strategy for Lincolnshire was published in May 2019. This is a two year strategy, with the following objectives by May 2021:

1. *We will develop end to end integrated support pathways across the statutory and voluntary sectors which will improve outcomes and support people living with cancer.*
2. *People living with cancer are active participants in supported self-management.*
3. *People delivering health and social care, work in partnership to facilitate supported self- management.*
4. *We will support roll out and access to the Recovery Package and personalised follow up pathways of care and support for all people living with cancer.*
5. *A tested and flexible service delivery model is operational in Lincolnshire.*
6. *A partnership across all stakeholders is established to transform cancer care into a whole systems approach which becomes everyday business.*
7. *The programme is co-designed with patients, the public and stakeholders.*
8. *The programme is fully evaluated to measure the impact and outcomes on the experience of patients, carers and significant others, and the workforce, and recommendations for future evaluation and measurement of the programme are delivered.*
9. *There are the right people in the right place with the right skills to provide timely support for people living with cancer across the county.*
10. *The programme aligns and integrates with other strategic, organisational and operational developments locally.*
11. *People living with cancer experience seamless and co-ordinated pathways of support.*

Overall Cancer Position

- An action plan was created in 2019 to address issues raised in both the Living with Cancer Strategy and the NCPES 2018.
- The action plan objectives have not been completed.

- Covid-19 has significantly impacted progress and continues to do so. As well as direct impacts, it has resulted in the following staffing changes:
  - Withdrawal of Macmillan funding for a three year Cancer Matron.
  - Withdrawal of Macmillan funding for a Patient Engagement / Experience Manager.
  - Reduction of CCG-funded Living with Cancer project support.
- The LWC programme Board re-started on 9th July 2020.

Purpose

To inform Trust Board of the results of the National Cancer Patient Experience Survey 2019, as well as the impact of Covid-19 on Cancer care at United Lincolnshire Hospitals.

Key Messages

The headline results of the NCPES for ULHT were:
- 12 questions (23.1%) with a result that was higher than, or the same as, the national average.
- 19 questions (36.5%) with a result that was outside of the expected range.
- 40 questions (26.9%) with a result that was lower than the national average.
- 15 of those 40 (37.5%) demonstrated an improvement since the last survey.
- Response rate of 63% (836 patients) compared to national average of 61%.
- Average score of 8.5/10 compared to national average of 8.8/10.

Conclusion / Recommendations

The ability to effect change in Cancer services has been severely impacted by Covid-19. Whilst some positive results are noted, as well as improvements in other areas, it is acknowledged that significant further action is required.

Next steps include:

31/08/2020 To review the action plan and update using the new data

30/09/2020 To present the updated action plan to the Patient Experience Group

31/10/2020 To present the updated action plan to the QGC

The Cancer action plan for is still viewed as the best way to proceed. It should be noted that data collection from the NCPES 2019 took place very shortly after the action plan was first created. The action plan includes aspects of the NCPES and the LWC Strategy and will improve Cancer performance and quality in the Trust.

Actions include:
- Updating the existing action plan as a result of the 2019 survey.
- Agreeing a means of implementation and monitoring of the action plan.
- Improving use of patient experience data to inform ongoing progress.
- Agreeing Cancer Alliance funding for a one year Cancer Matron post.

It should be noted that the NCPES 2020 has been put on hold due to Covid-19 so changes in performance may not be known until 2022.

Appendix A: National Patient Cancer Experience Survey

Higher than / same as national average (%)
Lower than the national average (%)

Question	ULHT 2019 result	2019 National average	Expected lower range 2019	Expected higher range 2019	ULHT 2018 result	+/- 2018/2019 result
Q1 Saw GP once / twice before being told had to go to hospital	81%	79%	72%	82%	81%	No change
Q2 Patient thought they were seen as soon as necessary	83%	84%	81%	86%	82%	+1%
Q5 Received all the information needed about the test	94%	95%	93%	97%	94%	No change
Q6 The length of time waiting for the test to be done was about right	87%	88%	86%	90%	85%	+2%
Q7 Given complete explanation of test result in understandable way	79%	80%	77%	83%	75%	+4%
Q10 Patient told they could bring a family member or friend when first told they had cancer	79%	77%	72%	81%	78%	+1%
Q11 Patient felt they were told sensitively that they had cancer	86%	86%	83%	88%	83%	+3%
Q12 Patient completely understood the explanation of what was wrong	71%	73%	70%	76%	73%	-2%
Q13 Patient given easy to understand written information about the type of cancer they had	72%	74%	71%	78%	72%	No change
Q14 Patient felt that treatment options were completely explained	81%	83%	81%	86%	81%	No change

Q15 Possible side effects explained in an understandable way	70%	73%	70%	76%	72%	-2%
Q16 Patient given practical advice and support in dealing with side effects of treatment	62%	67%	64%	71%	61%	+1%
Q17. Patient definitely told about side effects that could affect them in the future	55%	57%	53%	60%	53%	+2%
Q18 Patient definitely involved in decisions about care and treatment	76%	81%	78%	84%	76%	No change
Q19 Patient given the name of the CNS who would support them through their treatment	86%	92%	89%	95%	82%	+4%
Q20 Patient found it easy to contact their CNS	83%	85%	81%	89%	85%	-2%
Q21 Get understandable answers to important questions all or most of the time	83%	87%	85%	90%	88%	-5%
Q22 Hospital staff gave information about support groups	85%	88%	85%	91%	81%	+4%
Q23 Hospital staff gave information about impact cancer could have on day to day activities	83%	84%	81%	87%	78%	+5%
Q24 Hospital staff gave information on getting financial help	59%	63%	57%	68%	53%	+6%
Q25 Hospital staff told patients they could get free prescriptions	82%	82%	78%	86%	77%	+5%
Q27 Beforehand had all the information needed about the operation	94%	96%	94%	98%	94%	No Change
Q28 Staff explained how operation had gone in understandable way	73%	79%	75%	83%	73%	No Change
Q30 Groups of doctors or nurses did not talk in front of patient as if they were not there	82%	84%	80%	87%	83%	-1%
Q31 Patient had confidence and trust in all doctors treating them	78%	84%	80%	88%	84%	-6%
Q32 Patients family or someone close definitely had opportunity to talk to doctor	70%	72%	67%	77%	74%	-4%

Q33 Patient had confidence and trust in all ward nurses	74%	74%	69%	79%	75%	-1%
Q34 Always / nearly always enough nurses on duty	58%	64%	57%	71%	64%	-6%
Q35 All staff asked patient what name they preferred to be called by	73%	71%	63%	78%	70%	+3%
Q36 Always given enough privacy when discussing condition or treatment	82%	85%	81%	88%	81%	+1%
Q37 Patient was able to discuss worries or fears with staff during visit	52%	52%	46%	58%	52%	No Change
Q38 Hospital staff definitely did everything to help control pain	80%	79%	87%	87%	83%	-3%
Q39 Always treated with dignity and respect	86%	88%	84%	91%	86%	No Change
Q40 Given clear written information about what should/should not do post discharge	80%	86%	82%	90%	83%	-3%
Q41 Staff told patient who to contact if worried post discharge	91%	94%	92%	97%	92%	-1%
Q43 Patient was able to discuss worries or fears with staff during appt.	68%	71%	67%	74%	65%	+3%
Q44 Doctor had the right notes and other documentation with them	95%	96%	94%	97%	94%	+1%
Q46 Beforehand patient had all information needed about radiotherapy treatment	88%	86%	82%	90%	89%	-1%
Q47 Patient given understandable information about whether radiotherapy was working	63%	60%	54%	66%	63%	No change
Q49 Beforehand patient had all information needed about chemotherapy treatment	80%	84%	81%	88%	82%	-2%
Q50 Patient given understandable information about whether chemotherapy was working	64%	68%	63%	72%	58%	+6%
Q51 Hospital staff gave family or someone close all the information needed to help with the care at home	52%	60%	56%	63%	53%	-1%

Q52 Patient definitely given enough support from health or social services during treatment	38%	52%	45%	59%	41%	-3%
Q53 Patient definitely given enough support from health or social services after treatment	31%	45%	38%	52%	37%	-6%
Q54 GP given enough information about patient's condition and treatment	94%	95%	94%	97%	95%	-1%
Q55 GP Practice staff definitely did everything they could to support patient	58%	58%	54%	62%	56%	-2%
Q56 Hospital and community staff always worked well together	70%	73%	69%	76%	60%	+10%
Q57 Patient given a care plan	31%	38%	34%	42%	29%	+2%
Q58 Overall the administration of the care was very good/ good	82%	89%	86%	92%	83%	-1%
Q59 Length of time for attending clinics and appointments was right	69%	69%	62%	76%	69%	No change
Q60 Taking part in cancer research discussed with patient	17%	30%	21%	39%	22%	-5%
Q61 Patients average rating of care scored from very poor to very good	8.5	8.8	8.7	8.9	8.6	-0.1

Report to:	Trust Board
Title of report:	Workforce and OD Committee Assurance Report to Board
Date of meeting:	15th July 2020
Chairperson:	Sarah Dunnett, Non-Executive Director
Author:	Karen Willey, Deputy Trust Secretary

Purpose	This report summarises the assurances received and key decisions made by the Workforce and OD Assurance Committee. The report details the strategic risks considered by the Committee on behalf of the Board and any matters for escalation for the Board. This assurance committee meets monthly and takes scheduled reports according to an established work programme. The Committee worked to the 2020/21 objectives. The Trust are in the 'Restore' phase in response to Covid-19 and as such this was the first time the Committee had met in 3 months. The meeting was held via Microsoft Teams with a reduced agenda to focus on key priorities.
Assurances received by the Committee	**Lack of Assurance in respect of SO 2a** **Issue: A modern and progressive workforce** **Safe Staffing** The Committee received a verbal update noting that there was clear governance in place ensuring that there was a grip on safe staffing. There was a clear 4 part transformation plan in progress that supported the integrated improvement plan and despite Covid-19 there was evidence of movement. **Appraisal and mandatory training** The Committee received a verbal update and acknowledged that Covid-19 had impacted on the Trust's achievement of appraisal and mandatory training. The Committee were not assured and noted that this would be an area of focus in order to progress at pace. Whilst it was recognised that this would need to be resolved any actions put in place would need to be

	achievable in the current position.
	Lack of Assurance in respect of SO 2b **Issue: Making ULHT the best place to work** **Progress on Delivery of NHS People Plan** The Committee received an update on the progress of the people plan noting that the Trust's plan aligned to both the national, regional and system plans. The Committee were pleased to see engagement from the Trust at regional and system levels relating to the delivery of the plan. Concern was raised by the Committee in relation to the governance arrangements for the system work due to the proposed membership for attendance at meetings. **Guardian of Safe Working** The Committee were fully assured by the comprehensive reports received. The dedicated resource had resulted in a positive increase in the number of cases and closure of cases. The Committee noted that there had been a reduced level of cases during the first quarter of 2020/21, which could be due to Covid-19. The Committee were assured that the actions detailed within the report were being addressed by the Executives. The Committee welcomed the outcome of actions taken. **Staff Survey** The Committee received the report noting assurance in the development and progress of the staff survey. There had been positive partnership working as a result of Covid-19. The Committee were advised of the introduction of the pulse surveys in to the organisation and welcomed the outcome of those surveys in future reports.

	Assurance in respect of other areas: **Assurance in regard to Draft Terms of Reference and Work plan for 2020/21** The Committee received the draft terms of reference and work plan for 2020/21 noting that these now reflected the Integrated Improvement Plan. The Committee approved the terms of reference subject to the inclusion of finance and operations representatives to the membership. **Board Assurance Framework** The Committee received the BAF noting the content remained a work in progress however, the position was positive. The committee were not assured of the amber rating for objective 4c, as there had been no assurance reports received in respect of the objective. Verbal reassurance was received from Committee members. The Committee recognised the need to improve the use of the BAF during the course of meetings. **Committee Performance Dashboard** The Committee received the performance dashboard noting that this related to the 9 agreed KPIs for 2019/20, and that further work was required in order to reflect the integrated improvement plan. The Committee recognised the improvement in vacancies and medical recruitment, which reflects the work that had been undertaken. **Further actions requested by the Committee:** The Committee requested that the risks identified within the performance dashboard were mapped to the risk register and appropriate mitigation was in place.
Issues where assurance remains outstanding for escalation to the Board	The Committee wished to alert the Board to the reduced achievement of appraisal and mandatory training, noting that this would require focus to move at pace. The Committee noted that there was an increased risk in relation to workforce planning due to capacity of managers to engage in the process and the added complexity of the recovery phase of covid-19

Items referred to other Committees for Assurance	None
Committee Review of corporate risk register	The committee received the risk register for information and noted that there was a need to cross check risks within the performance report to the risk register
Matters identified which Committee recommend are escalated to SRR/BAF	No areas identified
Committee position on assurance of strategic risk areas that align to committee	No areas identified
Areas identified to visit in ward walk rounds	No areas identified

Attendance Summary for rolling 12 month period

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

Meeting	Trust Board Meeting
Date of Meeting	4th August 2020
Item Number	*Item number allocated by admin*
Workforce Disability Equality Standard 2019/20	
Accountable Director	Martin Rayson, Director of HR & OD
Presented by	Martin Rayson, Director of HR & OD Tim Couchman, Equality, Diversity and Inclusion Lead
Author	Tim Couchman, Equality, Diversity and Inclusion Lead
Report previously considered at	Martin Rayson on behalf of the Workforce & OD Committee on 24th July 2020 Approved for submission to the Trust Board

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

Risk Assessment	*Risk Register ref 4351*
Financial Impact Assessment	*Not required*
Quality Impact Assessment	*Not required*
Equality Impact Assessment	*Not required*
Assurance Level Assessment	• *Moderate*

Recommendations/ Decision Required	• The Board is asked to note and approve the latest Workforce Disability Equality Standard (WDES) 2020 data report
	• The Board is asked to note the summary of actions taken so far for protecting, supporting and engaging with our disabled colleagues during COVID-19

Executive Summary

When the COVID-19 pandemic started earlier in the year, the Equality and Human Rights Commission suspended all equality reporting for the current financial year. As the disproportionate impact of the virus on disabled (co-morbidities) people and other groups became evident, NHS England and Improvement made the decision to reinstate the WDES reporting for the current year as a matter of urgency.

During COVID-19 the Trust has undertaken a number of important actions to ensure our disabled colleagues are protected and supported through this time. These are summarised below:

- ✓ Individual Risk Assessment offered to all vulnerable staff
- ✓ Proactive support with reasonable adjustments to the workplace / pattern for staff identified at risk due to the virus
- ✓ Regular communication regarding PPE
- ✓ Increased offer of testing for staff
- ✓ Daily communication to staff through the SBAR
- ✓ Implementation of a Lincolnshire NHS Provider Rapid Equality Assessment tool, including high level data analysis relating to COVID-19 support to staff

The WDES comprises ten metrics:
Metrics 1 – 3 = process / workforce intelligence – some improvement and some deterioration
Metrics 4 – 9 = culture / staff survey indicators – all generally improving
Metric 10 = leadership indicator – no change

It is highlighted that for metric 3 a significant deterioration in the relative likelihood is noted. However, as the numbers are very small, we are questioning the national WRES Team as to the statistical value / relevance of this metric.

It is also highlighted, that whilst it is welcomed that in all the staff survey indicators the self-reported experience of our disabled staff has improved, compared to the experience of non-disabled staff, our disabled staff report a poorer experience.

The attached full WDES report provides the Board with a detailed review of each of the ten WDES metrics, including information regarding the wider context and some of the higher level actions for improvement. The detailed action plan will be co-produced with the emerging MAPLE staff network and be ready for publication by the deadline of the 30th September 2020.

It is hoped, that the system NHS Provider organisations commitment and bid to a journey of cultural intelligence and inclusion will be successful, as this provides an important and effective conceptual framework upon which to start and build our cultural intelligence journey. The Board is also requested to kindly think of further steps of positive action it could take to increase the diversity at Board level in the coming years.

The Trust Board is requested to note and approve the attached report, so that the Trust's WDES data can be submitted to NHSE&I by the deadline of the 30th August 2020, and that the attached report can be placed on the Trust website, as required by the NHSE&I.

Workforce Disability Equality Standard (WDES)

Data report, analysis and proposed actions for improvement

2019-2020

**** approval tbc

Background:

"The Workforce Disability Equality Standard (WDES) is an important step in the NHS and is a clear commitment in support of the Government's aim of increasing the number if disabled people in employment.

The WDES is a set of ten specific measures (metrics) that will enable NHS organisations to compare the career and workplace experiences of disabled and non-disabled staff. The information will be used by NHS organisations to understand their performance, develop specific local actions, and measure progress, against the WDES metrics."[1]

Launched in January 2019, the WDES is mandated in the NHS Standard Contract for all NHS Trusts and Foundation Trusts from April 2019. The WDES is based on the principles of the Workforce Race Equality Standard (WRES) and the NHS in England has committed to both equality standards in the NHS Long Term Plan.

Further information about the WDES can be located on the NHS England WDES website: https://www.england.nhs.uk/about/equality/equality-hub/wdes/

Methodology:

The data for the WDES report was collated and prepared in the second quarter of 2020-2021. The data has been verified by Workforce Intelligence and will be submitted electronically to NHS England using a pre-prepared Excel spreadsheet ahead of the reporting deadline of the 31st August 2020.

Parallel to this an electronic WDES report template will be completed and submitted to NHS England using their electronic reporting hub. However, as this template does not present information in an appropriate format for placing in the public domain, the current report has been produced.

This current report provides an overview of the data by metric and proposed actions for improvement in relation to the experience of disabled staff.

[1] NHS Workforce Disability Equality Standard (WDES), *Template Guidance and Information,* p. 3

Metric 1:

Percentage of staff in NHS Agenda for Change (A4C) pay bands or medical and dental subgroups and very senior managers (VSM), including executive board members, compared with the percentage of staff in the overall workforce.

Total number of staff employed within the organisation on 31 March 2019: 7940

Percentage of disabled staff: 3.20%
Percentage of non-disabled staff: 86.10%
Percentage not declared / unknown: 10.70%

It is positive that our efforts in the last year to encourage staff to update their equality monitoring information have started to show results with a reduction in the percentage of staff choosing not to inform their disability status from 13.04% to 10.70%, and with small increases in the staff informing the Trust that they are disabled / non-disabled.

Percentages of staff by pay band / professional group clusters:

Non-clinical staff:

	Disabled staff	Non-disabled staff	Disability status not know / undeclared
Cluster 1 (A4C bands 1-4)	4%	83.5%	12.5%
Cluster 2 (A4C bands 5-7)	4%	89.7%	6.3%
Cluster 3 (A4C bands 8a – 8b)	2.9%	86.8%	10.3%
Cluster 4 (A4C bands 8c – 9, & VSM	0%	100%	0%

Clinical staff:

	Disabled staff	Non-disabled staff	Disability status not know / undeclared
Cluster 1 (A4C bands 1-4)	2.81%	84.85%	12.34%
Cluster 2 (A4C bands 5-7)	3.58%	87.31%	9.11%
Cluster 3 (A4C bands 8a – 8b)	1.67%	87.77%	10.56%

Cluster 4 (A4C bands 8c – 9, & VSM	3.45%	82.76%	13.79%
Cluster 5 (Medical and dental staff, consultants)	0.61%	85.10%	14.29%
Cluster 6 (Medical and dental staff, non-consultant career grades)	0%	90.87%	9.13%
Cluster 7 (Medical and dental staff, trainee grades)	2.30%	90.42%	7.28%

An initial analysis of the data above shows an increase in disabled and non-disabled staff informing and updating their status and an associated reduction of disability status unknown or not declared. When this data is cross-referenced with the 2019 NHS Staff Survey, a self-declaration of around 20% of staff identifying as disabled is noted. There might be many reasons for this disparity.

The NHS England WDES Team is encouraging all organisations to continue to take meaningful steps to increase self-declaration rates as one of their actions for improvement in this current financial year.

Metric 2:

Relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.

	Shortlisted *N*	Appointed *n*	Appointed %	Relative likelihood of appointment from shortlisting (Non disabled / disabled)
Disabled	316	43	13.6%	
Not disabled	6345	1001	15.8%	1.16
Unknown	1366	268	19.6%	
Total	8027	1312	16.3%	(2018 – 1.29)

A figure > 1.0 indicates that non-disabled people are more likely to be appointed from shortlisting than disabled people.

This means that in 2019-2020, to a likelihood on 1.16 non-disabled people were appointed from shortlisting than disabled people. This is an improvement from a likelihood of 1.29 in 2018-2019.

It is important to note the Trust's continued commitment to being a Mindful Employer and a Disability Confident Employer (level 2) and the guaranteed interview scheme for disabled people who meet the essential criteria for the post.

Metric 3:

Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

	Substantive workforce* *n*	Formal capability *n* (2017-18 & 2018-19) *	Relative likelihood of entering formal capability process
Disabled	249	2	18.24
Non-disabled	6811	3	
Unknown	843	0	
Total	7903	5.0	

* Please note, as numbers for this process are relatively small, this metric is based on data from a two year rolling average (similar to the WRES disciplinary metric).

A figure > 1.0 indicates that disabled staff are more likely than non-disabled staff to enter the formal capability process.

In 2019-2020 the relative likelihood figure has increased to 18.24 (from 1.93 in 2018-2019). As the numbers for capability cases are very small, the Trust has raised a concern with the national WDES Team as to the statistical value and reliability of this metric.

Please note, that for the first two years of the WDES only formal capability cases relating to performance were reviewed and reported. Guidance is awaited from the WDES Team as to whether in future both performance and ill-health related formal capability processes will be reported on in the WDES.

NHS Staff Survey metrics:

It is important to note, that in 2019 the NHS Staff Survey was completed by 50% of the workforce (up from 46% in 2018). Further, we are encouraged to note a larger number of our disabled staff completing the survey, alongside a modest improvement in the reported experience of our disabled staff.

Metric 4a – NHS Staff Survey Metric

Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

i) Patients / service users, their relatives or other members of the public
ii) Managers
iii) Other colleagues

	Disabled *n*	Disabled %	Non-disabled *n*	Non-disabled %
Patients / service users, their relatives or other members of the public	721 (2018 – 590)	33.6% (2018 - 36.3%)	2854 (2018 – 2492)	28.1% (2018 - 27.4%)
Managers	716 (2018 – 584)	24.3% (2018 - 28.1%)	2851 (2018 – 2469)	15.6% (2018 - 17.0%)
Other Colleagues	716 (2018 – 580)	32.0% (2018 - 33.8%)	2853 (2018 – 2471)	21.3% (2018 - 21.4%)

In 2019 we completed a series of bullying & harassment focus groups, promoted with our staff networks. Output was a programme of bullying & harassment and building respectful teams workshops. We will continue to build on this work in partnership with the our MAPLE (Mental and physical lived experience) staff network, as the group continues to establish.

Metric 4b – NHS Staff Survey Metric

Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

Disabled *n*	Disabled %	Non-disabled *N*	Non-disabled %
373 (2018 – 312)	47.7% (2018 - 41.7%)	1088 (2018 – 929)	42.9% (2018 - 42.3%)

It is encouraging to note a 6% increase in the percentage of disabled staff, or a colleague, who felt confident to report their last incident of harassment, bullying or abuse at work, alongside a small increase in non-disabled staff, when compared to the 2018 data.

Metric 5 – NHS Staff Survey Metric:

Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

Disabled *N*	Disabled %	Non-disabled *n*	Non-disabled %
439 (2018 – 362)	75.9% (2018 - 68.5%)	1808 (2018 – 1528)	84.2% (2018 - 80.0%)

There is still work to be undertaken to ensure further increase in the percentage of disabled staff who report their belief that the Trust provides equal opportunities for career progression or promotion. However, it is encouraging to note a 7% increase in the self-reported experience of our disabled staff, alongside an increase in non-disabled staff.

Metric 6 – NHS Staff Survey Metric:

Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

Disabled *n*	Disabled %	Non-disabled *n*	Non-disabled %
549 (2018 – 426)	32.8% (2018 - 37.1%)	1593 (2018 – 1337)	25.4% (2018 - 27.1%)

The percentage of disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, has reduced by just over 4% when compared with 2018. However, we must continue to work with our disabled staff to understand the issues they are facing and work to ensure they are addressed.

Metric 7 – NHS Staff Survey Metric:

Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

Disabled *n*	Disabled %	Non-disabled *n*	Non-disabled %
723 (2018 – 588)	29.3% (2018 - 28.2%)	2862 (2018 – 2503)	40.5% (2018 - 38.4%)

The percentage of disabled staff who report they are satisfied with the extent to which their organisation values their work has increased by just over 1%, compared to 2018. However, there is still a >10% differential in the reported experience when compared with their non-disabled colleagues.

Metric 8 – NHS Staff Survey Metric:

Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

Disabled *n*	Disabled %
395 (2018 – 308)	66.1% (2018 - 64.9%)

Compared to 2018, there is a slight increase in the percentage and numbers of staff reporting that their employer has made adequate adjustment(s) to enable them to carry out their work.

Metric 9a – NHS Staff Survey Metric:

The staff engagement score for disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.

Disabled *n*	Disabled Engagement Score	Non-disabled *n*	Non-disabled Engagement Score	Trust Engagement Score
722 (2018 – 591)	6.2 (2018 - 6.1)	2871 (2018 – 2515)	6.6 (2018 - 6.6)	6.5 (2018 - 6.5)

It is encouraging to note, that although the engagement scores for the Trust and non-disabled staff have remained the same as in 2018, there is a 0.1 increase for our disabled staff.

Metric 9b

Has your organisation taken action to facilitate the voices of disabled staff in your organisation to be heard?

Yes.

In the autumn of 2018 we launched a MAPLE (Mental and Physical Lived Experience) staff network, initially as a closed Facebook group. This small group of staff engage regularly through the group.

The MAPLE network had its first physical meeting in early 2020, at which a small number of engaged staff confirmed their commitment to continue with the establishment of the network. Alas, shortly thereafter the COVID-19 pandemic arrived and the Trust had to make the difficult decision to stop all non-essential meetings. Through the pandemic the Trust has invested in MS Teams technology and we are starting to offer staff network meetings via MS Teams, until face-to-face meetings can be re-established safely. The first MS Teams meeting for the MAPLE network will take place in August 2020.

Paul Boocock, Director of Estates and Facilities is the MAPLE network leadership sponsor.

Metric 10 – Board representation metric

Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:

- By voting membership of the Board
- By Executive membership of the Board

At 31st March 2020 all voting members and executive members of the Board had self-declared as non-disabled or their disability status was unknown.

Disability status, as with all equality monitoring information, can be declared at the time of appointment to the Trust, or updated on ESR self-service or through the Human Resources Team at any time.

Actions for improvement:

Following the submission of the WDES data to the NHS England WDES Team at the end of August 2020 and the publication of this report, it is proposed that the Trust commits to the following primary actions for improvement in the current financial year:

1) Undertake further meaningful steps to improve staff self-disclosure rates around disability.
2) Support the emerging MAPLE staff network and enable MS Teams meetings of the group to recommence from August 2020, until face-to-face meetings can be re-established.
3) Include members of the MAPLE network in the first cohort of Reverse Mentoring, to start with members of the Trust Board in September 2020.
4) Integrate the learning and key actions from the COVID-19 experience into action planning, grouped around the themes of 1) Safety and Protection; 2) Decision Making; 3) Engagement; 4) Media and Communications and 5) Redesign.
5) The WDES action plan will be developed with the support of the emerging MAPLE staff network and will be delivered and monitored within the Trust's Integrated Improvement Plan (Talent Management section).
6) Further develop the network of Freedom to Speak Up champions to embrace members of the MAPLE staff network.

Tim Couchman
Equality, Diversity and Inclusion Lead
July 2020

Meeting	Trust Board Meeting
Date of Meeting	4th August 2020
Item Number	*Item number allocated by admin*
Workforce Race Equality Standard 2019/20	
Accountable Director	Martin Rayson, Director of HR & OD
Presented by	Martin Rayson, Director of HR & OD Tim Couchman, Equality, Diversity and Inclusion Lead
Author	Tim Couchman, Equality, Diversity and Inclusion Lead
Report previously considered at	Martin Rayson on behalf of the Workforce & OD Committee on 24th July 2020 Approved for submission to the Trust Board

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

Risk Assessment	*Risk register ref 4351*
Financial Impact Assessment	*Not required*
Quality Impact Assessment	*Not required*
Equality Impact Assessment	*Not required*
Assurance Level Assessment	• *Moderate*

Recommendations/ Decision Required	• The Board is asked to note and approve the latest Workforce Race Equality Standard (WRES) 2020 data report
	• The Board is asked to note the summary of actions taken so far for protecting, supporting and engaging with our BAME colleagues during COVID-19

Patient-centred ◆Respect◆ Excellence ◆Safety◆ Compassion

Executive Summary

When the COVID-19 pandemic started earlier in the year, the Equality and Human Rights Commission suspended all equality reporting for the current financial year. As the disproportionate impact of the virus on BAME and other groups became evident, NHS England and Improvement made the decision to reinstate the WRES reporting for the current year as a matter of urgency.

During COVID-19 the Trust has undertaken a number of important actions to ensure our BAME colleagues are protected and supported through this time. These are summarised below:

- ✓ NHS Lincolnshire CEOs and Chairs Black Lives Matter Statement
- ✓ Individual letter of support to every BAME member of ULHT staff
- ✓ Individual Risk Assessment of all BAME staff (>95% take up)
- ✓ Regular communication regarding PPE
- ✓ Increased offer of testing for BAME staff
- ✓ Increased frequency of BAME network meetings utilising MS Teams
- ✓ New interim BAME network chair and vice-chair
- ✓ New BAME network transformational group to spearhead urgent action
- ✓ Implementation of a Lincolnshire NHS Provider Rapid Equality Assessment tool, including high level data analysis relating to BAME people

The WRES comprises nine indicators:

Indicators 1 – 4 = process / workforce intelligence – all generally improving
Indicators 5 – 8 = culture / staff survey indicators – all generally deteriorating
Indicator 9 = leadership indicator – no change

The attached full WRES report provides the Board with a detailed review of each of the nine WRES indicators, including information regarding the wider context and some of the higher level actions for improvement. The detailed action plan will be co-produced with the BAME staff network and be ready for publication by the deadline of the 30th September 2020.

Whilst we note that indicators 1 – 4 are all generally improving, there still remains scope for continued improvement. The Trust must agree significant and meaningful action in relation to indicators 5 – 8 as these indicators are sadly deteriorating and highlight areas of significant concern (particularly indicators 6 & 8). It is hoped, that the system NHS Provider organisations commitment and bid to a journey of cultural intelligence and inclusion will be successful, as this provides an important and effective conceptual framework upon which to start and build our cultural intelligence journey. The Board is also requested to kindly think of further steps of positive action it could take to increase the diversity at Board level in the coming years.

The Trust Board is requested to note and approve the attached report, so that the Trust's WRES data can be submitted to NHSE&I by the deadline of the 31st August 2020, and that the attached report can be placed on the Trust website, as required by the NHSE&I.

Workforce Race Equality Standard

NHS

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

United Lincolnshire Hospitals NHS Trust (RWD)

Date of report: month/year

August 2020

Name and title of Board lead for the Workforce Race Equality Standard

Martin Rayson, Director of Human Resources and Organisational Development

Name and contact details of lead manager compiling this report

Tim Couchman, Equality, Diversity and Inclusion Lead

Names of commissioners this report has been sent to (complete as applicable)

NHS Lincolnshire Clinical Commissioning Group

Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable)

Kamljit Obhi, Equality, Diversity and Human Rights Assurance Manager

Unique URL link on which this Report and associated Action Plan will be found

https://www.ulh.nhs.uk/about/equality-diversity/nhs-workforce-race-equality-standard-wres/

This report has been signed off by on behalf of the Board on (insert name and date)

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

As the Trust has continues to embed the Workforce Race Equality Standard (WRES) and Model Employer, we are pleased that progress continues to be made in relation to indicator 2 (recruitment) and we note an overall increase in the BAME workforce in the 2019-2020 (up to 12.10%)

Compared to the latest census data (2011) it is evident that the United Lincolnshire Hospitals NHS Trust (ULHT) employ more BAME (Black, Asian & Minority Ethnic) staff, than the combined rate of BAME residents in the seven local authority areas covered by the Trust. The evidence remains clear, that the percentage of BAME medical staff is significantly higher than represented in the local population and the wider ULHT workforce profile. Again, the data for the current year evidences greater BAME representation within the non-medical clinical workforce, when compared with the non-clinical workforce.

b. Any matters relating to reliability of comparisons with previous years

In the 2019 NHS staff survey, we have again seen an increase in the numbers of our staff completing the staff survey (up from 46% in 2018, to 50% in 2019). Although we are pleased to note a small improvement in indicator 5, sadly the reported experience of our BAME staff for indicators 6, 7 and 8 has deteriorated. The organisation recognises the urgency at which it must increase efforts to address and respond to these challenges in a meaningful, structured and robust manner. Indeed, since the start of the COVID-19 pandemic in March 2020, the Trust has significantly increased its commitment and support to the staff-led BAME network and undertaken significant steps to ensure the safety and protection of our BAME and other vulnerable staff, and to further amplify the voices of our BAME staff network.

2. Total numbers of staff

a. Employed within this organisation at the date of the report

7940

b. Proportion of BME staff employed within this organisation at the date of the report

12.10%

3. Self reporting

a. The proportion of total staff who have self–reported their ethnicity

The percentage remains relatively high at 98.75%

b. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity

Upon appointment to the Trust, all staff are provided with the opportunity to self-report their ethnicity, alongside the other equality characteristics. As the Trust has now implemented ESR self-service, once appointed, all staff are encouraged to ensure their information is kept up-to-date and complete. Whilst all staff have this ability, due to practical issues of staff turnover and personal choice, it is unlikely that a figure of 100% will be achieved.

c. Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity

It remains a priority to encourage staff to share their equality monitoring information and this is reinforced at staff induction, through the equality, diversity and inclusion core learning (every 3 years), highlighted in Equality Matters Staff Newsletter and included in the ESR 'Tip of the week' section of the general staff communication.

4. Workforce data

a. What period does the organisation’s workforce data refer to?

April 2019 - March 2020

5. Workforce Race Equality Indicators

Please note that only high level summary points should be provided in the text boxes below – the detail should be contained in accompanying WRES Action Plans.

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	For each of these four workforce indicators, compare the data for White and BME staff				
1	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	12.10% Please refer to appendix 1	11.56%	The percentage of BAME staff employed by the Trust has increased in the last 12 months. Compared with the population of Lincolnshire, this figure remains significantly higher than the percentage of BAME people resident in the county. The Trust is proud to be attracting and retaining a diverse workforce.	The Trust is working on the detail of its Model Employer action plan to ensure a representative workforce is achieved. Delivery and monitoring of the WRES and Model Employer action plans will be undertaken through the Trust's Integrated Improvement Plan. Further, the Lincolnshire NHS Provider organisations have been selected to join the pilot of the EDS, version 3, pilot, and our
2	Relative likelihood of staff being appointed from shortlisting across all posts.	1.08	1.15	A figure higher than 1.0 indicates that white candidates are more likely than BAME candidates to be appointed from shortlisting. It is encouraging to note, that our data for the current year shows a continued improvement in this indicator. We believe this is due to two main factors: 1) The further embedding of the TRAC system to manage the recruitment process (this	With the TRAC system firmly embedded in the Trust, we need to continue to review our data at a divisional level in 2020-2021. The training for recruiting managers will continue to be delivered.
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	1.26	1.25	A figure higher than 1.0 indicates that BAME staff members are more likely to enter the formal disciplinary process that white staff. Although our data shows a small deterioration compared to the previous year, it is statistically very small. However, it is evidences that attention to improvement in the management and oversight of policy and processes by the	In 2020-2019 a review of our disciplinary cases at a divisional level will be undertaken, so that we can identify and address areas where further understanding and support might be required.
4	Relative likelihood of staff accessing non-mandatory training and CPD.	1.27	1.27	A figure higher than 1.0 indicates that white staff are more likely to access non-mandatory training and CPD when compared with BAME staff. It is noted that our data for this indicator has remained static in the current reporting year. The oragnisation needs to continue the journey of improvement.	Immediately before the COVID-19 virus started, the Organisational Development Team had scoped an insight questionnaire, to help us further understand the challenges our staff might be experiencing in accessing training, so that we can respond accordingly. In September 2020, the Trust is commencing a reverse mentoring scheme, in the first cohort

Report on the WRES indicators, continued

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff.				
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White 29.30% BME 29.10%	White 29.60% BME 30.30%	Although both white and BAME staff report an improvement in their experience, more work needs to be undertaken to continue to delivery sustained improvement.	The Trust has a zero tolerance policy in relation to harassment, bullying and abuse from patients. In 2020-2021 we need to engage through our divisional structures to ensure this is being implemented effectively.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 30.90% BME 37.90%	White 32.30% BME 37.40%	Although the experience of white staff shows an improvement, sadly the reported experience of our BAME staff shows a deterioration. Whilst this is understood in the context of challenging times for staff in the NHS and that improvement in	In 2019 we completed a series of bullying & harassment focus groups, promoted with our staff networks. Output was a programme of bullying & harassment and building respectful teams workshops. We will continue to build on this work
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 84.10% BME 69.30%	White 78.30% BME 72.30%	Although the experience of white staff shows nearly a 6% improvement, sadly the experience of our BAME colleagues shows a 3% deterioration.	The Trust is actively focusing on this area as part of its Integrated Improvement Plan and our whole approach to talent management.
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White 6.8% BME 19.70%	White 8.50% BME 19.10%	Although the experience of white staff shows improvement, sadly the experience of of BAME staff has again deteriorated. The Trust commits to addressing this as a matter of urgency.	In 2019 the BAME staff network undertook an insight survey to better understand the detail and areas which our staff feel they experience discrimination. We will continue to work with the new leadership of our BAME staff network to
	Board representation indicator For this indicator, compare the difference for White and BME staff.				
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	All Board members identify as white.	All Board members identify as white.	It is acknowledged that the voting membership of the Board is entirely white.	The Trust will take steps of positive action to increase Board diversity when positions become available. Further, the Trust hosts insight placements for potential future non-executive directors. The Trust has a mentoring programme

Note 1. All provider organisations to whom the NHS Standard Contract applies are required to conduct the NHS Staff Survey. Those organisations that do not undertake the NHS Staff Survey are recommended to do so, or to undertake an equivalent.

Note 2. Please refer to the WRES Technical Guidance for clarification on the precise means for implementing each indicator.

6. Are there any other factors or data which should be taken into consideration in assessing progress?

As the Trust implements its Integrated Improvement Plan (IIP), 2020-2025, there is a firm and structured commitment to continuing the inclusion improvement journey embedded within the IIP. Furthermore, the WRES and Model Employer action plans will be co-produced with the new BAME staff network leadership and delivery monitored through the IIP talent management section. The Trust has recently re-confirmed its commitment to the support, development and growth of its staff networks and ensuring the voices of our BAME staff are amplified. In September 2020 the Trust launches its first cohort of Reverse Mentoring, with members of our Trust Board being mentored by members of our staff networks.

Further, the Trust will integrate the learning and key actions from the COVID-19 experience into its action planning, grouped around the themes of 1) Safety and Protection; 2) Decision Making; 3) Engagement; 4) Media and Communications and 5) Redesign.

7. Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.

The WRES action plan, based on the data in this report and aligned to the Trust's EDS work and corporate equality objectives, will be developed and produced with the BAME staff network in August / September 2020 and following sign-off by the Board, be published on the Trust's equality website at the following link: https://www.ulh.nhs.uk/about/equality-diversity/nhs-workforce-race-equality-standard-wres/

The WRES action plan will be delivered and monitored as part of our Integrated Improvement Plan and within the workstream titled “Revise our diversity action plan for 2020/21 to ensure concerns around equity of treatment and opportunity are tackled”.

Appendix 1:

ULHT STAFF INPOST WRES DATA AS AT 31ST MARCH 2020 (Excludes Bank Staff)

	Clinical Medical & Dental		
Grade	**%age White Staff**	**%age BME Staff**	**%age Not Known / Stated**
Associate Specialist	14.29%	85.71%	0.00%
Clinical Assistant	77.78%	22.22%	0.00%
Consultant	34.35%	60.18%	5.47%
FY1	33.33%	64.10%	2.56%
FY2	17.95%	73.08%	8.97%
Hospital Practitioner	50.00%	50.00%	0.00%
Medical Director	100.00%	0.00%	0.00%
Specialty Doctor	8.50%	81.70%	9.80%
Specialty Registar	27.46%	69.01%	3.52%
Staff Grade	0.00%	100.00%	0.00%
Total	**26.55%**	**67.72%**	**5.72%**

	Clinical Non Medical & Dental		
Grade	**%age White Staff**	**%age BME Staff**	**%age Not Known / Stated**
Under Band 1	100.00%	0.00%	0.00%
Band 1	93.80%	3.88%	2.33%
Band 2	94.46%	4.83%	0.71%
Band 3	95.05%	4.05%	0.90%
Band 4	96.18%	3.82%	0.00%
Band 5	87.77%	11.37%	0.86%
Band 6	93.66%	6.03%	0.32%
Band 7	93.93%	5.02%	1.05%
Band 8A	89.04%	9.59%	1.37%
Band 8B	88.24%	8.82%	2.94%
Band 8C	77.78%	22.22%	0.00%
Band 8D	100.00%	0.00%	0.00%
Band 9	100.00%	0.00%	0.00%
VSM	100.00%	0.00%	0.00%
Total	**92.25%**	**6.98%**	**0.76%**

	Non Clinical		
Grade	%age White Staff	%age BME Staff	%age Not Known / Stated
Under Band 1	92.86%	7.14%	0.00%
Band 1	96.43%	1.79%	1.79%
Band 2	96.70%	2.47%	0.82%
Band 3	97.95%	1.59%	0.46%
Band 4	97.66%	2.34%	0.00%
Band 5	96.43%	1.79%	1.79%
Band 6	95.56%	3.33%	1.11%
Band 7	97.80%	2.20%	0.00%
Band 8A	90.48%	9.52%	0.00%
Band 8B	96.15%	3.85%	0.00%
Band 8C	93.33%	6.67%	0.00%
Band 8D	100.00%	0.00%	0.00%
Band 9	83.33%	16.67%	0.00%
VSM	100.00%	0.00%	0.00%

Report to:	Trust Board
Title of report:	Finance, Performance and Estates Committee Assurance Report to Board
Date of meeting:	23 July 2020
Chairperson:	Gill Ponder, Non-Executive Director
Author:	Karen Willey, Trust Secretary

Purpose	This report summarises the assurances received and key decisions made by the Finance, Performance and Estates Committee (FPEC). The report details the strategic risks considered by the Committee on behalf of the Board and any matters for escalation for the Board's response. This assurance committee meets monthly and takes scheduled reports from all Trust operational committees according to an established work programme. The Committee worked to the 2020/21 objectives. The Trust are in the 'Restore' 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.
Assurances received by the Committee	**Lack of Assurance** in respect of SO 3a A modern, clean and fit for purpose environment **Issue:** Fire Statutory Compliance The Committee received the report noting that there had been a total spend to date of £40.2m with £5.8m still to be spent on fire items and associated backlog maintenance work that would be done at the same time. The Committee raised concerns about the additional £2m capital required which would come from money allocated to the backlog maintenance programme. This included the extra costs to achieve lockdown requirements, which had not been included in the original fire improvement work business case. Due to Covid-19, there was an expected delay of about 6 months to completion of work. Lincolnshire Fire and Rescue had been kept informed and discussions had been held with them about extensions to current deadlines, or moving the delayed work to an action plan instead of an enforcement notice. Lincolnshire Fire and Rescue would conduct an internal review and notify the Trust once a decision had been reached. **Issue:** HSE Confined Spaces notices The Committee received positive assurance on working in confined spaces. The Committee were assured that all necessary work had been undertaken by the Trust and that all information had been sent to the Health and Safety Executive to discharge the actions required in the enforcement notices. It was not normal practice for the HSE to respond

	to confirm that the notices had been lifted, as the responsibility remained with the Trust to comply with the notices. There was insufficient capacity in the in-house rescue team, so contracted High Risk Rescue services were required in addition to meet the standards in the notices. The cost would need to be covered by the Estates budget. In an emergency, Lincolnshire Fire and Rescue could be called if the contractors could not attend site in time. The correct procurement route would be established to ensure the appropriate service could be achieved.
	Lack of Assurance in respect of SO 3b Efficient Use of Resources **Issue:** Finance Report The Committee received the report noting there had been a suspension of the national operational planning process and payment by results. This had been replaced by a block contract. It was expected that the Trust would remain on a block contract for the remainder of the financial year, but the money may be allocated to the Lincolnshire STP in future. The Committee were advised that Covid-19 related finances were being approved through Gold Command and the Director of Finance and Digital. Any associated costs were moved to a Covid-19 cost centre and top-up payments were obtained for these additional costs. The Committee requested that a paper be brought to the next meeting documenting the process in place to track and reclaim these costs, the broad categories of costs claimed and amounts involved to enable the Committee to discuss any areas of concern. The Trust had achieved break even at Month 3 including absorbing £7.2m of Covid-19 costs within the block funding and requiring a £1.4m top-up payment for the remaining £1.4m Covid-19 costs. There would be an expected increase in Covid-19 related costs due to the use of Moy Park in Grantham to support the Green Site. The Committee noted that pay continued to be an area of concern as agency spend had risen. As the Trust moved through the restore phase, there could be a further increase in agency costs. Transformation programmes to reduce agency spend were being developed. A number of cost improvement schemes were in hand and delivery had commenced, although there had been a pause in line with the national response to Covid-19. There was not yet assurance on in-year delivery however assurance was received on the process that would be in place to gain assurance. Capital spend was being planned to ensure that the amounts available to the Trust to improve estates, technology and medical equipment were

	spent on the highest priority items. There was a possibility of additional funds being awarded for A&E improvements to boost capacity to meet the extra demand for services during the Winter months. The Lincolnshire health system had received £9.6m funding for critical infrastructure work, to be spent by year-end. This being allocated in full to the Trust. Planning and procurement of the work is now underway. Further actions requested by the Committee: The Committee requested a Covid-19 assurance paper that documented processes to provide assurance on during the delay and restore phases.
	Assurance in respect of other areas: **Draft Terms of Reference and Work plan for 2020/21** The Committee received the draft terms of reference and work plan for 2020/21 noting that these now reflected the Integrated Improvement Plan. The Committee approved the terms of reference subject to the inclusion of the PRM reporting groups. The Committee received the draft terms of reference for the Financial Review meetings and approved the terms of reference subject to no further changes being made by the divisions. **Committee Performance Dashboard** The Committee received the dashboard noting that this was being reviewed and aligned to the integrated improvement plan. The Committee observed a reduction in performance due to the impact of the suspension of services relating to Covid-19. There had however been a noted positive impact in relation to surgery being conducted at Grantham Hospital. The Committee requested a review of the process for the restoration/recovery of services that included a summary of actions on priority areas and expectations of recovery timescales. The following items from the July meeting were deferred: Cancer Corporate Risk Register Internal Audit Reports Use of Resources 2020 Preparation
Issues where assurance remains outstanding for escalation to the Board	No additional items to raise.

Items referred to other Committees for Assurance	No items
Committee Review of corporate risk register	The Committee did not review the risk register during the meeting. This would take place at the next meeting.
Matters identified which Committee recommend are escalated to SRR/BAF	The Committee was assured that the BAF was reflective of the key risks in respect of the strategic objectives of the organisation with the addition of Covid-19. The Committee agreed that the BAF rating for objective had been amended from Green to Red following review and discussion of the Finance paper in the Finance Committee.
Committee position on assurance of strategic risk areas that align to committee	As above
Areas identified to visit in dept walk rounds	None

Attendance Summary for rolling 12 month period

<table>
<tr><th>Voting Members</th><th>A</th><th>S</th><th>O</th><th>N</th><th>D</th><th>J</th><th>F</th><th>M</th><th>A</th><th>M</th><th>J</th><th>J</th></tr>
<tr><td>Gill Ponder, Non-Exec Director</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>A</td><td>X</td><td>X</td><td colspan="3" rowspan="7">No meetings held due to Covid-19</td><td>X</td></tr>
<tr><td>Geoff Hayward, Non-Exec Director</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Chris Gibson, Non-Exec Director</td><td>X</td><td>A</td><td>X</td><td>A</td><td>X</td><td>X</td><td>A</td><td>X</td><td>X</td></tr>
<tr><td>Deputy Chief Executive</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Director of Finance & Digital</td><td>X</td><td>X</td><td>D</td><td>X</td><td>D</td><td>X</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Chief Operating Officer</td><td>D</td><td>X</td><td>D</td><td>X</td><td>X</td><td>X</td><td>D</td><td>A</td><td>A</td></tr>
<tr><td>Director of Estates and Facilities</td><td>D</td><td>X</td><td>X</td><td>D</td><td>X</td><td>D</td><td>X</td><td></td><td>X</td></tr>
</table>

X in attendance A apologies given D deputy attended

Meeting	*Trust Board*
Date of Meeting	*4 August 2020*
Item Number	*Item 10.2*
To Develop Resuscitation Facilities, Improve Urgent Treatment Centre Accommodation and Reconfigure the Emergency Department at Pilgrim Hospital, Boston	
Accountable Director	*Mark Brassington (Director of Improvement and Integration and Deputy CEO)*
Presented by	*Andrew Prydderch, Deputy Dir of Ops*
Author(s)	*Andrew Prydderch, Deputy Dir of Ops*
Report previously considered at	*Trust Board (Private) on 07/07/20 Approved to progress to Public Trust Board*

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

Risk Assessment	*Risk Reference 4480 – Safe Management of Emergency Demand. (PHB Risk Action ID 7086 – High Risk)*
Financial Impact Assessment	*£36.3m Capital / £0.4m Revenue*
Quality Impact Assessment	*See Economic Appraisal*
Equality Impact Assessment	*Design follows HBN and will be assessed during FBC stage designs*
Assurance Level Assessment	*Insert assurance level* • *Significant*

Recommendations/ Decision Required	• *Seek support for the preferred way forward at £36.3m capital and £0.4m revenue*
	• *Seek approval to submit OBC to NHSE/I for review*

Programme: Improving Urgent and Emergency Care

Project: To Develop Resuscitation Facilities, Improve Urgent Treatment Centre Accommodation and Reconfigure the Emergency Department at Pilgrim Hospital, Boston

Outline Business Case

Author: Andrew Prydderch
Version No: 5
Issue Date: 7th July 2020

Version history

Version	Date issued	Brief summary of change	Owner's name
V1	11/5/20	First version	Andrew Prydderch
V2	18/5/20	Amendments from Working Group and Medicine Division	Andrew Prydderch
V3	27/5/20	Comments around UTC service from LCHS	Andrew Prydderch
V4	10/06/20	Following comments from the Trusts Capital and Revenue Investment Group	Andrew Prydderch
V5	07/07/20	Following comments from the Trust Board in private session	Andrew Prydderch

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1 Executive summary

1.1 Introduction

The following outline business case (OBC) seeks approval for a capital investment of £36.3M and a recurrent revenue investment £356k (non pay expenditure) for improvements to the Urgent Treatment Centre (UTC), an expanded resuscitation facility (Resus) and reconfiguration of the remaining Emergency Department (Majors) at Pilgrim Hospital, Boston (PHB).

Previous separate strategic outline cases (SOC) (for an expanded resus area and an urgent treatment centre only) had been submitted separately but were later put together as a Wave 4 ETTF bid. The total capital requirement of both cases came to 21.3M, the figure submitted in the Wave 4 bid.

On 5th August 2019, Prime Minister Boris Johnson visited the Pilgrim Hospital site to announce funding for 20 organisations to receive a share of 850M to improve services. This included the allocation of 21.3M to Pilgrim Hospital.

ULHT was asked to lead the combined project. A project team was assembled containing representatives from all provider organisations, CCG and patient / public representatives. Clinicians, managers, finance and estates teams were all involved.

Through a series of workshops the OBC was developed, reviewing different location, design and clinical model options to come up with a preferred way forward. However, it was clear from very early on in the scheme that it made more sense not to progress as two separate schemes but to combine the whole project to improve all of urgent and emergency care facilities at the hospital. This would give better value for money in terms of providing increased benefits and enable a more efficient contract to be made for the building works.

This OBC has considered and taken advice from HM Treasuries Green Book and supporting documents throughout and comprises the following sections:

- **The Strategic Case.** This section establishes the strategic context of the proposed investment, both in terms of national and local service drivers. It also sets out the case for change which summarises the business need for the investment, detailing the existing situation, and the need for service improvement;

- **The Economic Case.** This section identifies the long list of options and the process by which the short-listed options were then established and summarises the key findings of the economic appraisal taking into consideration the needs of the service and achieving value for money;

- **The Commercial Case.** This section summarises the procurement strategy and intended contractual arrangements;

- **The Financial Case.** This section confirms the funding arrangements and overall affordability of the scheme;

- **The Management Case.** This section demonstrates that the scheme is achievable and how the project team will successfully deliver the project to cost, time and quality.

1.2 The Strategic Case

1.2.1 The strategic context

This project is in line with national and local strategy and policy. Key to this are the NHS 5 year forward view (March 2017) setting out the priority to improve urgent care performance and access to primary care services and Urgent Treatment Centres – Principles and Standards (July 2017) setting out a national requirement for acute hospitals to develop UTC's.

The ULHT estates strategy has identified areas of the estate that are in poor condition and this includes buildings adjacent to the area where the SOC's had planned to expand. It became very clear during the first of the project working group's workshops that there was an opportunity to develop the estate to cut infrastructure costs and change the original plans, which had included costs for moving two of the roads that ran nearby.

ULHT's performance against the 4-hour target has been poor. There have been growing attendances to the Emergency Department (ED), staffing difficulties and a long length of stay for our inpatients, which causes backlogs into the "front door". Plans have been developed to improve the position but it was recognised that the aging infrastructure in our ED's had not kept pace with demand and modern medicine, and this was a significant contributing factor to performance.

1.2.2 The case for change

Capacity and demand modelling showed that, for our most ill patients requiring resus, we do not meet the demand and doctors have to make difficult decisions on who goes into the resus area. There is frequently a requirement for 6 cubicles, not the current 4, and often demand peaks at up to 8.

The majors and minors areas of the ED are similarly compromised and the patient feedback we receive demonstrates clearly a need to improve the dignity and quality of clinical space. The CQC continued to rate the department "inadequate". In its unannounced, focussed inspection in January 2020 they noted that:

- the department was too small for the number of patients arriving. This impacted on how patient flow could be managed. It also resulted in patients being treated in corridors or the central space of the department and having their dignity compromised;

- a shortage of hospital in-patient capacity was preventing admissions and these patients were being cared for in the central area of majors, as well as being located in the plaster room, along the main ambulance arrival corridor (three patients), and also nine patients receiving care in chairs located throughout the emergency department;

- the resuscitation and major's areas were both operating at full capacity, as was the integrated assessment centre (IAC). This meant there was extremely limited

capacity for patients who required resuscitation, or those patients who required management in an appropriately equipped clinical bed space;

- patients were being managed continually in this (central) area during the inspection. We had previously found up to six patients were being nursed in this area. Despite the reduction in trolleys, the area did not lend itself to protecting patients privacy and dignity. Patients remained in close proximity to one-another, therefore impacting on the ability for patients to be sufficiently spaced for infection control purposes;

- the resuscitation area operated at full capacity for the duration of the inspection. Department staff worked tirelessly to try and stabilise patients as quickly as possible in order further resuscitation space could be created to meet demand;

- a patient remained on an ambulance despite having chest pain and having a complex medical history. There was no appropriate monitored bed space for the patient to be relocated too and so hospital staff had been required to commence an assessment of the patient whilst they remained on the ambulance.

The trust receives many comments through patient feedback regarding the quality of the accommodation, an example of just one:

ULHT|A&E|PILGRIM A+E DEPT	18/01/2020 07:58	Left sat on a chair over night for approx 10 hours waiting to be seen by a doctor. Another patient in the same waiting area was asleep on the floor in front of me whilst receiving IV fluids as there was nowhere suitable to sleep or lay as she stated several times to care staff that sitting in a chair was uncomfortable and too painful for her. This was uncomfortable to watch.

An Urgent Treatment Centre is in place within the ED but is based on the previous "Primary Care Streaming" accommodation. It is felt this could be developed to provide better accommodation, take the minors patients out of the main department and improve the flow within urgent care.

Diagnostic performance is also a big problem in the ED affecting the time taken for blood results to come back and for imaging investigations (notably CT scanning) to be completed. A single CT scanner is in place in the hospital, which is quite a distance from the ED and, when not functioning, causes major diversions across the county and beyond for very ill patients, which affects their chances of recovery as well as causing logistical problems for our ambulance provider, EMAS.

The working group reviewed the original scope of the two strategic cases but made the decision that in order to address the issues facing urgent care in Boston then new spending objectives were agreed:

- To improve accommodation within the Urgent Treatment Centre, bring the "minors" service into the UTC and improve patient flow;
- To improve access to care for our most seriously ill patients;
- To improve flow and quality within the remaining ED;
- To improve the turnaround of diagnostic and pathology services within the emergency department.

The working group held a workshop to take these spending objectives to develop critical success factors and a range of core, desirable and optional requirements within the new service.

1.3 The Economic Case

1.3.1 The long list

This project is not just about building new facilities; it is about changing the way the service works, with an intent to work towards integrating staff from different organisations into a single urgent care team able to provide seamless care for all patients. In addition, the original strategic cases had been developed independently by different organisations and the trusts estates strategy indicated there would be advantages in looking at different location options.

A large range of options were considered in three different workshops. Firstly, a list of possible design locations were presented - from the original plan of two separate extensions to the existing building, through to refurbishing or rebuilding adjacent structures.

The preferred option from the first of these workshops was to consider a building referred to as the "H-Block". This is located between the current ED and the main Out Patient department. It is possible to decant staff within this building to space recently made available towards the back of the site. The existing building could be refurbished or demolished to remove backlog maintenance issues:

Figure 1: Preferred Location Option

All 12 design location options were taken forwards to the full long list options appraisal.

Another workshop considered the clinical model. Discussions focussed on three different plans; business as usual with divisions between the services, an intermediate option with some shared areas such as reception, or a completely new model whereby all agencies work from a central navigation hub to discuss cases and pull patients to the correct area. The 3rd option was preferred, after some debate between the working group and the oversight group – there is an intent to work towards integrated staffing and the design should reflect this.

The clinical model was important to inform the design process and the services that are considered as essential, desirable and optional. The location workshop options were split into do minimum, intermediate and do maximum options for further debate within the full options appraisal. The outcome of the options appraisal, using HM Treasuries Green Book Options Framework is given below:

Table 1: Options Framework

Pilgrim Hospital Urgent Care Options Framework

NHS United Lincolnshire Hospitals NHS Trust

	Business as Usual (BAU)	Do minimum	Intermediate Option 1	Intermediate Option 2	Intermediate Option 3	Do Maximum
1. **Service Scope** - as outlined in pages n to n of the Strategic Case	4 Resus Bays, GP Streaming	Expand Resus to 6/8 UTC	Redesign Majors Lab - preferred CT Additional 136 Paediatric Cubicles 6 Resus	Frailty / SDEC Bereavement Paed Wait 8 Resus	ED Clinic Room Pharmacy Dignity Suite	Emergency Dentistry Volunteers Area Concessions
	Discount	Discount	Carried Forward	Preferred Way Forward	Carried Forward	Discount
2. **Service Solution** - in relation to the preferred scope	Current services	Refurb existing buildings	Refurb existing with small extension for resus	Refurb existing, extension for resus and UTC (option 5, 7)	Refurb existing, decant and refurb adjacent (Option 3, 4, 8, backlog maintanance)	Build comeletely new (Option 1, 2, 6, 9, 10, 11)
	Discount	Discount	Discount	Carried Forward	Preferred Way Forward	Carried Forward
3. **Service Delivery** - in relation to the preferred scope and solution		Local	National	International	Framework - if financially beneficial	
		Discount	Preferred Way Forward	Discount	Carried Forward	
4. **Implementation** - in relation to preferred scope, solution and method of service delivery		Build around	Build UTC, decant, Build Resus	Modular buildings to decant		Big Bang - mobile units, decant ED / UTC
		Discount	Preferred Way Forward	Carried Forward		Discount
5. **Funding** - in relation to preferred scope, solution, method of service delivery and implementation				Central Funding	Central Funding + Trust Capital/Loan	
				Preferred Way Forward	Carried Forward	

1.3.2 The Shortlist and Preferred Way Forwards

These options provided a short list of 4 for further economic analysis. The preferred way forwards was:

Table 2: Description of the Preferred Way Forwards

PWF	Rationale
Description	With demolition of the adjacent "H Building" and a new build ED, the ED would be relocated and the former building refurbished / extended. This would provide an 8 bay resus and UTC, new majors area and additional services such as CT scanner, section 136 suites, paediatric area, frailty / SDEC and bereavement facility. The trust would prefer to use own known national contractors but would look at framework options. A phased approach to build new buildings, decant into them and refurbish / extend former locations. The project has an agreement to fund centrally
Strengths	• Provides sufficient capacity to contain existing demand and future proof services • Financially realistic in view of less building work and no road moves • No disruption to existing services during construction
Weaknesses	• Capacity is constrained compared to the do maximum option • Does not allow future expansion without road diversion • Constrained by shoe-horning new build into the space left from the "H Block"
Opportunities	• Does provide a level of increased capacity and would improve patient outcomes • Removes backlog maintenance issues from H Block (offsets the cost to demolish and build new) • Good connectivity between ED and UTC would promote staff integration and new ways of working
Threats	• Requires decant of existing services within the H Block
Conclusion	This option was felt to be the preferred way forwards in terms of providing most of the core and desirable requirements and satisfies the spending objectives. It was felt to be achievable by decanting some services out of the H block and would mean the work could be phased to minimise any disruption

This main issue to address was the gap between ring fenced funding and the actual cost. The preferred way forward "do minimum" would come in almost on budget but the economic analysis showed that this would provide far less value for money.

The preferred way forward "do maximum" option would involve major new building work, road diversions with significant infrastructure costs. Whilst this would support the core, desirable and optional elements the cost of this would be prohibitive in the economic appraisal.

1.3.3 Indicative Costs

The indicative costs for the different options within the scheme were as follows:

Table 3: Indicative Costs of Options

PHB Urgent Care Project - Long List Options Summary

Option	Desc	Indicative cost	Long list designs preference (workshop 2)	Fit with long list options evaluation (workshop 4)
1	New build to south and east as per original SOC	33,269,076	Discounted	Carried forward
2	New OPD, UTC in former OPD, resus in H Block	42,073,673	Discounted	Carried forward
3	Demolish H Block, courtyard infill, new A&E, extend and alter A&E to form UTC	34,790,843	Discounted	PWF
4	Demolish H Block, courtyard infill, new A&E, extend and alter A&E to form UTC	32,907,028	PWF	PWF
5	Courtyard infill, extend and alter H Block, new resus extension, extend and alter A&E	24,566,651	Carried Forward (do minimum)	Carried forward
6	Demolish H Block, courtyard infill, new build UTC, new resus extension, extend and alter A&E	38,527,251	Discounted	Carried forward
7	New build UTC, extend and alter A&E	31,686,988	Discounted	Carried forward
8	courtyard infill, extend and alter H Block, extend and alter A&E	26,356,676	Discounted	PWF
9	New 2 story extension for A&E / resus, alter existing A&E for UTC	32,677,997	Discounted	Carried forward
10	New 2 storey extension for A&E / resus / UTC	43,044,513	Carried Forward (do maximum)	Carried forward
11	New 2 storey extension for A&E / Resus / UTC, alterations within existing A&E	35,236,744	Carried Forward (do minimum)	Carried forward

Note, these costs are indicative, a higher level (24%) of optimism bias was built in to the financial summary

1.4 The Commercial case

Subject to further analysis at FBC stage, the Trust would envisage procuring this scheme, in accordance with the Government Procurement Agreement (WTO) and the EU Consolidated Public Sector Procurement Directive (2004), most likely using the forthcoming P2020 framework. There are a range of options available to the Trust, as described in the Commercial Case, and further work will be undertaken to assess each as the deal develops. A description of the merits of each option is given below:

Table 4: Procurement Options

	Pro's	Con's
ProCure22	One Main contractor and one project team fully dedicated to this project – all resource fully supported from central point Deadline date agreed and must be stuck to – penalties apply if not Costs for the full project are fixed and known – can fix a guaranteed maximum price Meets all governance requirements	Relies upon our specification information being correct at the outset Relies upon us ensuring that buildings are ready to work on, and all enabling works ready – we also have to ensure we get things ready when we said we would as the project progresses P22 only has 5 suppliers on the framework. The lead supplier (and largest on the framework) is Keir. The Trust have entered into legal action with Keir over the last P21 project that was carried out – it is highly likely therefore that Keir would not bid, and this may also affect other suppliers on the framework from bidding. Commercially, we may struggle to get the best value for the Trust by using P22.
Full OJEU	Would be managed by our in-house estates team who are fully familiar with the site and aware of the risks that may present themselves.	Estates team is already very busy and working to capacity with "business as usual" projects – may be a big ask to get them to run such a big project utilising existing resources only. Huge amount of work for both procurement and Estates, when we could get this work done by utilising an existing framework – do the pro's justify the extra resource needed to choose this route?

Alternative framework – Pagabo or CCS as examples	One main contractor, as with P22 More contractors on the frameworks so commercially this would offer more choice to the Trust and hopefully drive better value for money All resource still given from central support, as with P22. Deadline dates can still be agreed. Can support with access to funding streams for projects too.	Relies upon our specification information being correct at the outset Relies upon us ensuring that buildings are ready to work on, and all enabling works ready – we also have to ensure we get things ready when we said we would as the project progresses Fees to access would add to project costs – would these outweigh the value for money?
P2020	One Main contractor and one project team fully dedicated to this project – all resource fully supported from central point Deadline date agreed and must be stuck to – penalties apply if not Costs for the full project are fixed and known – can fix a guaranteed maximum price Meets all governance requirements We would be the first Trust to use this, so from a Comms perspective, could give additional benefits Up to 20 suppliers on this framework, so potentially good value for money for the Trust	This framework is not ready yet – may be early 2021 – although this does fit with our timescales Relies upon our specification information being correct at the outset Relies upon us ensuring that buildings are ready to work on, and all enabling works ready – we also have to ensure we get things ready when we said we would as the project progresses

1.5 The Financial case

1.5.1 Summary of financial appraisal

The indicative financial implications of the proposed investment are as follows:

Table 5: Indicative Financial Implications

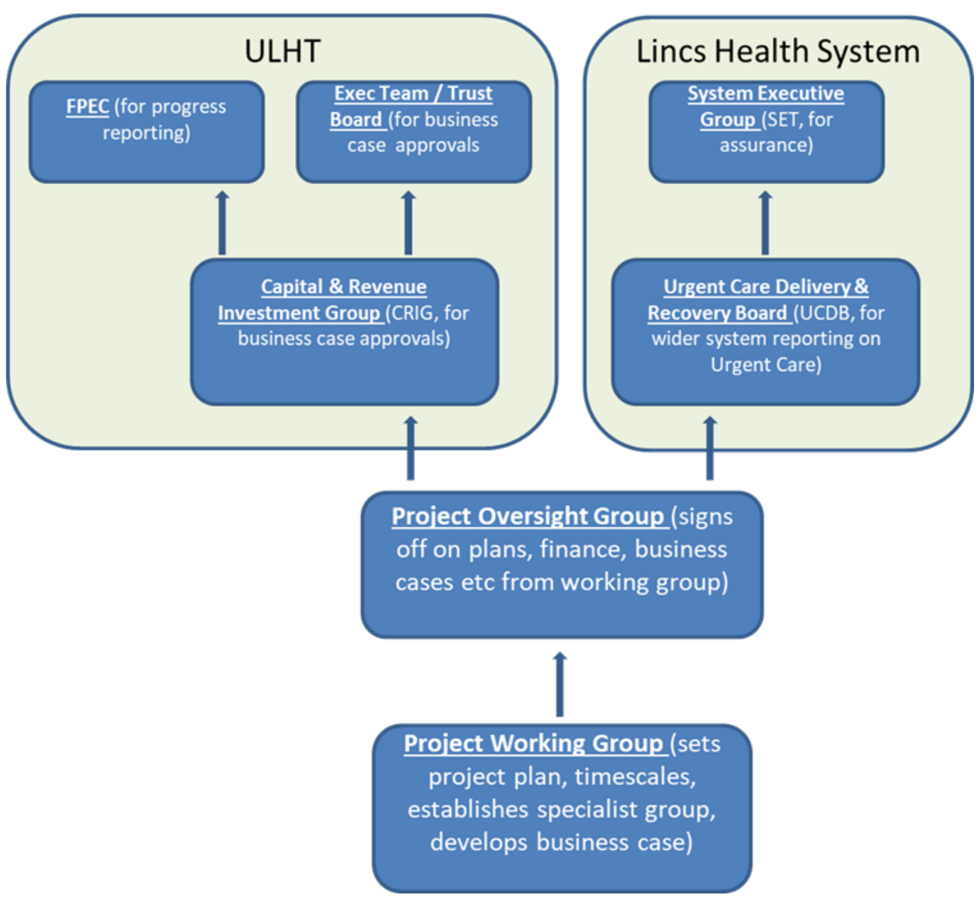
	2021/22 £	2022/23 £	2023/24 £	2024/25 £	2025/26 £
Capital:					
Building	6,588,500	20,777,900	5,328,300		
Equipment:	0	0	3,559,400		
Total	6,588,500	20,777,900	8,887,700	0	0
Income:	0	0	0	0	0
Expenditure:					
Pay	0	0	0	0	0
Non Pay	0	0	0	356,000	356,000
Capital Charges	0	0	578,908	2,306,309	2,269,020
Total	0	0	578,908	2,662,309	2,625,020
Total Revenue (- Deficit / + Surplus) Before Overheads	0	0	-578,908	-2,662,309	-2,625,020

1.6 The Management case

1.6.1 Project management arrangements

The scheme is an integral part of the Urgent and Emergence Care Improvement Programme, which comprises a portfolio of projects for the delivery of improvements in Urgent and Emergency Care. This project is being managed under PRINCE2 methodology and has a Project Oversight Group (POG) chaired by the SRO and a Project Working Group (PWG) chaired by the project director. Reporting lines and governance arrangements are:

Figure 2: Governance Arrangements



The project working group is made up of representatives from the CCG and provider organisations, with senior clinicians, management, estates and patient representatives. These groups will manage the risk, benefits, service change and transformation within the project and will conduct final benefits realisation assessments to ensure the success of the project and inform future work within the trust.

Key milestones are:

Milestone activity	Date
Complete OBC	18/05/20
Trust Internal Approvals Complete	07/07/20
External Approvals Complete (NHSE/I, HMT)	30/11/20

FBC Complete, Internal Approvals Complete	**29/01/21**
External Approvals Complete (NHSE/I, HMT)	**30/04/21**
Construction Commences	**03/05/21**
• **Phase 1: Enabling Works, Road Diversions Complete**	**13/08/21**
• **Phase 2: Building Services Infrastructure Complete**	**19/11/21**
• **Phase 3: Main Construction Complete**	**21/10/22**
• **Phase 4: Refurbish Existing Buildings, Complete Works**	**24/11/23**
Handover	**27/11/23**

1.6.2 Gateway reviews arrangements

Gateway reviews will be conducted through the oversight group, with the use of specialist external advisers to ensure that the scheme stays on track. These will become more thorough throughout the development of the FBC.

1.7 Recommendation

We recommend approval of this Outline Business Case for a capital investment of 36.3M and revenue consequences of 356k and subsequent progression to the Full Business Case.

Signed:

Date:

Mark Brassington
Director of Improvement and Integration
Senior Responsible Owner
Project team

2. Introduction

The following Outline Business Case seeks approval for a capital investment of £36.3M and revenue of £356k for the development of an expanded resuscitation facility, Urgent Treatment Centre and redeveloped majors area within Pilgrim Hospital, Boston. The project will support provision of modern urgent care facilities in line with the Lincolnshire Urgent and Emergency Care Strategy.

The OBC has support of key stakeholders and letters of support can be found at Appendix A – Letter of Support.

This paper follows several previous strategic outline cases, which were unsupported due to a lack of capital. In June 2018 a Strategic Outline Case was submitted to ULHT's Capital and Revenue Investment Group (CRIG) to expand the resuscitation facilities at Lincoln County Hospital (LCH) from 4 bays to 8, and at Pilgrim Hospital, Boston from 4 bays to 6.

The SOC presented 3 options for each site: business as usual, a separate build on the side of the existing majors department and an expansion of the resus department / new build to release existing accommodation.

Options 1 and 2 were discounted. Option 1 was ruled out – there are frequently more patients requiring resus facilities than the department has bays for, meaning clinicians have to make gatekeeping decisions based on levels of acuity. Option 2 would mean two separate resus areas with inefficient staffing models and poorer care for patients. Working with Oglesby and Limb architects various outline designs for option 3 were developed. These options would need working up in more detail as part of the Outline Business Case.

The cost of each scheme was £7,448,780 at LCH and £7,196,925 at PHB. Designs followed latest HBN guidance and included a trauma bay and a paediatric bay. The design at Pilgrim Hospital included some administrative space on the floor above resus.

Although the case was approved by the trust on 23rd July 2018, there was no capital to support either scheme.

Concurrently, Lincolnshire Sustainability and Transformation Partnership (STP) and CCG's were working on business cases to develop Urgent Treatment Centres at various sites including the acute hospitals at Lincoln and Boston. Options were similar – do nothing, develop a stand-alone UTC or a co-located building. The project team selected the co-located option. They then produced outline drawings with a new, adjoining building coming forwards from the front of the hospital.

Both schemes had outline drawings that would involve moving roads on the site. The total cost of the UTC and resus cases for PHB was 21.3M. Although submitted in a joint bid for Wave 4 Estates Technology Transformation Funding (ETTF) this was not supported. However, on 5th August 2019, Prime Minister Boris Johnson announced funding for 20 health organisations to receive a share of 850M to improve services,

which included an allocation of 21.3M to Pilgrim Hospital to carry out the above improvements to Urgent and Emergency Care.

As owner of the site, ULHT was asked to develop and lead the project, working in close collaboration with partner organisations. Recognising early on in the project that both of these business cases were developed in isolation and, as the trust is developing its estates strategy that considers backlog maintenance issues with some of its buildings, there may have been other options to consider by amalgamating the projects and developing existing infrastructure. The project team also recognised that by developing options with both schemes as a single project there could be savings from fees and contractors. In order to be assured of best value for money it was decided that although a strategic outline case still stood the project would be taken back briefly to SOC stage to review:

- the scope of the project;
- the long list of options;
- the project aims.

The Lincolnshire Health System has a programme of work to improve urgent and emergency care (led by the Urgent Care Delivery Group). This project fits within that umbrella programme. Governance arrangements are described within the management case later, but a Project Oversight Group, chaired by the SRO (ULHT Chief Operating Officer), and a Project Working Group, chaired by the Project Director (ULHT Deputy Director of Operations), were established.

Both groups had membership from the relevant agencies including ULHT, LCHS, LPFT and commissioners. The working group developed a provisional schedule of workshops to take the project back to the SOC stage to review the scope, go through the options appraisal and develop the commercial and financial cases. The workshops and site visits undertaken were:

Table 6: Developing the OBC

Workshops and Site Visits	
13/11/2019	1: Determining the Case for Change
27/11/2019	2: Long List Appraisal 1 - Site Options
12/12/2019	Site Visit - Leicester Royal Infirmary Emergency Department
23/12/2019	Site Visit - Hull Royal Infirmary
06/02/2020	3: Long List Appraisal 2 - Clinical Model
02/04/2020	4: Long List Appraisal 3 - Options Framework
22/04/2020	5: Assessing the Shortlisted Options

The outputs from these workshops developed this business case. It was necessary to ensure all stakeholder organisations had ample opportunity to contribute to the project development and final design of the building.

The project and subsequent OBC has considered and taken advice from HM Treasuries Green Book and supporting documents throughout and comprises the following sections:

- **The Strategic Case.** This section establishes the strategic context of the proposed investment, both in terms of national and local service drivers. It also sets out the case for change which summarises the business need for the investment, detailing the existing situation, and the need for service improvement;

- **The Economic Case.** This section identifies the long list of options and the process by which the short-listed options were then established and summarises the key findings of the economic appraisal taking into consideration the needs of the service and achieving value for money;

- **The Commercial Case.** This section summarises the procurement strategy and intended contractual arrangements;

- **The Financial Case.** This section confirms the funding arrangements and overall affordability of the scheme;

- **The Management Case.** This section demonstrates that the scheme is achievable and how the project team will successfully deliver the project to cost, time and quality.

3 The Strategic Case

3.1 Organisational overview

Lincolnshire has a population of over 750,000 across a diverse demographic spread. The county is the second largest in England, with a large coastline to the east. It borders Norfolk and Cambridgeshire in the south, Leicestershire and Nottinghamshire to the west and Yorkshire to the north. It is one of the country's largest agricultural areas (supported by a large seasonal immigrant population from Central and Eastern Europe) and has long established engineering industries. The county town is the City of Lincoln with the towns of Boston in the south east, Grantham in the south west, Spalding in the south and Louth in the north. The resort town of Skegness is on the south east coast, close to Boston.

Key healthcare organisations within the county and involved in the project are:

3.1.1 Lincolnshire CCG

Lincolnshire CCG is the CCG responsible for planning, commissioning and developing healthcare services for the population of Lincolnshire. The CCG has a budget of 1.2bn and covers the 790,000 people living in the county. Management within the CCG is divided into 4 localities – East, South, South West and West. The East locality is responsible for a population of around 240,000. The locality works together with its constituent 26 GP practices to improve the quality and delivery of health services for patients.

3.1.2 Lincolnshire Community Health Services NHS Trust (LCHS)

LCHS is the primary provider of community healthcare services across Lincolnshire. LCHS has an annual turnover of c102M and employs 1,800 staff. It delivers care in community settings across a range of services including community nursing, therapy, end of life care, urgent care, public health, children's health and social care services. It is the provider of Urgent Treatment Centres within both the Pilgrim and Lincoln Emergency Departments and also at Louth and Skegness Community Hospitals. The organisation delivered a surplus of 4.8M in 18/19.

3.1.3 Lincolnshire Partnership NHS Foundation Trust (LCHS)

LPFT are the primary provider of specialist health services for people with learning disabilities and mental health problems in Lincolnshire.

3.1.4 United Lincolnshire NHS Trust (ULHT)

As lead for the project ULHT are generally referred to in this document as "the Trust". ULHT are the provider of acute and planned care hospital based services throughout Lincolnshire and neighbouring counties. The Trust provides its main services from three acute hospitals – Lincoln County Hospital (679 beds), Pilgrim Hospital, Boston (497 beds) and Grantham and District Hospital (128 beds). Pilgrim Hospital is in

Boston and is its second largest site. Some outpatient, day case and IP services are provided from 4 smaller sites at Louth, Gainsborough, Spalding and Skegness.

The Trust has an annual income of 539.2M (19/20) and sees more than 145,000 emergency patients, over 700,000 outpatients and over 180,000 inpatients per year. The Trust has been operating at a significant financial deficit of c92M.

The Trust recently completed a new structural review, moving from site based divisions to 4 trust wide divisions for Surgery, Medicine, Family Health and Support Services. These divisions are led by a Clinical Director, Divisional Managing Director and Lead Nurse / Clinician and performance is reported to the trust board via a performance review structure.

Some of the largest risks in the Trust relate to its workforce. Ability to recruit and levels of staff engagement and morale impact on both financial stability and fragility of services. The Emergency Department at Grantham and District Hospital (the smallest of the main sites) closed overnight due to a shortage of staff in August 2016. Paediatric services at Pilgrim Hospital have also been reduced as a result of the poor staffing problems.

The Trust's emergency services continue to operate under pressure with high attendances and acute admissions. A number of schemes have been put in place to support the known times of pressure but unfortunately, these have not been able to meet the underlying demand and additional growth. Staffing levels continued to be of concern but emergency department recruitment has shown an improving position. From April 2019 to March 2020 there was an increase of 37% in substantive staffing numbers.

3.2 The Area Served and its Needs

The Boston catchment area consists of three localities - Boston Area, East Lindsey, Skegness and Coast, all with very different challenges.

Figure 3: Geographical Area Served

Significant health challenges for the locality include:

- A larger population - more people are expected to be living longer and the number of people aged 75 and over, is expected to more than double in size;
- Heart disease - despite a 40% fall in the number of deaths from coronary heart disease in Lincolnshire in the last 12 years, heart disease continues to be a key cause of premature deaths;
- Stroke - 2% of Lincolnshire's population live with the consequences of stroke, and older people are more at risk of strokes;
- Cancer - causes one in four deaths in Lincolnshire, yet two thirds of cancers are potentially preventable;
- Diabetes - there are more people living with diabetes in Lincolnshire, as many people are undiagnosed. Age and living in a poorer area are two key factors.

People with diabetes are also at an increased risk of having a stroke and dying from heart disease.

3.3 National and Local Strategies

There are a great number of national policies and strategies which relate to urgent and emergency care.

Appendix B: National and Local Strategies provides much more detail of the key documents. The following is a more condensed list of the national and local policies and strategies and how they relate to this project.

Table 7: Policies and Strategies

Policies and Strategies	Impact on Project
Health Infrastructure Plan (HIP) (October 2019)	Provides investment for the NHS to develop capital projects
NHS Long Term Plan (January 2019)	Improvements in technology and out of hospital care drive the integration of different organisations. The Pilgrim Hospital ED Project will incorporate the acute trust, the community trust and the mental health trust all within one single department
Five Year Forward View (October 2014)	Acute care systems where a range of primary, community, mental health and hospital services work together to provide a single service
Next Steps on the NHS Five Year Forward View (March 2017)	Prioritised improving ED performance and access to GP and primary care services, including extended access out of hours which will be provided within the UTC element of the project
General Practice: Forward View (April 2016)	Additional funding to support primary care services. A five year STP package of funding for GP practices but also steps to develop workforce and modernise infrastructure and technology
Urgent Treatment Centre's – Principles and Standards (July 2017)	Sets out the agenda for developing UTC's on acute hospital sites such as Boston. Patient would be able to access urgent treatment centre's a minimum of 12 hours a day, staffed by primary care, access to diagnostics such as X-ray. Urgent appointments booked through 111 as well as walk in access. Routine and same-day appointments, out of hours general practice. This would be part of a locally integrated urgent and emergency care service working with ambulance services, NHS111, GPs and the acute hospital ED. This standardisation was part of a drive to simplify urgent care models and use the same nomenclature
The Carter Report (interim June 2015 and final February 2016)	Ensures trusts have a strategic estates plan to reduce estates costs and invest in and reconfigure the estate. Maximises the clinical space planned within the new ED at Pilgrim Hospital and supports the development of a new, more cost effective building
NHS Property and Estates: Why the Estate Matters for Patients (March 2017)	Presented STP processes to redevelop hospital infrastructure to modern standards.

Local Estates Strategies (DoH June 2015)	Established Local Estates Forums between trusts, commissioners and stakeholders. Developed understanding of available estate, aligned to commissioning intentions. Ensures commissioners and providers are aligned in developing new capital projects
Estates and Technology Transformation Fund (ETTF)	Initially as part of the General Practice Forward View and to support developing GP practices but also now invests in technology and modernising workforce
ULHT Estates Strategy	The ULHT estates strategy identified areas of the estate that were in poor condition and considers the backlog maintenance issues and costs to modernise buildings. The estates strategy and supporting understanding of the estate has helped formulate the PHB ED options and bring the initial two strategic cases for resus and UTC together
ULHT Clinical Strategy	Considers all elements of the trusts work but in particular looks at where services need to be integrated and more sustainable. This project is aligned with the strategy by providing a more robust service with combined providers and a more cost effective model of care. This is further enforced by the Trusts new Integrated Improvement Plan 2020-2025

3.4 Definitions

3.4.1 Emergency Medicine

Emergency Medicine is the specialist field of medicine that deals with patients presenting to an Emergency Department with the most acute and severe illness and trauma from all age groups and with an undifferentiated spectrum of physical and behavioural disorders.

The specialism has grown from the Casualty Departments of the 1960’s and 70’s initially treating trauma to now encompass critical and acute care for a much wider range of conditions.

Historically, Casualty Departments became known as Accident and Emergency Departments as the speciality developed. Today, the Royal College of Emergency Medicine (RCEM) describes the term Emergency Departments (ED) as most reflective of current practise.

The undifferentiated nature of attendances means that the ED physicians must be trained in a wide range of areas and the ED itself must be divided into areas to treat the varying acuity that presents.

3.4.2 Emergency Departments

In England Emergency Departments are divided into three types:

- Type 1: major ED providing 24 hour consultant led services with resus facilities
- Type 2: single speciality ED service such as ophthalmology
- Type 3: other units such as minor injuries and walk in centres

Pilgrim Hospital has a Type 1 ED.

To cope with the undifferentiated range of presentations the ED is usually divided into four distinct areas:

- Triage: Once patients are booked in, they undergo a quick assessment process to determine which area of the department is best suited to meet their condition. Triage is usually undertaken by senior nursing staff and is done at the front door following reception for walking patients or within a Rapid Assessment and Treatment (RAT) area for patients coming in by ambulance;

- Minors: those patients deemed as having minor injuries such as sprains, minor fractures, low level illness – some of these patients are simply offered treatment advice or referred to primary care;

- Majors: for seriously unwell patients a number of cubicles are designated “Majors”. Many of these patients will be admitted or referred on to tertiary centres;

- Resus: for patients who are critically ill, usually brought in by ambulance. These are the acutely unwell patients with undifferentiated presentations as well as those patients within the department at risk of deterioration and who will require enhanced care or continuous monitoring.

In 2017 NHS England, by recognising that ED attendances were increasing and many complaints could be dealt with by other services, funded every acute trust to implement one of three solutions to support ED's with the lower acuity patients. These were:

- Where there is already an Urgent Treatment Centre on site protocols needed to be adapted to comply with best practise;

- Where there was some kind of Primary Care Streaming in place that service needed to be adapted to comply with best practise;

- Where there was no service in place organisations had to implement a Primary Care Streaming service in line with published best practise by September 2017.

This therefore put an onus on trusts with the available funding to implement a co-located 5th area to an ED for streaming out patients who could be seen in primary care services. Pilgrim Hospital did not, at the time, have a Primary Care Streaming Service so the trust, working with Lincolnshire Community Health Services implemented a new model of care with GP's and Acute Care Practitioners working out of 4 clinical rooms adjacent to the minors area.

Pilgrim Hospital, Boston has a reception with triage, resus area, majors area and a minors area within the ED and a co-located GP led streaming service / UTC.

3.4.3 Urgent Treatment Centres

As referenced in section 3.3.5 there is a specification for a UTC already published and an expectation that all organisations with an ED will be providing this by December 2019.

The core set of standards includes:

- Be able to access urgent treatment centres that are open at least 12 hours a day, GP-led, staffed by GPs, nurses and other clinicians, with access to simple diagnostics, e.g. urinalysis, ECG and in some cases X-ray;

- Have a consistent route to access urgent appointments offered within 4hrs and booked through NHS 111, ambulance services and general practice. A walk-in access option will also be retained;

- Increasingly be able to access routine and same-day appointments, and out-of-hours general practice, for both urgent and routine appointments, at the same facility, where geographically appropriate;

- Know that the urgent treatment centre is part of locally integrated urgent and emergency care services working in conjunction with the ambulance service, NHS111, local GPs, hospital ED services and other local providers.

Pilgrim Hospital, Boston, has an Urgent Treatment Centre but the accommodation is constrained within the former primary care streaming clinical rooms adjacent to the ED. This meets the criteria for UTC but does not provide sufficient capacity or HBN complaint accommodation.

3.4.4 Resus

An ED should always aim to maintain an empty resuscitation bay so that there is the capacity to deal with any unplanned emergencies. Emergency Departments take great efforts to continually assess the acuity of patients within the resuscitation bays, stepping them down if necessary to create an empty bay. Under-capacity means that this is often not possible. Running an ED with all resuscitation bays full creates a serious risk of harm through delayed access to an appropriate resuscitation facility.

The Health Building Note 15-01: Accident and Emergency Departments (April 2013) recommends standardisation of room-handling. That is, each room should have equipment located in the same position, as should communication points, electrical switches and services etc. To develop new resuscitation areas alongside the existing would compromise this and this has been shown to increase medical errors.

The same guidance defines key components of a resuscitation area such as:

- Easy, unimpeded access from the ambulance entrance;
- Space for staff to have 360 degree access to the patient;
- Space for all the necessary equipment within each bay;
- Ceiling mounted twin armed pendants to accommodate equipment, medical gasses and electrical and data connectivity.

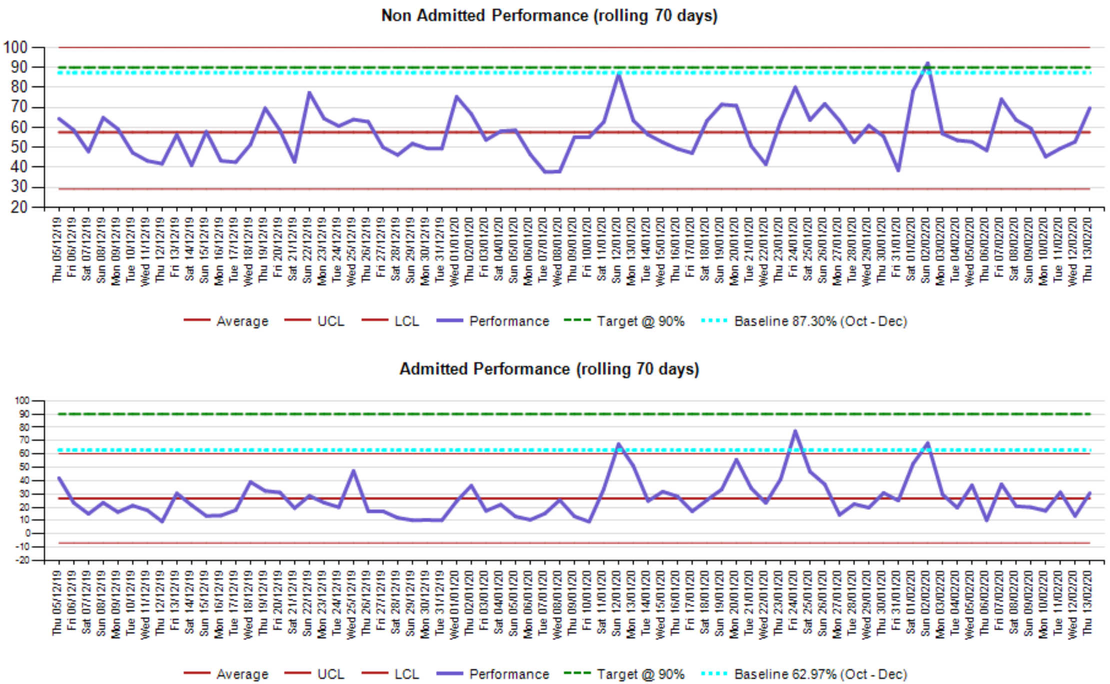
The resus area at Pilgrim Hospital, Boston does not meet these standards. Space is insufficient to get clear access to patients, with all necessary equipment and there are no ceiling mounted pedestals. Gases are provided from ceiling based pipes, hanging down, although oxygen is wall mounted, as is suction. Monitoring equipment, IT, power is all wall mounted around the bay, inevitably leading to cables tracing across the floor to the patient. There is a great deal of clutter on the floor and on surrounding workspaces. Staff find that each work area is different and describe occasions when asked for equipment they do not know where it is. There are no "grab boards" for commonly used items, and they are often mislaid. Medicines such as antibiotics often require the nursing staff to leave the area to retrieve them from the main ED.

3.5 ULHT Performance

The current Emergency Department at Pilgrim Hospital was completed in October 1999. At the time demand and subsequent planning was based on attendances of 130 patients per day. Primary Care Streaming opened in October 2017 providing an additional 3 clinical rooms to see minor injury and ailments. The department now sees an average of 204 patients per day.

The trust is often one of the worse performing trusts in the county achieving just 66.9% of patients seen, treated, discharged or admitted within 4 hours in January 2020, against an average of all trusts of 81.7%.

Figure 4: Admitted and Non-Admitted Performance Against the 4 Hour Target (PHB, 70 days to 13th February 2020)



The key drivers for this poor performance include:

- Increased attendances to ED, far in excess of the capacity of the department (as noted by CQC, see later);
- Inability to reduce further the number of ambulance conveyances to each department;
- Ongoing staffing difficulties across urgent care and particularly within Lincoln and Pilgrim ED's;
- More urgent medical admissions than planned increasing the demand upon the already constrained bed base;
- Inability to reduce further our top quartile length of stay for emergency patients;

- Inability to reduce the number of delayed transfers of care to 3%.

As a result of the above drivers, bed occupancy within the hospital sites remained above 92% during the year, regularly peaking in excess of 100% during winter. This caused delays to admit patients into hospital beds resulting in often overcrowded emergency departments causing delays in ambulance handovers.

Key actions were taken during 2018/19 and 2019/20 which included:

- Redesign of the ambulance handover process;

- Increase to the number of cubicles at Lincoln to support minors;

- Introduction of primary care streaming at Lincoln and Pilgrim with subsequent development into UTC's;

- Investment in the nursing and medical rotas to right size the staffing to meet demand (recruitment continues);

- Re-invigoration of the SAFER flow bundle, which are a series of good practice initiatives to reduce waiting for patients. This also included 'Red2Green', 'end PJ paralysis', 'perfect weeks' and 'multi agency discharge events (MADE)';

- Reconfiguration of the Trusts bed base, and focused work at PHB including a redesign of how patients flow through the hospital.

Key actions for 20/21 include:

- Standardisation of triage processes across the trust;

- Implementation of Same Day Emergency Care (SDEC) facilities and processes;

- Further improvements to ambulance processes such as the use of pre-hospital practitioners within the Rapid Assessment and Treatment (RAT) area, small reconfiguration within the PHB department to improve ambulance flows and the Emergency Physician in Charge (EPIC) having contact with crews via mobile phone;

- Senior leadership assurance groups with membership including partners and CQC.

3.6 Investment objectives

The spending objectives for this project are designed to address the need to improve the quality of public services at Pilgrim Hospital, in terms of the delivery of new policy changes (developing Urgent Treatment Centres) and an improvement on constitutional standards. Reducing waits should increase throughput and reduce costs. The environment for staff and patient safety will be brought up to standards as set out in Health Building Note 15-01 "Planning and Designing Accident and Emergency Departments", or derogated where further improvements can be made.

To develop the spending objectives a workshop was held with all service commissioners, providers and users to agree a single, unified vision for the service.

This workshop confirmed that the joint providers of healthcare in Lincolnshire are seeking to provide:

Investment Objective SO1: to develop the accommodation for the Urgent Treatment Centre	
Specific	A co-located building (new build or refurbished existing infrastructure) that conforms to "Urgent Treatment Centres – Principles and Standards" (NHS England, July 2017)
Measurable	The service will adhere to the 4 hour constitutional standard and provide a reduction in attendances to the Trusts Emergency Department
Achievable	Within new premises or existing, redeveloped buildings from the capital allocation received
Relevant	Fits within local and national strategies at a time where demands on the ED exceed the capacity of the existing infrastructure
Time Constrained	To be completed at the outset of the new building going live, in line with the project programme

Investment Objective SO2: to improve access to care for our most seriously ill patients	
Specific	A co-located building (new build or refurbished existing infrastructure) that provides capacity to cope with highest demands of patients requiring resuscitation facilities
Measurable	The new facility will achieve better outcomes (mortality) for this group of patients
Achievable	Within new premises or existing, redeveloped buildings from the capital allocation received
Relevant	The demand analysis demonstrates a lack of provision (which correlates with what our senior doctors have told us) for our most unwell patients who require treatment within a "resuscitation department" or resus
Time Constrained	To be completed at the outset of the new building going live, in line with the project programme

Investment Objective SO3: to improve flow and quality within the remaining ED	
Specific	By moving minor injury and illness to the UTC we will reconfigure the remaining Emergency Department to improve outcomes and quality for major illness and injury attendances (majors) and paediatrics
Measurable	Through the 4 hour standard, mortality rates, ambulance handover times and patient feedback (FFT) scores
Achievable	Within the existing footprint of the ED, within the capital allocation received
Relevant	The demand analysis demonstrates a lack of provision for our “majors” category of patients
Time Constrained	To be completed at the outset of the new building going live, in line with the project programme

Investment Objective SO4: to improve the turnaround of diagnostic and pathology services within the Emergency Department	
Specific	Reduce delays from poor quality of samples and out of date technology.
Measurable	From the turnaround times of diagnostic and pathology tests
Achievable	Options are around improving access by having services closer to patients or improving the infrastructure such as air tubes that deliver services
Relevant	To help improve performance against standards and improve patient care
Time Constrained	To be completed at the outset of the new building going live, in line with the project programme

The workshop agreed a single project to develop each of the spending objectives within what is likely to be a phased plan over 2-3 years. These spending objectives would underlie the ethos behind the project and be reviewed to ensure the scope has not crept and whether in light of any policy or service changes would need to be reviewed during development of the full business case.

3.7 Business As Usual

3.7.1 Pilgrim Hospital, Boston

Pilgrim Hospital is a district general hospital located to the north of Boston, officially opened in 1977. It `has 330 beds and provides all major specialities with a 24 hour Type 1 ED.

The hospital sits to the west of the main entrance from Sibsey Road. The ED is situated at the front of the site, along with the majority of OP services. A 10-floor tower block behind it contains the majority of the wards and IP services, (see figure 5).

Figure 5: Pilgrim Hospital Site Map

Zone	Department	Level
Green	Bevan	
	Chapel	
	Chemotherapy Suite	
	IAC	
	Pharmacy	
	Psychiatry	
	Restaurant	
	Sterile Services	
	Stores	
	Wards	
	Bostonian	
	Rochford Unit	
	M1	
	Retinal Screening / Discharge Lounge	
	Vascular	
	Ward 12	
Tower Block		
	- Ward 9A	9
	- Wards 8A & 8B S/U	8
	- Wards 7A, 7B & 7C	7
	- Wards 6A & 6B	6
	- Wards 5A & 5B	5
	- Wards 4A & Neonatal Unit	4
	- Wards 3A & 3B AMSSU	3
	- Wards 2A, 2B & 2C	2
	- Admin	1
	- Endoscopy	1
	- Coffee Shop	Ground
	- Reception	Ground
	- Shop & Hairdresser	Ground
	Lifts To All Floors	
Orange	Breast Unit	
	Cardio-respiratory	
	Dental	
	Dermatology	
	Outpatients	
	E.N.T.	
	Pathology	
	Rehabilitation	
	Retinopathy	
	Royle Eye Dept	
	X-ray	
Red	A&E	
Purple	Maternity Block Labour Ward / Ante-Natal Clinic	
Blue	Car Parking Payment Stations	

NHS
United Lincolnshire Hospitals
NHS Trust
Pilgrim Hospital

Residences
Castle Road
Sibsey Road (A16)
STAFF CAR PARK
H2
H1
Ambulance Station
Energy Centre
Facilities
STAFF CAR PARK F
Dermatology/ Royle Eye Dept.
Day Nursery
Education Block
STAFF CAR PARK D3
STAFF CAR PARK C
Psychiatry
DROP OFF
Retinopathy
E.N.T.
Rehabilitation
Breast Unit
Coffee Shop
Pathology
X-ray
Outpatients
STAFF
East Skirbeck House
Cardio-Respiratory
Exit
Sibsey Road
OPD Entrance
Bus Stop
IAC
Bevan
Dental
VISITORS PARKING CAR PARK B
A&E Entrance
Ward 12
Stores
Chapel
Sterile Services
Tower Block
Coffee Shop
Restaurant
Pharmacy
Lifts To All Floors
Accident & Emergency
DISABLED PARKING
Entrance
Main Entrance & Tower Block
Retinal Screening
Discharge Lounge
Bostonian
Vascular
Chemo-Therapy
Maternity Block
DROP OFF
M1
Entrance
VISITORS PARKING CAR PARK A
A16
STAFF CAR PARK D2
Childrens & Young Persons Clinic (Rochford Unit)
STAFF CAR PARK D1
DISABLED PARKING
Entrance to Maternity

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3.7.2 PHB Emergency Department

The existing emergency department and Primary Care Streaming area consists of the following spaces:

Table 8: Current Accommodation within Pilgrim Hospital Emergency Department

Area	Number of Rooms / Cubciles	Range of Area m^2	Gross Area m^2
Clinical: Resus	4 cubicles, single room		68.0
Clinical: Majors	8 cubicles	3.6 - 11.5	54.7
Clinical: Minors	3 cubicles		7.5
Clinical: RAIT	3 cubicles	8.4 - 10.5	27.9
Clinical: Paeds	1 cubicle		10.6
Clinical: Clean Procedures	1 cubicle		16.0
Clinical: Plaster Room	1 room		13.6
Clinical: X-Ray	1 room		27.1
Clinical: Triage	3 cubicles, inc 1 MTS triage area		32.7
Clinical: Fit-to-Sit	1 cubicle		11.0
Clinical: GP Streaming Consulting Rooms	3 rooms	10.6 - 20.5	50.2
Clinical: GP Streaming Store Rooms	2 rooms	4.8 & 3.6	8.4
Clinical: GP Streaming Waiting Area	1 room		73.6
Clinical: Reception / EMAS Booking / Med Records	1 room		40.7
Clinical: Stores	3 rooms	5.1 - 12	7.7
Clinical: Dirty Utility	1 room		8.2
Clinical: Cleaners Store	1 room		7.1
Clinical: Toilets	total allocation staff and patients		22.4
Clinical: Waiting Area	2 rooms (inc Childrens)	68.8 & 13.9	82.7
Non Clinical: GP Streaming Office	1 room		12.2
Non Clinical: GP Streaming Staff Area	1 room		7.1
Non Clinical: Admin Office	1 room		12.2
Non Clinical: Consultants Office	1 room		12.0
Non Clinical: MG's, Juniors / Student Office	1 room		10.7
Non Clinical: Nurse Office	1 room		7.3
Non Clinical: Staff Room	1 room		16.6
Non Clinical: Staff Changing	2 rooms		22.0
Non Clinical: Beverage Area	1 space		3.7

The gross internal area of the current ED (including circulation areas) is approximately 1025m^2. The area of the department used for Primary Care Streaming is just 175m^2. If the current ED treatment areas were "sized up" to meet current HBN requirements their overall footprint would increase from 241m^2 to 395m^2. The department is approximately 61% smaller than it should be before considering the need to meet demand.

Just over 15% of space is used for non clinical reasons, well in line with the Carter Report, 2016, which recommends no more than 35%. That said, the project will consider further options for increased efficiency, adopting Agile Working principles for shared office space and the plan to merge clinical teams with single reception and triage areas will also help to reduce the footprint and overall build costs.

The current service provides a type 1 Emergency Department (a consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of emergency patients) for the Boston and surrounding area. The service is divided

into two workstreams – "traditional" ED patients are seen by ULHT staff and patients deemed suitable for the UTC (a type 3 ED service) are taken out of the main ED stream at point of entry by LCHS staff. Annual exercises are performed to review the current capacity and demand situation within ED. These are centred on reviews of staffing, but for the Strategic Outline Case for this project work was done on both the required resus capacity and UTC capacity. More recent work was completed to look at cubicle utilisation in each of the ED areas and the amount of space that would be required.

Patients can attend the ED by one of two routes – walk in or ambulance. Ambulance patients go straight to a Rapid Access and Treatment (RAT) area where they are assessed, or if acutely unwell into resus. Some ambulance patients, although a very limited number, can be referred to GP Primary Care Streaming if deemed safe to do so. Most patients will be moved to a "majors" cubicle where they will await results of investigations, start treatment and then go on to be admitted or discharged.

Walk in patients all now attend the UTC reception. A large number are taken in to this service, led by LCHS. Those deemed requiring the ED are then referred around a short corridor to the ED reception where they are booked in, triaged and taken into majors or minors areas.

The table below shows the Service Line Reporting position of Pilgrim ED for the financial year 2019/20.

Table 9: SLR Position for PHB ED

			YEAR TO DATE							
			ACTIVITY							
			Annual Plan	YTD Plan	YTD Actual	YTD Var.	Annual Budget £000s	Budget £000s	Actual £000s	Variance £000s
			WTE							
IPR1	IPR Heading	IPR Group	Establishment	Contracted	Worked	Paid				
⊟Surplus/Deficit pre Overheads	**⊟1.INCOME**	PbR & Excluded HRG's	53,500	53,500	53,282	-218	£9,902.2k	£9,902.2k	£10,620.0k	£717.8k
		PbR / FCE Adjustment					£0.0k	£0.0k	-£0.4k	(£0.4k)
		Other Income					£218.6k	£218.6k	£217.7k	(£0.9k)
	1.INCOME Total						**£10,120.8k**	**£10,120.8k**	**£10,837.3k**	**£716.5k**
	⊟2.EXPENDITURE	Pay Costs	177.44	131.53	141.01	162.94	-£11,641.4k	-£11,641.4k	-£11,355.9k	£285.5k
		Non Pay Costs					-£1,470.1k	-£1,470.1k	-£1,722.7k	(£252.6k)
	2.EXPENDITURE Total						**-£13,111.5k**	**-£13,111.5k**	**-£13,078.6k**	**£32.9k**
	⊟3.INDIRECT COSTS	Indirect Costs (In)					-£2,537.4k	-£2,537.4k	-£2,806.1k	(£268.7k)
		Indirect Costs Out					£865.6k	£865.6k	£923.1k	£57.4k
	3.INDIRECT COSTS Total						**-£1,671.7k**	**-£1,671.7k**	**-£1,883.0k**	**(£211.3k)**
Surplus/Deficit pre Overheads Total							**-£4,662.5k**	**-£4,662.5k**	**-£4,124.3k**	**£538.1k**
⊟Overheads	**⊟4.OVERHEADS**	Overheads (In)					-£3,605.4k	-£3,605.4k	-£3,910.3k	(£304.9k)
	4.OVERHEADS Total						**-£3,605.4k**	**-£3,605.4k**	**-£3,910.3k**	**(£304.9k)**
Overheads Total							**-£3,605.4k**	**-£3,605.4k**	**-£3,910.3k**	**(£304.9k)**
Grand Total							**-£8,267.9k**	**-£8,267.9k**	**-£8,034.6k**	**£233.3k**

Figure 6: PHB ED Existing Lay out

Walking Entrance

Minors, X-Ray and Primary Care Streaming

Waiting Room

Majors Area

Reception

Ambulance Entrance

Existing Resus Area

3.8 Business Needs

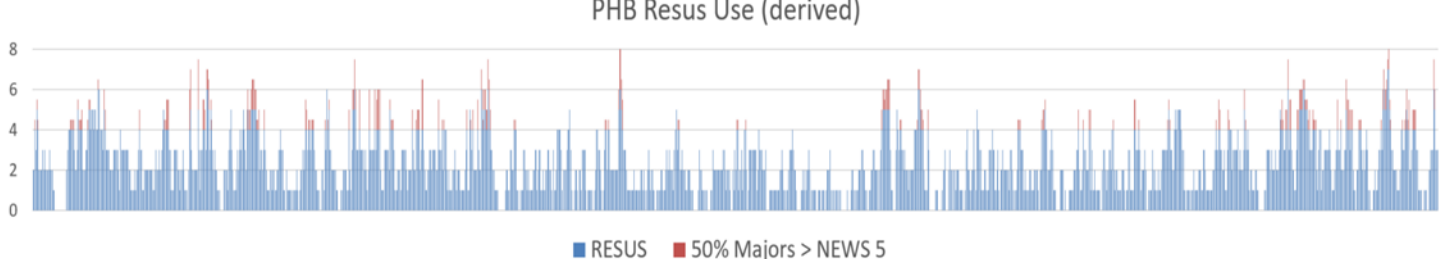
3.8.1 Resus

Resus needs to be responsive. When planning routine services it is commonplace to use an average of demand to plan capacity, although this seldom provides enough if there is any variation in demand. Most systems plan to one standard deviation above the median of this variation to allow flex enough not to build a waiting list. For Emergency Departments, and especially resus, planning needs to be at 2 or 3 standard deviations above the median. Planning based on daily averages will underestimate the capacity required and create an unsafe service. A daily average will be pulled down by the quieter night time period and hourly monitoring is required as a minimum.

In essence, resus capacity needs to be at, or close to, the peak of demand at any one time, excepting exceptional causes such as a major incident. This monitoring was performed for Pilgrim ED every hour through April and May 2018. There are, however, just 4 spaces in the resus area. This means that often resus cases are managed in the majors area and are not coded to resus. For this study an assumption that if all 4 bays were full then 50% of patients with a NEWS acuity score of 5 or above would be included. This probably ran the risk of underestimating the capacity needed, but gives as close an approximation as it was possible to get, without a man-marking prospective audit.

The study showed that the 4 bays were in use most of the time and that the figure regularly hit a requirement for 6 bays, peaking at 8 in 2 cases:

Figure 7: Derived PHB Resus Requirement per Hour (April May 2018)



Based on current demand the core requirement is for 6 resus bays, although an ability to cope with up to 8 patients at any one time would be desirable, and of serious consideration when mapped against project population increases to future proof the service.

3.8.2 Majors and Minors

Table 10, below, shows the current data for volume of cases and cubicle utilisation at Pilgrim Hospital ED. There is clearly too much demand in all sections. The data is averaged over 24 hours, which leads to underestimating the requirement as demand drops throughout the night. Minors cubicle utilisation shows the worst problem. Although the impact is less significant due to the faster throughput of minors patients. Table 11 shows, based on this data, the increase in each of the three areas that would

be required. Minors work will be transferred out of the ED to the UTC as part of the project.

Table 10: Cubicle Utilisation in PHB ED

Area	Capacity (cubicles)	Cases	% of Cases	Average Cases per Day	Average Cases per Cubicle per Day	% Cubicle Utilisation (contact time / cubicles / 1440 minutes)	% Demand Utilisation (contact time + waiting time /cubicles / 1440 minutes)
Majors (inc RAIT, treatment rooms etc)	14	21,942	70%	102.5	7.3	97.6%	155.6%
Minors	3	7,094	23%	33.1	11.0	85.8%	173.3%
Resus	4	2,293	7%	10.7	2.7	49.6%	59.4%
Total	21	31,329	100%	146.4	7.0	86.8%	139.8%

Table 11: Increases in space required with current demand (Majors excluding RAIT / treatment rooms etc)

Site	Area	Increase in cubicles required	Total
Boston	Resus	2	6
	Majors	8	16
	Minors	2	5

In addition to the data telling us capacity is insufficient feedback from service users can be very difficult to read. Many comments show that patients are lying in corridors for long periods of time or sat in chairs whilst in pain. There are also comments from patients who have been treated in corridors or store cupboards. These are a few taken over a short period from the "Friends and Family Test":

Table: 12: Patient comments from Friends and Family Tests

Location	Discharge Date	Patient Comments
ULHT|A&E|PILGRIM A+E DEPT	02/01/2020 19:30	The excessive wait time including 3 1/2 hrs for blood test results and then no room for the doctor to examine me which was then done in the corridor and a store room
ULHT|A&E|PILGRIM A+E DEPT	06/01/2020 13:00	Waiting in hallways. No sensitivity.
ULHT|A&E|PILGRIM A+E DEPT	10/01/2020 02:13	The ambulance service is in a bad way. Then to cap it all there were 12 ambulances queuing at a and e .A holding bay. The wards were full. The examination rooms were all full. The corridors were used as holding bays. Otherwise looked after well. But felt that so many hours passed after me falling unconscious etc...6 hours...plus...that I was sent home by 3am. My heart beat settled and blood pressure. But was told to go home and return if it happened again.
ULHT|A&E|PILGRIM A+E DEPT	18/01/2020 07:58	Left sat on a chair over night for approx 10 hours waiting to be seen by a doctor. Another patient in the same waiting area was asleep on the floor in front of me whilst receiving IV fluids as there was nowhere suitable to sleep or lay as she stated several times to care staff that sitting in a chair was uncomfortable and too painful for her. This was uncomfortable to watch.

ULHT|A&E|PILGRIM A+E DEPT	11/02/2020 22:00	No one recommends an emergency service, I would like to point out if you have long waiting periods, having plastic chairs is unacceptable! Everyone was amazing and jolly and awesome but those chairs! Five hours in an uncomfortable unfit for human resting chair is not cool

In their last formal inspection (June 2019) the CQC rated Urgent and Emergency Services at PHB as inadequate (no change from previous inspection). Whilst the main reason for this was the inability to adequately staff the department with substantive employees the CQC also noted:

- The department was too small for the number of patients it dealt with and this impacted on how patient flow could be implemented. It also resulted in patients being treated in corridors or the central space of the department and having their dignity compromised. The department was not compliant with several standards. However, managers had thought carefully about how to best use the space and staff worked hard to minimise the effects on patients;

- As a result of pressures in the department and ongoing staffing issues, care was not provided in a way that staff wanted;

- The service did not always plan and provide care in a way that met the needs of local people and the communities served. The department was constrained by its size and the premises were not suitable for the number of patients who attended;

- In its actions the trust should take to improve services it stated "The trust must ensure premises across all services are suitable for the purpose for which they are being used and properly maintained. Regulation 15(1)".

A focused unannounced CQC inspection, specifically for the PHB ED, took place in January 2020, in response to concerning information they had received about the care of patients in the department. They again noted that the department was too small for the number of patients attending, in particular that:

- a shortage of hospital in-patient capacity was preventing admissions and these patients were being cared for in the central area of majors, as well as being located in the plaster room, along the main ambulance arrival corridor (three patients), and also nine patients receiving care in chairs located throughout the emergency department;

- the resuscitation and major's areas were both operating at full capacity, as was the integrated assessment centre (IAC). This meant there was extremely limited capacity for patients who required resuscitation, or those patients who required management in an appropriately equipped clinical bed space;

- patients were being managed continually in this (central) area during the inspection. We had previously found up to six patients were being nursed in this area. Despite the reduction in trolleys, the area did not lend itself to protecting patients privacy and dignity. Patients remained in close proximity to one-

another, therefore impacting on the ability for patients to be sufficiently spaced for infection control purposes;

- the resuscitation area operated at full capacity for the duration of the inspection. Department staff worked tirelessly to try and stabilise patients as quickly as possible in order further resuscitation space could be created to meet demand;

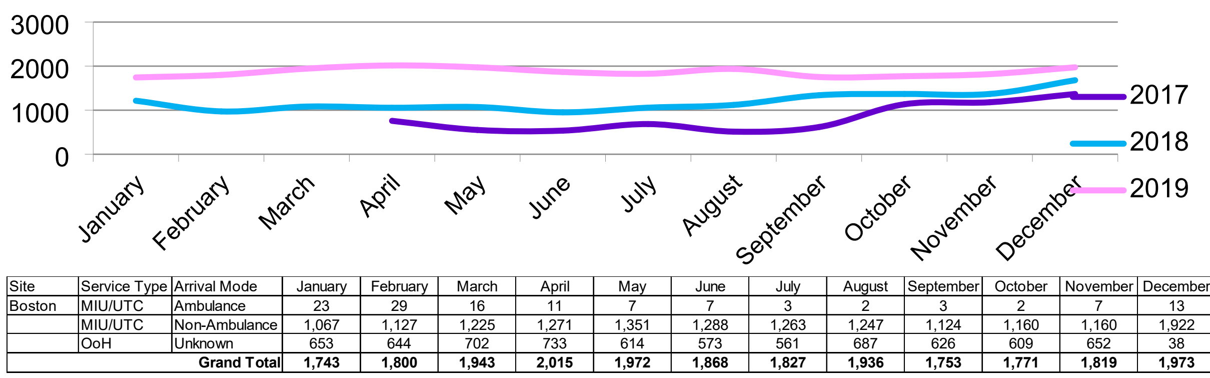
- a patient remained on an ambulance despite having chest pain and having a complex medical history. There was no appropriate monitored bed space for the patient to be relocated too and so hospital staff had been required to commence an assessment of the patient whilst they remained on the ambulance.

3.8.3 UTC

Primary care streaming from the ED commenced in October 2017 and initially showed slow results whilst the service, led by LCHS, took on additional staff and undertook extensive training. In December 2019 the streaming service became a UTC modelled on national specifications. In recent months over 40% of ED attendances per day are taken into the UTC, relieving pressure on the busy ED department with a consistent achievement of the 4 hour target.

The model at PHB has walk in patients attend the UTC reception desk where they are either taken straight into the waiting area or sent down a short corridor to the ED. This format has helped boost the numbers managed within the UTC as the LCHS service sees the patient first and tries to pull as many as safely is possible out of the ED attendances.

Figure 8: Attendances seen in the GP Primary Care Streaming Service, PHB



Site	Service Type	Arrival Mode	January	February	March	April	May	June	July	August	September	October	November	December
Boston	MIU/UTC	Ambulance	23	29	16	11	7	7	3	2	3	2	7	13
	MIU/UTC	Non-Ambulance	1,067	1,127	1,225	1,271	1,351	1,288	1,263	1,247	1,124	1,160	1,160	1,922
	OoH	Unknown	653	644	702	733	614	573	561	687	626	609	652	38
		Grand Total	**1,743**	**1,800**	**1,943**	**2,015**	**1,972**	**1,868**	**1,827**	**1,936**	**1,753**	**1,771**	**1,819**	**1,973**

Capacity modelling is based on 15 minute consultation times for a GP and 20 minutes for an ACP. The service is operational 24 hours per day. Peak attendances are 13 patients per hour, therefore based on the data above 3 additional rooms are required within the UTC area. Local GP's have also agreed to support the department with extended access primary care services extending the scope of provision within the minors area to pull patients out of majors and reduce conversions to IP spells. This service will require 2 additional rooms.

The UTC and minors areas will be collocated under a single service. This will mean the UTC area requires 10 clinical examination rooms plus supporting services.

3.8.4 Diagnostics

Urgent care is served by radiology and pathology for its diagnostics. There is an X-ray room in the department and pathology tests are sent to the labs via an air tube system. There is a single CT scanner located in the main radiology department which is currently being replaced. Patients have to be taken out of ED to radiology if they need a scan, presenting its own risks and staffing implications – a nurse usually accompanies the patient. The ED refers, on average, 790 patients for CT scans a month – 25 to 30 patients per day. The department is 175m from the ED taking approximately 3 minutes transfer, 10 minutes to scan (average scan time) and 3 minutes transfer back. If there are no other delays this means a nurse is absent from the ED for 6-7 hours every day, more than the equivalent of one full time member of staff!

The existing scanner is out of date and has a significant amount of “down time”. This also presents serious issues – when the scanner is out of action the ambulance service has to try to identify patients who may need a CT scan and take them to neighbouring hospitals. This takes up crew time and puts additional pressure on those emergency departments.

An additional CT scanner would provide far better resilience. The location of this could be placed in between the ED and the wider hospital allowing use from both areas. Demand for CT currently outstrips the capacity of a single scanner – the PHB CT scanner is one of four across the trust but undertakes 36% of the organisations activity. Its core hours are 07:30 – 20:30 seven days per week plus an out of hours on call service, and there is therefore no additional capacity for further demand, which has been increasing by 12% per year.

Labority tests are sent to the labs through an air tube system. The project looked at different options (Appendix F – Pathology Solution for Pilgrim Hospital Urgent Care Project) to improve results turnaround times as these often exceed the agreed hour. The air tube system is also subject to breakdowns and when this happens specimens are taken to the labs by hand, incurring additional delay. Whilst the project team considered a facility for point of care testing the preferred option was to look at improving the existing laboratory services with improved staffing (separate internal business case) and a dedicated air tube just shared between the ED and pathology. This would be the primary system for the department with the resilience of a fall back to the existing system if the dedicated one fails.

3.8.5 Paediatrics

Children and young people attending the UTC or ED require a more specialised environment than other patients do. In general, these areas need to be larger to accommodate toys and family members and have more open waiting rooms that are separate (visually and audibly) from other areas. Ideally, they should have dedicated space close by for parking buggies and pushchairs, bottle warming, nappy changing etc. There needs to be one or more dedicated child friendly cubicles or trolley spaces per 5,000 attendances.

In 2019 PHB had 6,353 under 17 year old attendances. There is no separate waiting area for children, no dedicated cubicles or other facilities. Resus has paediatric equipment but no dedicated space just for dealing with paediatrics. There is also no accommodation to support the needs of bereaved parents or carers. There are no dedicated private areas or viewing rooms.

3.8.6 Future Demand Changes

The population of East Lincolnshire is projected to increase by approximately 9,000 people by 2028 (Table 6) a growth rate of 4 per cent compared to 5 per cent nationally. By 2038 the CCG's population growth since 2018 is projected to be 6 per cent compared with 10 per cent nationally, with a total population increase from 2018 to 2038 of 15,000.

Table 13: Projected population change 2018-2038

		Projected Population (000)					% Change from 2018			
		2018	2023	2028	2033	2038	2023	2028	2033	2038
England	0-19	13,240	13,728	13,889	13,698	13,630	4%	5%	3%	3%
	20-64	32,561	32,809	32,819	32,883	33,013	1%	1%	1%	1%
	65-79	7,420	8,030	8,526	9,349	9,918	8%	15%	26%	34%
	80+	2,777	3,077	3,809	4,322	4,765	11%	37%	56%	72%
	Total	**55,998**	**57,644**	**59,044**	**60,252**	**61,326**	**3%**	**5%**	**8%**	**10%**
Lincolnshire	0-19	162	168	171	167	165	4%	5%	3%	2%
	20-64	415	415	411	407	405	0%	-1%	-2%	-2%
	65-79	131	140	146	158	167	7%	11%	20%	27%
	80+	45	52	66	75	81	15%	46%	65%	79%
	Total	**753**	**775**	**793**	**807**	**818**	**3%**	**5%**	**7%**	**9%**
East Lincs CCG	0-19	48	49	49	48	47	3%	3%	0%	-1%
	20-64	125	124	122	121	119	-1%	-2%	-3%	-4%
	65-79	48	50	51	55	57	5%	8%	15%	20%
	80+	16	18	23	25	27	13%	42%	59%	71%
	Total	**236**	**241**	**245**	**248**	**251**	**2%**	**4%**	**5%**	**6%**

Source: ONS subnational population projections for England, 2016-based, published 24 May 2018

Year on year demand for the ED at Pilgrim Hospital was also analysed, which showed interesting results especially with the part year opening of the Primary Care Streaming service in October 2017. As with UTC's the idea behind the streaming service was to pull patients out of the emergency department. However, it would appear that the new service also generated its own demand.

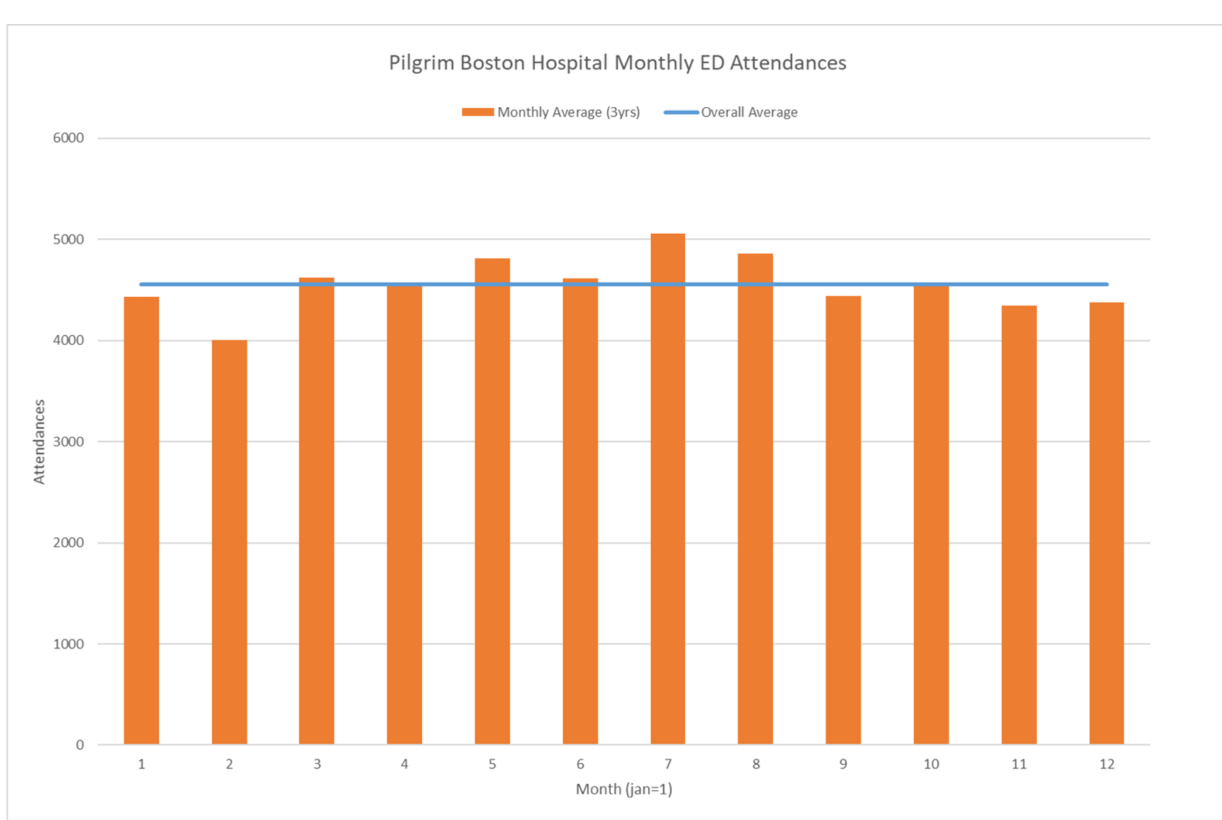
Until 2018/19 attendances to the ED had been increasing by around 3.5%. With improving numbers going through the primary care streaming service attendances to the ED for the full 2018/19 year fell by 5.32% but an increase in type 3 attendances put the full year for both services up by 5.30%. In 2019/20 to the end of January the demand for the ED had gone back to an increase of 3.33% on the reduced attendances of the previous year, in line with previous years' growth. The primary care streaming service demand to the same point has grown however, equalling around a fifth of the ED attendances and putting the whole service at an increase of 14.88% on the previous year.

It could be that, like the ED, the UTC demand now plateaus and returns to similar increases as seen in previous years. However, opening of a new UTC building may well create a similar pattern of "self generating" demand.

A year on year increase of 3% would equate to approximately an 80% increase in footprint by 2038, not the 6% prediction of the ONS. Increasing accommodation to current requirements and adding an 80% increase for future proofing would mean, for example, increasing the number of majors cubicles from 8 to 28, whereas planning for 6% would take the number from 8 to 17.

Seasonal demand also affects the department. Boston is close to the East coast and is the main acute hospital for the coastal town of Skegness. Over a three year average monthly attendances were seen to peak in July and August at 5056, declining gradually to 4006 in February:

Figure 9: Pilgrim Hospital Monthly Average ED Attendances:



The accommodation schedule for the project has therefore been set taking fluctuations in attendances, the data analysis for current demand and the space required with an additional 6% for futureproofing, to keep within a realistic budget. With so many unknowns, the design must be able to provide room for expansion, which will influence the potential locations for the build (see later).

Another unknown is the impact of Coronavirus, and how demands may change in the "post Coronavirus era". It is impossible at the present time to assess any changes but the project team will review any research over the coming months as it becomes available. One important matter will be improved infection prevention and social distancing within the department. The increased number of cubicles in the

accommodation schedule will reduce the amount of people in the waiting room (coupled with any forthcoming policy on number of people accompanying patients). The design will also have cubicles with better isolation than the current service which has curtains over the front of the cubicles, seldom closed. The project team has enlisted the help of the Trusts IPC lead who will be consulted to ensure designs are optimised for infection control.

3.8.7 Accommodation Schedule

Full information regarding the accommodation schedule is given in Appendix G – Accommodation Schedule. The 3rd workshop to develop the economic case looked at the likely clinical model. There was a desire to create shared space where possible in line with the intent to integrate teams as well as provide a more efficient service. Either of the model's discussed and the calculated future demand gave rise to the concise schedule.

Table 14: Accommodation Schedule

Area	Number of Rooms / Cubciles	Note	With 6% population increase
Clinical: Resus	6	in paed and trauma	6.4
Clinical: Majors	16	2 located close to resus as step up	17.0
Clinical: Minors	5		5.3
Clinical: RAIT	6	inc paeds RAIT	6.4
Clinical: Paeds	1		1.1
Clinical: Clean Procedures	1		1.1
Clinical: Plaster Room	1		1.1
Clinical: X-Ray	1		1.1
Clinical: CT	0	Additional Scanner (+support rooms)	1.0
Clinical: Triage	3	inc ED and UTC	5.0
Clinical: Fit-to-Sit	3	Areas for majors and UTC	4.0
Clinical: GP Streaming Consulting Rooms	3		3.2
Clinical: GP Streaming Store Rooms	2		2.1
Clinical: GP Streaming Waiting Area	1		1.1
Clinical: Section 136 suites	3		3.2
Clinical: Pharmacy			
Clinical: Assessment / Recovery Room	1		1.1
Clinical: Examination Room	1		1.1
Clinical: Reception / EMAS Booking / Med Records	1		1.1
Clinical: Stores	3	? Do as central store on 1st floor	3.2
Clinical: Dirty Utility	1		1.1
Clinical: Cleaners Store	1		1.1
Clinical: Toilets			0.0
Clinical: Waiting Area	1	Centralised but zoned	1.1
Non Clinical: GP Streaming Office	1	Shared with ED	1.1
Non Clinical: GP Streaming Staff Area	1	Shared with ED	1.1
Non Clinical: Admin Office	1	Shared with UTC	1.1
Non Clinical: Consultants Office	1	Shared with UTC	1.1
Non Clinical: MG's, Juniors / Student Office	1	Shared with UTC	1.1
Non Clinical: Nurse Office	1	Shared with UTC	1.1
Non Clinical: Staff Room	1	Shared with UTC	1.1
Non Clinical: Staff Changing	2	Shared with UTC	2.1
Non Clinical: Beverage Area	1	Shared with UTC (for pt drinks)	1.1
Non Clinical Seminar Room	1		1.1

3.9 Potential business scope and key service requirements

A workshop was held on 13th November 2019 (Workshop 1) to discuss the scope of the project, key service requirements and benefits, risks, constraints and dependencies. This group defined the scheme as a "Project to develop resus facilities, implement a new Urgent Treatment Centre and reconfigure The Emergency Department". This potential business scope can be split into core, desirable and optional requirements.

The core model would be a simplistic design that fits the scope of increasing resus capacity, building a UTC and redeveloping the space left behind for majors cases. However, more desirable options would improve throughput, have the potential to bring patients back faster to clinic and improve facilities for children. Some of these ideas would need to be carried forward, although some could be left out depending on cost. Some optional ideas were considered, of which few would be taken forward, although one – zoning of the waiting room – was observed in other departments and seemed to work well at little extra cost.

Table 15 shows the output of the workshop split into Core, Desirable and Optional requirements.

Table 15: Key Service Requirements

Range	Core	Desirable	Optional
Potential Scope	Provides the minimal functionality to operate a modern Emergency Department	As for core but has scope for additional income through ED clinics and has improved facilities for paediatric patients and bereaved relatives etc	Additional diagnostics and better facilities
Key Service Requirements	Resus expended to 6 bays	ED clinic room	EMAS facilities
	Functional UTC	Dignity suite	Ultrasound
	Redesigned Majors	Frailty / AEC	Café / concessions
	Paediatric facilities	Pharmacy	Zoning in waiting room
	Shared Seminar Room	Paediatric wait	
	Shared Training Room	UTC Ambulance drop off	
	Booking in systems	Volunteers area	
	Intercom	Bereavement suite	
	Dementia friendly facilities	Emergency dentistry facility	
	Labority options		
	Plaster Room		
	Administrative areas		
	Mental health / 136 suites		
	Ait tube system		
	Staff room		
	Adequate access and egress to wards		
	Waiting facilities		
	CT / X-ray		

3.10 Benefits

Redesigning the ED and UTC will have benefits to local health organisations and commissioners but the primary benefit of this project will be to the wider society within the Boston area – patients will receive a better service in terms of how well conditions are managed and improved confidence and experience of patients with the service. The improved facility will create a safer environment which will reduce patient harm. These benefits may be quantifiable from patient outcome data and satisfaction information (this could be in terms of the direct service or reputational) but unlikely to be cash releasing. It would be possible to work out cash releasing benefits to the wider society in terms of quality adjusted life years but this would not be reflected back to the local services or wider health economy and would involve detail beyond the scope of the project.

The benefits considered in the first workshop are listed below. These were split into Cash Releasing, Non Cash Releasing, Quantifiable and Qualitative Benefits. These benefits were used to appraise the options for the location and design of the service within the economic appraisal. All benefits were recorded on the Benefits Register for the project.

Table 16: Project Benefits (excerpt from the Project Benefits Register)

Pilgrim Hospital ED and UTC Development Project - Benefits Register

ID	Key Performance Indicator	Description	Measure
	BENEFITS REGISTER		
1	Improved Patient Outcomes	Patients will benefit by having conditions treated quicker, by the appropriate clinician and will have a better quality of life after treatment.	Wider Benefit to Society - Quantifiable
2	Reduced conversion rate	With more patients being seen by the right clinician we should see an improvement in the number of ED arrivals that convert to an inpatient stay. This will be better for patient outcomes but also a saving to the health system.	Indirect Public Sector Benefit - Cash Releasing
3	Improved Patient Satisfaction	Improved patient confidence in our services (may also indirectly impact on patient outcomes) due to more professional looking department.	Wider Benefit to Society - Quantifiable
4	Improved Recruitment and Retention	There will be a benefit to the provider organisations by recruiting to vacancies as a result of a more modern workplace. This will reduce staffing costs due to a reduction in agency spend.	Direct Public Sector Benefit - Cash Releasing
5	Creating a Shared Workforce	The operational plan will have teams from both ULHT and LCHS working together which will help improve skills and staffing resilience in all areas of the ED.	Direct Public Sector Benefit - Non Cash Releasing
7	Improved Staff Satisfaction / Morale	Staff will have better job satisfaction working in a modern facility that allows them to provide better care for patients. May also improve retention.	Direct Public Sector Benefit - Quantifiable
8	Better Diagnostics Support	2nd CT Scanner Improved turnaround for laboratory tests Reduced cost of EMAS transfers for other trusts	Direct Public Sector Benefit - Quantifiable
9	Removes the backlog maintenance of the "H block"	Removes 993k costs to upgrade the building	Direct Public Sector Benefit - Quantifiable
10	Improved Paediatric Services	Current service has no division between adult and paediatric patents. Additional waiting area and cubicles is an option	Wider benefit to society - Qualitative
11	Improved running costs of a new build	Current operating costs of the H block would be reduced with a new building built to better standards of efficiency	Wider Benefit to Society - Qualitative

3.11 Main risks

See also Cabinet Office, Risk Potential Assessment (Appendix C: Cabinet Office Risk Potential Assessment)

Whilst many of the risks were identified at Workshop 1 the project has developed further since then and some of the external risks, such as BREXIT and General Election can be discounted. One of the main business risks identified aligns with one of the trusts main risks regarding an inability to staff the service. As the service requires no additional staffing it is though that this risk still sits more strategically for many of the services across the Lincolnshire Healthcare system.

This is also a very high value project, with HM Treasure approvals and a high degree of political, media and public interest. Failure to deliver on time and within budget will attract a significant amount of interest with associated system and trust reputational damage.

Table 17: Project Risk Log

Risk ID	Description	Priority	RAG	Risk Level	Risk type	Potential impact	Mitigation plan
BBM-03	If we lack clarity on procurement routes there will be confusion over which elements go through a P22 process. This may increase consultancy costs.	Med-High	Amber-Red	Project	Financial Recovery	Mainly a financial risk, but could also impact on the timeline of the project.	Facilities and Finance to develop a robust procurement plan, for discussion and approval by POG once the OBC is complete.
BBM-05	If we continue with such a short and ambitious timeline for the project we are unlikely to stick to the milestones. There is urgency around improving urgent care at PHB, however, this needs to be tempered with a realistic project timeframe or we will fail.	Med-High	Amber-Red			Missed deadlines, no grip over the project.	Revised timeline as of 10/1/20 after NHSE expressed concern over reality of submitted plan. Now anticipate submitting OBC in August. Timescale still remains tight however.
BBM-06	If we are using new and novel design ideas with innovative technology, implementation complexity and uncertainty our methodology and working practises will be likely to be subject to major changes.	Med-Low	Amber-Green	Programme	Deliverability & Pace	Urgent need to review operational planning with significant change to business requirements. This is a new build project which will implement new design ideas to improve urgent care services. There will be issues with multiple agencies using different IT systems.	Implement subgroups e.g. clinical, ICT etc to report back to the working group to manage the change. Look at new technology needed to support.
BBM-07	If the project requires complex or innovative commercial arrangements the supplier market may be limited or very specialist. There may be multiple suppliers or complex and volatile supply or logistical chains.	Med-Low	Amber-Green	Programme	Deliverability & Pace	Disruption to the project, increased costs, time delays.	It is likely that the project will use existing procurement routes and will consider bringing more work in house to reduce costs.
BBM-08	As there may be complex-cross organisational funding arrangements as part of the new service there is a risk to traditional funding of urgent care.	Med-Low	Amber-Green	Project	Financial Recovery	Confusion over funding arrangements and which element of the service is getting paid for what.	Need CCG's to work with providers to develop new funding arrangements in line with the operational plan.
BBM-09	If we do not get quoracy at the oversight group there is a risk that the whole system is not being brought along as the project progresses. Attendance as of the 7th February 2020 meeting has been poor.	Med-Low	Amber-Green	Programme	Deliverability & Pace	System partners do not support the plans as they have not joined in discussions.	ToR to be resent - AP Requirement for attendance to be enforced - MB
BBM-10	The project may stall if we do not get early release of funds from NHSE or source from elsewhere to engage design consultants, cost advisers etc.	Low	Green	Programme	Deliverability & Pace	We will not be able to evaluate the shortlisted options without a proper cost benefit analysis of the selected options from the long list. Therefore we cannot progress a preferred way forward.	Seek early release from NHSE - MB Provide MB with minimum details to keep project on track, potential to source internally - AP
BBM-11	If the project fails to deliver its objectives to time, cost or quality there is already a high level of ongoing ministerial and political interest which will cause organisational and system reputation damage. There is also significant public and media interest, high level of public funds requiring treasury approval.	Med-High	Amber-Red	Project	Deliverability & Pace	Health system increased scrutiny and reputational damage	Operate with structured governance arrangements throughout the whole plan, review from an oversight going upwards to Urgent Care Improvement Group with full system involvement at all levels.
BBM-12	If we do not plan the building works there may be disruption to existing urgent care services.	Med-High	Amber-Red	Project	Deliverability & Pace	Disruption to existing urgent care services, potential impact on demands at other trusts facilities. Reputational damage.	Phased building work making use of the need to develop separate majors, minors and resus areas with multifunctional spaces. Options may include portable units at some points in the project.

The Cabinet Office Risk Potential Assessment is included in Appendix C: Cabinet Office Risk Potential Assessment but scores overall as high risk due to the key risks of high value and political interest captured above. The Risk Potential Assessment was completed early in the project and is held by the SRO.

Table 18: Excerpt from the Cabinet Office Risk Potential Assessment

Table C

Risk Potential Assessment

Plot overall summary assessments from Table A (line A6) and Table B (line B5) and mark with an **X** in grid below

Overall Consequential Impact Assessment (Table A summary)	**Very High**				High Risk	
	High	Medium Risk			X	
	Medium					
	Low					
	Very Low			Low Risk		
		Very Low	**Low**	**Medium**	**High**	**Very High**

3.12 Constraints

The working group recognised that one of the biggest constraints to the project (and risks) is the announcement of capped funding based on two separate strategic cases. This project should have started from a combined Strategic Outline Case and, whilst this would have given approximate indications of costs this would not have been confirmed until the Full Business Case is submitted. Placing a finite capital amount at the outset of the project could well constrain decisions on the design. A better approach would be to design a building that best fits the spending outcomes and work out the capital requirements afterwards. Designs can then be adjusted if capital funding is not available.

The ED and UTC are surrounded by roads and car parks to two sides and existing buildings to the North and West. Options will have to look at building outwards and moving roads or using existing accommodation and decanting occupants. All of these options place a constraint on the project in that costs will be higher to re-provide accommodation or move existing infrastructure. Existing buildings are also in poor condition so demolition and new buildings may be an option. Electrical infrastructure is also poor and will need to be assessed.

The very fact that this is a busy service places a constraint on the project. The scheme will need to make allowance for continued provision of urgent care services by phasing the build. The design should take into account the concept of multi-functional clinical spaces which will help in moving different acuity groups of patients as the works progress.

It is also accepted that there is a potential constraint with the project being operated by multiple agencies. Each of these agencies is accountable for its performance, financially and operationally, which may present conflict in differing designs. By operating the workshops with full engagement of all system partners this constraint may be managed but will be monitored throughout the project.

3.13 Dependencies

This is a standalone project as part of the urgent care improvement programme. As such it is not recognised that it would be subject to inter-dependencies from other programmes or projects.

There is an external dependency outside the project environment in that the success of the project – in terms of urgent care performance – is dependent on flow out of the emergency department to the wards. When this falls down patients remain in ED too long, affecting their outcomes and the Trusts performance. That is to say that the success of the projects outcomes is dependent on the external performance of business operations in the wider hospital.

3.14 Summary of the Strategic Case

Table 19: Summary of the Strategic Case

Investment Objective SO1: to develop a new building for the Urgent Treatment Centre	
Existing Arrangement	3 clinical rooms in the location of the previous primary care streaming service
Business Need	An increase in capacity to cope with rising demand and to take all minors patients out of ED
Potential Scope and Services	11 clinical rooms
Potential Benefits	Improved access and patient satisfaction
Potential Risks	Reputational in the event of delays, failure or excess costs. Developing complex workforce systems
Potential Constraints	Location and pre-agreed capital
Potential Dependencies	No interdependency currently identified

Investment Objective SO2: to improve access to care for our most seriously ill patients	
Existing Arrangement	4 resus bays in a single room
Business Need	To increase capacity to cope with rising demand whilst improving the environment
Potential Scope and Services	8 separate cubicles with physical division, 2 majors cubicles co-located and scoped to ramp up with peaks in demand
Potential Benefits	Improved patient outcomes
Potential Risks	Novel working practises creating complexity, strategically our ability to staff the department, phasing issues
Potential Constraints	Location and pre agreed capital
Potential Dependencies	Internal dependency on creating flow within the wider hospital for the project to succeed

Investment Objective SO3: to improve flow and quality within the remaining ED	
Existing Arrangement	8 cubicles plus paediatric, clean treatment etc.
Business Need	Increased capacity due to demand are remodelling to improve dignity and care to patients
Potential Scope and Services	17 majors cubicles, 2 of which will support resus
Potential Benefits	Improved patient care and outcomes, staff satisfaction, improved access, reduced conversion rates
Potential Risks	Novel working practises creating complexity, strategically our ability to staff the department, phasing issues
Potential Constraints	Location and pre agreed capital
Potential Dependencies	Internal dependency on creating flow within the wider hospital for the project to succeed

Investment Objective SO4: to improve the turnaround of diagnostic and pathology services within the Emergency Department	
Existing Arrangement	X-ray room and pathology department via air tube system
Business Need	Improved access to diagnostics for all patients, including Minors / UTC
Potential Scope and Services	Additional CT scanner and dedicated air tube system to labs
Potential Benefits	Improved patient outcomes, better performance
Potential Risks	No major risks currently identified other than whole project risks above
Potential Constraints	Wider hospital use of current pathology systems
Potential Dependencies	No interdependency currently identified

4 The Economic Case

4.1 Introduction

In accordance with the requirements of HM Treasury's Green Book (Central Government Guidance on Appraisal and Evaluation) and supporting guidance (Guidance to Developing the Project Business Case and Guide to Developing the Programme Business Case), this section of the OBC documents the wide range of options that have been considered in response to the potential scope identified within the strategic case.

The business as usual option is not considered a viable option within this business case as the strategic case demonstrated the current poor performance due to burgeoning demand within urgent care that, put simply, is putting patients at risk.

However, business as usual as described in section 3.7 will be considered as the benchmark to which improvements could be measured or compared against.

The workshops described in the introduction were moved around to ensure the correct information was in place to ensure full and adequate information was available to inform attendees (the project working group and SRO) ahead of any evaluations.

Ensuring full understanding of how the ED currently works and how it might work following any development was essential. The lead clinicians from the two main provider organisations, in conjunction with their clinical and management colleagues devised three options for the operational model. These service solution options were discussed in detail at an additional workshop. This is described further in the economic case but this enabled more detail to inform the carried forward options from the long list.

A wide range of options were evaluated at the outset. The initial Strategic Outline Cases had been developed in isolation and it was recognised that by reviewing the strategic case and combining them there were better options that would make more operational and commercial sense that the original idea for two separate builds. Both of the original designs involved moving roads and infrastructure and could potentially be poor value for money. The estates strategy indicated that surrounding buildings were poor quality and had significant backlog maintenance issues. A thorough appraisal of the business need and the site led to multiple options that were evaluated using the Green Book options filter methodology.

4.2 Critical Success Factors

The critical success factors were determined based on the information presented within the strategic case – the strategic fit in terms of national strategies, spending objectives and the service requirements, best value for money in terms of potential costs, benefits and risks, the potential supplier capability, affordability and achievability.

A second workshop was held on 27th November 2019 to agree the critical success factors, and analyse a range of potential site options based on a do minimum through to a do maximum scenario.

The CSF's were agreed as:

Table 20: Critical Success Factors

CSF	Description
Strategic fit / business needs	How well the option meets the spending objectives to develop buildings for the UTC, improve resus, improve flow and quality in the remaining ED and improve the turnaround of diagnostic and pathology services. Fits in with national strategies such as the five year forward view and Urgent Treatment Centres as well as local strategies such as the ULHT estates strategy and urgent care improvement programme.
Value for money	The potential costs, benefits and risks of each option, compared to the value in improved patient care they might bring about.
Affordability	Given the fixed allocation from the government of 21.3M and the constraint this could impose on the project, a view of how expensive each option could be was considered.
Achievability	How the health system, with ULHT leading the project would be able to deliver. This took into consideration the impact of continuing to provide emergency and urgent care services during the building works and the potential need to decant services if existing buildings were to be used.

4.3 The Long List Options

Prior to evaluating the full long list of options 2 workshops were held to review the key service requirements and look at possible location options and how the clinical model of combining provider organisations to deliver an urgent and emergency care service might work.

4.3.1 Location Options

The second workshop, held on 27th November 2019 was designed to discuss where, in view of the combined project, possible building work could take place and the merits of each option. Attendees included clinicians and senior managers from ULHT, LCHS, CCG and Pathlinks (pathology provider) as well as patient representatives.

A range of options had been developed by ULHT consultant architect in response to the emerging accommodation schedule with do minimum, intermediate and do maximum options. In addition, the ULHT estates strategy had identified adjacent buildings in poor condition, which, with some moves of existing occupants, could be a good option to raise and rebuild.

After some debate the preferred options for a possible site location were options 4, 5, 11 and 12 with option 4 as the preferred, 5 and 12 as the preferred do minimum and 11 as the preferred do maximum. This would be taken into consideration at the long list appraisal workshop along with the output from the clinical modelling workshop.

The full list of different possible location options is given in Appendix D: Evaluation of Possible Site Options. The potential cost of each option was not considered at this stage. Option 4 (preferred) utilised a building dubbed the “H-block”. This option would involve demolishing the H Block and building a new, 2 storey facility in its footprint, with ED moving to the new building and UTC taking over the existing ED space which would be refurbished to current standards. The first floor would be used for the office space, training and storage as well as some services such as clinical assessment.

Figure 10: Preferred Long List Location Option

Table 21: SWOT Analysis of Preferred Location

Strengths	No road diversions No disruption to existing services during construction Financially realistic in view of less building work and no road moves
Weaknesses	Reduced footprint and expansion of the existing ED is limited Does not allow expansion without future road diversion Design would be constrained by having to be “shoe-horned” into the space left from the H block
Opportunities	Demolition of H block removes backlog maintenance issues (offset cost of build)

	Good connectivity between ED and UTC – promoting staff integration and new ways of working
Threats	Requires decant of existing services in the H block. Whilst possible to do, needs careful planning to minimise disruption to clinical services

4.3.2 Clinical Model Options

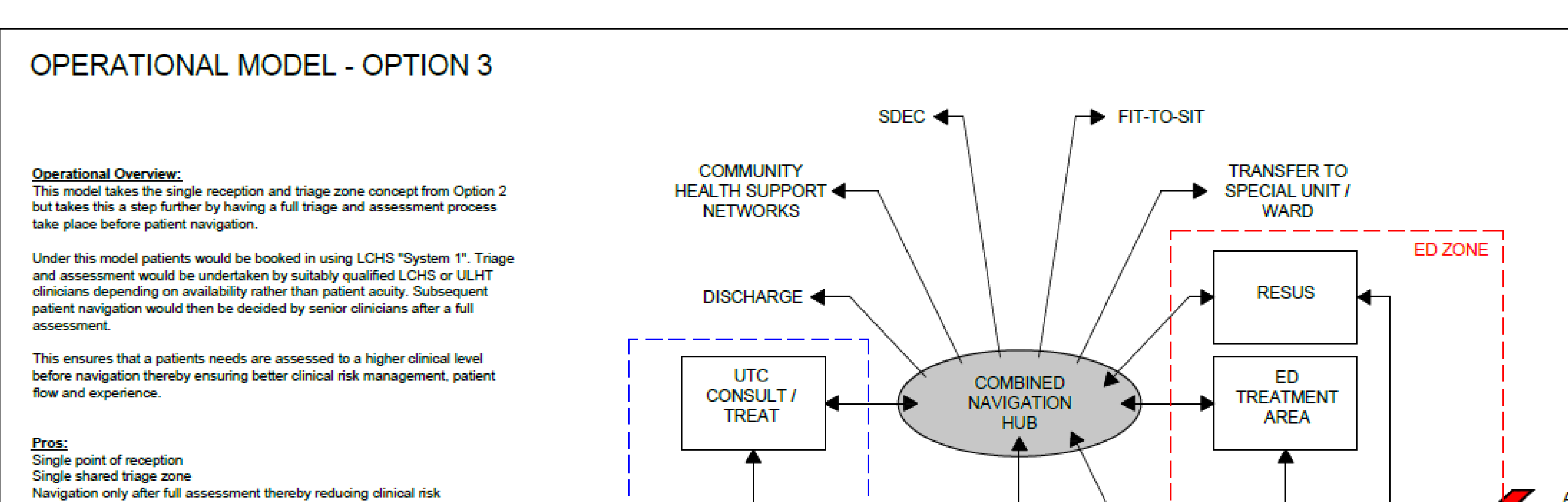
A subgroup was established to work through potential operational models for the new service.

A workshop was held on 6th February 2020 to debate potential models. 3 options were discussed and, following a meeting of the oversight group, the 3rd option, a do maximum, was put forward as the preferred option. This option is given below, with the other 2 options in Appendix E – Clinical Model Options.

The options looked at how the department might operate given the intent for an integrated nature of the workforce. Site visits to Leicester and Hull were undertaken on 12th December and 23rd December respectively to look at how these two departments operated and inform the decision making.

The final model would have a single reception area for walk in patients with a single triage and assessment zone. All walk in patients would be booked in on the LCHS IT system and assessed by either LCHS or ULHT staff depending on availability, not acuity. Patient navigation to either majors or minors would be decided by senior clinicians working from a central "hub". Patients needs would be fully assessed reducing risk before navigating the patient into a specific area.

Figure 11: Preferred Operational Model



Operational Overview:
This model takes the single reception and triage zone concept from Option 2 but takes this a step further by having a full triage and assessment process take place before patient navigation.

Under this model patients would be booked in using LCHS "System 1". Triage and assessment would be undertaken by suitably qualified LCHS or ULHT clinicians depending on availability rather than patient acuity. Subsequent patient navigation would then be decided by senior clinicians after a full assessment.

This ensures that a patients needs are assessed to a higher clinical level before navigation thereby ensuring better clinical risk management, patient flow and experience.

Pros:
Single point of reception
Single shared triage zone
Navigation only after full assessment thereby reducing clinical risk
Improved patient flow and experience

Cons:
Who owns triage process and subsequent navigation decision? (ED or UTC?)
Integration of differing IT systems?

4.3.3 Improved diagnostics options

Several meetings with key stakeholders were held to discuss the requirements of Investment Objective SO4: to improve the turnaround of diagnostic and pathology services within the Emergency Department. This spending objective was deemed important early on in the project because of issues around the availability of CT scanning for the emergency department and the issue that sometimes turn around times for blood tests were not good enough.

Pilgrim Hospital has a single CT scanner, currently being replaced. CT is vital for acute emergency conditions such as poly-trauma and stroke. Between February 2019 and January 2020 the CT scanner broke down 28 times with a downtime of greater than 71.5 hours. Most hospitals with an average sized Emergency Department would have a second scanner as demand often requires it but it also provides resilience in the event of a failure. When the Pilgrim Hospital CT scanner fails the impact is significant with diversion of the ambulance service for any patient they may feel needs a CT scan, stabilisation and transfer of patients from Pilgrim Hospital to other locations if a patient in the department needs a scan and the impact this has on already busy acute hospitals' ED's in the local area.

Pathology departments are facing a time of change with increasing numbers of "near patient testing" devices which can do a limited range of the work of a full pathology lab but in the patients location saving the time it takes to transport samples. The working group paid a visit to Leicester Royal Infirmaries Emergency Department as part of the planning stage, where a pathology lab is co-located with the ED. That said it was noted that the department still used an air tube system to send samples to the laboratory.

After the discussions a paper produced by the pathology service highlights the preferred option. Provision of a dedicated air tube direct from the ED to the existing pathology department is the cheapest solution but also provides a direct access point between the two departments, prevents errors in staff sending samples to the wrong place and provides resilience in the system, (with the ED still being able to access the hospital tube system in the event of its own systems failure).

The working group therefore agreed that to meet spending objective 4 an additional CT scanner and dedicated air tube system was the preferred way forward.

4.3.4 Long List Options Appraisal

On 2nd April 2020 a further workshop was held to review the long list of options using the Green Book Options Framework. Based on the scope of the project, spending objectives and critical success factors each potential option was discussed. The design long list was reviewed each option listed within the framework by category – intermediate lower (refurb and extend design options), intermediate higher (refurb, demolish and build adjacent) and do maximum (build new). The clinical model preferred option was reviewed to ensure this was considered when discussing the long list.

Service Scope:

- Business as usual includes the existing 4 bay resus area and UTC - 3 rooms at the side of the department previously used for “Primary Care Streaming”;
- The do minimum option would be to have a co-located UTC and expanded resus area to 6 bays;
- The lower intermediate option would be to have the co-located UTC, expand resus to 6 bays, include a dedicated air tune to the labs, CT, additional section 136 suites and paediatric cubicles;
- The intermediate option would be as above, but with 8 bays in resus, frailty / SDEC services, a bereavement suite and full paediatric area (separate wait from the main waiting room etc.);
- A higher intermediate option would include the above, plus a clinic room for use by ED or AEC, community pharmacy and a dignity suite to assist dependant patients;
- The do maximum option would include additional services – emergency dentistry, have a volunteers area and concessions.

Service Solution:

- BAU consists of the current limited ED and UTC services as described;
- The do minimum option would be to look to refurbing the existing buildings to contain the required services;
- A lower intermediate option would be to refurbish the existing building and extend slightly to contain 2 additional resus bays. The UTC would have to be built into the existing refurbished building;
- An intermediate option might be to refurbish the existing building and build out to contain resus and the UTC;
- The higher intermediate option would be to demolish adjacent buildings, building new in the footprint and refurbish the existing building. This would allow new accommodation for resus / UTC or move the ED into the new building to refurbish the old for UTC;
- The do maximum option was to build new for all services.

These solutions were mapped to the long list evaluation of possible site options in order to give a potential capital cost for each option. The do minimum – 2 new build areas as originally conceived in the SOC actually does not represent the lowest cost as, when the SOC’s had been developed they had not looked at the potential to merge the schemes and use adjacent existing accommodation.

Service Delivery:

A range of options were discussed to use local or national contractors. International contractors were an unlikely option. The decision to use a framework provider was discussed although accepted that the trust had had poor experience of this in the past. The trust already has a number of contractors appointed directly that have worked on other projects and has experience of dealing with. The facilities management team felt this would be the most cost effective approach but would look at national framework agreements such as P2020 to establish whether a better deal could be found.

Implementation:

Phasing of any work would be critical as the existing emergency services have to continue which includes access to large volumes of ambulances. Options to build around the existing service, build part then decant and refurbish vacated areas, bring in modular buildings to assist with the decant, or modular buildings to decant all of the emergency service were considered.

Funding Options:

Funding options were in part already agreed with national funding available, but it was agreed to consider additional internal capital or loans depending on the outcome of the benefits appraisal. The capital allocation had been based on the previous STP separate bids for extending resus and developing a UTC. It is acknowledged that it made sense to combine the two bids into one project and in doing so allowed the opportunity to redevelop the existing emergency department.

A summary of the framework and outcome of the discussion is given below.

Table 22: Options Framework

Pilgrim Hospital Urgent Care Options Framework

	Business as Usual (BAU)	Do minimum	Intermediate Option 1	Intermediate Option 2	Intermediate Option 3	Do Maximum
1. **Service Scope** - as outlined in pages n to n of the Strategic Case	4 Resus Bays, GP Streaming	Expand Resus to 6/8 UTC	Redesign Majors Lab - preferred CT Additional 136 Paediatric Cubicles 6 Resus	Frailty / SDEC Bereavement Paed Wait 8 Resus	ED Clinic Room Pharmacy Dignity Suite	Emergency Dentistry Volunteers Area Concessions
	Discount	Discount	Carried Forward	Preferred Way Forward	Carried Forward	Discount
2. **Service Solution** - in relation to the preferred scope	Current services	Refurb existing buildings	Refurb existing with small extension for resus	Refurb existing, extension for resus and UTC (option 5, 7)	Refurb existing, decant and refurb adjacent (Option 3, 4, 8, backlog maintanance)	Build comeletely new (Option 1, 2, 6, 9, 10, 11)
	Discount	Discount	Discount	Carried Forward	Preferred Way Forward	Carried Forward
3. **Service Delivery** - in relation to the preferred scope and solution		Local	National	International	Framework - if financially beneficial	
		Discount	Preferred Way Forward	Discount	Carried Forward	
4. **Implementation** - in relation to preferred scope, solution and method of service delivery		Build around	Build UTC, decant, Build Resus	Modular buildings to decant		Big Bang - mobile units, decant ED / UTC
		Discount	Preferred Way Forward	Carried Forward		Discount
5. **Funding** - in relation to preferred scope, solution, method of service delivery and implementation				Central Funding	Central Funding + Trust Capital/Loan	
				Preferred Way Forward	Carried Forward	

The potential costs of each option, mapped to both the long list framework and the site options evaluation is given below:

Table 23: Potential Costs of Options

PHB Urgent Care Project - Long List Options Summary

Option	Desc	Indicative cost	Long list designs preference (workshop 2)	Fit with long list options evaluation (workshop 4)
1	New build to south and east as per original SOC	33,269,076	Discounted	Carried forward
2	New OPD, UTC in former OPD, resus in H Block	42,073,673	Discounted	Carried forward
3	Demolish H Block, courtyard infill, new A&E, extend and alter A&E to form UTC	34,790,843	Discounted	PWF
4	Demolish H Block, courtyard infill, new A&E, extend and alter A&E to form UTC	32,907,028	PWF	PWF
5	Courtyard infill, extend and alter H Block, new resus extension, extend and alter A&E	24,566,651	Carried Forward (do minimum)	Carried forward
6	Demolish H Block, courtyard infill, new build UTC, new resus extension, extend and alter A&E	38,527,251	Discounted	Carried forward
7	New build UTC, extend and alter A&E	31,686,988	Discounted	Carried forward
8	courtyard infill, extend and alter H Block, extend and alter A&E	26,356,676	Discounted	PWF
9	New 2 story extension for A&E / resus, alter existing A&E for UTC	32,677,997	Discounted	Carried forward
10	New 2 storey extension for A&E / resus / UTC	43,044,513	Carried Forward (do maximum)	Carried forward
11	New 2 storey extension for A&E / Resus / UTC, alterations within existing A&E	35,236,744	Carried Forward (do minimum)	Carried forward

4.3.5 Short Listed Options and Preferred Way Forwards

The working group identified five shortlisted options for further appraisal. These included BAU, Do Minimum, the Preferred Way Forwards, and less and more ambitious preferred ways forward.

Summary of the shortlisted options form the framework:

Table 24: Summary of Shortlisted Options

Options	**Business as Usual (BAU)**	**Do Minimum**	**Preferred Way Forward (PWF)**	**Less Ambitious PWF**	**More Ambitious PWF**
Project Scope	1.1	1.3	1.4	1.3	1.5
Service Solution	2.1	2.4	2.5	2.4	2.6
Service Delivery	3.1	3.3	3.3	3.3	3.5
Project Implementation	N/A	4.3	4.3	4.3	4.4
Project Funding	N/A				

Each of these options are appraised in more detail below:

Table 25: Description of Shortlisted Options

BAU	**Rationale**
Description	Existing services as described
Strengths	• No disruption to existing services • No additional costs
Weaknesses	• Cannot contain the existing demand • Cannot future proof services for growth in demand

	• Not compliant with national standards for UTC • Not compliant with constitutional standards • Poor patient care
Opportunities	• Leaves potential space to expand into in the future
Threats	• Political pressure and consequences • Damage to the organisations reputation • May need to expand community services to cope, which threatens collaboration and integration of providers
Conclusion	This option was discounted for the reasons above, but will remain as the benchmark for value for money

Do Minimum	**Rationale**
Description	Expand the resus area to 6 bays and implement a small UTC with 11 clinical rooms. These would be co-located new buildings to the south and east of the existing ED and require roads to be moved. The existing ED would be refurbished. The trust would prefer to use own known national contractors but would look at framework options. A phased approach to build new buildings, decant into then and refurbish / extend former locations. The project has an agreement to fund centrally
Strengths	• Achievable as there would be new buildings co-located to the ED and an existing building – little disruption and simple construction • Would provide the national requirement for a UTC and address some of the gap in provision of resuscitation capacity • Phased approach to building would minimise disruption to the existing service
Weaknesses	• Will not provide sufficient capacity for peak times in demand • The project will not be future proofed as it will involve putting new services into a building which is already in poor condition • Poor connectivity between the ED and UTC • Possible unforeseen costs in using the existing building
Opportunities	• Consolidates service providers and should improve recruitment • Provides increased resus capacity and would improve outcomes
Threats	• No space to further expand in the future • Extensive road diversions
Conclusion	This option was considered a potential solution of additional funding could not be sourced. It was agreed to carry the option through as a “do minimum” to the benefits evaluation

PWF	Rationale
Description	With demolition of the adjacent "H Building" and a new build ED, the ED would be relocated and the former building refurbished / extended. This would provide an 8 bay resus and UTC, new majors area and additional services such as CT scanner, section 136 suites, paediatric area, frailty / SDEC and bereavement facility. The trust would prefer to use own known national contractors but would look at framework options. A phased approach to build new buildings, decant into then and refurbish / extend former locations. The project has an agreement to fund centrally
Strengths	• Provides sufficient capacity to contain existing demand and future proof services • Financially realistic in view of less building work and no road moves • No disruption to existing services during construction
Weaknesses	• Capacity is constrained compared to the do maximum option • Does not allow future expansion without road diversion • Constrained by shoe-horning new build into the space left from the "H Block"
Opportunities	• Does provide a level of increased capacity and would improve patient outcomes • Removes backlog maintenance issues from H Block (offsets the cost to demolish and build new) • Good connectivity between ED and UTC would promote staff integration and new ways of working
Threats	• Requires decant of existing services within the H Block
Conclusion	This option was felt to be the preferred way forwards in terms of providing most of the core and desirable requirements and satisfies the spending objectives. It was felt to be achievable by decanting some services out of the H block and would mean the work could be phased to minimise any disruption

PWF Less Ambitious	Rationale
Description	The adjacent building would not be demolished but refurbished to relocate the ED. The former ED building would be refurbished for the UTC. Floor area would be limited so services may be as preferred without SDEC / Bereavement / Paediatric Waiting Areas (would maintain paediatric cubicles) and resus would need to be capped at 6 bays. The trust would prefer to use own known national contractors but would look at framework options. A phased approach to build new buildings, decant into then and

	refurbish / extend former locations. The project has an agreement to fund centrally
Strengths	• Provides almost sufficient capacity to contain existing demand and future proof services • Financially realistic in view of less building work and no road moves • No disruption to existing services during construction • Lower capital cost as no new building or demolition required
Weaknesses	• Puts new services into a building which we know to have backlog maintenance issues
Opportunities	• Good connectivity between ED and UTC would promote staff integration and new ways of working • Does provide a level of increased capacity and would improve patient outcomes
Threats	• Building will have a "shelf life" • Would impact on staff morale, without a modern, fully fit for purpose building
Conclusion	Whilst presenting a degree of the required capacity the reduced area restricts future proofing of services. However, it was still felt a significant improvement on the current facility. This was considered a serious contender, depending on available finance to meet the spending objectives but would require curtailing the desirable options

PWF More Ambitious	**Rationale**
Description	New build options could include greater space for a dignity suite, clinic rooms, and a possible pharmacy. Depending on design some of these options may be possible within a new build after demolition of the "H building" as in the PWF, although the do maximum would look at building new to the South and East of the current ED. The trust would prefer to use own known national contractors but would look at framework options. A phased approach to build new buildings, decant into then and refurbish / extend former locations. This option may need to look at additional modular buildings to support the decant. The project has an agreement to fund centrally although the trust could look at additional capital or loans
Strengths	• Meets spending objectives, and core, desirable and some optional requirements • Whilst limits potential for future expansion the design would incorporate more than enough capacity to future proof the building for the planned demographic changes • No disruption to existing services during construction – may also look at optional mobile clinical units to maintain services

Weaknesses	• Highest cost option • Major road diversions • Obstructs the view of the main entrance and may cause patients confusion
Opportunities	• Additional services could increase income to the organisation (e.g. pharmacy, concessions) • Modern building as a show piece at the front of the hospital
Threats	• Potential poor connectivity between areas of the ED/UTC due to the sheer size • Loss of parking income
Conclusion	Whilst all agreed that this would be a great opportunity to develop the site and services realistically the cost of the building would likely be prohibitive and certainly not the most cost effective for the benefits achieved. The option does fill the spending objectives and core, desirable and optional requirements

Expected Benefits of the case were identified in the Strategic Case and were as follows:

1 Improved patient outcomes;
2 Reduced conversion rate;
3 Improved patient satisfaction;
4 Improved recruitment and retention;
5 Creating a shared workforce;
6 Support learning with the new Medical School;
7 Improved staff satisfaction / morale;
8 Better diagnostics support:
   a. 2nd CT Scanner;
   b. Improved turnaround for laboratory tests;
   c. Reduced cost of EMAS transfers to other trusts;
9 Removes the backlog maintenance of the “H block”;
10 Better paediatric services;
11 Improved running costs of a new build.

On 22nd April 2020 a further workshop was undertaken with Operations and Finance to review the benefits and work through the Cost / Benefits Analysis. The results of this workshop are presented below. The table shows the scoring and rationale allocated to each option. The preferred way forward offers the best value for money.

Table 26: Economic Appraisal of the Shortlisted Options

	BAU	Do Min	PWF	PWF (-)	PWF (+)
1	Based on 50% of required beds	Based on 75% of required beds	Increase as felt additional Frailty / SDEC and 100% beds required took to best option	Increase as felt Diagnostics would add additional benefit	No additional benefits from PWF for outcomes hence same value as PWF
	5	7.5	10	8	10
2	No change to current practice	Improvement in rate due to additional Resus Beds	Significant improvement with Frailty & SDEC available	Small improvement due to availability of CT within Department	No additional benefits from PWF for outcomes hence same value as PWF
	0	3	10	4	10
3	No change to current practice	Improvement in rate due to additional Resus Beds / UTC	Significant improvement with Frailty, SDEC, Paeds waiting room and Bereavement Suite	Improvement due to addition of Paeds Cubicles (main driver), S136 room and Diagnostics in department	Dignity Suite adds further value
	0	3	9	6	10
4	No change to current practice	Improvement in rate due to additional Resus Beds	Significant improvement with Frailty, SDEC and Bereavement Suite	Improvement due to addition of Paeds Cubicles and Diagnostics in department	Dignity Suite and Clinic Room adds further value
	0	3	9.5	6	10
5	No change to current practice	UTC enables shared workforce approach	No further benefit	No further benefit	No further benefit
	0	10	10	10	10

6	Still able to train/learn in an ED environment	Improvement due to additional Resus Bays	Further improvement with SDEC / Frailty (understand and work within additional systems / processes)	Improvement with Paeds cubicles	No further benefit
	3	5	9.5	5	10
7	No change to current practice	Improvement in rate due to additional Resus Beds	Significant improvement with Frailty, SDEC and Bereavement Suite (all Resus Bays set up in same way therefore kit in same place which ever bay used, Bereavement Room seen as significant benefit as quiet place to talk away from busy department)	Improvement due to addition of Paeds Cubicles and Diagnostics in department	Dignity Suite adds further value
	0	3	9.5	5	10
8	Shared access to current CT scanner (sited outside department)	Shared access to current CT scanner (sited outside department)	CT scanner accessible within department - no further benefit	CT scanner accessible within department	CT scanner accessible within department - no further benefit
	4	4	10	10	10
9	Backlog Maintenance exists	Backlog Maintenance exists	Option includes demolish and rebuild H Block – therefore Backlog Maintenance on Building removed	Backlog Maintenance exists	Backlog Maintenance exists
	0	0	10	0	0
10	no change to current practice	improvement through UTC	significant benefit with Paeds waiting area	improvement with Paeds Cubicle available	no further improvement
	0	1.5	10	4	10

11	No change to current practice	No change to current practice	New Build brings opportunities to reduce Carbon footprint through new design and technology used for build and outfitting of department	Increased running costs as additional add-ons to current infrastructure	Increased running costs as additional add-ons to current infrastructure
	3	3	10	0	0
Average Points Benefit	1.4	3.9	9.8	5.3	8.2
Project £	-	£31.1m	£36.3m	£27.1m	£47.4m
Point / £m	-	0.13	0.27	0.2	0.17

5 The Commercial Case

5.1 Procurement Route

With a project of this size, complexity and spend level, the Governance for procurement states that we would have to satisfy the requirements of a full OJEU tender and in order to do this, we have numerous options open to us as a Trust for procurement within the governance guidelines. This commercial outline seeks to give the Trust all the options open to us commercially to both meet the governance requirements, but also consider how best we can achieve value for money with this process and maximise the commercial opportunity in such a large project for our region.

The first option open to us is to carry out a full OJEU tender process for the works, and fully manage and control the project in-house using our own Estates team. We would have to write all the tender documents ourselves internally, ensuring that we complied with the OJEU regulations and we would have to go out to the whole of the market using the online tendering package set up to carry out OJEU tenders. We would have to project manage the build and all associated works internally and be fully responsible for the project.

The second option open to us is to use ProCure 22 as a turnkey package option. ProCure22 (P22) is a Construction Procurement Framework administrated by the Department of Health (DH) for the development and delivery of NHS and Social Care capital schemes in England. It would offer us the ability to set the project requirements at a high level, then tender at this level to select our preferred supplier. We would then proceed with more detailed project requirements using the preferred supplier chosen. Governance wise, this procurement route is supposed to be the one that we choose as a Trust, unless good reason can be provided. Procurement have already been in touch with the contact who runs the P22 framework to discuss when this framework expires and also the number of suppliers on the framework. There are only 5 suppliers in total on this framework, and some of the suppliers are linked commercially. The contact confirmed that as this framework is coming to an end, most of the focus commercially is on the replacement for P22, and thus choosing this option would mean that we would be unlikely to get the best value for money available to the Trust. This would provide us with ample reason for not selecting this option, especially if we were to select it's replacement.

A third option open to us would be to use an alternative existing major works framework such as the Crown Commercial Major Works Framework or the Pagabo Major Works Framework. These frameworks would provide us with a compliant route for OJEU procurement and would offer us potentially larger lists of suppliers to choose from and hopefully negate the commercial issues that present themselves on P22 with a small number of providers on the framework. The Pagabo major works framework contains 13 suppliers (including Keir) and is for projects between £5m and £1bn – recently launched this framework expires in 2026. It is run in a very similar way to the P22 framework, and we would get full support to tender this project and the framework team provide support throughout the project, as P22 would do. Crown Commercial also have a major works framework which has just been updated and launched and similarly expires in 2026. There are 14 suppliers on this framework (including Keir) and again,

it is run in a similar way as P22 and Pagabo with as much or as little support provided as we request. There would be fees associated with using these frameworks, but these would be known up front and we could include this as part of the project costings to ensure we were still getting value for money.

There is one final option open to us as a Trust that we include for consideration. Whilst P22 commercially may not offer the best value currently due to the size and co-relationships existing on the framework, P22 was due to expire in 2020 and be replaced. Due to Covid 19, P22 has been extended and its replacement, P2020 is due to take over at some point. In discussions with the P22 team, a further option open to us commercially would be to line everything up to use the replacement framework for P22 called P2020. This framework will be a much larger framework to P22 and have a larger amount of potential suppliers on it – up from 5 to nearer 20 – possibly higher

To cater for the vast array of projects across NHS projects, including the high value/high complexity HIP schemes, P2020 will have 3 lots:

Lot 1	up to £20m	England split into 7 NHSE/I regions
Lot 2	£20-£100m	England wide
Lot 3	£100m+	England wide

Suppliers appointed to P2020 are expected to be exclusively design and build contractors with experienced of working in the health sector. The timeline for the availability of P2020 is not yet set, but is being actively considered. A major issue in finalising the timeline is C19, and the effect on bidder resource and a capacity to bid the framework. Currently the P2020 Board are considering three options:

P2020 is live for use from 01 Dec 2020
P2020 is live for use from 15 Feb 2021
P2020 is live for use from 03 May 2021

P22 has had a 12 month VEAT notice, so now expires on 30 Sept 2021. The clear expectation is that P2020 will be available to use before that, and we expect NHSE/I will terminate P22 early rather than having two frameworks running in parallel. We could work with the P2020 framework manager to line up all the documentation and use the time to fully prepare our specification and carry out any investigative works (for example, regarding asbestos) so we can give a full picture to potential bidders. We could then make a conscious decision to use P2020 on the day it launches and be the first Trust to use this new framework. It would give us the advantage of extra support from the central team and give the project a higher profile, as it would be the first one on the new framework.

When selecting which of these procurement routes is best, we need to take account of the respective pro's and con's for each route. It will be imperative that the project has a full and detailed specification document produced and that the Trust is clear what works we need to undertake to complete the project in order to mitigate any potential risks going forward. Additionally, if P22 or alternative framework is chosen as the best route for procurement, then we will need to ensure that all enabling works are done and all risks highlighted to the potential bidders (for example, any potential asbestos issues need to be made clear).

There are pro's and con's to each of the routes that we have identified in the table below:

Table 27: Potential Procurement Routes

	Pro's	Con's
ProCure22	One Main contractor and one project team fully dedicated to this project – all resource fully supported from central point Deadline date agreed and must be stuck to – penalties apply if not Costs for the full project are fixed and known – can fix a guaranteed maximum price Meets all governance requirements	Relies upon our specification information being correct at the outset Relies upon us ensuring that buildings are ready to work on, and all enabling works ready – we also have to ensure we get things ready when we said we would as the project progresses P22 only has 5 suppliers on the framework. The lead supplier (and largest on the framework) is Keir. The Trust have entered into legal action with Keir over the last P21 project that was carried out – it is highly likely therefore that Keir would not bid, and this may also affect other suppliers on the framework from bidding. Commercially, we may struggle to get the best value for the Trust by using P22.
Full OJEU	Would be managed by our in-house estates team who are fully familiar with the site and aware of the risks that may present themselves.	Estates team is already very busy and working to capacity with "business as usual" projects – may be a big ask to get them to run such a big project utilising existing resources only. Huge amount of work for both procurement and Estates, when we could get this work done by utilising an existing framework – do the pro's justify the extra resource needed to choose this route?

Alternative framework – Pagabo or CCS as examples	One main contractor, as with P22 More contractors on the frameworks so commercially this would offer more choice to the Trust and hopefully drive better value for money All resource still given from central support, as with P22. Deadline dates can still be agreed. Can support with access to funding streams for projects too.	Relies upon our specification information being correct at the outset Relies upon us ensuring that buildings are ready to work on, and all enabling works ready – we also have to ensure we get things ready when we said we would as the project progresses Fees to access would add to project costs – would these outweigh the value for money?
P2020	One Main contractor and one project team fully dedicated to this project – all resource fully supported from central point Deadline date agreed and must be stuck to – penalties apply if not Costs for the full project are fixed and known – can fix a guaranteed maximum price Meets all governance requirements We would be the first Trust to use this, so from a Comms perspective, could give additional benefits Up to 20 suppliers on this framework, so potentially good value for money for the Trust	This framework is not ready yet – may be early 2021 – although this does still fit with our timescales Relies upon our specification information being correct at the outset Relies upon us ensuring that buildings are ready to work on, and all enabling works ready – we also have to ensure we get things ready when we said we would as the project progresses

Having studied the pro's and con's of all the different commercial options, procurement recommendation is that choosing the P2020 route would offer us the best solution. This is because from a compliance perspective, it ticks all the boxes, coupled with the fact that from a commercial perspective, we would benefit from using the framework with a larger number of providers on, ensuring we get value for money for the Trust. We would also benefit from the profile that being the first Trust to use P2020 would

bring with the added support we would get from the central team to ensure the project was a success.

5.2 Procurement strategy and implementation timescales

On the assumption that the P2020 route and assuming this business case is approved, we can begin communicating with the P2020 team and pulling together all the necessary documentation. Although we don't yet know exactly when P2020 will be starting up, there are 3 options being considered – Dec 2020, Feb 2021 and May 2021. If we use worst-case scenario of May 2021, then we would be working to the timeline outlined below to go out to tender:

Figure 12: Procurement Timeline

We are targeting August 2020 to have the OBC ready, and it is hoped we would have a response to this in October 2020. If we do, then we would aim to have the FBC completed before Christmas 2020 and submitted in December, with the hope that we would receive approval for this by February 2021. We would then take the case to Trust Board and hope to get this approved in March 2021. This then enables us to work for the final two months on pulling all the documentation together that we may need and issue out the tender documents in May 2021. Once the tender had been issued, we would work on a 6 – 8-week selection and stand-down period. Even if we use the worst-case scenario of May 2021 for P2020 to be ready, the timeline would seem to fit well with the expected approval milestones, so this further supports the case for selecting P2020 as the Preferred Way Forward for the commercial case.

6.0 The Financial Case

6.1 Impact on the organisation’s income and expenditure account

This case requires capital investment of **£36.3m** and recurrent revenue investment of £356k for non-pay expenditure.

Table 28: Summary of Capital and Revenue Required

Summary

	2021/22	2022/23	2023/24	2024/25	2025/26
	£	£	£	£	£
Capital:					
Building	6,588,500	20,777,900	5,328,300		
Equipment:	0	0	3,559,400		
Total	6,588,500	20,777,900	8,887,700	0	0
Income:	0	0	0	0	0
Expenditure:					
Pay	0	0	0	0	0
Non Pay	0	0	0	356,000	356,000
Capital Charges	0	0	578,908	2,306,309	2,269,020
Total	0	0	578,908	2,662,309	2,625,020
Total Revenue (- Deficit / + Surplus) Before Overheads	0	0	-578,908	-2,662,309	-2,625,020

6.2 Capital Investment required

This OBC requests capital funding of £36.3m

For purposes of calculating capital charges, the estimated useful life has been applied as follows:

- New Build 60 years
- Conversion 30 years
- Equipment 8 years

This includes 24% contingency risk associated with the costs for Optimism Bias. As the commercial deal is refined the level of Optimism Bias will reduce.

Capital costs have been aligned to project timescales and allocated over the period August 2021 to November 2023. It is anticipated the equipment costs will be incurred during 2023/24 in line with completion.

Capital charges are expected to be incurred from January 2024.

The calculation relating to impairment will be included within the Full Business Case.

6.3 Revenue Investment required

No additional staffing costs are expected – activity is expected to remain at current levels.
Expectation of Ongoing Maintenance costs associated with new equipment - £356k based on 10% of purchase price.

6.4 Cost Improvement generated

- Agency spend reduction through recruiting to vacancies.
- Energy cost reduction
- Potential increase in morale through better working environment could also improve sickness rate and have a further impact on Agency costs.

6.5 Cost Avoidance

- Unnecessary admissions
- Estimated backlog maintenance costs of Block OX (the H-Block) amount to £993k including VAT/Fees and enabling works that would not be required with the preferred option.

6.6 Risks:

- Values included are indicative until procurement deal is signed
- Optimism Bias calculated at 24%
- Time delays in delivery of build – need to ensure contract includes penalties / clauses

- Pandemics – for example Covid 19 has brought about the need to closedown construction and slowdown of economy
- Cost is above original funding allocation from Government – contingencies to fund shortfall

6.7 Opportunities:

- Volume of patients attending ED / UTC doesn't increase in line with growth forecasts

Working document can be supplied to support Financial calculations

7 The Management Case

7.1 Stakeholders

This project is managed through a project working group, reporting to a project oversight group (see project management arrangements below). The key stakeholders within each are:

Oversight Group

Name	Position	Organisation
Mark Brassington	Director of Improvement and Integration, SRO	ULHT
Andrew Prydderch	Deputy Director of Operations, Project Director	ULHT
Chris Farrah	Associate Director of Estates and Capital Planning	ULHT
Julie Pipes	Assistant Director of Strategy and Change	ULHT
Paul Boocock	Director of Estates and Facilities	ULHT
Claire Hall	Associate Director Strategic Business Planning, Facilities	ULHT
Jon Young	Deputy Director of Finance	ULHT
Paul Bulman	Associate Director of Finance	ULHT
Deborah Pook	Divisional Managing Director, Medicine	ULHT
Zoe Leahy	Communications Officer	ULHT
Ruth Cumbers	Urgent Care Programme Director	CCG
Sandra Williamson	Chief Operating Officer	CCG
Yvonne Owen	Medical Director, Lincolnshire Community Health Services	LCHS
Craig Mclean	Deputy Director of Operations	LCHS
Jacqui Bunce	Lincolnshire STP Strategic Estates Lead	CCG
Sue Lofthouse	Matron, Urgent Care	LCHS
John Harness	Consultant	JTH

Working Group

Name	Position	Organisation
Mark Brassington	Director of Improvement and Integration, SRO	ULHT
Andrew Prydderch	Deputy Director of Operations, Project Director	ULHT
Chris Farrah	Associate Director of Estates and Capital Planning	ULHT
Paul Bulman	Associate Director of Finance	ULHT
Habib Ahmad	Consultant, Acute Medicine	ULHT
Nigel Allen	Radiology Services Manager	ULHT
Ian Atkinson	Clinical Applications Manager, Clin Engineering	ULHT
Craig Bage	Project Manager - Implementation Lead, People and Innovation	LCHS
Annette Baldry	Administrator, Facilities, Project Support	ULHT
Paul Brien	Project Manager, Facilities	ULHT
Holly Carter	Lead Sister, Pilgrim ED	ULHT
Steve Cook	Capital Projects Manager, Facilities	ULHT
James Cragg	Pathology Site Manager	Pathlinks

Mick Cupicciotti	Project Manager, Facilities	ULHT
Andrew Doddrell	GP	LCHS
Matthew Donnelly	Advanced Nurse Practitioner, ED	LCHS
Mark Dorn	Modality Lead IR	ULHT
Rebecca Elsom	General Manager, General Medicine	ULHT
Blanche Lentz	Operational Service Manager, ED	ULHT
Sarah Lockwood	Senior Project Manager	LCHS
Sue Lofthouse	Matron, Urgent Care	LCHS
Michelle Morton	Strategic HR Business Partner, Human Resources	ULHT
Jennie Negus	Deputy Chief Nurse	ULHT
Alan Pattison	Business Manager, OA Division	LPFT
Raj Ranganathan	Consultant, ED	ULHT
Carl Sedgwick	Consultant Architect, Facilities	ULHT
Julie Shaw	PA to Cardiovascular Medicine CBU Management Team	ULHT
Glenys Tempest	PA to Head of Nursing - Surgery	ULHT
Maxine Skinner	Matron, Medicine	ULHT
Sarah Stringer	Senior Commissioning and Performance Manager	CCG
Cheryl Thomson	Urgent Care Programme Manager	CCG
Phillip Upsall	Theatre Orderly/staffside	ULHT
Claire Wilson	Corporate/Board Secretary	CCG
Deborah Pook	Divisional Managing Director, Medicine	ULHT
David Cleave	Divisional Nurse, Medicine	ULHT
Rosemary Brown	Volunteer, Research & Development, Patient Representative	ULHT
Fiona Jackson	Service Manager Mental Health Liaison Service	LPFT
Yvonne Owen	Medical Director, Lincolnshire Community Health Services	LCHS
Cristina Holmes	Patient Representative	
Alison Marriott	Patient Representative	
Brian Jaffrey	EMAS Representative	EMAS

Additional Contributors

Sofia Zubiaga	Consultant, Care of the Elderly	ULHT
Lucy Reed	Category Manager, Purchasing	ULHT
Sharron Reetham	Head of Category, Finance	ULHT
Helen Christie	Interim Divisional Head of Finance	ULHT
Stuart Leafe	Financial Manager	ULHT
Karen Sleigh	Assistant Director of Improvement	ULHT
Amardeep Johal	Data Analyst	ULHT
Simon Garlick	Diagnostics Systems and Performance Manager	ULHT

7.2 Project Framework and Management Arrangements

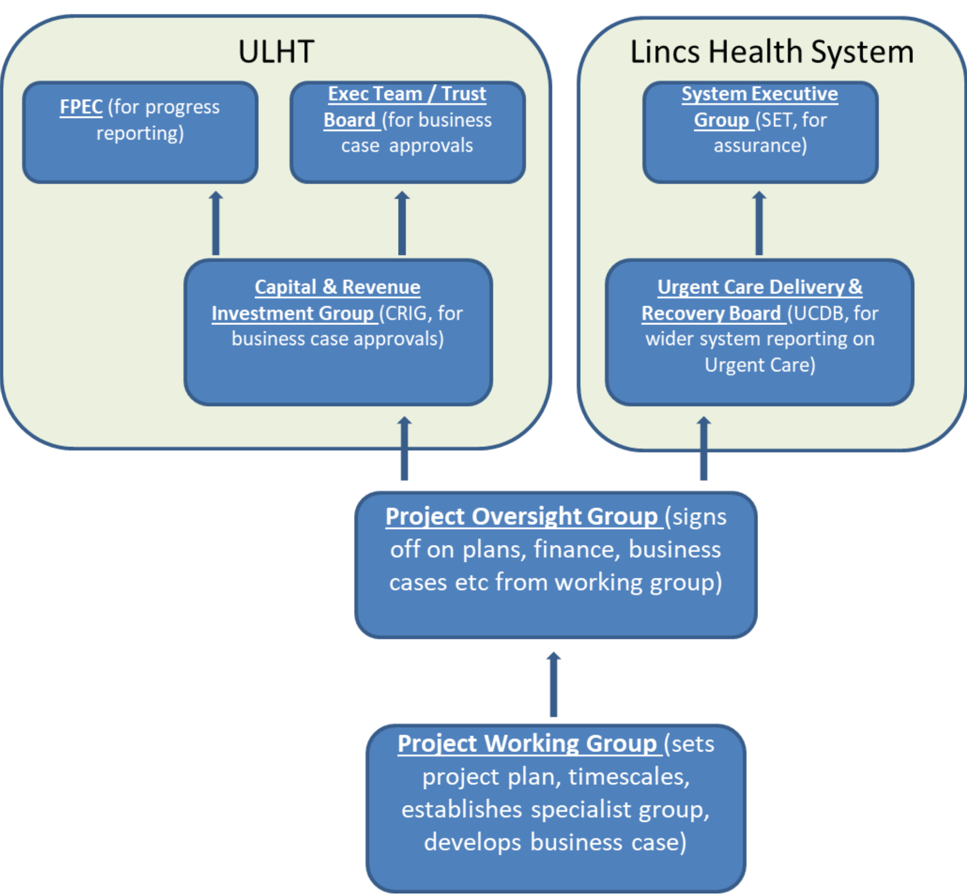
The project will be managed under MSP / PRINCE2 principles.

The project governance structure is given below. The project is managed under two groups – the Project Oversight Group (POG) chaired by the SRO, and the Project Working Group (PWG) chaired by the project director. The POG, chaired by the Director of Improvement and Integration, is formed under resolution of the Trust Board of United Lincolnshire NHS Trust and oversees the project group to be assured of project delivery. POG has financial decision making powers, delegated from the Trust Board, to appoint advisors and contractors to facilitate development of the business cases, design and construction.

The Working Group is a mix of management, facilities, clinical teams and patient representatives that have debated all aspects of the project from building design to clinical models to inform the business cases for the project. This group will ensure robust planning of the project and best value for money. The group considers staffing and operational models for the new unit, being tasked with ensuring integration of the multiple staff groups and agencies that will provide the urgent care service.

Membership of the two groups comes from all relevant provider and commissioner organisations as well as the patient / public representation. As ULHT is the owner of the site the trust was asked to lead the project. Groups meet regularly, with workshops phased throughout the project for the different requirements of the project.

Figure 13: Governance Structure



Business cases will require both trust and system approval and will first go internally to the trusts Capital & Revenue Investment Group and onwards to through to Trust Board. External sign off will be via the Urgent and Emergency Care Delivery Board and onwards to the System Executive Team.

The Director of Improvement and Integration is the Senior Responsible Officer and will be responsible for progressing business cases through the internal and system approval process, driving the project and has the authority to direct and take overarching decisions for the scheme. The SRO is accountable for the project delivery.

The Deputy Director of Operations is the Project Director and is responsible for managing the project working group to deliver the business cases and plans to the POG in the required time.

Senior consultant physicians and GP's assist in leading the working group to ensure that the project is clinically focussed to deliver quality care for patients.

7.3 Outline Project Plan

Table 29: Key Milestones

Milestone activity	Date
Complete OBC	18/05/20
Trust Internal Approvals Complete	07/07/20
External Approvals Complete (NHSE/I, HMT)	30/11/20
FBC Complete, Internal Approvals Complete	29/01/21
External Approvals Complete (NHSE/I, HMT)	30/04/21
Construction Commences	03/05/21
• Phase 1: Enabling Works, Road Diversions Complete	13/08/21
• Phase 2: Building Services Infrastructure Complete	19/11/21
• Phase 3: Main Construction Complete	21/10/22
• Phase 4: Refurbish Existing Buildings, Complete Works	24/11/23
Handover	27/11/23

A copy of the most up to date project plan, at time of writing is given here:

PHB ED_Project Plan_060420.pdf

The plan is refreshed through the PWG. Once internal and external approvals have been obtained the FBC will be produced detailing the design which offers best value for money, how the contractual arrangements will be made, affordability and more detailed management arrangements for the project.

A separate project plan for the more detailed construction element of the scheme is also being developed which will add to the above plan once more specific information is available and will be contained within the FBC.

7.4 Use of special advisers

Where necessary (where capabilities within the organisation have been insufficient due to the larger scale of this project) external advisers, providing an independent and impartial role have been used as per HM Treasury Guidance – “Use of Specialist Advisers”.

Details are set out in the table below:

Table 30: special advisers

Specialist area adviser	
Financial	**Rider Hunt**
Technical	**Globe Architects, Oglesby and Limb Architects, JCP**
Procurement and legal	
Business assurance	
Other	

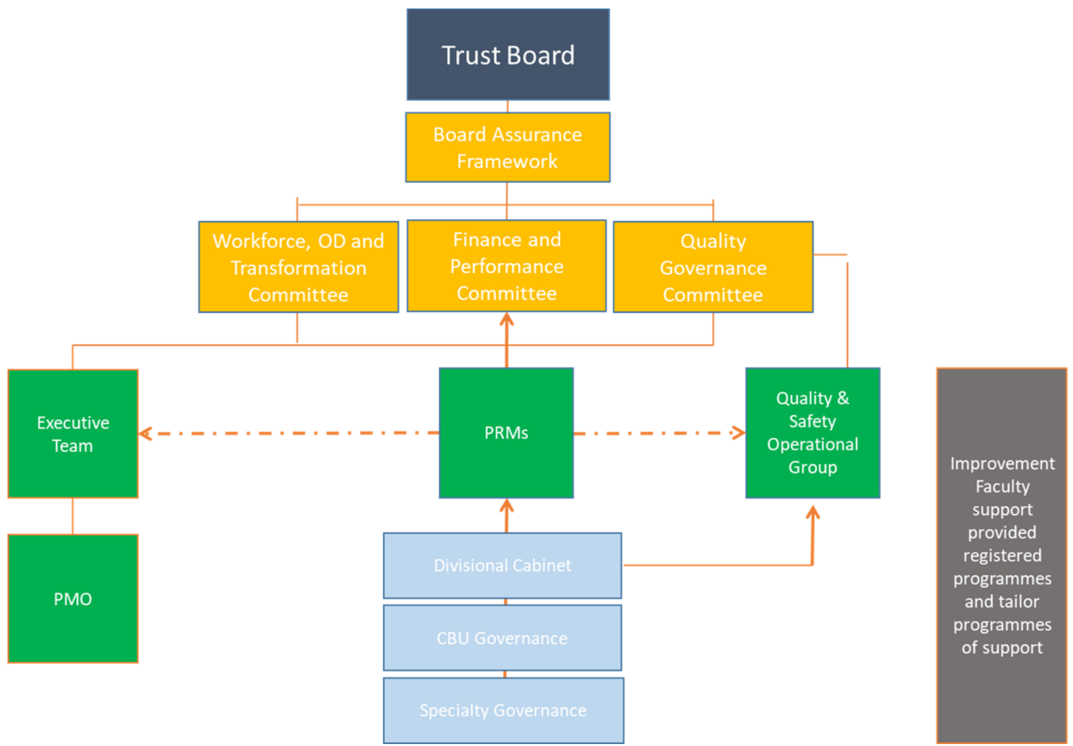
7.5 Change Management

Although this project is largely a reconfiguration of existing services some areas, such as “minor injuries” will transfer from one service provider to another. The human impact of change cannot be underestimated however and so the project has been consulting with the trusts Assistant Director of Improvement whose team have developed the organisations change management methodology.

The change management framework utilises a six stage approach helping to manage the human side of the project. The approach will help to achieve solid preparation for the delivery and handover of the project and help to sustain it as business as usual, through a PMO:

Responsibility for the new service remains with the Project Oversight Group and SRO. As with the PWG / POG approach the change management plan will have a similar governance route through the medicine division, up to the trust board:

Figure 14: Change Management Governance Structure



The change management plan will be incorporated within the overall project plan and will set out the steps required for communication and staff development ahead of handover. Support from Human Resources, Communications and staff side will be essential and is already provided within the PWG.

7.6 Benefits Realisation

A benefits register has already been established for the project, which supported the analysis within the strategic and economic cases. Benefits will be recorded onto the benefits register once identified through the POG's and PWG's. Planning and modelling of benefits will take place via a subgroup of the PWG, involving clinicians, finance and the project director. This subgroup will assign the realisation of benefits to the most appropriate person or team monitoring the actual benefit once achieved.

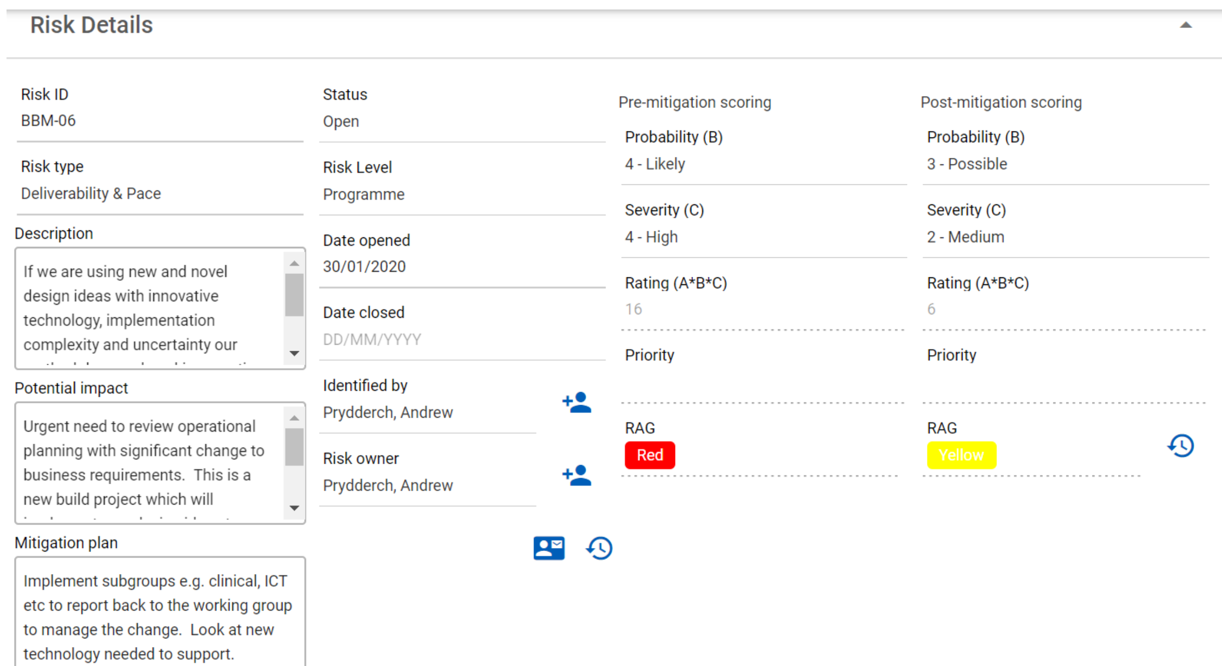
Overall responsibility for benefits realisation remains with the SRO, but delivery will be through the groups as described, with the project director reporting to the POG as required. The benefits register will be reviewed and updated at each meeting continuously through the project to capture:

- Benefit category / class;
- Potential costs;
- Activities required;
- Performance measures;
- Target improvement;
- Full year value;
- Timescale.

7.7 Risk Management

A risk register has been established for the project and is a standing agenda item on all POG / PWG and subgroup meetings. The register is available electronically at all times to the group. Consideration of the risks in this manner has allowed early identification of potential risks and issues and subsequent mitigation where possible. This approach will be maintained throughout the project. An example of the recording, measuring and mitigation of one risk is given below:

Figure 15: Example of how risks are being recorded, measured and mitigated



Management of risk throughout the project remains with the SRO, but is recorded and planned by the project director. The POG / PWG structure will ensure early recognition of any risks to afford time to consult, design and take any actions required to mitigate them.

The objective behind this approach is to provide assurance that the project is running to time and cost. At this stage in the project a higher level of optimism bias (4% works, 24% capital) is being used but it is anticipated that the optimism bias will decrease as the project progresses.

By using this approach we will have a resilient management framework, with support from Trust Board level, good communication of level of risk and clear and consistent management.

7.8 Project Assurance and Post Project Evaluation

From the outset, the trust and wider Lincolnshire health system have recognised the size and scale of this project and the need to develop skills in house, rather than to use external consultants to ensure value for money. This will be one of the largest schemes undertaken for some time and there is recognition that organisations such as ULHT have lost experience it once had due to this passage of time. The lessons learnt from project assurance and post project evaluation will be essential to go on to inform future schemes and continue to develop in house skills.

7.8.1 Project Assurance

The project oversight group has special advisers in the form of an external consultant and the Programme Director for Strategic Estates, Planning and Partnerships, Lincolnshire STP, have offered valuable experience and knowledge to help develop this case. In this way the POG has provided project validation reviews at relevant times.

Cabinet Office Gateway Reviews 1-5 will be conducted at the completion of this OBC and through the development of the FBC through the oversight group and external advisers.

7.8.2 Post Project Evaluation

Post project evaluation will take place in two forms:

- Project Implementation Review

Lessons learnt during the delivery phase leading up to the handover and implementation of the new service will be captured by the working group and fed upwards to the oversight group. This will be critical to ensure delivery of this project and inform future work;

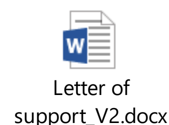
- Post Evaluation Review

This will take place 6 months post implementation to look at the original expected outcomes and benefits and evaluate as to whether the project delivered against them. If the implementation of the service is slow to achieve them the Oversight Group will look at how this may be improved. Critical to this will be the capturing of whether the project was achieved to time and budget which will go on to inform our Capital and Revenue Investment Group and future case development in terms of refining our own optimism bias.

Appendices

Appendix A – Letter of Support from the Healthcare System

DRAFT



Letter of support_V2.docx

Appendix B: National and Local Strategies

B.1 Health Infrastructure Plan (HIP) – October 2019

The health infrastructure plan represents a long term investment in the NHS to develop capital projects. This brought in additional funding to that announced within the NHS Long Term Plan, below. The first wave of the HIP involves over 40 projects with the aim of delivery by 2025 and there will be future waves for other projects and schemes.

The plan outlines three key things to make the NHS Infrastructure fit for the future:

- A new five-year rolling programme of investment in NHS Infrastructure;
- A reformed system underpinning capital to ensure funding addresses need;
- Backing of wider health and care sectors with funding at the capital review.

B.2 NHS Long Term Plan – January 2019

The *NHS Long Term Plan* is a plan for the NHS to improve the quality of patient care and health outcomes. The plan focuses on building an NHS fit for the future by:

- Enabling everyone to get the best start in life;
- Helping communities to live well;
- Helping people to age well.

The plan was developed in partnership with frontline health and care staff, patients and their families. It aims to improve outcomes for major diseases, including cancer, heart disease, stroke, respiratory disease and dementia. The plan also includes measures to:

- Improve out-of-hospital care, supporting primary medical and community health services;
- Ensure all children get the best start in life by continuing to improve maternity safety including halving the number of stillbirths, maternal and neonatal deaths and serious brain injury by 2025;
- Support older people through more personalised care and stronger community and primary care services;
- Make digital health services a mainstream part of the NHS, so that patients in England will be able to access a digital GP offer.

To ensure that the NHS can achieve the ambitious improvements for patients over the next ten years, the NHS Long Term Plan also sets out how the NHS can overcome the challenges it faces, such as staff shortages and growing demand for services, by:

1. Doing things differently:

a. Give people more control over their own health and the care they receive;

b. Encourage more collaboration between GPs, their teams and community services as 'primary care networks', to increase the services they can provide jointly;

c. Increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.

2. Preventing illness and tackling health inequalities:

a. Increasing contributions to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.

3. Backing the NHS workforce:

a. Continuing to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships;

b. Developing new roles as described in the NHS Ten Year plan and the Primary Care Networks e.g. physicians associates, clinical pharmacists, social prescribers;

c. Making the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.

4. Making better use of data and digital technology:

a. Providing more convenient access to services and health information for patients, using the technology including GP on-line services and the new NHS App as a digital 'front door';

b. Providing better access to digital tools and patient records for staff;

c. Improve the planning and delivery of services based on the analysis of patient and population data.

5. Getting the most out of taxpayers' investment in the NHS:

a. Continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered;

b. Make better use of the NHS' combined buying power to get commonly used products for cheaper;

c. Reduce spend on administration.

A key focus of the NHS Long Term Plan is the need to incorporate effective use of technology to support the delivery of patient care in the future. In Lincolnshire, significant steps are already being taken including:

- Development and roll-out of the Lincolnshire Care Portal to provide health and care staff with integrated access to patient clinical information across different IT systems;

- The well-established Lincolnshire Clinical Assessment Service which runs alongside the NHS111 service and provides health information and advice to patients over the phone.

Going forwards, this work will be accelerated as a major component in delivery of the proposed new service models.

The design of any service at Pilgrim Hospital therefore needs to consider integration with local partners (LCHS, LPFT, EMAS, social care) and how technology can play a vital part in our services – educating patients as well as providing data on attendances and getting information back to GP's about their patients care.

B.3 Five Year Forward View (October 2014)

The NHS *Five Year Forward View*, published in October 2014 by NHS England, set out a positive vision for the future based around seven new models of care:

Multispecialty community providers

Under this new care model GP practices come together in networks or federations and collaborate with other health and social care professionals to provide more integrated services outside of hospitals.

Urgent and emergency care networks

Under this new care model, the urgent and emergency care system should be simplified to provide better integration between Emergency Departments and other services that provide and support urgent treatments.

Specialised care

The NHS five year forward view outlined that, where there is strong evidence for concentrating care in specialist centres (as in stroke or some cancer services), the

NHS in England should seek to drive consolidation through a programme of three-year rolling reviews.

Enhanced health in care homes

Under this new care model NHS services should work in partnership with care home providers and local authority services to develop new models of care and support for older people.

Primary and acute care systems

Under this new care model, a single entity or group of providers take responsibility for delivering the range of primary, community, mental health and hospital services for their local population, to improve co-ordination of services and move care out of hospital where appropriate.

Acute care collaborations

Acute care collaborations (ACCs) were announced as a new type of vanguard by NHS England and other national bodies in September 2015. ACCs aim to link together hospital services to improve care quality and financial sustainability.

Modern maternity services

The NHS five year forward view proposed a new care model for modern maternity services, stating that a review of future models for maternity units would recommend how best to sustain and develop maternity units across the NHS in England.

As with the long term plan, integration of the emergency department with other providers in an “Integrated Care Network” is pivotal in the design of Pilgrim Hospitals services. With the current service there is an entrance to the emergency department as well as an entrance in Primary Care Streaming which creates confusion. A single entrance with service providers working together with referral pathways into the “majors” and “resus” areas and “minors” patients being seen alongside primary care work within the UTC area will remove any decisions patients have to make about where to go to receive care.

Pharmacy provision at Pilgrim Hospital is also an issue, being located towards the back of the hospital in a space insufficient for the workload. The community element is co-located with the hospital pharmacy but by moving this to the front door more patients that would otherwise attend ED could self-care and receive advice without attending. This would also release much needed space for the existing hospital pharmacy services.

B.4 Next Steps on the NHS Five Year Forward View (March 2017)

This delivery plan, drafted by both NHS Improvement (NHSI) and NHS England (NHSE), outlined progress on the ambitions set out in the Five year forward view since

its original publication in October 2014, and defined what still needed to be achieved over the final two years of the plan. It also outlined priorities for the service specifically in 2017/18 as follows:

- Deliver financial balance across the NHS;
- Improve ED performance;
- Strengthen access to GP & primary care services;
- Improve cancer and mental health services.

Specifically, the plan sought to strike a balance between realism about the challenges facing the NHS today together with promises to improve care. These promises focussed on urgent and emergency care, primary care, cancer, and mental health. They included delivering the four hours standard in all emergency departments during 2018, providing extended access to general practice appointments in the evenings and weekends in all areas of the country by March 2019, introducing a new standard to give patients a definitive cancer diagnosis within 28 days after GP referral by 2020, and increasing the availability of psychological therapies and mental health services for children and young people.

The 'Next Steps' also set out that one of the key ways for the achievement of longer term transformational change, would be to:

'Encourage practices to work together in 'hubs' or networks. Most GP surgeries will increasingly work together in primary care networks or hubs. This is because a combined patient population of at least 30,000-50,000 allows practices to share community nursing, mental health, and clinical pharmacy teams, expand diagnostic facilities, and pool responsibility for urgent care and extended access. There are various approaches to achieving this that are now being introduced across England, including federations of practices, 'super-surgeries', primary care homes, and 'multispecialty community providers'.

Extended access to GP and primary care services has been established in the Boston area for some time. However, the service is intermittent and bringing it into the UTC with collocated services will help to create more consistent provision.

B.5 General Practice: Forward View (April 2016)

The *General Practice Forward View*, published in April 2016, set out a plan, backed by significant national investment, to stabilise and transform general practice. It was developed with Health Education England and in discussion with the Royal College of GPs and other GP representatives.

It committed to an extra £2.4 billion a year to support general practice services by 2020/21, supplemented by a five-year national sustainability and transformation package to support GP practices. The plan also contained specific, practical and funded steps to grow and develop workforce, drive efficiencies in workload and relieve

demand, modernise infrastructure and technology, and support local practices to redesign the way modern primary care is offered to patients.

B.6 Urgent Treatment Centres

Urgent Treatment Centres - Principles and Standards was published in July 2017 to support simplification of the urgent and emergency care system and to provide better integration between Emergency Departments and other services that provide and support urgent treatments. The document provided a specification for UTCs to establish as much commonality as possible, setting out a series of clear expectations as follows.
By December 2019 patients and the public will:

a. Be able to access urgent treatment centres that are open at least 12 hours a day, GP-led, staffed by GPs, nurses and other clinicians, with access to simple diagnostics, e.g. urinalysis, ECG and in some cases X-ray;

b. Have a consistent route to access urgent appointments offered within 4hrs and booked through NHS 111, ambulance services and general practice. A walk-in access option will also be retained;

c. Increasingly be able to access routine and same-day appointments, and out-of-hours general practice, for both urgent and routine appointments, at the same facility, where geographically appropriate;

d. Know that the urgent treatment centre is part of locally integrated urgent and emergency care services working in conjunction with the ambulance service, NHS111, local GPs, hospital Emergency Departments and other local providers.

The expectation is that this change will create the opportunity for the commissioning of a genuine integrated urgent care service, aligning NHS 111, urgent treatment centres, GP out-of-hours and routine and urgent GP appointments with face to face urgent care.

This represents a national drive to provide a simplified networked model of urgent care services presented to the public using a standardised nomenclature. As such, MIUs are likely to translate into newly-specified primary care access hubs following local consultation and engagement.

Urgent treatment centres are expected to operate as part of a networked model of urgent care, with referral pathways into emergency departments and specialist services as required. Commissioners are expected to make sure that all UTC services form part of ambulance services referral pathways as an alternative to conveyance to the ED where appropriate.

This key publication established a blueprint for the design of the UTC at Pilgrim Hospital. Patients must have access to routine, same day and urgent (within 4 hours) primary care services both in and out of core hours. The service must have seamless

integration – patients will be almost unaware of which organisation is providing their care with the ED and UTC being completely integrated.

B.7 The Carter Report

Lord Carter's interim report in June 2015 and February 2016 (Operational productivity and performance in English NHS acute hospitals: Unwarranted variations) outlined the work that has been carried out to review the operational productivity of NHS hospitals, working with a group of 22 NHS providers. The report provided interim recommendations and next steps for efficiency centred on workflow, workforce, pharmacy and medicines optimisation and estates and procurement management.

A key interim recommendation was the need for a common set of metrics that could serve as a barometer for hospitals to compare themselves with their peers, taking into account the complexity of care provided, and more importantly provide a baseline for future improvement. This would enable hospital leaders to pinpoint areas of improvement and identify where large improvements could be made by reducing variation in services.

Lord Carter's final report published in February 2016 identified significant and unwarranted variation in costs and practice which, if addressed, could save the NHS £5bn. The report acknowledges that although there is exceptional practice already happening in the NHS, the overall average is not sufficient and more needs to be done to bring poor performance up to meet the best. It concluded there is the potential for efficiency savings of £1bn from better management of estates, such as lighting, heating and utilising floor space, with a large variation between Trusts, with one using just 12% for non-clinical purposes, while another used over two-thirds. The report recommended that:

- "Every Trust has a strategic estates and facilities plan in place, including in the short term, a cost reduction plan based on the model hospital data and benchmarks, and in the longer term a plan for investment and reconfiguration where appropriate for their whole estate, taking into account the Trust's future service requirements";

- "All Trust's estates and facilities departments should operate at or above the median benchmarks for the operational management of their estates and facilities functions (as set by NHS Improvement by April 2016); with all Trusts (where appropriate) having a plan to operate with a maximum of 35% of non-clinical floor space and 2.5% of unoccupied or under-used space by April 2017 and delivering this benchmark by April 2020, so that estates and facilities resources are used in a cost effective manner."

This OBC responds to the Carter report by proposing to maximise the amount of clinical space in relation to the ED at the Pilgrim Hospital, Boston. Also, by addressing the current capacity issues, it is proposed to enable provision of an efficient urgent care service for the east Lincolnshire area, therefore improving cost effectiveness.

B.8 NHS Property and Estates: Why the estate matters for patients (March 2017)

The NHS Property and Estates review (an independent report by Sir Robert Naylor) presented the opportunity to rebuild NHS infrastructure to meet modern standards of service delivery for the future and calls for the NHS, through the STP process to rapidly develop robust capital plans that are aligned with clinical strategies, maximise value for money (including land sales) and address backlog maintenance. This project responds to the Naylor Review by making more intensive use of the existing estate and maximising and improving clinical standards and functional suitability.

B.9 Local Estates Strategies (DoH June 2015)

Achieving the efficiencies required by the Five Year Forward View requires all parts of the health service to work with greater agility and co-operation. Good quality strategic estates planning is vital to making the most of these changes and will allow the NHS to:

- Fully rationalise its estate;
- Maximise use of facilities;
- Deliver value for money; and
- Enhance patients' experiences.

In order to realise these benefits, commissioners, trusts and stakeholders (including the wider public estate) were required to produce local estates strategies. The formation of Local Estates Forums (LEF) has been key to developing a sufficiently robust understanding of the available estate and aligning it to commissioning intentions to extract maximum value from NHS resources and reduce wastage.

It is critical that service and estates planning are integrated to ensure that the best estate is available to deliver optimised healthcare services and facilitate wisely, well-founded investment decisions. In this way, best use can be made of existing property, new estate can be developed to meet service needs and surplus estate can be sold.

B.10 Estates and Technology Transformation Fund

NHS England's Estates and Technology Transformation Fund (ETTF) is a multi-million pound investment (revenue and capital funding) in general practice facilities and technology across England (between 2015/16 and 2019/20). It is part of the General Practice Forward View commitment for more modernised buildings and better use of technology to help improve general practices services for patients.

The ETTF funding comes out of the £1bn Primary Care Infrastructure Fund which as well as providing a funding boost for estates and technology has invested in other areas of general practice such as workforce.

B.11 ULHT Estates Strategy

ULHT is currently reviewing and developing its estates strategy. This scheme fits within the estates strategy in terms of its potential to reduce backlog maintenance and investing in the clinical estate. It will help the trust to deliver a flexible, high efficiency estate with a functionally fit for purpose, future proofed building. The design will be flexible for future clinical needs. As it is often perceived as the "gateway to the site" it will be a landmark building from a design quality and wayfinding perspective, providing a direct visual link to patients and service users upon entering the site.

B.12 ULHT Clinical Strategy

The wider NHS is experiencing unprecedented change. It is becoming a system that is highly regulated by external bodies such as the Care Quality Commission (CQC) and NHS England and Improvement. National standards are set and some of these will be mandatory with the further development of NICE quality standards. Specialised care is becoming more complex within an environment where increasing demand and public expectations mean that care will be delivered closer to the individuals' own home, with an integrated workforce. 'Integration' meaning that the workforce from ULHT, Lincolnshire Community Health Services, Lincolnshire Partnership Foundation Trust and primary care will come together to provide care as integrated teams to support patients closer to home, and avoid unnecessary admissions to acute hospitals. All these changes are required within a constrained financial resource.

The United Lincolnshire Hospitals Clinical Strategy was developed to address these changes and outlines the direction of travel of ULHT services. It has been developed to ensure that the organisation is clear about its role in providing secondary healthcare in the future.

After some challenging times, ULHT is on a journey of improvement with patient safety and improving the patient experience being the highest priorities. However, ULHT is part of a broader healthcare system and the changing external environment and expectations of partner organisation need to be addressed in this strategy and as such, the developed Clinical Strategy takes into account the working of both Lincolnshire's Sustainability and Transformation Programme (STP) and the Acute Services Review (ASR).

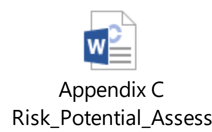
Developing this strategy has identified the following key points:

- Services are not clinically sustainable in the current configuration;
- Services are not affordable in the current configuration;
- Doing nothing is not an option;

- Services need to be better integrated and coordinated to deliver an improved patient experience and outcome closer to home;
- Care needs to be consultant-led 24/7;
- There is a balance to strike between the need to concentrate scarce specialist resources and ensure local access;
- In-hospital services need to be fully utilised to achieve maximum economies of scale;
- Telemedicine technologies need to be used to the maximum in Lincolnshire to minimise the problems associated with rurality.

The trusts Integrated Improvement Plan 2020-2025 builds on this strategy setting out the need for staff to work differently, integrating services supported by technology in an improved estate within its core strategic objectives. This OBC will consider the integration of services and how this can be underpinned by better technology.

Appendix C: Cabinet Office Risk Potential Assessment



Appendix D: Evaluation of Possible Site Options

A workshop was held on 27th November 2019 to discuss where, in view of the combined project, possible building work could take place and the merits of each option. Attendees included senior managers from ULHT, CCG, Pathlinks (pathology provider):

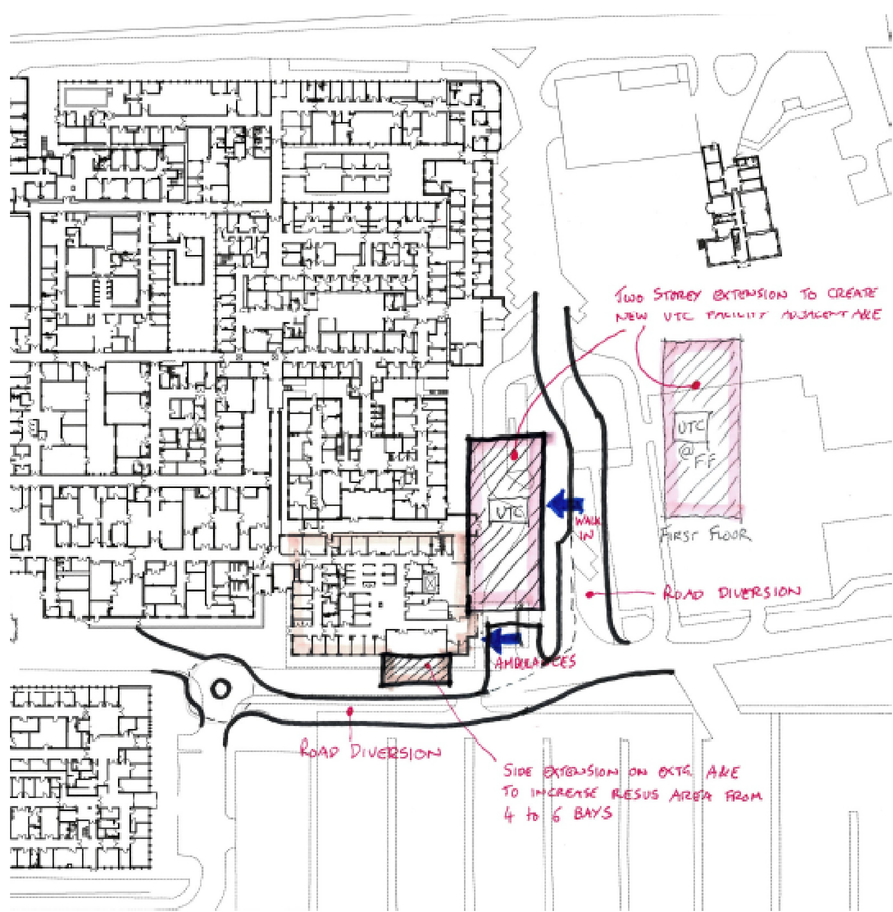
Name	Position	Organisation
Andrew Prydderch	Deputy Director of Operations, Project Lead	ULHT
Sue Lofthouse	Matron, Urgent Care	LCHS
Cristina Holmes	Patient Representative	
Paul Brien	Project Manager, Facilities	ULHT
Phil Huckle	Urgent Care Project Manager	CCG
Rosemary Brown	Volunteer, Research & Development, Patient Representative	ULHT
Suzie Garner	Deputy Sister, ED	ULHT
Raj Ranganathan	Consultant, Emergency Department	ULHT
James Cragg	Pathology Site Manager	Pathlinks
Chris Farrah	Associate Director of Estates and Capital Planning	ULHT
Sarah Stringer	Senior Commissioning and Performance Manager	CCG
Steve Cook	Capital Projects Manager, Facilities	ULHT
Carl Sedgwick	Consultant Architect, Facilities	ULHT

A range of options had been developed by ULHT consultant architect in response to the emerging accommodation schedule with do minimum, intermediate and do maximum options. In addition, the ULHT estates strategy had identified adjacent buildings in poor condition, which, with some moves of existing occupants, could be a good option to raise and rebuild.

After some debate the preferred options for a possible site location were options 4, 5, 11 and 12 with option 4 as the preferred, 5 and 12 as the preferred do minimum and 11 as the preferred do maximum. This would be taken into consideration at the long list appraisal workshop along with the output from the clinical modelling workshop.

Option 1 – do minimum

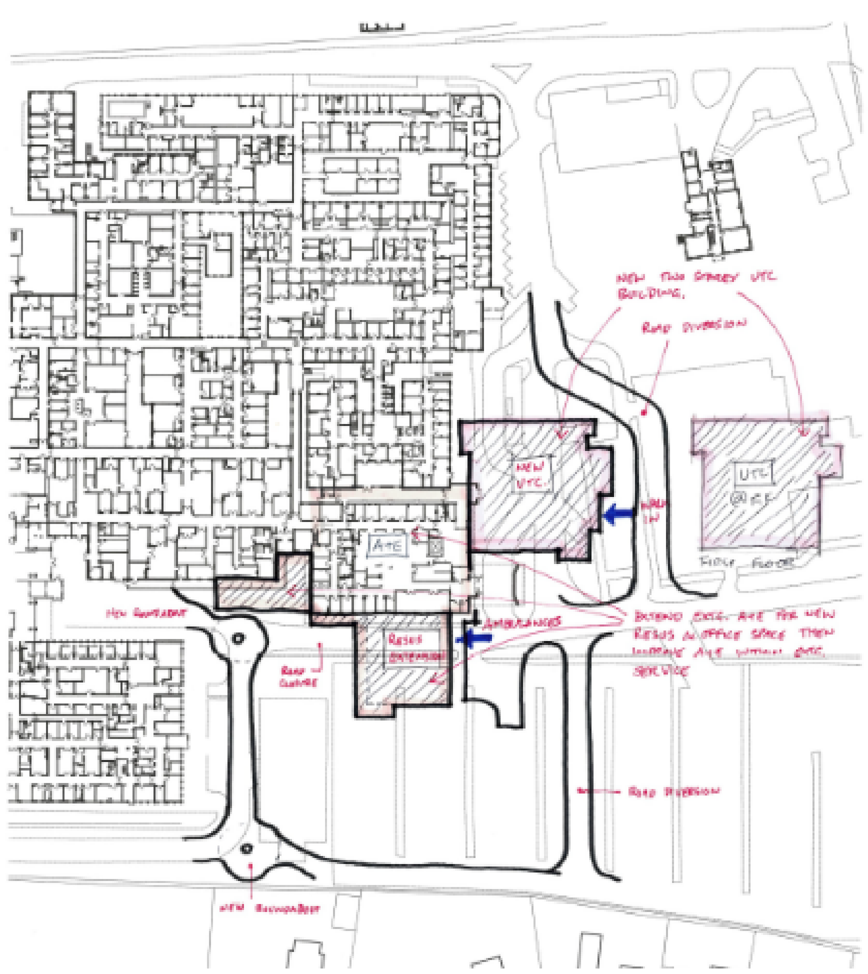
This was a reduced look at the two separate options presented within the original strategic outline cases – a separate build for both the UTC and for an expanded resus. A small, single storey extension on one side of the ED to increase the existing 4 bay resus area to 6 bays and the construction of a new two-storey UTC in front of the ED. There would be modest road diversions on both sides of the ED.



Strengths	No need to decant staff from existing accommodation and could phase work around the existing services; Lowest cost option
Weaknesses	Does not support reconfiguration of the existing ED or improve diagnostic / pathology services.
Opportunities	Does provide a UTC and improved resus and as a result would improve patient outcomes to an extent
Threats	Requires road diversions, albeit limited, on both the east and south sides of the building. “Land locks” the ED between existing services and the road extensions – no scope for further extension without further road moves

Option 2 – do maximum

This option effectively described the two original strategic outline cases. A new build resus extension with full road moves to the south and a new build two-storey UTC extension out from the existing ED.

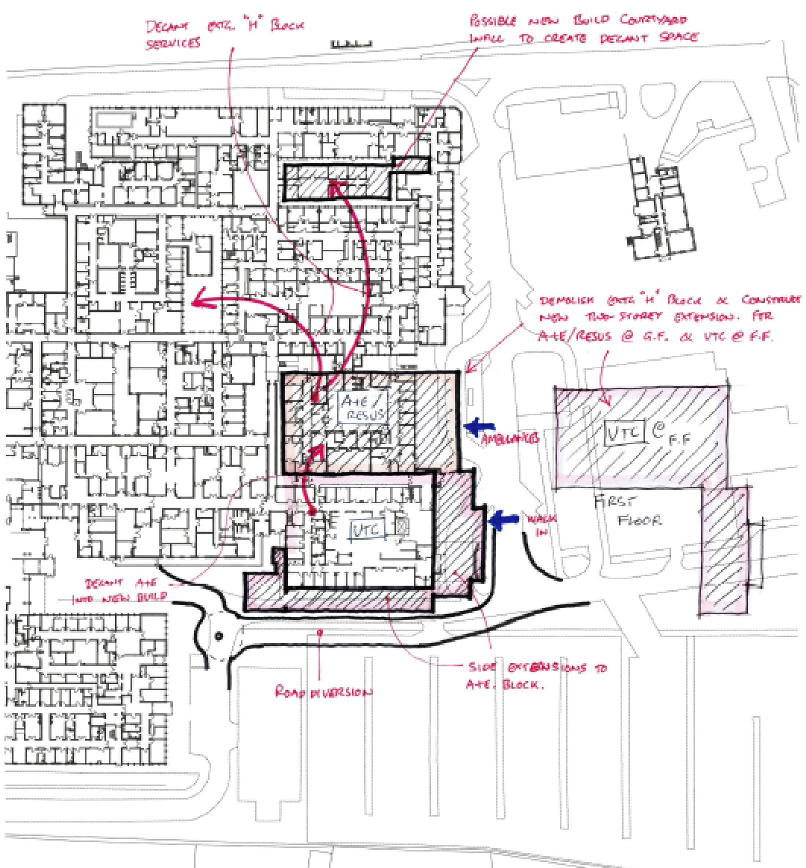


Strengths	No need to decant staff from existing accommodation and could phase work around the existing services
Weaknesses	Does not support reconfiguration of the existing ED or improve diagnostic / pathology services High cost option Poor connectivity between ED and UTC
Opportunities	Does provide a UTC and improved resus and as a result would improve patient outcomes to an extent
Threats	Extensive road diversions on both the east and south sides of the building. “Land locks” the ED between existing services and the road extensions – no scope for further extension without further road moves

Option 3 – intermediate option

To the north of the existing ED there is a H-shaped building which currently houses services such as medical physics, cardiology and orthodontics. This building has significant backlog maintenance issues as set out in the ULHT estates strategy. The cost of these backlog issues would offset the cost to decant and demolish this building making this an option to reduce potential road works to expand the building. Several options look at this.

This option would involve decanting the H-block and using an additional courtyard space near OPD to create a space to move displaced staff into. In the space of the demolished building a new two-storey extension for ED and UTC. The UTC would sit where the existing ED is located as the front door. There would be a small road diversion to the south of the ED.

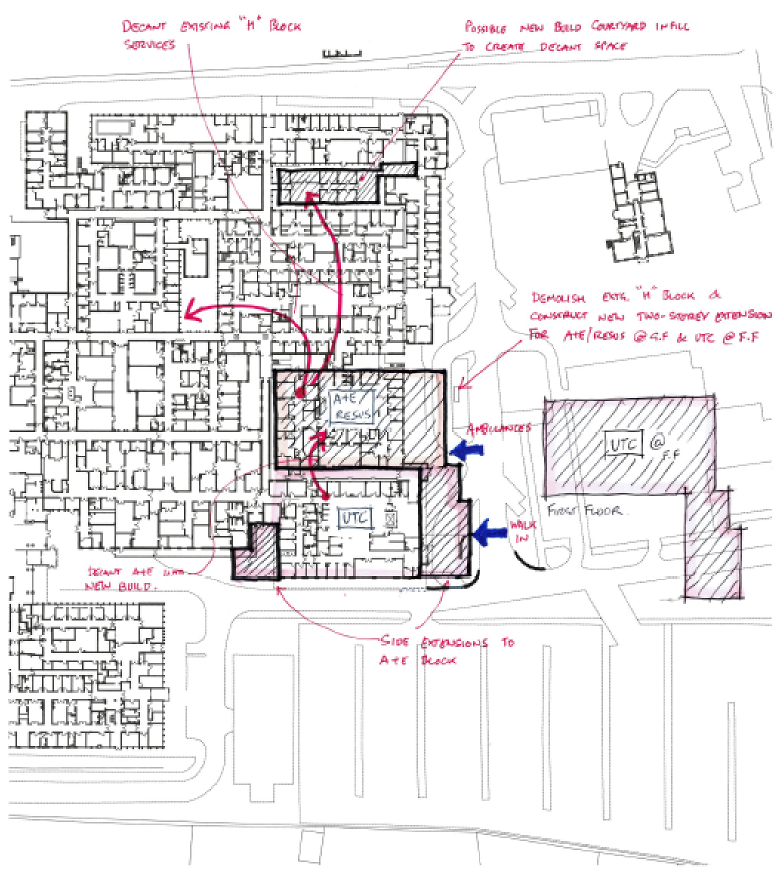


Strengths	No road diversions to the front of ED No disruption to existing services during construction Would contain most of the core and nice to have elements
Weaknesses	Road diversions remain to the south Although there is expansion of the existing ED it is limited and would not allow expansion without future road diversion Design would be constrained by having to be “shoe-horned” into the space left from the H block
Opportunities	Demolition of H block removes backlog maintenance issues (offset cost of build)

	Good connectivity between ED and UTC – promoting staff integration and new ways of working
Threats	Requires decant of existing services in the H block. Whilst possible to do, needs careful planning to minimise disruption to clinical services

Option 4 – intermediate option

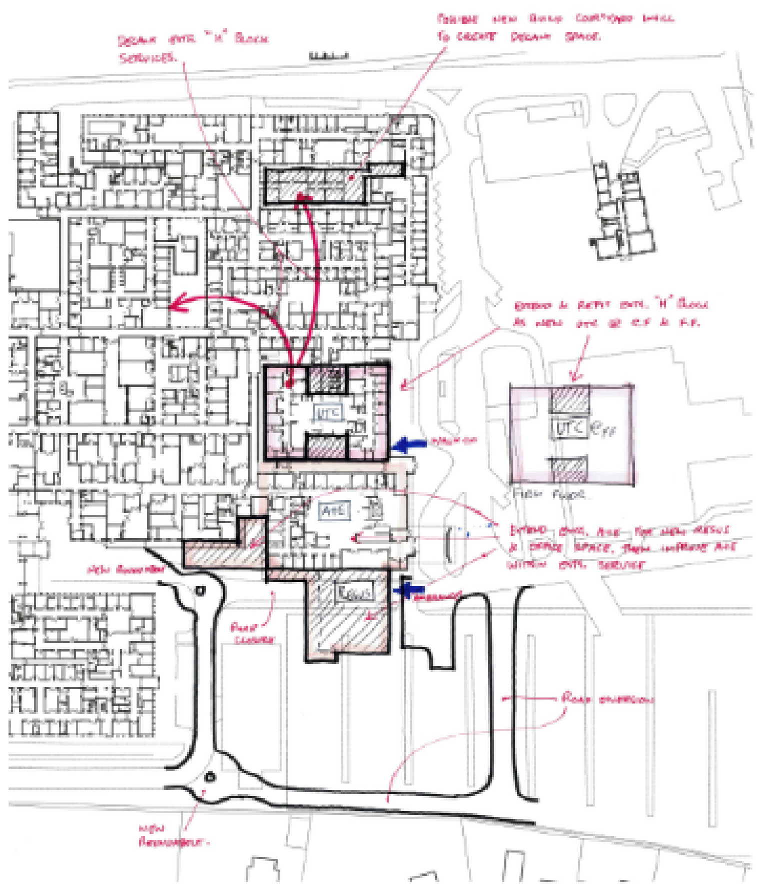
This option also utilises the “H-block” but does not expand outwards from ED to the south. Again, a two storey extension with ED moving to the new building and UTC taking over the existing ED space. The first floor would be used for the office space, training and storage as well as some services such as clinical assessment.



Strengths	No road diversions No disruption to existing services during construction Financially realistic in view of less building work and no road moves
Weaknesses	Reduced footprint and expansion of the existing ED is limited Does not allow expansion without future road diversion Design would be constrained by having to be “shoe-horned” into the space left from the H block
Opportunities	Demolition of H block removes backlog maintenance issues (offset cost of build) Good connectivity between ED and UTC – promoting staff integration and new ways of working
Threats	Requires decant of existing services in the H block. Whilst possible to do, needs careful planning to minimise disruption to clinical services

Option 5 – intermediate + option

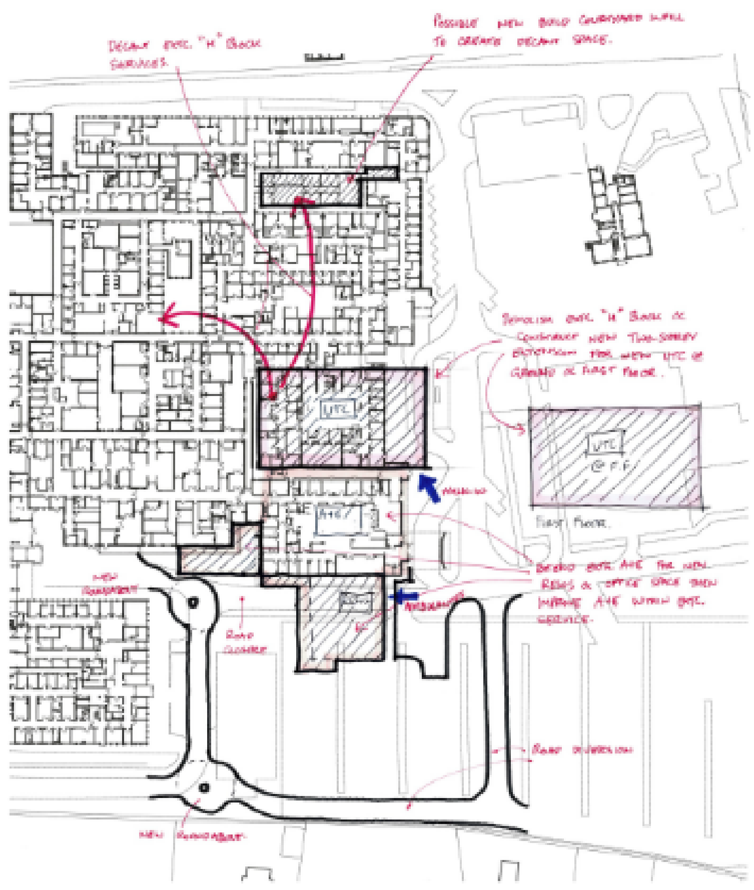
Options for increased footprint were also considered (intermediate + options). This option includes the “H-block” as a new UTC and a larger road diversion to the south of ED which would allow a resus and office / training extension to the south and west of the existing building.



Strengths	No road diversions to the front of ED No need to demolish the H-Block (although backlog maintenance issues remain) Contains core and desirable options
Weaknesses	Work to improve majors in ED would have to be phased as no decant options Major road diversion to the south UTC accommodation would be constrained within the old H building
Opportunities	Potential to expand out further without road works Good connectivity between ED and UTC – promoting staff integration and new ways of working
Threats	Requires decant of existing services in the H block. Whilst possible to do, needs careful planning to minimise disruption to clinical services Loss of car parking revenue

Option 6 – intermediate + option

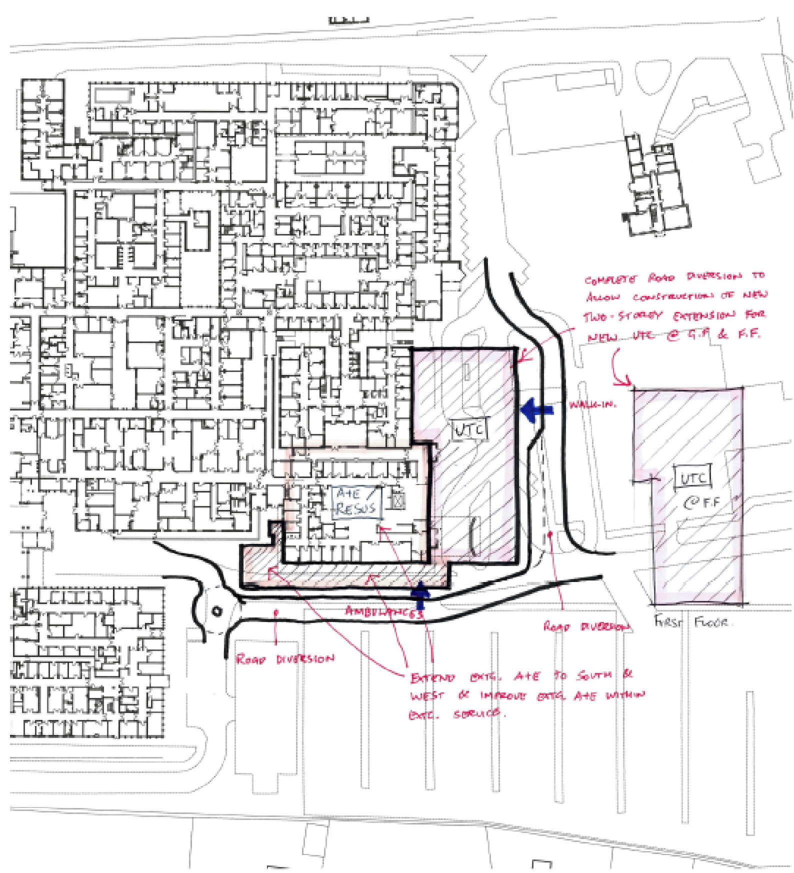
In this option staff would be decanted from the H block and the building demolished. A new two-storey extension to the north of ED would contain the UTC. Diversions to the south of the ED allow for the extension for resus as per option 5.



Strengths	No road diversions to the front of ED Contains core and desirable options
Weaknesses	Work to improve majors in ED would have to be phased as no decant options Major road diversion to the south
Opportunities	Potential to expand out further without road works Demolition of H block removes backlog maintenance issues (offset cost of build) Good connectivity between ED and UTC – promoting staff integration and new ways of working
Threats	Requires decant of existing services in the H block. Whilst possible to do, needs careful planning to minimise disruption to clinical services Loss of car parking revenue

Option 7 – intermediate + option

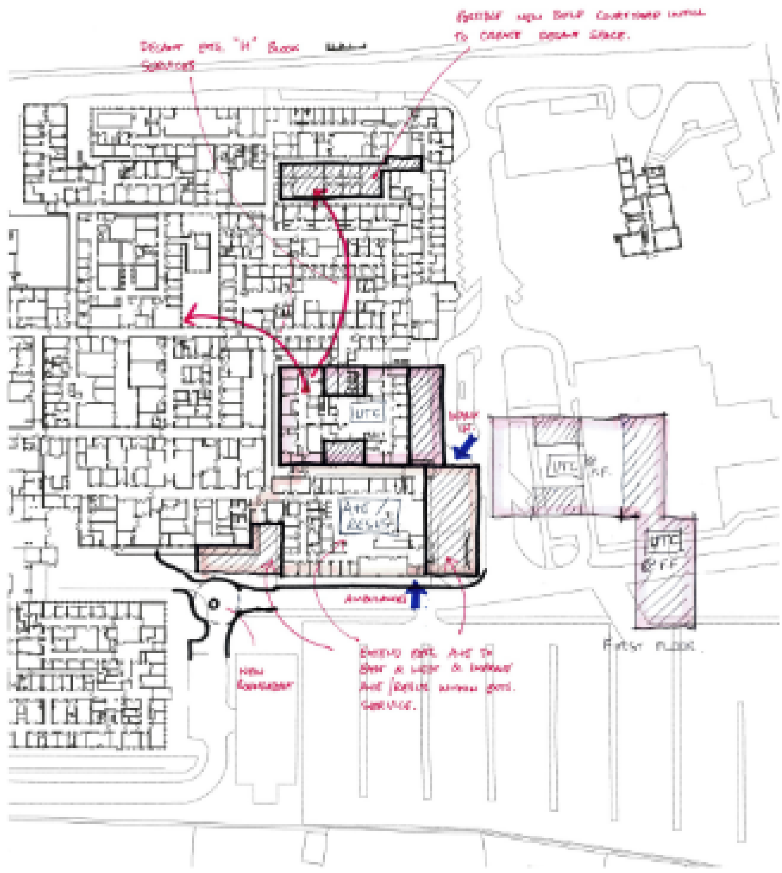
Diversion of the existing roads to the south and east of the existing ED. Construction of a new two-storey extension for a new UTC at the front of the ED and an extension to the south of the ED to expand majors and resus.



Strengths	No need to demolish any buildings / decant staff Contains core and desirable options
Weaknesses	Work to improve majors in ED would have to be phased as no decant options Major road diversions Limited expansion of the existing ED – majors and resus
Opportunities	No way into ED without going through UTC Good connectivity between ED and UTC – promoting staff integration and new ways of working
Threats	Loss of car parking revenue Compromised ambulance drop off area

Option 8 – intermediate + option

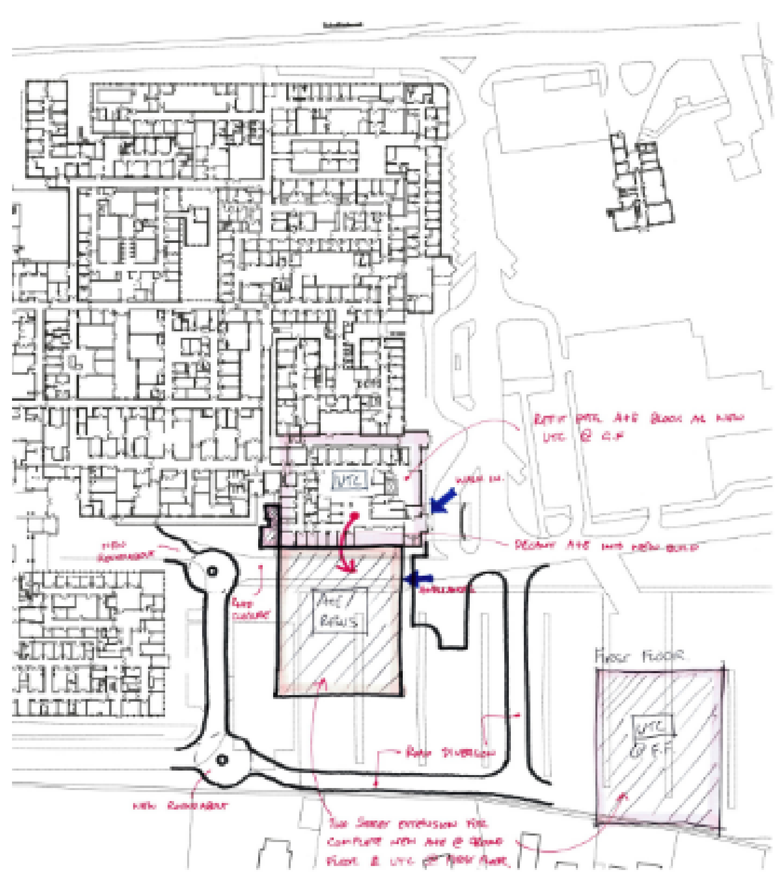
Decanting the H block and extending and refurbishing this building to create a new UTC. New extensions east and southwest of the existing ED provide additional space to develop majors and resus.



Strengths	No need to demolish any buildings No significant road diversions Contains core and desirable options
Weaknesses	Most of the UTC would have to be designed to fit in the H Block, constraining what could be designed. Work to improve majors in ED would have to be phased as no decant options with limited expansion
Opportunities	Good connectivity between ED and UTC – promoting staff integration and new ways of working
Threats	Loss of car parking revenue Compromised ambulance drop off area

Option 9 – intermediate + option

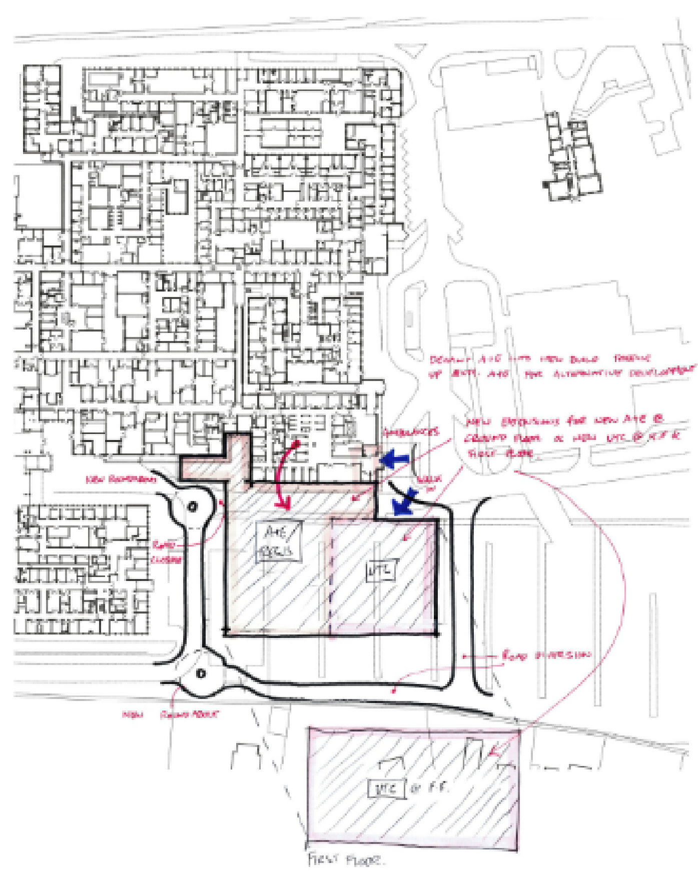
Major road diversions again to the south of the ED with a new two-storey construction for Majors and Resus. UTC occupies the old ED space and 1st floor above for clinical assessment service, office and training space.



Strengths	No need to demolish any buildings or decant any staff Purpose build ED with no disruption to existing services Contains core and desirable options
Weaknesses	Most of the UTC would have to be designed to fit within the old ED, constraining what could be designed. Major road diversion to the south of the ED
Opportunities	Potential for further expansion Good connectivity between ED and UTC – promoting staff integration and new ways of working
Threats	Loss of car parking revenue ED becomes very remote from the rest of the hospital – theatres, diagnostics etc.

Option 10 – do maximum option

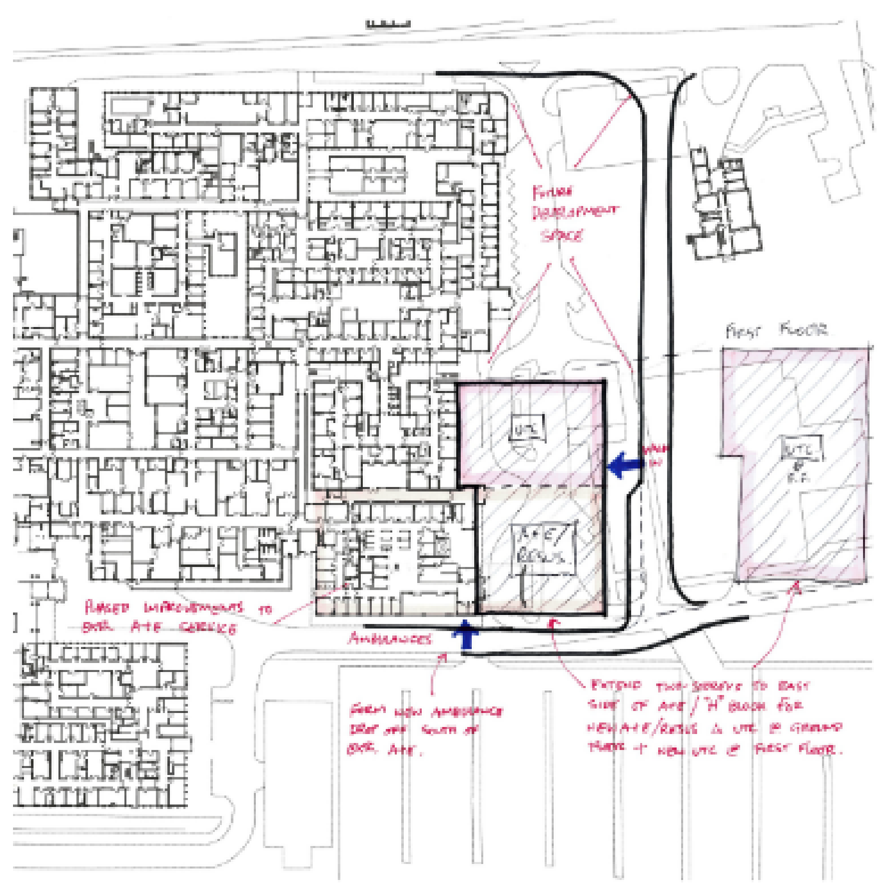
A full road diversion to the south of the existing ED, with a new, two-storey extension to encompass an entirely new ED with resus and a new UTC. The existing ED would continue as is until the new build was opened then migrate. The old ED then freed up for future expansion.



Strengths	No need to demolish any buildings or decant any staff Purpose build ED and with no disruption to existing services Contains core, desirable and optional elements
Weaknesses	Major road diversions High cost
Opportunities	Existing space freed for other services Custom build building with excellent connectivity between ED and UTC – promoting staff integration and new ways of working
Threats	Loss of car parking revenue ED and UTC becomes very remote from the rest of the hospital – theatres, diagnostics etc.

Option 11 – do maximum option

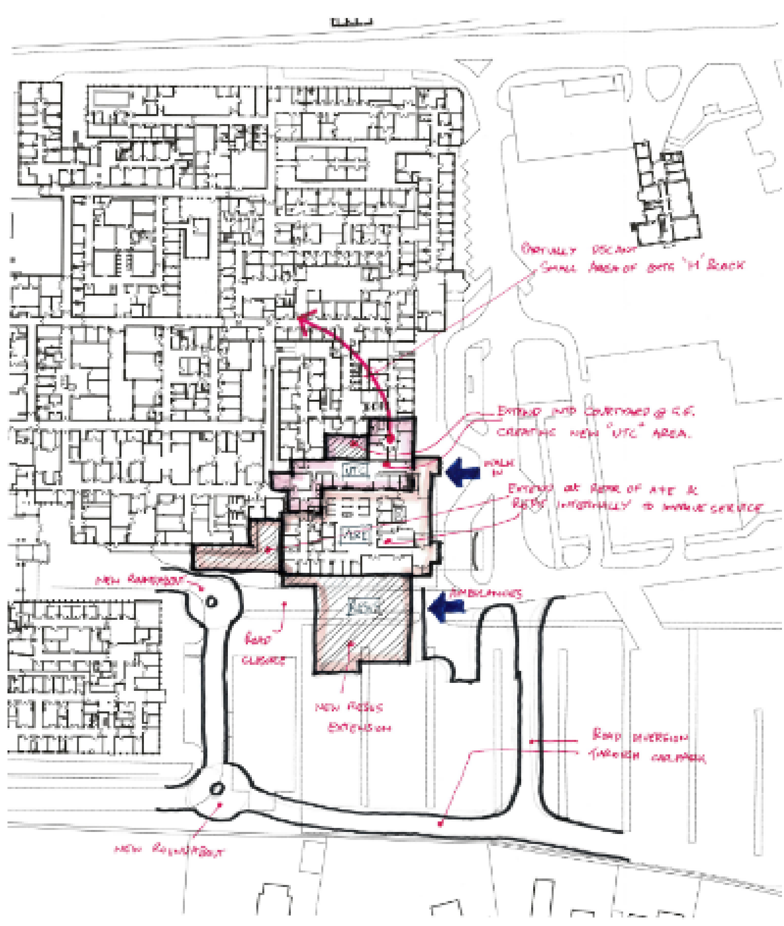
A full road diversion to the east of ED and Out Patients out to the Skirbeck House building. Ambulances would be redirected to the South of the building. A new two-storey extension to the east of the existing ED and H block for purpose built UTC. New resus and extension to the existing ED.



Strengths	No need to demolish any buildings or decant any staff Purpose built UTC Contains core, desirable and optional elements
Weaknesses	Major road diversions across the front of ED High cost Would have to phase the ED extension New ambulance drop of could conflict with other traffic
Opportunities	A large area in front of Out Patients is made available for future service expansion / development Good connectivity between ED and UTC – promoting staff integration and new ways of working
Threats	Loss of car parking revenue

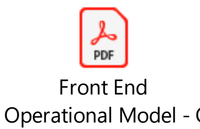
Option 12 – do minimum option

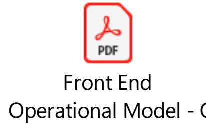
A further option was introduced to look at the use of existing buildings more and reducing the specification down to an absolute bare minimum service provision. The resus area remained the same with a large road diversion to the south of the ED and a small extension to the west. The UTC was constrained within the existing facility with a smaller extension into part of the H block and infilling a small courtyard area between the two.



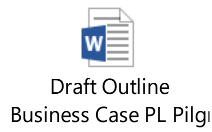
Strengths	Low cost Minimal disruption to existing services during build
Weaknesses	Major road diversions to the south of ED ED becomes land locked by services to north and west and road to east (potential expansion south through resus UTC is shoe-horned into Existing poor quality building
Opportunities	Future work could move the road to the east to expand, but high cost
Threats	Loss of car parking revenue Very poor connectivity between UTC and ED, staff would not be able to integrate

Appendix E – Clinical Model Options





Appendix F – Pathology Solution for Pilgrim Hospital Urgent Care Project



Appendix G – Accommodation Schedule

Glossary

CCG	Clinical Commissioning Group
CT	Computed Tomography. An X-ray image made using a form of tomography – a moving x-ray source to build a 3 dimensional image of the body
ED	Emergency Department (formerly Accident & Emergency or A&E)
EMAS	East Midlands Ambulance Service
EPIC	Emergency Physician in Charge
ETTF	Estates, Technology, Transformation Fund
FBC	Full Business Case. The FBC is the final of three business cases required for major capital projects. It deals with securing the solution for the project in terms of procuring the best VfM solution, contracting the deal and ensuring successful delivery
HBN	Health Building Notes. Produced by the Department of Health and Social Care these are a series of documents outlining best practice guidance for new healthcare buildings. HBN 15-01 pertains to Emergency Departments
LCHS	Lincolnshire Community Health Services NHS Trust
LPFT	Lincolnshire Partnership NHS Foundation Trust
Majors	Patients who exhibit signs of being seriously ill but are not in immediate danger of life or limb will be triaged to "majors"
Minors	Patients who need some investigation or treatment for an injury but are unlikely to be admitted
NEWS	National Early Warning Score. NEWS is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes
OBC	Outline Business Case. The OBC is the second of three business cases required for major capital projects. It plans out the scheme in terms of determining potential value for money, preparing for a potential deal, ascertaining affordability and funding requirements and planning for successful delivery
ONS	Office for National Statistics
Primary Care Streaming	A service operated by primary care alongside the ED. Patients presenting with conditions suitable for GP surgeries are redirected from the ED to the streaming service
RAT	Rapid Assessment and Treatment
Resus	An area of the ED where people are taken if they need life-saving treatment immediately
SDEC	Same Day Emergency Care. The provision of same day care for emergency patients who would otherwise be admitted to hospital.
SOC	Strategic Outline Case. The SOC is the first of three business cases required for major capital projects. It scopes the scheme in terms of the case for change and developing a preferred way forwards
STP	Sustainability and Transformation Partnership. These areas were created all over England and bring local health and care leaders together to plan the long-term needs of local communities

ULHT	United Lincolnshire Hospitals NHS Trust
UTC	Urgent Treatment Centre
VfM	Value for Money

Meeting	Trust Board
Date of Meeting	4th August 2020
Item Number	Item 12
Integrated Performance Report for June 2020	
Accountable Director	Paul Matthew, Director of Finance & Digital
Presented by	Paul Matthew, Director of Finance & Digital
Author(s)	Sharon Parker, Performance Manager
Report previously considered at	N/A

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

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

Recommendations/ Decision Required	• *The 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.*

Executive Summary

Quality

This Committee Performance Dashboard contains a reduced subset of the quality metrics, based on the priority areas for governance and data that is available which enables us to monitor the quality of care and patient outcomes during the response to COVID-19.

Overall SHMI which includes both deaths in-hospital and within 30 days of discharge (February 2019 – January 2020) is 108.72 and is in band 2 (within expected limits) and shows a slight decrease from the previous reporting period. Our current in-hospital SHMI is 95.34. Please note that Dr Foster excludes COVID-19 related deaths.

The Trust have declared 16 serious incidents in June 2020, this is the highest number declared in a single month since January 2020 and above the monthly average of 12. Of those reported incidents, 4 actually occurred in June, 7 in May and the remainder from previous months (raised via complaints/coroners). Each of the 16 incidents occurred in different locations across a broad range of categories, with no identifiable themes.

Sepsis screening compliance for adult inpatients has fallen to 80.9% and for children has slightly improved to 86.1% from the previous month against a target of 90%. Harm reviews are requested on all missed/delays in screening and will follow the incident management processes if harm is identified. Of the 5 children that had a delay in screening none were diagnosed as sepsis and all were treated in a timely manner for their individual presentations. Designated Paediatric Resuscitation and Sepsis Practitioner now in post will provide a focussed review of the sepsis processes across paediatric areas and an enhanced training provision. Sepsis intravenous antibiotic compliance for Adult Inpatients has not achieved the 90% target and has decreased from last month to 87.4%. The exception reports identify actions being taken within these metrics.

Duty of Candour verbal and written compliance for May 2020 have both declined from the previous month to 79% for verbal and 71% for written compliance. Ongoing discussions, through the Patient Safety Group, are being held each month with the Divisions and the Risk and Incident Team are continuing to support the Divisions to improve compliance.

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 June must therefore be seen within the operational context and landscape within which ULHT and indeed the entire NHS are working.

4-hour performance for June was 88.15%, achieved despite a second month of increased ED attendances (5.92% higher than May). The Trust is performing above the agreed target trajectory and has done for the last three months. A&E triage performance has been good, as has time to first assessment.

During June there were 49 >59-minute ambulance handover delays across the Trust, with the majority related to neonates and maternity. There was a slight decrease in ambulance conveyances in June, as expected, however the conveyance profile over 24 hours has caused issues with operational delivery against this target.

RTT performance for May was 63.25%. The Trust reported 31 incomplete 52 week breaches for May end of month. Root cause analysis and harm reviews will be completed by the relevant division for each patient. Where required necessary actions will be implemented.

Due to the COVID19 situation necessitating the standing down of routine services, and the reduction in capacity when services do recommence, it is anticipated that as we recover there will be an increased number of breaches declared over the coming months.

Overall waiting list size has increased from April, with May total waiting list increasing by 529 to 38,576. However, the May waiting list size is circa. 456 less than the target trajectory.

Following a period of growth through March to May due to a significant reduction in routine outpatient activity because of the Trust's response to COVID-19, the overall partial booking waiting list size has continued to reduce since the beginning of June at a rate of circa. 900 per week. However, appointments overdue to follow up on the waiting list have grown since last month, albeit at a reduced scale.

DM01 diagnostics access performance for June was not available in time for this report. May performance, which was reported within the IPR last month, remains within this month's paper for completeness.

May Cancer 62 Day Classic performance was 67%, which was an improvement of 0.9% against a national average decrease of 4.4% compared to the previous month. 2 Week Wait performance was 92.5% (against a 93% target) which marks the Trust's best performance since October 2017 against this standard. Work ensuring all 2ww referrals map directly to the NICE NG12 guidelines of suspect cancer referral criteria has been successful, having a positive effect on these standards, ensuring lower volume and higher quality referrals reach the Trust.

Workforce

We continue to report against the set of indicators for the 19/20 financial year, pending completion of the work on the Integrated Performance Report and a new suite of people indicators associated with that strategic objective.

M2 Pay is adverse to plan with much of this resulting from direct COVID expenditure. However, there is a notable variance in substantive fte to plan YTD driven by reduced turnover and stronger than planned recruitment. Whilst largely positive there is an emerging risk that the associated temporary staffing spend is not removed. The general trend on a reduction on agency staffing is continuing although is partially masked by COVID but requires continued focus.

Whole Trust vacancy rate continues to improve, with a particular pleasing 5 percentage point improvement in medical staff over the last 12 months. Nursing vacancy rate is also better than plan YTD with stronger than anticipated recruitment despite delay to international starts.
Longer-term trends for Turnover remain positive.

Absence rate has been significantly affected by COVID related absence and the wider availability of staff.

Staff appraisal rate has continued to decline likely due to the distraction of COVID.
Core learning has dropped to below 90%.

The number of unresolved Employee relations cases is 58 (excluding Appeals) with the majority being concerns around conduct.

Paul Matthew
Director of Finance & Digital
July 2020

PERFORMANCE OVERVIEW

5 Year Priority	KPI	CQC Domain	Strategic Objective	Responsible Director	Target per month	Apr-20	May-20	Jun-20	YTD	Pass/Fail	Trend Variation	Kitemark
Deliver Harm Free Care	Clostridioides difficile position	Safe	Patients	Director of Nursing	9	10	4	6	20	P		
	MRSA bacteraemia	Safe	Patients	Director of Nursing	0	0	1	0	1	P		
	Patient falls resulting in severe harm	Safe	Patients	Director of Nursing	1.4	0	0	0	0	P		
	Patient falls resulting in death	Safe	Patients	Director of Nursing	0	0	0	0	0	P		
	Pressure Ulcers category 3	Safe	Patients	Director of Nursing	4.3	0	1	1	2	P		
	Pressure Ulcers category 4	Safe	Patients	Director of Nursing	1.3	0	1	0	1	P		Timeliness Completeness Validation Process
	Never Events	Safe	Patients	Medical Director	0	0	0	0	0	P		Timeliness Completeness Validation Process
	Number of Serious Incidents (including never events) reported on StEIS	Safe	Patients	Medical Director	14	7	10	16	33	F		Timeliness Completeness Validation Process
	Patient Safety Alert compliance (number open beyond deadline)	Safe	Patients	Medical Director	0	0	2	0	2	P		
	Hospital Standardised Mortality Ratio - HSMR (basket of 56 diagnosis groups) (rolling year data 3 month time lag)	Effective	Patients	Medical Director	100	94.80	95.00	95.50	95.10	P		
	Summary Hospital Mortality Indicator (SHMI) (rolling year data 6 month time lag)	Effective	Patients	Medical Director	100	109.85	109.73	109.73	109.77	F		

PERFORMANCE OVERVIEW

5 Year Priority	KPI	CQC Domain	Strategic Objective	Responsible Director	Target per month	Apr-20	May-20	Jun-20	YTD	Pass/Fail	Trend Variation	Kitemark
Deliver Harm Free Care	Sepsis screening (bundle) compliance for inpatients (adult)	Safe	Patients	Director of Nursing	90%	88.00%	84.20%	80.90%	84.37%	F		
	Sepsis screening (bundle) compliance for inpatients (child)	Safe	Patients	Director of Nursing	90%	90.00%	84.00%	86.10%	86.70%	F		
	IVAB within 1 hour for sepsis for inpatients (adult)	Safe	Patients	Director of Nursing	90%	94.40%	95.20%	87.40%	92.33%	F	A	
	IVAB within 1 hour for sepsis for inpatients (child)	Safe	Patients	Director of Nursing	90%	87.50%	No positive screens in sample	60.00%	73.75%	F		
	Sepsis screening (bundle) compliance in A&E (adult)	Safe	Patients	Director of Nursing	90%	92.50%	93.00%	92.50%	92.67%	P	A	
	Sepsis screening (bundle) compliance in A&E (child)	Safe	Patients	Director of Nursing	90%	87.30%	83.00%	98.40%	89.57%	P	A	
	IVAB within 1 hour for sepsis in A&E (adult)	Safe	Patients	Director of Nursing	90%	95.30%	96.00%	95.70%	95.67%	P	A	
	IVAB within 1 hour for sepsis in A&E (child)	Safe	Patients	Director of Nursing	90%	100.00%	100.00%	100.00%	100.00%	P	A	
	Rate of stillbirth per 1000 births	Safe	Patients	Director of Nursing	4.2	1.9	1.9	1.7	1.9	P	L	

PERFORMANCE OVERVIEW

5 Year Priority	KPI	CQC Domain	Strategic Objective	Responsible Director	In month Target	Apr-20	May-20	Jun-20	YTD	YTD Trajectory	Latest Month Pass/Fail	Trend Variation	Kitemark
A Modern and Progressive Workforce	Overall percentage of completed mandatory training	Safe	People	Director of HR & OD	95%	89.69%	88.80%		89.24%				
	Number of Vacancies	Well-Led	People	Director of HR & OD	12%	13.28%	12.52%		12.90%				
	Sickness Absence	Well-Led	People	Director of HR & OD	4.5%	4.95%	4.99%		4.97%				
	Staff Turnover	Well-Led	People	Director of HR & OD	12%	11.45%	11.00%		11.23%				
	Staff Appraisals	Well-Led	People	Director of HR & OD	90%	70.30%	69.48%		69.89%				
	Agency Spend	Well-Led	People	Director of HR & OD	TBC	-£3,078	-£6,279		-£9,357				

5 Year Priority	KPI	CQC Domain	Strategic Objective	Responsible Director	In month Target	Apr-20	May-20	Jun-20	YTD		Latest Month Pass/Fail	Trend Variation	Kitemark
Improve Patient Experience	Mixed Sex Accommodation breaches	Caring	Patients	Director of Nursing	0	0	0	0	0				Timeliness Completeness Validation Process
	% Triage Data Not Recorded	Effective	Patients	Chief Operating Officer	0%	0.25%	0.18%	0.13%	0.18%				
	Duty of Candour compliance - Verbal	Safe	Patients	Medical Director	100%	100.00%	79.00%		89.50%				
	Duty of Candour compliance - Written	Responsive	Patients	Medical Director	100%	89.00%	71.00%		80.00%				

PERFORMANCE OVERVIEW

5 Year Priority	KPI	CQC Domain	Strategic Objective	Responsible Director	In month Target	Apr-20	May-20	Jun-20	YTD	YTD Trajectory	Latest Month Pass/Fail	Trend Variation	Kitemark
Improve Clinical Outcomes	4hrs or less in A&E Dept	Responsive	Services	Chief Operating Officer	69.3%	89.27%	88.70%	88.15%	88.71%	68.52%	P	H	
	12+ Trolley waits	Responsive	Services	Chief Operating Officer	0	0	0	0	0	0	P		
	%Triage Achieved under 15 mins	Responsive	Services	Chief Operating Officer	88.5%	95.78%	94.70%	96.01%	95.49%	88.50%	P	H	
	52 Week Waiters	Responsive	Services	Chief Operating Officer	0	3	31		34	0	F		
	18 week incompletes	Responsive	Services	Chief Operating Officer	84.1%	71.26%	63.25%		67.26%	84.10%	F		
	Waiting List Size	Responsive	Services	Chief Operating Officer	37,762	38,047	38,576		n/a	n/a	F		
	62 day classic	Responsive	Services	Chief Operating Officer	85.4%	66.10%	66.97%		66.54%	85.39%	F		
	2 week wait suspect	Responsive	Services	Chief Operating Officer	93.0%	84.67%	92.51%		88.59%	93.00%	F		
	2 week wait breast symptomatic	Responsive	Services	Chief Operating Officer	93.0%	69.05%	94.05%		81.55%	93.00%	P		
	31 day first treatment	Responsive	Services	Chief Operating Officer	96.0%	96.51%	97.17%		96.84%	96.00%	P		
	31 day subsequent drug treatments	Responsive	Services	Chief Operating Officer	98.0%	100.00%	98.46%		99.23%	98.00%	P		
	31 day subsequent surgery treatments	Responsive	Services	Chief Operating Officer	94.0%	89.80%	82.05%		85.93%	94.00%	F		
	31 day subsequent radiotherapy treatments	Responsive	Services	Chief Operating Officer	94.0%	95.37%	98.75%		97.06%	94.00%	P		
	62 day screening	Responsive	Services	Chief Operating Officer	90.0%	81.25%	0.00%		40.63%	90.00%	F		

NHS
United Lincolnshire Hospitals
NHS Trust

PERFORMANCE OVERVIEW

5 Year Priority	KPI	CQC Domain	Strategic Objective	Responsible Director	In month Target	Apr-20	May-20	Jun-20	YTD	YTD Trajectory	Latest Month Pass/Fail	Trend Variation	Kitemark
Improve Clinical Outcomes	62 day consultant upgrade	Responsive	Services	Chief Operating Officer	85.0%	73.43%	83.57%		78.50%	85.00%	F		
	diagnostics achieved	Responsive	Services	Chief Operating Officer	99.0%	37.67%	44.96%		41.32%	99.00%	F		
	Cancelled Operations on the day (non clinical)	Responsive	Services	Chief Operating Officer	0.8%	2.04%	1.40%		1.72%	0.80%	F		
	Not treated within 28 days. (Breach)	Responsive	Services	Chief Operating Officer	0	36	19		55	0	F		
	#NOF 48 hrs	Responsive	Services	Chief Operating Officer	90%	82.81%	87.14%		84.98%	90%	F		
	#NOF 36 hrs	Responsive	Services	Chief Operating Officer	TBC	67.19%	72.86%		70.02%				
	EMAS Conveyances to ULHT	Responsive	Services	Chief Operating Officer	4,657	3,756	4,357	4,218	4,110	4,657	P		
	EMAS Conveyances Delayed >59 mins	Responsive	Services	Chief Operating Officer	0	64	27	49	47	0	F	L	
	104+ Day Waiters	Responsive	Services	Chief Operating Officer	5	25	45	137	207	15	F		
	Average LoS - Elective (not including Daycase)	Effective	Services	Chief Operating Officer	2.80	3.18	3.51	2.57	3.09	2.80	P		
	Average LoS - Non Elective	Effective	Services	Chief Operating Officer	4.50	3.71	3.47	3.98	3.72	4.5	P		
	Delayed Transfers of Care	Effective	Services	Chief Operating Officer	3.5%	Submission suspended			3.13%	3.5%			
	Partial Booking Waiting List	Effective	Services	Chief Operating Officer	4,524	18,090	18,154	19,106	18,450	4,524	F	H	
	Outpatients seen within 15 minutes of appointment	Effective	Services	Chief Operating Officer	70.0%	39.1%	32.7%	38.0%	36.60%	70.00%	F		
	% discharged within 24hrs of PDD	Effective	Services	Chief Operating Officer	45.0%	40.0%	36.0%	37.1%	37.71%	45.00%	F		

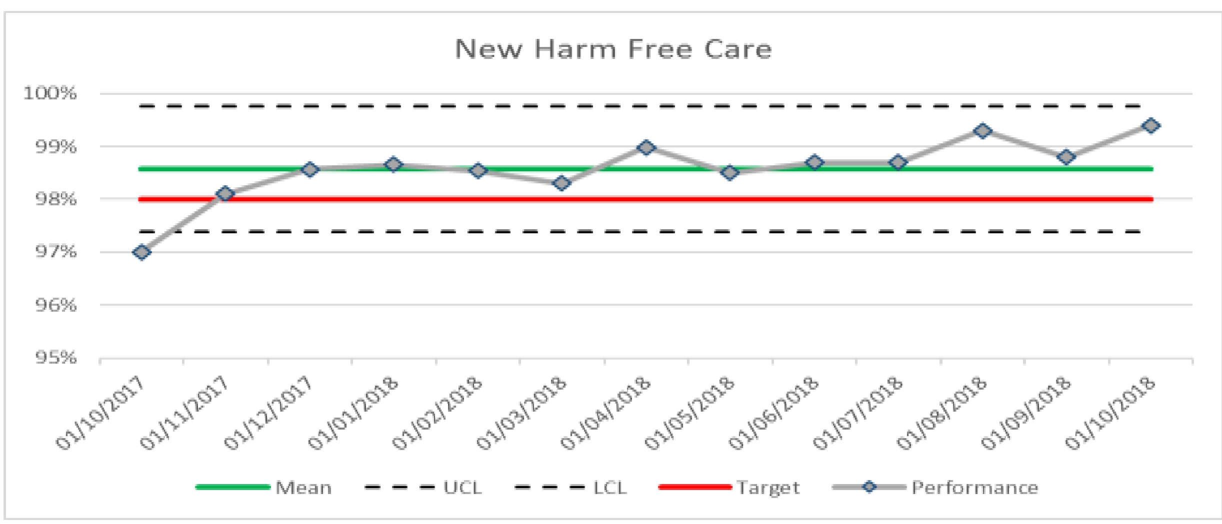
STATISTICAL PROCESS CONTROL CHARTS

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:



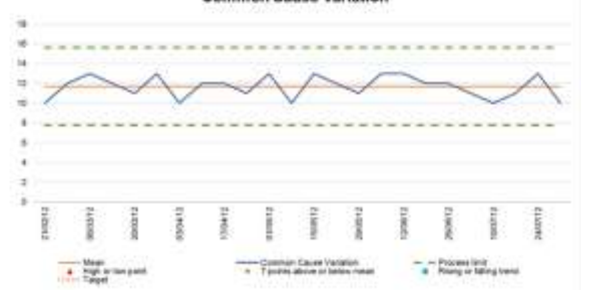
Normal variations in performance across time can occur randomly- without a direct cause, and should not be treated as a concern, or a sign of improvement, and is unlikely to require investigation unless one of the patterns defined below applies.

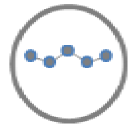
Within an SPC chart there are three different patterns to identify:

- 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

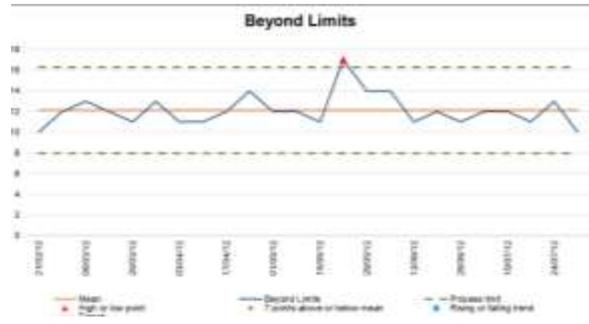
Icons are used throughout this report either complementing or as a substitute for SPC charts. The guidance below describes each icon:

Normal Variation



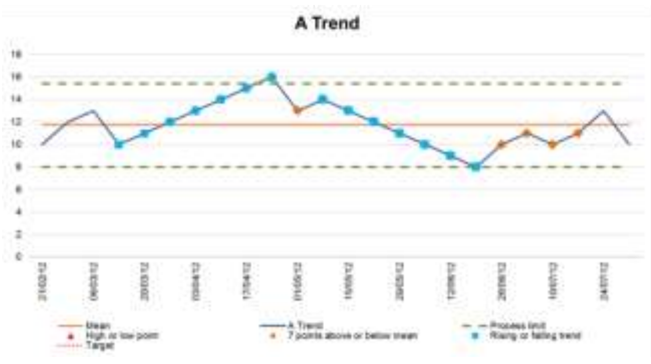


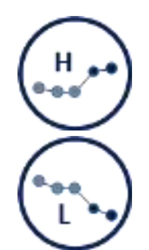
Extreme Values



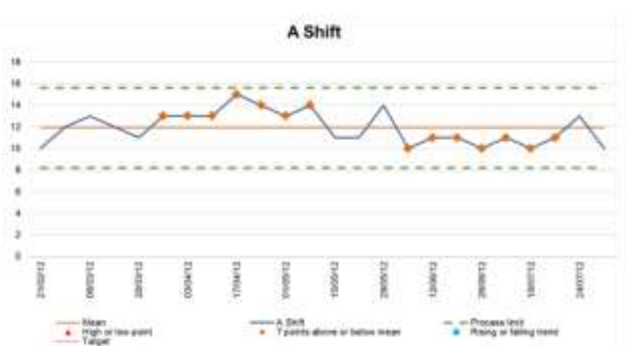
There is no Icon for this scenario.

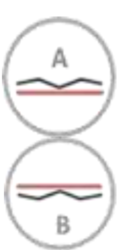
A Trend (upward or downward)





A Trend (a run above or below the mean)



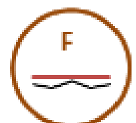


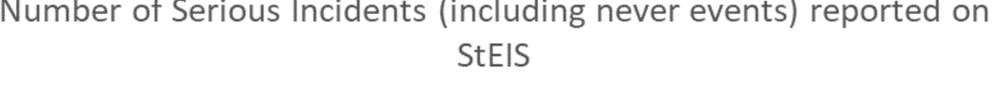
Where a target has been met consistently

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.



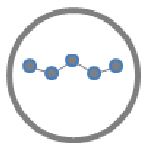


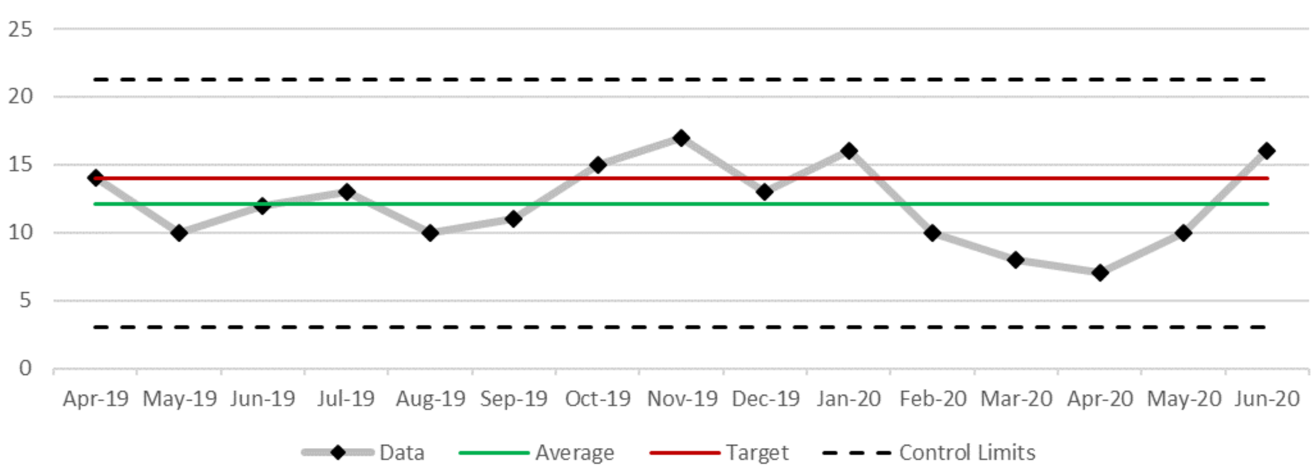
DELIVER HARM FREE CARE – SERIOUS INCIDENTS ON StEIS

Executive Lead: Medical Director

CQC Domain: Safe

Strategic Objective: Patients





Challenges / Successes:

- The Trust declared 16 Serious Incidents in June 2020, the highest number in a single month since January 2020 and above the monthly average of 12 for the past 12 months.
- Of those incidents, 4 actually occurred in June; 7 in May; 2 in April; 2 in February; and 1 in July 2019.
- Each of the 16 Serious Incidents occurred in a different location; there was also a broad range of incident categories, with no identifiable themes.

Actions in place to recover:

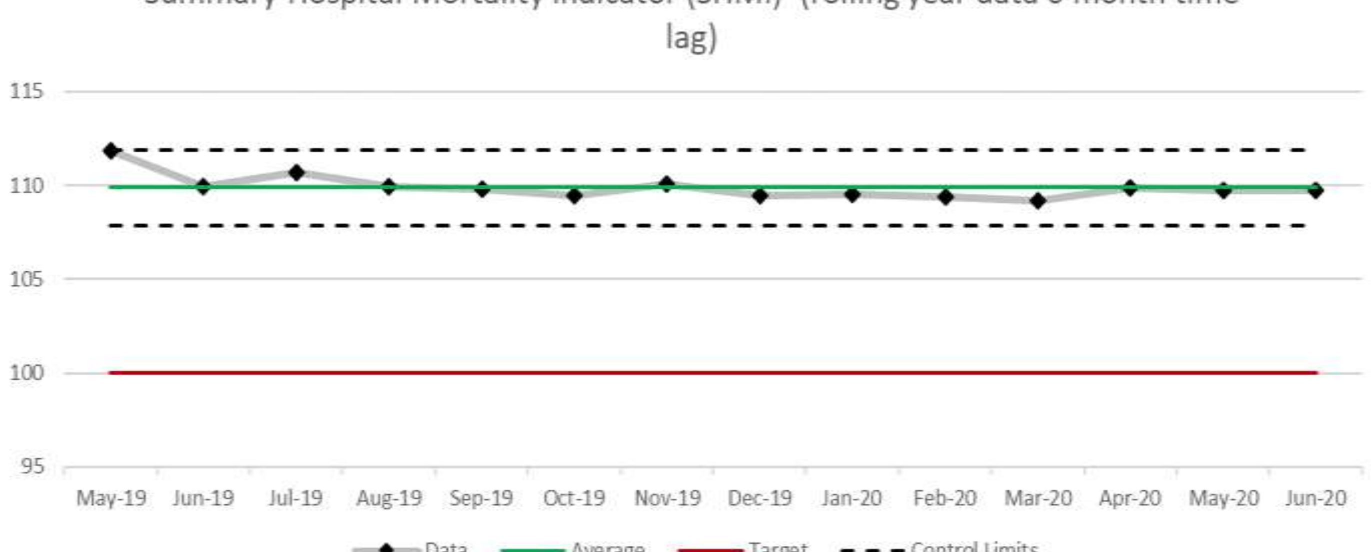
- No additional action required; the number of Serious Incidents declared in June demonstrates that the Trust's existing processes for the review of potential Serious Incidents remains robust and fit for purpose.

DELIVER HARM FREE CARE - MORTALITY

Executive Lead: Medical Director

CQC Domain: Effective

Strategic Objective: Patients

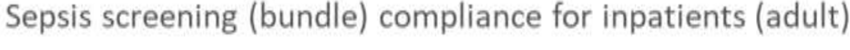


Challenges/Successes

SHMI (February 2019 to January 2020) is 108.7 2 'within expected limits' this 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 95.34. SHMI will not be including COVID-19 deaths within their analysis.

Actions in place to recover

Alerts: There are no alerts.

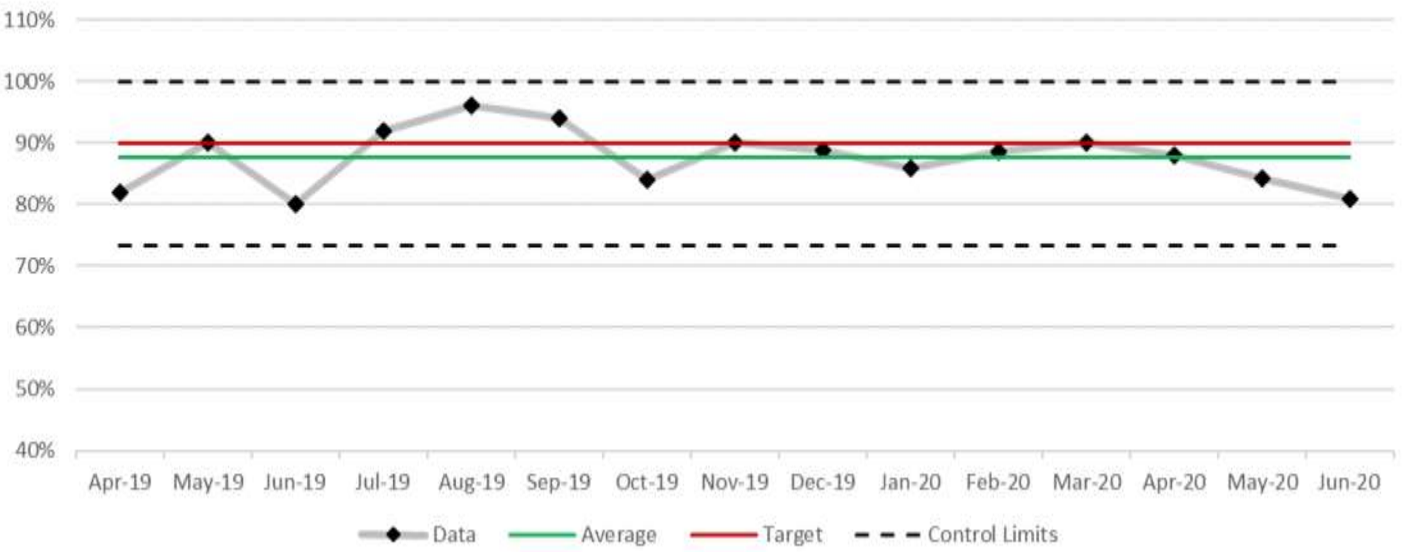


DELIVER HARM FREE CARE – SEPSIS SCREENING

Executive Lead: Director of Nursing

CQC Domain: Safe

Strategic Objective: Patients



Challenges/Successes

Sepsis screening compliance for Adult Inpatients has not achieved the 90% target with a decrease from last month to 80.9%

Actions in place to recover:

Ward/department leaders are required to perform a harm review on all missed/ delays in screening and treatment. If a harm is identified this will trigger an investigation to ensure relevant learning is identified.

Harm reviews are analysed by the Sepsis Practitioners to provide a thematic analysis. Further work will be undertaken during July to understand if there is any correlation of non- compliance with COVID-19 period such as staff redeployment to support any future training requirements.

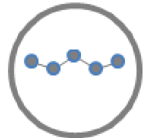
Missed/delays in screening are discussed with individual staff members and further training and support provided.

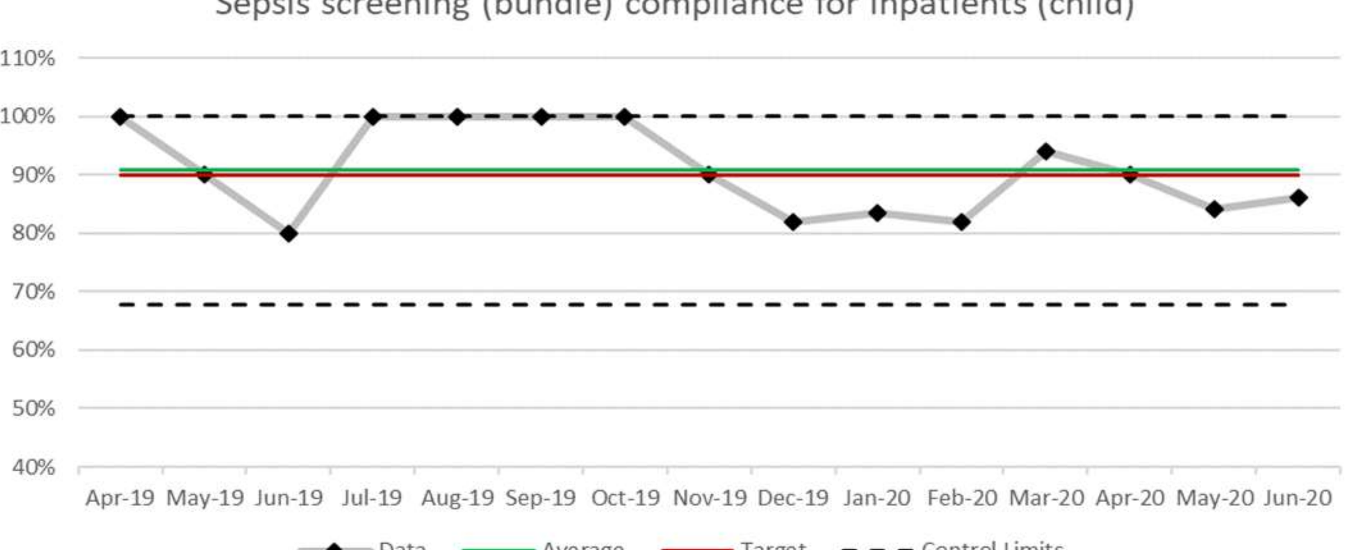
DELIVER HARM FREE CARE – SEPSIS SCREENING continued

Executive Lead: Director of Nursing

CQC Domain: Safe

Strategic Objective: Patients





<u>Challenges/Successes</u>

Sepsis intravenous antibiotic compliance for inpatient (child) has not achieved the 90% target. There has been a slight increase from last month observed at 86.1%

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

Where a delay in screening has been identified cases have been reviewed and it was confirmed that no patients were diagnosed with sepsis and received timely treatment in line with their individual requirements.

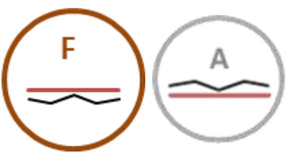
Designated Paediatric Resuscitation and Sepsis Practitioner now in post will provide a focussed review of the sepsis processes across paediatric areas and an enhanced training provision.

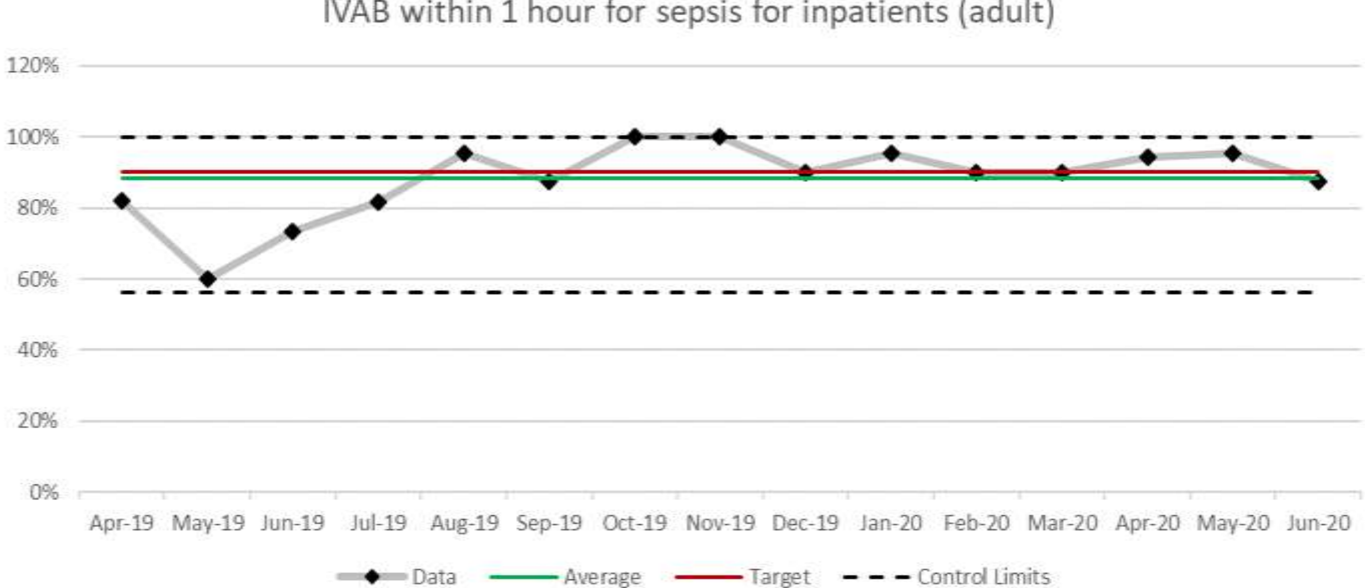
DELIVER HARM FREE CARE – SEPSIS INTRAVENOUS ANTIBIOTIC

Executive Lead: Director of Nursing

CQC Domain: Safe

Strategic Objective: Patients





<u>Challenges/Successes</u>

Sepsis intravenous antibiotic compliance for Adult Inpatients has not achieved the 90% target and has decreased from last month to 87.4%.

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

Face to Face teaching in wards and departments has recommenced .Sepsis practitioners will provide targeted education and support to ward areas who are not achieving the 90% target.

Sepsis practitioners will provide a renewed focus on completion of sepsis e-learning.

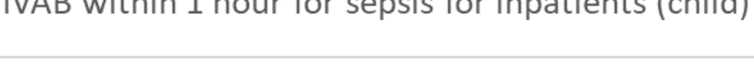
Sepsis train the trainer programme is being developed so that local educators and champions will be able to deliver sepsis training locally in conjunction with delivery of Basic Life Support.

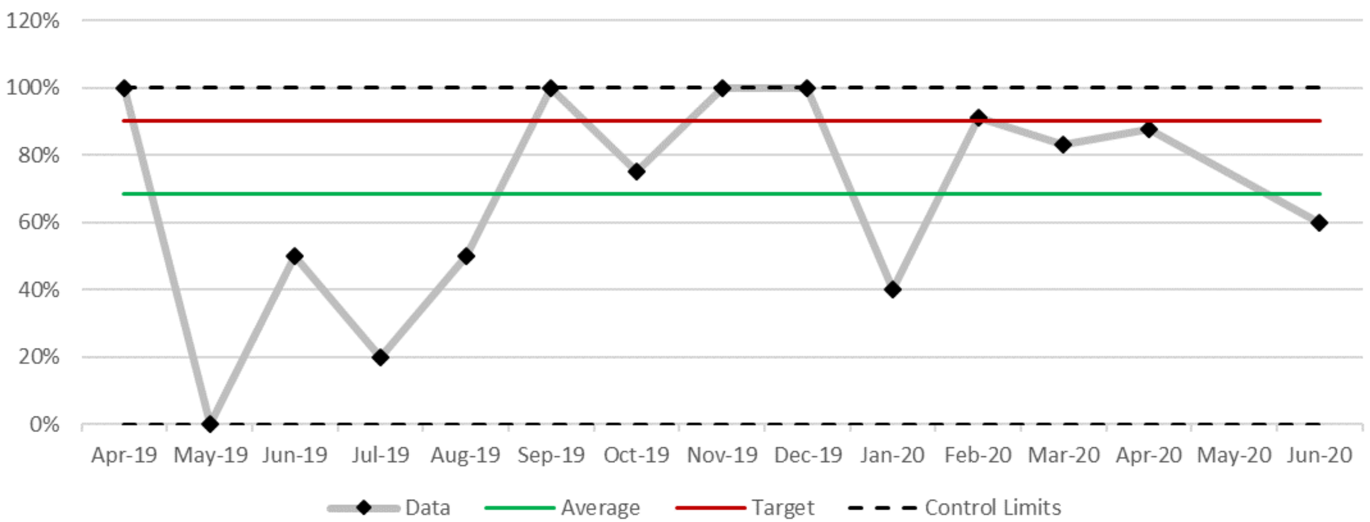
DELIVER HARM FREE CARE – SEPSIS INTRAVENOUS ANTIBIOTIC

Executive Lead: Director of Nursing

CQC Domain: Safe

Strategic Objective: Patients





Challenges/Successes

Sepsis intravenous antibiotic compliance for inpatients (child) has not achieved the 90% target and has decreased from April to 60%. Non-compliance related to two patients, a review has been undertaken and has confirmed no harm occurred and rationale for not using intravenous antibiotics identified.

Actions in place to recover:

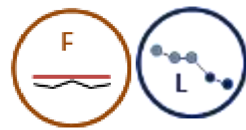
- Structured teaching sessions with specific staff group such as Newly Registered Nurses and Foundation Doctors have recommenced.
- Designated Paediatric Resuscitation and Sepsis Practitioner will provide targeted teaching to all areas that provide care for children and young people focussing on sharing lessons learned from reviews to aid clinical decision making and use of the WebV bundle to document decisions.

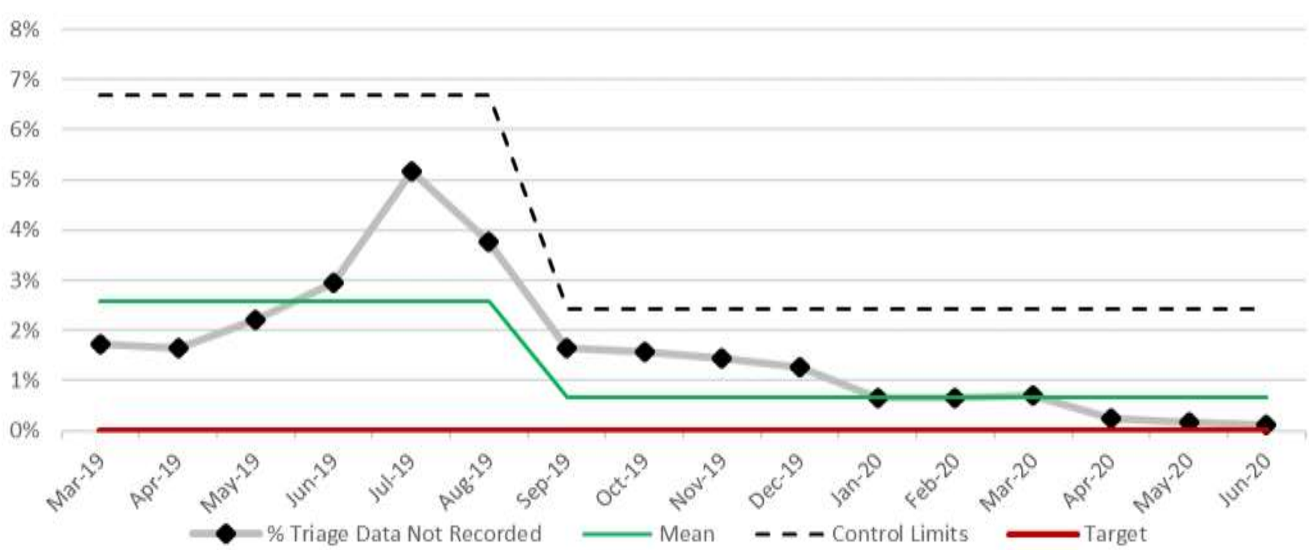
IMPROVE PATIENT EXPERIENCE – % TRIAGE DATA NOT RECORDED

Executive Lead: Chief Operating Officer

CQC Domain: Effective

Strategic Objective: Patients





Challenges/Successes

- June demonstrated a 0.05% positive variation in performance compared with May and remains well within control limits.
- Achievement against this metric remains co-dependent upon having a fully trained and compliant staffing rota as well as the individual compliance of staff.
- The CQC recommendations to, where possible, replace the Pre-Hospital Practitioner role with a registrant caused disruption but it appears to be less of an issue currently.
- Temporary redeployment of staff unfamiliar with the Emergency Departments continued throughout June. This has contributed to some operational issues, particularly overnight.

Actions in place to recover:

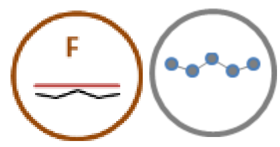
- The actions against this metric are repetitive but still valid.
- The Deputy Divisional Director of Nursing/Lead Nurse, Urgent and Emergency Care (UEC) ensures increased compliance and maintenance against this target and improvements continue to be realised.
- The Divisional UEC Operational Leads (DGM 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 forms an essential part of the department huddles. Overview, scrutiny and challenge continues to be provided through the 3 x daily Capacity and Performance Meetings.

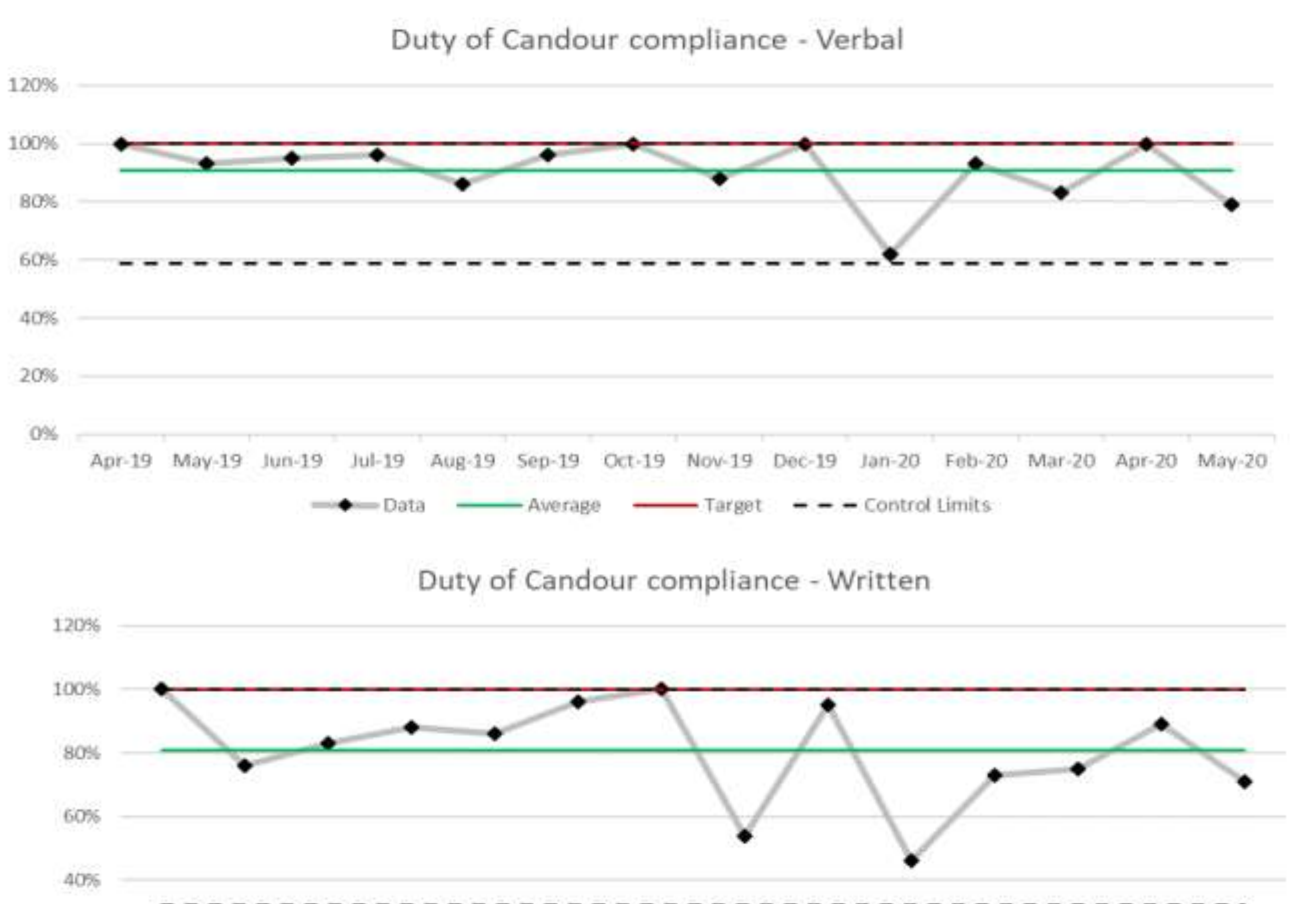
IMPROVE PATIENT EXPERIENCE – DUTY OF CANDOUR

Executive Lead: Medical Director

CQC Domain: Safe/Responsive

Strategic Objective: Patients





Challenges/Successes

- There were 14 notifiable incidents requiring Duty of Candour in May 2020
- 11 incidents were compliant for initial notification in person (79%); 10 were compliant for written follow-up (71%)
- The non-compliant incidents were in TACC; Urgent & Emergency Care; and Women's Health & Breast

Actions in place to recover:

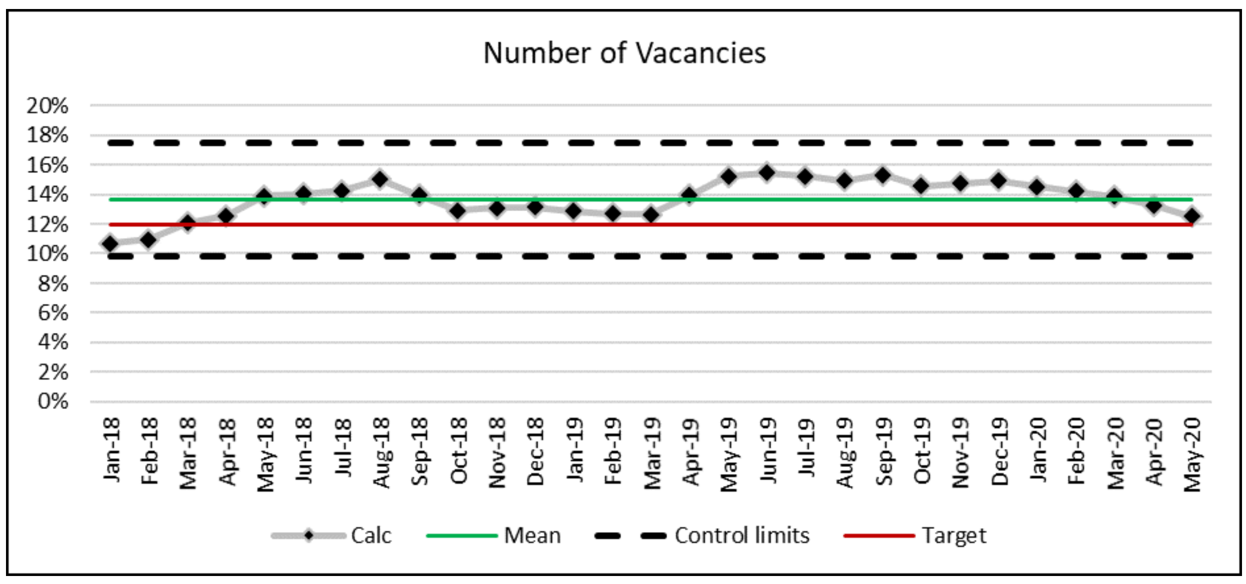
- Issues with Duty of Candour compliance are raised with the divisional representatives at the monthly Patient Safety Group (PSG)

A MODERN AND PROGRESSIVE WORKFORCE – VACANCY RATES

Executive Lead: Director of HR & OD

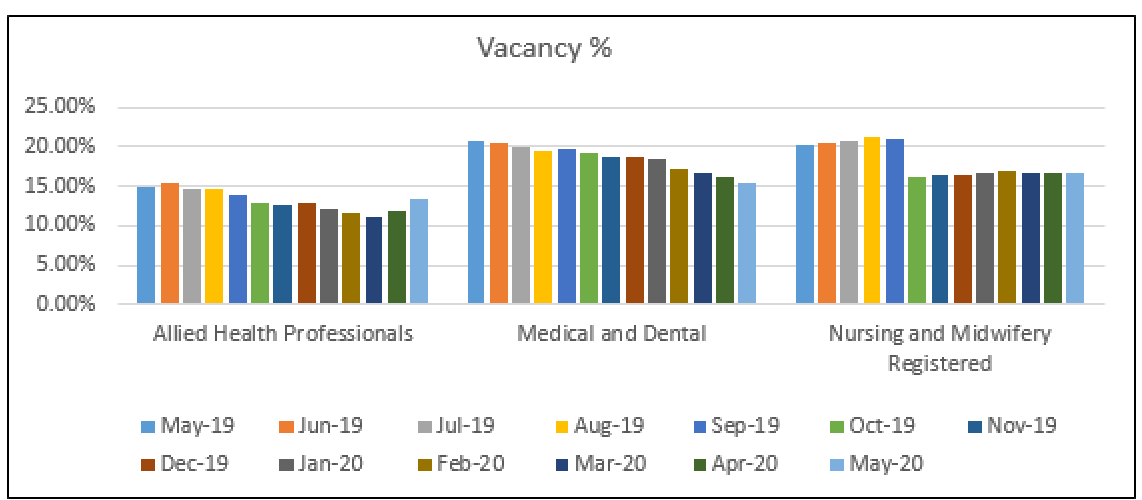
CQC Domain: Well-Led

Strategic Objective: People



<u>Challenges/Successes</u>

Whole Trust vacancy rate has continued to improve in months one and two of 2020/21, with 12 month turnover also reducing over this period. It is likely that the COVID pandemic has impacted on both the delayed movement of staff within the NHS and individual decisions to retire.

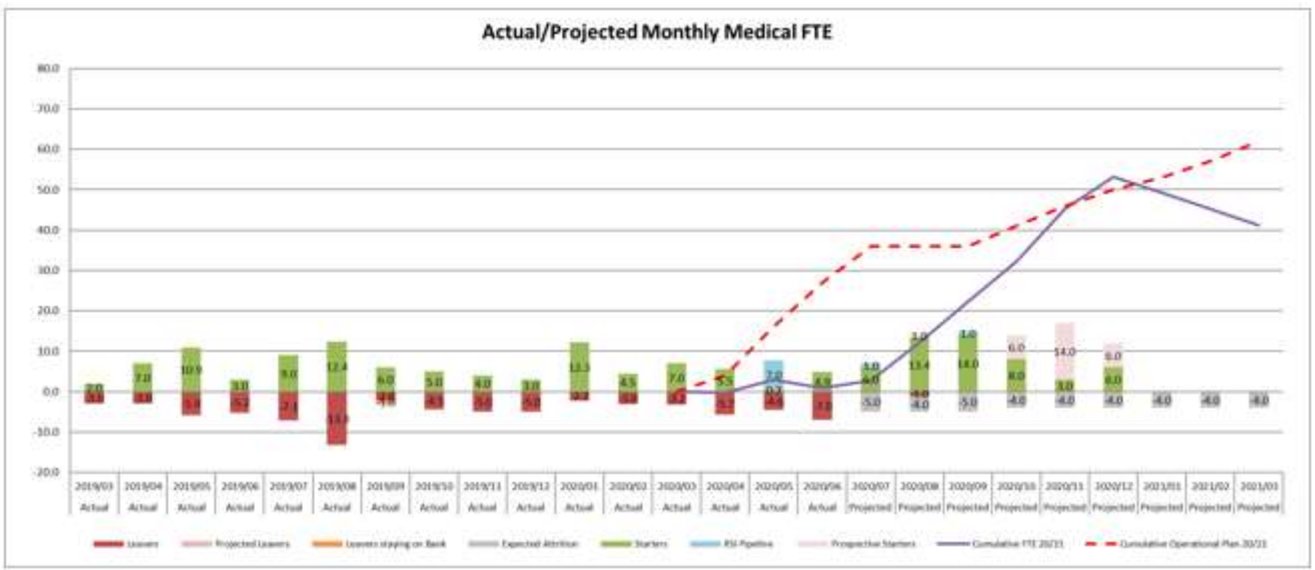


Staff Group	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Allied Health Professionals	15.48%	14.61%	14.60%	13.94%	12.76%	12.68%	12.82%	12.00%	11.71%	11.02%	11.93%	13.33%
Medical and Dental	20.45%	20.04%	19.38%	19.60%	19.24%	18.64%	18.62%	18.43%	17.31%	16.58%	16.27%	15.31%
Nursing and Midwifery Registered	20.46%	20.80%	21.37%	21.04%	16.06%	16.40%	16.40%	16.74%	16.82%	16.67%	16.75%	16.69%

Actions in place to recover

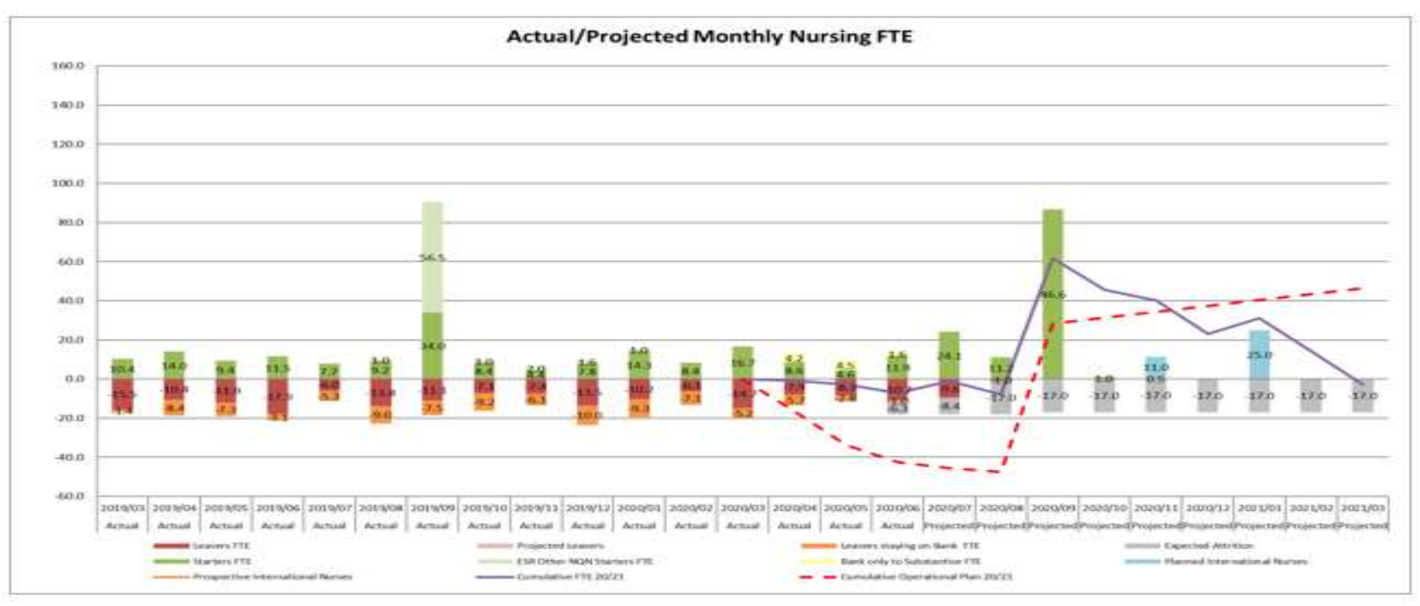
Medical Staff Vacancy Rate

Improvement in the vacancy rate for medical staff continues with a marked 5 percentage point improvement over the last twelve months, whilst a 1% improvement in turnover over has contributed to this improvement, much of this improvement has been driven by a greater level of resourcing activity (consultant and SAS doctors) by Divisions strongly supported by the resourcing team and the international recruitment partnership and a higher Deanery fill rate for Doctors in Training. Further improvement in consultant and SAS Doctor Vacancy Rates are built into the 2020/21 Operational Plan (red dotted line), however the timeline for this planned improvement has shifted to the right with the impact of the COVID pandemic on international starts.



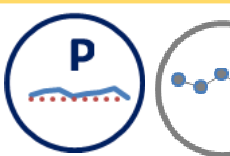
Nursing Vacancy Rate

Improvement in the vacancy rate for nursing also continues with a 3.8 percentage point improvement over the last twelve months, with a 2.3% improvement in annual turnover a much stronger contributory factor. An Increase in the vacancy rate (reduction in staff in post) built into the first two quarters of 2020/21 Operational Plan (red dotted line), has been mitigated by improved turnover and stronger than planned domestic recruitment including the conversion of some bank only staff to substantive (yellow on the waterfall chart). The pipeline below reflects updated plans for international starts which have been significantly delayed due to COVID, however the start dates for our 2020 NQNs is likely to be brought forward a little with changes to the timing of NMC registration rules.



Patient-centred ◆Respect◆ Excellence ◆Safety◆ Compassion

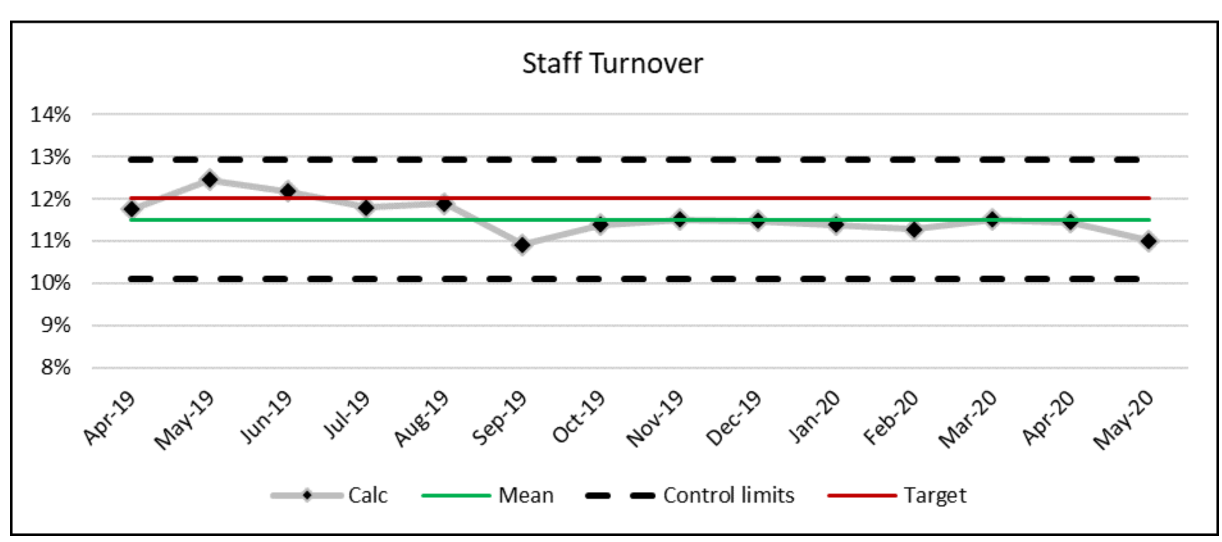
A MODERN AND PROGRESSIVE WORKFORCE – VOLUNTARY TURNOVER

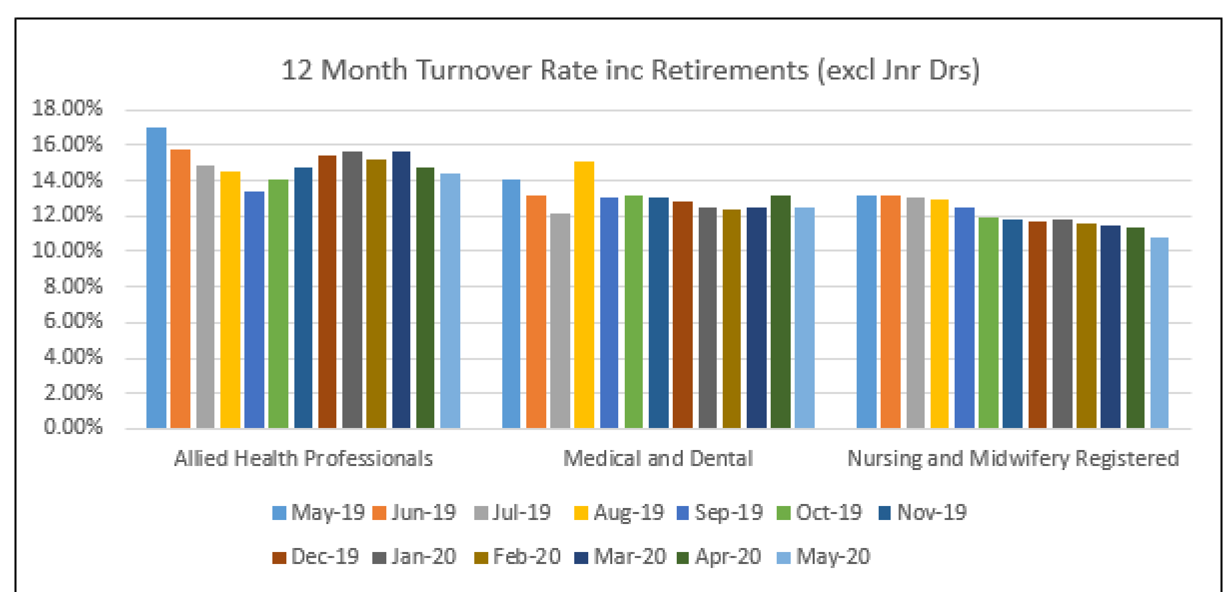


Executive Lead: Director of HR & OD

CQC Domain: Well-Led

Strategic Objective: People





Staff Group	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Allied Health Professionals	15.73%	14.84%	14.53 %	13.36 %	14.02 %	14.69%	15.46 %	15.60 %	15.16 %	15.64%	14.73 %	14.37%
Medical and Dental	13.21%	12.16%	15.10 %	13.07 %	13.11 %	13.04%	12.78 %	12.46 %	12.36 %	12.44%	13.21 %	12.49%
Nursing and Midwifery Registered	13.19%	13.05 %	12.99 %	12.43 %	11.96 %	11.81%	11.70 %	11.82 %	11.56 %	11.50%	11.32 %	10.80%

Challenges/Successes

Longer-term trends for turnover remain positive, with the nursing rate close to national median rates. However AHP rate has increased consecutively and requires careful monitoring, the denominator for AHPs is significantly lower than the other two groups but headcount of leavers in last 4 months is 18 (7 diagnostics, 7 therapies and 4 cancer services), the majority leaving for other NHS organisations. June data suggests improvement in both vacancy and turnover rates for AHP s at 12.7% and 12.6% respectively.

Vacancy Rate / Turnover – Assurance, Actions In Place To Improve and Risks

For Assurance

- 12 month trend of improvement in KPIs
- Continued strong pipeline for Consultant and SAS recruitment
- Divisions continue to use the 'plan for ever post' approach to all vacant posts and there is greater triangulation with associated agency costs. (Nearly all consultant and SAS vacancies are actively being progressed).
- High number of AACs planned for 20/21 with an increasing standard on the bar to be met for appointment as a ULHT consultant.
- International strategic partnership fully mobilised with further Divisional engagement events to take place.
- Recruitment plan in place for a high number of DiT August rotational gaps
- Clinical Leads Forum (for medical leaders) and a SAS Forum (for Speciality doctors). We have also appointed a SAS Tutor in January and published a complete development calendar for SAS doctors.
- International nursing recruitment through strategic partner in progress.
- Fully engaged with HEE GLP programme
- First International nursing cohorts planned
- Strong engagement with student nurses and guaranteed employment offers
- International radiographers landed.
- Positive HCSW recruitment campaign with now minimal vacancies.
- Recruitment times have reduced from around 90 days, to around 60 days

Further Improvement

- Increased focus on staff engagement to reduce turnover. We are now looking at different initiatives for identified staff groups – Nursing, AHP's and Doctors. Exit data shows that the reasons for leaving are very different for the three groups.
- With the Integrated Improvement Plan being signed off there are a number of initiatives identified within that which will specifically focus on retention of staff. We are now in discussion to launch an AHP forum that will focus on an education strategy, workforce strategy, career development strategy and retention strategy for AHP's. All streams of work will be led by members of staff themselves.
- Widen 'plan for every post' to Nursing and AHP vacancies.
- Further improvement on progressing known leavers is required.

- Plan to move to single position numbers in ESR to further support triangulation of associated agency costs with vacant posts.
- Risk to medical pipeline from an historical agency will be closed off by end of July.

- The improvement plan related to the recruitment process has been delayed due to COVID and is being re-profiled. It is essential that it is delivered to ensure sustained improvement

Risks

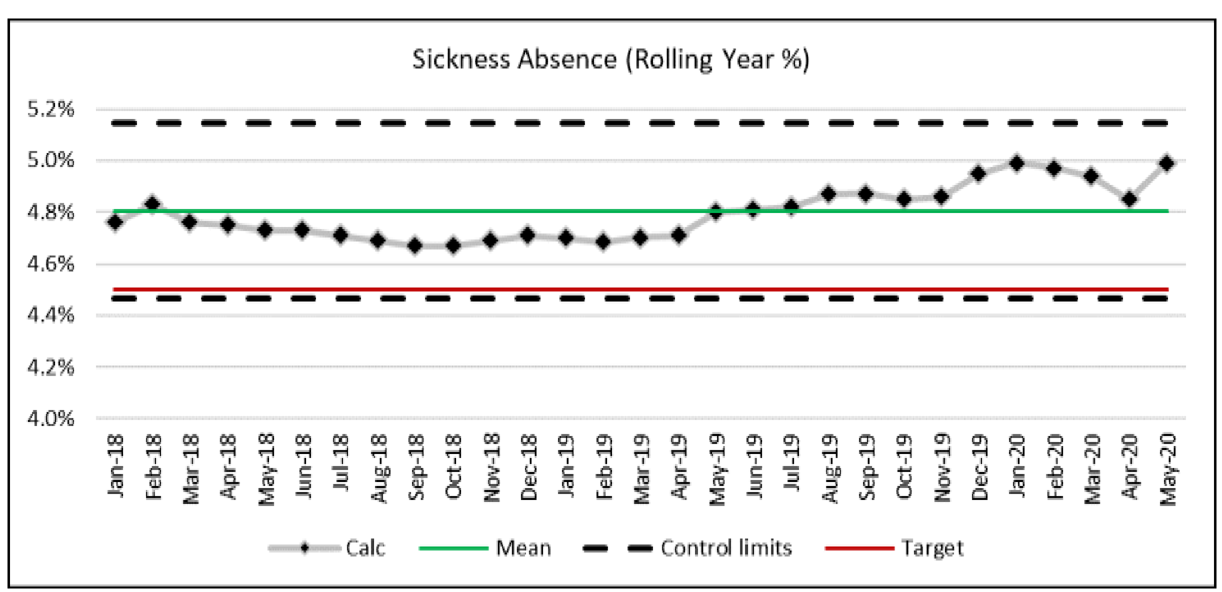
- Continued delay in international starts due to COVID and increased risk of attrition of international recruits from offer to start
- Divisional timely processing of known leavers and lost opportunity for early planning of local intelligence of anticipated staff moves.
- Translation of improvement in substantive vacancy rate into reduction in temporary staffing costs.
- Period of higher ‘risk of retirement’ numbers.
- OSCE capability for paediatric nursing
- Continued distraction from COVID Restoration and Recovery phases.
- AHP retention and attraction

A MODERN AND PROGRESSIVE WORKFORCE – SICKNESS

Executive Lead: Director of HR & OD

CQC Domain: Well-Led

Strategic Objective: People



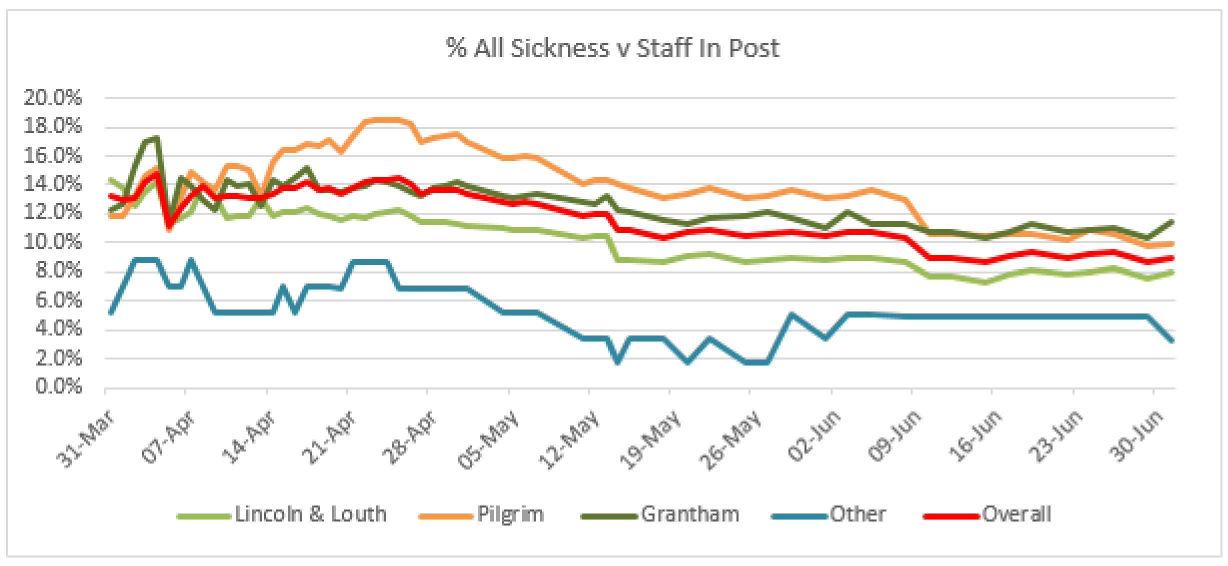
Challenges/Successes

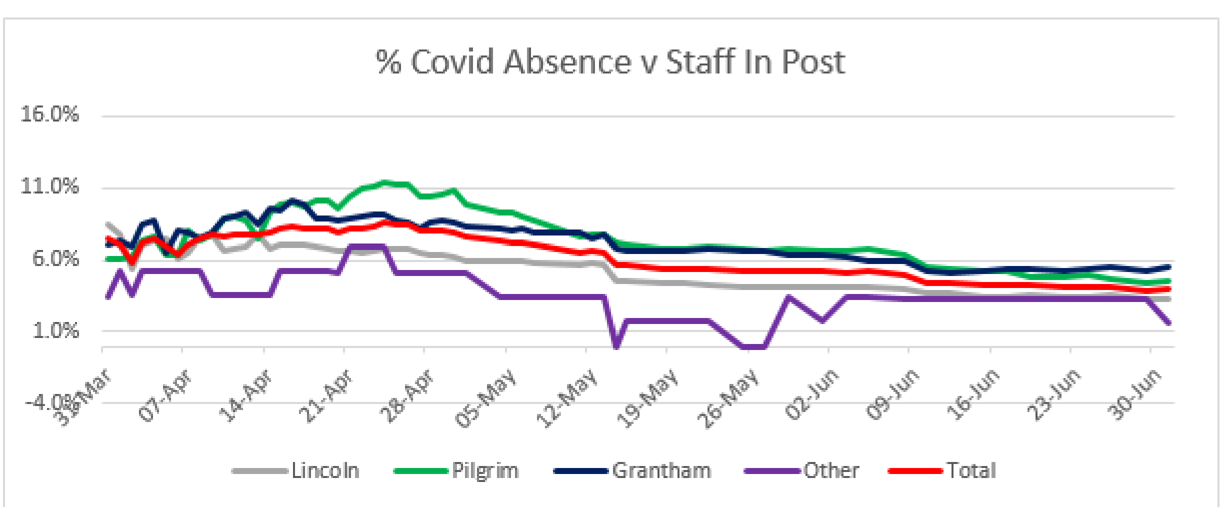
The table above shows the 12 month rolling sickness rate and demonstrates the impact of COVID. It also shows though that sickness was higher in the winter of 2020, compared to 2019

Sickness Absence – Assurance, Actions In Place To Improve and Risks

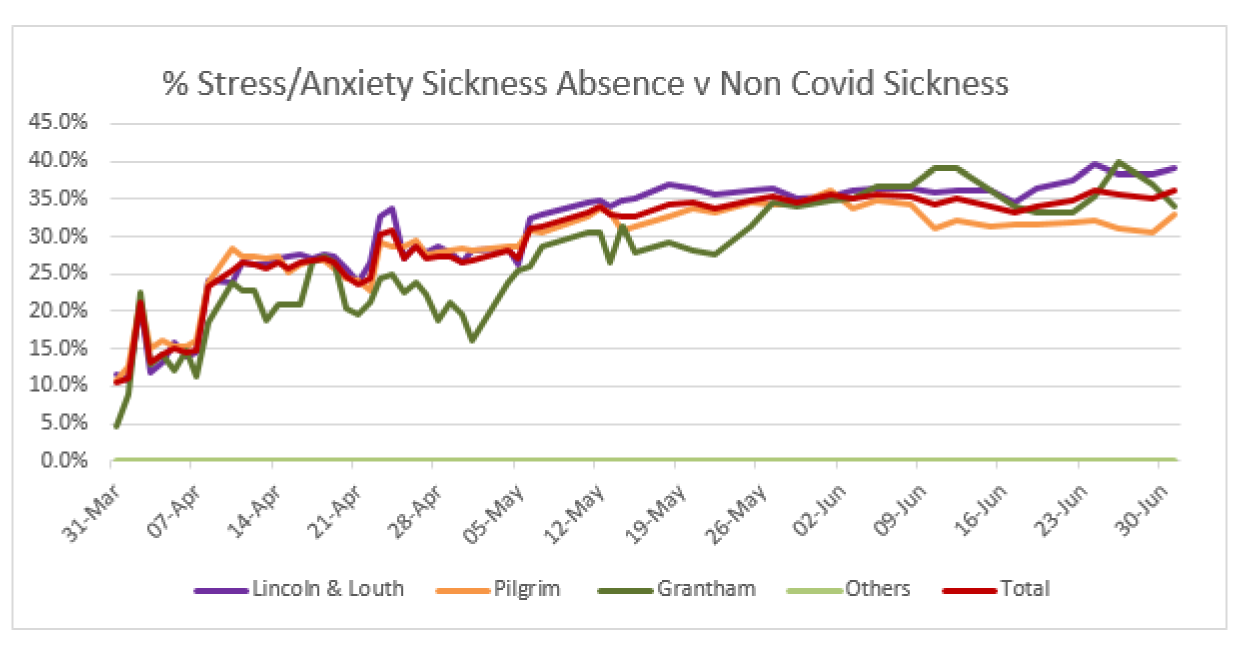
Points for Assurance

- During the pandemic of Cornavirus, sickness absence significantly increased. The Trust has been submitting a daily return to NHSE/I reporting overall absence by site, COVID absence and more recently those absent for track and trace (see graphs below)
- The Employee relations team have been telephoning those absent to confirm their status (sick, isolating shielding) and discuss their potential return to work.
- Absence levels peaked on 24th April, when 679 staff were absent for COVID-related reasons (this can include people working at home, so not technically off sick). As of 8th July, 224 staff were absent for those reasons (see graphs on next page)





- There has been an increase in recorded absence for non-COVID reasons related to stress. The ER team have been contacting those people also to offer them support, however this did report that most of this group was not off for direct COVID stress related reasons.



- A strong health and well-being offer was put together for staff through COVID. This was developed by the well-being group with broad representation, the offer encompassed mental health support through LPFT, as well as counselling, signposting to financial support and tips on home-working.

- There have been challenges in reporting of sickness daily. This was due to the lack of conciliation from managers to close down absences on a regular basis, this has impacted in concerns about the accuracy of daily figures, but not overall trends.

Actions being taken to improve performance

- Implementing the Absence Management System (Empactis) will address many of the issues above. Trusts using the system during COVID have been very positive about their ability to manage absences during this period. The implementation in the corporate functions commences on 1st August. The implementation timetable has been delayed by both COVID and also concerns about the effectiveness of the interface with Healthroster

- It is intended that we use the implementation as an opportunity to reinvigorate the ER work in support of managers around the management of staff absences

Risks

- A second spike of COVID, alongside summer annual leave or winter pressures

- The longer-term impact on mental health and the well-being of staff, with the potential of causing further stress absence

- Delays in the implementation of the Absence Management System as well as the resources issues in ULHT, and the failure to progress the Healthroster interface within the agreed timescales.

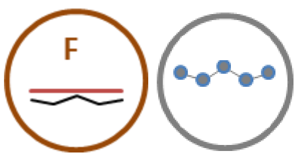
- The risks will be mitigated through ER work by working with managers, the continued health and wellbeing offer and good project management of Absence Management System implementation

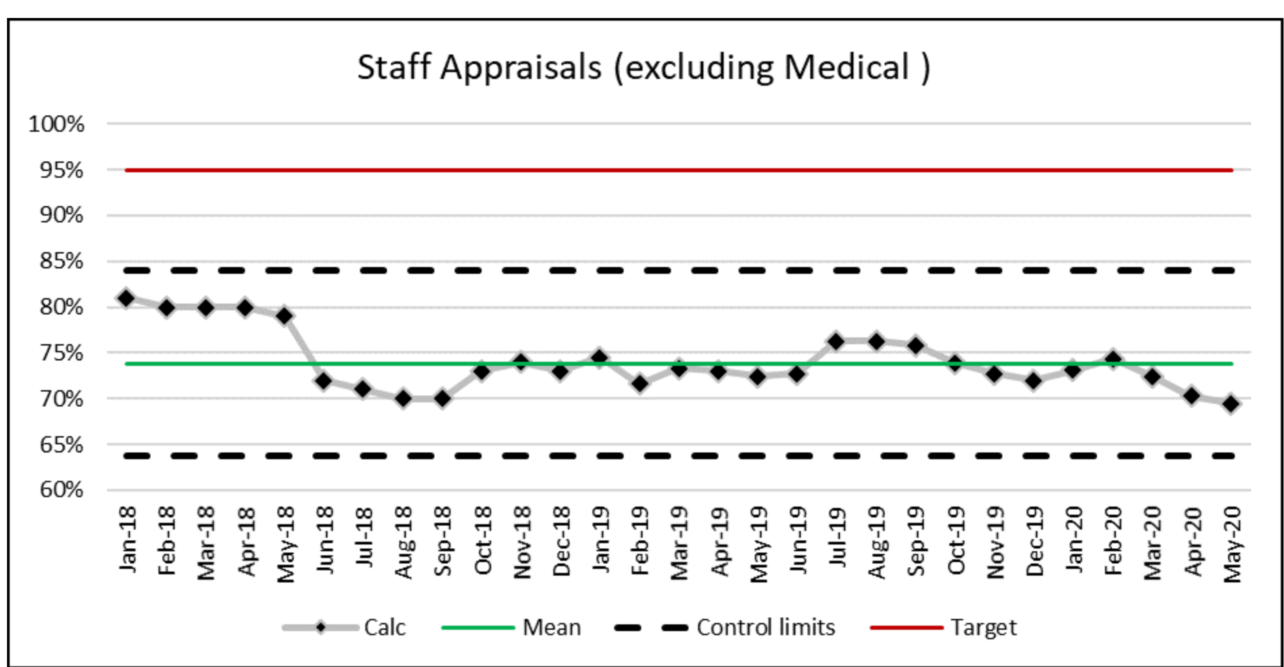
A MODERN AND PROGRESSIVE WORKFORCE – APPRAISALS

Executive Lead: Director of HR & OD

CQC Domain: Well-Led

Strategic Objective: People





Appraisal – Assurance, Actions In Place To Improve and Risks

Points for assurance

- Appraisals and quality of appraisals is being directly tackled by the Surgery Division with a cross CBU group being set up to focus on how to improve appraisal rates and quality of appraisal
- 395 staff were trained in appraisals between 1.4.19 and 31.3.20

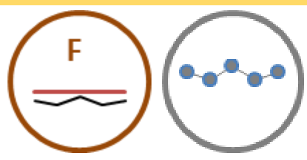
Actions being taken to improve performance

- Assessing potential for all staff having a performance conversation during August/September to ensure that all staff objectives are aligned to the Recovery Plan and all health and wellbeing issues for staff are addressed
- Trust is investing in a new online system called WorkPal which will streamline the processes and enable faster and more meaningful management information to target areas of poor compliance. Implementation is planned for Autumn 2020

Risks

- Appraisal rates continue to fall as a result of COVID

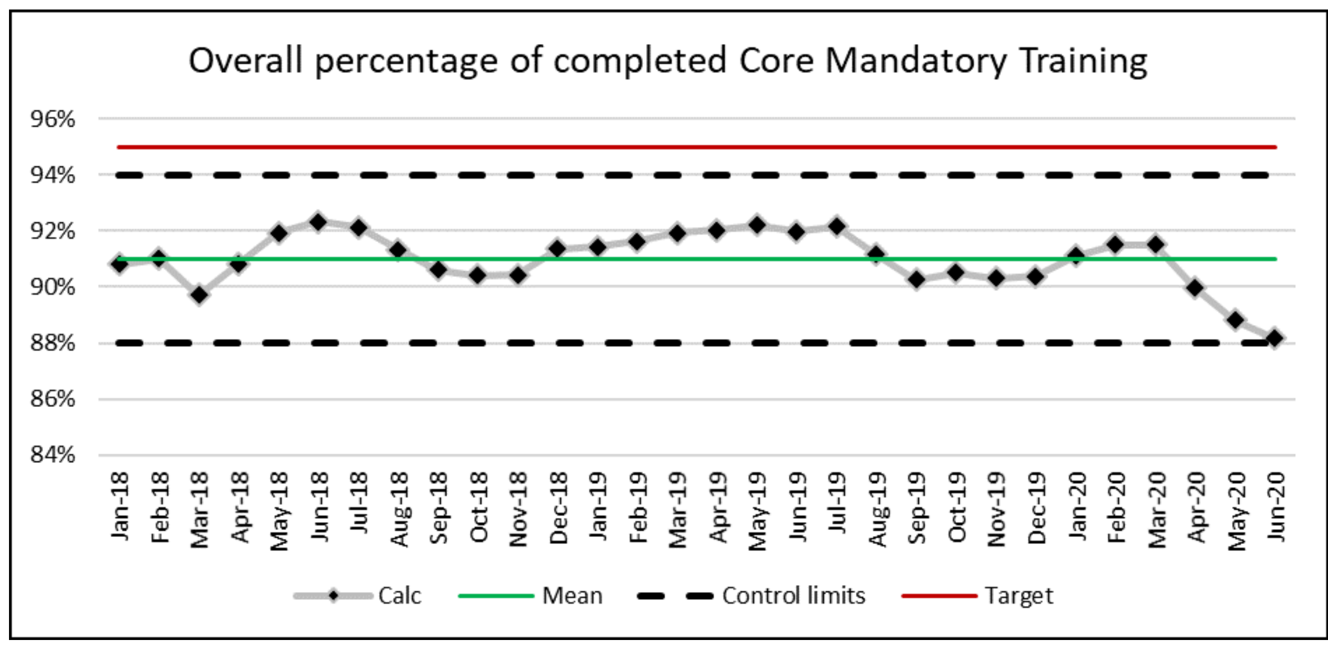
A MODERN AND PROGRESSIVE WORKFORCE – CORE LEARNING



Executive Lead: Director of HR & OD

CQC Domain: Well-Led

Strategic Objective: People



Challenges/Successes

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

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

New starters are now able to complete some of their Core Learning before commencing with the Trust. A complete e-learning Induction course is now in place due to Coronavirus outbreak.

Continued focus on IG training compliance to enable the Trust to achieve accreditation.

Core Learning – Assurance, Actions In Place To Improve and Risks

Points For Assurance

- Core learning is consistently running at around 90-92%
- All face to face activity ceased with a number of topics becoming E-learning packages
- Induction continued through COVID as an E-learning induction

- E-induction commenced in March 2020
- All face to face training ceased in March 20

Actions Being Taken To Improve Performance

- Socially distanced classroom training is being reintroduced where necessary during July
- Topic Specialists are now looking at other ways of delivering training
- The Fire Safety Team are shortly trialling delivering their Core Fire Safety training through Microsoft Teams
- The Safeguarding team are looking at new e-learning packages
- Core learning to become a performance target

Risks

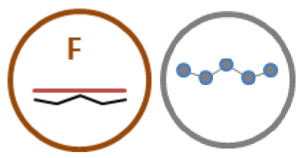
- Managers not releasing staff to undertake training as part of the ‘restoration phase
- A second spike in Cornavirus
- Lack of staff access to E-learning
- Specialities not replacing face to face ongoing without alternatives

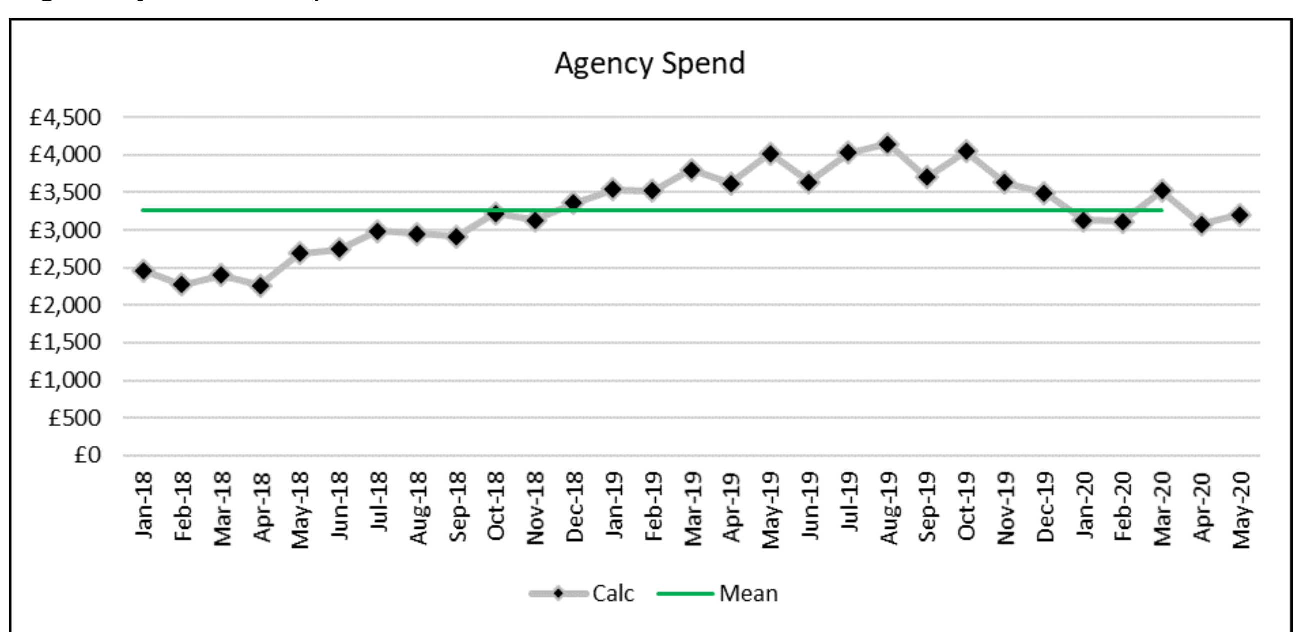
EFFICIENT USE OF OUR RESOURCES – AGENCY SPEND

Executive Lead: Director of HR & OD

CQC Domain: Well-Led

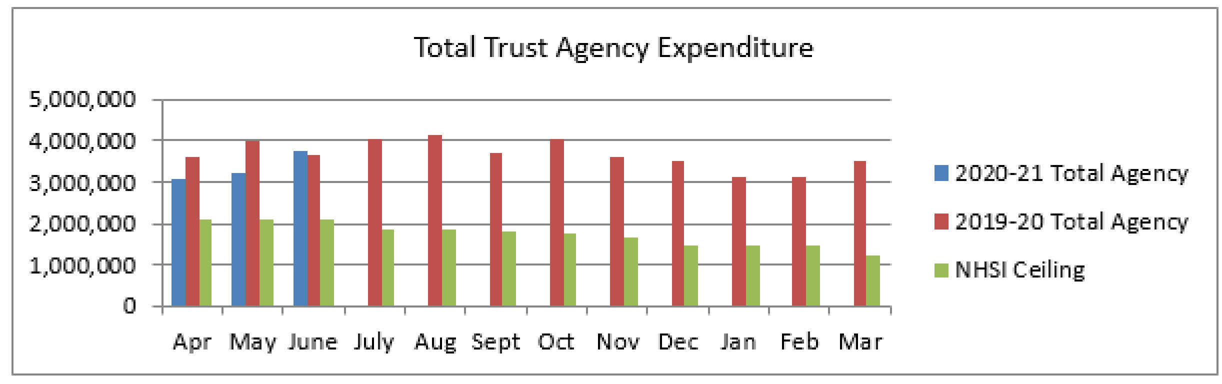
Strategic Objective: People





Challenges/Successes

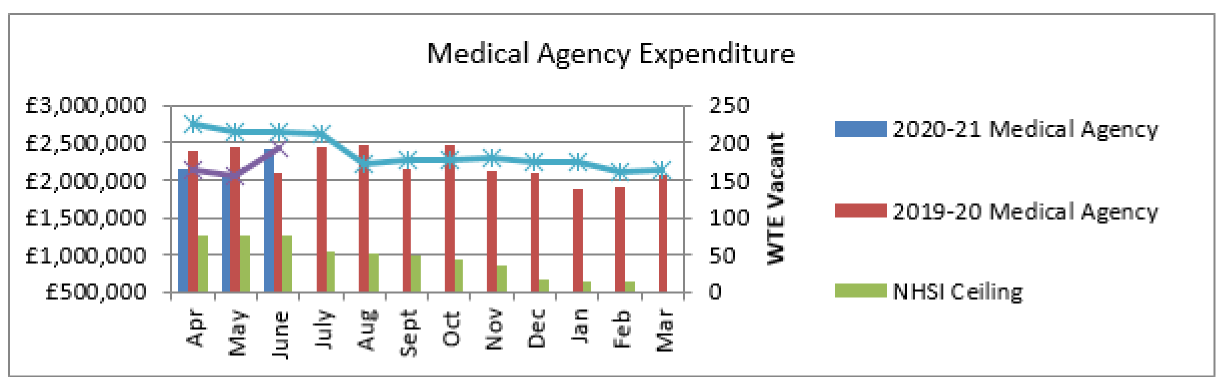
In month 2 pay is running around c. £5.5M adverse to plan although much of this is directly attributed to COVID. However, there is notable adverse variance in substantive staffing which is being driven by a marked difference in actual substantive staff in post to plan at M2 (6869 fte v 6653 fte). Whilst this is on the whole positive, a lack of a corresponding reduction in bank and agency staffing costs presents a risk. Whilst accruals have been made for an uplift in medical additional hours there remains some currently unidentified costs associated with changes to Medical staff job plans in response to the COVID pandemic.



The monthly run rate for total agency spend in both April (M1) and May (M2) was lower than months one and two in 20/19 with reductions in both medical and nursing agency due to the Trusts response to the managed phase of COVID-19 and the suspension of elective activity, significantly reduced NEL admissions and reduced bed occupancy.

The level of reduction in medical agency spend was not as pronounced as that for nursing as a direct result of enhanced UEC rotas during the managed phase of COVID c. £0.2M per month

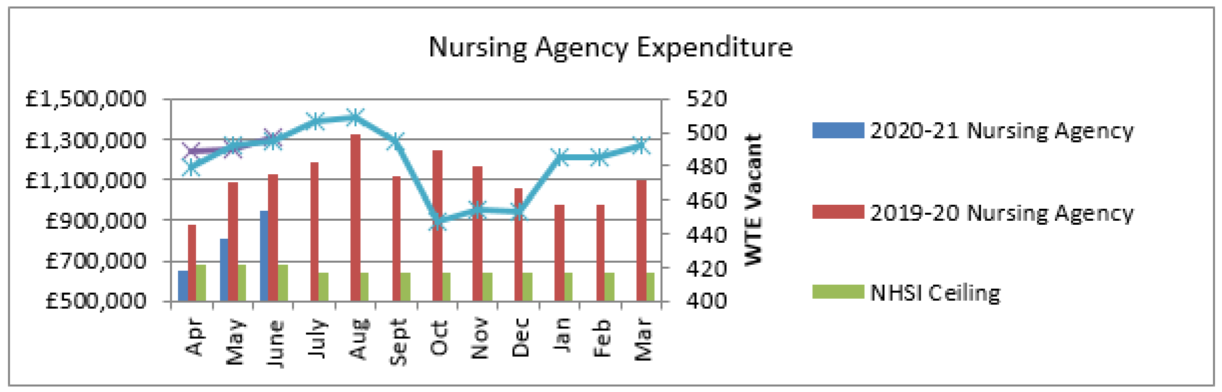
Overall temporary medical staffing costs for M1 and M2 were broadly comparable with M1 and M2 2019/20 despite direct additional COVID expenditure of c. 420K per month.



Agency booked hours were up at a 12 month high of 28,795 in May this is due to increased demand because of additional cover for nights and weekends etc. However, if COVID related agency bookings (674 for medicine) are stripped out the agency spend for May would have been circa £1,813,000 which is in keeping with the trend of reducing agency spend.

Whilst June accounts have not been finalised the run rate for June agency including COVID related shifts is suggesting a spend of circa £2,400,000, with c.£320K as a direct COVID expenditure.

Agency to Bank ratio for May was 74.2:25.8 with 24.7% from Internal Bank and 1.1% from Regional Bank.



Nursing agency costs for M1 and M2 are significantly reduced year on year comparison but have been significantly affected by reduced bed occupancy during the manage phase of COVID 19. Whilst June accounts have not been finalised, increase in nursing agency costs have increased steeply May –June as NEL activity and bed occupancy levels have increased. However, off- framework nursing agency use has been significantly reduced and Thornbury use has only been used in exceptional circumstances in M3.

Pay Costs – Assurance, Actions In Place To Improve and Risks

For Assurance

- Medical Agency costs (excluding COVID exceptional costs) continue on downward trend. A further £24,679 saving from enforcement of the break policy for the month of May this takes the total for the last 12 months to £162,997.

- Direct Engagement (DE) efficiency for May was 97.6% with only 74 shifts (5 Drs) being VAT applicable with annual savings of £4.28M. The last 4 months have now been over 97%, which is excellent, NHSI have recently stated that 60% is a good DE ratio for Doctors.
- Regional medical bank now launched to complement, ULHT managed bank offering with 478 hours in May. Regional bank doctors are doctors who are part of our collaborative have shown a lot of interest in working at ULHT.
- Divisional MI information for medical agency is to a high standard and is increasingly being used.
- Nursing agency costs were controlled during lower bed occupancy levels.
- Trend of reducing off-framework nursing agency use
- The Director of Nursing has commissioned a refreshed forum for transforming the nursing workforce with an early focus on nursing agency use and cost.
- Scientific, AHP and other agency costs continue on downward trend.

Further Improvement

- Recruitment Improvement – see Vacancy Rate Section.
- Medical agency master vend currently undergoing collaborative procurement and will further support the positive work on contractual commission levels.
- Plan to move to single position numbers in ESR to further support triangulation of associated agency costs with vacant posts.
- Capitalising on benefits of managed and collaborative Medical Bank.
- A number nursing agency improvement work streams are in train including enhanced divisional MI, new SoP for Agency use, full review of rostering practice, review of overtime and bank, increasing lower tier framework nurse agency volumes to further reduce reliance on off frame work agency use and longer term temporary nursing staffing plans in place to avoid higher premiums of shorter lead time requests.

Risks

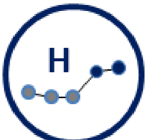
- Continued delay in international starts due to COVID.
- Direct COVID activity and expenditure is continued.
- Current run rate will breach NHSE/I cap by greater than 150% limiting UoR Assessment Rating

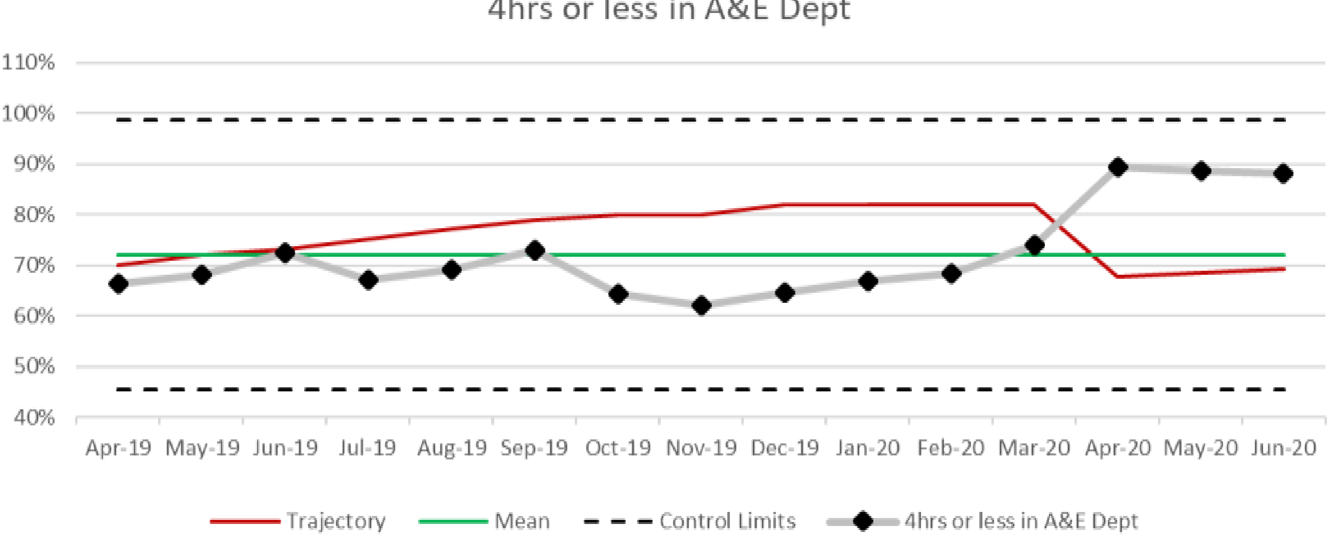
IMPROVE CLINICAL OUTCOMES – A&E 4 HOUR WAIT

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services





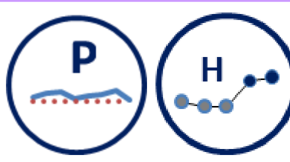
Challenges/Successes

- The UK risk level reduced in June. However, the NHS remained on a Level 4 COVID19 Pandemic incident response.
- During June 'lockdown' restrictions began to be eased. A campaign to encourage the public to seek urgent medical care via Urgent Care Centres and Emergency Departments continued. Thus, resulting in further increased attendances.
- Grantham transitioned from and Emergency Department operating 8am – 6.30pm, to a 24 hours Urgent Care Treatment Centre on 22nd June 2020, thus reducing type 1 activity but increasing type 3 activity,
- June ED type 1 and streaming was 13,075 attendances verses 12,302 in May. This represents a 5.92% increase. By site LCH experienced a 7.53% increase in attendances, PHB saw an increase of 5.84% but GDH experienced a 1.12% decrease in attendances.
- June overall outturn for A&E type 1 and primary care streaming delivered 88.15% against an agreed trajectory of 69.32%.
- This demonstrates a deterioration of 0.55% compared with May outturn, although this is still an improvement against trajectory of 18.83%.
- By site, for June, LCH delivered 85.03%, a 2.5% deterioration on May's performance, PHB delivered 88.41%, an improvement of 1.08%. GDH achieved 98.08% which was an improvement of 1.43% compared to May. The highest days of delivery by site was 23rd June when PHB delivered 95.10% and 7th June when LCH achieved 94.70%. Conversely, the lowest days of delivery by site was 23rd June when LCH only achieved 64.36% and on 20th June when PHB only achieved 65.05%. A full analysis was undertaken at the time. Attributing factors were blue vs green demand, acuity and ambulance conveyances
- This deterioration should be seen in the context of increased ED attendances, increased non-elective admissions and a reduced available bed base.

Actions in place to recover:

- Those process improvements, not affected by volume, have been reflected in the Restore phase of COVID management and where identified as more transformational, they have been further developed through a re-energised local improvement and delivery structure.
- The ability to respond dynamically in all urgent and emergency care access areas will support patients to be seen by the right person in the right service.
- As part of restoration, an increased ED footprint and the extension of primary care streaming is being explored.

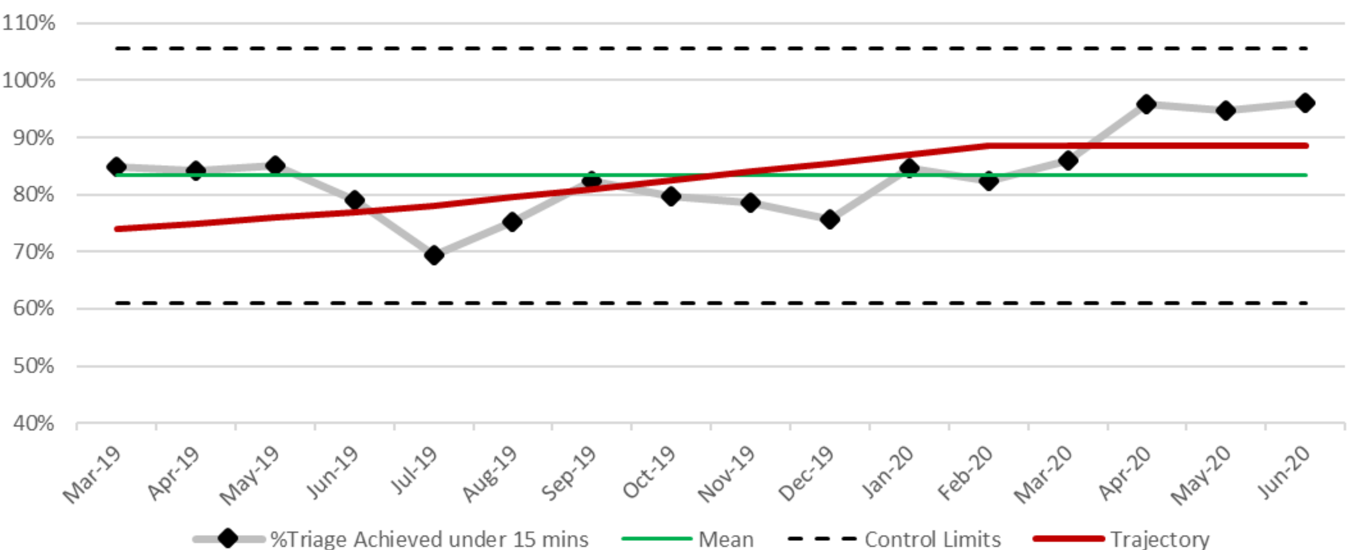
IMPROVE CLINICAL OUTCOMES – %TRIAGE ACHIEVED UNDER 15



Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services



Challenges/Successes

- Triage under 15 minutes delivered an improved position in June of 1.31%. 96.01% in June verses 94.70% in May. The balance between managing the blue pathway and green pathway continues to be problematic, especially at times of increased volume of patients in the departments
- We have in June, exceeded the number of ED attendances to that experienced in March. Measures are in place to ensure this key metric continues to achieve its improvement trajectory toward 100%.
- 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:

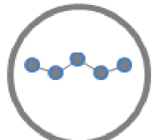
- A return to levels more in line with Pre Covid attendances, the focus must remain on achievement. This will be monitored and actioned locally by the newly appointed band 8a ED Performance Managers and the planned appointments of 2 x 8a Clinical Leads (Nursing).

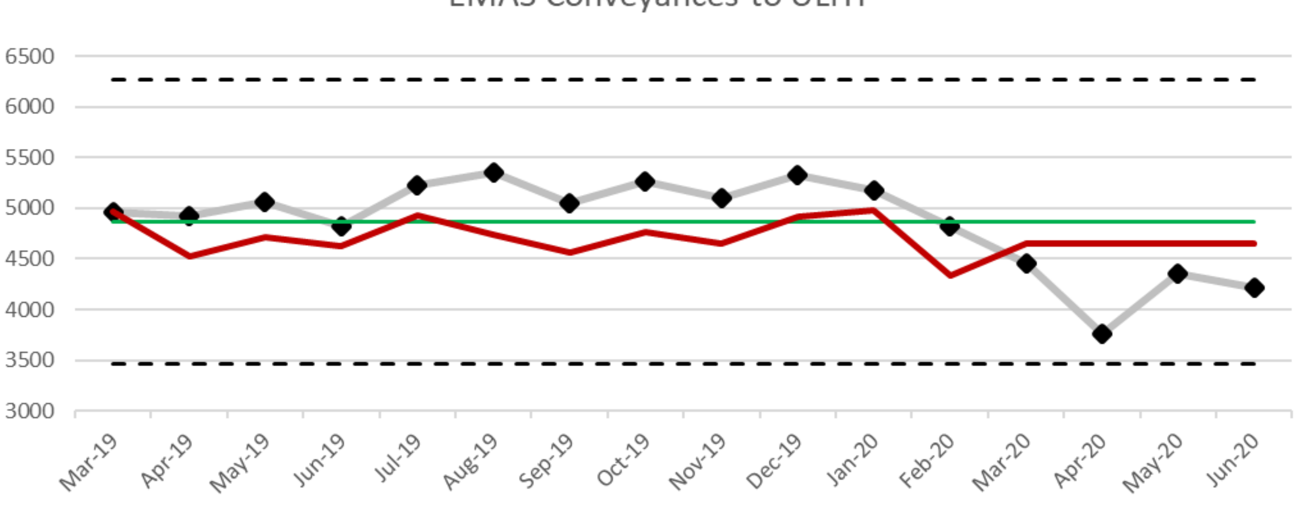
IMPROVE CLINICAL OUTCOMES – AMBULANCE CONVEYANCES

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services





Challenges/Successes

- Ambulance conveyances for June were 4218 compared to 4357 in May. This represents a 3.2% reduction in conveyances across all sites. However, we must consider the conversion from a ED to a UTC at Grantham which took place on 22nd June and that traditionally, June experiences less conveyance demand.
- By site, LCH conveyances were 2492 compared with 2570 in May, a 3.04%% reduction, PHB was 1606 in June compared with 1603 in May, a 0.19% reduction. GDH continued to experience a reduction in conveyance 120 in June compared to 234 in May, a 48.72% reduction.
- The continued challenge, as we move through restore and into recovery, whilst maintaining the segregated pathways, will be managing our overall conveyances. July has seen record numbers of conveyances to LCH. We are working with the System to reduce our overall attendances and conveyances by ensuring all admission avoidance pathways are robust and communicated clearly.

Actions in place to recover

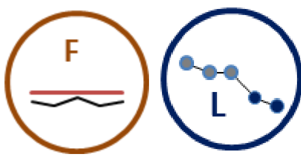
- Restore plans being put in place by the Trust for urgent and emergency care (UEC) include patients being appropriately clinically managed through alternative streams to avoid large numbers of patients in the emergency department leading to possible delays in handover.
- An increase to the overall footprint of our Emergency Departments is currently be explored.
- Key to delivering this and the Trusts UEC Restore plan is the understanding and transparency of the Restore plans being developed and agreed by our partners in EMAS, LPFT, ASC and LCHS.

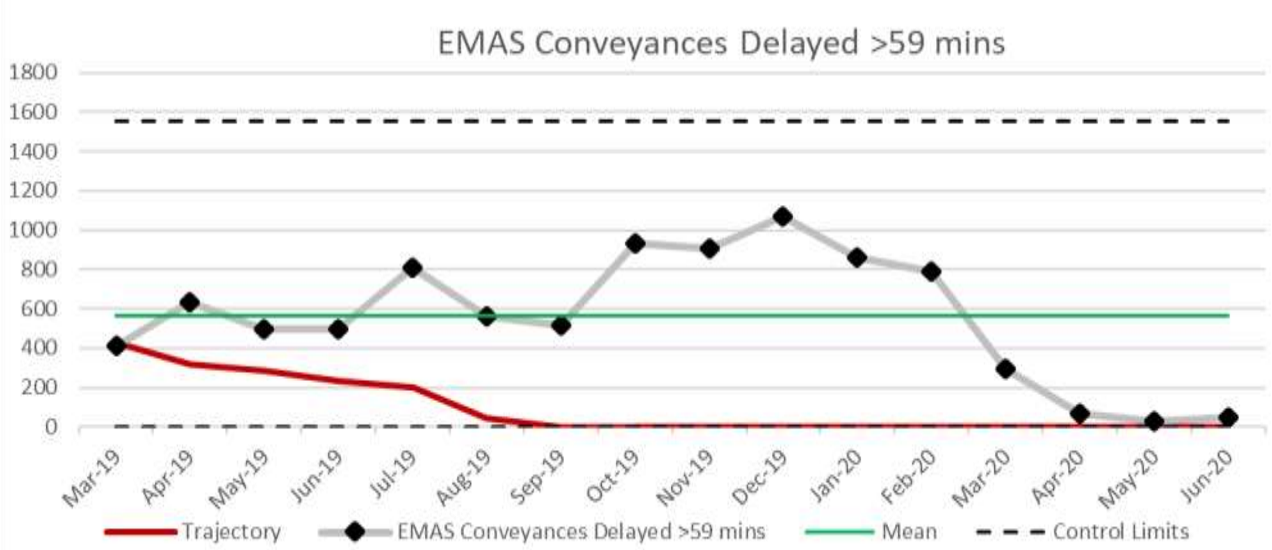
IMPROVE CLINICAL OUTCOMES – AMBULANCE HANDOVER >59

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services





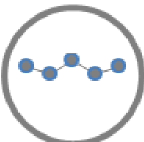
Challenges/Successes

- During June there were 49 >59-minute ambulance handover delays. This is an increase of 22 compared to May. This represents a 44.9% increase in >59-minute ambulance handover delays. On examination, a large proportion of these related to Neonatal transfers and Maternity. A focus has been applied to understanding this. NHSe/i are supporting local enquiries.
- LCH had 25 >59-minute ambulance conveyances in June compared with 17 in May. This represents a 32% increase in June compared to May. PHB had 24 >59-minute ambulance conveyances in June compared with 9 in May. This represents a 62.5% increase.
- Delays experienced at LCH and PHB have deteriorated as a result of an inability to ‘flex’ the segregated pathways more proactively and the pattern of conveyance.

Actions in place to recover

- RAT has been reinstated as well as maintaining a level of segregation for suspected COVID patients.
- A bid has been submitted to increase the footprint of both the Emergency Department s (LCH and PHB), specifically to allow an increased ability to respond to the timely and safe Ambulance handovers
- Work is in train within the System to reduce the overall ambulance conveyances to ULHT through implementing robust alternative pathways.

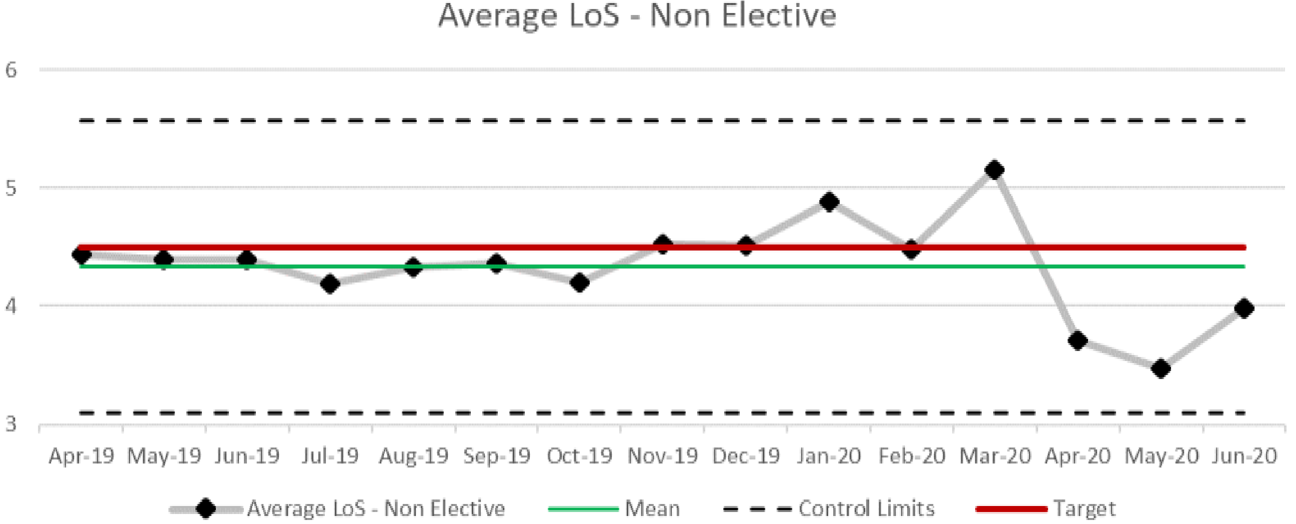
IMPROVE CLINICAL OUTCOMES – AVERAGE LOS NON-ELECTIVE



Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services



Challenges/Successes

- Average LOS for non-elective admissions saw a deterioration during June, delivering 3.98 ALOS compared to 3.47 compared in May. This represents a negative variation of 0.51 days and 12.85% increase from May.
- During June the numbers of patients with a LLOS increased from 69 in May to 82 in June. An increase of 13 patients
- The work of the system wide discharge cell and the implementation of COVID discharge guidance including the temporary suspension of the Care Act initially impacted positively on this performance. The introduction of a local patient swabbing agreement for all patients requiring on going care within Adult Social Care, discharge delays of >72 hours are increasing. This is now being reviewed as the ULHT G&A core beds can no longer support this process.
- Non elective admissions decreased slightly in June 3.88%. 2801 in June compared to 2914 in May. Again, this is normal admission trend for June.

Actions in place to recover

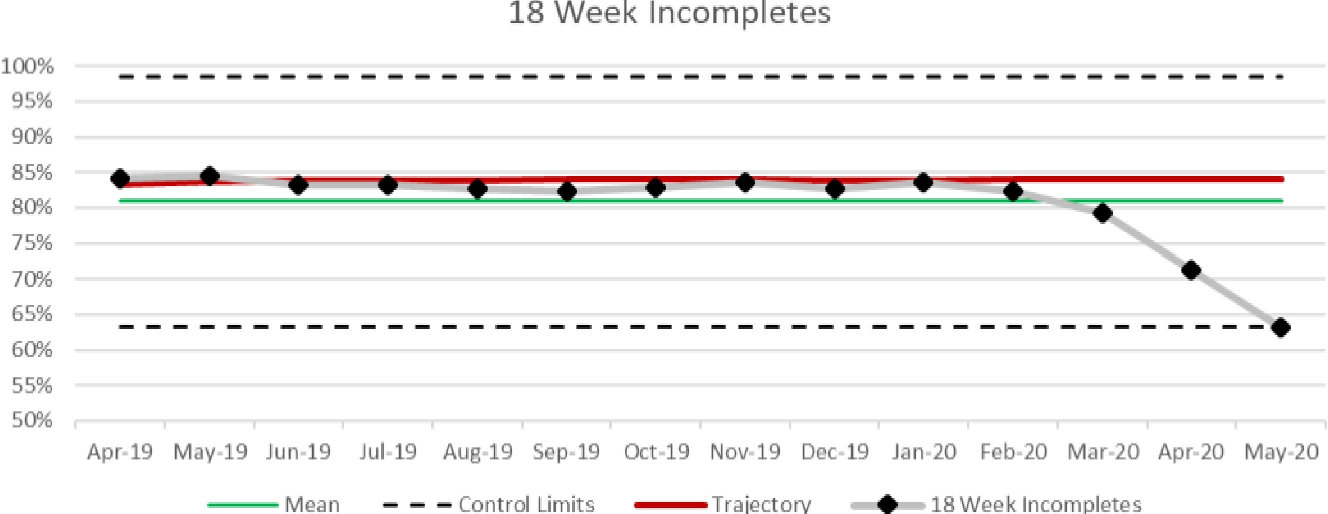
- Multi-agency discharge meetings now take place twice daily. Line by line reviews take place against each patient on pathway 1,2 and 3. Discharge plans are scrutinised. Clear expectations are agreed within the System to protect agreed discharge plans.
- Weekly multi-agency long length of stay meetings for each hospital site in place to support more complex patients through their discharge pathway.
- Patient swabbing agreement being reviewed to allow more flexibility in terms of valid swab result timescales to reduce >72-hour delays to discharge.
- System wide discussion in train to secure multi-agency Discharge Cell continues through restore and recovery.

IMPROVE CLINICAL OUTCOMES - RTT 18 WEEKS INCOMPLETES

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services



Challenges/Successes

RTT performance is currently below trajectory and standard.

May saw RTT performance of 63.25%, -8.01% worse than April.

Maxillo-Facial Surgery, Orthodontics and Oral Surgery (42.68%) is the lowest performing specialty, from 53.98% last month (-11.31%). Neurology has deteriorated this month with a 10.41% decrease from 70.97% last month to 60.57% in May.

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

- Ophthalmology - 2053 (Increased by 697)
- ENT - 1713 (Increased by 386)
- Maxillo-Facial Surgery + Orthodontics + Oral Surgery - 1620 (Increased by 286)
- Gastroenterology - 1390 (Increased by 180)
- General Surgery - 1159 (Increased by 198)

Actions in place to recover:

As detailed above, performance across all specialties continues to decline. Maxillo-Facial, ENT and Ophthalmology have seen the largest decrease in performance.

Currently, due to the coronavirus pandemic, routine elective work for both admitted and non-admitted remains suspended.

One of the largest detrimental impacts on General Surgery and Gastroenterology performance is the standing down of the Endoscopy service for routine patients. A task group has however, recently been set up to look at recommencing the Endoscopy service for routine activity. This should then start to improve performance in these specialities. Although, in order to comply with social distancing measures, the service will have reduced capacity compared to pre COVID19, therefore recovery will not be rapid.

Specialties achieving the 18 week standard for May were:

- Breast Surgery 93.75%
- Clinical Oncology 97.06%
- Cardiothoracic Surgery 100.00% (1 patient)
- Medical Oncology 93.75%

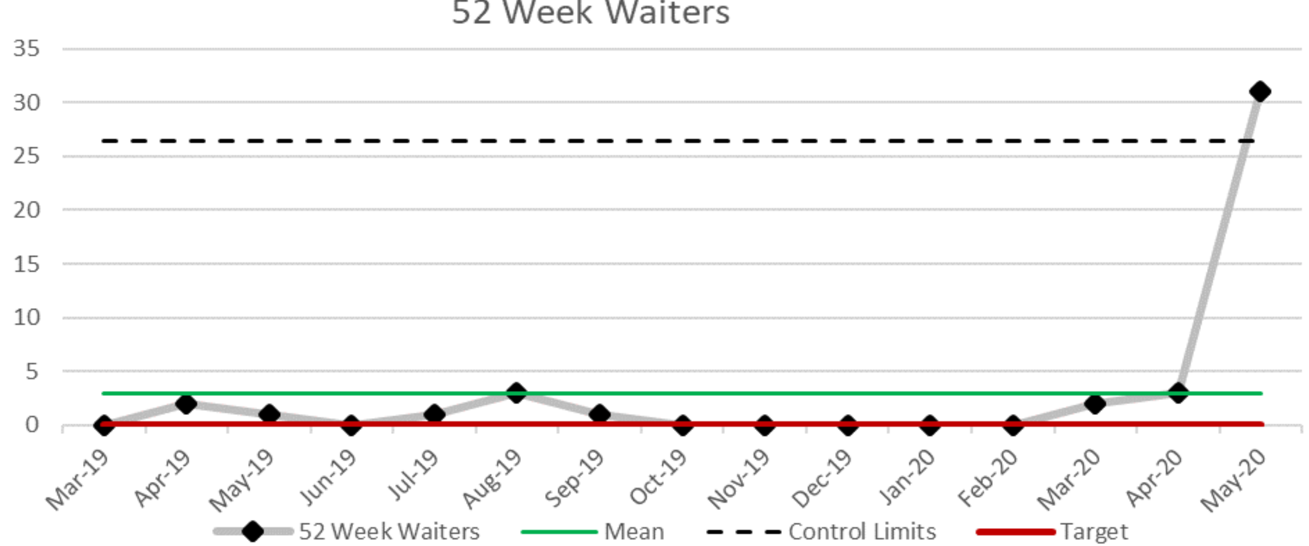
This is due to the continuation of Cancer services throughout the pandemic.

IMPROVE CLINICAL OUTCOMES – 52 WEEK WAITERS

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services



<u>Challenges/Successes</u>

The Trust reported thirty-one incomplete 52 week breaches for May end of month. Seven of these were due to incorrect data entry and the remainder due to stopping service provision.

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

Due to the COVID19 situation necessitating the standing down of routine services, and also the reduction in capacity when services do recommence, it is anticipated that there will be an increased number of breaches declared each month.

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

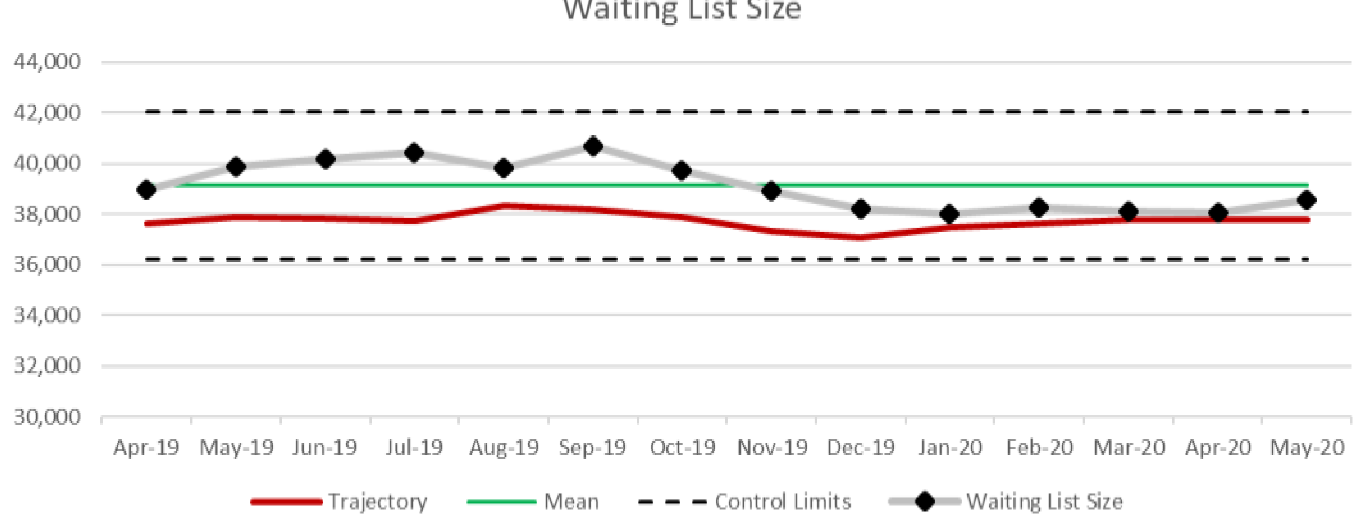
Work is continuing within services for Cancer and Urgent patients.
Recovery and Restoration plans continue to be discussed and revised; accounting for a changing environment.
Divisions are reviewing pathways to look at ways to enable provision of routine services. This is being worked through in conjunction with the Trusts "Green" plan.

IMPROVE CLINICAL OUTCOMES – WAITING LIST SIZE

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services



Challenges/Successes

Overall waiting list size has increased from April, with May total waiting list increasing by 529 to 38,576. The incompletes position for May is now approx. 456 less than the March 2018 (39,032) target.

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

- ENT + 231
- General Surgery + 154
- Respiratory Medicine + 114
- Trauma & Orthopaedics + 77
- Community Paediatrics + 57

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

- Paediatrics - 86
- Maxillo-Facial Surgery + Orthodontics + Oral Surgery - 73
- Vascular Surgery - 52
- Clinical Haematology – 43
- Neurology - 43

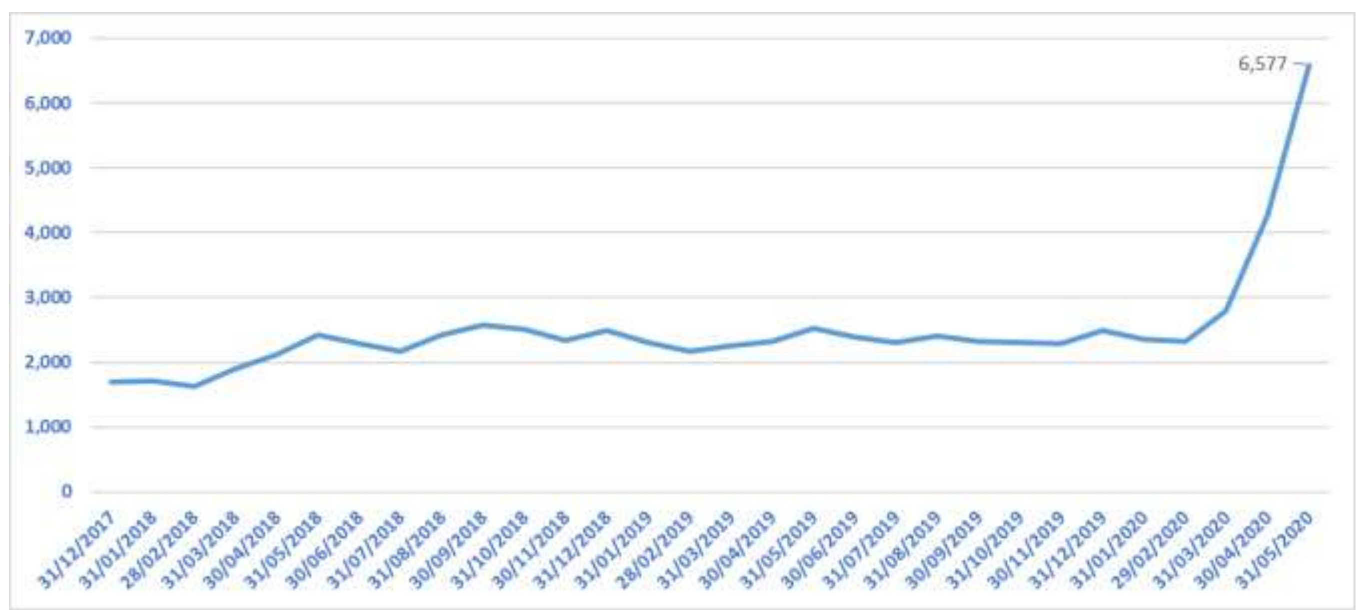
Actions in place to recover

Discussions and pilot are currently on hold with CCG/STP/NHSE/I colleagues regarding a new approach to the current Advice & Guidance used by the Trust.

April to May saw an increase of patients waiting over 40 weeks, +299, with General Surgery (+82) showing the largest increase. 4 specialties reduced their position compared to last month, with Community Paediatrics showing the best improvement of -3 patients from last month.

The chart below shows progress up to 31st May, with an increase of 2309 patients from April. The largest increase was seen in Ophthalmology, +449. The largest decrease of -5, being in Colorectal Surgery.

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



In response to the Covid19 pandemic, the Trust continues to suspend all routine Elective Surgery and face to face outpatient activity. This has had an adverse effect on both Waiting List size and 18 week performance. This continues to be monitored with recovery plans being worked on by the specialties.

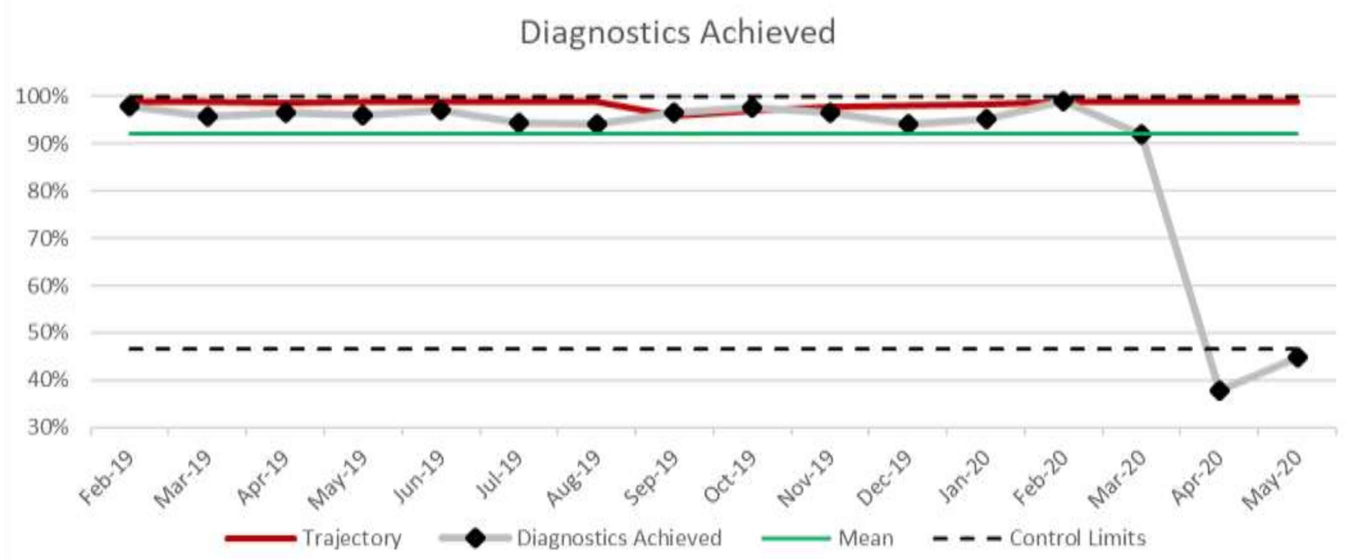
There has been an increase in changing face to face appointments to telephone consultations. The use of video consultations has also increased, where appropriate, within the specialties.

IMPROVE CLINICAL OUTCOMES – DIAGNOSTICS

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services



Challenges/Successes:

As a direct result of Covid-19 impact 55.04% of patients waiting for a DM01 diagnostic test at the end of May were waiting over 6 weeks. This is in line with the average performance of Trust's nationally.

The majority of patients waiting over 6 weeks continue to be within echocardiography and endoscopy diagnostic procedures.

From the end of March only urgent cardiac echo activity continued to support cancer pathways with all routine activity temporarily stopped. This routine activity re-commenced from 8 June as planned at reduced capacity due to social distancing constraints.

Endoscopy services nationally are guided by the BSG and JAG and we will continue to adhere to their recommendations on service delivery during COVID-19 as and when these change. Endoscopy procedures are aerosol generating and current guidance is impacting on service capacity due to IPC controls and cleaning time required between patients. Current endoscopy capacity is reduced by 50% of normal activity and is focused on cancer and urgent work.

Actions in place to recover:

Estates reconfiguration work has been approved to proceed with investment which will support green pathways for TOE procedures through Lincoln and Pilgrim sites, in addition to Grantham site.

Demand management pathways for upper GI and lower GI introduced during the Manage phase continue to prove successful. Patients are currently scheduled for barium/CT CAP scans in the first instance and results are reviewed by a senior clinician to determine whether patients still require an endoscopy procedure. Non-2WW and non-urgent referrals are currently being monitored on a waiting list and patients and referrers are being kept informed and issued clinical advice.

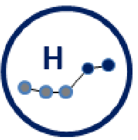
The potential for alternative procedures, such as capsule endoscopy, is being explored.

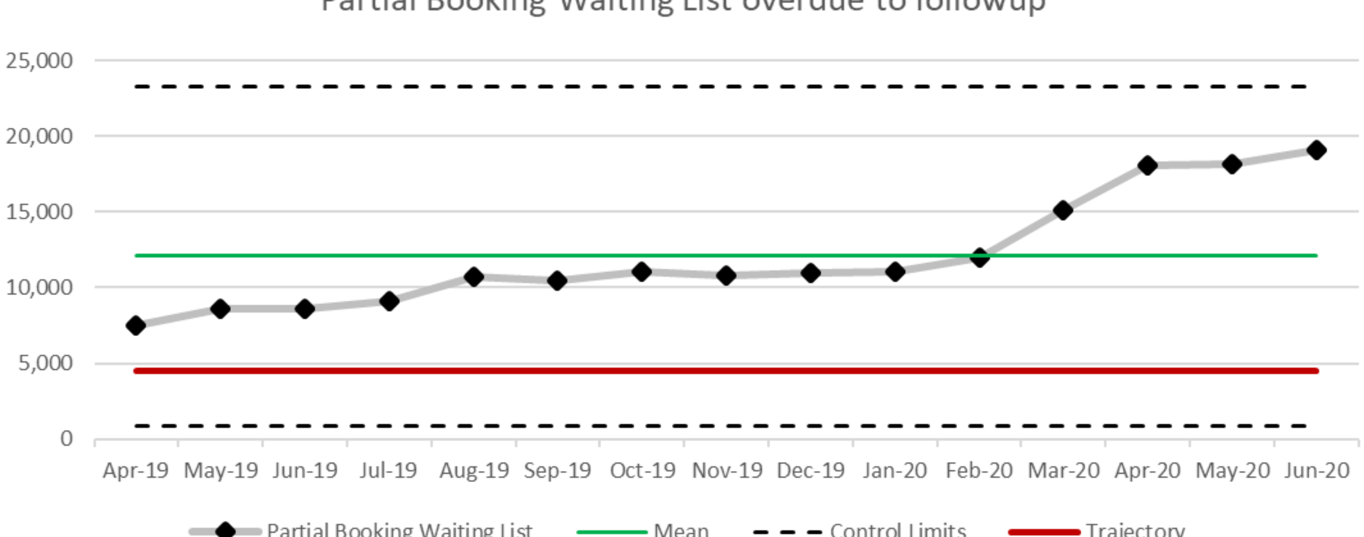
IMPROVE CLINICAL OUTCOMES – PARTIAL BOOKING WAITING

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services

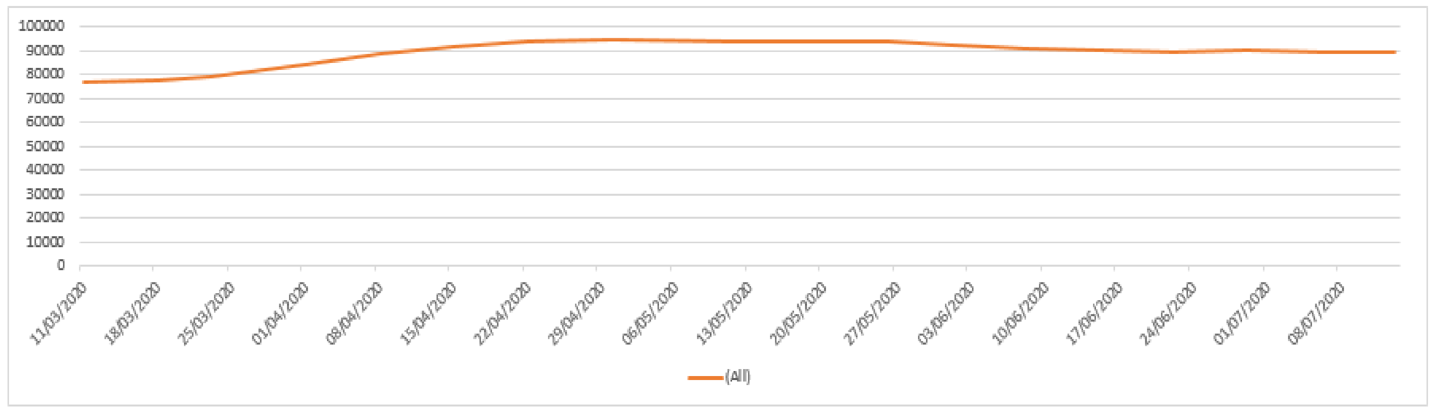




Challenges/Successes:

Following a period of growth through March to May due to a significant reduction in routine outpatient activity because of the Trust's response to COVID-19, the overall partial booking waiting list size has continued to reduce since the beginning of June at a rate of circa. 900 per week, as illustrated in the chart below. However appointments overdue to follow up on the waiting list have grown since last month, albeit at a reduced scale.

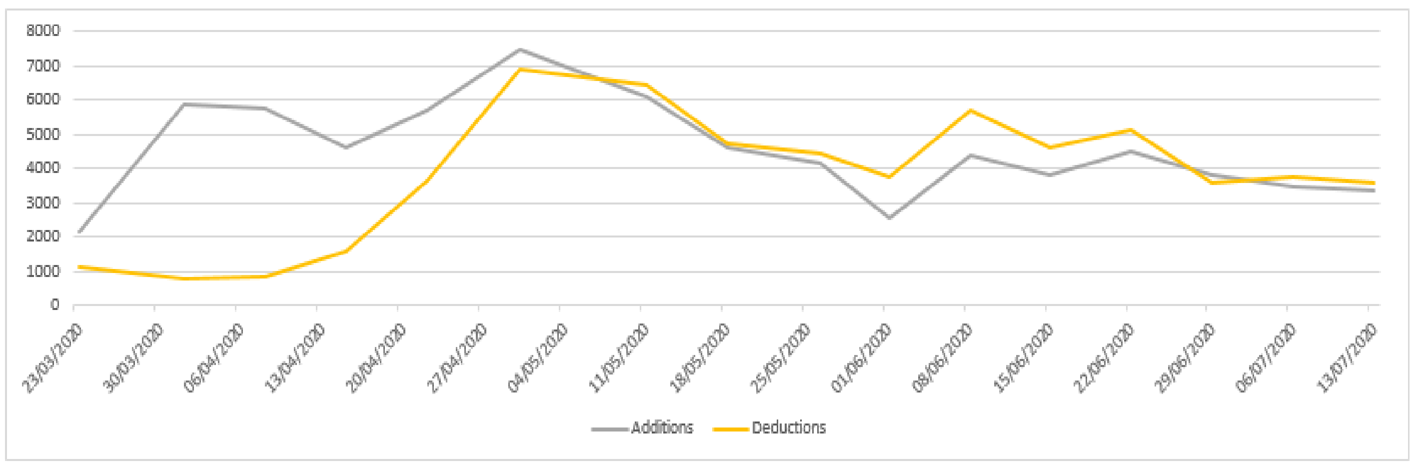
Overall PBWL Size (All) Specialty (All)



Actions in place to recover:

Our recovery actions include administrative validation, clinical triage and the scaling up of technology enabled care. As a result of these actions waiting list deductions have outrun additions, leading to the reduction in overall waiting list size.

Additions and Deductions to PBWL

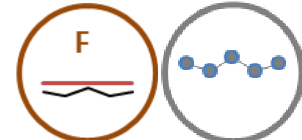


IMPROVE CLINICAL OUTCOMES – CANCELLED OPS

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services



Cancelled Operations on the day (non clinical)

4%
3%
2%
1%
0%

Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20

Cancelled Operations on the day (non clinical) — Mean — Control Limits — Target

F

Not treated within 28 days. (Breach)

40
35
30
25
20
15
10
5
0

Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20

Not treated within 28 days. (Breach) — Mean — Control Limits — Target

Non clinical cancellation reasons include lack of availability of ITU/HHUD/level 1 bed provision, and lack of time to complete the list.

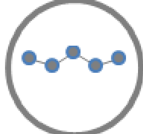
This has been a particular challenge due to the pressures on ITU bed capacity and the additional requirements for donning and doffing. ITU capacity is improving so we do not expect to see cancellations due to bed space moving forward. Lack of time to complete lists are primarily due to preceding cases overrunning due to complexity.

IMPROVE CLINICAL OUTCOMES – FRACTURE NOF 36 & 48 HOURS

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services



Fracture NOF 48 Hours

105%
100%
95%
90%
85%
80%
75%
70%

Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20

Fracture NOF 48 Hours — Mean — Control Limits — Target

Fracture NOF 36 Hours   Target to be confirmed

110%
100%
90%
80%
70%
60%
50%
40%
30%

Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20

Fracture NOF 36 Hours — Mean — Control Limits — Target

There are processes in place to ensure our time to theatre is within 36 hours where a patient is medically fit. However, due to the PPE used in the trauma theatre for AGP procedures, this has dramatically reduced the amount of trauma listed per day.

Trauma and Orthopaedics have not seen a reduction in NOF's during COVID but a reduction in theatre time has impacted on our time to theatre targets.

IMPROVE CLINICAL OUTCOMES – CANCER 62 DAY

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services

Challenges/Successes

In May we saw a marginal increase (0.9%) in the 62 Day Classic performance compared to April, at 67%. During the same period the national performance dropped 4.4%.

Early indications are that our June 62 Day Classic performance will be circa 75%.

The impact of COVID-19 on our cancer pathways is clearly visible through the increase in number of patients over day 62 and 104, with the Trust mirroring the national position. The table below shows the increase in the number of patients in both these groups for w/e 21st June compared to w/e 1st March.

	62 Day Waiters	104 Day Waiters
Trust	147%	300%
National	149%	363%

For both these cohorts of patients, the majority of them are on Colorectal pathways delayed due to Endoscopy Units closing. In the Trust, for w/c 6th July, the number of Colorectal patients made up 73% of those waiting over 62 days and 74% of those waiting over 104 days.

These backlogs will impact on the Trust's future performance but how much will depend on the volume that convert to a cancer diagnosis and when their treatments commence (ie focussed in one month or spread over many).

The concern of the impact these delays will have on patient outcomes has been highlighted in an instruction from NHSE/I, on 9th July, that has stipulated all patients waiting 104 days and over are to be seen by the 21st August 2020 and that the number of patients waiting over 62 days should be reduced by 20% by that date, with a trajectory in place for full recovery.

Actions in place to recover:

The Grantham Green Site is now running 4 theatres for 5 days a week with a view to increasing this to 6-7 days; Lincoln is working with 2 theatre lists per day for 5 days a week and Pilgrim with 1 theatre lists per day, 5 days per week.

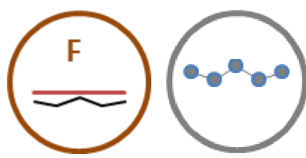
The NHSE/I letter has supporting information for Endoscopy Units as these has been identified as key in the recovery. Work is underway to increase the volume of patients being seen in our Endoscopy, with priority being given to clinically urgent and long-waiting patients (ie over 62 days).

IMPROVE CLINICAL OUTCOMES – CANCER 2 WEEK WAIT

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services



Challenges/Successes

May saw the best 14 Day performance for the Trust since October 2017, narrowly missing success at 92.5% (five tumour sites met the 14 Day standard (Brain, Breast, Head & Neck, Sarcoma and Skin) with both Gynaecology and Urology narrowly missing at 91.5% and 92.7% respectively (standard 93%).

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

7 Day target Referral-to-First OPA 80%	Jun-20 Total	Jun-20 7 Day Prfrmnce %
Brain/CNS	7	85.7
Breast	240	11.3
Breast Symptomatic	116	9.5
Colorectal	399	78.2
Gynaecology	206	26.7
Haematology	9	66.7
Head & Neck	243	81.1
Lung	32	46.9
Sarcoma	6	83.3
Skin	394	86.3
Upper GI	176	35.8
Urology	225	44.0
Totals (excl Breast Sympto)	1937	58.1

Actions in place to recover:

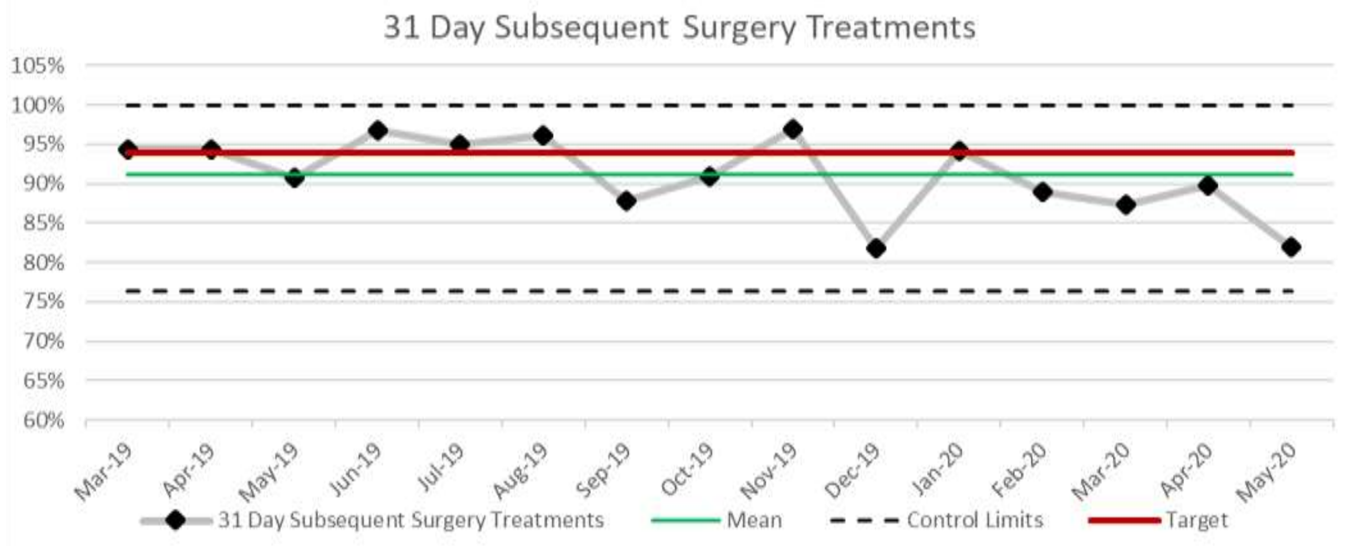
The same challenges currently facing the 62 Day standard apply to the Two Week Wait standard. The work being undertaken on the NICE NG12 guideline criteria will have a positive effect on this standard, ensuring lower volume/higher quality referrals reach the Trust.

IMPROVE CLINICAL OUTCOMES – 31 DAY SUBSEQUENT SURGERY

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services



Challenges/Successes

The 31 Day Subsequent Surgery standards were missed primarily due to the impact of COVID: the reduction in theatre capacity and patient reluctance to attend hospitals.

Actions in place to recover:

Although all theatre activity initially stopped in the run-up to COVID-19, the Grantham Green Site is now running 4 theatres for 5 days a week with a view to increasing this to 6-7 days; Lincoln is working with 2 theatre lists per day for 5 days a week and Pilgrim with 1 theatre lists per day, 5 days per week.

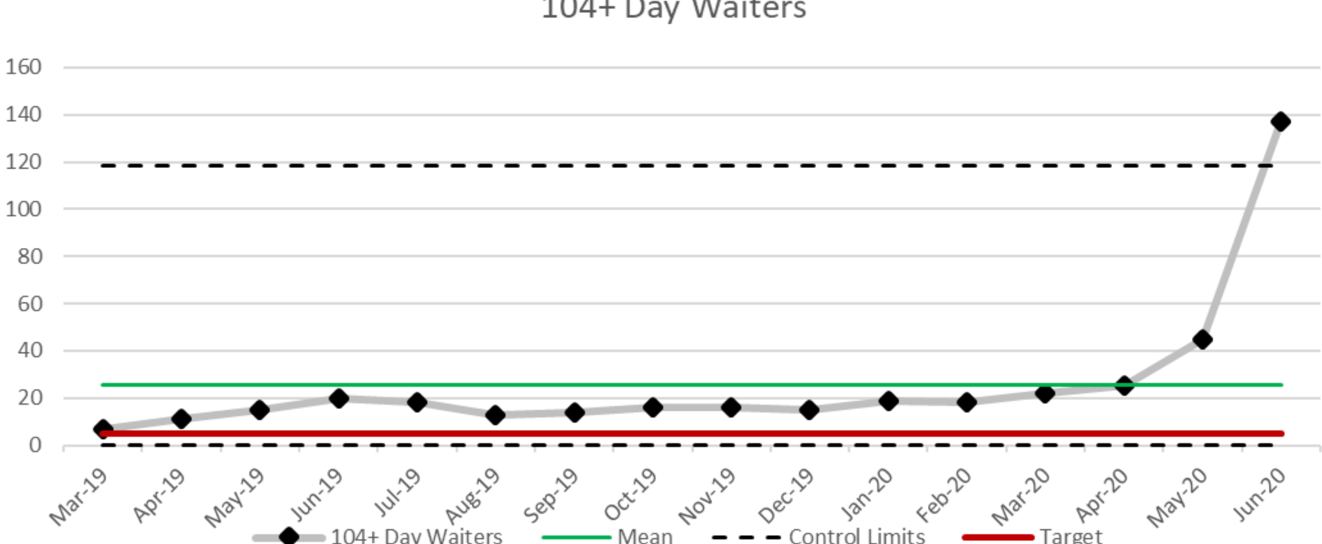
The new model started in July and will contribute significantly to the delivery of 31-day subsequent surgery.

IMPROVE CLINICAL OUTCOMES – 104+ DAY WAITERS

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services



Challenges/Successes

The 104+ Day backlog was stabilising week-on-week pre-COVID but the crisis temporarily stopped diagnostics and treatments, both at ULHT and tertiary centres, and this has had a significant impact on these numbers. As of 10th July there were 170 patients waiting over 104 days, significantly above the target of 10 patients. Of these patients 74% are on a Colorectal pathway where a large number of patients are waiting for an Endoscopy procedure or have declined to attend for investigations during COVID. There is a weekly review of all patients over 104 days with the Cancer Lead Clinician.

The impact of COVID-19 on our cancer pathways is clearly visible through the increase in number of patients over day 104, with the Trust mirroring the national position. The table below shows the increase in the number of patients in both these groups for w/e 21st June compared to w/e 1st March.

	104 Day Waiters
Trust	300%
National	363%

Actions in place to recover:

The national focus for cancer as we transition from the Restore to Recovery phase is to reduce the 62+ Day backlog and this will consequently minimise the numbers approaching the 104 day mark.

The concern of the impact these delays will have on patient outcomes has been highlighted in an instruction from NHSE/I, on 9th July, that has stipulated all patients waiting 104 days and over are to be seen by the 21st August 2020.

The Grantham Green Site is now running 4 theatres for 5 days a week with a view to increasing this to 6-7 days; Lincoln is working with 2 theatre lists per day for 5 days a week and Pilgrim with 1 theatre lists per day, 5 days per week.

The NHSE/I letter has supporting information for Endoscopy Units as these has been identified as key in the recovery. Work is underway to increase the volume of patients being seen in our Endoscopy, with priority being given to clinically urgent and long-waiting patients (ie over 62 days).

APPENDIX A – KITEMARK

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

- Timeliness
- Completeness
- Validation
- Process

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

Meeting	*Trust Board*
Date of Meeting	*11th August 2020*
Item Number	*Item 13.1*
Strategic Risk Report	
Accountable Director	*Dr Karen Dunderdale, Director of Nursing*
Presented by	*Dr Karen Dunderdale, Director of Nursing*
Author(s)	*Helen Shelton, Head of Risk, Quality & Compliance*
Report previously considered at	*N/A*

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

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

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

Patient-centred ◆Respect◆ Excellence ◆Safety◆ Compassion

Executive Summary
39 out of 82 strategic risks recorded on Datix are currently rated as Very high or High (50% of the total). This profile has remained largely unchanged for more than 12 months. Local impact of the global coronavirus (Covid-19) pandemic, risk of harm to patients, staff and visitors; is currently rated as Very high risk (25). This risk will need to be reassessed to take account of the developing course of the pandemic and changes to Trust services. Of the 197 risks recorded on the operational divisional business unit risk registers, 46 (23%) are currently rated as Very high or High. There has been a shift from High risk towards Moderate risk in this profile over the past 3 months, as CBUs have reviewed and updated some older risks. There have been two material changes to the strategic workforce risk profile since the last report to the committee (in March 2020), these are detailed within the report but are both associated with Covid-19.

Purpose

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

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

Key messages

Introduction

4.1 The Trust's risk registers are recorded on the Datix Risk Management System. They are comprised of two distinct layers, which are defined in the Trust's current Risk Management Strategy as:
- Strategic risk register – used to manage significant risks to the achievement of Trust-wide or multi-divisional objectives
- Operational risk registers – used to manage significant risks to the objectives of divisional business units and their departments or specialties

4.2 Each strategic risk has an Executive lead, with overall responsibility for its management; and a Risk lead, who is responsible for reviewing the risk and updating the risk register in accordance with the Trust's Risk Management Policy. The majority of strategic risks are also aligned with the appropriate assurance committee of the Trust Board and assigned to a lead group to enable regular scrutiny of risk responses and mitigation plans to take place.

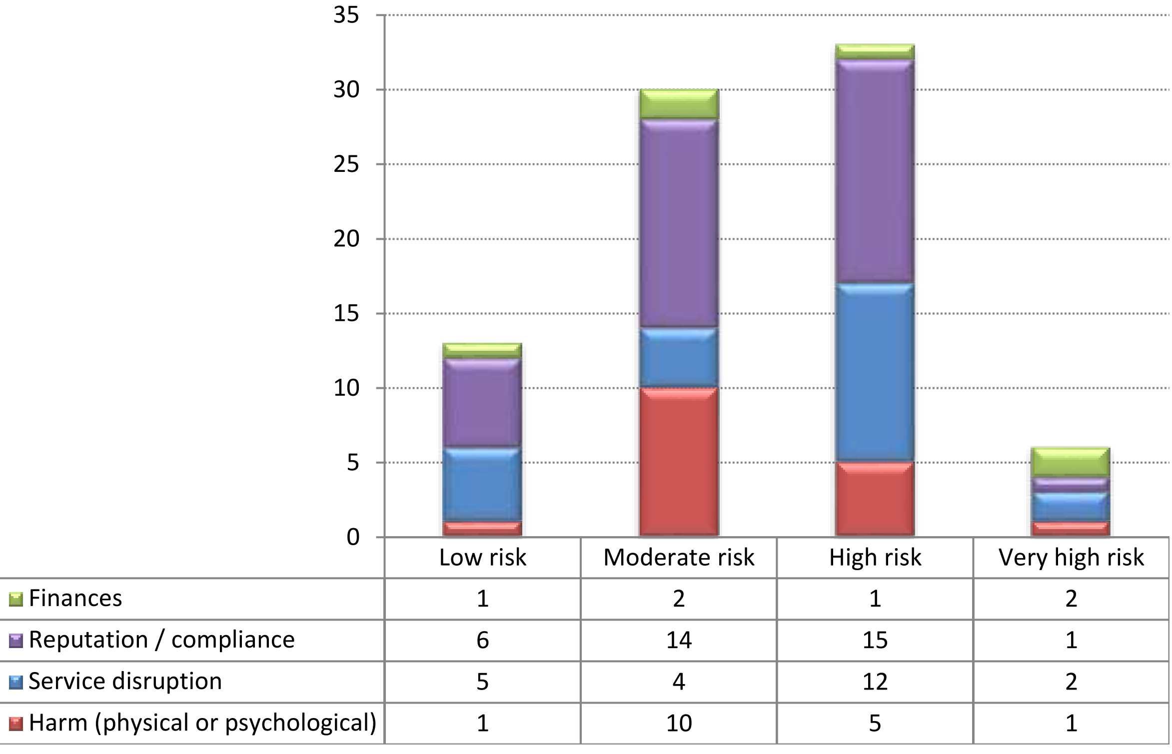
4.3 Each operational risk has a divisional lead and a business unit risk lead. Operational risks are also aligned with the Trust's assurance committee and lead group governance arrangements.

4.4 Strategic and operational risk registers consist of two types of risk:
- Core risks – that are set by the Risk Management Strategy and remain open on the appropriate risk register even when managed down to an acceptable level, so as to continue to provide valuable assurance as to their effective management
- Non-core risks – that are added in response to the identification of a specific threat or vulnerability that is outside of the scope of the core risk register

4.5 All entries on the strategic or operational risk registers should be formally reviewed and updated on a quarterly basis as a minimum requirement, although they may be updated in the interim if there is evidence that the level of risk has changed.

Strategic Risk Profile

4.6 **Chart 1** shows the number of strategic risks by risk type and current risk rating (taking account of existing controls):



	Low risk	Moderate risk	High risk	Very high risk
Finances	1	2	1	2
Reputation / compliance	6	14	15	1
Service disruption	5	4	12	2
Harm (physical or psychological)	1	10	5	1

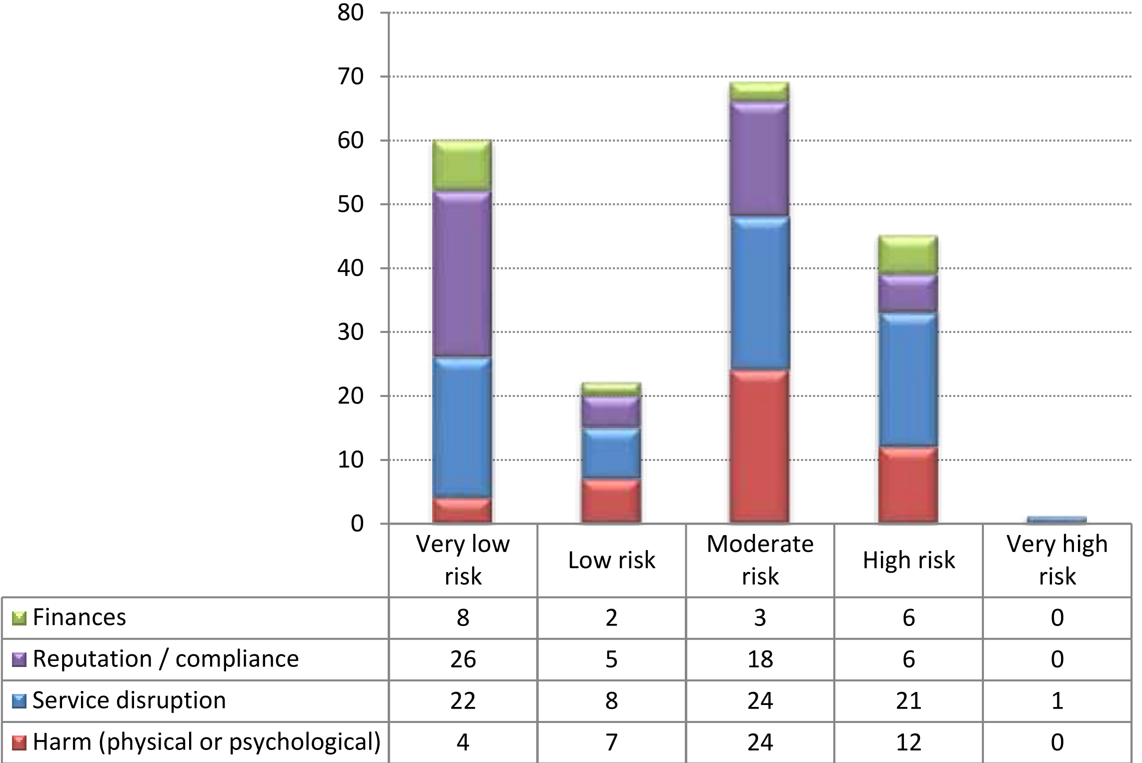
4.7 39 out of 82 strategic risks recorded on Datix are currently rated as very high or high. This profile has remained largely unchanged for more than 12 months, which indicates that the extent to which the Trust's objectives are at risk has neither increased nor reduced significantly in that time. A summary of all risks on the Strategic Risk Register is attached as **Appendix 1.**

4.8 The Medical Director, Director of Nursing and Director of HR&OD have this month reviewed the risks for which they are executive lead. The following High and Very high strategic risks are currently assessed as 'not assured' due to insufficient progress with the risk management plan and will be highlighted in reports to the lead committees and groups:

- Patient safety compliance
- Medicines safety
- Safeguarding compliance & practice

Operational Risk Profile

4.9 **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	8	2	3	6	0
Reputation / compliance	26	5	18	6	0
Service disruption	22	8	24	21	1
Harm (physical or psychological)	4	7	24	12	0

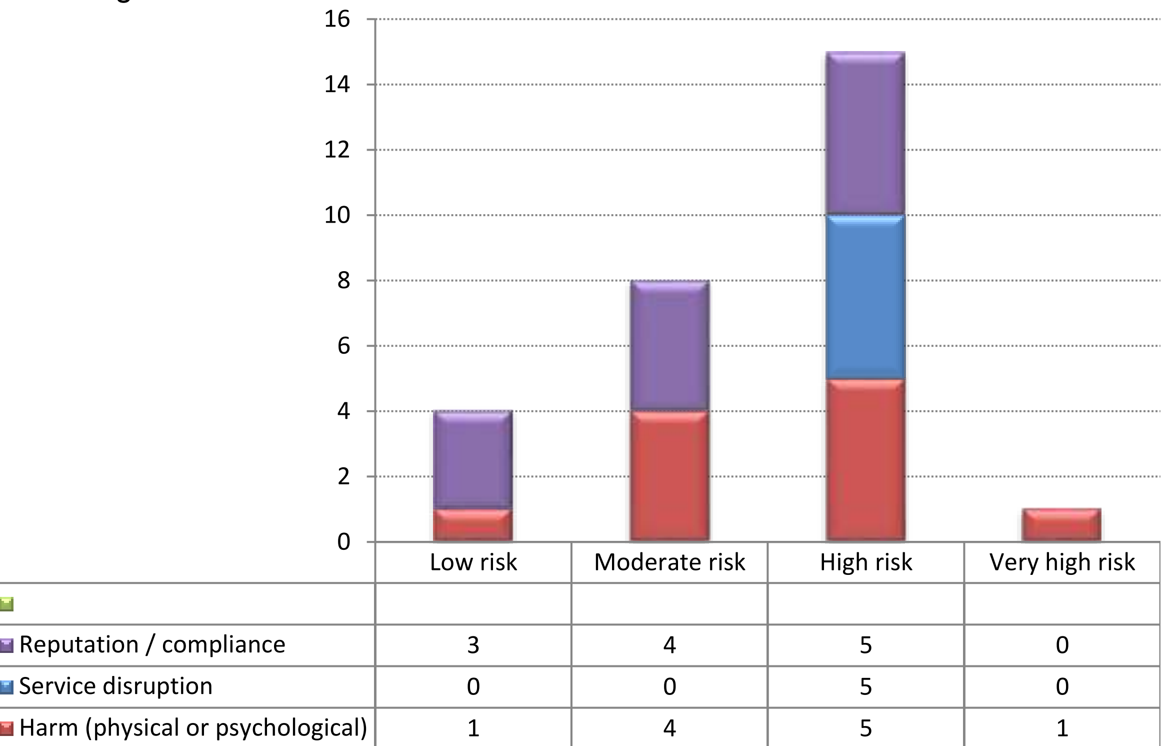
4.10 Of the 197 risks recorded on divisional business unit risk registers, 46 (23%) are currently rated as Very high or High. A summary of all risks with a current rating of High or Very high risk on operational business unit risk register is attached as **Appendix 2**.

4.11 There has been a shift from High risk towards Moderate risk in this profile over the past 3 months. This is due primarily to a process of reviewing older risk entries and aligning them with the criteria specified in the Risk Scoring Guide, rather than a material reduction in risk exposure.

Quality & Safety Risk Profile

4.12 The Quality Governance Committee (QGC) is the lead assurance committee responsible for oversight of the Quality and Safety Risk Profile. The QGC has continued to meet throughout the Covid-19 pandemic, although with a reduced agenda. Most lead groups have also continued to meet wherever possible.

4.13 **Chart 3** shows the number of strategic quality & safety risks by current risk rating:



	Low risk	Moderate risk	High risk	Very high risk
Reputation / compliance	3	4	5	0
Service disruption	0	0	5	0
Harm (physical or psychological)	1	4	5	1

4.14 There have been no material changes to the strategic quality and safety risk profile in the last month; it remains consistent with the overall Trust risk profile, with a slightly higher proportion of High risks (ratings 12-16) and lower proportion of Moderate risks (8-10).

4.15 As part of the Trust's response to the Covid-19 pandemic, there is now an additional strategic risk: Local impact of the global coronavirus (Covid-19) pandemic, risk of harm to patients, staff and visitors; this risk is currently rated as Very high risk (25):

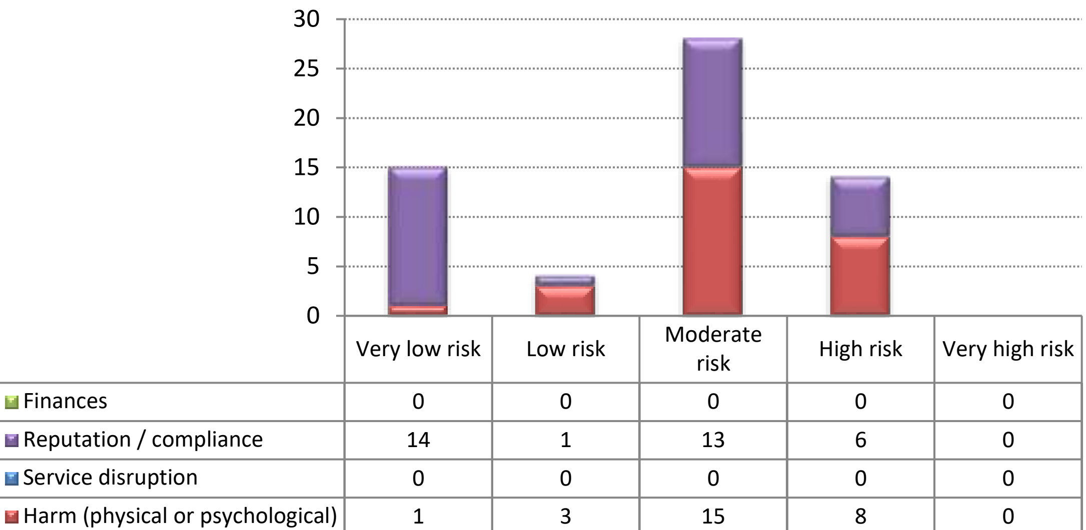
- The national progression of COVID-19 continues to slow, which is mirrored locally within Lincolnshire. We remain the least affected system across the Midlands. The Trust's restoration plan is now in progress, focussed on infection prevention and control, and increased testing whilst reinstating elements of our services, including full urgent care services and increased elective care services including cancer screening, diagnostics and surgery

- This risk will need to be reassessed to take account of the developing course of the pandemic and changes to Trust services
- The strategic risk of prolonged, widespread service disruption due to the outbreak remains at a rating of High risk (16)
- Clinical Business Unit (CBU) risk registers are being used to document assessments and mitigations that are specific to particular specialties and services
- Analysis of Covid-related harm reviews was presented to the Quality Governance Committee this month; this identified that the current process is used to review potential patient harm due to delays in outpatient processes as well as for handover delays outside A&E; the review made recommendations for strengthening the existing process that are being taken forward by the Operations and Clinical Governance teams

4.16 There are also currently High risks to quality and safety in the following areas:

- Patient safety and clinical effectiveness (reviewed by the Patient Safety Group and Clinical Effectiveness Group respectively):
  - The response to deteriorating patients;
  - Safety of invasive procedures;
  - Delivery of non-invasive ventilation (NIV);
  - Safety of patient handovers;
  - Appropriate patient discharge; and
  - Safe patient flow decision-making
- An up to date assessment of patient falls risk is taking place, including a review of learning from recent Serious Incidents
- Safeguarding practice and compliance – the Safeguarding Group reviews these risks and mitigation plans at each meeting
- Medicines safety, compliance and supply – the Chief Pharmacist is in the process of reassessing risks associated with aseptic services, in light of temporary mitigations and future long term plans

4.17 **Chart 4** shows the number of operational (Clinical Business Unit) quality & safety risks by current risk rating:

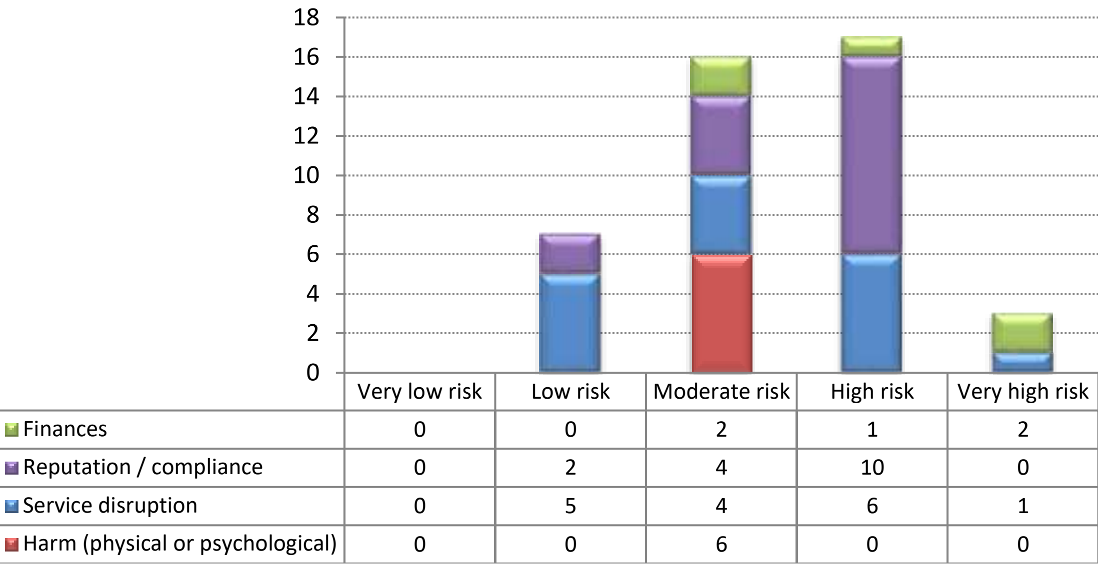


	Very low risk	Low risk	Moderate risk	High risk	Very high risk
Finances	0	0	0	0	0
Reputation / compliance	14	1	13	6	0
Service disruption	0	0	0	0	0
Harm (physical or psychological)	1	3	15	8	0

Finance, performance and estates risk profile

4.18 The Finance, Performance and Estates Committee (FPEC) is the lead assurance committee responsible for oversight of the Finance, Performance and Estates Risk Profile. The FPEC did not meet during the Covid-19 pandemic but has reconvened from July.

4.19 **Chart 5** shows the number of strategic finance, performance and estates risks by current risk rating:



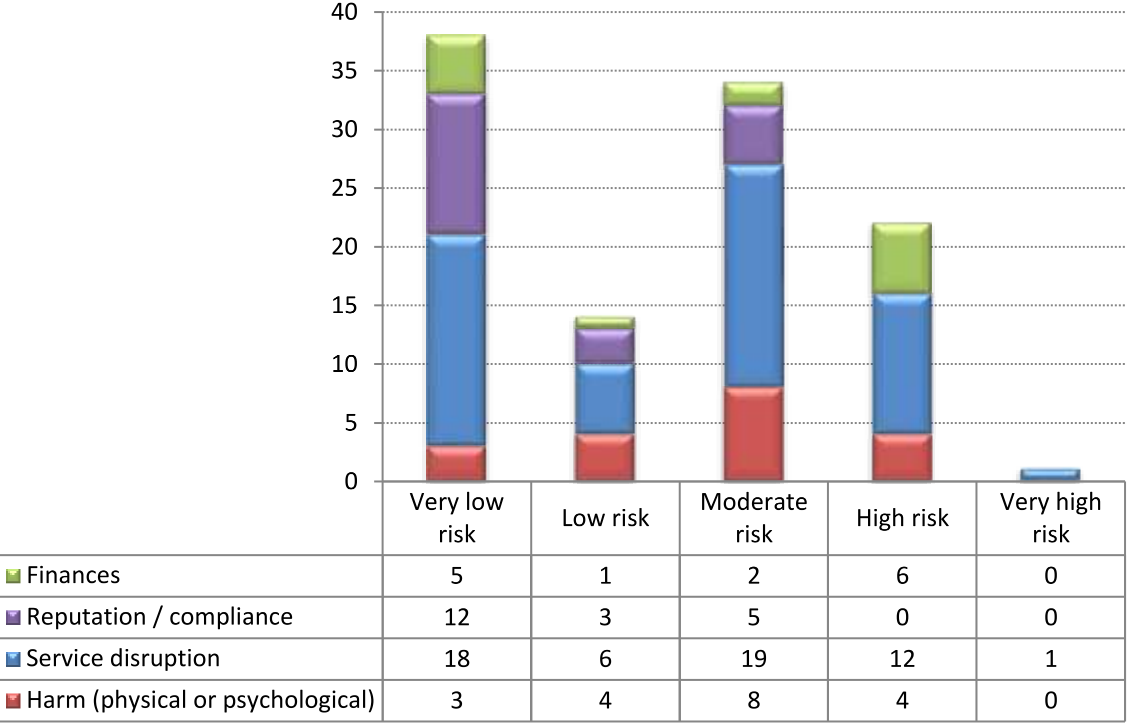
	Very low risk	Low risk	Moderate risk	High risk	Very high risk
Finances	0	0	2	1	2
Reputation / compliance	0	2	4	10	0
Service disruption	0	5	4	6	1
Harm (physical or psychological)	0	0	6	0	0

4.20 20 of the 43 strategic FPEC risks (47%) are currently rated High or Very high risk, none of which have reduced in the past 12 months. This includes significant risks in the following areas:

- Financial sustainability – these risks are due for review in light of the government's announcements on reducing NHS debt

- Managing demand for emergency care; planned care; and outpatient appointments – these risks have been affected by the pandemic response and will need to be reassessed in light of subsequent service changes (such as the use of video calls for outpatient appointments)
- Estates compliance, infrastructure & safety (specifically, fire safety; electrical safety and infrastructure; water safety & infrastructure; quality of the hospital environment; and asbestos management)
- Cyber security
- Information governance compliance & availability
- Medical device & equipment availability

4.21 **Chart 6** shows the number of operational (business unit) finance, performance and estates risks by current risk rating:



	Very low risk	Low risk	Moderate risk	High risk	Very high risk
Finances	5	1	2	6	0
Reputation / compliance	12	3	5	0	0
Service disruption	18	6	19	12	1
Harm (physical or psychological)	3	4	8	4	0

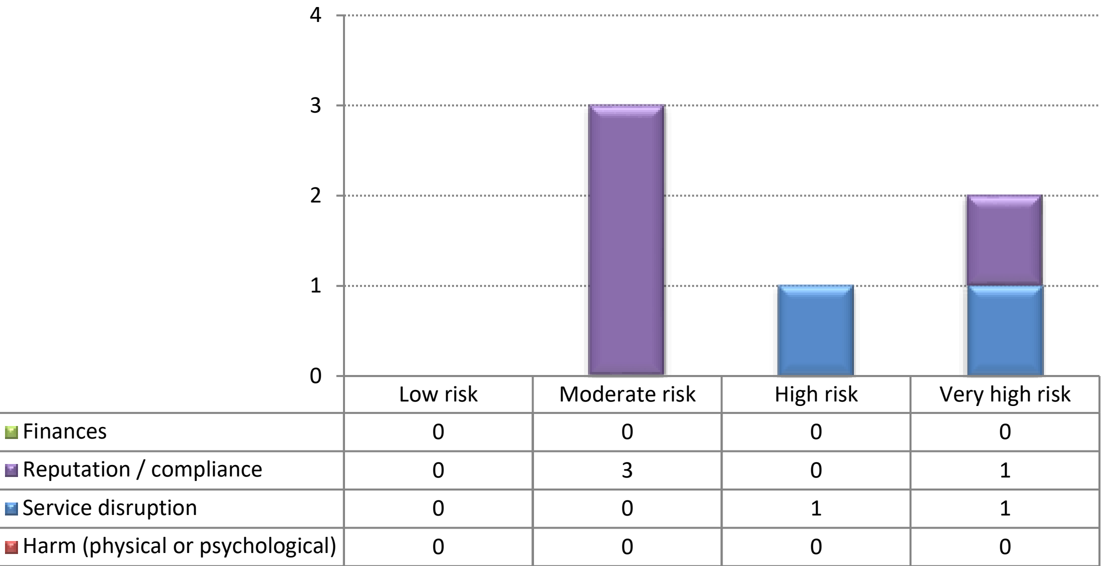
4.22 23 of the 109 operational FPEC risks (21%) are currently rated High or Very high risk. The highest risks in this area relate to:

- Availability of medical devices & equipment (particularly in Diagnostics and Surgery)
- The age and condition of some area of the Trust the estate

Workforce risk profile

4.23 The Workforce & Organisational Development Committee (WODC) is the lead assurance committee responsible for oversight of the Workforce Risk Profile. The WODC did not meet during the Covid-19 pandemic response but has reconvened from July.

4.24 **Chart 7** shows the number of strategic workforce risks by current risk rating:

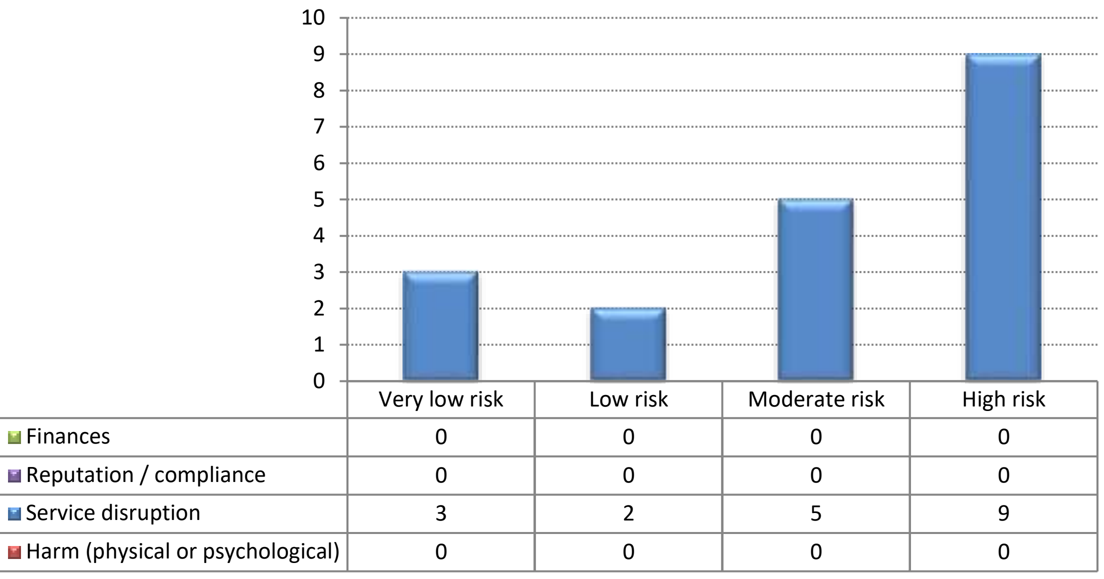


	Low risk	Moderate risk	High risk	Very high risk
Finances	0	0	0	0
Reputation / compliance	0	3	0	1
Service disruption	0	0	1	1
Harm (physical or psychological)	0	0	0	0

4.25 There have been two material changes to the strategic workforce risk profile since the last report to the committee (in March 2020):

- The risk in relation to the workforce planning process has increased from Moderate (8) to High risk (12) – progress has been delayed by Covid, however this is being addressed through the recovery plan and the work stream as part of the 20/21 Integrated improvement Plan
- A new risk has been added in relation to compliance with HM Government guidance on working safety during the Covid-19 pandemic, rated Moderate risk (9)
- All Strategic workforce risks are within their scheduled quarterly review date and are regularly reviewed by the executive lead.

4.26 **Chart 8** shows the number of operational (business unit) workforce risks by current risk rating:



	Very low risk	Low risk	Moderate risk	High risk
Finances	0	0	0	0
Reputation / compliance	0	0	0	0
Service disruption	3	2	5	9
Harm (physical or psychological)	0	0	0	0

4.27 9 of the 19 business units (47%) current assess their workforce capacity and capability as High risk. All of these are Clinical Business Units (CBUs).

Strategic communication and engagement risks

4.28 The following strategic risks do not currently fit within any of the assurance committee risk profiles:

- Public consultation and engagement (rated Moderate risk)
- Internal corporate communications (rated Moderate risk)
- Adverse media or social media coverage (rated Low risk)

4.29 There has been no change in these risks since the last report.

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

ID	Title	Division	Risk Type	Rating (current)	Risk level (current)
4558	Local impact of the global coronavirus (Covid-19) pandemic	Corporate	Harm (physical / 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
4480	Safe management of emergency demand	Medicine	Harm (physical / psychological)	16	High risk
4437	Critical failure of the water supply	Corporate	Service disruption	16	High risk
4403	Compliance with electrical safety regulations & standards	Corporate	Reputation / compliance	16	High risk
4384	Substantial unplanned income reduction or missed opportunities	Corporate	Finances	16	High risk
4144	Uncontrolled outbreak of serious infectious disease	Corporate	Service disruption	16	High risk
3520	Compliance with fire safety regulations & standards	Corporate	Reputation / compliance	16	High risk
3688	Quality of the hospital environment	Corporate	Reputation / compliance	16	High risk
3690	Compliance with water safety regulations & standards	Corporate	Reputation / compliance	16	High risk
3720	Critical failure of the electrical infrastructure	Corporate	Service disruption	16	High risk
4156	Safe management of medicines	Clinical Support	Harm (physical / psychological)	16	High risk
4044	Compliance with information governance regulations & standards	Corporate	Reputation / compliance	16	High risk
4481	Availability of patient information	Corporate	Service disruption	12	High risk
4556	Safe management of demand for outpatient appointments	Clinical Support	Harm (physical / psychological)	12	High risk

ID	Title	Division	Risk Type	Rating (current)	Risk level (current)
4405	Critical infrastructure failure disrupting aseptic pharmacy services	Clinical Support	Service Disruption	12	High Risk
4176	Management of demand for planned care	Surgery	Service disruption	12	High risk
4181	Significant breach of confidentiality	Corporate	Reputation / compliance	12	High risk
4179	Major cyber security attack	Corporate	Service disruption	12	High risk
4157	Compliance with medicines management regulations & standards	Clinical Support Services	Reputation / compliance	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 / psychological)	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
4142	Safe delivery of patient care	Corporate	Harm (physical / 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	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	Service disruption	12	High risk
4423	Working in partnership with the wider healthcare system	Corporate	Service disruption	12	High risk

ID	Title	Division	Risk Type	Rating (current)	Risk level (current)
4476	Compliance with clinical effectiveness regulations & standards	Corporate	Reputation / compliance	12	High risk
4497	Contamination of aseptic products	Clinical Support	Harm (physical / psychological)	10	Moderate Risk
4567	Working Safely during the COVID -19 pandemic (HM Government Guidance)	Corporate	Reputation / compliance	9	Moderate risk
4526	Internal corporate communications	Corporate	Reputation / compliance	8	Moderate risk
3951	Compliance with regulations & standards for aseptic pharmacy services	Clinical Support	Reputation / compliance	8	Moderate Risk
4528	Minor fire safety incident	Corporate	Harm (physical / psychological)	8	Moderate risk
4553	Failure to appropriately manage land and property	Corporate	Finances	8	Moderate risk
4483	Safe use of radiation	Clinical Support	Harm (physical / psychological)	8	Moderate risk
4486	Clinical outcomes for patients	Corporate	Harm (physical / psychological)	8	Moderate risk
4424	Delivery of planned improvements to quality & safety of patient care	Corporate	Reputation / compliance	8	Moderate risk
4467	Impact of a 'no deal' EU Exit scenario	Corporate	Service disruption	8	Moderate risk
4404	Major fire safety incident	Corporate	Harm (physical / psychological)	8	Moderate risk
4389	Compliance with corporate governance regulations & standards	Corporate	Reputation / compliance	8	Moderate risk
4397	Exposure to asbestos	Corporate	Harm (physical / 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 / psychological)	8	Moderate risk
4401	Safety of the hospital environment	Corporate	Harm (physical / psychological)	8	Moderate risk
4363	Compliance with HR regulations & standards	Corporate	Reputation / compliance	8	Moderate risk

ID	Title	Division	Risk Type	Rating (current)	Risk level (current)
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 / 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 / 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
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

ID	Title	Division	Risk Type	Rating (current)	Risk level (current)
4440	Compliance with emergency planning regulations & standards	Corporate	Reputation / compliance	4	Low risk
4441	Compliance with radiation protection regulations & standards	Clinical Support	Reputation / compliance	4	Low risk
4469	Compliance with blood safety & quality regulations & standards	Clinical Support	Reputation / compliance	4	Low risk
4482	Safe use of blood and blood products	Clinical Support	Harm (physical / 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

Appendix 2 – Summary of all High and Very high operational risks recorded on divisional business unit risk registers:

ID	Title	Division	Risk Type	Rating (current)	Risk level (current)
4426	Availability of essential equipment & supplies (Diagnostics CBU)	Clinical Support	Service disruption	20	Very high risk
4193	Health, safety & security of staff, patients and visitors (Surgery CBU)	Surgery	Harm (physical / psychological)	15	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	Service disruption	12	High risk
4169	Availability of essential information (Pharmacy)	Clinical Support	Service disruption	12	High risk
4170	Workforce capacity & capability (Pharmacy)	Clinical Support	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 / 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
4297	Workforce capacity & capability (Therapies & Rehabilitation)	Clinical Support	Service disruption	12	High risk
4565	Safety impact during the COVID-19 pandemic response (TACC CBU)	Surgery	Harm (physical / psychological)	12	High Risk
4289	Exceeding annual budget (Therapies and Rehabilitation)	Clinical Support	Finances	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 / psychological)	12	High risk
4304	Health, safety & security of staff, patients and visitors (Specialty Medicine CBU)	Medicine	Harm (physical / psychological)	12	High risk
4305	Exceeding annual budget (Specialty Medicine CBU)	Medicine	Finances	12	High risk

ID	Title	Division	Risk Type	Rating (current)	Risk level (current)
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 / 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 / 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 / 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	Service disruption	12	High risk
4372	Compliance with regulations & standards (Outpatient Services)	Clinical Support	Reputation / compliance	12	High risk
4391	Health, safety & security of staff, patients and visitors (Estates & Facilities)	Corporate	Harm (physical / 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
4409	Health, safety & security of staff, patients and visitors (Children & Young Persons CBU)	Family Health	Harm (physical / psychological)	12	High risk

ID	Title	Division	Risk Type	Rating (current)	Risk level (current)
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 / 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	Service disruption	12	High risk
4429	Availability of essential information (Diagnostics CBU)	Clinical Support	Service disruption	12	High risk
4435	Access to essential areas of the estate (Diagnostics CBU)	Clinical Support	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 / psychological)	12	High risk

Meeting	*Trust Board*
Date of Meeting	*4 August 2020*
Item Number	*Item 13.2*
Board Assurance Framework (BAF) 2020/21	
Accountable Director	*Andrew Morgan Chief Executive*
Presented by	*Jayne Warner, Trust Secretary*
Author(s)	*Karen Willey, Deputy Trust Secretary*
Report previously considered at	*N/A*

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

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

Recommendations/ Decision Required	• *Board to consider assurances provided in respect of Trust objectives noting that framework has been reviewed through committee structure*

Executive Summary

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

A number of updates have been made to the BAF including additional:

- elements that may prevent the Trust from meeting objective
- management of control gaps during Covid-19 along
- sources of assurance

Assurance ratings have been provided for all objectives and have been confirmed by the Committees.

The following assurance ratings have been identified:

Objective		Previous month	Assurance Rating
1a	Deliver harm free care	R	R
1b	Improve patient experience	Not rated	R
1c	Improve clinical outcomes	Not rated	R
2a	A modern and progressive workforce	R	R
2b	Making ULHT the best place to work	R	R
2c	Well led services	A	A
3a	A modern, clean and fit for purpose environment	R	R
3b	Efficient use of resources	G	R
3c	Enhanced data and digital capability	A	A
4a	Establish new evidence based models of care	R	R
4b	Advancing professional practice with partners	G	G
4c	To become a University Hospitals Teaching Trust	A	A

The Board were advised at their meeting in July 2020 that objective 3b had been rated incorrectly. Rating now amended

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

Strategic Objective	Board Committee
Patients: To deliver high quality, safe and responsive **patient** services, shaped by best practice and our communities	Quality Governance Committee
People: To enable our **people** to lead, work differently and to feel valued, motivated and proud to work at ULHT	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 manage safely and effectively the care of patients due to staffing capacity and capability and estate and equipment constraints If the Trust is unable to manage the backlog of patients who require time critical treatments recovering from the COVID response	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 Ensuring continued incident investigations, harm reviews and assurance of learning	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 Separate care pathway for urgent and planned care to aim to eliminate risk of nosocomial infection Reduce the risk of nosocomial transmission when care cannot be delayed and testing status not known Elective care patients assessed by test and symptoms to be Covid-19 risk minimised Urgent and emergency care in a defined zone	Control gaps identified and reported through to Gold Command Structure. Reviews of the Incident Management Structure are Conducted at the end of each phase and include any gaps in controls. Audits of changes are carried out internally and externally as part of NHSE change processes. Tracking learning actions from incidents and reviews	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 Monitoring nosocomial infection rates	Assurance received through daily/weekly briefing processes with Chair/CEO/ Execs	Assurance gaps to be identified through Trust Board streamlined governance process and Quality Governance Committee	Quality Governance Committee	R

Ref	Objective	Exec Lead	How we may be prevented from meeting objective	Link to Risk Register	Link to Standards	Identified Controls (Primary, secondary and tertiary)	Controls in place during Covid	How identified control gaps are being managed	Source of assurance	Assurances in place during Covid	How identified gaps are being managed	Committee providing assurance to TB	Assurance rating
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 Informed consent re risks Agreement to comply with requirements Access controlled by exemplary IPC and PPE compliance Access controls maintain equitable access to healthcare	Control gaps identified and reported through to Gold Command Structure. Reviews of the Incident Management Structure are Conducted at the end of each phase and include any gaps in controls. Audits of changes are carried out internally and externally as part of NHSE change processes.	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 Quality Governance Committee	Quality Governance Committee	R

United Lincolnshire

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
1c	Improve clinical outcomes	Medical Director	If the Trust manage safely and effectively the care of patients due to staffing capacity and capability and estate and equipment constraints If the Trust is unable to manage the backlog of patients who require time critical treatments recovering from the COVID response	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 identified and reported through to Gold Command Structure. Monitoring incident reports and investigations	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 Quality Governance Committee	Quality Governance Committee	R
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	Declared as a level 4 incident throughout the UK. NHSE to coordinate NHS response. Major incident (Gold Command Structure) CQC actions monitored through QGC meeting during Covid 19 streamlined governance arrangements Pandemic Flu Plan initiated We are now starting to reintroduce at some pace key IIP projects, including international recruitment, absence management, appraisals and mandatory training and talent management. Workforce planning will be a key part of the COVID Recovery Plan and planning for 2021/22. We will reprofile action plans and reset PI improvement for the year	Control gaps identified 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 Support the implementation of the Draft NHS People Plan and the Lincolnshire System Workforce Plan	Assurance received through daily/weekly briefing processes with Chair/CEO/ Execs	Assurance gaps to be identified through Trust Board streamlined governance process and Workforce and Organisational Development Committee	Workforce and Organisational Development Committee	R

Ref	Objective	Exec Lead	How we may be prevented from meeting objective	Link to Risk Register	Link to Standards	Identified Controls (Primary, secondary and tertiary)	Controls in place during Covid	How identified control gaps are being managed	Source of assurance	Assurances in place during Covid	How identified gaps are being managed	Committee providing assurance to TB	Assurance rating
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	We are now starting to reintroduce at some pace key IIP projects, including international recruitment, absence management, appraisals and mandatory training and talent management. Workforce planning will be a key part of the COVID Recovery Plan and planning for 2021/22. We will reprofile action plans and reset PI improvement for the year		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 - measure through National Staff Survey Support the implementation of the Draft NHS People Plan and the Lincolnshire System Workforce Plan Use of NHSI Covid pulse survey			Workforce and Organisational Development Committee	R
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	Review of Executive Portfolios Complete On hold Covid command structure in place On hold On hold Board Development sessions on hold due to covid Covid command structure in place PID in place. Paper to ELT w/c 29 June 2020	Covid Command and decision making structure alongside Board agreed lean governance arrangements	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	No assurance received Head of Internal Audit Opinion received showing improved position on previous year Annual Governance Statement - Completed.	No assurance received on policies. Escalated from Quality Governance Committees paper to ELT w/c 29 June, escalation and rapid review of actions and blockers.	Audit Committee	A

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SO3	**To ensure that services are sustainable, supported by technology and delivered from an improved estate**												
3a	A modern, clean and fit for purpose environment	Chief Operating Officer	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	3720 3520 3688 4403 3690	CQC Safe	Develop business case to demonstrate capital requirement Delivering environmental improvements in line with Estates Strategy Continual improvement towards meeting PLACE assessment outcomes Review and improve the quality and value for money of Facility services including catering and housekeeping Continued progress on improving infrastructure to meet statutory Health and Safety compliance	Declared as a level 4 incident throughout the UK. NHSE nationally and then regionally coordinate NHS response through a command and control process. Major incident (Gold Command Structure) employed locally. Estates and Facilities Cell reviews the key elements of environmental conditions to support the increasing demands on IPC, and complex infection control measures required. Health & Safety conditions are reviewed in the context of Estates and Facilities Cell and are reviewed by Silver Incident command and then subsequently Gold sign off.	Control gaps identified and reported through to Gold Command Structure where Covid related. Critical Infrastructure Emergency Business Case developed to be submitted in part with Covid - Capital Request, temporary emergency expenditure authorised on key areas without sufficient control. (e.g. Water safety) Reviews of the Incident and lessons identified are Conducted at the end of each phase and include any gaps in controls. Audits of changes are carried out internally and externally as part of NHSE change processes.	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	Assurance received through daily/weekly briefing processes with Chair/CEO/ Execs Monthly and where necessary extraordinary board meetings review the response to Covid which include measures required to ensure environments are suitable/fit for purpose in the context of Covid. Datasets and additional reporting measures are in place that describe key environmental issues (supply of oxygen in wards as an example) to NHSE in addition to local usage for assurance purposes.	Assurance gaps identified are addressed through the command structure governance process, and mitigation steps taken. Additional reporting by exception is put in place to provide evidence and contribute to assurance process.	Finance, Performance and Estates Committee	**R**
3b	Efficient use of our resources	Director of Finance and Digital	Efficiency schemes do not cover extent of savings required - £27.0m Continued reliance on agency and locum staff to maintain services at substantially increased cost Failure to achieve recruitment targets increases workforce costs Unplanned expenditure (as a result of unforeseen events) or financial penalties Failure to secure all income linked to coding or data quality issues	4382 4383 4384	CQC Well Led CQC Use of Resources	Delivering £27m CIP programme in 20/21 Delivering financial plan Utilising Model Hospital, Service Line Reporting and Patient Level Costing data to drive focussed improvements Implementing the CQC Use of Resources Report recommendations Working with system partners to deliver the Lincolnshire Plan.	Deliver a monthly break-even position after taking Coivd-19 costs into account.	Divisional Financial Review Meetings Centralised agency & bank team Financial Strategy and Annual Financial Plan Performance Management Framework System wide savings plan Internal Audit: Integrated Improvement Plan - Q2 Temporary Staffing - Q1 Education Funding - Q3 Estates Management - Q4 Workforce Planning - Q2	Delivery of CIP Achievement of Financial Plan Closing the Model Hospital opportunity gap Improve service line profitability	Financial Reporting to Board Covid-19 financial governance process Suspension of national financial regime	Management of control gaps being reintroduced in a phased way from July 2020. Continue to await national guidance.	Finance, Performance and Estates Committee	**R**
3c	Enhanced data and digital capability	Director of Finance and Digital	Tender for Electronic Health Record is delayed or unsuccessful Tactical response to Covid-19 may impact in-year delivery. Major Cyber Security Attack Critical Infrastructure failure	4177 4179 4180 4182 4481	CQC Responsive	Improve utilisation of the Care Portal with increased availability of information Commence implementation of the electronic health record Undertake review of business intelligence platform to better support decision making Implement robotic process automation Improve end user utilisation of electronic systems Complete roll out of Data Quality kite mark	Cyber Security and enhancing core infrastructure to ensure network resilience. Roll-out IT equipment to enable agile user base.	Digital Services Steering Group Digital Hospital Group Operational Excellence Programme Outpatient Redesign Group	Number of staff using care portal Delivery of 20/21 e HR plan Number of RPA agents implemented Ensuring every IPR metric has an associated Data Quality Kite Mark Delivering improved information and reports Implement a refreshed IPR	Schemes paused to enable tactical response to Covid-19. Limited progress being made where possible.	Management of control gaps being reintroduced in a phased way from July 2020. Steady implementation of PowerBI through specific bespoke dashboards and requests. Continue to review this as part of wider BI platform Workplan being drafted to ensure compliance before end of Financial year, delayed by resource availability.	Finance, Performance and Estates Committee	**A**

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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	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) NHSE/I returns regarding waiting lists and delays in access for services Clinical review process and Harm review process in place	Control gaps identified and reported through to Gold Command Structure	Numbers of new models of care established Delivery of ASR Year 1 objectives Improvement in health and wellbeing metrics	Assurance received through daily/weekly briefing processes with Chair/CEO/Execs COVID reporting to Trust Board monthly	Assurance gaps to be identified through Trust Board streamlined governance process and Quality Governance Committee	Finance, Performance and Estates Committee	**R**
4b	Advancing professional practice with partners	Director of Nursing	Specific projects paused during Covid 19 response		CQC Caring CQC Responsive CQC Well Led	Supporting the expansion of medical training posts Support widening access to Nursing and Midwifery and AHP Support expansion of Paediatric nursing programme Developing System wide rotational posts Scope framework to support staff to work to the full potential of their licence Ensure best use of extended clinical roles and our future requirement	Nursing, Midwifery and AHPs have been feeding into the practice placement offers as coordinated by Health Education England, and have employed students who have opted in to extended clinical placements throughout the COVID pandemic. This includes all branches of nursing and midwifery.	Students who are on placement have been allowed to choose where they wish to work and have been supported in their request. There is a formal route of raising any concern via HEE, HEIs and locally. Any issues have been managed in a timely manner	Increase in training post numbers Numbers on Apprenticeship pathways Numbers of dual registrants Numbers of joint posts and non medical Consultant posts Numbers of pre-reg and RN child	Feedback has been sought from the students in practice and the Assistant Director of Nursing has engaged in the weekly strategic calls hosted by HEE	The Medical Director would be required to add information around medical staffing		**G**
4c	To become a University Hospitals Teaching Trust	Medical Director	Specific projects paused during Covid 19 response			Developing a business case to support the case for change 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			Workforce and Organisational Development Committee	**A**

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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

Meeting	*Trust Board*
Date of Meeting	*27 July 2020*
Item Number	*Item 13.3*
Audit Committee Upward Report	
Accountable Director	*Sarah Dunnett, Audit Committee Chair*
Presented by	*Sarah Dunnett, Audit Committee Chair*
Author(s)	*Jayne Warner, Trust Secretary*
Report previously considered at	*N/A*

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

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

Recommendations/ Decision Required	• *Ask the Board to note the upward report and the actions being taken by the Committee to provide assurance to the Board on strategic objective 2c*

Patient-centred ◆Respect◆ Excellence ◆Safety◆ Compassion

Executive Summary
The Audit Committee met via MS Teams on the 27th July 2020 and considered the following items: **Annual Audit Letter and ISA 260** The Committee received the final annual audit letter from Pricewaterhouse Coopers providing the high level summary of the results of the audit for the year end 2019/20. Detailed findings had been provided and scrutinised at earlier meetings. The letter will be published on the Trust website and concludes the 2019/20 annual accounts process. The Committee also received an updated ISA 260 letter the purpose of which was to update on those matters which were outstanding at the date of the last Committee meeting on the 16 June 2020. The Committee noted that both documents were consistent with discussions at previous meetings. The Committee would monitor implementation of recommendations going forward. The Committee noted that the external audit contract for the Trust had been out to tender and as a result the external audit provision would transfer to Mazaars. Planning with the new external audit providers would commence in September 2020. **Asset Valuation** The Committee noted that the Trust had been subject to a request for additional fees from Price Waterhouse Coopers (PWC) resulting from the time spent on valuation work in the 2019/20 audit. Following a discussion with PWC the Committee determined that they could not support the payment of an additional fee. The basis for the decision was that the Trust had identified the matter ahead of the audit. The Trust had placed reliance both on the services of the professional valuer engaged by the Trust and the review of PWC in both 2019/20 and previous years. A further report on the matter was awaited from the Trust valuer Cushman and Wakefield. **Internal Audit** The Committee noted that the Trust had a new Head of Internal Audit Emily Maine The Committee approved the Audit Plan 2020/21 noting that this had been discussed and revised following a meeting of the Executive Leadership Team. The plan included four audit reviews which had been carried forward from the 2019/20 audit plan. The 2019/20 plan had been impacted by Covid-19. The Internal Audit providers gave assurances that the 2020/21 plan could be achieved

by May 2021. The Committee noted the publication of the Data Security and Protection Toolkit Internal Audit report.

The Committee received an update report tracking audit recommendations and actions taken. The Committee noted that the Trust position remained one where a number of recommendations had not been resolved. The Committee noted that this matter had been escalated with the Executive Leadership Team and regular reporting was now in place through this route giving greater oversight. The Committee noted that an electronic action tracking system was now accessible to Trust staff.

Counter Fraud

The Committee received and approved the Local Counter Fraud Specialist Annual Report 2019/20 from the Local Counter Fraud Specialist which was consistent with updates received by the Committee during the year. The Committee received and agreed the Counter Fraud Operational Plan for 2020/21 supported by the local fraud risk assessment.

The Committee received and noted the NHS Counter Fraud Authority publication Thematic Assessment: Fraud Threats to the NHS from Covid -19.

Compliance Report

The Committee received the regular report on compliance noting that this covered the period from January 2020 to June 2020. The Committee noted the level of waivers of standing orders which were significantly higher than in previous periods. The Committee noted that the response to Covid-19 had impacted on this area. The waivers were largely related to estates. The Committee also noted pharmacy write offs, overpayments to leavers and recovery of overseas income. All areas were subject to improvement actions and the Committee would continue to seek assurance on the impact of actions taken.

Board Assurance Framework

The Committee confirmed that the Board Assurance Framework remained relevant and effective for the Trust and the focus was on the appropriate risks. The Committee noted that the alignment from the IIP had resulted in objective 2c – Well Led Services now being the remit of the Audit Committee. The Committee noted that the work programme would be updated accordingly to reflect the assurances that the Committee would seek in respect of this. The Committee confirmed the Amber rating for objective 2c.

One element of objective 2c was the implementation of a robust policy management system. The Committee received a report and noted the limited assurance provided. The Committee noted the actions in place to improve processes and ensure policies were adequately maintained and used.

Trust Board Forward Planner

	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
Standing Items													
Chief Executive Horizon Scan													
Patient/ Staff Story													
Integrated Performance Report													
Board Assurance Framework													
Declaration of Interests													
Governance													
Audit Committee Report													
Strategic Objectives for 2019/2020													
BAF Sign off for 2019/20													
Annual Accounts, Annual Report and Annual Governance Statement Approval													
Quality Account													
Corporate Risk Register													
NHSI Board Observation Actions													
Strategic Objective 1 –To deliver high quality, safe and responsive patient services, shaped by best practice and our communities													
Quality Governance Committee Assurance and Risk Report													
Safer Staffing Report	TBC												
Safeguarding Annual Report	TBC												
Annual Report from DIPC	TBC												

	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
Strategic Objective 2 – To enable our people to lead, work differently and to feel valued, motivated and proud to work at ULHT													
Workforce, OD and Transformation Committee Assurance and Risk Report													
Staff Survey Results													
Freedom to Speak Up Report													
Report from Guardian of Safe Working	TBC												
WRES/WDES Annual Submission													
Strategic Objective 3 – To ensure that services are sustainable, supported by technology and delivered from an improved estate													
Finance, Performance and Estates Committee Assurance and Risk Report													
Financial Plan and Budgets													
Clinical Strategy Update													
Operational Plan Update													
Emergency Preparedness, Resilience and Response (EPRR) NHS Core Standards													
Strategic Objective 4 - To implement integrated models of care with our partners to improve Lincolnshire's health and well-being													