# Bundle Trust Board Meeting in Public Session 4 February 2020

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

Item 19 Innovation report - February 2020.docx

Item 19 Innovation report 2 - veteran aware- February 2020.docx

20        13:20 - Any Other Notified Items of Urgent Business

21        The next meeting will be held on Tuesday 3 March 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.*

**NHS**
**United Lincolnshire**
**Hospitals**
**NHS Trust**

Minutes of the Public Trust Board Meeting

Held on 3rd December, 2019

Boardroom, Lincoln County Hospital

**Present**

| **Voting Members:** | **Non-Voting Members:** |
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| Mrs Elaine Baylis, Chair | Mr Martin Rayson, Director of HR &OD |
| Dr Chris Gibson, Non-Executive Director | |
| Mrs Liz Libiszewski, Non-Executive Director | |
| Mrs Sarah Dunnett, Non-Executive Director | |
| Miss Victoria Bagshaw, Director of Nursing | |
| Mr Paul Matthew, Director of Finance and Digital | |
| Mr Geoff Hayward, Non-Executive Director | |
| Mrs Gill Ponder, Non-Executive Director | |
| Mr Andrew Morgan, Chief Executive | |
| Dr Neill Hepburn, Medical Director | |
| Mr Mark Brassington, 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

**Apologies**
Mr Paul Boocock, Director of Estates and Facilities

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| 1852/19 | **Item 1 Introduction** <br><br> The Chair welcomed members of staff and public to the meeting |
| 1853/19 | **Item 2 Public Questions** <br><br> **Q1 from Jody Clark** <br><br> **With both Lincoln and Boston experiencing long delays due to demand, staffing still an ongoing issue and patient safety incidents increasing as demand exceeds capacity; What can you advise the people of Grantham and surrounding areas, on what to do and where to go for urgent and emergency care?** <br><br> The Chief Operating Officer responded: <br><br> Advice to access services had not changed and this should be done through 111.  If patients required accident or emergency services then they would need to access the nearest Accident & Emergency department.  With the overnight closure at Grantham, the closest services would be located in Peterborough, Lincoln or Nottingham, depending on the location of the patient. |

| | Whilst the Board recognise that access to services is not as it would like, those people with the most serious injuries or illness would be triaged and seen as quickly as possible. Patients most at need are seen more quickly than others. |
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| 1854/19 | **Q2 from Liz Wilson**<br><br>**Although I appreciate that the provision of patient transport is not the direct responsibility of ULHT, the stories below indicate the direct impact on patients of Board decisions and policies:**<br><br>a) **The well-reported recent experiences of a regular attendee at the Grantham Hospital vigil, who has multiple health issues and limited mobility, and who, after suffering an epileptic fit outside Grantham A&E was taken by emergency ambulance for treatment at Lincoln. When he had been stabilised, he was discharged from A&E, but no transport (ambulance or otherwise) was made available to him. At 4.00 a.m., he had to organise a taxi from Lincoln to Grantham, to return to his home, where he lives alone. This person lives alone, and only had sufficient cash to pay for the taxi because other vigillers had given him money in case of this eventuality**<br>b) **Another Grantham resident, who lives close to the hospital, and suffers with diabetes and epilepsy, had a fall at home late at night. His sustained a cut, which needed to be glued, but had to be taken by ambulance to Peterborough, as all the emergency/urgent services at Grantham were closed. He also, on discharge after treatment in the early hours of the morning, had to use his last £50 to pay for a taxi home.**<br>c) **A mother from Sleaford who had taken her young daughter with a knee injury to a clinic at Grantham. She doesn't drive and had been able to get to Grantham by bus for the appointment, which was in the late afternoon, by which time the transport home had to be by train. The mother asked if the clinic could book a taxi (not pay for it, just book it) to take her and her daughter to the station and was told no. She then asked if they could provide a number for her to call a taxi firm and was told she could "Google it". Mother and daughter started walking from the hospital to the station, and asked me (outside the hospital at the vigil) for directions to the Railway Station – in case you're not familiar, that would be at least a 30- minute walk, quite a challenge for a 10-year old with a bad knee. I gave them a lift.**<br><br>**Is the Board able to explain:**<br>a) **What standard nationally applicable NHS policies, procedures and protocols are in place with regard to assisting patients with non-ambulance transport home after treatment in NHS hospitals?**<br>b) **What specific ULHT policies, procedures and protocols are in place in the same regard?**<br>c) **What guidance is given to, and what behaviour is expected of, ULHT staff in these circumstances, especially when dealing with the vulnerable?**<br><br>The Chief Operating Officer responded:<br><br>The Trust were disappointed to hear of the experiences detailed however was able to confirm that the Trust were compliant with guidance for NHS non-emergency transport services. Transport was commissioned by the Clinical Commissioning Groups on behalf of all NHS Services in Lincolnshire and provided by Thames Ambulance Service Limited (TASL). The |

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| | Trust had adopted the guidance and eligibility criteria set out by the Commissioners and were in line with NHS guidance and the single eligibility criteria.<br><br>If individuals are not eligible for patient transport services but are deemed to be a low income family or individual who cannot afford the cost of transport, they would be able to access the health care travel cost scheme.  This would allow the individual to claim for the cost of travel should they meet the criteria set.<br><br>Based on the examples provided there appeared to be inappropriate staff behaviour.  There were clear expectations in place within the Trust for staff to deal with patients and in these examples this clearly had not occurred.<br><br>Internal processes had been reviewed and there were flexibilities in place for vulnerable people and those waiting a long time.  These processes would be formalised and staff expectations communicated to ensure that availability of support was clear.<br><br>The information would be available on the internet and could be publicly shared. |
| 1855/19 | **Item 3 Apologies for Absence**<br><br>Apologies were received from the Director of Estates and Facilities. |
| 1856/19 | **Item 4 Declarations of Interest**<br><br>The Chair asked the Board if there were any further declarations which needed to be noted other than those recorded on the Trust register.  The Chief Executive declared that he was no longer a Trustee of Linkage Community Trust. |
| 1857/19 | **Item 5 Minutes of the meeting held on 5th November 2019 for accuracy**<br><br>The minutes were agreed as a true and accurate record subject to the following amendments:<br><br>1657/19 – Amend Count to County<br><br>1667/19 – Amend county to country<br><br>1684/19 – To include action – Communications teams to work with operational staff to share the be kind message<br><br>1713/19 – Should read – responsibility for the supervision of staff using equipment<br><br>1733/19 – Should read – Further information had been requested regarding the improvement programme and the impact on performance of activity within the programme. |
| 1858/19 | **Item 6 Matters arising from the previous meeting/action log**<br><br>884/19 – National urgent care pathway changes – The national update had identified learning however, there had been no confirmation of changes to pathway.  The Board would consider further updates as received.<br><br>1016/19 – Care Quality Commission Feedback letters June 2019 – Review of Quality and Safety Improvement Programme – agenda item 11.2 |

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| | 1186/19 – Quality Governance Committee Assurance report – Window cleaning Quality Impact Assessment to be completed and reviewed at the Capital and Revenue Investment Group. Feedback would be provided via the Finance, Performance and Estates Committee to the Quality Governance Committee and upwardly reported to the Board |
| | 1462/19 – Patient/Staff Story update on pathways work to demonstrate lessons learnt – Deferred to 4 February 2019, information would be fed through the Patient Experience Group then to the Quality Governance Committee |
| | 1596/19 – Medical School Update – Private Board agenda item – Complete |
| | 1641/19 – NHS Improvement Board Observations and actions – Audit Committee agreed to review progress at January 2020 meeting |
| | 1679/19 – Patient/Staff story – Process in place for operations centre to track individuals however this required strengthening to ensure process was followed. Further work to be completed in the event of staff leaving site in an ad hoc manner. Action to remain open Board want to see assurance |
| | 1715/19 – Assurance and Risk Report Quality Governance Committee – Lincoln Reconfiguration Private Board agenda item – Complete |
| | 1747/19 – Assurance and Risk Report Finance, Performance and Estates Committee – Review of Fire Works Report to be submitted to January 2020 Finance, Performance and Estates Committee then update to February Board– deferred to 4 February 2020 |
| | 1749/19 - Assurance and Risk Report Finance, Performance and Estates Committee – CQUIN delivery. Action included within the Finance Report. On track other than medicines optimisation which division are working to find resource. |
| | 1778/19 – Winter Plan – Private Board agenda item – Complete |
| | 1793/19 – Freedom to Speak Up – Included in the 2020 planner – Complete |
| | 1811/19 – Integrated Performance Report – Paper to be submitted to December Quality Governance Committee to include harm review – Complete |
| | 1814/19 – Risk Report – Risks to be shared with Executives on monthly basis with the Board Assurance Framework to ensure updates captured – Complete |
| | 1837/19 – Assurance and Risk Report Audit – First stage transfer of key corporate policies will be complete by 31/12/2019 |
| 1859/19 | **Item 7 Chief Executive Horizon Scan including STP** <br><br> The Chief Executive presented the report to the Board detailing both system and Trust specific issues and reminded Board members that the meeting was taking place during the purdah period for the General Election. This had not prevented normal operational business. |
| 1860/19 | **System Issues** <br><br> A System Review Meeting with NHS England/Improvement had taken place on 20th November, these were quarterly meetings. The 6 areas of focus that the system were expected to spend time on were the delivery of financial control totals; urgent and emergency |

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| | care; waiting times; cancer waits; metal health out of areas treatments and the learning disability Transforming Care Partnership. |
| 1861/19 | The most difficult conversation had been in relation to finance where the system had a control total of £63.55m deficit.  Currently the system were not on track to meet the control total and had been asked to consider what significant corrective action could be taken to achieve as close to this position as possible. |
| 1862/19 | In addition to the system pressure the Trust would also be required to achieve as close to the £70.3m Trust deficit as planned. |
| 1863/19 | **Trust Specific issues**<br><br>The Chief Executive advised that the Trust were reporting £2m adverse to plan at month 7 with an underlying variance of £14m. |
| 1864/19 | The Quality Summit would be taking place on the 10th December following the publication of the Care Quality Commission report.  The focus would be on the Trust however system partners would be in attendance.  The Chief Executive would deliver a presentation regarding the progress made since the publication of the report, development of the integrated improvement plan, progress against the must and should do actions and support being offered from system partners. |
| 1865/19 | Recent attendances at the Trust had been described as off the scale compared to other Trusts in the Midlands and it was understood that the Clinical Commissioning Groups had been asked by NHS England/Improvement what they were doing to support the Trust. |
| 1866/19 | It had been clear at the System Review Meeting, people arriving at accident and emergency had been as a result of care not being effective in other areas, allowing patients to arrive in an emergency setting.  There was a need for a combined effort to improve the position and the integrated improvement plan would be a response to the Care Quality Commission actions. |
| 1867/19 | The Board were advised that the draft Lincolnshire Long Term Plan had been submitted however publication through Trust Boards would be delayed due to the purdah period. |
| 1868/19 | The substantive appointment to the Director of Finance and Digital post had been made.  The Chief Executive was pleased to advise that Mr Paul Matthew had been appointed through a full external recruitment process, utilising the NHS Leadership Academy. |
| 1869/19 | The National Staff Survey had closed on 29th November and the Trust had a completion rate of circa 50%, this was due to be confirmed but was an improved performance rate compared to previous years<br><br>The Trust Board:<br>• **Received the report** |
| 1870/19 | **Item 8 Patient/Staff story**<br><br>Patient Karen Powell attended the Board with Consultant Dermatologist Dr Julia Schofield, Skin Cancer Support Nurse Tracey Fisher and Cancer Project Manager, Lincolnshire West CCG Kate Robinson to present the Skin-XL pilot. |

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| | Dr Schofield introduced the service to the Board identifying that it was a low cost, high impact service. |
| 1871/19 | Skin cancer now represents around 50-60% of dermatology clinical activity and was rising. Overall dermatology performs well in relation to targets however for a number of years had not achieved quality targets. The National Institute for Clinical Excellence standards state that patients should be seen, counselled and supported by suitably trained nurses, the Trust did not meet this standard and there were significant delays for patients to access primary centres. |
| 1872/19 | Through the Get It Right First Time review the service was identified as working more efficiently than other services however there had been a development of generalised nurses in out-patients which did not support the quality of service delivery. |
| 1873/19 | There was an urgent need to improve quality and the East Midlands Cancer Alliance was engaged to support changes and discussions with Commissioners. The service identified that a small amount of funding would allow the upskilling of band 5 nurses within the outpatient department. This was trialled for one day a week at Boston, Lincoln and Grantham to develop nurses to support newly diagnosed patients with skin cancer. |
| 1874/19 | Patient Karen Powell described her experience of the service stating that as someone who works in a support role and knows the requirements and expectations of those requiring additional support, the service had left her feeling isolated within no-one to discuss the outcome of appointments with following an initial skin cancer diagnosis in 2011. |
| 1875/19 | In June 2019, after finding a lump in her groin, Ms Powell was referred to the dermatology team at Grantham. The cancer diagnosis was confirmed and she was then introduced to Tracey Fisher, Skin Cancer Support Nurse. The information and support at the first appointment had been outstanding and after this diagnosis Ms Powell did not feel isolated. |
| 1876/19 | Treatment for the cancer was undertaken across 3 organisations and was supported throughout by the Skin Cancer Support Nurse. At a recent oncology appointment there had been no-one to support Ms Powell and she had come away feeling disappointed however the Skin Cancer Support Nurse called the next day to provide telephone support. |
| 1877/19 | Ms Powell identified that she would find it beneficial to have the opportunity to meet other patients on the treatment path in order to provide support to each other and hoped that the service continued to grow and improve. |
| 1878/19 | Tracey Fisher, Skin cancer Support Nurse gave her perspective of the service to the Board. Based in the outpatient department at Grantham she provided the first point of contact for patients and carers diagnosed with skin cancer. The role was to provide support, advice, advocacy and liaise with local and specialist skin cancer services and the multi-disciplinary team. |
| 1879/19 | There were a number of challenges identified to the Board, not least the need to deliver the service within 7.5 hours per week, this was not sufficient and additional time was not always supported by local managers. |
| 1880/19 | Kate Robinson, Project Manager, CCG stated that the project had been about collaboration and it had been positive to see how this had come together with divisional managers involved in the development of the nursing role. There had been positive patient feedback from the project and there had been the introduction of a new evaluation to capture data. The project had been run well due to the strong clinical leadership. |

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| 1881/19 | Dr Schofield advised the Board that the approach to using a band 5 nurse for the roll was new and innovative and worked well across the sites due to the geographical challenges in the county.  This had developed the outpatient nurses and feedback had been fantastic. |
| 1882/19 | The issues identified through the project had been process issues for appointment booking and co-ordination, these could be resolved with a co-ordinating team. |
| 1883/19 | Additional posts were funded and recruitment was underway to further support and develop the service.  There was the capacity to make a large difference however the service faced obstacles that could not always be overcome locally as such external support was sought and the service progressed. |
| 1884/19 | The Chair thanked the staff and patient for the impassioned account of the service and the patient care being provided and reflected on the description of the strong clinical leadership that had just been demonstrated. |
| 1885/19 | It was acknowledged that it was not always easy to make a difference and the Trust would need to work out how things could be made easier for staff to make changes.  This would need to be pathway and process changes to allow different approaches to be explored. |
| 1886/19 | Dr Gibson identified that there had been innovation by the local team who had identified the issues and also the low cost solution, the autonomy of the team had driven this forward.  The role development described had demonstrated that this had been motivational for the staff involved. |
| 1887/19 | Mrs Libiszewski praised the team for putting the patient at the centre of the change programme in a way that ensured delivery of improvements for the patients.  Mrs Libiszewski noted that the endorsement of the Quality, Service Improvement and Redesign (QSIR) programme must not stifle local innovation that may not need to be structured through the programme.  This could not be seen as the only solution to change. |
| 1888/19 | The Medical Director asked Dr Schofield what could be done by the Board in order to facilitate change in the organisations and allow teams to lead innovation locally. |
| 1889/19 | Dr Schofield advised that more autonomy within the business unit would support change as the services would be owned more locally.  This would allow the team, who understand what does and does not work, to identify and implement change.  If the service was owned locally then barriers could be broken down in order to make improvements. |
| 1890/19 | The Board acknowledged that there was a need for cultural change to encourage innovation within the organisation and there was a need to work though how this could be achieved. |
| 1891/19 | The Chief Executive thanked the patient and staff for attending the Board noting that there was support for the notions of empowerment, autonomy and simplicity. |
| 1892/19 | Dr Schofield also advised the Board of an issue of support from the Clinical Support Services Division and the inability to provide nurses to support additional surgical sessions.  Dr Schofield requested support in order to try to resolve the issues. The Chief Operating Officer would work with the service. |
| 1893/19 | The Trust Board:<br>• **Received the staff story** |

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| | **9 BREAK** |
| | **Item 10 STRATEGIC OBJECTIVES** |
| | **Item 11 Providing consistently safe, responsive, high quality care SO1** |
| 1894/19 | **Item 11.1 Assurance and Risk Report Quality Governance Committee**<br><br>The Chair of the Quality Governance Committee, Mrs Libiszewski provided the assurance received by the Committee at the November meeting. |
| 1895/19 | The Board were advised that divisional attendance at the Quality and Safety Oversight Group had improved with Executives able to hold detailed discussions with the divisions.  The group was on an improvement journey and had not yet reached a level to enable the Committee to step down reporting. |
| 1896/19 | The Committee had not been assured regarding safeguarding and the reporting was not yet embedded however the Director of Nursing had agreed to conduct a piece of work to ensure the safeguarding risks on the risk register were captured. |
| 1897/19 | The Committee received regular reports regarding the Quality Impact Assessment process within the Trust however some disconnect had been reported.  The Committee had requested that the work was reviewed and mainstreamed in to the organisation not seen as a standalone process. |
| 1898/19 | There had been 2 outliers from the national clinical audits for bowel cancer and children being reviewed within 12 hours.  The Committee noted that work was being undertaken regarding the results of both audits.  It was recognised that there was a need to be smarter about understanding issues at the point of data submission rather than awaiting the outcome of the audit. |
| 1999/19 | The Committee were advised that the Trust were not on track to deliver all of the Quality Account priorities and further work was requested to identify what work would be undertaken to demonstrate a significant improvement towards the end of the year. |
| 2000/19 | The Equality and Diversity upward report regarding patient care was received and whilst there had been some changes in the ratings the Committee were confident that work was underway to better align to patient experience work. |
| 2001/19 | An update report was received from the Children and Young Peoples service however assurance was not provided to the Committee through the report received and as such further work was requested of the division to link this through to the CQC report and model of care.  There were no specific issues highlighted through the incident report regarding the model of care. |
| 2002/19 | The Committee received the performance report and noted that there had been no movement in patient experience. |
| 2003/19 | The Committee were advised that a 6th Never Event had been reported in the calendar year.  Work on a culture of improvement suggested by the Improvement Director had now been agreed and specific work in relation to theatres was already underway. |
| 2004/19 | The Committee received updates on the current position of the Care Quality Commission Must and Should Do actions along with the section 29a and 31 conditions.  Further discussions would take place during the Private Board meeting as there had been some areas of non-assurance. |

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| 2005/19 | Due to the outcome of the discussions held by the Committee the decision was taken to recommend that the Board Assurance Framework rating for strategic objective 1 was downgraded from amber to red. |
| 2006/19 | Dr Gibson asked if there should be a link between the Quality Account priorities and the improvement programme as there had been disconnect in the past.  It was acknowledged that these were being linked together going forward. |
| 2007/19 | Clarity was sought regarding the Never Events reports as there appeared to be inconsistency in the reporting of calendar or financial year.  It was agreed that reporting would be by financial year in line with other performance reporting with 4 Never Events reported for 2019/20. |
| 2008/19 | The Board were advised that the Family Health Triumvirate would be attending the Board meeting in February and this would give an opportunity to discuss the plans for the service and model moving forward. |
| 2009/19 | The Trust Board:<br>• **Received the update** |
| 2010/19 | **Item 11.2 Patient Safety Report**<br><br>The Medical Director presented the report to Board noting that this was the first time it had been presented in the public meeting. |
| 2011/19 | The number of incidents remained static and 16 Serious Incidents had been reported during October, the Board were advised that falls and patient accidents remained the highest incidents. |
| 2012/19 | A never event had been notified due to wrong site surgery in theatre.  The Medical Director advised the Board that never events had not been confined to theatres and learning needed to be wider than theatres. |
| 2013/19 | The Trust had maintained the ability to investigate and manage serious incidents and investigations had been completed within deadlines, passed to the Clinical Commissioning Group and closed appropriately. |
| 2014/19 | Duty of candour during September was 100% however there remained underlying concerns regarding learning from those incidents.  Although the trajectory beneath this was favourable there remained a concern around clinician's abilities to recognise and discuss issues with families. |
| 2015/19 | The Board were advised of a backlog of divisional investigations, this had continued to reduce and progress was being made. |
| 2016/19 | There had been a significant number of incidents relating to administration of documents and patients passing through the Trust in relation to discharges and admissions.  This was a new theme and the Medical Director was keen for the Board to be sighted. |
| 2017/19 | Mrs Dunnett asked what the confidence level was of incident reporting at Lincoln, as the numbers did not appear to be significantly different to those at Pilgrim and also what immediate action had been taken in response to the administration incidents. |

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| | The Medical Director advised that there was nothing to suggest that there was under reporting of incidents at Lincoln however there was more that could be done in relation to the reporting culture. This would be pursued through the safety culture work stream however national data did not demonstrate an anomaly in reporting. There was however a concern within the organisation that staff were not aware or did not realise that risks were being taken that should not be. There were peaks in relation to never events however beneath this there was a level of concern that the level of tolerance was wrongly set. |
| 2018/19 | Regarding the administration incidents, the report had not triggered any changes in the discharge process but more an emphasis on slicker discharges to improve flow due to the recent pressures that had been experienced. |
| 2019/19 | In relation to benchmarking data the Trust were average against other similar sized acute Trusts however given that the Trust remained in special measures there would be an expectation of increased reporting. |
| 2020/19 | The Chief Operating Officer acknowledged that the organisation had been under the highest pressure ever for bed occupancy during October and there was concern that some metrics had been at the highest they had been. There was a need to consider triangulation of data during October, particularly to identify any further actions that may need to be taken. |
| 2021/19 | The Director of Nursing noted that there had been a peak in pressure ulcers, whilst these had been low harm there had been an increase. The data reported was under review by the data quality team. |
| 2022/19 | The Chief Executive noted that there appeared to be themes between the incidents reported and the complaints letters seen by the Trust. The question the Trust needed to be asking was what learning had happened following incidents and the outcome of complaints, reviewing the dashboard suggested that learning was not being undertaken. |
| 2023/19 | The Medical Director advised that individuals and smaller groups learn however this is not embedded in to a learning process and shared. This was a role of the speciality governance team however this remained in the early stages of development. This would be a culture change for the organisation and would take some time to embed. |
| 2024/19 | It was noted that learning from incidents and complaints was a challenge for all organisations and not just the Trust. There was a need to close the loop and learning could be had from the visit to University College London Hospitals NHS Foundation Trust where best practice would be shared. |
| 2025/19 | The Chair stated that whilst the October data was triangulated there may need to be a question to the Executive Team regarding the information presented to the Board in relation to the pressures being faced. A one page report would be sufficient until more meaningful reporting was in place. |
| 2026/19 | **Action: Director of Finance and Digital, 4 February 2019**<br><br>The Trust Board:<br>• **Received the update** |
| 2027/19 | **Item 11.3 Ward Accreditation**<br><br>The Director of Nursing presented to the Board an update on the current programme and future developments. |

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| 2028/19 | There had been national recognition of the programme as an exemplar and the Trust had been involved in the development of a national resource pack. |
| 2029/19 | The improvement programme for 2020 would be a stretch programme. The focus for the 2020 programme would be the deteriorating patient as this had been a cause for concern for both staff and the Board. |
| 2030/19 | The deteriorating patient would be treated with 2 sets of markers, in the same way as infection control, if these were red then the overall accreditation status would also be red. The Board were advised that this could lead to a dip in status across the organisation in January however, the programme would demonstrate improvements. |
| 2031/19 | The Board were advised that there had been a number of wards who had achieved 3 continuous greens and were looking to achieve gold status. |
| 2032/19 | The golden status would need to be defined by the Trust as this would need to be different to a continuous good rating. This would be focused on the context of person centred care. |
| 2033/19 | Mr Hayward raised concerns regarding Ward 6a and asked if the ward were accredited and what support had been put in place. The Director of Nursing advised that the ward was accredited and that there was a comprehensive plan in place to support. The ward were currently rated amber and this reflected the backwards trend and why intensive support was being received. There was scrutiny and support from the operational divisional team in place and enhanced support from the quality matron team. |
| 2034/19 | Due to the level of concern regarding the ward there would be increased frequency of reaccreditation, in line with red accredited wards, to every 12 weeks. As part of the intensive support the supporting matron would be on the ward twice a week providing education and metric reviews in order to understand where the ward were in terms of accreditation review. |
| 2035/19 | Mrs Dunnett recognised the progress that had been made but questioned if learning and sharing were being embedded as part of the safety culture and if there were peer reviews or shadowing to support this. |
| 2036/19 | The Director of Nursing advised that this was led through the Director of Nursing team, ward sisters were included as part of the accreditation visits to see learning on other wards. There was buddying programmes to support red wards, these would be buddied with a ward who had experienced similar problems but had managed them. The 2020 programme would use the operational managers as part of the peer assessment and would subtly shift to integrate the operations team in to the process. |
| 2037/19 | Mrs Libiszewski asked how this would be embedded through the setting of the strategic direction of the organisation and how it would link to the improvement programme. This would need to be increased and spread to other parts of the workforce and be mainstreamed in the organisation as part of the Quality, Service Improvement and Redesign (QSIR) methodology. |
| 2038/19 | The Medical Director advised that these were fundamental elements. Ward accreditation worked well and the idea for the development of safety culture would be for staff to come out of practice for part of the week to lead safety culture takes. This would allow staff in different areas to gain expertise. The Trust would need to ensure that a specialist team was not created as this was about staff moving to a new way of thinking and coaching others. The key element would be to embed the learning across the organisation and move out of silo working. |

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| 2039/19 | The Director of Nursing advised that when the ward accreditation programme was introduced the Trust did not have the QSIR programme.  This would start to embed from 2020 with a multi-professional approach. |
| 2040/19 | Mrs Ponder asked how the programme had been communicated from the patient perspective as the certificates were displayed on the entrances to the wards.  The Director of Nursing advised that this was about the conversation of the identification of the issues and narrative of the improvement.   There had not been any concerns raised by patients who were on a red accredited ward however information was placed on patient boards. |
| 2041/19 | The Trust Board:<br>• **Received the update** |
| | **Item 12 Providing efficient and financially sustainable services SO2** |
| 2042/19 | **Item 12.1 Assurance and Risk Report Finance, Performance and Estates Committee**<br><br>The Chair of the Finance, Performance and Estates Committee, Mrs Ponder provided the assurance received by the Committee at the November meeting. |
| 2043/19 | The Board were advised that the Committee continued to lack assurance regarding the Trusts finances that were reported as £1.9m adverse to plan, inclusive of Provider Sustainability Fund (PSF) monies. |
| 2044/19 | Whilst the system continued to support the Trust to maximise funds this was based on the assumption that the Trust would recover to the control total.  Without system support the Trust would be £11.4m adverse to plan. |
| 2045/19 | Pay remained a key issue at £10.4m adverse to plan with agency spend being the core driver. |
| 2046/19 | The Cost Improvement Plan was significantly behind with a risk adjusted position of £19m.  This was expected to further reduce by £4m.  Actions regarding finance continued to be an area of concern for the Committee. |
| 2047/19 | There would be no formal request for borrowing in January however the Committee were asked to approve delegated authority for the Director of Finance and Digital to request borrowing of up to £4m, should cash flow become an issue.  This was due to there being no Board meeting during January to approve borrowing.  The Committee agreed to delegated authority for the Director of Finance and Digital, Chief Executive and Trust Chair.  This would be further discussed during the Private Board session. |
| 2048/19 | The Committee remained concerned about the financial impact of CQUINs and the issues highlighted achieving the medicines optimisation.  The Medical Director had been invited to the December Committee to provide an update.<br><br>**Action Chief Operating Officer: 4 February 2020** |
| 2049/19 | The Committee were not assured of the fire report and delivery against the plan.  Concern was noted around the drift in timescales but there was acknowledgment by the Committee that the revised timescales had been agreed with Lincolnshire Fire and Rescue.  An advisor had been brought in to support development of the lockdown plan.  The Committee had requested assurance reports were provided to future meetings. |

| 2050/19 | The Committee had been asked to consider a notice received from NHS England/Improvement regarding Reinforced Autoclaved Aerated Concrete due to structural safety concerns.  A review of Trust sites had identified one non-patient area at Grantham that appeared to be affected.  It was not possible to quantify the amount due to this being in a sealed asbestos area. |
|---|---|
| 2051/19 | Subject Access Request concerns were raised with the Committee and the ability to complete on time.  This had been due to staffing, clinical sign off, incomplete redaction and time taken to complete copying of records.  The Information Commissioners Office (ICO) had received a number of complaints regarding the late responses, should this not be addressed the Trust could receive an enforcement notice from the ICO.  The action plan put in place was being monitored through the Information Governance Group and upwardly reported to the Committee. |
| 2052/19 | The Committee were not assured regarding 4 hour A&E performance due to demand and bed occupancy.  The system schemes that had been identified would be implemented during December and should support however if demand outstripped the schemes these may not have the impact required.  An update was requested to the February Committee that should include the strategy to manage urgent care, the impact of the December schemes should be seen by then. |
| 2053/19 | Assurance was received in relation to the Lincoln reconfiguration, this was reported as ahead of plan and Greetwell ward had been identified to become a swing ward.  The main risks identified to the reconfiguration were staff and the potential increase in cost. |
| 2054/19 | There had been a lack of assurance against the cancer standards, 3 out of 9 had been achieved in September.  The Committee had once again received a plan that had previously been identified as not fit for purpose.  Work was underway with KPMG to allow tracking of milestones.  Future reports were requested to provide assurance on the actions and impact. |
| 2055/19 | The Committee were assured regarding the EU Exit preparation. |
| 2056/19 | The Committee dashboard was received and concerns remained regarding the lack of population to some areas. |
| 2057/19 | The Chair asked for more detail on achievement of the CQUIN.  The Medical Director explained that the CQUINs were on track except for medicines optimisation however this was a 2 year CQUIN for the current and next year.  The CQUIN was in place to discharge 3 elements that would require investment in people to deliver.  The additional investment had been approved by the Capital and Revenue Investment Group however the Clinical Support Services Divisions would need to identify resource from their own budget. |
| 2058/19 | Currently the division were required to prioritise the aseptic unit but work was underway to address the CQUIN.  The robotic pharmacy would result in the release of some staff that could be redeployed.  The current position was on track to deliver just over £100k, meaning there was currently a £200k gap. |
| 2059/19 | Mrs Libiszewski asked if there was an intention to conduct a proper workforce review for pharmacy due to repeated requests for additional staff at the Quality Governance Committee. |
| 2060/19 | The Medical Director advised that there was not an intention to complete a workforce review however but would take this forward with the Chief Operating Officer as the lead for the area.  Fundamentally pharmacy would benefit from a workforce review however it would need to go through a transformation process to embed the medicines service. |

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| 2061/19 | The Improvement Director offered to contact the Pharmacy Lead from NHS England/Improvement for support.  The Medical Director advised that the Trust had a contact currently however any additional support would be welcome.<br><br>**Action: Medical Director, 4 February 2020** |
| 2062/19 | The Chair asked about the reputational risk regarding the ICO and what more the Trust could do to avoid an enforcement notice. |
| 2063/19 | The Director of Finance and Digital stated that a significant amount of action had been taken and an action plan had been submitted to the ICO, this was being monitored through the Information Governance Group.  Some issues had been progressed however the organisation needed to get a grip of the issue to address the concerns better. |
| 2064/19 | A wider review would be undertaken across Information Governance, Subject Access Requests and Freedom of Information Requests as these had been distributed across the organisation.  There was a need to stock take these and do something differently.  Clearer processes would be required as there were similar issues with Freedom of Information requests however there was more confidence in how these were being addressed. |
| 2065/19 | The Board noted the financial position and the Chief Executive advised that there had been a regional focus on finances with a request for the system to provide focus.  The issues often concentrated on the Trust however this would need to be resolved as a system.<br><br>The Trust Board:<br><ul><li>**Received the update**</li></ul> |
| | **Item 13 Providing services by staff who demonstrate our values and behaviours SO3** |
| 2066/19 | **Item 13.1 Assurance and Risk Report Workforce and Organisational Development Committee**<br><br>The Chair of the Workforce and Organisational Development Committee, Mr Hayward provided the assurance received by the Committee at the November meeting. |
| 2067/19 | The Director of Human Resources and Organisational Development advised the Board that the Committee continued to look at improved functions to ensure delivery of assurance to the Board.  The meeting due to be held on 13th December would receive a further revision of the Board Assurance Framework and this would support a better structure of work for the Committee. |
| 2068/19 | The Workforce Strategy Group was being reviewed to ensure that it could provide the correct level of assurance to the Committee in a similar manner that the Quality and Safety Oversight Group does to the Quality Governance Committee.<br><br>The Trust Board:<br><ul><li>**Received the update**</li></ul> |
| | **Item 14 Providing seamless integrated care with our partners SO4/** |
| 2069/19 | No items |
| | **Item 15 Performance** |
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| 2070/19 | **Item 15.1 Integrated Performance Report**<br><br>The Director of Finance and Digital presented the report to the Board noting that most issues had been addressed through the upward reports from the Committees. |
| 2071/19 | The Chief Operating Officer highlighted the waiting list size that continued to grow and there had been no change in behaviours with the pension solution.  Actions were being taken locally to address the waiting list increase however this now posed a risk to the Trust.  Discussions were being held with system partners regarding the risk and size of waiting lists. |
| 2072/19 | The Improvement Director requested clarification on the children's sepsis data.  The Director of Nursing advised that the narrative detailed that all children had been screened and treated however reporting had not been triggered due to a screen in the reporting system being left open. |
| 2073/19 | The Chief Executive advised the Board that Lincoln Hospital had been at critical incident level for most of the previous week.  The Chief Executive had thanked staff and partners for the efforts put in to support the incident but hoped that the Board would acknowledge the amount of work and effort undertaken.  Staff had gone above and beyond their roles to support. |
| 2074/19 | The Urgent Care Programme Director had written to the Chief Executive regarding accident and emergency detailing that attendances on 25th November had been up on average of 23% with 13% above average admissions.  The letter stated that the position was untenable and the system had been unable to turn this around. |
| 2075/19 | This however had been the national position with a number of organisations experiencing attendances to accident and emergency departments higher than ever experienced.  It had been fed back to the system that this could not be a cycle that was repeated as the weather deteriorates. |
| 2076/19 | It was agreed that the Board would receive an operational update on Winter as a standing item to ensure that plans in place were supporting delivery during the winter period.<br><br>**Action: Chief Operating Officer, 4 February 2020** |
| 2077/19 | The Chair stated that there needed to be consideration of media management as the local radio stations had been active regarding the situation.  The Trust needs to ensure that it provides clear messages to the public. |
| 2078/19 | The Chief Operating Officer advised that previously the approach with the media had not been proactive however, a discussion would be held with the Executive Team regarding the approach to media management. |
| 2079/19 | The Chief Executive advised that the System Executive Team meeting had discussed more proactive communications including messages regarding self-care and ensuring the message regarding the scale of the issue was correctly described.  There would need a need to use figures rather than percentages. |
| 2080/19 | The Chief Operating Officer advised that all 3 sites were under pressure however Lincoln had been on a critical incident.  The other sites had seen increased pressure due to admissions and increased attendances. |
| 2081/19 | Mrs Libiszewski requested clarification on the breast symptomatic 2 week wait as this appeared to have deteriorated and asked if the harm review process was embedded. |

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| 2082/19 | The Chief Operating Officer advised that the issue was due to the availability of the workforce and noted that October had also deteriorated. There was however no harm to patients. The harm review process had been embedded and patients with confirmed cancers were being treated within 62 days. This however did not excuse the distress of patients whilst waiting to be placed on the confirmed pathway. There were two individuals who had been lined up for substantive posts in the Trust and this would impact and improve performance once they were in post and if they remained. |
| 2083/19 | Dr Gibson noted that there had been an increase in the trend for induction of labour and queried if the outcome of the Shropshire maternity review should be fed up to the Quality Governance Committee once complete. |
| 2084/19 | The Director of Nursing advised that the Head of Midwifery would review the report once published to identify any areas of concern that the Trust may need to address. The Board were also advised that inductions were discussed at the Lincoln Medical Advisory Committee about the intention to intervene or not. This was about the need to address the safety of a birth. |
| 2085/19 | The Trust Board:<br>• **Received the report** |
| | **Item 16 Risk and Assurance** |
| 2086/19 | **Item 16.1 Risk Management Report**<br><br>The Medical Director presented the Risk Report to the Board noting that there had been no changes to the major risks. |
| 2087/19 | There were a high number of high rated risks and this reflected the position of the Trust and the historical backlog. There were 2 new very high risks relating to the diagnostic business unit, these related to the age, condition, availability and safety of diagnostic equipment. |
| 2088/19 | The Board were advised that the Aseptic unit would be commissioned in the next month and the business case for Aseptic Pharmacy would be presented to Capital and Revenue Investment Group in January. |
| 2089/19 | Discussion took place about the timeliness of updating the Risk Register. The Board were advised that a new process had been put in place to ensure timely updates each month of the register. |
| 2090/19 | The Board noted the 2 operational risks now rated as Very High.<br><br>The Trust Board:<br>• **Received the report**<br>• **Accepted the top risks within the register** |
| 2091/19 | **Item 16.2 BAF 2019/20**<br><br>The Trust Secretary presented the report to the Board noting that this had been updated through the Committees. |

| | It was noted, as per the Quality Governance Committee upward report that objective 1a had been amended to a red RAG status. Work was underway to review the objectives aligned to the Workforce and Organisational Development Committee.<br><br>The Trust Board:<br>• **Received the Board Assurance Framework** |
|---|---|
| | **Item 17 Strategy and Policy** |
| 2092/19 | **Item 18 Board Forward Planner**<br><br>For information |
| 2093/19 | **Item 19 ULH Innovation**<br><br>The Board were advised that the information regarding robotic pharmacy was being received as information. |
| 2094/19 | Mr Hayward questioned if the robotic pharmacy provided a total system that included control of slow moving stock. |
| 2095/19 | The Director of Finance and Digital advised that the data produced from the system would drive greater levels of efficiency but it would take time for improvements to be made.<br><br>The Trust Board:<br>**Received the report** |
| 2096/19 | **Item 21 Any Other Notified Items of Urgent Business**<br><br>None |
| | The next meeting will be held on Tuesday 4 February 2019, Boardroom, Lincoln County Hospital, Lincoln |

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

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Paul Matthew | X | X | X | X | X | X | X | A | X | X | X | X |
| Andrew Morgan | | | | | | | X | X | A | X | X | X |
| Victoria Bagshaw | | | | | | | | | | X | X | X |
| Mark Brassington | | | | | | | | | | X | X | X |

| Trust Board date | Minute ref | Subject | Explanation | Assigned to | Action due at Board | Completed |
|---|---|---|---|---|---|---|
| 4 June 2019 | 884/19 | National urgent care pathway changes | Board to receive update when available. | Brassington, Mark | ~~30/09/2019~~ ~~5/11/2019~~ 04/02/2020 . | Document published which identifies learning but no confirmed changes to pathway published to date Bpard to keep under review |
| 2 July 2019 | 1016/19 | CQC Feedback letters June 2019 | QSIP not having the impact would have wanted. Need review of this and where we get assurances from.  How we prevent these issues arising rather than responding to problems after the event | Morgan, Andrew | ~~06/08/2019~~ 3/12/2019 | Revised approach to improvement developed and agreed Complete |
| 2 July 2019 | 1062/19 | People Strategy | Develop some ambitious outcomes, built up with colleagues within the divisions.  Through ET in first instance.  Develop forward plan for rest of this year.  Strategy back when ready | Rayson, Martin | ~~06/08/2019~~ 04/02/2020 | Awaiting completion of Integrated Improvement Plan. |
| 6 August 2019 | 1186/19 | QGC Assurance report | Review of window cleaning impact on cleanliness audit | Boocock, Paul | ~~03/09/2019~~ ~~3/12/2019~~ 04/02/2020 | QIA being revisited then being reconsidered at CRIG.  Upward reporting through QGC to Board. |
| 1 October 2019 | 1462/19 | Patient/Staff Story | The Deputy Chief Nurse would provide a future update to the Board on the focused work of the pathways to ensure lessons were learnt. | Negus, Jennie | 03/12/2019 | Cancer teams will provide update to Patient Exp Group and through to QGC. Complete |

| 1 October 2019 | 1576/19 | Smoke Free ULHT | Post implementation review to be presented to the Board | Rayson, Martin | 07/04/2020 | |
| 1 October 2019 | 1641/19 | NHS Improvement Board Observations and actions | Updated action plan to be presented to the Board | Warner, Jayne | ~~03/12/2019~~ 4/12/2019 | Audit Committee reviewed actions in Jan meeting. Will review again in April |
| 1 October 2019 | 1642/19 | NHS Improvement Board Observations and actions | Audit Committee to receive reports and action plans | Warner, Jayne | 14/10/2019 | Audit Committee reviewed progress at January 2020 meeting. To review again in April |
| 5 November 2019 | 1679/19 | Patient/Staff story | Assurance required by the Board that whilst the Trust policy was under review that staff who go off site during their shift were tracked | Brassington, Mark | 3/12/2019 | Work in progress. |
| 5 November 2019 | 1715/19 | Assurance and Risk Report Quality Governance Committee | Board requested full sight of Lincoln reconfiguration including patient experience | Brassington, Mark | ~~3/12/2019~~ 04/02/2020 | Agenda item private board December Complete |
| 5 November 2019 | 1747/19 | Assurance and Risk Report Finance, Performance and Estates Committee | Business case review of fire works to be completed and reported back to Finance, Performance and Estates Committee detailing spend | Boocock, Paul/ Matthew, Paul | 3/12/2019 | Due to FPEC in January. Report back to TB Feb |
| 5 November 2019 | 1749/19 | Assurance and Risk Report Finance, Performance and Estates Committee | Clarity to be provided to the Board on the position of CQUIN delivery | Hepburn, Neill | 3/12/2019 | Update provided. Complete |
| 5 November 2019 | 1778/19 | Winter Plan | Updates would be provided monthly through the Finance, Performance and Estates Committee and then to Board | Brassington Mark | 3/12/2019 | Agenda Item private board Complete |
| 5 November 2019 | 1793/19 | Freedom to Speak Up | Board development session to be scheduled to support development in 2020 | Warner, Jayne | 3/12/2019 | Included in 2020 planner Complete |

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|---|---|---|---|---|---|---|
| 5 November 2019 | 1811/19 | Integrated Performance Report | Ensure reporting process to QGC functioning effectively in relation harm reviews required for patients outside of waiting times | Brassington, Mark | 3/12/2019 | Paper going to QGC in Dec Complete |
| 5 November 2019 | 1814/19 | Risk Report | Risks to be reviewed on monthly basis to ensure updates were made. | Medical Director | 3/12/2019 | Risks to be shared with Execs on monthly basis with BAF to ensure updates captured. Complete |
| 5 November 2019 | 1837/19 | Assurance and Risk Report Audit | Progress implementation of policies on to the SharePoint system, ensure current processes in place were clear | Matthew, Paul/ Warner, Jayne | 3/12/2019 | First stage transfer of key corporate policies complete reported to Audit Committee Dec meeting Complete |
| 3 December 2019 | 2026/19 | Patient Safety Report | Question to the Executive Team regarding the triangulation of the information presented to the Board in relation to the operational pressures being faced by the organisation at the time.  A one page report would be sufficient until more meaningful reporting was in place. | Matthew Paul | 4/02/2020 | |
| 3 December 2020 | 2048/19 | CQUIN Medicines Optimisation workforce review | The Improvement Director offered to contact the Pharmacy Lead from NHS England/Improvement for support. | Hepburn, Neil | 4/02/2020 | |

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| To: | Trust Board |
|---|---|
| From: | Andrew Morgan, Chief Executive |
| Date: | 4 February 2020 |
| Healthcare standard | |

| Title: | Chief Executive's Report |
|---|---|

**Author/Responsible Director:** Mark Brassington Deputy Chief Executive

**Purpose of the report:**

To provide an overview of key strategic and operational issues.

**The report is provided to the Board for:**

| Information | √ | Assurance | |
|---|---|---|---|

| Discussion | √ | Decision | |
|---|---|---|---|

**Summary/key points:**

This report is for discussion and information. It provides a high level overview of both System and Trust specific issues.

**Recommendations:**

The Trust Board is asked to:

- Note the content of this report
- Discuss progress against System and Trust specific issues and note where good progress has been made and where additional work is required.

| Strategic risk register | Performance KPIs year to date |
|---|---|
| **Resource implications (eg Financial, HR)** | |
| **Assurance implications** | |
| **Patient and Public Involvement (PPI) implications** | |
| **Equality impact** | |
| **Information exempt from disclosure** | |
| **Requirement for further review?** | |

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**System Issues**

a) The system remains under pressure with enhanced scrutiny from NHSE/I on Urgent and Emergency Care (UEC) performance. A winter stocktake meeting was held 3rd December with a teleconference with the National Director of UEC performance on 22nd January. Our improvement focus remains on CAS, alternative pathways, ambulance conveyances and handover delays, Streaming, Minors performance, same day emergency care pathways and long lengths of stay. The Urgent and Emergency Care Delivery Board maintain their oversight of the required improvements meeting on 16th December and 21st January.

b) System finances remain challenged with a system escalation call held on Friday 24th January

c) Brexit Planning as a system has continued and risks remain managed. The NHS has been stood down from formal reporting. As a system we remain ready to respond as required.

d) Integrated Care System (ICS) workshop was held on 6th December to explore the strategic direction for a future ICS in Lincolnshire. The plan remains under development and has been considered at the System Executive Team and Joint Executive Working Group.

e) Planning for 2020/21 is advanced. There is an integrated approach to ensure alignment across all commissioner and provider colleagues. The key building blocks regard the financial, activity and workforce plans. There is a critical piece of work underway to review the forecast 2019/20 position and the proposed improvement schemes for 2020/21 in order to determine whether the projections for 2020/21 remain current. This will inform the planning process and will be concluded by the end of January.

f) The Stroke 100 day challenge came to a conclusion during January. There have been considerable successes achieved which include improved working between organisations, more involvement with the Stroke Association, improved communication and continuity of care and reduced length of stay as we have been able to more quickly address our patient needs and move them to a more appropriate setting for their rehabilitation.

**Trust specific issues**

a) At Month 9 the Trust is reporting a deficit of £34.893m. This is £0.032m favourable variance to the planned deficit of £34.925m. The underlying position is a deficit of £19.199m. This underlying position takes into account transitional relief, accruals for backlog waiting list work and repatriation, technical adjustments. The control total for the year remains a deficit of £70.3m. A range of urgent actions are in place in order to meet our revised financial plan.

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b) Work has progressed with our Integrated Improvement Plan (IIP). Our IIP sets out our 5 year strategy 2020-2025 and our 2020/21 priorities. This document will provide direction for the organisation and a focused approach to improvement. Work is underway with Executive and Divisional leads to embed our actions for next year into our planning process.

c) Following a review of executive portfolios a number of changes have been made in order to simplify and strengthen our approach in a number of areas. Mark Brassington is now the Director of Improvement and Integration, also taking on Deputy Chief Executive duties. Simon Evans replaces Mark as Chief Operating Officer. The Division of Estates and Facilities will be incorporated into the Chief Operating Officer portfolio. I am also pleased to announce that Dr Karen Dunderdale will be joining us on 24th February as Director of Nursing. I would also like to thank Victoria for her support and efforts during her time as Director of Nursing.

d) The National Staff Survey closed on 29th November. Initial feedback is that we have achieved our highest ever response rate as an organisation of 50% which places us at the average for acute trusts. Our response to the staff survey is a key area for improvement for us as part of our IIP.

e) The current flu vaccination rate was 74% on 22nd January against a target of 80% by 29th February. There are risks associated with achieving the target coverage due to a low take up across a range of specialties. However the team are continually working on improving uptake in these areas.

f) A quality summit was held on 10th December 2019 following the publication of our CQC report in October. This focussed on our challenges and the immediate actions that had been taken, and our Must and Should do actions with an update. As part of the CQC's winter assurance visits, Lincoln and Pilgrim Emergency Departments were visited on the 6th and 7th January respectively. Feedback following these visits reported that improvements were seen at the Lincoln ED but pressure remained at Pilgrim ED. The outcome of these visits have been discussed with system partners and NHSE/I at the Trust's Improvement Assurance Meeting on 14th January. An update on our CQC report was also presented to the Health Overview and Scrutiny Committee on 22nd January.

g) As part of our improvement work the Trust held two successful events; Quality Improvement Sharing Event where colleagues who had successfully completed their Improvement training received their certificates and also shared their improvement projects. It was great to see so many positive changes that the staff had implemented. The second event was the patient experience conference. This event was well attended and focussed upon communication with patients and civility and respect between clinicians and also with their patients. A clear set of actions were agreed to ensure improvement.

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| **To:** | **Trust Board** |
| **From:** | Victoria Bagshaw |
| **Date:** | 4th February 2020 |
| **Healthcare standard** | |

| | |
|---|---|
| **Title:** | Update on progress with CQC Must and Should Do Actions |

**Author/Responsible Director:  Improvement Director / Director of Nursing**

**Purpose of the Report:**
To provide the Trust Board with an update on progress against the CQC Must and Should Do Actions

**The Report is provided to the Board for:**

| Decision | | Discussion | |
|---|---|---|---|
| Assurance | X | Information | X |

**Summary/Key Points:**
A mapping exercise has taken place to ensure the CQC Must and Should Do areas for improvement are built into the Integrated Improvement Plan with Executive and Divisional leads identified.
The governance of delivery will be aligned with the governance of the IIP.
There has been some progress against the areas for improvement and reporting going forward will be more robust with tighter monitoring in place.

**Recommendations:**
The board is asked to note the progress both in delivery of improvements against the CQC Must and Should Do's and in ensuring this work sits within the IIP framework going forward.

| **Strategic Risk Register** | **Performance KPIs year to date** |
|---|---|
| Link to strategic risks 4405, 4083, 4175, 3688, 3951, 4156,3503, 4041,4081, 4145,4300,4476 | N/A |

| | |
|---|---|
| **Resource Implications (eg Financial, HR)** Within IIP framework | |
| **Assurance Implications** Mapped to governance process for IIP | |
| **Patient and Public Involvement (PPI) Implications** | |
| **Equality Impact** Through governance process of IIP | |
| **Information exempt from Disclosure N/A** Public | |
| **Requirement for further review?** Monthly | |

## 1        Introduction

The CQC published its inspection report following the June 2019 Core Inspection in October 2019. Within the report, there are 21 Must Do areas for improvement identified and 55 Should Do areas for improvement.

The Trust has been taking action to address these areas of improvement and this paper provides the Board with an update on that progress and how this work now links into the Integrated Improvement Plan Year 1 workstreams. (See Appendices)

## 2        Progress to date
## 2.1      Link to the 5 Year Integrated Improvement Plan.

The 5 year Integrated Improvement Plan (IIP) is now written and work is underway to define each workstream that is sitting within the Year 1 priorities both at Trust and Divisional level.

A piece of work has been undertaken to map each of the Must Do and Should Do areas for improvement to the IIP, identifying the strategic objective and the workstream they sit under. Where it has not been possible to identify that the area for improvement will be or is covered in the IIP, a recommendation has been made as to where it should sit.

From the mapping exercise, it is clear to see that most of the improvement areas not currently aligned to IIP workstreams sit under the Should Do list and will sit in Divisional Improvement Plans. The Director of Improvement and Integration will work with the Divisions to ensure they do build these into their IIPs.

## 2.2      Monitoring progress

The Trust PMO team will be responsible for working with Divisions and Executive Directors to obtain progress reports on actions. The project management paperwork for both the IIP and the CQC Must and Should Do actions will be aligned to ensure consistency in reporting. Adopting a project management approach will improve reporting and provide greater transparency on risks associated with delivery. Although the Must and Should Do areas for improvement are in the IIP, it is important to ensure they are clearly identifiable so that they do not get 'lost' or forgotten within the wider IIP.

## 2.3      Governance.

As part of the mapping exercise referred to above, the monitoring group and assurance committee for each area of improvement has also been identified along with the Divisional and Executive lead. (See Appendices)

Reporting will be through the same governance process that is being established for the IIP.

3

An informal weekly task and finish group has been established to improve the grip on monitoring progress as well as to discuss other issues relating to the CQC such as relationship management and preparing for the 2020 Core Inspection. Members of this group are the Director of Nursing, The Medical Director, the COO, the Improvement Director and the PMO lead. This group does not replace the formal governance process described above and will be time limited.

**2.3     Progress against Must and Should Do areas for improvement**

The attached document provides a brief update against each of the Must and Should Do areas. It is important to note that reporting going forward will be in a different format (using standardised project reporting documentation) and will identify risks to delivery as well as progress.

Evidence of delivery will be collated by the PMO and stored in a database. No action will be deemed as complete until there is enough evidence to support that decision. The decision will be made by the respective monitoring committee.

**3       Conclusion**

In conclusion, a mapping exercise has taken place to ensure the CQC Must and Should Do areas for improvement are built into the Integrated Improvement Plan with Executive and Divisional leads identified.
The governance of delivery will be aligned with the governance of the IIP. There has been some progress against the areas for improvement and reporting going forward will be more robust with tighter monitoring in place.

**4       Recommendations**

The board is asked to note the progress both in delivery of improvements against the CQC Must and Should Do's and in ensuring this work sits within the IIP framework going forward.

# CQC Must Do / Should Do

**Executive Lead:** Victoria Bagshaw, Director of Nursing
**Progress Review Date:** January 2020

| Ref No | Action | Executive Lead | Divisional Lead | Must Do / Should Do | Is action covered by Integrated Improvement Plan? If Yes, which section? | If No- where should the action sit? | Reporting/ monitoring group | Assurance Committee | Progress January 2020 |
|---|---|---|---|---|---|---|---|---|---|
| 1. | The Trust must ensure the executive leadership team have the capacity and capability to deliver current priorities and challenges | CEO | N/A | Must Do | Objective- People<br><br>Work stream – Well Led | | Executive Team (monthly IIP oversight)<br><br>⬆<br><br>Workforce Strategy Group | WOD | 1. DoF post filled substantively.<br><br>2. DoN recruitment process undertaken. Process paused in order to allow time for alternative solution to be found.<br><br>3. Director/Directorate/Portfolio changes proposed. This going to Remcom on 7/1/20 for sign off.<br><br>4. Senior leadership capacity and capability to be formally reviewed. Discussed with Remcom on 7/1/20. |
| 2. | The Trust must ensure the leadership team have oversight of current priorities and challenges and are taking actions to address them. | CEO | N/A | Must Do | Objective – People<br><br>Work stream – Well Led | | Executive Team (monthly IIP oversight)<br><br>⬆<br><br>Workforce Strategy Group | WOD | 1. New leadership structures (ELT/TLT/LTF) being implemented to ensure improved focus and grip. Part of Improving ULHT proposals.<br><br>2. Revised ToR, agendas and reports for ELT and TLT will ensure better assurance, focus and grip.<br><br>3. Integrated Improvement Plan will have supporting PMO and progress reporting to ELT, Board assurance committees and the Board. |
| 3. | The Trust must ensure leadership structures have a continued focus to ensure they embed across the organisation. | Deputy CEO | N/A | Must Do | Objective – People<br><br>Work stream – Well Led | | Executive Team (monthly IIP oversight)<br><br>⬆<br><br>Workforce Strategy Group | WOD | Development programmes in place and underway for:<br>- Divisional Triumvirates<br>- General/Business Managers/Matrons<br>- Clinical Leads<br><br>OD support in place from for Divisional Triumvirates delivered by Be Effective. Supportive infrastructure reinforces organisational wide approach.<br><br>Middle management forum met for the first time in December. Further meetings planned in February and March |

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| 4. | The Trust must ensure staffs understand how their role contributes to achieving the strategy. | Deputy CEO | N/A | Must Do | Objective – People  Work stream – Well Led | | Executive Team (monthly IIP oversight)  ↑  Workforce Strategy Group | WOD | Organisational strategy has been refreshed. Trust Board to receive and adopt in February with launch in organisation in March. Revised strategy aligning annual planning for 2020/21. |
| 5. | The Trust must ensure there is timely progress against delivery of the strategy and local plans continue to be monitored and reviewed. | Deputy CEO | N/A | Must Do | Objective – People  Work stream -Well Led | | Executive Team (monthly IIP oversight)  ↑  Workforce Strategy Group | WOD | Work underway with KPMG to align their Operational Excellence model to align strategy to local delivery plans with robust oversight arrangements through to Trust Board. |
| 6. | The Trust must ensure action is taken to ensure staff feel respected, supported and valued and are always focused on the needs of patients receiving care. | HRD | Darren Tidmarsh | Must Do | Objective- People  Work stream – Making ULHT best place to work | | Executive Team (monthly IIP oversight)  ↑  Workforce Strategy Group | WOD | Staff charter workshops continue – to date 1460 staff have attended  Bullying and harassment (respect) project in place. 100 day challenge ("Building Respectful Teams") to launch in February  Review of Dignity at Work policy underway – review to reflect "Just Culture" approach.  Small improvement in NSS scores in 2019 across majority of questions. Awaiting further analysis and index scores |
| 7. | The Trust must work at pace to ensure sufficient numbers of suitably qualified, competent, skilled and experienced medical and nursing staff across all services. | HRD | Darren Tidmarsh | Must Do | Objective – People  Work stream – Modern, Progressive Workforce | | Executive Team (monthly IIP oversight)  ↑  Workforce Strategy Group | WOD | Pipeline of medical staff remains strong.  First appointments made under contract for international nurse recruitment.  Actively pursuing HEE Global Learners Programme for nursing. Aiming for monthly minimum of 15 RNs (10 RN's already recruited in Jan20)  DoN commenced a zero vacancy approach to HCA posts. Expected to have recruited to all outstanding posts by 17/1/20  Potential to participate in Refugee Doctors Project with HEE funding to support.  Small but steady improvements in vacancy and turnover rates over last six months, but "hot-spot" areas remain. |
| 8. | The Trust must ensure there are effective governance processes throughout the service and with partner organisations. | CEO | N/A | Must Do | Objective – People  Work stream – Well Led | | Executive Team (monthly IIP oversight) | WOD | 1. New leadership structures (ELT/TLT/LTF) being implemented to ensure improved focus and grip. Part of Improving ULHT proposals. |

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| | | | | | | | | | 2. Revised quality governance structure being put in place below QGC.<br><br>3. LCB has agreed new system governance and assurance processes involving NEDs and lay members.<br><br>4. JWEG and SET are agreeing the revised management governance and accountability arrangements prior to shadow ICS in April 2020. Next SET discussion is on 8/1/20.<br><br>5. New SOP to be put in place for the operation of Divisions. Part of Improving ULHT proposals. |
| 9. | The Trust must ensure systems to manage performance are embedded across the organisation. | DoF | Jonathan Young | Must Do | Objective – People<br><br>Work stream – Well Led | | Executive Team (monthly IIP oversight) | FPEC | Work underway with KPMG to align their Operational Excellence model to align strategy to local delivery plans with robust oversight arrangements through to Trust Board. |
| 10. | The Trust must ensure leaders and teams, across all services, always identify and escalate relevant risks and issues and identify actions to reduce their impact. | MD | Sally Seeley | Must Do | Objective – People<br><br>Work stream – Well Led | | Executive Team (monthly IIP oversight)<br><br>⬆<br><br>QSOG | QGC | This process is in place. The issues are consistency of reporting, the assessment of the appropriate level of risk and taking ownership to mitigate the risk, rather than simply recording it. Currently the risk team have concentrated on compiling the register and now will move on to the next phase of education and training of the Divisions. |
| 11. | The Trust must ensure all staff is committed to continually learning and improving services. | HRD | Darren Tidmarsh | Must Do | Objective – People<br><br>Work stream – Modern, progressive workforce | | Executive Team (monthly IIP oversight<br><br>⬆<br><br>Workforce Strategy Group | WOD | Pilot of shared governance approach in place – 4 areas<br><br>United Lincolnshire Hospitals NHS Trust was awarded QSIR Faculty Status in June 2019 by NHS Improvement – 50 staff have attended QSIR training to date.<br><br>Additionally, around 70 people have delivered QI projects in year and a number of them have showcased their projects at a sharing event on 16th December.<br><br>7 members of staff visited UCLH 07/01/20 to learn about their work on improving safety. Group will be set up to take work forward at ULHT.<br><br>Accredited as first FAB Trust in November. |
| 12. | The Trust must ensure systems or processes are established and operated effectively, across all services, in line with national guidance. | MD | tbc | Must Do | Objective – Patients<br><br>Work stream – Improve clinical outcomes | | Executive Team (monthly IIP oversight) | QGC | Specific focus on clinical effectiveness and embedding this at a Divisional level with robust reporting through to QGC.<br><br>Programme in place for National, specialty focused and local audits. Need to ensure that the learning from these are embedded at a speciality level. |

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| | | | | | | | | | Overseen by Clinical Effectiveness group chaired by DMD

Development of guidelines overseen by Clinical Effectiveness group chaired by DMD.

Well-established process for managing GIRFT reviews. |
| 13. | The Trust must ensure premises across all services are suitable for the purpose for which they are being used and properly maintained. | Director of Estates | tbc | Must Do | Objective – Services

Work stream – fit for purpose environment | | Executive Team (monthly IIP oversight) | FPEC | 30k investment in car park surfaces across all three sites.
33k investment in spot repairs to paintwork in patient areas.
27k investment in floor and expansion joint repairs.
PLACE Action Plan developed with nursing with oversight by DoN.
Improving Aesthetics of Patient Environment paper presented to ET, which identifies budget costs to improve the aesthetics of all patient areas and cost for a Handyman service and admin support for series of 3 PLACE Lite visits per year.
PLACE inspection has been completed for this year's PLACE assessments, which included a training /information session for patient representatives, volunteers and senior nursing staff. |
| 14. | The Trust should ensure the causes of workforce inequality are sufficiently addressed to ensure staff from a BAME background are supported through their career development. | HRD | Darren Tidmarsh | Should Do | Objective – People

Work stream – Making ULHT best place to work

⬆

Workforce Strategy Group | | Executive Team (monthly IIP oversight)

⬆

Workforce Strategy Group | WOD | Talent Management plan for the Trust drafted and will be considered by ET first in January. This incorporates developing the careers of under-represented groups and ensuring there is equality of opportunity for our diverse talent |
| 15. | The Trust should ensure there is an increased awareness of the role of the Freedom to Speak Up Guardian role. | CEO | Jayne Warner | Should Do | Objective – People

Work stream -Making ULHT best place to work | | Executive Team (monthly IIP oversight)

⬆

Workforce Strategy Group | WOD | 1. FTSU champions appointed x 12.

2. Staff awareness campaign was run in October 2019 as part of the national campaign.

3. FTSUG has put in place increased visits to sites and teams.

4. CEO has highlighted FTSUG role in Team Brief blog. |
| 16. | The Trust should ensure there is a clear process for the Guardian of Safe Working (GOSW) report to the board and that issues raised through the GOSW are appropriately addressed. | MD | tbc | Should Do | Objective – People

Work stream -Making ULHT best place to work

⬆

Workforce Strategy Group | | Executive Team (monthly IIP oversight)

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Workforce Strategy Group | WOD | There is a clear reporting framework and an interim guardian with admin support.

Current issues relate to rota management and SOP now produced and disseminated. |

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| 17. | The Trust should ensure divisional leads are fully engaged in decisions about financial improvement and have oversight of their divisional budgets. | DoF | Jonathan Young | Should Do | Objective – Services<br><br>Work stream – Efficient use of resources | | Executive Team (monthly IIP oversight) | FPEC | Divisions have clear oversight of their budget through the monthly reporting cycle, further work being undertaken to embed the ownership of this in division. 20/21 planning process engaging divisions in the design of CIP plans to ensure local ownership; target will be stretching based on evidence benchmarking. |
| 18. | The Trust should ensure leaders and staff strive for continuous learning, improvement and innovation through participation in appropriate research projects. | MD | tbc | Should Do | Objective – Partners<br><br>Work stream- Become a University Teaching Hospital | | Executive Team | QGC | A fundamental review of the Research and Innovation Department is planned for 2020. An external audit has been undertaken by the CRN and a financial audit by Grant Thompson (draft report only). The strategy prepared in 2019 will be re-written and an implementation plan developed in conjunction with CRN and other partners. |
| Urgent and Emergency Care | | | | | | | | | |
| 19. | The Trust must ensure all patients who attend the department are admitted, transferred and discharged from the department within four hours. | COO | Ciro Rinaldi<br><br>David Cleave | Must Do | Objective – Services<br><br>Work stream – Evidence based care pathways | | Executive Team<br><br>Performance Reviews | FPEC | The focus of improvement for ED is :<br><br>Ambulance handover – a dedicated system wide project-working group reviewing opportunities to reduce conveyance and improve handover. This reports to UEC Delivery Board.<br><br>UTC – GP streaming has formally been commissioned into an urgent treatment centre at Lincoln and Pilgrim and we have seen a sharp rise in patients seen by this service. As part of the reconfiguration the footprint of the UTC has been increased and this has contributed to their ability to be able to see and treat more patients.<br><br>Triage – this has vastly improved at Pilgrim. The same model is being implemented at Lincoln through engagement with staff, which is starting to show signs of improvement.<br><br>SDEC – Same day emergency care pathways have been implemented in addition to a new SDEC facility as part of the Lincoln reconfiguration. There are on average 20 patients per day currently being seen through this facility and this number is expected to rise.<br><br>A frailty service has been implemented at the front door offering comprehensive geriatric assessment and triage for frail patients which is leading to improved pathways for patients. |

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| | | | | | | | | | Seen within 60 minutes – this requires further work and clinical engagement

Transfer of patients – capacity meetings have been redesigned to take account of the cross-site capacity opportunities.  A 30-minute target has been established from decision to admit to a bed being identified and a patient moving.  Extra transport resources have been commissioned to enhance resilience and flow.

Medical and nursing staffing – a medical staffing 'perfect week' was held and as a result a business case is being developed to implement the staffing appropriate for the size of the department. Nurse staffing has been reconfigured to improve the level of seniority and experience on the floor with the additional posts being advertised wk. commencing 13/1/20

Culture and Behaviour – staff have been engaged on cultures, behaviours and feelings.  This is leading to a larger piece of work with medical and nurse staffing being brought together with external facilitation to identify solutions and improvements to the department that are led by the department. |
| 20. | The Trust must ensure information is readily available for patients to take away details of what signs or symptoms they needed to look out for that would prompt a return to hospital or seeking further advice. | COO | Ciro Rinaldi

Debbie Pook

David Cleave | Must Do | No | Medicine  - Divisional IIP

Objective – Services

Evidence based Care pathways ( Urgent care improvement) | Performance Reviews

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Divisional Board | FPEC | Planned Care / Surgery have been trialling EIDO leaflets – now rolled out across all 4 sites.

Review of how other high performing Trusts in the region meet this aspect of care. Decision to adopt across all sites the process used at Sherwood Forest NHS Trust who do not give out any written advice to discharged patients but offer verbal "safety netting" advice. This will be as an adjunct to our current information leaflets. A further planned visit to Sherwood to observe their system in action.

DoN leading a piece of work to ensure all C&YP are provided with wider health promotion and safety information when attending ED's. |
| 21. | The Trust should ensure governance and performance monitoring and management are strengthened at operational level. | DoF | Ciro Rinaldi

Debbie Pook

David Cleave | Should Do | Objective – People

Work stream – Well Led | | Executive Team

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Performance Reviews/QSOG | FPEC | Operational Excellence work commissioned with work commencing on site on 13th January. It will deliver a clear performance management system and provide coaching to all levels of staff to ensure the processes are run effectively. |

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| 22. | The Trust should ensure consistent arrangements for pain relief and nutrition are developed for patients who are in the Emergency Department. | DoN | Ciro Rinaldi<br><br>Debbie Pook<br><br>David Cleave | Should Do | No | Medicine- Divisional IIP<br><br>Objective - Patients | Performance Reviews/QSOG<br><br>↑<br><br>Divisional Board | QGC | The ED accreditation process occurs monthly and gives oversight of all aspects of care and safety in the department.<br>The DoN has reviewed the detailed improvement plans, developed by the Division.<br>An amended process has been put in place to ensure actions are being implemented and have a sustained positive impact. With specific focus on regular rounding and improved documentation of actions taken in response to discussions with pts.<br>Nutrition and Hydration group has supported the ED team to make a variety of foods are safely available in the ED. |
| 23. | The Trust should review pathways and processes in the Emergency Department to ensure they are efficient and communicate processes to staff so that there is a consistent understanding. | COO | Ciro Rinaldi<br><br>Debbie Pook<br><br>David Cleave | Should Do | Objective – Services<br><br>Work stream – Evidence based care pathways | | Executive Team<br><br>↑<br><br>Performance Reviews | FPEC | The Urgent and Emergency Care Improvement Programme (UEC) has 6 work streams designed to improve the overall quality of care for patients and performance.  The programme work streams are as follows: ED processes and Systems, Site management, SDEC, Red2Green and SAFER, Discharge and Reconfiguration.  The UEC Programme has a defined and embedded Governance structure reporting through A&E Delivery Board and Finance, Performance and Estates Committee, a sub-committee of Trust board.<br><br>A large engagement piece taken place in ED with all levels of staff to understand the pressures and barriers to delivering the pathways that have been introduced which has highlighted the need for improvements to culture.  This is being facilitated with external support as well as internal OD.<br><br>Other of platforms for communicating improvements to staff, include improvement workshops specifically in terms of the reconfiguration, project pop-up shops, divisional and departmental meetings, huddles, project meetings, social media and 1:1s.<br><br>A 'closing the loop' check-back process is being developed to ensure that communication is reaching all levels and that staff are able to confidently describe changes and their involvement in them. |
| 24. | The Trust should consider training key staff in customer care skills. | HRD | Ciro Rinaldi<br><br>Debbie Pook | Should Do | Objective – Patients<br><br>Work stream- Improve patient experience | | Executive Team | WOD | "Customer First" training is in place.  To date 465 staff have been trained.<br>Review currently underway to assess impact (completion February 2020), exploring the following: |

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| | | | David Cleave | | | | | | - Refreshing the Communication First training so that it dovetails with the OD work around staff charter, behavioural framework<br>- Whilst keeping Communication First training open for anyone to attend, ensuring staff members who have had their communication skills questioned are required to attend<br>- Exploring the option of having a mandatory customer care/communications module<br><br>Monitoring of effectiveness of staffs skills in customer care occurs PALS and formal complaints. The RCN leadership programme, which all ward /dept sisters and Charge Nurses are undertaking, includes work on frontline resolution of issues. |
| 25. | The Trust should formulate a formal clinical audit plan with identified roles and responsibilities and review dates. | MD | Ciro Rinaldi<br><br>Debbie Pook<br><br>David Cleave | Should Do | Objective – Patients<br><br>Work stream- Improve Clinical Outcomes | | Executive Team<br><br>QSOG | QGC | A current audit plan has been prepared, however there is a gap between National audits, Trust audits and local audits. This will be brought together into an single integrated plan and will align to Trust and Divisional improvement work. |
| 26. | The Trust should consider how sound levels might be reduced in the department. (ED Pilgrim) | Director of Estates | tbc | Should Do | No | Medicine – Divisional IPP<br><br>Objective – Services<br><br>Work stream – Fit for purpose environment | Performance Reviews<br>↑<br>Divisional Board | FPEC | The new £23.6m master plan, which is being developed for the Pilgrim ED, will incorporate a UTC designed to comply with current HTMs and HBNs building design standards. In respect of this patient flows through the ED will be improved, along with waiting and treatment spaces all of which will see a more highly considered spatial design. The Trust will also be utilising the DH design briefing HBNs (Health Building Note 00-01 General design guidance for healthcare buildings - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/316247/HBN_00-01-2.pdf)<br>To support the specification of a high quality patient environment. This will offer improved patient privacy and dignity incorporating measures to control sound levels within the department – key to this strategy will be<br>i) Improved physical patient flows through the ED thereby creating a calm patient environment<br>ii) Improved spatial standards and acoustic measures incorporated in between rooms and within doors.<br>iii) The use of materials and sound deadening barriers within the environment to improve acoustics. |

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| | | | | | | | | | iv) Waiting and circulation spaces, which support a movement strategy, aimed at introducing calming quiet environments. Improvements will also ensure alignment to 'Facing the Future- standards for children & young people in emergency care settings'. |
| **Medical Care (including Older Peoples Care)** | | | | | | | | | |
| 27. | The Trust must ensure patients receive timely review by specialist consultants when required, including speech and language therapy. | COO | tbc | Must Do | No | Medicine- Divisional IPP Objective – Patients Work stream – Improve clinical outcomes | Performance Reviews ⬆ Divisional Board | FPEC | SaLT provision to the Trust is through and SLA with LCHS. For ED, improving performance is linked to embedding a process of internal professional standards. This work has taken shape and is being supported by the Chief Operating Officer and the MD. For the wards, SAFER and Red2Green is being rolled out. This is now supported by an electronic system that links into Red2Green to help monitor what actions are outstanding and what needs to happen to make a difference to the patient's stay. This includes 'waiting to be seen by Consultant' or 'awaiting SaLT review'. The improvement team are supporting with the embedding of this process. There is an embedding plan for Red2Green and a roll out plan for SAFER. SaLT recruitment is improving. Management of change process is being undertaken by LCHS currently to review skill mix. Meeting with ICU colleagues to progress business case for SaLT provision to the units. |
| 28. | The Trust must ensure that processes are being followed related to proper and safe management of medicines. | MD | tbc | Must Do | Objective – Patients Work stream - Deliver harm free care | | Executive Team ⬆ QSOG | QGC | This is currently audited through pharmacy and results are shared with Divisions. The Medicines Quality Group has been designed to address the issues relating to medicine safety and administration, reconciliation etc. This is also audited through ward accreditation (WA). The WA 2020 programme has revised criteria with the medicines standard and has been amended – any ward/dept failing this standard will fail accreditation. |
| 29. | The Trust must ensure patients are treated with dignity and respect at all times. | DoN | Ciro Rinaldi | Must Do | Objective – Patients Work stream – Improve patient experience | | Executive Team ⬆ QSOG | QGC | Improvement work (described in 19 &23) is focussed on improving the patient flow through the ED to prevent patients being cared for in inappropriate areas. The ED accreditation process occurs monthly |

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| | | | Debbie Pook David Cleave | | | | | | and gives oversight of all aspects of care and safety in the department. The DoN has reviewed the detailed improvement plans, developed by the Division. An amended process has been put in place to ensure actions are being implemented and have a sustained positive impact. With specific focus on regular rounding and ensuring care is delivered in appropriate areas. The DoN/Dep DoN have met and discussed with the Divisional and local ward team where the specific incident was highlighted by CQC, to share her expectations of patient care. This is being continuously monitored through the nursing quality processes including daily golden hour, ward accreditation and patient experience visits by the quality matrons. The revised WA 2020 standards includes expectation that information relating to dignity, respect and compassion is included in ward/department safety huddles. DoN has a weekly trust-wide meeting with ward/dept. Sisters and Charge Nurses and has discussed further actions. As a result, a trust-wide programme of work 'what matters to me most' is being developed and rolled out. |
| 30. | Ensure beds ring-fenced for non-invasive ventilation and for thrombolysis are available for these patients and have trained, competent staff always available. | COO | Ciro Rinaldi Debbie Pook David Cleave | Must Do | Objective – Patients Work stream – Improve clinical outcomes | | Performance Reviews ⬆ Divisional Boards | FPEC | The Trust has NIV and stroke ring-fenced beds on both the Pilgrim and Lincoln sites. A new process has been implemented whereby if a ring-fenced bed is used to outlie a patient due to capacity constraints, the capacity team work with the Consultants and business units to re-create alternative ring-fenced capacity within 2 hours. NIV bed availability have improved significantly over recent months and this can be demonstrated through the national data submission. Ring-fenced capacity availability is audited twice a day 0800 and 1200 as part of the national audit. To ensure that clinicians and managers are aware of the ring-fenced capacity position, an email is distributed daily outlining this information. |

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| | | | | | | | | | These new processes are documented in the newly developed Clinical Operational Flow Policy which has recently been approved. |
| 31. | The Trust should ensure an up to date policy and training to staff in the cardiac catheter lab is implemented for the use of conscious sedation for patients. | DoN | tbc | Should Do | No | Medicine- Divisional IIP  Objective – Patients  Work stream – Improve clinical outcomes | Performance Reviews ⬆ Divisional Boards | QGC | Conscious sedation policy has been written and is in the final stages of the Trust agreed governance sign off process.  Expected completion end March 2020. |
| 32. | The Trust should ensure that patient notes and confidential information are stored securely. | MD | tbc | Should Do | No | Medicine - Divisional IIP  Objective – Services  Work stream – Enhanced data and digital capability | Performance Reviews ⬆ Divisional Boards | FPEC | Patient records committee to oversee specific of incident that generated this situation and ensure the issues are resolved and that information regarding good practice is shared across the Trust.  Accreditation process review safe storage of patient confidential information. Forensic analysis of this standard to be undertaken, themes and learning to be shared with ward and dept. teams through the DoN weekly meeting with sisters and charge nurses. |
| 33. | The Trust should ensure that there is an inpatient adult pain team that is sufficiently staffed for patients to be referred to. | DoN | tbc | Should Do | Objective – Patients  Work stream – Improve patient experience | | Executive Team ⬆ QSOG | QGC | Adult pain team is in place and visiting patients.  DoN has met with nurses from the team to offer personal support and link them with high performing teams in other Trusts.  Review of service at 6 and 12 months is scheduled to ensure appropriate service specification, capacity and capability of team to meet patient needs. |
| 34. | The Trust should ensure patients are appropriately assessed for self-administration of medicines and that their own medicines are in date. | MD | tbc | Should Do | Objective – Patients  Work stream – Harm free care | | Executive Team ⬆ QSOG | QGC | All actions as action 28.  The Medicines Quality Group has been designed to address and have oversight of the issues relating to medicine safety and administration, reconciliation. |
| 35. | The Trust should establish a process that identifies patients on MEAU that require a specialist consultant review. | COO | Ciro Rinaldi  Debbie Pook  David Cleave | Should Do | No | Medicine -Divisional IIP  Objective – Patients  Work stream – Improve clinical outcomes | Performance Reviews ⬆ Divisional Boards | FPEC | This is achieved through Red2Green, SAFER and ward/board rounds. |
| 36. | The Trust should consider reducing the amount of patient moves during the night. | COO | Ciro Rinaldi | Should Do | Objective-Services  Work stream- Evidence based care pathways | | Executive Team | FPEC | This information is collected on WebV Trust system. Patients in an assessment area are transferred to base wards 24 hours a day, however transfers out of base ward areas, unless clinically determined, are |

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| | | | Debbie Pook<br><br>David Cleave | | | | | | minimised.  The use of the information captured on WebV requires more development to ensure there is adequate monitoring.<br><br>The process is described in the newly approved Clinical Operations Policy. |
| 37. | The Trust should review arrangements for discharge to ensure that there are no delays due to transport or waits for to take away medications. | COO | Ciro Rinaldi<br><br>Debbie Pook<br><br>David Cleave | Should Do | Objective-Services<br><br>Work stream- Evidence based care pathways | | Executive Team | FPEC | This is part of the Red2Green actions which are reviewed twice daily by the improvement work stream and fed back into capacity meetings.  Early escalation means that issues can be dealt with promptly ensuring that patients are able to progress through their pathway as swiftly as possible.  There has been an increase in the number of patients identified for discharge at 10am which can be attributed to the introduction of Red2Green. The plan over the next 8 weeks is to embed this practice within CBUs to ensure sustainability.<br><br>MADE events have happened in January on the Lincoln and Pilgrim sites and are scheduled through to mid-year and have enhanced partnership working. |
| 38. | The Trust should ensure robust communication and referral standards in the IAC are established so that senior staff understand who is responsible for each patient and to reduce delays in specialist review. | COO | Ciro Rinaldi<br><br>Debbie Pook<br><br>David Cleave | Should Do | No | Medicine – Divisional Plan<br><br>Objective – Services<br><br>Work stream – Improve clinical outcomes | Performance Reviews<br><br>⬆<br><br>Divisional Boards | FPEC | There is an IAC SOP in place.  The review date for this is January 2020 and it is currently under review. |
| 39. | The Trust should ensure the leadership team in the stroke service are supported to resolve the backlog of open incident reports. | MD | Ciro Rinaldi<br><br>Debbie Pook<br><br>David Cleave | Should Do | No | Medicine- Divisional IIP<br><br>Objective – People<br><br>Work stream – Well Led | Performance Reviews<br><br>⬆<br><br>Divisional Boards | QGC | There is a programme of work to reduce the back log of all incident reports, these are steadily reducing. |
| 40. | The Trust should consider implementing more robust medical handover processes for patients being cared for as inpatients on haematology or oncology wards. | MD | tbc | Should Do | No | Medicine – Divisional IIP<br><br>Objective – Services<br><br>Work stream – Evidence based care pathways | Performance Reviews<br><br>⬆<br><br>Divisional Boards | FPEC | A paper based process for medical handover has been trialled a review is being undertaken to see how this could be implemented.<br><br>An electronic tool is available as part of the electronic observation tool the Trust will be using and once in place this will be rolled out as a priority. |
| 41. | The Trust should review medical staffing on the IAC so that junior doctors have appropriate | COO | Ciro Rinaldi | Should Do | No | Medicine Divisional IIP<br><br>⬆ | Performance Reviews | FPEC | A workforce review is to be undertaken which will identify the requirements needing to be built into a training programme and clarity around competence. |

| Ref No | Action | Executive Lead | Divisional Lead | Must Do / Should Do | Is action covered by Integrated Improvement Plan? If Yes, which section? | If No- where should the action sit? | Reporting/ monitoring group | Assurance Committee | Progress January 2020 |
|---|---|---|---|---|---|---|---|---|---|
| | support and can provide care safely within their abilities. | | Debbie Pook<br><br>David Cleave | | | Objective – People<br><br>Work stream – Modern, progressive workforce | Divisional Boards | | |
| **Children and Young People's Services** | | | | | | | | | |
| 42. | The Trust must ensure there are suitable arrangements in place to support people who are in a transition phase between services and/or other providers. | DoN | Suganthi Joachim<br><br>Simon Hallion<br><br>Penny Snowden | Must Do | Objective – Services<br><br>Work stream – Evidence based care pathways | | Executive Team<br><br>⬆<br>QSOG | QGC | ULHT have joined Cohort 3 of the NHSE/I Improving Healthcare Transition Programme to improve transition services.  Benchmark against national standards completed.<br>The programme commences January 2020 with DoN as executive sponsor.<br>The ToR, membership, chair and functionality of the Trust-wide Children & Young Group were reviewed in October 2019 and the group re-established and includes membership from the CCG Chief Nurse.  The group works in close relationship with the system-wide Children & Young People Transformation Group, which is chaired by the CCG. |
| 43. | The Trust must ensure all staff comply with good hand hygiene practice. | DoN | Suganthi Joachim<br><br>Simon Hallion<br><br>Penny Snowden | Must Do | Objective – Patients<br><br>Work stream- Harm free care | | Executive Team<br><br>⬆<br>QSOG | QGC | Joint matron and domestic supervision cleanliness inspections in place.  Ward compliance report now in place to focus on improvement which is discussed at 1-1 between matron and ward manager.  Compliance has improved and improvement noted on a recent NHSI visit.  Saving Lives data submitted and reviewed.  Action plans in place for all metric that require improving with monthly monitoring.  Matron's clinical dashboards in place. |
| 44. | The Trust should ensure that they have robust procedures and processes that make sure that people are protected. Safeguarding must have the right level of scrutiny and oversight with overall responsibility held by the board. | DoN | tbc | Must Do | Objective- Patients<br><br>Work stream – Harm free care | | Executive Team<br><br>⬆<br>QSOG | QGC | Monthly supervision in place for all staff.  A medical lead for safeguarding in place.  The children's named nurse in receipt of regular supervision.  Governance process in place.  Not all of the Trust's Children's Safeguarding policies are up to date due to capacity within the team. |
| 45. | The Trust should ensure children's safeguarding lead is in receipt of regular one to one safeguarding supervision. | DoN | tbc | Must Do | Objective- Patients<br><br>Work stream – Harm free care | | Executive Team<br><br>⬆<br>QSOG | QGC | Please see reference number 44.  Frequency of supervision being monitored by the safeguarding lead's line manager. |
| 46. | The Trust should ensure staff are in receipt of regular group supervision. | DoN | tbc | Must Do | Objective –Patients<br><br>Work stream – Harm free care | | Executive Team<br><br>⬆<br>QSOG | QGC | Safeguarding supervision is provided to nursing and medical staff through the children's safeguarding lead and team.<br><br>Ensuring that there is appropriate uptake of supervision is being monitored through the safeguarding group. |
| 47. | The Trust should ensure there is a medical lead for safeguarding. | MD | tbc | Must Do | Objective – Patients<br><br>Work stream – Harm free care | | Executive Team<br><br>⬆<br>QSOG | QGC | Completed.  Please see reference number 44. |

| Ref No | Action | Executive Lead | Divisional Lead | Must Do / Should Do | Is action covered by Integrated Improvement Plan? If Yes, which section? | If No- where should the action sit? | Reporting/ monitoring group | Assurance Committee | Progress January 2020 |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | The lead for paediatric safeguarding is Dr Margaret Crawford who has allocated PA time for this role. There is a Trust Wide non-medical lead that is responsible for all safeguarding issues and co-ordinates appropriate professional responses as required. |
| 48. | The Trust should ensure plans are in place to assess staff adherence to infection prevention and control principles, in particular in relation to infection control high impact interventions. | DoN | tbc | Should Do | Objective – Patients Work stream- Harm free care | | Executive Team ⬆ QSOG | QGC | Comprehensive plans for oversight of staff adherence to IPC requirements is through both the IPC team and nursing quality process eg golden hour, IPC audit, quality metrics (SQD). These are reported through to Divisional governance and IPC Group. |
| 49. | The Trust should ensure it improves the separation of children and young people from adults in the operating recovery areas. | COO | Suganthi Joachim Simon Hallion Penny Snowden | Should Do | No | Surgical Division | Performance Reviews ⬆ Divisional Boards | QGC | This is now fully compliant on both the Lincoln and Pilgrim sites. Unannounced audits undertaken by the Quality Matron Team to ensure compliance is maintained and reported through the Children and Young People's Group. Accreditation programme for operating theatres in development and will include this as a standard. Completion and pilot due in Q1/Q2 of 2020/21 |
| 50. | The Trust should review the provision of paediatric emergency drugs in the operating theatres. | MD | Suganthi Joachim | Should Do | No | Surgical – Divisional IIP Objective – Patients Work stream- Deliver harm free care | Performance Reviews ⬆ QSOG | QGC | This review was undertaken by Dr Joachim following the CQC visit. The conclusion was the current arrangements are appropriate. |
| 51. | The Trust should improve processes for the communication of learning from incidents to ensure they are robust. | MD | tbc | Should Do | Objective – Patients Work stream – Harm free care | | Executive Team ⬆ QSOG | QGC | A variety of methods are currently used, this will be developed further as part of the Safety Culture work stream. |
| 52. | The Trust should improve facilities for children and young people visiting adult outpatient areas. | Director of Estates and Facilities | Suganthi Joachim Simon Hallion Penny Snowden | Should Do | No | Family Health- Divisional IIP Objective – Services Work stream – Evidence based care pathways | Performance Reviews ⬆ Divisional Boards | QGC | A programme of improvement work related to the 'hidden child' i.e. those children who experience care outside Children's Services, is in place led by the paediatric lead nurse. Where children will be attending for appointments, clinical areas will be checked to ensure they are age group appropriate for children and young people. This work is monitored through the Children and Young People's Group. The Trust will undertake an audit of outpatient physical environments to develop a strategy to comply with HBN12 Outpatients Departments. Focus will be on developing measures to deliver environments appropriate for children and young people who are visiting adult outpatient areas that |

| Ref No | Action | Executive Lead | Divisional Lead | Must Do / Should Do | Is action covered by Integrated Improvement Plan? If Yes, which section? | If No- where should the action sit? | Reporting/ monitoring group | Assurance Committee | Progress January 2020 |
|--------|--------|----------------|-----------------|---------------------|--------------------------------------------------------------------------|-------------------------------------|-----------------------------|---------------------|-----------------------|
| | | | | | | | | | address the best practice found in guidance such as 'Friendly healthcare environments for children and young people'(NHS Estates, 2003) and HBN 23, 'Hospital accommodation for children and young people'. The Trust recognises that children may accompany adults to an OPD and will seek to have suitable play and recreational equipment, provision of access to infant/baby feeding and access to nappy changing facilities for parents. |
| 53. | The Trust should improve systems for alerting staff to patients such as those with a learning disability, or autism, who may need adjustments to improve access to care and services. | DoN | Penny Snowden | Should Do | Objective – Patients  Work stream – Harm free care (vulnerable patients) | | Executive Team ⬆ QSOG | QGC | Specialist nurse in place. Sensory room created on Ward 4A, Pilgrim Hospital. Sensory room already in place at Kingfisher, Grantham District Hospital. Proposal to utilise the doctor's office on Rainforest being progressed. Benchmarked against LD standards recently completed and sent to DCN. |
| 54. | The Trust should improve training of staff in the requirements of children and young people with learning disabilities and/or autism. | DoN | Suganthi Joachim  Penny Snowden | Should Do | Objective – Patients  Work stream – Harm free care (vulnerable patients) | | Executive Team ⬆ QSOG | QGC | Autism and ADHD training now in place with some staff accessing LCC facilitated training. Quarterly training which has been opened to staff in theatres and ED is planned from May 2020. |
| Critical Care | | | | | | | | | |
| 55. | The Trust should ensure there is adequate pharmacist cover for the critical care unit at Lincoln Hospital. | MD | Colin Costello | Should Do | No | Surgical/CSS - Divisional IIP's  Objective – Patients  Work stream- Improve clinical outcomes | Performance Reviews ⬆ Divisional Boards | FPEC | MD to agree with Chief Pharmacist how this will be achieved |
| 56. | The Trust should ensure a pharmacist attends multidisciplinary ward handover meeting daily. | MD | Colin Costello | Should Do | Objective – Patients  Work stream- Improve clinical outcomes | | Executive Team ⬆ QSOG | FPEC | MD to agree with Chief Pharmacist how this will be achieved |
| 57. | The Trust should ensure therapist cover includes dietetics, physiotherapists and speech and language therapists seven days a week. | COO | tbc | Should Do | No | CSS -Divisional IIP  Objective – Services  Work stream – Evidence based care pathways | Performance Reviews ⬆ Divisional Boards | FPEC | 7 day Physiotherapy provision in place on ICU SaLT recruitment improving.  Meeting with ICU colleagues to progress business case for SaLT and Dietetic provision to the units. (As per comments in 27) |
| 58. | The Trust should ensure the new senior leadership team has oversight of the critical care unit, as this level was not currently robust. | COO | Catherine ODwyer  Mark Lacey | Should Do | No | Surgical- Divisional IIP  Objective- People | Performance Reviews ⬆ Divisional Boards | FPEC | Completed. Evidence to be provided.  Monthly CBU performance meetings in place. Monthly Divisional Clinical Governance meetings in place. |

| Ref No | Action | Executive Lead | Divisional Lead | Must Do / Should Do | Is action covered by Integrated Improvement Plan? If Yes, which section? | If No- where should the action sit? | Reporting/ monitoring group | Assurance Committee | Progress January 2020 |
|---|---|---|---|---|---|---|---|---|---|
| | | | Roz Howie | | | Work stream- Well led | | | |
| 59. | The Trust should ensure finances for the ventilator replacement programme. | DoF | Jonathan Young | Should Do | No | Surgical- Divisional IIP<br><br>Objective – Services<br><br>Work stream- Efficient use of resources | Performance Reviews<br>⬆<br>Divisional Boards | FPEC | This will form part of the 20/21 budgeting process on a risk managed basis. |
| 60. | The Trust should consider identifying support with staff moves to improve morale on the unit.(Lincoln ICU) | HRD | Catherine ODwyer<br><br>Roz Howie | Should Do | No | Surgical Divisional IIP<br><br>Objective- People<br><br>Work stream- Make ULHT best place to work | Performance Reviews<br>⬆<br>Divisional Boards | WOD | Issue has been raised with DoN who has visited the ICU to discuss with the nursing team. Process in place to ensure staff are only moved when necessary.<br>Moving staff to ensure overall patient safety is an inevitability due to Trust Wide staffing levels. We are looking at minimising the impact on staff skill levels to address a key issue affecting morale. |
| 61. | The Trust should ensure staff record all patient care such as oral care and tissue viability assessments on the clinical information system to assure managers these have been carried out. | DoN | Roz Howie | Should Do | No | Surgical – Divisional IIP<br><br>Objective – Services<br><br>Work stream- Enhance data and digital capability | Performance Reviews<br>⬆<br>Divisional Boards | QGC | Accountability Handover process being rolled out through the Trust which ensures all actions from previous shift have been undertaken and documented<br>Accreditation process for ICU in final stages of development, which will audit care and documentation processes. |
| 62. | The Trust should ensure a pharmacist attends the Pilgrim Hospital critical care unit daily multidisciplinary handover meeting. | MD | Colin Costello | Should Do | No | Surgical and CSS- Divisional IIP's<br><br>Objective – Patients<br><br>Work stream – Improve clinical outcomes | Performance Reviews<br>⬆<br>Divisional Boards | FPEC | MD to pick up with Chief Pharmacist |
| 63. | The Trust should ensure a critical care pharmacist attends the Pilgrim Hospital critical care unit for an agreed time each week to review patient medicines. | MD | Colin Costello | Should Do | No | Surgical and CSS - Divisional IIP's<br><br>Objective –Patients<br><br>Work stream- Improve clinical outcomes | Performance Reviews<br>⬆<br>Divisional Boards | FPEC | MD to pick up with Chief Pharmacist |
| 64. | The Trust should ensure the on-call pharmacist is available to attend the Pilgrim Hospital critical care unit when necessary. | MD | Colin Costello | Should Do | No | Surgical and CSS - Divisional IIP's<br><br>Objective –Patients | Performance Reviews<br>⬆<br>Divisional Boards | FPEC | MD to pick up with Chief Pharmacist |

| Ref No | Action | Executive Lead | Divisional Lead | Must Do / Should Do | Is action covered by Integrated Improvement Plan? If Yes, which section? | If No- where should the action sit? | Reporting/ monitoring group | Assurance Committee | Progress January 2020 |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Work stream- Improve clinical outcomes | | | |
| 65. | The Trust should ensure swallowing assessments are carried out to prevent delays with patient weaning. | DoN | tbc | Should Do | No | Surgical -Divisional IIP  Objective – Patients  Work stream- Improve clinical outcomes | Performance Reviews/QSOG ⬆ Divisional Boards | QGC | Improvements to access of SaLT team being undertaken as per actions 27 & 57.  Training and competency assessment programme for swallow assessments, undertaken by nursing staff, in place. Expectation to get to situation where all areas which may have patients who require swallow assessments will at least 1 member of staff, each shift, who has appropriate competency. Reviewing if this can be captured on the electronic Health roster system to give transparency. |
| 66. | The Trust should ensure policies and guidelines used by critical care staff are within review dates and dated to ensure they are in line with the most recent national guidance. | MD | Catherine ODwyer  Mark Lacey  Roz Howie | Should Do | Objective – People  Work stream- Well led | | Executive Team (monthly IIP oversight) | QGC | A work stream is in place to review all clinical guidelines.  These will be prioritised.  As per action 12. |
| 67. | The Trust should consider administrative support for risk and governance for the Pilgrim Hospital critical care service. | MD | Catherine ODwyer  Mark Lacey  Roz Howie | Should Do | Objective – People  Work stream – Well led | | Performance Reviews ⬆ Divisional Boards | QGC | The administrative support for risk and governance was recently reviewed, there are some vacant posts awaiting recruitment.  The way this work is undertaken will be reviewed |
| Maternity | | | | | | | | | |
| 68. | The Trust should ensure they continually review audits and implement measures to improve patient outcomes for low performance metrics. | MD | Suganthi Joachim  Simon Hallion  Penny Snowden | Should Do | Objective – Patients  Work stream – Improve clinical outcomes | Family Health - Divisional IIP | Executive Team ⬆ QSOG | QGC | Audits are reviewed, action plans produced and tracked.  As per action 12 |
| 69. | The Trust should ensure mandatory training is completed by medical staff in line with Trust policy, in particular mental capacity and deprivation of liberty safeguarding training. | MD | Suganthi Joachim | Should Do | Objective – People  Work stream- Modern, Progressive workforce | | Performance Reviews ⬆ Divisional Boards | WOD | Divisional team reviewing internal process to make sure that all staff are compliant with training. |
| 70. | The Trust should ensure they implement systems to monitor waiting times in line with national standards. | COO | Suganthi Joachim  Simon Hallion  Penny Snowden | Should Do | No | Family Health- Divisional IIP  Objective – Services  Work stream- Enhance data and digital capability | Performance Reviews ⬆ Divisional Boards | FPEC | It should be noted that there are no national standards regarding this despite the CQC report narrative.  However, audit of waiting times has been commenced.  To improve responsiveness, there is an improvement project team developing a triage system which will include the Birmingham Obstetric Triage System and a helpline is also being developed. |

| Ref No | Action | Executive Lead | Divisional Lead | Must Do / Should Do | Is action covered by Integrated Improvement Plan? If Yes, which section? | If No- where should the action sit? | Reporting/ monitoring group | Assurance Committee | Progress January 2020 |
|---|---|---|---|---|---|---|---|---|---|
| 71. | The Trust should ensure risks are clearly identified and documented in an appropriate format. | MD | Suganthi Joachim

Simon Hallion

Penny Snowden | Should Do | Objective – People

Work stream -Well Led | Family Health- Divisional IIP | Performance Reviews ⬆ Divisional Boards | QGC | Deep dive completed over the Summer and awaiting for all risks to be uploaded. Meeting with governance team to address and trajectory for completion requested. Flow chart for how the Division will monitor the risk register completed and disseminated across the Division. |
| 72. | The Trust should ensure they collect data relating to the percentage of women seen by a midwife within 30 minutes and if necessary by a consultant within 60 minutes during labour. | DoF (Data issue) | tbc | Should Do | No | Family Health- Divisional IIP

Objective – Services

Work stream – Enhance data and digital capability | Performance Reviews ⬆ Divisional Boards | QGC | Data collected relating to admission and time seen in AAU, however most labouring women are seen on labour ward. Current situation is: The trust has considered implementing a triage system by using the traffic light system, however women are seen within the specified times frames so a triage system is not used and currently data is not collected. Should the timeframe to be seen by either midwife or consultant exceed the recommendations an incident report through datix would be completed and the incident reviewed and responded to. An audit review is being developed to demonstrate compliance. |
| 73. | The Trust should ensure labour ward coordinators are supernumerary in line with national guidance. | DoN | Penny Snowden | Should Do | No | Family Health – Divisional IIP

Objective – People

Work stream – Modern, progressive workforce | Performance Reviews ⬆ Divisional Boards | WOD | Supernumerary status being audited and now captured on Maternity Dashboard. Clarity of supernumerary status provided to staff. Improvement work regarding triage commenced which will free the labour ward co-ordinator up. New matron now in post to lead improvement. Action plan for all red flags in place. |
| 74. | The Trust should continually review audits and implement measures to improve patient outcomes for low performance metrics. This include still birth rates, proportion of women having induction of labour and proportion of blood loss (greater than 1500mls). | MD | Suganthi Joachim

Simon Hallion

Penny Snowden | Should Do | No | Family Health - Divisional IIP

Objective – Patients

Work stream - Improve clinical outcomes | Performance Reviews ⬆ Divisional Boards | QGC | Stillbirth rates reduced to below the national average. Induction of labour rates remain higher than national average. As Task & Finish Group is in place to drive improvement. PPH audits undertaken and improvement group to be established. All clinical metrics discussed at specialty governance meetings. Paper on IOL rates presented to Quality Governance Committee. |

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| To: | **ULHT Trust Board** |
|---|---|
| **From:** | Mark Brassington |
| **Date:** | 4ᵗʰ February 2020 |
| **Title:** | Integrated Improvement Plan |

**Responsible Director:** Mark Brassington, Director of Integration and Improvement

Author: Julie Pipes, Deputy Director Clinical Strategy and Transformation

**Purpose of the Report:**
The purpose of this paper is to ask the Trust Board to approve the Integrated Improvement Plan (IIP) for 2020 to 2025 and to approve for it to be taken forward into delivery via the "IIP 2020-25 launch" described within this paper.

**The Report is provided to the Executive Team  for:**

| Decision | | Discussion | |
|---|---|---|---|
| Assurance | | Information | |

**Summary/Key Points**
1. The IIP is the single vehicle that ULHT will adopt to deliver improvements for patients, staff and ULHT as an organisation
2. The IIP outlines in simple terms the strategic objectives for the next 5 years (2020 to 2025), and translates this into actions that will be prioritised for delivery in the first year 2020.
3. The Programme Management Office (PMO) will monitor delivery of the IIP against key milestones, and this will be supported by a robust governance and assurance framework that will provide assurance to the Trust Board that the IIP is being delivered with performance against Key Performance Indicators and agreed measures for success.
4. It is critical that all staff have the opportunity to understand what the IIP is, what is contained within it and how they themselves can contribute to the successful delivery of the IIP.  To enable this, a focussed programme is being established to formally launch the IIP across all hospital sites.

**Recommendations:**
The Trust Board is recommended to:

• Approve the Integrated Improvement Plan for adoption and delivery
• Agree the proposed plan for launching the Integrated Improvement Plan with ULHT staff at each of the Hospital sites
• Note the approach explained in appendix 1 to oversee the delivery of the IIP

.

# 1. Purpose of this paper

The purpose of this paper is to share the Integrated Improvement Plan (IIP) with the Trust Board, and to request the Trust Board to approve the plan and for it to be taken forward into delivery via the "IIP launch" described within this paper.

# 2. What is the IIP (Integrated Improvement Plan)

The IIP is the single vehicle that ULHT will adopt to deliver improvements for our patients, our staff, quality of services, reduced waiting times, workforce sustainability and financial improvement. We will work with our system partners to deliver the wider aligned system plans together with our IIP.

The IIP, which is attached as appendix 1, sets out a simplified strategy for ULHT, around our strategic objectives for patients, people, services and partners, supported by a robust delivery and planning framework. It explains the 5-year strategy for ULHT, and outlines the priorities for delivery in year one (2020/21), with measures for success that will keep delivery on track. Delivery of the plan will be overseen through the organisations PMO (Programme Management Office), supported by the governance framework described on slides 17 & 18 of appendix 1. This clearly highlights how the Trust Board will receive assurance in relation to delivery of the IIP.

The IIP will be used by the organisation to prioritise the alignment of resource, and to address risk, thus maximising the use of resource to mitigate clinical risk.

The IIP will be mapped against the Divisions and Clinical Business Units capacity and resource, thus challenging the ability to deliver the plan, and the Divisions will use the IIP to inform their annual planning process, as we introduce a "golden thread" through the organisations strategic and annual planning process.

# 3. Next Steps: Launching the Integrated Improvement Plan

It widely known through academic study, and in practice that involving staff in discussions that may affect their area of work is seen as a positive and the feeling of inclusion sparks enthusiasm and increases staff morale. We need to give all of our staff an opportunity to fully understand what the IIP is, what it is hoping to achieve and how our staff can contribute to these improvements. In addition, our staff would like to understand more about the improvement tools we are rolling out in the QSIR (Quality Service Improvement & Redesign) programme, what QSIR is and how they can use these tools in their workplace.

Therefore, we are planning a programme of focussed conversation events throughout the month of March 2020 to share the IIP with our staff at each of the ULHT Hospital sites.

Our ambition is to meet with at least 80% (c.6,500) of staff in face to face discussions led by executives and their deputies.

Each of the "***IIP conversation events***" will be led by an Executive Director or a named deputy and will include, but not be limited to the following:

- Outlining the case for change including feedback from the staff survey

- Sharing the successes to date with staff

- Explaining in detail what the Trust Strategy & IIP is, the detail within it and the priorities for delivery in year 1 (2020)

- Share with staff the new Executive portfolio details,  and how this will support the organisation to deliver the IIP

- What we mean by "System Working with Partners"

- An awareness of the "improvement tools" we have to support staff to make improvement and to deliver the IIP

The conversation events in March will be the start of enhanced communication, engagement and inclusion processes with our staff to share progress against delivery in year one, to help with prioritisation of work streams for year 2, and to refresh the IIP year on year. Through this approach we hope to empower our staff to contribute and to deliver improvement.

## 4.  Recommendations for the Trust Board

This is clearly a challenging programme to deliver, however, it is essential that we do deliver this programme of communication and engagement and embed year one of the IIP into our divisional plans.

The Trust Board is asked therefore:
- To approve the Integrated Improvement Plan for adoption and delivery
- To Agree the proposed plan for launching the Integrated Improvement Plan with staff at each of the Hospital sites
- To note the approach explained in appendix 1 to oversee the delivery of the IIP
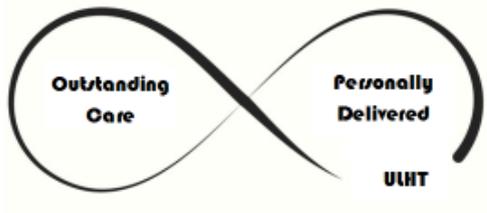
# Outstanding Care, Personally Delivered

*Our Integrated Improvement Plan*
2020-2025

**Patient centred** ∎ **Excellence** ∎ **Respect** ∎ **Compassion** ∎ **Safety**

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# Introduction



Welcome to our 5 year Integrated Improvement Plan. This strategic plan, and the Divisional plans which underpin it, mark an important step forward for our Trust.

It identifies the key priorities for the Trust over the next 5 years (2020-2025), ensuring we are focused on the right things for both our patients and our staff.

Having focussed considerable time and effort on delivering some immediate improvements and tackling some of our most urgent quality and safety issues we are now seeking to move from a short-term, reactive approach to quality and safety to a more comprehensive and planned approach.

This streamlined approach will help to make a real difference for our patients and support you, our staff to deliver the high standards of care to which we all aspire.

Effective partnerships across the Lincolnshire health community are vital for achieving our overall goals and we are committed to working as one health and care system.

Whether you are a patient, carer, member of staff or anyone else with an interest in the quality and safety of local health care, we hope you will find in these pages a clear statement of our intent, a strong commitment to continual improvement and a realistic and easy to follow route map of the next stages of our improvement journey.

Elaine Baylis,
Chair

Andrew Morgan,
CEO

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# How we define Quality and our approach to Continuous Quality Improvement

Quality must be the organising principle of our health and care service. It is what matters most to people who use services and what motivates and unites everyone working in health and care.

Continuous Quality Improvement (CQI) has been shown to deliver better patient outcomes and improved operational, organisational and financial performance when led effectively, embedded through an organisation and supported by systems and training.

Improving quality is continuously evaluating and improving what we do to make it better for all our patients. To deliver this it is key that all staff are empowered to lead and make improvements in their everyday work and that all performance and outcomes are measured and monitored in a systematic manner.

We are taking an organisation wide approach to CQI which will ensure that local activities are aligned, coordinated and appropriately resourced.

**We will support our staff to deliver improvements through**

- Providing a supportive working environment where we all have the opportunity to suggest ideas for quality improvement.

- Providing support for staff to be involved and lead their improvements to improve things for our patients and our staff.

- Providing the right level of Quality, Service Improvement and Redesign (QSIR) training to support colleagues to feel confident to improve quality.

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## Examples of Success:

## Strong clinical leadership makes our organisation safer for our patients

**Improving our Hospital Standardised Mortality Ratio (HSMR)**

ULHT was one of 14 Trusts identified in the national Keogh Review in 2013 as having a high HSMR. The expected value was 100 and for ULHT it was 113. To reduce our HSMR and achieve our pledge of eradicating preventable deaths, we developed and implemented a wide ranging programme of work with strong clinical leadership.

This included;

- Effective mortality review programme to identify areas for improvement
- A focus on complete and accurate clinical documentation and coding
- A focus on the delivery of high quality evidence based care ensuring patients get the care in their optimum setting in the health and social care system
- Effective governance structures with clear oversight to monitor performance, delivery of actions being taken and the impact of these
- System-wide working across Lincolnshire to improve care and identify shared learning

Our HSMR has been consistently below 100 since September 2018. This places us in the top 28% of Trusts nationally. This means we have become a safer organisation.

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**Examples of Success:**

**Strong clinical leadership makes our organisation more responsive**

**Reconfiguration of Trauma & Orthopaedic services**

Through our close working with the Get It Right First Time team we were selected in 2017, due to our clinical engagement in the programme, as a demonstrator site for the 'hot' (trauma) and 'cold' (elective) site reconfiguration model. The aim of the trial was to ensure a better patient and staff experience for elective and trauma care.

The aims were to reduce;

- cancellations due to general beds
- the length of time patients need to stay in hospital
- wait times for trauma and elective surgery
- Improve patient and staff satisfaction

Through strong clinical leadership, flexibility from staff and support across Lincolnshire we were able to transform orthopaedic services in 20 weeks. This involved redesigning theatre rotas, how staff booked patients, where staff worked, how patients received their pre-op checks and a range of other key improvements.

During this trial Orthopaedics has reduced their waiting times significantly over 90% are now receiving their care within 18 weeks, enabled more patients to receive their surgery on the planned day (reduced cancellations), reduced length of stay to best in class and on course to compete £2.6m more work this year.

As a result of this work our organisation is a National trailblazer site demonstrating how to rapidly transform an orthopaedic service.

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**NHS Trust**

# Examples of Success:

# We have already delivered some significant improvement through strong clinical leadership

**Medical Recruitment across the Emergency Departments**

For many years we have struggled to recruit sufficient staff for us to maintain safe rotas across our three Emergency Departments (ED). At the beginning of 2018/19 50% of our medical posts across our EDs were vacant.

During 2018 we were able to secure significant clinical support to strengthen our recruitment efforts. This included;

- Securing external clinical support to coordinate our programme
- Refreshed our offer to new recruits
- Revising our approach to in-house CESR training and rotations
- Reviewed our relocation packages
- Provided a highly supportive onboarding programme

Due to this campaign the following has been achieved

- Improved clinical leadership through the appointment of a Trust wide Clinical Lead, and site based Deputy Clinical Leads
- Appointment of 14.1 WTE consultants
- Appointment of 24 WTE middle grades (14 waiting start dates) all following a CESR training programme

If all new starters arrive the vacancy rate will be below 10% by the end of March 2020. The next challenge will be the completion of their training programme which will take a further 12-18 months.

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**Examples of Success:**

**We have already delivered some significant improvement through strong clinical leadership**

**Ward Accreditation**

For many years the Trust was challenged with variability in delivering safe, high-quality patient care and experience. This variation was also visible in the leadership of our ward and department managers who were not always clear on what their focus should be or how to deliver sustainable improvements.

In 2017 we implemented a model of ward accreditation across all adult inpatient areas, which:

- Set out for each ward consistent standards of care, aligned to best practice and our regulatory requirements
- Is a quality performance and accountability framework designed to drive improvements and reduce unwarranted variation in nursing practice and patient experience
- Is integral to the Trusts governance process delivering triangulated assurance.
- Is a model developed in partnership with ward and speciality staff, so has a high degree of organisational ownership
- Includes measurement of staff and patient experience
- Provides a pathway of excellence as wards move through the varying levels of compliance from Red-Amber-Green-Gold, using quality improvement methods

As a result of this work our organisation is a National Exemplar Site for ward accreditation and wards previously described as having poor standards were highlighted for their outstanding practice in the 2019 CQC Hospital Inspection.

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# Why we need to Improve further

Based on feedback we receive from our Patients, Staff and our Partners we know we need to make more progress and improve rapidly in a number of areas.

Our Patients and their families have told us they want to be more involved in decisions about their care and how local services are developed.

In keeping with our Trust values, our Staff want to be able to come to work to deliver excellent patient care and feel respected and valued.

Through working with partners we know we can do more to improve the safety of care we deliver to our patients with improved staffing numbers and a clean and safe environment.

This Integrated Improvement Plan provides the framework for us to deliver these improvements.

Improved environment

Greater involvement in decisions and care

Communication

Respected and valued

Equipped to do a good job

Improve safety

Financial Sustainability

Better staffing

# Our strategic framework 2020-2025 provides our future direction

**Our Integrated Improvement Plan will be at the centre of all we do, supported by our Trust values.**

Patient and staff feedback

CQC Domains

Quality Account

NHS Long Term Plan ( National and local delivery)

Trust wide Integrated Improvement Plan

Trust Strategies

Surgical Division Integrated Improvement Plan

Medical Division Integrated Improvement Plan

Family Health Division Integrated Improvement Plan

Clinical Support Services Integrated Improvement Plan

Corporate Services Integrated Improvement Plan

**Quality Improvement Methodology**

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# Our Integrated Improvement Plan will be aligned to deliver our Strategic Objectives

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| Strategic Objectives | Patients<br>To deliver high quality, safe and responsive **patient** services, shaped by best practice and our communities | People<br>To enable our **people** to lead, work differently and to feel valued, motivated and proud to work at ULHT | Services<br>To ensure that **services** are sustainable, supported by technology and delivered from an improved estate. | Partners<br>To implement new integrated models of care with our partners to improve Lincolnshire's health and well-being. |
|---|---|---|---|---|
| **Our 5 year priorities** | • Deliver Harm Free Care<br>• Improve patient experience<br>• Improve clinical outcomes | • A modern and progressive workforce<br>• Making ULHT the best place to work<br>• Well led services | • Modern, clean and fit for purpose environment<br>• Efficient use of our resources<br>• Enhanced data and digital capability | • Establish new evidence based models of care<br>• Advancing professional practice with partners<br>• To become a University Hospitals Teaching Trust |
| **Our Outcomes** | • HSMR and SHMI are within the top quartile nationally<br>• Patient Surveys in top quartile<br>• Top quartile for national clinical audits and benchmarking<br>• To meet all of our regulatory requirements | • Top quartile for vacancy and turnover rates<br>• Staff Survey results in top quartile<br>• Rated outstanding for Well Led | • Capital funding secured to deliver trust strategies<br>• Financial Plan delivered<br>• Staff will have access to real time data via electronic systems | • All nationally required access standards delivered<br>• A full partner in a functioning ICS<br>• Reduced activity delivered in acute setting<br>• Acute Service Review delivered in partnership<br>• To be a University Hospitals Teaching Trust |

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# Year 1 Workstreams - Patients

**NHS United Lincolnshire Hospitals NHS Trust**

## Deliver harm free care

- 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

- **We will measure this by:**
- 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
- Audits of response to triage, NEWS, MEWS and PEWS
- CQC ratings

## Improve patient experience

- 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.

- **We will measure this by:**
- Gaining 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.

## Improve clinical outcomes

- 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

- **We will measure this by:**
- Numbers of NIV patients receiving timely care.
- Numbers of unplanned ITU admissions
- Monitoring the implementation of GIRFT recommendations.
- Implementation of recommendations with local and National Clinical Audit Reports

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# Year 1 Workstreams - People

**NHS**
United Lincolnshire
Hospitals
NHS Trust

## A modern and progressive workforce

- 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

**We will measure this through:**
- Vacancy rates
- Turnover rates
- Rates of appraisal/mandatory training compliance
- Learning days per staff member
- Staff survey feedback
- Sickness/absence data

## Making ULHT the best place to work

- 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 2020/21 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 will measure this through:**
- 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

## Well Led services

- 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 organisation

**We will measure this through:**
- 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

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# Year 1 Workstreams - Services

NHS
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## A modern, clean and fit for purpose environment

- 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.

- **We will measure this by:**
- 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

## Efficient use of resources

- Delivering £25m CIP programme in 20/21
- Delivering financial plan
- Utilising Model Hospital, Service Line Reporting and Patient Level Costing data to drive focussed improvements
- Implementing the CQC Use of Resources Report recommendations

- **We will measure this by:**
- Delivery of CIP
- Achievement of Financial Plan
- Achievement of Model Hospital opportunities
- Improve service line profitability

## Enhanced data and digital capability

- 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 Kitemark

- **We will measure this by:**
- 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

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# Year 1 Workstreams - Partners

**Establish new evidence based models of care**

- 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

- **We will measure this by:**
- Numbers of new models of care established
- Delivery of ASR Year 1 objectives
- Improvement in Health and Wellbeing metrics

**Advancing professional practice with partners**

- Supporting the expansion of medical training posts
- Support widening access to Nursing, Midwifery and AHP
- Support expansion of Paediatric nursing programme
- Developing Systemwide 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

- **We will measure this by:**
- 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

**To become a University Hospitals Teaching Trust**

- Developing a business case to support the case for change.
- Increasing the number of joint Clinical Academic posts
- Refresh of our Research, Development and Innovation (R,D&I) strategy
- Improving the training environment for medical students and Doctors

- **We will measure this by:**
- Progress with application for University Hospitals Trust status
- Numbers of Clinical Academic posts
- R,D & I strategy and implementation plan agreed by Trust Board
- GMC training survey

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# Governance and monitoring

**Aim: To track and challenge progress, unblock barriers, empower improvement.**

- Each strategic objective will have an Executive SRO , identified leads for each workstream and delivery lead for each project.

- There will be cross cutting Trust level workstreams as well as Divisional level workstreams.

- Divisions will report through their governance structure through to Performance Reviews.

- Support will be provided from a delivery team with oversight by a PMO

- Monthly oversight of the IIP by Executive Team chaired by the CEO

- Programme assurance by Committees of the Trust Board via the Board Assurance Framework with upward reporting to the Trust Board

**Reporting:**

- By exception with highlight report
- Focused on progress against metrics, impact and KPIs
- Success stories shared, impact on patient experience captured
- Risks and issues escalated for intervention

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# Governance- High level assurance framework



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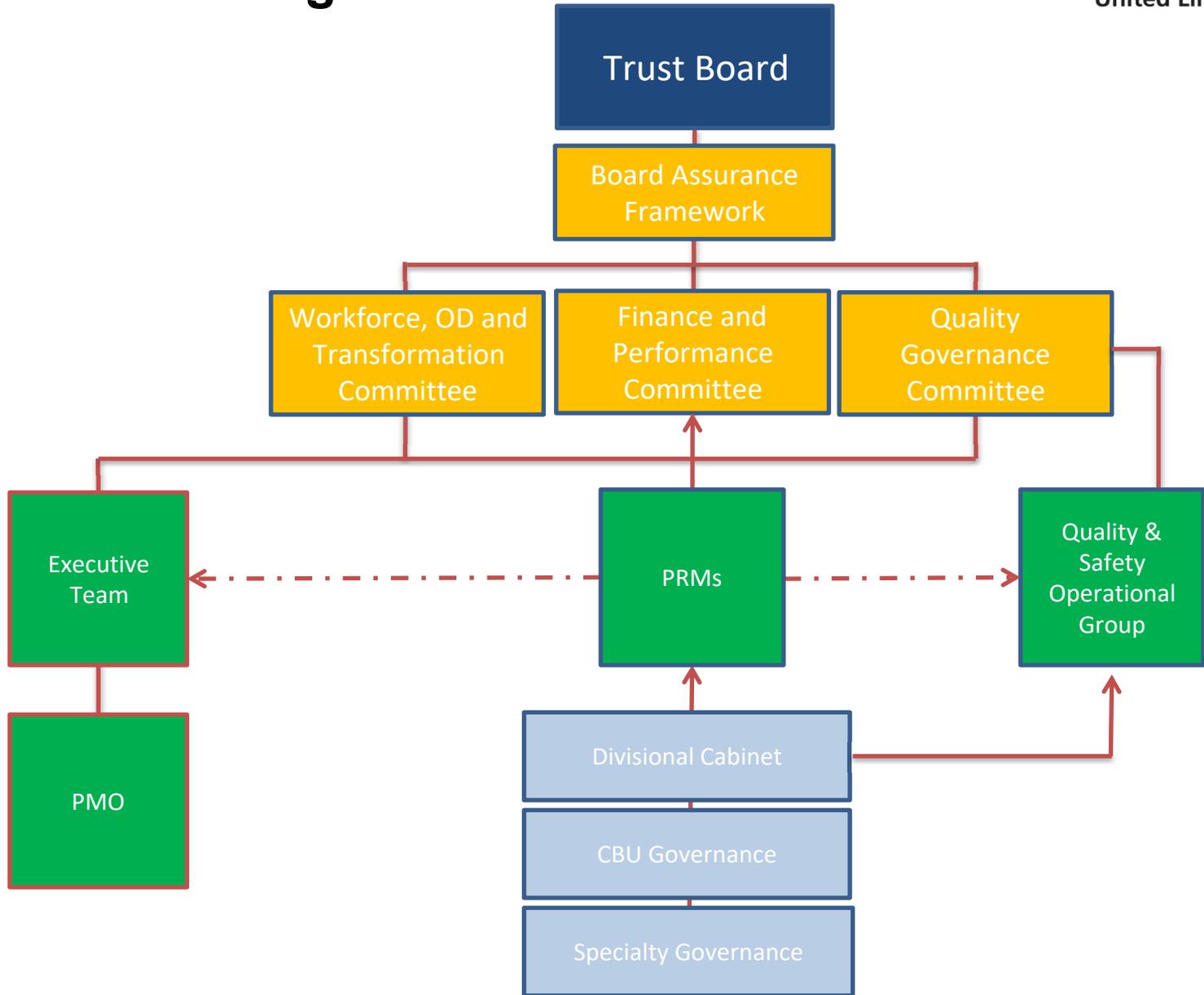
# Glossary

| | | | | |
|---|---|---|---|---|
| AHP | Allied Health professional | | MCA | Mental Capacity Act |
| ASR | Acute Service Review | | NEWS | National Early Warning Score |
| CBU | Clinical Business Unit | | NIV | Non Invasive ventilation |
| CEO | Chief Executive Officer | | PEWS | Paediatric Early Warning Score |
| CESR | Certificate of Eligibility for Specialist Registration | | PLACE | Patient Led Assessments of the Care Environment |
| CIP | Cost Improvement Programme | | PMO | Programme Management Office |
| CQC | Care Quality Commission | | PRM | Performance Review Meeting |
| CQI | Continuous Quality Improvement | | RDI | Research, Development and Innovation |
| DoLS | Deprivation of Liberty Safeguards | | SHMI | Summary Hospital-Level Mortality Indicator |
| GIRFT | Get It Right First Time | | SRO | Senior Responsible Officer |
| ICS | Integrated Care System | | ULHT | United Lincolnshire Hospitals Trust |
| ITU | Intensive Therapy Unit | | WDES | Workforce Disability Equality Standards |
| KPIs | Key Performance Indicators | | WRES | Workforce Race Equality Standards |

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**NHS**
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**NHS Trust**

| Report to: | Trust Board |
|---|---|
| Title of report: | Quality Governance Committee Assurance Report to Board |
| Date of meeting: | 20th December 2019 |
| Chairperson: | Liz Libiszewski, Non-Executive Director |
| Author: | Jayne Warner, Trust Secretary |

| | |
|---|---|
| **Purpose** | This report summarises the assurances received and key decisions made by the Quality Governance Assurance Committee (QGC).  The report details the strategic risks considered by the Committee on behalf of the Board and any matters for escalation for the Board's response.<br><br>This assurance committee meets monthly and takes scheduled reports from all Trust operational committees according to an established work programme.  The Committee worked to the 2019/20 objectives. |
| | Assurance in respect of SO 1a<br>Issue:  Delivering harm free care<br><br>Source of Assurance: Infection Control Performance – The Committee noted that levels of infection remained within trajectory in spite of periods where wards were working at capacity and under extreme pressure.  Improvements continued to be made.  Compliance with the Hygiene Code was 97%<br><br>Lack of Assurance: Never Events – The Committee noted that November and December had seen a further 5 never events declared by the Trust which were now under investigation taking the total to 9.  Focussed work was being undertaken in theatres and would be reported back to the Committee in early 2020.<br><br>Lack of Assurance: NICE guidance – The Committee noted that there were a number of baseline assessments outstanding.  These had been flagged with divisions who had been tasked with developing plans to ensure completion.<br><br>Lack of Assurance: Deteriorating Patient– The Committee noted that the quality governance performance report still did not include data on the deteriorating patient.  The Committee were advised that this data should be available for submission in January 2020.<br><br>Lack of Assurance: Quality and Safety Oversight Group – The Group highlighted service concerns relating to stroke and respiratory.  These areas were subject to service reviews.<br><br>The Group had escalated to the Committee concerns relating to recruitment into key posts within divisional structures.  The Committee sought further assurance through the Workforce and OD Committee in |

respect of this issue.

The Committee noted the escalation of lack of maintenance resulting in potential impact on patient care.  The Committee sought assurance from the Finance, Performance and Estates Committee on how decisions were made relating to repairs and the consideration of associated risks.

The Committee agreed updated terms of reference for the Quality and Safety Oversight Group.

Lack of Assurance: Mortality Report – The Committee received the mortality report and noted the high quality of the analysis.  The Committee were alerted to concerns about out of hospital deaths and the themes identified by the mortality and medical examiner reviews.  The Committee challenged the progress being made with integrated mortality reviews with community care.  The Committee were assured that the focus had shifted and this would link to the long term plan.

The Committee noted the rise in crude mortality and that this would impact on future HSMR.  The Committee agreed that the Trust Board should be alerted to the changing type of patients coming in to the Trust and the impact this would have on future HSMR.

Lack of Assurance: Safeguarding – The Committee noted the work being done by the Director of Nursing to strengthen safeguarding governance.  The Committee remained unassured and highlighted that there were no safeguarding performance metrics reported to the Committee.  There were two high rated safeguarding risks on the risk register and a number of issues within the most recent CQC report on which the Committee had no assurance.  It was agreed that the Director of Nursing would take action to provide assurance at the January meeting.

Lack of Assurance: Quality Impact Assessment – The Committee challenged the QIA assurance process and the link with system wide impact assessments. This would be reviewed and template revised.

Source of Assurance: Medical Devices – The Committee received an update on the medical devices workstream.  The Committee noted progress being made and would continue to receive updates.

Source of Assurance: Paediatrics – The Committee received a report providing assurances on the paediatric model, Royal College recommendations and CQC findings.  The Committee noted that the acute services review would determine how the service would move forward.  Going forward the Committee agreed to receive the maternity dashboard.

Source of Assurance: CQUIN – The Committee received an update against the Lincolnshire Quality Priorities.

|  | Lack of Assurance: Quality Schedule Q2 – The Committee noted there were 7 standards where the Trust was currently not achieving threshold. These were subject to action plans.<br><br>Lack of Assurance: Ophthalmology Harm Review – The Committee noted the risks highlighted through the review of Ophthalmology and agreed that further assurances needed to be sought in all areas where partial booking waiting lists were not being achieved. The Committee asked for a more detailed report on the harm review process for its next meeting in January. |
|---|---|
| **Issues where assurance remains outstanding for escalation to the Board** |  |
| **Items referred to other Committees for Assurance** | The Committee discussed the recruitment into key posts within the divisional structure and referred the matter for the Workforce and OD Committee to be assured that all possible actions were being pursued.<br><br>The Committee expressed concern that routine maintenance and response to estates issue with the potential to have impact on patient care were not being attended to. The Committee referred the matter to the Finance, Performance and Estates Committee to seek assurance about how decisions were being made about maintenance and repairs.<br><br>The Committee asked that the Finance, Performance and Estates Committee seek assurance on how specialties which were not achieving the partial booking waiting lists were being managed. |
| **Committee Review of corporate risk register** | The Committee reviewed the risk register noting that there had been no major changes to the document. The Committee noted operational risks related to aging equipment and were assured that this risk was linked to the capital planning process. |
| **Matters identified which Committee recommend are escalated to SRR/BAF** | The Committee noted that the Board Assurance Framework had been reviewed since the last meeting. The Committee noted the lack of assurance in terms of RESPECT and agreed that some system reporting could be shared. The Committee requested that never events were specifically referred to within the Board Assurance Framework in response to the concern about the level reported.<br>The Board Assurance Framework also needed to reflect the gaps being highlighted through upward reporting from the Quality and Safety Oversight Group. |
| **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 | J | F | M | A | M | J | J | A | S | O | N | D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Elizabeth Libiszewski Non-Executive Director | X | X | X | X | X | X | X | A | X | X | X | X |
| Chris Gibson Non-Executive Director | X | X | X | A | X | X | A | X | A | X | A | X |
| Alan Lockwood Int Non-Executive Director | X | A | A | | | | | | | | | |
| Michelle Rhodes Director of Nursing | X | X | X | X | X | X | X | X | D | | | |
| Neill Hepburn Medical Director | X | X | X | X | D | X | X | X | X | X | X | X |
| Victoria Bagshaw Director of Nursing | | | | | | | | | | X | X | X |

X in attendance A apologies given D deputy attended

**NHS United Lincolnshire Hospitals NHS Trust**

| Report to: | Trust Board |
|---|---|
| Title of report: | Quality Governance Committee Assurance Report to Board |
| Date of meeting: | 21st January 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.<br><br>This assurance committee meets monthly and takes scheduled reports from all Trust operational committees according to an established work programme.  The Committee worked to the 2019/20 objectives. |
| | Assurance in respect of SO 1a<br>Issue:  Delivering harm free care<br><br>Source of Assurance: Quality and Safety Oversight Group – Work remains in progress for the group however the Committee were advised that at each meeting the information presented was improving.  It had been identified that the information presented was not supported by evidence and there remained a capability issue within middle management in order to support the divisions to provide evidence and guidance of expectations.<br><br>Source of Assurance: Quality Priorities – The Committee received the proposed priorities for 2020/21 noting that there had been an ambition to identify 9 priorities.  The report presented had detailed 6.<br><br>The Committee noted that a more detailed report would be required in order to identify the 2020/21 priorities that would be taken forward including the metrics that would support the delivery.<br><br>Lack of Assurance: Quality Account progress – The Committee noted that work was continuing on the delivery of the priorities.<br><br>A number of priorities were not performing as well as hoped.  There was significant risk that performance could only be partially improved.<br><br>Lack of Assurance: Safeguarding – The Committee were advised that the meeting had been well attended by the divisions and experts.  The detail and robustness of discussion had been much improved with a focus on risks and how these would be mitigated.  The revisions which were being made to the process of reporting continued.<br><br>The Committee noted that success of the modern slavery conference and |

| | actions resulting from the conference would be addressed through the Safeguarding Group.

Lack of Assurance: Quality Impact Assessment – The Committee were advised that the process was being further developed with more robust documentation being produced.  The current report was not able to provide assurance to the Committee however there was assurance that the development work would be completed promptly with a focus on development and implementation of the new process and documentation.

Source of Assurance: Organ Donation – The Committee were advised of the work being undertaken regarding organ donation and the change to legislation.  The work of the specialist nurse was noted with the achievement of 100% referral rate.  There remained difficulties with consent with the Trust achieving 75%.  This was above the national average however improvement against this was expected following the national awareness campaign.

Lack of Assurance: Maternity Dashboard – The Committee received the dashboard noting that there were a number of areas where action plans were already in place.  The Committee noted that moving forward there was a need for clarity regarding the alignment of the work being conducted.

The CNST plan and report was due to be presented to the Board in March and the Committee required an understanding of the required delegated authority that would be required in order to meet reporting requirements.

Source of Assurance: Water Safety Assurance Report – Following a referral to the Finance, Performance and Estates Committee the Committee received an assurance report regarding water flushing.  The Committee were assured that the appropriate actions were being undertaken to ensure the safety of patients and staff whilst the legionella risk at Pilgrim Hospital was addressed. |
| | Assurance in respect of other areas:-

Quality Governance Performance report – The Committee received the dashboard noting the improving position.

The Committee held discussions against the various performance indicators noting the SHMI and HSMR continued to report positively.  It was noted that category 2 pressure ulcers and hand hygiene remained a concern.  There had however been a reduction in the number of server pressure ulcers.

The Committee discussed the continued increase in medication incidents versus the fall in harms as a result of the incidents.  The Committee were advised that corroboration was being sought to ensure that the level of |

harm resulting from an incident was being correctly attributed.

The Committee noted the change in duty of candour and was advised that this had been due to a change in reporting that would ensure an improvement in the written duty of candour.

Source of Assurance: Risk Report – The Committee received the risk register and noted the changes to the register and requested that ophthalmology be included.  Concern was raised by the Committee about the articulation of risks and extended due dates.

A review of the register was requested by the Committee in relation to those risks with extended due dates and passed due dates without completion.

Source of Assurance: Incident Management – The Committee were advised that there remained a high backlog of incidents however these were being worked through by the divisions.   An average number of serious incidents had been declared during December.

The Committee noted that there appeared to be a disparity between harm levels across the Trust sites.  Two Never Events were declared during November bringing the total to 9 for the financial year.

The Committee requested that the report was further developed to include narrative that provided clarity and assurance of the data reported.

Source of Assurance: Never Events – The Committee noted that Never Events were equally occurring both in and out of theatres.  The biggest failure identified was the ability to follow process.

Review work was taking place within theatres to support improvement and adoption of safety procedures.

Following the safety culture visit undertaken to University College Hospitals London a proposal would be developed for presentation to the Committee to focus on the development of the safety culture within the Trust.  Safety visits would be developed as part of the work.

Lack of Assurance: Harm Review Process – The Committee received the report noting that it was unclear if the process covered all clinical pathways.  The Committee requested a discussion to be held at the Quality and Safety Oversight Group in order to provide assurance to the Committee that a process was in place for all pathways and that these were embedded in to the divisions.

The Committee advised that the expectation was for all harms to patients to be escalated to the Committee with a set of action that would change pathways in order to reduce harm.

Lack of Assurance: Care Quality Commission unannounced inspection –

| | The Trust received a winter assurance visit on the 6th and 7th January. The Committee were advised of the outcome of the visit and the resulting actions that were being taken to address the concerns raised. |
|---|---|
| | The Committee raised concerns regarding the must and should do action plan and advised that this could not be signed off for recommendation to the Board. The action plan did not appear to link in to the Trust Integrated Improvement Plan, it was unclear to the Committee how the actions would be delivered. |
| **Issues where assurance remains outstanding for escalation to the Board** | The Committee remained unassured in relation to the safety culture given the levels of never events being reported by the Trust.<br><br>The Committee could not be assured that the Quality Account priorities for 2019/20 would be met.<br><br>The Committee were not assured of the adequacy of the must and should do action plan in response to the CQC report.<br><br>The Committee sought delegated authority from the Board to approve the submissions for CNST Maternity plans and the Quality Account priorities for 2020/21. |
| **Items referred to other Committees for Assurance** | |
| **Committee Review of corporate risk register** | The Committee reviewed the risk register noting that there had been no major changes to the document. |
| **Matters identified which Committee recommend are escalated to SRR/BAF** | The Committee noted that the Board Assurance Framework had been reviewed since the last meeting noting that the RAG ratings remained |
| **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 | F | M | A | M | J | J | A | S | O | N | D | J |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Elizabeth Libiszewski Non-Executive Director | X | X | X | X | X | X | A | X | X | X | X | X |
| Chris Gibson Non-Executive Director | X | X | A | X | X | A | X | A | X | A | X | X |
| Alan Lockwood Int Non-Executive Director | A | A | | | | | | | | | | |
| Michelle Rhodes Director of Nursing | X | X | X | X | X | X | X | D | | | | |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Neill Hepburn Medical Director | X | X | X | D | X | X | X | X | X | X | X | X |
| Victoria Bagshaw Director of Nursing | | | | 5 | | | | | X | X | X | X |

X in attendance A apologies given D deputy attended

Neill Hepburn Medical Director

Victoria Bagshaw
Nursing

| To: | Trust Board |
|---|---|
| From: | Medical Director |
| Date: | February 2020 |

| Title: | Patient Safety Incidents Report |
|---|---|

**Responsible Director:** Dr Neill Hepburn, Medical Director.

**Author:** Paul White, Risk Manager

**Purpose of the Report:**

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

- Trends in the volume and type of patient safety incidents reported
- Trends in the volume and type of Serious Incidents (SIs) declared
- Performance in managing Serious Incident (SI) and Divisional investigations
- Performance in managing reported incidents
- Compliance with the statutory Duty of Candour

**The Report is provided to the Committee for:**

| Decision | | Discussion | ☞ |
|---|---|---|---|

| Assurance | ☞ | Information | |
|---|---|---|---|

**Summary/Key Points:**

- The Patient Safety Group reviews the Patient Safety Incidents Dashboard every month and identifies areas of concern for further analysis and action where necessary; this report is then presented to the Quality & Safety Oversight Group (QGC) and Quality Governance Committee (QGC); a copy of the most recent report is attached as **Appendix I**. Key points to note are as follows:
    - 1146 patient incidents were reported in December 2019, which is consistent with the
    - monthly average of 1115 for 2019/20 so far; Pilgrim Hospital has reported 45.7% of all
    - 18 significant harm incidents occurred in December (although this figure is subject to change as most of these incidents are awaiting the outcome of an initial review)
    - The Trust declared 13 Serious Incidents in December 2019, which is below the
    - average of 15 for 2019/20; 2 of these were Never Events
    - 9 Never Events have now been declared so far this financial year (April to December)
    - All Serious Incident investigations have been completed within their deadline so far this financial year (to December)
    - Compliance with the Duty of Candour was 88% (in person) and 54% (written follow-up) in December
    - Steady progress is being made with the review of outstanding divisional and departmental incident investigations, with additional training and support being provided on request

**Recommendations:**

- That the Trust Board considers the content of the report and identifies any further action required

| Strategic Risk Register | Performance KPIs year to date |
|---|---|
| Patient safety risks that are identified as strategic risks are included in the Board Assurance Framework (BAF). | This report details the Trust's performance with regard to the timely completion of incident investigations and compliance with the statutory Duty of Candour. |

**Resource Implications (e.g. Financial, HR):**
In order to support improvements in the incident management process the Trust has invested in the further development of the existing Datix system, to include the introduction of management dashboards and web-based versions of the Complaints and Claims modules. Staffing resources within the risk team are currently under review as part of an on-going restructure within the Clinical Governance directorate.

**Assurance Implications**
The content of this report will support the Trust Board in its regular review of the effectiveness of existing strategies and policies relating to patient safety, providing assurance against regulatory requirements and expectations.

**Patient and Public Involvement (PPI) Implications**
An essential aspect of the incident management process is the delivery where appropriate of an apology when something has gone wrong with a person's care and, in the case of a Serious Incident the sharing of the final report with affected patients or their representatives.

**Equality Impact**
The policies and processes associated with incident management have been assessed for equality impact and no outstanding issues have been identified.

**Information exempt from Disclosure –** No

**Requirement for further review?** No

# Contents

1. Patient incidents
2. Significant harm incidents
3. Serious Incidents
4. Divisional investigations
5. Duty of Candour
6. Incident management performance

# 1a. Patient incidents



Patient incidents reported this financial year

**Patient centred** . **Excellence** . **Respect** . **Compassion** . **Safety**
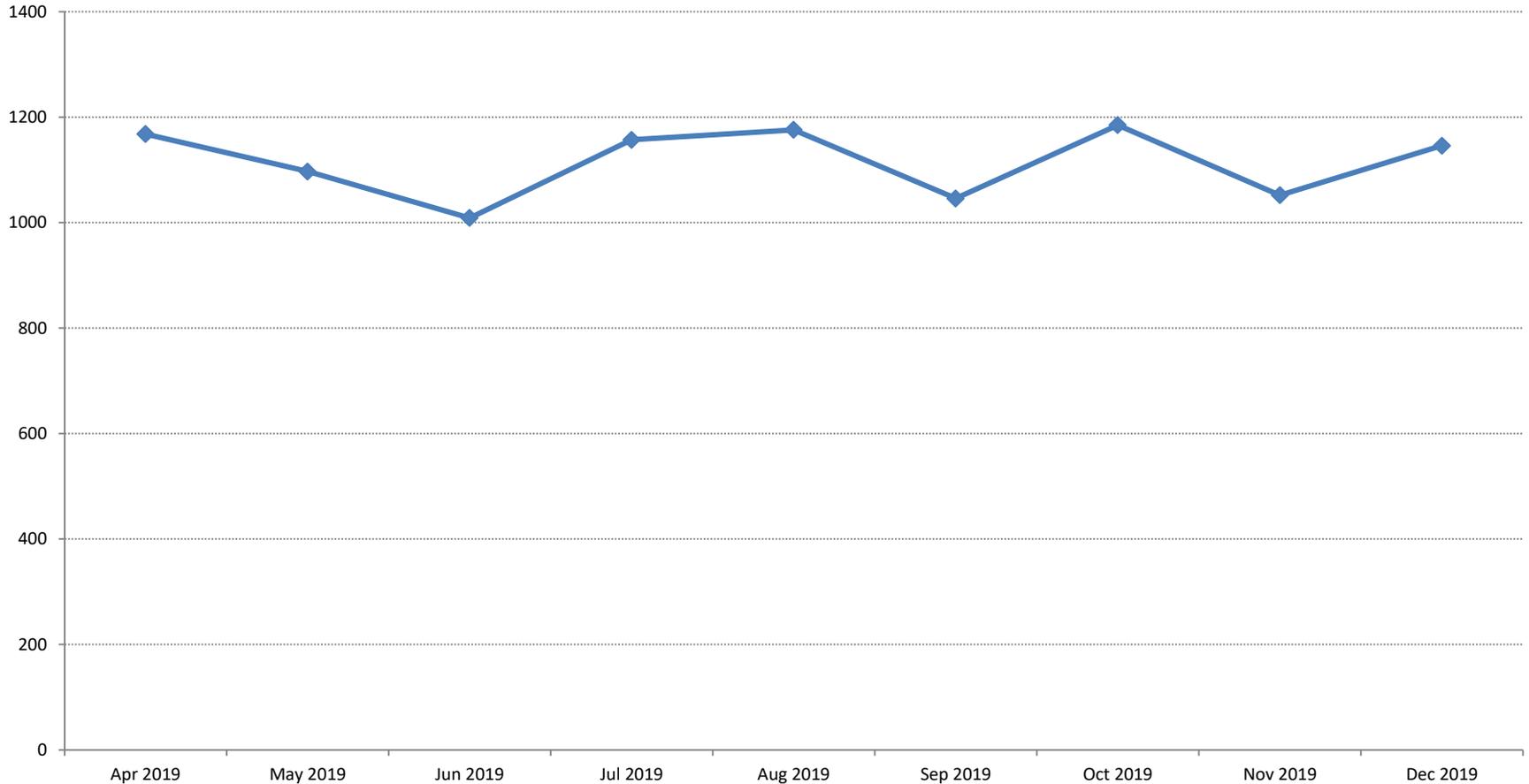
# 1b. Patient incidents

**Patient incidents by severity (this financial year)**
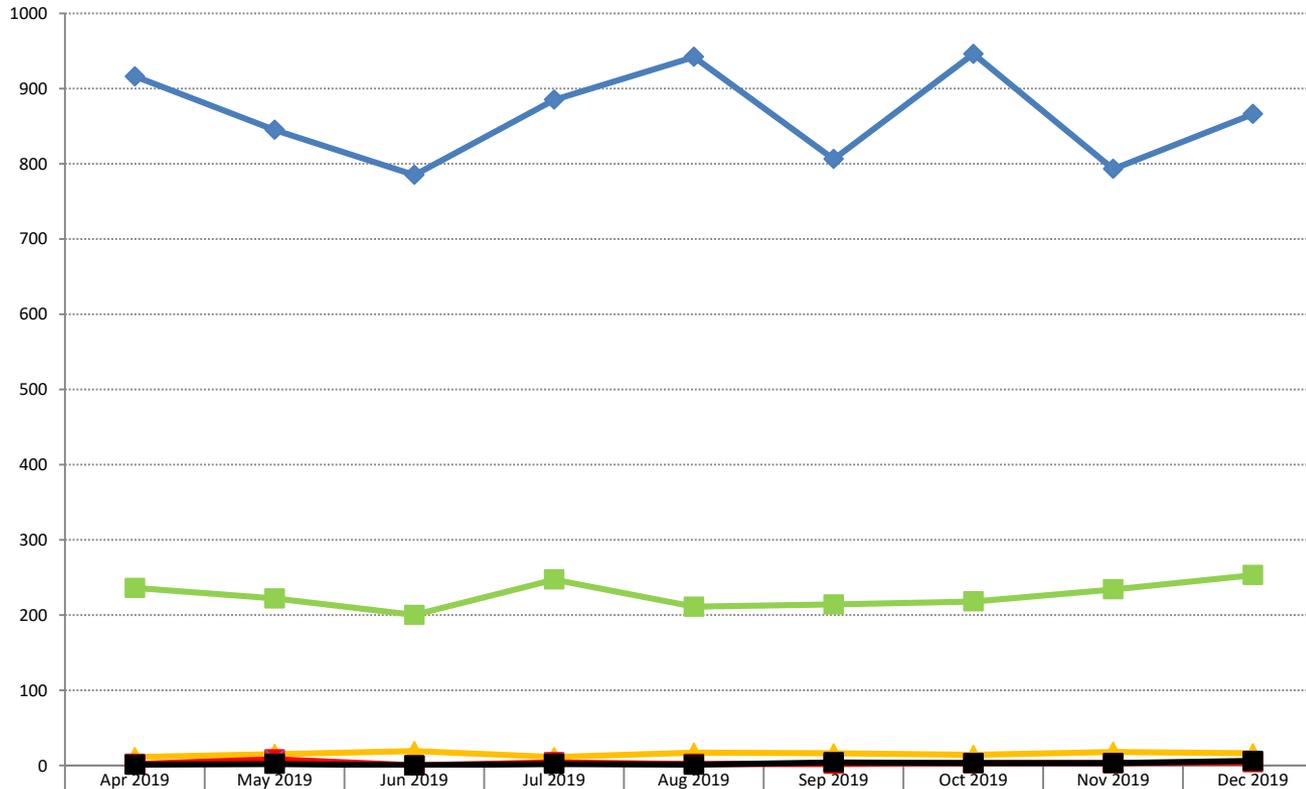


| | Apr 2019 | May 2019 | Jun 2019 | Jul 2019 | Aug 2019 | Sep 2019 | Oct 2019 | Nov 2019 | Dec 2019 | YTD TOTALS | YTD % |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 - No harm | 916 | 845 | 785 | 885 | 942 | 806 | 946 | 793 | 866 | 7784 | 77.8% |
| 2 - Low Harm | 236 | 222 | 200 | 247 | 211 | 214 | 218 | 234 | 253 | 2035 | 20.3% |
| 3 - Moderate Harm | 11 | 15 | 19 | 11 | 17 | 16 | 14 | 18 | 16 | 137 | 1.4% |
| 4 - Severe Harm | 2 | 8 | 0 | 4 | 2 | 2 | 3 | 3 | 4 | 28 | 0.3% |
| 5 - Death | 1 | 2 | 0 | 2 | 1 | 4 | 3 | 3 | 6 | 22 | 0.2% |

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# 1c. Patient incidents

**Patient incidents by hospital**
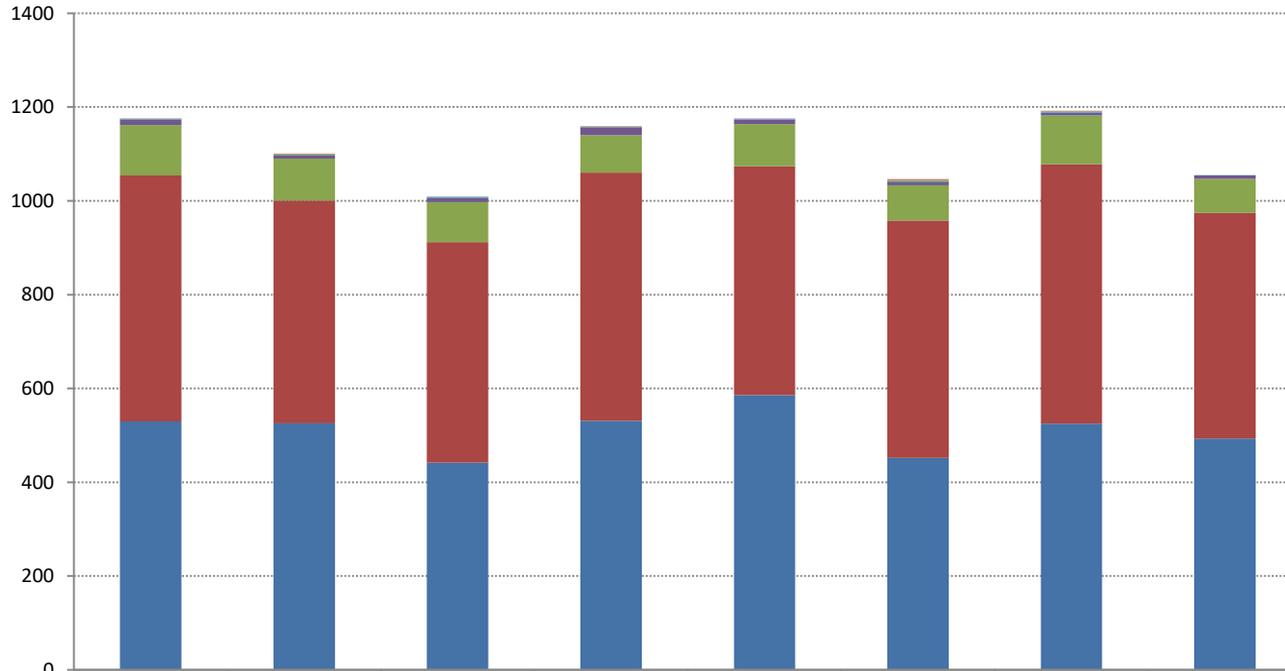


| | Apr 2019 | May 2019 | Jun 2019 | Jul 2019 | Aug 2019 | Sep 2019 | Oct 2019 | Nov 2019 | YTD TOTALS | % |
|---|---|---|---|---|---|---|---|---|---|---|
| John Coupland Hospital | 0 | 0 | 0 | 1 | 2 | 1 | 0 | 0 | 5 | 0.0% |
| Skegness Hospital | 1 | 2 | 0 | 1 | 0 | 3 | 1 | 0 | 9 | 0.1% |
| Spalding Hospitals | 2 | 2 | 2 | 1 | 0 | 4 | 3 | 1 | 17 | 0.2% |
| County Hospital, Louth | 11 | 7 | 10 | 17 | 10 | 6 | 6 | 7 | 78 | 0.8% |
| Grantham & District Hospital | 108 | 89 | 85 | 80 | 90 | 75 | 104 | 73 | 804 | 8.0% |
| Lincoln County Hospital | 524 | 475 | 470 | 529 | 488 | 506 | 553 | 481 | 4534 | 45.2% |
| Pilgrim Hospital, Boston | 530 | 526 | 442 | 531 | 586 | 452 | 525 | 493 | 4589 | 45.7% |

# 1d. Patient incidents

## Patient incidents by category (Top 10)
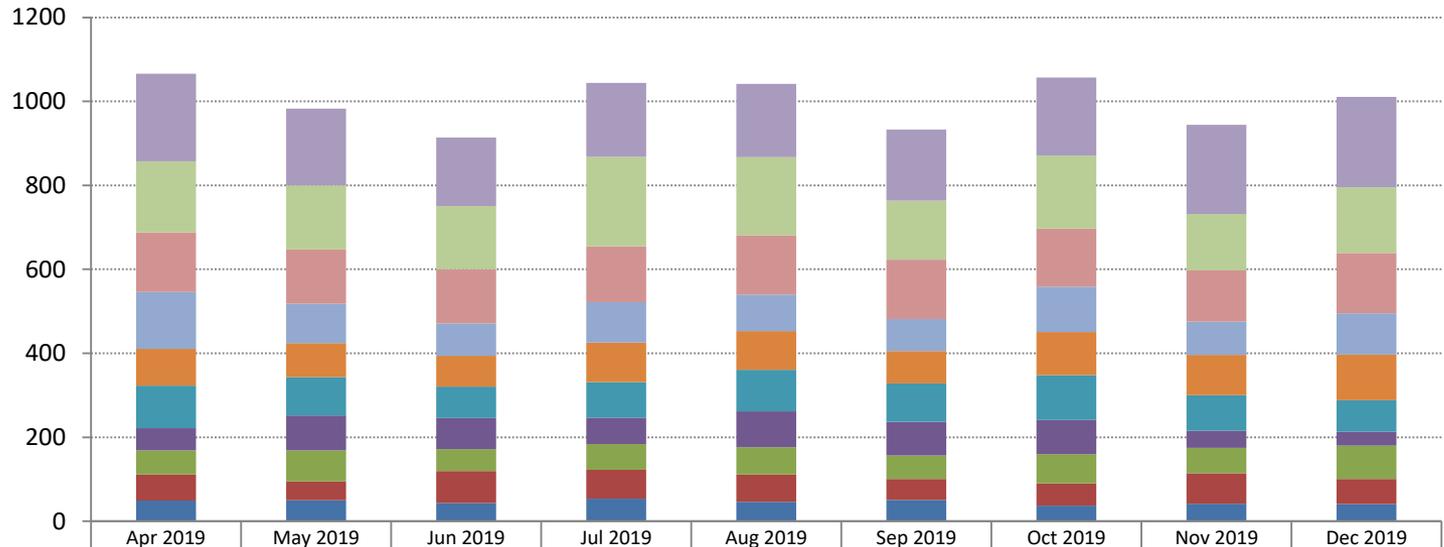


| | Apr 2019 | May 2019 | Jun 2019 | Jul 2019 | Aug 2019 | Sep 2019 | Oct 2019 | Nov 2019 | Dec 2019 |
|---|---|---|---|---|---|---|---|---|---|
| Patient Accidents/Falls | 209 | 183 | 163 | 176 | 175 | 169 | 186 | 212 | 216 |
| Medication/Biologics/Fluids | 169 | 153 | 151 | 213 | 186 | 141 | 174 | 135 | 156 |
| Diagnostic Processes/Procedures | 142 | 129 | 129 | 133 | 141 | 141 | 138 | 121 | 144 |
| Administrative Processes | 135 | 94 | 77 | 96 | 87 | 77 | 108 | 80 | 98 |
| Pressure Ulcers | 88 | 81 | 73 | 95 | 92 | 77 | 103 | 96 | 109 |
| Documentation | 101 | 91 | 75 | 84 | 99 | 91 | 107 | 84 | 75 |
| Behaviour | 53 | 83 | 74 | 63 | 86 | 80 | 81 | 41 | 33 |
| Communication | 58 | 74 | 52 | 61 | 65 | 56 | 70 | 61 | 79 |
| Maternity Care | 62 | 45 | 77 | 69 | 65 | 50 | 53 | 72 | 60 |
| Therapeutic Processes/Procedures | 49 | 50 | 43 | 54 | 46 | 51 | 37 | 42 | 41 |

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**Excellence in rural healthcare**

# 1e. Patient incidents

## Patient incidents by category (outside Top 10)
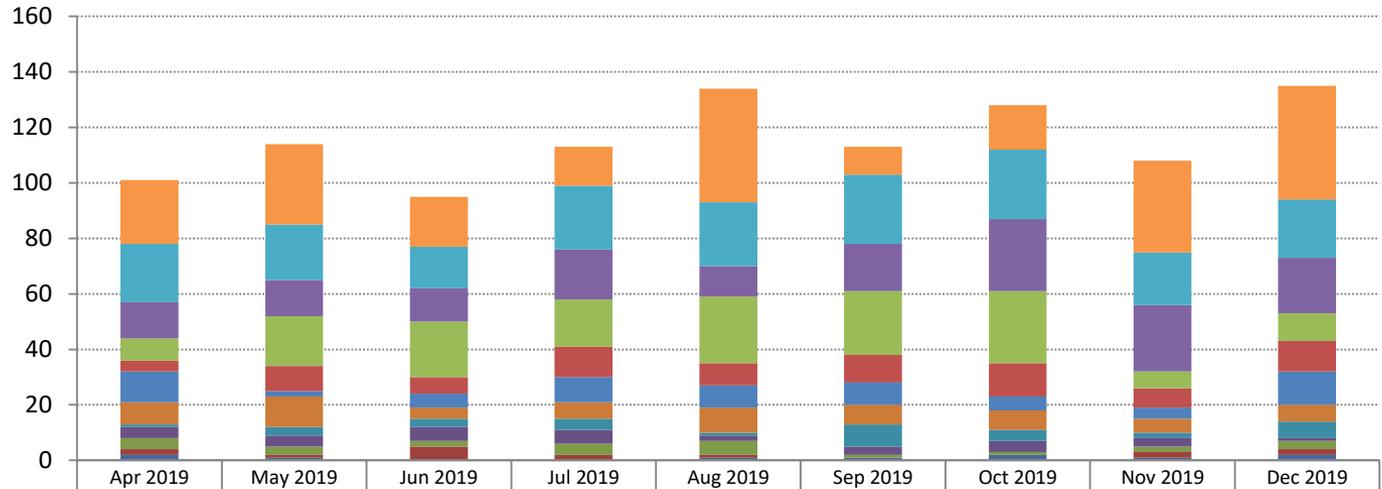


| | Apr 2019 | May 2019 | Jun 2019 | Jul 2019 | Aug 2019 | Sep 2019 | Oct 2019 | Nov 2019 | Dec 2019 |
|---|---|---|---|---|---|---|---|---|---|
| Blood/Plasma Products | 23 | 29 | 18 | 14 | 41 | 10 | 16 | 33 | 41 |
| Medical Devices, Equipment, Supplies | 21 | 20 | 15 | 23 | 23 | 25 | 25 | 19 | 21 |
| Infection Control Incident | 13 | 13 | 12 | 18 | 11 | 17 | 26 | 24 | 20 |
| Neonatal/Perinatal Care | 8 | 18 | 20 | 17 | 24 | 23 | 26 | 6 | 10 |
| Personal Property/Data/Information | 4 | 9 | 6 | 11 | 8 | 10 | 12 | 7 | 11 |
| Injury of unknown origin | 11 | 2 | 5 | 9 | 8 | 8 | 5 | 4 | 12 |
| Anaesthesia Care | 8 | 11 | 4 | 6 | 9 | 7 | 7 | 5 | 6 |
| Nutrition Food/Meals from Kitchen | 1 | 3 | 3 | 4 | 1 | 8 | 4 | 2 | 6 |
| Unexpected Deaths or Severe Harm | 4 | 4 | 5 | 5 | 2 | 3 | 4 | 3 | 1 |
| Exposure to Environmental Hazards | 4 | 3 | 2 | 4 | 5 | 1 | 1 | 2 | 3 |
| Nutrition Pharmacy Products | 2 | 1 | 5 | 2 | 1 | 0 | 0 | 2 | 2 |
| Medical Gases/Oxygen | 2 | 1 | 0 | 0 | 1 | 1 | 2 | 1 | 2 |

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# 1f. Patient incidents

## Analysis

❖ 1146 patient incidents were reported in December 2019, which is consistent with the monthly average of 1115 for 2019/20 so far; Pilgrim Hospital has reported 45.7% of all patient incidents so far this financial year; Lincoln County 45.2%

❖ There were 12 incidents resulting in a patient's death reported last quarter (although some of these are still under review); this compares with 7 in quarter 2 and 3 in quarter 1, which seems to indicate an increasing level of risk (although there has been no increase in the number of Moderate or Severe harm incidents)

❖ Patient accidents / falls remains the highest volume incident category in 2019; 216 incidents were reported under this category in December, the highest number in any month of 2019-20;
  ▪ 3 incidents resulting in Death (2 at Pilgrim, 1 at Lincoln; all occurred in December)
  ▪ 1 Severe harm incident (Lincoln, in December)
  ▪ 1 Moderate harm (Pilgrim, in December)

❖ There were 109 'Pressure Ulcer' incidents reported in December, also the highest number in any month of 2019-20; all but one occurred in December;
  ▪ 1 Moderate harm incident (Lincoln, but occurred in November)
  ▪ 70 Low harm
  ▪ 68 occurred at Pilgrim; 33 at Lincoln; 8 at Grantham

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# 2a. Significant harm incidents

**Significant harm incidents this financial year by reported date**
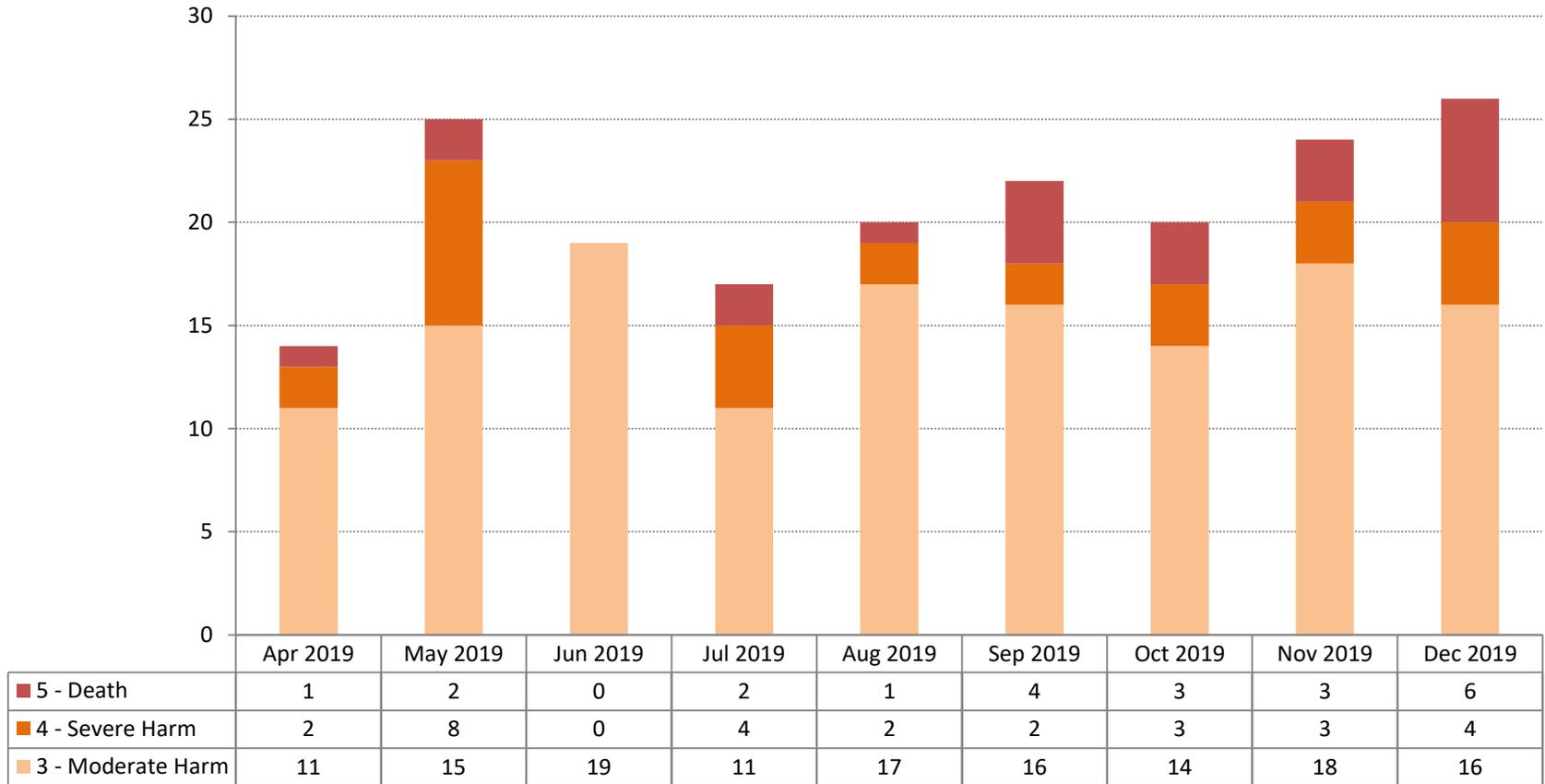
|  | Apr 2019 | May 2019 | Jun 2019 | Jul 2019 | Aug 2019 | Sep 2019 | Oct 2019 | Nov 2019 | Dec 2019 |
|---|---|---|---|---|---|---|---|---|---|
| ■ 5 - Death | 1 | 2 | 0 | 2 | 1 | 4 | 3 | 3 | 6 |
| ■ 4 - Severe Harm | 2 | 8 | 0 | 4 | 2 | 2 | 3 | 3 | 4 |
| ■ 3 - Moderate Harm | 11 | 15 | 19 | 11 | 17 | 16 | 14 | 18 | 16 |

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# 2b. Significant harm incidents

**Significant harm incidents this financial year by incident date**

| | Apr 2019 | May 2019 | Jun 2019 | Jul 2019 | Aug 2019 | Sep 2019 | Oct 2019 | Nov 2019 | Dec 2019 |
|---|---|---|---|---|---|---|---|---|---|
| ■ 5 - Death | 1 | 2 | 0 | 2 | 1 | 3 | 2 | 4 | 4 |
| 4 - Severe Harm | 0 | 5 | 0 | 4 | 2 | 2 | 1 | 4 | 3 |
| 3 - Moderate Harm | 15 | 15 | 17 | 14 | 15 | 13 | 14 | 21 | 11 |
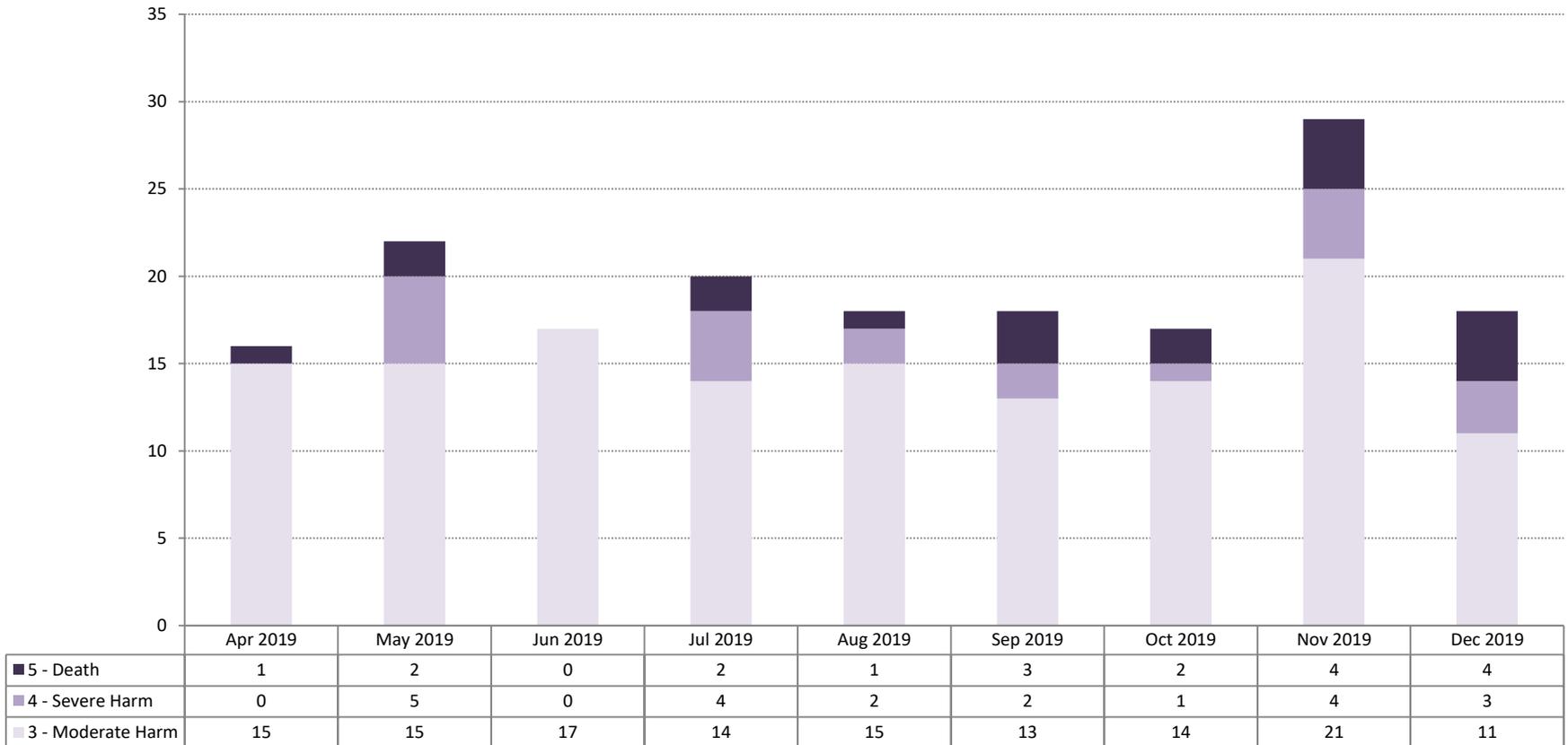
*Not shown: 1 incident that occurred in 2015/16; 2 incidents that occurred in 2017/18; and 11 incidents that occurred in 2018/19*

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# 2c. Significant harm incidents

## Significant harm incidents by category (more than 2 incidents)
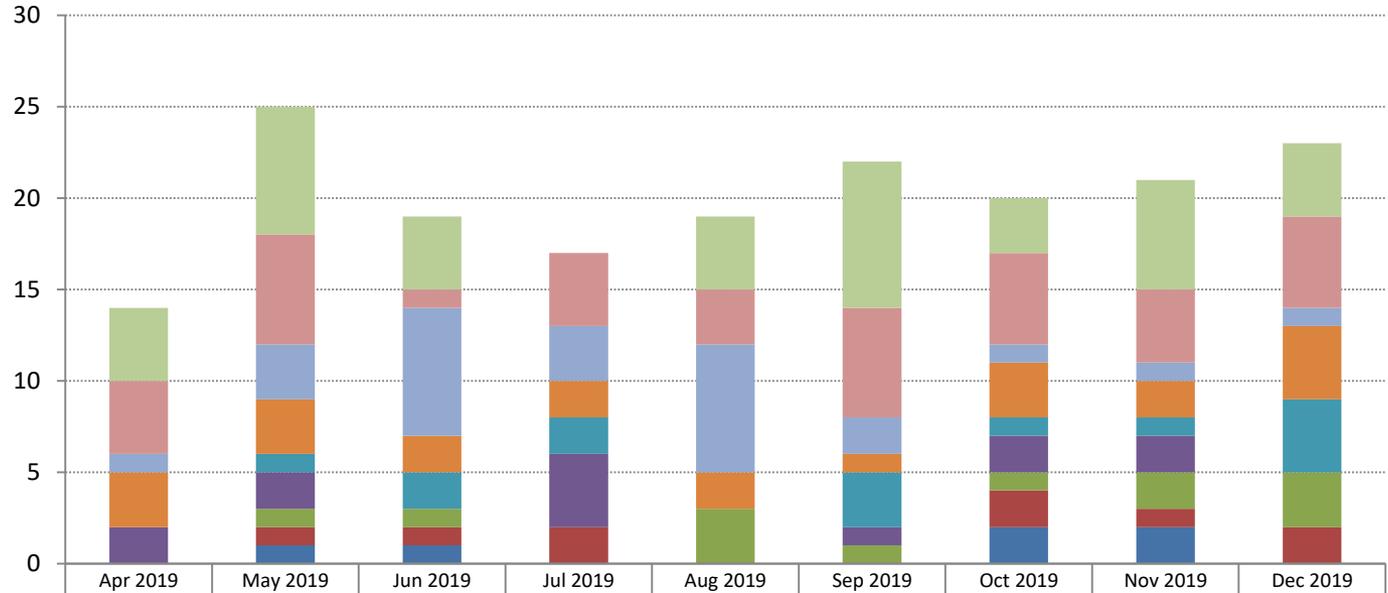


| | Apr 2019 | May 2019 | Jun 2019 | Jul 2019 | Aug 2019 | Sep 2019 | Oct 2019 | Nov 2019 | Dec 2019 |
|---|---|---|---|---|---|---|---|---|---|
| Diagnostic Processes/Procedures | 4 | 7 | 4 | 0 | 4 | 8 | 3 | 6 | 4 |
| Patient Accidents/Falls | 4 | 6 | 1 | 4 | 3 | 6 | 5 | 4 | 5 |
| Pressure Ulcers | 1 | 3 | 7 | 3 | 7 | 2 | 1 | 1 | 1 |
| Therapeutic Processes/Procedures | 3 | 3 | 2 | 2 | 2 | 1 | 3 | 2 | 4 |
| Medication/Biologics/Fluids | 0 | 1 | 2 | 2 | 0 | 3 | 1 | 1 | 4 |
| Unexpected Deaths or Severe Harm | 2 | 2 | 0 | 4 | 0 | 1 | 2 | 2 | 0 |
| Maternity Care | 0 | 1 | 1 | 0 | 3 | 1 | 1 | 2 | 3 |
| Administrative Processes | 0 | 1 | 1 | 2 | 0 | 0 | 2 | 1 | 2 |
| Infection Control Incident | 0 | 1 | 1 | 0 | 0 | 0 | 2 | 2 | 0 |

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# 2d. Significant harm incidents

**Significant harm incidents reported this year (by location type)**
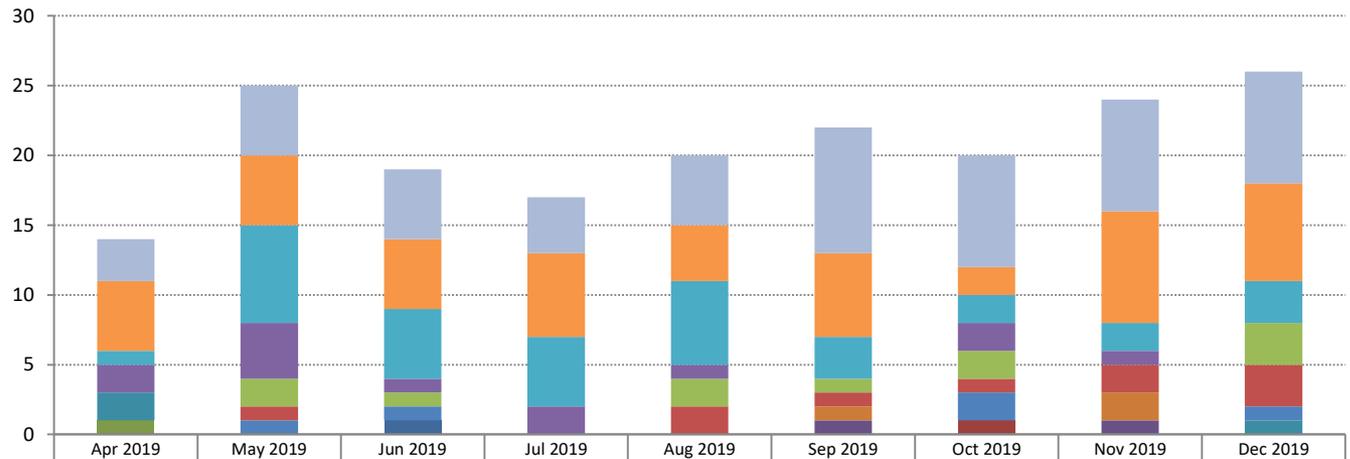
| | Apr 2019 | May 2019 | Jun 2019 | Jul 2019 | Aug 2019 | Sep 2019 | Oct 2019 | Nov 2019 | Dec 2019 |
|---|---|---|---|---|---|---|---|---|---|
| Wards @ Lincoln | 3 | 5 | 5 | 4 | 5 | 9 | 8 | 8 | 8 |
| A&E and Assessment units (IAC, AMSS, SAU, EAU, etc.) | 5 | 5 | 5 | 6 | 4 | 6 | 2 | 8 | 7 |
| Wards @ Pilgrim | 1 | 7 | 5 | 5 | 6 | 3 | 2 | 2 | 3 |
| Outpatient Department/Services OPD/Clinic Area | 2 | 4 | 1 | 2 | 1 | 0 | 2 | 1 | 0 |
| Operating Theatre | 0 | 2 | 1 | 0 | 2 | 1 | 2 | 0 | 3 |
| Women and Children | 0 | 1 | 0 | 0 | 2 | 1 | 1 | 2 | 3 |
| Other | 0 | 1 | 1 | 0 | 0 | 0 | 2 | 0 | 1 |
| Radiology/Radiotherapy/Diagnostics | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 0 |
| Wards @ Grantham | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Laboratory | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 |
| Health Records | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Corridor/Lift/Elevator | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Corporate Services | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |

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# 2e. Significant harm incidents

## Significant harm incidents by location (5 or more incidents)
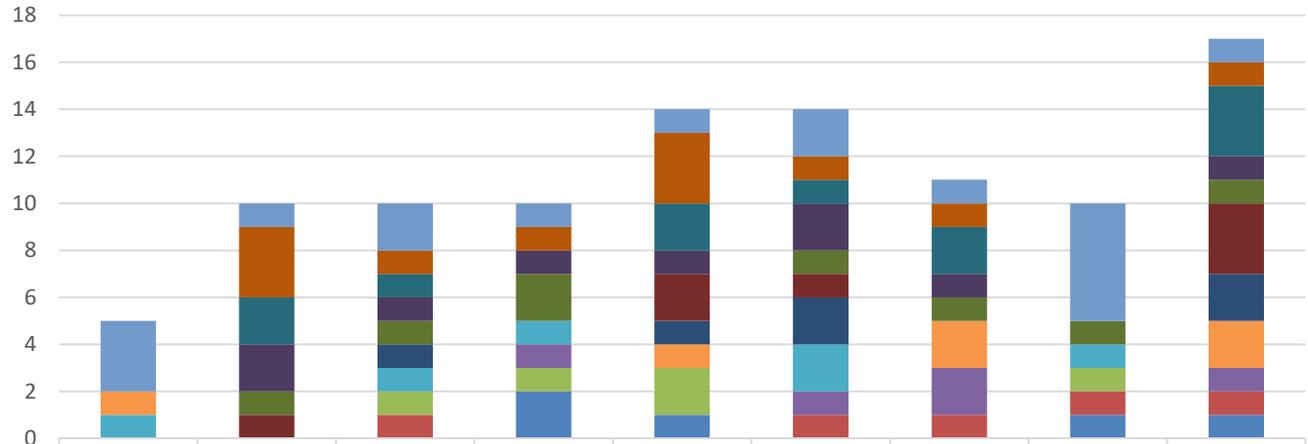
| | Apr 2019 | May 2019 | Jun 2019 | Jul 2019 | Aug 2019 | Sep 2019 | Oct 2019 | Nov 2019 | Dec 2019 |
|---|---|---|---|---|---|---|---|---|---|
| Accident and Emergency Department (Lincoln) | 3 | 1 | 2 | 1 | 1 | 2 | 1 | 5 | 1 |
| Ward 6A | 0 | 3 | 1 | 1 | 3 | 1 | 1 | 0 | 1 |
| Operating theatre | 0 | 2 | 1 | 0 | 2 | 1 | 2 | 0 | 3 |
| Accident and Emergency Department (Pilgrim) | 0 | 2 | 1 | 1 | 1 | 2 | 1 | 0 | 1 |
| Carlton-Coleby Ward | 0 | 1 | 1 | 2 | 0 | 1 | 1 | 1 | 1 |
| Labour Ward - Pilgrim | 0 | 1 | 0 | 0 | 2 | 1 | 0 | 0 | 3 |
| Shuttleworth Ward | 0 | 0 | 1 | 0 | 1 | 2 | 0 | 0 | 2 |
| Neustadt-Welton Ward | 1 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 2 |
| Integrated Assessment Centre | 1 | 0 | 1 | 1 | 0 | 2 | 0 | 1 | 0 |
| Stroke Unit | 0 | 0 | 0 | 1 | 0 | 1 | 2 | 0 | 1 |
| Lancaster Ward | 0 | 0 | 1 | 1 | 2 | 0 | 0 | 1 | 0 |
| Dixon Ward | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 1 | 1 |
| AMSS Acute Medical Short Stay | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 1 | 1 |

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# 2f. Significant harm incidents

## Analysis

❖ There were 26 significant harm incidents (those resulting in Moderate harm; Severe harm; or Death) reported in December, which is above the average of 21 per month across 2019/20 (these figures are subject to change as a number of these incidents are currently undergoing the Rapid Review process)

❖ Of these 26 incidents, 18 actually occurred in December (as some incidents are reported retrospectively), compared with 29 that occurred in November;

❖ The most frequent reported incident categories for significant harm incidents remain 'Diagnostic processes' and 'Patient accidents / falls'

❖ Wards at Lincoln County account for 29.4% of all significant harm incidents; A&E and Assessment Units 25.7%; Wards at Pilgrim 18.2%

❖ A&E Lincoln accounts for 16.8%; Ward 6a at Pilgrim 10.9%; Operating Theatres 10.9% and A%E Pilgrim 8.9%

❖ There are no clear trends up or down in terms of the location of significant harm incidents

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# 3a. Serious Incidents

**Serious Incidents reported on StEIS this financial year (by StEIS report date)**
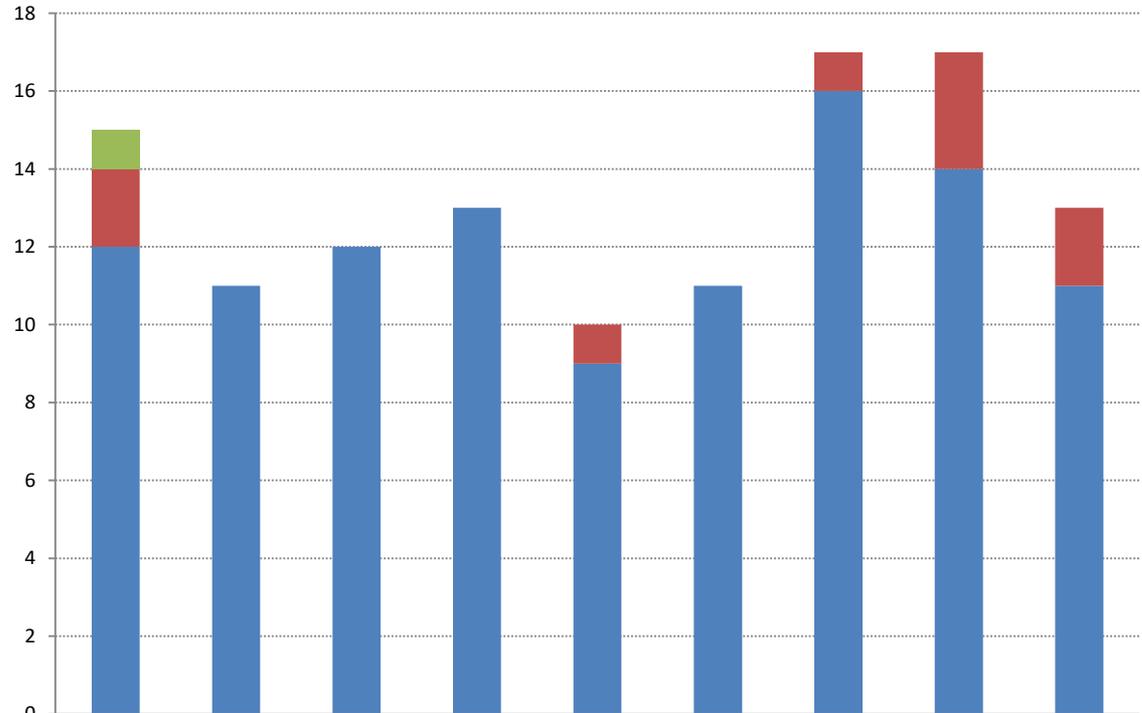
| | Apr 2019 | May 2019 | Jun 2019 | Jul 2019 | Aug 2019 | Sep 2019 | Oct 2019 | Nov 2019 | Dec 2019 |
|---|---|---|---|---|---|---|---|---|---|
| ■ Independent Serious Incident investigation (StEIS) | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ■ Never Event Serious Incident (StEIS) | 2 | 0 | 0 | 0 | 1 | 0 | 1 | 3 | 2 |
| ■ Serious Incident (StEIS) | 12 | 11 | 12 | 13 | 9 | 11 | 16 | 14 | 11 |

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# 3b. Serious Incidents

**Serious Incidents declared this financial year (by incident date)**

| | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | Apr 2019 | May 2019 | Jun 2019 | Jul 2019 | Aug 2019 | Sep 2019 | Oct 2019 | Nov 2019 | Dec 2019 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Independent Serious Incident investigation (StEIS) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Never Event Serious Incident (StEIS) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 4 | 2 | 0 |
| Serious Incident (StEIS) | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 3 | 1 | 4 | 8 | 9 | 16 | 6 | 13 | 11 | 10 | 11 | 11 | 3 |

*Not shown: one Serious Incident that occurred in October 2015*

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# 3c. Serious Incidents

**Serious Incidents open & overdue at the end of the month**

| | Apr 2019 | May 2019 | Jun 2019 | Jul 2019 | Aug 2019 | Sep 2019 | Oct 2019 | Nov 2019 | Dec 2019 |
|---|---|---|---|---|---|---|---|---|---|
| ■ Serious Incidents open | 33 | 37 | 32 | 27 | 32 | 28 | 30 | 39 | 40 |
| ■ Serious Incidents overdue | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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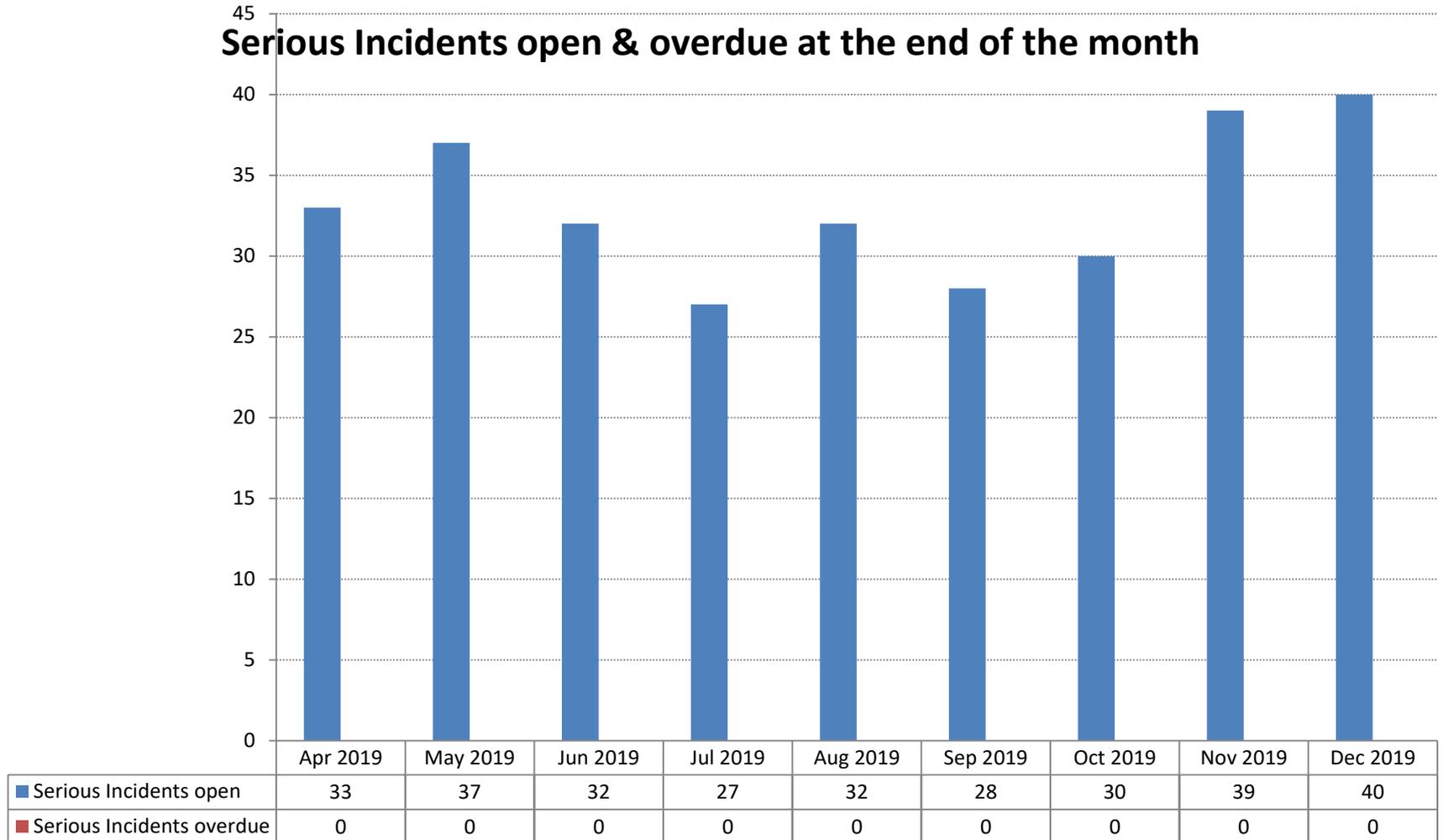
# 3d. Serious Incidents

## Analysis

❖ The Trust declared 13 Serious Incidents in December 2019, which is below the average of 15 for 2019/20

❖ 2 of the Serious Incidents declared in November were Never Events

❖ 9 Never Events have now been declared this financial year (to the end of December):

  ➢ 4x Wrong site surgery (3 in Theatres; 1 in Outpatients)
  ➢ 1x Wrong implant / prosthesis (Theatres)
  ➢ 1x Wrong route administration of IV medication (A&E)
  ➢ 2x Retained foreign object post procedure (1 in Theatres; 1 in Pilgrim Labour Ward)
  ➢ 1x Mis-placed naso-gastric tube (Medical Ward)

❖ There were 40 Serious Incident investigations open at the end of November

❖ No SIs have been overdue their deadline to the CCG so far this financial year

❖ There are currently 13 Serious Incidents that have been submitted to the CCG within their deadline but remain open pending receipt of further assurances

# 4a. Divisional investigations

**Divisional Investigations open by CBU**

| | Cancer Services CBU | Cardiovascular CBU | Children & Young Persons CBU | Specialty Medicine CBU | Surgery CBU | Trauma & Orthopaedics and Ophthalmology CBU | Urgent & Emergency Care CBU | Women's Health and Breast CBU |
|---|---|---|---|---|---|---|---|---|
| ■ Complete, awaiting ULHT sign off | 0 | 1 | 0 | 2 | 6 | 3 | 1 | 2 |
| ■ Under Investigation | 4 | 2 | 1 | 6 | 5 | 3 | 11 | 2 |

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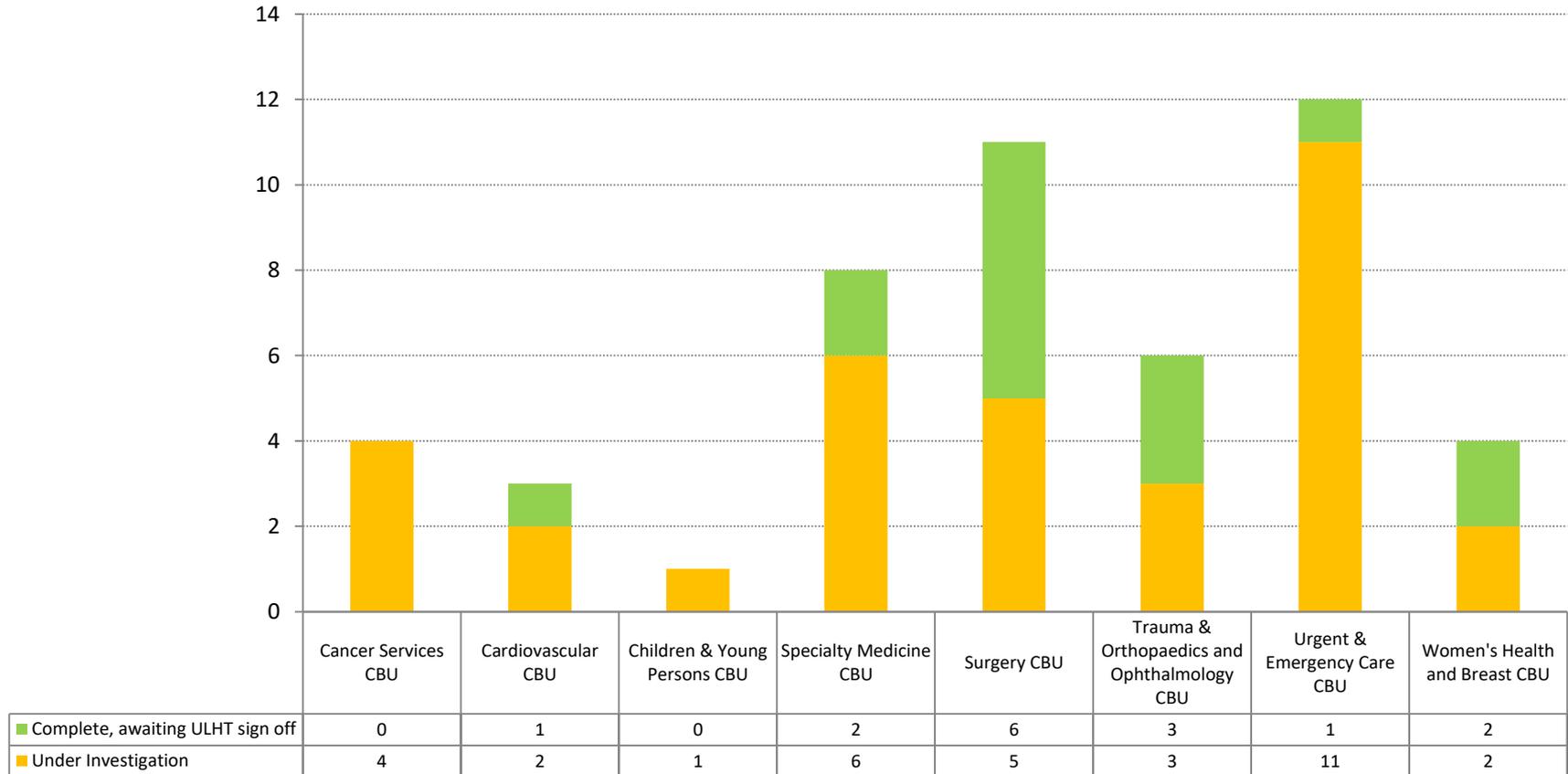
# 4b. Divisional investigations

## Analysis

❖ There are currently 49 open Divisional Investigations (up from 33 last month)

❖ Of these, 15 are complete and awaiting divisional approval:

  ➢ Cardiovascular (1)
  ➢ Specialty Medicine (2)
  ➢ Trauma & Orthopaedics and Ophthalmology (3)
  ➢ Urgent & Emergency Care (1)
  ➢ Women's Health & Breast (2)
  ➢ Surgery (6)

❖ Some of this increase in the number of Divisional Investigations is due to a more robust application of the Serious Incident criteria by the Pressure Ulcer Scrutiny Panel, resulting in fewer Serious Incidents being declared and Divisional Investigations requested instead

❖ Additional support is being provided to divisions to facilitate the timely completion and improved management oversight of these investigations

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# 5a. Duty of Candour
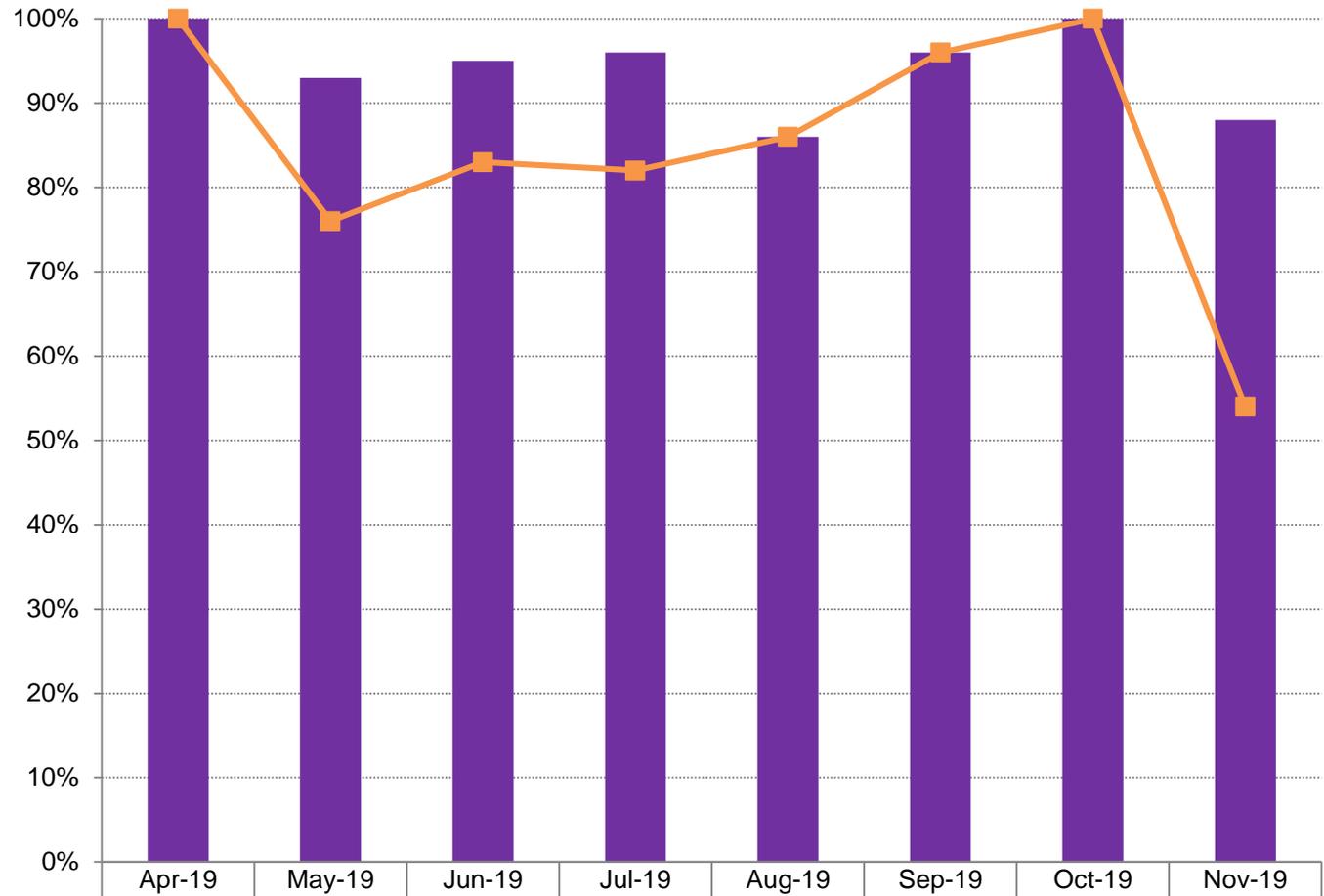
| | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 |
|---|---|---|---|---|---|---|---|---|
| % DoC Notification in person | 100% | 93% | 95% | 96% | 86% | 96% | 100% | 88% |
| % DoC Written follow-up | 100% | 76% | 83% | 82% | 86% | 96% | 100% | 54% |

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# 5b. Duty of Candour

## Analysis

❖ Duty of Candour (in person notification) compliance in November 2019 was 88% (3 non-compliant incidents)

❖ Written follow-up compliance in November 2019 was also 54% (11 non-compliant incidents)

❖ This is the lowest level of compliance so far this financial year and illustrates that Duty of Candour requirements are not yet fully embedded within incident management practice

❖ As of the end of October financial penalties imposed by the CCGs for non-compliance with Duty of Candour were estimated at £35.7k (an average of £5.1k per month) based on with-holding the cost of each affected patient's treatment

❖ An additional Quality Assurance step has been added to the incident review process to confirm that the rationale for not completing Duty of Candour within 10 working days is acceptable; this is now included in reporting from November's data

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# 6a. Incident management performance

**All open incidents (by division)**
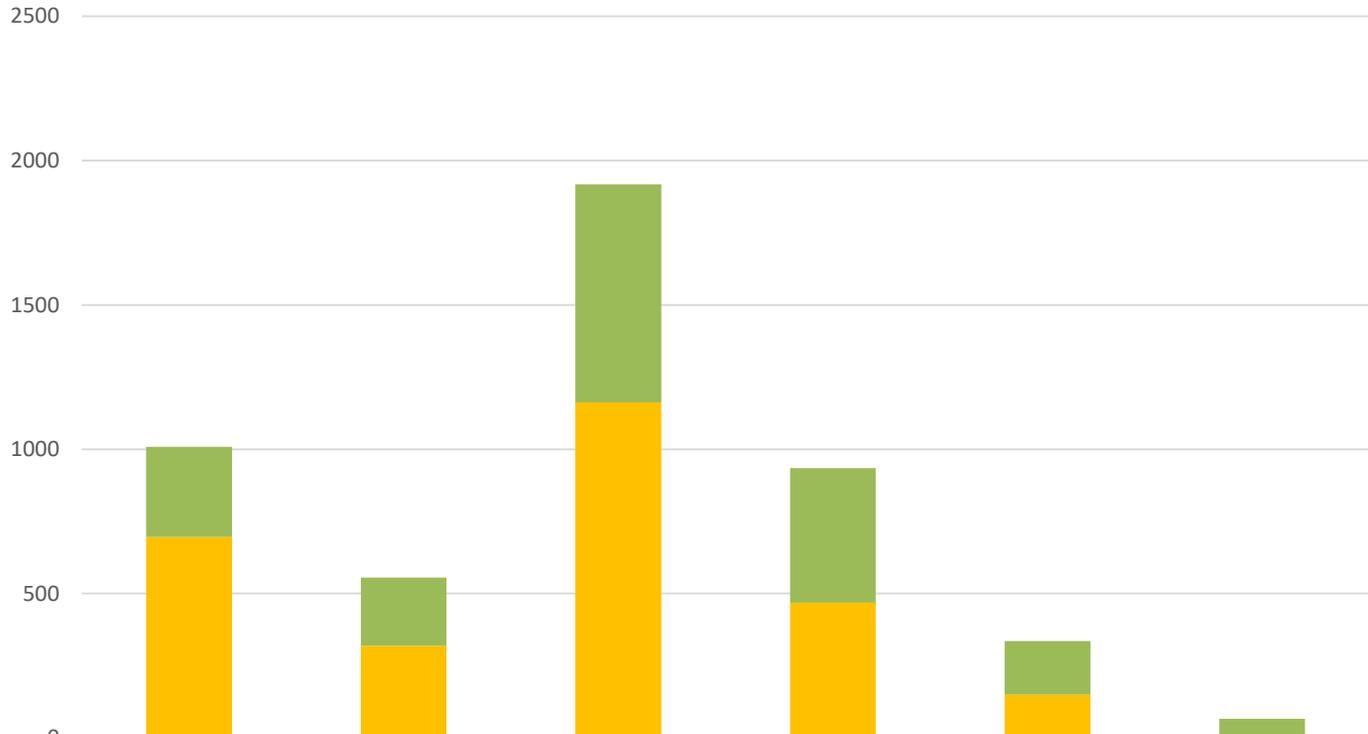
| | Clinical Support Services | Corporate | Medicine | Surgery | Family Health | No division |
|---|---|---|---|---|---|---|
| Under Investigation | 312 | 237 | 756 | 466 | 186 | 66 |
| Holding area, awaiting review | 696 | 319 | 1162 | 469 | 150 | 0 |

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# 6b. Incident management performance

## Analysis

❖ As of 6th January 2020 the Trust had  4819 open incidents on the Datix system

❖ There has been a reduction of more than 550 incidents since last month within improvements seen across all Divisions

❖ Additional support and training is being provided by the corporate Risk & Incident Team to all divisions to enable the backlog to be cleared whilst putting in place sustainable processes for future investigation of incidents as they are reported

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**United Lincolnshire**
**Hospitals**
**NHS Trust**

| Report to: | Trust Board |
|---|---|
| Title of report: | Finance, Performance and Estates Committee Assurance Report to Board |
| Date of meeting: | 19 December 2019 |
| Chairperson: | Gill Ponder, Non-Executive Director |
| Author: | Karen Willey, Deputy Trust Secretary |

| Purpose | This report summarises the assurances received and key decisions made by the Finance, Performance and Estates Committee (FPEC). The report details the strategic risks considered by the Committee on behalf of the Board and any matters for escalation for the Board's response.<br><br>This assurance committee meets monthly and takes scheduled reports from all Trust operational committees according to an established work programme. |
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| **Assurances received by the Committee** | **Lack of Assurance** in respect of  SO 2b Providing Efficient and Financially Sustainable Services<br><br>Issue: Estates Group upward report<br><br>Reason for lack of assurance:  The Committee were pleased to receive an improved assurance report from the Estates group.<br><br>The Committee were advised that there was a overspend of £1.6m due to income underachieving and non-pay overspending, with an impact on the baseline budget in 2019/20.<br><br>The CHP contract had been signed and CHP delivered for which the installation had commenced.  The Committee noted that fire spend was ahead of plan with Lincolnshire Fire and Rescue reducing the frequency of meeting to 6 monthly.  There would be a meeting in January to review the original business case and the expectation to reach the delivery against capital.<br><br>The Committee noted the action plan in respect of Progress Living requesting that further work be carried out to include further narrative, there was a need to be able to track the output of the actions.<br><br>The Committee were advised that the risk score for water safety had been reviewed and increased following the significant issues at Pilgrim regarding legionella.  The Committee noted that a number of measures were in place to manage the issue along with a comprehensive safety action plan.  There would be a need for additional funding to be obtained to improve the water network and improve safety.<br><br>The Committee were advised of a £236m backlog in relation to the backlog or mechanical risk and the gap in funding to maintain the estate. The risk of prosecution to the Trust had been included on the risk register should the estate not be maintained. |

The Committee raised concern regarding the overspend on roof repairs and were advised that repairs had been forecast however spend could not be predicted due to the nature of the work. There would be the ability to fund some elements of the repairs through capital and charitable funds to offset the majority of the overspend.

Concern was raised by the Committee regarding confined spaces and the need for a further data submission. The Committee were advised that there was a second piece of work required to train Trust staff and introduce local procedures to remove the need for specialists.

Actions requested by the Committee: The Committee requested further development of the Progress Living action plan. The committee also requested an assurance report on the actions being taken to mitigate the risk of prosecution for failure to meet all statutory maintenance obligations due to lack of available.

**Assurance** in respect of SO 2b Providing Efficient and Financially Sustainable Services

Issue: Fire Update

The Committee were assured in respect of the programme being on target to time and cost in compliance with Lincolnshire Fire and Rescues updated enforcement notice.

**Lack of Assurance** in respect of SO 2b Providing Efficient and Financially Sustainable Services

Issue: Finance Report

Reason for lack of Assurance: The Committee were advised that at Month 8 the Trust was reporting a £6.1m adverse variance to plan. Whilst there was deterioration in to the position this had been due to non-cash backed accruals being removed and therefore reducing identified risks.

There was confidence on the achievement of 3rd quarter PSF and FRF monies due to assurances given by the CCGs for continued support of the Trust financial position.

Divisional meetings were taking place to seek assurance on the ability to reduce spend and obtain and maintain grip and control.

The Committee sought assurance that the grip and control being undertaken in quarter 4 was not lost at the beginning of April. Lessons learnt from the meetings would be taken to ensure that there remained a process in place to continue forward with rigour in to 2020/21.

Non-elective activity reported favourably to plan by £15m with pressure coming through the medicine division who were carrying £13m of the activity. Discussions were being held to manage the cost base.

| | The main concern regarding the pay position was the control of pay and agency levels.  This reported at circa £9.2m adverse to plan on agency however this had been in part due to the activity pressures.  The Trust needed to be assured that there was control over the agency pay spend.

The Committee were advised of a need to submit an action plan to NHS England/Improvement regarding pay planning and control going forward. The challenge was to also ensure a focus on non-pay and take a holistic approach.

The Committee were advised that there was no capital borrowing required in February, but were asked to support the request to the Board for revenue borrowing of £4.984m  in February 2020.  This amount was in line with the financial plan.

The Committee were requested to support delegated authority from the Committee to the Director of Finance and Digital, Chief Executive and Chair to request borrowing of a further £4m should the cash position deteriorate unexpectedly over the next two months.

The Committee recommended approval by the Board for the revenue borrowing and agreed to delegated authority subject to Board approval.

The Committee raised concerns that the Cost Improvement Plan had stalled and were advised that this was not moving at pace.  There was a need to understand the gap in programme delivery and push plans through to delivery.  The Committee were advised that capacity issues were affecting delivery and this would be addressed in the future approach through resourcing of the integrated improvement plan.

Actions requested by the Committee: The Committee requested assurance on the increased grip and control of agency spend and the processes that would flow through to 2020/21 to ensure that the Trust started the new financial year with those processes in place, rather than putting them in place in the final months of the year. The Committee also requested assurance on how financial efficiency plans will be progressed to ensure that the pipeline of ideas flowed through to actual delivery of cost savings. |
| | **Assurance** in respect of SO 2b Providing Efficient and Financially Sustainable Services

Issue: Use of Resources

The Committee received the Use of Resources report noting that the actions required to be taken from this would be included with the Integrated Improvement Plan. |
| | **Lack of Assurance** in respect of SO 2b Providing Efficient and Financially |

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| | Sustainable Services<br><br>Issue: CQUIN<br><br>The Committee were not assured as the medicines optimisation plan would not be delivered this year, thus worsening the Trust's financial position. However, the shortfall would be made up in 20/21, as this was a 2 year CQUIN and plans were in place to deliver it within that timeframe. |
| | **Lack of assurance** in respect of SO1 Providing Consistently Safe, Responsive, High Quality Care<br><br>Issue: 4 Hour Performance<br><br>Reason for lack of assurance: The Committee noted the further deterioration in 4 hour performance due to the increased demand for admissions, associated with increased acuity and reduced bed availability due to flu and norovirus during November.<br><br>The Trust had also seen a record number of ambulance conveyances during November resulting in significant pressure across the sites and a number of trolley breaches in the 12 hour Decision to Admit standard.<br><br>The Committee were advised that actions from the winter plan had now been enacted.<br><br>Actions requested by the Committee: The Committee requested assurance on the impact and outcomes of the extra steps being taken as part of the Winter plan on improving performance. |
| | **Assurance** in respect of SO1 Providing Consistently Safe, Responsive, High Quality Care<br><br>Issue: Planned Care<br><br>The Committee were advised of an improvement in waiting lists with performance of 82.92%, a positive improvement of 0.65% on September.<br><br>There had been agreed investment of £100k to support validation of the waiting list. This would commence in the New Year, historically when validation was completed a 10-12% reduction had been seen in the waiting list. There was an expectation that waiting would be reduced by the end of March through the revalidation work. |
| | **Lack of assurance** in respect of SO1 Providing Consistently Safe, Responsive, High Quality Care<br><br>Issue: Cancer Constitutional Standards<br><br>Reason for lack of assurance: The Committee were advised that the Trust achieved 2 of the 9 cancer standards during October. |

| | The Breast 2ww position was unacceptably low due to the reduced availability of the temporary workforce and plans were in place to recover the position in January.  Patients however continued to be treated within 62 days. |
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| | The Committee were advised of funding that had been provided by the East Midlands Cancer Alliance which had allowed for the introduction of an improvement team that would allow areas of improvement to be made. |
| | There would be a targeted approach to improvement with the CCG Cancer Lead taking the lead for the Cancer Improvement Programme, this would be a system approach to improvement. |
| | The Committee were presented with the KPMG slide deck to demonstrate how data would be presented giving clear milestones for each pathway.  The report would also provide the ability to see potential failures before they happened, thus enabling action to be taken to prevent the breach of the standard, rather than reporting after it was too late to take corrective action. |
| | Actions requested by the Committee - The Committee requested that the assurance report include the new data and how this was being used to improve performance against these standards, along with the outcomes of actions taken. |
| | Assurance in respect of other areas:

Committee Dashboard:
The Committee received the dashboard, noting that there remained one area that had not been populated.  The Committee identified that the additional metrics had not been included within the report and requested that these were included from January 2020.  There remained a lack of assurance on the overall picture provided by the dashboard.

Board Assurance Framework:
The Committee undertook a review of the content of the Board Assurance Framework identifying a number of updates and confirming the assurance ratings.  The assurance rating for objective 2a had improved to an amber rating from red.

NHS Improvement Observation Action Plan:
The Committee received the action plan and requested that this be received as a standing item on the agenda to ensure ongoing monitoring of actions

Risk Deep Dive – Quality of the Hospital Environment:
The Committee received the report noting that unless there was an active decision to invest in the required areas for improvement these would not reach a significant enough risk level to trigger action.  The Committee |

| | suggested an approach to charitable funds for a rolling programme of support to improve the patient and public environment.<br><br>Major Incident Plan:<br>The plan was received by the Committee for information |
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| **Issues where assurance remains outstanding for escalation to the Board** | The Committee wanted the Board to be sighted on the potential risk of prosecution for inability to meet statutory maintenance obligations due to lack of funding and had requested an assurance report on the actions being taken to mitigate these risks in each area, including electrics, water, asbestos and the mechanical infrastructure. |
| **Items referred to other Committees for Assurance** | None |
| **Committee Review of corporate risk register** | The Committee received the corporate risk register and noted that there had been no material change to the corporate risk profile or very high and high risks.<br><br>The Risk Manager would be invited to the January Committee meeting in order to provide a focused discussion on the risk register. |
| **Matters identified which Committee recommend are escalated to SRR/BAF** | The Committee was assured that the SRR/BAF was reflective of the key risks in respect of the strategic objectives of the organisation. Assurances received were noted and updates would be made to the BAF to reflect discussions. |
| **Committee position on assurance of strategic risk areas that align to committee** | As above |
| **Areas identified to visit in dept walk rounds** | None |

**Attendance Summary for rolling 12 month period**

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

X in attendance A apologies given D deputy attended

**NHS**
**United Lincolnshire**
**Hospitals**
**NHS Trust**

| Report to: | Trust Board |
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| **Title of report:** | Finance, Performance and Estates Committee Assurance Report to Board |
| **Date of meeting:** | 23 January 2020 |
| **Chairperson:** | Dr Chris Gibson, Non-Executive Director |
| **Author:** | Karen Willey, Deputy Trust Secretary |

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| **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.<br><br>This assurance committee meets monthly and takes scheduled reports from all Trust operational committees according to an established work programme. |
| **Assurances received by the Committee** | **Assurance** in respect of SO 2b Providing Efficient and Financially Sustainable Services<br><br>Issue: Fire Update<br><br>The Committee were advised that a review of the original business case was being undertaken with support from finance.  This would allow assurances to be provided on the spend associated with the programme.<br><br>The Committee were assured that the programme would be completed within the remaining time frame of 2 financial years and in accordance with the timetable agreed with the Fire Service.  There remained an £8m spend.<br><br>Alongside the fire works improvements the Trust had achieved clinical improvements to the benefit of both staff and patients.  The Committee raised concerns regarding any ongoing works following the end of the programmed works.  The Committee were advised that these were maintenance and revenue based work that would be scheduled by the Trust.<br><br>Actions requested by the Committee: The Committee requested development of the report prior to presentation to the Board in order to clearly detail the completion of required actions within the financial envelope and agreed timetable. |
| | **Assurance** in respect of SO 2b Providing Efficient and Financially Sustainable Services<br><br>Issue: Car Parking ANPR and Car Parking Charges<br><br>The Committee received an update on the post implementation review of the ANPR system.  The Committee were advised of the lessons learnt from the implementation and were assured that a thorough review had |

| | been undertaken. |
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| | The Committee were advised that following the introduction of the ANPR system it had been possible to determine the length of stay within the Trusts car parks. This had allowed for the development of a simplified tariff for parking charges. |
| | The Committee raised concern regarding the communication of the changes to the tariff due to the proposed change to the large number of visitors within the lower banded tariff. The Communications Team would be engaged to ensure clear messages were provided to visitors. |
| | The Committee recommended approval of the proposed tariff by the Trust Board. |
| | Actions requested by the Committee: The Committee requested that the ANPR paper and Car Parking Charges be combined as a single paper prior to presentation to the Board. |
| | **Assurance** in respect of SO 2b Providing Efficient and Financially Sustainable Services |
| | Issue: Contract Award – Telephony Solution |
| | The Committee received the contract award report for telephony services. A joint procurement process has been completed with LCHS and LPFT, this would result in a single telephony system across the organisations. |
| | The preferred supplier would result in a cost reduction with a circa £500k saving over the 5 year contract compared to current costs. |
| | The Committee supported and recommended for approval the contract award to the Trust Board. |
| | **Lack of Assurance** in respect of SO 2b Providing Efficient and Financially Sustainable Services |
| | Issue: Finance Report |
| | Reason for lack of Assurance: The Committee were advised that at month 9 the Trust were reporting £32k favourable to plan, but this was due to £16.7m of transitional relief funding from the CCGs. |
| | Pay pressures continued to be driven by the level of demand being seen and agency use had not reduced to the expected level due to the continued high levels of demand. There had been a slight reduction in month on agency spend and it is expected there will be a step change next month. |
| | A different approach was going to be taken for 2020/21 in order to ensure |

| | further costs were removed. Performance review meetings during January would have focus for each division to consider non-ward based staffing and undertaken an admin and clerical review to identify those areas where cost savings could be realised. |
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| | **Assurance** in respect of SO 2b Providing Efficient and Financially Sustainable Services<br><br>Issue: Digital Group Assurance Report<br><br>The Committee received the assurance report from the Digital Group noting that there was some degree of assurance in relation to cyber security.<br><br>There would be a reprioritisation and focus in order to drive forward IT and cyber security activities to provide further assurance to the Committee.<br><br>The Committee were advised that Trusts had been making data submissions to NHS Digital regarding cyber security, and feedback from the submissions was now being sought by local and national resilience groups to support and inform responses and readiness to cyber security issues. |
| | **Lack of Assurance** in respect of SO 2b Providing Efficient and Financially Sustainable Services<br><br>Issue: Health and Safety Group Assurance Report<br><br>Reason for lack of assurance: The Committee received the upward report noting that it was still not possible to be assured regarding the actual numbers of staff trained on manual handling. The move to recording of data on to ESR would be able to provide the data for future reports.<br><br>The Committee noted that the Trust had achieved a three star rating following the British Safety Council Task and Finish visit.<br><br>Actions requested by the Committee: The Committee requested that subsequent reports contained the number of staff who required manual handling training, and those who had received training. |
| | **Lack of assurance** in respect of SO1 Providing Consistently Safe, Responsive, High Quality Care<br><br>Issue: 4 Hour Performance<br><br>Reason for lack of assurance: The Committee noted the continued pressures being experienced within the emergency departments and were advised that this continued in a national context.<br><br>December had seen 64.7% achievement of 4 hour performance which was |

favourable to the November position.  The Trust continued to fail the standard, but had been the 4th most improved organisation during December.

The Committee were advised that the Lincoln reconfiguration programme had been completed and phase 2 had been added beyond the original scope of the programme due to the success of phase 1.  A project completion report would be produced.

The urgent treatment centre (UTC) improvements delivered in December had performed above expectations and same day emergency care had also been performing well.  During December there had been difficulties with capacity and on average a 5% increase in ambulance conveyances.  The Committee were advised that non-elective admissions demand had increased by 8%.

The Committee received a verbal update following the winter assurance visit to Lincoln and Pilgrim emergency departments at the beginning of January by the Care Quality Commission.  The Committee were assured that immediate actions had been taken where required.

**Assurance** in respect of SO1 Providing Consistently Safe, Responsive, High Quality Care

Issue: Planned Care

The Committee were advised of an improvement in RTT performance of 83%, this was a positive improvement for a second month of 0.60% on October.  Overall waiting list sizes continued to improve.

Diagnostic performance continued to deteriorate due to capacity issues.  However the position had been largely recovered in Cardiac Services for January.  Regulators had indicated that there was an expectation of 98% or more achievement during February.

**Lack of assurance** in respect of SO1 Providing Consistently Safe, Responsive, High Quality Care

Issue: Cancer Constitutional Standards

Reason for lack of assurance: The Committee were advised that the Trust had seen an improvement in the achievement of standards, 4 standards have been achieved in November.

There had been a deterioration of 62 day performance which remained off trajectory.  This was due to capacity issues that were being addressed.  The Committee were advised that the December figures would also reflect the issues being faced, especially staffing in key specialities such as Colorectal Surgery and Urology.  It was expected that improvements would be seen towards the end of January.

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<td>There had been a reduction in performance for Breast 2 week wait with challenges and issues due to the complexity of surgical and radiology availability.  Booking times had seen a reduction from 21 days to 15 days currently however these issues were not impacting on 62 day treatment standard.<br><br>The Committee noted the steady deterioration in Pathology turnround times, and the impact on cancer care. They were advised that the Pathology Partnership Board had been re-established and monthly meetings were taking place.  A clear work programme was in place to ensure progress and to develop an improved partnership.<br><br>104 day standards continue to receive prioritisation and that patients with significant delays  receive harm reviews.</td>
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<td></td>
<td>Assurance in respect of other areas:<br><br>Committee Dashboard:<br>The Committee received the dashboard noting that it was well populated and work continued to further develop some measures.  There were a number of fails identified within the dashboard resulting in the continued lack of assurance on the strategic objectives overseen by the Committee .<br><br>Board Assurance Framework:<br>The Committee undertook a review of the content of the Board Assurance Framework, discussion was held in relation to objective 2a and the recent pressures experienced by the Trust and the impact this had had on access to services.  The Committee agreed that this rating would be downgraded to red.<br><br>NHS Improvement Observation Action Plan:<br>The Committee received the action plan noting the current position and requested further narrative to support actions 10 – 14 regarding financial planning and reporting.  This would be reported to the Committee in February.<br><br>Internal Audit report – Compliance with legislation:<br>The Committee received the internal audit and held discussions on the reporting of the progress against actions.  Wider discussion would be held by the Executives to determine the wider sharing of the document within the organisation to support the completion of the actions.</td>
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<td><strong>Issues where assurance remains outstanding for escalation to the Board</strong></td>
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<td><strong>Items referred to other Committees for Assurance</strong></td>
<td>None</td>
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<tr>
<td><strong>Committee Review of corporate risk register</strong></td>
<td>The Committee received the corporate risk register and noted that there had been no significant changes to the corporate risk profile or very high</td>
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| | and high risks.<br><br>The Committee noted the increased risk in relation to water safety but were assured that the issue was being controlled through Trust policy and the water incident team.  Appropriate actions were being undertaken and an emergency capital funding bid was due to be submitted to NHS E/I to support the works required.<br><br>The Committee commended the progress made in reducing the risk associated with the Hospital at Night. |
| **Matters identified which Committee recommend are escalated to SRR/BAF** | The Committee was assured that the SRR/BAF was reflective of the key risks in respect of the strategic objectives of the organisation. |
| **Committee position on assurance of strategic risk areas that align to committee** | As above |
| **Areas identified to visit in dept walk rounds** | None |

**Attendance Summary for rolling 12 month period**

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

X in attendance A apologies given D deputy attended

| | Trust Board |
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| **From:** | Simon Evans, Chief Operating Officer |
| **Date:** | February 2020 |
| **Healthcare standard** | Urgent Care Constitutional Standards |
| **Title:** | Initial Review of Winter against Winter Plan Schemes |

| **Author/Responsible Director:** Sarah Hall, Programme Lead, Urgent and Emergency Care Improvement Programme |
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| **Purpose of the report:** To provide Trust Board with an overview of initial indications of the impact of the Winter Plan |

**The report is provided to the Board for:**

| Decision | | Discussion | X |
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| Assurance | | Information | X |
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**Summary/key points:**

- A system wide fortnightly assurance check-in meeting against winter schemes is in place chaired by the COO and CCG Director of Urgent Care
- Mid-winter winter plan review is planned for mid-February 2020
- In December 2019 Type 1 attendances at LCH fell by 3% and increased at PHB by 8% compared with December 2018
- Improvements in Primary Care streaming have prevented what would have been 14% more patients presenting at ED
- Improvement in 4-hour performance in December 2019 is consistent with performance in October 2019
- In the first month of delivering the winter plan ULHT is 1 of only 20 Trusts to have delivered a performance improvement in December 2019 (compared to November 2019)
- Ambulance conveyances increased at LCH in December 2019 by 9% compared with December 2018 and at PHB by 5% in December 2019 compared with the December 2018
- During December 2019, 309 EMAS crews contacted CAS against an expectation of 24 calls per day. This is 430 short of the 744 expected
- CAS for care homes is in place
- Overall bed occupancy continued to be >98%
- The number of patients with a Length of Stay >21days increased to October 2019 levels with 122 super stranded patients against a target of 102
- Full Frailty service was implemented prior to Christmas.
- Ambulatory care services was successful in achieving 20% of take through Same Day Emergency Care Units (SDEC)
- *"ReadySteadyFlow"* the programme to deploy Red2Green best practice discharge approach, has been positive and early indications show that internal delays have been reduced to levels less than external delays
- Multi-Agency Discharge Events (MADE) took place in December and January with some impact although have not been fully analysed
- Swing ward additional medicine capacity was implemented on 23rd December 2019
- Full impact assessment is required of the LCC schemes to SRG to outline impact
- 184 acute hospital bed days saved since the start of step up/step down beds
- 12 rapid discharge beds being appropriately utilised but not yet at full capacity
- 56 beds were closed at ULHT between 24th December and 26th December 2019 due to nursing and medical staffing sickness

**Recommendations:**

- Trust Board are asked to note the contents the winter plan update.
- Trust Board are asked to note that the ULHT Winter Plan forms part of the Lincolnshire System wide Winter Resilience Plan

| **Strategic risk register** - Management of emergency demand (corporate) (4175) | **Performance KPIs year to date** All Urgent and Elective Care metrics 'Zero Wait' indicators |
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| **Resource implications (eg Financial, HR)** – Multiple divisional implications with engagement from divisional and system areas in improvement schemes. |
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| **Assurance implications** – Assurance is required at system level from SRG |
| **Patient and Public Involvement (PPI) implications** – Communication plans at Trust and System level detail the engagement of public and staff required for the success of this plan. In particular, the impact of patient choice during peak demands on acute hospital services. |
| **Equality impact –** No equality impact identified |
| **Information exempt from disclosure** – No |
| **Requirement for further review?**  Yes |

Report to the Trust Board

Initial Winter Review Relating to December 2019

1       Introduction

1.1     The NHS traditionally experiences its greatest pressure over the winter period which is classified 1st December to 31st March.  The pressure felt is the result of often increased numbers of patients requiring urgent or emergency medical services.

1.2     The ability of the system to be able to respond to this demand in a resilient way is important particularly at a time when resources and capacity are in greater demand, patient acuity is likely to be greater due to the prevalence of infectious diseases at this time of year, and due to there being three popular national holidays within very quick succession during this time.

1.3     During October and November 2019 the system began to pull together the actions and interventions required to deliver a safe winter that also maintained performance.

1.4     Winter Funding was not confirmed until late November 2019.  Unlike previous years, the Trust did not receive an allocation of winter money.  Lincolnshire County Council were awarded £3,367.950 to support their identified seasonal schemes.

1.5     The ULHT Winter Plan was received by Trust Board in December 2019 where it was considered as partial assurance provided.

1.6     A system wide fortnightly meeting chaired by the Chief Operating Officer is in place to review the impact of schemes and to amend the system response as required.  A mid-winter review is also planned to take place during February 2020.

1.7     This paper reviews the expectation of demand vs actual for December and the impact of interventions outlined in the Winter Plan.  For comparison purposes, December 2019 is compared with December 2018 and predicted activity in the Pulse Check.

2       Analysis

2.1     In December 2019 ED attendances fell by 3% at LCH (5714) compared with December 2018 (5912) driven by demand being re-directed to a Primary Care Streaming.  At PHB attendances increased by 8% in December 2019 (4485) compared with December 2018 (4137).  The implementation of the Urgent Care Treatment Centres took place during December and this has delivered the anticipated increased in Primary care streaming.  The expected outcome for streaming schemes was set to improve trust level performance by 2.9%. Current performance is improved by 4.0% and streaming has made a positive contribution to the overall 4-hour position.  This represents a significant benefit in preventing what would have been up to 14% more patients presenting through the main Emergency Department at a time of already significant over-crowding.  Therefore, a contributory factor of this success may well be attributed to the relocation of Primary Care Streaming, its new accommodation being co-located with ED providing an improved working environment for staff and a seamless pathway for patients.

2.2     There was an improvement in 4-hour performance at both LCH and PHB in December 2019 consistent with that seen in October 2019. ULHT is one of only 20 Trusts nationally that have delivered a performance improvement in December 2019.  Circa 100 Trusts have seen degradation in performance at this time.

2.3     LCH performance for December was 64.2%.  This represents a positive variance of 6.7% compared with November and 17.9% adverse versus trajectory.  PHB performance for December was 60.4%.  This is a positive variance of 3.5% compared with November and 21.6% adverse compared with trajectory.  Grantham performance for November was 92.4%.

2.4     Ambulance conveyances in December 2019 increased by 9% at LCH (2519) compared with December 2018 (2309).  At PHB ambulance conveyances increased by 5% (2003) in December 2019 compared with December 2018 (1914).  Month on month, there were 225 more conveyances in December 2019 than in November 2019 and 410 more than plan.

2.5     Ambulance handover delays increased during December 2019 compared with November 2019.  During December at LCH there were 669 >59 minute ambulance handovers compared with 588 in November 2019.  At PHB during December 2019 there were 390 >59 minute ambulance handovers compared with 311 in November 2019 and at GDH there were 8 in December 2019 compared with 9 in November 2019.  This represents a 15% increase during December 2019.

2.6     The embedding of the CAS service was a key action for EMAS in the winter plan to reduce conveyances to the hospital.  The expectation set was of a daily average contact rate of 24 calls a day being received by CAS from EMAS.  The impact of this is that during December 2019, 309 EMAS crews contacted CAS during December 2019 (10 per day).  There were a total of 814 contacts between October and December 2019.  This is a 36% improvement with the same period in 2018.

2.7     The roll out of CAS for care homes service to all care in December took place as planned.  An impact assessment on the reduction of conveyances and admissions from care homes to ULHT is currently being undertaken and will be reported back to SRG.

2.8     The number of patients being directly referred into community beds by EMAS was identified as being an under-utilised pathway.  EMAS are working with LCHS to capture the data regarding the utilisation of community beds.  This is unlikely to impact this winter.

2.9     EMAS, LPFT and CAS links with the high intensity user programme was expected to develop during winter 2019.   Work is ongoing being led by neighbourhood teams and to further support this LPFT have implemented a Frequent Attenders Co-ordinator in post from 16th December 2019 working to reduce the attendances of 10 frequent ED attendances at both Lincoln and Pilgrim sites.  The impact of this continues to be monitored.

2.10     The percentage change in the proportion of patients being admitted to IP wards during December 2019 increased by 4% compared with December 2018.  The conversion rate for December 2018 was 31.7% compared with 33.1% in December 2019.  This is likely to reflect the change in patient skillmix now attending EDs. With a reduction in minors patients who now attend urgent treatment centres it is likely this rate of admission will continue to climb.

2.11 Overall bed occupancy at LCH and PHB through December 2019 continued to be around 98%. Following two months of improved performance, PHB has seen an increase in patients admitted over 21 days in November and December. Up until late October, the Trust overall was demonstrating a decrease in super stranded patients down from a baseline of 136 to 101. Long length of stay as at 10th January is off trajectory with 122 super stranded patients against a trajectory of 102.

2.12 The Frailty service at the Trust was implemented just prior to Christmas and was in place during this period as outlined in the Trust Winter Plan providing an ED in-reach service, supporting patients, where appropriate, to return home rather than being admitted. Early indications would suggest that this has been largely successful and a review is taking place to fully understand impact.

2.13 Ambulatory care continued to develop through December 2019 achieving the original ambition of 20% of the medical/surgical take being seen through a same day emergency care facility (SDEC). A stretch target has therefore been imposed to shift this to 25-30%.

2.14 The ReadySteadyFlow programme was fully rolled out during December 2019 and is being embedded across the organisation. There has been a slight improvement in discharges before midday and work is taking place to make Red2Green a business as usual process. Initial indications suggest that since commencing the Readysteadyflow programme that internal delays are now less than external delays since this has been tracked. Further analysis is being carried out to clarify the situation and help with management and progress.

2.15 Multi-disciplinary Discharge Events (MADE) were held in December and January. This was successful in bringing together partners to collaboratively work towards reducing patients length of stay by supporting early discharge where appropriate. The impact of whether this led to the percentage of patients discharged earlier in the day, or whether it increased numbers of patients being discharged is being reviewed. Early indications suggest that the impact was minimal and the MADE model may need to be reviewed to benefit from optimal outcome.

2.16 Elective care reduced in-patient activity during December to respond to the predicated increase in emergency care patients. This mitigated the risk of significantly more cancellations on the day for reasons of bed unavailability.

2.17 The element of the reconfiguration project that converted a surgical ward into a 'swing ward' to be able to cohort medical outliers was delivered to plan on 23rd December 2019. The net effect of this was an additional 6 beds positive impact to medicine and the cohorting of medical outliers supporting medical teams to be able to see patients in a timely manner. On average, this reduced outlier patients (patients in wards other than their primary specialty) by 34patients/day, with knock on benefits in safety, patient experience and reduced length of stay.

2.18 At the end of December nurse staffing levels available ultimately reduced the ability of the Trust to open all available beds and between 24th December and 26th December there were 56 beds closed due to a lack of staffing. During Christmas week, there were 240 Registered Nurse days lost and 228 Health Care Support Worker days lost due to sickness overall. For the week commencing 24th December 2019 there were 39 less nursing shifts requested through bank than in 2018, however this should be offset by the fact that there were 110 more shifts filled in 2019 compared with 2018. The biggest change in requested bank shifts

was at LCH which saw 82 less shifts requested as at 24th December 2019 compared with the same period in 2018, but 82 more shifts filled in 2019 than in 2018.  The overwhelming reason given for sickness was stress and anxiety.

2.19    Lincoln County Council committed to delivering 13 winter related schemes funded as part of the allocated winter monies.  A number of them relied upon the recruitment of staff to realise impact.  The allocation against the 13 schemes is as follows : Winter Discharge Fund - £150,000, Step up/step down beds to reduce unnecessary hospital admission - £266,000, Additional Staff capacity to support scheme 2 - £151,000, Home care restart extensions - £378,00, Extension to hospital avoidance response team (HART) service - £140,000, Winter Induction bursary plus 6 month bonus/DBS - £225,000, Assessment staffing for hospital teams - £360,000, Community care navigators - £150,000, Increase wellbeing capacity - £52,000, Falls response service - £722,000, Intense home support - £176,000, Additional brokeage support to acute hospitals - £135,000, Mental health DTOC - £300,000, Prevention of loss of residential and nursing homes throughout the winter period - £130,000.

2.20    An additional 184 acute hospital bed days have been saved since the start of the step up/step down beds.

2.21    The 12 rapid discharge beds are being appropriately utilised.  They are not yet at full capacity but it is increasing as expected.

2.22    A full impact assessment review is required to be presented back to SRG to outline the impact against all other winter investments made.

3        Conclusion

3.1    Governance processes are in place to review the winter plan with the system that have been absent place in previous years.  The mid-winter review is a new feature of the winter plan and provides an opportunity for schemes to be amended or improved as necessary.

3.2    4 hour standards are representative of a systems urgent care provision. Lincolnshire system urgent care was unquestionably under significant pressure prior to winter, however at the beginning of the winter plan slight improvements have been seen overall. This should not downplay the experience of those patients who did not experience optimal care pathways in line with the 4-hour standard.

3.3    The delivery of primary care streaming through the Urgent Treatment Centres have gone from strength to strength and are significantly supporting patients to be seen more quickly and decongesting what would be an over-crowded emergency department and this should be seen as a significant success of winter 2019/20.

3.4    Despite an increase in attendances and ambulance conveyances overall, ULHT delivered a performance improvement against the 4-hour transit metric.

3.5    Frailty and Ambulatory processes for winter were in place and are delivering to expectation.

3.6    ReadySteadyFlow and MADE event contributed to an increased focus on early discharge and in some cases delivered a percentage improvement in discharges before midday.

3.7    EMAS schemes are largely in place with differing levels of impact.

3.8    The impact of the LCC schemes are yet to be quantified.

3.9     The impact of the Winter Plan interventions were inevitably overshadowed by the unexpected closure of beds that was required in light of the unplanned nurse staffing gaps.

3.10    Resilience training will be key going forward to supporting staff to maintain their resilience at times of increased demand and pressure.

**NHS**
**United Lincolnshire Hospitals**
**NHS Trust**

| To: | **Trust Board** |
|---|---|
| **From:** | Mark Brassington, Director of Improvement and Integration |
| **Date:** | 4 February 2020 |

| Title: | **2019/20 Annual Plan update** |
|---|---|

**Author:** Karen Sleigh, Head of 2021 Change Programme

**Purpose of the Report:**

The purpose of this report is to:
- Provide an overview of our delivery against our 2019/20 Annual Plan.
- Provide an update on the progress of shaping our 2020/21 Annual Planning.
- Outline the links with the wider system planning intentions.

**The Report is provided to the Board for:**

| Decision | | Discussion | ☞ |
|---|---|---|---|
| Assurance | | Information | ☞ |

**Summary/Key Points:**

- The Trust Board signed off the final Annual Plan for 2019/20 in May 2019.
- The purpose of the plan was to set out the Trust's intentions for:
  - ➢ Demonstrating delivery of our services and their challenges and opportunities.
  - ➢ Setting out the vision and direction of travel, which aligned to our Five-Year Strategy.
  - ➢ Detailing plans for key services including activity, workforce and financial plans.
- Providing an overview of the planning intentions for 2020/21.
- Outlining the links to the planning within the wider system.

**Recommendations**

- That the Trust Board notes the progress against the delivery of the 2019/20 Annual Plan, together with the progress for the Trust's Integrated Improvement Plan for 2020/25 with the 2020/21 Annual Plan delivery intentions.

| **Strategic Risk Register** | **Performance KPIs year to date** |
|---|---|
| Board Assurance Framework reports on progress of mitigations against the risks to delivery of the strategic objectives. | The Performance Framework reports on progress of the performance metrics. |

**Assurance Implications**
This paper forms part of the governance assurance of the Trust.

**Patient and Public Involvement (PPI) Implications**
There will be further communication and engagement to provide updates to our staff, patients and the public to communicate the delivery of our intentions.

**Equality Impact**
There will be an Equality Impact Assessment conducted as part of the consultation and engagement processes.

**Information exempt from Disclosure – Yes**

**Requirement for further review?** Yes

## 1.    Purpose of the Report

1.1    The purpose of this report is to provide the Trust Board with an overview of the progress of delivery of our 2019/20 Annual Plan, together with providing an update on the progress of setting out this year's annual planning.

1.2    The 2019/20 Annual Plan was agreed by the Trust Board in May 2019, with key elements of the monitoring of delivery around the Trusts objectives, strategic and tactical priorities and performance metrics, which were signed off as part of the Trust's strategic planning.

1.3    The key intentions for delivery of the 2019/20 Annual Plan were to:

➤ Demonstrate our delivery intentions together with our challenges and opportunities.
➤ Set out the vision and direction of travel, which aligned to our Five-Year Strategy.
➤ Detail integrated plans for key services including activity, workforce and financial plans.

1.4    We are currently developing the Trust's Integrated Improvement Plan, which sets out the strategic direction for the Trust for 2020/25. This provides the framework for the annual planning process that will be integrated across the Trust with a systematic monitoring, and reporting process, together with the wider system planning intentions.

## 2.    Recommendations

2.1    That the Trust Board notes the progress against the delivery of the 2019/20 Annual Plan, together with the progress for the Trust's Integrated Improvement Plan for 2020/25 with the 2020/21 Annual Plan delivery intentions.

## 3.    Summary of Key Points

### Background

3.1    The following strategic framework was agreed to shape our 2019/20 work programme:

### Progress against 2019/20 Objectives

3.2 The following table sets out the summary of progress against our 2019/20 plan:

| Ambition 1: Our Patients – providing consistently safe, responsive, high quality care | | | | | | |
|---|---|---|---|---|---|---|
| **Our Objective** | **SRO** | **Measure** | **Baseline 18/19** | **Metric 19/20** | **Q3 YTD Position** | **Progress** |
| Harm Free Care | MD | 1.Mortality - HSMR | Within control limits | Within control limits | ✓ | HSMR is below expected limits at 90.74. All sites are within or below expected limits. |
| | DoN | 2.Avoidable Harm – Safety Thermometer | 98.5% | 99% | ✓ | The current ST compliance for New Harm free Care is 99.2%. |
| Valuing Patients Time | COO | 3.% of patients seen within 15 mins of appointment time | 33% | 40% | ✓ | On target to meet the 40 % 2019/20 Metric. Issues exist with capturing accurate data from all outpatient areas. Manual audits at Pilgrim showed;<br>-Seen by Nurse in 15 minutes 87.5%<br>-Seen by Consultant in 15 mins – 68.8% |

| Ambition 2: Our Services – providing efficient, effective and financially sustainable services | | | | | | |
|---|---|---|---|---|---|---|
| **Our Objective** | **SRO** | **Measure** | **Baseline 18/19** | **Metric 19/20** | **Q3 YTD Position** | **Progress** |
| Zero Waiting | COO | 4.% of Patients discharged within 24hrs of PDD | 40% | 45% | ✓ | Forming part of the performance monitoring, managing on target. |
| Sustainable Services | DoF | 5. Delivery of Financial Plan | | £70.3m | ✓ | Remain on track to deliver £70.3m through the transitional support from CCGs in recognition of the in year activity pressures. |
| | COO | 6.% of Clinical services rated delivering or excellent | | Baseline year | ✗ | The year-to-date trajectory is to achieve the 45% target (Performance Report pack). Criteria led discharge continues to be rolled out across the organisation. The launch of 'ReadySteadyFlow' across the organisation to embed Red2Green and begin a ward exemplar model for SAFER has been well received. |

| Ambition 3: Our People – providing services by staff who demonstrate our values and behaviours | | | | | | |
|---|---|---|---|---|---|---|
| **Our Objective** | **SRO** | **Measure** | **Baseline 18/19** | **Metric 19/20** | **Q3 YTD Position** | **Progress** |
| Modern and Progressive Workforce | DP&OD | 7.Vacancy fill rate (all staff) | 14.3% | 12% | ✗ | Overall vacancy rate is 14.9%, but posts being held vacant to contribute to financial savings.<br>The six month trend for each three of the priority staff groups for both Vacancy Rate and Turnover remains positive. Since May 2019, AHP vacancy rate has reduced from 14.8% to 12.8%, Nursing, from 20.2% to 16.4% and Medical, from 20.8% to 18.6%. |
| One Team (Making ULHT the best place to work) | DP&OD | 8.Recommend as a place to work (staff survey) | 41% | 46% | Results to be published | 2019 NHS NSS closed December 19, with improved response rate, which is broadly in line with national acute benchmark. Early results suggest small improvements across 60 out of 85 questions, but still below Acute Trust average for most questions. Not able to publish details of scores until March 20. |
| | DP&OD | 9.Recommend as a place to receive care | 47% | 53% | Results to be published | |

| Ambition 4: Our System/Partners – providing seamless integrated care across the Lincolnshire health community | | | | | | |
|---|---|---|---|---|---|---|
| **Our Objective** | **SRO** | **Measure** | **Baseline 18/19** | **Metric 19/20** | **Q3 YTD Position** | **Progress** |
| Service Integration | COO | 10.% reduction in face to face contacts in Outpatients | | 5% | TBC | There is ongoing work to identify the impact of the % improvement of face-to-face v non-face to face. Ongoing improvements for the use of virtual clinics, nurse led clinics or non face to face and telephone clinics in key areas. |

Further details are provided in the attached appendices:

- **Appendix A** provides detailed updates against the tactical priorities
- **Appendix B** provides an overview of the position of the delivery of our enabling strategies

### Summary planning process for 2020/21

3.3     Since the last update in September, there has been the development of the system Long-Term Plan, which has shaped the development of the integrated Annual Planning across the system.

3.4     There has also been the development of the Trust's Integrated Improvement Plan, which sets out the vision for the next five years (2020-25), aligned to the system plan. This will shape the 2020/21 Annual Plan.

3.5     There will be ongoing work to ensure good governance and assurance for the delivery of the Trust's Integrated Improvement Plan, which shapes the future 2021/21 priorities which will be aligned to the system planning.

3.6     At the time of writing the operational planning guidance was still pending

3.7     All divisions have submitted their draft plans that include activity plan, workforce, areas for improvement and their risks. These have been through two rounds of confirm and challenge.

3.8     Activity plan
An activity plan based upon ULHT view of demand (forecast outturn plus growth adjusted for known changes) and available capacity. The demand activity plan is far in excess of the agreed system activity trajectory. A piece of work is underway including all providers, CCG colleagues and system SROs to map the agreed 2020/21 schemes and their impact upon planned and unplanned activity.

3.9     Workforce plan
Divisional plans provide a high level view of staffing and areas for improvement. However workforce numbers remain above those expected driven by the activity plan.

3.10    Areas for Improvement
Divisions have a clear view of where they need to improve in 2020/21. Most had aligned this to the draft Integrated Improvement Plan. Further work is required to understand the resource requirements to support delivery. A draft programme will be in place by 7th February.

3.11    Divisions will provide weekly updates to the annual planning group up until submission date of final divisional plans on 28th February 2020.

3.12    Our Operational Excellence work is planned to commence w/c 10th February. The first phase will be to review the Integrated Improvement Plan and divisional plans ensuring consistency and also to review our ability to deliver our plans.

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4. Recommendations

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The Trust Board notes the progress in the delivery of the 2019/20 Annual Plan and progress towards the creation of the 2020/21 annual plan.

## Appendix A: Overview of delivery of 2019/20 Tactical priorities

### Ambition 1:  Our Patients - providing consistently safe, responsive, high quality care

| Tactical Priorities 2019 | SRO | Action | Timescale | Action Update | Lead | RAG | Recovery if Red |
|---|---|---|---|---|---|---|---|
| Learning from experience | DHROD | • Staff views on how to improve processes to share learning | April | Survey completed | Sally Seeley | G | |
| | | • Review and analyse information from staff survey | May | Survey results reviewed | Sally Seeley | | |
| | | • Devise and implement any new arrangements for sharing | Oct | New arrangements for learning based on  survey being devised and worked through | | | |
| | | • Evaluate new arrangements for sharing | Feb | | | | |
| | | • Workshop / masterclasses across Division / CBU / Specialities including governance | July | Masterclasses for Divisions and CBU delivered as per plan. Insight session open to all staff delivered in August. Further Masterclasses booked to support Divisions. | Sally Seeley & Karen Sleigh | | |
| | | • Accountability Conversations as part of the TOM OD plan | Dec | | | | |
| | | • Examples of Excellence being used to recognise staff who learn from experience and raise | Dec | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | concerns about risks to safety or quality of care | | | | | <span style="background-color:#70AD47"> </span> |
| Patient experience | DRHROD | Patient Experience Strategy | Due August 2019 | Plan developed and signed off at PX Group. Work plan in place and progress reports available. | J Negus | **G** | |
| | | Framework of PIs and processes in place to engage teams in their consideration through TOM | July 2019 | Although initially achieved there have been some ongoing challenges. Revised PXG format being finalised to facilitate greater divisional engagement and assurance. | J Negus | **G** | |
| | | Work to improve communication / empathy | December 2019 | By December will have:<br><br>• Revised Comms first training sits with complaints team.<br>• Empathy museum launched at the PX Conference<br>• Technical delays and recruitment of survey volunteer has slightly delayed the start of real time surveying; IT issues resolved; 4 volunteers going through final stages of recruitment and pilot ward areas identified. | J Negus | **G** | |
| | | Work to protect patient time | December 2019 | The data for patient wait times is retrieved from InTouch and information is not keyed into the system in real time by the end users which reflects inaccurate data of the number of patients seen within 15 minutes of their appointment time.  When patient calling screens were introduced a number of fields were removed from the patient journey screen, the nurse field being one of them, so the data for "first clinical contact" is not available.  This has been raised with InTouch who have advised the fields cannot be re-instated following the installation of patient calling screens.  In order to record "first clinical contact" the fields will have to be renamed, however all clinical areas use the existing fields | Yaves Lalloo / Lee Parkin | **A** | |

| | | | | | | | |
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| | | | | differently therefore a standardised change cannot be implemented.  Alternative solutions are being sought to gather accurate data to support performance.  In the meantime a Survey Monkey was created to get direct patient feedback on the length of time they waited in Outpatients.  We have the data for Pilgrim and the survey is currently running at Lincoln.  We are trying to get volunteer support at Grantham to roll this out over there.  The data received from Pilgrim Outpatients was;<br>-Seen by Nurse within 15 minutes – 87.5% and Seen by Consultant within 15 minutes – 68.75% | | | |

## Ambition 2:  Our Services – providing efficient, effective and financially sustainable services

| Tactical Priorities 2019 | SRO | Action Update | Timescale | Action update | Lead | RAG | Recovery if Red |
|---|---|---|---|---|---|---|---|
| GIRFT | MD | The introduction of the National GIRFT (Getting it Right First Time) programme will be used to help inform the production of a clear strategic direction for | 2019/20 | The national GIRFT programme focusses on standardising variation across clinical pathways, which in turn, creates efficiencies resulting in improved patient care and financial cost savings, which can be quantified at clinical speciality level as each service is reviewed as part of the GIRFT programme.  The GIRFT programme is led by frontline clinicians, and each clinical speciality is allocated a clinical lead at a national level, who then takes on the responsibility to visit all Trusts to review said specialities.  The national GIRFT clinical leads are experts in the clinical specialities they are reviewing  and explore & investigate local Trust level clinical data and clinical practices with their peers, discussing the individual challenges each clinical speciality faces.<br>The output of a GIRFT clinical review is an agreed action plan to address any anomalies and opportunities identified. Delivery of the action plan is overseen internally by the  ULHT Clinical | MD | A | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | the Trust's clinical services. | | Transformation Steering Group, chaired by the Medical Director. The action plans in turn are also monitored closely by the national GIRFT team, who seek assurance of delivery from the ULHT Clinical Transformation Steering Group.<br>The GIRFT programme within ULHT is closely aligned to the ULHT Clinical Service Review Programme. | | | |
| Theatre's | COO | Updates provided through the Integrated Performance Report and managed through the Trust Management Group. | 2019/20 | The aim is to best use our funded elective capacity and doing so in partnership with the Surgical Specialties and our theatre workforce. It is not intended to be a cost improvement programme but will support the Trust in achieving a more sustainable financial position. Improvement to RTT and cancer delivery is crucial together with listening and meaningful communication to our workforce. | COO | A | |
| Urgent and Emergency Care (Q&E SDEC) | COO | Updates provided through the Integrated Performance Report and managed through the Trust Management Group. | 2019/20 | The aim is to offer safe and high quality Urgent and Emergency Care services to our patients in partnership with our partners and stakeholders. This includes access to ambulatory/frailty pathways that are able to respond to patient need.  In developing services in line with national guidance and improving performance against key indicators including quality indicators, it is anticipated that this will improve the recruitment and retention rate of medical and nursing staff building a sustainable future for urgent and emergency are services in rural Lincolnshire. | COO | A | |
| 62 day cancer | COO | Updates provided through the Integrated Performance Report and managed through the Trust Management | 2019/20 | The key objective is to deliver the 62-day standard. In so doing we will improve the experience and outcome of our patients and the reputation of the Trust. Delivery of this objective will support the Trust in achieving recognition as an exemplar health care provider, in particular in relation to rural communities. Key focus will be on delivering compliance in Urology, Lung, Lower GI and oncology with lessons shared across other tumour sites. | COO | A | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | Group. | | | | **A** | |
| Data Quality | DoF | Implementing a programme of Data Quality improvement | 2019/20 | The Data Quality Group has been working as part of the Quality and Improvement Programme to deliver key outcomes, which has included the introduction of statistical tools to translate data to information / intelligence. There has also been ongoing work to focus on a single source of truth (Data Warehouse) by April 2020. | DF&IT | **A** | |

## Ambition 3: Our People – providing services by staff who demonstrate our values and behaviours

| Tactical Priorities 2019 | SRO | Action | Timescale | Action Update | Lead | RAG | Recovery if Red |
|---|---|---|---|---|---|---|---|
| TOM | DHROD | Move to a new Trust Operating Structure | April | New model was introduced in April | MB | **A** | Aspects of work programme are behind. Focus on recruiting to vacant roles. Exploring new strategies where difficult to fill positions. Recognition that transition is taking longer than planned. |
| | | Transition Planning to recruiting into posts and adapting to the new Model | September | Interim arrangements for Clinical Director in Medicine in place and improved appointment to a number of Clinical Lead roles although some remain unfilled. | MB | | |
| | | New ways of working – governance documentation | September | Governance documentation published. Currently reviewing progress on implementation and next steps e.g. on devolution arrangements | PM | | |
| | | Develop staff in the new ways of working – OD Plan | February | Range of interventions operational. | MR | | |
| Recruitment | DHROD | Scale up internal | May | Resourcing team in place. | DT | **A** | Improved CBU |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | resource to delivery significant improvement to the fill rate for medical and nursing establishments | | | | ownership of medical plan for every post.

Full mobilisation of International Nursing programmes.

OSCE support for Children's nursing being explored.

Further optimisation of TMP brand development work. |
| | | Improved Transactional Services for Recruitment | July | Improvement action plan in place. Agreed suite of Trust and Divisional KPIs. Evidence of early improvement but will require continued close monitoring | KT | |
| | | Improve substantive medical recruitment | Through 19/20 | Numbers less than original plan but cumulative annual increase, although full financial benefit yet to be seen. | DT | |
| | | Improve substantive nursing recruitment | Through 19/20 | Strong NQN numbers as planned. Delayed contract award impacted on 19/20 numbers but international recruitment now operational. Engagement with HEE GLP programme. | DT | |
| | | Improve candidate attraction and employer brand | October | Work with TMP completed (and concepts used in local campaigns) and STP attraction strategy work on-going | MR | |

## Ambition 4:  Our System/Partners – providing seamless integrated care across the Lincolnshire health community

| Our Tactical Priorities 2019 | SRO | Action | Timescale | Action Update | Lead | RAG | Recovery if Red |
|---|---|---|---|---|---|---|---|
| Pathway redesign | MB | Programme to deliver the Single System Plan | Longer term | **This Programme of work is essentially the delivery of the Lincolnshire Single System Plan**. The Lincolnshire Health and Care system is signed up as a system to **"Integrated models of clinical care".**  This direction has been adopted to ensure that we do as much as possible to keep people "well" in the community, and prevent admissions to hospital wherever possible, by caring for people in the community. It is about providing care in the right place, first time. The integrated models of care will consider patient pathway redesign for a number of services, and this will involve what is being referred to as a **"left shift of activity"** away from ULHT into the community for delivery.  An integrated Care Committee has been established for the Lincolnshire system, and this committee will oversee the implementation of the new community driven pathways of care. | MB | A | There is ongoing work across the system to integrate the planning across the system to align to the Long-Term Plan. |

| RAG STATUS KEY | |
|---|---|
| Blue | Scheme completed and successfully delivered |
| Green | Scheme deemed to have no/minimal risks to deliverability |
| Amber | Scheme deemed to have moderate risks to deliverability |
| Red | Scheme deemed to have major risks to deliverability |

## Appendix B: Overview of the delivery of the enabling strategies

| Enabling Strategies | | | |
|---|---|---|---|
| **Strategy** | **SRO** | **Key issues, risks or escalations** | **Current RAG** |
| **Our patients** | | | |
| **Quality Strategy** | **Director of Nursing** | **Being redrafted:** This strategy will set out the Trust's approach to delivering high quality safe care for our patients. Patients will be encouraged to become partners in their own care and with services designed with them. | **A** |
| **Our services** | | | |
| **Clinical Strategy** | **Medical Director** | **Approved:** This strategy sets out the clinical transformation required for us to lead the development of integrated care closer to home. It outlines our move to consolidate specialist care on fewer sites where it improves outcomes and safety, and the advancement of improvements through service reviews and GIRFT improvements. | **G** |
| **Financial Strategy** | **Director of Finance** | **To come:** This strategy will set out how we intend to achieve planned savings and more efficient ways of working. Through the development of new models of care and the reduction in the demand for acute services we aim to achieve a more financially sustainable position that will enable us achieve financial balance. | **R** |
| **Digital Strategy** | **Deputy Chief Executive** | **Trust Board Approved:** This strategy outlines how we will deliver the clinical systems, technology, information, resources and processes required to help us transform our clinical services and deliver the highest quality patient care. This includes detail on how we will provide secure online access in real time via a single portal that will be available to meet clinical needs. | **A** |
| **Estates Strategy** | **Director of Estates** | **Being developed (including the Environmental Strategy/Plan):** This strategy recognises remodelling buildings and infrastructure will be paramount as services change. We are working with architects and healthcare planners to take account of diverse stakeholders, new treatments and medical advances to improve the design of healthcare space and layout. | **A** |
| **Research Strategy** | **Medical Director** | **Being refreshed:** The ULHT ambition for research is to ensure that we feature nationally and internationally on the research landscape and to deliver clinical research, which provides benefit to patient care and contributes to learning in regard to the provision of healthcare within a rural setting. | **G** |
| **Our people** | | | |
| **People Strategy** | **Director of HR & OD** | **Being developed:** This strategy focusses on ensuring that we have the right number of people, in the right places, with the right skill mix, attitudes and behaviours, motivated and managed to perform at their best (at a price that we can afford) and engaged on high value care, focussing on recruitment and retention. | **A** |
| **Inclusion Strategy** | **Director of HR & OD** | **Being developed:** Our vision is for inclusion to be a 'golden thread' running through all that we do and say. This strategy will enable us to evidence improvements in the compliance and performance with our duties, demonstrating how a diverse workforce will promote our equality, diversity and inclusion agenda. | **A** |

| RAG STATUS KEY | |
|---|---|
| Blue | Scheme completed and successfully delivered |
| Green | Scheme deemed to have no/minimal risks to deliverability |
| Amber | Scheme deemed to have moderate risks to deliverability |
| Red | Scheme deemed to have major risks to deliverability |

**NHS**
**United Lincolnshire Hospitals**
**NHS Trust**

| Report to: | Trust Board |
|---|---|
| **Title of report:** | Workforce and OD Committee Assurance Report to Board |
| **Date of meeting:** | 13th December 2019 |
| **Chairperson:** | Geoff Hayward, Non-Executive Director |
| **Author:** | Jayne Warner, 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. |
| **Assurances received by the Committee** | **Lack of Assurance in regard to Workforce KPI Report** |
| | **SO Ref: SO3a** |
| | **Reason for lack of assurance**: The Committee received the key performance indicators noting that targets were not being met and despite the ongoing work the Committee could not be assured. |
| | **Lack of Assurance in regard to Medical Engagement** |
| | **SO Ref: SO3a** |
| | **Reason for lack of Assurance: T**he Committee were given a detailed update on all of the projects to support medical engagement. The Committee noted the actions but sought assurance in the form of a quarterly report which would demonstrate that the actions taken had been successful in delivering better engagement. This would be achieved by sharing the medical engagement and delivery plan with the Committee quarterly. |
| | **Lack of Assurance in regard to Salary Overpayments** |
| | **SO Ref: SO3a** |
| | **Reason for lack of Assurance:** the Committee received the detail of salary overpayments which had been referred from Audit Committee. The Committee were advised that a review had identified that the issue was operational. It was also agreed that going forward the data would be shared with divisions through the PRM. |

**Assurance in regard to Apprenticeships**
**SO Ref: SO3a**

**Source of assurance:** The Committee received assurances on the uptake of the apprenticeship levy noting that the Trust was delivering 90% of the target.  The Committee noted that the recruitment restrictions had resulted in levy clawback.

**Lack of Assurance in regard to Job Planning**
**SO Ref: SO3b**

**Reason for lack of Assurance:** The Committee noted a report detailing progress made to achieve job plans.  The Committee heard that the Trust had made progress however the position was still not where it should be.  Job planning was completed without in every case being informed of the work needing to be delivered.  A step change was required to accurate capacity modelling.  The Committee heard that the Trust could not be assured that 100% of job plans would be in place by March 2020.  A review of on call categories was planned for 2020/21.

**Lack of Assurance in regard to Guardian of Safe Working Quarterly Report**
**SO Ref: SO3b**

**Reason for lack of Assurance**:  The Committee were pleased to received the quarterly report from the Guardian of Safe Working and noted there had been some progress on actions.   The Committee remained concerned however that there were still issues to be resolved about reporting and recording so that potential hotspots could be investigated

**Assurance in regard to Workforce CQUIN**
**SO Ref: SO3b**

**Source of Assurance**:  The Committee received the update from the Medical Director which confirmed that all workforce CQUINs were on track.

**Assurance in regard to NHSI Observations**

**Source of Assurance:** The Committee received an update on the proposed actions and the ongoing work to address.

| | |
|---|---|
| **Issues where assurance remains outstanding for escalation to the Board** | None |
| **Items referred to other Committees for Assurance** | The Committee had received a request from the Finance, Performance and Estates Committee to seek assurance on the impact of the introduction of TRAC. The Committee noted that Internal Audit were commencing a recruitment audit and agreed to await the outcome of this review. |
| **Committee Review of corporate risk register** | The committee considered the risk register and agreed that there needed to be a shift in focus for the workforce risks. The risks as currently described talk about numbers and capacity but not quality. Medical Director would review register accordingly. |
| **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 agreed that the workforce elements of the Board Assurance Framework would be considered by the Workforce Strategy Group to consider in detail how assurances could be presented to the Committee. |
| **Areas identified to visit in ward walk rounds** | No areas identified |

**Attendance Summary for rolling 12 month period**

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

| Report to: | Trust Board |
|---|---|
| **Title of report:** | Workforce and OD Committee Assurance Report to Board |
| **Date of meeting:** | 9th January 2020 |
| **Chairperson:** | Geoff Hayward, Non-Executive Director |
| **Author:** | Karen Willey, Deputy Trust Secretary |

| Purpose | This report summarises the assurances received and key decisions made by the Workforce and OD Assurance Committee. The report details the strategic risks considered by the Committee on behalf of the Board and any matters for escalation for the Board. <br><br> This assurance committee meets monthly and takes scheduled reports according to an established work programme. |
|---|---|
| **Assurances received by the Committee** | **Assurance in regard to NHS People Plan** <br> **SO Ref: SO3a** <br><br> **Source of assurance:** The Committee received an update on the interim NHS People Plan in order to ensure that there was oversight and understanding of the plan. The Committee were assured that based on the content of the interim plan there were links to this within the Trusts Improvement Plan. <br><br> The Committee requested that medical e-rostering was included within the Trusts plan and rolled out to the medical workforce. Further updates on e-rostering success and benefits were requested by the Committee. <br><br> --- <br><br> **Lack of Assurance in regard to Workforce KPI Report** <br> **SO Ref: SO3a** <br><br> **Reason for lack of assurance**: The Committee received a verbal update on the key performance indicators noting that there had been a sizeable reduction on spend in medical workforce during December and a reduction in agency shifts for nursing. <br><br> The Committee were advised that the target date to achieve no HCA vacancies had been passed however it was anticipated that by 15th January vacancies would be filled. <br><br> It was noted that sickness rates were comparable with the same period in the last year. The Trust had achieved 67% of flu vaccinations, this was below the previous years achievement. Additional actions were in place to increase the uptake. <br><br> There had been no change in the previously reported position of the Cost Improvement Plan. |

| | |
|---|---|
| | **Assurance in regard to Safer staffing**<br>**SO Ref: SO3a**<br><br>**Source of Assurance:** The Committee were assured that the establishment review had been undertaken in accordance with national requirements. Some items regarding the construction of rotas would require changing.<br><br>A number of recommendations were detailed in the paper that would continue the Trusts journey of quality improvement. Further detail and clarity of the recommendations would be developed prior to presentation to the Board. |
| | **Assurance in regard to Clinical Excellence Award**<br>**SO Ref: SO3a**<br><br>**Source of Assurance:** The Committee received the annual Clinical Excellence Award report noting that national guidance had been closely followed, local guidelines developed and lessons learnt from prior years.<br><br>The Committee were advised that the Trust had managed to undertake a number of required changes within the financial year that had put the Trust as a positive outlier by meeting or exceeding the guidelines.<br><br>The Committee noted that the 2019/20 process had commenced with improvements to documentation. |
| | **Assurance in regard to National Staff Survey Results**<br>**SO Ref: SO3b**<br><br>**Source of assurance:** The Committee received the initial results of the staff survey which demonstrated a small but consistent improvement across the questions.<br><br>The Committee were advised that further detailed analysis would be broken down by Division and Business Unit. The Trusts response to the results would be in the context of the overall Integrated Improvement Plan. |
| **Issues where assurance remains outstanding for escalation to the Board** | None |
| **Items referred to other Committees for Assurance** | None |
| **Committee Review of corporate risk register** | The committee considered the risk register and noted that there remained a number of risks that did not appear to have been updated for a prolonged period of time. The risk register would be reviewed. |

| | |
|---|---|
| | |
| **Matters identified which Committee recommend are escalated to SRR/BAF** | The Committee debated how it could better be assured on workforce planning and whether this could be achieved through reports from the workforce planning group.<br><br>The Committee received assurance on the effectiveness of the recruitment partner whilst recognising that it was still early days.<br><br>Gaps in assurance were to be further reviewed to ensure nothing had been missed.<br><br>The Committee were not assured on succession planning which would need to have continued focus in 2020/21 |
| **Committee position on assurance of strategic risk areas that align to committee** | No further areas identified. |
| **Areas identified to visit in ward walk rounds** | No areas identified |

**Attendance Summary for rolling 12 month period**

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

NHS
United Lincolnshire
Hospitals
NHS Trust

| To: | **Trust Board** |
| --- | --- |
| **From:** | |
| **Date:** | 27/01/20 |
| | |

| **Title:** | Healthy Conversation 2019 final report |
| --- | --- |

**Author/Responsible Director:** Charley Blyth, Director of communications and engagement, Lincolnshire NHS

**Purpose of the Report:** To inform of the process and outcomes of the 2019 system wide communications and engagement campaign

**The Report is provided to the Board for:**

| Decision | | Discussion | |
| --- | --- | --- | --- |
| Assurance | | Information   x | |

**Summary/Key Points:**

We are pleased to present our first 'Lincolnshire NHS' engagement report. The engagement campaign 'Healthy Conversation 2019' took place during March to October 2019 and was delivered by the all the Lincolnshire NHS organisations' together.

This report provides a summary of the feedback from the Healthy Conversation 2019 (HC2019) campaign to the public, staff, NHS organisations, partners and stakeholders. It details the campaign activity and explains how the feedback and results have informed the development of Lincolnshire's Long Term Plan and NHS work programmes as well as being used to shape emerging options for the Acute Services Review consultation.

The appendices provide further details of the campaign's communication and engagement activities and the feedback received.

There have been some key pieces of public feedback that have been captured through the campaign.
We have heard that the people of Lincolnshire:

- Have respect and admiration for staff in the NHS

- Believe that prevention is better than cure

- Would like more education on healthier lifestyles and prevention

- Want support to manage their own health conditions proactively

- Want help to look after themselves better

- Recognise that NHS staff and skills are precious and we should use them sensibly

- Acknowledge that seeing a doctor is not always the best option

- Are enthusiastic about engaging with us through digital means as much as possible

- Want joined up care

- Are genuinely concerned about how the NHS can help people living in deprived areas

**Recommendations:**

The board is asked to consider this proposed final report and make any comments / additions so it can be finalised.  The aim is to publish the final report early March 2020.

These key messages from the public, and other more locality and service specific feedback, is being used to inform both current and future transformation programs.

| **Strategic Risk Register**<br>NA – System report | **Performance KPIs year to date**<br>NA – System report |
|---|---|

| **Resource Implications (eg Financial, HR)** None |
|---|
| **Assurance Implications** None |
| **Patient and Public Involvement (PPI) Implications** Note feedback |
| **Equality Impact** To be assessed via separate EIA activity |
| **Information exempt from Disclosure** No |
| **Requirement for further review?** No |

**NHS**

**HEALTHY CONVERSATION** 2019

www.lincolnshire.nhs.uk

# Final Report for Healthy Conversation 2019

*An NHS engagement exercise with the people of Lincolnshire to understand what matters to them in order to inform NHS service development in the future*

People are at the heart of everything we do and it's important that they are involved not just in decisions about their care, but also in decisions that shape the current and future health services in Lincolnshire.

## Introduction

We are pleased to present our first 'Lincolnshire NHS' engagement report. The engagement campaign 'Healthy Conversation 2019' took place during March to October 2019 and was delivered by the all the Lincolnshire NHS organisations together.

This report provides a summary of the feedback from the Healthy Conversation 2019 (HC2019) campaign to the public, staff, NHS organisations, partners and stakeholders. It details the campaign activity and explains how the feedback and results have informed the development of Lincolnshire's Long Term Plan and NHS work programmes as well as being used to shape emerging options for the Acute Services Review consultation.

The appendices provide further details of the campaign's communication and engagement activities and the feedback received.

## Healthy Conversation 2019 Executive Summary

Through the HC2019 engagement campaign and associated communications, there have been a vast number of contacts using a variety of methods such as Facebook, Twitter and other social media platforms. Other methods have included face to face contacts such as events, surveys, forms, market days and supermarkets. Healthy Conversation 2019 has been communicated widely via different channels and with the support of our stakeholders and partner organisations, sharing information on our behalf. Below is a summary of these contacts, and the breadth of opportunity available for people to engage with.

# Engagement

**Launch day**
- Successful event held in a central, accessible location within Lincolnshire
- Press and key stakeholders in attendance
- Clinicians and senior executives available to answer questions and provide interviews
- Also launched through communication channels such as local media, social media and radio
- Key stakeholder briefings took place and information provide via press packs

**Open Events**
- 9 events across the county
- 'Interactive' face to face approach involving clinicians, senior executives and managers.
- Displays showcasing information and opportunities for involvement in prevention and self-care, integrated community care, mental health, hospital services, enablers (digital, workforce, estates), NHS Long Term Plan, travel and transport
- Promotion of opportunities to get involved e.g. Survey, feedback forms, Keep in Touch forms

**Workshops**
- 4 workshops held in 2 locations
- 'Deep dive' sessions held in the localities for the public to ask detailed questions
- Clinicians and senior executives present to talk through rationale, opportunities and risks
- Feedback and FAQs from the workshops published

**Roadshows**
- Spokespeople visited 12 different communities by attending various market days and supermarkets across the county
- Provided opportunities to share information, answer questions and gather feedback
- Helped to reach people that may not attend other events or feel able or confident enough to speak up in unfamiliar settings
- Increased campaign awareness

**Existing community meetings**
- Captured people's views at community meetings with various groups such as Lincs Sensory Service, Parent and Toddler groups and village friendship groups
- Attended existing external events e.g. New College Stamford Fresher's Fair, Safeguarding Conference 2019, Race Equality Conference and Annual Public Meetings etc.

# Stakeholder Management
- Partner working with EMAS, neighbouring Trusts and HealthWatch
- Updates presented to our Stakeholder Board and Voluntary Engagement Team
- Formal attendance at Health Overview and Scrutiny Committee and Health and Wellbeing Board
- Updates sent to local MPs, District Councils, Parish Councils, Health partners, campaign groups, local influencers, staff reps and regulators.

# Media
- Press/public hub established March 2019 on the day of the launch
- Encouraged media to attend and report on all events
- 160 enquiries handled from the press and the public
- 19 press releases issued
- Featured on radio, TV and print press
- Healthy Conversation hotline number and email address used for all enquiries
- Regular media monitoring- featured in 40 positive stories, 28 negative and 15 neutral.
- Several case studies created and published on Lincolnshire NHS' website

# HEALTHY CONVERSATION 2019
## Summary of activities

# Marketing
- Pull up banners, leaflets, survey, stakeholder mailing lists, display boards and posters, 'You Said, We Did' leaflets , displays on TV screens in GP practices, information in County News, hand delivered leaflets and posters to local outlets, posted leaflets and posters to all GP practices and NHS organisations
- Freepost address established

**Information films**
- 20 information films available to all
- Covering various topics such as Breast and Stroke service and Urgent and Emergency Care services etc.
- Promoted and available to watch via YouTube, Facebook, Twitter and the Lincolnshire NHS website
- 1659 video views

# NHS Staff
- Initial detailed team briefings across all 7 organisations in Lincolnshire coincided with the launch day.
- Screen savers displayed on staff computers across 7 organisations
- Built on existing methods of communication in organisations such as websites, staff briefings, bulletins and local intranets
- Regular updates on staff wide bulletins, intranets executive blogs and emails and team briefings
- Captured staff views by attending events such as the STP Digital Connected Care Event where 300+ people attended

# Digital

**Website**
- Website established March 2019
- One central hub available to all for communications and engagement activity and background information
- Creation of FAQs section and 'You Said, We Did'
- Update report published September 2019
- Monthly infographic summarising communications and engagement activity
- 54,695 page views

**Social Media**
- Creation of Facebook, Twitter and Instagram accounts
- Post reach of over 175,000 Facebook
- A total of 286,531 tweet impressions
- Regular key messages and information shared widely
- Promotion of events and workshops
- Used as a platform for communicating good news stories and connecting with the public

# Equality and Diversity
- Worked with People's Partnership to further engage with protected characteristics groups
- Worked with the Equality and Diversity team to distribute translated leaflets via Health Promotion Events which took place on several occasions at Bakkavor, Moy Park
- Survey translated into the 5 most spoken foreign languages in Lincolnshire
- Easy read, braille and audio versions of the survey available on request
- Downloadable and printable version of the survey online

# Key messages from Healthy Conversation 2019

We have heard that the people of Lincolnshire:

- Have respect and admiration for staff in the NHS
- Believe that prevention is better than cure
- Would like more education on healthier lifestyles and prevention
- Want support to manage their own health conditions proactively
- Want help to look after themselves better
- Recognise that NHS staff and skills are precious and we should use them sensibly
- Acknowledge that seeing a doctor is not always the best option
- Are enthusiastic about engaging with us through digital means as much as possible
- Want joined up care
- Are genuinely concerned about how the NHS can help people living in deprived areas

We heard that people in the Grantham area:
- Want 24/7 'walk in' access to urgent care services at Grantham Hospital
- Support a centre of excellence for elective care at Grantham Hospital

We heard that people in the Boston area:
- Want to keep maternity, neonatal and paediatric services at Pilgrim Hospital (with only one option going into the ASR public consultation)
- Are concerned about travel time for people with symptoms of a suspected stroke if the service is no longer at Pilgrim Hospital

We heard that people across Lincolnshire as a whole:
- Are concerned that Lincoln Hospital is not big enough to have more services moved there
- Are concerned that some patients, families and those from deprived backgrounds will have difficulty travelling to Lincoln Hospital, exacerbated by general issues with road networks and public transport in the county
- Are worried about current difficulties getting a GP appointment, and believe GPs and other services could be better linked
- Are concerned about the recruitment challenges faced by the NHS locally and nationally

## Next Steps

All feedback received throughout Healthy Conversation 2019 has been reviewed and analysed by our lead clinicians and is already being, or will be, used as follows:

- Lincolnshire's Long Term Plan (LTP) has been developed and will be published shortly in line with the national timeframe. The LTP details many actions being taken forward which are consistent with the feedback received from the public
- You said that you wanted improved joined up care – we have expanded how we work together through our integrated neighbourhood working teams and Primary Care Networks. These are groups of 'multi-disciplinary' staff, working across their skills in your local area to link up care
- To inform the next stage of the Acute Services Review (ASR) programme, most notably developing the emerging options being considered for full public consultation
- As the NHS enters its national annual planning cycle, all of the HC2019 feedback continues to be delivered to our clinicians and strategists as part of the briefing process which will influence this planning
- You said that you wanted more help on healthy lifestyles. In January 2020, we celebrated a reduction in smoking rates in the county in the past 12 months and we are committed to continuing to work with our Public Health England colleagues in the county to create continued successes across both prevention and self care
- You are concerned about travel in the county, both road networks and public transport. We are actively working with Lincolnshire County Council, who are responsible for these areas, and other relevant partners in order to develop solutions and improvements. A significant example of this co-development is the joint transport strategy we are all signed up to
- You are interested in how digital technology can improve access to the NHS in the county
- We are in the process of establishing a showcase and information event for the public in 2020 to hear your views on what solutions would work best for patients and their carers
- We heard that HC2019 was welcomed and the opportunity for the public to continuously influence decisions in this way is something we all want to commit to continuing. We are actively in the process of establishing Lincolnshire's Citizens Panel, which will help broaden

and deepen our interaction and feedback processes across the county, one of many examples of improved processes we are implementing.

## Conclusion

Healthy Conversation 2019 has evidenced the public's willingness to engage in difficult conversations, and offer suggestions regarding how we can improve. They want the NHS to have increasing focus on prevention and self-care, use a common language and link all its different elements better. They welcome that we are listening. Healthy Conversation 2019 has not just been about what people want, but understanding what matters to them, what they think would work best and why.

These conversations have been framed within realistic parameters about what the NHS can and cannot deliver. Lincolnshire NHS pledges to build on Healthy Conversation 2019 and develop this conversation in 2020.

The feedback received has been used to inform the development of Lincolnshire's Long Term Plan, NHS work programmes and further shaped the emerging options for the Acute Services Review consultation. As the NHS enters its national annual planning cycle, all of the HC2019 feedback forms will also be used in the briefing process to influence this planning.

**Appendices:**

| Appendix | Content |
|---|---|
| 1 | Healthy Conversation 2019 purpose and activities |
| 2 | Feedback from: <br> • Open engagement events <br> • Paper and online forms and queries <br> • Workshops 1 & 2 <br> • Market days <br> • Community group meetings <br> • Stamford Freshers' Fayre <br> • Overview of Acute Services Review survey and The People's Partnership report |
| 3 | Workshop Frequently Asked Questions |
| 4 | Acute Services Review survey report |
| 5 | The People's Partnership Acute Services Review engagement with hidden and hard to reach communities |

## Appendix 1: Healthy Conversation 2019 purpose and activities

On 5 March 2019, the NHS across Lincolnshire launched its Healthy Conversation 2019.  This was an open engagement exercise to shape how the NHS in Lincolnshire takes health care forward in the years ahead.  It was a chance for everyone to learn more about the NHS's current thinking on the future of NHS services and a way to get meaningful feedback from our patients, their representatives, the public, NHS partners and staff about what future services may look like. Healthy Conversation 2019 continued throughout the year, with a wide range of engagement events and discussions across the county. Almost seven months of engagement came to a close on 31st October 2019 and has enabled all feedback received to be considered in a timely manner and informed the Lincolnshire's Long Term Plan, alongside the Healthwatch engagement results. Feedback has also been reported into system programmes as well as shaping emerging options for the Acute Services Review consultation.

The key overarching Healthy Conversation 2019 campaign messages have been:

- Lincolnshire's NHS needs to continue to transform to improve quality, attract staff and be fit for the future
- The way we all use the NHS needs to change too
- We need to make this change together – get involved

**Engagement activity undertaken:**

The various waves of communications and engagement have incorporated a number of activities to give as many people as possible the opportunity to get involved and share their views in a way that suits them:

| March - June 19 **Wave one** | July - October 19 **Wave two** | Sept - Oct 19 **Wave 3** |
|---|---|---|
| • 9 open engagement events<br>• Engagement with protected characteristics<br>• Ongoing engagement activities | • Deep dive workshops<br>• Engagement roadshows<br>• Ongoing engagement activities | • Engagement roadshows<br>• Raising awareness |
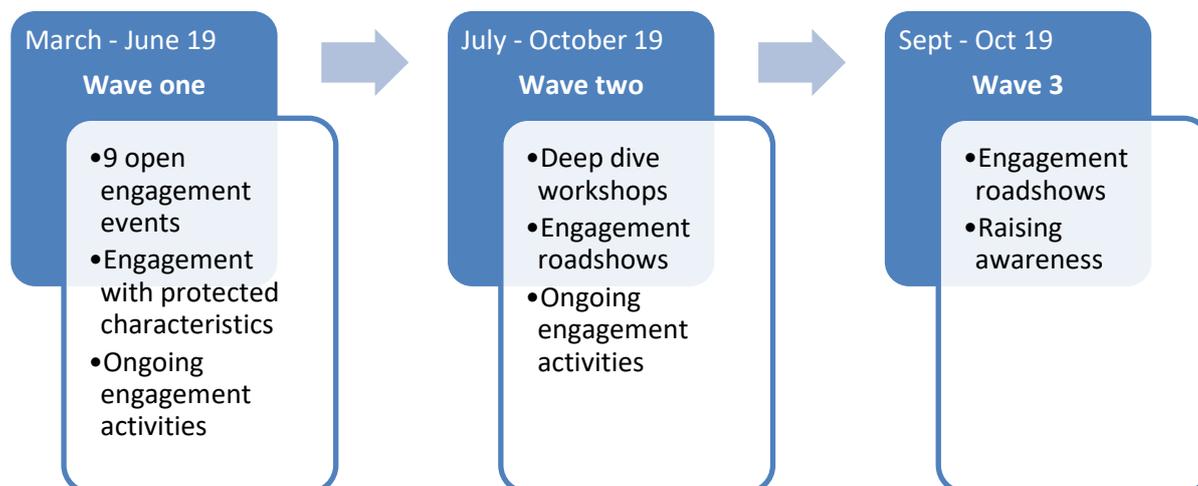
Overview of engagement to date:

| Engagement activity | Reach |
|---|---|
| Acute Service Review (ASR) survey *(closed 31st August 2019)* (also translated into Romanian, Polish, Russian, Latvian, Lithuanian, and Portuguese) | 649 responses |
| General feedback forms | 200+ responses |
| 9 Healthy Conversation open events in Boston, Louth, Skegness, Grantham, Sleaford, Gainsborough, Lincoln, Stamford and Spalding | 365 attendees |
| People's Partnership engagement with protected characteristics | 130 responses |
| Roadshows (market days, supermarkets, shopping centres) | 55 feedback forms received and 416 leaflets handed out |
| Distribution of leaflets and posters (see appendix A) | All NHS organisations and staff, GP practices, libraries, pharmacies, colleges etc |
| Locality workshops<br><br>Grantham: 19 June 2019<br>Boston: 27 June 2019<br><br>Grantham: 9 October 2019<br>Boston: 10 October 2019 | 49 attendees across the workshops |
| Community meetings (e.g. Health Improvement Partnership, Toddler Group, Blind Society meetings etc) | 139 attendees at meetings with a reach of over 7000 members. |
| Health Scrutiny Committee meetings<br><br>• 20 March 2019: Introduction to HC2019<br>• 15 May 2019: Urgent & Emergency Care proposal<br>• 12 June 2019: Womens & Childrens / Breast Services / Stroke Services case for change and emerging options<br>• 10 July 2019: Mental Health Learning Disabilities & Autism Services<br>• 18 September 2019: HC2019 update / medical services at Grantham Hospital case for change and emerging options<br>• 16 October 2019: Haemotology & Oncology | District Councilors and Public in attendance<br>Subsequent Media reporting<br>Minutes and papers published on LCC website |

| Stakeholder meetings | Non-Executive Directors/Lay members workshops, District Council meetings, Health Scrutiny Committee updates etc |
|---|---|
| All staff briefed | All 7 organisations, primary care and the Charity and Voluntary sector. |
| Media engagement took place on the day of the | |
| Ongoing direct contact with the HC2019 team via telephone, email and letter | |
| Social media updates throughout | |

This has been supported by widespread media and social media activity as well as direct calls and emails to the team. Although the volume of media coverage has dropped over time, the amount of social media activity continues to grow with to date an audience reach for posts of over 175,000 and over 54,000 website views since the launch of the campaign in March.

The following infographics summarise communications and engagement activity throughout the campaign.

## HEALTHY CONVERSATION 2019

### ACTIVITY UPDATE
**5th March - 31st October 2019**

**160 ENQUIRIES RECEIVED**

- 109 emails
- 29 phone calls
- 3 letters
- 19 social

- 75 neutral
- 42 positive
- 43 negative

**Who made the enquiries?**
- 17 staff
- 22 media
- 121 public

### SOCIAL MEDIA STATS

- 1,084 page views
- post reach 175,809
- 1659 video views
- 306 new followers
- Tweet impressions 286,531

### MEDIA COVERAGE

- 4 radio interviews
- 63 press clippings
- 4 tv interviews

### WEBSITE STATS

54,695 page views

15.6% of the traffic was from social media and 26.4% was direct traffic

How did people access the website?
- 54% desktop
- 10.6% tablet
- 35.4% mobile

17,587 visitors (85.2% were new visitors)

## HEALTHY CONVERSATION 2019

### ENGAGEMENT
**5th March - 31st October 2019**

**365 NUMBER OF EVENT ATTENDEES**

(Boston 67, Louth 17, Skegness 20, Grantham 129, Sleaford 25, Gainsborough 13, Lincoln 30, Stamford 20, Spalding 44)

**TELL US YOUR VIEWS FORMS COMPLETED 250+**

**649 ASR SURVEYS COMPLETED ONLINE**

**LOCALITY WORKSHOPS 4**
**NUMBER OF ATTENDEES 49**

**12 MARKET DAYS AND SUPERMARKETS ATTENDED**

**OVERALL NUMBER OF LEAFLETS HANDED OUT 1160+**

**139 NUMBER OF ATTENDEES AT COMMUNITY MEETINGS**

Themes raised: transport issues need addressing before any service changes are made

Popular questions: Can we have a shuttle bus between all hospitals? Can parking charges be reduced?

UTCs essential to keep people out of A&E – need more in the county and even in Long Sutton

## Appendix 2: Engagement feedback

This appendix summarises HC2019 feedback received from:
- 9 open engagement events
- Paper and online forms and queries
- Workshops 1 & 2
- Market days
- Community group meetings
- Stamford Freshers Fayre

All of the detailed feedback received has been circulated to the Senior Responsible Officers for the system programmes to inform the development of Lincolnshire's Long Term Plan and also to shape their programmes and projects.

### Feedback from open engagement events:

Since the campaign launch, we have held 9 Healthy Conversation 2019 events, advertised locally, for the public to attend drop in sessions between 2-7pm in the locations in the table below. These were hosted by a range of senior managers and clinicians, available to talk to the public and walk them around displays showcasing information and opportunities for involvement in prevention and self-care, integrated community care, mental health, hospital services, enablers (digital, workforce, estates), NHS Long Term Plan, travel and transport.

These events have been attended by 365 people and the core themes raised through direct verbal discussions and feedback forms were:

| Date | Location | Key Locality Themes | No. of attendees |
|------|----------|---------------------|------------------|
| 13/03 | Boston | • Accessibility of stroke services in the future<br>• Loss of services to Boston as a whole | 67 |
| 14/03 | Louth | • Threat of hospital closure (this was an initial concern that alleviated once responded to) | 17 |
| 19/03 | Skegness | • Accessibility of stroke services in the future<br>• Loss of services to Boston as a whole | 20 |
| 20/03 | Grantham | • Concern that A&E is being 'downgraded'<br>• Urgent Treatment Centres and what they are | 129 |
| 20/05 | Sleaford | • Lack of GP access<br>• Lack of coordination following discharge from | 25 |

| | | | |
|---|---|---|---|
| | | hospital | |
| 21/05 | Gainsborough | • Lack of GP access<br>• Financial difficulties when having to travel to visit family | 13 |
| 22/05 | Lincoln | • Financial difficulties for family members having to travel to hospital<br>• Professionals should be able see each other's notes to make it more streamlined for patient | 30 |
| 12/06 | Stamford | • Ensure links with North West Anglian NHS Trust for services in Stamford<br>• Grantham A&E closure overnight | 20 |
| 13/06 | Spalding | • UTCs essential to keep people out of A&E – need more in the county and even in Long Sutton | 44 |

Throughout all events, we consistently heard that the public are concerned about:
- Transport to services for patients and family
- NHS111 and its effectiveness
- EMAS and response times
- Issues of overburden on Lincoln County Hospital

**Feedback from paper and online forms and queries:**

We have received over 200 completed HC2019 feedback forms on various elements of the campaign via social media, telephone, email and forms at events and on our website. The detailed feedback has been circulated to programme Senior Responsible Officers and a summary of the key themes and suggestions for each of the services is provided below:

**Acute Medical Services**
Key themes:
- Capacity issues at Lincoln hospital – delays in being seen
- Length of time to get to hospital

Suggestions include:
- Airlift to specialist hospitals outside of Lincolnshire if case is too complex

## Breast services

Key themes:
- Poor infrastructure and road networks causing access difficulties for patients and families who need to get to Lincoln
- Lack of confidence in Lincoln Hospital having sufficient capacity
- Preference of keeping services at Pilgrim

## Diabetes, Self-Care and Prevention Services

Key themes:
- Variation in standard of diabetes care between GP Practices
- No infrastructure to support the communities, especially in Mablethorpe

Suggestions included:
- Focus on education and generational change
- Clinic appointments needed outside of working hours to reduce time needed off work
- Regular blood tests for everyone to alert people to problems before they arise

## General Surgery Services

Key themes:
- Lack of confidence that current staff will be able to deal with more complex issues
- Team is mainly built up of agency staff meaning current service is not sustainable
- Journey will be too long for people in severe pain to travel
- Lack of signage around Grantham hospital currently

Suggestions include:
- To hold follow up clinics and monitoring in local hospitals

## Haematology and Oncology Services

Key themes:
- Capacity/ issues of over burden on Lincoln hospital – overcrowded and poorly staffed, not enough beds
- Costly travel and parking that could cause hardship for both patients and their families when having to visit on such a regular basis
- Frequent cancellations and delays to appointments at present

Suggestions include:
- To have follow up appointments locally

## Mental Health Services

Key themes:

- Really good care and support especially with autism
- Impossible to get appointment with CAMHS
- Lack of awareness on how to care for people with dementia and the care plans put in place by social services
- Additional community based services, enabling patients to stay at home with family

Suggestions included:

- More information required for parents about what services are available, especially online
- Improve links (transition) from children to adult services
- Improve flexibility of CBT appointments for those who work
- More information is required about what support is available in times of a mental health crisis – A+E seems too often to be the only option
- Share updates on mental health patients with the police so they have an understanding on how to deal with the individual

## Primary Care Services

Key themes:

- Interface between GPs and other services – so patients do not have to tell their story multiple times
- Lack of availability for appointments

Suggestions included:

- Charge patients if they (do not attend) DNAs booked GP appointments
- Communicate all options for appointments as patients don't always need to see a GP
- Suggestion that one 'carer' cares for all of the people in one area; this would give more caring time and cut down on travel

## Stroke Services

Key themes:

- 'Golden Hour' not achievable from some parts of the county
- Consideration of population need by locality before determining locations of service
- No mention of step down / rehabilitation
- Ambulance response times are poor – assurance needed
- Capacity issues – overburden on Lincoln hospital
- Loss of service at Pilgrim Hospital

Suggestions included:

- Scope how to link mental health support and stroke community rehabilitation
- Transport issues need addressing before any services are relocated

## Technology and Innovation
Key themes:
- Welcome e-consultations to avoid concerns regarding transport/reducing the NHS' carbon footprint
- Refreshing to hear; innovative thinking, digital is the future
- Due to cyber-attacks, how safe is the 'digital system'?
- Many people do not have access to the internet and will need alternative options
- Areas of poor broadband and poor mobile phone signal
- Shouldn't need to keep re-telling your story/medical history

Suggestions included:
- Patients holding their own records and notes like in France
- Other communications needed such as face to face and local newspapers

## Travel and Transport
Key themes:
- Issue isn't the hospitals but travelling to them – poor road networks and lack of public transport
- Early appointments not achievable when using public transport
- Costly travelling across the county to hospitals further away
- Hardship to patients and families by having to take additional time off work to travel further
- Can't always rely on family and friends
- Community transport sometimes unreliable
- Unable to get back from hospitals if taken by ambulance

Suggestions included:
- Inter-site transport - provision of shuttle between hospitals or accommodation for family to stay
- Development of a driver volunteer scheme
- Direct trains between Boston, Skegness and Lincoln
- Routes and times clearly displayed at all bus stops
- Introduction of a travel helpline

## Urgent and Emergency Care Services
Key themes:

### Grantham
- Grantham is on major road and rail links and needs an A&E open 24/7
- New housing developments with increasing local population
- Travelling time is not within the 'golden hour' from parts of the county, especially for those without their own transport
- Poor road networks and lack of public transport, especially in rural villages
- Ambulance availability and response time concerns
- Capacity issues – overburden on Lincoln Hospital
- Inability to get back from hospitals if taken by ambulance
- Lack of transport to attend another A&E during the night
- NHS 111 and its effectiveness

Suggestions included:
- If people call NHS 111, Grantham Hospital needs to be the first option
- Educate the public on how not to abuse the NHS
- Patients need to be clearly informed about the UTC's capabilities and limitations
- Free shuttle bus or volunteer transport to hospitals from main train and bus stations and between hospitals

### Stamford (proposal)
- Great service in Stamford Hospital, would like an extended service
- Support for UTC in Stamford to reduce need to travel elsewhere for emergency care
- UTC will reduce the pressure on surrounding hospital

Suggestions included:
- Increase in population anticipated therefore need extended access to urgent care 7 days a week
- Hospital could provide additional outpatient and emergency clinics

### Women's and Children's Services
Key themes:
- Lack of transport if service is moved Lincoln
- Length of time taken to get to Lincoln in an emergency is too long
- Loss of services at Boston and the desire to retains women's and children's at Pilgrim

Suggestions included:
- The need for an easier way to access community Paediatrics before children's education is affected
- To send out clearer communication about the situations concerning women's and children's services at Pilgrim hospital

**Feedback from Grantham and Boston workshops 1 and 2:**

Lincolnshire's NHS held workshops, open to all, in Grantham on 19th June and Boston on 27th June. Two further workshops were held on 9th and 10th October in Grantham and Boston.

In the June workshops clinicians and staff were involved in discussions with attendees about the key themes relating to the ongoing Acute Services Review in the county which had emerged from previous engagement. This focused on the proposed changes to services for women's and children's and stroke services in Boston and Urgent and Emergency Care in Grantham and also travel and transport for each of the services.

This feedback summarises the main points and issues raised during conversations. Our subsequent response to those Frequently Asked Questions (FAQs) and scenarios which emerged during the workshops is attached as appendix 4.

At the follow-up workshops in October, attendees were provided with the feedback from the June workshops and along with staff and clinicians were asked to:

1. Review and sense check the feedback and suggest amendments
2. Make suggestions about how these messages and scenarios could be communicated more widely with the public
3. Raise any outstanding concerns

Main themes raised at Grantham workshops:
- Service and staffing provision within the proposed Urgent Treatment Centre (UTC) and how this may impact other hospitals
- How any proposed changes might affect other wards and services at Grantham Hospital
- Healthy Conversation 2019 engagement process prior to consultation and involvement of those with protected characteristics
- NHS 111 service provision and performance
- NHS support offered to disadvantaged patients, especially for travel and transport
- Access to services and inadequate public transport provision in areas
- East Midlands Ambulance Service (EMAS) service provision, performance and the 'golden hour'

Main themes raised at Boston workshops:
- Travel times and ambulance transfers to Lincoln Hospital
- Treatment times for patients suffering a stroke
- East Midlands Ambulance Service (EMAS) performance and targets
- Advertising of engagement events and provision for those not able to attend
- Additional travel needs of friends and families if paediatric patients moved to other hospitals
- Options being consulted on for women's and children's services
- Recruitment, retention and availability of staff to deliver services in Boston Hospital
- Rural funding for Lincolnshire
- Stroke care in the community

## Feedback from market days:

During the months of September and October we visited 12 localities across Lincolnshire where we spent time at local markets and supermarkets, speaking to members of the public. Leaflets were handed out to 416 people and the core themes that were raised (through direct verbal feedback and formal forms) were:

| Date | Location | Key Locality Themes | No. of leaflets | No. feedback forms |
|------|----------|---------------------|-----------------|--------------------|
| 04/09 | ASDA, Lincoln | • Generational change - need to educate the young on self-care and prevention<br>• Bring back nursing apprenticeships | 105 | 6 |
| 05/09 | Waterside, Lincoln | • Lack of public transport from rural areas<br>• Delayed waiting times at Lincoln Hospital | 96 | 4 |
| 23/09 | Skegness | • Lack of patient note reading<br>• Cancellation of appointments without the patients being made aware | 18 | 4 |
| 01/10 | Gainsborough | • Teaching children how to lead a healthy lifestyle<br>• Nursing careers need to be made more attractive | 4 | 3 |
| 02/10 | Sleaford | • Importance of integrated | 12 | 0 |

| | | | | |
|---|---|---|---|---|
| | | community care and neighbourhood working | | |
| 04/10 | Long Sutton | • Staff shortages at Johnson Hospital <br> • Same day available appointments at your GP practice | 53 | 3 |
| 10/10 | Horncastle | • Encouraging to see NHS staff out in the heart of local communities <br> • Happy with the local GP practice | 21 | 7 |
| 11/10 | Stamford | • Good to see the NHS out and about, make the NHS seem more accessible and friendly to approach and talk to <br> • Would like to see more mental health support | 26 | 3 |
| 17/10 | Mablethorpe | • Coming to our local market is better than holding events that many may not be able to get to <br> • Access to GP appointments <br> • Lack of mental health services | 32 | 14 |
| 18/10 | Alford | • Young people should be educated on healthier lifestyles and prevention to save money <br> • Difficulty in booking GP appointments | 18 | 5 |
| 23/10 | Louth | • Lack of personalisation when visiting the GP <br> • The NHS should charge for missed appointments | 21 | 5 |
| 24/10 | Bourne | • People are abusing A&E, we need to re-educate people on what it is for <br> • The NHS should embrace technology | 9 | 1 |

Across the county, we consistently heard that the public are concerned about:

- Access to GP appointments
- Waiting times in hospitals
- Educating the younger generation on self-care and prevention
- Making sure the NHS is not abused, re-education on what services are for

## Feedback from community group meetings:

Throughout HC2019, we have also attended a range of community groups and meetings to raise awareness of HC2019, promote opportunities for involvement and gather feedback about their experiences and any issues or concerns.

The feedback is summarised below:

**GPs and primary care:**
- Preference for email or text reminders for appointments rather than letters (which can be delayed) and then the appointment is missed, which then looks like the patient Did Not Attend.
- Still experiencing difficulties getting appointments and would like to be told when booking an appointment if it is with a nurse rather than a doctor to manage expectations.
- Some concerns that health visitors are not contacting all new parents and some may be missed.

**Workforce:**
- It would be good to upskill and increase staff recruitment by being 'attached' to a training hospital
- Staff not well looked after as employees, for example having to supply their own refreshments including tea bags; "how do we expect to fill our vacancies when we are not looking after the ones we've got!"

**Technology:**
- Welcomed the use of technology such as the care portal, as not having the correct notes in front of the doctor or consultant was very frustrating for some of this group.
- Not sure about using the phone for 'facetime' but liked the idea of having a hub to go to (for example at a GP practice) where people can be supported to log onto e-consultations etc. It was also felt the elderly would embrace this as it means less travel and less costs.

**Supporting engagement with hard to reach groups:**
- Suggestions provided on how to support deaf / blind people to attend health events such as providing transport and translation into braille etc.

- People with sight or hearing loss struggle with access to services, access to GP appointments, optometrist appointments and dentist appointments and travel to appointments.  Often no interpretation service is offered and patients have to sit with a doctor and write notes between them.
- Making a doctor's appointment is usually via phoning the practice- not everyone has access to the online services so it would be useful to introduce text for deaf patients.
- An example was provided of an elderly couple who have sight difficulties and needed to travel by train for a hospital appointment which lasted 10 minutes but they were out of the house for 9 hours.
- One query was raised about how someone will book appointments etc. once they go deaf as they already have an amplifier and still struggle to hear.

**Travel and transport**
- Travel was a concern for the majority of the group in south Lincolnshire for both GP and hospital visits. Their nearest hospital is Grantham, but a lot of the time they are sent to either Boston or Lincoln for appointments/treatment. This can be extremely difficult for those who do not drive as there is only one bus into Lincoln or they have to pay for a taxi.
- Alternative suggestions include volunteer driver schemes and patients only have to pay for the mileage.
- Frustration with Thames Ambulance Service Limited (TASL) which is now no longer accepting a patient who has been using it previously for six years.
- Some people are often not given a choice of which hospital they would like to go to for treatment and the majority agreed they would travel out of county if it meant receiving treatment quicker.
- In Peterborough they run a service where paramedics, occupational therapists and nurses visit the frail and elderly if ill or had a fall – this team prevents that patient going into hospital and keeps them in their own home.

**Feedback from Stamford Freshers Fayre:**

On 10th September we attended Stamford Freshers Fayre and received 31 completed surveys, from which we heard the following:

The most important things respondents would like to see improve with the NHS are:

**Mental health services** – prevention is better than cure, over-stretched and hard to access, not advertised enough locally
**GP appointments** – improved access, ability to book in advance and more telephone appointments
**Being taken seriously** – important to be respected like adults are

If they wanted to find out more about NHS services they would use the following methods:

| | |
|---|---|
| Online | 20 |
| Ask your GP | 17 |
| Friends and family | 14 |
| Hospital website | 11 |
| Support group | 6 |
| Social Media | 6 |
| Email | 4 |
| Welfare officer | 2 |
| Local press | 1 |

**Feedback from the Acute Services Review survey and The People's Partnership Acute Services Review engagement with hidden and hard to reach communities**

The Acute Services Review survey was closed on 31st August 2019 following six months of engagement. These results have been analysed and reported into the Lincolnshire NHS system to ensure it informs the next stage of the acute services review programme and informed the emerging options being considered for full public consultation.

The Lincolnshire NHS organisations also commissioned a local specialist, The People's Partnership, to undertake a specific piece of engagement work, in order to ensure our Healthy Conversation 2019 exercise captured the views and concerns of hidden and hard to reach communities across the county. This was an important addition to our established engagement work for a number of reasons:

We were aware that the range of engagement events and activities we publicised to the general public and patients were not always appropriate for people with protected characteristics. This might be because the level of noise could prohibit full involvement, or anxiety about participation in such a group may inhibit and prevent attendance for example.

We know that people with protected characteristics have an important voice, and can often be particularly impacted by any potential service changes. It is important that we seek these voices out in order to ensure they are represented.

The People's Partnership undertook a detailed, and bespoke engagement in order to understand these views. This meant utilising their established networks, and developing new, in order to reach the people often missed. Our survey was adapted to become meaningful and understandable to the audiences we approached, and time was spent to ensure that the purpose was understood.

The following document details the outputs from this exercise, information which is being incorporated into our next stages of development and service review alongside all other outputs of our engagement events and surveys. The full analysis and reports are available at appendices 4 and 5.

## Appendix 3: workshops summary feedback report and FAQs

**Healthy Conversation 2019 workshops summary feedback report**

**Grantham 19th June 2019 / 9th October 2019**
**Boston 27th June 2019 / 10th October 2019**

### 1. Purpose

Lincolnshire's NHS held workshops, open to all, in Grantham on 19th June and Boston on 27th June. Two further workshops were held on 9th and 10th October in Grantham and Boston.

In the June workshops clinicians and staff were involved in discussions with attendees about the key themes relating to the ongoing Acute Services Review in the county which had emerged from previous engagement. This focused on the proposed changes to services for women's and children's, stroke services and Grantham A&E and also travel and transport for each of the services.

This document provides a summary of the main points and issues raised during conversations and our subsequent response to those Frequently Asked Questions (FAQs) and scenarios which emerged during the workshops.

At the follow-up workshops in October, attendees were provided with the feedback from the June workshops and along with staff and clinicians were asked to:

1. Check the feedback makes sense and make any amendments required following their review
2. Gather their suggestions for how we can communicate these messages and scenarios more widely with the public
3. Ask if they have any more outstanding concerns

This document now includes any supplementary questions which resulted from the workshops held on 9th and 10th October and any amendments to the previous FAQs or additional responses are highlighted in bold/blue.

**2. Summary of feedback from June and October workshops** Discussions were held around the following main themes and specific questions and answers are presented in the subsequent section of the report.

Main themes raised at Grantham workshops:
- Service and staffing provision within the proposed Urgent Treatment Centre (UTC) and how this may impact other hospitals
- How any proposed changes might affect other wards and services at Grantham Hospital
- Healthy Conversation 2019 engagement process prior to consultation and involvement of those with protected characteristics

- NHS 111 service provision and performance
- NHS support offered to disadvantaged patients, especially for travel and transport
- Access to services and inadequate public transport provision in areas
- East Midlands Ambulance Service (EMAS) service provision, performance and the 'golden hour'

Main themes raised at Boston workshops:
- Travel times and ambulance transfers to Lincoln Hospital
- Treatment times for patients suffering a stroke
- East Midlands Ambulance Service (EMAS) performance and targets
- Advertising of engagement events and provision for those not able to attend
- Additional travel needs of friends and families if paediatric patients moved to other hospitals
- Options being consulted on for women's and children's services
- Recruitment, retention and availability of staff to deliver services in Boston Hospital
- Rural funding for Lincolnshire

### 2. FAQs

### 2.1 Grantham service change FAQs

**What is the current service at Grantham A&E?**
Grantham Hospital has not had a full A&E department for a number of years. It provides a restricted range of services.

Grantham A&E is open from 8am – 6.30pm, seven days a week.

After 6.30pm, there are services in place such as the NHS111 Services, the Lincolnshire Clinical Assessment Service (CAS), East Midlands Ambulance Service (EMAS) and the out of hours service to maximise the number of patients who can still be treated at Grantham Hospital. This means that some patients may still be brought by ambulance to Grantham overnight.

Our emerging option envisages the vast majority of patients who are treated at Grantham Hospital today, will be able to receive the same care in the Grantham Urgent Treatment Centre (UTC). In fact, there is very little difference in the service which has been available in the Grantham A&E department in recent years to that of a UTC.

A fully functioning A&E department requires a comprehensive range of back up services and facilities, such as specialist critical care and specialist medicine, emergency surgery, paediatric assessment and maternity services. Grantham Hospital does not currently have these services.

If someone is critically ill or injured, it is crucial that they get to the right hospital with the right facilities, first time, in order to ensure the best chance of a positive outcome.

**ADDITIONAL QUESTIONS FROM 9th OCTOBER WORKSHOP**

**Are we aware of the impact on other hospitals following the closure of A&E?**
**Do we have statistics showing how many people are being sent elsewhere?**
**Do we have statistics to show the number of patients pre and post closure?**
Since the overnight closure of Grantham A&E, we have seen a small increase in the number of patients from Grantham being seen at our A&Es in Lincoln and Pilgrim – an average of just over two people each day. The growth in patients to Peterborough, which has been widely reported in the media, equates to three patients a week. This reflects the overall increase in A& E attendances both locally and nationally over the last few years. We consider these figures with the commissioners and remain aware of the activity at the other hospitals for both planned and emergency care.

**Why are staff being moved from Grantham to cover Lincoln?**
There is no evidence that ULHT is instructing staff to do this or that it is happening locally either. On occasion, however, all staff working in any of our three acute hospitals (Lincoln, Boston and Grantham) may be asked to volunteer to cover additional shifts in other hospitals.

**If Grantham A&E becomes an Urgent Treatment Centre, what services will be provided?**
UTCs, which are slowly being introduced into Lincolnshire, having just launched in Louth and Skegness, provide urgent care for people whose conditions are not life threatening. Services provided by UTCs means Emergency Departments (A&E) services are protected for those who need specialist emergency care. UTCs are GP-led, staffed by multi-disciplinary teams of doctors, nurses, therapists and other professionals, who are trained in life support for adults and children. At Grantham specifically, there will be a higher level of staffing than the national specification – including staff with skills equivalent to middle grade A&E doctors; GPs and nurse practitioners - to ensure the vast majority of patients who are treated at Grantham Hospital today, will be able to receive care in the UTC.

Examples of conditions which may be treated at a UTC include:
- Sprains and strains
- Suspected broken limbs
- Minor head injuries
- Cuts and grazes
- Bites and stings
- Minor scalds and burns
- Ear and throat infections
- Skin infections and rashes
- Eye problems
- Coughs and colds
- Feverish illness in adults
- Feverish illness in children
- Abdominal pain
- Vomiting and diarrhoea
- Emergency contraception

There will be minimal changes to services currently provided at Grantham A&E. Patients who are likely to require critical care services will be cared for at Lincoln, Boston, Nottingham or Peterborough hospitals, where they will receive the specialist care they require to enable the best outcome possible. These patients are likely to have been assessed by a GP or paramedic and taken directly to the most appropriate place for treatment. Those patients with critical care / specialist needs who do arrive at Grantham in the first instance will be stabilised and then transferred. This works out at approximately 200 patients a year who currently attend Grantham Hospital but are very ill and require specialist treatment at a more specialist hospital.


**ADDITIONAL QUESTIONS FROM 9th OCTOBER WORKSHOP**

**Will patients with long term conditions still be seen and treated at Grantham?**
Yes. The appropriate place for treatment depends on the level of severity of the patient's symptoms.

**What will happen to the cardio ward at Grantham?**
Grantham does not now have a cardiology ward.

**Would Grantham Urgent Treatment Centre be open 24/7?**
The national specification is that UTCs are required to be open for at least 12 hours a day, seven days a week, including bank holidays. People can walk into UTCs during the opening hours, while others may be referred by NHS111 or by a GP.
Our emerging preferred option is to have 24/7 access to urgent care through the introduction of a UTC at Grantham Hospital.

The emerging option suggests that in the 'out of hours' period, access would be through NHS 111 for the reasons of patient safety. We will be listening to a wide range of feedback in order to inform our thinking, including people's views on how the service could best be accessed.

The NHS 111 service is able to book the patient into the right urgent care service first time so they have an appointment which is convenient for the patient and reduces their waiting time. The NHS 111 and Clinical Assessment Service (CAS) has a Directory of Services informing, for example, where and when an x-ray service is available. They are able to advise the patient where to go to receive such a service meaning the patient goes to the right place first time. It will improve the speed of treatment and stop patients having to move between services. Crucially it will advise when an A&E attendance is necessary, preventing the patient wasting potentially vital time going to the UTC first.

Patients with booked appointments will take precedence over walk in patients – unless there is a clinical priority and will therefore not have to wait as long.

A final decision on UTCs will not be made until after the formal consultation.

**What if national funding is reduced? Would this mean Grantham UTC would be reduced to the national minimum specification of 12 hours per day?**
While we cannot predict what might happen in the future, our current commitment is to offer Grantham residents a quality service which is sustainable and deliverable, e.g. we can attract the right staff, and one which instils confidence throughout the community. There will be a formal consultation on the proposed option of an UTC and the outcome will inform future decisions on the UTC such as opening times etc.

**Who will staff work for in a UTC?  Will they be able to stabilise patients?**
All staff working in the UTC will be able to provide emergency care. It is anticipated that the majority of staff in the UTC will be employed by Lincolnshire Community Health Services NHS Trust (LCHS). It is also proposed that staff on the Grantham Hospital site will work in an integrated way so clinicians on the site (employed by other organisations) will be available to provide advice.  Today, consultants on other hospital sites already provide advice when needed for example, consultants are available via telemedicine or to review scans sent to them.

If this proposed UTC is implemented following the formal consultation, transfer of staff from the current A&E to the UTC (with additional staff to deliver the model if needed) will be looked into in more detail.  We will consult with staff and follow HR guidance.  This does not mean a downgrade in services or skills and we will support our staff to have the right skills if there are changes to any roles. Our staff are our greatest asset.

**What will happen to ambulance admissions into Grantham Hospital overnight if there is a UTC?**

If an ambulance is dispatched, the paramedic will decide if the patient's needs can be met in the UTC or whether the patient has more specialist needs that require a specialist hospital. The paramedic is able to take advice by phone, talking with clinicians either in the CAS or a consultant in an A&E, to assist making this decision.  This happens now.

The paramedic will take the patient to the right service that will be able to meet the patient's needs and ensure the best possible outcome.

One of the options for care will be taking low acuity patients to Grantham Hospital at night and directly admitting the patient (with prior agreement with night teams).  Treating patients locally and within the Grantham community is important, as is keeping people out of hospital whenever that is possible.

**What do we mean when we refer to the "right place, right time"?**

We know that the best outcome for critically ill patients comes from being in the right place, where the right service can be provided as quickly as possible.

While this may mean they are not treated at the hospital closest to them, it means they will be taken directly to a hospital which can give them the immediate treatment they require, therefore giving them the best possible chance of a positive outcome.

Arriving at a hospital which is not equipped to treat them (and their specific condition) can waste critical time. The extra travel time getting to the right place far outweighs the risk of delayed treatment.

Patients who do arrive at a hospital that cannot treat their specific condition will still be cared for and the model being discussed does include a contingency for this scenario. Appropriate processes will be in place and staff will be able to stabilise those patients until they are transported safely to the most appropriate place.

**ADDITIONAL QUESTION FROM 9th OCTOBER WORKSHOP**

**Who decides where a patient goes if an ambulance is called?**

Ambulances go to Grantham hospital where this is appropriate. If an ambulance is dispatched, the ambulance crew will decide if the patient's clinical needs can be met or whether the patient has more specialist needs that require a specialist hospital. The paramedic is able to take advice by phone, talking with clinicians either in the CAS or a consultant in A&E, to assist making this decision. Our senior clinicians recommend that our patients go to the right hospital first time, rather than going to the closest NHS location, as this will not necessarily be able to provide the right care. Patients, carers or families should always phone 999 for an emergency ambulance if they believe that there is a life threatening health situation. Our senior clinicians are reviewing the current exclusion protocol (restriction criteria) to ensure that critically injured and ill patients will be cared for at the right service; treated safely and quickly by staff who have the right training and experience to give the best outcome.

**If a patient is given a diagnosis at Grantham's A&E or proposed Urgent Treatment Centre but then transferred to another hospital, would they need to be triaged twice?**

Triage is a process carried out on all patients attending A&E. Triage ensures people with the most serious conditions are seen first. Triage should not be required twice; however it is right that when the patient with a serious condition arrives on a new hospital site that they are assessed again so the specialist clinicians can make a clinical decision on further treatment.

**Who will run medical beds in Grantham Hospital? What exactly are they?**

Our preferred option is to maintain medical services at Grantham Hospital by joining up the hospital services with local primary and community services and be managed as part of the local enhanced neighbourhood team.  This new model would be led by Lincolnshire Community Health Services NHS Trust (LCHS) which means that medical staff would in future be able to provide care in people's homes and local community settings, as part of a local integrated service, as well as to patients in the hospital. However, they will be working closely with the hospital trust and other health care providers so staff can support patients who, for example, deteriorate and need additional care. This model aims to keep patients out of hospital where appropriate but also to get them back home as soon as possible if they are admitted. This model of care in Grantham will be the first in the county.

The medical beds will be for patients with, for example, pneumonia, diabetes, chest infections, asthma, other respiratory diseases, i.e illnesses not requiring surgery – those who have a range of chronic ailments who can manage perfectly well most of the time but sometimes have a crises and need to go to the right place to be stabilised.

**How have the views of the people who signed the petition to keep the A&E been taken in to account? How are the rallies we had in the town with 4000 or 5000 people to save A&E going to be taken in to account? How have all the views so far been taken into account?**

We have listened carefully to the voices of the public and councilors and will continue to do so. We have also received a copy of the petition. Sometimes it is not possible to make the changes that are suggested to us because of factors such as patient safety or staffing. Through Healthy Conversation 2019, we have been open with the public about what is and is not possible for us to deliver, and the clinical and service reasons for that. It is right that any NHS service must be safe and sustainable. We have to be realistic as we do not have the staff to run three full A&E departments and it is highly unlikely that will change with a national shortage of A&E Consultants. We have 19 A&E consultant posts in Lincolnshire but only four of these have substantive consultants in posts.

Our emerging preferred option of a 24/7 UTC would enable more patients to receive services in Grantham than is currently the case.

**Whilst the Healthy Conversation 2019 has taken place, how have you reached hard to reach and protected characteristic groups?**

The workshops are publicised extensively through the following media channels: local newspapers/magazines, local radio, social media, websites, e-shots to stakeholder groups and through relevant third parties. As this event was open to all and was not invite only, we could not guarantee that people with protected characteristics would attend but ensured a wide reach with our communications so the opportunity was there.

In addition, these workshops are only one part of the much bigger programme of engagement we are undertaking and understand that events like this are not the best way

for some people to engage with us. Therefore, we offer a variety of ways for people to tell us their views if they don't want to or are unable to come along to a workshop, for example our paper and online surveys which are also available in different languages, paper and online feedback forms, meeting us when we're out and about in town centres and supermarkets, and people can phone, email or write to us. Consultation opportunities will continue as we move into the formal public consultation.

The purpose of these specific workshops was a 'deep dive' into the particular themes which emerged from the wave 1 engagement events and therefore smaller, more detailed group discussions was an appropriate way to achieve this. We are also mindful that our clinical staff's time is extremely valuable and we are grateful that they were able to sit around tables and have a conversation with our patients and the public, something which would not have been possible with larger scale events.

Further details of our proactive engagement with groups with protected characteristics will be made publically available on completion and we will share this with you. As reported in the Health Scrutiny Committee, we are working with The People's Partnership, an independent partner to ensure proactive engagement with people with protected characteristics.

The People's Partnership is made up of a Leadership Team who represent major areas of disability and some areas of the protected characteristics. In addition to the Leadership Team, they have individual members, members of groups and communities, and members who support the hidden and hard to reach communities.

The current members of the Leadership Team are:
- Age UK Lincoln & South Lincolnshire
- CarersFIRST
- Children's Links
- Every-One (contributes and facilitates the organisation of the People's Partnership)
- Linkage Community Trust
- Links Lighthouse
- South Lincolnshire Blind Society

As part of the engagement, The People's Partnership has engaged with a number of hidden and hard to reach communities which included 56 respondents who identified as having sight loss.

**Will a formal consultation exercise be undertaken on the Grantham UTC?**
Yes. The Healthy Conversation 2019 engagement exercise is providing invaluable feedback and will help to shape any emerging options on our proposed service changes. We will go out to formal consultation to gather further views and no final decision will be made until after this has concluded.

**ADDITIONAL QUESTION FROM 9th OCTOBER WORKSHOP**

**When will the public consultation around Grantham take place? Why is taking so long?**
Before we can start public consultation, capital funding must be secured so that we can be confident we can implement any proposals. As soon as there is any progress, the consultation will be widely publicised and we will inform the public of our next steps.

**NHS 111**

**Is Grantham Hospital given as an option when you call NHS111 for minor conditions?**
If you call NHS111 for a minor condition, Grantham Hospital is currently offered to patients as an option if it is the most appropriate place for their treatment.
The Directory of Services profile for the Grantham Minor Injury Unit is a nurse-led profile in operation 7 days a week 18:30 – 23:30. Patients ringing NHS111 within these timeframes with clinically appropriate symptoms for this unit will be directed there.

**ADDITIONAL QUESTIONS FROM 9th OCTOBER WORKSHOP**

**Is Grantham Hospital available as NHS111 option?**

Yes. The Out of Hours service at Grantham Hospital operates between 18.30 to 08:00 Monday to Thursday and from 18:30 on Friday through to 08:00 on Monday. Access is via NHS111 and the Clinical Assessment Service. The service offers telephone advice, face to face consultations (15 minute appointments) or home visits if required. Appointments can be made during the night if necessary although most activity is before 23:00.

**Are we going to see any improvements with NHS111?**
NHS111 is receiving an increasing number of calls, particularly just for advice or guidance, with CAS fielding 10.5k calls per month across Lincolnshire.

**How is NHS111 currently monitored?**
We receive monthly reports on the activity, performance and quality in the 111 service and attend formal monthly meetings with our NHS111 provider that are led by the lead commissioner. In addition, ad hoc issues are raised to the lead commissioner and provider as they arise.

**How do foreign nationals access NHS111?**
In the same way.

**How does our CAS performance compare to other regions?**
We cannot make direct comparisons between our CAS and other CASs in the country because they operate differently. It is also pertinent to note that all cases reaching CAS have been assessed as being safe to wait for at least 30 minutes, although 22% were still called back within ten minutes.

Around 70% of calls from NHS111 got to CAS and, of those, approximately 70% of those calls have their needs met and treatment provided by CAS.

**What is NHS111 and who will answer my call?**
The NHS111 service is available 24 hours a day, every day of the year and is intended for urgent but not life-threatening health issues. Depending on the situation the caller will be advised what local service can help; be connected to a nurse, emergency dentist, pharmacist or GP; get a face-to-face appointment booked if required; be told how to get any medicine that may be needed; and get self-care advice. NHS111 can also send an ambulance if needed.

A Health Advisor takes the calls and asks the caller a series of questions to determine what the best service is for their needs. Health Advisors undergo 12 weeks of intensive training to enable them to answer NHS111 calls. Health Advisors are not clinicians and do not make clinical decisions. They follow a nationally agreed and signed off algorithms (NHS Pathways) that determine the clinical need of the patient. In addition to this, the Health Advisors are supported by a range of clinical staff to provide any advice required.

If a patient needs to speak to a local clinician the health advisor will arrange this, or arrange for a clinician to call the patient back in a time frame suitable to the clinical urgency.  The Lincolnshire Clinical Assessment Service (CAS) picks up these clinical calls.  The Clinical Assessment Service is staffed by Lincolnshire clinicians; GPs, nurses, paramedics, pharmacists.   This clinician is able to discuss the patient's health needs, recommend and arrange treatment and/or refer the patient onwards to the most appropriate service within the county.   Around 70 per cent of calls from NHS111 go to CAS and, of those, approximately 70 per cent of callers have their needs met and treatment provided by CAS.

## ADDITIONAL QUESTION FROM 9th OCTOBER WORKSHOP

### Do NHS111 call handlers know the local area?
The NHS111 call handler is able to see information relating to the caller's location and while they may not be *familiar* with the local area, services pertinent to the caller's condition/query will be visible to the call handler on the Directory of Services (DoS), such as service opening times, appropriateness for the caller's needs and distance from the caller's location. Call handlers are supported by local clinicians via CAS.

### What are the waiting times since Clinical Assessment Service (CAS) has been introduced?
The introduction of CAS means that if NHS111 decides the patient needs to talk to a clinician, a Lincolnshire clinician will take that call. The clinician is able to discuss the patient's health needs, recommend and arrange treatment and/or refer the patient onwards to the most appropriate service within the county. CAS exists to get to the right solution quickly – this means no unnecessary travel and waiting time for the patient and no unnecessary use of acute services.

The introduction of CAS has, so far, saved 35,000 visits for patients, therefore saving time and reducing the need to travel. We are still awaiting final statistics but its initial six months has resulted in a saving of over £600,000 for Lincolnshire NHS.

### What is being done to encourage the public to call NHS111 to book appointments at an Urgent Treatment Centre day or night, rather than just turning up?
The national winter NHS England / Improvement communications campaign is designed to do exactly that and it is where the majority of the investment for winter is being made this year.

UTCs in Louth and Skegness are being introduced into Lincolnshire in October so not currently 'live' to NHS111 and promoting these services has already started. The main message is to access an UTC, patients should ideally contact NHS111 although there may be the ability to walk in. Patients who are booked in using the NHS111 service will be seen before patients who have walked in, as will patients who may present with more serious conditions.  Only clinically appropriate patients will be booked into UTCs. If a patient's situation is very serious, then that patient will be referred or transported to the most appropriate place for treatment.

Calling 111 will ensure patients are directed to the right place for treatment in the first instance, rather than walking in to an UTC and then being transferred elsewhere for the right treatment.

**If you are concerned about your health but it is not an emergency, call NHS111 or walk in to the Urgent Treatment Centre. If you are concerned because you are clearly very ill, call 999 and an ambulance will be sent and your condition will be assessed, so that you are taken to the most appropriate place for treatment.**

**WHAT WOULD HAPPEN IN THE FOLLOWING SCENARIOS IF GRANTHAM BECAME AN URGENT TREATMENT CENTRE?**

**Suspected heart attack or stroke**
If the patient rang NHS 111 and described the symptoms of a potential heart attack or stroke, then an ambulance would be dispatched. The paramedic would assess the symptoms and start treatment in the ambulance, depending on the condition. If the paramedic's assessment indicated a heart attack or a stroke, he / she would liaise with The Lincolnshire Heart Centre/ stroke unit and transport the patient direct to the Heart Centre / stroke unit at Lincoln Hospital to ensure the patient receives the specialist treatment needed. If the paramedic's assessment was that the patient did not require these specialist services e.g. chest pain NOT suggestive of a heart attack- they could be taken to Grantham hospital – see scenario below.

If the 111 call handler was unsure about the patient's symptoms, they can call CAS to talk to a clinician, who will advise about whether the patient needs an ambulance, or should attend the UTC.

If a patient arrived at an Urgent Treatment Centre with a suspected heart attack they would not be turned away. They would immediately be assessed and triaged as a priority while initial stages of treatment – such as blood tests and ECG – took place. If it's evident they were having a heart attack, then the most appropriate care would be to transport them in a blue light ambulance to Lincoln Hospital's Heart Centre where the patient would have the best and most appropriate care, and therefore the best possible outcome. There would be liaison between the UTC, ambulance service and The Heart Centre pre and during transfer of the patient.

Patients arriving with other suspected serious conditions, such as suspected stroke, will be treated in the same way. Staff will be on hand to start treatment until the patient is transported, via blue light ambulance, to the most appropriate place for care e.g the stroke unit at Lincoln County hospital.

**Someone collapses and needs resuscitating**
If the patient collapses in an UTC, resuscitation and treatment would take place.

If someone in a surrounding village / in the community collapses, the ambulance paramedics would resuscitate and treat them, then take them to the hospital which can provide the best specialist care.

**Compound Fractures with compartment syndrome (needing immediate treatment or risk limb amputations)**

A compound fracture – where a broken bone has pierced the skin – is a medical emergency and a 999 call would result in patients being transported to Boston or Lincoln hospitals. If someone presented to an UTC with a compound fracture they would be assessed, stabilised then transported to the right place for treatment.

**Non-specified chest pain**

The appropriate place for treatment depends on the level of severity of the chest pain. A patient who is in low level / moderate pain who presents at the UTC would be assessed / treated accordingly. So, for example, the chest pain is muscular or indigestion, it would be treated in the UTC.

If a patient is in severe pain and has called 999, paramedics would assess if it was felt to be a heart problem and would stabilise and transport the patient if needed to the The Lincolnshire Heart Centre. Similarly, if someone presented to an UTC with severe chest pain they would be assessed, stabilised and where this was felt to require specialist treatment they would then be transported to the right place for treatment.

**Breathlessness**

The appropriate place for treatment depends on the level of severity of the breathlessness. If the patient is in acute respiratory distress with oxygen saturation <91% on room air 'unless' the patient has significant frailty or known significant chronic lung disease they would be taken to another hospital with more specialist services. We would not expect a patient or their family to make these assessments.

If a patient attends an UTC, staff will be able to treat their symptoms (for example with an inhaler or nebulizer, oxygen).

If a patient's breathing is highly compromised at home, they should dial 999; the paramedics will stabilise and transport to the most suitable place for treatment. Similarly, if someone presented to an UTC with severe breathing problems they would be stabilised then where necessary transported to the right place for treatment.

**Acute exacerbation of inflammatory bowel diseases**

The appropriate place for treatment depends on the level of severity of the patient's symptoms and whether the patient knows that they have inflammatory bowel disease and is confident to manage their illness.

A patient who has low level / moderate symptoms could ring their GP and / or 111 and talk with a clinician for advice. If advised, they could be booked into an appointment at the UTC for further assessment / treatment. Those who present at the UTC would be assessed / treated accordingly.

If a patient is experiencing severe symptoms and has called 999, paramedics would assess the symptoms and treat the patient accordingly which could be to take further clinical advice over the telephone. If further treatment is indicated, the patient will be transported to the right place for treatment.

**Anaphylaxis**

An anaphylactic reaction is a severe and potentially life-threatening reaction to a trigger such as an allergy or bee sting.

If the patient has a reduced conscious level, an ambulance should be called and the paramedic can make a decision about treatment / next steps. If someone already knows that they have an allergy and carries an epipen (medication used in emergencies to treat very serious allergic reactions to insect stings/bites, foods, drugs, or other substances) whose reaction is not improving despite self-medicating, should seek urgent clinical advice via GP, 111, at an UTC or A&E depending on the severity of their condition.  In this circumstance, if the patient experiences any reduced conscious level, an ambulance should be called and the paramedic can make a decision about treatment / next steps.

### Sepsis

Sepsis is a life-threatening condition that arises when the body's response to infection causes injury to its own tissues and organs. A diagnosis can be made in the UTC and a first treatment may be administered. The most appropriate next steps for treatment will be decided by the UTC clinical staff depending on the severity of the illness.

If the patient has a reduced conscious level (not alert) at home, an ambulance should be called and the paramedic can make a decision about treatment / next steps.  The paramedic will assess the patient and if the paramedic decides that the symptoms could be severe sepsis they will usually not be taken to an UTC.

### Diabetic emergencies

If someone's condition is life threatening then it is crucial that the person gets to the right place at the right time. As with any life threatening situation, a call should be made to 999. If someone presents at an UTC with a diabetic emergency then the clinical team will assess that person and start treatment.

### Complications of cancer

The appropriate place for treatment depends on the level of severity of the patient's symptoms and the type of cancer diagnosis that the patient has received.

Some potential complications of cancer and cancer treatment, e.g. chemotherapy, can be anticipated and the patient will already know the plan of care should such symptoms occur, such as directly ringing the cancer ward at Lincoln Hospital and getting clinical advice. Other complications / symptoms will not be anticipated and should be treated as an unexpected illness and depends on the severity of the symptom.

### Kidney failure

Acute kidney injury (AKI) is when your kidneys suddenly stop working properly. It can range from minor loss of kidney function to complete kidney failure. AKI normally happens as a complication of another serious illness. This type of kidney damage is usually seen in older people who are unwell with other conditions and the kidneys are also affected.

The appropriate place for treatment depends on the level of severity of the patient's symptoms.

A patient who has low level / moderate symptoms could ring their GP and / or 111 and talk with a clinician for advice.  If advised, they could be booked into an appointment at the UTC for further assessment / treatment.  Those who present at the UTC would be assessed / treated accordingly.

If a patient is experiencing severe symptoms and has called 999, paramedics would assess the symptoms and treat the patient accordingly which could be to take further clinical advice over the telephone.  If further treatment is indicated, the patient will be transported to the right place for treatment.

## Seizures

If someone's condition is life threatening then it is crucial that the person gets to the right place at the right time. As with any life threatening situation, a call should be made to 999.  If someone presents at an UTC with a seizure then the clinical team will assess that person, start treatment and decide whether the person needs to be transported to a more specialist site.

## Mental health emergencies

If a patient arrives at an UTC with a mental health emergency, the appropriate place for treatment depends on the level of severity of the patient's symptoms.  The UTC staff will liaise with the mental health crisis team and agree a plan of care.

## Overdose

The appropriate place for treatment depends on the level of severity of the patient's symptoms.

A patient who has low level / moderate symptoms could go to the UTC for further assessment / treatment.  The UTC staff will liaise with A&E consultants on another site for advice if required.  They will refer the patient to Mental Health services.

If a patient is experiencing severe symptoms and has called 999, paramedics would assess the symptoms and treat the patient accordingly which could be to take further clinical advice over the telephone.  If further treatment is indicated, the patient will be transported to the right place for treatment.

If the patient has a reduced conscious level (not alert) at home, an ambulance should be called and the paramedic can make a decision about treatment / next steps.

## Suicide attempt

An example was given of a young male who cut a vein in his arm and lost a lot of blood. An ambulance was called, his arm was dressed and then transported to Grantham A&E where he received four units of blood. He was then transferred to Boston Hospital for an operation to repair the vein.   We were asked in this scenario, what would happen with an UTC?

If Grantham A&E becomes an UTC, the young male would still be attended by paramedics following the 999 call. They would start treatment, e.g. by giving him intravenous fluids and dressing his wound and care for him while they transport him directly to Boston or Lincoln Hospital where he would receive blood and surgical care.

### 3.2 Grantham travel and transport FAQs

**Some people may not be able to afford to travel to other A&Es outside of Grantham – what support can you offer them?**

Our preference is to reduce the need for patients to be transported to another hospital by providing care locally when appropriate.  We will only ask patients to travel further if they have complex, specialised needs and/or their outcome(s) will be improved by additional travel.  We have heard from Lincolnshire's public that they agree with this approach and receiving the right care, first time is their priority, even if that means further travel.

It could be that some need for transport becomes reduced, for example by increasing numbers of virtual consultations such as telephone calls, Skype or online services.   We understand that some members of the public want virtual consultations and others prefer face to face, this will be accommodated.  For other people, the need for transport can be reduced if we help them to manage their long term conditions better through local community-based care.

If someone's condition is life threatening then it is crucial that the person gets to the right place as fast as possible.  As with any life threatening situation, a call should be made to 999. We have worked with EMAS throughout the process to date and continue to do so.

If someone's condition means that they need assistance to travel for health reasons, this is provided through non-emergency patient transport services and will be provided to and between services.

If someone's condition means that they need to travel for health care but they do not have any health reasons for transport, they will not receive non-emergency patient transport.  It is then that affordability, convenience and other forms of (non health) transport need to be considered.

Lincolnshire County Council (LCC) has responsibility for statuary Home to School, Adult and Children's Social Care transport and for Public Transport services.  The NHS has responsibility for transport if there is a health reason; this does not include affordability and convenience.

Both the NHS and LCC understand how crucial transport is so that patients can access NHS services, therefore we are working closely together on a joint transport strategy to improve public transport and look at other viable options to supplement non-emergency patient travel.

At the Grantham Healthy Conversation workshop on 19 June, the public suggested some ideas to resolve the affordability and convenience issues.  This proved a very useful starting point and the following list is a summary of the ideas on which we are now actively working with the LCC;

- Co-ordination of transport budgets, infrastructure and existing transport provision to maximise the value of what's already there
- Digital mechanisms to reward providers of lift-shares (UBER style) - digital payment infrastructure that tracks per mile travelled in a registered car share. Automated payments on a cost-share basis. Rates set by the scheme to avoid profiteering. Scheme provides safeguarding and vetting of participants.
- Vehicle loan schemes e.g. wheels to work. Broaden the scope, capitalise on the added value of these schemes.

- Tackling "The last mile": Create transport hubs/interchanges; make waiting more social, comfortable or usable time. Integrate transport information and potentially other rural information hubs.
- Goods delivery: identify opportunities for village retailers to provide distinctive offers: align rural services with delivery hubs, e.g. delivery of medicines.
- There are already a variety of local and voluntary transport services which could be utilised, such as Call Connect and Grantham Community Transport, for example. Maximise the opportunities these services offer.
- A bus service that travels between hospital sites for staff, patients and carers.

These are ideas and final ideas will be finalised in the joint transport strategy.

## ADDITIONAL QUESTIONS FROM 9th OCTOBER WORKSHOP

### What is being done / what support is being provided for patients with transport difficulties?

The NHS is responsible for delivering medical and health care services and only has responsibility for transport if there is a health reason; this does not include affordability and convenience. Lincolnshire County Council is responsible for public transport, statutory Home to School, Adult and Children's Social Care transport. However, while we must spend our funds on health provision, we fully appreciate how crucial transport is so that patients can access NHS services, therefore we are working closely with Lincolnshire County Council on a joint transport strategy to improve public transport and look at other viable options to supplement patient travel. If someone's condition is life threatening then it is crucial that the person gets to the right place as fast as possible. As with any life threatening situation a call should be made to 999. We have worked with EMAS throughout the process to date and continue to do so.

If someone needs assistance to travel for health reasons, this is provided through non-emergency patient transport services and will be provided to and between services. If someone needs to travel for health care but they do not have any health reasons for transport, they will not receive non-emergency patient transport. It is then that affordability, convenience and other forms of (non-health) transport need to be considered.

Call Connect is a public bus service that operates in response to pre-booked requests. Registration is free but you must be a member to book a journey. You can then use the service for any reason and as frequently as required. The fully accessible minibuses operate from 7am – 7pm, Monday to Friday, and from 7.30am – 6.30pm on Saturdays, with some local variations. In most cases. Call Connect will pick up and set down at designated locations in each village or town. Passengers with a disability or those living in more isolated locations can be picked up and returned to their home address, if it is safe and practical to do so.

You can use Call Connect to travel anywhere within each service's operating area. You can also use it to connect with the main Interconnect bus service or other bus and train services. Concessionary bus passes are valid on all services.

We are working to a principle of the most regular care requirements remaining close to home, such as routine screens in cancer care for example. It is when care needs become more complex and specialised that further travel is required; we have heard from Lincolnshire's public that the right care, first time is the priority, even if that means further to travel.

We are also working to a principle of trying to reduce the need for transport, for example by increasing the numbers of virtual consultations such as telephone calls, Skype or online services. We understand that some members of the public want virtual consultations and others prefer face to face, this will be accommodated. For other people, the need for transport can be reduced if we help them to manage their long term conditions better through local community-based care.

**Can we share the data collated by HealthWatch Lincolnshire around non-emergency transport? These are worrying figures as the number of people denied access has increased.**

Healthwatch received 15 items of patient feedback in relation to all non-emergency transport over the last six months. These are included in Healthwatch monthly reports which are in the public domain and can be accessed via the Healthwatch website: **https://www.healthwatchlincolnshire.co.uk/**

**The population is increasing and the public consider that public transport is inadequate.  What is being done to improve the access to Lincoln if everything is going there?**
We have taken into account the expected growth in population in Grantham town and feel that our emerging option of an UTC would meet this demand.

We are part of the 'One Public Estate' initiative with many partners involved in the development planning around Grantham, and are therefore fully aware of the future potential growth in housing, which has been incorporated into our planning work.

The NHS and Lincolnshire County Council are working together on the single travel and transport strategy, so that we start to address the issues that the public are describing. See above FAQ.

**What happens if a patient is taken to an alternative hospital by ambulance and ambulances are queueing outside?**
There is a lot of work being undertaken to improve this. Critically ill patients are handed over immediately to the hospital and do not have to sit and wait, as the ambulance is able to contact the hospital so hospital staff are waiting for the patient on arrival.

Patients whose needs are less urgent who are not able to be handed over to the hospital straightaway are constantly monitored and looked after by the ambulance crew while they wait. The most clinically unwell patients are seen first.

Patients taken to hospital by ambulance will not necessarily get priority treatment over someone who has transported themselves to hospital.  If a patient is clinically well enough they will be transferred from the ambulance to the waiting room with everyone else.

**What is the 'golden hour' and is it achievable?**
The golden hour is the period of time following a traumatic injury during which there is the highest likelihood that prompt medical and surgical treatment will prevent death. While initially defined as an hour the exact time period depends on the nature of the injury, and can be more than or less than this duration. It is well established that the person's chances of

survival are greatest if they receive care within a short period of time after a severe injury; however, there is no evidence to suggest that survival rates drop off after 60 minutes. Some have come to use the term to refer to the core principle of rapid intervention in trauma cases, rather than the narrow meaning of a critical one-hour time period.

**The golden hour for stroke services**
The golden hour refers to the door to needle time, i.e. from the patient arriving in hospital to administering the thrombolysis treatment. It is a target and has no clinical significance to outcome. The sooner the treatment is given, the better the chance of a better outcome for those who are going to benefit from the treatment; not everybody can have this treatment as it depends on the type of stroke. 15% of all stroke patients can receive this treatment. Out of this 15% of stroke patients that receive thrombolysis, one third will benefit from the treatment (5%). Our clinicians believe their recommendations for stroke services will improve care and outcomes for the overwhelming majority of patients (95%).

There is a 4.5 hour time limit in the national clinical stroke guidance which refers to the time within which we can administer the thrombolysis treatment within the current licence. It is more relevant to clinical practice, but it starts from the time of onset of stroke symptoms, or from when the last time the patient was seen well.

**People are concerned about Lincoln Hospital A&E not being able to cope with demand and, as a result, do not want to want to go there instead of Grantham Hospital.**
There is no evidence to suggest that Lincoln hospital is unable to cope with the increased number of patients from the Grantham area.  Lincoln hospital A&E sees an average of two additional patients per day from Grantham since the overnight closure of Grantham's A&E, against an average of 200 attendances per day - an increase of only one per cent.

**Why are we not using the Kingfisher Ward?**
We are using the Kingfisher Ward – it is our children's clinic at Grantham hospital, which is used for general paediatric and community paediatric clinics throughout the week. Currently, between 750 and 900 children are seen there per month.

**Will Grantham be a Centre of Excellence?**
As outlined in the Healthy Conversation 2019, our NHS preferred emerging option is to consolidate most elective care and make Grantham Hospital a 'centre of excellence' for elective short stay and day case orthopaedic and general surgery. The benefits of this emerging option could include:

The benefits of this emerging option could include:

- Far fewer cancelled operations for all in the county
- Better clinical results for patients, lower rates of re-admission, reduced length of hospital stay and reduced risk of infections and injuries
- Improved job satisfaction, morale and productivity for our staff

**3.3 Boston stroke services FAQs**

**Attendees of the workshops in June (and this was raised again at the October workshop) felt that travel times to Lincoln Hospital, especially for those living on the coast, are a concern.**

Our clinicians tell us that the best outcome for critically ill patients comes from being in the right place first time, where the right service can be provided as quickly as possible.

While this may mean patients are not treated at the hospital closest to them, it means they will be taken directly to a hospital which can give them the immediate treatment they require; therefore giving them the best possible chance of a positive outcome. Arriving at a hospital which is not equipped to treat them can waste critical time. The extra travel time getting to the right place far outweighs the risk of delayed treatment.

Historically, patients would be taken to the nearest hospital but we now know that getting to specialist care results in better outcomes. An example of this is major trauma - we don't have specialist major trauma centres in Lincolnshire and patients have had better outcomes by traveling to Nottingham, where their care is delivered by a specialist trauma team who look after larger numbers of patients and have the expertise and skills to deliver this care. This is the same for hyper acute stroke care.

The preferred option for stroke services - a fully staffed single multi-disciplinary team on the Lincoln site - will improve the outcomes of all patients who are cared for in the stroke unit. Even if patients have to travel further, outcomes and recovery will be greatly improved.

It's about getting to the right place as quickly as possible - even if that means going past a more local hospital to get to specialist care.

**When will the joint conveyances start to happen?**
In terms of JACP (Joint Ambulance Conveyance Project), EMAS has a partnership with Lincolnshire Fire Service and LIVES, and Lincolnshire Fire provide a co-responder response to emergency calls in a fire ambulance, staffed by LIVES trained fire responders. If the EMAS response to that incident is a car and not an ambulance, it gives the option of transport without waiting for an EMAS ambulance with the paramedic travelling in the fire ambulance. They do not transport patients without EMAS presence.


**ADDITIONAL QUESTIONS FROM 10th OCTOBER WORKSHOP**


**Why not centralise stroke services in Boston? If the heart centre is also moved to Boston, the heart, stroke and vascular services would all be together**

The over-riding, influential factor is staffing – it is easier to recruit to Lincoln, than it is to Boston, therefore the current and the future stability of the service will be protected if we specialize in Lincoln. We also know it is very difficult to recruit doctors to Boston for stroke services.

Co-location of services is very important, but we already have an established and highly successful heart centre in Lincoln. The cost of transferring estates is high and potentially unachievable and very risky, as is the cost and likelihood of successfully transferring all staff of this service.

More patients would be displaced if the centre was moved from Lincoln. There has been lots of analysis undertaken – there would be greater displacement across the county if located in Boston than in Lincoln. Lincoln is a better solution for more of Lincolnshire's population.

**Can clarification be given as to when treatment starts, as the time taken for patients to begin receiving treatment after a stroke is critical?**
There is a 4.5 hour time limit in the national stroke clinical guidance which refers to the time within which we can administer the thrombolysis treatment within the current drug licence. It is more relevant to clinical practice, but it starts from the time of onset of stroke symptoms, or from when the last time the patient was seen well.

Sometimes the 'golden hour' is talked about in relationship to stroke services.  This refers to the door to needle time, i.e. from the patient arriving in hospital to administering the thrombolysis treatment. It is a target and has no clinical significance to outcome. The sooner the treatment is given, the better the chance of a better outcome for those who are going to benefit from the treatment; not everybody can have this treatment as it depends on the type of stroke. 15% of all stroke patients can receive this treatment.  Out of this 15% of stroke patients that receive thrombolysis, one third will benefit from the treatment (5%). Our clinicians believe their recommendations (preferred option) for stroke services will improve care and outcomes for the overwhelming majority of patients (95%).

**Obesity, hypertension or cardiovascular disease, for example, all need to be addressed as part of the STPs approach to stroke and stroke care, what is being done about prevention services?**

Lincolnshire County Council has protected and invested in primary preventative services when other areas have been reducing them. The Lincolnshire system is taking a life-course approach, supporting children to have the best start in life and providing parenting support to families in the early years, and focusing on diet, physical activity and mental health support for school age children.
In addition, we have recently commissioned a new integrated lifestyle service, 'One You Lincolnshire', which comprises smoking, alcohol and a tier 2 weight management service. This is targeted at the population with chronic disease, such as hypertension and/or type 2 diabetes.

**Attendees of the workshops had concerns about staffing.**
There are currently only two substantive consultants in post across Lincoln and Pilgrim Hospitals compared to national guidelines which recommend eight full time posts.

Staffing issues are not about money; in fact more is being spent at the moment through the need to have locums and agency staff. It is recognised that nationally more consultants are needed, as there are more vacancies than staff.  Our preferred option is to treat more patients in a single site which means concentrating our skilled workforce in one place to provide improved care, treating a greater number of patients and more opportunity to develop specialist skills.

Another challenge is that some consultants have retired and a number of staff are getting near retirement age too.

We now have the new medical school at Lincoln University and are hoping that trainee doctors stay in Lincolnshire when they qualify.  This is not a quick solution and will have an impact in the coming years.  We're working with Visit Lincolnshire and looking at what other organisations, such as Siemens, have done to attract staff; all of the NHS partner organisations are working together to resolve our recruitment issues.

**Will EMAS be able to cope with the transfer of stroke patients to Lincoln Hospital?**
We recognise that Lincolnshire is a large geographic county and travel times vary across the county, particularly coming to and from the coast. We also know that the best outcome for critically ill patients comes from being in the right place where the right services can be provided and, at times, this means driving past a more local hospital to get to specialist care.

EMAS take on average 60 calls a day in Lincolnshire for category one patients with life threatening conditions and the ambulance aims to get to the patient within seven minutes. EMAS constantly reviews where their ambulances are needed and moves them around the county if needed. EMAS has a range of quick response cars and four wheel drive cars for inclement weather.

We have been working jointly with EMAS on the stroke service options and EMAS can transport the patients.

**ADDITIONAL QUESTIONS FROM 10 OCTOBER WORKSHOP**

**When will EMAS achieve its targets?**
EMAS has plans to meet key performance targets in April 2020. Current performance is not meeting the trajectory and it is unlikely that EMAS will be able to meet the April 2020 position. There are a number of reasons for the lower than planned performance including increased demand for ambulance services, hand over delays at hospitals and resources within EMAS. We are continuing to work with EMAS to achieve targets as soon as possible.

**EMAS should be held to task for not meeting targets for cat 1 and 2**
The trajectory is to hit targets by April 2020 due to an increase in staff completing the correct training. By April next year, EMAS will have enough people with the right skills to help achieve its targets. EMAS has additional cars and responders who can help stroke patients. Additionally, representatives regularly attend the Health Scrutiny Committee.

**EMAS funding is inadequate and Simon Stevens should be challenged. There has been millions spent on the TV campaign FAST yet patients are not reached in time as there are not enough ambulances. The £1.25 million received 4 years ago for ambulances is not adequate. Fundamental aspects for stroke need to be in place before looking at changes and conveyances is one of them.**
Patients calling EMAS with stroke symptoms are prioritised.

**In Lincolnshire we do not have any 4x4 ambulance, this is not acceptable on Lincolnshire roads especially in the winter; there could be a three hour ride due to the weather conditions.**
EMAS has a range of quick response cars and four wheel drive cars for inclement weather. We recognise that Lincolnshire is a large geographic county and travel times vary across the county, particularly coming to and from the coast. We also know that the best outcome for critically ill patients comes from being in the right place where the right services can be provided and, at times, this means driving past a more local hospital to get to specialist care. EMAS take on average 60 calls a day in Lincolnshire for category one patients with life threatening conditions and the ambulance aims to get to the patient within seven minutes. EMAS constantly reviews where their ambulances are needed and moves them around the county if needed. We have been working jointly with EMAS on the stroke service options and EMAS can transport the patients.

**What about the air ambulance for moving patients?**
Although there are some conditions for which this isn't appropriate, the air ambulance can and is regularly used to transfer patients. There is one aircraft available in Lincolnshire but we also get support from neighbouring counties and coast guard search and rescue if necessary under exceptional circumstances. The air ambulance is a 24 hour service but there are limitations to this service due to night time flying regulations.

**How are events advertised for people with visual impairment and how are all organisations implementing the Accessible Information Standard?**
Since the workshop in June, meetings have been held with several community groups to ensure messages reach all communities in Lincolnshire. These included South Lincolnshire Blind Society and Lincolnshire Sensory Services, to improve our communications with deaf, blind and deaf / blind members of the public. We are now able to utilise existing newsletters and bulletins sent out by both organisations plus Lincolnshire Blind Society has offered to hold focused workshops with blind and visually impaired people to hear their views and opinions. We have also met with Carers First to improve our communications and opportunities for engagement with carers in Lincolnshire. Over the next few months, it is our intention to meet with further organisations to strengthen communications with members of their communities such as groups who support people with disabilities, Black Minority Ethnic groups, travellers, eastern European groups, faith groups and LGBT+ communities etc.

The Clinical Commissioning Groups (CCGs) across Lincolnshire are working with their GP practices to reiterate their responsibilities around the Accessible Information Standard. Information can be found on the CCGs websites. Additionally, all systems at Lincolnshire Partnership Foundation Trust (LPFT) are now AIS compliant. United Lincolnshire Hospitals Trust (ULHT) has, since the AIS was published, been working on a structured approach to implement the standard and continues to undertake further promotion with service users. ULHT will also be undertaking a gap analysis of its own systems to ensure best delivery of the AIS.

Lincolnshire Community Health Service NHS Trust (LCHS) has raised awareness of how to record patients' access needs, and sign-ups in clinics encourage patients to declare any access needs.

**3.4 Boston women's and children's services FAQs**

**There are concerns that paediatric patients are being moved to Lincoln, Peterborough, Kings Lynn and Grimsby Hospitals rather than Boston, resulting in additional travel for families.**
The NHS is responsible for delivering medical and health care services and local councils are responsible for public transport. However, we fully appreciate how crucial transport is so that patients can access NHS services and family can visit their loved one. Therefore we are working closely with Lincolnshire County Council on a joint transport strategy to improve public transport and look at other viable options to supplement patient travel. We have worked to a principle of the most regular care requirements remaining close to home, such as routine outpatient appointments for example. It is when care needs become more complex and specialised that we introduce further travel; we have heard from Lincolnshire's public that the right care, first time is the priority, even if that means further travel.

For carers– if there's a transfer from Boston to Lincoln - travel may be an issue. There is support for carers - personal budget that pays for that transport.

At the Grantham Healthy Conversation 2019 workshop on 19 June, the public suggested some ideas to resolve the affordability and convenience issues for travel across Lincolnshire. This proved a very useful starting point and the following list is a summary of the ideas on which we are now actively working with LCC;

- Co-ordination of transport budgets, infrastructure and existing transport provision to maximise the value of what's already there
- Digital mechanisms to reward providers of lift-shares (UBER style) - digital payment infrastructure that tracks per mile travelled in a registered car share. Automated payments on a cost-share basis. Rates set by the scheme to avoid profiteering. Scheme provides safeguarding and vetting of participants.
- Tackling "The last mile": Create transport hubs/interchanges; make waiting more social, comfortable or usable time. Integrate transport information and potentially other rural information hubs.
- There are already a variety of local and voluntary transport services which could be utilised, such as Call Connect and Grantham Community Transport, for example. Maximise the opportunities these services offer.
- A bus service that travels between hospital sites for staff, patients and carers.

These are ideas at this stage and their feasibility is being explored; final options will be incorporated into the joint travel strategy.

## ADDITIONAL QUESTIONS FROM 10 OCTOBER WORKSHOP

**Why do we have two options if one option is not viable and the NHS preference is for one only?**
National guidance suggests that it is preferable to consult on more than one option for a service change, but this is not always necessary or possible. On those occasions, if only one option for change is viable this one option can be consulted on. The Healthy Conversation 2019 is about engaging and hearing people's views about both options for women's and children's services. All of the work that has been done since August 2018 is striving to avoid a single site option and the NHS' preferred option is to continue with these services at Pilgrim Hospital.

**There is a lack of trust in survey questions – we will only get the answers to the questions we ask – if you ask if people are prepared to travel a bit further for the specialist services, then most people will say yes but if you asked would they prefer having the specialist services in their local hospital then most people would prefer this.**
We will not give an option if this isn't viable, for example, if there are not enough specialist staff to provide a local service. We want to be open and honest with the public even when messages are difficult. We always allow a section for people to share their own concerns or comment in order to ensure people do not feel there are any restrictions upon what they want to say.

**Back in 2015 – Alan Kitt and Dr Tony Hill stated in the LHAC document that "nothing is going to change until there has been a full consultation" however things are changing under the banner of safety concerns. Changes are being made by stealth.**
This statement remains true. We will engage and consult with the public on any significant changes to services. However, it is also our duty to ensure our services are safe and on

occasion urgent changes are needed to maintain the safety of patients / services. Any changes made on this basis are temporary and a full consultation will follow.

**How have you taken into account population increases when determining the preferred emerging option?**
Yes, we use predicted population growth identified by the County Council.

**The STP is supposed to not disadvantage people. In the East coast residents are extremely disadvantaged. There is a lot of deprivation. Everyone seems to be pushed towards Lincoln. Lincolnshire is so big it should have two hospitals which are equally as big. Should be equal on all levels – it must be something to do with finances?**
The east coast population does have a high rate of deprivation. The options presented for service reconfigurations were assessed using four criteria, one of which was financial sustainability. However, all four criteria were equally weighted. Our ability to recruit staff to the east coast is the most significant challenge.

**Are there enough staff to deliver these services?**
Recruitment challenges are a national issue as well as a local one for Lincolnshire and a lot of work is being undertaken to recruit staff at all levels. We are working with many partners in the county in order to ensure Lincolnshire is presented as a thriving and appealing place to live and work.

Our Talent Academy brings together health and care organisations from across the county to help recruitment and skills development for our current and future workforce. The academy's initiatives include visiting schools, organising careers fairs, and developing our apprenticeship programme to inform and encourage careers in health care.

Alongside our colleagues across the health and care sector in the county, we have also established Lincolnshire's Attraction Strategy programme. This group focuses upon promoting the appeal of Lincolnshire as a place to live and work, as well as raising awareness of the career opportunities in the county.

Lincolnshire has developed a model for GP international recruitment that has now been adopted across England, thanks to the success we saw in the county. Central to Lincolnshire's 'grow our own' recruitment initiative, the University of Lincoln's Medical School's first students have started training in September 2019 alongside two other much needed staff groups, paediatric nurses and midwives who have also started in September 2019.

Our recruitment strategy includes increasing the number of Advanced Neonatal Nurse Practitioners in the service and their use across the Trust (there is a role for ANNPs in the SCBU at Boston). We are unlikely to attract trained ANNPs as they are in short supply across the country. The nursing team are therefore looking at getting local nurses onto training courses – final plans are currently in development.

**ADDITIONAL QUESTION FROM 10 OCTOBER WORKSHOP**

**Is recruitment and retention improving? Are staffing vacancies still an issue?**
Workforce shortages and a decrease in the number of training places have led to an increase in vacancy figures across the system especially within our acute services.  We have a high number of vacancies and shortage of supply locally (and nationally) for registered nursing and midwifery staff, learning disability and other professions such as radiologists, Children's Nurses, Consultants and Middle Grade (SAS/Speciality Doctors).  The geographical component is also often overlooked.  Sparser and smaller populations, higher employment rates, an older population and relatively fewer younger people pose challenges for recruitment, retention and workforce development in rural areas and down the East Coast of our County especially.

Lincolnshire finds itself competing with employers on our boarders as well as those nationally from a reduced supply and labour pool and therefore success of attraction and retention very much depends upon the "total reward" package offered and the experience felt by candidates which is being addressed through our People Plan objectives particular "to become the employer of choice".   Our primary focus is to reduce agency costs through substantive recruitment, attracting the best talent to Lincolnshire with a positive candidate experience and career opportunities.  Our acute provider has recently contracted with a Strategic Partner in regard to International Recruitment, whilst the System as a whole implements new ways of working including different employment models, portfolio working, detailed job plans and changes to rotas, introduction of new roles and return to practice to aid the attraction and retention of our workforce.  Using the positive relationship with our local University and Medical School as well as those colleges and higher education institutions further afield, we are increasing clinical placements, developing further opportunities with various apprenticeship roles and ensuring that investment supports our current workforce's future skills and competency need.

**The NHS should be engaging with schoolchildren at an early age to educate them about careers in the health service. Schools are an untapped opportunity. Aspirations for young people in Lincolnshire are very low and we need to let them know everyone is needed – we need home grown talent. ParentMail is an easy system which reaches a lot of people quickly.**
We are working with schools and colleges throughout the county, as well as undertaking work with the Talent Academy, and note the helpful comments around reaching children at an earlier age to 'plant the seed' of a career in the health service.

**General questions**

**Why isn't more being done to increase funding that Lincolnshire receives?**
Our executives and non-executives are in regular contact with politicians and central government about funding opportunities and promoting Lincolnshire. We have had some recent successes:

- The Prime Minister recently announced £21m fir ULHT (around one fifth of the money we have requested from NHSE)
- Mental health early implementation funding was also announced in September 2019.
- Funding has been sought, and received to support a range of initiatives from NHSE.
- A number of training initiatives have been funded by Health Education England

- Some of the Trusts have received extra funding from the Provider Sustainability Fund for their performance from NHSE
- The NHS applies for capital monies at every opportunity and has received funding to support with the development of business cases from NHSE digital

The Long Term Plan also refers to extra funding for initiatives such as digitally enabling primary care and outpatient care. We also appreciate efforts by members of the public who encourage their local MPs to lobby for more funding for Lincolnshire.

**Why is the Government removing funding from rural pharmacies?**
A new funding settlement has been agreed for all pharmacies contractors for the next 5 years.  This should enable pharmacies to be able to plan and make any necessary changes.  As part of this there is a recognition of rural pharmacies who receive Pharmacy Access Scheme payment.  This gives rural pharmacies an additional level of funding.

Further information can be found here:

https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacy-contractual-framework/

https://psnc.org.uk/our-news/contractor-announcement-funding-negotiations-result-in-five-year-cpcf-deal/

**Is getting patients back out into the community the best approach? Is the money there to care for patients at home? Is it the best use of resources – especially with shortages of staff? Aren't patients better off in hospitals rather than sending them home?**
At first glance it might seem obvious that hospital would be the best place to look after someone, but in fact there is evidence to show that this may not be the case.

Studies suggest that admitting frail older people to hospital can lead to a decline in their physical ability. For all ages, there is also a risk of getting a hospital-acquired infection, which can cause serious complications or even death. And if someone is already receiving regular care at home, sending someone into hospital can interrupt the relationship with their carer and their family. The carer bond can be hard to re-establish.

There are also financial as well as personal costs associated with hospital care. Keeping people in hospital is costly, and people over 85 account for a quarter of all bed days in the NHS. Avoiding this would be better for older people, reduce admission to residential care and keep people living at home longer, and also save money.

**How successful is being stabilized by a paramedic?**
Paramedics have a highly responsible role, often being the most senior ambulance service health care professional in a range of emergency and non-emergency situations. They are trained to deliver their care in the pre hospital setting and so by doing this are considered experts in their field.

They are highly skilled professionals who assess a patient's condition and make potentially lifesaving decisions. In an emergency they are trained to managed complex situations and use high tech equipment such as defibrillators and intravenous drugs. In essence they provide a mobile emergency clinic and are capable of delivering advanced life support techniques to resuscitate/stabilise

patients using sophisticated procedures, techniques, equipment and drugs. They do all of this autonomously, but do have facilities to speak with other clinicians to support their clinical decision making, for example, speaking with a doctor from a trauma centre.

Paramedics follow guidelines to support them in their role and have the facilities to consult this guidance via an electronic system which they carry with them.

**Have we considered the coast in the summer and tourism?  How do we factor in the extra number of visitors?**
We are very adept at managing and forecasting trajectories for activity increases, for example seasonal swells such as summer or winter tourism. We are kept informed of most events taking place within the county, such as large shows, and have business continuity plans in place to ensure everything is managed well.

**Alison Marriott would like to see published the options appraisal information complete with scoring from January 2017.**
Options appraisal scoring from February 2018 will be published with the Pre-Consultation Business Case prior to public consultation.

END

**THE FOLLOWING QUESTIONS AND ANSWERS HAVE BEEN INCLUDED UPON REQUEST BY ALISON MARRIOTT.**

**Why is option 2, centralising consultant-led maternity etc. to Lincoln, still in the engagement options? We have been told that it is to ensure that "there is a conversation" and so that "there isn't a done deal".  Who decided that this was the case? Who decided that this unacceptable option would be included (high-risk, high-impact on patients and families) and why not a lower-risk option?**

*Through 2018, Clinicians considered a long list of options and reduced these to a short list of options.  It is this short list that we are currently engaging on through Healthy Conversation.   National guidance suggests that it is preferable to consult on more than one option for a service change, but this is not always necessary or possible. On those occasions, if only one option for change is viable this one option can be consulted on.  The Healthy Conversation is about engaging and hearing people's views about both options.   All of the work that has been done since August 2018 is striving to avoid a single site option and the NHS's preferred option is to continue with these services at Pilgrim Hospital.*

**If it is to be a genuine conversation/consultation at the next stage, why are you not putting forward an option to have the inpatient paediatric beds and level 2 neonatal unit (LNU) at Pilgrim instead of Lincoln? As the RCPCH review report said that in some ways Pilgrim should be the site for the LNU as the population needs it. Also as**

**ULHT have admitted that the larger population of children with the highest needs are in this side of the county? Surely this would be a more genuine conversation if you had more than 2 options (including an option which keeps inpatient children's services at Pilgrim). Especially given that one of the current options is completely unacceptable from a risk point of view (centralisation - option 2) when considered objectively based on all the available research evidence and experience of staff. Sources of evidence can be provided on request.**

*Through 2018, Clinicians considered a long list of options and reduced these to a short list of options. It is this short list that we are currently engaging on through Healthy Conversation. Their experience continues to be that recruiting staff to Pilgrim Hospital remains difficult. However recent recruitment campaigns have proved more successful when recruiting to paediatric posts on a rotational basis working at both Lincoln and Pilgrim Hospitals.*

**What sources are you basing your travel times on between Boston and Lincoln, Skegness and Lincoln? Please quote the travel times you are using along with the sources.**

*The travel time is dependent on the patient's condition and road conditions. We have used the following travel time thresholds for modelling purposes. These are locally agreed thresholds, there are no national travel times guidance.*

*The three thresholds are 45 minutes (A&E, maternity and non-elective paediatrics), 60 minutes (all other non-electives and outpatients) and 75 minutes (elective paediatrics, day case surgery and elective surgery).*

**What impact will the national neonatal transformation programme have on Lincolnshire, and in particular Pilgrim neonatal unit? Has any member of staff in Lincolnshire (any of the NHS organisations) actually seen the draft report yet? If so how will it impact on your plans and the proposed options?**

*The national neonatal report has been drafted and a number of people have had sight of the draft report. Our ULHT Divisional Head of Midwifery and Nursing) is a member of the national working party, and we have ensured that the plans for Lincolnshire are aligned to this as much as possible. The neonatal work programme is an essential part of the Lincolnshire Local Maternity and Neonatal System. The latest information suggests that the national review will not be published, but there will be a focus on delivery. We are actively engaged with the East Midlands Neonatal Network to ensure that we are able to meet the national standards to sustain a full SCBU at PHB.*

**At the moment we have dedicated ambulances for transferring children from Pilgrim to Lincoln... if the changes are to be made permanent as in option 1, what will you be putting in place regarding transfers? Will there be a dedicated ambulance? Will EMAS be providing extra services ? Especially as moving stroke patients too are in the options...**

*The additional ambulance service on the Pilgrim site (started in August 2018 to support the interim model) will continue to transfer any patient that does not meet the category 1 classification (an immediate response to life threatening condition). Category 1 patients will be transferred by EMAS via 999 emergency vehicle. For neonatal babies and children being transferred to tertiary units there are specialised retrieval teams, with their own ambulance, who will attend the hospital to move patients.*

**6. On the SSNAP audits, Pilgrim stroke unit is mainly scored higher than Lincoln, and the figures of patients are often very similar.... so why not centralise the service Pilgrim? What is the specific and detailed rationale for choosing the Lincoln site, including specific details of any co-located dependent services, whether those services previously existed at Pilgrim, if so why were they moved, reduced or closed, what consultation process was followed, and was the potential future impact on other services made clear to the public at the time?**

*The stroke unit at Pilgrim does get good outcomes, but the medical staffing is fragile with temporary staffing plus one retired consultant who is returning on an annual contract. The intention is to change the stroke model so care after 7 days takes place in the community and this rehabilitation will better meet patients' needs and will reduce the overall number of beds required. The combination of a single unit will make it more attractive to staff, facilitate access to advanced treatments as they evolve, allow patients to recover in the community and make it more cost effective. The treatment that is expected to evolve over the coming years is the Mechanical Thrombectomy Service. This is currently not provided in Lincolnshire. It is anticipated that this service will be co-located with the Cardiac service in future years. The centralisation of the Cardiac Service at Lincoln Hospital has improved mortality over the last 5 years.*

**Where has this event been publicised? In which other languages and formats? What facilities are you providing at the venue to allow disabled people to participate equally and information in a range of formats so that everyone can understand? Please list specifically what you are doing/providing so that residents with protected characteristics can participate fully and on an informed basis.**

*The workshops are publicised extensively through the following media channels: local newspapers/magazines, local radio, social media, websites, e-shots to stakeholder groups and through relevant third parties. As this event was open to all and was not invite only, we could not guarantee that people with protected characteristics would attend but ensured a wide reach with our communications so the opportunity was there.*

*In addition, these workshops are only one part of the much bigger programme of engagement we are undertaking and understand that events like this are not the best way for some people to engage with us. Therefore, we offer a variety of ways for people to tell us their views if they don't want to or are unable to come along to a workshop, for example our paper and online surveys which are also available in different languages, paper and online feedback forms, meeting us when we're out and about in town centres and supermarkets, and people can phone, email or write to us. This is just the first part of our engagement and we will continue with many more extensive engagement and consultation opportunities as we move into the formal public consultation.*

*The purpose of these workshops was a 'deep dive' into the particular themes which emerged from the wave 1 engagement events and therefore smaller, more detailed group discussions was an appropriate way to achieve this. We are also mindful that our clinical staffs' time is extremely valuable and we are grateful that they were able to sit around tables and have a conversation with our patients and the public which would not have been possible with larger scale events .*

*Further details of our proactive engagement with groups with protected characteristics will be made publically availability on completion and we will share this with you. As reported in the Health Scrutiny Committee, we are working with People's Partnership, an independent partner to ensure proactive engagement with people with protected characteristics.*

*The People's Partnership is made up of a Leadership Team who represent major areas of disability and some areas of the protected characteristics. In addition to the Leadership Team, they have individual members, members of groups and communities, and members who support the hidden and hard to reach communities.*

*The current members of the Leadership Team are:*

• *Age UK Lincoln & South Lincolnshire*

• *CarersFIRST*

• *Children's Links*

• *Every-One (contributes and facilitates the organisation of the People's Partnership)*

• *Linkage Community Trust*

• *Links Lighthouse*

• *South Lincolnshire Blind Society*

*As part of the engagement, The People's Partnership have engaged with a number of hidden and hard to reach communities which included 56 respondents who identified as having sight loss.*

**Funding - what are you doing to ensure that Lincolnshire gets its fair share of funding and are you getting the support you need politically? For example, this report from the Nuffield foundation and NCRHC (based in Lincoln) suggests that we are underfunded. So this is not just driven by safety, is it? https://www.nuffieldtrust.org.uk/research/rural-health-care**

*We are aware of this report having contributed to its development and we understand that the NCRHC are taking this forward nationally.  With the current national methodology on funding allocation, we are receiving our 'fair share' so any national review is welcomed.*

*A set of four criteria were developed for the purpose of assessing any future options and proposals, namely: 'quality of care', 'access to care, 'affordability' and 'deliverability'.  Safety*

*is part of quality and funding is part of affordability. These four criteria are considered as equal and not weighted.*

**What are the exclusion protocol for ambulances and GP's, i.e not taking or sending babies, children and pregnant women to the Pilgrim at the moment? What were they before the August 2018 changes? What will they be under the proposals? (by each option). For example, will all pregnant women under 37 weeks experiencing any problem be told to go to Lincoln (or taken by ambulance) under option 2?**

*Today, babies born pre 29-weeks and children under five who require surgery are all treated out of county. Some of these patients will require planned care, other patients will receive initial treatment in county and be transported to tertiary services as their care needs require specialist support. This will continue in the future.*

*There are no exclusion protocols for ambulances and GPs taking babies, children or pregnant women to Pilgrim Hospital now nor before August 2018. There will no exclusion criteria for option 1 in the proposals.*

*For option 2, there would be no neonatal service or consultant obstetric service at Pilgrim Hospital. This means that if the lady is planned to have a consultant led birth, they will attend Lincoln Hospital or a hospital outside of the county for treatment / the birth. Pregnant women can still attend Pilgrim Hospital, would be treated and transferred with their baby if necessary.*

**We were informed by ULHT on 18th June that the reason for including Women & Children's option 2 in the Healthy Conversation engagement documents was due to advice from NHS England that these two options were necessary for valid public consultation.**

We believe the event you refer to was the Paediatric Engagement Event held at Pilgrim Hospital, United Lincolnshire Hospitals Trust (ULHT) on 18th.

NHS England (NHSE) does not give instructions on the number of options to consult on. NHSE's approach is to issue guidance and promote the use of 'best practice'.

It is preferable to consult on more than one option for a service change, but this is not always necessary or possible. On those occasions if only one option for change was viable this one option can be consulted on.

Please note there are other Acute Services Review services too where we have included a second option, which is theoretically deliverable, even though we have been clear that it is not our NHS preferred option.

**Please would you provide a copy of the advice from NHS England, or from any other source if it wasn't NHS England.**

We are currently engaging on our options and are using the NHSE guidance available at

https://www.england.nhs.uk/publication/planning-assuring-and-delivering-service-change-for-patients/

## Appendix 4: Acute Services Review survey report

**Contents:**

## Background and introduction

During 2018 we engaged with our communities on hospital services to start developing options for how services need to change. We undertook a survey and number of public events to explore this.

All of the feedback we received was shared with clinicians and senior leaders to consider these views and experiences when thinking about the options for how we might deliver these services in the future. Any options that suggest significant change to hospital services will go through NHS England assurance processes and public consultation before service changes are made.

This previous engagement helped us to identify some emerging options upon which we invited further views using a variety of engagement activities as part of the Healthy Conversation 2019 campaign, such as open events and a survey. This report summarises the results of this survey as well as respondents' thoughts on travel and transport and technology to support these possible changes in services.

All of the detailed feedback received has been circulated to the Senior Responsible Officers for the system programmes to inform the development of Lincolnshire's Long Term Plan and also to shape their programmes and projects and emerging options prior to any public consultation.

## Survey feedback:

During the course of the engagement we received 649 completed surveys with a varying number of respondents answering each question.

Respondent profile:
    83% (537) members of the public
    11% (73) member of NHS staff
    5% (34) Organisation or other
    5 did not answer this question

**Travel to and use of Lincoln, Pilgrim Boston and Grantham Hospitals**

Initial questions in the survey asked respondents how they travelled to hospitals, how often they attended and if they experienced any difficulties attending any of the sites.

These results demonstrate that a higher proportion of respondents to the survey visit Pilgrim Hospital, Boston than Lincoln and Grantham Hospitals and so subsequent answers received will also show a larger number of views relating to Pilgrim Hospital.

**Q3: If you have used any/all of the 3 main hospitals in Lincolnshire within the last 12 months what was the main way you travelled to each of these hospitals?**
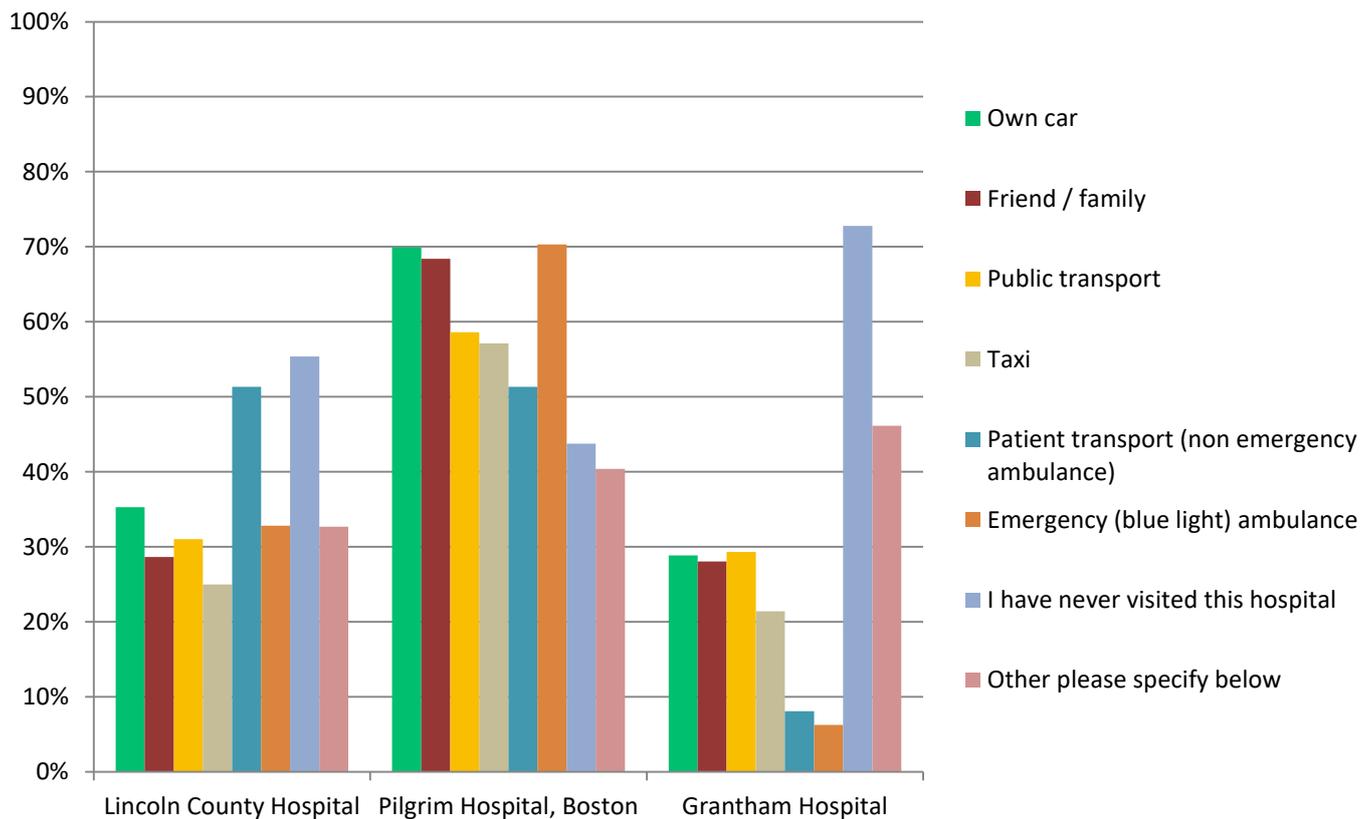


A large proportion of respondents visited each hospital using their own cars.

**Lincoln Hospital:** the highest number of those who have visited the hospital attended by patient transport. Those who suggested other methods of travel indicated that they either walked or attended a different hospital.

**Pilgrim Hospital Boston:** most respondents attended by emergency (blue light) ambulance. Those who suggested other methods of travel indicated that they walked, used voluntary transport or attended a different hospital.

**Grantham Hospital:** the majority of respondents who didn't use one of these travel methods indicated that they walked to the hospital.

**Q4: Over the last 12 months, approximately how often have you visited each of the 3 hospitals?**
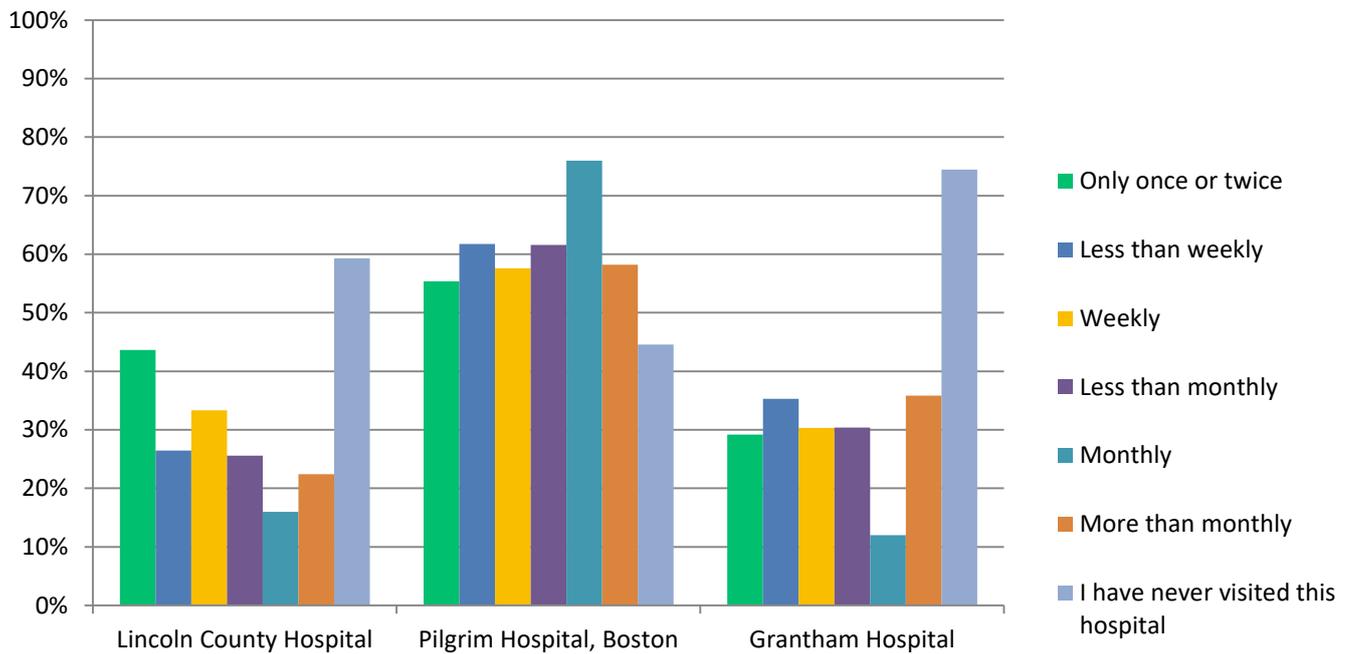


Most respondents indicated that they hadn't visited Lincoln and Grantham Hospitals.

**Q5: Which is the main hospital site you have travelled to?**
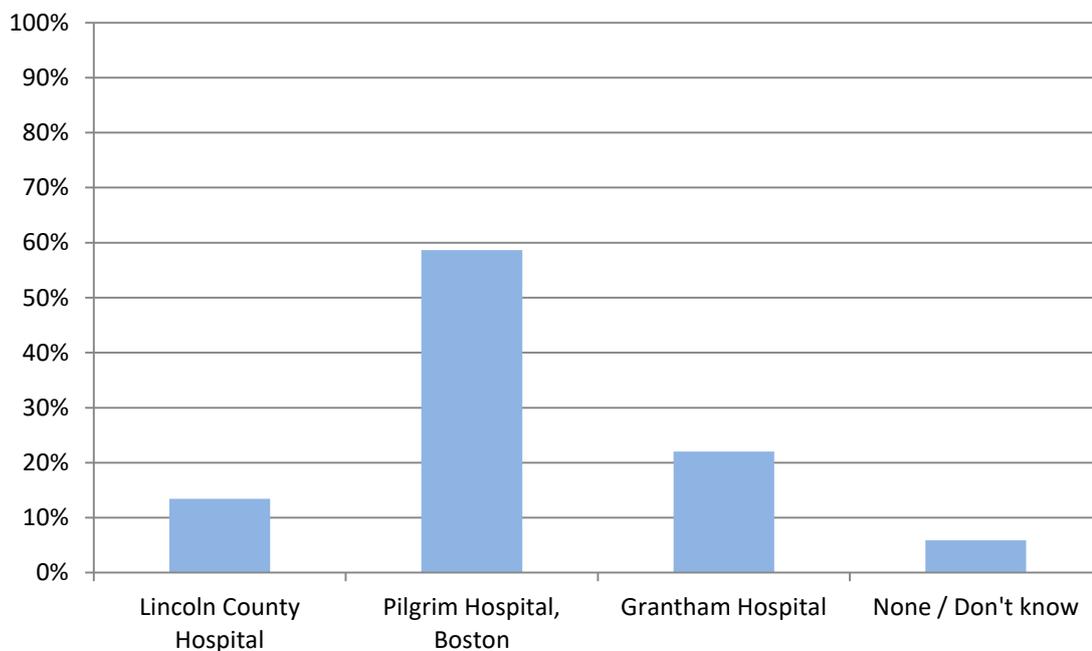
**Q6: Why is this the main hospital you travel to?**

| | Lincoln Hospital | Pilgrim Hospital | Grantham Hospital | None / Don't Know |
|---|---|---|---|---|
| Responses | 84 (13%) | 367 (59%) | 138 (22%) | 37 (6%) |
| I am given appointments for this hospital | **50%** | 25% | 22% | 8% |
| It is closest to where I live | 27% | **64%** | **66%** | 8% |
| It is easy to get to using public transport | 1% | 1% | 1% | 3% |
| My family / carer can take me | 2% | 2% | 1% | 0% |
| There is enough parking at the hospital | 0% | 0% | 1% | 0% |
| It is in an area where I work or shop | 2% | 2% | 3% | 0% |
| Other reason (please specify) | 17% | 5% | 7% | **41%** |
| Answer left blank | | | | 41% |

23 respondents did not answer this question. The main reasons for visiting each hospital are highlighted in green.

Other reasons:

**Lincoln Hospital:** Closest A&E open 24/7; only location for treatment required; advised to attend this hospital

**Pilgrim Hospital, Boston:** Only location for clinic/treatment; closest for family to visit; better roads and familiar with hospital

**Grantham Hospital:** Requested to go here; easy to get to; quicker treatment in A&E

**None/Don't know:** Use other hospitals especially Stamford or Peterborough

**Q7: For each hospital please tell us if there is ONE main thing that makes it difficult to access services at each hospital**
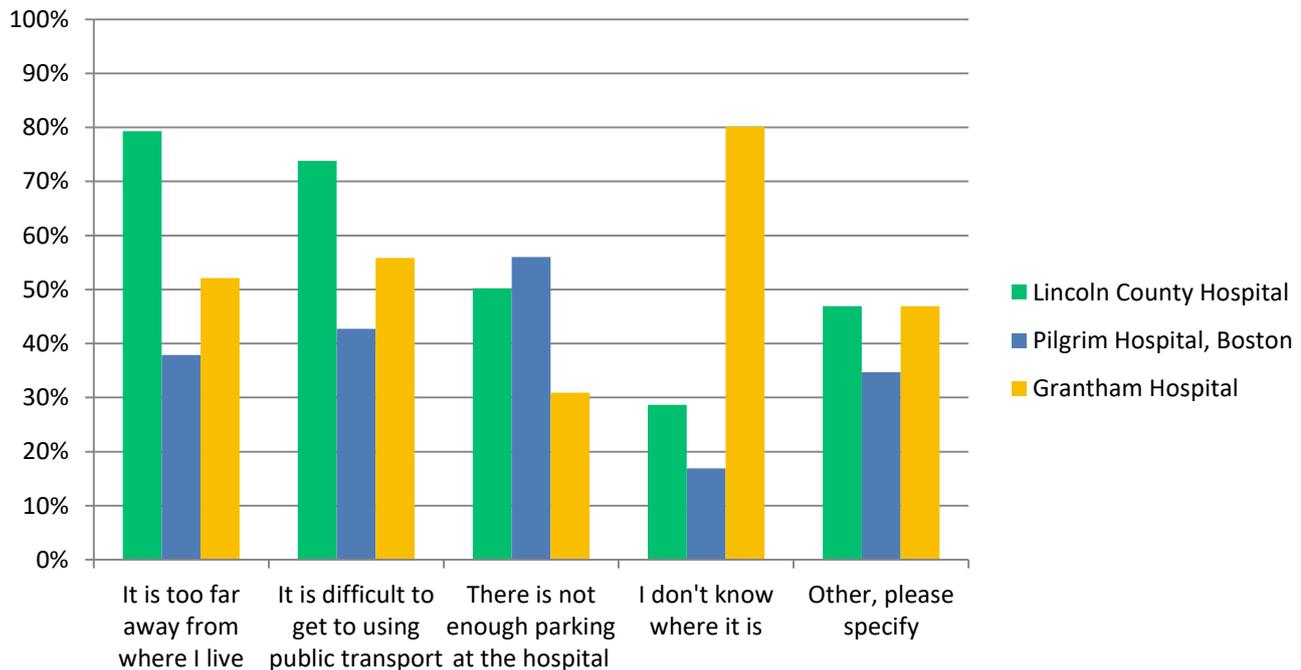


The main reason it is difficult to access services:

**Lincoln Hospital:** It is too far away from where patients live.
Other reasons: too expensive to get there; long delays to get appointments; traffic congestion; would access another hospital.

**Pilgrim Hospital, Boston:** There is not enough parking at the hospital.
Other reasons: cost of parking; reputation; too far to travel in an emergency

**Grantham Hospital:** Patients don't know where it is.
Other reasons: other hospitals are easier to access; reduced services; cost of parking

**Digital:**

**Q8: Virtual consultations could be phone or video call with a clinician rather than needing to travel for a face to face appointment. Please tell us to what extent you would like to be offered a virtual consultation instead of having to travel to an appointment?**

| | | |
|---|---|---|
| I would definitely like to be offered a virtual consultation | 14% | 46% positive |
| I might like to be offered a virtual consultation | 32% | |
| I don't think I would like to be offered a virtual consultation | 23% | 50% negative |
| I definitely would not like to be offered a virtual consultation | 27% | |
| Don't know | 4% | |

**Q9: Please tell us the reasons for your answer to question 8**

| Positive | • Great for patients too poorly to drive<br>• Often difficult to arrange transport so this would be great<br>• Saves time and more environmentally friendly<br>• Much easier than having to travel and pay for fuel and parking<br>• More time efficient when hospital conversations sometimes only last minutes but travelling could take hours<br>• Reduces need for patient/family to take time off work<br>• Much better for patients with children or dependents<br>• Better use of clinician time and resulting in more appointments available |
|---|---|
| Negative | • Lack of confidence in dealing with people via technology, far more comfortable with face-to-face meetings<br>• Not everybody has access to the internet or technology<br>• Physical examinations are far better<br>• Those with disabilities may have difficulties with technology<br>• Some important information could be missed by not seeing the patient<br>• It would feel strange and impersonal<br>• Concerns about discussing personal information on the internet/via computer |

**Q10: Some digital solutions can be used at home to monitor your own health (for example, self-monitoring or remote monitoring technology such as blood sugar monitor, blood pressure monitor, activity tracker).**

**To what extent would you use these if that meant you could avoid an unnecessary appointment or stay in your home for longer rather than having to go into hospital?**

| | | |
|---|---|---|
| I would definitely use technology to monitor my health at home | 49% | 86% positive |
| I might use technology to monitor my health at home | 37% | |
| I don't think I would use technology to monitor my health at home | 6% | 10% negative |
| I definitely would not use technology to monitor my health at home | 4% | |
| Don't know | 4% | |

**Q11: Please tell us the reasons for your answer to question 10**

| | |
|---|---|
| Positive | <ul><li>Frees up time for other patients</li><li>Saves the NHS time and money</li><li>Reduction in time away from work, less pressure on NHS resource, reduction in carbon footprint re travel</li><li>Many patients already monitor their health at home such as blood pressure – just need plenty of support and information about when to seek help and when to continue alone at home</li><li>The technology exists and produces the same results with less inconvenience to myself and frees up resources for other people who may have no other option but to physically attend</li><li>With advancing age travel is becoming a problem</li><li>We all need to take more responsibility for our own health. It is our responsibility to monitor day to day health</li></ul> |
| Negative | <ul><li>Would not feel reassured as much as seeing a doctor</li><li>Not suitable for certain conditions</li><li>I do not understand the technology and don't trust it. I dislike doing things on line</li></ul> |

**Q12: If you were offered support and training to use digital technology to what extent would this encourage you to use it?**

| | | |
|---|---|---|
| I would definitely consider using it after support and training | 50% | 85% positive |
| I might consider using it after support and training | 35% | |
| I don't think I would use it even after support and training | 7% | 11% negative |
| I definitely wouldn't use it even after support and training | 4% | |
| Don't know | 4% | |

**Q13: Family members or carers could have access to parts of your medical records with your permission. This would mean that they could check your upcoming appointments, see your prescribed medications or contact a medical provider on your behalf.**

**Please tell us if you would like to give permission for family members or carers to access your medical records**

| | | |
|---|---|---|
| I would definitely like to give family or carers permission to access my medical records | 36% | 71% positive |
| I might like to give family or carers permission to access my medical records | 35% | |
| I don't think I would like to give family or carers permission to access my medical records | 12% | 26% negative |
| I definitely would not like to give family or carers permission to access my medical records | 14% | |
| Don't know | 4% | |

**Q14: Please tell us the reasons for your answer to question 13**

| | |
|---|---|
| Positive | • The more people involved in my care the better for me<br>• Useful for older people or those with additional needs who need support with these things<br>• Patients happy for family to know their medical details<br>• If it speeded up diagnosis and meant better treatment |
| Negative | • Privacy concerns<br>• Totally inappropriate unless incapable of making own decisions<br>• Maybe as I get older but not at the moment |

**Q15: If you have any concerns about using digital technology such as having video/skype consultations, using self-monitoring technology or apps please tell us below**

- This is fine as long as patients are given a choice
- Privacy and cyber security are a concern
- Patients might not understand how to do it
- Patients might not have concerns but would like to be given suitable training how to use these technology
- Do not have internet access or technology to use it
- Sometimes only face to face appointments are suitable

**Q16: If there is anything that would help you to use these technologies to take advantage of the benefits they bring, please tell us below**

- Suitable training and support would be needed
- Each step at a time- patients can't even access medical records online yet. GP front line staff need to be fully trained in assisting/encouraging would-be NHS digital users
- Full subtitles and not having to use a phone
- Guarantee security of information
- Possibly, a dedicated room in public buildings such as surgeries, libraries, council offices etc, where the public can drop in to use technology for telehealth consultations. This could be beneficial in areas where connectivity is poor
- Provide the technology for patients to use
- Better broadband, easy access to support 24hrs a day if there are problems using the technology
- Once they are proved to be secure patients might consider it

*The following questions were based on the eight services included in the Acute Services Review. <u>Due to the nature of the questions asking respondents to identify concerns and problems they have about the emerging options, the responses are mainly negative.</u> This will enable us to consider what we can do to mitigate any of the problems people might face if services are changed.*

## Breast services

**Q17: Please tell us if you would have any problems accessing these breast services at <u>Lincoln County Hospital</u> and if you have any suggestions of how we could overcome this**

52% of 644 respondents to this question provided negative examples of how they could have problems accessing services and of those, the reasons given included:

- Distance and accessibility - hospital is far away from home; too far to travel
- Transport – unable to drive or rely on family/friends
- Cost – hardship to patients or family

9% of respondents provided neutral answers to this question, 7% were positive and respondents felt they wouldn't have any problem with this option and 33% were unanswered.

Suggestions included:

➢ Mobile units at GP Practices
➢ Provide free, reliable transport for sick patients, for example scale up the charity car projects
➢ Send out details of travel and transport with appointments
➢ Keep outpatients appointments local

*(Respondents unaware that this is already part of the emerging option)*

**Q18: Please tell us if you would have any problems accessing these breast services at <u>Grantham Hospital</u> and if you have any suggestions of how we could overcome this**

41% of 647 respondents to this question provided negative examples of how they could have problems accessing services and of those, the reasons given included:

- Distance and accessibility - hospital is far away from home; too far to travel
- Transport – unable to drive and lack of public transport
- Cost – hardship to patients or family

6% of respondents provided neutral answers to this question, 15% were positive and respondents felt they wouldn't have any problem with this option and would be prepared to travel if it meant a quicker appointment and 38% were unanswered.

Suggestions included:

➢ Offer hospital transport
➢ Better parking and free for disabled patients
➢ Skype would help for routine follow up appointments

**Q19: Please tell us if you have any other comments or suggestions about our emerging options for breast services**

Other comments included:
- ➤ Concern about services being centred around Lincoln
- ➤ Services should be more widely available in all hospitals across Lincolnshire
- ➤ Could utilize other hospitals such as Grantham, Pilgrim Boston, Peterborough and Stamford
- ➤ Would need travel support to and from Lincoln Hospital
- ➤ Centralising is sensible
- ➤ Received great care at Lincoln previously

## Stroke services

**Q20: Please tell us if you would have any problems accessing these stroke services at <u>Lincoln County Hospital</u> and if you have any suggestions of how we could overcome this**

62% of 644 respondents to this question provided negative examples of how they could have problems accessing services and of those, the reasons given included:
- Distance and accessibility – concern about the 'Golden Hour', long distance away for people at the coast, road infrastructure inadequate
- Transport – no public transport from some areas, would have to rely on family/friends
- Cost – hardship to patients or family

3% of respondents provided neutral answers to this question, 7% were positive and respondents felt they wouldn't have any problem getting to Lincoln and would appreciate swift treatment at a centre of excellence and 28% were unanswered.

Suggestions included:
- ➤ Retaining stroke services as Pilgrim Boston
- ➤ Consider the impact on friends and family
- ➤ Provide a fully funded transport system

**Q21: Please tell us if you would have any problems accessing these stroke services at <u>Pilgrim Hospital,</u> Boston and if you have any suggestions of how we could overcome this**

28% of 643 respondents to this question provided negative examples of how they could have problems accessing services and of those, the reasons given included:
- Distance and accessibility – too far to travel , excessive traffic congestion and long delays
- Transport – no transport links from some areas, unable to drive and would have to rely on family/friends

3% of respondents provided neutral answers to this question, 28% were positive and respondents felt they wouldn't have any problem getting to Boston as this was closer to home and 40% were unanswered.

Suggestions included:
- ➤ Improved parking required and at reduced costs
- ➤ Use Skype if possible

➢ Provide stroke services in Grantham and other local hospitals

## Q22: Please tell us if you have any other comments or suggestions about our emerging options for stroke services

Other comments included:
➢ Treatment in a timely manner is important but where this is located varies depending on where patients live in the county
➢ Provision of stroke services in other local hospitals
➢ Local rehabilitation

## Women's and children's services

## Q23: Please tell us if you would have any problems accessing Lincoln County Hospital for consultant led services for both consultant led and maternity services and if you have any suggestions of how we could overcome this

54% of 643 respondents to this question provided negative examples of how they could have problems accessing services and of those, the reasons given included:
• Distance and accessibility – too far away from where some patients live, difficult to get to especially with young children or in emergencies
• Transport – difficult in times of heavy traffic, inadequate public transport and can't get there for early appointments,
• Cost – hardship to patients or family, can take a whole day for appointments with the additional travel and need to take unpaid leave, difficult to travel with other work and family commitments

7% of respondents provided neutral answers to this question, 4% were positive from respondents who lived closer to Lincoln and felt it would be easier to travel to and 35% were unanswered.

Suggestions included:
➢ Provide additional parking – extra land needed
➢ Keep maternity services at Pilgrim Boston and use both Lincoln and Pilgrim Hospitals
➢ Improved transport links for patients

## Q24: Please tell us if you would have any problems accessing Pilgrim Hospital, Boston for maternity-led services or both consultant-led and maternity services and if you have any suggestions of how we could overcome this

19% of 643 respondents to this question provided negative examples of how they could have problems accessing services and of those, the reasons given included:
• Distance and accessibility – too far away from where some patients live, still a long way to get to using public transport from the coast
• Transport – traffic congestion at certain times of the day; terrible public transport options, other hospitals are closer and easier to get to

9% of respondents provided neutral answers to this question, 20% were positive from respondents who lived closer to Boston and felt it would be easier to travel to and 52% were unanswered.

Suggestions included:
- More staff needed to deliver the fabulous care they are capable of
- Keep services as they are
- Deliver services in other local community hospitals

**Q25: Please tell us if you have any other comments or suggestions about our emerging options for women's and children's services**

Other comments included:
- Concern about services becoming Lincoln centric
- Localise services to make them accessible for all
- Increase staffing levels
- Consider the impact of the wider family and dependents if women and children have to travel to a hospital further away from their homes.

## Medical services at Grantham Hospital

**Q26: Please tell us if you would have any problems accessing acute medical beds at Grantham Hospital and if you have any suggestions of how we could overcome this**

30% of 644 respondents to this question provided negative examples of how they could have problems accessing services and of those, the reasons given included:
- Distance and accessibility – too far away from where some patients live,
- Transport – poor public transport links and difficult to access if unable to drive
- Cost – hardship to patients or family who cannot afford the travel costs

6% of respondents provided neutral answers to this question, 18% were positive from respondents who felt they would have no problems accessing Grantham Hospital and were keen for services to remain there and 46% were unanswered.

Suggestions included:
- Need to keep all medical treatment local and easy to access
- Train staff in-house and build on the apprenticeship scheme to share knowledge of experienced staff
- More beds and staff needed at Grantham Hospital.

**Q27: Please tell us if you have any other comments or suggestions about our emerging options for acute medical beds at Grantham Hospital**

Other comments included:
- The acute care beds might take some pressure from Pilgrim and Lincoln hospitals
- Use of other local community hospitals
- Keeping as many services as possible at Grantham is very important. If we only have 3 main hospitals in this county we need to keep as many local services available as possible.

> ➢ The community healthcare support model is being used at Hospice in
> the Hospital at Grantham and has thrown up a variety of challenges which should be
> considered before any changes are made to the hospital itself.

## Trauma and Orthopaedics

**Q28: Please tell us if you would have any problems accessing trauma and orthopaedic services at <u>Grantham Hospital</u> and if you have any suggestions of how we could overcome this**

36% of 648 respondents to this question provided negative examples of how they could have problems accessing services and of those, the reasons given included:
- Distance and accessibility – Grantham Hospital is too far away from people living in South Lincolnshire and they would go to Peterborough, too far to travel in pain after an operation
- Transport – poor public transport links and the railway is too far away from the hospital, no public transport available to get to the hospital early in preparation for operations, some journeys would take over 3 hours

5% of respondents provided neutral answers to this question, 17% were positive from respondents who felt it was convenient for those living locally and some had good experiences of orthopaedic care at Grantham and 42% were unanswered.

Suggestions included:
> ➢ Offer these services at multiple hospital sites
> ➢ Provision of transport for hospital services

**Q29: Please tell us if you have any other comments or suggestions about our emerging option for trauma and orthopaedic services at Grantham Hospital**

Other comments included:
> ➢ I would be happy to travel to Grantham knowing there was a reduced chance of the appointment being cancelled and a day off being wasted
> ➢ Centralisation cannot work without a complete change in transport and road infrastructure
> ➢ Too far to travel from certain areas of the county

## General Surgery

**Q30: Please tell us if you would have any problems accessing general surgery services at <u>Grantham Hospital</u> and if you have any suggestions of how we could overcome this**

35% of 642 respondents to this question provided negative examples of how they could have problems accessing services and of those, the reasons given included:
- Distance and accessibility – too far to travel especially when on top of already feeling ill or after surgery
- Transport – accessing for early start surgery would be impossible using public transport, difficult to use public transport straight after day surgery and if you don't have a car it would be impossible to get home

3% of respondents provided neutral answers to this question, 18% were positive from respondents who would have no problems accessing Grantham Hospital if they were local and others were happy to travel for planned care and 44% were unanswered.

Suggestions included:
- Put more resources at a local level – need 3 centres of excellence
- Transport needed to the hospital from the train station
- Appointment times should reflect train / bus arrival times

**Q31: Please tell us if you have any other comments or suggestions about our emerging option for general surgery services at Grantham Hospital**

Other comments included:
- Other community hospitals should also deliver these services
- A vast rural area like Lincolnshire need services in local hospitals rather than centres of excellence
- Retain breast surgery with general surgery
- Support for general surgery to be delivered at Grantham Hospital

## Urgent and Emergency Care services

**Q32: Please tell us if you would have any problems accessing urgent and emergency care services at Grantham Hospital and if you have any suggestions of how we could overcome this**

35% of 644 respondents to this question provided negative examples of how they could have problems accessing services and of those, the reasons given included:
- Distance and accessibility – too far away for some especially in an emergency and treatment may be outside of the 'Golden Hour', many would go to their nearest hospital
- Transport – without a car access is very difficult from other areas in the county and the poor and inadequate roads are dangerous to drive on in an emergency.

8% of respondents provided neutral answers to this question, 13% were positive from respondents who would have no problems accessing Grantham Hospital if they were local and recognise the need to relieve emergency services at the other hospitals and 45% were unanswered.

Suggestions included:
- Upgrade other local community hospitals to provide urgent and emergency care
- Urgent and emergency care services required 24 hours a day 7 days a week
- Offer walk in services 24/7 with full resuscitation and imaging

**Q33: Please tell us if you have any other comments or suggestions about our emerging option for urgent and emergency care services at Grantham Hospital**

Other comments included:
- Development of other community hospitals to provide urgent and emergency care and urgent treatment centres, especially for Stamford and Spalding
- 24/7 access to urgent and emergency care in Grantham
- Improve the NHS 111 service

➢ More education required on self-care

## Haematology and Oncology services

**Q34: Please tell us if you would have any problems accessing inpatient haematology and oncology services at <u>Lincoln Hospital</u> and if you have any suggestions of how we could overcome this**

47% of 643 respondents to this question provided negative examples of how they could have problems accessing services and of those, the reasons given included:
- Distance and accessibility – too far away for many people, 3-4 hour round trips are unacceptable when having treatment for cancer and poorly, parking is inadequate
- Transport – little public transport and not suitable for such poorly patients and friends and family unable to visit
- Cost – too expensive to travel so far even if you have a car, if you don't and can't use public transport due to being so poorly then taxis are even more expensive, friends and family will be unable to visit due to cost

3% of respondents provided neutral answers to this question, 9% were positive who felt able to access Lincoln Hospital as long as outpatients are offered at Grantham and mobile units still available and 41% were unanswered.

Suggestions included:
➢ Set up telephone conversations for follow ups and reviews
➢ Supply transport for patients
➢ Increase the use of voluntary car schemes

**Q35: Please tell us if you have any other comments or suggestions about our emerging option for haematology and oncology services at Lincoln Hospital**

Other comments included:
➢ Consider accessibility options for service users in the south, north and east of the county, especially those who are unable to drive
➢ Use more local hospitals
➢ There should be equally good services at all sites
➢ Centralisation cannot work without a complete change in transport and road infrastructure

## Equalities monitoring

Under the provisions of the Equality Act 2010, all NHS organisations are required to demonstrate that their processes are fair, and that they are not discriminating or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

| Age group | Responses | |
|---|---|---|
| Under 18 | 0% | 1 |
| 18- 25 | 3% | 18 |
| 25-30 | 6% | 38 |
| 31 - 35 | 10% | 60 |
| 36 - 40 | 9% | 56 |
| 41-45 | 7% | 42 |
| 46-50 | 10% | 64 |
| 51-55 | 8% | 52 |
| 56-60 | 9% | 55 |
| 61-65 | 11% | 69 |
| 66-70 | 14% | 87 |
| 71 + | 12% | 78 |
| Rather not say | 1% | 8 |
| | **Answered** | **628** |
| | **Skipped** | **21** |

| Do you consider yourself to have a disability? | | |
|---|---|---|
| | Responses | |
| Yes | 24% | 151 |
| No | 71% | 445 |
| Rather not say | 5% | 29 |
| | **Answered** | **625** |
| | **Skipped** | **24** |

| If yes do you have a: | | |
|---|---|---|
| | Responses | |
| Physical Impairment | 42% | 66 |
| Sensory Impairment | 7% | 11 |
| Learning Disability | 1% | 1 |
| Mental Health Condition (Long Term) | 10% | 16 |
| Other Health Condition (Long Term) | 41% | 65 |
| | **Answered** | **159** |
| | **Skipped** | **490** |

| Gender | Responses | |
|---|---|---|
| Male | 20% | 127 |
| Female | 76% | 476 |
| Rather not say | 3% | 20 |
| | **Answered** | **623** |
| | **Skipped** | **26** |

| Do you now, or have you ever considered yourself to be transgender? | | |
|---|---|---|
| | Responses | |
| Yes | 0% | 1 |
| No | 96% | 557 |
| Rather not say | 4% | 21 |
| | **Answered** | **579** |
| | **Skipped** | **70** |

| Religion or beliefs | Responses | |
|---|---|---|
| Atheism | 11% | 67 |
| Agnosticism | 3% | 18 |
| Buddhism | 1% | 3 |
| Christianity | 54% | 323 |
| Hinduism | 0% | 1 |
| Humanism | 1% | 4 |
| Islam | 0% | 1 |
| Jainism | 0% | 0 |
| Judaism | 0% | 2 |
| Sikhism | 0% | 1 |
| Any Other Religion/Belief | 2% | 13 |
| No Religion or Belief | 18% | 110 |
| Rather not say | 9% | 53 |
| | **Answered** | **596** |
| | **Skipped** | **53** |

| Ethnicity | Responses | |
|---|---|---|
| Bangladeshi | 0% | 0 |
| Indian | 0% | 3 |
| Pakistani | 0% | 0 |
| Any Other Asian Background | 0% | 0 |
| African | 0% | 1 |
| Caribbean | 0% | 0 |
| Any Other Black Background | 0% | 0 |
| White and Asian | 1% | 4 |
| White and Black African | 0% | 0 |
| White and Black Caribbean | 0% | 0 |
| Any Other Mixed Background | 1% | 5 |
| White British | 89% | 546 |
| White Irish | 0% | 3 |
| Any Other White Background | 2% | 11 |
| Chinese | 0% | 0 |
| Gypsies & Travellers | 0% | 1 |
| Any Other Ethnic Group | 0% | 1 |
| Rather not say | 6% | 39 |
| | **Answered** | **614** |
| | **Skipped** | **35** |

| Sexual orientation | Responses | |
|---|---|---|
| Bisexual | 2% | 14 |
| Gay Man | 0% | 0 |
| Gay Woman | 0% | 1 |
| Heterosexual | 87% | 501 |
| Lesbian | 0% | 2 |
| Other | 1% | 4 |
| Rather not say | 9% | 53 |
| | **Answered** | **575** |
| | **Skipped** | **74** |

| Pregnancy and maternity - are you an expectant mother? | | |
|---|---|---|
| | Responses | |
| Yes | 3% | 18 |
| No | 94% | 549 |
| Rather not say | 3% | 15 |
| | **Answered** | **582** |
| | **Skipped** | **67** |

| Pregnancy and maternity - have you utilised local maternity services in the last 18 months | | |
|---|---|---|
| | Responses | |
| Yes | 11% | 64 |
| No | 86% | 488 |
| Rather not say | 3% | 17 |
| | **Answered** | **569** |
| | **Skipped** | **80** |

| Carer- are you currently providing support and care to a partner, child, relative, friend or neighbour who cannot manage without your help or/ and support? | | |
|---|---|---|
| | Responses | |
| Yes | 34% | 199 |
| No | 61% | 357 |
| Rather not say | 5% | 29 |
| | **Answered** | **585** |
| | **Skipped** | **64** |

**You said, we did**

All of the detailed feedback received has been circulated to the Senior Responsible Officers for the system programmes to inform the development of Lincolnshire's Long Term Plan and also to shape their programmes and projects.

This feedback has also informed the continued development of the emerging options for changes to hospital services which will go through NHS England assurance processes and public consultation before service changes are made.

**Appendix 1: survey**

| Lincolnshire Acute Services Review Engagement 2019 |
| --- |

During 2018 we engaged with our communities on hospital services to start developing options for how services need to change. We undertook a survey and number of public events to explore this.

All of the useful feedback we received has been shared with clinicians and senior leaders to consider these views and experiences when thinking about the options for how we might deliver these services in the future. Any options that suggest significant change to hospital services will go through NHS England assurance processes and public consultation before service changes are made.

This previous engagement has helped us to identify some **emerging options** which we would now like your views on before they are finalised for the formal public consultation. We would welcome feedback on these and in particular your thoughts on travel and transport and technology to support these possible changes in services.

Please visit our website for more information about these services, explanations of why we need to change and the benefits of these emerging options: https://www.lincolnshire.nhs.uk and get involved in a #HealthyConversation.

We would like your views on all of the questions, but if you don't want to answer some or feel they are not relevant, please just skip them and move onto the next question.

**Please return this survey to:**
**Central STP Office**
**Room 2**
**Wyvern House**
**Kesteven Street**
**Lincoln**
**LN5 7LH**

**1. Please tell us the first 5 digits of your postcode**

**2. Are you:**
☐ Member of the public
☐ Member of NHS staff
☐ GP
☐ Organisation or other, please tell us below:

_____

**3. If you have used any/all of the 3 main hospitals in Lincolnshire within the last 12 months what was the <u>main</u> way you travelled to each of these hospitals? (one tick per column)**

|  | Lincoln County Hospital | Pilgrim Hospital, Boston | Grantham Hospital |
|---|---|---|---|
| Own car | ☐ | ☐ | ☐ |
| Friend / family | ☐ | ☐ | ☐ |
| Public transport | ☐ | ☐ | ☐ |
| Taxi | ☐ | ☐ | ☐ |
| Patient transport (non-emergency ambulance) | ☐ | ☐ | ☐ |
| Emergency (blue light) ambulance | ☐ | ☐ | ☐ |
| I have never visited this hospital | ☐ | ☐ | ☐ |
| Other, please specify below | ☐ | ☐ | ☐ |

_____

**4. Over the last 12 months, approximately how often have you visited each of the 3 hospitals? (one tick per column)**

|  | Lincoln County Hospital | Pilgrim Hospital, Boston | Grantham Hospital |
|---|:---:|:---:|:---:|
| Only once or twice | ☐ | ☐ | ☐ |
| Less than weekly | ☐ | ☐ | ☐ |
| Weekly | ☐ | ☐ | ☐ |
| Less than monthly | ☐ | ☐ | ☐ |
| Monthly | ☐ | ☐ | ☐ |
| More than monthly | ☐ | ☐ | ☐ |
| I have never visited this hospital | ☐ | ☐ | ☐ |

We recognise that in an emergency you will go to your nearest, most appropriate hospital. Please consider the following questions for outpatient or planned appointments.

**5. Which is the main hospital site you have travelled to? (please tick one box):**
☐ Lincoln County Hospital          ☐ None / don't know

☐ Pilgrim Hospital, Boston          ☐ Grantham Hospital

**6. Why is this the main hospital you travel to?**
☐ I am given appointments for this hospital
☐ It is closest to where I live
☐ It is easy to get to using public transport
☐ My family / carer can take me
☐ There is enough parking at the hospital
☐ It is in an area where I work or shop
☐ Other reason (please specify)

**7. For each hospital please tell us if there is ONE main thing that makes it difficult to access services at each hospital (one tick per column)**

| | Lincoln County Hospital | Pilgrim Hospital, Boston | Grantham Hospital |
|---|---|---|---|
| It is too far away from where I live | ☐ | ☐ | ☐ |
| It is difficult to get to using public transport | ☐ | ☐ | ☐ |
| There is not enough parking at the hospital | ☐ | ☐ | ☐ |
| I don't know where it is | ☐ | ☐ | ☐ |
| Other, please specify below | ☐ | ☐ | ☐ |

Improvements in information technology is important for all of the service transformation in Lincolnshire for both staff and patients. In a rural county like Lincolnshire, some patients have to travel long distances for appointments - we need to look at how technology can help, such as self-monitoring technology and video/skype consultations so patients do not have to travel unnecessarily.

**8. Virtual consultations could be phone or video call with a clinician rather than needing to travel for a face to face appointment.**

**Please tell us to what extent you would like to be offered a virtual consultation instead of having to travel to an appointment?**

☐ I would definitely like to be offered a virtual consultation
☐ I might like to be offered a virtual consultation
☐ I don't think I would like to be offered a virtual consultation
☐ I definitely would not like to be offered a virtual consultation
☐ Don't know

**9. Please tell us the reasons for your answer to question 8**

**10. Some digital solutions can be used at home to monitor your own health (for example, self-monitoring or remote monitoring technology such as blood sugar monitor, blood pressure monitor, activity tracker).**

**To what extent would you use these if that meant you could avoid an unnecessary appointment or stay in your home for longer rather than having to go into hospital?**

☐ I would definitely use technology to monitor my health at home
☐ I might use technology to monitor my health at home
☐ I don't think I would use technology to monitor my health at home
☐ I definitely would not use technology to monitor my health at home
☐ Don't know

**11. Please tell us the reasons for your answer to question 10**

**12. If you were offered support and training to use digital technology to what extent would this encourage you to use it?**

☐ I would definitely consider using it after support and training
☐ I might consider using it after support and training
☐ I don't think I would use it even after support and training
☐ I definitely wouldn't use it even after support and training
☐ Don't know

**13. Family members or carers could have access to parts of your medical records with your permission. This would mean that they could check your upcoming appointments, see your prescribed medications or contact a medical provider on your behalf.**

**Please tell us if you would like to give permission for family members or carers to access your medical records**

☐ I would definitely like to give family or carers permission to access my medical records
☐ I might like to give family or carers permission to access my medical records
☐ I don't think I would like to give family or carers permission to access my medical records
☐ I definitely would not like to give family or carers permission to access my medical records
☐ Don't know

**14. Please tell us the reasons for your answer to question 13**

**15. If you have any concerns about using digital technology such as having video/skype consultations, using self-monitoring technology or apps please tell us below**

**16. If there is anything that would help you to use these technologies to take advantage of the benefits they bring, please tell us below**

## Breast services

Breast services refer to a range of screening, diagnosis and treatment of breast problems, including cancer. These services are currently delivered across Lincoln County, Pilgrim and Grantham hospitals with a small number of patients seen in Louth Hospital. There is also a mobile breast screening mammography service that travels across the county.

We think that a centre of excellence approach would work well in Lincolnshire as has already proven so in rural Cornwall – visit our website to see a case study. We think this will help us address the quality of care issues and shortage of specialist staff.

In practice, this emerging option would mean that all follow-up outpatient appointments and routine breast mammography screening services would continue to be available across the county as they are now. These appointments are where most patients receive their care. First outpatient appointments and all surgery would be provided at the centre of excellence. This would enable specialist staff to fully cover rotas, see more patients and retain and develop their skills. Together, this means patients will be seen more quickly and receive a better standard of care.

**Our emerging options indicate that this centre of excellence could be at Lincoln Hospital or Grantham Hospital**. **The NHS's current preferred emerging option is Lincoln Hospital for this centre of excellence** as it requires the least amount of capital funding. If located at Grantham, any complex breast surgery would be done at Lincoln.

**17. Please tell us if you would have any problems accessing these breast services at <u>Lincoln County Hospital</u> and if you have any suggestions of how we could overcome this**

**18. Please tell us if you would have any problems accessing these breast services at <u>Grantham Hospital</u> and if you have any suggestions of how we could overcome this**

**19. Please tell us if you have any other comments or suggestions about our emerging options for breast services**

## Stroke services

Stroke services refer to a range of services for the diagnosis of stroke, acute treatment, rehabilitation and follow-up after discharge from hospital. Currently these services are delivered at Lincoln and Pilgrim Hospitals. Diagnostic services start in our emergency departments and then patients have treatment on the acute stroke units in these two hospitals. There is also a stroke rehabilitation service in the community that cares for people after they have been discharged from hospital.

**Our first emerging option, similar to that for breast services, is to take a centre of excellence approach, providing acute stroke care from the Lincoln Hospital site. This is the NHS's current preferred emerging option** because it will provide the best model to meet national care standards for patients, and to recruit and retain staff.

**The second emerging option is to retain the current service at Lincoln and Pilgrim Hospitals but with an out of hours combined on-call rota being based at Lincoln.**

In both emerging options, our intention would be to enhance rehabilitation in the community across Lincolnshire to reduce the length of stay in hospital from 14 days to 7 days in line with national best practice.

**20. Please tell us if you would have any problems accessing these stroke services at Lincoln County Hospital and if you have any suggestions of how we could overcome this**

**21. Please tell us if you would have any problems accessing these stroke services at Pilgrim Hospital, Boston and if you have any suggestions of how we could overcome this**

**22. Please tell us if you have any other comments or suggestions about our emerging options for stroke services**

# Women's and children's services

Women's and children's services refer to a wide range of services across acute and community settings including obstetrics (maternity care), neonatal (care of premature or sick babies), paediatric (care of children) and gynaecology (care for women and girls, especially related to the reproductive system).

Currently all these hospital services are delivered in both Lincoln and Pilgrim Hospitals. We have a neonatology intensive care unit at Lincoln Hospital and a special care baby unit at Pilgrim Hospital. Babies born pre 29-weeks and children under five who require surgery are all treated out of county. Women in Lincolnshire have a choice of giving birth at home or in a consultant-led obstetrics unit at these two hospitals. Midwife services are available in the community and at home.

There are two emerging options.

**The first emerging option is to have the following services at the two hospital sites**;

At Pilgrim Hospital
- to continue with a consultant led obstetric service with the addition of a co-located midwife-led unit
- to continue with a specialist care baby unit caring for babies born from 32 weeks (the interim position is that it currently cares for babies born from 34 weeks. Prior to August 2018 it cared for babies from 30 weeks)
- to have a short stay paediatric assessment ward for children needing up to 23 hours of care
- to have low acuity paediatric in-patient beds overnight
- to have paediatric day case surgery.

At Lincoln Hospital
- to continue with a consultant led obstetric service with the addition of a co-located midwife-led unit
- to have a neonatal unit caring for babies born from 27 weeks
- to have a short stay paediatric assessment ward
- to have paediatric in-patient beds
- to have paediatric day case and planned surgery.

We would wish to keep the gynaecology services the same as now on both Lincoln and Pilgrim Hospital sites with our clinicians working as one team across these two sites. **This is currently the NHS's preferred emerging option.**

**The second emerging option is to have consultant obstetric, neonatal and paediatric services at Lincoln Hospital and a midwife-led unit and short stay paediatric assessment ward at Pilgrim Hospital.** Both hospitals will have midwifery-led units.

**23.** Please tell us if you would have any problems accessing <u>Lincoln County Hospital</u> for consultant led services or both consultant led and maternity services and if you have any suggestions of how we could overcome this

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**24.** Please tell us if you would have any problems accessing <u>Pilgrim Hospital, Boston</u> for maternity-led services or both consultant-led and maternity services and if you have any suggestions of how we could overcome this

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**25.** Please tell us if you have any other comments or suggestions about our emerging options for women's and children's services

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## Medical services at Grantham Hospital

The medical services at Grantham Hospital support urgent and acute patients in the A&E Department, on the in-patient wards and in the out-patients department. There is currently a range of medical conditions which Grantham Hospital does not provide
services for, meaning that the most acutely ill patients with life threatening illness and injuries go to a more specialist site, first time to receive treatment. Specialist doctors from Lincoln Hospital also remotely support Grantham Hospital staff and patients (using online technology) when required.

There are two emerging options.

**The first emerging option is to maintain inpatient medical services at Grantham Hospital and adopt a new model whereby they are joined up with local primary and community services and managed as part of the local enhanced neighbourhood team.** This new model would be led by Community Health Services (not ULHT) with hospital doctors and the hospital services
being part of an integrated service with GP services, community health and other local services. <u>This is the NHS's preferred emerging option.</u>

**The second emerging option is to have no medical inpatient services at Grantham Hospital.** Diagnostics and outpatients would continue.

**26. Please tell us if you would have any problems accessing acute medical beds at <u>Grantham Hospital</u> and if you have any suggestions of how we could overcome this**

**27. Please tell us if you have any other comments or suggestions about our emerging options for acute medical beds at Grantham Hospital**

## Trauma and Orthopaedics

These services diagnose and treat a wide range of conditions of the musculoskeletal system. This includes bones and joints and their associated structures that enable movement - ligaments, tendons, muscles and nerves. Currently, both urgent and planned care is delivered in Lincoln, Pilgrim and Grantham Hospitals, with additional activity in our local community hospitals. These services are out-patients, minor procedures and operations.

National clinical best practice evidence is that separating urgent work from planned work prevents operations being cancelled. Planned care sites have better outcomes for patients, lower rates of readmission, reduced lengths of stay and reduced risk of infections and injuries.

We have been testing this way of working since August 2018 at Grantham Hospital and this pilot is due to conclude in April 2019. This pilot has virtually eliminated cancelled operations. The evaluation will help decide whether the best practice model of care works in Lincolnshire, including the extent to which non-complex trauma could continue at the Grantham Hospital site. Outpatient services will remain at all sites.

**Our emerging option is to make Grantham Hospital a 'centre of excellence' for planned and day case orthopaedic surgery.**

Lincoln and Pilgrim Hospitals would provide some day case surgery and planned care for those patients with complex needs. Outpatient services would remain at Lincoln, Pilgrim and Grantham Hospital as now.

**28. Please tell us if you would have any problems accessing trauma and orthopaedic services at <u>Grantham Hospital</u> and if you have any suggestions of how we could overcome this**

**29. Please tell us if you have any other comments or suggestions about our emerging option for trauma and orthopaedic services at Grantham Hospital**

## General Surgery

These services focus mainly on the abdominal organs; stomach, gall bladder, small bowel, colon, rectum and anus. Benign skin conditions and hernias are also included within general surgery. This surgery is currently carried out at Lincoln, Pilgrim and Grantham Hospitals, with more complex cases seen at Lincoln and Pilgrim Hospitals only.

**Our emerging option is to consolidate most elective care and make Grantham Hospital a 'centre of excellence' for elective short stay and day case General Surgery.** Lincoln and Pilgrim Hospitals will provide some day case/elective care for patients needing complex surgery, those with complex needs. Outpatients will remain at all three hospitals.

**30. Please tell us if you would have any problems accessing general surgery services at Grantham Hospital and if you have any suggestions of how we could overcome this**

**31. Please tell us if you have any other comments or suggestions about our emerging option for general surgery services at Grantham Hospital**

## Urgent and Emergency Care services

Emergency care is when you have a serious or life threatening accident or illness and you would usually have to be treated in a major hospital. Urgent care relates to less serious health problems requiring attention which can be treated by services such as NHS111, pharmacies, GP practices, GP Extended Access Hubs, and Urgent Treatment Centres. The vast majority of urgent care needs are met by our GPs and community health services.

Emergency care is provided in A&E departments and we currently have three A&E departments at Lincoln, Pilgrim and Grantham Hospitals. For the last five years, Grantham's A&E has had restrictions upon the conditions that can be treated at this site, for example, the ambulance service does not take patients with suspected stroke or certain types of heart attacks to Grantham. Since August 2016, Grantham's A&E has had restricted opening hours.

**Our emerging option is to maintain A&E services at both Lincoln and Pilgrim Hospitals and to add an Urgent Treatment Centre at both sites. We would introduce a new Urgent Treatment Centre at Grantham Hospital to provide 24 hour, 7 day a week access to urgent care services locally.** This means that the vast majority of local patients who need care quickly

will be supported in Grantham as they are now. To ensure the local
population receive the right urgent and emergency care, overnight, access to this Urgent
Treatment Centre will be supported by NHS111, to ensure patients are sent to the right place, first
time.
NHS111 will serve as the entry point to the Urgent Treatment Centre during the overnight period.

Grantham's UTC would still be able to receive patients by ambulance. Refinements to the current
access criteria will ensure that critically injured and ill patients will be cared for at their nearest
A&E; treated safely and quickly by staff who have the right training and experience to give the best
outcome.

This emerging option would also see the 24/7 Grantham Hospital Urgent Treatment Centre
provided by Community Health Services rather than ULHT, with hospital clinicians providing
specialist advice where this is required for patients. We would also like to develop Urgent
Treatment Centre services at Louth, Skegness and Stamford Hospitals and explore options for
Spalding and Gainsborough.

**32. Please tell us if you would have any problems accessing urgent and emergency care
services at <u>Grantham Hospital</u> and if you have any suggestions of how we could overcome
this**

**33. Please tell us if you have any other comments or suggestions about our emerging
option for urgent and emergency care services at Grantham Hospital**

## Haematology and Oncology services

Haematology services diagnose and treat blood disorders for conditions such as haemophilia and
leukaemia and provide treatments including blood transfusion services. Oncology deals with the
treatment of cancer. These services are delivered in outpatient clinics and in-patient beds. We
currently provide these services across Lincoln, Pilgrim and Grantham Hospitals (haematology
out-patients only at Grantham), with the majority of care delivered at Lincoln Hospital.

**Our emerging option is to have all haematology and oncology inpatient services at Lincoln
Hospital.**

All other services stay the same. This means that haematology and oncology outpatients and day
cases will continue to be provided from all three hospital sites, creating no additional travel for
these most frequent appointments. Chemotherapy and radiotherapy will be provided at Lincoln
Hospital as now. Chemotherapy day cases will continue to be provided locally at Pilgrim and
Grantham Hospitals.

**34. Please tell us if you would have any problems accessing inpatient haematology and oncology services at <u>Lincoln Hospital</u> and if you have any suggestions of how we could overcome this**

**35. Please tell us if you have any other comments or suggestions about our emerging option for haematology and oncology services at Lincoln Hospital**

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**Equalities Monitoring**

Under the provisions of the Equality Act 2010, all NHS organisations are required to demonstrate that their processes are fair, and that they are not discriminating or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation. Please help us to monitor how well we engage with the population we serve, by completing the monitoring section below.

Your answers will be kept strictly confidential in line with the Data Protection Act 1998 and you will not be personally identifiable through your answers.

**Age**

○ Under 18    ○ 18 - 25    ○ 26 – 30    ○ 31 – 35    ○ 36 - 40    ○ 41 – 45    ○ 46 – 50
○ 51 – 55  ○ 56 – 60    ○ 61 – 65    ○ 66 - 70  ○ 71 and above
○ Prefer not to say

**Do you consider yourself to have a disability or long term health condition?**

○ Yes    ○ No

**If yes, please tell us below:**

○ Physical impairment        ○ Sensory impairment
○ Mental health condition    ○ Learning disability / difficulty
○ Long standing illness        ○ Prefer not to say
○ Other (please specify)

**How do you describe your ethnic origin?**

○ White British        ○ White Irish        ○ White European
○ White other          ○ Black British      ○ Black Caribbean
○ Black African        ○ Black other        ○ Asian British
○ Asian Indian         ○ Asian Pakistani    ○ Asian Bangladeshi
○ Asian Chinese        ○ Asian other        ○ Mixed background
○ Prefer not to say
○ Other (please specify)

**Gender**

O Male   O Female   O Prefer not to say

**Do you now, or have you ever considered yourself to be transgender?**

O Yes   O No   O Prefer not to say

**What is your religion or belief?**

O Atheism          O Agnosticism          O Buddhism          O Christianity   O Hinduism          O
Humanism          O Islam                O Jainism
O Judaism          O Sikhism                O No Religion or Belief
O Rather not say                            O Other (please specify

**Please indicate the option which best describes your sexual orientation**

O Lesbian   O Gay   O Bisexual   O Heterosexual   O Prefer not to say

**Pregnancy and maternity - are you an expectant mother?**

O Yes   O No   O Prefer not to say

**Pregnancy and maternity - have you utilised local maternity services in the last 18 months?**

O Yes   O No   O Prefer not to say

**Carer- are you currently providing support and care to a partner, child, relative, friend or neighbour who cannot manage without your help or/ and support?**

O Yes   O No   O Prefer not to say

**Thank you for completing this survey, your views are important to us.**

**Acute Services Review**


**Engagement with Hidden and Hard to Reach Communities**


**Report on Findings**

**(Final - Version 006)**


**Client: Lincolnshire Sustainability and Transformation Partnership**


**Delivered by: The People's Partnership**


**May 2019**

# 1.0 Executive Summary

Lincolnshire Sustainability and Transformation Partnership (STP) commissioned the People's Partnership to engage with hidden and hard to each communities as part of the Acute Services Review engagement between 5 and 25 March 2019.

The People's Partnership were asked to focus on the following support:

- To obtain general feedback that comes out of the discussion;
- To understand the impact of the proposed changes and how these specifically affect the groups we are engaging; and
- Identify suggested mitigations for the adverse impacts on the groups.

In the 15 working days of the engagement 130 questionnaires were completed. These submissions identified 258 difference protected characteristics, groups and communities focus around sensory impairment, physical disability, learning disability, mental health, carers, young people and families, older people, race, pregnancy and maternity and social economic deprivation.

The impact on the protected characteristics, groups and communities focused around the longer distance needed to travel to the proposed centres of excellence and the associated increases in cost. A number of families and individuals highlighted restricted income and savings would be a barrier to travelling further. In addition, 21 of the submissions highlighted they could not drive and either relied on family members for transport or would need to use public transport or taxis with the associated practicalities and cost implications. In some cases, it was stated that no public transport was available. Being physically disabled or with mobility issues made access more difficult, especially if public transport was used. The proposals also had a knock on impact on family members as they either needed to drive individuals to hospital or family members had to travel further to see their loved ones in hospital. The impact on health, mainly due to the longer journey time coupled with their health conditions. Anxiety of the longer travel times impacted by a mental health condition, unfamiliar hospital settings or their long term health condition impacted some individuals.

Mitigations were proposed to reduce the impact on these groups. It is proposed that the public transport infrastructure and network are looked at together with hospital transport and any voluntary services to understand the gaps and identify any additional support and practical steps to support vulnerable groups and communities impacted by proposed changes. In particular, work is required to understand what support could be provided to the socially and economically deprived to enable greater access to services which move further away from where they live. Work is needed to look at the provision for people who do not speak English or have limited English vocabulary to enable people to access services more effectively. Look at ways health services, Lincolnshire County Council Highways and Social Services, voluntary sector services can work together to support vulnerable individuals and families access health services. Finally, develop a co-production group of patients and their families from the protected characteristics and invest time in discussing the options and working with them to look at alternative solutions that support their communities.

## 2.0   Contents

## 3.0   Introduction

This report details the engagement work with hidden and hard to reach communities in Lincolnshire carried out for Lincolnshire Sustainability and Transformation Partnership on the Acute Services Review by The People's Partnership.

The report explains how the engagement was undertaken and details the findings of the investigation. A questionnaire was used as a basis for all the engagement work undertaken which is detailed in Appendix 1. Appendix 2 contains the consolidated data extracted from the questionnaires and the associated categories identified. In addition, an analysis was undertaken by each of the eight emerging options split down by ten communities highlighting the specific impacts to individuals.

## 4.0   Background

During 2018 Lincolnshire STP engaged with communities on hospital services to start developing options for how services need to change. It undertook a survey and number of public events to explore this.

All of the useful feedback received has been shared with clinicians and senior health leaders to consider these views and experiences when thinking about the options for how we might deliver these services in the future.

This previous engagement has helped identify some emerging options which formed the basis of the current engagement before they are finalised for the formal public consultation.

## 5.0   Equality Act

As a public body, Lincolnshire STP are required to demonstrate their compliance with the Equality Act 2010 through the Public-Sector Equality Duty (section 149).

One of the Equality Objectives set out by the council states: 'When we review or introduce a new policy or activity, commission, begin a new project, decommission or help communities to do things for themselves, we will always assess the impact on people with protected characteristics. This analysis helps us to make informed decisions.'

The protected characteristics are:

1. age;
2. disability;
3. gender reassignment;
4. marriage and civil partnership;
5. pregnancy and maternity;
6. race;
7. religion or belief;
8. sex;
9. sexual orientation.

In undertaking the engagement work, Lincolnshire STP wants to fully understand the needs of the above groups where they are impacted by the proposals.

## 6.0  The People's Partnership

The People's Partnership is about Community Engagement and developing a long term meaningful relationship between people with hidden and hard to reach communities in Lincolnshire and organisations that impact on their lives.

The People's Partnership is a single point of contact to these communities and has access to groups with disabilities and projected characteristics and can engage with them to respond to engagement and consultations and/or provide advice in accessing these groups. Our focus is to engage with parts of the community that are socially excluded and vulnerable.

The Partnership can offer the following consultation services:

- Consultation Research
- Development of Case Studies to help people visualise the impact of proposals
- Advice and feedback on Equality Impact Assessments
- Feedback on the accessibility of consultations
- Assessment and Reporting on Proposals
- Engaging with groups to take part in consultations


The Partnership is made up of a Leadership Team who represent major areas of disability and some areas of the protected characteristics. In addition to the Leadership Team, we have individual members, members of groups and communities, and members who support the hidden and hard to reach communities. As part of this proposal we will engage with organisations that are impacts by the route.

The current members of the Leadership Team are:

- Age UK Lincoln & South Lincolnshire
- Carers FIRST
- Children's Links
- Every-One (contributes and facilitates the organisation of the People's Partnership)
- Linkage Community Trust
- Links Lighthouse
- South Lincolnshire Blind Society


With our work, the People's Partnership are continually engaging with new groups, communities and organisations and are adding to our membership all the time.

## 7.0    Scope of Work

Lincolnshire STP has asked the People's Partnership for the following support which was broken down into three parts

- To obtain general feedback that comes out of the discussion;
- To understand the impact of the proposed changes and how these specifically affect the groups we are engaging; and
- Identify suggested mitigations for the adverse impacts on the groups.

The work was based on capturing key information using a revised questionnaire (approved by Lincolnshire STP) where possible the wording was structured in a way what most people could understand. The engagement took place between 5 March 2019 and the 25 March 2019.

## 8.0    Approach

The aim of the engagement was to ensure hidden and hard to reach communities had the opportunity to:

- Ensure their voices are heard
- Complete the Lincolnshire Acute Service Survey
- Highlight which of the eight areas of change impacted them
- Provide feedback on how the emerging options impacted on their lives
- Provide feedback on suggestions and comments
- Provide feedback on challenges to accessing patient records

Hidden and hard to reach groups, by their very nature have many barriers which prevent them from taking part in engagement and consultation work. Our approach in the People's Partnership is to provide an opportunity for people to take part in many ways. These included:

- Attending groups meetings and facilitating discussions
- Sending out the questionnaires to key contacts
- Provide one to one interviews where appropriate
- Providing the questionnaire in different formats such as braille, spoken word etc.
- Providing electronic versions through Survey Monkey for example
- Using social media, emails, posting and making phone calls as a way to engage with people

The People's Partnership have a wide network of people and groups they have constant contact in various ways depending on their needs.

A base questionnaire was created using language and context with the aim of being accessible to the general public (see Appendix 1). The People's Partnership questionnaire

replicated key parts of the Lincolnshire STP questionnaire. This was approved by Lincolnshire STP prior to use. This was then issued to individual organisations who then translated it further, if required, to meet their individual group needs.

Once the data was collected and collated, categories were identified from the free text to highlight key themes. Both the raw data and the categories identifies are details in the table in Appendix 2.

## 9.0    Groups and Communities Engaged

A total of 130 surveys and feedback were returned. Most submissions under reported their protected characteristic, group and/or community. In reviewing each questionnaire, where the text highlighted additional groups etc. these were highlighted. In a considerable number of cases individual submissions spanned multiple areas.

The table below details the protected characteristics, groups and communities were engaged.

| Group/Community | Number |
|---|---|
| Sight Loss | 56 |
| Hearing Loss | 8 |
| Physical Disability | 15 |
| Learning Disability | 9 |
| Mental Health | 7 |
| Carers | 55 |
| Young People and Families | 16 |
| Older People | 13 |
| Race | 10 |
| Religion and Belief | 0 |
| Traveller | 0 |
| Homeless | 0 |
| Pregnancy and Maternity | 2 |
| Sexual orientation / gender reassignment – LBGTQ+ | 0 |
| Social Economic Deprivation | 6 |
| Long Term Health Conditions | 61 |

**Table Detailing the Number of Protected Characteristics, Groups and Communities Identified**

Whist the Partnership reached out to as many different communities as possible (to reflect what was asked by Lincolnshire STP in their scope) the responses are based on what was written in the submissions and may not reflect all of the protected characteristics, communities and groups who took part. Whilst the work that the People's Partnership does focuses on hidden and hard to react communities we have encountered people not relating this with the community etc. they are identified and do not elaborate this on completing questionnaires. In a good number of instances, the submissions only highlighted one area

and it has been through reading each submission that the additional protected characteristics, communities and groups became clear. In other cases, this section was not completed, and all of the characteristics and communities where identified from the text of the answers to the other questions.

In addition, long term health conditions were recorded. This highlighted that a number of people had a combination of disabilities and a number of long term health conditions and in some cases this combination had a significant impact on accessing services.

## 10.0 Findings

The data collated in Appendix 2 has been analysed and detailed in the following areas:

1. Impact of the Emerging Options – to highlight how the impact of the proposed emerging options had on each group/community
2. Comments and Suggestions – to highlight key comments and suggestions. Due to the smaller number of submissions, this was analysed as a combination of all groups/communities
3. Patient Record – to feedback on the use of patient records. Again, due to the smaller number of submissions, this was analysed as a combination of all groups/communities.

Where appropriate observations have been consolidated and highlighted, and recommendations made.

## 10.1 Impact By Community

The findings are presented as an overall analysis and then in their protected characteristic, group and community.

## 10.1.1 Overall Impact

The overall impact across all of the protected characteristics, groups and communities are detailed in the table below.

| Impact | No. of Submissions |
|---|---|
| Longer Travel | 34 |
| Extra Cost | 27 |
| Cannot Drive | 21 |
| Impact on family members | 16 |
| No Impact | 14 |
| Impact health | 13 |
| Public Transport Availability Limited | 11 |
| Anxiety | 11 |
| Limited English is a barrier | 8 |
| No Public Transport Available | 8 |
| Impractical to travel the longer distance | 6 |
| Would not get treatment | 6 |
| Logistics/Duration | 5 |
| Illness Travel Stress | 5 |
| Use Voluntary Car Service | 3 |
| Rely on Hospital Transport | 2 |
| No Hospital Visitors | 2 |
| Rely on family for transport | 2 |
| Not comfortable driving | 2 |

**Table Detailing Overall Impact of the Emerging Options**

Detailed below are the reasons behind the impacts highlighted in the above table:

- Due to the relocation of services longer travel came out top.

- Cost was the second most significant impact. A number of families and individuals highlighted that due to this situation, income and/or savings there would find it difficult to fund the additional costs of travelling further. Sometimes the lack of funds was highlighted due to their situation, caring or living with a health condition or disability.

- Cannot drive was highlighted 21 times. Again, this was sometimes determined due to their condition, such as sight loss and also due to being older and had given up or was planning to give up driving.

- The proposals also had an impact on family members as they either needed to drive individuals to hospital or family members had to travel further to see their loved ones in hospital.

- Impact on health, mainly due to the longer journey time coupled with their health conditions.

- Limited public transport was also highlighted. This was either from a limited service, poor connections to other services or services were not available after 5pm.

- Anxiety of the longer travel times impacted by a mental health condition, unfamiliar hospital settings or their long term health condition impacted 11 of the 130 individuals who made submissions.

Six out of the 130 submissions also suggested they would not get treatment due to the barriers in getting to the hospital appointments.

Fourteen people out of 130 responded that the proposed emerging options had no impact.

## 10.1.2 Sensory Impairment

There were a total of 57 submissions with sensory impairment. In addition, these people also had other characteristics that impacted their lives as detailed in the table below. Some submissions highlighted a complex array of conditions and disabilities which is a consequential barrier to accessing services. This was reflected in what was said in terms of impact of the emerging options.

| Other Group/Community Impacted | Number |
|---|---|
| Long Term Health Condition | 32 |
| Carers | 17 |
| Physical Disability | 13 |
| Older People | 7 |
| Social Economic Deprivation | 4 |
| Mental Health | 1 |

**Table Detailing the Other Groups Highlighted as Well as Sensory Impairment**

There was a good distribution of impact across the eight services.

| Service | Number Impacted |
|---|---|
| Breast Services | 29 |
| Stroke Services | 28 |
| Women's & Children's Services | 18 |
| Acute Medical Beds at Grantham | 23 |
| Trauma Orthopaedics | 30 |
| General Surgery | 31 |
| Urgent & Emergency Care Services | 35 |
| Haematology & Oncology Services | 20 |

**Table Detailing the Services Impacted By Sensory Impairment**

The additional cost and longer travel times were highlighted as key impacts followed by not being able to drive and the challenges of public transport, especially for the blind and partially sighted.

| Impact | Number Impacted |
|---|---|
| Extra Cost | 18 |
| Longer Travel | 17 |
| Cannot Drive | 9 |
| Public Transport Availability Limited | 7 |
| Impractical to travel the longer distance | 5 |
| Would not get treatment | 5 |
| Impact on family members | 5 |
| No Public Transport Available | 4 |
| Logistics/Duration | 4 |
| No Impact | 4 |
| Illness Travel Stress | 3 |
| Impact health | 3 |
| Use Voluntary Car Service | 2 |
| Anxiety | 2 |
| No Hospital Visitors | 2 |
| Rely on family for transport | 2 |
| Not comfortable driving | 2 |
| Limited English is a barrier | 1 |

**Table Detailing the Impact Categories For Sensory Impairment**

People with sensory impairment, especially sight loss, were significantly impacted by the emerging options. This was due to their limited ability to travel alone. They either needed someone to drive them or be with them on public transport.

Cost of the additional travel was also another major factor as well as the reliance of family members for transport if they are local.

Some people use the Patient Non-Emergency Transport Service and a number have found it unreliable.

## 10.1.3 Physical Disability

Fifteen individuals where highlighted with a physical disability. They also highlight other areas and health conditions that impacted their lives and demonstrated the complex conditions some individuals manage.

| Other Group/Community Impacted | Number |
|---|---|
| Sight Loss | 12 |
| Carers | 9 |
| Long Term Health Condition | 9 |
| Older People | 5 |

| | |
|---|---|
| Hearing Loss | 4 |
| Mental Health | 2 |
| Social Economic Deprivation | 2 |

**Table Detailing the Other Groups Highlighted as Well as Physical Disability**

With physical disability there was a greater impact highlighted with emerging options related to trauma and orthopaedics, general surgery, acute medical beds in Grantham and urgent and emergency care services.

| Service | Number Impacted |
|---|---|
| Breast Services | 7 |
| Stroke Services | 7 |
| Women's & Children's Services | 7 |
| Acute Medical Beds at Grantham | 10 |
| Trauma Orthopaedics | 11 |
| General Surgery | 11 |
| Urgent & Emergency Care Services | 12 |
| Haematology & Oncology Services | 7 |

**Table Detailing the Services Impacted By Physical Disability**

With physical disability there was a wide distribution of impacts with the highest number related to impact on family members and the extra cost.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 7 |
| Impact on family members | 5 |
| Extra Cost | 3 |
| Impractical to travel the longer distance | 2 |
| Logistics/Duration | 2 |
| Anxiety | 2 |
| Illness Travel Stress | 2 |
| Impact health | 2 |
| Rely on family for transport | 2 |
| Limited English is a barrier | 1 |
| Cannot Drive | 1 |
| No Public Transport Available | 1 |
| Public Transport Availability Limited | 1 |
| No Hospital Visitors | 1 |
| Would not get treatment | 1 |
| Not comfortable driving | 1 |

**Table Detailing the Impact Categories For Physical Disability**

Individuals with a physical disability highlighted mobility issues and the use of wheelchairs. Carers who attended hospital appointment also highlighted not being able to push the wheelchair long distances and needed assistance. There is a reliance on family members to take them to appointments. Longer travel times, unfamiliar hospitals and associated

increase in costs will have an impact on this group attending appointments. It was highlighted that the hospital car scheme is not reliable.

In one case an individual was living alone with mobility issues with no car or family to support.

## 10.1.4 Learning Disability

Nine individuals where highlighted with learning disabilities were highlighted in the submissions. This on the whole focused mainly on the individual, but also on a carer who looked after people with learning disabilities.

| Other Group/Community Impacted | Number |
|---|---|
| Long Term Health Condition | 6 |
| Mental Health | 4 |
| Sight Loss | 1 |
| Carers | 1 |

**Table Detailing the Other Groups Highlighted as Well as Learning Disability**

There is a broad spread of impact across the emerging options for individuals with a learning disability.

| Service | Number Impacted |
|---|---|
| Breast Services | 4 |
| Stroke Services | 3 |
| Women's & Children's Services | 5 |
| Acute Medical Beds at Grantham | 6 |
| Trauma Orthopaedics | 6 |
| General Surgery | 7 |
| Urgent & Emergency Care Services | 8 |
| Haematology & Oncology Services | 4 |

**Table Detailing the Services Impacted By Learning Disability**

In terms of individuals with a learning disability, the impact of anxiety was the highest mentioned area followed by extra cost and being unable to drive.

| Impact | Number Impacted |
|---|---|
| Anxiety | 5 |
| Extra Cost | 5 |
| Cannot Drive | 4 |
| Longer Travel | 4 |
| No Impact | 1 |
| No Public Transport Available | 1 |
| Public Transport Availability Limited | 1 |
| Impact health | 1 |

| | |
|---|---|
| Impact on family members | 1 |

**Table Detailing the Impact Categories For Learning Disability**

People with a learning disability may not be able to drive and rely heavily on public transport. They may need someone to travel with them. Their family may live a long way away and cannot practically support them with hospital appointments and may need support closer to where they live.

The cost, stress and anxiety of travelling where highlighted a number of times. Due to the learning disability, individuals may have a heightened response to noise, smell or the visual impact of busy public transport. In addition anxiety may be caused because of the unfamiliarity of the route. This anxiety may linger for a number of days.

If services are moved or changed, they may struggle with this change.

It is recommended that Lincolnshire STP work with learning disability organisations to help find ways of improving transportation support as well as support their learning disability needs with change and the sensory impact of travelling and using hospital services.

## 10.1.5 Mental Health

Mental health was highlighted seven times from the submissions. Other areas linked to mental health from the submissions are detailed in the table below.

| Other Group/Community Impacted | Number |
|---|---|
| Long Term Health Condition | 5 |
| Learning Disability | 4 |
| Carers | 3 |
| Physical Disability | 2 |
| Sight Loss | 1 |
| Older People | 1 |

**Table Detailing the Other Groups Highlighted as Well as Mental Health**

| Service | Number Impacted |
|---|---|
| Breast Services | 2 |
| Stroke Services | 0 |
| Women's & Children's Services | 3 |
| Acute Medical Beds at Grantham | 0 |
| Trauma Orthopaedics | 4 |
| General Surgery | 1 |
| Urgent & Emergency Care Services | 4 |
| Haematology & Oncology Services | 1 |

**Table Detailing the Services Impacted By Mental Health**

It is not surprising that anxiety was highlighted as one of the key impacts with mental health as detailed in the table below.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 4 |
| Anxiety | 4 |
| Cannot Drive | 3 |
| Extra Cost | 2 |
| Impact on family members | 2 |
| Limited English is a barrier | 1 |
| Impact health | 1 |

**Table Detailing the Impact Categories For Mental Health**

Individuals highlighted their anxiety due to their mental health condition, their caring responsibilities and long term health conditions or a combination of the three. In addition the longer travel times and challenges in getting to the hospital can all exacerbate their mental health.

## 10.1.6 Carers

Fifty five carers were identified from the questionnaires. Due to their caring responsibilities, they had had strong links to other groups as detailed in the table below.

| Other Group/Community Impacted | Number |
|---|---|
| Long Term Health Condition | 26 |
| Sight Loss | 17 |
| Older People | 10 |
| Physical Disability | 9 |
| Young People and Families | 6 |
| Hearing Loss | 5 |
| Mental Health | 3 |
| Learning Disability | 1 |
| Social Economic Deprivation | 1 |

**Table Detailing the Other Groups Highlighted as Well as Carers**

In addition, carers were impacted by all of the services and their emerging options.

| Service | Number Impacted |
|---|---|
| Breast Services | 22 |
| Stroke Services | 20 |
| Women's & Children's Services | 13 |
| Acute Medical Beds at Grantham | 20 |
| Trauma Orthopaedics | 28 |
| General Surgery | 28 |

| | |
|---|---|
| Urgent & Emergency Care Services | 29 |
| Haematology & Oncology Services | 15 |

**Table Detailing the Services Impacted By Carers**

Carers are impacted in a number of ways by the changes due to their caring responsibilities. With the need for a support network around them there is an impact on other family members. Often focus in on their caring role, but if the carer needs to go into hospital, this network of support needs to extend to support them too.

The additional cost was highlighted as well as the challenges of using public transport for longer distances.

In some cases, carers do not have a car, with no public transport available, with no hospital transport available and are reliant on taxis and the associated cost.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 14 |
| Impact on family members | 10 |
| Extra Cost | 8 |
| Cannot Drive | 8 |
| No Public Transport Available | 5 |
| Impact health | 5 |
| Anxiety | 4 |
| Logistics/Duration | 3 |
| No Impact | 2 |
| Rely on Hospital Transport | 2 |
| Limited English is a barrier | 2 |
| Public Transport Availability Limited | 2 |
| Illness Travel Stress | 2 |
| No Hospital Visitors | 2 |
| Impractical to travel the longer distance | 1 |
| Use Voluntary Car Service | 1 |
| Rely on family for transport | 1 |
| Not comfortable driving | 1 |

**Table Detailing the Impact Categories For Carers**

Carers rely on other services to support them. Often, they have conflicting needs such as working and looking after a family as well as supporting someone with care needs. Therefore, some highlighted the need to use hospital transport.

In addition, carers may be taking one person, they care for to a hospital appointment, however, they may need to find childcare arrangements for another child. In addition, time may need to be taken from work commitments too. Longer journey times may mean taking half a day may take a day to complete and the consequential increase in support or holiday

required. In one example highlighted with a carer, it takes over 5 hours of travelling to get to an appointment. The appointment timing can also be a challenge as it may conflict with the practicalities of getting to and from the hospital.

The other area that needs to be considered is that some medical conditions need intense treatment with regular visits (sometime weekly) to the hospital for treatment over a long period of time. The impracticalities and the associated cost with the emerging options need to be considered.

Consideration needs to be given to how services in the future are delivered. Stress, anxiety and mental health have been highlighted by carers as an issue. The stress caused by longer journey times to unfamiliar places needs to be looked at. Communication is key to helping people plan their visits to hospital.

## 10.1.7 Young People and Families

Fifteen young people and families were highlighted from the submissions. Some of these were dealing with their own long term health conditions and supporting older parents by being their carer as detailed in the table below.

| Other Group/Community Impacted | Number |
|---|---|
| Carers | 6 |
| Long Term Health Condition | 5 |
| Older People | 2 |

**Table Detailing the Other Groups Highlighted as Well as Young People and Families**

| Service | Number Impacted |
|---|---|
| Breast Services | 9 |
| Stroke Services | 7 |
| Women's & Children's Services | 8 |
| Acute Medical Beds at Grantham | 3 |
| Trauma Orthopaedics | 7 |
| General Surgery | 9 |
| Urgent & Emergency Care Services | 11 |
| Haematology & Oncology Services | 2 |

**Table Detailing the Services Impacted By Older People**

This area highlighted the greatest differing in impacts with the highest with the emerging options having no impact at all and conversely stating that it impacted their health. Some of this could be down to where individuals live, such at Lincoln where some of the emerging options are planned to be located.

| Impact | Number Impacted |
|---|---|
| No Impact | 5 |
| Impact health | 4 |
| Longer Travel | 2 |
| Rely on Hospital Transport | 2 |
| No Public Transport Available | 2 |
| Impact on family members | 2 |
| Extra Cost | 1 |
| Public Transport Availability Limited | 1 |
| Anxiety | 1 |

**Table Detailing the Impact Categories For Young People and Families**

Whilst the individuals highlighted in this section support a young family, they are also caring for elderly parents and relatives. The practicalities balancing this support with childcare and the practicalities of the longer distances of travel can be challenging.

Work commitments were also found to be challenging.

## 10.1.8 Older People

Thirteen responses from older people were highlighted or identified from the submissions. This may have been more due to the nature of the feedback but was not explicitly stated. The table below highlights the complexity of their situation with the links to carers, long term health conditions and other age related conditions.

| Other Group/Community Impacted | Number |
|---|---|
| Carers | 10 |
| Long Term Health Condition | 8 |
| Sight Loss | 7 |
| Physical Disability | 5 |
| Hearing Loss | 3 |
| Young People and Families | 2 |
| Mental Health | 1 |

**Table Detailing the Other Groups Highlighted as Well as Older People**

Again there is a general spread of services that impact older people as highlighted in the table below.

| Service | Number Impacted |
|---|---|
| Breast Services | 7 |
| Stroke Services | 8 |
| Women's & Children's Services | 6 |
| Acute Medical Beds at Grantham | 8 |
| Trauma Orthopaedics | 9 |
| General Surgery | 10 |
| Urgent & Emergency Care Services | 10 |
| Haematology & Oncology Services | 6 |

**Table Detailing the Services Impacted By Older People**

There was a wide range of impacts on older people from the emerging options including support required from family members, longer travel required as well as English being a barrier, the extra cost and not being able to drive their own car.

| Impact | Number Impacted |
|---|---|
| Impact on family members | 5 |
| Longer Travel | 4 |
| Limited English is a barrier | 3 |
| Cannot Drive | 3 |
| Impact health | 3 |
| Extra Cost | 2 |
| Impractical to travel the longer distance | 2 |
| No Public Transport Available | 2 |
| Public Transport Availability Limited | 1 |
| No Hospital Visitors | 1 |
| Rely on family for transport | 1 |
| Would not get treatment | 1 |
| Not comfortable driving | 1 |

**Table Detailing the Impact Categories For Older People**

Older people often rely on partners, children, other family members and friends to transport them to hospitals. This can be impacted by logistics such as work or childcare issues. In addition, sometimes children of patients may also have challenges due to their age.

Some older patients live alone without family living locally. This causes anxiety and worry about getting to the hospital if they cannot drive too. In cases where individuals who are still driving, there is a lack of confidence in taking their car too far due to the stress and anxiety prompted by the hospital appointment.

Cost also was a factor in a couple of cases as an additional barrier to accessing treatment.

There is some free voluntary transport available, however, this is limited and needs to be booked in advance.

In some areas it is the lack of practical public transport and the associated cost that limits the ability to travel longer distances. For example, living south of the county, it might be easier to access hospitals in Peterborough rather than Lincoln or Boston.

## 10.1.9 Race

The People's Partnership received ten detailed answers to the questionnaire. The table below highlights the other group and communities they are associated with.

| Other Group/Community Impacted | Number |
|---|---|
| Carers | 3 |
| Long Term Health Condition | 3 |
| Older People | 2 |
| Mental Health | 1 |

**Table Detailing the Other Groups Highlighted as Well as Race**

Apart from the Acute Medial Beds at Grantham there was a good distribution of people impacts by most of the emerging options.

| Service | Number Impacted |
|---|---|
| Breast Services | 1 |
| Stroke Services | 1 |
| Women's & Children's Services | 3 |
| Acute Medical Beds at Grantham | 0 |
| Trauma Orthopaedics | 1 |
| General Surgery | 1 |
| Urgent & Emergency Care Services | 3 |
| Haematology & Oncology Services | 3 |

**Table Detailing the Services Impacted By Race**

The main barriers to people who struggle to speak or understand English is the impact on other family members who have to come to appointments to support patients. In addition, some cannot drive.

| Impact | Number Impacted |
|---|---|
| Limited English is a barrier | 7 |
| Impact on family members | 5 |
| Cannot Drive | 3 |
| Longer Travel | 3 |
| No Impact | 2 |
| Impact health | 2 |
| Public Transport Availability Limited | 1 |
| Anxiety | 1 |

**Table Detailing the Impact Categories For Race**

Some people in communities where English is not the main language have partners or family members that can help translate, however, some individuals do not have this support. These difficulties are compounded if they do not drive and rely on public transport. If they do not speak English they may not have the confidence to use public transport to another town or city to get treatment which is unfamiliar to them. Often this can cause increased anxiety.

In addition, the logistics of arranging support for the appointment can be challenging such as arranging someone who is confident to attend with them, finding an appropriate interpreter and transport. If the person supporting the patient has children or other dependents, childcare or other carers may be needed and paid for too.

Reading appointment letters is also an issue and many appointments have been missed because individuals do not understand what the letters contain and have to wait until they find someone to read it for them.

Even once an individual has reached the hospital and translation services are in place there are other issues such as negotiating the registration terminals.

Finally, apart from individuals missing appointment as they may not understand the letters they have received, due to the language barriers they may be terrified about the appointment and longer distances to travel and decide not to take attend risking their health.

It is recommended that a review of the provision for people who do not speak English or have limited English vocabulary to enable people to access services more effective. Work with communities to understand their needs and the barriers through each step of the process and jointly agree options for improvement.

## 10.1.10 Social Economic Deprivation

Individuals who identified as suffering from social economic deprivation also highlighted a number of other areas.

| Other Group/Community Impacted | Number |
|---|---|
| Sight Loss | 3 |
| Hearing Loss | 2 |
| Physical Disability | 2 |
| Long Term Health Condition | 2 |
| Carers | 1 |

**Table Detailing the Other Groups Highlighted as Well as Social Economic Deprivation**

In addition, this category covered all of the services being investigated and engaged with the public of Lincolnshire as highlighted in the table below.

| Service | Number Impacted |
|---|---|
| Breast Services | 5 |
| Stroke Services | 5 |
| Women's & Children's Services | 5 |
| Acute Medical Beds at Grantham | 3 |
| Trauma Orthopaedics | 2 |
| General Surgery | 5 |
| Urgent & Emergency Care Services | 5 |
| Haematology & Oncology Services | 4 |

**Table Detailing the Services Impacted By Social Economic Deprivation**

The table below details the key areas that impacted individuals with social economic deprivation. The additional cost raised the greatest concern, linked with the longer travel and not being able to drive.

| Impact | Number Impacted |
|---|---|
| Extra Cost | 6 |
| Longer Travel | 3 |
| Cannot Drive | 3 |
| Public Transport Availability Limited | 2 |
| Logistics/Duration | 1 |
| Illness Travel Stress | 1 |
| Impact health | 1 |
| Would not get treatment | 1 |

**Table Detailing the Impact Categories For Social Economic Deprivation**

Limited income came up a number of times and restricts the ability to travel. Often without a car there is reliance on public transport, which may not be practical logistically, or taxis. There are also time and cost factors involve in using these transport services.

If there is a stay in hospital this also impacts families and carers who may want to visit regularly to support the patient.

In addition, in reviewing the feedback there is a trend that there is other combining factors that make it a greater challenge and are more restrictive to access services that are further away. There may be additional caring responsibilities or living alone without any family in close proximity and long term complex health conditions which compound the situation. The most concerning factor are individuals stating they would not get treatment if given a choice because of the barriers raised due to the additional cost as well as their health and other factors.

It is recommended that further work is required to understand what support could be provided to this group to enable greater access to services if they move further away from where they live.

## 10.1.11 Pregnancy and Maternity

Pregnancy and maternity was a focus for feedback, however, most parents focused on the here and now with their children and the challenges and impact facing them. The table below details the other groups and communities highlighted with this group.

| Other Group/Community Impacted | Number |
|---|---|
| Young People and Families | 2 |
| Carers | 1 |
| Race | 1 |

**Table Detailing the Other Groups Highlighted as Well as Pregnancy and Maternity**

Individuals also highlighted the services that impact them and identified the key ones you would expect for pregnancy and maternity as detailed in the table below.

| Service | Number Impacted |
|---|---|
| Breast Services | 0 |
| Stroke Services | 0 |
| Women's & Children's Services | 2 |
| Acute Medical Beds at Grantham | 0 |
| Trauma Orthopaedics | 0 |
| General Surgery | 1 |
| Urgent & Emergency Care Services | 1 |
| Haematology & Oncology Services | 0 |

**Table Detailing the Services Impacted By Pregnancy and Maternity**

Individuals also highlighted the impact of long distances had on being pregnant of in labour.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 2 |
| Anxiety | 1 |

**Table Detailing the Impact Categories For Pregnancy and Maternity**

One individual stated 'when you are in labour you just want to be able to get to a hospital quickly because travelling the winding roads when you're in labour is awful' finding long distances and the road network challenging. In addition, accessing services from a distance is also challenging when you are pregnant and have young children with you too.

In addition, expectant mothers with young children at school or nursery and have to travel longer distances for appointments may only have a limited time available so that they can pick up their children if there is no availability of the other parent. This is compounded if the individual requires specialist attention and need regular appointments.

## 10.2 Impact by Emerging Option

## 10.2.1 Breast Services

## 10.2.1.1 Breast Services and Sensory Impairment

There were 29 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Extra Cost | 13 |
| Longer Travel | 10 |
| Cannot Drive | 6 |
| Public Transport Availability Limited | 4 |
| Impact on family members | 4 |
| Impractical to travel the longer distance | 3 |
| No Public Transport Available | 3 |
| No Impact | 2 |
| Not comfortable driving | 2 |
| No Hospital Visitors | 2 |
| Use Voluntary Car Service | 1 |
| Logistics/Duration | 1 |
| Anxiety | 1 |
| Illness Travel Stress | 1 |
| Impact health | 1 |
| Rely on family for transport | 1 |
| Would not get treatment | 1 |
| Rely on Hospital Transport | 0 |
| Limited English is a barrier | 0 |

**Table Detailing the Impact Categories For Sensory Impairment and Breast Services**

**Identified Specific Logistics Issues For Sensory Impairment and Breast Services**

In terms of logistics with the proposals for Breast Services the following specific issues were highlighted:

- I live in Bourne. Best location for me to travel is Grantham which takes an hour on public transport during the day. No public transport after 5pm. I cannot afford the cost as I live alone and have no savings
- Best placed for Grantham
- Lincoln further away to get to
- Cannot access services easily in Grantham and Lincoln
- Boston causes issues
- 80 mile round trip to Lincoln
- Live in Crowland and use Boston & Johnsons Hospital - transport is a problem with the long journeys
- Getting transport from Grantham to Lincoln or Boston is challenging logistically and expensive
- Impossible getting to Boston or Lincoln from Grantham as registered blind

**Identified General Issues For Sensory Impairment and Breast Services**

With sensory impairment, especially sight loss, there are specific challenges for individuals. Most do not drive and rely on public transport or someone else to drive them to appointments. With services being focused at specific hospitals, meaning some people have significant journeys to undertake, people with sensory loss are significantly impacted. In this case most people will need to have someone to drive them as public transport may not be suitable for them to travel. In addition, some individuals do not have anyone to drive them and rely on taxis which are expensive. This has resulted in a high number of people highlighting the extra cost as an issue.

## 10.2.1.2 Breast Services and Physical Disability

There were 7 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 4 |
| Impact on family members | 3 |
| Extra Cost | 2 |
| Cannot Drive | 1 |
| Impractical to travel the longer distance | 1 |
| No Public Transport Available | 1 |
| Public Transport Availability Limited | 1 |
| Anxiety | 1 |
| Illness Travel Stress | 1 |
| No Hospital Visitors | 1 |
| Rely on family for transport | 1 |
| Would not get treatment | 1 |
| Not comfortable driving | 1 |
| Limited English is a barrier | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Logistics/Duration | 0 |
| Impact health | 0 |
| No Impact | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I can't afford to travel to Lincoln – Grantham. It would take me too long and may not be possible in public transport
- Breast placed at Grantham – I have no family, no transport
- As daughter/ mother/carer for me to access Boston, Lincoln or Nottingham with Mum or any of my 4 children for appointment. It can be really challenging for me as a single Mum with hearing loss myself
- Nearest hospital Grantham. Husband drives, but not much longer
- Based in Grantham and if need to go to Lincoln or Boston will have no visitors and the partner would have to go into Respite Care
- Getting transport to Lincoln or Boston is challenging logistically and expensive. Hospital transport is unreliable and time consuming

**Identified General Issues**

In addition to a physical disability some individuals have other disabilities such as sight loss which makes travelling on public transport very challenging.

Due to physical disability, the highest impact is the length of travel has the biggest impact.

Public transport can be challenging, especially if there is a need to use at weekends and during the evening.

## 10.2.1.3 Breast Services and Learning Disability

There were 2 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Cannot Drive | 2 |
| Extra Cost | 1 |
| No Public Transport Available | 1 |
| Limited English is a barrier | 0 |
| No Impact | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| Longer Travel | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Anxiety | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Impact health | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |
| Impact on family members | 0 |

**Table Detailing the Impact Categories**


**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I would require support when travelling to Boston due to my conditions. As I live in Alford I would also need to travel by bus, Taxi, or if I could arrange a lift with the member of staff.
- If there is travel on public transport, if I miss a bus I have to pay for a taxi and this becomes expensive.

**Identified General Issues**

The journeys themselves can affect individual's health conditions causing stress and anxiety, including before, during and after the journey has been made. Indeed, it was highlighted that there is an 'effect on how I feel over the next few days'.

Another individual stated that they may also have to take time off work, depending on the day and time of the appointment. This may also cause to their family additional stress as they live away and may not be able to come to the appointment with them.

Being unable to drive, relying on public transport and the cost where all highlighted as impacts.

## 10.2.1.4 Breast Services and Mental Health

There were 2 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 1 |
| Cannot Drive | 1 |
| Anxiety | 1 |
| No Impact | 0 |
| Extra Cost | 0 |
| Limited English is a barrier | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| No Public Transport Available | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Impact health | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |
| Impact on family members | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- As daughter/ mother/carer for me to access Boston, Lincoln or Nottingham with Mum or any of my 4 children for appointment.

- As I live in Alford I would also need to travel by, bus, Taxi, or if I could arrange a lift with the member of staff.

**Identified General Issues**

With mental health conditions there is anxiety with anticipating unfamiliar hospitals as well as travel itself.

# 10.2.1.5 Breast Services and Carers

There were 22 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 7 |
| Extra Cost | 5 |
| Impact on family members | 5 |
| No Public Transport Available | 4 |
| No Hospital Visitors | 2 |
| Impact health | 2 |
| Anxiety | 1 |
| Illness Travel Stress | 1 |
| Impractical to travel the longer distance | 1 |
| No Impact | 1 |
| Public Transport Availability Limited | 1 |
| Rely on family for transport | 1 |
| Not comfortable driving | 1 |
| Limited English is a barrier | 0 |
| Cannot Drive | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Logistics/Duration | 0 |
| Would not get treatment | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- Transport to appointments currently accessing services at Grimsby was delivered originally at Louth. Postcode dictates we can access Grimsby or Lincoln.
- Living in Sutton Bridge makes my care needs more relevant in Norfolk yet I need to verbally express my needs to be treated out of county.

- It would mean having to travel into Lincoln and then out to Grantham - about 2 1/2 hours each way. We have no bus service to Grantham.
- Boston Lincoln & Grantham hospitals are too far for us to travel too from Louth.
- As daughter/ mother/carer for me to access Boston, Lincoln or Nottingham with Mum or any of my 4 children for appointment.
- Nearest hospital Grantham. Husband drives, but not much longer.
- Based in Grantham and if need to go to Lincoln or Boston will have no visitors and the partner would have to go into Respite Care. Getting transport to Lincoln or Boston is challenging logistically and expensive. Hospital transport is unreliable and time consuming.

**Identified General Issues**

Some carers have to take time off work to support people who they care for. Some carers do not drive and rely on public transport.

Travelling longer distances can cause additional stress in their carer role. In addition, the cost of travel and supporting individuals when in hospital for long stays can be challenging.

# 10.2.1.6 Breast Services and Young People and Families

There were 9 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| No Impact | 2 |
| No Public Transport Available | 2 |
| Impact health | 2 |
| Impact on family members | 2 |
| Longer Travel | 1 |
| Public Transport Availability Limited | 1 |
| Extra Cost | 0 |
| Limited English is a barrier | 0 |
| Cannot Drive | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| Logistics/Duration | 0 |
| Anxiety | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I am Lincoln based and I don't think the proposed changes would affect me.
- Transport to appointments currently accessing services at Grimsby was delivered originally at Louth.
- It is hard living in a village without public transport.

## 10.2.1.7 Breast Services and Older People

There were 7 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Impact on family members | 3 |
| Longer Travel | 2 |
| No Public Transport Available | 2 |
| Extra Cost | 2 |
| Impractical to travel the longer distance | 1 |
| Public Transport Availability Limited | 1 |
| No Hospital Visitors | 1 |
| Impact health | 1 |
| Rely on family for transport | 1 |
| Would not get treatment | 1 |
| Not comfortable driving | 1 |
| Limited English is a barrier | 0 |
| Cannot Drive | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Logistics/Duration | 0 |
| Anxiety | 0 |
| Illness Travel Stress | 0 |
| No Impact | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- Nearest hospital Grantham. Husband drives, but not much longer.
- We need dedicated transport to and from hospital, even at night and weekends. Feel very vulnerable.

## 10.2.1.8 Breast Services and Race

There was 1 identified submission in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 1 |
| Impact on family members | 1 |
| Anxiety | 1 |
| Limited English is a barrier | 1 |
| Cannot Drive | 1 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| No Public Transport Available | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Impact health | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |
| No Impact | 0 |
| Extra Cost | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I work in Lincoln and if the centre was in Grantham I would have to seriously consider whether I can travel to Grantham to work, without it impacting on my family.

## 10.2.1.9 Breast Services and Social Economic Deprivation

There were no identified submissions in this area.

## 10.2.1.10 Breast Services and Pregnancy and Maternity

There were no identified submissions in this area.

## 10.2.2 Stroke Services

## 10.2.2.1 Stroke Services and Sensory Impairment

There were 28 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Extra Cost | 13 |
| Longer Travel | 8 |
| Cannot Drive | 7 |
| Public Transport Availability Limited | 5 |
| Would not get treatment | 5 |
| Impractical to travel the longer distance | 4 |
| No Public Transport Available | 4 |
| Impact on family members | 4 |
| Logistics/Duration | 3 |
| Illness Travel Stress | 2 |
| No Hospital Visitors | 2 |
| Impact health | 2 |
| Not comfortable driving | 2 |
| Anxiety | 1 |
| Limited English is a barrier | 1 |
| Rely on family for transport | 1 |
| Use Voluntary Car Service | 1 |
| Rely on Hospital Transport | 0 |
| No Impact | 0 |

**Table Detailing the Impact Categories**


**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I live in Bourne. Best location for me to travel is Grantham which takes an hour on public transport during the day. No public transport after 5pm.
- Grantham – no buses.
- Has someone who can drive to other locations (Boston and Grantham) if need be.
- I can't access services easily at Lincoln or Grantham.
- As a sight impaired user Boston itself causes issues.
- Takes 3 hours from Grantham and back. Long journeys with bowel/crones/colitis can make it very difficult to travel
- Based in Grantham and if need to go to Lincoln of Boston will have no visitors and the partner would have to go into Respite Care. Both husband and wife have long term health conditions and wife cares for husband. Getting transport to Lincoln or Boston is challenging logistically and expensive. Hospital transport is unreliable and time consuming

- Impossible for me to get to Boston or Lincoln from Grantham as registered blind.
- Based in Boston and would not travel to Lincoln or Grantham.

# 10.2.2.2 Stroke Services and Physical Disability

There were 7 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 4 |
| Impact on family members | 4 |
| Impractical to travel the longer distance | 2 |
| Illness Travel Stress | 2 |
| Extra Cost | 1 |
| No Public Transport Available | 1 |
| Public Transport Availability Limited | 1 |
| Logistics/Duration | 1 |
| Anxiety | 1 |
| Limited English is a barrier | 1 |
| No Hospital Visitors | 1 |
| Impact health | 1 |
| Rely on family for transport | 1 |
| Would not get treatment | 1 |
| Not comfortable driving | 1 |
| No Impact | 0 |
| Cannot Drive | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- Our preferred hospital for ease of travelling to is Grantham Hospital so any loss of services at that site is going to cause inconvenience trying to access the services we need.
- We need dedicated transport to and from hospital, even at night and weekends. Feel very vulnerable.

## 10.2.2.3 Stroke Services and Learning Disability

There was 1 identified submission in this area.

| Impact | Number Impacted |
|---|---|
| Cannot Drive | 1 |
| Extra Cost | 1 |
| No Public Transport Available | 1 |
| No Impact | 0 |
| Longer Travel | 0 |
| Limited English is a barrier | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Anxiety | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Impact health | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |
| Impact on family members | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- Grantham – no buses. If there is travel on public transport, if I miss a bus I have to pay for a taxi and this becomes expensive

## 10.2.2.4 Stroke Services and Mental Health

There were no identified submissions in this area.

## 10.2.2.5 Stroke Services and Carers

There were 20 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 8 |
| Impact on family members | 6 |
| Extra Cost | 4 |
| No Public Transport Available | 4 |
| Impact health | 3 |
| Cannot Drive | 3 |
| Rely on Hospital Transport | 2 |
| Illness Travel Stress | 2 |
| No Hospital Visitors | 2 |
| Public Transport Availability Limited | 1 |
| Logistics/Duration | 1 |
| Impractical to travel the longer distance | 1 |
| Limited English is a barrier | 1 |
| Rely on family for transport | 1 |
| Not comfortable driving | 1 |
| Anxiety | 1 |
| Would not get treatment | 0 |
| Use Voluntary Car Service | 0 |
| No Impact | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- Living in Sutton Bridge makes my care needs more relevant in Norfolk yet I need to verbally express my needs to be treated out of county.

- Our preferred hospital for ease of travelling to is Grantham Hospital so any loss of services at that site is going to cause inconvenience trying to access the services we need. I currently work full-time near Grantham. If either of my parents are unwell it is far easier for us to get to Grantham Hospital from where we live as it is only a 25 minute journey. It takes us at least twice as long to reach either Pilgrim or Lincoln Hospital. My mother is currently in Grantham Hospital recovering from COPD which means we can visit her more frequently than if she had been admitted to either Lincoln or Pilgrim.

- Boston Lincoln & Grantham hospitals are too far for us to travel too from Louth. W services available to us a Louth hospital.

- Takes 3 hours from Grantham and back to be treated. Long journeys with bowel/crones/colitis can make it very difficult to travel
- Based in Grantham and if need to go to Lincoln of Boston will have no visitors and the partner would have to go into Respite Care.

## 10.2.2.6 Stroke Services and Young People and Families

There were 7 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Impact health | 4 |
| Rely on Hospital Transport | 2 |
| No Public Transport Available | 1 |
| Impact on family members | 1 |
| Longer Travel | 1 |
| No Impact | 0 |
| Extra Cost | 0 |
| Limited English is a barrier | 0 |
| Cannot Drive | 0 |
| Use Voluntary Car Service | 0 |
| Impractical to travel the longer distance | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Anxiety | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- Need to rely on hospital transport as working commitments impact my mother attending.

## 10.2.2.7 Stroke Services and Older People

There were 8 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Impact on family members | 4 |
| Longer Travel | 3 |
| Limited English is a barrier | 2 |
| Cannot Drive | 2 |
| Impractical to travel the longer distance | 2 |
| No Public Transport Available | 2 |
| Impact health | 2 |
| Extra Cost | 1 |
| Public Transport Availability Limited | 1 |
| No Hospital Visitors | 1 |
| Rely on family for transport | 1 |
| Would not get treatment | 1 |
| Not comfortable driving | 1 |
| Rely on Hospital Transport | 0 |
| No Impact | 0 |
| Logistics/Duration | 0 |
| Anxiety | 0 |
| Illness Travel Stress | 0 |
| Use Voluntary Car Service | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- My Mum doesn't drive so I take her to appointments but I work and this can impact on my work.
- I am 85 and can't walk very far.
- I am not a confident driver. Not easy to get husband 79 and not mobile and has a severe stroke to hospital. Public transport is not an option and have to rely on family for support. Family would have to take a day off work to help.

## 10.2.2.8 Stroke Services and Race

There was 1 identified submission in this area.

| Impact | Number Impacted |
|---|---|
| Limited English is a barrier | 1 |
| Cannot Drive | 1 |
| Impact on family members | 1 |
| Longer Travel | 0 |
| No Impact | 0 |
| Extra Cost | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| No Public Transport Available | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Anxiety | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Impact health | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- No I would not have any problems accessing this service, however my elderly parents would because they do not speak English and do not have transport.

## 10.2.2.9 Stroke Services and Social Economic Deprivation

There were no identified submissions in this area.

## 10.2.2.10 Stroke Services and Pregnancy and Maternity

There were no identified submissions in this area.

## 10.2.3 Women and Children's Services

## 10.2.3.1 Women and Children's Services and Sensory Impairment

There were 18 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Extra Cost | 10 |
| Longer Travel | 6 |
| Cannot Drive | 6 |
| Public Transport Availability Limited | 3 |
| Impractical to travel the longer distance | 2 |
| No Public Transport Available | 2 |
| Impact on family members | 2 |
| No Impact | 1 |
| Use Voluntary Car Service | 1 |
| Logistics/Duration | 1 |
| Anxiety | 1 |
| Illness Travel Stress | 1 |
| No Hospital Visitors | 1 |
| Impact health | 1 |
| Rely on family for transport | 1 |
| Would not get treatment | 1 |
| Not comfortable driving | 1 |
| Rely on Hospital Transport | 0 |
| Limited English is a barrier | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- Grantham – no buses. I am registered blind. I do not drive. If there is travel on public transport, if I miss a bus I have to pay for a taxi and this becomes expensive.
- Not all taxis accept guide dogs.
- As daughter/ mother/carer for me to access Boston, Lincoln or Nottingham with Mum or any of my 4 children for appointment.
- Currently happy with service (gynaecology) and able to access relatively easily.
- As someone who can drive to other locations (Boston and Grantham) if need be.
- Have to pay for the voluntary care service at the moment and cost would go up.

# 10.2.3.2 Women and Children's Services and Physical Disability

There were 7 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 4 |
| Extra Cost | 2 |
| Impact on family members | 2 |
| Would not get treatment | 1 |
| Not comfortable driving | 1 |
| Limited English is a barrier | 0 |
| Cannot Drive | 1 |
| Rely on family for transport | 1 |
| Impractical to travel the longer distance | 1 |
| No Public Transport Available | 1 |
| Public Transport Availability Limited | 1 |
| Anxiety | 1 |
| Illness Travel Stress | 1 |
| No Hospital Visitors | 0 |
| Impact health | 0 |
| Logistics/Duration | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| No Impact | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I can't access services easily at Lincoln or Grantham.
- Best placed at Grantham – I have no family, no transport.
- As daughter/ mother/carer for me to access Boston, Lincoln or Nottingham with Mum or any of my 4 children for appointment.
- Nearest hospital Grantham. Husband drives, but not much longer.

# 10.2.3.3 Women and Children's Services and Learning Disability

There were 2 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Cannot Drive | 2 |
| No Public Transport Available | 1 |
| Extra Cost | 1 |
| No Impact | 0 |
| Limited English is a barrier | 0 |
| Longer Travel | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Anxiety | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Impact health | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |
| Impact on family members | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I would require support when travelling to Boston due to my above conditions. As I live in Alford I would also need to travel by, bus, Taxi, or if I could arrange a lift with the member of staff.

## 10.2.3.4 Women and Children's Services and Mental Health

There were 3 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 1 |
| Cannot Drive | 1 |
| Anxiety | 1 |
| No Impact | 0 |
| Extra Cost | 0 |
| Limited English is a barrier | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| No Public Transport Available | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Impact health | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |
| Impact on family members | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I would require support when travelling to Boston.
- As daughter/ mother/carer for me to access Boston, Lincoln or Nottingham with Mum or any of my 4 children for appointment. It can be really challenging for me as a single Mum with hearing loss myself.

## 10.2.3.5 Women and Children's Services and Carers

There were 13 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 4 |
| Impact on family members | 3 |
| Extra Cost | 2 |
| No Public Transport Available | 2 |
| Impact health | 2 |
| Rely on Hospital Transport | 1 |
| No Impact | 1 |
| Public Transport Availability Limited | 1 |
| Anxiety | 1 |
| No Hospital Visitors | 1 |
| Rely on family for transport | 1 |
| Not comfortable driving | 1 |
| Limited English is a barrier | 0 |
| Cannot Drive | 0 |
| Use Voluntary Car Service | 0 |
| Impractical to travel the longer distance | 0 |
| Logistics/Duration | 0 |
| Illness Travel Stress | 0 |
| Would not get treatment | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- Transport to appointments currently accessing services at Grimsby was delivered originally at Louth.
- Yes living in Sutton Bridge makes my care needs more relevant in Norfolk yet I need to verbally express my needs to be treated out of county.
- As daughter/ mother/carer for me to access Boston, Lincoln or Nottingham with Mum or any of my 4 children for appointment.
- Currently happy with service (gynaecology) and able to access relatively easily.
- Nearest hospital Grantham.

# 10.2.3.6 Women and Children's Services and Young People and Families

There were 8 identified submissions in this area.

| Impact | Number Impacted |
| --- | --- |
| Impact health | 3 |
| Impact on family members | 2 |
| No Impact | 2 |
| Longer Travel | 1 |
| Rely on Hospital Transport | 1 |
| No Public Transport Available | 1 |
| Anxiety | 1 |
| Extra Cost | 0 |
| Limited English is a barrier | 0 |
| Cannot Drive | 0 |
| Use Voluntary Car Service | 0 |
| Impractical to travel the longer distance | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I've got 2 children. We live in Wainfleet and my son goes to Skegness Hospital for speech therapy. I wouldn't want to travel further for this, but Boston Pilgrim is our biggest hospital where I had my children.
- I am Lincoln based and I don't think the proposed changes would affect me.
- Transport to appointments currently accessing services at Grimsby was delivered originally at Louth.
- I could go to Lincoln or Grimsby and I went to Grimsby.

## 10.2.3.7 Women and Children's Services and Older People

There were 6 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Impact on family members | 3 |
| Longer Travel | 2 |
| No Public Transport Available | 2 |
| Extra Cost | 1 |
| No Hospital Visitors | 1 |
| Impact health | 1 |
| Rely on family for transport | 1 |
| Would not get treatment | 1 |
| Not comfortable driving | 1 |
| Impractical to travel the longer distance | 1 |
| Public Transport Availability Limited | 1 |
| Limited English is a barrier | 0 |
| Cannot Drive | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Logistics/Duration | 0 |
| Anxiety | 0 |
| Illness Travel Stress | 0 |
| No Impact | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- Problems with accessing transport. Cost of increased travel. Lack of accessible transport. Infrequent accessible transport. Husband with serious health problems would need frequent toilet breaks on route.

## 10.2.3.8 Women and Children's Services and Race

There were 3 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 2 |
| Impact on family members | 2 |
| Limited English is a barrier | 1 |
| Cannot Drive | 1 |
| Anxiety | 1 |
| No Impact | 0 |
| Extra Cost | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| No Public Transport Available | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Impact health | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |

**Table Detailing the Impact Categories**


**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- Travel to a different site far away from your home when consultant led care may be needed would be distressing, potentially poses a risk to both mother and baby and it would also make it difficult to negotiate childcare for additional children (particularly if there is no help from extended families as diaspora communities tend not to have a traditional network of family members available to support).

- This will be challenging for me especially if I am unable to drive myself. I am lucky to have a supportive English speaking husband who also drives but it will affect him if he needs to take time off work. Many in my community do not have this support.
  We do not have problem getting to Lincoln hospital but would struggle to get to Boston because we live in Lincoln. We did have problems accessing the children's service for our son in Lincoln.

-

# 10.2.3.9 Women and Children's Services and Social Economic Deprivation

There were 2 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 2 |
| Anxiety | 1 |
| No Impact | 0 |
| Extra Cost | 0 |
| Limited English is a barrier | 0 |
| Cannot Drive | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| No Public Transport Available | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Impact health | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |
| Impact on family members | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I live in Bourne. Best location for me to travel is Grantham which takes an hour on public transport during the day. No public transport after 5pm. I cannot afford the cost as I live alone and have no savings.

- Best placed at Grantham – I have no family, no transport. Restricted income to pay for Taxi.

## 10.2.3.10 Women and Children's Services and Pregnancy and Maternity

There were 2 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 2 |
| Anxiety | 1 |
| No Impact | 0 |
| Extra Cost | 0 |
| Limited English is a barrier | 0 |
| Cannot Drive | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| No Public Transport Available | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Impact health | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |
| Impact on family members | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I've got 2 children. We live in Wainfleet and my son goes to Skegness Hospital for speech therapy. I wouldn't want to travel further for this, but Boston Pilgrim is our biggest hospital where I had my children. When you are in labour you just want to be able to get to a hospital quickly because travelling the winding roads when you're in labour is awful.
  We do not have problem getting to Lincoln hospital but would struggle to get to Boston because we live in Lincoln. We did have problems accessing the children's service for our son in Lincoln.
-

## 10.2.4 Acute Medical Beds in Grantham

## 10.2.4.1 Acute Medical Beds in Grantham and Sensory Impairment

There were 23 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 8 |
| Extra Cost | 7 |
| Cannot Drive | 5 |
| Impractical to travel the longer distance | 4 |
| Impact on family members | 4 |
| Public Transport Availability Limited | 3 |
| Illness Travel Stress | 3 |
| No Public Transport Available | 2 |
| Logistics/Duration | 2 |
| No Hospital Visitors | 2 |
| Impact health | 2 |
| Would not get treatment | 2 |
| Not comfortable driving | 1 |
| Limited English is a barrier | 1 |
| Rely on family for transport | 1 |
| Use Voluntary Car Service | 1 |
| Anxiety | 1 |
| Rely on Hospital Transport | 0 |
| No Impact | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- Nearest hospital Grantham. Husband drives, but not much longer.
- Transport problem 80 mile round trip to Lincoln. Walking problems.
- Based in Grantham and if need to go to Lincoln of Boston will have no visitors and the partner would have to go into Respite Care. Both husband and wife have long term health conditions and wife cares for husband.
- More difficult to get to, can take bus to Sleaford, then train to Grantham. No transport other than call connect difficulty getting appointments. No way to travel to Boston.
- If possible any hospitalisation would be Peterborough as Dad has another daughter there. Without transport local amenities in Spalding are essential.
-

## 10.2.4.2 Acute Medical Beds in Grantham and Physical Disability

There were 10 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 5 |
| Impact on family members | 4 |
| Extra Cost | 2 |
| Impractical to travel the longer distance | 2 |
| Illness Travel Stress | 2 |
| Impact health | 2 |
| Limited English is a barrier | 1 |
| Cannot Drive | 1 |
| No Public Transport Available | 1 |
| Public Transport Availability Limited | 1 |
| Logistics/Duration | 1 |
| Anxiety | 1 |
| No Hospital Visitors | 1 |
| Rely on family for transport | 1 |
| Would not get treatment | 1 |
| Not comfortable driving | 1 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| No Impact | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- Our preferred hospital for ease of travelling to is Grantham Hospital so any loss of services at that site is going to cause inconvenience trying to access the services we need.
- I currently work full-time near Grantham. If either of my parents are unwell it is far easier for us to get to Grantham Hospital from where we live as it is only a 25 minute journey. It takes us at least twice as long to reach either Pilgrim or Lincoln Hospital.

## 10.2.4.3 Acute Medical Beds in Grantham and Learning Disability

There were no identified submissions in this area.

## 10.2.4.4 Acute Medical Beds in Grantham and Mental Health

There were no identified submissions in this area.

## 10.2.4.5 Acute Medical Beds in Grantham and Carers

There were 20 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 7 |
| Extra Cost | 4 |
| No Public Transport Available | 4 |
| Impact on family members | 4 |
| Cannot Drive | 3 |
| Public Transport Availability Limited | 2 |
| Illness Travel Stress | 2 |
| No Hospital Visitors | 2 |
| Impact health | 2 |
| Logistics/Duration | 1 |
| Anxiety | 1 |
| Rely on family for transport | 1 |
| Not comfortable driving | 1 |
| Limited English is a barrier | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| No Impact | 0 |
| Would not get treatment | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- Our preferred hospital for ease of travelling to is Grantham Hospital so any loss of services at that site is going to cause inconvenience trying to access the services we need.
- As I do not drive the public transport is not very good or reliable does not take into consideration rural area.
- Closest hospital Grantham, husband will shortly be unable to drive.
- It takes 3 hours from Grantham and back to be treated.

- Based in Grantham and if need to go to Lincoln or Boston will have no visitors. Getting transport to Lincoln or Boston is challenging logistically and expensive. Hospital transport is unreliable and time consuming.

## 10.2.4.6 Acute Medical Beds in Grantham and Young People and Families

There were 3 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| No Impact | 2 |
| Extra Cost | 1 |
| No Public Transport Available | 1 |
| Impact health | 1 |
| Longer Travel | 0 |
| Limited English is a barrier | 0 |
| Cannot Drive | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Anxiety | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |
| Impact on family members | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- Some of my appointments have been in Lincoln but Louth would be better.

## 10.2.4.7 Acute Medical Beds in Grantham and Older People

There were 8 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 4 |
| Impact health | 3 |
| Impractical to travel the longer distance | 2 |
| No Public Transport Available | 2 |
| Impact on family members | 2 |
| Extra Cost | 1 |
| Limited English is a barrier | 1 |
| Cannot Drive | 1 |
| Public Transport Availability Limited | 1 |
| No Hospital Visitors | 1 |
| Rely on family for transport | 1 |
| Would not get treatment | 1 |
| Not comfortable driving | 1 |
| Rely on Hospital Transport | 0 |
| Use Voluntary Car Service | 0 |
| Logistics/Duration | 0 |
| Anxiety | 0 |
| Illness Travel Stress | 0 |
| No Impact | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- Nearest hospital Grantham and will struggle when we can no longer drive.

## 10.2.4.8 Acute Medical Beds in Grantham and Race

There were no identified submissions in this area.

## 10.2.4.9 Acute Medical Beds in Grantham and Social Economic Deprivation

There were no identified submissions in this area.

## 10.2.4.10 Acute Medical Beds in Grantham and Pregnancy and Maternity

There were no identified submissions in this area.

## 10.2.5 Trauma and Orthopaedics

## 10.2.5.1 Trauma and Orthopaedics and Sensory Impairment

There were 30 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Extra Cost | 11 |
| Longer Travel | 10 |
| Cannot Drive | 7 |
| Impact on family members | 4 |
| Impractical to travel the longer distance | 4 |
| No Public Transport Available | 3 |
| Public Transport Availability Limited | 4 |
| Logistics/Duration | 4 |
| Rely on family for transport | 2 |
| Use Voluntary Car Service | 2 |
| Would not get treatment | 2 |
| Not comfortable driving | 2 |
| Anxiety | 2 |
| No Hospital Visitors | 2 |
| Impact health | 2 |
| Illness Travel Stress | 1 |
| Limited English is a barrier | 1 |
| Rely on Hospital Transport | 0 |
| No Impact | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I live in Bourne. Best location for me to travel is Grantham which takes an hour on public transport during the day.
- As a sight impaired user Boston itself causes issues.

- Being blind and wheelchair user no wish to use Grantham Hospital. Husband/carer only drives short distances by day. As a carer my driving is limited to short daytime trips.
- More difficult to get to, can take bus to Sleaford, then train to Grantham. No transport other than call connect difficulty getting appointments.

## 10.2.5.2 Trauma and Orthopaedics and Physical Disability

There were 11 identified submissions in this area.

| Impact | Number Impacted |
| --- | --- |
| Longer Travel | 5 |
| Impact on family members | 3 |
| Impractical to travel the longer distance | 2 |
| Logistics/Duration | 2 |
| Anxiety | 2 |
| Impact health | 2 |
| Rely on family for transport | 2 |
| Extra Cost | 1 |
| Limited English is a barrier | 1 |
| Cannot Drive | 1 |
| Not comfortable driving | 1 |
| No Public Transport Available | 1 |
| Illness Travel Stress | 1 |
| No Hospital Visitors | 1 |
| Would not get treatment | 1 |
| Public Transport Availability Limited | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| No Impact | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- Best placed at Grantham – I have no family, no transport.
- Being blind and wheelchair user no wish to use Grantham Hospital.

# 10.2.5.3 Trauma and Orthopaedics and Learning Disability

There were 6 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 4 |
| Anxiety | 4 |
| Extra Cost | 3 |
| Cannot Drive | 2 |
| No Impact | 1 |
| Impact health | 1 |
| Impact on family members | 1 |
| No Public Transport Available | 1 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Limited English is a barrier | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I would not have problems due to having my own car and a driver, however, I prefer to go to Boston as it is nearer.
- As I am an unknown condition patient the treatment centre may be different for different parts of my condition. I would have to have transport arranged as I cannot travel momentarily by public transport due to a recent relapse.
- Grantham – no buses. I am registered blind. I do not drive. If there is travel on public transport, if I miss a bus I have to pay for a taxi and this becomes expensive

## 10.2.5.4 Trauma and Orthopaedics and Mental Health

There were 4 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 4 |
| Anxiety | 4 |
| Extra Cost | 2 |
| Impact health | 1 |
| Cannot Drive | 1 |
| Impact on family members | 1 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| No Public Transport Available | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| No Impact | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Limited English is a barrier | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I find it good accessing Lincoln Hospital for the services I need.

## 10.2.5.5 Trauma and Orthopaedics and Carers

There were 28 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 8 |
| No Public Transport Available | 5 |
| Cannot Drive | 4 |
| Impact on family members | 4 |
| Logistics/Duration | 3 |
| Anxiety | 3 |
| Impact health | 3 |
| Public Transport Availability Limited | 2 |
| Extra Cost | 2 |
| Rely on Hospital Transport | 2 |
| No Hospital Visitors | 2 |
| Illness Travel Stress | 1 |
| Impractical to travel the longer distance | 1 |
| Not comfortable driving | 1 |
| Rely on family for transport | 1 |
| Limited English is a barrier | 0 |
| No Impact | 0 |
| Use Voluntary Car Service | 0 |
| Would not get treatment | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- Rely on hospital transport as due to work commitments unable to take my father to his appointments.
- Living in a village when the patient and carer are unable to drive has a huge impact on day to day living hospital visits and appointments plus emergencies emergency admission.
- Do not have transport for Lincoln or Boston.
- Boston Lincoln & Grantham hospitals are too far for us to travel too from Louth. We need more services available to us a Louth hospital. I care for my wife 24/7 who has Parkinsonism & Hydrocephalus and is virtually paralyzed from the waist down and I cannot leave her on her own for more than 15 minutes
- Currently in Lincoln accessing A+E and orthopaedics as a support for a client with cerebral palsy for both urgent care, planned care and other related health issues

- Grantham as a centre of excellence. This would impact myself as a carer and the client as we are unfamiliar with the journey, hospital locations etc. This causes both travel and time challenges and emotional challenges for both myself and client. Distress to the client and cost to the client.
- Based in Grantham and if need to go to Lincoln or Boston will have no visitors and the partner would have to go into Respite Care. Both husband and wife have long term health conditions and wife cares for husband. Getting transport to Lincoln or Boston is challenging logistically and expensive. Hospital transport is unreliable and time consuming.

## 10.2.5.6 Trauma and Orthopaedics and Young People and Families

There were 7 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Impact health | 4 |
| Rely on Hospital Transport | 2 |
| Longer Travel | 1 |
| No Impact | 1 |
| No Public Transport Available | 1 |
| Extra Cost | 0 |
| Limited English is a barrier | 0 |
| Cannot Drive | 0 |
| Use Voluntary Car Service | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Anxiety | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Impractical to travel the longer distance | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |
| Impact on family members | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- We go to Boston Pilgrim if we need the hospital which is our nearest. They have always been very good.

## 10.2.5.7 Trauma and Orthopaedics and Older People

There were 9 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 4 |
| Impact health | 3 |
| Impact on family members | 2 |
| Impractical to travel the longer distance | 2 |
| No Public Transport Available | 2 |
| Public Transport Availability Limited | 1 |
| No Hospital Visitors | 1 |
| Extra Cost | 1 |
| Limited English is a barrier | 1 |
| Cannot Drive | 1 |
| Rely on family for transport | 1 |
| Would not get treatment | 1 |
| Not comfortable driving | 1 |
| No Impact | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Logistics/Duration | 0 |
| Anxiety | 0 |
| Illness Travel Stress | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- Nearest hospital Grantham and will not be able to drive soon.

## 10.2.5.8 Trauma and Orthopaedics and Race

There were 1 identified submission in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 1 |
| Impact on family members | 1 |
| Limited English is a barrier | 1 |
| Cannot Drive | 1 |
| Anxiety | 1 |
| No Impact | 0 |
| Extra Cost | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| No Public Transport Available | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Impact health | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- No specific issues identified.

## 10.2.5.9 Trauma and Orthopaedics and Social Economic Deprivation

There were no identified submissions in this area.

## 10.2.5.10 Trauma and Orthopaedics and Pregnancy and Maternity

There were no identified submissions in this area.

# 10.2.6 General Surgery

## 10.2.6.1 General Surgery and Sensory Impairment

There were 31 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Extra Cost | 10 |
| Longer Travel | 9 |
| Cannot Drive | 8 |
| Public Transport Availability Limited | 4 |
| Logistics/Duration | 4 |
| Impractical to travel the longer distance | 4 |
| No Public Transport Available | 3 |
| Impact health | 3 |
| Would not get treatment | 3 |
| No Hospital Visitors | 2 |
| Anxiety | 2 |
| Illness Travel Stress | 2 |
| Rely on family for transport | 1 |
| Limited English is a barrier | 1 |
| No Impact | 1 |
| Use Voluntary Car Service | 1 |
| Not comfortable driving | 1 |
| Rely on Hospital Transport | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I live in Bourne. Best location for me to travel is Grantham which takes an hour on public transport during the day. No public transport after 5pm.
- General surgery - Would need to pay for a carer to look after my husband if I go to hospital. Lack of accessible transport. Would have to take a taxi, but cost is excessive.
- No buses in Grantham.
- Being blind and wheelchair user no wish to use Grantham Hospital.
- Based in Boston and would not travel to Lincoln or Grantham.
- More difficult to get to, can take bus to Sleaford, then train to Grantham. No transport other than call connect difficulty getting appointments.
- I can't access services easily at Lincoln or Grantham. Would cost too much. Have limited income. I am not able to physically travel long distances.

# 10.2.6.2 General Surgery and Physical Disability

There were 11 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 6 |
| Impact on family members | 3 |
| Extra Cost | 2 |
| Impractical to travel the longer distance | 2 |
| Logistics/Duration | 2 |
| Anxiety | 2 |
| Illness Travel Stress | 2 |
| Impact health | 2 |
| Limited English is a barrier | 1 |
| Cannot Drive | 1 |
| No Public Transport Available | 1 |
| Public Transport Availability Limited | 1 |
| No Hospital Visitors | 1 |
| Rely on family for transport | 1 |
| Would not get treatment | 1 |
| Not comfortable driving | 1 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I can't access services easily at Lincoln or Grantham. Would cost too much. Have limited income. I am not able to physically travel long distances. I have severe sight loss and hearing loss, mobility problems.
- Being blind and wheelchair user no wish to use Grantham Hospital.

# 10.2.6.3 General Surgery and Learning Disability

There were 2 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Extra Cost | 2 |
| Cannot Drive | 2 |
| No Public Transport Available | 1 |
| No Impact | 0 |
| Longer Travel | 0 |
| Limited English is a barrier | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Anxiety | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Impact health | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |
| Impact on family members | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I live in Cherry Willingham. I am retired male in good health. I care for a daughter with Downs Syndrome and autism. Travelling to Grantham will be a problem as I get older and cannot drive. Take more time and money to get to Grantham.

## 10.2.6.4 General Surgery and Mental Health

There were 1 identified submission in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 1 |
| Anxiety | 1 |
| No Impact | 0 |
| Extra Cost | 0 |
| Limited English is a barrier | 0 |
| Cannot Drive | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| No Public Transport Available | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Impact health | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |
| Impact on family members | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- As daughter/ mother/carer for me to access Boston, Lincoln or Nottingham with Mum or any of my 4 children for appointment.

## 10.2.6.5 General Surgery and Carers

There were 28 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 10 |
| Cannot Drive | 6 |
| Impact on family members | 6 |
| Extra Cost | 5 |
| No Public Transport Available | 4 |
| Impact health | 3 |
| Public Transport Availability Limited | 2 |
| Logistics/Duration | 2 |
| Anxiety | 2 |
| Illness Travel Stress | 2 |
| No Hospital Visitors | 2 |
| Not comfortable driving | 1 |
| Limited English is a barrier | 1 |
| Impractical to travel the longer distance | 1 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Would not get treatment | 0 |
| No Impact | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- Yes living in Sutton Bridge makes my care needs more relevant in Norfolk yet I need to verbally express my needs to be treated out of county.

- General surgery because as my partner is a self-harmer he need emergency surgery on a regular basis so if that gets effected he will suffer for longer.

- Boston Lincoln & Grantham hospitals are too far for us to travel too from Louth. We need more services available to us a Louth hospital. I care for my wife 24/7 who has Parkinsonism & Hydrocephalus and is virtually paralyzed from the waist down and I cannot leave her on her own for more than 15 minutes.

- In that case Cherry Willingham. Person I am retired male in good health. I care for a daughter with Downs Syndrome and autism. Travelling to Grantham will be a problem as I get older and cannot drive.

# 10.2.6.6 General Surgery and Young People and Families

There were 9 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| No Impact | 3 |
| Longer Travel | 2 |
| Impact health | 2 |
| Extra Cost | 1 |
| No Public Transport Available | 1 |
| Anxiety | 1 |
| Impact on family members | 1 |
| Limited English is a barrier | 0 |
| Cannot Drive | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I've got 2 children. We live in Wainfleet and my son goes to Skegness Hospital for speech therapy. I wouldn't want to travel further for this, but Boston Pilgrim is our biggest hospital where I had my children.

# 10.2.6.7 General Surgery and Older People

There were 10 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 4 |
| Impact on family members | 4 |
| Impact health | 3 |
| Limited English is a barrier | 2 |
| Cannot Drive | 2 |
| Impractical to travel the longer distance | 2 |
| No Public Transport Available | 2 |
| Public Transport Availability Limited | 1 |
| Extra Cost | 1 |
| No Hospital Visitors | 1 |
| Rely on family for transport | 1 |
| Would not get treatment | 1 |
| Not comfortable driving | 1 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Logistics/Duration | 0 |
| Anxiety | 0 |
| Illness Travel Stress | 0 |
| No Impact | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- My Mum doesn't drive so I take her to appointments but I work and this can impact on my work. It is hard living in a village without transport.

## 10.2.6.8 General Surgery and Race

There was 1 identified submission in this area.

| Impact | Number Impacted |
|---|---|
| Limited English is a barrier | 1 |
| Cannot Drive | 1 |
| Impact on family members | 1 |
| Longer Travel | 0 |
| No Impact | 0 |
| Extra Cost | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| No Public Transport Available | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Anxiety | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Impact health | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- Getting transport for my dad (88 years and does not speak English) was an issue which caused me more stress as he had an appointment at Leicester hospital which myself and my husband was unable to take him.

# 10.2.6.9 General Surgery and Social Economic Deprivation

There was 1 identified submission in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 1 |
| Anxiety | 1 |
| No Impact | 0 |
| Extra Cost | 0 |
| Limited English is a barrier | 0 |
| Cannot Drive | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| No Public Transport Available | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Impact health | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |
| Impact on family members | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I live in Bourne. Best location for me to travel is Grantham which takes an hour on public transport during the day. I cannot afford the cost as I live alone and have no savings.

# 10.2.6.10 General Surgery and Pregnancy and Maternity

There was 1 identified submission in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 1 |
| Anxiety | 1 |
| No Impact | 0 |
| Extra Cost | 0 |
| Limited English is a barrier | 0 |
| Cannot Drive | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| No Public Transport Available | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Impact health | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |
| Impact on family members | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- No specific issues were highlighted.

## 10.2.7 Urgent and Emergency Care

## 10.2.7.1 Urgent and Emergency Care and Sensory Impairment

There were 35 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 12 |
| Extra Cost | 11 |
| Cannot Drive | 7 |
| Would not get treatment | 4 |
| Impractical to travel the longer distance | 4 |
| Public Transport Availability Limited | 4 |
| Logistics/Duration | 4 |
| Illness Travel Stress | 3 |
| Impact health | 3 |
| Impact on family members | 3 |
| No Public Transport Available | 2 |
| Anxiety | 2 |
| No Hospital Visitors | 2 |
| Not comfortable driving | 2 |
| Use Voluntary Car Service | 1 |
| Limited English is a barrier | 1 |
| Rely on family for transport | 1 |
| No Impact | 1 |
| Rely on Hospital Transport | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I live in Bourne. Best location for me to travel is Grantham which takes an hour on public transport during the day. No public transport after 5pm.
- Grantham A&E being downgraded Midwifery has already left Grantham Hospital
- Needing Grantham A&E in the unsociable hours after being a fully trained nurse myself I feel this has a big impact on the members of the public.
- Transport a problem. 80 mile round trip to Lincoln. Have walking problems.
- Currently use TASL – very unreliable service. Emergencies (e.g. sepsis) would entail travelling long distances. Previous bouts of Sepsis have been treated in Lincoln, not convenient to travel long distances. [Based in Grantham]

- Severe sight impairment - attend Grantham hospital every 6 months. Lung disease and kidney disease – attend Grantham Hospital every 3 months. Unable to drive.

## 10.2.7.2 Urgent and Emergency Care and Physical Disability

There were 12 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 7 |
| Impact on family members | 4 |
| Impractical to travel the longer distance | 2 |
| Logistics/Duration | 2 |
| Anxiety | 2 |
| Illness Travel Stress | 2 |
| Impact health | 2 |
| Extra Cost | 1 |
| Limited English is a barrier | 1 |
| No Public Transport Available | 1 |
| Public Transport Availability Limited | 1 |
| No Hospital Visitors | 1 |
| Rely on family for transport | 1 |
| Would not get treatment | 1 |
| Not comfortable driving | 1 |
| Cannot Drive | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| No Impact | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- Grantham needs full A &E Services. After having a stroke I know you have to be given life-saving treatment. Travelling to an A & E in Lincoln takes too long and people will die. I live alone and have family but they do not live locally. I can't see or hear. Everything takes a lot longer than normal people.

- Our preferred hospital for ease of travelling to is Grantham Hospital so any loss of services at that site is going to cause inconvenience trying to access the services we need. I currently work full-time near Grantham. If either of my parents are unwell it is far easier for us to get to Grantham Hospital from where we live as it is only a 25 minute journey. It takes us at least twice as long to reach either Pilgrim or Lincoln Hospital

- Grantham needs full A &E Services. After having a stroke I know you have to be given life-saving treatment. Travelling to an A & E in Lincoln takes too long and people will die. I live alone and have family but they do not live locally.

- Being blind and wheelchair user no wish to use Grantham Hospital.

- Nearest hospital Grantham. Husband drives, but not much longer.
- Takes 3 hours from Grantham and back.
- Based in Grantham and if need to go to Lincoln of Boston will have no visitors and the partner would have to go into Respite Care. Both husband and wife have long term health conditions and wife cares for husband. Getting transport to Lincoln or Boston is challenging logistically and expensive. Hospital transport is unreliable and time consuming.

## 10.2.7.3 Urgent and Emergency Care and Learning Disability

There were 2 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Extra Cost | 2 |
| Longer Travel | 1 |
| No Public Transport Available | 1 |
| Impact health | 1 |
| Anxiety | 1 |
| Cannot Drive | 1 |
| Limited English is a barrier | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| No Impact | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |
| Impact on family members | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- There could be a financial implication on this of course. As I live in Louth it will take over an hour to reach the Lincoln hospital. I will also have to have someone travel with me as I am a vulnerable adult and require support at all times. I have to take my temperature on a regular basis and weather permitting I will be able to travel.
- Grantham – no buses. I am registered blind. I do not drive. If there is travel on public transport, if I miss a bus I have to pay for a taxi and this becomes expensive.

# 10.2.7.4 Urgent and Emergency Care and Mental Health

There were 4 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 2 |
| Anxiety | 2 |
| Extra Cost | 1 |
| Limited English is a barrier | 1 |
| Cannot Drive | 1 |
| Impact health | 1 |
| Impact on family members | 1 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| No Public Transport Available | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| No Impact | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- It's not a problem for me to access the services if it's local i.e. at Boston Pilgrim Hospital but if it was proposed elsewhere I would need to drive there or at least somebody would need to drive me (if I couldn't drive there) which would take more time and I would need to arrange childcare if it's during school run hours.

# 10.2.7.5 Urgent and Emergency Care and Carers

There were 29 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 10 |
| Impact on family members | 6 |
| Extra Cost | 4 |
| Cannot Drive | 4 |
| Impact health | 4 |
| No Public Transport Available | 3 |
| Public Transport Availability Limited | 2 |
| Logistics/Duration | 2 |
| Anxiety | 2 |
| Illness Travel Stress | 2 |
| No Hospital Visitors | 2 |
| Rely on Hospital Transport | 2 |
| Limited English is a barrier | 1 |
| Rely on family for transport | 1 |
| Not comfortable driving | 1 |
| Impractical to travel the longer distance | 1 |
| No Impact | 0 |
| Use Voluntary Car Service | 0 |
| Would not get treatment | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- Transport to appointments currently accessing services at Grimsby was delivered originally at Louth.

  It's not a problem for me to access the services if it's local i.e. at Boston Pilgrim Hospital but if it was proposed elsewhere I would need to drive there or at least somebody would need to drive me (if I couldn't drive there) which would take more time and I would need to arrange childcare if it's during school run hours. My elderly mother who lives in Sleaford is reliant on me and my two other siblings to help her to access the services because my elderly mother is unable to drive, or take public transport and have language barrier.

-

## 10.2.7.6 Urgent and Emergency Care and Young People and Families

There were 11 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Impact health | 4 |
| Longer Travel | 2 |
| No Impact | 2 |
| Impact on family members | 2 |
| Rely on Hospital Transport | 2 |
| No Public Transport Available | 2 |
| Public Transport Availability Limited | 1 |
| Extra Cost | 1 |
| Anxiety | 1 |
| Cannot Drive | 0 |
| Use Voluntary Car Service | 0 |
| Limited English is a barrier | 0 |
| Impractical to travel the longer distance | 0 |
| Logistics/Duration | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |

**Table Detailing the Impact Categories**


**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I've got 2 children. We live in Wainfleet and my son goes to Skegness Hospital for speech therapy. I wouldn't want to travel further for this, but Boston Pilgrim is our biggest hospital where I had my children.
- Transport to appointments currently accessing services at Grimsby was delivered originally at Louth.

# 10.2.7.7 Urgent and Emergency Care and Older People

There were 10 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 4 |
| Impact on family members | 4 |
| Impact health | 3 |
| Limited English is a barrier | 2 |
| Cannot Drive | 2 |
| Impractical to travel the longer distance | 2 |
| No Public Transport Available | 2 |
| Public Transport Availability Limited | 1 |
| No Hospital Visitors | 1 |
| Rely on family for transport | 1 |
| Would not get treatment | 1 |
| Not comfortable driving | 1 |
| Extra Cost | 1 |
| Logistics/Duration | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Anxiety | 0 |
| Illness Travel Stress | 0 |
| No Impact | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- It's not a problem for me to access the services if it's local i.e. at Boston Pilgrim Hospital but if it was proposed elsewhere I would need to drive there or at least somebody would need to drive me (if I couldn't drive there) which would take more time and I would need to arrange childcare if it's during school run hours. My elderly mother who lives in Sleaford is reliant on me and my two other siblings to help her to access the services because my elderly mother is unable to drive, or take public transport and have language barrier.

- Nearest hospital Grantham. Husband drives, but not much longer.

## 10.2.7.8 Urgent and Emergency Care and Race

There were 3 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Impact on family members | 2 |
| Limited English is a barrier | 1 |
| Cannot Drive | 1 |
| No Impact | 1 |
| Extra Cost | 0 |
| Longer Travel | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| No Public Transport Available | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Anxiety | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Impact health | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I agree with the emerging option for an Urgent Treatment Centre at Lincoln hospital because my last experience of A&E was a disaster.
  It's not a problem for me to access the services if it's local i.e. at Boston Pilgrim Hospital but if it was proposed elsewhere I would need to drive there or at least somebody would need to drive me (if I couldn't drive there) which would take more time and I would need to arrange childcare if it's during school run hours.
-

## 10.2.7.9 Urgent and Emergency Care and Social Economic Deprivation

There was 1 identified submission in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 1 |
| Anxiety | 1 |
| No Impact | 0 |
| Extra Cost | 0 |
| Limited English is a barrier | 0 |
| Cannot Drive | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| No Public Transport Available | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Impact health | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |
| Impact on family members | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I've got 2 children. We live in Wainfleet and my son goes to Skegness Hospital for speech therapy. I wouldn't want to travel further for this, but Boston Pilgrim is our biggest hospital where I had my children.

## 10.2.7.10 Urgent and Emergency Care and Pregnancy and Maternity

There was 1 identified submission in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 1 |
| Anxiety | 1 |
| No Impact | 0 |
| Extra Cost | 0 |
| Limited English is a barrier | 0 |
| Cannot Drive | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| No Public Transport Available | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Impact health | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |
| Impact on family members | 0 |

**Table Detailing the Impact Categories**


**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I've got 2 children. We live in Wainfleet and my son goes to Skegness Hospital for speech therapy. I wouldn't want to travel further for this, but Boston Pilgrim is our biggest hospital where I had my children.

# 10.2.8 Haematology & Oncology Services

## 10.2.8.1 Haematology & Oncology Services and Sensory Impairment

There were 20 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 6 |
| Extra Cost | 6 |
| Public Transport Availability Limited | 4 |
| Impact on family members | 3 |
| Cannot Drive | 3 |
| Impractical to travel the longer distance | 3 |
| Would not get treatment | 3 |
| Logistics/Duration | 2 |
| Illness Travel Stress | 2 |
| No Hospital Visitors | 2 |
| No Public Transport Available | 1 |
| Anxiety | 1 |
| Rely on family for transport | 1 |
| Not comfortable driving | 1 |
| No Impact | 0 |
| Limited English is a barrier | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impact health | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- I live in Bourne. Best location for me to travel is Grantham which takes an hour on public transport during the day. No public transport after 5pm.
- As a sight impaired user Boston itself causes issues.
- Currently use TASL – very unreliable service. Emergencies (e.g. sepsis) would entail travelling long distances. Previous bouts of Sepsis have been treated in Lincoln, not convenient to travel long distances.
- Best placed at Grantham – I have no family, no transport. Restricted income to pay for Taxi.
- As daughter/ mother/carer for me to access Boston, Lincoln or Nottingham with Mum or any of my 4 children for appointment.

- Based in Grantham and if need to go to Lincoln or Boston will have no visitors and the partner would have to go into Respite Care. Both husband and wife have long term health conditions and wife cares for husband.
- Impossible for me to get to Boston or Lincoln from Grantham as registered blind.
- Based in Boston and would not travel to Lincoln or Grantham.
- Has someone who can drive to other locations (Boston and Grantham) if need be. Would be dependent on their availability.
- More difficult to get to, can take bus to Sleaford, then train to Grantham. No transport other than call connect difficulty getting appointments. No way to travel to Boston.
- So if I need a check up on my leukaemia I would prefer to go to Boston hospital because it is closer.
- All three sites should maintain current mix of services. I can't access services easily at Lincoln or Grantham. I can't afford to travel to Lincoln – Grantham. It would take me too long and may not be possible in public transport.

## 10.2.8.2 Haematology & Oncology Services and Physical Disability

There were 7 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 4 |
| Impact on family members | 3 |
| Extra Cost | 2 |
| Cannot Drive | 1 |
| Rely on family for transport | 1 |
| Would not get treatment | 1 |
| Not comfortable driving | 1 |
| Impractical to travel the longer distance | 1 |
| No Public Transport Available | 1 |
| Public Transport Availability Limited | 1 |
| Anxiety | 1 |
| Illness Travel Stress | 1 |
| No Hospital Visitors | 1 |
| Logistics/Duration | 0 |
| Impact health | 0 |
| No Impact | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Limited English is a barrier | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

> All three sites should maintain current mix of services. I can't access services easily at Lincoln or Grantham. Would cost too much. Have limited income. I am not able to physically travel long distances. I have severe sight loss and hearing loss, mobility problems. I have no support from any family. I live alone. I have no family to help me. I can't afford to travel to Lincoln – Grantham. It would take me too long and may not be possible in public transport.

- Best placed at Grantham – I have no family, no transport. Restricted income to pay for Taxi. Mobility difficulties.
- As daughter/ mother/carer for me to access Boston, Lincoln or Nottingham with Mum or any of my 4 children for appointment. Mum is blind, hearing and mobility failings.
- Nearest hospital Grantham. Husband drives, but not much longer.
- Based in Grantham and if need to go to Lincoln of Boston will have no visitors and the partner would have to go into Respite Care.

# 10.2.8.3 Haematology & Oncology Services and Learning Disability

There were no identified submissions in this area.

# 10.2.8.4 Haematology & Oncology Services and Mental Health

There was 1 identified submission in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 1 |
| Anxiety | 1 |
| No Impact | 0 |
| Extra Cost | 0 |
| Limited English is a barrier | 0 |
| Cannot Drive | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| No Public Transport Available | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Impact health | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |
| Impact on family members | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- As daughter/ mother/carer for me to access Boston, Lincoln or Nottingham with Mum or any of my 4 children for appointment.

# 10.2.8.5 Haematology & Oncology Services and Carers

There were 15 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 5 |
| Impact on family members | 4 |
| Extra Cost | 3 |
| Cannot Drive | 3 |
| No Public Transport Available | 2 |
| Public Transport Availability Limited | 2 |
| No Hospital Visitors | 2 |
| Anxiety | 1 |
| Illness Travel Stress | 1 |
| Limited English is a barrier | 1 |
| Not comfortable driving | 1 |
| Impact health | 1 |
| Rely on family for transport | 1 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| Logistics/Duration | 0 |
| Would not get treatment | 0 |
| No Impact | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- Nearest hospital Grantham. Husband drives, but not much longer.
- As daughter/ mother/carer for me to access Boston, Lincoln or Nottingham with Mum or any of my 4 children for appointment.
- Based in Grantham and if need to go to Lincoln or Boston will have no visitors and the partner would have to go into Respite Care. Both husband and wife have long term health conditions and wife cares for husband. Getting transport to Lincoln or Boston is challenging logistically and expensive. Hospital transport is unreliable and time consuming.

# 10.2.8.6 Haematology & Oncology Services and Young People and Families

There were 2 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Longer Travel | 1 |
| No Public Transport Available | 1 |
| Impact health | 1 |
| No Impact | 0 |
| Extra Cost | 0 |
| Limited English is a barrier | 0 |
| Cannot Drive | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Anxiety | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |
| Impact on family members | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- Too far away

# 10.2.8.7 Haematology & Oncology Services and Older People

There were 6 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Impact on family members | 3 |
| Longer Travel | 2 |
| No Public Transport Available | 2 |
| Extra Cost | 1 |
| Limited English is a barrier | 1 |
| Cannot Drive | 1 |
| Impractical to travel the longer distance | 1 |
| Public Transport Availability Limited | 1 |
| No Hospital Visitors | 1 |
| Impact health | 1 |
| Rely on family for transport | 1 |
| Would not get treatment | 1 |
| Not comfortable driving | 1 |
| No Impact | 0 |
| Logistics/Duration | 0 |
| Anxiety | 0 |
| Illness Travel Stress | 0 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- My elderly parents would because they do not speak English and do not have transport. I wouldn't have problems accessing this service so long as my husband is able to take me. Driving there is one thing but driving myself back after treatment/surgery is another. Getting transport for my dad (88years and does not speak English) was an issues which caused me more stress as he had an appointment at Leicester hospital which myself and my husband was unable to take him.

- We need dedicated transport to and from hospital, even at night and weekends. Feel very vulnerable.

## 10.2.8.8 Haematology & Oncology Services and Race

There were 3 identified submissions in this area.

| Impact | Number Impacted |
|---|---|
| Limited English is a barrier | 3 |
| Impact on family members | 2 |
| Cannot Drive | 2 |
| Anxiety | 1 |
| Longer Travel | 1 |
| Impact health | 1 |
| Use Voluntary Car Service | 0 |
| Rely on Hospital Transport | 0 |
| Impractical to travel the longer distance | 0 |
| No Public Transport Available | 0 |
| Public Transport Availability Limited | 0 |
| Logistics/Duration | 0 |
| Illness Travel Stress | 0 |
| No Hospital Visitors | 0 |
| Rely on family for transport | 0 |
| Would not get treatment | 0 |
| Not comfortable driving | 0 |
| No Impact | 0 |
| Extra Cost | 0 |

**Table Detailing the Impact Categories**

**Identified Specific Logistics Issues**

In terms of logistics with the proposals the following specific issues were highlighted:

- No I would not have any problems accessing this service, however my elderly parents would because they do not speak English and do not have transport.

- I have personal transport but I am unable to access this service without the support of an interpreter and in my case a community supporter who also speaks English and Cantonese. I rely on close family members to enable me to access the chemo treatment. With help from my sister in law she would drop me off and sometimes pick me up because I don't always know how I feel after the treatment.

  I work in Lincoln and if the centre was in Grantham I would have to seriously consider whether I can travel to Grantham to work, without it impacting on my family. Travel will be a problem for the people in my community. This will be challenging for me especially if I am unable to drive myself. I am lucky to have a supportive English speaking husband who also drives but it will affect him if he needs to take time off work. Many in my community do not have this support.

-

## 10.2.8.9 Haematology & Oncology Services and Social Economic Deprivation

There were no identified submissions in this area.

## 10.2.8.10 Haematology & Oncology Services and Pregnancy and Maternity

There were no identified submissions in this area.

## 10.3 Comments and Suggestions

In addition to asking for the impact of the emerging options, comments and suggestions were requested. A smaller proportion of individuals completed this section (43) compared to the impact sections (115) out of the total of 130 completed questionnaires. As there fewer points made in this section, it was decided to undertake an analysis with all of the data rather than by protected characteristic, group or community.

As with the impact section of the questionnaire, the comments and suggestions section was categorised and the table below details the key areas identified.

| Comments & Suggestions | Number |
|---|---|
| Keep Specialist Services at Grantham | 12 |
| Services Remain at Each Locality | 5 |
| Provide Assistance to Give Access | 4 |
| Improve GP Services | 3 |
| Specialist Services At All Hospitals | 3 |
| Can access through GP | 2 |
| Prefer Specialist Centralised Services | 2 |
| Keep A& E in Each Town | 2 |
| Upgrade Skegness Hospital as Hub | 1 |
| Later Appointments | 1 |
| Reduce Cost of Public Transport | 1 |
| Improve Central Booking | 1 |
| Reduce Cost of Parking at Hospitals | 1 |
| Language Interpreter | 1 |

**Table Detailing the Comments & Suggestions Categories in Order of Most Highlighted**

The most recurring suggestion (as detailed in the above table) concerned the proximity of current services and keeping them local. Having Accident and Emergency services at all three hospitals (Grantham, Lincoln and Boston) also came up a number of times.

In some circumstances this reflected what people were used to receiving, but relating this back to the impact question, other individuals were concerned that the emerging options were creating a barrier if services were further away from vulnerable people who could not drive, could not afford the additional travel costs or could not take public transport due to the nature of the long term health condition or disability. This also included their wider family. Older people with complex needs highlighted that not only the patient had difficulty getting to hospital, but also their partner/carer. Here was also a concern that not having specialists at all the hospitals may impact on the diagnosis and treatment.

Conversely some people commented that creating centres of excellence helped to consolidate expertise and improve health care, although some were concerned whether a single site could fulfil the demand for the whole of Lincolnshire.

For people where English is not their first language, there were a number of comments about their challenges, language translation services and how their contact with all the different elements of the health service could impact on how they are supported. Whilst this was not a direct impact of the emerging options, having services further away from individual's home and their support network makes these services important.

Finally, there were a number of unrelated suggestions and comments made which included:

1.  Skegness Hospital upgraded to an East Coast Hub
2.  Improvements to the Central Booking Service as texts and messages are not always received at the moment
3.  All hospitals should provide a central point for labour and birth

In addition, some individuals provided positive feedback on their experiences with health services in Lincolnshire.

It is recommended that the following work is undertaken:

1.  Look at interpretation resources and how they are used.
2.  Look at how people who cannot speak English or have limited English are impacted by the elements of the service
3.  If the emerging options or other ideas are taken forward, the concerns and issues raised need to be reviewed and where appropriate feedback is provided or mitigations explained to help people understand how they will be supported
4.  If specialisms are consolidated at one or two locations, further work is needed to understand the practical support needed for vulnerable people who cannot drive, use public transport or cannot afford the cost of transport. Whilst some are aware and use the existing services, they found them impractical or difficult to use.

To provide good quality feedback on the way forward the People's Partnership recommends the following:

1. Develop a co-production group of patients and their families from the protected characteristics and invest some time in discussing the options and working with them to look at alternative solutions that support their communities. This can focus on the next stage of the engagement and find ways to support vulnerable people once the emerging options have been firmed up.

2. In the next stage of the engagement work highlight some of the alternatives that might help support these groups, ask their view on these from their experience and ask for additional options.

## 10.4 Patient Records

The final question asked related to what challenges individuals had in accessing their patient record. The table below details the comments made and the number of comments.

| Feedback and Comments | Number | Percentage |
|---|---|---|
| Found it Challenging Accessing Records | 16 | 16.7 |
| Not aware | 14 | 14.6 |
| Not Stated/None | 13 | 13.5 |
| Not Asked or Accessed Records | 11 | 11.5 |
| Aware Access with GP | 8 | 8.3 |
| Not Needed to See Own Records | 8 | 8.3 |
| Not Accessed Due to Disability | 8 | 8.3 |
| Not Applicable | 7 | 7.3 |
| No Challenges | 2 | 2.1 |
| No Internet | 2 | 2.1 |
| No Cross County Record Sharing | 2 | 2.1 |
| Difficulty Accessing GP | 2 | 2.1 |
| Do not Have Access to Records | 1 | 1.0 |
| Not got all of my records | 1 | 1.0 |
| No Permission to See Cared For Record | 1 | 1.0 |
| Accessed Record and it was fine | 1 | 1.0 |

**Table Detailing the Patient Record Feedback and Comments**

## 11.0 Feedback on the Engagement

It was thought it would be useful to provide feedback on the work to help with future engagement. We have detailed below our experiences and recommendations.

The scope, timeline and detail of the engagement was clear and helped the People's Partnership to develop a plan and agree a way forward. In addition, the background documentation (even though this needed redacting to be shared with members) helped provide context and understanding.

Engaging on eight emerging options at the same time has proved challenging to obtain specific feedback on their individual services. Most people answered it as a whole, even though they had ticked particular services that impacted them. With the scope being so great, people did not understand the concepts discussed in the emerging options section of the questionnaire and some had difficulty answering the questions. In some cases, the

People's Partnership team spend up to 2 hours discussing on a one to one basis to provide enough understanding so individuals could answer the questions properly.

The length of time of the engagement was very short and limited the number of responses due to the practicalities of accessing the groups in the time window that was allowed. With hidden and hard to reach communities it takes more time to discuss and obtain feedback.

In addition, whilst it is beneficial to engage with particular groups at their planned meetings sufficient time is needed to ensure that the engagement is included on the agenda. Some groups have a 12 month waiting list to get on the agenda.

The following proposals are recommendations:

1. Time to access protected characteristics, groups and communities is considered to determine the how long particular areas are needed to provide feedback.

2. Provide a tick box will all of the identifiable protected characteristics, groups and communities.

3. In addition, highlight specific feedback from particular groups to ensure feedback is collected by groups where necessary to pick up the groupings.

4. Investigate ways to simplify the narrative to ensure individuals can understand the concepts raised more effectively.

## 12.0 Transport Network and Infrastructure

Transport Network
Due to the rural nature of the Lincolnshire and its infrastructure, depending on where you live and the proximity to the hospital and treatment services you require dictate how practical it is to access services. In addition to this, it can be beneficial if you can drive or have easy access to public transport.

The People's Partnership has been given permission by Lincolnshire County Council to use the raw data collected with the engagement work they have undertaken over the past two years. In terms of hidden and hard to react people there are a number of challenges that were identified:

• Timing of public transport and the extending of services later in the day. Taking public transport and the links to other transportation services can be time consuming. For example, there may not be any bus services after 5.00pm which may mean a hospital appointment later in the day can impractical.
• Not having toilet or changing facilities if you are a carer or a parent on route can be challenging whether you are using a car or public transport.
• The direct connection of infrastructure is important such as footpaths connecting to bus stops in rural areas if you have a wheelchair, push buggy do not feel confident walking.
• The seasonal changing of bus timetable can be challenging when attending appoints.
• Understanding the road network in unfamiliar places can mean delays in attending appointments. For example, accessing hospitals from particular directions during rush hour can lead to long delays.
• Access to bus and train timetables if you are visually impaired.
• Anxiety caused due to poor signposting to get to hospitals as well as inside, especially when an individual in unfamiliar with the surroundings.

- Whilst not specifically highlighted in submissions for young people and families, pushchair accessibility is a key challenge as well as room on public transport. There is often a conflict between busy public transport during rush hour and space for pushchairs.
- For people with pushchairs and wheelchairs the transitions between public transport, footpaths, roads and cars is very important. In addition, footpaths need to be object free with drop kerbs at crossings.

It is recommended that the public transport infrastructure is looked at in relation to accessing the three main hospitals in Lincolnshire, together with hospital transport and any voluntary services against key protected characteristics and communities identified as being impacted by the changes to understand what improvement can be practically made.

# 13.0 Conclusions and Recommendations

It is clear that the most vulnerable people from the protected characteristics, groups and communities are significantly impacted by the proposed emerging options. This is due to two main reasons. The first is their situation is a barrier to access services. The second is the transport infrastructure available due to the size of the county and its rural nature means that it will become extremely difficult for some people to access services, indeed six out of the 130 submissions stated that they would not be able to practically obtain treatment.

Whilst a larger proportion of the population have cars available, the most vulnerable, and also the most in need for health services do not drive and cannot afford the transport to hospital further away. In addition, whilst they are in hospital, there is a risk they do not receive any visitors and this could impact their recovery.

This report focuses on getting the voices of the protected characteristics, groups and communities across and not comment directly on the emerging options. Therefore, focus has been on recommending opportunities to support these individuals to provide greater access to healthcare services. A summary of the recommendations is detailed below:

1. The public transport infrastructure is looked at in relation to accessing the three main hospitals in Lincolnshire, together with hospital transport and any voluntary services against key protected characteristics and communities identified as being impacted by the changes to understand what improvement can be practically made.

2. Develop a co-production group of patients and their families from the protected characteristics and invest some time in discussing the options and working with them to look at alternative solutions that support their communities. This can focus on the next stage of the engagement and find ways to support vulnerable people once the emerging options have been firmed up.

3. Work is required to understand what support could be provided to the social economic deprived group to enable greater access to services if they move further away from where they live.

4. Look at interpretation resources and how they are used with a review of the provision for people who do not speak English or have limited English vocabulary is undertaken to enable people to access services more effectively. Work with communities to understand their needs and the barriers through each step of the process and jointly agree options for improvement.

5. Look at ways health services, Lincolnshire County Council Highways and Social Services, voluntary sector services can work together to support vulnerable individuals and families access health services.

In terms of further engagement with the protected characteristics, groups and communities it is recommended that:

1. More time is given to access protected characteristics, groups and communities is considered to determine the how long particular areas are needed to provide feedback.

2. Provide a tick box with all of the identifiable protected characteristics, groups and communities.

3. In addition, highlight specific feedback from particular groups to ensure feedback is collected by groups where necessary to pick up the groupings.

4. In the next stage of the engagement work, highlight some of the alternatives that might help support these groups, ask their view on these from their experience and ask for additional options.

5. Investigate ways to simplify the narrative to ensure individuals can understand the concepts raised more effectively.

The People's Partnership would like to thank all those who took time out to express their views in completing and submitting the questionnaires.

## Appendix 1 – Base Questionnaire Used for Surveys and Facilitating Meetings

### Lincolnshire Acute Service Review Engagement 2019

### The People's Partnership

The People's Partnership are helping communities who find it difficult to get their views across to take part in the NHS in Lincolnshire emerging options to changes in services in Lincolnshire. This is part of the Healthy Conversation engagement happening between 5 March and 22 March 2019.

This survey highlights the main options detailed below. Please read the options and then highlight how the options affect you and return your feedback by 22 March 2019.

### Emerging Options

**Breast Services**                        Tick here if it impacts you:

Breast services refer to a range of screening, diagnosis and treatment of breast problems, including cancer. These services are currently delivered across Lincoln County, Boston Pilgrim and Grantham Hospital, with a small number of patients seen in Louth Hospital.

Best practice research suggests that providing specialist care in a 'centre of excellence' supported by local outpatient and follow up clinics achieves the best results for patients. Mammography screening, follow-up outpatient appointments and community support plan will remain available across the county as they are now, but first outpatient appointments, all surgery and prearranged appointments would be provided at the centre of excellence.

**This centre of excellence could be at Lincoln County Hospital or Grantham Hospital.**

**Stroke Services**                        Tick here if it impacts you:

Stroke services at the moment are delivered at Lincoln and Boston, Pilgrim Hospitals. At each hospital there is a hyper-acute team that manages the first three days of care and then a stroke unit for care after this initial period.

Clinical evidence is clear that reducing the number of hospitals providing variation of care, to one specialist unit will result in a fall in the number of deaths from stroke, quicker hospital discharges and improved workforce sustainability.

**A centre of excellence, providing acute stroke care from Lincoln County Hospital, with enhanced rehabilitation in the community or we could keep the current services delivery across both Lincoln and Boston hospital sites (with a combined on-call rota based at Lincoln).**

**Women's and children's services**          Tick here if it impacts you:

 Women's and children's services refer to maternity, neonatal, obstetrics, paediatric care and gynaecology. Currently, the majority of services are delivered at Lincoln and Boston Hospitals. Women in Lincolnshire have a choice of giving birth at home or in a consultant-led obstetrics unit at Lincoln or Boston.

Best practice research suggests retaining consultant-led services at one site, with a midwife-led unit at another could work well in Lincolnshire.

**The consultant-led service could be at Lincoln, with the midwife-led unit at Boston or both consultant and midwife led services could be delivered at both hospitals.**

**Acute medical beds at Grantham**          Tick here if it impacts you:

The medical services at Grantham Hospital support urgent and acute patients in the A&E Department, on the in-patient wards and in the out-patients department. There is currently a range of medical conditions which Grantham Hospital does not provide services for, meaning that the most acutely ill patients with life threatening illness and injuries go to a more specialist site, first time to receive treatment.

**Option One is to maintain inpatient medical services at Grantham Hospital which are joined up with local primary and community services and managed as part of the local enhanced neighbourhood team**

**Option Two is to have no medical inpatient services at Grantham Hospital. Diagnostics and outpatients would continue.**

          Tick here if it impacts you:

## Trauma and Orthopaedics

These services diagnose and treat conditions such as bones and joints and their associated structures that enable movement - ligaments, tendons, muscles and nerves. Currently, both urgent and planned care is delivered in Lincoln, Pilgrim and Grantham Hospitals, without-patients, minor procedures and operations undertaken in our local community hospitals.

National clinical best practice evidence is that separating urgent work from planned work prevents operations being cancelled. Planned care sites have better outcomes for patients, lower rates of readmission, reduced lengths of stay and reduced risk of infections and injuries.

By developing a 'centre of excellence' for planned orthopaedic surgery, we would fix the problem of cancelled operations and give certainty to patients that their operation will go ahead as planned. Our services have been piloting this service at Grantham Hospital since August 2018.

**The emerging option is to make Grantham Hospital a 'centre of excellence' for planned and day case orthopaedic surgery.** Lincoln and Pilgrim Hospitals would provide some day case surgery and planned care for those patients with complex needs. Outpatient services would remain at Lincoln, Pilgrim and Grantham Hospital as now.

## General Surgery

Tick here if it impacts you:

These services focus mainly on the abdominal organs; stomach, gall bladder, small bowel, colon, rectum and anus. This surgery is currently carried out at Lincoln, Pilgrim and Grantham Hospitals.

As with Trauma and Orthopaedic services, our senior clinicians tell us that separating their urgent work from their planned work prevents cancelled operations. Planned care sites have fewer cancellations of operations, better outcomes for patients, lower rates of readmission, and reduced lengths of stay and reduced risk of infections and injuries.

**The emerging option is to consolidate most prearranged care and make Grantham Hospital a 'centre of excellence' for prearranged short stay and day case General Surgery.** Lincoln and Pilgrim Hospitals will provide some day

Tick here if it impacts you:

case/prearranged care for patients needing complex surgery, those with complex needs. Outpatients will remain at all three hospitals

**<u>Urgent and Emergency Care Services</u>**

Emergency care is when you have a life threatening accident or illness and you have to be treated in a major hospital. Urgent care relates to less serious health problems requiring attention which can be treated by services such as pharmacies, 111, GP practices and Urgent Treatment Centres. Emergency care is provided in A&E departments and we currently have three A&E departments at Lincoln, Pilgrim and Grantham Hospitals. Grantham's A&E Department has had restricted opening hours since August 2016, due to significant medical staffing issues across the county's A&E services.

**The emerging option is to develop an Urgent Treatment Centre at Grantham Hospital to provide 24 hour, 7 day a week access to urgent care services locally.** This means that the vast majority of local patients who need care quickly will be supported in Grantham. A&E services would be maintained at both Lincoln and Pilgrim Hospitals and an Urgent Treatment Centre added at both sites.

**<u>Haematology and Oncology Services</u>**

Tick here if it impacts you:

Haematology services diagnose and treat blood disorders for conditions such as haemophilia and leukaemia and provide treatments including blood transfusion services. Oncology deals with the treatment of cancer. These services are delivered in out-patient clinics and in-patient beds. We currently provide these services across Lincoln, Pilgrim and Grantham Hospitals (haematology out-patients only at Grantham), with the majority of care delivered at Lincoln Hospital.

**The emerging option is to have all haematology and oncology inpatient services at Lincoln Hospital.**
All other services stay the same. This means that haematology and oncology outpatients and day cases will continue to be provided from all three hospital sites, creating no additional travel for these most frequent appointments. Chemotherapy and radiotherapy will be provided at Lincoln Hospital as now. Chemotherapy day cases will continue to be provided locally at Pilgrim and Grantham Hospitals.

**Acute Services Review Questions**

1. **Please highlight any community, as a carer, disability or long-term health condition that you or the person you are filling this out for may identify with.**

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|---|
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2. **Would you have any problems accessing services at the locations highlighted in the emerging options?**

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|---|
| Service: |
| Location: |
| Comments: |
| |

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|---|
| Service: |
| Proposed Location of Service: |
| Comments: |
| |

Please complete any additional services on a separate questionnaire.

3. **Please can you detail the impact on you as a carer, your background, disability or long term health condition has in relation to accessing the proposed services**

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|---|
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**4. Please tell us if you have any other comments or suggestions about our proposed changes. Please highlight the service and emerging option you have comments**

| Service: |
|---|
| Proposed Location of Service: |
| Comments: |
| |

| Service: |
|---|
| Proposed Location of Service: |
| Comments: |
| |

Please complete any additional services on a separate questionnaire.

**5. What challenges do you have accessing your patient records**

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Please send this completed form back to your facilitator, organisation who is managing your feedback or the People's Partnership by 22 March 2019. You can send the completed feedback to: peoplespartnership@every-one.org.uk or

post to The People's Partnership, c/o Every-One, No. 5 The Stables, Wellingore Hall, Hall Street, Wellingore LN5 0HU.

# Appendix 2 – Raw Data and Analysis

Due to the size of the table of submissions, the raw data and analysis has been broken down into sections.

| Submission Number | Sight Loss | Hearing Loss | Physical Disability | Learning Disability | Mental Health | Carers | Long Term Health Condition | Young People and Families | Older People | Race | Social Economic Deprivation | Pregnancy & Maternity | Breast Services | Stroke Services | Women's & Children's Services | Acute Medical Beds Grantham | Trauma & Orthopaedics | General Surgery | Urgent & Emergency Care | Haematology & Oncology |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No. | 6 | 8 | 5 | 9 | 7 | 15 | 1 | 16 | 3 | 10 | 6 | 2 | 2 | 9 | 35 | 9 | 62 | 59 | 69 | 36 |
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| 5 |  |  |  |  |  | 1 | 1 | 1 |  |  |  |  |  | 1 | 1 |  | 1 |  | 1 |  |
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| 7 |  |  |  |  |  |  |  | 1 |  |  |  |  | 1 | 1 |  |  |  | 1 | 1 |  |
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| 21 |  |  |  |  |  | 1 | 1 |  |  |  |  |  | 1 | 1 |  |  | 1 | 1 | 1 | 1 |
| 22 |  |  |  |  |  |  |  |  | 1 |  |  |  |  |  |  | 1 |  |  | 1 |  |
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| 73 | 1 | | | | | 1 | | | | | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| 74 | 1 | | 1 | | | 1 | | 1 | | | | | 1 | | 1 | 1 | 1 | 1 | |
| 75 | | 1 | 1 | | | | | | | 1 | | 1 | 1 | 1 | 1 | | 1 | 1 | 1 |
| 76 | 1 | | 1 | | | | | | | 1 | | 1 | | 1 | 1 | 1 | 1 | | 1 |
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| 120 | 1 | | | | | 1 | 1 | | 1 | | | | | 1 | | 1 | 1 | 1 | 1 | |
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| 123 | | | | | | | | | | | | | | | | | | | | |
| 124 | | | | | | | | | | | | | | 1 | | | 1 | 1 | | |
| 125 | | | | | | | | | | | 1 | | | 1 | | | | | 1 | |
| 126 | | | | | | | | | | | | | | | | | | | | |
| 127 | | | | | | | 1 | | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 129 | 1 | | | | | | | | | | | | | | | | | | | |
| 130 | 1 | 1 | 1 | | | 1 | 1 | | | | | | | | | | | | | |

| Submission Number | Impact of the Change | Longer Travel | No Impact | Extra Cost | Limited English is a barrier | Cannot Drive | Use Voluntary Car Service | Rely on Hospital Transport | Impractical to travel the longer distance | No Public Transport Available | Public Transport Availability Limited | Logistics/Duration | Anxiety | Illness Travel Stress | No Hospital Visitors | Impact health | Rely on family for transport | Would not get treatment | Not comfortable driving | Impact on family members |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No, | | 34 | 14 | 27 | 8 | 21 | 3 | 2 | 6 | 8 | 11 | 5 | 11 | 5 | 2 | 13 | 2 | 6 | 2 | 16 |
| 1 | No, I would not have any problems accessing the services. Thousands of people in Lincolnshire live in rural communities with little to NO transport provision. I understand the need for specialist centres and I do believe they will benefit in many ways but the infrastructure needs to be there for those in our society that are most vulnerable… and I just don't believe there is the infrastructure /resource/best practices and I don't believe they will be considered. | | | | | | | | | 1 | 1 | | | | | | | | | |
| 2 | I've got 2 children. We live in Wainfleet and my son goes to Skegness Hospital for speech therapy. I wouldn't want to travel further for this, but | 1 | | | | | | | | | | 1 | | | | | | | | |

| # | Comment | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
|---|---------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|
|  | in labour you just want to be able to get to a hospital quickly because travelling the winding roads when you're in labour is awful. | | | | | | | | | | | | | | | | | | | |
| 3 | I am Lincoln based and I don't think the proposed changes would affect me | | 1 | | | | | | | | | | | | | | | | | |
| 4 | Transport to appointments currently accessing services at Grimsby was delivered originally at Louth. Postcode dictates we can access Grimsby or Lincoln | | | | | | | | | | | | | | | | | | | 1 |
| 5 | Need to rely on hospital transport as Working commitments impact my mother attending My mother would become seriously ill if she missed her appointments. | | | | | | 1 | | | | | | | | | 1 | | | | |
| 6 | Rely on hospital transport as due to work commitments unable to take my father to his appointments My father would become seriously ill if unable to access the service/ appointments he needs to attend | | | | | | 1 | | | | | | | | | 1 | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | |
| 8 | Too far away | 1 | | | | | | | | | | | | | | | | | | |
| 9 | Potential travel has an impact on your wellbeing | | | | | | | | | | | | | | | 1 | | | | |
| 10 | | | | | | | | | | | 1 | | | | | 1 | | | | |

| # | Comment | | | | | | | | | | | | | | | | | | | | |
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| 11 | I have a car so can get to appointments | 1 | | | | | | | | | | | | | | | | | | | |
| 12 | Some of my appointments have been in Lincoln but Louth would be better.<br>Parking in Lincoln is expensive but services are good | 1 | 1 | | | | | | | | | | | | | | | | | | |
| 13 | We go to Boston Pilgrim if we need the hospital which is our nearest. They have always been very good | 1 | | | | | | | | | | | | | | | | | | | |
| 14 | My Mum doesn't drive so I take her to appointments but I work and this can impact on my work.<br>It is hard living in a village without transport.<br>If we have to go further for appointments I don't know how I will get her there with work | | | | | | | | | | | | | | | | | | | | 1 |
| 15 | I could go to Lincoln or Grimsby and I went to Grimsby | 1 | | | | | | | | | | | | | | | | | | | |
| 16 | No I would not have any problems accessing this service, however my elderly parents would because they do not speak English and do not have transport.<br>I wouldn't have problems accessing this service so long as my husband is able to take me. Driving there is one thing but driving myself back after treatment/surgery is another<br>Getting transport for my dad (88years and does not speak English) was an issues which caused me more stress as he had an appointment at Leicester hospital which myself and my husband was unable to take him. In order for him to access his appointment I had to; · find someone he is comfortable with to accompany him · ask hospital | | | 1 | 1 | | | | | | | | | | | | | | | | 1 |

| # | Response | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | for an interpreter · arrange transport to get there and back · inform the hospital of the arrangement | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | It's not a problem for me to access the services if it's local i.e. at Boston Pilgrim Hospital but if it was proposed elsewhere I would need to drive there or at least somebody would need to drive me (if I couldn't drive there) which would take more time and I would need to arrange childcare if it's during school run hours.<br>My elderly mother who lives in Sleaford is reliant on me and my two other siblings to help her to access the services because my elderly mother is unable to drive, or take public transport and have language barrier. | | | | 1 | 1 | | | | | | | | | | | | | | | | | | | 1 |
| 18 | I am on study placement training at Louth Hospital. Although I do not have any problems whether travel or otherwise accessing the proposed services in areas as specified, I do understand that for those who have language difficulty and do not have access to personal transport it will have an impact of their family or close friends whom they rely on for support i.e. help with reading letters from hospital or making appointments. | | | | 1 | | | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | | | | | | | | |

the People's Partnership

| # | Comment | | | | | | | | | | | | | | | | | | | | | | | |
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| 20 | living in a village when the patient and carer are unable to drive has a huge impact on day to day living hospital visits and appointments plus emergencies emergency admission<br>Would have to rely on friends - all getting elderly or taxis - family live much too far away and lead very busy lives themselves<br>Boston - a nightmare. Lincoln very difficult Grantham much easier | | | | 1 | | | | | | | | | | | | | | | | | | | 1 |
| 21 | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | travel to a different site far away from your home when consultant led care may be needed would be distressing, potentially poses a risk to both mother and baby and it would also make it difficult to negotiate childcare for additional children (particularly if there is no help from extended families as diaspora communities tend not to have a traditional network of family members available to support | | | | | | | | | | | | | | | | | | | | | | | 1 |
| 23 | I agree with the emerging option for an Urgent Treatment Centre at Lincoln hospital because my last experience of A&E was a disaster. I cut my hand at home whilst cutting fabric and needed medical attention. My husband had to take me to A&E because I couldn't drive. I waited in A&E for 4hours after which I was seen to by a nurse who super glued my hand because of the awkwardness of the cut. | 1 | | | | | | | | | | | | | | | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 24 | I have personal transport but I am unable to access this service without the support of an interpreter and in my case a community supporter who also speaks English and Cantonese.<br>I rely on close family members to enable me to access the chemo treatment. With help from my sister in law she would drop me off and sometimes pick me up because I don't always know how I feel after the treatment. Because I don't know enough English to understand if anything goes wrong I am worried and need reassurance and support because my<br> sister in law has better English. If anything happens or feel don't understand then I can ask her to translate. I know it also impacts on her because she too has health problems and I can't ask anyone else I trust. | | | 1 | | | | | | | | | | | 1 | | | | | | | |
| 25 | Failure to provide emergency care at Grantham Hospital results in a journey of twice the time on a blue light run before reaching a care centre. | 1 | | | | | | | | | | | | | | | | | | | | |
| 26 | Reducing medical local services catapult the travelling time of patients and carers as well as the ambulance service by an unrealistic high amount. For me as a carer to find a replacement for me to look after 2 of my disabled people why I take the third for an appointment which has turned in to a day trip is not OK. Travelling with people with severe mental impairment is a strain on the patient. Additionally the carer is under additional strain. Making the figures add up on paper is not always the best option. | 1 | | 1 | | | | | | | | | 1 | | | | | | | | |

| # | Comment | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 27 | We have a car so no problem now except the cost and difficulty of car parking at all the hospitals but in the future relying on public transport might be more of a problem. No bigger impact than accessing current services as far as I can tell. | | | 1 | | | | | | | | | | | | | | | | | | | | |
| 28 | Yes living in Sutton Bridge makes my care needs more relevant in Norfolk yet I need to verbally express my needs to be treated out of county  Distance time and financial implications impact on those of us with higher care needs and lower income | 1 | | 1 | | | | | | | | | | | | | | | | | | | | |
| 29 | No General surgery because as my partner is a self-harmer he need emergency surgery on a regular basis so if that gets effected he will suffer for longer | | | | | | | | | | | | | | | | | 1 | | | | | | |
| 30 | I have health problem like Asthma and joint problem .but I never let my illness infer are with my carrying for my mum | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | Grantham A&E being downgraded Midwifery has already left Grantham Hospital Needing Grantham A&E in the unsociable hours after being a fully trained nurse myself I feel this has a big impact on the members of the public | | | | | | | | | | | | | | | | | 1 | | | | | | |
| 32 | | | | | | | | | | | | | | | | | | | | | | | | |

| 33 | As I am an unknown condition patient the treatment centre may be different for different parts of my condition. I would have to have transport arranged as I cannot travel momentarily by public transport due to a recent relapse. There could be a financial implication on this of course. As I live in Louth it will take over an hour to reach the Lincoln hospital. I will also have to have someone travel with me as I am a venerable adult and require support at all times. I have to take my temperature on a regular basis and weather permitting I will be able to travel. However, if the weather is too hot or too cold I may not be able to travel due to my diabetes insipidus as if my temperature goes too much one way it can be life-threatening. My parents and family do not live close by and whilst they cannot always be here they do worry about the journey to the hospital and how long it takes as each trip if I can make it do take it out on me and it will affect my conditions due to stress , anxiety and the weather conditions. If the services plan to go to Grantham then this will be a longer journey with additional costs, stress and anxiety as I do not know this hospital or the doctors, or how the service will be run. | 1 | | 1 | | | | | | | | | 1 | | 1 | | | | |

| # | Comment | | | | | | | | | | | | | | | | | | | | | | |
|---|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 34 | I would require support when travelling to Boston due to my above Conditions. As I live in Alford I would also need to travel by, bus, Taxi, or if I could arrange a lift with the member of staff. This will be timely and also cost financially as I will have to pay for the transport. The journey would also affect my health conditions and cause me stress in retrospect of worrying all the time I will be travelling causing me anxiety. In addition because of my conditions it will have an effect on how I feel over the next few days. I may also have to take time off work, depending on the day and time of the Appointment. This may also cause my family additional stress as they live away and may not be able to come to the appointment with me | | | | 1 | | | | | | | | | | | | | | | | | | |
| 35 | We don't have a car and as there is no free hospital transport should either my husband or myself need transport I would have to pay for a voluntary driver. | | | | 1 | 1 | | | | | | | | | | | | | | | | | |
| 36 | Yes there would be difficulty as our Deeping Surgery is of no help and no appts so could never get to have any of the help needed I am a carer of my disabled son and get no help from the Deeping practice at all and they are not nice to my disable son and he would be afraid of going to them | | | | | | | | | | 1 | | | | | | | | | | | | |

| # | Response | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 37 | Our preferred hospital for ease of travelling to is Grantham Hospital so any loss of services at that site is going to cause inconvenience trying to access the services we need.<br>I currently work full-time near Grantham. If either of my parents are unwell it is far easier for us to get to Grantham Hospital from where we live as it is only a 25 minute journey. It takes us at least twice as long to reach either Pilgrim or Lincoln Hospital. My mother is currently in Grantham Hospital recovering from COPD which means we can visit her more frequently than if she had been admitted to either Lincoln or Pilgrim. | 1 | | | | | | | | | | | | | | | | | | | | | 1 |
| 38 | Yes do not have transport for Lincoln or Boston | | | | 1 | | | 1 | | | | | | | | | | | | | | | |
| 39 | Mobility of my mother in law may be an issue soon but at the moment I can get her in the car. When this is an issue yes it will be a problem<br>My mother in law is insulin diabetic chronic heart disease and arthritis affecting her mobility. If the access point is too distant then I would need assistance to get her to and from appointments. My health is not good and cannot push her in a wheelchair | | | | | | | | | 1 | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | | | | | | |
| 41 | Orthopaedics at Grantham. There is no bus service. It would mean having to travel into Lincoln and then out to Grantham - about 2 1/2 hours each way As above we have no bus service to Grantham. To get there would involve 5+ hours travelling and due to bus times would mean limited appointment times. (Bus service finishes at 6 pm from Lincoln to home) | | | | | | | | 1 | | | | | | | | | | | | | | |

| # | Comment | | | | | | | | | | | | | | | | | | | | | | |
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| 42 | Transport | | | | | | | | | | | | | | | | | | | | | | |
| 43 | Yes as they are not all at Grantham. As I do not drive the public transport is not very good or reliable. does not take into consideration rural area | | | | 1 | | | | | 1 | | | | | | | | | | | | | |
| 44 | | | | | | | | | | | | | | | | | | | | | | | |
| 45 | Awaiting breast screening have been told will be delayed in Lincoln Wouldn't be able to get to hospital if I needed to have general surgery would be added extra care to find for person I care for | | | | | | | | | | | | | | | | 1 | | | | | | |
| 46 | Nobe | | | | | | | | | | | | | | | | | | | | | | |
| 47 | Boston Lincoln & Grantham hospitals are too far for us to travel too from Louth.!!! we need more services available to us a Louth hospital I care for my wife 24/7 who has Parkinsonism & Hydrocephalus and is virtually paralyzed from the waist down and I cannot leave her on her own for more than 15 minutes. I need to go into hospital for a couple of days for a procedure on my Prostrate which is causing a urinary retention meaning I have too catheterize myself daily basis. Now also I have to catheterize my wife on a daily basis. Consequently we are both on antidepressants. | 1 | | | | | | | 1 | | | | | | | | | | | | | | |

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| 48 | This a confusing question!!! I assume it means home location?? In that case Cherry Willingham. Person I am retired male in good health. I care for a daughter with Downs Syndrome and autism. Travelling to Grantham will be a problem as I get older and cannot drive. Take more time and money to get to Grantham. Lincoln hospital is 2.5 miles away so very close. | | | 1 | | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| 49 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | This is a terribly presented survey - boring at best. Peoples Partnership.......Peoples vote.......who appointed you to be my spokespeople??? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 53 | Loss of emergency Accident and Emergency status at Grantham would mean that patients without own transport would rely solely on ambulance services. Therefore a wait for an ambulance and then travel to Lincoln Hospital in an emergency situation would put lives at risks particularly for time sensitive acute medical emergencies such as myocardial infarctions and stroke treatment etc. Given the road connections to Lincoln hospital from Grantham, I could only envisage a 40 to 60 minute drive to Lincoln A&E services, in private transport (Would this be medically acceptable?) It may even be quicker to attend at the Queens Medical Centre in Nottingham, than Lincoln given the state of A-roads connecting Grantham to Lincoln within the county<br>Loss of inpatient medical care at Grantham would cause logistical problems for patients involved. Majority of patients requiring medical inpatient care are elderly patients, often with immobility issues and maybe without much family/friend/community support. The logistics of organising patients within this demographic to other locations for inpatient care would surely be problematic given that more elderly patients and partners of inpatients would not necessary have to confidence or means to travel far which would impact admissions and discharges relying on either hospital transport or private transport of other means. The lack of public transport in both form and frequency between Grantham and Lincoln would also be problematic for patients, not just between city and town centres, but also given Lincoln Hospital's more isolated location within the | 1 | | 1 | | | | 1 | | 1 | | 1 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| city itself.<br>The main impact on myself as a carer is the time involved in accompanying the patient to various appointments including diagnostic investigations and procedures, diagnostic results consultations with consultants/doctors/nurses, visitation whilst the patient was an inpatient following treatment/surgery and recovery in hospital as well as time accompanying to the patient to outpatient appointments. In order to acquire the necessary time to accompany the respective patient, it required myself to obtain time off work, therefore impacting my own work schedule / workload and annual leave allowance.<br><br>Other impacts included being required to help translate during verbal communications between the patient and medical staff on all respective appointments concerning inpatient and outpatient care and a need to explain and describe medical terminology and procedural processes during treatment (e.g. investigation procedures, surgery, medication) from an impartial point of view to not directly affected the patient's own decision making and choices. In relation to language barriers, there was also a need to help translate and explain information given in written English, such as information leaflets, hospital written correspondences and help with online booking of hospital appointments, as the patient did not only experience an issue with language, but also technological barriers to booking appointments online and also signing in on the computerised kiosks when attending an appointment. | | | | | | | | | | | | | | | | | | | |

| 54 | I work in Lincoln and if the centre was in Grantham I would have to seriously consider whether I can travel to Grantham to work, without it impacting on my family.<br><br>Travel will be a problem for the people in my community.<br><br>This will be challenging for me especially if I am unable to drive myself. I am lucky to have a supportive English speaking husband who also drives but it will affect him if he needs to take time off work. Many in my community do not have this support.<br><br>Although prearranged appointments would be provided at the centre of excellence, I am aware some patients are afraid to turn up at appointments because they are too afraid because they can't speak English and have no friends to support. They do not know how to ask for an interpreter and do not know about the systems.<br><br>I have been asked on numerous occasions to interpret for patients and colleagues where it is not in my job description to do so.<br><br>Not able to get my point across on how I feel and what I feel is of serious concern to me at the time when I was suffering pain, confusion and not knowing what I can do, who to speak to get more information. This made me very, very upset of the experience I went through. I am less trusting of doctors. | 1 | | | 1 | 1 | | | | | | 1 | | | | | | | 1 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

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| 55 | We do not have problem getting to Lincoln hospital but would struggle to get to Boston because we live in Lincoln. We did have problems accessing the children's service for our son in Lincoln. We tried to get an appointment to see a specialist through our GP because our son suffers from flat head. Our GP had sent letter to the hospital to get an appointment with consultant but we did not receive response so we went to see private clinic as we were extremely worried as his condition was getting worse.  I was 8 weeks pregnant when my son was 1years old. He was not well, showing signs of rubella. When we asked GP he said 'I don't know' it could be stomach infection but he was not vomiting and no diarrhoea. We felt awkward because he did not know what was wrong. We expected he would have knowledge, guessing makes us lose trust. I was worried for myself, I argued with GP to get blood test for rubella. Finally got blood test | 1 | | | | | | | | | | | | | | | | | | | | | |
| 56 | Although I live in Sleaford I do not have problems accessing services whether Transport or otherwise I care for people with learning difficulties in a care home. Most have their own transport for general i.e. day to day shopping (driven by support workers) but emergency services are called for emergency circumstances. For some patients there language can be a barrier as some are non-verbal. | | 1 | | 1 | | | | | | | | | | | | | | | | | | |

| # | Comment | | | | | | | | | | | | | | | | | | | | | | |
|---|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 57 | I would not have problems due to having my own car and a driver, however I prefer to go to Boston as it is nearer The way this will impact on me is by further costs due to paying for petrol, a carer and the extra time the travel will take I understand some of the services will be staying at my local hospital which is good however the cost of travel will have an effect on me, and relying on a carer. If I have to stay overnight for any length of time anyone that wants to visit me if they don't have a car would have to rely on a bus/taxi/train which would be too time consuming and too costly | | 1 | | | | | | | | | | | | | | | | | | | | |
| 58 | I am happy with the services I get now If I had to travel away from Lincoln for either planned care of urgent care this would cause travel related challenges also stress and challenges as it would Be somewhere I am unfamiliar with. I have to rely on other people (carers) | 1 | | | | | | | | | | | | 1 | | | | | | | | | |
| 59 | Grantham as a centre of excellence Comments: This area is the worst for public transport. I do not drive or have a car. I rely on public transport or a lift from staff from supported living. The lift is dependent on a vehicle being available Due to my complex needs (autism) I struggle with change and get stressed. I don't like unfamiliar places, and start to fret about cost and sorting everything out even though I get help from staff at my house. | | | 1 | | | | | | | | | 1 | | 1 | | | | | | | | |

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| 60 | Currently in Lincoln accessing A+E and orthopaedics as a support for a client with cerebral palsy for both urgent care, planned care and other related health issues Grantham as a centre of excellence Comments: This would impact myself as a carer and the client as we are unfamiliar with the journey, hospital locations etc. This causes both travel and time challenges and emotional challenges for both myself and client. Distress to the client and cost to the client | 1 | | | | | | | | | | 1 | | | | | | | | | | | |
| 61 | Lincoln Easy to access I find it good accessing Lincoln Hospital for the services I need. I feel it would be more of a challenge if I had to access another hospital such as Grantham for services. The travel would be an issue as it is much further and I would be anxious visiting a hospital that I am unfamiliar with. I require support to attend hospital visits. I have a motorised chair at home and a manual chair for other areas. If I had to access A+E at Grantham there would be a transport issue. The main thing is fear because its unfamiliar | 1 | | | | | | | | | | 1 | | | | | | | | | | | |

| # | Comment | | | | | | | | | | | | | | | | | | | | | | | |
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| 62 | Public or house transport if available<br>It would have to be house transport because I would have to use either a taxi all the way which is a lot of miles from Alford. Or get a bus/taxi to a train station in either Boston or Skegness, then have to get another bus/taxi to the hospital and repeat this for the return journey, this would be very expensive.<br>Would be difficult for friends/family to visit if I had to stay overnight or longer<br>I would worry how far it is to travel and how I am going to get there | 1 | | 1 | | 1 | | | | | | | 1 | | | | | | | | | | 1 |
| 63 | No Hospital transport to any of the locations as Parkinson's is dealt with at Peterborough/Stamford.<br>Wife as a carer along with others that come in twice a day to help with self-care. Cannot walk<br>Transport needed<br>Unable to walk, needs a wheelchair 81 years of age | | | | | | | | | | | | | | | | | | | | | | |
| 64 | My partial sight means I cannot drive to any location<br>I already have difficulty thinking about transportation to Grantham let alone anywhere further away.<br>No public transport links | | | | | 1 | | | 1 | | 1 | | | | | | | | | | | | |
| 65 | Transport problem<br>80 mile round trip to Lincoln<br>Walking problems | 1 | | | | | | | | | | | | | | | | | | | | | |

| # | Comment | | | | | | | | | | | | | | | | | | | | | |
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| 66 | Out patients Pilgrim, no change to us<br>Would not affect us | | 1 | | | | | | | | | | | | | | | | | | | |
| 67 | Lincoln/Boston and T & O– access problems due to transport<br>Diabetic needs<br>Incontinence problems<br>Travelling long journeys is not a good option. Please changes would cause MORE problems and difficulties | 1 | | | | | | | | | | | | | 1 | | | | | | | |
| 68 | Currently use TASL – very unreliable service.<br>Emergencies (e.g. sepsis) would entail travelling long distances<br>Previous bouts of Sepsis have been treated in Lincoln, not convenient to travel long distances.<br>TASL very unreliable<br>Support has been necessary from family members who have to travel long distance.<br>Travelling between different hospitals for patients with multiple health issues (e.g., haematology in Grantham to Ophthalmology in Boston) is very inconvenient and time consuming. | 1 | | | | | | | | | | | | | 1 | | | | | | | |
| 69 | My wife is blind and when trying to explain what this form is for and who is the author. It does not seem to explain what the questions mean<br>All of the questions could at some point impact on her and me, but without further information or reframing its questions cannot complete. sorry | | | | | | | | | | | | | | | | | | | | | |
| 70 | Myself and my husband are unable to drive<br>Have to book a taxi or rely on family to take to any hospital appointments<br>Severe sight impairment - attend Grantham hospital every 6 months | | 1 | | | | | | | | | | | | | | | | | | | |

| # | Comment | | | | | | | | | | | | | | | | | | | | | | |
|---|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | Lung disease and kidney disease – attend Grantham Hospital every 3 months | | | | | | | | | | | | | | | | | | | | | | |
| 71 | | | | | | | | | | | | | | | | | | | | | | | |
| 72 | Grantham – no buses<br>I am registered blind<br>I do not drive.<br>If there is travel on public transport, if I miss a bus I have to pay for a taxi and this becomes expensive | | 1 | | 1 | | | | 1 | | | | | | | | | | | | | | |
| 73 | Transport. Not all taxis accept guide dogs<br>Will be unable to drive in future, so no means of transport to and from hospitals.<br>Cost of transport | | 1 | | 1 | | | | | | | | | | | | | | | | | | |
| 74 | Grantham needs full A &E Services<br>After having a stroke I know you have to be given lifesaving treatment.<br>Travelling to an A & E in Lincoln takes too long and people will die<br>I live alone and have family but they do not live locally.<br>I can't see or hear<br>Everything takes a lot longer than normal people.<br>I would need someone with me. I can't do this alone<br>I am 85 and can't walk very far.<br>Getting to Lincoln is a long journey for me and would have to be planned ahead. | 1 | | | 1 | | | | 1 | | | | | | | 1 | | | | | | | |
| 75 | All three sites should maintain current mix of services. I can't access services easily at Lincoln or Grantham<br>Would cost too much. Have limited income<br>I am not able to physically travel long distances. | 1 | | 1 | | | | | | | 1 | | | 1 | | | | | | | | | |

| # | Comment | | | | | | | | | | | | | | | | | | | | | | |
|---|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | I have severe sight loss and hearing loss, mobility problems.<br>I have no support from any family.<br>I live alone. I have no family to help me<br>I can't afford to travel to Lincoln – Grantham. It would take me too long and may not be possible in public transport. | | | | | | | | | | | | | | | | | | | | | | |
| 76 | Best placed at Grantham – I have no family, no transport.<br>Restricted income to pay for Taxi<br>Mobility difficulties<br>Do not drive | | | 1 | | 1 | | | | | | | | | | | | | | | | | |
| 77 | We live in Crowland<br>We use Boston and Johnsons Hospitals<br>Transport is a problem and long journeys. | 1 | | | | | | | | | | | | | | | | | | | | | |
| 78 | | | | | | | | | | | | | | | | | | | | | | | |
| 79 | Not able to travel – no transport | | | | | 1 | | | | | | | | | | | | | | | | | |
| 80 | Being blind and wheelchair user no wish to use Grantham Hospital<br>Husband/carer only drives short distances by day<br>As a carer my driving is limited to short daytime trips | 1 | | | | | | | | | | | 1 | | | | | | | | | | |
| 81 | | | | | | | | | | | | | | | | | | | | | | | |
| 82 | Services provided at Lincoln or Boston do not take into account the poor transport links when travelling from other parts of the county for patients or relatives<br>Do not take in to account the length of time required to travel | 1 | | | | | | | | | | | | | | | | | | | | | |

| # | Comment | | | | | | | | | | | | | | | | | | | | | | |
|---|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 83 | As daughter/ mother/carer for me to access Boston, Lincoln or Nottingham with Mum or any of my 4 children for appointment. It can be really challenging for me as a single Mum with hearing loss myself. Depressive episodes and I work too, its hard! Mum is blind, hearing and mobility failings I have depression I have a son with Autism I also work | 1 | | | | | | | | | | | 1 | | | | | | | | | |
| 84 | Currently happy with service (gynaecology) and able to access relatively easily. | | 1 | | | | | | | | | | | | | | | | | | | |
| 85 | Surgery at Grantham – they have lied about their intentions. The A & E try harder to get staff. Fifth largest economy. It's a joke. Let's have a good all round hospital at Grantham | | | | | | | | | | | | | | | | | | | | | |
| 86 | Nearest hospital Grantham. Husband drives, but not much longer | 1 | | | | | | | | | | | | | | | | | | | | |
| 87 | Transport a concern use voluntary transport service | 1 | | | | | | | | | | | | | | | | | | | | |
| 88 | | | | | | | | | | | | | | | | | | | | | | |
| 89 | | | | | | | | | | | | | | | | | | | | | | |
| 90 | Takes 3 hours from Grantham and back to be treated for opthammic services. Long journeys with bowel/cronns/colitis can make it very difficult to travel | | | | | | | | | | | 1 | 1 | 1 | | | | | | | | |
| 91 | Based in Grantham and if need to go to Lincoln of Boston will have no visitors and the partner would have to go into Respite Care. Both husband and wife have long term health conditions and wife cares for husband. Getting transport to Lincoln or | | | | | | | | | | | | | | | 1 | | | | | | 1 |

| # | Comment | | | | | | | | | | | | | | | | | | | |
|---|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | Boston is challenging logistically and expensive. Hospital transport is unreliable and time consuming | | | | | | | | | | | | | | | | | | | |
| 92 | Nolonger able to drive and live alone. Sight loss and memory issues mean it is very difficult to travel longer distances. | | | | | | | | | | | | | | | | | | | |
| 93 | Impossible for me to get to Boston or Lincoln from Grantham as registed blind | | | | | | 1 | | | | | | | | | | | | | |
| 94 | No impact. Attends all three hospitals in Lincolnshire | | 1 | | | | | | | | | | | | | | | | | |
| 95 | Based in Boston and would not travel to Lincoln or Grantham | | | | | | | | | | | | | | | | | | 1 | |
| 96 | Transport an issue to new locations. Will have a knock on impacts to health Always received oncology treatment in rantham and would not like to change specialist nurse | | | | | | | | | | | | | | | 1 | | | | |
| 97 | Has someone who can drive to other locations (Boston and Grantham) if need be. Would be dependent on their availability. | | | 1 | | | | | | | | | | | | | | | | |
| 98 | Distance too far | 1 | | 1 | | | | | | | | | | | | | | | | 1 |
| 99 | Attends Lincoln hospital. No issues. Would not affect him. | | 1 | | | | | | | | | | | | | | | | | |
| 100 | Can drive at the moment, but possible problems in the future if unable to drive. Cost of transport. If one centre of excellence rather than three hospitals would there be longer waiting times. | | | 1 | | | | | | | | | | | | | | | | |
| 101 | Distance to travel - taxi or ambulance to get to hospital, also uses volunteer scheme | 1 | | | | | | | | | | | | | | | | | | |

| # | Comment | c1 | c2 | c3 | c4 | c5 | c6 | c7 | c8 | c9 | c10 | c11 | c12 | c13 | c14 | c15 | c16 | c17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 102 | I am not a confident driver. Not easy to get husband 79 and not mobile and has a severe stroke to hospital. Public transport is not an option and have to rely on family for support. Family would have to take a day off work to help. | | | | | | | | 1 | | | | | | 1 | | 1 | 1 |
| 103 | Lincoln further away to get to. Long waiting times. Infrequent busses. Additional costs. Challenging travelling with sight problems. | 1 | | 1 | | | | | | 1 | | | | | | | | |
| 104 | I cannot drive and I have to used community transport. This is very expensive. | | | 1 | | | 1 | | | | | | | | | | | |
| 105 | Problems with accessing transport. Cost of increased travel. Lack of accessible transport. Infrequent accessible transport. Husband with serious health problems would need frequent toilet breaks on route. Not confident travelling now as 89 years old. Risk of falls. Rubbish plan - does not meet the needs of poorly people, services being taken away increase risk of illness. | | | 1 | | | | | | 1 | | | 1 | | | | | |
| 106 | More difficult to get to, can take bus to Sleaford, then train to Grantham. No transport other than call connect difficulty getting appointments. No way to travel to Boston. | | | | | | | | | 1 | 1 | | | | | 1 | | |
| 107 | Would only be able to attend Grantham. Lincoln and Boston are too far transport wise. No transport. | | | | | | | | | | | | | | | 1 | | |
| 108 | No transport, relies on family to take to and from hospital appointments. They already have busy lives. | | | | | | | | | | | | | | 1 | | | |
| 109 | I live in Bourne. Best location for me to travel is Grantham which takes an hour on public transport during the day. No public transport after 5pm. I cannot afford the cost as I live alone and have no savings. For some treatment I have to travel to | | | 1 | | | | | | 1 | 1 | | | | | | | |

| # | Comment | | | | | | | | | | | | | | | | | | | |
|---|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | Derby which costs £80 which I cannot afford as I am on restricted income. | | | | | | | | | | | | | | | | | | | |
| 110 | I cannot get to Lincoln or Grantham as I have no transport | | | | | | | | 1 | | | | | | | | 1 | | | |
| 111 | So if I need a check up on my leukaemia I would prefer to go to Boston hospital because it is closer | | | | | | | | | | | | | | | | | | | |
| 112 | As a sight impaired user Boston itself causes issues? | | | | | | | | | | | | | | | | | | | |
| 113 | We need dedicated transport to and from hospital, even at night and weekends. Feel very vulnerable. It seems that patients are now expected to make decisions as to where they are treated. The further away the Breast service is from a woman's home/work the less likely they are to attend. I am over 70 and unable to drive. Partially sighted. For my clinics I need none emergency transport. There are no proposals in the plan for this | 1 | | | | | | 1 | | | | | | | | | | 1 | | 1 |
| 114 | Travel, cost and time impacts. Lack of accessible transport. Breast Services, General surgery - Would need to pay for a carer to look after my husband if I go to hospital. Lack of accessible transport. Would have to take a taxi, but cost is excessive. | 1 | | 1 | | | | | 1 | | | | | | | | | | | 1 |
| 115 | Transport, cannot drive, cost | | | 1 | | 1 | | | | | | | | | | | | | | |
| 116 | | | | | | | | | | | | | | | | | | | | |
| 117 | Transport to other locations. At the moment able to drive, but when unable in the future transport will be a problem. | | | | | 1 | | 1 | | | | | | | | | | | | |
| 118 | Transport to hospitals. Have to pay for the voluntary care service at the moment and cost would go up. | | | 1 | | 1 | | | | | | | | | | | | | | |

| # | Comment | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|---|---------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 119 | Lincolnshire is a huge county with poor road networks, lack of accessible transport. Will create an additional cost per patient. Roads congested. Travel time too long when people. I live alone, don't drive; don't have family to rely on for help. Taxis cost a fortune and on restricted income. These changes will cost lives. Whoever wrote this plan has done it for a city not a rural county like Lincolnshire. Its madness, they are trying to kill us off. ambulance service cost will increase for more travelling. Ambulance drivers do not know Lincolnshire. in winter it will be worse. | 1 | | 1 | | 1 | | | | | | | | | | | | | 1 | | | | |
| 120 | If possible any hospitalisation would be Peterborough as Dad has another daughter there. Without transport local amenities in Spalding are essential.  I care for my Dad for 19 years. His health is getting worse and I am nearly 60 and have health problems of my own. Dad needs more assistance and I am unable to do all the things I need to, including driving distances. | 1 | | | | 1 | | | | | | | | | | | | | | | | | |
| 121 | No problem at all. | | 1 | | | | | | | | | | | | | | | | | | | | |
| 122 | Distance to travel. A&E and inpatient care visiting. Any more away from Grantham makes it more difficult in a crisis or inpatient care. Travel time is critical as cancer is terminal. | 1 | | | | | | | | | | | | | | | | | | | | | |
| 123 | This does not concern me as I live in the south of the county and I come under Peterborough. | | 1 | | | | | | | | | | | | | | | | | | | | |
| 124 | Transport is the big problem. The problem is cancellations because of private practice. Private practice comes first. The two should not be mixed. | | | | | | | | | | | | | | | | | | | | | | |

| # | Comment | | | | | | | | | | | | | | | | | | | | | |
|---|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 125 | I find this a difficult survey. Grantham Hospital is the easiest to reach, with Boston being the least. If you have no transport and unable to use hospital transport due to not being on benefits and also on pension we could not afford taxis etc. We would be unable to attend clinics in Lincoln etc. | | 1 | | 1 | | | | | | | | | | | | | | | | 1 | |
| 126 | | | | | | | | | | | | | | | | | | | | | | |
| 127 | We have a car, but otherwise would be very difficult. Grantham | | | | | | | | | | | | | | | | | | | | | |
| 128 | Affects family in Grantham. Transport issues. Do not drive. Cannot access public transport when poorly as journey too much when ill. | | | | 1 | | | | | | | | | | | | | | | | | 1 |
| 129 | No public transport to Grantham, only train. Those that live outside Spalding would have to get a bus to Spalding to catch a train. Most people do not know where the hospital is in Grantham. Boston hospital is difficult to get to as no direct bus service. None of the trains arrive near the hospital. therefore would need to take a taxi or bus to the hospital. How would I fund the additional transport. Difficult enough to use transport due to sight loss, without added health problem. Feeling of being ill-treated and not considered. Community cars not always available any chance of getting one with no notice which is not always possible. | | 1 | | | | | | 1 | | | | | | | | | | | | | |
| 130 | Transport issues from hospitals in other town back home if taken via ambulance. Hospital car scheme not always reliable. Problems if cannot drive or family cannot drive. Cost of transport. | | 1 | | | | | | | | | | | | | | | | | | | 1 |

| Submission Number | Comments & Suggestions | Later Appointments | Improve GP Services | Keep Specialist Services at Grantham | Can access through GP | Specialist Services At All Hospitals | Keep A&E in Each Town | Upgrade Skegness Hospital as Hub | Services Remain at Each Locality | Provide Assistance to Give Access | Prefer Specialist Centralised Services | Reduce Cost of Public Transport | Improve Central Booking | Reduce Cost of Parking at Hospitals | Language Interpreter |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 3 | 12 | 2 | 3 | 2 | 1 | 5 | 4 | 2 | 1 | 1 | 1 | 1 |
| No. | | 1 | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | |
| 2 | All hospitals should be able to provide emergency care. Centre point for labour and birth | | | | | 1 | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | |
| 8 | If the services remain at Lincoln, my husband will still be able to access the services he needs in relation to his long term health condition. | | | | | | | | 1 | | | | | | |
| 9 | I would rather have specialist services in a central location than spread out with less effectiveness. | | | | | | | | | | 1 | | | | |
| 10 | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | |

| 16 | I have experienced on occasions where an external interpreter attended appointments where my parents and I felt they were not needed. I feel this is a waste of NHS resources. I would be keen to help the NHS to look at how best to provide language and community support. The level of care I received was excellent. The staff who came to see me and my family was very caring, empathetic and took the time to explain things clearly to my children and husband. I hope changes will not affect the level of care in the community in other areas of Lincolnshire | | | | | 141 | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 17 | I believe my mother shouldn't have needed to wait 4 days causing her much distress and anxiety, more than necessary, if the GP only listened to us and saw the signs and not put it down to cramps. I also believe if the proposed options is for a centre of excellence then the GPs, consultants must be trained specialist. My mother was fortunate to have been seen by a doctor | | | | | | | | | | | 1 | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | at A&E who was a trained neurologist when she did.<br>if I had known the treatment she would not be getting at Boston, or rather there was no neurologist there I would certainly would not have agreed for her to go to Boston Pilgrim knowing Nottingham is the better place for her to get treatment. | | | | 142 | | | | | | | | | | | | |
| 18 | Knowing how to request for an interpreter, asking for an ambulance, general support because individuals do not have confidence are issues which impacts on the carer, family and/or friends. | | | | | | | | | | | | | | | | 1 |
| 19 | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | | |
| 22 | Consultant and midwife led services should remain at both the Boston and Lincoln sites.<br>Cutting the A&E care in Grantham will inevitably overburden already strained Emergency care sites in Lincoln and Boston and leave members of the public in Grantham in a far | | | 1 | | | | | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | more vulnerable position. | | | | | | | | | | | | | | | | |
| 23 | I feel that the emerging option would hopefully release some of the pressure off A&E services as my case was none critical. | | | | | | | | | | | | | | | | |
| 24 | I go every month to collect tablets, one month see nurse and one month see the consultant It isn't so bad now I know what to expect and I see the same nurse and consultant which helps. | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | |
| 26 | There is no better way to look after patients in their local vicinity. From a patients point of view the addition of a title "Centre of excellence "does not change the fact that with the patient come families' carers a support network. For hospital stays that network does not work as well as it could when the mileage has been quadrupled or worse. Saving money on staff means on the other | | | | | | | 1 | | | | | | | | | |

| # | Comment | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | hand more unemployment. On which planet is that an OK occasion? Expand on local services employ more local staff. | | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | 1 | | 1 |
| 28 | GP services need more CQC reviews etc. as recent examination by a Specialist COPD nurse showed poor care as she did not know the correct placements of the stethoscope and failed to auscultate a severe chest infection | 1 | | | | | | | | | | | | |
| 29 | | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | | |
| 31 | Grantham Hospital A& E department should not be downgraded as they are building lots of new housing estates and more and more people are coming to live in the town we should have a respectable Hospital | | | | 1 | | | | | | | | | |
| 32 | | | | | | | | | | | | | | |
| 33 | It would be much easier if we had a hospital nearer to where I live. | | | | | | 1 | | | | | | | |
| 34 | | | | | | | | 1 | | | | | | |

| # | Comment | | | | | | | | | | | | | | | |
|---|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 35 | Could Skegness hospital be upgraded to an East Coast hub for diagnostic work? | | | | | | 1 | | | | | | | | | |
| 36 | Only if they were better than they are now and with nothing to do with the Deeping practice in Market Deeping as hat is the worse Surgery | | 1 | | | | | | | | | | | | | |
| 37 | Grantham is a growing town and needs a hospital that is fit for purpose that can cope with the increase in demand for its services. | | | 1 | | | | | | | | | | | | |
| 38 | | | | | | | | | | | | | | | | |
| 39 | If the access point is too distant then I would need assistance to get her to and from appointments. My health is not good and cannot push her in a wheelchair | | | | | | | 1 | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | |
| 41 | | | | | | | | | | | | | | | | |
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| 45 | | | | | | | | | | | | | | | | |
| 46 | | | | | | | | | | | | | | | | |
| 47 | Louth hospital is so close to us I could walk there in about 30 minuets | | | | | | | | | | | | | | | |
| 48 | I should say I have been very pleased with the quality of health care given to | | | | | | | | | | | | | | | |

| # | Comment | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | myself and my disabled daughter. | | | | | | | | | | | | | | |
| 49 | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | |
| 51 | | | | | | | | | | | | | | | |
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| 57 | | | | | | | | | | | | | | | |
| 58 | I would prefer them to be in Lincoln | | | | | | 1 | | | | | | | | |
| 59 | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | |
| 61 | | | | | | | | | | | | | | | |
| 62 | | | | | | | | | | | | | | | |
| 63 | | | | | | | | | | | | | | | |
| 64 | It is worrying to hear that Grantham hospital is being downgraded, especially as the area is growing. It needs investment. | | 1 | | | | | | | | | | | | |
| 65 | | | | | | | | | | | | | | | |
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| 72 | | | | | | | | | | | | | | | |
| 73 | A & E in Grantham should not be reduced in any way More houses and schools are being built, we are next to a main A1 road. Lives will be lost if have to travel to Lincoln or Boston. Urgent | | 1 | | | | | | | | | | | | |

| # | Comment | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | treatment is not enough. More should be done/used at Grantham | | | | 147 | | | | | | | | | | |
| 74 | | | | | | | | | | | | | | | |
| 75 | My view is all 3 sites need to maintain full A & E provision, we have a growing population. These plans will kill people. Travel time is too long – cost prohibitive if you are poorly – journey times on public transport are too long. People will die | | | | | 1 | | | | | | | | | |
| 76 | | | | | | | | | | | | | | | |
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| 81 | | | | | | | | | | | | | | | |
| 82 | Grantham requires a fully functioning A&E When considering its location/distance from Boston, Lincoln and Nottingham. Grantham is proposed to grow significantly with new housing. It proximity to the A1 to cope with a major accident | | 1 | | | | | | | | | | | | |
| 83 | Breast services Grantham – good Please keep inpatient services at Grantham T & O at Grantham great. General at Grantham great | | 1 | | | | | | | | | | | | |

| No. | Comment | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | U & E care at Grantham, great | | | | | | | | | | | | | | | |
| 84 | The central booking service that uses text and phone answering machine to the point when messages do not get to the patients | | | | | | | | | | | | | | 1 | |
| 85 | | | | | | | | | | | | | | | | |
| 86 | Make Appointments Later | 1 | | | | | | | | | | | | | | |
| 87 | | | | | | | | | | | | | | | | |
| 88 | | | | | | | | | | | | | | | | |
| 89 | | | | | | | | | | | | | | | | |
| 90 | | | 1 | 1 | | | | | | | | | | | | |
| 91 | | | | | | | | | | | | | | | | |
| 92 | | | | | | | | | | | | | | | | |
| 93 | | | | | | | | | | | | | | | | |
| 94 | More local services | | | | | | | | | | | | | | | |
| 95 | | | | | | | | | | | | | | | | |
| 96 | | | | | | | | | | | | | | | | |
| 97 | | | | 1 | | | | | | | | | | | | |
| 98 | Keep current services in Boston. Urgent treatment centre a good idea. | | | | | | | | | | | | | | | |
| 99 | | | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | | | |
| 101 | | | | 1 | | | | | | | | | | | | |
| 102 | Need A&E services closer to Grantham | | 1 | | | | | | | | | | | | | |
| 103 | | | | | | | | | | | | | | | | |
| 104 | | | | | | | | | | | | | | | | |
| 105 | | | | | | | | | | | | | | | | |
| 106 | Keep Grantham open. Would like to see A&E open 24 hours | | 1 | | | | | | | | | | | | | |
| 107 | Prefer Grantham eye clinic. More availability in Grantham. | | 1 | | | | | | | | | | | | | |
| 108 | | | | | | | | | | | | | | | | |

| No. | Comment | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 109 | | | | | | | | | | | | | | | |
| 110 | | | | | | | | | | | | | | | |
| 111 | | | | | | | | | | | | | | | |
| 112 | | | | | | | | | | | | | | | |
| 113 | Proposals for providing access for vulnerable people. Transport for people who have no transport and cannot use public transport due to disabilities. | | | | | | | | | 1 | | | | | |
| 114 | | | | | | | | | | | | | | | |
| 115 | Listen to what people want | | | | | | | | | | | | | | |
| 116 | Keep A&E in Grantham as growing population | | | 1 | | | | | | | | | | | |
| 117 | If close one hospital it won't be very good for the other two hospitals. Would put pressure on them. Need 3 hospitals for the amount of people in the area. | | | | | 1 | | | | | | | | | |
| 118 | Supply Transport | | | | | | | | 1 | | | | | | |
| 119 | Services should be provided at all three hospitals due to rural nature and size of county | | | | | 1 | | | | | | | | | |
| 120 | | | | | | | | | | | | | | | |
| 121 | N/A | | | | | | | | | | | | | | |
| 122 | I believe that Grantham Hospital should remain open complete with A&E. The distances that elderly/sick patients have to travel are too great. | | | 1 | | | | | | | | | | | |

| # | Comment | | | | | | | | | | | | | | |
|---|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 123 | Lincolnshire has an above average amount of older people with stats saying this will increase. Many older people don't have family nearby. How would Mrs Smith for instance visit her very poorly husband of 60 yrs if they live in Spalding and he is in Grantham/Lincoln bearing in mind they live on a state pension. As I see it through experience you as a trust can't get the basic foundations of care right let alone have to call 'centres of excellence'.. How on earth do you think this is going to improve patients care? | | | | | | | | | | | | | | |
| 124 | | | | | | | | | | | | | | | |
| 125 | For serious conditions a centre of excellent must take precedent. | | | | | | | | | 1 | | | | | |
| 126 | | | | | | | | | | | | | | | |
| 127 | | | | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | | | | |
| 129 | | | | | | | | | | | | | | | |
| 130 | | | | | | | | | | | | | | | |

| Submission Number | Challenges in Accessing Health Records | Not Needed to See Own Records | No Internet | Do not Have Access to Records | No Cross County Record Sharing | Not Accessed Due to Disability | Difficulty Accessing GP | Not aware | Not got all of my records | Aware Access with GP | No Challenges | No Permission to See Cared For Record | Not Applicable | Accessed Record and it was fine | Not Stated/None | Found it Challenging Accessing Records | Not Asked or Accessed Records |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No. | | 8 | 2 | 1 | 2 | 8 | 2 | 14 | 1 | 8 | 2 | 1 | 7 | 1 | 13 | 6 | 11 |
| 1 | No challenges | | | | | | | | | | 1 | | | | | | |
| 2 | N/A | | | | | | | | | | | | 1 | | | | |
| 3 | Never asked to see their own records. | | | | | | | | | | | | | | | | 1 |
| 4 | Not needed to access own records. | 1 | | | | | | | | | | | | | | | |
| 5 | Not stated | | | | | | | | | | | | | | 1 | | |
| 6 | Not Stated | | | | | | | | | | | | | | 1 | | |
| 7 | Not Stated | | | | | | | | | | | | | | 1 | | |
| 8 | Not tried to access own records or those who they care for. | | | | | | | | | | | | | | | | 1 |
| 9 | | | | | | | | | | | | | | | | | |
| 10 | None | | | | | | | | | | | | | | 1 | | |
| 11 | Not tried to access own records | | | | | | | | | | | | | | | | 1 |
| 12 | Not stated | | | | | | | | | | | | | | 1 | | |
| 13 | Not stated | | | | | | | | | | | | | | 1 | | |
| 14 | Not tried to access own records. | | | | | | | | | | | | | | | | 1 |
| 15 | N/A | | | | | | | | | | | | 1 | | | | |
| 16 | I didn't know I can access my records, but now I know I will ask if I need to. | | | | | | | 1 | | | | | | | | | |
| 17 | N/A | | | | | | | | | | | | 1 | | | | |
| 18 | Accessed records fine. | | | | | | | | | | | | | 1 | | | |

| # | Response | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 19 | | | | | | | | | | | | | | | | | | |
| 20 | Not stated | | | | | | | | | | | | | | | 1 | | |
| 21 | None | | | | | | | | | | | | | | | 1 | | |
| 22 | Not tried to access before | | | | | | | | | | | | | | | | | 1 |
| 23 | I did have problems accessing my records whilst undergoing fertility investigation. I found it extremely challenging to get my records at the time | | | | | | | | | | | | | | | | 1 | |
| 24 | Did not know that they could access their own records. | | | | | | 1 | | | | | | | | | | | |
| 25 | None | | | | | | | | | | | | | | | 1 | | |
| 26 | Not tried to access own records | | | | | | | | | | | | | | | | | 1 |
| 27 | Limited access to own medical record. Challenge to get access to the person's they are for. | | | | | | | | | | | | | | | | 1 | |
| 28 | Not tried recently to access. | | | | | | | | | | | | | | | | | 1 |
| 29 | N/A | | | | | | | | | | | | | 1 | | | | |
| 30 | I don't have access to the patient record unless my mum give me her permission .to look at her record | | | | | | | | | | 1 | | | | | | | |
| 31 | None I have registered myself as a third party so I can access my | | | | | | | | | 1 | | | | | | | | |

| # | Comment | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | father's records at any time. | | | | | | | | | | | | | | |
| 32 | N/A | | | | | | | | | | | 1 | | | |
| 33 | Records have never been applied for but, my support are aware on how to access them if required. | | | | | | | 1 | | | | | | | |
| 34 | Records have never been applied for but, my support are aware on how to access them if required. | | | | | | | 1 | | | | | | | |
| 35 | I had signed an access form for me (carer) to be able to speak to a nurse about my husband. When she rang she would not even say where she was calling from. He will normally avoid talking on the phone. | | | | | | | 1 | | | | | | 1 | |
| 36 | Think the staff have more ease of seeing the and discussing with their families about patients. | | | | | | | | | | | | | | |
| 37 | I haven't needed to access them | 1 | | | | | | | | | | | | | |
| 38 | N/A | | | | | | | | | | | 1 | | | |
| 39 | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | |
| 41 | We have problems accessing our GP never mind patient records! A telephone call back system does not work | | | | | | 1 | | | | | | | | |

| # | Comment | | | | | | | | | | | | | | | | | |
|---|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | for people with disabilities. | | | | | | | | | | | | | | | | | |
| 42 | | | | | | | | | | | | | | | | | | |
| 43 | Not tried. | | | | | | | | | | | | | | | | | |
| 44 | | | | | | | | | | | | | | | | | | |
| 45 | Don't have access to records other than to order prescriptions or make appointments. | | 1 | | | | | | | | | | | | | | | |
| 46 | I have problem accessing my mum doors recorder as I a dyslexic and remembering password I big deal for me | | | | | | | | | | | | | | | 1 | | |
| 47 | I have not tried to access my records.!!! | | | | | | | 1 | | | | | | | | | | |
| 48 | never tried to access them | | | | | | | 1 | | | | | | | | | | |
| 49 | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | |
| 51 | | | | | | | | | | | | | | | | | | |
| 52 | | | | | | | | | | | | | | | | | | |
| 53 | N/A | | | | | | | | | | | | | | | | | |
| 54 | Whilst trying to resolve the issue I had with my shoulder and my work place did not support me, I had to seek legal advice. My GP had to request my medical records in order for me to prove my case. I found the GP was not supportive and did not share information and did not explain | | | | | | | | | | | | | | | 1 | | |

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | enough to me. I had to push for my GP to tell me more, to show me what is my blood line. | | | | | | | 156 | | | | | | | | | | | |
| 55 | I do not know I can access my records. | | | | | | | | 1 | | | | | | | | | | |
| 56 | N/A | | | | | | | | | | | | | 1 | | | | | |
| 57 | I have never asked to see my records | | | | | | | | | | | | | | | | | | 1 |
| 58 | N/A | | | | | | | | | | | | | | | | | | |
| 59 | I have not asked to look at my records | | | | | | | | | | | | | | | | | | 1 |
| 60 | | | | | | | | | | | | | | | | | | | |
| 61 | I have never asked to see my records because I cannot read | | | | | | | | | | | | | | | | | | 1 |
| 62 | Never tried to look at my records | | | | | | | | | | | | | | | | | | 1 |
| 63 | Not answered | | | | | | | | | | | | | | | | | 1 | |
| 64 | Partial sight | | | | | 1 | | | | | | | | | | | | | |
| 65 | Not answered | | | | | | | | | | | | | | | | | 1 | |
| 66 | N/A | | | | | | | | | | | | | | | | | 1 | |
| 67 | Have not had need of this facility | 1 | | | | | | | | | | | | | | | | | |

| # | Response | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 68 | Partially sighted therefore unable to read them.<br><br>Am very concerned that on several occasions family members have been expected to transport notes when appointment have occurred on consecutive days in different hospitals. This does not seem either ethical or secure | | | | | 1 | | | | | | | | | | | | |
| 69 | | | | | | | | | | | | | | | | | | |
| 70 | Not answered | | | | | | | | | | | | | | | | | |
| 71 | I didn't know I could | | | | | | 1 | | | | | | | | | | | |
| 72 | Not answered | | | | | | | | | | | | | | | | | |
| 73 | With sight loss wouldn't be able to read them. | | | | | 1 | | | | | | | | | | | | |
| 74 | I didn't know I could. I wouldn't be able to read them unless they were provided on audio. | | | | | 1 | | | | | | | | | | | | |
| 75 | | | | | | | | | | | | | | | | | | |
| 76 | Did not know I could | | | | | | 1 | | | | | | | | | | | |
| 77 | Not answered. | | | | | | | | | | | | | | | | | |
| 78 | Not tried | 1 | | | | | | | | | | | | | | | | |
| 79 | Not answered | | | | | | | | | | | | | | | | | |
| 80 | Not answered | | | | | | | | | | | | | | | | | |
| 81 | Not answered | | | | | | | | | | | | | | | | | |

| # | Response | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 82 | The system appears fragmented with no complete transfer of information between hospitals. Such that no one appears to have an overall picture of your health/allergies etc. and their only concern is their own speciality. | | | | | | | 1 | | | | | | | | | |
| 83 | Not answered. | | | | | | | | | | | | | | | | |
| 84 | Not answered | | | | | | | | | | | | | | | | |
| 85 | Not answered | | | | | | | | | | | | | | | | |
| 86 | | 1 | 1 | | | | | | | | | | | | | | |
| 87 | | | | | | | | | | | | | | | | | |
| 88 | | | | | | | | | | | | | | | | | |
| 89 | | | | | | | | | | | | | | | | | |
| 90 | Overlap between Lincolnshire and Nottinghamshire with health support means it is difficult for records to be shared across county | | | 1 | | | | | | | | | | | | | |
| 91 | | | | | | | | | | | | | | | | | |
| 92 | | | | | | | | | | | | | | | | | |
| 93 | Has to be audio | | | | | | | | | | | | | | | | |
| 94 | | | | | | | | | | | | | | | | | |
| 95 | Not aware | | | | | | | 1 | | | | | | | | | |
| 96 | | | | | | | | 1 | | | | | | | | | |
| 97 | | | | | | | | | | | | | | | | | |
| 98 | Not tried to access, but aware can | 1 | | | | | | | | 1 | | | | | | | |
| 99 | | | | | | | | | | | | | | | | | |
| 100 | Not tried to access, but aware | 1 | | | | | | | | 1 | | | | | | | |
| 101 | | | | | | | | | | | | | | | | | |
| 102 | Not aware | | | | | | | 1 | | | | | | | | | |

| # | Response | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 103 | Not aware | | | | | | 1 | | | | | | | | | | |
| 104 | None | | | | | | | | | | | | | | | | |
| 105 | Tried to do this, but needed separate emails for both of us. Got fed up with all of the passwords and stopped using it. | | 1 | | | | | | | | | | | | | | |
| 106 | Through GP | | | | | | 1 | | | | | | | | | | |
| 107 | None | | | | | | | | | | | | | | | | |
| 108 | None at the moment. | | | | | | | | | | | | | | | | |
| 109 | | | | | | | 1 | | | | | | | | | | |
| 110 | | | | | | | | | | | | | | | | | |
| 111 | No challenges | | | | | | | | | 1 | | | | | | | |
| 112 | How do I access my records | | | | | | 1 | | | | | | | | | | |
| 113 | Current procedure is long winded and if you want them copies it is expensive. | | | | | | | | | | | | | | 1 | | |
| 114 | Never wanted to. Didn't know we could | | | | | | 1 | | | | | | | | | | |
| 115 | Would not be able to read them. Need clear verbal instructions for prescriptions as unable to read them | | | | | 1 | | | | | | | | | | | |
| 116 | Severely sight impaired therefore unable to read records | | | | | 1 | | | | | | | | | | | |
| 117 | Due to sight loss wouldn't be able to read them | | | | | 1 | | | | | | | | | | | |
| 118 | Would struggle to read | | | | | 1 | | | | | | | | | | | |
| 119 | No idea I could do this. It would have to be put in an accessible format for me. | | | | | 1 | | 1 | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 120 | We have never requested Dads records, however, it does seem that not all clinics, GP and Hospitals liaise as easily as they should. | 1 | | | 1 | | | | | | | | | | | | | | |
| 121 | N/A | | | | | | | | | | | | | | | | 1 | | |
| 122 | | | | | | | | | | | | | | | | | | | |
| 123 | | | | | | | | | | | | | | | | | | | |
| 124 | | | | | | | | | | | | | | | | | | | |
| 125 | | | | | | | | | | | | | | | | | | | |
| 126 | | | | | | | | | | | | | | | | | | | |
| 127 | | | | | | | | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | | | | | | | | |
| 129 | | | | | | | | | | | | | | | | | | | |
| 130 | | | | | | | | | | | | | | | | | | | |

| **To:** | Trust Board |
|---|---|
| **From:** | Paul Matthew, Director of Finance & Digital |
| **Date:** | 4th February 2020 |
| **Healthcare standard** | All healthcare standard domains |

| | |
|---|---|
| **Title:** | Integrated Performance Report for December 2019 |

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

**Purpose of the report:**
To update the Board on the performance of the Trust for the period 31st December 2019, provide analysis to support decisions, action or initiate change and set out proposed plans and trajectories for performance improvement.

**The report is provided to the Board for:**

| Decision | | Discussion | √ |
|---|---|---|---|

| Assurance | √ | Information | |
|---|---|---|---|

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

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

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

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

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

**Patient and Public Involvement (PPI) implications** None

**Equality impact** None

**Information exempt from disclosure** None

**Requirement for further review?** None

**NHS**
**United Lincolnshire**
**Hospitals**
**NHS Trust**

# Integrated Performance Report

**Trust Board**
**January 2020**

## EXECUTIVE SUMMARY

### Quality

There have been three falls incidents in December 2019 following which the patients have died. They were all unwitnessed falls and two have been reported in accordance with the Serious Incident Framework and the third is due to be scoped at the next rapid review meeting. The Frailty Clinical Nurse Specialist has commenced in post this month and will be facilitating an increased focus on falls prevention support to ward areas. The areas where the falls serious incidents have occurred will have a Focus on Falls Safety Support visit by the Frailty Nurse Specialist and Consultant Nurse who will work with the ward team to undertake a deep dive into falls specific to the area. Support visits will be rolled out during Q4 and Q1, which will help with the development of bespoke falls safety and learning plans.

There have been two Never Events declared for December 2019, Retained foreign object post procedure and Wrong site surgery. Both incidents have been reported in accordance with the Serious Incident Framework and are currently under investigation. There are now nine Never Events declared for 19/20 financial year. Due to the increased number of Never Events occurring within the theatre environment there will be a focused piece of observational work by the compliance team across all four sites for the month of January 2020 that will be incorporated within the Serious Incident Reports and will form the basis for future work required.

The level of harm from medication incidents from January to December 2019 shows a downward trend despite the number of incidents reported increasing. Staff are continually encouraged to report all medication incidents irrespective of harm. The speciality Pharmacists are supporting CBU governance to assist the Divisional teams with reducing harm from medication incidents. Due to the ongoing difficulties with the Aseptic Suites quality metrics are currently not being collected.

The Trust currently has two Patient Safety Alerts, one overdue from February (Anti-barricade Devices) and one that was due by the end of November 2019 (Babies who are accidentally dropped in hospital). A programme of work has been taking place to address the requirements of the Estates & Facilities Alert and confirmation has been received that this piece of work is nearing completion. Family Health have written a guideline in relation to "dropped babies" and this will be going to the Clinical Effectiveness group in January 2020 for sign off.

Duty of Candour compliance for November 2019 was at 88% for verbal and 54% for written. This is the lowest level of compliance so far this financial year mainly due to a change within Datix. An additional quality assurance step has been included from November's data to confirm the rationale for not completing duty of candour. The result of this is that the current data is now more of an accurate reflection of compliance with the Duty of Candour regulation. The corporate Risk and Incident team are now going to provide additional support to the process for completion of written follow-up letters from January 2020.

SHMI (August 2018-July 2019) is at 109.43 which is within expected limits. For the same time period in-hospital SHMI is aligned with the Trust's HSMR reporting a SHMI of 94.54, below expected limits. There are no in hospital diagnosis groups currently alerting at Trust or site level. Out of hospital diagnosis is alerting for septicaemia.

The percentage participation National Clinical Audit rate has improved to 92.6% compared to a target of >98%. The National Ophthalmology Audit has been a challenge to secure funding to support the technology required by the Clinicians to complete this audit. Latest update is that the medisight electronic patient software is planned to be up and running at the end of January 2020.

The National Oesophageal Gastric Cancer Audit are currently not compliant with data submission. If the data is not submitted this will be a failure to submit and will be "none participation" for the Trust Quality Account. This has been escalated to the clinical team, cancer services team who manage the Somerset cancer database and managers and the upper GI lead.

The Trust achieved 93.3% of eDDs being sent within 24 hours for December 2019, however, 96.3% of eDDs have been sent any time thereafter. The Trust has seen an improvement over the previous months. The paediatric eDD proforma is being reviewed to reduce the number of fields to complete to enable the eDD to be completed more timely. Discussions are currently being held with the Commissioners around the reduction in the eDD backlog pre April 2018.

Sepsis compliance for screening for adult inpatients has dipped slightly for December 2019 at 89%. The presented data now incorporates 100% of the National Early Warning Score of 5 or above rather than the sample data which looked at a total of 50 patients across the Trust. Sustained improvements have been made through the vast majority of Adult wards with both the Ward Managers and the Deteriorating Patient Ambassadors undertaking harm reviews on all missed and delayed screens.

Sepsis screening compliance for child inpatients has declined for December 2019 and sits at 82%. The main theme for delayed screens within children is the screen not being completed on non-infective children with an increased Paediatric Early Warning Score.

Sepsis compliance for screening of children in the Emergency Department for December 2019 has improved slightly from the previous month from 85.1% to 89%. Both Pilgrim and Lincoln Hospitals achieved greater than 90% with Grantham Hospital falling short of this target. Further support has been offered to Grantham to mirror the improvements made across the other two sites.

National birth rate is falling, this general trend is reflected in the birth figures for ULHT. Women have a choice in where to birth and 15-17% of women booked for antenatal care at ULHT will choose to birth at a neighbouring unit, largely due to proximity/geographical area. The plan for increasing choice within ULHT with the plan for a Midwifery Led Unit will fulfil the current gap in midwifery led hospital based services. The early successes of the continuity of carer module will potentially change the choice for some of these families.

**Operational Performance**

Despite challenges with increasing demands on emergency services a number of Zero wait indicators showed improvement in December.

With particular note was the increase in 4 hour standard performance by 2.67%. ULHT was one of only 20 Trusts to improve this standard in December, and 4th most improved nationally. This is in context of another record month for largest number of ambulance conveyances to our Emergency Departments and as a result unfortunately saw increased numbers of ambulance handover delays. During December there were no breaches of the 12 hour Delayed Admission in ED standard, although there were many more patients waiting for admission than in previous months.

November saw RTT performance of 83.52%, a positive improvement for a second month of 0.60% on October with some key specialty improvements delivering the improved position (such as Neurology up by 4.75% )
Other Zero Waiting indicators saw positive news with overall waiting list size improving once again from October, with November total waiting list reducing by 803 to 38,922. The incompletes position for October is now approx. 110 less than it was in March 2018 the lowest it has been all year.
In November the Trust achieved four out of the nine cancer standards namely 31 day subsequent Drug, 31 day Subsequent surgery, 31 Day First Treatment and 31 day subsequent Radiotherapy.

62 Day Cancer performance in November remained at previous October levels at 65.7%. The Trust's approach to Cancer improvement is being revised placing more emphasis on pathway transformation following the investment from
a number of external sources such as the East Midlands Cancer Alliance. Recovery is reliant on achieving 7 day outpatient appointments, improving access to oncology and improvement across our diagnostic pathway which includes pathology, biopsies, endoscopy and CT.

Unfortunately Breast 2ww position is unacceptably low due to the reduced availability of the temporary workforce. During this position we are maintaining treatment within 62 days unless there is additional pathway complexity. There is an active plan in place that will return the specialty to booking patients within 14 days during January.

62 Day screening performance has seen a great improvement, although not meeting standard showing a nearly 15% improvement to 83.3%

**Finance**

YTD financial performance is £34.9m deficit, or £34k favourable to plan.

Excluding the £0.7m adverse movement to plan in relation to Passthrough, Income YTD is £12.3m favourable to plan including in line with plan £19.2m of PSF, FRF and MRET. However, the Income position includes £16.7m of cash backed transitional support from commissioners.

Excluding the £0.7m favourable movement to plan in relation to Passthrough, Expenditure YTD is £13.8m adverse to plan: Pay is £13.5m adverse to plan and Non-Pay is £0.3m adverse to plan.

While the YTD pay position is £13.5m adverse to plan, it includes £1.0m of non-recurrent technical FEP, without which Pay would be £14.8m adverse to plan. The adverse pay movement YTD is driven by higher than planned expenditure on temporary staffing: while substantive pay is £0.1m adverse to plan, bank pay is £2.8m adverse to plan and agency pay is £10.7m adverse to plan. The pay position is driven by lower than planned FEP savings delivery in relation to workforce schemes and temporary staffing pressures in relation to Medical and Nursing Staffing.

Excluding the £0.7m favourable variance in relation to Passthrough, Non Pay is £0.3m adverse to plan. However, the Non Pay position includes £1.5m of non-recurrent technical savings delivery, without which Non Pay would be £1.7m adverse to plan.

Some variation to plan in Non Pay would be expected given the slower than planned savings delivery and higher than planned levels of Non Elective volumes. The majority of the movement to plan, though, is in relation to the level of non-clinical expenditure. This includes higher than planned expenditure in a number of areas e.g. ongoing support costs in relation to FSM, dual running for Community COIN (for which there is an offset within Income) and additional building & engineering costs in Estates. Non Pay expenditure is being reviewed to ensure that Non Pay expenditure is minimised and that any expenditure which may be capitalised is treated accordingly (with £0.2m having been capitalised in Month 8).

Overall, CIP savings of £11.8m have been delivered YTD or £4.6m less than savings of £16.4m planned YTD. Excluding non-recurrent technical savings delivery of £2.5m, CIP savings delivery is £7.1m adverse to plan YTD.

**Workforce**

In December (M09), Year to Date (YTD) planned pay costs remained at 5.2% adverse to plan with the value increasing from £11.9M to £13.5M despite a 4.4% reduction in monthly run rate on pay. This is because the planned pay costs were also planned to reduce in month 9. The positive variance of actual income against plan also continued to increase in December and partly accounts for the variance in pay.

The monthly run rate for total agency spend reduced further (-£140K) from Month 8 to Month 9 to £3.98M, and is the lowest monthly spend since April 19.

Overall temporary medical staffing costs reduced in December with reductions in both medical agency demand and spend reduced to below the comparable monthly spend for 2018/19 for the first time.

Whole Trust vacancy rate increased marginally in December to 14.9%. However, the six month trend for each three of the priority staff groups for both Vacancy Rate and Turnover remains positive. There are 9 AAC consultant selection panels scheduled for January and the first 14 offers have been made to international

nurses.12 month Absence rate deteriorated with higher rate of absence in December, assurance around the management of persistent short-term absence and longer-term cases continues.

Core learning continues above 90% and whilst below target, is consistent with local provider rates. Non-medical appraisal rates continue to dip due to likely continued operational pressures.

The National Staff Survey has closed with a much improved response rate of 50%. Initial results suggest small improvement in the majority of question sets.

The number of unresolved employee relations cases reduced this month and this is covered in detail within the report.

**Paul Matthew**
**Director of Finance & Digital**
**January 2020**

## PERFORMANCE OVERVIEW

| True North | KPI | CQC Domain | 2021 Objective | Responsible Director | In month Target | Oct-19 | Nov-19 | Dec-19 | YTD | | Latest Month Pass/Fail | Trend Variation | Kitemark |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Harm Free Care | Clostridioides difficile position | Safe | Our Patients | Director of Nursing | 9 | 10 | 10 | 4 | 55 | | P | | |
| | MRSA bacteraemia | Safe | Our Patients | Director of Nursing | 0 | 1 | 1 | 0 | 2 | | P | | |
| | MSSA bacteraemia cases counts and 12-month rolling rates of hospital-onset, using trust per 1000 bed days formula | Safe | Our Patients | Director of Nursing | TBC | 0.07 | 0.01 | 0.01 | 0.05 | | | | |
| | E. coli bacteraemia cases counts and 12-month rolling rates, per 1000 bed days formula | Safe | Our Patients | Director of Nursing | TBC | 0.01 | 0.01 | 0.01 | 0.17 | | | | |
| | Never Events | Safe | Our Patients | Medical Director | 0 | 1 | 3 | 2 | 9 | | F | | Timeliness/Completeness/Validation/Process |
| | New Harm Free Care | Safe | Our Patients | Director of Nursing | 99% | 99.00% | 98.70% | | 98.91% | | F | | Timeliness/Completeness/Validation/Process |
| | Pressure Ulcers category 3 | Safe | Our Patients | Director of Nursing | 4.3 | 1 | 1 | 2 | 24 | | P | | |
| | Pressure Ulcers category 4 | Safe | Our Patients | Director of Nursing | 1.3 | 0 | 0 | 0 | 1 | | P | | Timeliness/Completeness/Validation/Process |
| | Pressure Ulcers - unstageable | Safe | Our Patients | Director of Nursing | 19/20 will be used as a benchmark | 3 | 6 | 11 | 32 | | | | |
| | Stroke - Patients with 90% of stay in Stroke Unit | Caring | Our Patients | Director of Nursing | 80% | 84.10% | 87.70% | | 83.20% | | P | | |
| | Stroke - Swallowing assessment < 4hrs | Caring | Our Patients | Director of Nursing | 80% | 73.90% | 74.60% | | 77.14% | | F | | |
| | Stroke - Scanned < 1 hrs | Caring | Our Patients | Director of Nursing | 50% | 42.90% | 45.80% | | 52.30% | | F | | |
| | Stroke - Scanned < 12 hrs | Caring | Our Patients | Director of Nursing | 100% | 97.10% | 98.60% | | 97.85% | | F | | |
| | Stroke - Admitted to Stroke Unit < 4 hrs | Caring | Our Patients | Director of Nursing | 90% | 52.20% | 74.60% | | 64.54% | | F | | |
| | Stroke - Patient death in Stroke | Caring | Our Patients | Director of Nursing | 17% | 7.10% | 9.20% | | 8.89% | | P | | |
| | Summary Hospital Mortality Indicator (SHMI) (rolling year data 6 month time lag) | Effective | Our Patients | Medical Director | 100 | 109.43 | 110.06 | 109.43 | 110.14 | | F | | B |
| | Hospital Standardised Mortality Ratio - HSMR (rolling year data 3 month time lag) | Effective | Our Patients | Medical Director | 100 | 91.37 | 92.8 | 92.15 | 91.27 | | P | | B |

**NHS**
United Lincolnshire Hospitals
**NHS Trust**

## PERFORMANCE OVERVIEW

| True North | KPI | CQC Domain | 2021 Objective | Responsible Director | In month Target | Oct-19 | Nov-19 | Dec-19 | YTD | | Latest Month Pass/Fail | Trend Variation | Kitemark |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Harm Free Care | Sepsis screening (bundle) compliance for inpatients (adult) | Safe | Our Patients | Director of Nursing | 90% | 84.00% | 90.00% | 88.90% | 88.54% | | F | A | |
| | Sepsis screening (bundle) compliance for inpatients (child) | Safe | Our Patients | Director of Nursing | 90% | 100.00% | 90.00% | 82.00% | 93.56% | | F | | |
| | IVAB within 1 hour for sepsis for inpatients (adult) | Safe | Our Patients | Director of Nursing | 90% | 100.00% | 100.00% | 90.00% | 85.53% | | P | | |
| | IVAB within 1 hour for sepsis for inpatients (child) | Safe | Our Patients | Director of Nursing | 90% | 75.00% | 100.00% | 100.00% | 66.11% | | P | H | |
| | Sepsis screening (bundle) compliance in A&E (adult) | Safe | Our Patients | Director of Nursing | 90% | 82.00% | 91.70% | 93.00% | 89.63% | | P | A | |
| | Sepsis screening (bundle) compliance in A&E (child) | Safe | Our Patients | Director of Nursing | 90% | 100.00% | 85.10% | 89.00% | 76.01% | | F | | |
| | IVAB within 1 hour for sepsis in A&E (adult) | Safe | Our Patients | Director of Nursing | 90% | 100.00% | 94.50% | 96.00% | 96.13% | | P | A | |
| | IVAB within 1 hour for sepsis in A&E (child) | Safe | Our Patients | Director of Nursing | 90% | 50.00% | 88.60% | 100.00% | 48.37% | | P | | |
| | Rate of stillbirth per 1000 births | Safe | Our Patients | Director of Nursing | 4.2% | 2.95% | 3.18% | 2.79% | 3.00% | | P | B | |
| | Number of Serious Incidents (including never events) reported on StEIS | Safe | Our Patients | Medical Director | 14 | 17 | 17 | 13 | 119 | | P | | Timeliness Completeness Validation Process |
| | Catheter Associated Urinary Tract Infection | Safe | Our Patients | Director of Nursing | 1 | 0 | 0 | 0 | 1 | | P | | |
| | Falls per 1000 bed days resulting in moderate, severe harm & death | Safe | Our Patients | Director of Nursing | 0.19 | 0.16 | 0.13 | 0.16 | 0.14 | | P | | Timeliness Completeness Validation Process |
| | Reported medication incidents per 1000 occupied bed days | Safe | Our Patients | Medical Director | 4 | 6.46 | 4.87 | 5.47 | 6.42 | | F | | |
| | Medication incidents reported as causing harm (low /moderate /severe / death) | Safe | Our Patients | Medical Director | 10% | 8.40% | 18.40% | 13.20% | 11.83% | | F | | |
| | Potential under reporting of patient safety incidents / Reported incidents (all harms) per 1,000 bed days | Safe | Our Patients | Medical Director | 30 | 37.87 | 33.90 | 36.03 | 36.11 | | P | A | |
| | Patient Safety Alert compliance (number open beyond deadline) | Safe | Our Patients | Medical Director | 0 | 2 | 2 | 2 | 12 | | F | | |
| | National Clinical audit participation rate | Effective | Our Patients | Medical Director | 98% | 91.11% | 92.60% | 92.60% | 93.33% | | F | | |
| | 7 day Services Clinical Standard 2 (all patients have a Consultant review within 14 hours of admission) | Effective | Our Patients | Medical Director | 90% | Not Collected audit done twice a year | | | 61.00% | | | | |
| | 7 day Services Clinical Standard 8 (ongoing review) | Effective | Our Patients | Medical Director | 90% | Not Collected audit done twice a year | | | 83.00% | | | | |
| | Venous Thromboembolism (VTE) Risk Assessment | Safe | Our Patients | Medical Director | 95% | 97.60% | 97.60% | 97.43% | 97.14% | | P | A | |
| | eDD issued | Effective | Our Patients | Medical Director | 95% | 93.80% | 92.2% | 93.30% | 92.18% | | F | A | |

## PERFORMANCE OVERVIEW

| True North | KPI | CQC Domain | 2021 Objective | Responsible Director | In month Target | Oct-19 | Nov-19 | Dec-19 | YTD | YTD Trajectory | Latest Month Pass/Fail | Trend Variation | Kitemark |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Modern and Progressive Workforce | Overall percentage of completed mandatory training | Safe | Our People | Director of HR & OD | 95% | 90.52% | 90.31% | 90.39% | 91.22% | | F | ••• | |
| | Number of Vacancies | Well-Led | Our People | Director of HR & OD | 12% | 14.57% | 14.73% | 14.92% | 14.79% | | F | A | |
| | Sickness Absence | Well-Led | Our People | Director of HR & OD | 4.5% | 4.85% | 4.86% | 4.95% | 4.84% | | F | H | |
| | Staff Turnover | Well-Led | Our People | Director of HR & OD | 12% | 11.38% | 11.51% | 11.47% | 10.99% | | P | ••• | |
| | Staff Appraisals | Well-Led | Our People | Director of HR & OD | 90% | 73.93% | 72.73% | 71.95% | 73.84% | | F | ••• | |

| True North | KPI | CQC Domain | 2021 Objective | Responsible Director | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sustainable Services | Surplus / Deficit | Well-Led | Our Services | Director of Finance & Digital | -£2,220 | -£2,847 | -£6,439 | £3,897 | -£28,314 | -£28,249 | P | A | |
| | Income | Well-Led | Our Services | Director of Finance & Digital | £41,473 | £44,517 | £40,265 | £49,338 | £387,776 | £374,794 | P | A | |
| | Expenditure | Well-Led | Our Services | Director of Finance & Digital | -£43,693 | -£47,364 | -£46,704 | -£45,441 | -£416,090 | -£403,043 | F | ••• | |
| | Efficiency Delivery | Well-Led | Our Services | Director of Finance & Digital | £2,816 | £1,090 | £2,313 | £1,526 | £11,816 | £16,410 | F | ••• | |
| | Capital Delivery Program | Well-Led | Our Services | Director of Finance & Digital | £1,959 | £1,971 | £1,246 | £1,623 | £17,065 | £20,643 | F | ••• | |
| | Agency Spend | Well-Led | Our Services | Director of Finance & Digital | -£2,002 | -£4,045 | -£3,628 | -£3,466 | -£34,293 | -£23,610 | F | A | |

NHS
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NHS Trust

## PERFORMANCE OVERVIEW

| True North | KPI | CQC Domain | 2021 Objective | Responsible Director | In month Target | Oct-19 | Nov-19 | Dec-19 | YTD | | Latest Month Pass/Fail | Trend Variation | Kitemark |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Valuing Patients Time | Friends & Family Test Inpatient (Response Rate) | Caring | Our Patients | Director of HR & OD | 26% | 28.82% | 28.76% | | 28.75% | | P | A | |
| | Friends & Family Test Inpatient (Recommend) | Caring | Our Patients | Director of HR & OD | 97% | 86.92% | 86.72% | | 88.69% | | F | | |
| | Friends & Family Test Emergency Care (Response Rate) | Caring | Our Patients | Director of HR & OD | 19% | 25.09% | 25.91% | | 24.88% | | P | | |
| | Friends & Family Test Emergency Care (Recommend) | Caring | Our Patients | Director of HR & OD | 87% | 82.21% | 80.72% | | 81.13% | | F | | |
| | Friends & Family Test Maternity (Response Rate) | Caring | Our Patients | Director of HR & OD | 23% | 21.29% | 24.46% | | 17.45% | | P | | |
| | Friends & Family Test Maternity (Recommend) | Caring | Our Patients | Director of HR & OD | 97% | 100.00% | 94.51% | | 98.62% | | F | | |
| | Friends & Family Test Outpatients (Response Rate) | Caring | Our Patients | Director of HR & OD | 14% | 12.04% | 11.48% | | 10.99% | | F | A | |
| | Friends & Family Test Outpatients (Recommend) | Caring | Our Patients | Director of HR & OD | 94% | 93.07% | 93.24% | | 93.24% | | F | | |
| | Mixed Sex Accommodation breaches | Caring | Our Patients | Director of Nursing | 0 | 0 | 0 | 0 | 0 | | P | | Reviewed: 12.06.19 Data available at Specialty level ● Timeliness ● Completeness ● Validation ● Process |
| | % Triage Data Not Recorded | Effective | Our Patients | Chief Operating Officer | 0% | 1.59% | 1.48% | 1.29% | 2.43% | | F | | |
| | Duty of Candour compliance - Verbal | Safe | Our Patients | Medical Director | 100% | 100.00% | 88.00% | | 94.25% | | F | A | |
| | Duty of Candour compliance - Written | Responsive | Our Patients | Medical Director | 100% | 100.00% | 54.00% | | 84.63% | | F | | |

## PERFORMANCE OVERVIEW

| True North | KPI | CQC Domain | 2021 Objective | Responsible Director | In month Target | Oct-19 | Nov-19 | Dec-19 | YTD | YTD Trajectory | Latest Month Pass/Fail | Trend Variation | Kitemark |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Zero Waiting | 4hrs or less in A&E Dept | Responsive | Our Services | Chief Operating Officer | 82.0% | 64.22% | 62.04% | 64.71% | 67.48% | 76.46% | F | ... | |
| | 12+ Trolley waits | Responsive | Our Services | Chief Operating Officer | 0 | 0 | 11 | 0 | 11 | 0 | P | | |
| | %Triage Achieved under 15 mins | Responsive | Our Services | Chief Operating Officer | 85.5% | 79.77% | 78.58% | 75.75% | 78.83% | 79.83% | F | ... | |
| | 52 Week Waiters | Responsive | Our Services | Chief Operating Officer | 0 | 0 | 0 | | 8 | 0 | P | ... | |
| | 18 week incompletes | Responsive | Our Services | Chief Operating Officer | 84.1% | 82.92% | 83.52% | | 83.29% | 83.84% | F | ... | |
| | Waiting List Size | Responsive | Our Services | Chief Operating Officer | 37,344 | 39,725 | 38,922 | | n/a | n/a | F | ... | |
| | 62 day classic | Responsive | Our Services | Chief Operating Officer | 85.2% | 65.70% | 65.70% | | 70.65% | 79.69% | F | ... | |
| | 2 week wait suspect | Responsive | Our Services | Chief Operating Officer | 93.0% | 83.50% | 78.04% | | 80.92% | 93.00% | F | ... | |
| | 2 week wait breast symptomatic | Responsive | Our Services | Chief Operating Officer | 93.0% | 40.30% | 6.15% | | 60.62% | 93.00% | F | L | |
| | 31 day first treatment | Responsive | Our Services | Chief Operating Officer | 96.0% | 95.50% | 97.04% | | 96.83% | 96.00% | P | ... | |
| | 31 day subsequent drug treatments | Responsive | Our Services | Chief Operating Officer | 98.0% | 98.80% | 100.00% | | 98.89% | 98.00% | P | ... | |
| | 31 day subsequent surgery treatments | Responsive | Our Services | Chief Operating Officer | 94.0% | 90.90% | 96.88% | | 93.56% | 94.00% | P | ... | |
| | 31 day subsequent radiotherapy treatments | Responsive | Our Services | Chief Operating Officer | 94.0% | 96.90% | 100.00% | | 95.16% | 94.00% | P | ... | |
| | 62 day screening | Responsive | Our Services | Chief Operating Officer | 90.0% | 68.10% | 83.33% | | 83.36% | 90.00% | F | ... | |

**Excellence in rural healthcare**

## PERFORMANCE OVERVIEW

| True North | KPI | CQC Domain | 2021 Objective | Responsible Director | In month Target | Oct-19 | Nov-19 | Dec-19 | YTD | YTD Trajectory | Latest Month Pass/Fail | Trend Variation | Kitemark |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Zero Waiting | 62 day consultant upgrade | Responsive | Our Services | Chief Operating Officer | 85.0% | 84.70% | 77.52% | | 82.75% | 85.00% | F | | |
| | diagnostics achieved | Responsive | Our Services | Chief Operating Officer | 98.0% | 97.65% | 96.55% | 94.13% | 95.94% | 98.17% | F | | |
| | Cancelled Operations on the day (non clinical) | Responsive | Our Services | Chief Operating Officer | 0.8% | 1.98% | 2.54% | 2.40% | 2.18% | 0.80% | F | B | |
| | Not treated within 28 days. (Breach) | Responsive | Our Services | Chief Operating Officer | 5% | 3.94% | 4.55% | 11.28% | 5.39% | 5.00% | F | | |
| | #NOF 48 hrs | Responsive | Our Services | Chief Operating Officer | 90% | 90.48% | 91.55% | 92.31% | 90.78% | 90% | P | | |
| | #NOF 36 hrs | Responsive | Our Services | Chief Operating Officer | TBC | 83.33% | 83.10% | 85.90% | 83.44% | | | | |
| | EMAS Conveyances to ULHT | Responsive | Our Services | Chief Operating Officer | 4,919 | 5,267 | 5,754 | 5,329 | 5,198 | 4,715 | F | | |
| | EMAS Conveyances Delayed >59 mins | Responsive | Our Services | Chief Operating Officer | 0 | 929 | 996 | 1067 | 723 | 0 | F | | |
| | 104+ Day Waiters | Responsive | Our Services | Chief Operating Officer | 5 | 16 | 16 | 15 | 138 | 45 | F | | |
| | Average LoS - Elective (not including Daycase) | Effective | Our Services | Chief Operating Officer | 2.80 | 2.72 | 2.36 | 3.05 | 2.66 | 2.80 | F | | |
| | Average LoS - Non Elective | Effective | Our Services | Chief Operating Officer | 4.50 | 4.20 | 4.52 | 4.51 | 4.37 | 4.5 | F | | |
| | Delayed Transfers of Care | Effective | Our Services | Chief Operating Officer | 3.5% | 3.12% | 2.95% | | 3.02% | 3.5% | P | | |
| | Partial Booking Waiting List | Effective | Our Services | Chief Operating Officer | 4,524 | 11,071 | 10,793 | 10,949 | 9,765 | 4,524 | F | H | |
| | Outpatients seen within 15 minutes of appointment | Effective | Our Services | Chief Operating Officer | 60.3% | 35.1% | 34.0% | 34.1% | 34.94% | 47.25% | F | | |
| | % discharged within 24hrs of PDD | Effective | Our Services | Chief Operating Officer | 45.0% | 41.5% | 40.0% | 41.3% | 50.47% | 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:
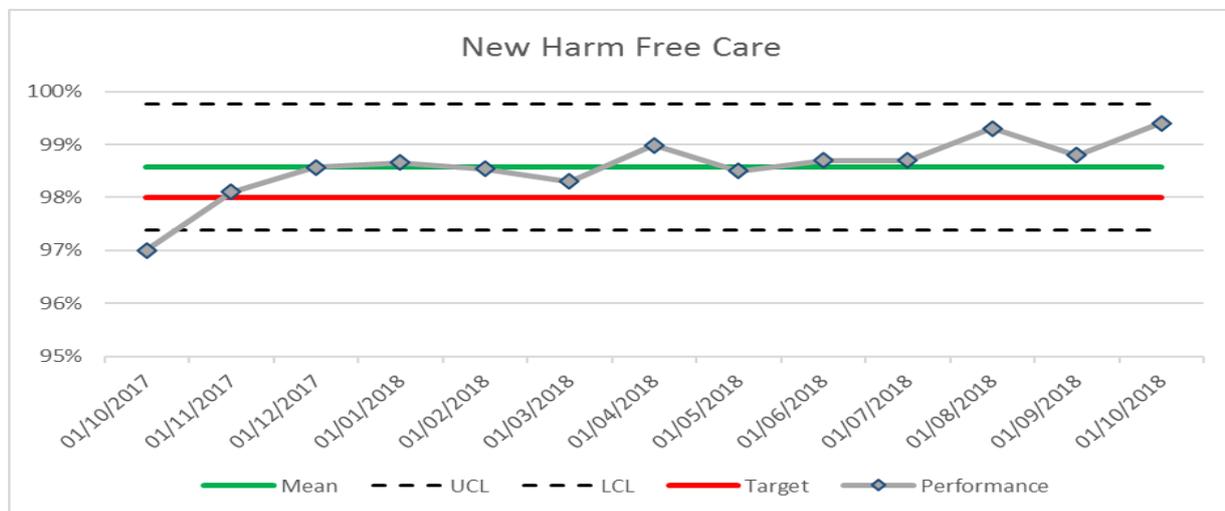


Normal variations in performance across time can occur randomly- without a direct cause, and should not be treated as a concern, or a sign of improvement, and is unlikely to require investigation unless one of the patterns defined below applies.

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**



Common Cause Variation
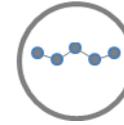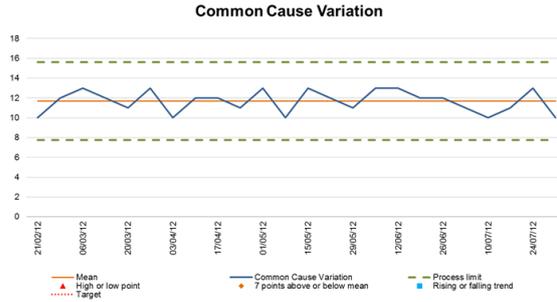


**Extreme Values**



Beyond Limits
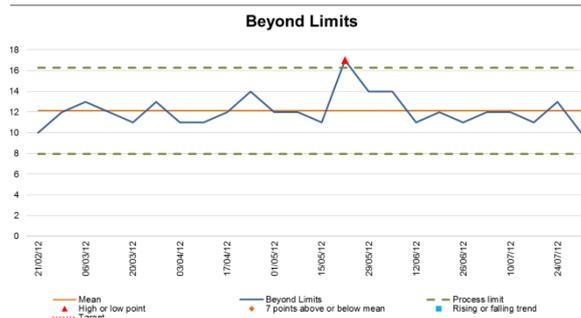
*There is no Icon for this scenario.*

**A Trend (upward or downward)**
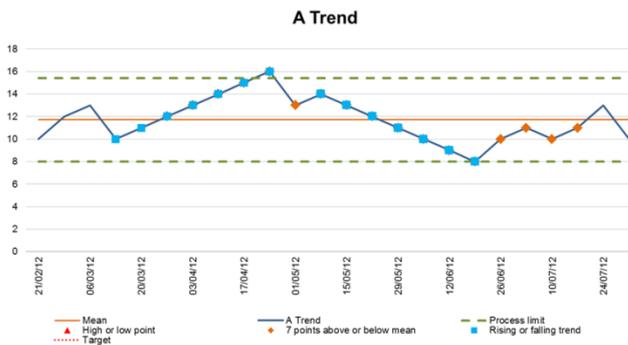


A Trend



**A Trend (a run above or below the mean)**



A Shift



**Where a target has been met consistently**

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



**Where a target has been missed consistently**

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

## HARM FREE CARE - MORTALITY

**Executive Lead:** Medical Director
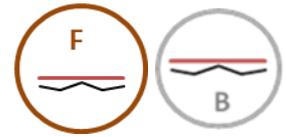
**CQC Domain:** Safe

**2021 Objective:** Our Patients



Summary Hospital Mortality Indicator (SHMI) (rolling year data 6 month time lag)

Legend: Data — Average — Target — Control Limits
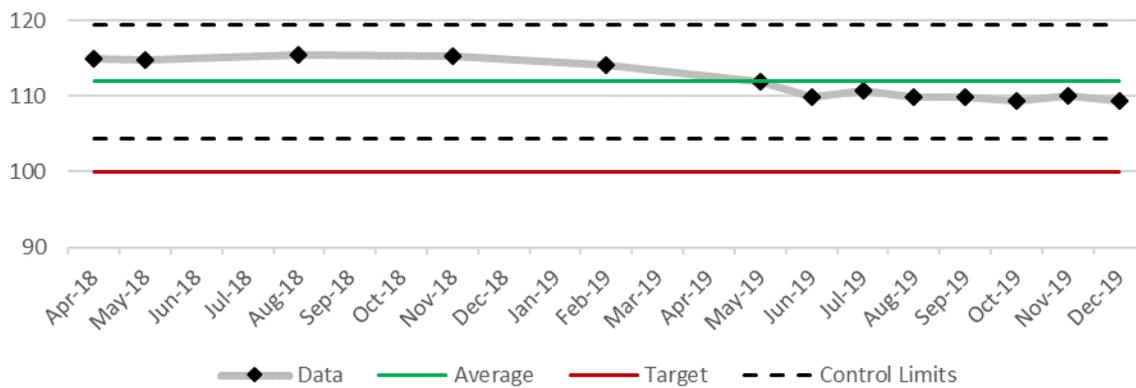
#### Challenges/Successes

The current SHMI (August 2018 – July 2019) is 109.43 which is within expected limits.

For the same time period in-hospital SHMI is aligned with the Trust's HSMR reporting a SHMI of 94.54, below expected limits. There are no in hospital diagnosis groups currently alerting at Trust or site level. Out of hospital diagnosis is alerting for Septicaemia.

#### Actions in place to recover:

An in-depth analysis on deaths within 30 days was produced which was discussed at Patient Safety Group, Quality Governance Committee and the Lincolnshire Learning Network. A meeting has been arranged in January 2020 with Dr Foster to review our SHMI data.

Clinical coding masterclasses are occurring at each site.

Lincolnshire Mortality Collaborative meet to review deaths within 30 days and with 48 hours of admission.

Mortality reduction strategy is being updated.

## HARM FREE CARE – NEW HARM FREE CARE

**Executive Lead:** Director of Nursing

**CQC Domain:** Safe

**2021 Objective:** Our Patients

### New Harm Free Care



Legend: Data — Average — Target — — Control Limits
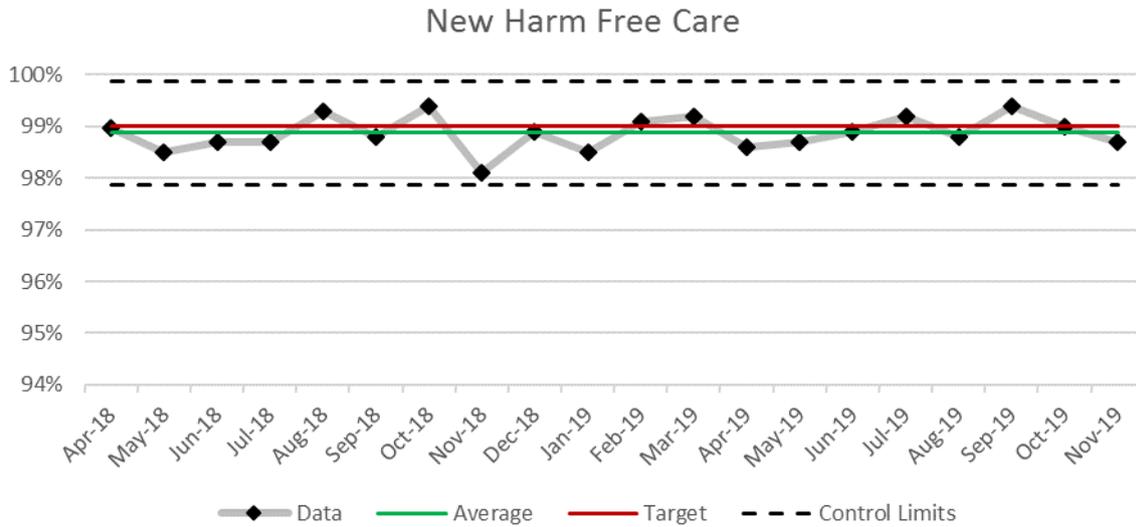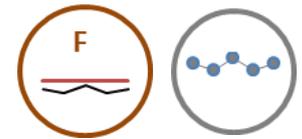
### Challenges/Successes

The national average for New Harm Free Care is 97.8% and the Trust achieved 98.7% in November 2019. The Trust has consistently been above the national average since December 2017.

### Actions in place to recover:

The Trust has a Harm Free Care Group which is chaired by the Chief Nurse which reviews the key harms incorporated within the New Harm Free Care metrics – Pressure Ulcers, Catheter Associated Urinary Tract Infection (CAUTI) and Falls. The Trust has regularly been below the national average for new pressure ulcers, falls with harm within the last 72 hours and for new VTE.

## HARM FREE CARE – NEVER EVENTS

**Executive Lead:** Director of Nursing

**CQC Domain:** Safe

**2021 Objective:** Our Patients

Reviewed:
12.06.19
Data
available
at:
Specialty

- Timeliness
- Completeness
- Validation
- Process

F

### Never Events



Data ◆ Average — Target — - - Control Limits
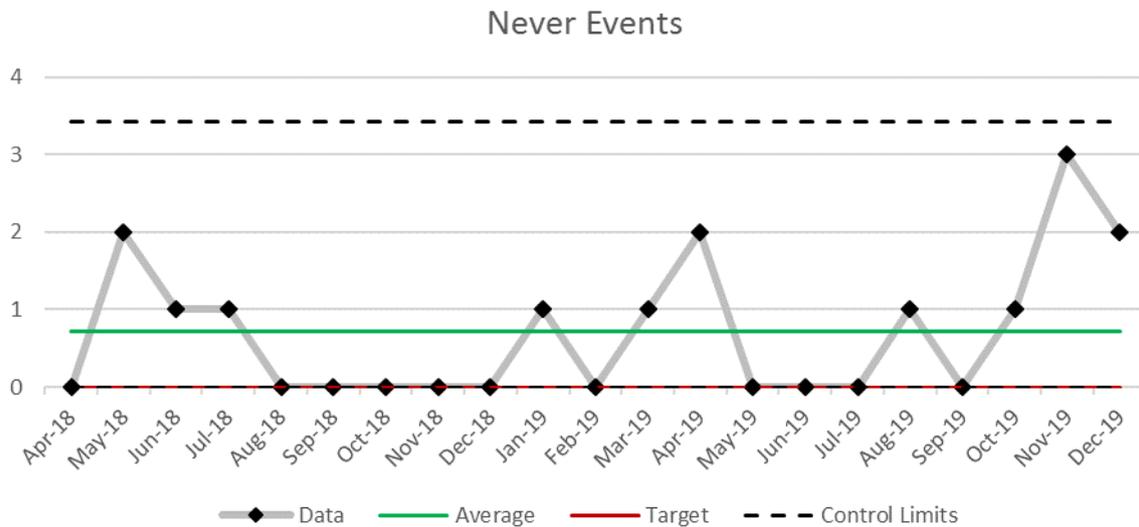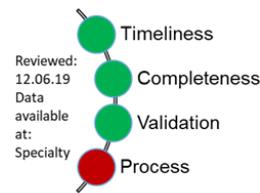
Challenges/Successes

- 2 Never Events were declared as Serious Incidents in December
- 9 Never Events have now been declared so far this financial year:
  o 4x Wrong site surgery (3 in Theatres; 1 in Outpatients)
  o 1x Wrong implant / prosthesis (Theatres)
  o 1x Wrong route administration of IV medication (A&E)
  o 2x Retained foreign object post procedure (1 in Theatres; 1 in Labour Ward)
  o 1x Mis-placed naso-gastric tube (Medical Ward)

Actions in place to recover

- Never Event Summits with the CCGs are being arranged for early 2020 to review learning from each incident
- An observational audit of compliance with Local Safety Standards for Invasive Procedures (LocSSIPs) is taking place throughout January 2020

## HARM FREE CARE – eDD ISSUED

**Executive Lead:** Medical Director

**CQC Domain:** Effective

**2021 Objective:** Our Patients



eDD issued



Legend: Data — Average — Target - - - Control Limits
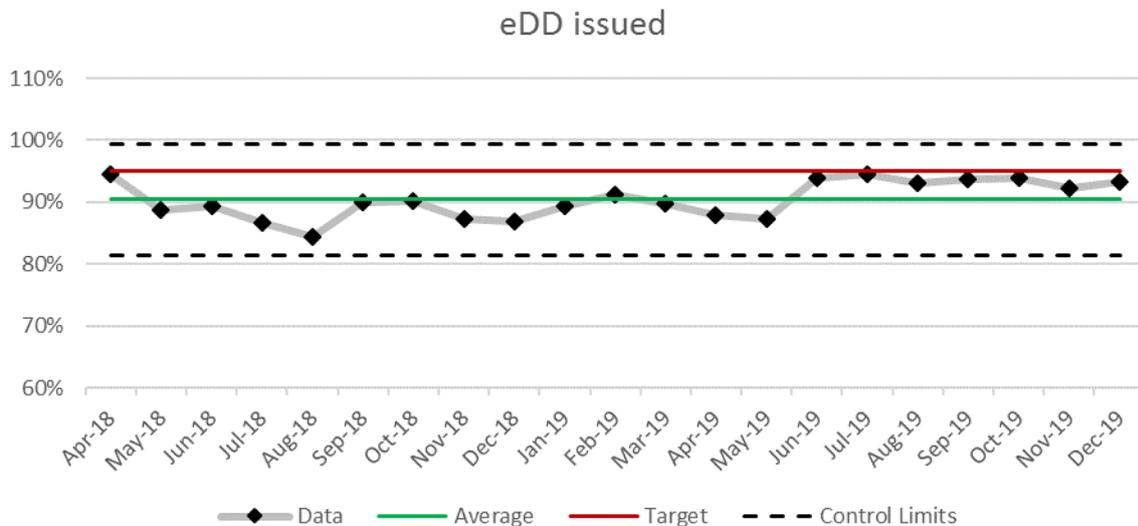
Challenges/Successes

The Trust achieved 93.3% of eDDs being sent within 24 hours for December 2019, however, 96.3% of eDDs have been sent any time thereafter in December 2019. The Trust has seen an improvement over the previous months.

One of the most frequently cited issues is that completion of eDDs on the current system is an overly onerous task to complete and is often seen as lower priority for pressurised junior staff.

Actions in place to recover:

The paediatric eDD proforma is being reviewed to reduce the number of fields to complete to enable the eDD to be completed in a more timely fashion.

The eDD group are in discussion with the Commissioners to send basic information on the eDD backlog pre 1st April 2018.

## HARM FREE CARE – SEPSIS SCREENING

**Executive Lead:** Director of Nursing

**CQC Domain:** Safe

**2021 Objective:** Our Patients



Sepsis screening (bundle) compliance for inpatients (adult)
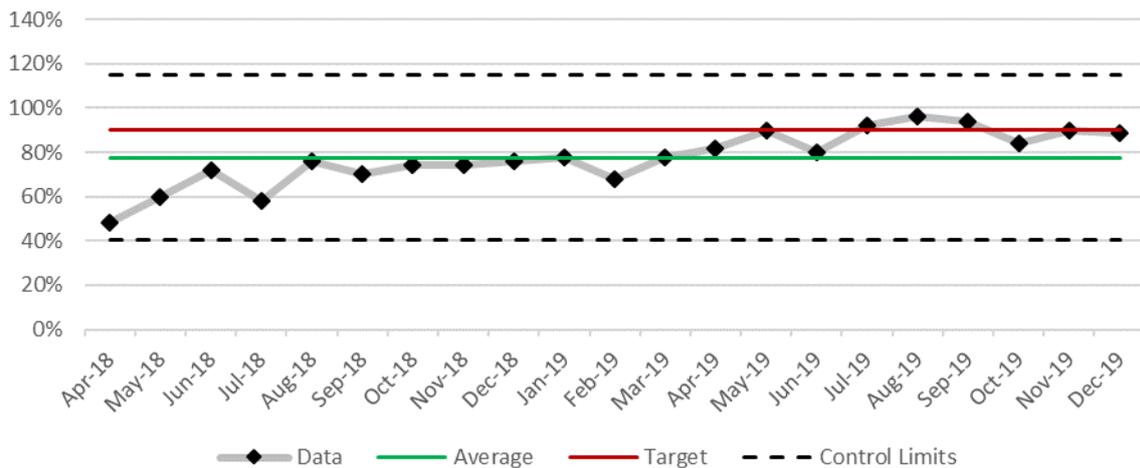
Screening compliance for adult inpatients appear to have declined within December, with results currently sitting at 88.9%. The presented data now incorporates 100% of the National Early Warning Score of 5 or above, rather than the sample data which looked at a total of 50 patients in the Trust.

Sustained improvements have been made throughout the vast majority of Adult wards within the Trust, with Ward managers and deteriorating patient ambassadors investigating all missed or delayed sepsis screens for harm. Sepsis practitioners continue to focus on ward areas and offer additional support and training to all ward areas that fall short of the 90% target.

## HARM FREE CARE – SEPSIS SCREENING Continued

**Executive Lead:** Director of Nursing

**CQC Domain:** Safe

**2021 Objective:** Our Patients

Sepsis screening (bundle) compliance for inpatients (child)
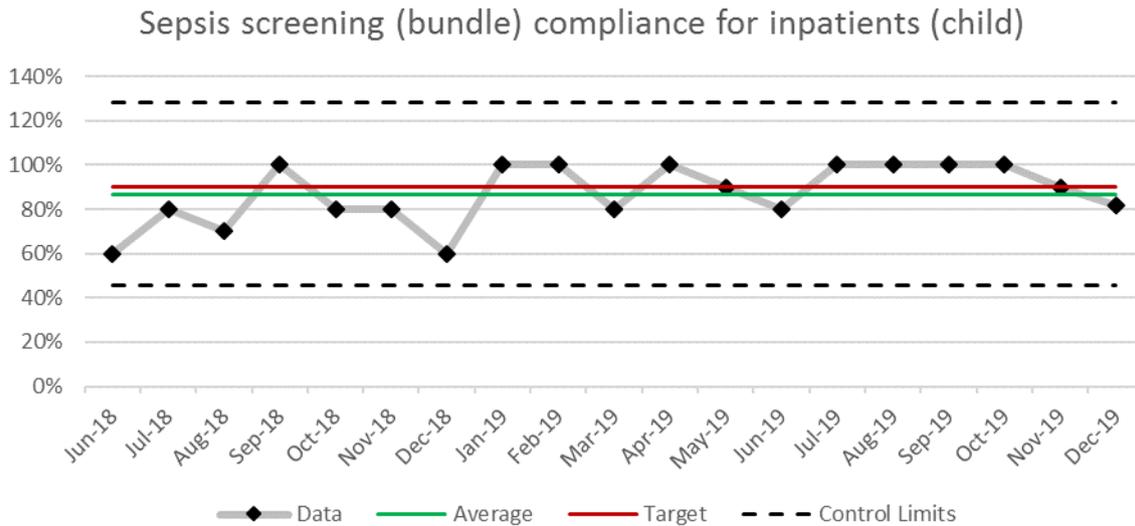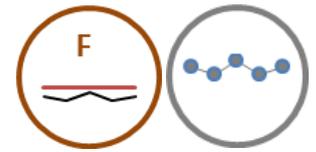


Screening compliance for children's inpatients appears to have declined within December with results currently sitting at 82%. The presented data now incorporates 100% of the National Early Warning Score of 5 or above, (64 of 78 patients) rather than the sample data which looked at a total of 10 patients.

Ward managers continue to investigate all missed/ delayed screens for harm and feed themes back to the teams. The main theme for delayed screen within Children is the screen not being completed on non-infected children with an increased Paediatric Early Warning Score.

Passed within Children's governance, the paediatric team made a decision from the beginning of January, to add an unsure option to the under 5 olds, and 5 – 11 year children's bundles in line with Great Ormond Street. This will allow medics to investigate more thoroughly and treat our children more appropriately.

## HARM FREE CARE – SEPSIS SCREENING continued

**Executive Lead:** Director of Nursing

**CQC Domain:** Safe

**2021 Objective:** Our Patients
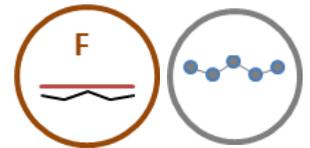


Sepsis screening (bundle) compliance in A&E (child)
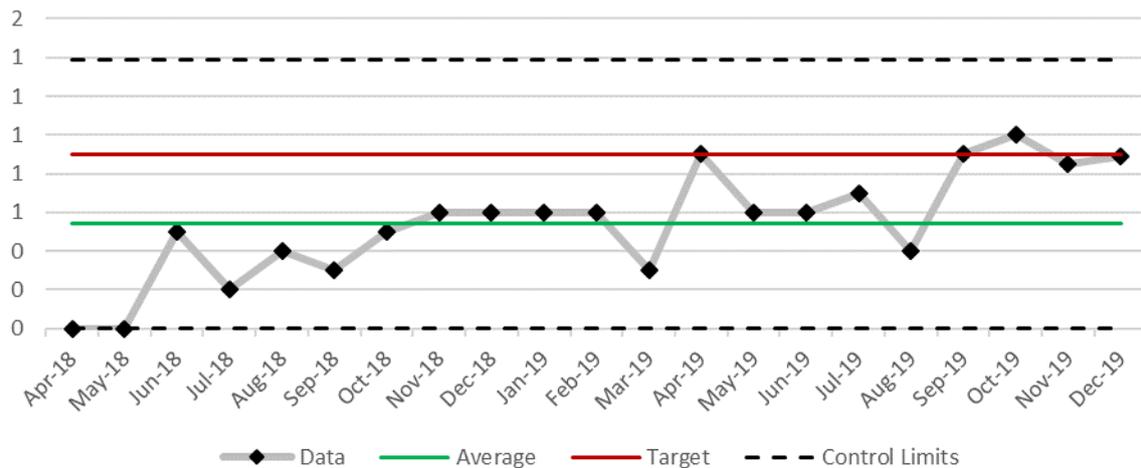
Sepsis screening compliance for A & E Children appears to have improved in December to 89% from 85% in November, which falls short slightly of the 90% target.

Both Pilgrim and Lincoln hospitals achieved greater than the 90% target with Grantham hospital falling short of this target. Sepsis practitioners and Divisional leads to offer further support and training to this area to mirror improvements made across the other 2 sites. Missed screen reviews reported on a weekly and monthly basis across the sites to ensure that none of the omissions have caused harm.

## HARM FREE CARE – MEDICATION INCIDENTS

**Executive Lead:** Medical Director

**CQC Domain:** Safe

**2021 Objective:** Our Patients



Reported medication incidents per 1000 occupied bed days



Medication incidents reported as causing harm (low /moderate /severe / death)
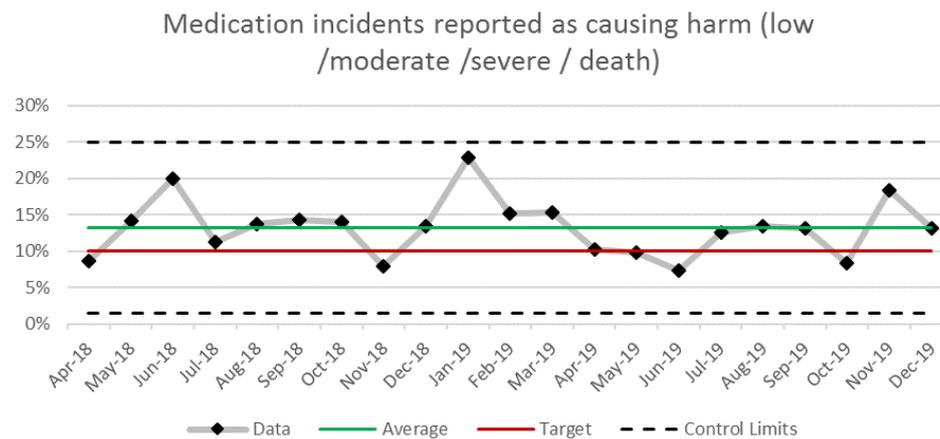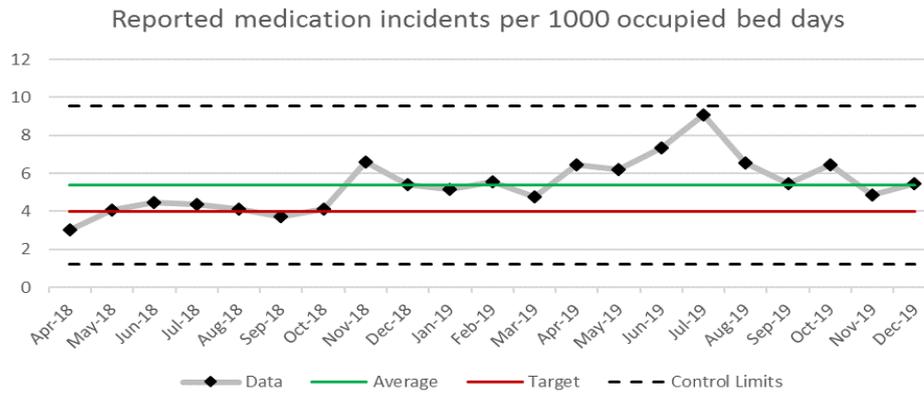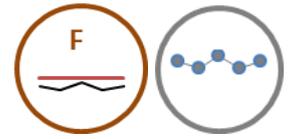
Challenges/Successes

The harm rate from January to December shows a downward trend despite the number of incidents being reported increasing.

Actions in place to recover

Encourage staff to report all harm classifications of medication related incidents.
Urgent and Emergency Care CBU reported the highest number of harm related incidents.
The speciality Pharmacists are to support CBU in reducing harm from incidents through governance meetings.

## HARM FREE CARE – PATIENT SAFETY ALERT COMPLIANCE

**Executive Lead:** Medical Director

**CQC Domain:** Safe

**2021 Objective:** Our Patients
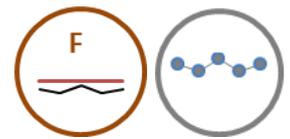


Patient Safety Alert compliance (number open beyond deadline)
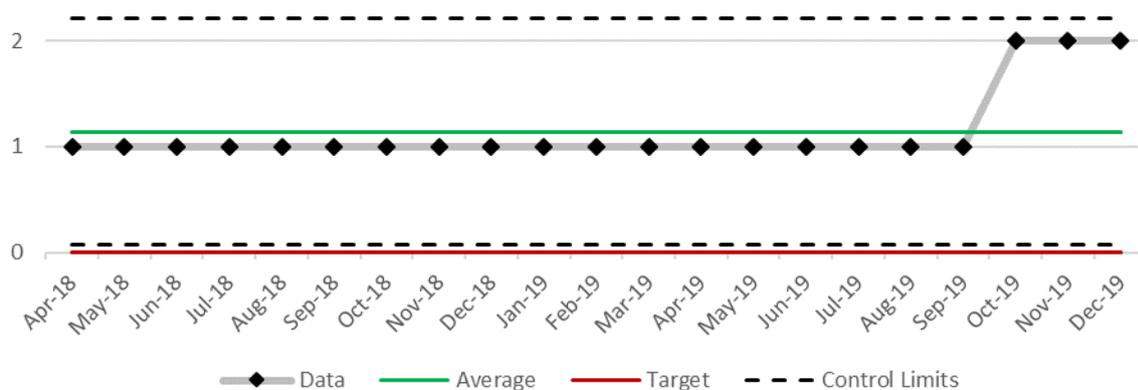


Challenges/Successes

- There were 2 Central Alerting System (CAS) alerts overdue their deadline at the end of December:
  - Estates & Facilities Alert - Anti-barricade devices (due February 2018)
  - Patient Safety Alert - Assessment and Management Of Babies Who Are Accidentally Dropped In Hospital (due November 2019)

Actions in place to recover:

- A programme of work has been taking place to address the requirements of the Estates & Facilities Alert and is nearing completion
- A review of the relevant Trust guideline is currently taking place within Paediatrics to address the outstanding Patient Safety Alert

## HARM FREE CARE – NATIONAL CLINICAL AUDIT

**Executive Lead:** Medical Director

**CQC Domain:** Effective

**2021 Objective:** Our Patients
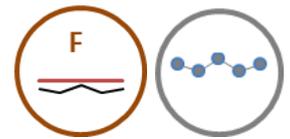
### National Clinical audit participation rate
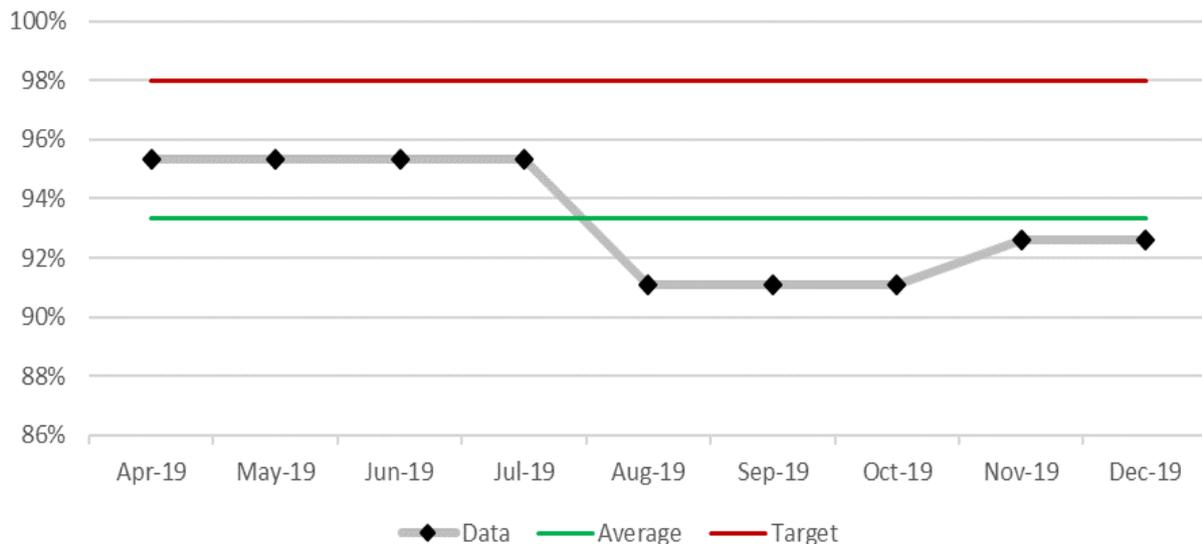
The % participation National Clinical Audit rate has remained at 92.6% for the month of December 2019 compared to a target of >98% the following are not compliant with data submissions;

- The National Ophthalmology Audit has been a challenge to secure funding to support the technology required by the Clinicians to complete this audit, business case was not approved escalated to General Manager and Clinical Lead
    - Latest update is that the medisight electronic patient software is planned to be up and running at the end of January 2020
    - Data to be uploaded to NOD
- The National Oesophageal Gastric Cancer Audit (NOGCA) has reported that data for ULHT required by 31st January 2020 has not yet been submitted, this has been escalated to the clinical team, cancer services team who manage the Somerset cancer database and managers, the UGI lead has stepped down after many years of submitting data for the Trust and has advised the new UGI lead to include all clinicians to input and validate their data as the data collection requires a clinical review to ensure the correct data is uploaded. If the data is not submitted this will be a failure to submit and will be "none participation" for the Trust Quality Account
    - Latest update from the Cancer Centre Manager 23/12/2019 is that the position has changed from "nil" to 80 submissions
    - There is still work to do to submit more data
    - Robust process to be put into place with the Clinical Team

## VALUING PATIENTS TIME – % TRIAGE DATA NOT RECORDED

**Executive Lead:** Chief Operating Officer

**CQC Domain:** Effective

**2021 Objective:** Our Patients
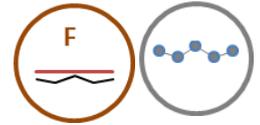


% Triage Data Not Recorded
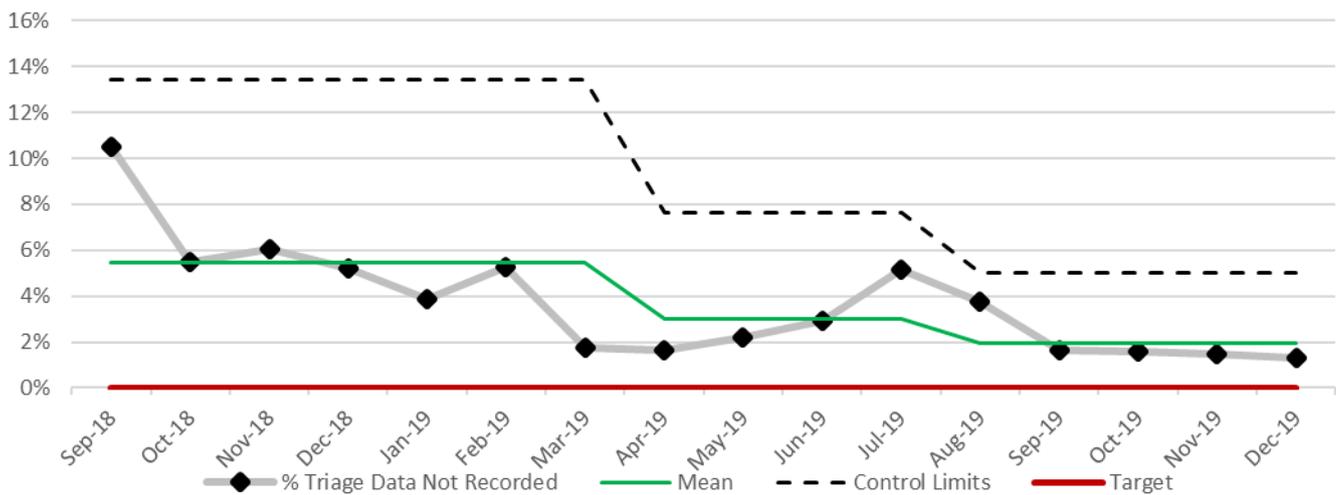
Challenges/Successes

December continued to demonstrate the monthly improvement. Compliance is now 98.71% against a target of 100%. This equates to adverse variance of 1.29%

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

Whilst high levels of agency usage and temporary non-substantive staff continue to support the Emergency Departments, these staff are familiar to the departments.

The use of a triage coordinator role ensures that this important process is delivered consistently and a greater compliance has been demonstrated and sustained.

Actions in place to recover:

Since the appointment of Urgent and Emergency Care Lead Nurse (Secondment) compliance continues to increase and is being maintained

The CBU feeds back performance to the clinical teams and non-adherence to process is addressed on an individual basis.

Triage time is a key performance indicator in regards to patient safety and will continue to be monitored and challenged at all operational delivery levels 3 x daily through the Capacity and Performance Meetings and within the UEC programme.

## VALUING PATIENTS TIME – DUTY OF CANDOUR

**Executive Lead:** Medical Director

**CQC Domain:** Caring/Responsive

**2021 Objective:** Our Patients
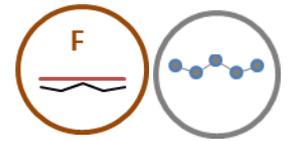


Duty of Candour compliance - Verbal
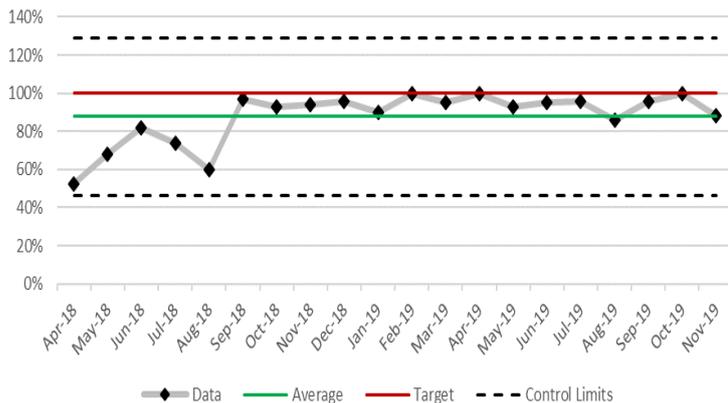


Duty of Candour compliance - Written
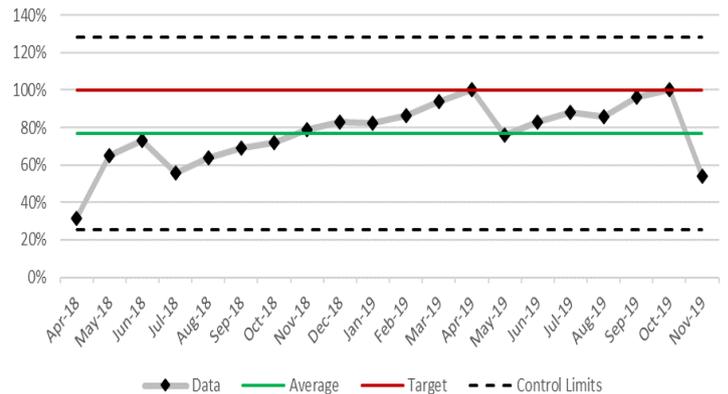
Challenges/Successes

- Duty of Candour (in person notification) compliance in November 2019 was 88% (3 non-compliant incidents)
- Written follow-up compliance in November 2019 was also 54% (1 non-compliant incidents)
- This is the lowest level of compliance so far this financial year and illustrates that Duty of Candour requirements are not yet fully embedded within incident management practice
- As of the end of October financial penalties imposed by the CCGs for non-compliance with Duty of Candour were estimated at £35.7k (an average of £5.1k per month) based on with-holding the cost of each affected patient's treatment

Actions in place to recover:

- An additional Quality Assurance step has been added to the incident review process to confirm that the rationale for not completing Duty of Candour within 10 working days is acceptable; this is now included in reporting from November's data
  The corporate Risk & Incident team are now going to provide additional support to the process for completion of written follow-up letters, where required

## VALUING PATIENTS TIME – FRIENDS AND FAMILY RECOMMEND RATES

**Executive Lead:** Director of HR & OD

**CQC Domain:** Caring

**2021 Objective:** Our Patients

### Friends & Family Test Inpatient (Recommend)



Data — Average — Target — — Control Limits

### Friends & Family Test Emergency Care (Recommend)



Data — Average — Target — — Control Limits

## VALUING PATIENTS TIME – FRIENDS AND FAMILY RECOMMEND RATES

**Executive Lead:** Director of HR & OD

**CQC Domain:** Caring

**2021 Objective:** Our Patients
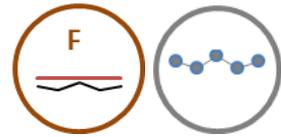
### Friends & Family Test Maternity (Recommend)



### Friends & Family Test Outpatients (Recommend)
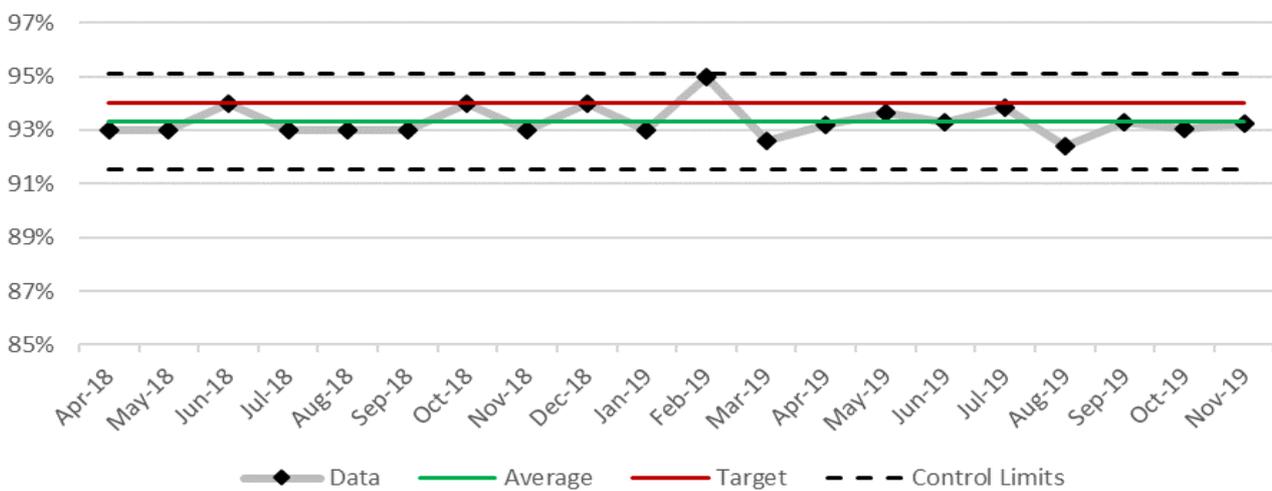
# VALUING PATIENTS TIME – FRIENDS AND FAMILY RESPONSE RATES

**Executive Lead:** Director of HR & OD

**CQC Domain:** Caring

**2021 Objective:** Our Patients



Friends & Family Test Outpatients (Response Rate)

Legend: Data — Average — Target — — — Control Limits
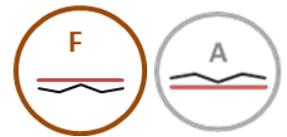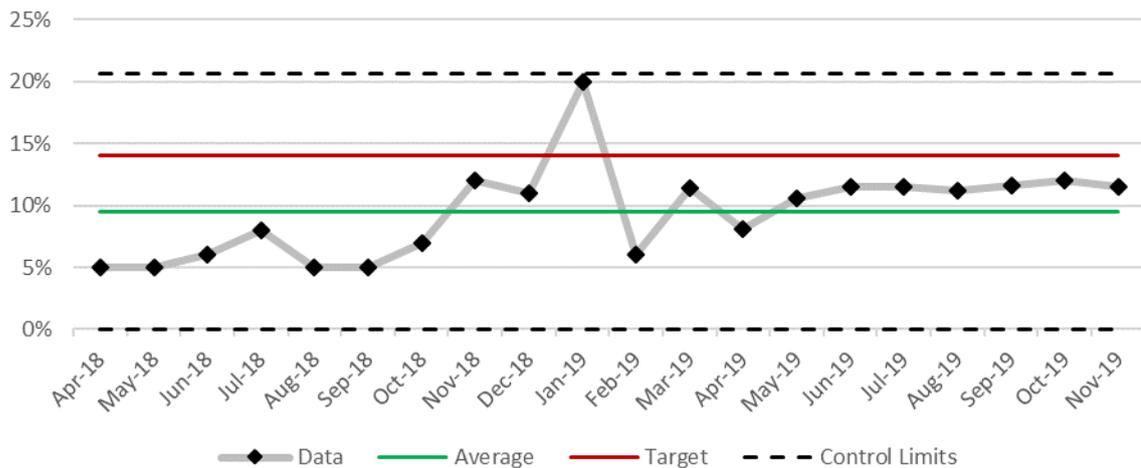
## Challenges/Successes

- Overall 91% of patients would recommend and 4% of patients would not recommend. This was based on 7,513 ratings and 5,664 comments with 75% of comments received being positive, 6% neutral and 20% negative. Top 3 positive themes from FFT comments were staff & staff attitude, waiting times and implementation of care
- Inpatients % FFT recommends has seen a continual drop for the last 5 months and a continual 7 month rise in the % non-recommend.
- Emergency care dropped 2% in % recommends and a 2% increase in % non-recommend
- Other nationally reports FFT streams remain static

## Actions in place to recover:

- Patient experience team attended Senior Leadership Forum in December to deliver a workshop on directorates using their patient experience data
- 3rd Annual Patient Experience Conference took place on 12th December 2019 with the focus being on empathy, civility, compassion and communication
- On-going discussions with Divisions around the future of the Patient Experience Group and the mechanism by which we can be confident that action is being taken to address the issues identified
- Review of our approach to Communications/Customer Care training underway.

# Excellence in rural healthcare

**NHS**
**United Lincolnshire Hospitals**
**NHS Trust**

## MODERN AND PROGRESSIVE WORKFORCE – VACANCY RATES

**Executive Lead:** Director of HR & OD

**CQC Domain:** Well-Led

**2021 Objective:** Our People



Number of Vacancies chart (Jan-18 to Dec-19) with Calc, Mean, Control limits, and Target lines.
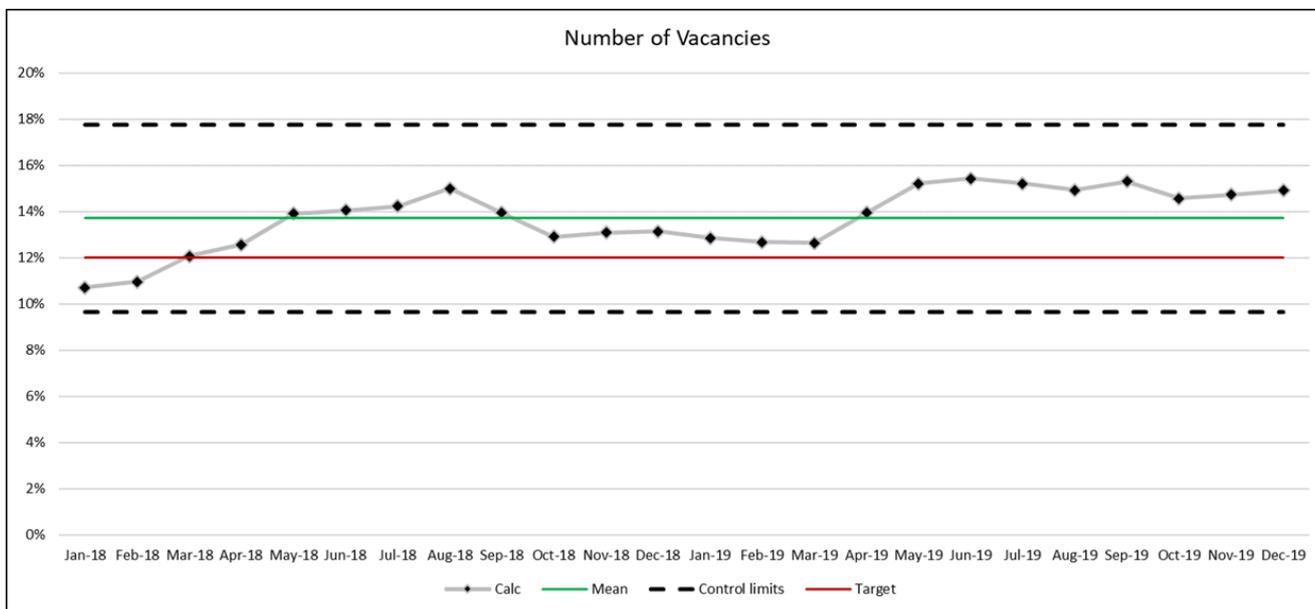
## Challenges/Successes

The whole Trust vacancy rate has increased marginally in December 2019. The six month trend for three priority staff groups for both Vacancy Rate and Turnover remains positive, although it is recognised there are a number of "hot-spot" areas.



Vacancy % bar chart by staff group (May–Dec).
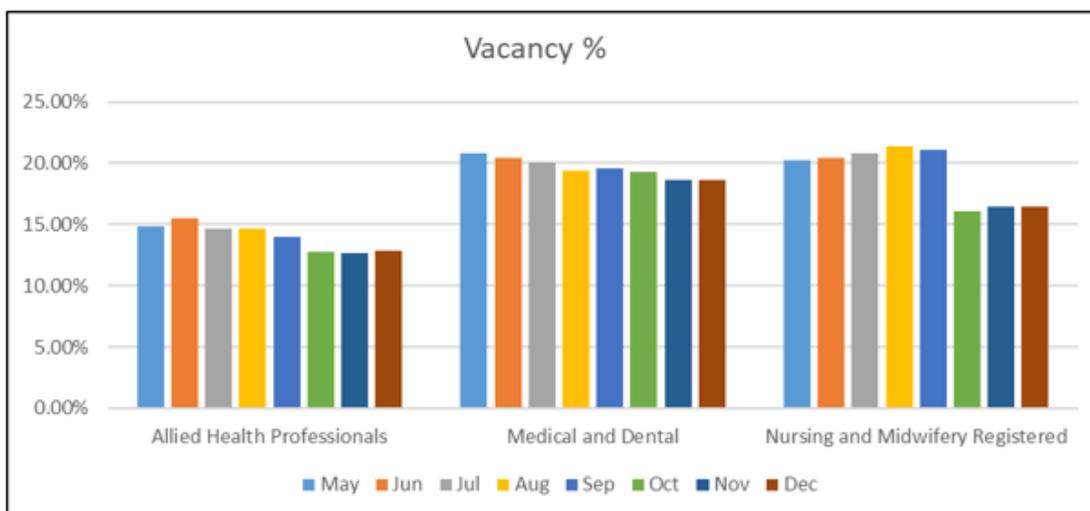
| Staff Group | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|
| Allied Health Professionals | 14.80% | 15.48% | 14.61% | 14.60% | 13.94% | 12.76% | 12.68% | 12.82% |
| Medical and Dental | 20.80% | 20.45% | 20.04% | 19.38% | 19.60% | 19.24% | 18.64% | 18.62% |
| Nursing and Midwifery Registered | 20.19% | 20.46% | 20.80% | 21.37% | 21.04% | 16.06% | 16.40% | 16.40% |

**Medical Vacancy Rate**

Plan for every Post for Medical Vacancies is being used and continues to be further developed, as a tool to deliver recruitment strategy and agency reduction. Each start date is tracked and shows a timeline for medical staff landing with the Division.

Further details of "hot spot" Medical Vacancy Rates are provided in the following table:

| Division | Team | Vacancy FTE | Vacancy % |
|---|---|---|---|
| Clinical Support Services | Radiology Consultants | 6.9 | 42% |
| | Lincoln Clinical Oncology IP | 4.4 | 24% |
| | Pilgrim Clinical Haematology IP | 2.0 | 50% |
| Family Health | Lincoln Gynaecology IP | 4.0 | 18% |
| | Lincoln Paediatrics IP | 4.0 | 14% |
| | Pilgrim Breast Surgery IP | 1.8 | 44% |
| Medicine | Lincoln Elderly Care IP | 8.2 | 44% |
| | A&E Attenders Lincoln | 8.6 | 22% |
| | Grantham Gastroenterology IP | 4.0 | 57% |
| | Grantham Cardiology IP | 4.0 | 57% |
| Surgery | Pilgrim Urology IP | 4.0 | 44% |
| | Lincoln Ophthalmology IP | 4.8 | 34% |
| | Lincoln ENT IP | 3.6 | 34% |

We are looking to introduce early risk summits, where workforce gaps are contributing to service fragility, to ensure we are doing everything practical to recruit or redesign the workforce. We are seeking to focus our recruitment activity on "hot spot" areas, which generally are the same as fragile services.

There are 9 AAC panels scheduled for January.

**Nursing Vacancy Rate**

Details of "hot spot" Nurse Vacancy rates are provided in the following table:

| Division | Team | Vacancy FTE | Vacancy % |
|---|---|---|---|
| CSS | Clinical Support Pan Trust Mgmt. | 4.0 | 67% |
| | Clinic 9 | 3.7 | 82% |
| | Chemo Site Clinic | 2.5 | 100% |
| Medicine | Pilgrim AMSS | 15.2 | 48% |
| | Pilgrim Stroke Unit | 12.6 | 48% |
| | A&E Pilgrim | 28.1 | 48% |
| | Frailty Assessment Unit | 5.8 | 43% |
| | Lincoln Emergency Assessment | 18.5 | 39% |
| Surgery | Bevan Ward | 7.6 | 60% |
| | Ward 5B | 7.8 | 38% |
| | Ward 9A | 5.5 | 30% |
| | Ward 2 | 9.9 | 45% |
| | Lincoln Main Theatres | 9.5 | 15% |
| Family Health | Ward 4A | 13.3 | 40% |
| | Bardney Ward | 6.9 | 16% |
| | Rainforest Ward | 11.3 | 35% |

Efforts to recruit nurses are focused on these "hot spot" areas.

**AHPs Vacancy Rate**



**Actual/Projected Monthly AHP FTE**
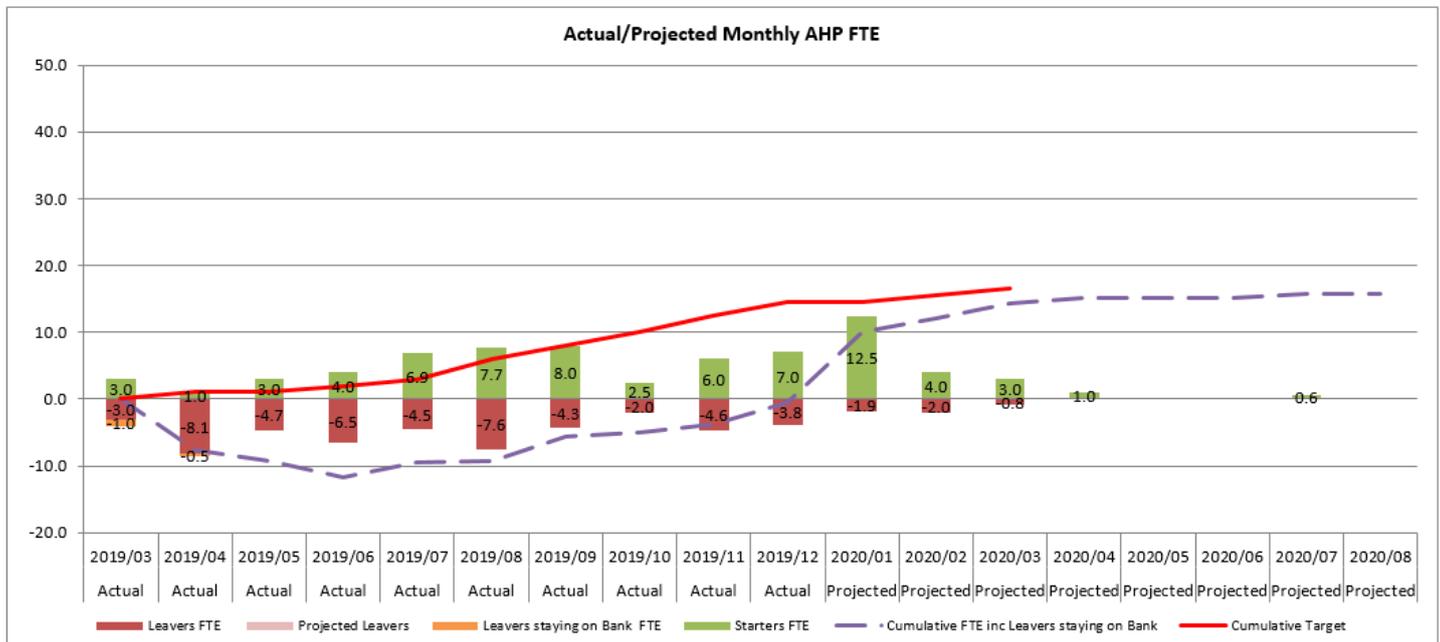
A number of international radiography appointments are planned for January. Despite improved vacancy and turnover rates for AHPs overall, there are notable AHP Vacancy rates in particular areas, as shown in the following table. We are in discussion with relevant managers about the action that can be taken around the recruitment and retention of staff in these areas.

| Division | Team | Vacancy FTE | Vacancy % |
|---|---|---|---|
| CSS | Pilgrim Physiotherapy | 8.5 | 27% |
| | Pilgrim Occupational Therapy | 7.0 | 36% |
| | Lincoln Physiotherapy | 5.4 | 13% |

Actions in place to recover

Medical and Dental

Continued strong pipeline into Q4

Divisions are increasingly adopting the 'plan for ever post' approach to all vacant post and there is greater triangulation with associated agency costs.

International strategic partnership mobilised.

9 AAC panels scheduled for January

Increased focus on medical engagement to reduce turnover

More timely intervention for known leavers.
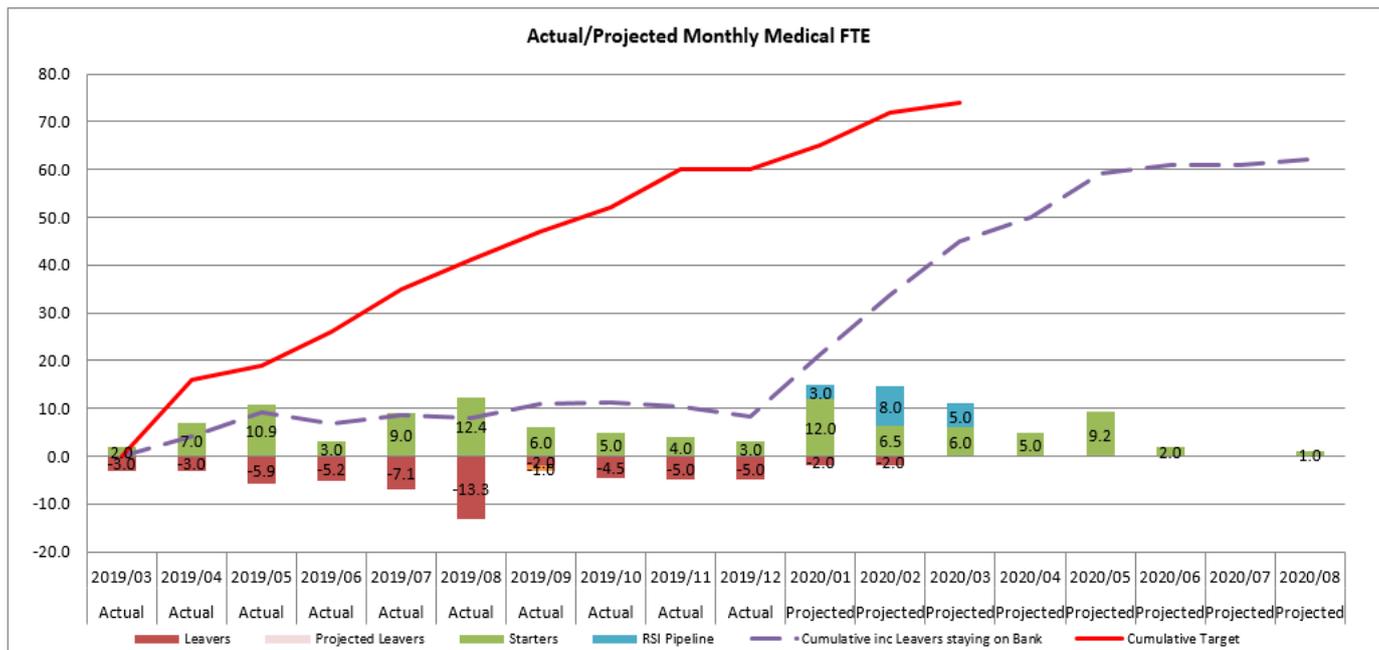


Nursing
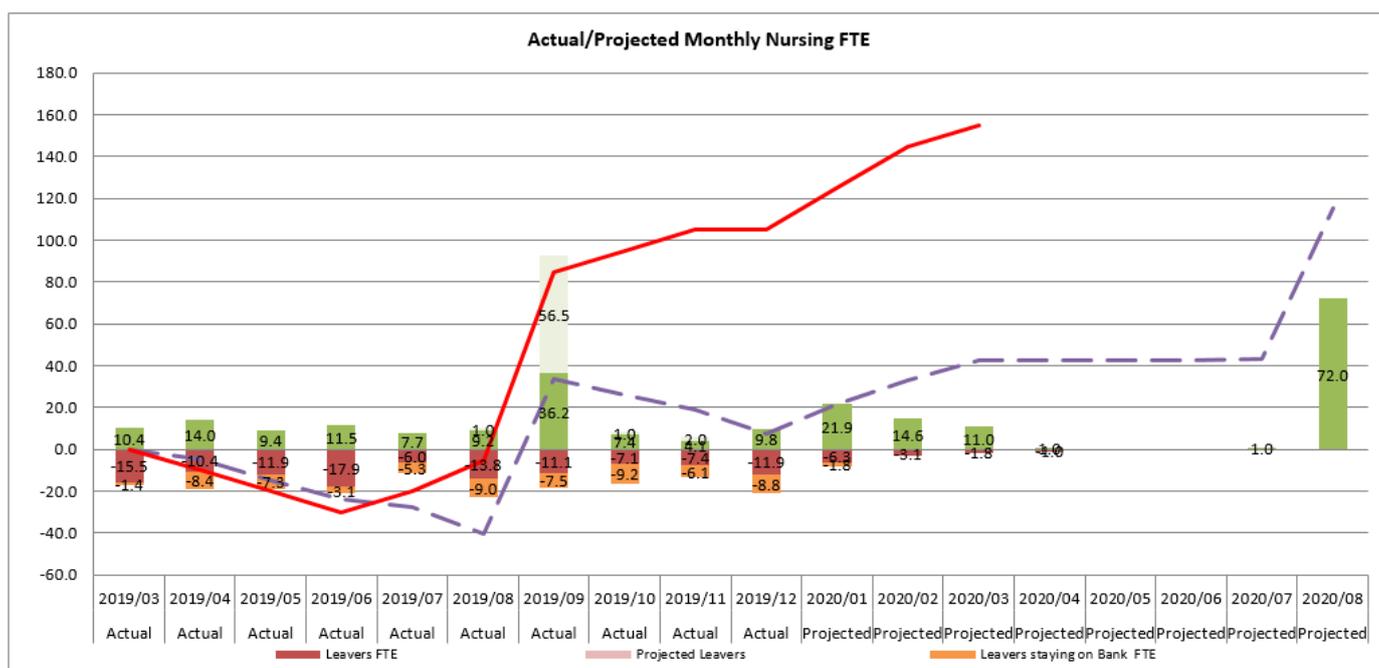


International strategic partner has commenced with first 14 international offers made.

HEE Global Learners programme to be commenced in January

Nurse retention initiatives.

## MODERN AND PROGRESSIVE WORKFORCE – VOLUNTARY TURNOVER

**Executive Lead:** Director of HR & OD

**CQC Domain:** Well-Led

**2021 Objective:** Our People

### Staff Turnover



### 12 Month Turnover Rate inc Retirements (excl Jnr Drs)
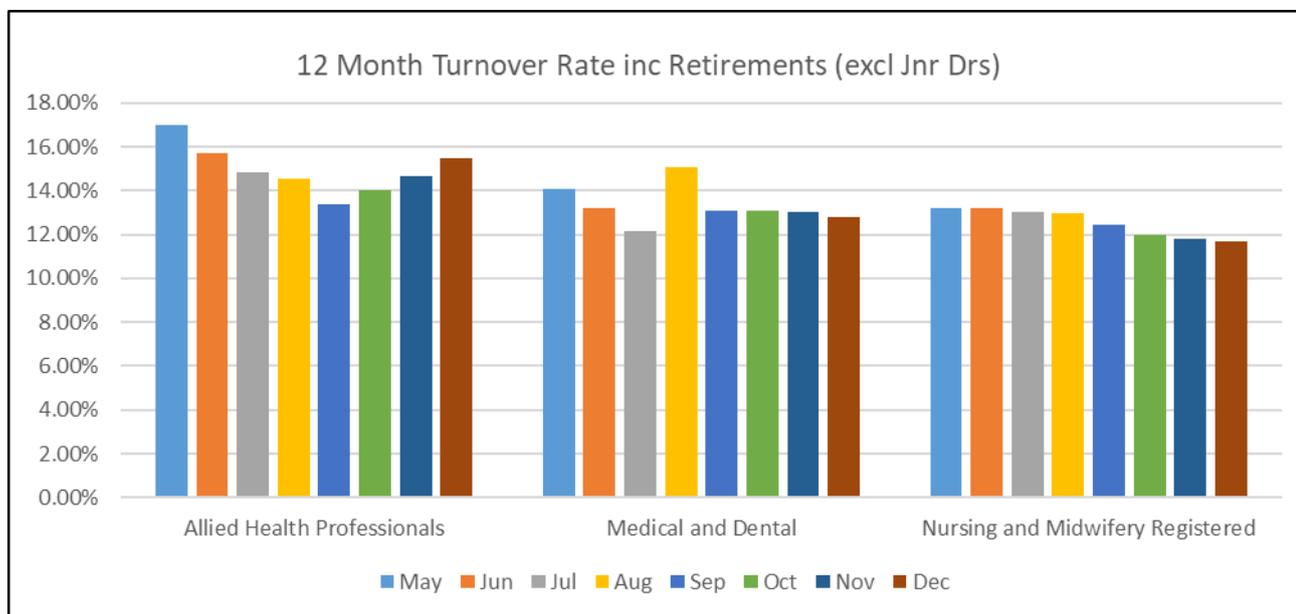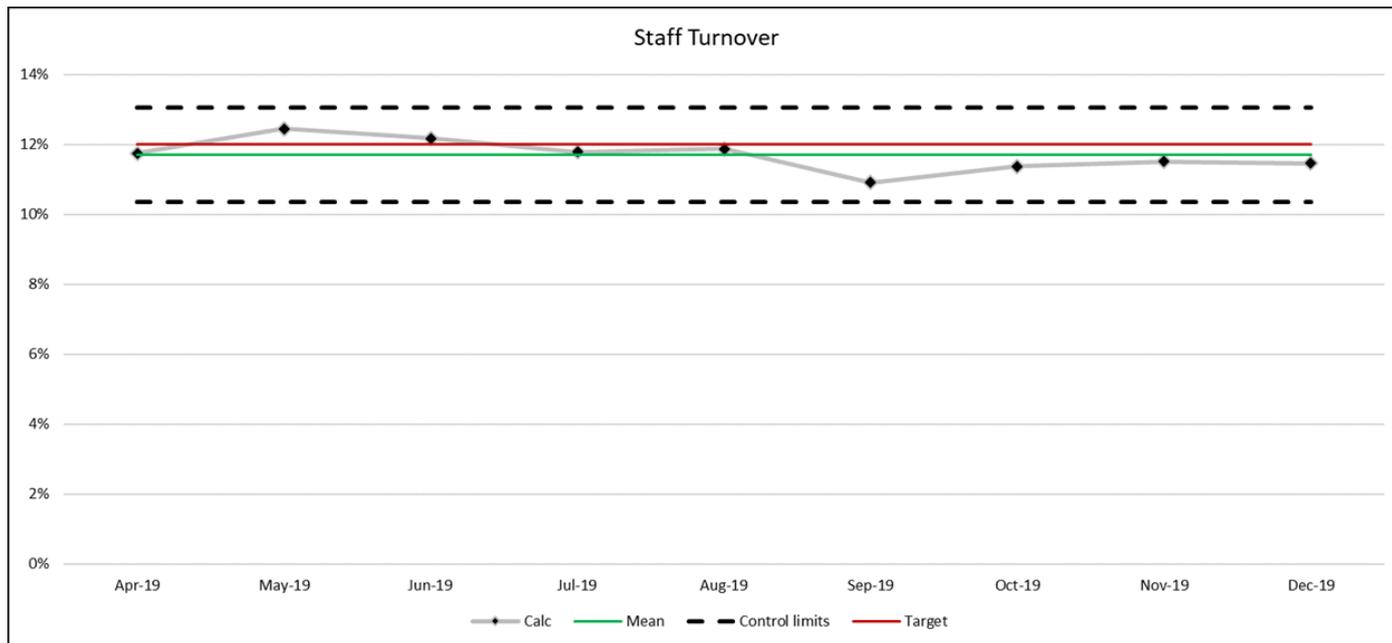


| Staff Group | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|
| Allied Health Professionals | 16.99% | 15.73% | 14.84% | 14.53% | 13.36% | 14.02% | 14.69% | 15.46% |
| Medical and Dental | 14.09% | 13.21% | 12.16% | 15.10% | 13.07% | 13.11% | 13.04% | 12.78% |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

Challenges/Successes

- Turnover rate continues to hold at 11.5%.
- Retention team focused on nursing retention and led by Deputy Chief Nurse.

Actions in place to recover

- Work is ongoing on improving the response rate of exit surveys
- Work underway to identify AHP specific projects and initiatives to reduce AHP turnover
- Retention initiatives will link directly with divisional NSS plans rolled out in the coming months

Challenges/Successes

- Turnover rate continues to hold at 11.5%.

## MODERN AND PROGRESSIVE WORKFORCE – SICKNESS ABSENCE

**Executive Lead:** Director of HR & OD

**CQC Domain:** Well-Led

**2021 Objective:** Our People
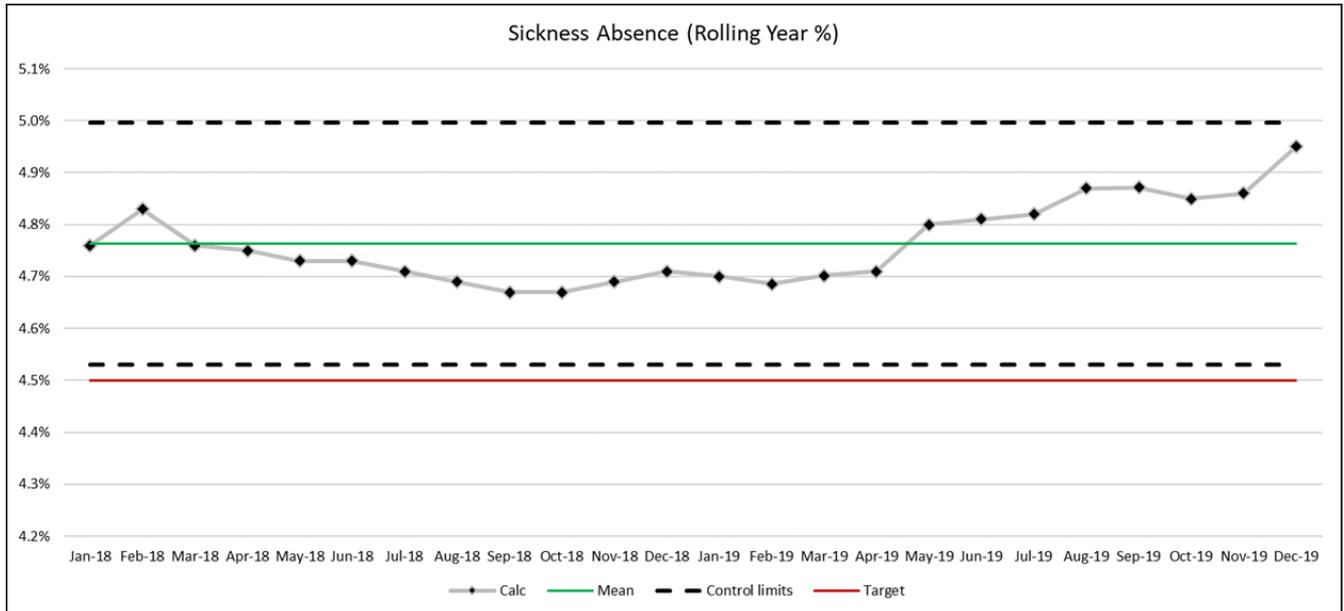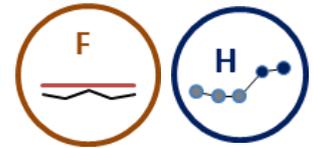


Challenges/Successes

The monthly absence has increased from 5.1% to 5.3%. Whilst the rounded figure for the 12 month rolling average remains at 4.9%, the actual figure has increase from 4.86% to 4.95%. The trend is a matter of real concern. The top five reasons for sickness absence are:

| Absence Reason | Headcount | FTE Days Lost | Abs Estimated Cost | % |
|---|---|---|---|---|
| S10 Anxiety/stress/depression/other psychiatric illnesses | 840 | 28,496.06 | £2,355,580.04 | 24.0 |
| S98 Other known causes - not elsewhere classified | 1089 | 18,180.78 | £1,589,054.05 | 15.3 |
| S12 Other musculoskeletal problems | 490 | 10,521.37 | £851,568.23 | 8.9 |
| S13 Cold, Cough, Flu - Influenza | 2047 | 8,604.53 | £799,878.67 | 7.3 |
| S25 Gastrointestinal problems | 2227 | 9,956.74 | £797,973.95 | 8.4 |

The tables below shows the monthly sickness cases by Division The information below as at end of November 2019:

| Absence cases | Medicine | Surgery | Family Health | CSS | Corporate | Facilities | Total |
|---|---|---|---|---|---|---|---|
| Long Term +28 days | 41 | 38 | 12 | 34 | 8 | 21 | 154 |
| 5 or more episodes in 12 Months | 117 | 72 | 23 | 43 | 18 | 32 | 305 |

Absence by Division
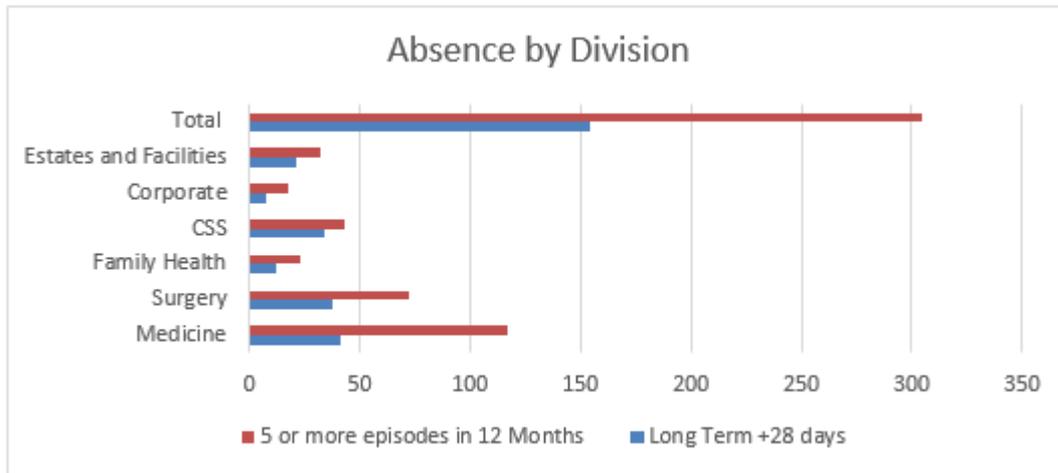
The table below shows the reduction/ increase in cases by Division

| Absence cases | Medicine | Surgery | Family Health | CSS | Corporate | Facilities | Total |
|---|---|---|---|---|---|---|---|
| Long Term +28 days | 11 | 1 | -5 | 1 | 0 | -2 | 6 |
| 5 or more episodes in 12 Months | 15 | 0 | 6 | -12 | -5 | -10 | -6 |

Long term cases have increased by 6 cases this month and short term decreased by 6 cases.

Actions in place to recover

ER Advisors have created sickness trajectories within their Divisions to ensure that there is a robust focus on supporting managers to reduce sickness absent trends.

Focus continues on hot spot areas for short term absence within the Divisions to ensure that they are being managed in accordance with the absence management Policy.

Absence Management training package is in the final stages of being developed and dates for training are being arranged.

Low completion rates for return to work interviews have been escalated to Divisional Managers.

**Sickness Cases 12 months +**

There has been a reduction in long term sickness cases (over 12 months) from 5 in November to 3 in December.

## MODERN AND PROGRESSIVE WORKFORCE – Employee Relations

**Executive Lead:** Director of HR & OD

**CQC Domain:** Well-Led

**2021 Objective:** Our People
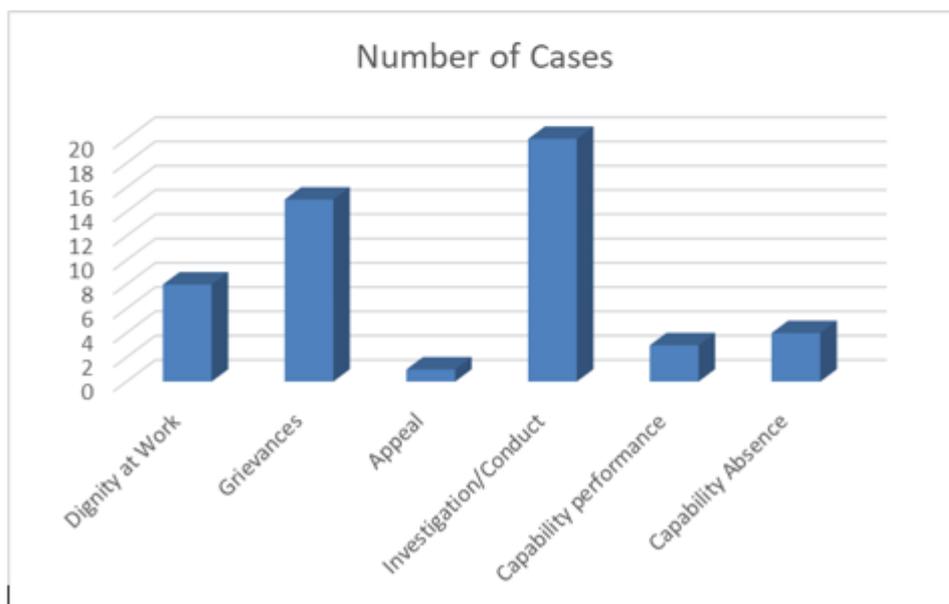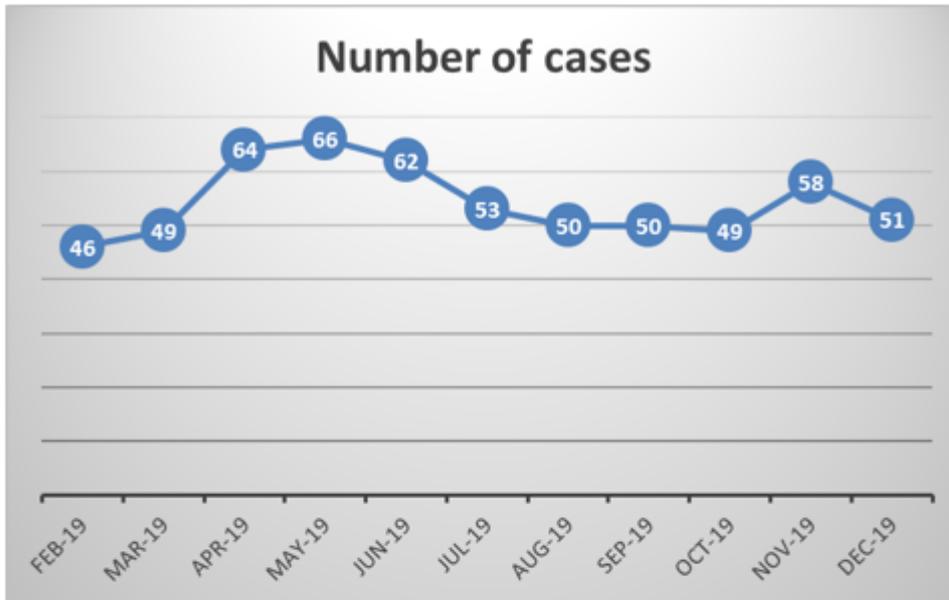




**Employee Relations Cases:**

There are 51 open cases in December compared with 58 cases in November. The breakdown of case by type (i.e. policy type) is shown in the second table above.

There are individual reasons why some cases have been open for 7 months or more. However action is being taken to ensure that there is momentum behind the completion of all cases, which is beneficial for the organisation and individuals e.g. AfC progress chasing group established, availability of rooms for hearings reviewed.

## Actions in place to recover

Training on investigations, disciplinary and capability management is being developed - dates to be arranged and confirmed.

A detailed review of outstanding open cases is being undertaken to establish reasons for delays to ensure cases are concluded in a timely manner going forward.

Letter templates have now been reviewed by the ER team and are being updated

The current disciplinary policy for AFC and Medical and Dental is being review to make improvement to the following;  timescales, alignment to medical policy, Case Manager instead of Case Officer and develop the "just culture" theme.

Delays will be escalated by ER Advisors to the appropriate senior divisional managers to action where necessary

Ensure commissioning managers are regularly informed and updated on any delays

## MODERN AND PROGRESSIVE WORKFORCE – APPRAISALS

**Executive Lead:** Director of HR & OD

**CQC Domain:** Well-Led

**2021 Objective:** Our People



Staff Appraisals (excluding Medical )
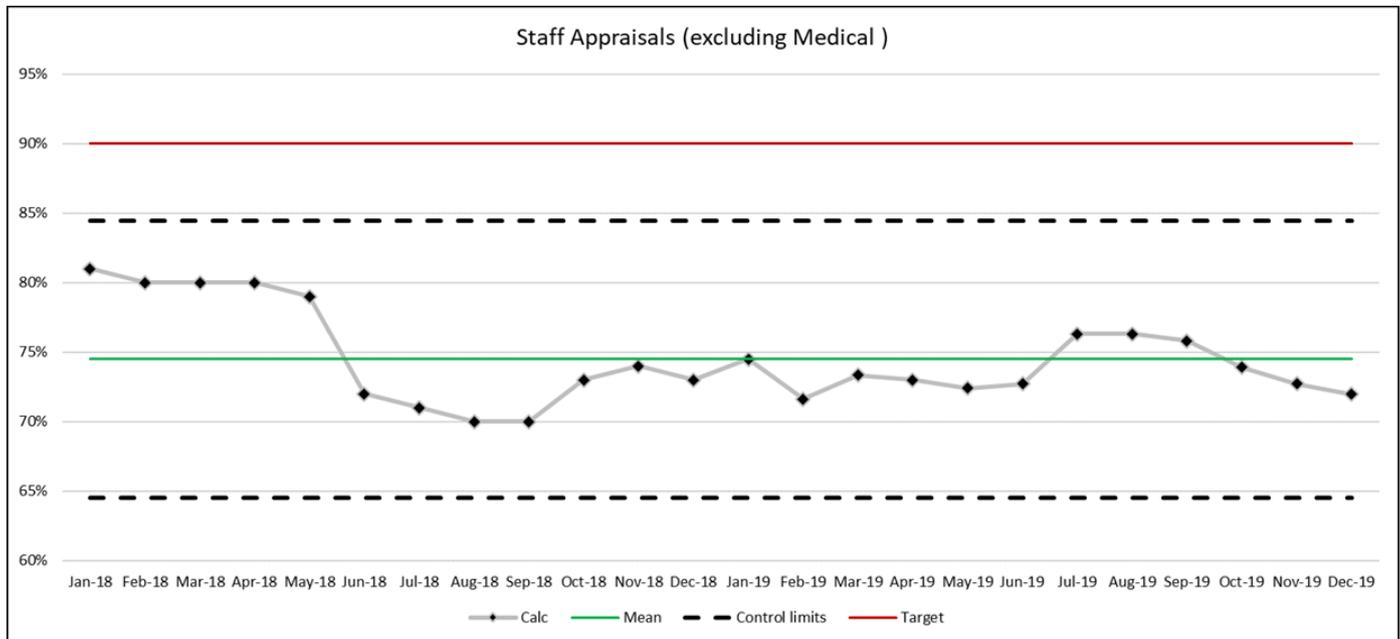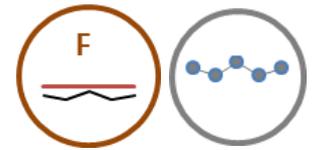
Challenges/Successes

Bespoke approach and action plan in Estates & Facilities demonstrates further improvement from 72.95% to 75.60% (increase overall of over 10% since action plan implemented)

Actions in place to recover

- Appraisee and appraiser training widely available across all sites
- Improved management information to Divisions for targeting action
- SHRBPs working with Divisional teams to improve position

Need to look at doing something different to change the percentage completion rate. Assessing the potential of anew on-line system + what consequences are there?

## MODERN AND PROGRESSIVE WORKFORCE – CORE LEARNING

**Executive Lead:** Director of HR & OD

**CQC Domain:** Well-Led

**2021 Objective:** Our People



Overall percentage of completed Core Mandatory Training

Legend: Calc — Mean — Control limits — Target
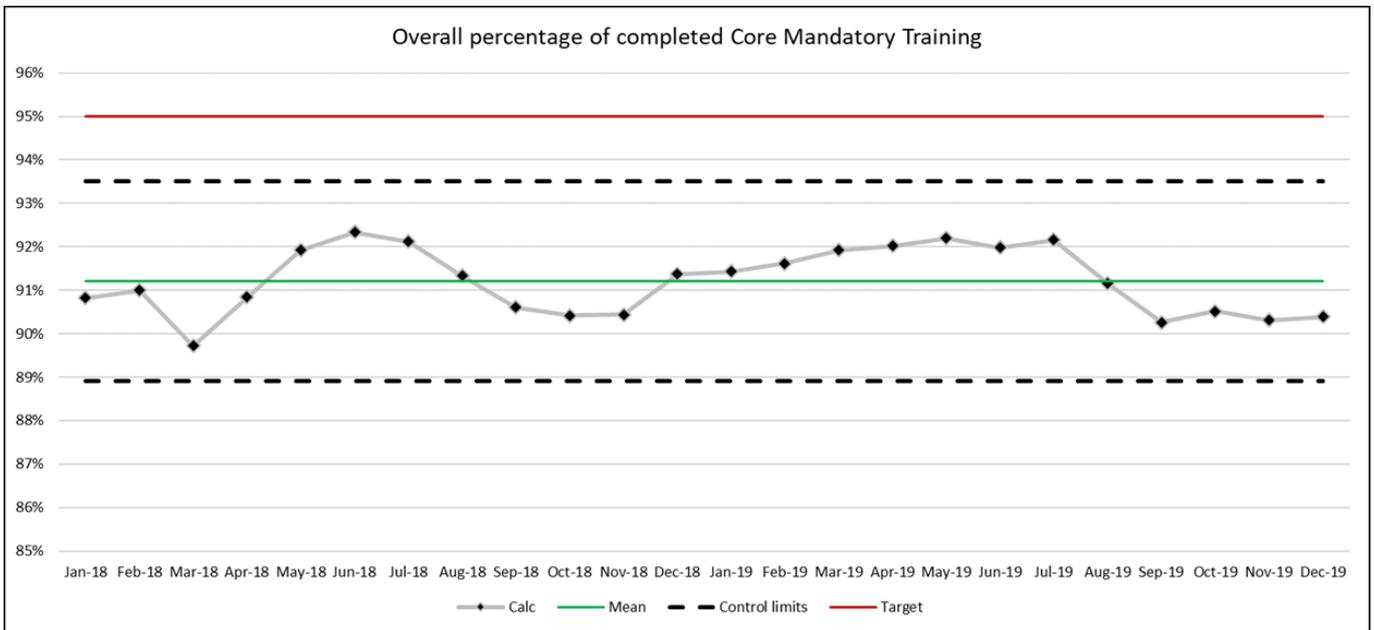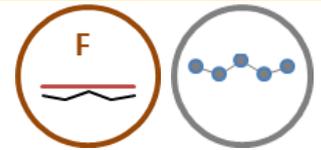
### Challenges/Successes

Compliance rate for Core Learning is showing a consistent pattern of over 90% compliance, but a drop from the 92% achieved in the summer. Data from Lincolnshire Partnership Foundation Trust (LPFT) and Lincolnshire Community Health Services (LCHS) show that their compliance rates are in the same overall range.

The target set for Core Learning will be reviewed as long-term sickness/absence and maternity leave may be affecting the feasibility of increasing compliance further.

### Actions in place to recover

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

New starters are now able to complete some of their Core Learning before commencing with the Trust. Although this is not likely to affect overall compliance rates, it does enable the new starters to commence working effectively and safely at an earlier stage than before.

Family Health remains good overall; focused activity around completion of all Safeguarding training. Detailed breakdown of each core learning area by CBU is provided to focus activity.

Estates and Facilities provided with breakdown by area of completion; work ongoing to improve.

Following a recent audit report, we will be reviewing the content of Core Learning and the way in which it is managed.

## SUSTAINABLE SERVICES – AGENCY SPEND

**Executive Lead:** Director of HR & OD

**CQC Domain:** Well-Led

**2021 Objective:** Our People



Agency Spend
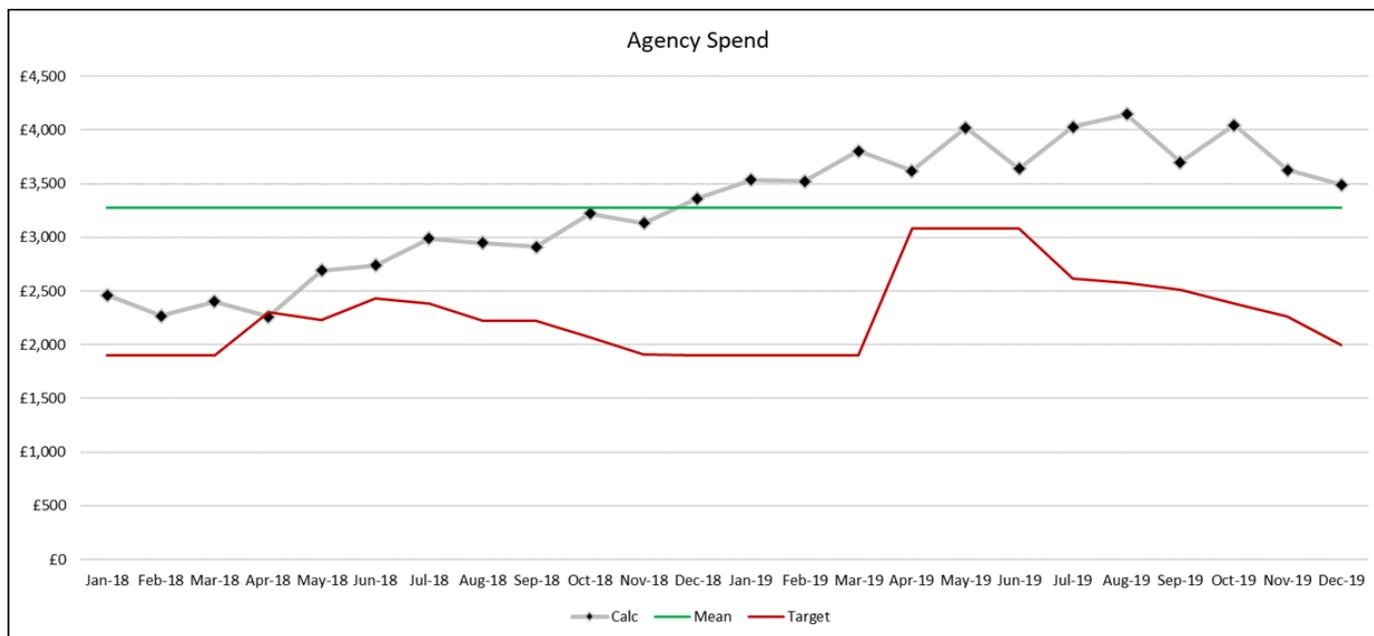
## Challenges/Successes

In December (M09), Year to Date (YTD) planned pay costs remained at 5.2% adverse to plan with the value increasing from £11.9M to £13.5M despite a 4.4% reduction in monthly run rate on pay. This is because the planned pay costs were also planned to reduce in month 9.

The positive variance of actual income against planned plan also continued to increase in December and partly accounts for the variance in pay with the remainder resulting from higher premium cost of agency staffing and under delivery of workforce FEP.

The monthly run rate for total agency spend reduced further (-£140K) from Month 8 to Month 9 to £3.98M, and is the lowest monthly spend since April 19, however agency spend now exceeds that planned by 45.3% (+2.3%) due to planned agency savings in Month 9.
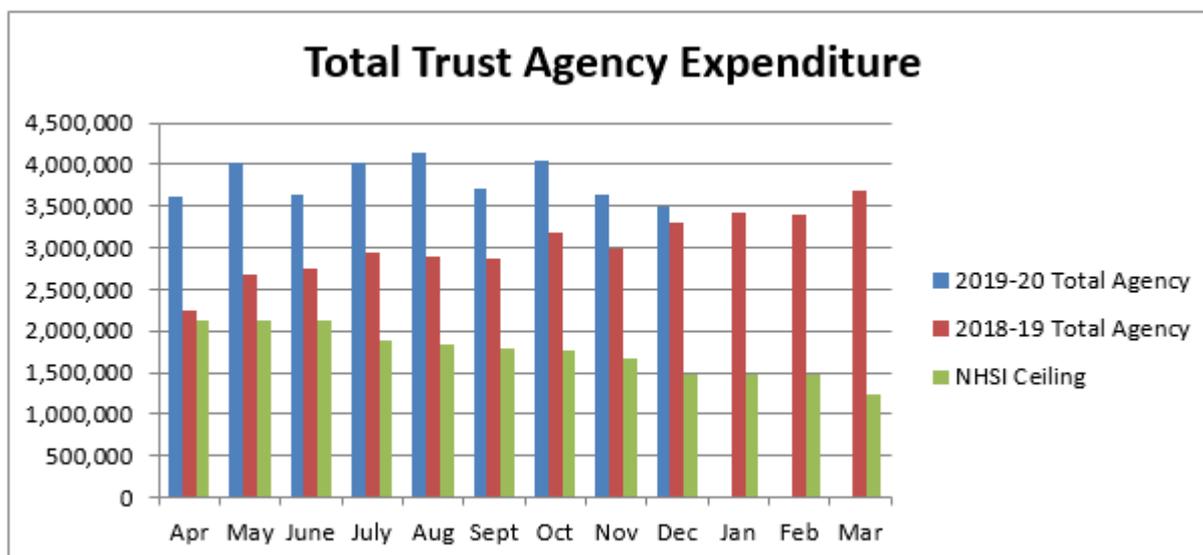


Total Trust Agency Expenditure

Overall temporary medical staffing costs reduced in December with reductions in both medical agency demand and spend (The DE efficiency was at 92.5 %) although there was a marginal increase in internal bank spend during December.

Medical agency spend reduced to below comparable monthly spend for 2018/19 for the first time despite £62K of charges from November being accounted for in December. The reduction was largely due to reduced demand in Surgery division and likely to be in part due to reduced planned elective activity.

Medical staffing agency hourly rates for all staff types were maintained in December bucking the trend of seasonal increases.
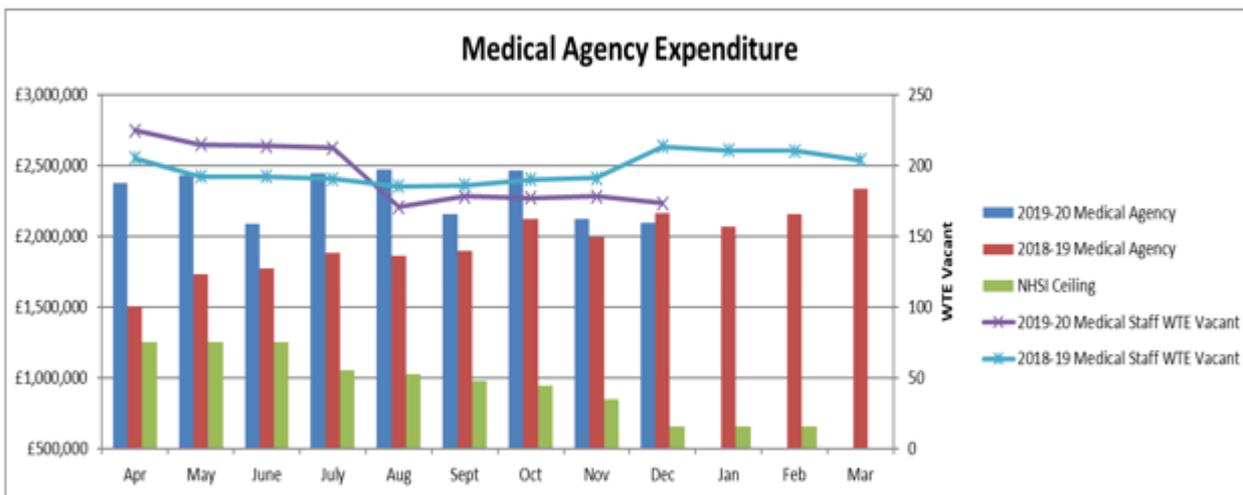


Nursing Agency Costs

Nursing Agency costs also decreased (-£100K) in December. The reduction is largely due to significant reduction in demand w/e 29th December. Ward fill rates were also markedly lower in December for both Lincoln and Boston sites.

**Agency Usage by week-ULHT starting 07/10/18**

Baseline calculated on first 13 values
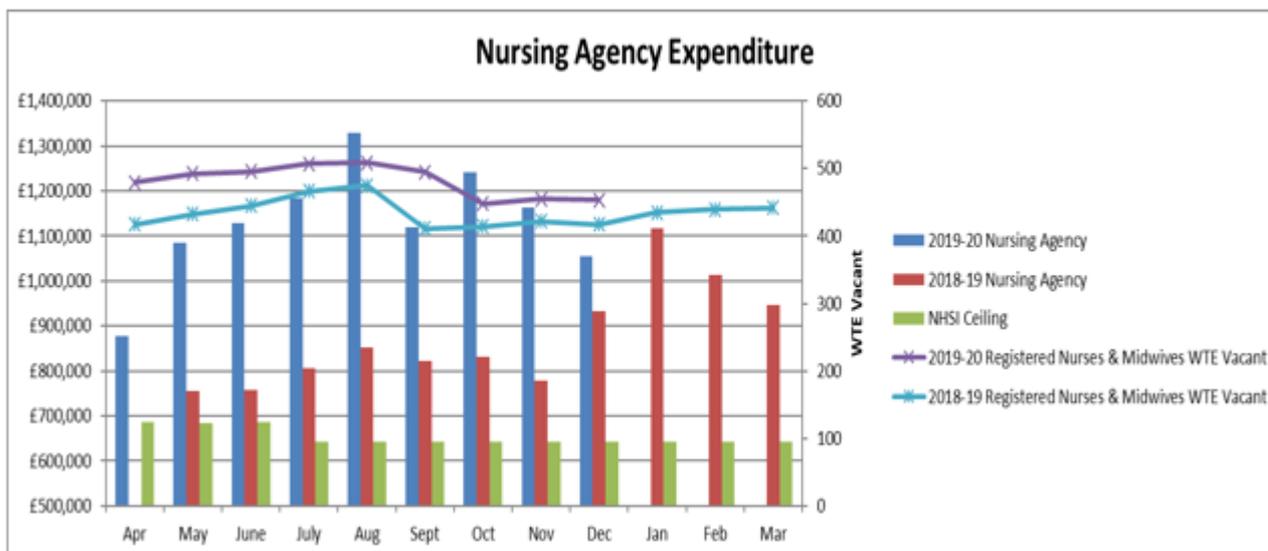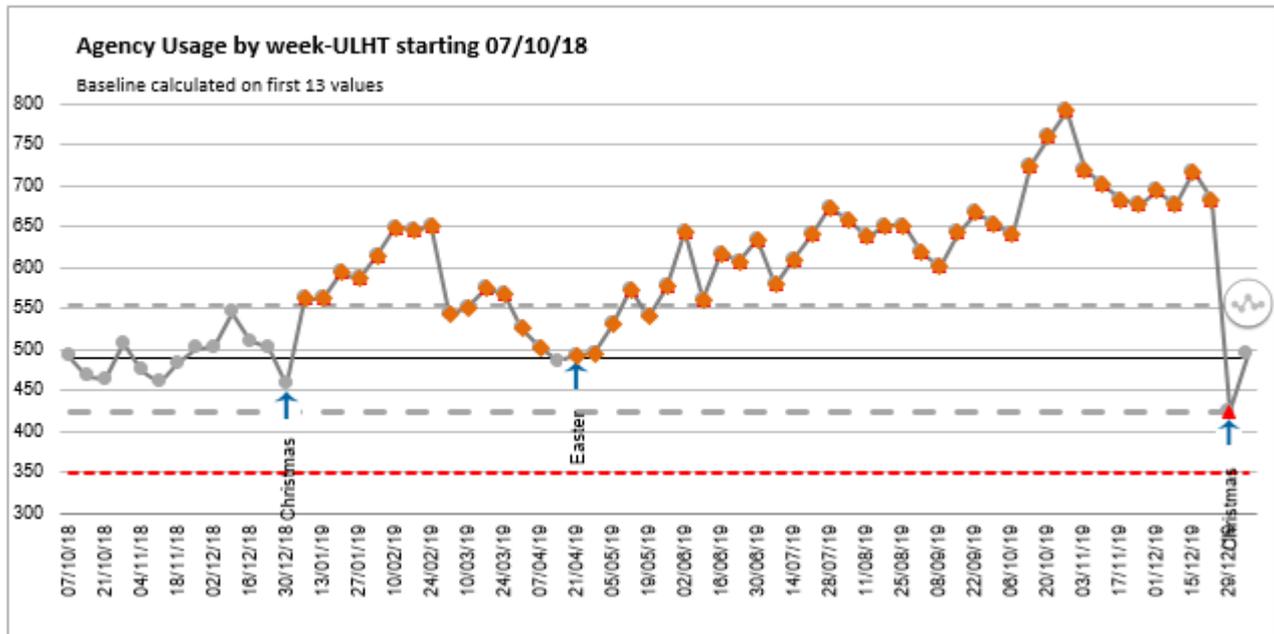
The reduction in spend was less than would have been expected from the reduced demand for agency staffing, this is due to an increased number of off-framework shifts at escalated hourly rates.

Actions in place to recover

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

- Divisions to review all temporary staff spend volume and values – bank, additional hours / sessions and agency
- Improving productivity and reviewing performance and access to allow cost removal e.g. OP clinics, theatres, turnaround times
- Challenging and deferring as appropriate to the 1st April all non-clinical recruitment.
- Ending all non-clinical temporary staff where their Return on Investment (in relation to cost reduction) is smaller than their cost to the Trust.
- Systematic review of all pay elements.
- The Trust will join the South Yorkshire Collaborative Medical Staffing Bank and launch the associated Bank App.
- Maintain tier 3.5 framework nurse agency volumes to further reduce reliance on off frame work agency use;
- Longer term temporary nursing staffing plans in place to avoid higher premiums of shorter lead time requests.
- Suite of short education sessions for Band 7 Ward Managers completed.
- Rostering Policy revision and practice review.

## SUSTAINABLE SERVICES – INCOME & EXPENDITURE

**Executive Lead:** Director of Finance & Digital

**Income & Expenditure Summary 2019/20**

**CQC Domain:** Well-Led

**2021 Objective:** Our Services

| 2019/20 | Current Month 9 | | | Year to Date | | | Plan | | |
|---|---|---|---|---|---|---|---|---|---|
| | Plan £'000 | Actual £'000 | Variance £'000 | Plan £'000 | Actual £'000 | Variance £'000 | Plan £'000 | Actual £'000 | Variance £'000 |
| Income | 41,473 | 49,339 | 7,866 | 374,794 | 387,778 | 12,984 | 501,616 | 480,437 | (21,179) |
| Expenditure | (43,693) | (45,441) | (1,748) | (403,043) | (416,090) | (13,047) | (533,922) | (543,553) | (9,631) |
| EBITDA | (2,220) | 3,898 | 6,118 | (28,249) | (28,312) | (63) | (32,306) | (63,117) | (30,811) |
| Net Finance costs | (808) | (822) | (14) | (6,686) | (6,677) | 9 | (9,106) | (8,815) | 291 |
| Surplus/(Deficit) | (3,028) | 3,076 | 6,104 | (34,935) | (34,989) | (54) | (41,412) | (71,931) | (30,519) |
| Technical adjustments | 1 | 20 | 19 | 10 | 98 | 88 | 14 | 230 | 216 |
| Surplus/(Deficit) | (3,027) | 3,096 | 6,123 | (34,925) | (34,891) | 34 | (41,398) | (71,701) | (30,303) |
| EBITDA % Income | (5.4%) | 7.9% | 13.3% | (7.5%) | (7.3%) | 0.2% | (6.4%) | (13.1%) | (6.7%) |
| CIPs | 2,816 | 1,526 | (1,290) | 16,410 | 11,816 | (4,594) | 25,610 | 20,436 | (5,174) |

YTD financial performance is £34.9m deficit, or £34k favourable to plan.

Excluding the £0.7m adverse movement to plan in relation to Passthrough, Income YTD is £12.3m favourable to plan including in line with plan £19.2m of PSF, FRF and MRET. However, the Income position includes £16.7m of transitional support from commissioners.

Excluding the £0.7m favourable movement to plan in relation to Passthrough, Expenditure YTD is £13.8m adverse to plan: Pay is £13.5m adverse to plan and Non-Pay is £0.3m adverse to plan. The YTD pay position includes £1.0m of non-recurrent technical FEP, without which Pay would be £14.8m adverse to plan. The adverse pay movement YTD is driven by higher than planned expenditure on temporary staffing: while substantive pay is £0.1m adverse to plan, bank pay is £2.8m adverse to plan and agency pay is £10.7m adverse to plan. The pay position is driven by lower than planned FEP savings delivery in relation to workforce schemes and temporary staffing pressures in relation to Medical and Nursing Staffing.

Excluding the £0.7m favourable variance in relation to Passthrough, Non Pay is £0.3m adverse to plan. However, the Non Pay position includes £1.5m of non-recurrent technical savings delivery, without which Non Pay would be £1.7m adverse to plan. Some variation to plan would be expected given the slower than planned savings delivery and higher than planned levels of Non Elective volumes. The majority of the movement to plan, though, is in relation to the level of non-clinical expenditure. This includes higher than planned expenditure in a number of areas e.g. ongoing support costs in relation to FSM, dual running for Community COIN (for which there is an offset within Income) and additional building & engineering costs in Estates. Non Pay expenditure is being reviewed to ensure that any expenditure which may be capitalised is treated accordingly and that Non Pay expenditure in general is minimised.

Overall, CIP savings of £11.8m have been delivered YTD or £4.6m less than savings of £16.4m planned YTD. Excluding non-recurrent technical savings delivery of £2.5m, CIP savings delivery is £7.1m adverse to plan YTD.

The most likely unmitigated forecast is a deficit of £79.2m excluding PSF, FRF and MRET or £8.8m adverse to plan. This forecast is inclusive of £20.3m of FEP savings or £5.3m less than planned.

# SUSTAINABLE SERVICES – INCOME & EXPENDITURE RUN RATE

**Executive Lead:** Director of Finance & Digital

**Income & Expenditure Run Rate 2019/20**

**CQC Domain:** Well-Led

**2021 Objective:** Our Services

| 2019/20 | By Month / Quarter | | | | | In Month | | | Year to date | | | Full Year | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Actual Qtr 1 £'000 | Actual Qtr 2 £'000 | Actual M7 £'000 | Actual M8 £'000 | Actual M9 £'000 | Plan December £'000 | Actuals December £'000 | Variance December £'000 | Plan December £'000 | Actuals December £'000 | Variance December £'000 | Plan Full Year £'000 | Unmitigated Most Likely Forecast Full Year £'000 | Required Mitigation Full Year £'000 |
| **Income** | | | | | | | | | | | | | | |
| Clinical income | 96,836 | 105,371 | 34,180 | 30,105 | 39,623 | 31,686 | 39,623 | 7,937 | 292,911 | 306,115 | 13,204 | 389,070 | 392,147 | 3,077 |
| Pass through income | 11,962 | 12,428 | 4,586 | 4,195 | 4,143 | 4,215 | 4,143 | (72) | 38,031 | 37,314 | (717) | 50,710 | 48,390 | (2,321) |
| **Total Patient related income** | 108,798 | 117,799 | 38,766 | 34,300 | 43,766 | 35,901 | 43,766 | 7,865 | 330,942 | 343,429 | 12,487 | 439,780 | 440,536 | 756 |
| PSF, FRF and MRET funding | 4,705 | 5,968 | 2,832 | 2,832 | 2,833 | 2,831 | 2,833 | 2 | 19,168 | 19,170 | 2 | 28,928 | 7,450 | (21,478) |
| Other Income | 8,078 | 8,307 | 2,920 | 3,134 | 2,740 | 2,741 | 2,740 | (1) | 24,684 | 25,179 | 495 | 32,908 | 32,450 | (458) |
| **Total Other operating income** | 12,783 | 14,275 | 5,752 | 5,966 | 5,573 | 5,572 | 5,573 | 1 | 43,852 | 44,349 | 497 | 61,836 | 39,900 | (21,936) |
| **Total Income** | 121,581 | 132,074 | 44,518 | 40,266 | 49,339 | 41,473 | 49,339 | 7,866 | 374,794 | 387,778 | 12,984 | 501,616 | 480,437 | (21,179) |
| **Expenditure** | | | | | | | | | | | | | | |
| Pay | (89,930) | (92,308) | (30,507) | (30,366) | (29,942) | (27,859) | (29,942) | (2,083) | (259,542) | (273,053) | (13,511) | (342,620) | (355,203) | (12,583) |
| Pass through non pay | (11,962) | (12,428) | (4,586) | (4,195) | (4,143) | (4,215) | (4,143) | 72 | (38,031) | (37,314) | 717 | (50,710) | (48,390) | 2,321 |
| Other Non pay | (34,701) | (35,253) | (12,270) | (12,143) | (11,356) | (11,619) | (11,356) | 263 | (105,470) | (105,723) | (253) | (140,592) | (139,961) | 631 |
| **Total Expenditure** | (136,593) | (139,989) | (47,363) | (46,704) | (45,441) | (43,693) | (45,441) | (1,748) | (403,043) | (416,090) | (13,047) | (533,922) | (543,553) | (9,631) |
| Interest receivable | 39 | 31 | 11 | 11 | 13 | 3 | 13 | 10 | 27 | 105 | 78 | 36 | 146 | 110 |
| Finance costs | (2,069) | (2,290) | (815) | (793) | (840) | (811) | (840) | (29) | (6,713) | (6,807) | (94) | (9,142) | (9,252) | (110) |
| Profit on disposal of assets | 12 | 8 | 0 | 0 | 5 | 0 | 5 | 5 | 0 | 25 | 25 | 0 | 291 | 291 |
| **I&E - Deficit** | (17,030) | (10,166) | (3,649) | (7,220) | 3,076 | (3,028) | 3,076 | 6,104 | (34,935) | (34,989) | (54) | (41,412) | (71,931) | (30,519) |
| Impairments/Revaluations Adjustment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Donated/Govern't grant Asset Adjustment | 58 | 57 | 19 | (56) | 20 | 1 | 20 | 19 | 10 | 98 | 88 | 14 | 230 | 216 |
| **Adjusted Surplus/(Deficit)** | (16,972) | (10,109) | (3,630) | (7,276) | 3,096 | (3,027) | 3,096 | 6,123 | (34,925) | (34,891) | 34 | (41,398) | (71,701) | (30,303) |
| **Adjusted Surplus/(Deficit) ex PSF, FRF & MRET** | (21,677) | (16,077) | (6,462) | (10,108) | 263 | (5,858) | 263 | 6,121 | (54,093) | (54,061) | 32 | (70,326) | (79,151) | (8,825) |

Total Trust (including passthrough)

**Adjustments to derive underlying deficit**

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FSM Loan Interest | 2,030 | 2,259 | 804 | 782 | 827 | 808 | 827 | 19 | 6,686 | 6,702 | 16 | 9,106 | 9,106 | 0 |
| External Support | 1,221 | 540 | 99 | 130 | 113 | 0 | 113 | 113 | 1,900 | 2,104 | 204 | 1,900 | 2,249 | 349 |
| Profit on Disposals | (12) | (8) | 0 | 0 | (5) | 0 | (5) | (5) | 0 | (25) | (25) | 0 | 0 | 0 |
| Technical Adjustments | (1,581) | (950) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (2,531) | (2,531) | (500) | (2,531) | (2,031) |
| Transitional Support | 0 | (5,900) | 0 | (1,900) | (8,900) | 0 | (8,900) | (8,900) | 0 | (16,700) | (16,700) | 0 | (16,700) | (16,700) |
| **Underlying Surplus/(Deficit)** | (20,019) | (20,136) | (5,559) | (11,096) | (7,702) | (5,050) | (7,702) | (2,652) | (45,507) | (64,511) | (19,004) | (59,820) | (87,027) | (27,207) |

As at the end of December, the Trust position is a deficit of £34.9m or in line with plan to plan.

The adverse movement to plan YTD in Expenditure of £13.0m has been offset by a favourable movement in Income of £13.0m which includes transitional support of £16.7m.

Securing £16.7m of transitional support from commissioners has enabled the Trust to mitigate the adverse Expenditure movement to plan and in doing so avoid the loss of PSF and FRF funding (which to date totals £19.2m).

# SUSTAINABLE SERVICES – NHS PATIENT CARE INCOME & ACTIVITY

**Executive Lead:** Director of Finance & Digital

**CQC Domain:** Well-Led

**2021 Objective:** Our Services

## NHS Patient Care Income & Activity 2019/20

**2019/20 Clinical Income Summary: YTD Month 09**

| | Activity: In-Month | | | | Income: In-Month | | | | Activity: Year-To-Date | | | | Income: Year-To-Date | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2018/19 Actual December Activity | Plan December Activity | 2019/20 Actual December Activity | Variance December Activity | 2018/19 Actual December £'000 | Plan December £'000 | 2019/20 Actual December £'000 | Variance December £'000 | 2018/19 Actual December Activity | Plan December Activity | 2019/20 Actual December Activity | Variance December Activity | 2018/19 Actual December £'000 | Plan December £'000 | 2019/20 Actual December £'000 | Variance December £'000 |
| **Activity:** | | | | | | | | | | | | | | | | |
| Accident & Emergency | 11,990 | 12,206 | 12,339 | 133 | 1,751 | 2,074 | 2,140 | 67 | 112,180 | 108,271 | 112,118 | 3,847 | 16,269 | 18,393 | 19,330 | 937 |
| Daycases | 4,836 | 5,119 | 4,875 | (244) | 2,544 | 2,729 | 2,504 | (225) | 48,774 | 48,865 | 48,346 | (519) | 25,452 | 26,044 | 26,057 | 13 |
| Elective Spells | 646 | 735 | 632 | (103) | 1,848 | 2,029 | 1,729 | (300) | 6,674 | 7,012 | 6,524 | (488) | 17,356 | 19,351 | 19,058 | (293) |
| Non Elective Spells | 6,011 | 6,012 | 6,145 | 133 | 11,720 | 11,168 | 13,812 | 2,644 | 53,421 | 54,204 | 56,493 | 2,289 | 96,615 | 101,130 | 119,551 | 18,421 |
| Elective Excess Bed Days | 183 | 117 | 39 | (78) | 46 | 32 | 11 | (20) | 1,164 | 1,054 | 949 | (105) | 288 | 286 | 258 | (28) |
| Non Elective Excess Bed Days | 857 | 1,645 | 1,565 | (80) | 204 | 431 | 252 | (179) | 13,137 | 14,802 | 10,481 | (4,321) | 3,168 | 3,879 | 2,637 | (1,242) |
| Outpatient Firsts | 19,962 | 23,384 | 20,679 | (2,704) | 2,678 | 3,351 | 2,894 | (457) | 219,802 | 223,155 | 216,592 | (6,563) | 29,308 | 31,973 | 30,985 | (987) |
| Outpatient Follow Ups | 27,179 | 30,327 | 27,935 | (2,392) | 2,294 | 2,813 | 2,529 | (284) | 288,220 | 289,604 | 280,189 | (9,415) | 24,432 | 26,862 | 25,956 | (906) |
| Outpatient Non Face To Face | 1,908 | 2,057 | 2,383 | 326 | 42 | 135 | 144 | 8 | 19,098 | 18,876 | 24,626 | 5,751 | 417 | 1,233 | 1,558 | 326 |
| Outpatient Virtual | 0 | 0 | 604 | 604 | 0 | 0 | 13 | 13 | 59 | 0 | 2,043 | 2,043 | 1 | 0 | 43 | 43 |
| Outpatient Advice & Guidance | 0 | 279 | 461 | 182 | 0 | 8 | 11 | 3 | 0 | 2,512 | 4,373 | 1,861 | 0 | 76 | 108 | 32 |
| Critical Care | 1,843 | 1,630 | 1,476 | (155) | 1,145 | 1,551 | 1,425 | (126) | 14,497 | 13,043 | 11,317 | (1,727) | 11,101 | 13,963 | 12,281 | (1,683) |
| Maternity | 960 | 1,028 | 947 | (81) | 800 | 895 | 882 | (13) | 9,051 | 8,220 | 7,639 | (581) | 7,652 | 8,055 | 8,000 | (55) |
| Non PbR | 0 | 0 | 0 | 0 | 3,426 | 3,088 | 3,049 | (39) | 0 | 0 | 0 | 0 | 34,447 | 27,898 | 28,443 | 544 |
| Block | 0 | 0 | 0 | 0 | 0 | 225 | 225 | 0 | 0 | 0 | 0 | 0 | 0 | 2,028 | 2,028 | 0 |
| Non Recurrent Contract Variation | 0 | 0 | 0 | 0 | 0 | 12 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 110 | 110 | 0 |
| Shadow Monitoring | 0 | 1,395 | 1,218 | (177) | 0 | 0 | 0 | 0 | 0 | 11,160 | 11,187 | 27 | 0 | 0 | 0 | 0 |
| Repatriation | | | | | 0 | 483 | 0 | (483) | | | | | 0 | 4,283 | 0 | (4,283) |
| Backlog | | | | | 0 | 54 | 83 | 29 | | | | | 0 | 461 | 750 | 289 |
| **Work in Progress:** | | | | | 0 | 0 | (115) | (115) | | | | | 0 | 0 | (412) | (412) |
| | | | | | | | | | | | | | | | | |
| **Sub total without passthrough** | | | | | **28,495** | **31,080** | **31,601** | **522** | | | | | **266,509** | **286,025** | **296,740** | **10,715** |
| CQUIN | | | | | 578 | 355 | 359 | 4 | | | | | 5,437 | 3,278 | 3,407 | 129 |
| Fines | | | | | 0 | (75) | (75) | (75) | | | | | 0 | (699) | (699) | (699) |
| Fines Reinvested | | | | | 0 | 31 | 31 | 31 | | | | | 0 | 303 | 303 | 303 |
| Bring Lincolnshire CCG Contract to Plan | | | | | 0 | (1,659) | (1,659) | (1,659) | | | | | 0 | (16,427) | (16,427) | (16,427) |
| APA (calculated at quarterly billing) | | | | | 0 | 302 | 302 | 302 | | | | | 0 | 1,799 | 1,799 | 1,799 |
| Prior Year | | | | | 0 | | | 0 | | | | | | | | 0 |
| Maternity Prepayment | | | | | 0 | | | 0 | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | |
| **Total (Non Passthrough)** | | | | | **29,074** | **31,435** | **30,559** | **(876)** | | | | | **271,946** | **289,303** | **285,124** | **(4,179)** |
| | | | | | | | | | | | | | | | | |
| Non-recurrent Transitional Support | | | | | 0 | 0 | 0 | 0 | | | | | 0 | 7,800 | 7,800 | 7,800 |
| Central Funding / Winter | | | | | 0 | 0 | 9,123 | 9,123 | | | | | 0 | 9,123 | 9,123 | 9,123 |
| **Total (Non Passthrough including transitional support)** | | | | | **29,074** | **31,435** | **39,682** | **8,247** | | | | | **271,946** | **289,303** | **302,047** | **12,744** |
| | | | | | | | | | | | | | | | | |
| Passthrough - Drugs | | | | | 3,128 | 4,215 | 3,263 | (952) | | | | | 35,935 | 38,031 | 31,812 | (6,218) |
| Passthrough - Clinical Supplies and Services | | | | | 0 | 0 | 524 | 524 | | | | | 0 | 0 | 5,323 | 5,323 |
| Passthrough - Prior Months Adjustment | | | | | 0 | 0 | 178 | 178 | | | | | 0 | 0 | 178 | 178 |
| **Total (Inc Passthrough)** | | | | | **32,202** | **35,650** | **43,647** | **7,997** | | | | | **307,881** | **327,334** | **339,361** | **12,027** |

Excellence **in rural healthcare**

## SUSTAINABLE SERVICES – NHS PATIENT CARE INCOME & ACTIVITY

**Executive Lead:** Director of Finance & Digital

**CQC Domain:** Well-Led

**2021 Objective:** Our Services

Headline
Contract income year to date of £339m is £12m (3.7%) favourable to plan. Excluding c£0.7m adverse variance on pass-through, contract income year to date is £13m favourable to plan.

Key variances by POD below excluding pass-through
• Non Elective Spells are favourable to plan by £18m (18.2%) – Medicine accounts for £16m of the over-performance. Activity is above plan by 2,289 (4.2%) and the Trust has seen 3,072 more patients for the same time period in 2018/19.
• Outpatients are £1.5m adverse to plan - Medicine and Surgery account for 92% of the adverse movement to plan.  Activity is 6,323 adverse to plan in 2019/20
• Critical Care is £1.7m adverse to plan – with this variance driven by Adult Critical Care.  Activity is 1,932 adverse to plan in 2019/20 and 1,756 down on the same time period in 2018/19.
• A&E attendances are £0.9m favourable to plan.  Activity in 2019/20 is above planned levels by 3,847 attendances, this is only 62 less than the same time period in 2018/19.

Key variances by Commissioner
• Lincolnshire CCGs are £1.8m favourable to plan excluding the revised c£16m non-recurrent transitional support funding and central/winter funding.  This is driven by the NEL APA adjustment.
• Removal of Repatriation and unidentified backlog assumptions deteriorated the financial position by £4.0m offset by the increase in transitional support
• Non Lincolnshire commissioners are £1.8m adverse to plan driven by:
    o Fines of £396k, predominantly due to 2ww breast symptomatic and suspect cancer.
    o Screening is £247k adverse to plan, of which bowel scope is £297k, diabetic retinopathy is £141k, offset by a favourable variance of £191k in Breast Screening.

Risks
• Lincolnshire CCGs are querying the level of NEL financial over-performance for both volume (activity) and price (casemix).  Specifically these queries are in relation to Frailty Unit, Discharge (from A&E) and Paediatric Assessment Unit.
• A&E over performance – the plan assumed a greater impact in relation to primary care streaming and commissioner demand management schemes than is currently being delivered.
• PLCV challenges – It has been identified that prior approval is not being received for all procedures currently and there is a risk in the year-to-date position of c£0.9m, in particular tonsillectomy's and hernias. This is not transacted through the current contract arrangements.

**Excellence in rural healthcare**

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

**Executive Lead:** Director of Finance & Digital

**CQC Domain:** Well-Led                    **Income & Activity Run Rate - Activity 2019/20**

**2021 Objective:** Our Services

| Activity | Activity Units: By Month / Quarter | | | | In Month | | | | Year to date | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Actual Qtr 1 | Actual Qtr 2 | Actual M7 | Actual M8 | Plan December Activity | Actual December Activity | Variance December Activity | % Variance | Plan December Activity | Actual December Activity | Variance December Activity | % Variance |
| Accident & Emergency | 36,746 | 38,447 | 12,576 | 12,010 | 12,206 | 12,339 | 133 | 1.1% | 108,271 | 112,118 | 3,847 | 3.6% |
| Daycases | 16,353 | 16,022 | 5,744 | 5,352 | 5,119 | 4,875 | (244) | (4.8%) | 48,865 | 48,346 | (519) | (1.1%) |
| Elective Spells | 2,148 | 2,280 | 753 | 711 | 735 | 632 | (103) | (14.0%) | 7,012 | 6,524 | (488) | (7.0%) |
| Non Elective Spells | 18,545 | 19,035 | 6,664 | 6,104 | 6,012 | 6,145 | 133 | 2.2% | 54,204 | 56,493 | 2,289 | 4.2% |
| Elective Excess Bed Days | 264 | 377 | 116 | 153 | 117 | 39 | (78) | (66.7%) | 1,054 | 949 | (105) | (10.0%) |
| Non Elective Excess Bed Days | 3,393 | 3,443 | 901 | 1,179 | 1,645 | 1,565 | (80) | (4.8%) | 14,802 | 10,481 | (4,321) | (29.2%) |
| Outpatient Firsts | 72,241 | 73,334 | 26,122 | 24,215 | 23,384 | 20,679 | (2,704) | (11.6%) | 223,155 | 216,592 | (6,563) | (2.9%) |
| Outpatient Follow Ups | 93,236 | 94,159 | 33,408 | 31,451 | 30,327 | 27,935 | (2,392) | (7.9%) | 289,604 | 280,189 | (9,415) | (3.3%) |
| Outpatient Non Face To Face | 7,825 | 8,100 | 3,063 | 3,255 | 2,057 | 2,383 | 326 | 15.9% | 18,876 | 24,626 | 5,751 | 30.5% |
| Outpatient Virtual | - | 41 | 60 | 1,338 | - | 604 | 604 | 0.0% | - | 2,043 | 2,043 | 0.0% |
| Outpatient Advice & Guidance | 1,334 | 1,432 | 548 | 598 | 279 | 461 | 182 | 65.2% | 2,512 | 4,373 | 1,861 | 74.1% |

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

Whilst A&E activity is lower for the first seven months of 2019/20 when compared to 2018/19, this is primarily due to a change in plan in relation to assumed levels of increased activity transferring to Primary Care Streaming (i.e. a planned change between years).

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

Non Elective activity is 4.3% up against plan YTD in relation to activity and c16.6% in relation to income. This Non Elective over performance is mainly within the Medicine Division and further details are being shared with the Division.

# Excellence in rural healthcare

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

**Executive Lead:** Director of Finance & Digital

**Income & Activity Run Rate - £ 2019/20**

**CQC Domain:** Well-Led

## 2021 Objective: Our Services

| | By Month / Quarter | | | | | In Month | | | Year to date | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Actual Qtr 1 £'000 | Actual Qtr 2 £'000 | Actual M7 £'000 | Actual M8 £'000 | Actual M9 £'000 | Plan December £'000 | Actual December £'000 | Variance December £'000 | Plan December £'000 | Actual December £'000 | Variance December £'000 |
| Accident & Emergency | 6,267 | 6,627 | 2,205 | 2,091 | 2,140 | 2,074 | 2,140 | 67 | 18,393 | 19,330 | 937 |
| Daycases | 8,944 | 8,651 | 3,076 | 2,881 | 2,504 | 2,729 | 2,504 | (225) | 26,044 | 26,057 | 13 |
| Elective Spells | 6,340 | 6,574 | 2,386 | 2,028 | 1,729 | 2,029 | 1,729 | (300) | 19,351 | 19,058 | (293) |
| Non Elective Spells | 38,693 | 39,379 | 14,264 | 13,404 | 13,812 | 11,168 | 13,812 | 2,644 | 101,130 | 119,551 | 18,421 |
| Elective Excess Bed Days | 71 | 101 | 30 | 44 | 11 | 32 | 11 | (20) | 286 | 258 | (28) |
| Non Elective Excess Bed Days | 918 | 920 | 238 | 310 | 252 | 431 | 252 | (179) | 3,879 | 2,637 | (1,242) |
| Outpatient Firsts | 10,336 | 10,498 | 3,749 | 3,509 | 2,894 | 3,351 | 2,894 | (457) | 31,973 | 30,985 | (987) |
| Outpatient Follow Ups | 8,603 | 8,735 | 3,137 | 2,952 | 2,529 | 2,813 | 2,529 | (284) | 26,862 | 25,956 | (906) |
| Outpatient Non Face To Face | 504 | 523 | 194 | 194 | 144 | 135 | 144 | 8 | 1,233 | 1,558 | 326 |
| Outpatient Virtual | 0 | 1 | 1 | 28 | 13 | 0 | 13 | 13 | 0 | 43 | 43 |
| Outpatient Advice & Guidance | 33 | 35 | 14 | 15 | 11 | 8 | 11 | 3 | 76 | 108 | 32 |
| Critical Care | 4,155 | 4,012 | 1,215 | 1,473 | 1,425 | 1,551 | 1,425 | (126) | 13,963 | 12,281 | (1,683) |
| Maternity | 2,626 | 2,665 | 945 | 883 | 882 | 895 | 882 | (13) | 8,055 | 8,000 | (55) |
| Non PbR | 9,240 | 9,565 | 3,585 | 3,004 | 3,049 | 3,088 | 3,049 | (39) | 27,898 | 28,443 | 544 |
| Block | 676 | 676 | 225 | 225 | 225 | 225 | 225 | 0 | 2,028 | 2,028 | 0 |
| Non Recurrent Contract Variation | 37 | 37 | 12 | 12 | 12 | 12 | 12 | 0 | 110 | 110 | 0 |
| | | | | | | | | | | | |
| Repatriation | 0 | 0 | | | | 483 | 0 | (483) | 4,283 | 0 | (4,283) |
| Backlog | 250 | 250 | 83 | 83 | 83 | 54 | 83 | 29 | 461 | 750 | 289 |
| | | | | | | | | | | | |
| **Work in Progress** | (41) | (582) | (195) | 520 | (115) | 0 | (115) | (115) | 0 | (412) | (412) |
| | | | | | | | | | | | |
| **Sub total without passthrough** | **97,652** | **98,667** | **35,165** | **33,654** | **31,601** | **31,080** | **31,601** | **522** | **286,025** | **296,740** | **10,715** |
| | | | | | | | | | | | |
| CQUIN | 1,143 | 1,138 | 392 | 376 | 359 | 355 | 359 | 4 | 3,278 | 3,407 | 129 |
| | | | | | | | | | | | |
| Fines | (227) | (240) | (72) | (83) | (75) | 0 | (75) | (75) | 0 | (699) | (699) |
| Fines Reinvested | 94 | 114 | 28 | 36 | 31 | 0 | 31 | 31 | 0 | 303 | 303 |
| | | | | | | | | | | | |
| Bring Lincolnshire CCG Contract to Plan | (5,234) | (3,978) | (2,449) | (3,106) | (1,659) | 0 | (1,659) | (1,659) | 0 | (16,427) | (16,427) |
| APA (calculated at quarterly billing) | 384 | 470 | 458 | 185 | 302 | 0 | 302 | 302 | 0 | 1,799 | 1,799 |
| | | | | | | | | | | | |
| **Total (Non Passthrough)** | **93,812** | **96,171** | **33,522** | **31,061** | **30,559** | **31,435** | **30,559** | **(876)** | **289,303** | **285,124** | **(4,179)** |
| | | | | | | | | | | | |
| Non-recurrent Transitional Support | 0 | 5,900 | 0 | 1,900 | | 0 | 0 | 0 | 0 | 7,800 | 7,800 |
| Central Funding / Winter | 0 | 0 | 0 | 0 | 9,123 | 0 | 9,123 | 9,123 | 0 | 9,123 | 9,123 |
| **Total (Non Passthrough)** | **93,812** | **102,071** | **33,522** | **32,961** | **39,682** | **31,435** | **39,682** | **8,247** | **289,303** | **302,047** | **12,744** |
| | | | | | | | | | | | |
| Passthrough - Drugs | 10,512 | 10,515 | 3,889 | 3,633 | 3,263 | 4,215 | 3,263 | (952) | 38,031 | 31,812 | (6,218) |
| Passthrough - Clinical Supplies and Services | 1,718 | 1,841 | 680 | 561 | 524 | | 524 | 524 | | 5,323 | 5,323 |
| Passthrough - Prior Months Adjustment | 0 | 0 | | | 178 | | 178 | 178 | | 178 | 178 |
| **Total (Inc Passthrough)** | **106,042** | **114,427** | **38,091** | **37,155** | **43,647** | **35,650** | **43,647** | **7,997** | **327,334** | **339,361** | **12,027** |

## SUSTAINABLE SERVICES – NHS PATIENT CARE INCOME 2019/20

**Executive Lead:** Director of Finance & Digital

**CQC Domain:** Well-Led

**2021 Objective:** Our Services

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



Lincolnshire CCGs Contract



Other (Lincolnshire CCGs non-APA plus all other Commissioners)
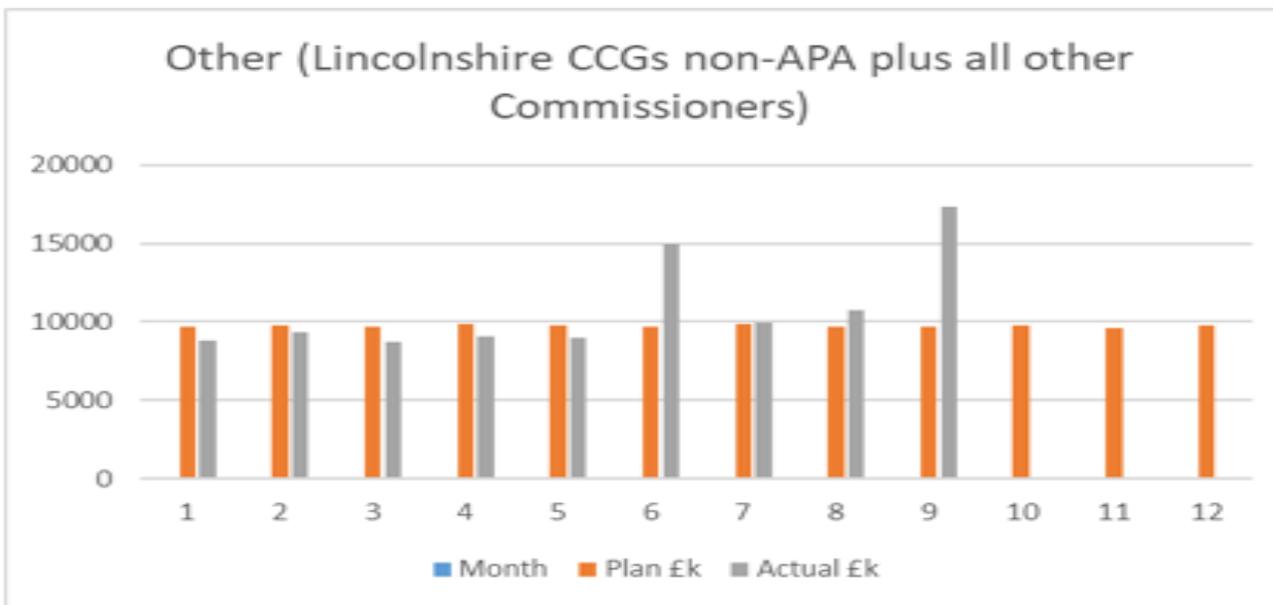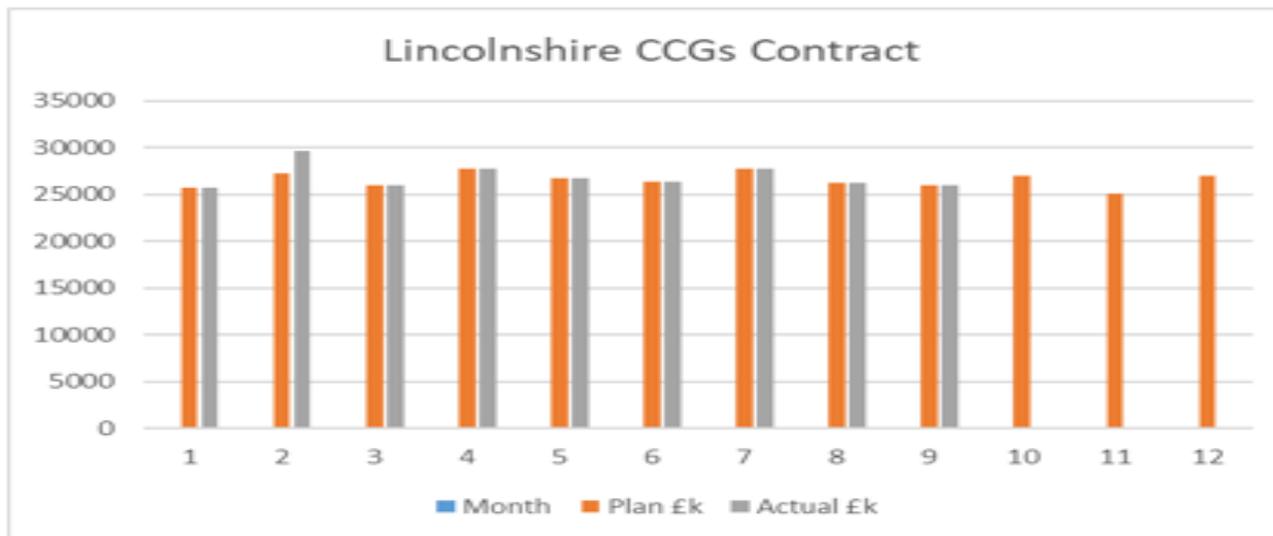
# SUSTAINABLE SERVICES – PAY SUMMARY

**Executive Lead:** Director of Finance & Digital

**CQC Domain:** Well-Led

**2021 Objective:** Our Services

**Pay Summary 2019/20**

### 2019/20 Pay Summary: YTD Month 09

| Staff Groups | By Month / Quarter | | | | | Pay: In-Month | | | | Pay: Year-To-Date | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Actual Qtr 1 £'000 | Actual Qtr 2 £'000 | Actual M7 £'000 | Actual M8 £'000 | Actual M9 £'000 | 2018/19 Actual December £'000 | Plan December £'000 | 2019/20 Actual December £'000 | Variance December £'000 | 2018/19 Actual December £'000 | Plan December £'000 | 2019/20 Actual December £'000 | Variance December £'000 |
| *Substantive:* | | | | | | | | | | | | | |
| Registered Nursing, Midwifery and Health visiting staff | 21,589 | 21,389 | 7,079 | 7,196 | 7,148 | 6,960 | 7,191 | 7,148 | 43 | 62,553 | 64,877 | 64,401 | 476 |
| Health Care Scientists and Scientific, Therapeutic and Technical staff | 8,251 | 8,242 | 2,802 | 2,797 | 2,817 | 2,605 | 2,603 | 2,817 | (214) | 22,846 | 23,508 | 24,910 | (1,402) |
| Qualified Ambulance Service staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Support to clinical staff | 14,800 | 14,881 | 4,958 | 4,942 | 4,920 | 4,572 | 4,780 | 4,920 | (140) | 41,446 | 43,215 | 44,501 | (1,286) |
| Medical and Dental Staff | 19,093 | 20,956 | 6,838 | 6,893 | 6,978 | 6,421 | 6,724 | 6,978 | (254) | 58,472 | 61,399 | 60,759 | 640 |
| Non-Medical - Non-Clinical Staff | 8,256 | 8,720 | 2,868 | 2,885 | 2,690 | 2,599 | 2,911 | 2,690 | 221 | 23,113 | 26,299 | 25,419 | 880 |
| Apprentice levy | 347 | 316 | 114 | 115 | 112 | 106 | 107 | 112 | (5) | 956 | 962 | 1,004 | (42) |
| Capitalised staff | (45) | (261) | (102) | (50) | (215) | (56) | 0 | (215) | 215 | (492) | 0 | (673) | 673 |
| **Total Substantive costs** | **72,291** | **74,243** | **24,558** | **24,778** | **24,450** | **23,207** | **24,316** | **24,450** | **(134)** | **208,895** | **220,260** | **220,321** | **(61)** |
| | | | | | | | | | | | | | |
| *Bank:* | | | | | | | | | | | | | |
| Registered Nursing, Midwifery and Health visiting staff | 1,523 | 1,526 | 531 | 500 | 492 | 395 | 473 | 492 | (19) | 4,132 | 4,245 | 4,572 | (327) |
| Health Care Scientists and Scientific, Therapeutic and Technical staff | 131 | 136 | 51 | 48 | 47 | 39 | 45 | 47 | (2) | 396 | 401 | 412 | (11) |
| Support to clinical staff | 1,144 | 1,272 | 362 | 354 | 363 | 347 | 372 | 363 | 9 | 3,321 | 3,344 | 3,495 | (151) |
| Medical and Dental Staff | 2,846 | 2,758 | 785 | 873 | 931 | 929 | 474 | 931 | (457) | 7,717 | 6,089 | 8,194 | (2,105) |
| Non-Medical - Non-Clinical Staff | 715 | 501 | 177 | 187 | 189 | 252 | 177 | 189 | (12) | 2,060 | 1,593 | 1,769 | (176) |
| **Total Bank costs** | **6,358** | **6,194** | **1,906** | **1,961** | **2,023** | **1,961** | **1,541** | **2,023** | **(482)** | **17,627** | **15,672** | **18,441** | **(2,769)** |
| | | | | | | | | | | | | | |
| *Agency:* | | | | | | | | | | | | | |
| Registered Nursing, Midwifery and Health visiting staff | 3,086 | 3,631 | 1,242 | 1,164 | 1,029 | 871 | 876 | 1,029 | (153) | 7,026 | 8,058 | 10,152 | (2,094) |
| Health Care Scientists and Scientific, Therapeutic and Technical staff | 500 | 484 | 111 | 102 | 118 | 90 | 131 | 118 | 13 | 1,134 | 1,200 | 1,315 | (115) |
| Support to clinical staff | 6 | 0 | 0 | 0 | 0 | 61 | 17 | 0 | 17 | 77 | 132 | 7 | 125 |
| Medical and Dental Staff | 6,901 | 7,075 | 2,467 | 2,124 | 2,093 | 2,164 | 907 | 2,093 | (1,186) | 16,925 | 12,681 | 20,660 | (7,979) |
| Non-Medical - Non-Clinical Staff | 787 | 682 | 224 | 239 | 226 | 175 | 71 | 226 | (155) | 1,097 | 1,539 | 2,159 | (620) |
| **Total Agency costs** | **11,281** | **11,873** | **4,045** | **3,629** | **3,465** | **3,361** | **2,002** | **3,465** | **(1,463)** | **26,259** | **23,610** | **34,293** | **(10,683)** |
| | | | | | | | | | | | | | |
| **Total Pay** | **89,930** | **92,310** | **30,508** | **30,368** | **29,939** | **28,529** | **27,859** | **29,939** | **(2,080)** | **252,781** | **259,542** | **273,055** | **(13,513)** |

Pay year to date is £13.5m adverse to plan (despite the release of £1.0m of non-recurrent technical savings in prior months) including an adverse movement to plan of £2.1m in December.

The adverse movement to plan in Pay is driven by the adverse movement on temporary staffing, of which £10.7m (79%) relates to Agency Pay.

Whilst the above table shows that Substantive Pay YTD is £61k adverse to plan, this includes £1.0m of one-off technical benefit. However, the YTD Substantive Pay position also includes £0.6m in relation to higher than planned cost of the Medical & Dental pay award, the impact of which on the Trust's I&E position was halved by additional external funding the Trust received. In terms of the underlying substantive pay position, this was flat in the third quarter in comparison to the previous quarter.

The above table also shows that:

  1) The movement from plan is as a result of both the planned spend reducing (which reflects the increasing CIP savings profile) and actual spend increasing.
  2) Medical & Dental Pay accounts for £9.4m (70%) and Nursing & Midwifery accounts for £1.9m (14%) of the overall adverse movement to plan.

The Trust breached its Agency Ceiling for 2019/20 by the end of September and Agency Pay has YTD averaged £3.8m per month. However, expenditure of £3.5m in December is the lowest monthly spend since December 2018 when the Trust spent £3.4m. Whilst the higher than planned spend on Agency Pay is in part due to need to respond to safety concerns and the growth in Non-Elective activity, the scale of expenditure and trend in expenditure over a longer period is of great concern given the impact it will have upon the Trust's ability to deliver the control total. Financial Recovery Plans have focussed heavily on the need to reduce expenditure on Agency Pay in the final quarter.

Excellence in rural healthcare

## SUSTAINABLE SERVICES – NON PAY SUMMARY

**Executive Lead:** Director of Finance & Digital

**CQC Domain:** Well-Led

**Non Pay Summary 2019/20**

**2021 Objective:** Our Services

### 2019/20 Non Pay Summary: YTD Month 09

| Non Pay | By Month / Quarter | | | | | Non Pay: In-Month | | | | Non Pay: Year-To-Date | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | 2018/19 | 2019/20 | | | 2018/19 | 2019/20 | | |
| | Actual Qtr 1 £'000 | Actual Qtr 2 £'000 | Actual M7 £'000 | Actual M8 £'000 | Actual M9 £'000 | Actual December £'000 | Plan December £'000 | Actual December £'000 | Variance December £'000 | Actual December £'000 | Plan December £'000 | Actual December £'000 | Variance December £'000 |
| Ambulance Services | 469 | 500 | 133 | 130 | 125 | 185 | 169 | 125 | 44 | 1,196 | 1,527 | 1,357 | 170 |
| Clinical Supplies & Services | 13,487 | 14,041 | 4,850 | 4,748 | 4,614 | 4,812 | 4,527 | 4,615 | (88) | 42,214 | 40,642 | 41,740 | (1,097) |
| Clinical Supplies & Services - Pass through | | | 717 | 585 | 574 | 487 | 655 | 574 | 81 | 4,031 | 5,991 | 5,323 | 667 |
| Drugs | 2,410 | 2,228 | 1,018 | 973 | 726 | 1,478 | 1,104 | 726 | 378 | 8,527 | 9,944 | 7,356 | 2,589 |
| Drugs Pass through | 10,465 | 10,478 | 3,869 | 3,610 | 3,569 | 2,641 | 3,560 | 3,569 | (9) | 31,904 | 32,040 | 31,990 | 49 |
| Establishment Expenditure | 1,606 | 2,051 | 540 | 629 | 548 | 620 | 528 | 549 | (21) | 4,811 | 4,752 | 5,374 | (622) |
| General Supplies & Services | 2,841 | 2,335 | 776 | 694 | 777 | 864 | 489 | 776 | (287) | 9,330 | 5,400 | 7,423 | (2,023) |
| Other | 898 | 720 | 314 | 289 | 391 | 640 | 328 | 388 | (60) | 1,896 | 2,935 | 2,612 | 323 |
| Premises & Fixed Plant | 4,524 | 4,913 | 1,817 | 1,864 | 2,037 | 1,798 | 1,633 | 2,038 | (405) | 13,162 | 14,701 | 15,155 | (454) |
| Clinical Negligence | 5,222 | 5,223 | 1,740 | 1,741 | 1,072 | 1,774 | 1,741 | 1,072 | 669 | 15,966 | 15,669 | 14,998 | 671 |
| Capital charges | 3,244 | 3,242 | 1,075 | 1,075 | 1,071 | 906 | 1,100 | 1,070 | 30 | 5,315 | 9,900 | 9,707 | 193 |
| **Total Non Pay** | **45,166** | **45,731** | **16,849** | **16,338** | **15,504** | **16,205** | **15,834** | **15,502** | **332** | **138,352** | **143,501** | **143,035** | **466** |

Non Pay expenditure of £143m is £0.5m (0.32%) favourable to plan.

Excluding favourable variance on Pass-through, Non Pay is £0.3m (0.24%) adverse to plan. However, the Non Pay position includes £1.5m of non-recurrent technical savings delivery, without which Non Pay would be £1.7m (1.65%) adverse to plan.

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

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

# SUSTAINABLE SERVICES – COST IMPROVEMENT PROGRAMME (CIP) SUMMARY

**Executive Lead:**

Director of Finance & Digital

**CQC Domain:**

Well-Led

**2021 Objective:**
Our Services

| M09 | | | | | | | |
|---|---|---|---|---|---|---|---|

| | In Month: 2019/20 | | | YTD: 2019/20 | | | |
|---|---|---|---|---|---|---|---|
| | **Plan December £'000** | **Actual December £'000** | **Variance December £'000** | **Plan December £'000** | **Actual December £'000** | **Variance December £'000** | **RAG** |
| CIP | 2,816 | 1,526 | (1,290) | 16,410 | 11,816 | (4,594) | 🟥 |

**Finance Position**

| | YTD ACTUAL | | FORECAST |
|---|---|---|---|
| | **£'000** | | **£'000** |
| Recurrent | 9,285 | Recurrent | 17,905 |
| Non Recurrent | 2,531 | Non Recurrent | 2,531 |
| **TOTAL** | **11,816** | **TOTAL** | **20,436** |


CIP Position - M09

Legend: ■ Actual ■ Actual - Technical Adjustments ■ Forecast ■ Forecast - Tech Adjustments ■ NHSI Plan
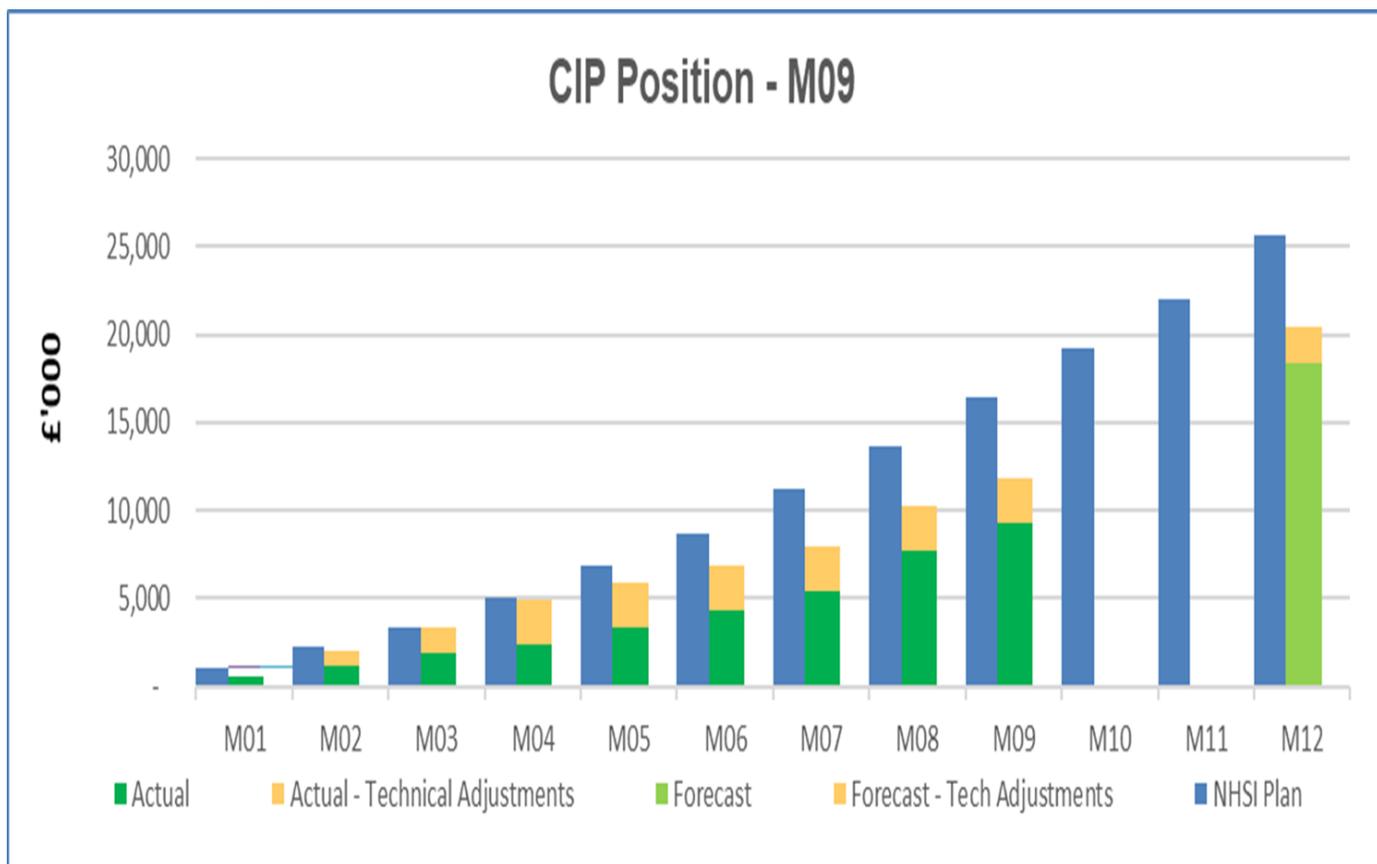
The financial plan for 2019/20 includes an efficiency programme to deliver £25.61m of savings; this includes £250k of planned non-recurrent savings in relation to the sale of the original front entrance of Grantham Hospital.

CIP savings delivery of £1,526k is reported in December; compared to planned CIP savings delivery of £2,816k, savings delivery in Decemberber is £1,290k adverse to plan.

In-month CIP savings reporting includes a reduction of £428k in savings delivered year to date in relation to Theatre Case mix and £669k of savings in relation to delivery of CNST standards.

YTD CIP savings delivery of £11,816k to the end of December is £4,594k (28.0%) adverse to planned CIP savings delivery of £16,410k.

However, the YTD CIP position is supported by delivery of £2,531k of non-recurrent Technical CIP savings. This non-recurrent CIP savings delivery comprises of £1,022k of Technical Savings in relation to Pay, £1,493k in relation to Non Pay and £16k in relation to Income. Excluding Technical CIP delivery, the YTD CIP position is £7,125k (43.4%) adverse to plan.

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

## SUSTAINABLE SERVICES – STATEMENT OF FINANCIAL POSITION

| | Year end Plan 31 March 2019 £'000 | Year end Actual £'000 | Year to date Plan 31 December 2019 £'000 | Year to date Actual £'000 | Year to date Variance £'000 | Monthly Actual 2019/20 Actual Qtr 1 £'000 | Monthly Actual 2019/20 Actual Qtr 2 £'000 | Monthly Actual 2019/20 Actual 31-Oct £'000 | Monthly Actual 2019/20 Actual 30-Nov £'000 | Monthly Actual 2019/20 Actual 31-Dec £'000 | Forecast Outurn Actual £'000 | Forecast Outurn Plan 31 March 2020 £'000 | Forecast Outurn Variance £'000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Non-current assets** | | | | | | | | | | | | | |
| Intangible assets | 5,488 | 6,341 | 4,731 | 5,062 | (331) | 5,907 | 5,484 | 5,343 | 5,202 | 5,062 | 4,639 | 4,637 | 2 |
| Property, plant and equipment: **on-SoFP** IFRIC 12 assets | 22,495 | 27,654 | 27,054 | 27,342 | (288) | 27,550 | 27,446 | 27,411 | 27,377 | 27,342 | 27,238 | 26,954 | 284 |
| Property, plant and equipment: other | 213,599 | 181,095 | 218,261 | 190,117 | 28,144 | 184,058 | 187,899 | 188,970 | 189,392 | 190,117 | 199,747 | 224,849 | (25,102) |
| Trade and other receivables: due from non-NHS/DHSC group bodies | 1,828 | 1,560 | 1,600 | 1,517 | 83 | 1,537 | 1,561 | 1,528 | 1,539 | 1,517 | 1,500 | 1,600 | (100) |
| **Total non-current assets** | 243,410 | 216,650 | 251,646 | 224,038 | 27,608 | 219,052 | 222,390 | 223,252 | 223,510 | 224,038 | 233,124 | 258,040 | (24,916) |
| | | | | | | | | | | | | | |
| **Current assets** | | | | | | | | | | | | | |
| Inventories | 6,799 | 7,440 | 7,350 | 7,657 | (307) | 7,317 | 7,484 | 7,418 | 7,466 | 7,657 | 7,500 | 7,350 | 150 |
| Trade and other receivables: due from NHS and DHSC group bodies | 17,664 | 15,203 | 25,580 | 40,248 | (14,668) | 16,170 | 25,931 | 33,531 | 30,907 | 40,248 | 26,845 | 26,845 | 0 |
| Trade and other receivables: Due from non-NHS/DHSC group bodies | 4,848 | 6,833 | 7,934 | 9,694 | (1,760) | 15,803 | 15,671 | 10,157 | 10,329 | 9,694 | 7,912 | 7,912 | 0 |
| Assets held for sale and assets in disposal groups | 0 | 660 | 510 | 660 | (150) | 660 | 660 | 660 | 660 | 660 | 660 | 510 | 150 |
| Cash and cash equivalents: GBS/NLF | 6,143 | 7,376 | 990 | 3,875 | (2,885) | 1,206 | 3,423 | 2,876 | 1,930 | 3,875 | 5,345 | 4,214 | 1,131 |
| Cash and cash equivalents: commercial / in hand / other | 10 | 10 | 10 | 10 | 0 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 0 |
| **Total current assets** | 35,464 | 37,522 | 42,374 | 62,144 | (19,770) | 41,166 | 53,179 | 54,652 | 51,302 | 62,144 | 48,272 | 46,841 | 1,431 |
| | | | | | | | | | | | | | |
| **Current liabilities** | | | | | | | | | | | | | |
| Trade and other payables: capital | (4,723) | (10,791) | (5,047) | (5,955) | 908 | (7,990) | (6,831) | (6,583) | (5,995) | (5,955) | (7,424) | (4,466) | (2,958) |
| Trade and other payables: non-capital | (38,039) | (40,622) | (36,629) | (46,494) | 9,865 | (47,043) | (41,788) | (43,645) | (42,634) | (46,494) | (37,571) | (41,096) | 3,525 |
| Borrowings | (77,359) | (114,339) | (111,929) | (179,269) | 67,340 | (124,423) | (122,404) | (164,596) | (170,786) | (179,269) | (179,388) | (197,289) | 17,901 |
| Provisions | (735) | (608) | (565) | (672) | 107 | (608) | (608) | (663) | (672) | (672) | (646) | (565) | (81) |
| Other liabilities: deferred income | (2,707) | (2,869) | (1,200) | (2,832) | 1,632 | (1,110) | (1,871) | (1,919) | (1,689) | (2,832) | (1,200) | (1,200) | 0 |
| Other liabilities: other | (503) | (503) | (503) | (503) | 0 | (503) | (503) | (503) | (503) | (503) | (503) | (503) | 0 |
| **Total current liabilities** | (124,066) | (169,732) | (155,873) | (235,725) | 79,852 | (181,677) | (174,005) | (217,909) | (222,279) | (235,725) | (226,732) | (245,119) | 18,387 |
| **Net Current liabilities** | (88,602) | (132,210) | (113,499) | (173,581) | 60,082 | (140,511) | (120,826) | (163,257) | (170,977) | (173,581) | (178,460) | (198,278) | 19,818 |
| **Total assets less current liabilities** | 154,808 | 84,440 | 138,147 | 50,457 | 87,690 | 78,541 | 101,564 | 59,995 | 52,533 | 50,457 | 54,664 | 59,762 | (5,098) |
| | | | | | | | | | | | | | |
| **Non-current liabilities** | | | | | | | | | | | | | |
| Borrowings | (228,888) | (188,196) | (253,350) | (189,102) | (64,248) | (199,326) | (232,940) | (195,101) | (194,906) | (189,102) | (194,787) | (178,440) | (16,347) |
| Provisions | (2,911) | (2,863) | (2,882) | (2,829) | (53) | (2,989) | (2,689) | (2,651) | (2,647) | (2,829) | (2,762) | (2,782) | 20 |
| Other liabilities: other | (13,081) | (13,081) | (12,703) | (12,704) | 1 | (12,956) | (12,830) | (12,788) | (12,746) | (12,704) | (12,578) | (12,578) | 0 |
| **Total non-current liabilities** | (244,880) | (204,140) | (268,935) | (204,635) | (64,300) | (215,271) | (248,459) | (210,540) | (210,299) | (204,635) | (210,127) | (193,800) | (16,327) |
| **Total net assets employed** | (90,072) | (119,700) | (130,788) | (154,178) | 23,390 | (136,730) | (146,895) | (150,545) | (157,766) | (154,178) | (155,463) | (134,038) | (21,425) |
| | | | | | | | | | | | | | |
| **Financed by** | | | | | | | | | | | | | |
| Public dividend capital | 257,563 | 260,042 | 262,091 | 260,555 | 1,536 | 260,042 | 260,042 | 260,042 | 260,042 | 260,555 | 265,797 | 265,318 | 479 |
| Revaluation reserve | 34,455 | 32,159 | 35,131 | 31,481 | 3,650 | 31,933 | 31,707 | 31,632 | 31,557 | 31,481 | 31,255 | 34,951 | (3,696) |
| Other reserves | 190 | 190 | 190 | 190 | 0 | 190 | 190 | 190 | 190 | 190 | 190 | 190 | 0 |
| Income and expenditure reserve | (382,280) | (412,091) | (428,200) | (446,404) | 18,204 | (428,895) | (438,834) | (442,409) | (449,555) | (446,404) | (452,705) | (434,497) | (18,208) |
| **Total taxpayers' and others' equity** | (90,072) | (119,700) | (130,788) | (154,178) | 23,390 | (136,730) | (146,895) | (150,545) | (157,766) | (154,178) | (155,463) | (134,038) | (21,425) |

| BORROWINGS Current | Year end 31 March 2019 | | Year to date 31 December 2019 | | | Monthly Actual 2019/20 | | | | | Forecast Outurn 31 March 2020 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | £'000 | £'000 | £'000 | £'000 | £'000 | Qtr 1 £'000 | Qtr 2 £'000 | 31-Oct-19 £'000 | 30-Nov-19 £'000 | 31-Dec-19 £'000 | £'000 | £'000 | £'000 |
| Borrowings: DHSC capital loans | 2,429 | 1,889 | 2,634 | 2,719 | (85) | 1,828 | 2,701 | 2,701 | 2,701 | 2,719 | 2,615 | 2,636 | (21) |
| Borrowings: DHSC working capital / revenue support loans | 74,930 | 112,450 | 106,256 | 174,085 | (67,829) | 120,859 | 117,357 | 159,384 | 165,707 | 174,085 | 174,084 | 191,521 | (17,437) |
| Accrued interest on DHSC loans | 0 | | 2,577 | 2,465 | 112 | 1,736 | 2,346 | 2,511 | 2,378 | 2,465 | 2,449 | 2,670 | (221) |
| Borrowings: other (non-DHSC) | 0 | 0 | 462 | 0 | 462 | 0 | 0 | 0 | 0 | 0 | 240 | 462 | (222) |
| Total current borrowings | 77,359 | 114,339 | 111,929 | 179,269 | (67,340) | 124,423 | 122,404 | 164,596 | 170,786 | 179,269 | 179,388 | 197,289 | (17,901) |
| Non-current | | | | | | | | | | | | | |
| Borrowings: DHSC capital loans | 33,343 | 24,283 | 33,025 | 33,833 | (808) | 25,005 | 34,179 | 34,179 | 33,851 | 33,833 | 32,914 | 32,746 | 168 |
| Borrowings: DHSC working capital / revenue support loans | 195,545 | 163,913 | 217,827 | 155,269 | 62,558 | 174,321 | 198,761 | 160,922 | 161,055 | 155,269 | 160,913 | 142,687 | 18,226 |
| Borrowings: other (non-DHSC) | 0 | 0 | 2,498 | 0 | 2,498 | 0 | 0 | 0 | 0 | 0 | 960 | 3,007 | (2,047) |
| Total non-current borrowings | 228,888 | 188,196 | 253,350 | 189,102 | 64,248 | 199,326 | 232,940 | 195,101 | 194,906 | 189,102 | 194,787 | 178,440 | 16,347 |

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

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

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

- Trade / NHS Receivables: the levels at 30 November (£30.9m) are significantly increased against plan (£23.1m) due to high levels of NHS Accrued income versus plan. The balance of £30.9m broadly breaks down into outstanding invoices awaiting payment (£6.6m), net PSF / FRF / MRET monies awaited (£6.8m) NHS Prepayments (£3.7m), NHS Accrued Contract Income (£11.8m) and Other NHS Accrued Income (£2.0m).

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

The forecast balance sheet assumes that the control total of £41.5m is achieved and the full PSF / FRF are awarded.

## SUSTAINABLE SERVICES – CASH REPORT

**Executive Lead:** Director of Finance & Digital

**CQC Domain:** Well-Led

| Cash Report 2019/20 Month 09 |
| --- |

**2021 Objective:** Our Services

**Year to date:**
The cash balance of £3.9m at 31 December reflects a number of factors, of which the most significant are:
- the reduction in capital creditors from the year end high of £10.8m to £6.0m;
- the operating deficit (£28.3m) being on plan.
- drawdown of Revenue loans (£55.0m) being higher than plan (£49.7m)
- an increase in NHS receivables of £25.0m since March to £40.3m at 31 December 2019 (reflecting an increase in accrued income due from the Lincolnshire CCGs); offset in part the level of Payables has risen by £5.9m to  £46.5m.

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

**Borrowing:**
Revenue and capital cash loans drawn between April - December 2019 equate to £55.0m / £11.7m respectively; taking the total revenue and capital borrowings (excluding accrued interest) at 31 December to £365.9m. As a consequence borrowing costs for 2019/20 are anticipated to be £9.2m in I&E terms, and in cash terms £8.8m.

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

**Forecast:**
The cash forecast is broadly in line with plan. The capital creditors are forecast to increase to £7.4m by March 2020 which allows the Trust to continue to meet revenue creditor obligations.
Revenue receivables and payables are anticipated to return to normal levels by the end of the financial year.
The cash forecast assumes  capital borrowing of £11.7m and revenue borrowing in 2019/20 at £60.6m (£41.4m: 2019/20 deficit support; plus £9.6m 2018/19 deficit support, £0.8m working capital support and £8.8m PSF and FRF).

# SUSTAINABLE SERVICES – CASH REPORT continued

**Executive Lead:** Director of Finance & Digital

**CQC Domain:** Well-Led

**2021 Objective:** Our Services

| | In Month Actual December | | | Year to date December | | | Year End Forecast | | |
|---|---|---|---|---|---|---|---|---|---|
| | Plan £'000 | Actual £'000 | Variance £'000 | Plan £'000 | Actual £'000 | Variance £'000 | Plan £'000 | Actual £'000 | Variance £'000 |
| Operating Surplus | (2,220) | (2,846) | (626) | (28,249) | (28,314) | (65) | (32,306) | (32,421) | (115) |
| Depreciation | 1,100 | 1,075 | (25) | 9,900 | 9,706 | (194) | 13,200 | 13,200 | 0 |
| Other Non Cash I&E Items | (18) | 0 | 18 | (161) | (75) | 86 | (214) | (120) | 94 |
| Movement in Working Capital | (1,065) | (124) | 941 | (16,845) | (22,621) | (5,776) | (13,680) | (17,945) | (4,265) |
| Provisions | 0 | 17 | 17 | 19 | 21 | 2 | (81) | (299) | (218) |
| **Cashflow from Operations** | **(2,203)** | **(1,878)** | **325** | **(35,336)** | **(41,283)** | **(5,947)** | **(33,081)** | **(37,585)** | **(4,504)** |
| Interest received | 3 | 11 | 8 | 27 | 105 | 78 | 36 | 138 | 102 |
| Capital Expenditure | (3,917) | (2,218) | 1,699 | (28,067) | (21,902) | 6,165 | (38,312) | (32,985) | 5,327 |
| Cash receipt from asset sales | 0 | 0 | 0 | 150 | 29 | (121) | 150 | 29 | (121) |
| **Cash from / (used in) investing activities** | **(3,914)** | **(2,207)** | **1,707** | **(27,890)** | **(21,768)** | **6,122** | **(38,126)** | **(32,818)** | **5,308** |
| PDC Received | 575 | 0 | (575) | 2,049 | 513 | (1,536) | 5,276 | 5,755 | 479 |
| PDC Repaid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dividends Paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Interest on Loans, PFI and leases | (752) | (650) | 102 | (6,107) | (6,296) | (189) | (8,486) | (8,538) | (52) |
| Capital element of leases | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Drawdown on debt - Revenue | 5,554 | 4,188 | (1,366) | 49,684 | 54,954 | 5,270 | 59,809 | 60,598 | 789 |
| Drawdown on debt - Capital | 740 | 0 | (740) | 14,020 | 11,700 | (2,320) | 15,400 | 12,900 | (2,500) |
| Repayment of debt | 0 | 0 | 0 | (1,573) | (1,321) | 252 | (2,721) | (2,343) | 378 |
| **Cashflow from financing** | **6,117** | **3,538** | **(2,579)** | **58,073** | **59,550** | **1,477** | **69,278** | **68,372** | **(906)** |
| **Net Cash Inflow / (Outflow)** | **0** | **(547)** | **(547)** | **(5,153)** | **(3,501)** | **1,652** | **(1,929)** | **(2,031)** | **(102)** |
| Opening cash balance | 1,000 | 3,433 | 2,433 | 6,153 | 7,386 | 1,233 | 6,153 | 7,386 | 1,233 |
| **Closing Cash balance** | **1,000** | **2,886** | **1,886** | **1,000** | **3,885** | **2,885** | **4,224** | **5,355** | **1,131** |

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## SUSTAINABLE SERVICES – CAPITAL REPORT

**Executive Lead:** Director of Finance & Digital

**CQC Domain:** Well-Led

**2021 Objective:** Our Services

**Funding available 2019/20 -** The Trust has capital resources of c£32m for 2019/20 including ring-fenced funding e.g. Fire, Medical School and LED Lighting.

The Trust has very limited discretionary capital resources available, totalling c£9m - the discretionary capital available has been reduced due to the requirement to pay the fire loan. This leaves limited resources available to prioritise against Medical Device replacement, IT infrastructure and replacement, Estates Backlog and Service and Digital Developments.

The year-to-date spend incurred amounts to c£17m against a revised planned spend of c£17m.  The plan has been reduced due to delays in progressing the replacement of the CHP (via Salix loanwithin 'Service Developments'), details below:

**Facilities**;  Minimal spend at M8 of £672k.  Majority of spend incurred links to Anti-barricading improvements, £186k and roof improvements, £186k.  2nd IT room at Pilgrim, £65k.  Lincoln Heating where CQC had raised an issue following an incident with a patient, £27k.  Pilgrim Kitchen Floor, £27k.  Corridor Flooring, £21k. Endoscopy, £14k.  Regular meetings are taking place to ensure planned spend levels are accurate, and risks identified early.  A revised forecast for all schemes has recently been completed for further review.

**Fire**;  Expenditure on fire related schemes continues to progress at pace.  Costs incurred at the end of December amounted to c£12.7m (spend in month was c£0.3m).  Fire Works package 1 at LCH is £3.7m, package 2 is £2.6m, Emergency Lighting at LCH is £0.7m.  Package 1 at Pilgrim amounts to £1.6m.  Work continues with the QS to ensure robust mechanisms are in place for capturing financial information and projections.  Cash flow forecasts are also being managed.

**Medical Devices**;  Spend year-to-date is £1.1m.  Movement in month due mainly to progression with the Pilgrim Fluoroscopy Unit, £473k.  The previous equipment replaced this year has been; Radiology Ultrasound machine £66k, Theatre Tables £177k, Surgical Diathermy £114k, Theatre lights £123k, YAG Laser £42k, Field Analyser £38k, Ultrasound Scanner £22k and Dental Chair £11k. Due to the levels of emergency equipment replacement required there has been further reprioritisation of allocations involving Divisions - this has removed the £100k allocation for phaco-emulsifiers and enabled the Field Analyser, YAG Laser and Ultrasound for LCH A&E to be purchased instead.

**IT**;  Spend to date of £1.4m.  Key spend areas are as follows - E-Health-record costs of £424k, Windows 7 to 10 £247k, E-prescribing £190k, Cyber Security £107k, PC replacement £94k, Wifi spend linked to HSLI deferred monies amounting to £74k and Digital Dictation £128k.  Revised forecasts continue to be progressed.

**External Funding update**

Work continues to progress regarding the £21.3k allocated for Pilgrim A&E and UTC.  Business case being updated currently involving key stakeholders across Lincolnshire to ensure robust plans are assessed and options appraised and discussions taking place within NHSE/I around timescales for delivery as initial feedback has been they are too optimistic.

Documentation is currently being signed internally relating to £1.2m agreed for both Pilgrim & Lincoln Flouroscopy Units.  Further to this funding support of £824k is due for 2 x CT Scanners in 19/20 together with further funding support for an MRI scanner in 20/21.

**Executive Lead:** Director of Finance & Digital

**CQC Domain:** Well-Led

**2021 Objective:** Our Services

| Year to date | Plan £'000 | Actual £'000 | Variance £'000 |
|---|---|---|---|
| Capital Balance | **16,725** | **17,066** | **(341)** |

| Year End Forecast | Plan £'000 | Actual £'000 | Variance £'000 |
|---|---|---|---|
| Capital Balance | **32,381** | **29,618** | **2,763** |

| Year to date | **Plan £'000** | **Actual £'000** | **Variance £'000** |
|---|---|---|---|
| Medical Equipment replacement | 1,521 | 1,080 | 441 |
| Estates - Fire | 9,900 | 12,724 | (2,824) |
| ICT | 1,772 | 1,362 | 411 |
| Estates - Backlog | 2,232 | 672 | 1,560 |
| Service developments | 1,300 | 1,228 | 72 |
| **Total** | **16,725** | **17,066** | **(341)** |

| Year End Forecast | **Plan £'000** | **Actual £'000** | **Variance £'000** |
|---|---|---|---|
| Medical Equipment replacement | 2,960 | 2,960 | **0** |
| Estates - Fire | 13,970 | 13,970 | **0** |
| ICT | 3,711 | 3,711 | **0** |
| Estates - Backlog | 2,874 | 2,874 | **0** |
| Service developments | 6,103 | 6,103 | **0** |
| **Total** | **29,618** | **29,618** | **0** |

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## SUSTAINABLE SERVICES – NEW BORROWING

**Executive Lead:** Director of Finance & Digital

**CQC Domain:** Well-Led

**2021 Objective:** Our Services



Revenue Cash Loans drawn in 2019/20
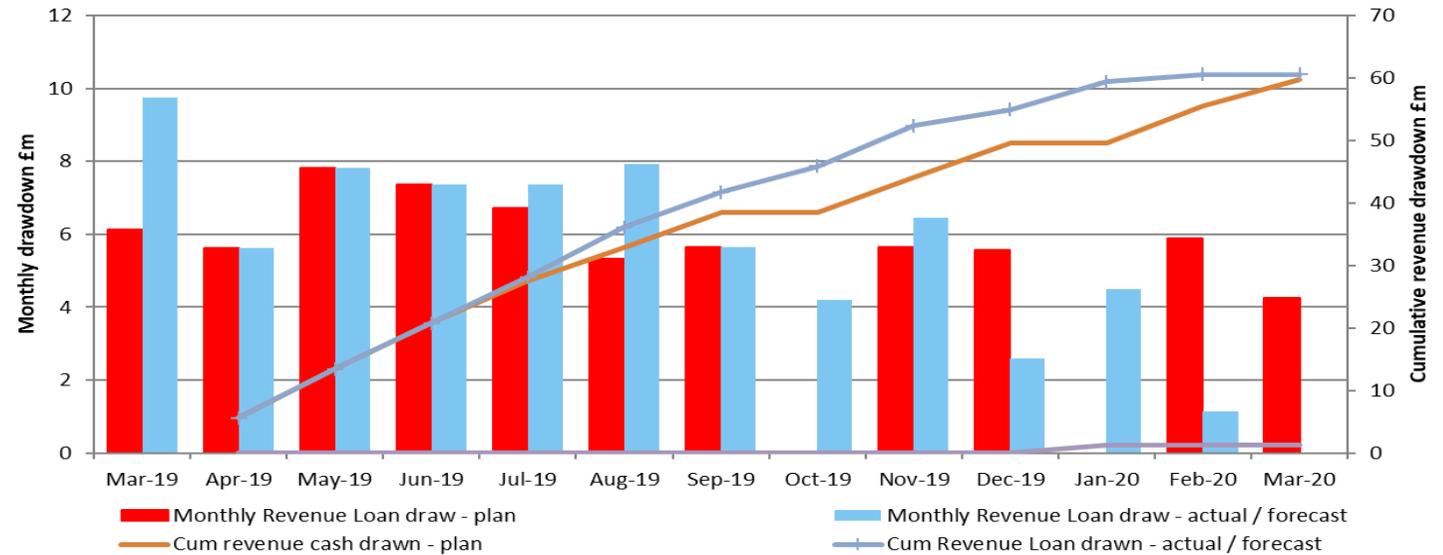


Capital Cash Loans drawn in 2019/20
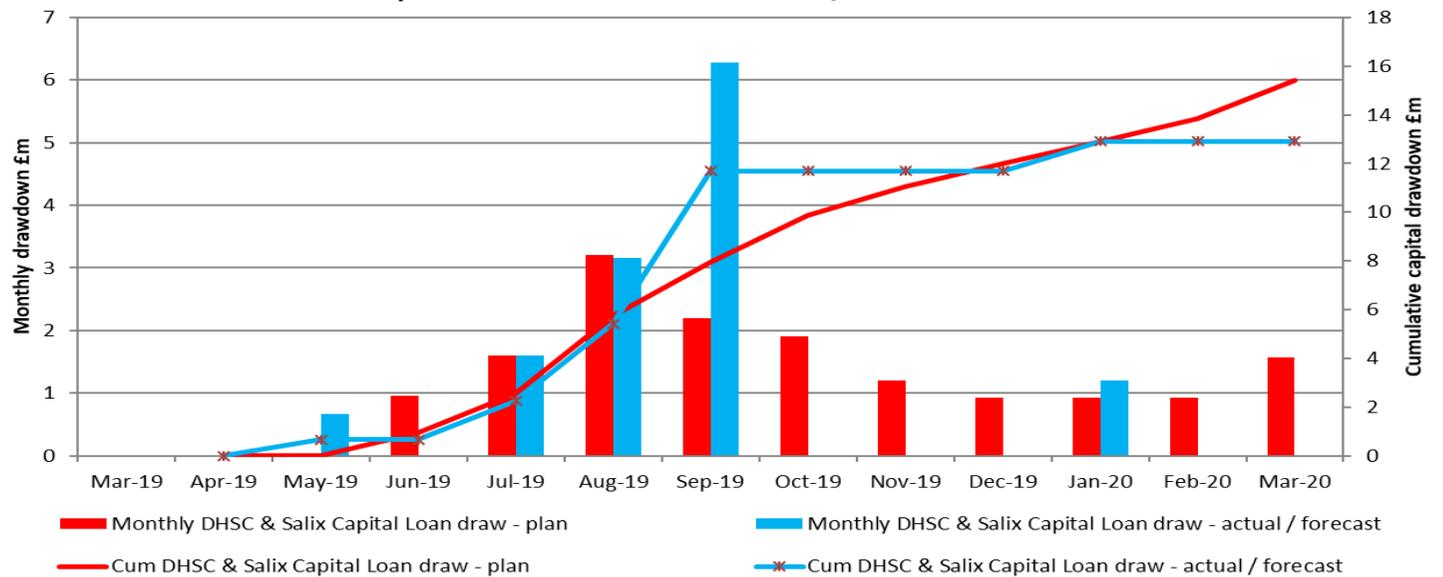
## SUSTAINABLE SERVICES – NEW BORROWING

**Executive Lead:** Director of Finance & Digital

**CQC Domain:** Well-Led

**2021 Objective:** Our Services

**Borrowing**
The Trust has drawn cash loans of £66.7m during the nine months to December 2019, this is split £54.9m revenue support and £11.7m capital (Forecast 73.5m : Revenue: £60.6m, Capital: £12.9m). This includes £9.6m deficit support relating to 2018/19.

**Revenue**
The forecast deficit for 2019-20 is £41.4m  in line with the financial plan. Revenue borrowings are planned to be £60.6m (Deficit support 19/20: £41.4m, 18/19: £9.6m, working capital support £0.8m and PSF / FRF: £8.8m).
The impact of I&E pressures upon the Trust ability to pay suppliers has been largely mitigated by capital cash, available due to the high level of capital creditors brought forward from 2018/19. Although 2018/19 creditors have now been largely cleared, a large portion of the 2019/20 capital programme will not be completed until the final months of the year (with cash payments of £7.4m not expected until early 2020/21); this offers a degree of ongoing temporary support to meet any cash shortfall associated with the revenue position.
The Trust borrowing agreed by NHSI for December was £2.6m - within the limits authorised by the Trust Board.
January borrowing has been agreed by NHSI at £4.0m; in line with that authorised by the Board.
A borrowing request for £5.0m has been submitted for February 2020, in line with Board approval.

**Discussions have taken place regarding the exact timing of elements of income from the four Lincolnshire CCGs. Substantial payments are expected in late January and during February although the precise timing and value are subject to final agreement.**
**Receipt of this income should mean the Trust will not need further borrowing in March. However to mitigate against any further risks the Board is asked to delegate authority to the Director of Finance to submit a further working capital cash request of up to £4.0m should this be required.**

**Capital Borrowing**
A series of capital loans totalling £38.2m were agreed with DHSC in relation to the Fire Safety Capital scheme. Against this £26.5m was drawn prior to 2019/20 and a further £11.7m subsequently drawn in 2019/20. The balance of £1.7m is subject to a refresh of the original business case and once approved will be drawn in 2020/21.
A further loan of £3.0m funded  through the SALIX Energy Efficiency Loan Scheme has been agreed. £1.2m is expected to be drawn in late January 2020 with the balance to be drawn in 2020/21.

## SUSTAINABLE SERVICES – CUMULATIVE BORROWING

**Executive Lead:** Director of Finance & Digital

**CQC Domain:** Well-Led

**2021 Objective:** Our Services



Cumulative Capital / Revenue Borrowing and interest charges
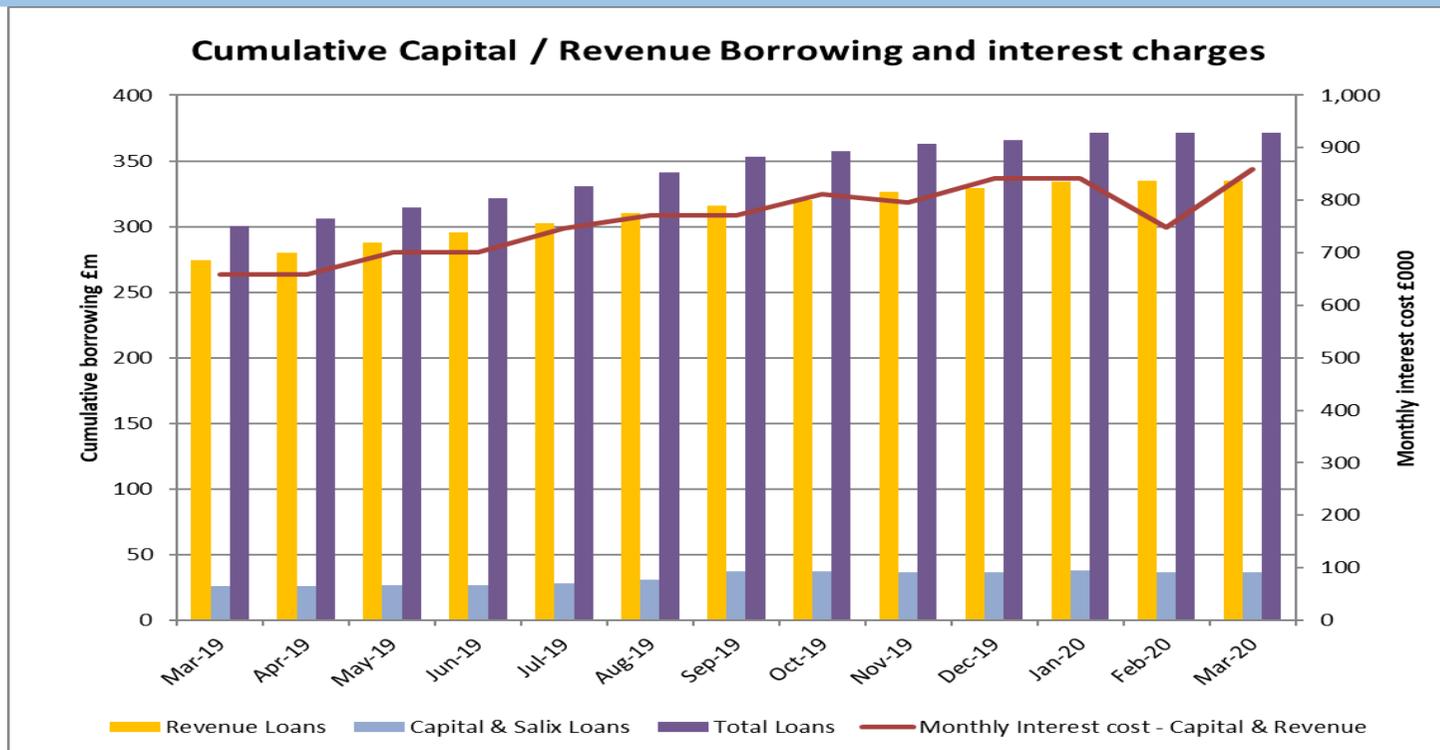
### Borrowings and Interest

At 31 December 2019 total 'repayable' borrowings (excluding accrued interest) were £365.9m, capital (£36.6m) and revenue (£329.3m).
Existing loans are held at a variety of interest rates, Capital 1.1% (£8.6m) & 1.37% (£28.0m), Revenue 1.5% (£155.3m), 3.5% (£130.6m) & 6.0% (£43.4m).

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

Future borrowings are anticipated to be at 1.37% for capital and 3.5% for revenue.

Associated interest costs for 2019/20 are £9.2m (Revenue £8.8m / Capital £0.4m).
Changes in accounting standards from 2018/19 have meant that any accrued interest (December 19 - £2.5m) is now reported as part of overall borrowings on the Statement of Financial Position.

## SUSTAINABLE SERVICES – CREDITOR PAYMENTS

**Executive Lead:** Director of Finance & Digital

**CQC Domain:** Well-Led

**2021 Objective:** Our Services



Aged Creditor 12 month profile



December 2019 Aged Creditors - £20.7m
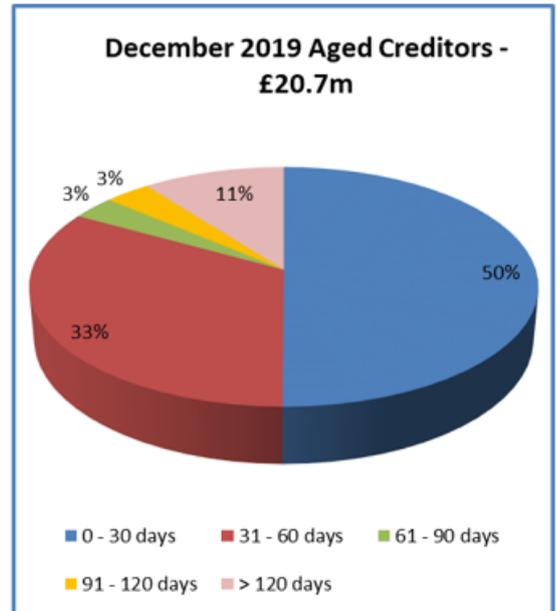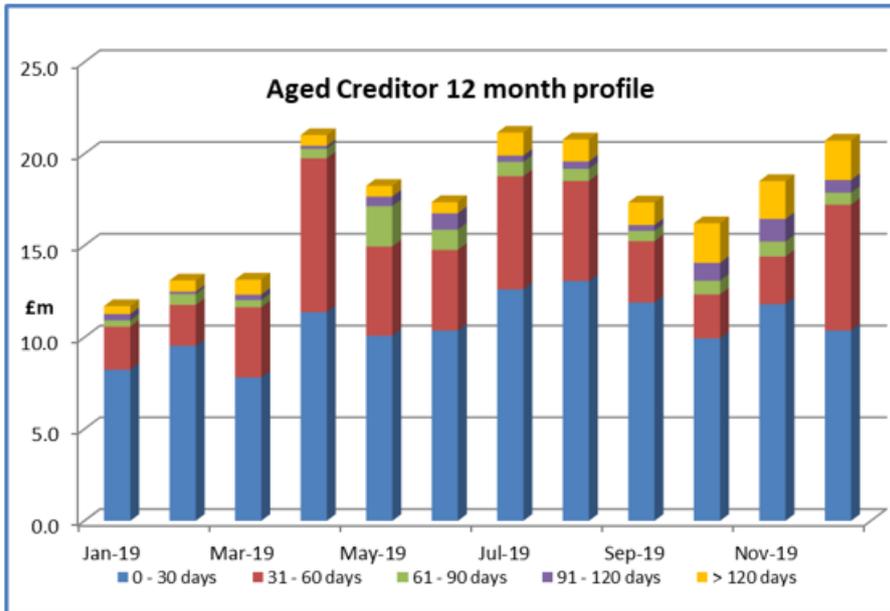
**Creditors**

Total Creditors were £20.7m at 31 December 2019, of which; £10.3m were over 30 days (£2.8m > 90 days).

Focusing further upon those invoices over 30 days; £6.6m had been authorised and was ready to pay at 31 December, a further £2.6 (68%) relates to ten suppliers where there are specific queries and which the payments team are actively working to resolve with the supplier and purchasing departments. The remaining £1.1m is spread across 412 suppliers and circa 1,400 invoices.

**Performance**

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

## SUSTAINABLE SERVICES – BETTER PAYMENTS

**Executive Lead:** Director of Finance & Digital

**CQC Domain:** Well-Led

**2021 Objective:** Our Services



Legend:
- ■ BPPC (All Suppliers) - By value of invoices paid
- ■ BPPC (All Suppliers) - By number of invoices paid

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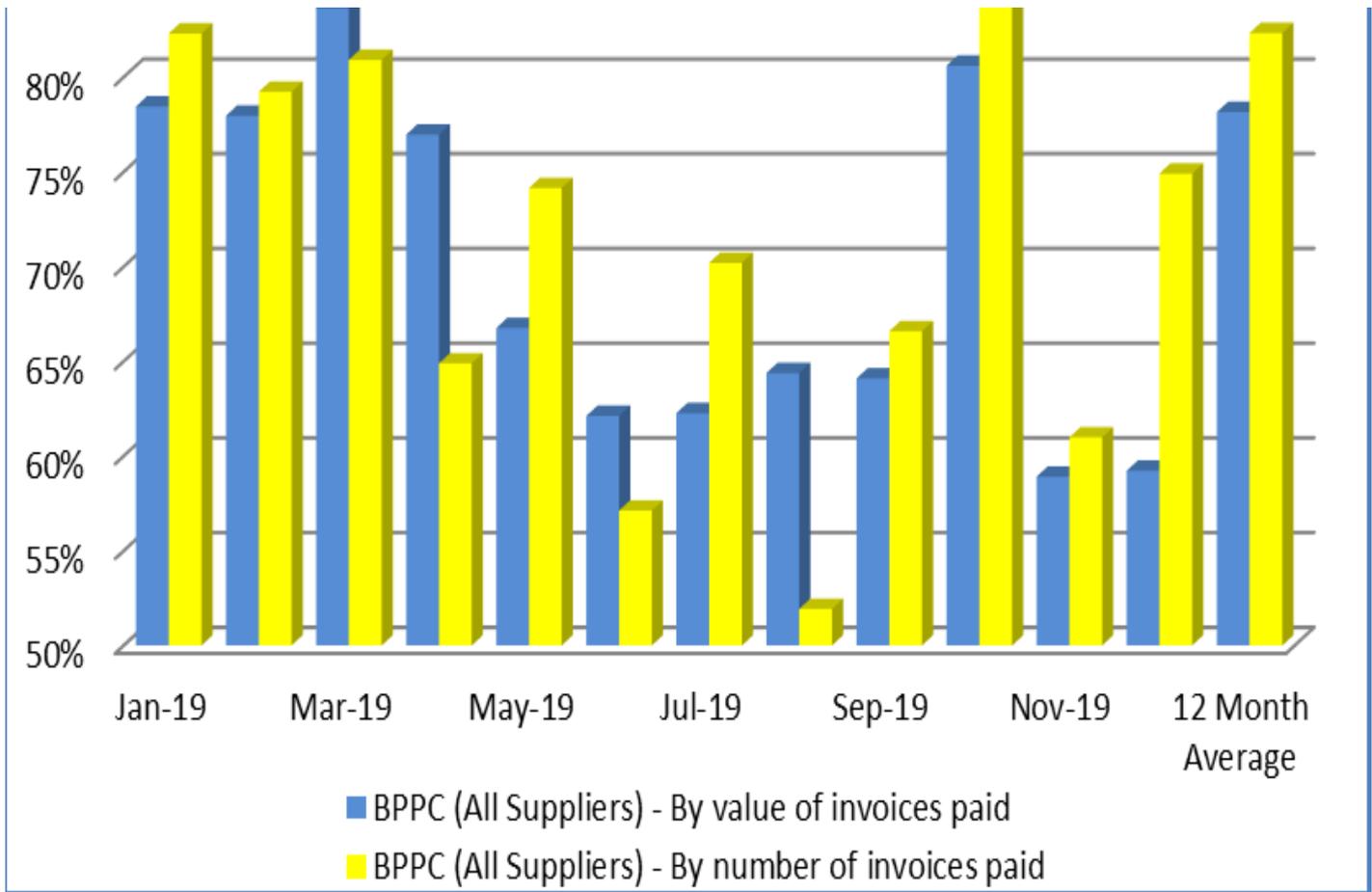
**BPPC**

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

The 2019/20 year to date and December 2019 performance are shown in the following table.

| | NHS | | Non-NHS | |
|---|---|---|---|---|
| | By volume Number | By Value £000s | By volume Number | By Value £000s |
| Total bills paid in the year | 1875 | 29,634 | 89,034 | 145,559 |
| Total bills paid within target | 1087 | 23,387 | 60,072 | 93,053 |
| **% of bills paid within target YTD** | **57.97%** | **78.92%** | **67.47%** | **63.93%** |
| **% of bills paid within November 2019** | **57.63%** | **24.12%** | **75.25%** | **63.19%** |

# Excellence in rural healthcare

**NHS**
United Lincolnshire
Hospitals
**NHS Trust**

## SUSTAINABLE SERVICES – NHS RECEIVABLES

**Executive Lead:** Director of Finance & Digital

**CQC Domain:** Well-Led

**2021 Objective:** Our Services



NHS Receivables - 12 month profile



December 2019 NHS Receivables £7.2m
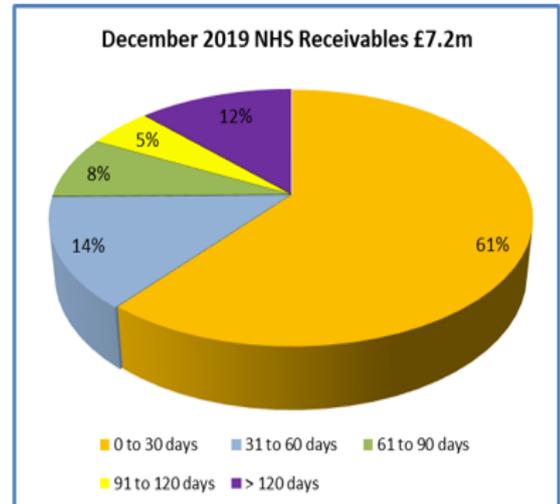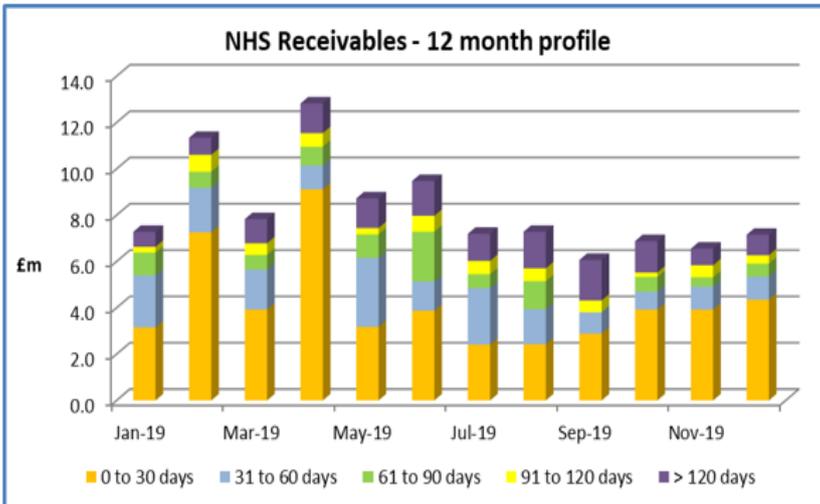
| | Totals outstanding debt £'000 | | | | | | |
|---|---|---|---|---|---|---|---|
| | 0 - 30 days | 31 - 60 days | 61 - 90 days | 91 - 120 days | 120 + days | Grand Total | 90+ days |
| CCGs - Lincolnshire | 1,871 | 321 | 14 | 4 | 288 | 2,498 | 292 |
| CCGs - Other | 250 | 104 | 42 | 81 | 53 | 530 | 134 |
| Trusts - Lincolnshire | 485 | 184 | 76 | 10 | 70 | 825 | 80 |
| Trusts - Other | 391 | 308 | 420 | 233 | 340 | 1,692 | 573 |
| Other NHS | 1,356 | 78 | 11 | 33 | 131 | 1,609 | 164 |
| | | | | | | | |
| Total | 4,353 | 995 | 563 | 361 | 882 | 7,154 | 1,243 |

The tables above show the level of NHS debt over the last 12 months alongside the aged split at 31 December 2019.

Overall levels of debt have remained steady having hit the lowest point since early 2018/19 in September. Much of this can be attributed to the 'without prejuduce' agreement between ULHT and the four Lincolnshire CCGs, LPFT and LCHS to make invoice payments 'on account' to assist ULH cash liquidity.

The principal area of concern at present is the level of debt outstanding with Nottingham University Hospitals (£1.3m), the majority of which is over 30 days. This account has been escalated with a view to a quick resolution and payment.

## SUSTAINABLE SERVICES – NON NHS RECEIVABLES

**Executive Lead:** Director of Finance & Digital

**CQC Domain:** Well-Led

**2021 Objective:** Our Services



Non NHS Debtors - 12 month age profile



December 19 Non NHS Debtors - £1.3m
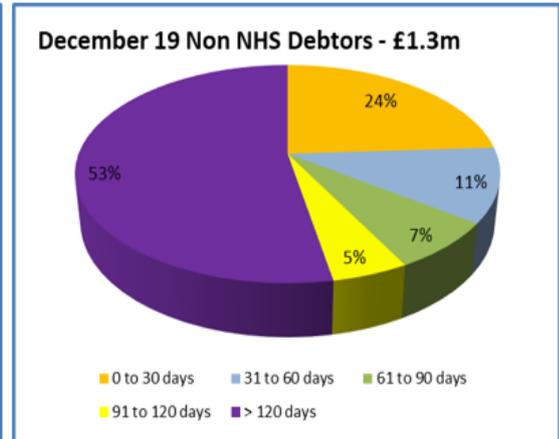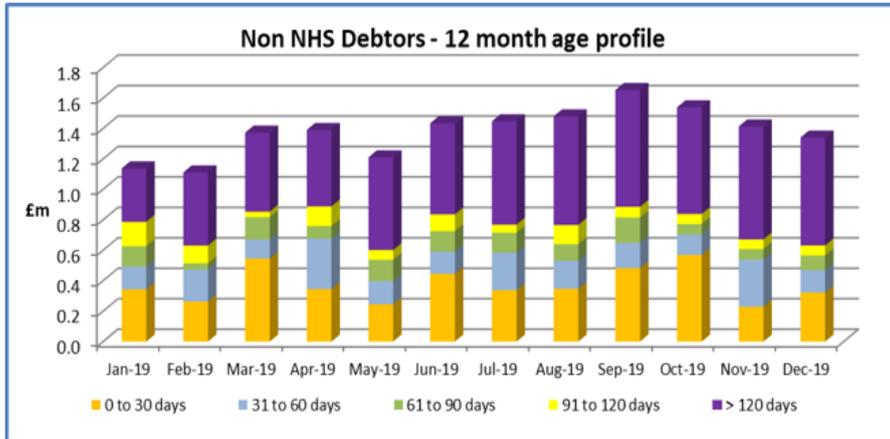
| | Totals outstanding debt £'000 | | | | | | |
|---|---|---|---|---|---|---|---|
| **Description** | **0 - 30 days** | **31 - 60 days** | **61 - 90 days** | **91 - 120 days** | **120 + days** | **Grand Total** | **90+ days** |
| Overseas Visitors | 11 | 4 | 13 | 12 | 150 | **189** | 162 |
| Debt Collection - Overseas | 0 | 0 | 0 | 0 | 169 | **169** | 169 |
| NHS Non English | (2) | 24 | 2 | 42 | 6 | **72** | 48 |
| Misc | 299 | 91 | 60 | 6 | 263 | **719** | 270 |
| Salary Overpayments | 13 | 27 | 20 | 0 | 46 | **105** | 46 |
| Private Patients | 0 | 0 | 0 | 0 | 30 | **30** | 30 |
| Debt Collection - General | 2 | 0 | 1 | 0 | 7 | **10** | 7 |
| Agreed Installment Plans | 0 | 2 | 1 | 6 | 37 | **45** | 42 |
| **Grand Total** | **322** | **147** | **96** | **66** | **708** | **1,340** | **774** |

The tables above show the level of Non-NHS debt over the last 12 months alongside the aged split at 31 December 2019.

The debt level has reduced £0.1m since last month but remains higher than this time last year. The position is driven by:
1. Overseas Debt - currently £0.3m over 90 days. A review of each account has taken place during January with write off's being processed as necessary. CCG risk share is in place to fund 50% of any written off debt.
2. A dispute has arisen with one of the retailers on Trust Sites. This is being addressed through legal channels but accounts for £0.2m.
3. A further £0.1m is in dispute with St Barnabas and has been escalated to the contracting team to seek resolution / payment. A meeting was held between the two parties in month but further work remains to resolve.
The breakdown of debt across general category headings is shown opposite.

# SUSTAINABLE SERVICES – EXTERNAL FINANCIAL LIMIT & CAPITAL RESOURCE LIMITS

**Excellence in rural healthcare**

**NHS United Lincolnshire Hospitals NHS Trust**

**Executive Lead:** Director of Finance & Digital

**CQC Domain:** Well-Led

**2021 Objective:** Our Services

Position as at 31 December 2019

| External Financing Limit Target (EFL) | Initial EFL | Agreed & Notified amendments | Anticipated future amendments | Forecast EFL |
|---|---|---|---|---|
| | £000s | £000s | £000s | £000s |
| Anticipated EFL at Plan | 79,693 | 0 | 0 | 79,693 |
| April 19 Planned Cash movements | 1,929 | | | 1,929 |
| Capital element of Finance leases - repayments | | 0 | | 0 |
| 2018/19 additional deficit financing | | 9,552 | | 9,552 |
| Interim revenue support loan: deficit financing | | 35,230 | 6,168 | 41,398 |
| PSF temporary loan financing | | 7,580 | 1,265 | 8,845 |
| Working Capital Loan | | 0 | 805 | 805 |
| Fire safety - Loan | | 11,700 | 0 | 11,700 |
| Fire safety loan repayments | | (1,321) | (1,022) | (2,343) |
| Salix Loan Financing | | 0 | 1,200 | 1,200 |
| Salix Loan repayment | | 0 | 0 | 0 |
| PDC drawn 18/19 carried forward | | 102 | | 102 |
| PDC received: Medical School | | 0 | 0 | 0 |
| PDC received: LED Lighting | | 1,439 | 0 | 1,439 |
| PDC received: E-Health Records | | 977 | 0 | 977 |
| PDC received: STP support LCHS / LPT | | 0 | 974 | 974 |
| PDC received: Fluoroscopy | | | 1,200 | 1,200 |
| PDC received: Cyber Security | | | 341 | 341 |
| PDC received: CT | | | 824 | 824 |
| PDC repaid | | | 0 | 0 |
| Capital element of Finance leases - repayments | | 0 | 0 | 0 |
| Initial / Agreed changes / Anticipated changes / Forecast EFL | 1,929 | 65,259 | 11,755 | 78,943 |

| Performance against Capital Resource Limit (CRL) Target | Initial CRL | Agreed & Notified amendments | Anticipated future amendments | Forecast CRL |
|---|---|---|---|---|
| | £000s | £000s | £000s | £000s |
| Anticipated CRL at Plan | 31,155 | 0 | 0 | 31,155 |
| Planned Depreciation | 13,200 | | | 13,200 |
| Fire safety - Loan | | 11,700 | 0 | 11,700 |
| Fire safety loan repayments | (2,490) | | 147 | (2,343) |
| Salix Loan Financing | | 0 | 1,200 | 1,200 |
| Salix Loan repayment | (231) | 0 | 231 | 0 |
| PDC drawn 18/19 carried forward | | 102 | | 102 |
| PDC received: Medical School | | 0 | 0 | 0 |
| PDC received: LED Lighting | | 1,439 | 0 | 1,439 |
| PDC received: E-Health Records | | 977 | 0 | 977 |
| PDC received: STP support LCHS / LPT | | 0 | 974 | 974 |
| PDC received: Fluoroscopy | | | 1,200 | 1,200 |
| PDC received: Cyber Security | | | 341 | 341 |
| PDC received: CT | | | 824 | 824 |
| Capital element of Finance leases - repayments | | 0 | | 0 |
| Initial / Agreed changes / Anticipated changes / Forecast CRL | 10,479 | 14,218 | 4,917 | 29,614 |
| Forecast Capital expenditure | | | | 29,738 |
| Planned underspend re PDC schemes deferred to 2019/20 | | | | |
| Less Capital funded via Charitable Donations | | | | (120) |
| Less Net book value of disposed assets | | | | (4) |
| Charge against CRL | | | | 29,614 |
| (Over) / Under shoot against CRL target | | | | 0 |

**EFL**

The Trust External Financing limit is set by the DHSC.

This is a cash limit on net external financing and it is one of the controls used by the DHSC to keep cash expenditure of the NHS as a whole within the level agreed by Parliament in the public expenditure control totals.

Trusts must not exceed the EFL target, which effectively determines how much more (or less) cash a Trust can spend over that which it generated from its activities.

This target translates in simple terms to the Trust holding a minimum cash balance at year end of £5.4m.

**CRL**

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

Trusts are not permitted to exceed the CRL.

## ZERO WAITING – A&E 4 HOUR WAIT

**Executive Lead:** Chief Operating Officer

**CQC Domain:** Responsive

**2021 Objective:** Our Services



4hrs or less in A&E Dept
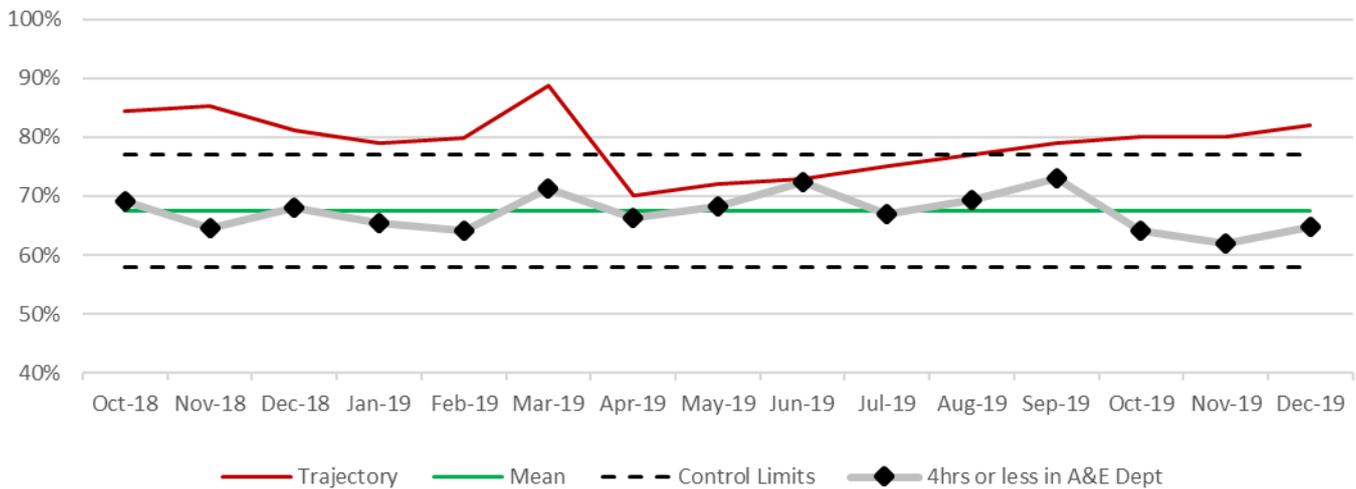
### Challenges/Successes

- A&E overall outturn for November, Type 1 and primary care streaming delivered 64.71% against a trajectory of 82%, a variance of 17.29% against trajectory and 2.67% variance compared with November.
- LCH performance for December was 64.2% and PHB performance was 60.4%. Both are an improvement on November.  GDH performance also improved from 91.9% to 92.4%
- Primary care streaming at Lincoln and Pilgrim are both above the ambition of 20% with Lincoln 32.8% and Pilgrim 30.3%. The implementation of the Urgent Treatment Centres in December had contributed significantly to this output.
- ED attendances for December were 17,617 including Streaming/UTC against 14,758 in November equating to a 16.3% increase.
- Emergency admissions in December were 11% higher than plan resulting in an increased demand for beds c.36
- Bed capacity at Lincoln and Pilgrim were also affected during the month due to Flu and  to a lesser extent Norovirus
- NEL LoS increased during the month at PHB and GDH but decreased at LCH
- Total ULHT bed occupancy for December continued to be in excess of 98%.

### Actions in place to recover:

The UEC Improvement Programme is implementing High Impact Changes (HIC) to improve performance that are monitored through the Improvement Programme Steering Group.  The HIC include the following:

- Reduction of ambulance conveyances through alternative pathways targeting out of area first and increased use of the Clinical Assessment Service;
- Increasing the numbers of patients seen through primary care streaming/Urgent Care Centres; protecting the minors stream and focussing on delivering 4 hours through this stream;
- Long stay Tuesday and Wednesday at LCH and PHB to further reduce stranded patient numbers by re-focusing back to 21 day LOS
- Increasing the numbers of patients who are seen and treated through a Same Day Emergency Care (SDEC) pathway; Target is 20% of the Emergency Take.
- Red to Green roll out has been well received across the Trust. The first MADE event took place week commencing 16th December and benefits were demonstrated with increased discharges This is further supported by system actions associated with the winter plan.

## ZERO WAITING – %TRIAGE ACHIEVED UNDER 15 mins

**Executive Lead:** Chief Operating Officer

**CQC Domain:** Responsive

**2021 Objective:** Our Services
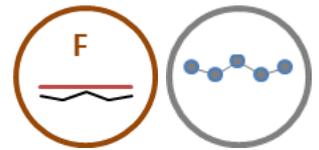
%Triage Achieved under 15 mins
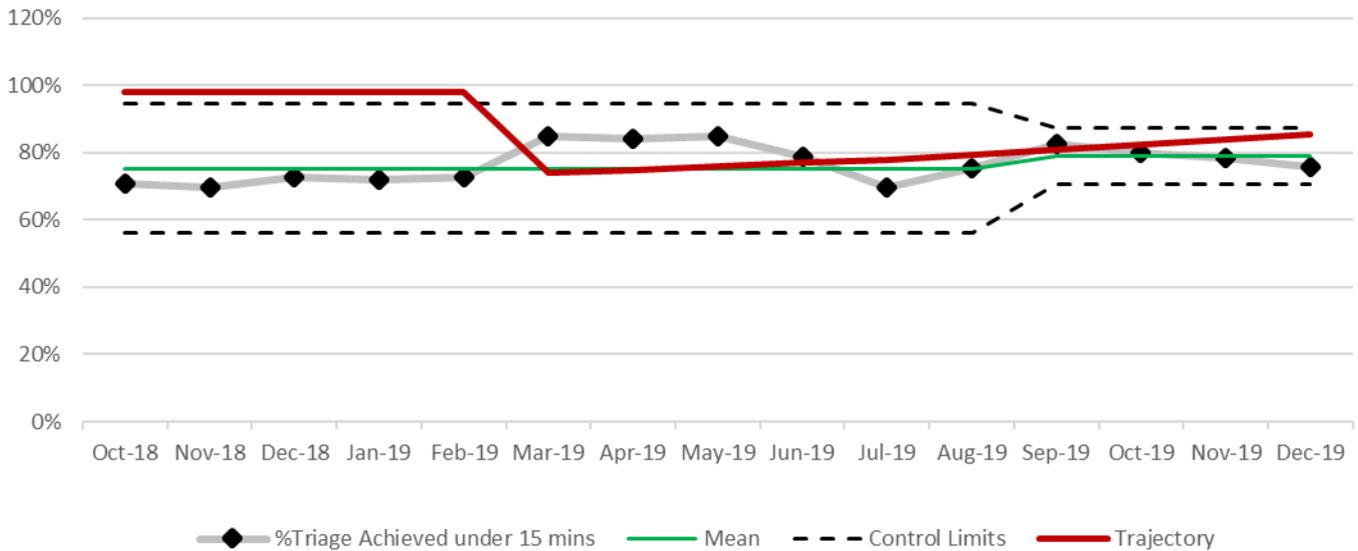


Challenges/Successes

- There has been continued deterioration since September in compliance with December recording 75.75% against the lower control limit 70.80%
- The use of a triage coordinator role should ensure that this important process is delivered consistently but current staff deficit has allowed the benefit of the role to be realised.

Actions in place to recover:

- Further work needs to be undertaken with LCH and PHB, to ensure that the 2nd triage stream is in place and protected.
- Triage time is a key performance indicator in regards to patient safety and will continue to be monitored and challenged at all operational delivery levels 3 x daily through the Capacity and Performance Meetings and within the UEC programme.
- A report is now available at individual patient level to identify where the standard has not been met and why.
- Visibility on rectification actions is required.

## ZERO WAITING – AMBULANCE HANDOVER >59 Mins

**Executive Lead:** Chief Operating Officer

**CQC Domain:** Responsive

**2021 Objective:** Our Services

EMAS Conveyances Delayed >59 mins

Trajectory — EMAS Conveyances Delayed >59 mins — Mean — Control Limits
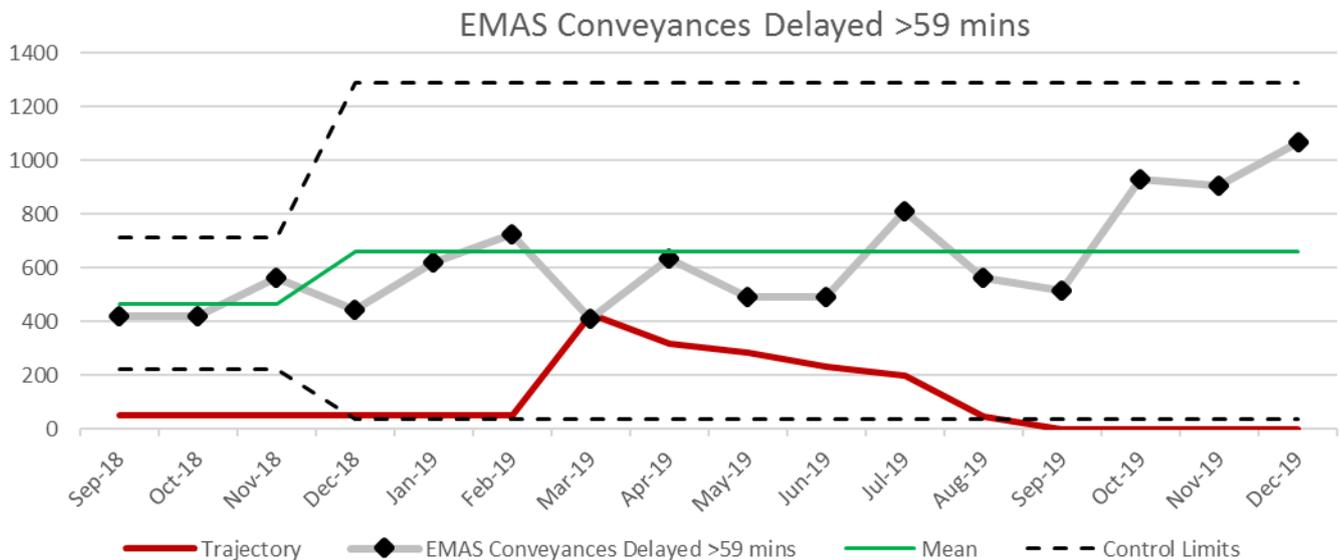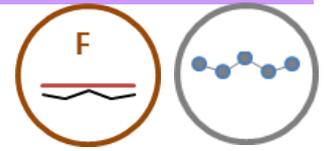
Challenges/Successes

- Ambulance handover delays >59 and >120 minutes continue to be experienced.
- Decemeber experienced an increase in >59 minute ambulance handovers.  1,067 in December verses 908 in November.
- The Rapid Handover Protocol was enacted during November and continued in December.  During the time this has operated well when space and staffing has allowed. However this continues to be problematic out of hours. The rate limiting factor has been space to offload and appropriately skilled staff.
- Pre-Hospital Practitioner cover is now in place 24/7 at both PHB and LCH which will contribute towards improving the experience for patients and this metric.

Actions in place to recover

- Rapid Access and Treatment (RAT) models have been reviewed at both LCH and PHB hospital sites in particular the staffing models for RAT, competency and processing of patients
- This is a key performance indicator within the newly formatted Capacity and Flow Meetings. The route cause for any delay is discussed and mitigation actions are formulated in response.
- Site Duty Managers (SDMs) track and monitor every conveyance to ED greater than 15 minutes and record actions taken and report to the Deputy Director of Operations, Urgent Care in hours and to the Silver Commander out of hours.
- A closer working relation now exists with the DOM and Daytime Silver and jointly support appropriate conveyance and handover delays.
- Daily system calls remain in place to review trends and activity spikes to inform the Emergency Department and maximise readiness to receive. This has now extended to cover 7 days.

## ZERO WAITING – AMBULANCE CONVEYANCES

**Executive Lead:** Chief Operating Officer

**CQC Domain:** Responsive

**2021 Objective:** Our Services
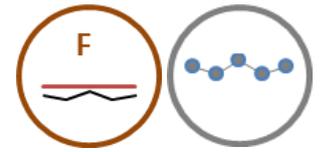


EMAS Conveyances to ULHT
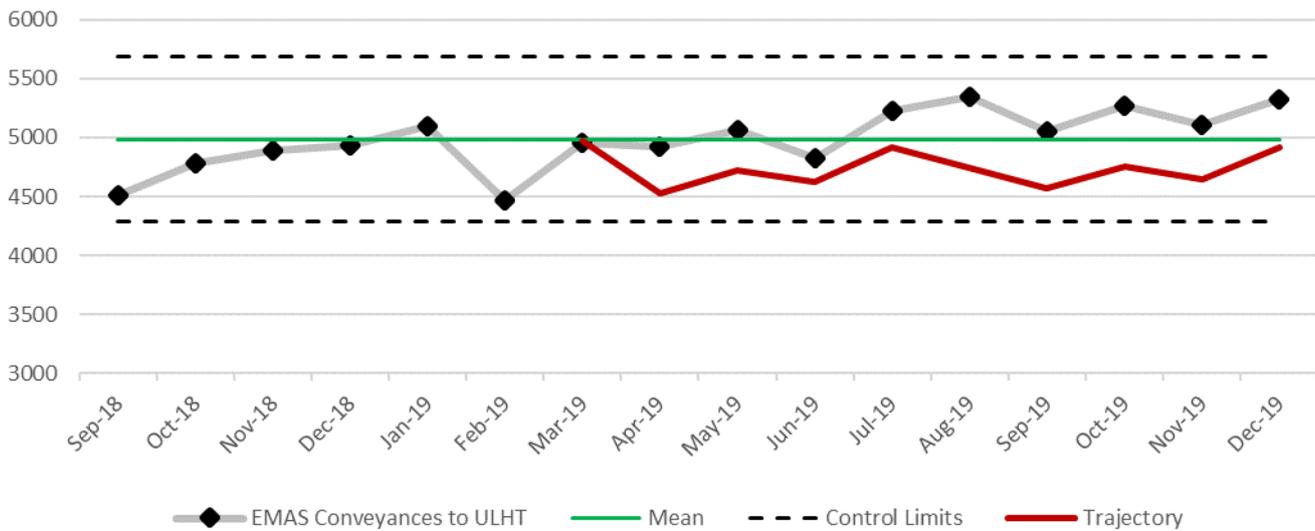
### Challenges/Successes

- The number of Ambulance conveyances increased to an all time high during December to 5329.
- This is an increase of 225 conveyances from November and an increase of 394 on the same period in 2018
- Against the plan of 4919, the Trust experienced an increase above plan of 410.
- This equates to an 7.7% increase on plan
- Improvement work with system partners in applying a more intelligent demand response tool to support compliance with agreed handover recovery trajectory is under evermore increasing scrutiny in light of the implementation of the Rapid Handover Protocol. The number of conveyances to the Trust is discussed daily on the Lincolnshire System Call and is also monitored through the Ambulance Handover Group.
- Non conveyances rates, as well as monitoring of alternative pathway usage is also reported but is below the expected benefit.

### Actions in place to recover

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

## ZERO WAITING – AVERAGE LOS – NON ELECTIVE

**Executive Lead:** Chief Operating Officer

**CQC Domain:** Responsive

**2021 Objective:** Our Services

Average LoS - Non Elective



Legend: Average LoS - Non Elective — Mean — Control Limits — Target
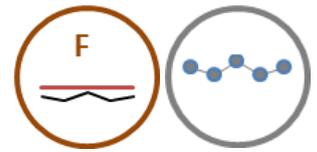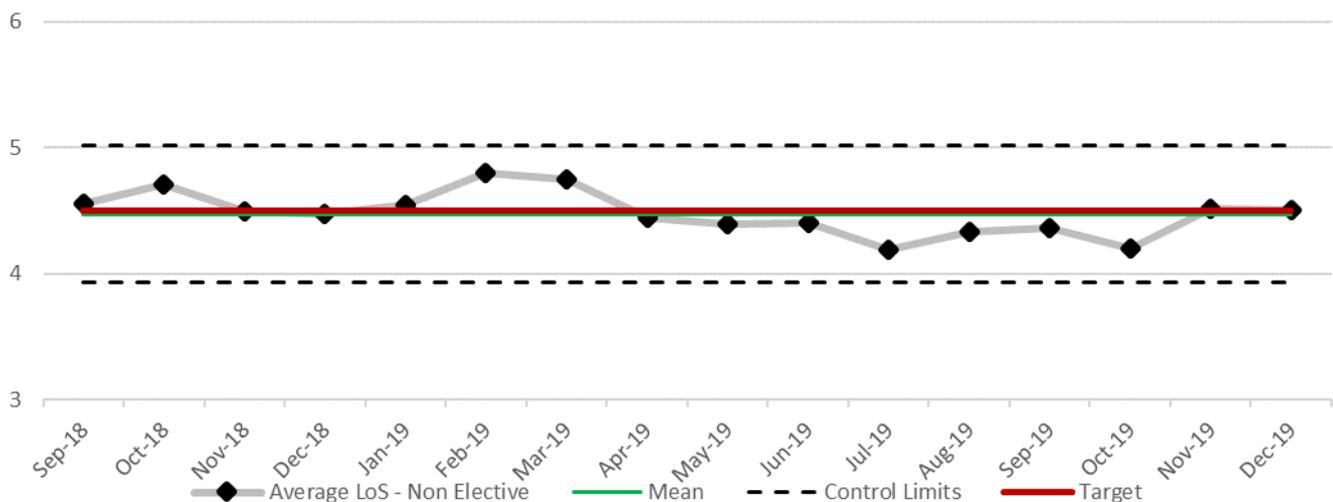
### Challenges/Successes

- During December, there was an increase in non-elective admissions by 306.
- In December there were a total of 3762 non-elective admissions compared with 3456 in November.
- December continues to demonstrate an 11% above plan trend, and 13% higher than 2018/19.
- There were 85 more non-elective discharges in December compared with November.

### Actions in place to recover

- A recent review by ECIST has recommended a re-focus on >21 days and not >11 days to understand and deal with the granularity of why patients are delayed in hospital.
- Criteria led discharge continues to be rolled out across the organisation.  This has been met with differing levels of engagement from medical staff, with some who have embraced the new process and others who are reluctant to engage.
- Greetwell ward (Swing Ward) has set the pace for criteria discharge.
- A series of MADE events have been scheduled through to Easter with System Partners with event being undertaken the week commencing 16th December.

## ZERO WAITING – AVERAGE LOS – ELECTIVE

**Executive Lead:** Chief Operating Officer

**CQC Domain:** Responsive

**2021 Objective:** Our Services
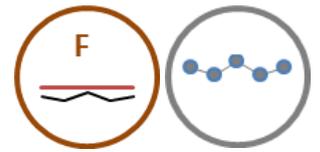
Average LoS - Elective
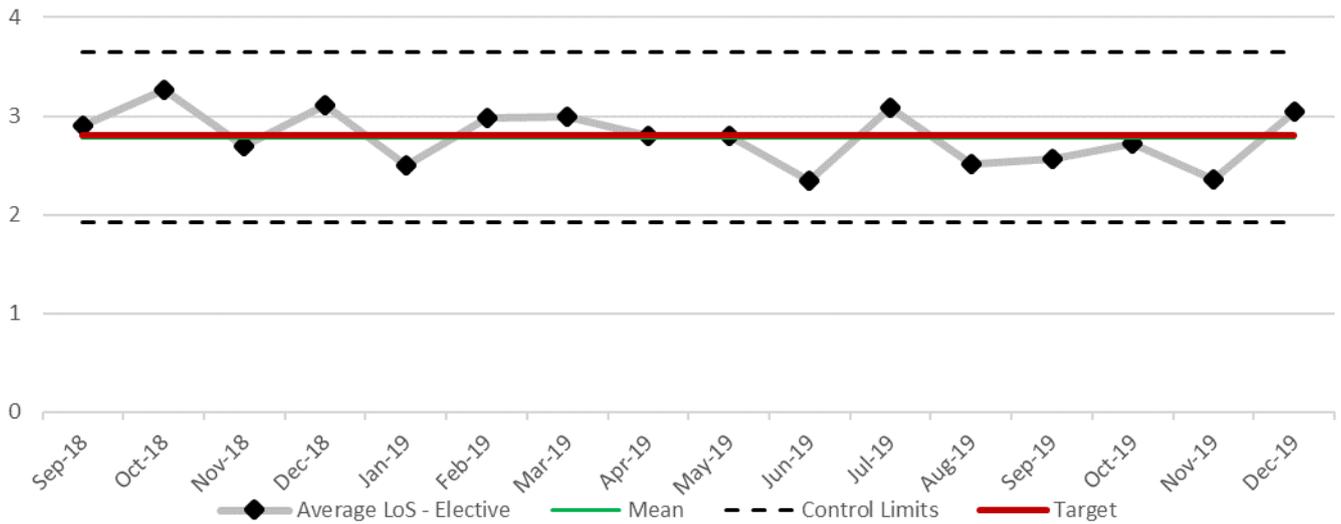


In December the number of elective inpatients reduced and thus LoS has become much more variable.

As clinical urgency and cancer status are assessed casemix will have changed and patients with more significant conditions will have been operated whereas more routine and short stay patients will have been differed .

## ZERO WAITING - RTT 18 WEEKS INCOMPLETES

**Executive Lead:** Chief Operating Officer

**CQC Domain:** Responsive

**2021 Objective:** Our Services

### 18 Week Incompletes



Legend: Mean — Control Limits — Trajectory — 18 Week Incompletes
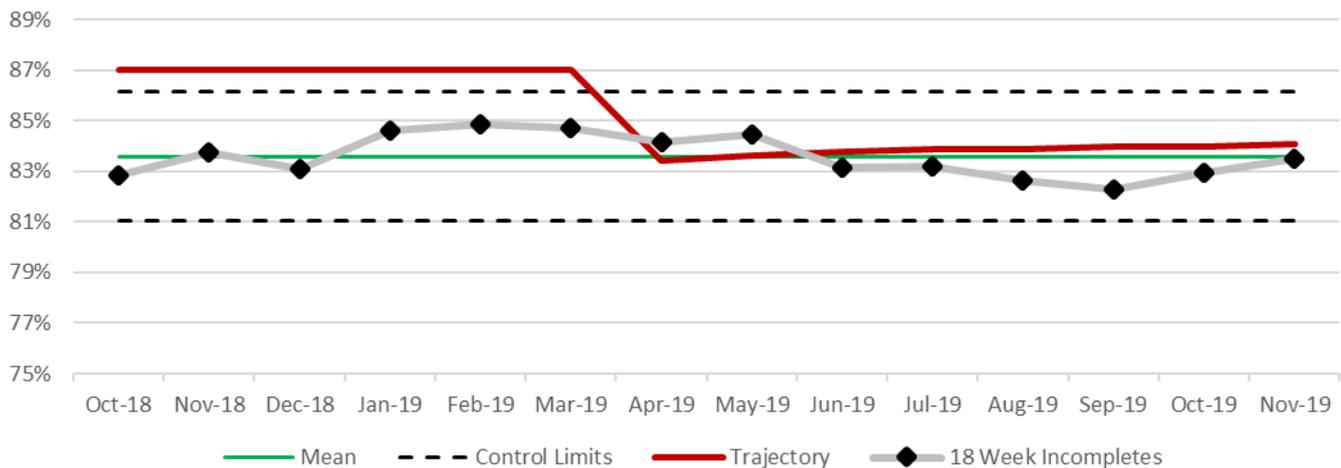
Challenges/Successes

RTT performance is currently below trajectory and standard.

However, November saw RTT performance of 83.52%, a positive improvement of 0.60% on October.

Paediatric Cardiology (67.65%) is the lowest performing specialty, from 75.34% last month (-7.70%). Neurology, the previous lowest performing specialty, has improved again this month with a 4.75% increase from 68.46% last month to 73.21% in November.

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

- Maxillo-Facial Surgery + Orthodontics + Oral Surgery - 930 (Increased by 37)
- Ent - 703 (Increased by 11)
- Gastroenterology - 648 (Increased by 87)
- General Surgery - 612 (Reduced by 94)
- Dermatology - 394 (Increased by 4)

Actions in place to recover:

Continued focus in both Neurology and ENT has kept performance improving into November. However, General Surgery have capacity issues, particularly with pelvic floor patients due to lack of specialist consultants. As detailed above, performance in Gastroenterology and Oral Maxillo Facial continue to decline.

T&O are currently projected to have achieved the 18 week standard by end of December 2019, however these figures are not yet available to confirm.

Of the 57 Maxillo-Facial patients outsourced to an external provider, 47 have been treated and the remainder rejected back to ULHT or discharged.

## ZERO WAITING – WAITING LIST SIZE

**Executive Lead:** Chief Operating Officer

**CQC Domain:** Responsive

**2021 Objective:** Our Services



### Waiting List Size
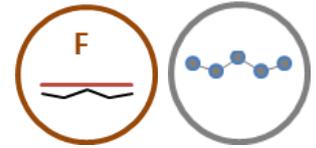


Legend: — Trajectory — Mean - - - Control Limits ◆ Waiting List Size
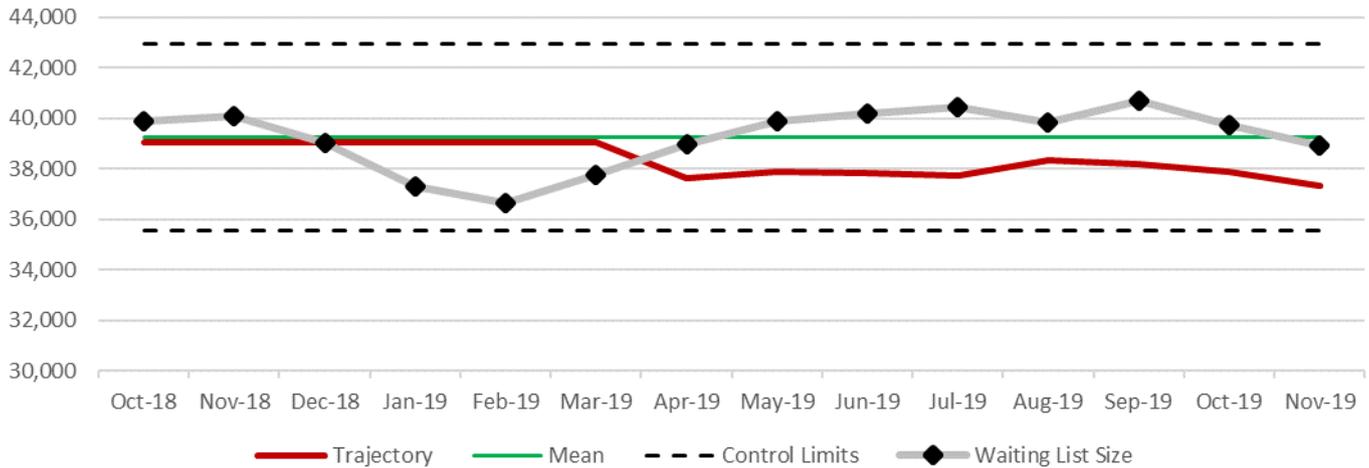
Challenges/Successes

November saw RTT performance of 83.52%, a positive improvement of 0.60% on October.

Overall waiting list size has improved from October, with November total waiting list reducing by 803 to 38,922.The incompletes position for November is now approx. 110 less than it was in March 2018 (39,032).

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

- Ophthalmology +178
- Trauma & Orthopaedics +70
- Maxillo-Facial Surgery + Orthodontics + Oral Surgery (combined) +37
- Breast Surgery +36
- Clinical Haematology +31

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

- Neurology -223
- Gynaecology -184
- Dermatology -178
- ENT -174
- Urology & General Surgery have both reduced by -129
-

Actions in place to recover

Each service now has a tailored recovery plan that reflects one of three main causes:

- Growth in referrals – with strategies to reduce this either internally through reduction in consultant to consultant, or external, working with CCG and the planned care improvement programme.
- Mismatch of demand and capacity, or short term reduction in capacity through lack of workforce – with appropriate alternatives to attempting locums or existing models of staffing services which may have failed previously. For example the use of virtual clinics, nurse led clinics or non face to face and telephone clinics in key areas.
- A targeted release of vacancy hold where staffing was insufficient to complete all tasks, has now been actioned.

- Lack of appropriate validation and completion of administrative activities to remove from waiting list

- October to November continued to show a decrease of patients waiting over 40 weeks, -18, with Maxillo-Facial Surgery + Orthodontics + Oral Surgery (-16) showing the largest decrease.

- The Trust are also working to reduce overall waiting times to 26 weeks. With monitoring/challenge of this target being tracked through the RTT Recovery and Delivery meeting.
  The chart below shows progress up to 30th November, with a reduction of 18 patients from October. The largest decrease of 37, being in General Surgery.

Total Number of Incomplete Patient Pathways at 26 Weeks and Above for ULHT by Month
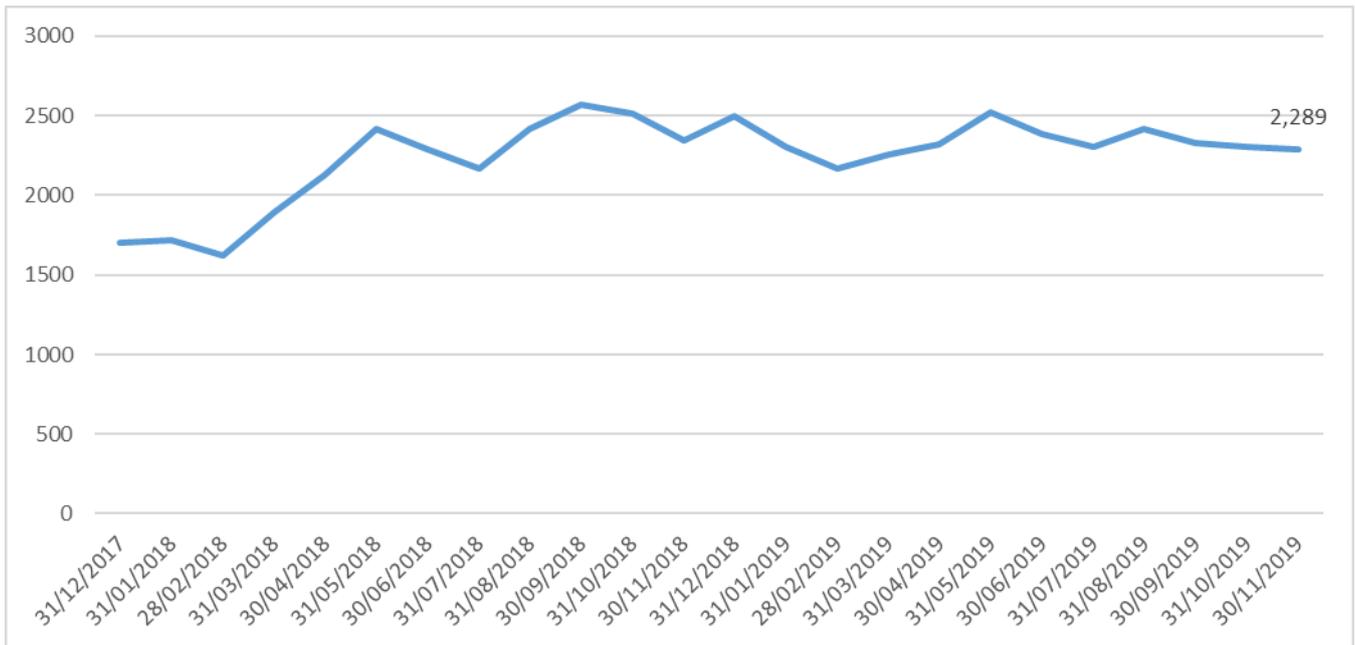
## ZERO WAITING – PARTIAL BOOKING WAITING LIST

**Executive Lead:** Chief Operating Officer

**CQC Domain:** Responsive

**2021 Objective:** Our Services
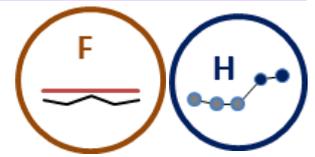


### Partial Booking Waiting List
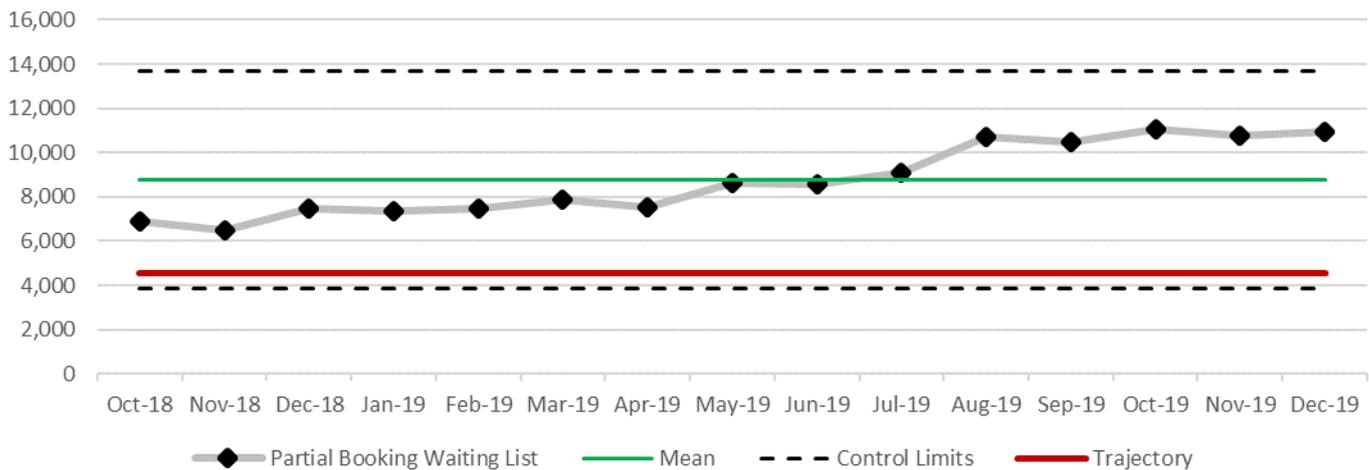
Challenges/Successes.

Ophthalmology are reviewing / validating their waiting lists both administratively and clinically. Risk stratifying patients, discharging, removing, booking and leaving on the waiting list dependant on need. This initially reduced their PBWL but this has started to increase again, as the reviews stopped during the Christmas period. This piece of work is due to be resumed / completed over the next few weeks

The Trust is working with the CCG's to see if any funding is available to do further PBWL reviews / validations.

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

Actions in place to recover:

The outpatient team have removed secretarial only slots were agreed to increase capacity. The Trust is running 642 meetings to reduce cancellations with an increased level of authorisation. We are now using a different system to highlight slot utilisation and vacant slots to ensure maximise slot capacity.

Updates reviewed at delivering productive services group to ensure delivery.

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

# Excellence in rural healthcare

**NHS**
**United Lincolnshire Hospitals**
**NHS Trust**

## ZERO WAITING – DIAGNOSTICS ACHIEVED

**Executive Lead:** Chief Operating Officer

**CQC Domain:** Responsive

**2021 Objective:** Our Services

**Diagnostics Achieved**
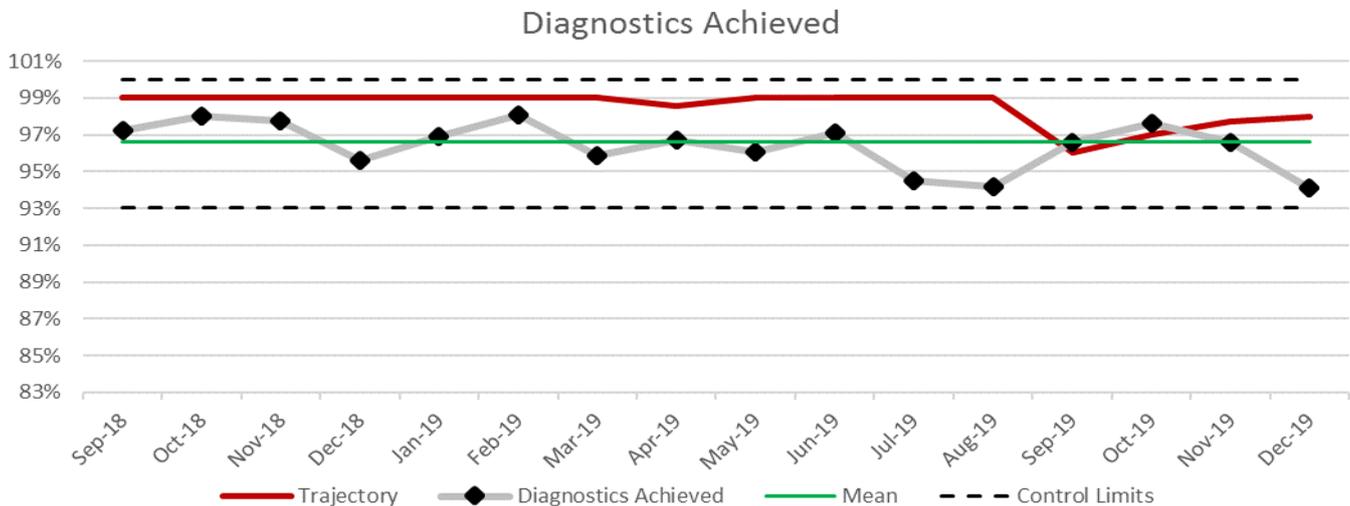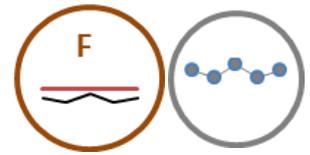


Challenges/Successes:

- **Cardiology** had 175-month end breaches made up of 148 echocardiography and 27 echocardiography Stress /TOES. This was caused by cardiology having to let a locum go due to clinical concerns which resulted in a loss of capacity

- **Urology** had 64 month end breaches due to lack of consultant capacity and also had to let a locum consultant go due to clinical issues. Also they have vacancies within the management team so validation is not taking place on a weekly basis.

- **Urodynamics** had 63 month end breaches due to no clinical staff in the modality so being picked up by using neurophysiology staff to undertake the procedures.

- **Neurophysiology** had 64 breaches due to vacancy within the team and loosing capacity as the team are picking up urodynamics work load at pilgrim

Actions in place to recover:

- **Cardiology** are looking at extra capacity in January and are forecasting at the moment 88 month end breaches with the potential for more capacity as it still early in the month

- **Urology** are looking to create additional capacity to try and recover this position

- **Urodynamics** are training up radiology staff members to undertake the service and this has been going to plan although slippage has occurred when the only member of staff that can undertake these procedures takes leave. when member of radiology staff is trained we will keep increasing the staff able to undertake this procedure and capacity should not be an issue from that date. On target for march to be recovered

- **Neurophysiology** are hoping to be fully staffed again by April and the support for urodynamics should have stopped by then. They are doing additional patients in clinics to pull back the position and will be going through a service review next year to look a new way to working including non consultant reporting

## ZERO WAITING – CANCELLED OPS

**Executive Lead:** Chief Operating Officer

**CQC Domain:** Responsive

**2021 Objective:** Our Services

F

### Cancelled Operations on the day (non clinical)



Legend: Cancelled Operations on the day (non clinical) — Mean — Control Limits — Target

### Not treated within 28 days. (Breach)
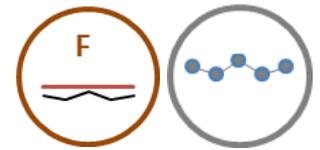


Legend: Not treated within 28 days. (Breach) — Mean — Control Limits — Target
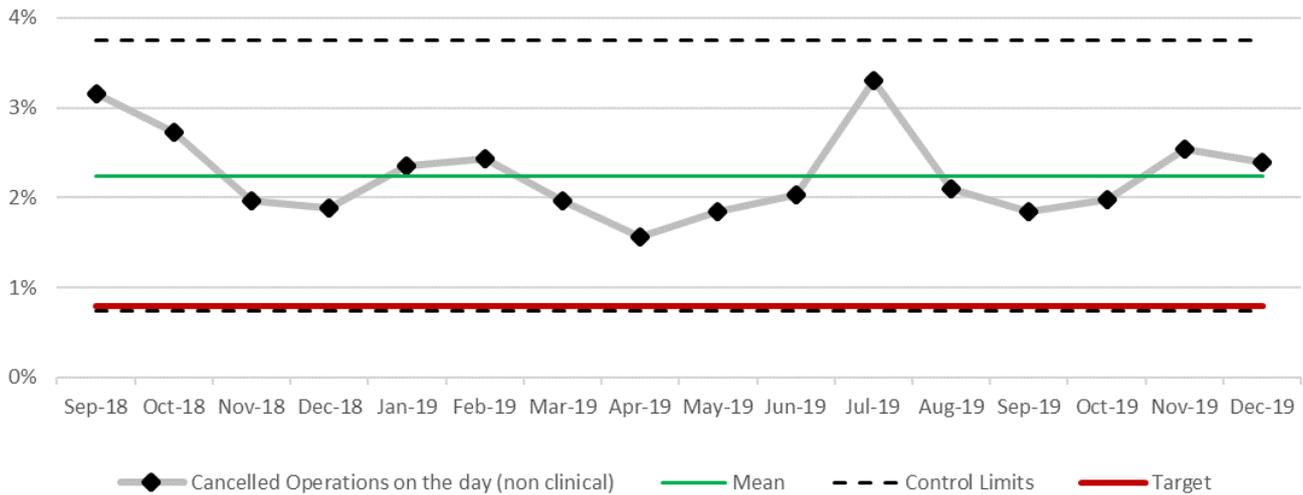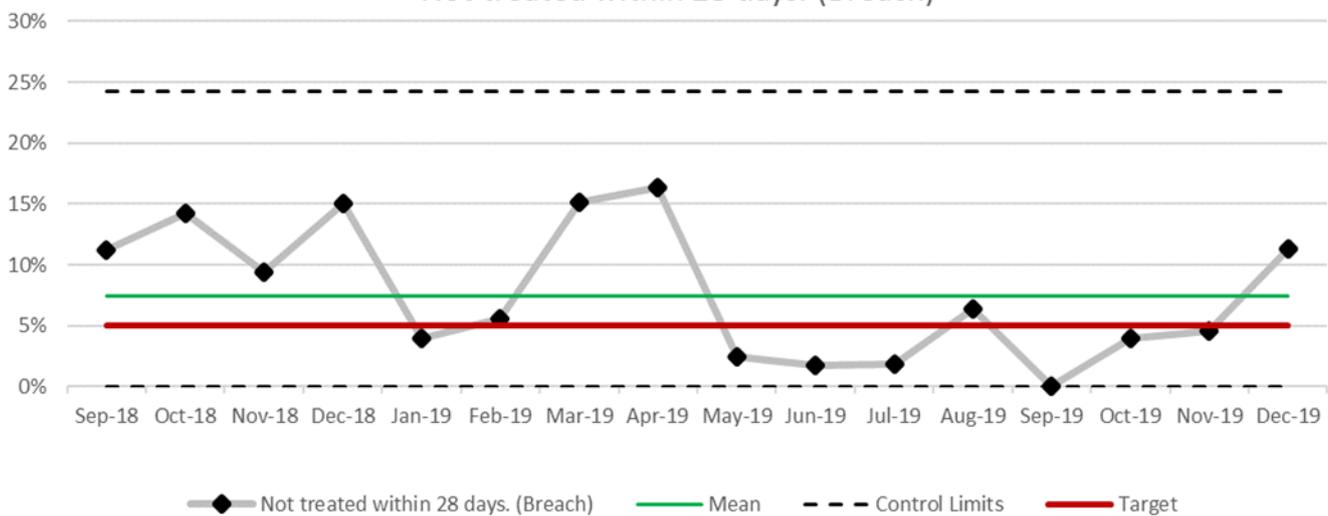
### Challenges/Successes

Against a national target of 0.8% we are demonstrating a downward trend from 3.30% in July 19 to 2.4% in December 19, however we have seen an increase in cancellations on the day as we moved into winter pressures.

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

A programme of work was developed in 2017/2018 to optimise theatre efficiency and improve patient experience. To continue building and strengthening this work two Listening into Action workshops involving key stakeholders were held mid 2019. Cancellations on the day for non-clinical reasons is a work stream identified through this process.

Actions in place to recover:

The project aims to reduce the cancellations on the day for non-clinical reasons by 30%. This will be achieved through the following actions:

- Engagement with the wider teams to support reduction in on the day cancellations for non-clinical reasons.
- A robust escalation process has been embedded in all theatre suites across the trust.
- A new role has been implemented in all theatre departments to co-ordinate theatre equipment to ensure correct equipment and kit is identified prior to the day of surgery.
- Implementation of long term staffing strategy with the recruitment of 6 apprentice ODP posts Trustwide.
- To address establishment and recruitment constraints.
- To address training and skill mix constraints.
- To re-define the identification of the "golden" patient on every theatre list to ensure all lists start on time with no list order changes.
- To implement an evening team to reduce cancellations due to lack of theatre time (Grantham)
- To address leadership and managerial support for all theatre service managers.
- Centralisation of the waiting list teams under the TACC CBU.
- Full review of the waiting list booking pathways to identify repeat work and bottlenecks.
- Plan to implement full e-referral for waiting lists.
- Review of the prior approval process
- Review the need for pre assessment for local anaesthetic procedures.

## ZERO WAITING – CANCER 62 DAY

**Executive Lead:** Chief Operating Officer

**CQC Domain:** Responsive

**2021 Objective:** Our Services
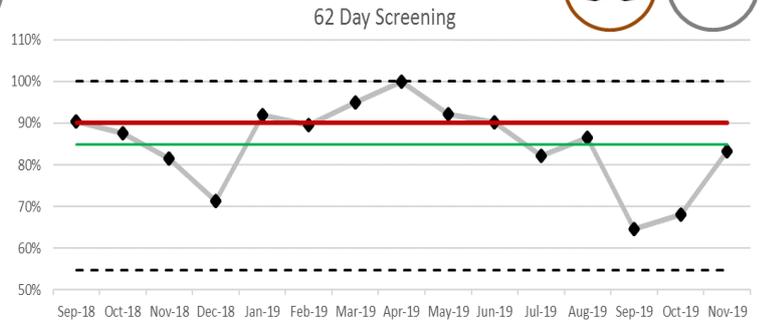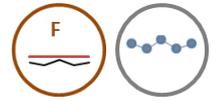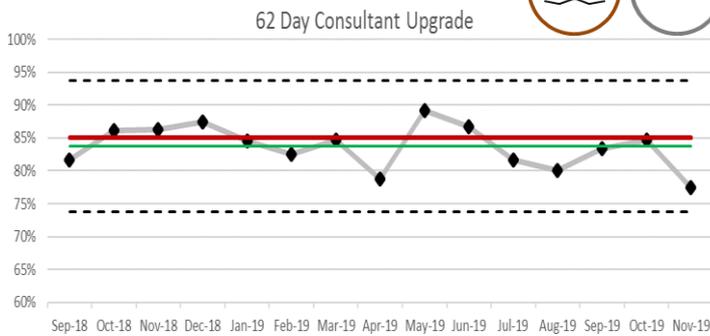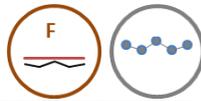
### 62 Day Consultant Upgrade



### 62 Day Screening
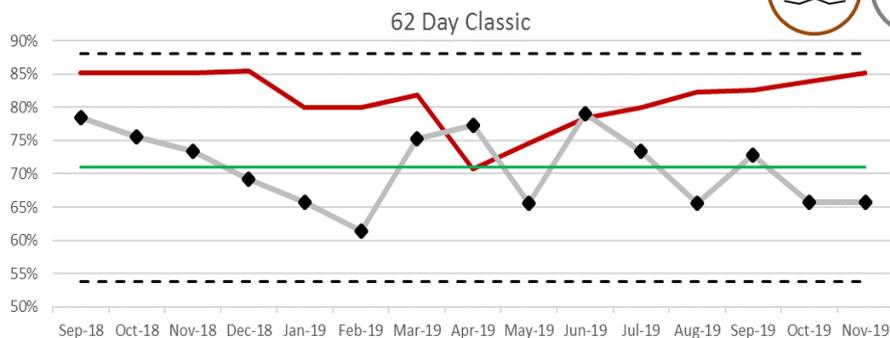


### 62 Day Classic



Challenges/Successes

The 62 Day Classic standard under-performed against the trajectory of 87.3%.

Breast and Skin managed to treat 100% of their patients within standard but all other tumour sites were at least 20% off their trajectory.

Early indications are that our December 62 Day Classic performance will be slightly below November's, with anticipated performance being circa 63% (trajectory 86.6%).

Actions in place to recover:

It has been agreed across the system that we will now adopt an Improvement Methodology approach to support the Divisions to deliver the cancer standards. A more structured, simplified, metric led improvement approach would enable greater transparency of delivery and therefore improve lines of accountability and relations between the commissioners and ULHT.

The improvement approach is to provide a simplified plan, data driven, and testing areas to ensure optimum pathway improvement. The framework is made up of 5 key speciality areas and cross cutting themes with key milestones and metrics attached.

I.Tumour site specific pathway improvement work streams:

Broken down to detail actions to improve time to diagnosis and actions to improve time to treatment

II. Cross cutting work streams, including:

Operational governance including booking and scheduling

Oncology

Diagnostic turnaround – imaging, endoscopy, pathology

MDT Review and effectiveness

Tertiary partnerships and collaboration

This will be delivered as a system through the Cancer Improvement Hub; it is essential that the improvement plan and the operational performance work cohesively to provide the best results. The implementation of this improvement programme requires leadership from the Divisions including managerial and clinical staff, to fully support the improvement work priorities.

In addition to the Cancer Hub, ULHT will be hosting the first dedicated Cancer QSIR program to support the integrated team to deliver the improvement work that is required. The plan is to offer the QSIR course to both ULHT and CCG staff who are working in cancer and this is planned to commence in April and will run for 3 months, this will further improve both the approach but also the relationship between the Trust and the CCG.

## ZERO WAITING – CANCER 2 WEEK WAIT

**Executive Lead:** Chief Operating Officer

**CQC Domain:** Responsive

**2021 Objective:** Our Services



2 Week Wait Suspect



2 Week Wait Breast Symptomatic
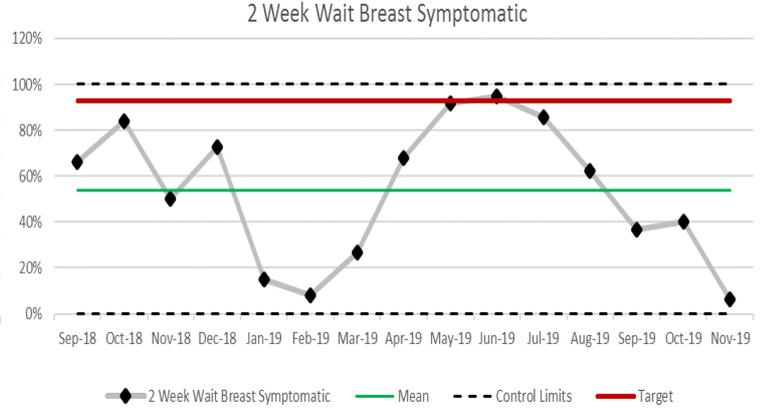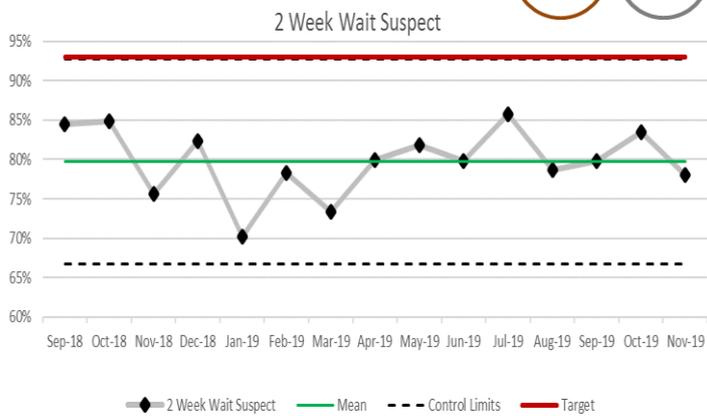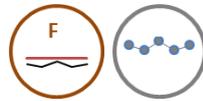
### Challenges/Successes

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

December's forecast tumour site performance is as below:

| 7 Day internal target = 60%<br>14 Day national standard = 93% | Total | < 7 Day Prfmnce % | < 14 Day Prfmnce % |
|---|---|---|---|
| Brain/CNS | 22 | 59.1 | 95.5 |
| Breast | 203 | 0.5 | 8.9 |
| Breast Symptomatic | 156 | 0.6 | 5.1 |
| Colorectal | 491 | 52.3 | 80.0 |
| Gynaecology | 187 | 32.1 | 92.5 |
| Haematology | 14 | 71.4 | 100.0 |
| Head & Neck | 228 | 41.7 | 92.1 |
| Lung | 52 | 53.9 | 100.0 |
| Sarcoma | 20 | 60.0 | 100.0 |
| Skin | 313 | 60.1 | 96.8 |
| Upper GI | 179 | 50.3 | 93.3 |
| Urology | 299 | 37.1 | 87.0 |
| Totals (excl Breast Sympto) | 2008 | 43.1 | 81.2 |

**Breast:** Since August 2019 there have been substantial capacity issues for both Suspect and Symptomatic Breast patients, with a continually deteriorating position to date and this has resulted in nearly 95% of Symptomatic patients failing the 14 Day standard in December.

### Actions in place to recover:

The Trust has set an internal target of 60% patents to be seen within 7 days of GP referral. As an organisation, from January 2020, we will continue to report the 14 Day performance externally however internally we will only be using the 7 Day performance as the measured metric to support us in preparation to deliver the 28 Day Faster Diagnosis Standard from April 2020. Additionally we will be raising the internal 7 Day performance standard from 60% to 80%. All tumour sites, excluding Gynaecology, have committed to deliver this standard.

For the Breast Service, a number of multi-disciplinary meetings, led by the Managing Directors of Family Health and CSS, have taken place to resolve the conflicting challenges of the surgical, radiological and nursing resources needed for clinics. As of 6th January 2020, patients were being booked on day 29 with a backlog of 109 patients without First appointments booked. By the 9th January they were being booked  by day 17 at Pilgrim and day 21 at Lincoln, with the backlog reduced to 77 patients. Further additional capacity is being sought in January (potentially two Saturday clinics) with the expectation that all patients being booked within 14 days by February and this position sustained going forward.

**NHS**
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## ZERO WAITING – 104+ DAY WAITERS

**Executive Lead:** Chief Operating Officer

**CQC Domain:** Responsive

**2021 Objective:** Our Services
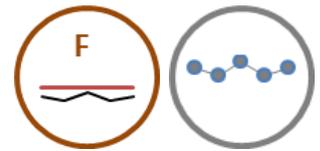
### 104+ Day Waiters
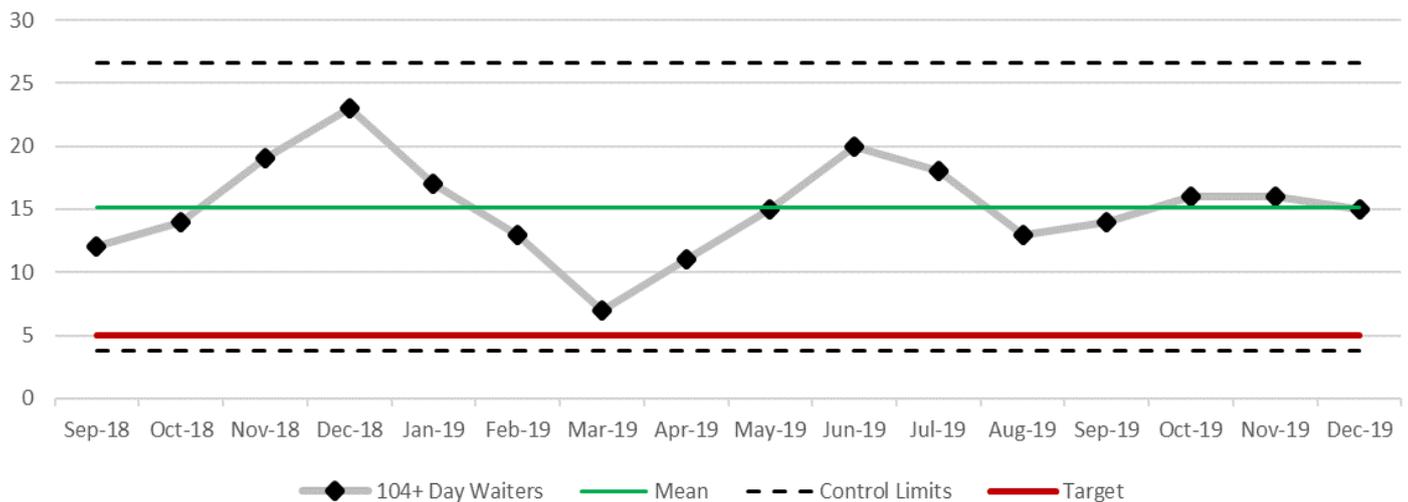


#### Challenges/Successes

The 104+ Day backlog has stabilised around 15 patients and though this is above the target of 10 patients, shows success in maintaining this level against a background of an increasing backlog number of patients above day 62.

#### Actions in place to recover:

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

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

## APPENDIX A – KITEMARK

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

- Timeliness
- Completeness
- Validation
- Process
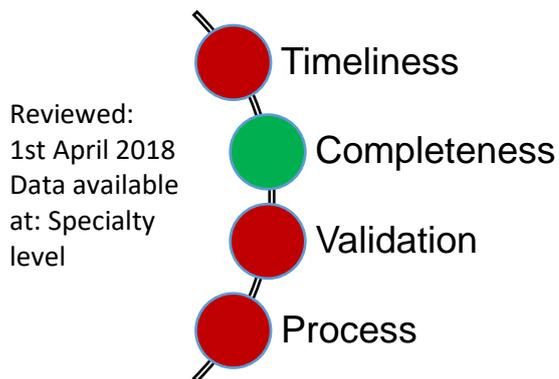
| Domain | Sufficient | Insufficient |
|---|---|---|
| **Timeliness** | Where data is available daily for an indicator, up-to-date data can be produced, reviewed and reported upon the next day.<br>Where data is only available monthly, up-to-date data can be produced, reviewed and reported upon within one month.<br>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.<br>Where data is only available monthly, there is a data lag of more than one month.<br>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.<br>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.<br>A sufficient amount of the data, proportionate to the risk, has been validated to ensure data is:<br>- Accurate<br>- In compliance with relevant rules and definitions for the KPI | Either:<br>- No validation has taken place; or<br>- An insufficient amount of data has been validated as determined by the KPI owner, or<br>- 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:<br>- The numerator and denominator of the indicator<br>- The process for data capture<br>- The process for validation and data cleansing<br>- Performance monitoring | There is no documented process. The process is fragmented/inconsistent across the services |

| To: | **Trust Board** |
|---|---|
| **From:** | Medical Director |
| **Date:** | January 2020 |

| **Title:** | **Strategic Risk Report** |
|---|---|

**Responsible Director:** Dr Neill Hepburn, Medical Director

Author: Paul White, Risk Manager

**Purpose of the Report:**
The purpose of this report is to enable the Trust Board to:
- Review the management of corporate risks within the Trust and the extent of risk exposure at this time
- Evaluate the effectiveness of the Trust's risk management processes

**The Report is provided to the Committee for:**

| Decision | | Discussion | ✓ |
|---|---|---|---|
| Assurance | | Information | ✓ |

**Summary/Key Points:**
- 36 out of 78 strategic risks recorded on Datix are currently rated as Very high or High (46% of the total)
- The highest rated strategic risks remain the same as reported lain previous months: financial sustainability; workforce capacity, capability and morale; emergency demand; and the vulnerability of aseptic pharmacy services
- Water safety and infrastructure risks have increased this month, so has IG compliance risk
- A new High risk in relation to patient safety in emergency safe has been added
- Of the 192 risks recorded on divisional business unit risk registers, 54 (27%) are currently rated as Very high or High
- 2 operational risks have recently increased in rating to Very high (20), both in Diagnostics CBU and both concerning the age and condition of a substantial amount of diagnostic equipment

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

| **Strategic Risk Register**<br>Significant strategic risks to Trust objectives are referenced within the Board Assurance Framework (BAF). | **Performance KPIs year to date**<br>Performance in reviewing risks in accordance with the Risk Management Policy is reported regularly to the Audit Committee. |
|---|---|

**Assurance Implications**

This report enables the Trust Board to review the effectiveness of risk management processes so that it can be assured regarding current risk control strategies and the extent of risk exposure at this time.

**Patient and Public Involvement (PPI) Implications**

The effectiveness of the Trust's risk and corporate governance arrangements is reported through the Annual Governance Statement (AGS) and is included in the opinion of both internal and external audit. As such, it may influence the degree of confidence that patients and members of the public have in the Trust.

**Equality Impact**

The Trust's Risk Management Policy has been assessed for equality impact and no issues were identified.

**Information exempt from Disclosure –** No

**Requirement for further review?**  No

## 1.    Purpose of the Report

1.1    The purpose of this report is to enable the Trust Board to:
- Review the management of corporate risks within the Trust and the extent of risk exposure at this time
- Evaluate the effectiveness of the Trust's risk management processes

## 2.    Recommendations

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

## 3.     Reasons for Recommendations

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

## 4.    Summary of Key Points

**Strategic Risk Profile**

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

| | Low risk | Moderate risk | High risk | Very high risk |
|---|---|---|---|---|
| Finances | 1 | 0 | 2 | 2 |
| Reputation / compliance | 6 | 16 | 11 | 1 |
| Service disruption | 5 | 4 | 11 | 3 |
| Harm (physical or psychological) | 1 | 9 | 6 | 0 |
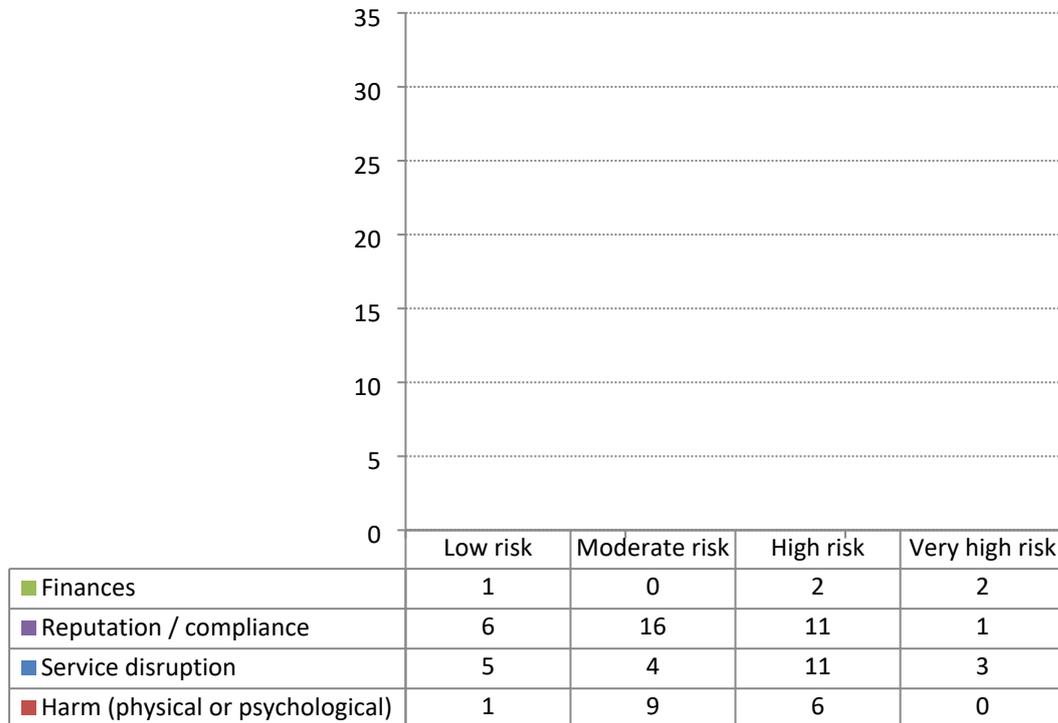
4.2 **Table 1** shows a summary of the full Strategic Risk Register:

| ID | Title | Division | Risk Type | Rating (current) | Risk level (current) |
|---|---|---|---|---|---|
| 4382 | Delivery of the Financial Recovery Programme | Corporate | Finances | 20 | Very high risk |
| 4383 | Substantial unplanned expenditure or financial penalties | Corporate | Finances | 20 | Very high risk |
| 4405 | Critical infrastructure failure disrupting aseptic pharmacy services | Clinical Support Services | Service disruption | 20 | Very high risk |
| 4083 | Workforce engagement, morale & productivity | Corporate | Reputation / compliance | 20 | Very high risk |
| 4362 | Workforce capacity & capability (recruitment, retention & skills) | Corporate | Service disruption | 20 | Very high risk |
| 4175 | Capacity to manage emergency demand | Medicine | Service disruption | 20 | Very high risk |
| 4480 | Safe management of emergency demand | Medicine | Harm (physical or psychological) | 16 | High risk |
| 3688 | Quality of the hospital environment | Corporate | Reputation / compliance | 16 | High risk |
| 3520 | Compliance with fire safety regulations & standards | Corporate | Reputation / compliance | 16 | High risk |
| 3951 | Compliance with regulations & standards for aseptic pharmacy services | Clinical Support Services | Reputation / compliance | 16 | High risk |
| 4156 | Safe management of medicines | Clinical Support Services | Harm (physical or psychological) | 16 | High risk |
| 4384 | Substantial unplanned income reduction or missed opportunities | Corporate | Finances | 16 | High risk |
| 3690 | Compliance with water safety regulations & standards | Corporate | Reputation / compliance | 16 | High risk |
| 4437 | Critical failure of the water supply | Corporate | Service disruption | 16 | High risk |
| 4044 | Compliance with information governance regulations & standards | Corporate | Reputation / compliance | 16 | High risk |
| 4497 | Contamination of aseptic products | Clinical Support Services | Harm (physical or psychological) | 15 | High risk |
| 3689 | Compliance with asbestos management regulations & standards | Corporate | Reputation / compliance | 12 | High risk |
| 3720 | Critical failure of the electrical infrastructure | Corporate | Service disruption | 12 | High risk |
| 3503 | Sustainable paediatric services at Pilgrim Hospital, Boston | Family Health | Service disruption | 12 | High risk |

| ID | Title | Division | Risk Type | Rating (current) | Risk level (current) |
|---|---|---|---|---|---|
| 3722 | Energy performance and sustainability | Corporate | Finances | 12 | High risk |
| 4081 | Quality of patient experience | Corporate | Reputation / compliance | 12 | High risk |
| 4082 | Workforce planning process | Corporate | Service disruption | 12 | High risk |
| 4142 | Safe delivery of patient care | Corporate | Harm (physical or psychological) | 12 | High risk |
| 4145 | Compliance with safeguarding regulations & standards | Corporate | Reputation / compliance | 12 | High risk |
| 4146 | Effectiveness of safeguarding practice | Corporate | Harm (physical or psychological) | 12 | High risk |
| 4157 | Compliance with medicines management regulations & standards | Clinical Support Services | Reputation / compliance | 12 | High risk |
| 4176 | Management of demand for planned care | Corporate | Service disruption | 12 | High risk |
| 4300 | Availability of medical devices & equipment | Corporate | Service disruption | 12 | High risk |
| 4179 | Major cyber security attack | Corporate | Service disruption | 12 | High risk |
| 4385 | Compliance with financial regulations, standards & contractual obligations | Corporate | Reputation / compliance | 12 | High risk |
| 4368 | Management of demand for outpatient appointments | Clinical Support Services | Service disruption | 12 | High risk |
| 4481 | Availability of patient information | Clinical Support Services | Service disruption | 12 | High risk |
| 4406 | Critical failure of the medicines supply chain | Clinical Support Services | Service disruption | 12 | High risk |
| 4423 | Working in partnership with the wider system | Corporate | Service disruption | 12 | High risk |
| 4476 | Compliance with clinical effectiveness regulations & standards | Corporate | Reputation / compliance | 12 | High risk |
| 4467 | Impact of a 'no deal' EU Exit scenario | Corporate | Service disruption | 12 | High risk |
| 4177 | Critical ICT infrastructure failure | Corporate | Service disruption | 8 | Moderate risk |
| 4182 | Compliance with ICT regulations & standards | Corporate | Reputation / compliance | 8 | Moderate risk |
| 4363 | Compliance with HR regulations & standards | Corporate | Reputation / compliance | 8 | Moderate risk |

*Trust Board - Strategic Risk Report (January 2020)*

| ID | Title | Division | Risk Type | Rating (current) | Risk level (current) |
|---|---|---|---|---|---|
| 4180 | Reduction in data quality | Corporate | Reputation / compliance | 8 | Moderate risk |
| 4181 | Significant breach of confidentiality | Corporate | Reputation / compliance | 8 | Moderate risk |
| 4351 | Compliance with equalities and human rights regulations, standards & contractual requirements | Corporate | Reputation / compliance | 8 | Moderate risk |
| 4352 | Public consultation & engagement | Corporate | Reputation / compliance | 8 | Moderate risk |
| 4353 | Safe use of medical devices & equipment | Corporate | Harm (physical or psychological) | 8 | Moderate risk |
| 4144 | Uncontrolled outbreak of serious infectious disease | Corporate | Service disruption | 8 | Moderate risk |
| 4138 | Patient mortality rates | Corporate | Reputation / compliance | 8 | Moderate risk |
| 4141 | Compliance with infection prevention & control regulations & standards | Corporate | Reputation / compliance | 8 | Moderate risk |
| 4043 | Compliance with patient safety regulations & standards | Corporate | Reputation / compliance | 8 | Moderate risk |
| 4003 | Major security incident | Corporate | Harm (physical or psychological) | 8 | Moderate risk |
| 3687 | Delivery 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 |
| 4389 | Compliance with corporate governance regulations & standards | Corporate | Reputation / compliance | 8 | Moderate risk |
| 4397 | Exposure to asbestos | Corporate | Harm (physical or psychological) | 8 | Moderate risk |
| 4398 | Compliance with environmental and energy management regulations & standards | Corporate | Reputation / compliance | 8 | Moderate risk |
| 4399 | Compliance with health & safety regulations & standards | Corporate | Reputation / compliance | 8 | Moderate risk |
| 4400 | Safety of working practices | Corporate | Harm (physical or psychological) | 8 | Moderate risk |
| 4401 | Safety of the hospital environment | Corporate | Harm (physical or psychological) | 8 | Moderate risk |
| 4402 | Compliance with regulations and standards for mechanical infrastructure | Corporate | Reputation / compliance | 8 | Moderate risk |
| 4403 | Compliance with electrical safety regulations & standards | Corporate | Reputation / compliance | 8 | Moderate risk |

*Trust Board - Strategic Risk Report (January 2020)*

| ID | Title | Division | Risk Type | Rating (current) | Risk level (current) |
|---|---|---|---|---|---|
| 4404 | Major fire safety incident | Corporate | Harm (physical or psychological) | 8 | Moderate risk |
| 4528 | Minor fire safety incident | Corporate | Harm (physical or psychological) | 8 | Moderate risk |
| 4424 | Delivery of planned improvements to quality & safety of patient care | Corporate | Reputation / compliance | 8 | Moderate risk |
| 4483 | Safe use of radiation | Clinical Support Services | Harm (physical or psychological) | 8 | Moderate risk |
| 4486 | Clinical outcomes for patients | Corporate | Harm (physical or psychological) | 8 | Moderate risk |
| 4502 | Compliance with regulations & standards for medical device management | Corporate | Reputation / compliance | 8 | Moderate risk |
| 4526 | Internal corporate communications | Corporate | Reputation / compliance | 8 | Moderate risk |
| 4514 | Hospital @ Night management | Corporate | Service disruption | 4 | Low risk |
| 4469 | Compliance with blood safety & quality regulations & standards | Clinical Support Services | Reputation / compliance | 4 | Low risk |
| 4482 | Safe use of blood and blood products | Clinical Support Services | Harm (physical or psychological) | 4 | Low risk |
| 4438 | Severe weather or climatic event | Corporate | Service disruption | 4 | Low risk |
| 4439 | Industrial action | Corporate | Service disruption | 4 | Low risk |
| 4440 | Compliance with emergency planning regulations & standards | Corporate | Reputation / compliance | 4 | Low risk |
| 4441 | Compliance with radiation protection regulations & standards | Clinical Support Services | Reputation / compliance | 4 | Low risk |
| 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 |
| 4277 | Adverse media or social media coverage | Corporate | Reputation / compliance | 4 | Low risk |
| 4061 | Financial loss due to fraud | Corporate | Finances | 4 | Low risk |

4.3 36 out of 78 strategic risks recorded on Datix are currently rated as Very high or High (46% of the total).

4.4 Since the last report (December 2019) the following material changes have been made to the Strategic Risk Register:

- The Hospital @ Night management risk has reduced from Moderate (8) to Low (4), with no outstanding actions
- Additional risks in relation to the safe management of emergency demand, due to overcrowding in ED, rated High (16); the potential for minor fire safety incidents, rated Moderate (8); compliance with ICT regulations & standards, rated Moderate (8)
- Increased risk of critical failure of the water supply and compliance with water safety regulations, both up from High (12) to High (16)

4.5 A report showing details of all risks recorded on the Strategic Risk Register with a current (residual) risk rating of High or Very high (a score of 12 or more) along with planned mitigating actions is included as **Appendix I**.

**Operational Risk Profile**

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

| | Very low risk | Low risk | Moderate risk | High risk | Very high risk |
|---|---|---|---|---|---|
| ■ Finances | 9 | 3 | 2 | 5 | 0 |
| ■ Reputation / compliance | 24 | 7 | 17 | 7 | 0 |
| ■ Service disruption | 21 | 6 | 22 | 26 | 1 |
| ■ Harm (physical or psychological) | 5 | 5 | 17 | 14 | 1 |
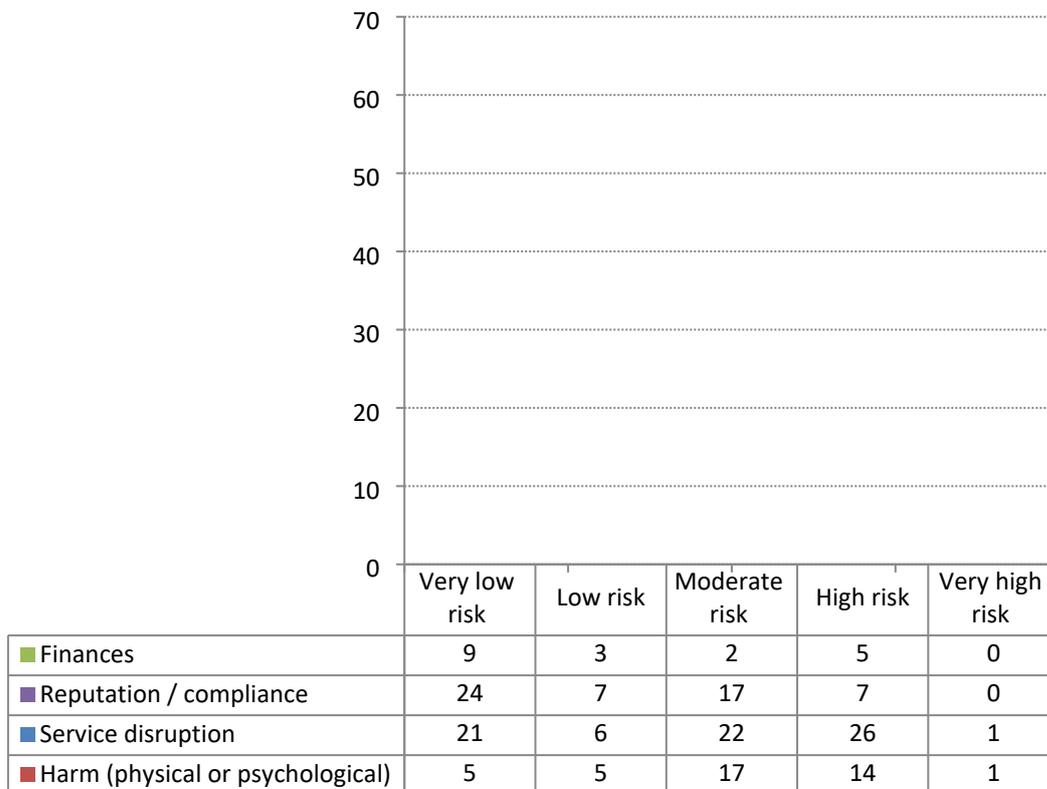
4.7   Of the 192 risks recorded on divisional business unit risk registers, 54 (27%) are currently rated as Very high or High, compared with 21% in December. 2 of these have recently increased in rating to Very high risk (both are within Diagnostics CBU, with the increased risk attributed to the age and condition of a substantial amount of medical equipment that is in need of replacement). Those risks are:
- Availability of essential equipment
- Safety & effectiveness of patient care

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

**Risk management process**

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

4.10  Risks are defined according to the type of consequence that would be experienced should they materialise, with a severity scale of 1 to 5 using the following definitions:
- Harm (physical or psychological) – this may be to patients (as a result of issues with care); to members of staff, or to visitors (arising from health & safety issues) and covers a range from minor injuries through to multiple fatalities
- Service disruption – which ranges from the implementation of local business continuity plans up to critical and major incidents
- Reputation / compliance – which covers the potential for individual complaints up to a fundamental loss of confidence amongst commissioners; regulators; and the government (many risks of this nature relate to compliance with national standards, regulations and contractual obligations)
- Finances – which is based on the budgetary impact, from minimal cost increases to jeopardising financial sustainability

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

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

**Appendix II - Operational High Risk Summary (January 2020)**

| ID | Title | Division | Risk Type | Rating (current) | Risk level (current) | Review date |
|---|---|---|---|---|---|---|
| 4301 | Delayed patient diagnosis or treatment (Specialty Medicine CBU) | Medicine | Harm (physical or psychological) | 20 | Very high risk | 29/02/2020 |
| 4426 | Availability of essential equipment & supplies (Diagnostics CBU) | Clinical Support Services | Service disruption | 20 | Very high risk | 29/02/2020 |
| 4305 | Exceeding annual budget (Specialty Medicine CBU) | Medicine | Finances | 16 | High risk | 29/02/2020 |
| 4311 | Access to essential areas of the estate (Specialty Medicine CBU) | Medicine | Service disruption | 16 | High risk | 29/02/2020 |
| 4331 | Exceeding annual budget (Urgent & Emergency Care CBU) | Medicine | Finances | 16 | High risk | 31/01/2020 |
| 4396 | Exceeding annual budget (Estates & Facilities) | Corporate | Finances | 15 | High risk | 31/03/2020 |
| 4334 | Access to essential areas of the estate (Urgent & Emergency Care CBU) | Medicine | Service disruption | 15 | High risk | 31/01/2020 |
| 4340 | Workforce capacity & capability (Cancer Services CBU) | Clinical Support Services | Service disruption | 15 | High risk | 31/01/2020 |
| 4330 | Workforce capacity & capability (Urgent & Emergency Care CBU) | Medicine | Service disruption | 15 | High risk | 31/01/2020 |
| 4328 | Quality of patient experience (Urgent & Emergency Care CBU) | Medicine | Reputation / compliance | 15 | High risk | 31/01/2020 |
| 4320 | Workforce capacity & capability (Cardiovascular CBU) | Medicine | Service disruption | 15 | High risk | 31/01/2020 |
| 4302 | Workforce capacity & capability (Specialty Medicine CBU) | Medicine | Service disruption | 15 | High risk | 29/02/2020 |
| 4303 | Safety & effectiveness of patient care (Specialty Medicine CBU) | Medicine | Harm (physical or psychological) | 15 | High risk | 29/02/2020 |
| 4170 | Workforce capacity & capability (Pharmacy) | Clinical Support Services | Service disruption | 15 | High risk | 29/02/2020 |
| 4297 | Workforce capacity & capability (Therapies & Rehabilitation) | Clinical Support Services | Service disruption | 15 | High risk | 31/01/2020 |
| 4190 | Safety & effectiveness of patient care (Surgery CBU) | Surgery | Harm (physical or psychological) | 12 | High risk | 31/03/2020 |
| 4191 | Availability of essential equipment (Surgery CBU) | Surgery | Service disruption | 12 | High risk | 31/03/2020 |
| 4196 | Workforce capacity & capability (Surgery CBU) | Surgery | Service disruption | 12 | High risk | 31/03/2020 |
| 4201 | Compliance with regulations & standards (Surgery CBU) | Surgery | Reputation / compliance | 12 | High risk | 31/03/2020 |
| 4214 | Workforce capacity & capability (T&O and Ophthalmology CBU) | Surgery | Service disruption | 12 | High risk | 31/01/2020 |
| 4262 | Availability of essential equipment & supplies (T&O and Ophthalmology CBU) | Surgery | Service disruption | 12 | High risk | 31/01/2020 |
| 4288 | Availability of essential information (Therapies & Rehabilitation) | Clinical Support Services | Service disruption | 12 | High risk | 31/01/2020 |
| 4115 | Workforce capacity & capability (TACC CBU) | Surgery | Service disruption | 12 | High risk | 31/01/2020 |
| 4116 | Availability of essential equipment & supplies (TACC CBU) | Surgery | Service disruption | 12 | High risk | 31/01/2020 |
| 4118 | Safety & effectiveness of patient care (TACC CBU) | Surgery | Harm (physical or psychological) | 12 | High risk | 31/01/2020 |
| 4120 | Delayed patient discharge or transfer of care (TACC CBU) | Surgery | Harm (physical or psychological) | 12 | High risk | 31/01/2020 |
| 4168 | Availability of essential equipment & supplies (Pharmacy) | Clinical Support Services | Service disruption | 12 | High risk | 29/02/2020 |
| 4169 | Availability of essential information (Pharmacy) | Clinical Support Services | Service disruption | 12 | High risk | 29/02/2020 |
| 4304 | Health, safety & security of staff, patients and visitors (Specialty Medicine CBU) | Medicine | Harm (physical or psychological) | 12 | High risk | 29/02/2020 |
| 4315 | Delayed patient diagnosis or treatment (Cardiovascular CBU) | Medicine | Harm (physical or psychological) | 12 | High risk | 31/01/2020 |
| 4317 | Exceeding annual budget (Cardiovascular CBU) | Medicine | Finances | 12 | High risk | 31/01/2020 |
| 4318 | Compliance with regulations & standards (Cardiovascular CBU) | Medicine | Reputation / compliance | 12 | High risk | 31/01/2020 |
| 4322 | Safety & effectiveness of patient care (Cardiovascular CBU) | Medicine | Harm (physical or psychological) | 12 | High risk | 31/01/2020 |

## Appendix II - Operational High Risk Summary (January 2020)

| ID | Title | Division | Risk Type | Rating (current) | Risk level (current) | Review date |
|---|---|---|---|---|---|---|
| 4324 | Access to essential areas of the estate (Cardiovascular CBU) | Medicine | Service disruption | 12 | High risk | 31/01/2020 |
| 4325 | Availability of essential information (Cardiovascular CBU) | Medicine | Service disruption | 12 | High risk | 31/01/2020 |
| 4327 | Delayed patient diagnosis or treatment (Urgent & Emergency Care CBU) | Medicine | Harm (physical or psychological) | 12 | High risk | 31/01/2020 |
| 4329 | Safety & effectiveness of patient care (Urgent & Emergency Care CBU) | Medicine | Harm (physical or psychological) | 12 | High risk | 31/01/2020 |
| 4333 | Delayed patient discharge or transfer of care (Urgent & Emergency Care CBU) | Medicine | Reputation / compliance | 12 | High risk | 31/01/2020 |
| 4372 | Compliance with regulations & standards (Outpatient Services) | Clinical Support Services | Reputation / compliance | 12 | High risk | 29/02/2020 |
| 4373 | Availability of essential information (Outpatient Services) | Clinical Support Services | Service disruption | 12 | High risk | 29/02/2020 |
| 4391 | Health, safety & security of staff, patients and visitors (Estates & Facilities) | Corporate | Harm (physical or psychological) | 12 | High risk | 31/03/2020 |
| 4408 | Safety & effectiveness of patient care (Children & Young Persons CBU) | Family Health | Harm (physical or psychological) | 12 | High risk | 31/01/2020 |
| 4409 | Health, safety & security of staff, patients and visitors (Children & Young Persons CBU) | Family Health | Harm (physical or psychological) | 12 | High risk | 31/01/2020 |
| 4412 | Access to essential areas of the estate (Children & Young Persons CBU) | Family Health | Service disruption | 12 | High risk | 31/01/2020 |
| 4415 | Exceeding annual budget (Children & Young Persons CBU) | Family Health | Finances | 12 | High risk | 31/01/2020 |
| 4416 | Delayed patient diagnosis or treatment (Children & Young Persons CBU) | Family Health | Harm (physical or psychological) | 12 | High risk | 31/01/2020 |
| 4420 | Workforce capacity & capability (Children & Young Persons CBU) | Family Health | Service disruption | 12 | High risk | 31/01/2020 |
| 4425 | Workforce capacity & capability (Diagnostics CBU) | Clinical Support Services | Service disruption | 12 | High risk | 29/02/2020 |
| 4429 | Availability of essential information (Diagnostics CBU) | Clinical Support Services | Service disruption | 12 | High risk | 29/02/2020 |
| 4433 | Compliance with regulations & standards (Diagnostics CBU) | Clinical Support Services | Reputation / compliance | 12 | High risk | 29/02/2020 |
| 4435 | Access to essential areas of the estate (Diagnostics CBU) | Clinical Support Services | Service disruption | 12 | High risk | 29/02/2020 |
| 4452 | Compliance with regulations & standards (Women's Health & Breast Services CBU) | Family Health | Reputation / compliance | 12 | High risk | 31/01/2020 |
| 4460 | Workforce capacity & capability (Women's Health & Breast Services CBU) | Family Health | Service disruption | 12 | High risk | 31/01/2020 |
| 4461 | Safety & effectiveness of patient care (Women's Health & Breast Services CBU) | Family Health | Harm (physical or psychological) | 12 | High risk | 31/01/2020 |

# Risk Management Policy Appendix I: Risk Scoring Guide

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

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

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

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

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

**Risk management process (January 2020)**

Risk is identified within ward / dept

↓

Is it already recorded on the CBU or Strategic Risk Register?

— Yes → No further action required

↓ No

Raise through specialty / CBU governance route

Complete risk assessment form if necessary →

↓

CBU reviews risk – agreed to add to risk register?

— No → No further action required

↓ Yes

Does the new risk relate to one or more existing CBU risks?

— No → Complete a risk assessment & send approved form to Risk

↓ Yes

Add the new risk as a risk action to all applicable risks

Complete a risk assessment & send approved form to Risk
↓
Risk Team add new risk to Datix

↓

CBU reviews risk register & updates Datix at least quarterly

↓

All risks scoring 12 or more reported to division each month

| ID | Title & description | Executive lead | Risk Type | Risk level (inherent) | Controls in place | Risk level (current) | Lead management Group | Risk level (acceptable) | Next review date | Weakness/Gap in Control | Component risk rating | Specialty | Planned actions | Action due date | Progress |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4405 | **Critical infrastructure failure disrupting aseptic pharmacy services (corporate)** If there is a critical failure of the infrastructure that supports aseptic pharmacy services within the Trust; Caused by issues with the age and condition of the facilities and the impact of managing increasing levels of demand; It could result in unplanned suspension of services which would have a significant and prolonged impact on a large number of patients, services, and other service providers. | Hepburn, Dr Neill | Service disruption | Very high risk | Aseptic pharmacy services facility at LCH and PHB. Quality Assurance of Aseptic Pharmacy Services (QAAPS). Aseptic pharmacy lead. Estates & Facilities Planned Preventative Maintenance programme & responsive repairs process. Medicines management policies, guidance, systems and supporting documentation. Medicines Safety Committee & sub-group governance structure. Datix incident reporting & investigation processes. Regular monitoring of the capacity, performance and antimicrobial contamination of the Pilgrim Pharmacy ASU (includes pressure differentials monitoring in rooms and isolators and microbial growth plates). Business continuity plans for ASU require patients to be treated outside of the Trust in the event of service disruption. | Very high risk (20) | Medicines Safety & Optimisation | Low risk | 31/01/2020 | The Pilgrim ASU facility is18 years old, is operating at capacity and the availability of external supplies is both erratic and inconsistent. In addition, cancer care in the Trust is increasing by 10% annually and demand for aseptic preparations is predicted to outstrip current levels of availability by the end of 2020. | Very high risk (20-25) | Pharmacy | Development of a sustainable infrastructure plan for aseptic pharmacy services. | 31/12/2020 | Full Business Case being prepared for Trust Board in October 2019, containing proposals for a new aseptic unit; preferred option is a joint venture partnership through the STP. |
| | | | | | | | | | | Repeated incidents of water leaks into one of the PHB aseptic rooms (tray washing room) from an upstairs toilet. If this happens and water reaches the main clean room it could result in closure of the aseptic unit for recommissioning and therefore inability to provide an aseptic service for the Trust for several months. | Very high risk (20-25) | Pharmacy | With Estates, to identify the reasons for the ongoing leaks and provide a permanent resolution to the problem; if a permanent resolution is not possible, to explore a way to identify the leaks at an early stage to minimise the risks (detection alarms are in other areas of the aseptic unit, so can this be applied to all other areas). To arrange cultures and chemical assay of the water. To request an assessment from Bernie Sanders, East Midlands Regional Quality Assurance to advise on | 31/01/2020 | Temporary closure of the aseptic unit at PHB - implementing BCP until assurance is received that the contamination is safely managed. |
| 3688 | **Quality of the hospital environment (corporate)** If the Trust is unable to maintain a hospital environment and facilities that meet the expectations of patients, staff and visitors and the requirements of services across all of its sites; Caused by the condition of the estate and facilities and issues with maintenance and development; It could result in widespread dissatisfaction which leads to significant, long term damage to the reputation of the Trust and may lead to commissioner or regulatory intervention. | Boocock, Paul | Reputation / compliance | Very high risk | Estates Infrastructure and Environment Committee (EIEC). Patient Experience Committee. NHS Premises Assurance Model (PAM) Patient-led Assessment of the Care Environment (PLACE) survey & response plans. Robust defect reporting system which prioritises critical issues within available resources. Cleanliness audit system that integrates with the Estates helpdesk. Estates capital investment process and programme. | High risk (16) | Patient Environment | Moderate risk | 31/01/2020 | Reduced standards if painting & decorating of clinical areas on all sites are not completed. (Identified through PLACE annual inspection). | High risk (12-16) | Estates | Require a programme to improve standard of hospital environments, via painting & decorating of clinical areas. | 31/12/2019 | Funding and resource to be allocated. |
| | | | | | | | | | | Floor Coverings across the Trust - Many areas are 45 years old, looks tired and is damaged in areas. Frequently fails environment and PLACE audits. Sub Floor is also damaged in some cases. High risk areas include Maternity at Lincoln, Tower Block at Grantham, Theatre Corridors at Pilgrim. | High risk (12-16) | Estates | Ad hoc repairs to flooring carried out across the Trust. Funding required for comprehensive programme. | 31/12/2019 | |
| | | | | | | | | | | LCH & GDH: Lack of resources to carry out external decoration. High level areas in the East Wing are difficult and costly to access due to requirement to erect scaffolding. Deterioration of paint finish to wooden windows and door fascias and soffits leaving timber exposed to weather. Will lead to deterioration of timber window frames and their failure with associated costs. Physical appearance very poor. Fails annually on PLACE scores. | Moderate risk (8-10) | Estates | Repairs to external decoration at LCH & GDH undertaken based on available labour, accessibility. Monitor the situation and carry out ad hoc repairs where situation dictates. Funding required for a rolling programme of external decoration, window replacement and facias. | 31/12/2019 | |
| | | | | | | | | | | LCH: Patient bed space curtain track systems within patient areas are obsolete; sufficient hooks to hang the curtains satisfactorily are not available; (blacked out) inadequately hung curtains can affect patient dignity as reported on PLACE. | Moderate risk (8-10) | Estates | Existing curtain hooks at LCH are "spaced out" to increased distances to allow curtains to hang. Funding required to replace the obsolete curtain rail systems. | 31/12/2019 | |
| 3951 | **Compliance with regulations & standards for aseptic pharmacy services (corporate)** If the Trust is found by a regulator to be systemically non-compliance with regulations & standards for aseptic pharmacy services; Caused by fundamental issues with the design or application of local policies and procedures, or the quality of the facility; It could result in regulatory intervention that forces immediate closure of the facility and suspension of services, impacting on a large number of patients, services and other service providers. | Hepburn, Dr Neill | Reputation / compliance | Very high risk | Aseptic pharmacy services facility at LCH and PHB. Quality Assurance of Aseptic Pharmacy Services (QAAPS). Aseptic pharmacy lead. Medicines management policies, guidance, systems and supporting documentation. Medicines Safety Committee & sub-group governance structure. Datix incident reporting & investigation processes. Regular monitoring of the capacity, performance and antimicrobial contamination of the Pilgrim Pharmacy ASU (includes pressure differentials monitoring in rooms and isolators and microbial growth plates). | High risk (16) | Medicines Safety & Optimisation | Low risk | 31/01/2020 | Pilgrim Hospital ASU does not comply with national and EU standards: • the Air Handling Unit is aging, • air changes are below the recommended levels for the clean rooms, • risk of leak from water pipes located above the unit. Leaks have occurred in the past, • there is limited capacity for the preparation of TPNs. Only one positive pressure isolator and no room space for the addition of a second isolator, • there are inadequate workflows of materials, finished products, personnel and waste due to current layout of the unit. | High risk (12-16) | Pharmacy | Proposals for a sustainable aseptic services facility to support compliance with QAAPS requirements. | 31/12/2020 | Business Case in development, to be presented to Trust Board in October 2019. |
| | | | | | | | | | | Aseptic preparation services must have adequate resources to ensure compliance with the defined national standards as described in Quality Assurance of Aseptic Pharmacy Services (QAAPS). Aseptic preparation time is increased due to changes in aseptic services standards (addition of an extra disinfection stage and use of a sporicidal agent with an increased contact disinfection time). | High risk (12-16) | Pharmacy | Additional staffing capacity with appropriate skill mix required to provide a service that complies with QAAPS standards. CSS Division to identify resources for additional staff required. | 31/03/2020 | Business case developed for additional staffing capacity. Phase 1 staffing has helped but has not brought us to a capacity below 80%. Phase 2 staffing will take us below 80% capacity. |
| 4497 | **Contamination of aseptic products (corporate)** If the products supplied by the Trust's aseptic pharmacy services were to become contaminated; Caused by issues with hygiene standards at the production facility, or user error; It could result in significant harm and potentially the death of multiple patients. | Hepburn, Dr Neill | Harm (physical or psychological) | Very high risk | Aseptic pharmacy services facility at LCH and PHB. Quality Assurance of Aseptic Pharmacy Services (QAAPS) regulatory stndards. Aseptic pharmacy lead. QAAPS states that aseptic capacity should not exceed 80%. Medicines management policies, guidance, systems and supporting documentation. Medicines Safety Committee & sub-group governance structure. Datix incident reporting & investigation processes. Regular monitoring of the capacity, performance and antimicrobial contamination of the Pilgrim Pharmacy ASU (includes pressure differentials monitoring in rooms and isolators and microbial growth plates). | High risk (15) | Medicines Safety & Optimisation | Low risk | 31/01/2020 | Due to the current state of the infrastructure in Lincoln, and the potential risk of contamination, the Lincoln Pharmacy ASU is not fit for purpose. | High risk (12-16) | Pharmacy | Closure of the Lincoln Pharmacy ASU to avoid the risk. | 28/02/2018 | Lincoln Pharmacy ASU has been closed. |
| | | | | | | | | | | Most aseptic processes are operator dependant. This means that when overcapacity there is an increased risk of calculation errors or producing contaminated products. Whilst air pressure monitoring will highlight the risk of contamination it does not give information on the actual risk. Microbial plates take 2 weeks to provide results, therefore any potentially contaminated products cannot be identified until after they have been issued and administered to patients. This is because the aseptic unit operates under Section 10 exemption from the Medicines Act and is not licensed. There is therefore no batch manufacturing and no associated quality control of batch manufactured products which would otherwise enable microbiological and chemical stability testing to take place. | High risk (12-16) | Pharmacy | Additional staffing capacity with appropriate skill mix required to provide a safe service and achieve capacity levels of under 80%. CSS Division to identify resources for additional staff required. | 31/03/2020 | Business case developed for additional staffing capacity. Phase 1 staffing has helped but has not brought us to a capacity below 80%. Phase 2 staffing will take us below 80% capacity. Frequent activation of BCP paces additional workload strain on staff, which further increases the associated risks. This is only sustainable for a short period of time. |
| | | | | | | | | | | The current condition of the aseptic facility at Pilgrim Hospital is inadequate, which increases the risk of contamination: • the Air Handling Unit is aging, • air changes are below the recommended levels for the clean rooms, • risk of leak from water pipes located above the unit. Leaks have occurred in the past, • there is limited capacity for the preparation of TPNs. Only one positive pressure isolator and no room space for the addition of a second isolator, • there are inadequate workflows of materials, finished products, personnel and waste due to current layout of the unit. | High risk (12-16) | Pharmacy | Implementation of a sustainable and fit for purpose aseptic services facility at Pilgrim Hospital. | 31/12/2019 | Business Case in development, to be presented to Trust Board in October 2019. |

| ID | Title & description | Executive lead | Risk Type | Risk level (inherent) | Controls in place | Risk level (current) | Lead management Group | Risk level (acceptable) | Next review date | Weakness/Gap in Control | Component risk rating | Specialty | Planned actions | Action due date | Progress |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4300 | **Availability of medical devices & equipment (corporate)** If the Trust's is unable to maintain the availability of essential medical devices and equipment; Caused by issues with capital and / or revenue planning, procurement and delivery processes or the availability of sufficient funding and resources; It could result in widespread disruption to clinical services across one or more divisions, reducing productivity and impacting on the experience of multiple patients. | Hepburn, Dr Neill | Service disruption | Very high risk | Capital and revenue planning processes. Procurement, delivery and contract management processes. Medical Device Group operational oversight. Medical device & equipment inventory. Clinical Engineering Services and Estates & Facilities equipment maintenance programmes & repairs capability. Business continuity / contingency plans for reduced availability of devices & equipment. CAS Alerts processes for managing device safety issues. Datix incident reporting & management processes for incidents. | High risk (12) | Medical Devices Safety | Low risk | 31/12/2019 | Trust-wide issues with the availability of suitable equipment (e.g. beds / trolleys; wheelchairs; weighing scales; blood pressure cuffs) and appropriate policies, procedures & pathways supported by training for the safe care of bariatric patients. | High risk (12-16) | Corporate Nursing | To review and update where necessary policies, procedures and relevant pathways to improve the safety of care for bariatric patients across existing policy areas, including: moving & handling policy; Theatres - procedures on trolleys / tables; observation policy (e.g. right size cuff to take blood pressure); A&E; outpatients. | 31/12/2019 | Working group set up, involving corporate nursing, health & safety & risk, to identify required improvements. |
| | | | | | | | | | | Lack of a centralised database for all medical devices; some records are held locally. | High risk (12-16) | Clinical Engineering | To deliver a Trust centralised medical equipment management database(which includes asset register, re-active and proactive maintenance planning, service history, etc.) | 28/02/2020 | MDSG has agreed on MEMS as the centralised medical equipment management database. Divisional engagement is underway. |
| | | | | | | | | | | Current contractual arrangements for bed frames and mattresses (with ARJO) have expired and continue on a 6 month rolling basis; the current contract model may not represent the best value for money. Bed management processes lack corporate oversight and effective control. | High risk (12-16) | Clinical Engineering | Appointment of a dedicated project manager to coordinate development of a revised bed / mattress operational model and contract review. Option to work collaboratively with LCHS and LPFT. | 31/12/2019 | BC developed and approved in principle by CRIG |
| 4081 | **Quality of patient experience (corporate)** If multiple patients across a range of the Trust's services have a poor quality experience; Caused by issues with workforce culture or significant process inefficiencies and delays; It could result in widespread dissatisfaction and a high volume of complaints that leads to a loss of public, commissioner and regulator confidence. | Rayson, Martin | Reputation / compliance | Very high risk | Patient Experience Strategy and Workplan; Patient experience metrics and reporting (FFT, Care Opinion, PALS & Complaints, Healthwatch data, compliments); Patient Experience training (leadership development programmes). | High risk (12) | Patient Experience | Low risk | 31/12/2019 | Staff engagement & ownership of patient experience feedback, staff morale and staff shortages; lack of pride or hope in working at ULHT translated as low energy and passion; communication features highly as a negative indicator within feedback; staff lacking awareness of the 'impact of self'; staff do not feel valued; workload and demand gives little time to provide the care to the standard aspired to leaving staff disappointed and dissatisfied. | High risk (12-16) | Human Resources | Deliver against Patient Experience workplan; provide service and divisional level patient experience reports that are useful, timely and meaningful, secure a FAB Experience champion in every directorate; promote & spread Academy of FAB NHS Stuff to highlight FAB patient experience quality projects and achievements - spreading celebration and enthusiasm to rebuild motivation and hope and passion; determine links between staff and patient experience and drill down to team level to support improvements and interventions; provide data that delivers confidence that this is what staff and patients are saying about their experience within that service - and then support that service to design and deliver improvements. | 31/12/2020 | |
| 4142 | **Safe delivery of patient care (corporate)** If there are multiple patient incidents throughout the Trust; Caused by fundamental issues with the safe and consistent application of clinical policies, procedures, guidelines or pathways; It could result in significant harm caused to a large number of patients. | Hepburn, Dr Neill | Harm (physical or psychological) | Very high risk | Clinical policies, procedures, guidelines, pathways & supporting documentation. Clinical governance arrangements at corporate level - Quality & Safety Oversight Group (QSOG) / Patient Safety Group (PSG) & sub-groups: - Harm Reduction Group - Radiation Protection Group - Deteriorating Patient Group - Medical Devices Group - Hospital Transfusion Group - Nutrition Group Divisional Clinical Cabinets & CBU / specialty governance arrangements. Clinical staff recruitment, induction, mandatory training, registration & re-validation processes. Risk & incident management policies & procedures / Datix system. Quality & safety improvement planning process & plans. Defined safe staffing levels. Ward accreditation programme & data monitoring / review processes (including Safety Thermometer). Quality Matron team and specialist nurses (Tissue Viability; Frailty; Sepsis). | High risk (12) | Patient Safety | Low risk | 28/02/2020 | Inconsistent identification of & response to deteriorating patients, including sepsis screening & intervention. | High risk (12-16) | Corporate Nursing | Design & introduce refined policies and processes for the identification of & response to deteriorating patients. | 31/12/2019 | Quality improvement plan in progress. |
| | | | | | | | | | | Inconsistent levels of compliance with the Trust's Local Safety Standards for Invasive Procedures (LocSSIPs), particularly outside of the operating theatre environment, which increases the likelihood of a Never Event occurring. | Moderate risk (8-10) | Quality & Compliance | Conduct an initial review of compliance with LocSSIPs to identify areas for improvement. | 31/01/2020 | Review in progress. |
| | | | | | | | | | | Development of the WebV system for handover has been delayed due to lack of dedicated project manager; potential adoption of the Nervecentre system is not possible until 2021. Presently there is no Trustwide handover IT system in place. | High risk (12-16) | Information & Communications Technology | Development of the WebV system for handover process Trustwide. Requires a business case for investment and project management with the supplier. | 31/03/2020 | Escalated to TMG, Regular updated provided to PSG. |
| | | | | | | | | | | Inconsistent application of clinical pathways and guidelines for pneumonia, leading to increased mortality risk. | Moderate risk (8-10) | | Pneumonia Task & Finish Group to oversee completion of CQUINS Action Plan. | 31/03/2020 | Business case in development for audit function. |
| 4145 | **Compliance with safeguarding regulations & standards (corporate)** If the Trust is found to be systemically non-compliant with safeguarding regulations and standards; Caused by fundamental issues with the design or application of local policies and procedures; It could result in the imposition of sanctions by the Care Quality Commission (CQC), NHS Improvement or local Clinical Commissioning Groups (CCGs) including warning or prohibition notices and financial penalties. | Bagshaw, Victoria | Reputation / compliance | Very high risk | Safeguarding policies, guidance, systems and supporting documentation. Chaperone policy supported by guidance, posters and training. Mandatory safeguarding training (role-based) as part of Core Learning; accountability through performance reviews and Ward Accreditation. Safeguarding Group & sub-group governance structure. Specialist advice & support from the Safeguarding team. Datix incident reporting & investigation processes. Safeguarding compliance monitoring / auditing. | High risk (12) | Safeguarding | Low risk | 28/02/2020 | Inconsistent compliance with Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs) and Trust safeguarding policy requirements (e.g. Failure to recognise the need to assess capacity & make a DoLS application) picked up by regular audits. | Moderate risk (8-10) | Safeguarding | Increase visibility of the Safeguarding team who are providing advice, support and supervision to staff to bridge theory practice gap; Monthly audits to monitor progress which are reported through operational group and committee; Benchmarking data being explored. | 28/02/2020 | Lead professional for MCA reports that although MCA audits continue to show areas of concern they are showing a significant increase in knowledge and compliance. This is supported by CCG and CQC feedback. There remains some cases where there is clear evidence of lack of compliance with policy for example SI investigation. Monitoring will continue through audit and review of incidents, complaints and concerns. On this basis risk reduced to moderate. |
| | | | | | | | | | | Not yet consistently achieving 90% compliance with safeguarding training requirements. | Moderate risk (8-10) | Safeguarding | Confirm that safeguarding training completion continues to be included in performance framework with compliance reviewed and managers held to account through operational performance management reviews; individual accountability to be managed through appraisal process. | 28/02/2020 | 9/8/19 Training compliance is consistently not achieving the 90% trajectory. Monitoring and reporting of this will continue through Safeguarding Group. |
| | | | | | | | | | | Capacity within the Safeguarding team affecting the ability to fulfil all statutory responsibilities of their roles (e.g. Domestic Homicide and Serious Case Reviews) and deliver proactive support to front-line staff. | High risk (12-16) | Safeguarding | Areas for more efficient working to be identified and improvements implemented; progress work to develop an integrated Safeguarding model for Lincolnshire that will deliver optimum benefits for Safeguarding across the county and ultimately deliver improved safeguarding outcomes for adults, children and young people in receipt of an holistic service: minimal duplication and gaps in provision (including transitions); greater innovation as future need is better anticipated; smooth patient hand-over and movement across organisational boundaries; urgent advice available via the Local Authority. | 28/02/2020 | Different models of working being explored. 9/8/19 -Additional temporary support is in place to support work required from the team. Will require a sustainable plan to meet the recommendations with in the Intercollegiate staffing guidance. |

| ID | Title & description | Executive lead | Risk Type | Risk level (inherent) | Controls in place | Risk level (current) | Lead management Group | Risk level (acceptable) | Next review date | Weakness/Gap in Control | Component risk rating | Specialty | Planned actions | Action due date | Progress |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4146 | **Effectiveness of safeguarding practice (corporate)** If there is a significant, widespread deterioration in the effectiveness of safeguarding practice across the Trust; Caused by fundamental issues with the design or application of local policies and protocols; It could result in multiple incidents of significant, avoidable harm affecting vulnerable people in the care of one or more directorates. | Bagshaw, Victoria | Harm (physical or psychological) | Very high risk | Safeguarding policies, guidance, systems and supporting documentation. Mandatory safeguarding training (role-based) as part of Core Learning. Safeguarding Committee & sub-group governance structure. Specialist advice & support from the Safeguarding team. Datix incident reporting  & investigation processes. Safeguarding compliance monitoring / auditing. Learning Disability Mortality Review process (LeDeR). Safeguarding Statements of Intent (covering access to services by children, young people & adults as well as modern slavery & human trafficking). | High risk (12) | Safeguarding | Low risk | 28/02/2020 | Agitated patients may receive inappropriate sedation, restraint, chemical restraint or rapid tranquilisation; policies are now in place and training is in the process of being rolled out across the Trust. Audit of the use of chemical sedation is raising concerns that the Trust policy is not consistently being adhered to: choice of drug; dose; route of administration. | High risk (12-16) | Safeguarding | Develop & roll out clinical holding training for identified staff Trust-wide. Introduce debrief process. Identify trends and themes through incidents reported on Datix. Monitor training compliance rates. Introduce audit of 5 security incidents per month from September 2018. Review of chemical sedation pathway. | 28/02/2020 | 9/8/19 Clinical Holding Level 4 training (2 day) compliance at 69% from staff identified as requiring training as virtue of their role would be responders to urgent assistance calls. In addition staff from other  roles such as portering/security ,safeguarding and training have attended. 67% of identified staff have attended the level one day training. Further training dates are available and training needs analysis being refreshed to reflect staff changes and to establish if any further courses require commissioning. Outstanding staff will be monitored on an individual basis to prioritise booking and completion. Learning events/debrief process provide scrutiny(in place of audit of 5 security incidents per month).Safeguarding team are alerted to datix incidents from security or involving vulnerable patients. Monthly chemical sedation audits continue to be undertaken by Safeguarding team and show improvements in compliance.Process in place for clinical areas to escalate to Matron when chemical restraint has been used to allow for review of episode of care. Rapid Tranquilisation policy has been reviewed  and incorporates new pathways to support staff. Currently in consultation process prior to submission to CESG. Local training package on use of chemical restraint in development by Safeguarding Lead, delivery will be supported by the Clinical Education team. |
|  |  |  |  |  |  |  |  |  |  | The Trust has no agreed pathway for referring clinicians, both internal and external, for patients with significant learning disabilities and challenging behaviours and no pathway to achieve a General Anaesthetic for procedures such as blood tests/ MRI, etc. This can lead to sub-optimal care and delays in diagnosis or treatment. | High risk (12-16) | Safeguarding | Development of an appropriate pathway for patients with learning disabilities: Plans currently made on an individual basis however this results in delays; task and finish group to scope extent of issues and to progress pathway development. | 28/02/2020 | Draft pathway developed and under consultation. 9/8/19 Plan for key stakeholders to meet to agree pathway prior to submission to CESG for approval. |
|  |  |  |  |  |  |  |  |  |  | There is no mandatory, core learning or core learning plus formal training programme provision within the Trust for: 1. Mental Health - awareness; responsibilities in relation to administering the Mental Health Act, ligature risk 2. Learning disability - awareness, care in hospital and reasonable adjustments 3. Autism - - awareness, care in hospital and reasonable adjustments | Moderate risk (8-10) | Safeguarding | 1. Liaise with training and development department to resubmit applications for core learning. 2. Liaise with clinical education department to determine numbers and reach of HEE funded programme. 3. Refresh training needs analysis to incorporate Autism developments. 4. Ensure reflected within MHLD&A Strategy and associated work-plan. | 28/02/2020 | Mental Health Awareness Core learning training developed and available from 1st July 2019. As of 25th July 2019 49.66% of required staff had completed it. Compliance and impact  will be monitored through MHLDA group. Update reports received by Safeguarding Group. |
|  |  |  |  |  |  |  |  |  |  | Children and young people (under 18) may be admitted to an adult inpatient ward, where there is a lack of specialist paediatric care and equipment available, such as paediatric resus trolleys. The current mechanism for real time alerting to safeguarding if staff fail to follow the current policy & do not complete the necessary risk assessment is not reliable (either ad hoc or retrospectively through incident reporting); this impairs the ability to respond in a timely manner to the needs of children & young people to ensure they receive appropriate care from appropriately trained staff in the right environment. Only areas that regularly care for children receive Level 3 child safeguarding training (others received L2). It is also not clear if an emergency call for a child on an adult ward would be responded to by paediatrics on-call. Paediatrics are not routinely involved in bed management meetings in order to be made aware of outliers. | High risk (12-16) | Safeguarding | To review and update the existing policy for admission of 14-18 year olds to adult inpatient areas, so that anyone under 16 must be admitted to a paediatric ward (unless they strongly object, fully aware of the risks). Those aged 16-17 to be given the choice, once made fully aware of the risks. Risk assessment to be reviewed. Potential for enhancements to patient administration systems to be considered to reinforce policy. Engagement of paediatrics with bed management meetings to be introduced. | 31/03/2020 | Action plan to be reassigned to appropriate lead once in post. |
| 4156 | **Safe management of medicines (corporate)** If there are multiple, widespread failings in the safe management of medicines across the Trust; Caused by issues with the design or application of medicines safety policies and procedures; It could result in multiple incidents of significant, avoidable harm to patients in the care of one or more directorates. | Hepburn, Dr Neill | Harm (physical or psychological) | Very high risk | Medicine safety policies & procedures. Medicine management governance arrangements (including audit & performance monitoring). Medicine safety training & education programmes. Pharmacy support and advice service. Pharmacy facilities & specialist equipment. Incident reporting and investigation systems & processes (Datix). | High risk (12) | Medicines Safety & Optimisation | Low risk | 28/02/2020 | The Trust currently uses a manual prescribing process across all sites, which is vulnerable to human error that increases the potential for delayed or omitted dosages; moving of charts from wards; and medicines not being ordered as required. | High risk (12-16) | Pharmacy | Planned introduction of an electronic prescribing system across the Trust, to eliminate some of the risks associated with manual prescribing. | 31/03/2020 |  |
|  |  |  |  |  |  |  |  |  |  | Pharmacy is not sufficiently involved in the discharge process or medicines reconciliation, which increases the potential for communication failure with primary care leading to patients receiving the wrong continuation medication from their GPs. | High risk (12-16) | Pharmacy | Routine monitoring of compliance with electronic discharge (eDD) policy. Request for funding to support additional pharmacy resources for involvement in discharge medicine supply. | 31/12/2019 |  |
|  |  |  |  |  |  |  |  |  |  | The Trust routinely stores medicines & IV fluids on wards in excess of 25 degrees (& in some areas above 30 degrees). This is worse in summer months. These drugs may not be safe or effective for use. | High risk (12-16) | Pharmacy | Introduction of electronic temperature monitoring systems for all drug storage areas to enable central monitoring.  Capital investment required. Contingency - ward monitoring of temperatures & escalation of issues. | 31/12/2019 |  |
|  |  |  |  |  |  |  |  |  |  | Inappropriate storage of refrigerated medicinal products (fridges constantly going above 8 degrees) due to lack of fridge(s) space. Periods of time where storage requirements are compromised has the potential to affect the stability of the products and therefore could have impact on patient treatment. | Very high risk (20-25) | Pharmacy | Temperatures of refrigerated medicinal products to be monitored continuously. Additional fridges required in order to ensure appropriate storage and product quality and comply with standards. Business case to request additional funding for fridges completed and approved. Fridges being purchased. | 31/12/2019 |  |
|  |  |  |  |  |  |  |  |  |  | Inadequate and unsecure storage and stock accountability of medical gas cylinders at all sites. Modifications required to meet standards and improve security. | Moderate risk (8-10) | Pharmacy | Risk regarding unsecure storage and stock accountability of medical gas cylinders at all sites to be assessed with local security management specialist; recommendations will include new lighting to storage buildings, surveillance cameras, effective alarm system and new doors to replace weak hinges and stronger locks. | 30/06/2019 |  |
| 4157 | **Compliance with medicines management regulations & standards (corporate)** If the Trust is found to be systemically non-compliant with medicines management | Hepburn, Dr Neill | Reputation / compliance | Very high risk | Medicines management policies, guidance, systems and supporting documentation. Medicines Safety Committee & sub-group governance structure. | High risk (12) | Medicines Safety & Optimisation | Low risk | 28/02/2020 | The Trust currently uses a manual prescribing process across all sites, which is inefficient and presents challenges to auditing and  compliance monitoring. | High risk (12-16) | Pharmacy | Planned introduction of an auditable electronic prescribing system across the Trust. | 31/03/2020 |  |

| ID | Title & description | Executive lead | Risk Type | Risk level (inherent) | Controls in place | Risk level (current) | Lead management Group | Risk level (acceptable) | Next review date | Weakness/Gap in Control | Component risk rating | Specialty | Planned actions | Action due date | Progress |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | compliant with medicines management regulations and standards; Caused by fundamental issues with the design or application of local policies and procedures; It could result in the imposition of sanctions by regulators such as the Care Quality Commission (CQC), NHS Improvement and the Medicines and Healthcare products Regulatory Agency (MHRA) or local Clinical Commissioning Groups (CCGs) including warning or prohibition notices and financial penalties. | | | | structure. Mandatory medicines management training as part of Core Learning for clinical staff. Specialist advice & support from the Pharmacy team. Datix incident reporting & investigation processes. Root cause analysis of serious medications incidents. Pharmacy compliance monitoring / auditing. | | | | | Compliance with Falsified Medicines Directive (FMD) legislation (Directive 2011/62/EU) is mandatory from February 2019, aiming to provide assurance to patients that the medicines they are supplied are not counterfeit or 'Falsified Medicines' that might contain ingredients, including active ingredients, which are not of a pharmaceutical grade or incorrect strength or indeed may contain no active ingredient. Falsified medicines are considered a major threat to public health with seizures by regulators increasing annually across the globe. We do not currently have a plan in place to ensure that we will comply with this legislation, and be able to robustly provide the necessary assurance to patients. | High risk (12-16) | Pharmacy | The FMD legislation requires that a system be established to enable all pharmaceuticals to be tracked through the supply chain, from manufacturer, via wholesalers, to pharmacy and to end user, and will be facilitated through the use of 2D barcode scanning technology. The Trust will work regionally with wholesalers and pharmacy computer system providers. Funding for new equipment is likely to be needed. | 31/12/2019 | |
| | | | | | | | | | | Administration of medication by pharmacy technicians including oral, intravenous, NG and PEG - legislation, governance and training issues. The Medicines Regulations 2012 specified that parenteral products can be legally administered by persons acting under the instruction of a legally valid appropriate prescriber (as shown in Regulation 214). Pharmacy technicians could also adopt this role in clinical areas in the Trust. However, his practice has not been approved and accepted by the Trust and is not embedded into the Medicines Management policy. | High risk (12-16) | Pharmacy | To define the process for administration of medicines by pharmacy technicians and their supervision and training. To embed the process in the Medicines Management Policy. | 31/12/2020 | |
| | | | | | | | | | | There is not full assurance that the new pharmacy technician roles and practices are acceptable in terms of professionally registered practice and that professional codes of practice are being correctly adhered to. | High risk (12-16) | Pharmacy | To establish the professional supervision and development of the new roles. To take advice from the General Pharmaceutical Council (GPhC) and NHSI to ensure the new roles are covered by the relevant professional codes of practice. | 31/12/2019 | |
| 4041 | **Safe and responsive delivery of Non-Invasive Ventilation (NIV)** If there are delays in the identification or treatment of patients requiring or receiving Non-Invasive Ventilation (NIV) within the Trust; Caused by issues with staffing capacity or capability, equipment availability, bed availability, the design or application of systems and processes; It could result in severe, permanent harm or the death one or more patients. | Bagshaw, Victoria | Harm (physical or psychological) | Very high risk | Guidelines and Care Pathway for commencing Non-invasive Ventilation (NIV) in the non-ITU setting. Governance arrangements within Medicine Division. National & local audits of compliance with best practice guidelines. NIV Quality & Safety Improvement Group established with membership from Respiratory teams from all 3 sites. Carlton-Coleby Ward (LCH) is established for 4 NIV beds, with 6 NIV machines (4 installed 2009; 1 in 2011; 1 in 2018). Ward 7B (PHB) is established for 2 NIV beds, with 4 NIV machines (2 installed in 2007; 1 in 2017; 1 in 2018). Additional NIV machine available in Clinical Engineering if needed. Acute Care Unit at GDH is established for 3 NIV beds. Escalation process in place. Authorisation to increase staffing capacity through the use of Bank, overtime and agency. Oxygen saturation monitoring in place and cardiac monitoring can be accessed via the Outreach Team if any concerns re potential arrhythmia. Trust-wide staff competencies for NIV. Safecare Live system used to record patient acuity. 1x NIV-skilled nurse per shift in all areas where NIV is provided. | High risk (12) | NIV | Low risk | 31/12/2019 | 1. Treatment may not commence within 1 hour of decision to treat if NIV bed unavailable on the ward or if insufficient nurse capacity. 2. NIV may be the ceiling of care which would deem a patient not suitable for admission to an ICU bed; if a patient were then admitted to ICU it may be unsuitable for the patient and would be in breach of Critical Care Network agreed policies. 3. Supply of Bank and Agency staff with NIV competencies is limited and may involve use of Tier 4 agencies. 4. Recruitment of nurses with required skills to vacancies on Ward 7B (PHB). 5. Inconsistent adherence to the NIV Care Pathway. | High risk (12-16) | Respiratory Medicine | 1. SOP to be developed for commencement of NIV in Emergency Departments. 2. Escalation Process for Ward Based NIV Capacity developed. 3. Capacity & demand being reviewed with the aim of increasing established, trained staff levels. 4. On-going competency training in place for all nurses. 5. NIV to review audit results and agree appropriate action. | 31/03/2020 | Action plan kept under regular review by the NIV Group, which meets quarterly. |
| 4476 | **Compliance with clinical effectiveness regulations & standards (corporate)** If the Trust is found to be systemically non-compliance with regulations and standards for clinical effectiveness; Caused by fundamental issues with the systems and processes used for managing clinical audits, policies, guidelines and best practice; It could result in a significant loss of confidence amongst a large number of patients as well as commissioners, regulators and the general public which may lead to regulatory action and sanctions. | Hepburn, Dr Neill | Reputation / compliance | Very high risk | Clinical governance arrangements in place at corporate level: Quality & Safety Oversight Group (QSOG) / Clinical Effectiveness Group. Clinical policies, guidelines and best practice management processes. National clinical audit programme management processes. Local clinical audit programme management processes. | High risk (12) | Clinical Effectiveness | Low risk | 28/02/2020 | Infrastructure is in place for divisional management of clinical policies; guidelines; best practice and clinical audit. Issues with time allocation within job plans for divisional leads to deliver against requirements. | High risk (12-16) | Quality & Compliance | Development & implementation of regular divisional reports to provide a comprehensive overview of clinical effectiveness. | 31/03/2020 | Report template in development. |
| | | | | | | | | | | Oversight of clinical effectiveness is not current part of the divisional Performance Review Meeting (PRM) process. | Moderate risk (8-10) | Quality & Compliance | Integration of routine oversight of clinical effectiveness as part of the divisional Performance Review Meeting (PRM) process through the introduction of appropriate KPIs. | 31/03/2020 | |
| | | | | | | | | | | Insufficient staffing resources within the established Clinical Effectiveness central support team. | High risk (12-16) | Quality & Compliance | Restructure of the Clinical Governance directorate to increase and redesign establishment to provide an appropriate level of support to divisions. | 31/12/2019 | |

**NHS**
United Lincolnshire
Hospitals
**NHS Trust**

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| **To:** | Trust Board |
| **From:** | Karen Willey, Deputy Trust Secretary |
| **Date:** | 4th February 2020 |
| **Essential Standards:** | |

| | |
|---|---|
| **Title:** | Board Assurance Framework (BAF) 2019/20 |

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

**Purpose of the Report:**

To present the 2019/20 Board Assurance Framework

**The Report is provided to the Board for:**

| Decision | | Discussion | X |
|---|---|---|---|

| Assurance | | Information | X |
|---|---|---|---|

**Summary/Key Points:**

The 2019/20 BAF has been presented to the Board Committees during December and January.

The BAF contains a number of updates including the detailed review undertaken by the Director of People and Organisational Development.

Further control gaps were identified against objective 1a including risks associated with the vacancies of senior clinical leadership roles and the implementation and/or delivery of safety recommendations with regard to surgical site safety leading to Never Events.

*Direction of Travel of Assurance Ratings:*

| RAG Rating | November 2019 | January 2020 | Direction |
|---|---|---|---|
| Red | 7 | 7 | → |

| | | | |
|---|---|---|---|
| Amber | 0 | 0 | → |
| Green | 0 | 0 | → |

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

**Recommendations:**

The Trust Board are asked to:
- Note the updates within the Board Assurance Framework and confirm the assurance ratings provided by the Committees
- Consider the identified gaps in assurance and advise/identify reports to be presented to the Board or Committees which would support the closure of the assurance gaps

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

| **Resource Implications (eg Financial, HR)** N/A |
|---|
| **Assurance Implications** Assurance on delivery of Trust ambitions is provided within the BAF |
| **Patient and Public Involvement (PPI) Implications** N/A |
| **Equality Impact** N/A |
| **Information exempt from Disclosure** No |
| **Requirement for further review?** Monthly review through Committees and Trust Board |

# Board Assurance Framework (BAF) 2019/20 - January 2020

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

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

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

| Ref | Objective | Metric | Exec Lead | How we may be prevented from meeting objective | Link to Risk Register | Link to Standards | Identified Controls (Primary, secondary and tertiary) | Control Gaps | How identified control gaps are being managed | Source of assurance | Assurance Gaps - where are we not getting effective evidence | How identified gaps are being managed | Committee providing assurance to TB | Assurance rating |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SO2 | Providing efficient and financially sustainable services | | | | | | | | | | | | | |
| 2a | Have 'zero waits' to access our services | % patients discharged within 24 hours of PDD | Chief Operating Officer | Unreliable or inaccurate data<br><br>Poor engagement with setting PDD<br><br>Internal systems not efficient to support timely discharge | Corporate risk ID 4176 - Planned care demand (High) | CQC Effective | Urgent and Emergency Care Improvement Programme - workstream 4, Ward Processes and 5, Discharge and Partnerships<br><br>Daily review and overview by operational services<br><br>Delivering Productive Services Group | Specialty Governance<br><br>Data Quality Issues | Data Quality workstream<br><br>PRMs probing gaps in speciality control and assigning actions to close | Urgent and Emergency Care Improvement Programme update<br><br>IPR | Reporting shows legitimate amendments made to dates of predicted discharge generate an artificially positive position at times. | A new process is in place that prohibits changes to PDD for all but clinical reasons. Plan changes are being monitored and this gap is expected to be fully mitigated by December 2019 | Finance, Performance and Estates Committee | R |
| 2b | Ensure that our services are sustainable on a long-term basis i.e. here to stay | Delivery of Financial Plan £70.3m deficit | Director of Finance and Digital | Efficiency schemes do not cover extent of savings required - £25.6m<br><br>Continued reliance on agency and locum staff to maintain services at substantially increased cost<br><br>Failure to achieve recruitment targets increases workforce costs<br><br>Unplanned expenditure or financial penalties<br><br>Failure to secure all income linked to coding or data quality issues<br><br>Failure to secure contract income through backlog and repatriation schemes and inability to remove cost<br><br>Activity exceeds contracted levels over and above repatriation and fails to secure all income due from commissioners | Corporate risk ID 4382 - Delivery of FRP (Very high)<br><br>Corporate risk ID 4384 - Income reduction (High)<br><br>Corporate risk ID 4383 - Unplanned expenditure (Very high) | CQC Well Led<br>CQC Use of Resources | Financial Turnaround Group (FTG) oversight of FRP<br><br>Vacancy control process<br><br>Centralised agency team<br><br>Financial Strategy and Annual Financial Plan<br><br>Performance Management Framework<br><br>Delivery of output of Clinical Service Review programme<br><br>System wide savings plan<br><br>Internal Audit:<br>Finance efficiency programme - Q2<br>Performance Management and reporting - Q3<br>Education Funding - Q1 | Reliance on temporary staff to maintain services, at increased cost<br><br>Operational ownership and delivery of efficiency schemes, workforce reduction in particular<br><br>Clinical coding & data quality issues<br><br>Operational ownership of income at directorate level<br><br>Lack of control over local demand reduction initiatives | Recruitment & retention initiatives to reduce reliance on temporary staff<br><br>Income improvement plan for each directorate<br><br>Engagement with commissioners through system wide contract management framework<br><br>Improved reporting in to divisions<br><br>System savings plan and delivery group<br><br>Performance review process refresh through new operating model | Monthly Finance Report to Trust Board including capital and contracting<br><br>FSM meetings with NHSI<br><br>Scrutiny and challenge through Finance, Performance and Estates Committee<br><br>Internal Performance Review Meetings<br><br>Internal Audit work reports<br><br>IPR<br><br>System Wide NHSE&I Performance and Escalation Meeting | Impact of recruitment and reduction in temporary staff<br><br>Structures and systems in place however the Trust have a lack of control over expenditure<br><br>Model Hospital Benchmarking<br><br>CQC Use of resources | Report on recruitment and temporary staffing impact<br><br>PRM Meeting outcomes, dashboard to be developed to be presented to Finance, Performance and Estates Committee<br><br>Delivery of Financial Efficiency plans | Finance, Performance and Estates Committee | R |

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

| Ref | Objective | Metric | Exec Lead | How we may be prevented from meeting objective | Link to Risk Register | Link to Standards | Identified Controls (Primary, secondary and tertiary) | Control Gaps | How identified control gaps are being managed | Source of assurance | Assurance Gaps - where are we not getting effective evidence | How identified gaps are being managed | Committee providing assurance to TB | Assurance rating |
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| 3b | Work as one team | Recommend as a place to work in staff survey 46% (↑ of 5%)<br><br>Recommend as a place to receive care in staff survey 53% (↑ of 5%) | | Lack of trust in the senior leadership of the organisation - opportunity for staff voice to be heard) | Corporate risk ID 4083 Workforce engagement (High) | | Role of Senior Leadership Forum and new Middle Manger Forum (both to be renamed) + TOM OD Plan to build capability + Work on visibility (staff feeling that they are heard) + Medical Engagement Work | Evidence from National Staff Survey (NSS) indicates a lack of trust, hope in the future and belief that things can improve + Low levels of medical engagement | Work to improve visibility - future of "big conversations" + review of Team Pilgrim/Louth etc. + Links to leadership work | NSS Survey data + other survey work | | | Workforce & OD Committee | R |
| | | | | Leadership which is not compassionate and engaging | | | Leadership development programmes + Personal Responsibility Framework for managers + Appraisal for managers | Evidence from NSS indicates quality of leadership is not consistent + Attendance of the right people on the right programmes (with appropriate wrap-arounds to ensure impact) | Revisions to current leadership programme (e.g. adoption of coaching) + Review of Personal Responsibility Framework + Development programmes for Clinical Leads & General Managers | NSS Survey data + Attendance at leadership programmes | Explore other ways in which we can measure impact of leadership development | | | |
| | | | | Organisational culture which does not reflect the values of the Trust | | | Values and Staff Charter (Personal Responsibility Framework) - Staff Charter Workshops to embed values | Behaviours are not consistently good | Work on "civility" and "kindness" | NSS Survey data + ad-hoc surveys | Potential for a regular temperature check on behaviours to be developed | | | |
| | | | | Lack of fairness in the operation of ULHT workforce policies | | | Framework of ULHT Workforce policies under regular review + Freedom To Speak Up Guardian | Pressure on ER system + Lack of fair application of policies referenced in CQC report + Awareness of Freedom To Speak Up Guardian | Implementation of "Just Culture" approach to policies and ER work + Management Development + Freedom To Speak Up Champions | Workforce IPR - Regular data on ER activity + Freedom To Speak Up Guardian Reports | | | | |
| | | | | Lack of effective partnership with staffside | | | Recognition Agreement + EPF/JNF + Informal dialogue | Partnership with Staffside is broken | Revised Recognition Agreement with new meeting structure and facility time breakdown + Further relationship building work | | Explore need for a measure of health of partnership with staffside | | | |
| | | | | Organisation does not fully embrace inclusiveness | | | Inclusion Strategy and regular reporting + Staff Networks | Issues around bullying and harassment + Workforce profile that demonstrates inclusivity | Talent management approach will embrace issues of diversity | WRES and WDES reporting + Gender Equality Data | | | | |
| | | | | Addressing issues around bullying and harassment in the ULHT workplace | | | Bullying and harassment project and initiatives that will follow | NSS data evidences a problem with bullying and harassment in the Trust | Complete project and implement actions agreed - initially 100 day projects | NSS Survey data | | | | |

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

| Ref | Objective | Metric | Exec Lead | How we may be prevented from meeting objective | Link to Risk Register | Link to Standards | Identified Controls (Primary, secondary and tertiary) | Control Gaps | How identified control gaps are being managed | Source of assurance | Assurance Gaps - where are we not getting effective evidence | How identified gaps are being managed | Committee providing assurance to TB | Assurance rating |
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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:

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

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

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

**NHS**
United Lincolnshire
Hospitals
**NHS Trust**

| Report to: | Trust Board |
|---|---|
| **Title of report:** | Audit Committee Report to Trust Board |
| **Date of meeting:** | 10th January 2020 |
| **Status:** | For Discussion |
| **Chairperson:** | Mrs Sarah Dunnett, Non-Executive Director |
| **Author:** | Mrs Jayne Warner, Trust Secretary |

| Purpose | To provide the Board of United Lincolnshire Hospitals NHS Trust with a formal report of the work of the Audit Committee since its last meeting, the assurances that have been received and validated, and those that are missing along with the actions to address them. |
|---|---|
| **Background** | This Committee meets at least quarterly and takes scheduled reports from the Trust's Internal and External Audit Providers, Counter Fraud Service, Finance Director and other parties in accordance with an established work programme. |
| **Business undertaken** | **External Audit**<br><br>The Committee received, reviewed and agreed the External Audit Plan for 2019/20 outlining the proposed audit approach. The plan identified six principal audit risks, the impact on the Trust and the planned audit response. Materiality levels remained unchanged from 2018/19. The Committee noted that national guidance was still awaited on Use of Resources and Quality Account external audit work.<br><br>The Committee were assured on the completeness of the plan, the timetable alignment with the Trust's own yearend timetable and the Trust's ability to support the engagement team. The Committee expressed concern over the significant increase in fees in comparison to prior years, and the fee as a whole. The Committee delegated further review of the fee to the Director of Finance and Digital.<br><br>The Committee were assured on the details of the plans, processes and resources provided for completion of the year end financial statements, preparation for IFRS 16 (Leases) the annual governance statement and annual report.<br><br>The Committee received an update on progress with implementing the recommendations from the 2018/19 ISA 260 report, five of the seven recommendations had now been fully implemented. The two outstanding recommendations related to asset identification numbers and pharmacy stock. |

**Internal Audit**

The Committee received the Internal Audit progress report which showed 49% of the 2019/20 plan completed to date. The Internal Audit providers gave assurances that the 2019/20 plan would be completed by the end of the financial year but an additional meeting would need to be scheduled in March for the Committee to sign off the outstanding internal audit reports.

The Committee received 3 finalised internal audit reports, Core Training (partial assurance), Policy Compliance (partial assurance) and Compliance with Legislation (significant assurance). The Committee noted that implementation of recommended actions was being monitored through the relevant Board committee.

The draft internal audit plan for 2020/21 was presented for initial comment. This would also be considered by the Executive Team and through each of the Assurance Committees. The Committee were assured on the process of alignment to the Trust priorities. The Committee requested that audit scope within the plan was more detailed and that internal audit KPIs for 2020/21 were reviewed to provide a better measure of service delivery and Trust responsiveness.

**Outstanding Audit Recommendations**

The Committee were assured on the process for follow up of outstanding internal audit recommendations and increased oversight and ownership from the executive directors.

The Committee noted that since the October meeting the Trust had completed 12 of the 31 outstanding medium and low risk actions. The remaining actions related mainly to audits of Patients Property and Monies and Charitable Funds.

**Counter Fraud**

The Committee received the LCFS progress report and were assured on overall delivery of the counter fraud plan for 2019/20.

The Trust resource for counter fraud was currently under review by the Director of Finance and Digital.

**Trust Corporate Governance Manual**

The Committee considered the Trust Standing Orders, Standing Financial Instructions and Scheme of Delegation. The Trust's Internal and External Auditors commented on the completeness and compliance with national requirements and best practice. The Committee recommended the Corporate Governance Manual to the Trust Board for approval.

| | |
|---|---|
| | The Committee sought assurance on the underpinning divisional levels of authority and noted that these would be tested as part of the 2020/21 internal audit reviews. |
| | **Policy Management**<br><br>The Committee were not assured in respect of clinical and non-clinical policy management. The Committee were updated on progress since the last meeting. The risk was captured on the risk register, but the committee asked for assurance that the potential clinical risks had been mitigated and that more timely progress was now being made. |
| | **Compliance Report**<br><br>The Committee noted the reduction the use of waivers of standing orders in both value and volume. The report also highlighted the launch of the updated Standards of Business Conduct Policy. Communication of this through the organisation had commenced and the Committee hoped that this would result in increased awareness of the need to make declarations. |
| | **EU Exit Overseas Visitors Contingency Planning**<br><br>The Committee were assured that the team was now fully established with appropriately skilled staff, with roll out of a frontline staff training programme and a patient engagement and communication plan. The ongoing impact of any changes would be monitored by the Finance, Performance and Estates Committee. |
| | **Audit Committee Self Assessment**<br><br>In line with best practice the Committee members had completed a self assessment questionnaire. The results of the questionnaire were shared and the Committee agreed to hold a workshop to review the results in detail and develop an action plan. The relationship between the Committee and the assurance committees was an ongoing theme. |
| **Issues where assurance remains outstanding for escalation to the Board** | **STP Governance:** The Committee was not able to assure itself in respect of risks relating to the STP. The Committee noted the current status of the internal audit of STP governance, which included a review of the STPs approach to risk management. The Committee agreed that it would review findings at its next meeting, and reflect on implications for the Trust Strategic Risk Register. |

| Items referred from other Committees and Board | The Committee considered the action plans put in place in response to the NHSI observations of Board Committees.  The Committee noted that progress against the actions were now being monitored through the monthly meetings. |
|---|---|
| **Committee Review of Risk Management** | The Committee received the risk management update which included performance against KPIs and internal audit recommendations.  The Committee noted the proposed change of wording from Corporate to strategic risk for those which impact on multiple divisions or are Trust wide. |
| **Matters identified which Committee recommend are escalated to SRR/BAF** | The Committee received the Board Assurance Framework which had been updated through all of the Assurance Committees during December and seen by the Board at its meeting in December.  The Committee noted the comments from the Committee Chairs in respect of the Committee consideration of the BAF and were satisfied that the framework was effective and still representative of the risks to the organisation. |

**NHS**
**United Lincolnshire**
**Hospitals**
**NHS Trust**

| To: | Trust Board |
|---|---|
| **From:** | Jayne Warner, Trust Secretary |
| **Date:** | 4th February 2020 |

| | |
|---|---|
| **Title:** | **Corporate Governance Manual incorporating Standing Orders, Scheme of Delegation and Standing Financial Instructions** |

**Author:** Jayne Warner, Trust Secretary/ Jonathan Young, Deputy Director of Finance/ Colin Hills, Assistant Director of Finance/ Barry Pogson, Associate Director of Procurement

**Responsible Director** Paul Matthew, Director of Finance and Digital

**Purpose of the Report:**

To present the Trust Corporate Governance Manual for Trust Board approval.

**The Report is provided to the Board for:**

| Information | | Assurance | ☞ |
|---|---|---|---|

| Discussion | | Decision | ☞ |
|---|---|---|---|

**Summary/Key Points:**

The Corporate Governance Manual along with the Standards of Business Conduct Policy provide a comprehensive regulatory and business framework for the Trust.

The manual was considered by the Audit Committee at its meetings in July in line with the latest best practice and to reflect the launch of the Trust Operating Model in 2019. An updated version of the manual was then approved by the Trust Board at its meeting on the 6 August 2019. There have been no changes to the Standing Orders or Standing Financial Instructions since this time.

The manual presented in August did not include the scheme of delegation. The scheme of delegation has now been reviewed and was agreed by the Audit Committee for submission to the Trust Board at its meeting in January.

There was some debate at the Audit Committee meeting about the level of detail provided within the scheme of delegation. It appears that this varies between Trusts. The Trust approach remains to maintain a scheme of delegation at the highest level with greater detail provided in the authorization matrix which is maintained by the Finance Department.

All documents are aligned with the Trust Operating Model.

**Recommendations:**
The Trust Board are asked to give final approval to the Corporate Governance Manual for publication.

| Strategic Risk Register | Performance KPIs year to date |
|---|---|
| Resource Implications (e.g. Financial, HR) | |
| Assurance Implications | |
| Patient and Public Involvement (PPI) Implications | |
| Equality Impact | |
| Requirement for further review? | |

# CORPORATE GOVERNANCE MANUAL

# *Document Information*

| | | |
|---|---|---|
| Trust Policy Number | : | ULH-CORPORATE-SO01 |
| Version | : | February 2020 |
| Status | : | For approval by Board |
| Issued by | : | Trust Secretary |
| Issued date | : | |
| Approved by | : | Trust Board |
| Date of approval | : | |
| Date of review | : | |

# *Change Control*

| | | |
|---|---|---|
| Previous Versions | : | |
| Changes:Additions | : | Reflection of updated corporate governance /Committee structure and revised Trust Operating Model |
| Modifications | : | |
| Deletions | : | |
| Date of Issue | : | |
| Review Date | : | |
| Referenced Documents | : | |
| **Relevant Legislation** | | NHS Corporate Governance Framework / NHS Manual for Accounts |
| Relevant Standards | : | |

# FOREWORD

The Standing Orders, Scheme of Delegation and Standing Financial Instructions provide a comprehensive regulatory and business framework for the Trust.

All directors, and all members of staff, should be aware of the existence of these documents and be familiar with all relevant provisions.  These rules fulfill the dual role of protecting the Trust's interests and protecting staff from any possible accusation that they have acted less than properly.

Failure to comply with any part of standing orders is a disciplinary matter, which could result in dismissal.  Non-compliance may also constitute a criminal offence of fraud in which case the matter will be reported to the Trust's local counter fraud specialist in accordance with the Counter Fraud Bribery and Corruption Policy.  Where evidence of fraud, corruption or bribery offences is identified, this may also result in referral for prosecution which could lead to the imposition of criminal sanctions.

# STANDING ORDERS

## 1. INTRODUCTION

### 1.1 Statutory Framework

The United Lincolnshire Hospitals NHS Trust (the Trust) is a statutory body which came into existence on 20th April 2000 under The United Lincolnshire Hospitals NHS Trust (Establishment) Order 2000 No 410, (the Establishment Order) and The United Lincolnshire Hospitals NHS Trust (Establishment) Amendment Order 2001 No 154.

The principal places of business of the Trust are Lincoln County Hospital, Lincoln; Pilgrim Hospital, Boston; Grantham and District Hospital, Grantham and Louth Hospital, Louth.

NHS Trusts are governed by Acts of Parliament, mainly the National Health Service Act 2006 as amended by the Health and Social Care Act 2012 and the functions of the Trust are conferred by this legislation.

As a statutory body, the Trust has specified powers to contract in its own name and to act as a corporate trustee. In the latter role it is accountable to the Charity Commission for those funds deemed to be charitable as well as to the Secretary of State for Health.

The Trust has a duty to adopt Standing Orders for the regulation of its proceedings and business. The Trust must also adopt Standing Financial Instructions (SFIs) as an integral part of Standing Orders setting out the responsibilities of individuals. The Board must also comply with the standard for members of NHS Board and CCG Governing Bodies in England 2012.

The Trust will also be bound by such other statutes and legal provisions which govern the conduct of its affairs.

### 1.2 NHS Framework

In addition to the statutory requirements the Secretary of State through the Department of Health and Social Care, NHS Improvement and NHS England, issues further directions and guidance. These are normally issued under cover of a circular or letter.

The NHS Code of Conduct & Accountability requires that, among other things, Boards draw up a schedule of decisions reserved to the Board, and ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior officers (a scheme of delegation). The code also requires the establishment of audit and remuneration committees with formally agreed terms of reference. The NHS Code of Conduct & Accountability makes various requirements concerning possible conflicts of interest of Board Directors.

The Freedom of Information Act sets out the requirements for public access to information about the Trust's business.

### 1.3 Delegation of Powers

The Trust has powers to delegate and make arrangements for delegation. The Standing Orders set out the detail of these arrangements. Under the Standing Order relating to the Arrangements for the Exercise of Functions the Trust is given powers to "make arrangements for the exercise, on behalf of the Trust of any of their functions by a committee, sub-committee or joint committee appointed by virtue of Standing Order 4 or by an officer of the Trust, in each case subject to such restrictions and conditions as the Trust thinks fit or as the Secretary of State may direct". Delegated Powers are covered in the Scheme of Delegation and Reservation and have effect as if incorporated into the Standing Orders and Standing Financial Instructions.

### 1.4 NHS Board Governance

NHS Trust Boards must put in place and maintain good corporate governance arrangements, integrated across the organisation and all aspects of governance. This will encompass corporate, financial, clinical, information and research governance. Integrated governance will better enable the Board to take a holistic view of the organisation and its capacity to meet its legal and statutory requirements and clinical, quality and financial objectives.

## 2. THE TRUST BOARD

### 2.1 Corporate role of the Board

All business shall be conducted in the name of the Trust.

All funds received in trust shall be held in the name of the Trust as corporate trustee.

The powers of the Trust established under statute shall be exercised by the Board meeting in public session except as otherwise provided for in Standing Order No.3.

The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These powers and decisions are set out in the 'Schedule of Matters Reserved to the Board' and shall have effect as if incorporated into the Standing Orders. Those powers which it has delegated to officers and other bodies are contained in the Scheme of Delegation.

### 2.2 Composition of the Membership of the Trust Board

In accordance with the Membership and Procedure Regulations the composition of the Board shall be:

The Chair of the Trust (Appointed by NHS Improvement);

Up to 7 non- executive directors (appointed by NHS Improvement);

5 executive directors including:

- the Chief Executive;
- the Director of Finance and Digital;
- the Director of Nursing
- the Medical Director
- The Director of Improvement and Integration/ Deputy Chief Executive

The Trust currently operates with 5 Non-Executive Directors not the maximum of 7 allowed by the statutory instrument.

### 2.3 Appointment of Chair and Directors of the Trust

The Chair and Directors of the Trust - are appointed by NHSI on behalf of the Secretary of State. The appointment and tenure of office of the Chair and Directors are set out in the Membership and Procedure Regulations.

### 2.5 Terms of Office of the Chair and Directors

The regulations setting out the period of tenure of office of the Chair and directors and for the termination or suspension of office of the Chair and directors are contained in regulation 7 and regulations 8 and 9 of the Membership and Procedure Regulations, respectively.

## 2.6 Appointment and Powers of Vice-Chair

Subject to Standing Order below, the Chair and directors of the Trust may appoint one of their numbers, who is not also an executive director, to be Vice-Chair, for such period, not exceeding the remainder of their term as a member of the Trust, as they may specify on appointing them.

Any director so appointed may at any time resign from the office of Vice-Chair by giving notice in writing to the Chair. The Chair and directors may thereupon appoint another director as Vice-Chairman in accordance with the provisions of Standing Orders

Where the Chair of the Trust has died or has ceased to hold office, or where they have been unable to perform their duties as Chair owing to illness or any other cause, the Vice-Chair shall act as Chair until a new Chair is appointed or the existing Chair resumes their duties, as the case may be; and references to the Chair in these Standing Orders shall, so long as there is no Chair able to perform those duties, be taken to include references to the Vice-Chair.

## 2.7 Joint Directors

Where more than one person is appointed jointly to a post mentioned in regulation 2 of the Membership and Procedure Regulations those persons shall count for the purpose of Standing Order 2.1 as one person.

## 2.8 Role of Directors

The Board will function as a corporate decision-making body, executive and Non-executive directors will be full and equal directors. Their role as directors of the Board of Directors will be to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions.

### (1) Executive Directors

Executive Directors shall exercise their authority within the terms of these Standing Orders and Standing Financial Instructions and the Scheme of Delegation.

### (2) Chief Executive

The Chief Executive shall be responsible for the overall performance of the executive functions of the Trust. He is the **Accountable Officer** for the Trust and shall be responsible for ensuring the discharge of obligations under Financial Directions and in line with the requirements of the Accountable Officer Memorandum for Trust Chief Executives and other such requirements as determined by NHS Improvement.

### (3) Director of Finance

The Director of Finance shall be responsible for the provision of financial advice to the Trust and to its directors and for the supervision of financial control and accounting systems. They shall be responsible along with the Chief Executive for ensuring the discharge of obligations under relevant Financial Directions.

### (4) Non-Executive Directors

The Non-Executive Directors shall not be granted nor shall they seek to exercise any individual executive powers on behalf of the Trust. They may however, exercise collective authority when acting as directors of or when chairing a committee of the Trust which has delegated powers.

(5)      **Chair**

The Chair shall be responsible for the operation of the Board and chair all Board meetings when present.  The Chair must comply with the terms of appointment and with these Standing Orders.

The Chair shall liaise with NHS Improvement over the appointment of Non-Executive Directors and once appointed shall take responsibility either directly or indirectly for their induction, their portfolios of interests and assignments, and their performance.

The Chairman shall work closely with the Chief Executive and shall ensure that key and appropriate issues are discussed by the Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.

## 2.9      Lead Roles for Board Directors

The Chair will ensure that the designation of lead roles or appointments of Board Directors as required by the Department of Health and Social Care or as set out in any statutory or other guidance will  be made  in  accordance  with  that  guidance  or  statutory  requirement (e.g. appointing a Lead Board Director with responsibilities for Infection Control or Safeguarding etc.).

# 3.      MEETINGS OF THE TRUST BOARD

## 3.1      Admission of public and the press

The public and representatives of the press may attend all meetings of the Trust, but shall be required to withdraw upon the Trust Board resolving as follows:

*A body may by resolution, exclude the public from a meeting (whether during the whole or part of the proceedings') wherever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings; and where such a resolution is passed, this Act shall not require the meeting to be open to the public during proceedings to which the resolution applied.* (Public Bodies (Admission to meetings) Act 1960.

The Chair shall give such directions as they thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Trust's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Trust Board resolving as follows:

*That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Trust Board to complete its business without the presence of the public*'. Section 1(8) Public Bodies (Admissions to Meetings) Act l960

Nothing in these Standing Orders shall be construed as permitting the introduction by the public, or press representatives, of recording, transmitting, video or similar apparatus into meetings of the Trust or Committee thereof.  Such permission shall be granted only upon resolution of the Trust.

### 3.2 Calling meetings

Ordinary meetings of the Board shall be held at regular intervals at such times and places as the Board may determine.

The Chair of the Trust may call a meeting of the Board at any time.

One third or more directors of the Board may request a meeting in writing. If the Chair refuses, or fails, to call a meeting within seven days of a request being presented, the directors signing the request may forthwith call a meeting.

### 3.3 Notice of Meetings and the Business to be transacted

Before each meeting of the Board a notice specifying the business proposed to be transacted shall be delivered to every director, so as to be available to them at least three clear days before the meeting. The notice shall be signed by the Chair or by an officer authorised by the Chair to sign on their behalf.

Want of service of such a notice on any director shall not affect the validity of a meeting.

In the case of a meeting called by directors in default of the Chair calling the meeting, the notice shall be signed by those directors.

No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under Standing Order 3.6.

Before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed at the Trust's principal offices at least three clear days before the meeting, (required by the Public Bodies (Admission to Meetings) Act 1960 Section 1 (4) (a)).

### 3.4 Chair of meeting

At any meeting of the Trust Board the Chair, if present, shall preside. If the Chair is absent from the meeting, the Vice-Chair (if the Board has appointed one), if present, shall preside.

If the Chair and Vice-Chair are absent, such director (who is not also an Executive Director of the Trust) as the directors present shall choose shall preside.

### 3.5 Chair's ruling

The decision of the Chair of the meeting on questions of order, relevancy and regularity and their interpretation of the Standing Orders and Standing Financial Instructions, at the meeting, shall be final.

### 3.6 Quorum

No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and directors (including at least one director who is also an executive director of the and one non- executive director ) is present.

An Officer in attendance for an Executive Director but without written acting up status may not count towards the quorum.

If the Chairman or director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may

not be discussed further or voted upon at that meeting.  Such a position shall be recorded in the minutes of the meeting.  The meeting must then proceed to the next business.

## 3.7 Voting

Every question at a meeting shall be determined by a majority of the votes of directors present and voting on the question.  In the case of an equal vote, the person presiding (ie: the Chair of the meeting) shall have a second, and casting vote.

All questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.

If at least one third of the directors present so request, the voting on any question may be recorded so as to show how each director present voted or did not vote (except when conducted by paper ballot).

If a director so requests, their vote shall be recorded by name.

In no circumstances may an absent director vote by proxy. Absence is defined as being absent at the time of the vote.

An Officer who has been formally appointed to act up for an Executive Director during a period of incapacity or temporarily to fill an Executive Director vacancy shall be entitled to exercise the voting rights of the Executive Director.

An Officer attending the Trust Board meeting to represent an Executive Director during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Executive Director. An Officer's status when attending a meeting shall be recorded in the minutes.

## 3.8 Minutes

The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they shall be signed by the person presiding at it.

No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate.  Any amendments to the minutes shall be agreed and recorded at the next meeting.

## 3.9 Record of Attendance

The names of the Chair and Directors present at the meeting shall be recorded in the minutes.

## 3.10 Annual Public Meeting

The trust will publicise and hold an annual public meeting on or before 30th September in every year in accordance with the NHS Trusts (Public meeting) Regulations 1991 (SI 1991) 482.

## 3.11 Variation and amendment of Standing Orders

These Standing Orders shall not be varied except in the following circumstances:

- that two thirds of the Board directors are present at the meeting where the variation or amendment is being discussed, and that at least half of the Trust's Non-Executive directors vote in favour of the amendment;
- providing that any variation or amendment does not contravene a statutory provision or direction made by the Secretary of State.

**3.12     Suspension of Standing Orders**

Except where this would contravene any statutory provision or any direction made by the Secretary of State or the rules relating to the Quorum any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the whole number of the directors of the Board are present (including at least one executive director of the Trust and one non-executive director) and that at least two-thirds of those directors present signify their agreement to such suspension.  The reason for the suspension shall be recorded in the Trust Board's minutes.

> (ii)     A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chairman and directors of the Trust.
>
> (iii)    No formal business may be transacted while Standing Orders are suspended.
>
> (iv)    Every decision to suspend standing orders shall be reported to the Audit Committee.

# 4.     ARRANGEMENTS FOR THE EXERCISE OF TRUST FUNCTIONS BY DELEGATION

**4.1     Delegation of Functions to Committees, Officers or other bodies**

> Subject to regulation 17 and 18 of the Membership and Procedure Regulations, the Board may make arrangements for the exercise, on behalf of the Board, of any of its functions by a committee, or sub-committee appointed by virtue of Standing Order 4, or by an officer of the Trust, or by another body as defined in Standing Order 5 below, in each case subject to such restrictions and conditions as the Trust thinks fit.
>
> Regulation allows for the functions of NHS trusts to be carried out jointly with any other NHS body or other NHS trust, or any other third party.

**4.2     Emergency Powers**

> The powers which the Board has reserved to itself within these Standing Orders may in emergency or for an urgent decision be exercised by the Chief Executive and the Chairman after having consulted at least two non-executive directors. The exercise of such powers by the Chief Executive and Chairman shall be reported to the next formal meeting of the Trust Board in public session for formal ratification.

**4.3     Unavailability of Chair/ Vice Chair**

> In addition to the statutory power of the vice chair, if the chair is unavailable for whatever reason to transact the business of the Trust expressly or impliedly delegated to the chair, then, if so requested by the Chief Executive, the vice chair shall be empowered to act in the chair's place and to exercise all the powers and duties of the chair until the chair is again available.
>
> If the vice chair is unavailable for whatever reason to transact the business of the Trust expressly or impliedly delegated to the vice chair, then if so requested by the chief executive in relation to any particular matter, any non-executive director shall be empowered to act in the vice chairs place and exercise all the powers and duties of the vice chair in relation to that matter.

### 4.4 Delegation to Committees

The Board shall agree from time to time to the delegation of executive powers to be exercised by other committees, or sub-committees, or joint-committees, which it has formally constituted in accordance with directions issued by the Secretary of State. The constitution and terms of reference of these committees, or sub-committees, or joint committees, and their specific executive powers shall be approved by the Board.
The powers of such committees shall be limited to those set out in their terms of reference.

### 4.5 Delegation to Officers

Those functions of the Trust which have not been retained as reserved by the Board or delegated to a committee or sub-committee or joint-committee shall be exercised on behalf of the Trust by the Chief Executive. The Chief Executive shall determine which functions he will perform personally and shall nominate officers to undertake the remaining functions for which he will still retain accountability to the Trust.

The Chief Executive shall prepare a Scheme of Delegation identifying his proposals which shall be considered and approved by the Board.

Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Board of the Director of Finance to provide information and advise the Board in accordance with statutory or Department of Health and Social Care requirements. Outside these statutory requirements the roles of the Director of Finance shall be accountable to the Chief Executive for operational matters.

The arrangements made by the Board as set out in the "Schedule of Matters Reserved to the Board" and "Scheme of Delegation" of powers shall have effect as if incorporated in these Standing Orders.

### 4.6 Non-compliance with Standing Orders and Standing Financial Instructions

If for any reason these Standing Orders are not complied with, full details of the non-compliance and justification for non-compliance and the circumstances shall be reported to the next formal meeting of the Board for action or ratification. All directors of the Trust Board and staff have a duty to disclose any non-compliance with these Standing Orders to the Chief Executive and Chair as soon as possible.

## 5. TRUST COMMITTEES

### 5.1 Appointment of Committees

Subject to such directions as may be given by the Secretary of State for Health, the Trust Board may appoint committees of the Trust.

The Trust shall determine the membership and terms of reference of committees and shall receive and consider reports from such committees.

### 5.2 Applicability of Standing Orders and Standing Financial Instructions to Committees

The Standing Orders and Standing Financial Instructions of the Trust, as far as they are applicable, shall as appropriate apply to meetings and any committees established by the Trust. In which case the term "Chair" is to be read as a reference to the Chair of other committee as the context permits, and the term "member" is to

be read as a reference to a member of other committee also as the context permits. (There is no requirement to hold meetings of committees established by the Trust in public.)

**5.3** **Terms of Reference**

Each such committee shall have such terms of reference and powers and be subject to such conditions as the Board shall decide and shall be in accordance with any legislation and regulation or direction issued by the Secretary of State. Such terms of reference shall have effect as if incorporated into the Standing Orders.

**5.4** **Delegation of powers by Committees to Sub-Committees**

Where committees are authorised to establish groups they may not delegate executive powers to the group unless expressly authorised by the Trust Board.

**5.5** **Approval of Appointments to Committees**

The Board shall approve the appointments to each of the committees which it has formally constituted. Where the Board determines, and regulations permit, that persons, who are neither directors nor officers, shall be appointed to a committee the terms of such appointment shall be within the powers of the Board as defined by the Secretary of State. The Board shall define the powers of such appointees and shall agree allowances, including reimbursement for loss of earnings, and/or expenses in accordance where appropriate with national guidance.

**5.6** **Appointments for Statutory functions**

Where the Board is required to appoint persons to a committee and/or to undertake statutory functions as required by the Secretary of State, and where such appointments are to operate independently of the Board such appointment shall be made in accordance with the regulations and directions made by the Secretary of State.

**5.7** **Committees established by the Trust Board**

The committees established by the Board are as follows:

- Remuneration Committee
- Audit and Risk Committee
- Quality Governance Committee
- Finance, Performance and Estates Committee
- Workforce and OD Committee

**6.** **RELATIONSHIP WITH OTHER TRUST POLICY STATEMENTS/PROCEDURES, REGULATIONS AND THE STANDING FINANCIAL INSTRUCTIONS**

**6.1** **Policy statements: general principles**

The Trust Board will from time to time agree and approve policy statements/ procedures which will apply to all or specific groups of staff employed by the Trust. The decisions to approve such policies and procedures will be recorded in an appropriate Trust Board minute and will be deemed where appropriate to be an integral part of the Trust's Standing Orders and Standing Financial Instructions.

**6.2** **Specific Policy statements**

Notwithstanding the application of SO 6.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following Policy statements:

- the Standards of Business Conduct Policy for United Lincolnshire Hospitals NHS Trust staff;

- the staff Disciplinary and Appeals Procedures adopted by the Trust

- The Counter Fraud, Bribery and Corruption Policy

### 6.3 Standing Financial Instructions

Standing Financial Instructions adopted by the Trust Board in accordance with the Financial Regulations shall have effect as if incorporated in these Standing Orders.

### 6.4 Specific guidance

Notwithstanding the application of SO 6.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with guidance and requirements issued by or on behalf of the Secretary of State for Health.

## 7. DUTIES AND OBLIGATIONS OF BOARD DIRECTORS AND UNDER THESE STANDING ORDERS

### 7.1 Declaration of Interests

All Board members and staff of the Trust are required to comply with the Standards of Business Conduct and Conflicts of Interest Policy. If Board directors have any doubt about the relevance of an interest they should discuss it with the chair or the Trust Secretary.

### 7.2 Recording of Interests in Trust Board minutes

At the time Board directors' interests are declared, or updated, they should be recorded in the Trust Board minutes.

### 7.3 Publication of declared interests in Annual Report

Board directors' declarations of interests will be published in the Trust's annual report.

### 7.4 Conflicts of interest which arise during the course of a meeting

At the start of every Board meeting there will be an agenda item which invites Directors to declare whether they have any interests which might be relevant to any items of business on the agenda. Directors should declare all such interests whether or not they have already declared them for the register. If a conflict of interest is established, the Board director concerned should withdraw from the meeting and play no part in the relevant discussion or decision.

### 7.5 Register of Interests

The Chief Executive will ensure that a Register of Interests is established to record formally declarations of interests of Board members.

The Register will be available to the public and the Chief Executive will take reasonable steps to bring the existence of the Register to the attention of local residents and to publicise arrangements for viewing it.

**7.6     Exclusion of Chairman and Directors in proceedings of the Board**

Subject to the following provisions of this Standing Order, if the Chair or a director of the Trust Board has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Trust Board at which the contract or other matter is the subject of consideration, they shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it.

The Secretary of State may, subject to such conditions as he/she may think fit to impose, remove any disability imposed by this Standing Order in any case in which it appears to him/her in the interests of the National Health Service that the disability should be removed.

The Trust Board may exclude the Chair or a director of the Board from a meeting of the Board while any contract, proposed contract or other matter in which he/she has a pecuniary interest, direct or indirect, is under consideration.

Any remuneration, compensation or allowance payable to the Chair or a Director by virtue of Schedule 5 of the National Health Service Act 1977 (pay and allowances) shall not be treated as a pecuniary interest for the purpose of this Standing Order.

This Standing Order applies to a committee as it applies to the Trust and applies to a member of any such committee (whether or not he/she is also a member of the Trust) as it applies to a director of the Trust.

7.7     **Canvassing of and Recommendations by Directors in Relation to Appointments**

Canvassing of directors of the Trust or of any Committee of the Trust directly or indirectly for any appointment under the Trust shall disqualify the candidate for such appointment.   The contents of this paragraph of the Standing Order shall be included in application forms or otherwise brought to the attention of candidates.

Directors of the Trust shall not solicit for any person any appointment under the Trust or recommend any person for such appointment; but this paragraph of this Standing Order shall not preclude a director from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.

7.8     **Relatives of Directors or Officers**

Candidates for any staff appointment under the Trust shall, when making an application, disclose in writing to the Trust whether they are related to any director or the holder of any office under the Trust.  Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render them liable to instant dismissal.

The Chairman and every director and officer of the Trust shall disclose to the Trust Board any relationship between himself and a candidate of whose candidature that director or officer is aware.  It shall be the duty of the Chief Executive to report to the Trust Board any such disclosure made.

On appointment, directors (and prior to acceptance of an appointment in the case of Executive Directors) should disclose to the Trust whether they are related to any other director or holder of any office under the Trust.

## 8. CUSTODY OF SEAL, SEALING OF DOCUMENTS AND SIGNATURE OF DOCUMENTS

### 8.1 Custody of Seal

The common seal of the Trust shall be kept by the Chief Executive or a nominated Officer by him/her in a secure place.

### 8.2 Sealing of Documents

Where it is necessary that a document shall be sealed, the seal shall be affixed in the presence of by the Chief Executive, and Chairman, and shall be attested by them.

### 8.3 Register of Sealing

The Chief Executive shall keep a register in which he/she, or another manager of the Authority authorised by him/her, shall enter a record of the sealing of every document.  The register shall be reported to the Audit Committee.

### 8.4 Use of Seal – General guide

The Seal shall be affixed in the following general circumstances;

• All contracts for the purchase/lease of land and/or building
• All contracts for capital works exceeding £250,000
• All lease agreements where the annual lease charge exceeds £30,000 per annum and the period of the lease exceeds beyond five years
• Any other lease agreement where the total payable under the lease exceed £250,000
• Any contract or agreement with organisations other than NHS or other government bodies including local authorities where the annual costs exceed or are expected to exceed £250,000

This list is not exhaustive and further advice regarding the affixation of the Seal should be gained from the Trust Secretary or Director of Finance.

### 8.5 Signature of documents

Where any document will be a necessary step in legal proceedings on behalf of the Trust, it shall, unless any enactment otherwise requires or authorises, be signed by the Chief Executive or any Executive Director.

In land transactions, the signing of certain supporting documents will be delegated to Managers and set out clearly in the Scheme of Delegation but will not include the main or principal documents effecting the transfer (e.g. sale/purchase agreement, lease, contracts for construction works and main warranty agreements or any document which is required to be executed as a deed).

In the case of contracts for goods and services relating to non-pay expenditure officers should refer to Standing Financial Instructions.

## 9 SCHEME OF RESERVATION AND DELEGATION OF POWERS

| REF | THE BOARD | DECISIONS RESERVED TO THE BOARD |
|---|---|---|
| SO 2.9 (1) | THE BOARD | **General Enabling Provision**<br><br>The Board may determine any matter, for which it has delegated or statutory authority, it wishes in full session within its statutory powers.<br><br>General Matters Reserved<br><br>1. to ensure effective financial stewardship through value for money, financial control and financial planning and   strategy;<br>2. to ensure that high standards of corporate governance and personal behaviour are maintained in the conduct of the business of the whole organisation;<br>3. to appoint, appraise and remunerate senior executives and hold them to account;<br>4. to ratify the strategic direction of the organisation within the overall policies and priorities of the Government and the NHS, define its annual and longer term objectives and agree plans to achieve  them;<br>5. to oversee the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken when necessary;<br>6. to ensure effective dialogue between the organisation and the local community on its plans and performance and that these are responsive to the community's needs. |
| SO 2.9 (1) | THE BOARD | ***Regulations and Control***<br><br>1. Approve Standing Orders (SOs), a schedule of matters reserved to the Board and Standing Financial Instructions for the regulation of its proceedings and business.<br>2. Suspend Standing Orders.<br>3. Vary or amend the Standing Orders.<br>4. Ratify any urgent decisions taken by the Chairman and Chief Executive in public session in accordance with SO 5.2<br>5. Approve a scheme of delegation of powers from the Board to committees**.**<br>6. Require and receive the declaration of Board directors' interests that may conflict with those of the |

| REF | THE BOARD | DECISIONS RESERVED TO THE BOARD |
|---|---|---|
| | | Trust and determining the extent to which that director may remain involved with the matter under consideration.<br>7. Require and receive the declaration of officers' interests that may conflict with those of the Trust.<br>8. Approve arrangements for dealing with complaints.<br>9. Adopt the organisation structures, processes and procedures to facilitate the discharge of business by the Trust and to agree modifications thereto.<br>10. Receive reports from committees including those that the Trust is required by the Secretary of State or other regulation to establish and to take appropriate action on.<br>11. Confirm the recommendations of the Trust's committees where the committees do not have executive powers.<br>12. Approve arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee for funds held on trust.<br>13. Establish terms of reference and reporting arrangements of all committees and sub-committees that are established by the Board.<br>14. Approve arrangements relating to the discharge of the Trust's responsibilities as a bailee for patients' property.<br>15. Authorise use of the seal.<br>16. Ratify or otherwise instances of failure to comply with Standing Orders brought to the Chief Executive's attention in accordance with SO 5.6.<br>17. Discipline directors of the Board or employees who are in breach of statutory requirements or SOs. |
| SO 2.9 (1) | THE BOARD | **Appointments/ Dismissal**<br><br>1. Appoint the Vice Chairman of the Board.<br>2. Appoint and dismiss committees (and individual directors) that are directly accountable to the Board.<br>3. Appoint, appraise, discipline and dismiss Executive Directors (subject to SO 2.2).<br>4. Confirm appointment of members of any committee of the Trust as representatives on outside bodies.<br>5. Appoint, appraise, discipline and dismiss the Secretary to the Board.<br>6. Approve proposals of the Remuneration Committee regarding appropriate remuneration and terms of service for the Chief Executive and other Directors. |
| SO 2.9 (1) | THE BOARD | ***Strategy, Plans and Budgets***<br><br>1. Define the strategic aims and objectives of the Trust. |

| REF | THE BOARD | DECISIONS RESERVED TO THE BOARD |
|---|---|---|
| | | 2. Approve proposals for ensuring quality and clinical governance in services provided by the Trust, having regard to any guidance issued by the Secretary of State.<br>3. Approve the Trust's policies and procedures for the management of risk.<br>4. Approve Outline and Final Business Cases for Capital Investment in excess of £1,000,000<br>5. Approve budgets.<br>6. Approve annually the Trust's proposed organisational development proposals.<br>7. Ratify proposals for acquisition, disposal or change of use of land and/or buildings.<br>8. Approve PFI proposals.<br>9. Approve the opening of bank accounts.<br>10. Approve proposals on individual contracts (other than NHS contracts) of a capital or revenue nature amounting to, or likely to amount to over £1,000,000 over a 3 year period or the period of the contract if longer.<br>11. Approve individual compensation payments.<br>12. Approve proposals for action on litigation against or on behalf of the Trust.<br>13. Review use of NHS Resolution risk pooling schemes (LPST/CNST/RPST). |
| SO 2.9 (1) | THE BOARD | **Policy Determination**<br>*1.* Approve management policies including personnel policies incorporating the arrangements for the appointment, removal and remuneration of staff.<br>No planned changes made here until revised process finalised |
| SO 2.9 (1) | THE BOARD | **Audit**<br>1 Approve the appointment (and where necessary dismissal) of External Auditors on the advice of the Audit Panel.<br>2. Receive the annual management letter from the external auditor and agreement of proposed action, taking account of the advice, where appropriate, of the Audit Committee.<br><br>3. Receive an annual report from the Internal Auditor and agree action on recommendations where appropriate of the Audit Committee. |
| SO 2.9 (1) | THE BOARD | **Annual Reports and Accounts**<br>1. Receipt and approval of the Trust's Annual Report and Annual Accounts.<br>2. Receipt and approval of the Annual Report and Accounts for funds held on trust. |

| REF | THE BOARD | DECISIONS RESERVED TO THE BOARD |
|---|---|---|
| SO 2.9 (1) | THE BOARD | **Monitoring** <br><br> 1. Receive of such reports as the Board sees fit from committees in respect of their exercise of powers delegated. <br> 2. Continuous appraisal of the affairs of the Trust by means of the provision to the Board as the Board may require from directors, committees, and officers of the Trust as set out in management policy statements. <br> 3. All monitoring returns required by the Department of Health and the Charity Commission shall be reported, at least in summary, to the Board. <br> 4. Receive reports from Director of Finance & Digital on financial performance against budget and annual plan. <br> 5. Receive reports from Director of Finance & Digital on actual and forecast income from contracts. |

| REF | COMMITTEE | DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES |
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| SFI 11.1.1 and SO 4.8 | AUDIT COMMITTEE | The Committee will:<br><br>1. Advise the Board on internal and external audit services;<br>2. The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives;<br>3. Monitor compliance with Standing Orders and Standing Financial Instructions;<br>4. Review schedules of losses and compensations and making recommendations to the Board.<br>5. Approve proposals in individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and Director of Finance (for losses and special payments) previously approved by the Board.<br>6. Review the annual financial statements prior to submission to the Board.<br>7. Other duties as set out within the Audit Committee Handbook and its Terms of Reference. |
| SFI 20.1.1 and SO 4.8 | REMUNERATION AND TERMS OF SERVICE COMMITTEE | The Committee will:<br><br>1. Decide on the appropriate remuneration and terms of service for the Chief Executive, other Executive Directors and other senior employees to ensure they are fairly rewarded for their individual contribution to the Trust - having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such staff. Aspects to include:<br>&bull; Salary (including any performance-related elements/bonuses);<br>&bull; Provisions for other benefits, including pensions and cars;<br>&bull; Arrangements for termination of employment and other contractual terms; advise on and oversee appropriate contractual arrangements for such staff;<br>2. Proper calculation and scrutiny of any termination payments taking account of such national guidance as is appropriate.<br>The Committee shall report in writing to the Board the basis for its recommendations. |
| SO 4.8 | QUALITY GOVERNANCE COMMITTEE | The core duties of the Committee are as follows:<br><br>1. Be assured that there are robust processes in place for the effective management of Quality |

| REF | COMMITTEE | DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES |
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| | |    Governance including patient experience and safeguarding<br>2.  Scrutinise structures in place to support Quality Governance, to be assured that the structures operate effectively and action is taken to address areas of concern.<br>3.  Agree the key priorities that are included within the Trust's Quality Strategy<br>4.  Oversee and monitor delivery of the key priorities of the Quality Strategy<br>5.  Oversee and monitor the delivery of the Clinical Strategy<br>6.  Oversee and monitor delivery of the relevant elements of the Annual Plan<br><br>7.  Oversee and monitor the implementation of the following enabling strategies:<br>      •  Research Strategy<br>      •  Inclusion Strategy (as it applies to patients)<br>8.  Oversee production of the Quality Account and monitor delivery against the quality improvement priorities<br>9.  Review and monitor those risks on the Corporate Risk Register which relate to quality and high risk operational risks which could impact on patient care and ensure the Board is kept informed of significant risks and mitigation plans, in a timely manner.<br>10. Oversee and scrutinise the Trust's response to all relevant (as applicable to quality) Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the Department of Health, NHS Improvement and other regulatory bodies / external agencies (e.g. Care Quality Commission, NICE) to gain assurance that they are appropriately reviewed and actions are being undertaken and embedded.<br>11. Oversee and seek assurance on delivery of the Trust's Quality and Safety Improvement Programme.<br>12. Ensure that mechanisms are in place throughout the organisation to review and monitor the effectiveness of the quality of care.<br>13. Seek assurance that an appropriate quality impact assessment process is in place and scrutinise and challenge outcomes on behalf of the Board.<br>14. Receive assurance that the Trust identifies lessons learned from all relevant sources, including, incidents, never events, complaints and claims and ensures that learning is disseminated and embedded. |

| REF | COMMITTEE | DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES |
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| | | 15. Receive assurance on performance against all quality standards contained within NHS Standard Contracts and CQUIN.<br>16. Receive assurance that the Trust has effective and transparent mechanisms in place to monitor mortality.<br>17. To be assured that the views of users and carers are systematically and effectively engaged in clinical quality activities.<br>18. To approve corporate policies relevant to Quality Governance<br>19. Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for safeguarding adults and children.<br>20. Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for infection prevention and control.<br>21. Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for equality and diversity as it applies to patients.<br>22. Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for medicines optimisation and safety<br>23. Have oversight of and approve the terms of reference and work programmes for the Quality and Safety Oversight Group (QSOG).<br><br>1. |
| SO 4.8 | FINANCE, PERFORMANCE AND ESTATES COMMITTEE | The Core duties of the Committee are as follows:<br><br><br>24. Seek assurance that there are robust processes in place for the effective management of Finance, Operational Performance, Estates and Digital Services<br>25. Scrutinise structures and processes in place to support finance, operational performance, estates and digital services to be assured that the structures and processes operate effectively and action is taken to address areas of concern.<br>26. Oversee and monitor delivery of the:<br>   • Financial Strategy<br>   • Annual Plan Estates Strategy |

| REF | COMMITTEE | DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES |
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| | | <ul><li>Digital Strategy</li><li>Information Strategy</li></ul>27. Review and monitor those risks on the Corporate Risk Register and high risk operational risks which relate to finance, operational performance, estates and digital services and ensure the Board is kept informed of significant risks and mitigation plans, in a timely manner.<br>28. Oversee and scrutinise the Trusts response to all relevant (as applicable to finance, operational performance, estates and digital services) Directives, Regulations, national standards, policies, reports, reviews and best practice as issued by the Department of Health and Social Care, NHS Improvement, NHS Digital and other regulatory bodies / external agencies to gain assurance that they are appropriately reviewed and actions are being undertaken and embedded.<br>29. Oversee and seek assurance on delivery of the Trust's Financial Recovery Plan<br>30. Ensure that mechanisms are in place to review and monitor capital investment plans and delivery.<br>31. Receive assurance that the Trust has effective and transparent mechanisms in place to deliver the its financial duties.<br>32. Receive assurance that the Trust has effective and transparent mechanisms in place to monitor operational performance.<br>33. To approve corporate policies relevant to finance, operational performance, estates and digital services<br>34. Scrutinise the robustness of the arrangements for and assure compliance with the Trusts statutory responsibilities for:<br>    a. Finance<br>    b. Health and Safety<br>    c. Information governance<br>    d. Emergency Planning<br>    e. The Estate<br>    f. Performance<br>    g. Digital<br>35. Have oversight of and approve the terms of reference and work programmes for the Estates |

| REF | COMMITTEE | DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES |
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| | | Group, Health and Safety Group, Emergency Planning Group, Information Governance Group, Digital Group and Financial Turnaround Group.<br><br>1. |
| | | 1. |
| SO 4.8 | WORKFORCE AND ORGANISATIONAL DEVELOPMENT COMMITTEE | The core duties of the Committee are as follows:<br>36. Be assured that there are robust processes in place for the effective management of Workforce and Organisational Development<br>37. Scrutinise structures in place to support workforce and organisational development to be assured that the structures operate effectively and action is taken to address areas of concern.<br>38. Oversee and monitor delivery of the relevant elements of the Annual Plan<br>39. Oversee and monitor implementation of the following enabling strategies:<br>      • Inclusion Strategy<br>      • People Strategy<br>40. Review and monitor those risks on the Corporate Risk Register and high risk operational risks which relate to workforceand organisational development and ensure the Board is kept informed of significant risks and mitigation plans, in a timely manner.<br>41. Oversee and scrutinise the Trust's response to all relevant (as applicable to workforceand organisational development) Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the Department of Health, NHS Improvement and other regulatory bodies / external agencies to gain assurance that they are appropriately reviewed and actions are being undertaken and embedded.<br>42. Oversee and seek assurance on delivery of the Trust's Agency Reduction Plan<br>43. Receive assurance on delivery of appropriate workforce training and development |

| REF | COMMITTEE | DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES |
|---|---|---|
| | | 44. Receive assurance that the Trust has effective and transparent mechanisms in place to monitor workforce and organisational development performance. |
| | | 45. To be assured that there is appropriate staff engagement to ensure the morale and views of staff are captured, understood and responded to. |
| | | 46. To approve corporate policies relevant to Workforce and Organisational Development |
| | | 47. Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for equality and diversity. |
| | | 48. Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for staff health and wellbeing. |
| | | 49. Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for safe working for junior doctors. |
| | | 50. Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for freedom to speak up. |
| | | 51. Have oversight of and approve the terms of reference and work programmes for the Equality, Diversity and Inclusion Group. |
| | | 52. Have oversight of and approve the terms of reference and work programmes for the Workforce Strategy Group |
| SO 4.8 | CHARITABLE FUNDS COMMITTEE | The Committee will:<br><br>• administer those charitable funds received by the Trust in accordance with any statutory or other legal requirements or best practice required by the Charities Commission.<br><br>• advise the board in relation to the discharge of the Trust's duties with respect to the above. |

| REF | DELEGATED TO | DUTIES DELEGATED |
|---|---|---|
| 7 | CHIEF EXECUTIVE (CE) | Accountable through NHS Accounting Officer to Parliament for stewardship of Trust resources |
| 9 | CHIEF EXECUTIVE AND DIRECTOR OF FINANCE & DIGITAL | Ensure the accounts of the Trust are prepared under principles and in a format directed by the SofS. Accounts must disclose a true and fair view of the Trust's income and expenditure and its state of affairs. Sign the accounts on behalf of the Board. |
| 10 | CHIEF EXECUTIVE | Sign a statement in the accounts outlining responsibilities as the Accountable Officer. Sign a statement in the accounts outlining responsibilities in respect of Internal Control. |
| 12 & 13 | CHIEF EXECUTIVE | Ensure effective management systems that safeguard public funds and assist the Trust Chair to implement requirements of corporate governance including ensuring managers: <br> • have a clear view of their objectives and the means to assess achievements in relation to those objectives <br> • be assigned well defined responsibilities for making best use of resources <br> • have the information, training and access to the expert advice they need to exercise their responsibilities effectively." |
| 12 | CHAIR | Implement requirements of corporate governance. |
| 13 | CHIEF EXECUTIVE | Achieve value for money from the resources available to the Trust and avoid waste and extravagance in the organisation's activities. Follow through the implementation of any recommendations affecting good practice as set out on reports from such bodies as the National Audit Office (NAO). |
| 15 | DIRECTOR OF FINANCE & DIGITAL | Operational responsibility for effective and sound financial management and information. |
| 15 | CHIEF EXECUTIVE | Primary duty to see that Director of Finance & Digital discharges this function. |
| 16 | CHIEF EXECUTIVE | Ensuring that expenditure by the Trust complies with Parliamentary requirements. |

| REF | DELEGATED TO | DUTIES DELEGATED |
|---|---|---|
| 18 | CHIEF EXECUTIVE AND DIRECTOR OF FINANCE & DIGITAL | Chief Executive, supported by Director of Finance & Digital, to ensure appropriate advice is given to the Board on all matters of probity, regularity, prudent and economical administration, efficiency and effectiveness. |
| 19 | CHIEF EXECUTIVE | If CE considers the Board or Chair is doing something that might infringe probity or regularity, he should set this out in writing to the Chair and the Board. If the matter is unresolved, he/she should ask the Audit Committee to inquire and if necessary the NHS Improvement and Department of Health. |
| 20 | CHIEF EXECUTIVE | If the Board is contemplating a course of action that raises an issue not of formal propriety or regularity but affects the CE's responsibility for value for money, the CE should draw the relevant factors to the attention of the Board.  If the outcome is that you are overruled it is normally sufficient to ensure that your advice and the overruling of it are clearly apparent from the papers.  Exceptionally, the CE should inform the NHS Improvement and the DH.  In such cases, and in those described in paragraph 24, the CE should as a member of the Board vote against the course of action rather than merely abstain from voting. |

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| 1.3.1.7 | BOARD | Approve procedure for declaration of hospitality and sponsorship. |
| 1.3.1.8 | BOARD | Ensure proper and widely publicised procedures for voicing complaints, concerns about misadministration, breaches of Code of Conduct, and other ethical concerns. |
| 1.31.9 & 1.3.2.2 | ALL BOARD MEMBERS | Subscribe to the NHS Code of Conduct & Accountability. |
| 1.3.2.4 | BOARD | Board directors share corporate responsibility for all decisions of the Board. |
| 1.3.2.4 | CHAIR AND NON EXECUTIVE DIRECTORS | Chair and non-executive directors are responsible for monitoring the executive management of the organisation and are responsible to the SofS for the discharge of those responsibilities. |
| 1.3.2.4 | BOARD | The Board has six key functions for which it is held accountable by the Department of Health on behalf of the Secretary of State:<br><br>1.   to ensure effective financial stewardship through value for money, financial control and financial planning and   strategy; |

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| | | 2. to ensure that high standards of corporate governance and personal behaviour are maintained in the conduct of the business of the whole organisation;<br>3. to appoint, appraise and remunerate senior executives;<br>4. to ratify the strategic direction of the organisation within the overall policies and priorities of the Government and the NHS, define its annual and longer term objectives and agree plans to achieve them;<br>5. to oversee the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken when necessary;<br>6. to ensure effective dialogue between the organisation and the local community on its plans and performance and that these are responsive to the community's needs. |
| 1.3.24 | BOARD | It is the Board's duty to:<br><br>1. act within statutory financial and other constraints;<br>2. be clear what decisions and information are appropriate to the Board and draw up Standing Orders, a schedule of decisions reserved to the Board and Standing Financial Instructions to reflect these,<br>3. ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior executives for the main programmes of action and for performance against programmes to be monitored and senior executives held to account;<br>4. establish performance and quality measures that maintain the effective use of resources and provide value for money;<br>5. specify its requirements in organising and presenting financial and other information succinctly and efficiently to ensure the Board can fully undertake its responsibilities;<br>6. establish Audit and Remuneration Committees on the basis of formally agreed terms of reference that set out the membership of the sub-committee, the limit to their powers, and the arrangements for reporting back to the main Board. |
| 1.3.2.5 | CHAIR | 1. provide leadership to the Board;<br>2. enable all Board members to make a full contribution to the Board's affairs and ensure that the Board acts as a team;<br>3. ensure that key and appropriate issues are discussed by the Board in a timely manner,<br>4. ensure the Board has adequate support and is provided efficiently with all the necessary data on which to base informed decisions;<br>5. lead Non-Executive Board members through a formally-appointed Remuneration Committee of the main Board on the appointment, appraisal and remuneration of the Chief Executive and (with the latter) other Executive Board members;<br>6. appoint Non-Executive Board members to an Audit Committee and other Committees of the main |

| | | Board; |
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| | | 7.   advise the Secretary of State on the performance of Non-Executive Board members. |
| 1.3.2.5 | CHIEF EXECUTIVE | The Chief Executive is accountable to the Chairman and Non-Executive members of the Board for ensuring that its decisions are implemented, that the organisation works effectively, in accordance with Government policy and public service values and for the maintenance of proper financial stewardship. |
| | | The Chief Executive should be allowed full scope, within clearly defined delegated powers, for action in fulfilling the decisions of the Board. |
| | | The other duties of the Chief Executive as Accountable Officer are laid out in the Accountable Officer Memorandum. |
| 1.3.2.6 | NON-EXECUTIVE DIRECTORS | Non-Executive Directors are appointed by the Trust Development Authority  to bring independent judgement to bear on issues of strategy, performance, key appointments and accountability through the Department of Health to Ministers and to the local community. |
| 1.3.2.8 | CHAIR AND DIRECTORS | Completion of their entry on the Trust's Register of Interest and prompt declaration of conflict of interest which may arise during the course of their duties for the Trust. |
| 1.3.2.9 | BOARD | NHS Boards must comply with legislation and guidance issued by the Department of Health on behalf of the Secretary of State, respect agreements entered into by themselves or in on their behalf and establish terms and conditions of service that are fair to the staff and represent good value for taxpayers' money. |

| SO REF | DELEGATED TO | AUTHORITIES/DUTIES DELEGATED |
|---|---|---|
| 1.1 | CHAIR | Final authority in interpretation of Standing Orders (SOs). |
| 2.4 | BOARD | Appointment of Vice Chairman |
| 3.1 | CHAIR | Call meetings. |
| 3.9 | CHAIR | Chair all Board meetings and associated responsibilities. |
| 3.10 | CHAIR | Give final ruling in questions of order, relevancy and regularity of meetings. |
| 3.12 | CHAIR | Having a second or casting vote |
| 3.13 | BOARD | Suspension of Standing Orders |
| 3.13 | AUDIT COMMITTEE | Audit Committee to be notified of every decision to suspend Standing Orders (power to suspend Standing Orders is reserved to the Board) |
| 3.14 | BOARD | Variation or amendment of Standing Orders. |
| 4.1 | BOARD | Formal delegation of powers to committees, sub-committees or joint committees and approval of their constitution and terms of reference. |
| 5.2 | CHAIR & CHIEF EXECUTIVE | The powers which the Board has retained to itself within these Standing Orders may in emergency be exercised by the Chair and Chief Executive after having consulted at least two Non-Executive members. |
| 5.4 | CHIEF EXECUTIVE | The Chief Executive shall prepare a Scheme of Delegation identifying his/her proposals that shall be considered and approved by the Board, subject to any amendment agreed during the discussion. |
| 5.6 | ALL | Disclosure of non-compliance with Standing Orders to the Chief Executive as soon as possible. |
| 7.1 | THE BOARD | Declare relevant and material interests. |
| 7.2 | CHIEF EXECUTIVE | Maintain Register(s) of Interests. |

| SO REF | DELEGATED TO | AUTHORITIES/DUTIES DELEGATED |
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| 7.4 | ALL STAFF | Comply with the Department of Health's "Standards of Business Conduct for NHS Staff" and Trust policy. |
| 7.4 | ALL | Disclose relationship between self and candidate for staff appointment. (CE to report the disclosure to the Board.) |
| 8.1/8.3 | CHIEF EXECUTIVE | Keep seal in safe place and maintain a register of sealing. |
| 8.4 | CHIEF EXECUTIVE/ EXECUTIVE DIRECTOR | Approve and sign all documents which will be necessary in legal proceedings. |

* Nominated officers and the areas for which they are responsible should be incorporated into the Trust's Scheme of Delegation document.

| SFI REF | DELEGATED TO | AUTHORITIES/DUTIES DELEGATED |
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| 10.1.3 | DIRECTOR OF FINANCE & DIGITAL | Approval of all financial procedures. |
| 10.1.4 | DIRECTOR OF FINANCE & DIGITAL | Advice on interpretation or application of SFIs. |
| 10.1.6 | ALL MEMBERS OF THE BOARD AND EMPLOYEES | Have a duty to disclose any non-compliance with these Standing Financial Instructions to the Director of Finance & Digital as soon as possible. |
| 10.2.4 | CHIEF EXECUTIVE | Responsible as the Accountable Officer to ensure financial targets and obligations are met and have overall responsibility for the System of Internal Control. |
| 10.2.4 | CHIEF EXECUTIVE & DIRECTOR OF FINANCE & DIGITAL | Accountable for financial control but will, as far as possible, delegate their detailed responsibilities. |
| 10.2.5 | CHIEF EXECUTIVE | To ensure all Board members, officers and employees, present and future, are notified of and understand Standing Financial Instructions. |
| 10.2.6 | DIRECTOR OF FINANCE & DIGITAL | Responsible for:<br>a) Implementing the Trust's financial policies and coordinating corrective action;<br>b) Maintaining an effective system of financial control including ensuring detailed financial procedures and systems are prepared and documented;<br>c) Ensuring that sufficient records are maintained to explain Trust's transactions and financial position;<br>d) Providing financial advice to members of Board and staff;<br>e) Maintaining such accounts, certificates etc as are required for the Trust to carry out its statutory duties. |
| 10.2.7 | ALL MEMBERS OF THE BOARD AND EMPLOYEES | Responsible for security of the Trust's property, avoiding loss, exercising economy and efficiency in using resources and conforming to Standing Orders, Financial Instructions and financial procedures. |
| 10.2.8 | CHIEF EXECUTIVE | Ensure that any contractor or employee of a contractor who is empowered by the Trust to commit the Trust to expenditure or who is authorised to obtain income are made aware of these instructions and their |

| SFI REF | DELEGATED TO | AUTHORITIES/DUTIES DELEGATED |
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| | | requirement to comply. |
| 11.1.1 | AUDIT COMMITTEE | Provide independent and objective view on internal control and probity. |
| 11.1.2 | CHAIR | Raise the matter at the Board meeting where Audit Committee considers there is evidence of ultra vires transactions or improper acts. |
| 11.1.3 & 11.2.1 | DIRECTOR OF FINANCE & DIGITAL | Ensure an adequate internal audit service, for which he/she is accountable, is provided (and involve the Audit Committee in the selection process when/if an internal audit service provider is changed.) |
| 11.2.1 | DIRECTOR OF FINANCE & DIGITAL | Decide at what stage to involve police in cases of misappropriation and other irregularities not involving fraud or corruption. |
| 11.3 | HEAD OF INTERNAL AUDIT | Review, appraise and report in accordance with NHS Internal Audit Manual and best practice. |
| 11.4 | AUDIT COMMITTEE | Ensure cost-effective External Audit. |
| 11.5 | DIRECTOR OF FINANCE & DIGITAL | Monitor and ensure compliance with SofS Directions on fraud and corruption including the appointment of the Local Counter Fraud Specialist. |
| 11.6 | DIRECTOR OF ESTATES & FACILITIES | Monitor and ensure compliance with Directions issued by the Secretary of State for Health on NHS security management including appointment of the Local Security Management Specialist. |
| 13.1.1 | CHIEF EXECUTIVE | Compile and submit to the Board an Annual Plan which takes into account financial targets and forecast limits of available resources.  The Annual Plan will contain:<br>• a statement of the significant assumptions on which the plan is based;<br>• details of major changes in workload, delivery of services or resources required to achieve the plan. |
| 13.1.2 & 13.1.3 | DIRECTOR OF FINANCE & DIGITAL | Submit budgets to the Board for approval.<br><br>Monitor performance against budget; submit to the Board financial estimates and forecasts. |
| 13.1.6 | DIRECTOR OF FINANCE & DIGITAL | Ensure adequate training is delivered on an ongoing basis to budget holders. |
| 13.3.1 | CHIEF EXECUTIVE | Delegate budget to budget holders. |
| 13.3.2 | CHIEF EXECUTIVE & | Must not exceed the budgetary total or virement limits set by the Board. |

| SFI REF | DELEGATED TO | AUTHORITIES/DUTIES DELEGATED |
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| | BUDGET HOLDERS | |
| 13.4.1 | DIRECTOR OF FINANCE& DIGITAL | Devise and maintain systems of budgetary control. |
| 13.4.2 | BUDGET HOLDERS | Ensure that<br><br>a) no overspend or reduction of income that cannot be met from virement is incurred without prior consent of Board;<br>b) approved budget is not used for any other than specified purpose subject to rules of virement;<br>c) no permanent employees are appointed without the approval of the CE other than those provided for within available resources and manpower establishment. |
| 13.4.3 | BUDGET HOLDERS | Identify and implement cost improvements and income generation activities in line with the Annual plan |
| 13.6.1 | CHIEF EXECUTIVE/ DIRECTOR OF FINANCE & DIGITAL | Submit monitoring returns |
| 14.1 | DIRECTOR OF FINANCE & DIGITAL | Preparation of annual accounts and reports. |
| 15.1 | DIRECTOR OF FINANCE & DIGITAL | Managing banking arrangements, including provision of banking services, operation of accounts, preparation of instructions and list of cheque signatories.<br><br>(Board approves arrangements.) |
| 16. | DIRECTOR OF FINANCE & DIGITAL | Income systems, including system design, prompt banking, review and approval of fees and charges, debt recovery arrangements, design and control of receipts, provision of adequate facilities and systems for employees whose duties include collecting or holding cash. |
| 16.2.3 | ALL EMPLOYEES | Duty to inform Director of Finance & Digital of money due from transactions which they initiate/deal with. |
| 17. | CHIEF EXECUTIVE | Tendering and contract procedure. |
| 17.5.3 | CHIEF EXECUTIVE | Waive formal tendering procedures. |
| 17.5.3 | CHIEF EXECUTIVE | Report waivers of tendering procedures to the Board. |

| SFI REF | DELEGATED TO | AUTHORITIES/DUTIES DELEGATED |
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| 17.5.5 | DIRECTOR OF FINANCE & DIGITAL | Where a supplier is chosen that is not on the approved list the reason shall be recorded in writing to the CE. |
| 17.6.2 | CHIEF EXECUTIVE | Responsible for the receipt, endorsement and safe custody of tenders. |
| 17.6.3 | CHIEF EXECUTIVE | Shall maintain a register to show each set of competitive tender invitations dispatched. |
| 17.6.4 | CHIEF EXECUTIVE AND DIRECTOR OF FINANCE & DIGITAL | Assess for value for money and fair price in circumstances where one bid is received against a tender. |
| 17.6.6 | CHIEF EXECUTIVE | Consideration and authorisation, as appropriate, of a tender which commits expenditure in excess of that which has been allocated by the Trust. |
| 17.6.8 | DIRECTOR OF ESTATES AND FACILITIES | Will appoint a manager to maintain a list of approved firms. |
| 17.6.9 | CHIEF EXECUTIVE | Shall ensure that appropriate checks are carried out as to the technical and financial capability of those firms that are invited to tender or quote. |
| 17.7.2 | CHIEF EXECUTIVE | Responsibility to ensure they, or their nominated deputy, award tenders in accordance with Trust procedures. |
| 17.10 | CHIEF EXECUTIVE | The Chief Executive shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector. |
| 17.10 | Board | Approval of all PFI proposals |
| 17.11 | CHIEF EXECUTIVE | Nomination of an officer to oversee and manage each contract on behalf of the Trust. |
| 17.12 | CHIEF EXECUTIVE | Nomination of officers with delegated authority to enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts. |
| 17.15 | CHIEF EXECUTIVE | Ensure that best value for money can be demonstrated for all services provided on an in-house basis. |
| 17.15.5 | CHIEF EXECUTIVE | The Chief Executive shall nominate an officer to oversee and manage the contract on behalf of the Trust. |

| SFI REF | DELEGATED TO | AUTHORITIES/DUTIES DELEGATED |
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| 18.1.1 | CHIEF EXECUTIVE | Ensure that the Trust enters into suitable contracts with service commissioners for the provision of NHS services |
| 18.3 | CHIEF EXECUTIVE | Ensure that regular reports are provided to the Board detailing actual and forecast income from contracts |
| 20.1.1 | BOARD | Establish a Remuneration & Terms of Service Committee |
| 20.1.2 | REMUNERATION COMMITTEE | Advise the Board on and make recommendations on the remuneration and terms of service of the CE, other officer members and senior employees to ensure they are fairly rewarded having proper regard to the Trust's circumstances and any national agreements; Monitor and evaluate the performance of individual senior employees; Advise on and oversee appropriate contractual arrangements for such staff, including proper calculation and scrutiny of termination payments. |
| 20.1.3 | REMUNERATION COMMITTEE | Report in writing to the Board its advice and its bases about remuneration and terms of service of directors and senior employees. |
| 20.1.4 | BOARD | Approve proposals presented by the Chief Executive for setting of remuneration and conditions of service for those employees and officers not covered by the Remuneration Committee. |
| 20.2.2 | CHIEF EXECUTIVE | Approval of variation to funded establishment of any department. |
| 20.3 | CHIEF EXECUTIVE | Staff, including agency staff, appointments and re-grading. |
| 20.10.1 and 20.10.2 | DIRECTOR OF FINANCE & DIGITAL | Payroll: <br> a) specifying timetables for submission of properly authorised time records and other notifications; <br> b) final determination of pay and allowances; <br> c) making payments on agreed dates; <br> d) agreeing method of payment; <br> e) issuing instructions (as listed in SFI 10.4.2). |
| 20.10.3 | NOMINATED MANAGERS* | Submit time records in line with timetable. Complete time records and other notifications in required form. Submitting termination forms in prescribed form and on time. |

| SFI REF | DELEGATED TO | AUTHORITIES/DUTIES DELEGATED |
|---------|-------------|------------------------------|
| 20.10.5 | DIRECTOR OF FINANCE & DIGITAL | Ensure that the chosen method for payroll processing is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies. |
| 20.5 | NOMINATED MANAGER* | Ensure that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and deal with variations to, or termination of, contracts of employment. |
| 21.1 | CHIEF EXECUTIVE | Determine, and set out, level of delegation of non-pay expenditure to budget managers, including a list of managers authorised to place requisitions, the maximum level of each requisition and the system for authorisation above that level. |
| 21.1.3 | CHIEF EXECUTIVE | Set out procedures on the seeking of professional advice regarding the supply of goods and services. |
| 21.2.1 | REQUISITIONER* | In choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust.  In so doing, the advice of the Trust's adviser on supply shall be sought. |
| 21.2.2 | DIRECTOR OF FINANCE & DIGITAL | Shall be responsible for the prompt payment of accounts and claims. |
| 21.2.3 | DIRECTOR OF FINANCE & DIGITAL | a) Advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in standing orders and regularly reviewed; <br> b) Prepare procedural instructions [where not already provided in the Scheme of Delegation or procedure notes for budget holders] on the obtaining of goods, works and services incorporating the thresholds; <br> c) Be responsible for the prompt payment of all properly authorised accounts and claims; <br> d) Be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable; <br> e) A timetable and system for submission of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment; <br> f) Instructions to employees regarding the handling and payment of accounts within the Finance Department; <br> g) Be responsible for ensuring that payment for goods and services is only made once the goods and services are received |

| SFI REF | DELEGATED TO | AUTHORITIES/DUTIES DELEGATED |
|---|---|---|
| 21.2.4 | APPROPRIATE EXECUTIVE DIRECTOR | Make a written case to the Director of Finance & Digital to support the need for a prepayment. |
| 21.2.4 | DIRECTOR OF FINANCE & DIGITAL | Approve proposed prepayment arrangements. |
| 21.2.4 | BUDGET HOLDER | Ensure that all items due under a prepayment contract are received (and immediately inform Director of Finance & Digital if problems are encountered). |
| 21.2.5 | CHIEF EXECUTIVE | Authorise who may use and be issued with official orders. |
| 21.2.6 | MANAGERS AND OFFICERS | Ensure that they comply fully with the guidance and limits specified by the Director of Finance. |
| 21.2.7 | CHIEF EXECUTIVE DIRECTOR OF FINANCE & DIGITAL | Ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within CONCODE and ESTATECODE. The technical audit of these contracts shall be the responsibility of the relevant Director. |
| 22.1.1 | DIRECTOR OF FINANCE & DIGITAL | The Director of Finance & Digital will advise the Board on the Trust's ability to pay dividend on PBC and report, periodically, concerning the PDC debt and all loans and overdrafts. |
| 22.1.2 | BOARD | Approve a list of employees authorised to make short term borrowings on behalf of the Trust. (This must include the CE and Director of Finance.) |
| 22.1.3 | DIRECTOR OF FINANCE & DIGITAL | Prepare detailed procedural instructions concerning applications for loans and overdrafts. |
| 22.1.4 | CHIEF EXECUTIVE OR DIRECTOR OF FINANCE & DIGITAL | Be on an authorising panel comprising one other member for short term borrowing approval. |
| 22.2.2 | DIRECTOR OF FINANCE & DIGITAL | Will advise the Board on investments and report, periodically, on performance of same. |
| 22.2.3 | DIRECTOR OF FINANCE & DIGITAL | Prepare detailed procedural instructions on the operation of investments held. |
| 23 | DIRECTOR OF FINANCE & | Ensure that Board members are aware of the Financial Framework and ensure compliance |

| SFI REF | DELEGATED TO | AUTHORITIES/DUTIES DELEGATED |
|---|---|---|
| | DIGITAL | |
| 24.1.1 & 2 | CHIEF EXECUTIVE | Capital investment programme:<br>a) ensure that there is adequate appraisal and approval process for determining capital expenditure priorities and the effect that each has on plans<br>b) responsible for the management of capital schemes and for ensuring that they are delivered on time and within cost;<br>c) ensure that capital investment is not undertaken without availability of resources to finance all revenue consequences;<br>d) ensure that a business case is produced for each proposal. |
| 24.1.2 | DIRECTOR OF FINANCE & DIGITAL | Certify professionally the costs and revenue consequences detailed in the business case for capital investment. |
| 24.1.3 | CHIEF EXECUTIVE | Issue procedures for management of contracts involving stage payments. |
| 24.1.4 | DIRECTOR OF FINANCE & DIGITAL | Assess the requirement for the operation of the construction industry taxation deduction scheme. |
| 24.1.5 | DIRECTOR OF FINANCE & DIGITAL | Issue procedures for the regular reporting of expenditure and commitment against authorised capital expenditure. |
| 24.1.6 | CHIEF EXECUTIVE | Issue manager responsible for any capital scheme with authority to commit expenditure, authority to proceed to tender and approval to accept a successful tender.<br>Issue a scheme of delegation for capital investment management. |
| 24.1.7 | DIRECTOR OF FINANCE & DIGITAL | Issue procedures governing financial management, including variation to contract, of capital investment projects and valuation for accounting purposes. |
| 24.2.1 | DIRECTOR OF FINANCE& DIGITAL | Demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector. |
| 24.2.1 | BOARD | Proposal to use PFI must be specifically agreed by the Board. |
| 24.3.1 | CHIEF EXECUTIVE | Maintenance of asset registers (on advice from Director of Finance & Digital). |

| SFI REF | DELEGATED TO | AUTHORITIES/DUTIES DELEGATED |
|---------|--------------|------------------------------|
| 24.3.5 | DIRECTOR OF FINANCE & DIGITAL | Approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers. |
| 24.3.8 | DIRECTOR OF FINANCE & DIGITAL | Calculate and pay capital charges in accordance with Department of Health requirements. |
| 24.4.1 | CHIEF EXECUTIVE | Overall responsibility for fixed assets. |
| 24.4.2 | DIRECTOR OF FINANCE & DIGITAL | Approval of fixed asset control procedures. |
| 24.4.4 | BOARD MEMBERS AND ALL SENIOR STAFF | Responsibility for security of Trust assets including notifying discrepancies to Director of Finance & Digital, and reporting losses in accordance with Trust procedure. |
| 25.2 | CHIEF EXECUTIVE | Delegate overall responsibility for control of stores (subject to Director of Finance & Digital responsibility for systems of control). Further delegation for day-to-day responsibility subject to such delegation being recorded. (Good practice to append to the scheme of delegation document.) |
| 25.2 | DIRECTOR OF FINANCE & DIGITAL | Responsible for systems of control over stores and receipt of goods. |
| 25.2 | CHIEF PHARMACIST | Responsible for controls of pharmaceutical stocks |
| 25.2 | DIRECTOR OF ESTATES AND FACILITIES | Responsible for control of stocks of fuel oil and coal. |
| 25.2 | NOMINATED OFFICERS* | Security arrangements and custody of keys |
| 25.2 | DIRECTOR OF FINANCE & DIGITAL | Set out procedures and systems to regulate the stores. |
| 25.2 | DIRECTOR OF FINANCE & DIGITAL | Agree stocktaking arrangements. |
| 25.2 | DIRECTOR OF FINANCE & DIGITAL | Approve alternative arrangements where a complete system of stores control is not justified. |

| SFI REF | DELEGATED TO | AUTHORITIES/DUTIES DELEGATED |
|---|---|---|
| 25.2 | DIRECTOR OF FINANCE & DIGITAL | Approve system for review of slow moving and obsolete items and for condemnation, disposal and replacement of all unserviceable items. |
| 25.2 | NOMINATED OFFICERS* | Operate system for slow moving and obsolete stock, and report to Director of Finance & Digital evidence of significant overstocking. |
| 25.3.1 | CHIEF EXECUTIVE | Identify persons authorised to requisition and accept goods from NHS Supplies stores. |
| 26.1.1 | DIRECTOR OF FINANCE & DIGITAL | Prepare detailed procedures for disposal of assets including condemnations and ensure that these are notified to managers. |
| 26.2.1 | DIRECTOR OF FINANCE & DIGITAL | Prepare procedures for recording and accounting for losses, special payments and informing police in cases of suspected arson or theft. |
| 26.2.2 | ALL STAFF | Discovery or suspicion of loss of any kind must be reported immediately to either head of department or nominated officer. The head of department / nominated officer should then inform the CE and Director of Finance & Digital. |
| 26.2.2 | DIRECTOR OF FINANCE & DIGITAL | Where a criminal offence is suspected, Director of Finance & Digital must inform the police if theft or arson is involved. In cases of fraud and corruption Director of Finance & Digital must inform the relevant LCFS and Regional Team in line with SoS directions. |
| 26.2.2 | DIRECTOR OF FINANCE & DIGITAL | Notify and External Audit of all prima facie or actual acts of fraud. |
| 26.2.3 | DIRECTOR OF FINANCE & DIGITAL | Notify Board and External Auditor of losses caused theft, arson, neglect of duty or gross carelessness (unless trivial). |
| 26.2.4 | AUDIT COMMITTEE | Approve write off of losses (within limits delegated by DH). |
| 26.2.6 | DIRECTOR OF FINANCE & DIGITAL | Consider whether any insurance claim can be made. |
| 26.2.7 | DIRECTOR OF FINANCE & DIGITAL | Maintain losses and special payments register. |
| 27.1 | DIRECTOR OF FINANCE & | Responsible for accuracy and security of computerised financial data. |

| SFI REF | DELEGATED TO | AUTHORITIES/DUTIES DELEGATED |
|---------|--------------|------------------------------|
| | DIGITAL | |
| 27.1 | DIRECTOR OF FINANCE & DIGITAL | Be satisfied that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation assurances of adequacy must be obtained from them prior to implementation. |
| 27.1.3 | TRUST SECRETARY | Shall publish and maintain a Freedom of Information Publication Scheme. |
| 27.2.1 | RELEVANT OFFICERS | Send proposals for general computer systems to Director of Finance & Digital |
| 27.3 | DIRECTOR OF FINANCE & DIGITAL | Ensure that contracts with other bodies for the provision of computer services for financial applications clearly define responsibility of all parties for security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage, and allow for audit review.<br><br>Seek adequate assurances from the provider that appropriate controls are in operation. |
| 27.4 | DIRECTOR OF FINANCE & DIGITAL | Ensure that risks to the Trust from use of IT are identified and considered and that disaster recovery plans are in place. |
| 27.5 | DIRECTOR OF FINANCE & DIGITAL | Where computer systems have an impact on corporate financial systems satisfy himself that:<br>a) systems acquisition, development and maintenance are in line with corporate policies;<br>b) data assembled for processing by financial systems is adequate, accurate, complete and timely, and that a management rail exists;<br>c) Director of Finance & Digital and staff have access to such data;<br>Such computer audit reviews are being carried out as are considered necessary. |
| 28.2 | CHIEF EXECUTIVE | Responsible for ensuring patients and guardians are informed about patients' money and property procedures on admission. |
| 28.3 | DIRECTOR OF FINANCE & DIGITAL | Provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of. |
| 28.6 | DEPARTMENTAL MANAGERS | Inform staff of their responsibilities and duties for the administration of the property of patients. |
| 29.1 | DIRECTOR OF FINANCE & | Shall ensure that each trust fund which the Trust is responsible for managing is managed appropriately. |

| SFI REF | DELEGATED TO | AUTHORITIES/DUTIES DELEGATED |
|---|---|---|
| | DIGITAL | |
| 30 | DIRECTOR OF FINANCE & DIGITAL | Ensure all staff are made aware of the Trust policy on the acceptance of gifts and other benefits in kind by staff |
| 32 | CHIEF EXECUTIVE | Retention of document procedures in accordance with HSC 1999/053. |
| 33.1 | CHIEF EXECUTIVE | Risk management programme. |
| 33.1 | BOARD & ALL COMMITTEES | Approve and monitor risk management programme. |
| 33.2 | BOARD | Decide whether the Trust will use the risk pooling schemes administered by the NHS Resolution or self-insure for some or all of the risks (where discretion is allowed). Decisions to self-insure should be reviewed annually. |
| 33.4 | DIRECTOR OF FINANCE & DIGITAL | Where the Board decides to use the risk pooling schemes administered by the NHS Resolution the Director of Finance & Digital shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Director of Finance & Digital shall ensure that documented procedures cover these arrangements.<br><br>Where the Board decides not to use the risk pooling schemes administered by the NHS Resolution for any one or other of the risks covered by the schemes, the Director of Finance & Digital shall ensure that the Board is informed of the nature and extent of the risks that are self-insured as a result of this decision. The Director of Finance & Digital will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses that will not be reimbursed. |
| 33.4 | DIRECTOR OF FINANCE & DIGITAL | Ensure documented procedures cover management of claims and payments below the deductible. |

* Nominated officers and the areas for which they are responsible should be incorporated into the Trust's Scheme of Delegation document.

# STANDING FINANCIAL INSTRUCTIONS

## 10. INTRODUCTION

### 10.1 General

10.1.1 The Trust shall agree Standing Financial Instructions for the regulation of the conduct of its members and officers in relation to all financial matters with which they are concerned. They shall have effect as if incorporated in the Standing Orders (SOs).

10.1.2 These Standing Financial Instructions (SFIs) are issued in accordance with the Financial Directions issued by the Secretary of State for Health under the provisions of Section 99 (3), 97 (A) (4) and (7) and 97 (AA) of the National Health Service Act 1977 for the regulation of the conduct of the Trust in relation to all financial matters. The Code of Accountability requires that the Trust shall give, and may vary or revoke Standing Financial Instructions for the regulation of the conduct of its members and officers in relation to all financial matters with which they are concerned. These Standing Financial Instructions (SFIs) are issued in accordance with the Code.

These Standing Financial Instructions shall have effect as if incorporated in the Standing Orders (SOs)

All directors and all members of staff should be aware of the existence of these documents and be familiar with all relevant provisions. These rules fulfil the dual role of protecting the Trust's interests and protecting the staff from any possible accusation that they have acted improperly.

10.1.3 These Standing Financial Instructions identify the financial responsibilities which apply to everyone working for the Trust and its constituent organisations including Trading Units. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial procedure notes. All financial procedures must be approved by the Director of Finance.

10.1.4 Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions then the advice of the Director of Finance must be sought before acting. The user of these Standing Financial Instructions should also be familiar with and comply with the provisions of the Trust's Standing Orders.

10.1.5 The failure to comply with Standing Financial Instructions and Standing Orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

10.1.6 Overriding Standing Financial Instructions – If for any reason these Standing Financial Instructions are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Audit Committee for referring action or ratification. All members of the Board and staff have a duty to disclose any non-compliance with these Standing Financial Instructions to the Director of Finance as soon as possible.

### 10.2 Responsibilities and delegation

#### 10.2.1 The Trust Board

The Board exercises financial supervision and control by:

(a)    formulating the financial strategy and agreeing the long term financial model;

(b)    requiring the submission and approval of budgets within approved allocations/overall income;

(c)    defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money);

(d)    defining specific responsibilities placed on members of the Board and employees as indicated in the Scheme of Delegation document.

10.2.2    The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These are set out within the Scheme of Delegation. All other powers have been delegated to such other committees as the Trust has established.

10.2.3    **The Chief Executive and Director of Finance**

The Chief Executive and Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

Within the Standing Financial Instructions, it is acknowledged that the Chief Executive is ultimately accountable to the Board, and as Accountable Officer, to the Secretary of State, for ensuring that the Board meets its obligation to perform its functions within the available financial resources.  The Chief Executive has overall executive responsibility for the Trust's activities; is responsible to the Chairman and the Board for ensuring that its financial obligations and targets are met and has overall responsibility for the Trust's system of internal control.

10.2.4    It is a duty of the Chief Executive to ensure that Members of the Board and, employees and all new appointees are notified of, and put in a position to understand their responsibilities within these Instructions.

10.2.5    **The Director of Finance**

The Director of Finance is responsible for:

(a)    ensuring that the Standing Financial Instructions are maintained and regularly reviewed.

(b)    implementing the Trust's financial policies and for coordinating any corrective action necessary to further these policies;

(c)    maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;

(d)    ensuring that sufficient records are maintained to show and explain the Trust's transactions, in order to disclose, with reasonable accuracy, the financial position of the Trust at any time;

Without prejudice to any other functions of the Trust, and employees of the Trust, the duties of the Director of Finance include:

(e)    the provision of financial advice to other members of the Board and employees;

(f) the design, implementation and supervision of systems of internal financial control;

(g) the preparation and maintenance of such accounts, certificates, estimates, records and reports as the Trust may require for the purpose of carrying out its statutory duties.

10.2.6 **Board Members and All Employees**

All members of the Board and employees, severally and collectively, are responsible for:

(a) the security of the property of the Trust;

(b) avoiding loss;

(c) exercising economy and efficiency in the use of resources;

(d) conforming to the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation.

10.2.7 **Contractors and their employees**

Any contractor or employee of a contractor who is empowered by the Trust to commit the Trust to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.

10.2.8 For any and all members of the Board and any employees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Board and employees discharge their duties must be to the satisfaction of the Director of Finance.

# 11. AUDIT

## 11.1 Audit Committee

11.1.1 In accordance with Standing Orders, the Board shall formally establish an Audit Committee, with clearly defined terms of reference (based on those contained in the latest NHS Audit Committee Handbook), which will provide an independent and objective view of internal control by:

(a) overseeing Internal and External Audit services;

(b) reviewing financial and information systems and monitoring the integrity of the financial statements and reviewing significant financial reporting judgments;

(c) review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives;

(d) monitoring compliance with Standing Orders and Standing Financial Instructions;

(e) reviewing schedules of losses and compensations and making recommendations to the Board;

(f) Reviewing the arrangements in place to support the Board Assurance

Framework process prepared on behalf of the Board and advising the Board accordingly.

11.1.2    Where the Audit Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chairman of the Audit Committee should raise the matter at a full meeting of the Board.  Exceptionally the Director of Finance may be instructed to refer the matter to the Department of Health and Social Care. Matters pertaining to fraud, bribery and/or corruption must be reported to the Local Counter Fraud Specialist (LCFS) for investigation in accordance with the Trust's Local Counter Fraud, Bribery and Corruption Policy and Response Plan.

11.1.3    The Minutes of Audit Committee meetings shall be formally recorded and an upward report submitted to the Board.

**11.2    Director of Finance**

11.2.1    It is the responsibility of the Director of Finance to ensure an adequate Internal Audit service is provided.  The Audit Committee shall be advised of the selection process and appointment when / if an Internal Audit service provider is changed.

11.2.2    The Director of Finance is responsible for:

(a)    ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;

(b)    ensuring that the Internal Audit is adequate and meets the NHS mandatory audit standards;

(c)    deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;

(d)    ensuring that an annual internal audit report is prepared for the consideration of the Audit Committee [and the Board].  The report must cover:

(i)    a clear opinion on the effectiveness of internal control in accordance with current assurance framework guidance issued by the Department of Health and Social Care including for example compliance with control criteria and standards;
(ii)    major internal financial control weaknesses discovered;
(iii)    progress on the implementation of internal audit recommendations;
(iv)    progress against plan over the previous year;
(v)    strategic audit plan covering the coming three years;
(vi)    a detailed plan for the coming year.

11.2.2    The Director of Finance or designated auditors and LCFS are entitled (without necessarily giving prior notice) to require and receive:

(a)    access to all records, documents and correspondence and data relating to any financial or other relevant transactions, including documents of a confidential nature;

(b)    access at all reasonable times to any land, premises or members of the Board or employee of the Trust;

(c)    the production of any cash, stores or other property of the Trust under a  member of the Board and an employee's control; and

(d)    explanations concerning any matter under investigation.

11.2.3 The Trust's Chief Executive and Director of Finance are responsible for ensuring that access rights are given to NHS Counter Fraud Authority (NHSCFA) where necessary for the prevention, detection and investigation of cases of fraud, bribery and corruption, in accordance with NHSCFA Provider Standards.

## 11.3 Role of Internal Audit

11.3.1 Internal Audit will review, appraise and report upon:

    (a)    the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures;

    (b)    the adequacy and application of financial and other related management controls;

    (c)    the suitability of financial and other related management data;

    (d)    the extent to which the Trust's assets and interests are accounted for and safeguarded from loss of any kind, arising from:

        (i)   fraud and other offences;
        (ii)  waste, extravagance, inefficient administration;
        (iii) poor value for money or other causes.

    (e)    Internal Audit shall also independently verify the Assurance Statements in accordance with guidance from the Department of Health and Social Care.

11.3.2 Whenever any matter arises which involves, or is thought to involve, fraud, bribery or corruption, the matter must be reported to the LCFS, in accordance with the Trust's Local Counter Fraud, Bribery and Corruption Policy and Response Plan. All other irregularities, or suspected irregularities, concerning cash, stores, or other property of the Trust, or the exercise of any function of a pecuniary nature, must be notified to the Director of Finance immediately.

11.3.3 The Chief Internal Auditor will normally attend Audit Committee meetings and has a right of access to all Audit Committee members, the Chairman and Chief Executive of the Trust.

11.3.4 The Chief Internal Auditor shall be accountable to the Director of Finance. The reporting system for internal audit shall be agreed between the Director of Finance, the Audit Committee and the Chief Internal Auditor. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit Standards. The reporting system shall be reviewed at least every three years.

11.3.5 Internal Audit terms of reference shall have effect as if incorporated within these Standing Financial Instructions. The terms of reference cover the scope of internal audit work, authority and independence, management responsibilities, co-ordination of assurance work, reporting and key outputs and the operational responsibilities.

## 11.4 External Audit

11.4.1 The External Auditor is appointed and paid for by the Trust. The Audit Committee must ensure a cost-efficient service. If there are any problems relating to the service provided by the External Auditor, then this should be raised with the External Auditor.

## 11.5 Fraud Bribery and Corruption

11.5.1　In line with their responsibilities, the Chief Executive and Director of Finance shall monitor and ensure compliance with the NHS Standard contract Service Condition 24 to put in place and maintain appropriate anti-fraud, bribery and corruption arrangements, having regard to the NHS Counter Fraud Authority standards.

11.5.2　The Director of Finance is the executive board member responsible for countering fraud, bribery and corruption in the Trust.

11.5.3　The Trust shall nominate a professionally accredited Local Counter Fraud Specialist ("LCFS"), to conduct the full range of anti-fraud, bribery and corruption work on behalf of the Trust as specified in the NHS Counter Fraud Authority (NHSCFA) Counter Fraud Standards.

11.5.4　The LCFS shall report to the Director of Finance and shall work with staff in the NHS Counter Fraud Authority (NHSCFA) in accordance with the NHS Counter Fraud Authority Counter Fraud Standards, the NHS Counter Fraud manual and the NHSCFA's Investigation Case File Toolkit.

11.5.6　If it is considered that evidence of offences exists and that a prosecution is desirable, the LCFS will consult with the Director of Finance to obtain the necessary authority and agree the appropriate route for pursuing any action e.g. referral to the police or NHSCFA.

11.5.7　The LCFS will at least annually provide a written report to the Audit Committee on anti-fraud, bribery and corruption work within the Trust.

11.5.8　The LCFS will ensure that measures to mitigate identified risks are included in an organisational work plan which ensures that an appropriate level of resource is available to the level of any risks identified. Work will be monitored by the Director of Finance and outcomes fed back to the Audit Committee.

11.5.9　The Trust shall have a whistle-blowing mechanism to report any suspected or actual fraud, bribery or corruption concerns and internally publicise this, together with the NHSCFA's national fraud and corruption reporting line and online referral form.

11.5.10　The Trust will report annually on how it has met the standards set by the NHS Counter Fraud Authority in relation to anti-fraud, bribery and corruption work and the Director of Finance shall sign-off the annual self-review and authorise its submission to the NHS Counter Fraud Authority.
The Director of Finance shall sign-off qualitative assessments (in years when this assessment is required) and submit it to the relevant authority.

**11.6      Security Management**

11.6.1    In line with their responsibilities, the Trust Chief Executive will monitor and ensure compliance with Directions issued by the Secretary of State for Health on NHS security management.

11.6.2    The Trust shall nominate a suitable person to carry out the duties of the Local Security Management Specialist (LSMS) as specified by the Secretary of State for Health guidance on NHS security management.

11.6.3    The Chief Executive has overall responsibility for controlling and coordinating security. However, key tasks are delegated to the Director of Estates and Facilities and the appointed Local Security Management Specialist (LSMS).

## 12.    RESOURCE LIMIT CONTROL

Not applicable to NHS Trusts.

## 13.    BUSINESS PLANNING, BUDGETS, BUDGETARY CONTROL, AND MONITORING

**13.1      Preparation and Approval of Plans and Budgets**

13.1.1    The Chief Executive will prepare annually, a statement of strategic direction for approval by the Board of Directors.

13.1.2    The Chief Executive will submit to the Board of Directors an annual business plan (the "Annual Plan") which takes into account financial targets and forecast limits of available resources. The annual plan will contain:

(a)    a statement of the significant assumptions on which the plan is based;

(b)    details of major changes in workload, delivery of services or resources required to achieve the plan.

In preparing the Annual Plan the Trust should ensure:

(a)    financial performance measures have been defined and will be monitored;

(b)    reasonable targets have been identified for these measures;

(c)    a robust system is in place for managing performance against the targets;

(d)    reporting lines are in place to ensure overall performance is managed;

(e)    arrangements are in place to manage/respond to adverse performance.

13.1.3    Prior to the start of the financial year the Director of Finance will, on behalf of the Chief Executive, prepare and submit a financial plan and associated income & expenditure budget to the Board for approval.  The plan will contain:

(a)    a statement of any significant assumptions on which the plan is based and an assessment as to whether they are realistic;

(b)    details of major changes in workload, delivery of services or resources required to achieve the plan.

The budget will:

(a)    be in accordance with the aims and objectives set out in the Annual Plan and long term financial model;

(b)    accord with activity and manpower plans;

(c)    be produced following discussion with appropriate budget holders;

(d)    be prepared within the limits of available income;

(e)    identify potential risks.

13.1.4    The Director of Finance shall monitor financial performance against budget and Annual Plan, periodically review them, and report regularly to the Board.

13.1.5    All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled and financial performance against budgets to be monitored.

13.1.6    All budget holders will sign up to their allocated budgets at the commencement of each financial year.

13.1.7    The Director of Finance has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage budgets successfully.

## 13.2    Budgetary Delegation

13.2.1    The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities.

This will be achieved through the approval by the Chief Executive of the Executive Devolution Policy setting out Delegation of authority and decision-making power to Corporate Directorates and Divisions, This policy will provide for differential levels of delegated authority dependent upon the Performance of the Directorate or Division.

13.2.2    Subject to any specific provisions arising from a particular set of circumstances, Budgets shall be delegated as far as possible to the lowest level consistent with effective operational management.

13.2.3    The Chief Executive and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.

13.2.4    Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.

13.2.5    Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Director of Finance.

13.2.6    All Business Cases will be approved in accordance with the authority set out in Investment Appraisal Framework and Scheme of Reservation and Delegation of Powers to the Board.

## 13.3    Budgetary Control and Reporting

13.3.1    The Director of Finance will devise and maintain systems of budgetary control.  All managers whom the Trust may empower to engage staff or otherwise incur expenditure, collect or generate income, shall comply with the requirements of those systems.

The Director of Finance shall also be responsible for providing budgetary information and advice to enable the Chief Executive and other operational managers to carry out their budgetary responsibilities and issue to all relevant staff, rules and procedures governing the operation of Budgets.

13.3.2   The Director of Finance is responsible for presenting financial reports to the Board giving details of underlying performance, financial efficiency, liquidity and achievement of plan, as well as details of the overall financial risk ratings score.

(a)   Monthly financial reports in a form approved by the Board will contain as a minimum:

(i)     income and expenditure to date showing trends and forecast year-end position;
(ii)    progress against the efficiency / savings programme
(iii)   summary cash flow and balance sheet including a forecast year-end position;
(iv)    details of new cash borrowings in month and cumulative debt levels
(v)     movements in working capital;
(vi)    External Financial Limit (EFL) target and performance against Capital Resource Limit (CRL)
(vii)   capital project spend and projected outturn against plan;
(viii)  explanations of any material variances from plan;
(ix)    details of any corrective action where necessary and the Chief Executive's and/or Director of Finance' view of whether such actions are sufficient to correct the situation;
(x)     monitoring of management action to correct variances;
(xi)    Performance against risk assurance metrics

13.3.3   The Director of Finance is responsible for the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;

13.3.4   Each Budget Holder is responsible for ensuring that:

(a)   any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of a member of the Executive Team;

(b)   the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement;

(c)   no permanent employees are appointed without the approval of the Chief Executive other than those provided for within the available resources and manpower establishment as approved by the Board.

(d)   No temporary employees are appointed which would lead to an overspend on the delegated budget without approval of the Chief Executive.

(e)   The systems of budgetary control established by the Director of Finance are complied with fully.

(f)   cost improvements, productivity, efficiency and income generation initiatives are identified and implemented in accordance with the requirements of the Annual Plan

13.3.5   The Chief Executive may delegate the responsibility for identifying and implementing cost improvements and income generation initiatives to Divisions and

Directorates in accordance with the requirements of the Annual Plan and its delivery.

13.3.6    The Director of Finance shall devise and maintain adequate systems to ensure that the Trust can identify, implement and monitor opportunities for schemes to be included within cost improvement and income generating programmes.

**13.4    Capital Expenditure**

13.4.1    The general rules applying to delegation and reporting shall also apply to capital expenditure.  All capital procurement shall be carried out in accordance with the Tendering and Contract Procedures. (The particular applications relating to capital are contained in SFI 24).

**13.5    Monitoring Returns**

13.5.1    The Chief Executive is responsible for ensuring that the appropriate monitoring forms are submitted to the requisite monitoring organisation in line with the agreed timescales.

**13.6    Value for Money**

13.6.1    The Chief Executive in conjunction with the Director of Finance shall be responsible for the efficient and effective use of the total financial resources available to the Trust and ensure that good value for money is achieved.

# 14.    ANNUAL ACCOUNTS AND REPORTS

14.1    The Director of Finance, on behalf of the Trust, will:

(a)    prepare financial returns in accordance with the accounting policies and guidance given by the Department of Health and Social Care and the Treasury, the Trust's accounting policies, and International Financial Reporting Standards;

(b)    prepare and submit annual financial returns and accounts to the Department of Health and Social Care in accordance with the national timetable and published requirements;

14.2    The Trust's annual accounts must be audited by the Trust's external auditor as appointed by the Audit Panel and thereafter adopted by the Trust Board.

14.3    The Trust will publish an annual report, in accordance with the national timetable. The document will comply with the relevant Department of Health and Social Care guidance including that contained in the Department of Health Group Accounting Manual.

14.4    The Audited Annual Report and Accounts must be presented to a public meeting and made available to the public.

# 15.    BANK ACCOUNTS

**15.1    General**

15.1.1    The Director of Finance is responsible for managing the Trust's banking arrangements and for advising the Trust on the provision of banking services and operation of accounts.  This advice will take into account guidance/ directions and best practice advice issued by the Department of Health and Social Care and Treasury. In line with 'Cash Management in the NHS' Trusts should minimise the

use of commercial bank accounts and consider using Government Banking Service (GBS) accounts for all banking services.

The Board of Directors shall approve the banking, working capital and investment arrangements including a review of the Trust's Treasury Management Policy on an annual basis.

**15.2    Bank Accounts**

15.2.1    The Director of Finance is responsible for:

(a)    the operation Government Banking Service (GBS) and other bank accounts held by the Trust, Working Capital Facilities and the appropriate investment of the Trust's cash.

(b)    establishing separate bank accounts for the Trust's non-exchequer funds;

(c)    ensuring payments made from bank or GBS accounts do not exceed the amount credited to the account except where arrangements have been made;

(d)    reporting to the Board all instances where bank accounts may become or have become overdrawn (together with remedial action taken);

(e)    ensuring the Board of Directors is notified of changes to the Trust's borrowing facilities; and

(f)    monitoring compliance with Department of Health and Social Care or any other relevant guidance on the level of cleared funds.

**15.3    Banking Procedures**

15.3.1    The Director of Finance will prepare detailed instructions on the operation of all Trust bank accounts, investments and borrowings which must include:

(a)    the conditions under which each bank and GBS account is to be operated, including the limit to be applied to any overdraft

(b)    a panel of officers with delegated authority to sign cheques or authorise payments drawn on the Trust's accounts and the number of signatories required on each authority to pay.

(c)    those authorised to invest monies; and

(d)    any records which must be maintained in respect of the above.

15.3.2    The Director of Finance must advise the Trust's bankers in writing of the conditions under which each account will be operated.

15.3.3    All funds shall be held in accounts in the name of the Trust. No members of staff other than those designated by the Chief Executive and the Director of Finance shall open any bank or building society account in the name of the Trust. Any employee aware of the existence of such an account shall report the matter to the Director of Finance.

15.3.4    Where an agreement is entered into with any other body for payment to be made on behalf of the Trust from bank accounts maintained in the name of the Trust or other body, or by Electronic Funds Transfer (BACS), the Director of Finance shall ensure that satisfactory security regulations of the Trust/other body relating to bank

accounts exist and are observed. This will be specified in an agreement with the appropriate body.

**15.4     Investments**

15.4.1    The Director of Finance is responsible for arrangements for the investment of surplus cash with the National Loans fund ensuring:

(a)  a competitive rate of return within a minimal risk profile;
(b)  the availability of cash to meet operational requirements;

15.4.2    The Director of Finance is responsible for advising the Board on investments and shall report periodically to the Board concerning the performance of investments held.

15.4.3    The Director of Finance will prepare detailed procedural instructions on the operation of investment accounts and on the records to be maintained.

**15.5     Tendering and Review**

15.5.1    The Director of Finance will review any commercial banking arrangements of the Trust at five yearly intervals to ensure they reflect best practice and represent best value for money.

15.5.2    Competitive tenders shall be sought and the results reported to the Board. This review is not necessary for the operation of Government Banking Services accounts required by the Department of Health and Social Care.

# 16.     INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS

**16.1     Income Systems**

16.1.1    The Director of Finance is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due.

16.1.2    The Director of Finance is also responsible for the prompt banking of all monies received.

16.1.3

16.1.4    The Trust may carry on activities for the purpose of making additional income available in and/or to better carry out the Trust's principal purpose subject to any restrictions contained in the Regulatory Framework.

16.1.5    Disposal of materials and items surplus to requirements shall be dealt with in accordance with relevant financial procedure notes – see overlap with SFI 26.1.

**16.2     Fees and Charges**

16.2.1    The Trust shall follow the Department of Health and Social Care's advice in setting prices for NHS service agreements.  The charges will be in line with National Tariff or locally agreed where tariff is not applicable.

16.2.2    The Director of Finance is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health and Social Care or by Statute. Independent professional advice on matters of valuation shall be taken as necessary.

Where sponsorship income is considered the guidance in theTrust's 'Standards of Business Conduct and Declarations of Interest Policy shall be followed.

16.2.3    All employees must inform the Director of Finance promptly of money due from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings, overseas patients and other transactions.

16.2.4    In relation to Income Generation Schemes, the Director of Finance shall ensure that all costs and revenues attributed to each scheme can be identified.

**16.3      Debt Recovery**

16.3.1    The Director of Finance is responsible for the appropriate recovery action on all outstanding debts including detailed procedures for the issuing of credit notes and write-off of debts after all reasonable steps have been taken to secure payment.

16.3.2    Income not received should be dealt with in accordance with losses procedures and reported to the Audit Committee.

16.3.3    The Director of Finance is responsible for ensuring that systems are in place to prevent salary and other overpayments. Where overpayments occur, recovery should be initiated as per the Trust's debt recover procedure.

**16.4      Security of Cash, Cheques and other Negotiable Instruments**

16.4.1    The Director of Finance is responsible for:

(a)    approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;

(b)    ordering and securely controlling any such stationery;

(c)    the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and

(d)    prescribing systems and procedures for handling cash and negotiable securities on behalf of the Trust.

16.4.2    Official money shall not under any circumstances be used for the encashment of private cheques or for the granting of personal loans of any kind.

16.4.3    All cheques, postal orders, cash receipts shall be banked intact to the credit of the Trust's Main Account or, if appropriate, the Trust's Charitable fund bank account. Disbursements shall not be made from cash received, except under arrangements approved by the Director of Finance.

16.4.4    The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Trust is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Trust from responsibility for any loss.

16.4.5    All unused cheques and other orders shall be subject to the same security precautions as are applied to cash.

16.4.6    Any loss or shortfall of cash, cheques or other negotiable instruments, however occasioned shall be reported immediately to the Director of Finance and dealt with in accordance with the agreed procedure for reporting losses.

## 17. PROCUREMENT AND CONTRACTING PROCEDURE

### 17.1 Duty to comply with Standing Orders and Standing Financial Instructions

The procedure for making all contracts by or on behalf of the Trust shall comply with these Standing Orders and Standing Financial Instructions (except where Standing Order No. 3.12 Suspension of Standing Orders is applied).

### 17.2 EU Directives Governing Public Procurement

European Union Directives (including the current financial thresholds) on public sector purchasing promulgated by the UK Government https://www.gov.uk/guidance/transposing-eu-procurement-directives prescribing procedures for advertising and awarding all forms of contracts shall have effect as if incorporated in these SFIs. (EU thresholds are not per year but based on whole life costs of a contract).

### 17.3 Policy and Procedure

The Director of Finance is responsible for ensuring policies and procedures are in place for the control of all procurement activity carried out within the Trust.

### 17.4 Formal Competitive Procurement

### 17.4.1 General Applicability

(i)    The Procurement and Contract Procedure is governed by 4 ranges of expenditure, explained below. Unless specifically exempted below the Board shall ensure that competitive offers are invited for:

- the supply of goods, materials and manufactured articles;
- for the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the Department of Health and Social Care);
- for the design, construction and maintenance of building and engineering works, including construction and maintenance of grounds and gardens;
- disposals.

(ii)    Through the online Procurement system purchase orders are automatically generated for catalogue items where pricing has been competitively contracted or benchmarked against approved suppliers to ensure best value.

(iii)    For all goods and services Trust Standing Orders and EU legislation dictates the different purchasing thresholds and the process route of purchasing.

(iv)    For spend below £5,000 (excluding VAT) no formal procurement exercise is required, but value for money must still be demonstrated. See SFI 17.4 (b)

(v)    For non NHS Supply spend between £5,000 - £25,000 (excluding VAT) Procurement should be engaged on 3 possible routes :
  a. Formal Procurement e.g. Tender or further competition under a compliant framework agreement – if there is a competitive market and /or the potential for future growth in spend
  b. Three quotes – for a one-off purchase but in a competitive market. (In exceptional circumstances with the agreement of the Head of Procurement two quotes may be accepted) –see SFI 17.7.
  c. Direct award – for a unique requirement but value for money must still be demonstrated.

See SFI 17.4 for further details.

(vi)     For spend above £25,000 (excluding VAT) but below the current OJEU limit, Procurement must be engaged in a formal procurement i.e. competitive local tender or further competition / direct award under a compliant framework agreement

(vii) For spend above the current OJEU limit, Procurement must be engaged in a formal procurement i.e. competitive EU Tender or further competition / direct award under a compliant framework agreement.

Subject to a VFM assessment the Trust shall procure all building and estates capital schemes with an estimated value over £500,000 using the NHS Procure 22 Framework, unless there are valid and significant reasons for not doing so, as approved by the Director of Finance. The Trust will follow Department of Health and Social Care and Treasury guidelines for the procurement of all estates capital schemes. Procurement contracts and frameworks used to commission contractors shall be appropriate to the type and nature of capital scheme being procured and will be required to demonstrate value for money.

An appropriate record should be kept in the contract file where it has not been possible to invite a building or estates tender above OJEU limits through a framework.

(viii)      All procurements must be undertaken in accordance with Procurement Standard Operating procedures.

17.4.2   **Healthcare Services**

Where the Trust elects to invite tenders for the supply of healthcare services these Standing Orders and Standing Financial Instructions shall apply as far as they are applicable to the procurement and contracting procedure and need to be read in conjunction with SFI No. 18.

17.4.3   **Exceptions and instances where formal tendering need not be applied**

Formal tendering procedures (i.e. local or OJEU) **need not be applied**:

(a)     where the estimated expenditure or income does not, or is not reasonably expected to, exceed **£25,000**;

(b)     where the supply is proposed under special arrangements negotiated by the Department of Health and Social Care in which event the said special arrangements must be complied with;

(c)     regarding disposals as set out in SFI No. 26;

(d)     where works or services connected to proposed works are to be commissioned from an approved Procure 22 Principal Supply Chain Partner (PSCP), as appointed formally to the Department of Health and Social Care framework agreement or its successor schemes; or

(e)     where the supply is proposed under any external compliant contract / framework agreement  to which the Trust has access. In such circumstances value for money and compliance to the agreement should be demonstrated.

Formal procurement procedures (i.e. local or OJEU tender / quotes or direct award) **may be waived** in the following circumstances:

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<li>

(f)      in very exceptional circumstances where formal procurement procedures would not be practicable.

(g)     where the timescale genuinely precludes competitive procurement but failure to plan the work properly would not be regarded as a justification for a single tender;

(h)     where specialist expertise is required and is available from only one source;

(i)      when the task is essential to complete the project, and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate;

(j)      there is a clear benefit to be gained from maintaining continuity with an earlier project or compatibility with existing equipment / service. However in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive procurement;

(k)     for building and engineering construction works and maintenance where there is either a direct legal enforcement of safety the consequence of which would result in the closure of the Trusts services and/or prosecution of the Trust and it's officials or a specified National or Local Health economy imperative where failure to deliver could place patients safety at risk.

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The waiving of procurement procedures should not be used to avoid competition or for administrative convenience or to award further work to a supplier originally appointed through a competitive procedure unless specifically covered within the original agreement.

Where it is decided that competitive procurement is not applicable and should be waived, the fact of the waiver and the reasons should be documented reviewed by procurement, authorised by the Director of Finance and / or Chief Executive and recorded in an appropriate Trust record and reported to the Audit Committee at each meeting.

### 17.4.4   **Fair and Adequate Competition**

Other than where the exceptions set out in SFI Nos. 17.1 and 17.4.1 and 17.4.3 apply, the Trust shall ensure that requests for procurement are sent to a sufficient number of firms/individuals to provide fair and adequate competition as appropriate, and in no case less than two firms/individuals, having regard to their capacity to supply the goods or materials or to undertake the services or works required. The deadline for returns must be considered reasonable.

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### 17.5     **Tendering Procedure for Goods, Materials, Services and Disposals including non NHS provided health care.**

### 17.5.1   **Invitation to tender**

(i)      All invitations to tender shall be issued via the appropriate e procurement/sourcing portal in use within the Trust.

(ii)     All invitations to tender shall state that no tender will be accepted unless it has been submitted via the appropriate e procurement/sourcing portal adhering to all the required terms of the invitation to tender but specifically the requested time and date of return.

(iii)    Every tender for goods, materials, services or disposals shall embody such of the NHS Standard Terms and Conditions of Contract as are applicable. Any contract that is projected not to be under such terms must be referred to the Head of Procurement prior to any contractual agreement.

(iv)     Every tender for building or engineering works not procured under the procure 22 framework with an approved Principal Supply Chain Partner (except for maintenance work, when Estmancode guidance shall be followed) shall embody or be in the terms of the current edition of one of the Joint Contracts Tribunal Standard Forms of Building Contract) Standard forms of contract or, when the content of the work is primarily engineering, the General Conditions of Contract recommended by the Institution of Mechanical and Electrical Engineers and the Association of Consulting Engineers (Form A), or (in the case of civil engineering work) the General Conditions of Contract recommended by the Institute of Civil Engineers, the Association of Consulting Engineers and the Federation of Civil Engineering Contractors.  These documents shall be modified and/or amplified to accord with Department of Health guidance and, in minor respects, to cover special features of individual projects.

17.5.2  **Receipt and safe custody of tenders**

The Chief Executive or his/her nominated representative will be responsible for the electronic receipt, and safe custody of tenders received within the e-procurement system until the time appointed time for the electronic seal to be opened.

17.5.3  **Opening tenders and Register of tenders**

(i)      As soon as practicable after the date and time stated as being the latest time for the receipt of tenders, the electronic vault will be opened by senior nominated member of the procurement team.

(ii)     Every tender received shall be marked with the date of opening automatically by the e-procurement software and will maintain a full auditable record of the opening process.

(iii)    Incomplete tenders, i.e. those from which information necessary for the adjudication of the tender is missing, and amended tenders should be dealt with in the same way as late tenders. (Standing Order No. 17.5.4 below).

(iv)     Appropriately detailed electronic notes shall be kept in the contract file to detail any matters such as action taken in respect of late tenders, non-compliant bids or any other matters relevant to tender receipt and opening.

17.5.4  **Admissibility**

(i)      Tenders submitted but not received until after the due time and date (at which point the electronic vault is locked), may be considered only if confirmation of submission is received from the e-sourcing portal. The Chief Executive or his/her nominated officer will decide whether there are exceptional circumstances e.g. System failure on the part of the Portal having been uploaded in good time but delayed through no fault of the tenderer.

(ii)     Only in the most exceptional circumstances will a tender be considered which is received after the opening of the other tenders and only then if the tenders that have been duly opened have not left the custody of the Chief Executive or his nominated officer or if the process of evaluation and adjudication has not started.

(iii)    While decisions as to the admissibility of late, incomplete or amended tenders are under consideration, the tender documents shall be kept strictly confidential, recorded, and held in safe custody by the Chief Executive or his nominated officer.

(iv)    Where only one tender is sought and / or received, it must be demonstrated that the  price to be paid is fair and reasonable and will ensure value for money for the Trust. This will be recorded in the appropriate documentation namely the contract award report.

17.5.5    **Acceptance of formal tenders (See overlap with SFI No. 17.6)**

(i)     Any discussions with a tenderer which are deemed necessary to clarify technical aspects of his tender before the award of a contract will not disqualify the tender. All such questions must be raised and responded to via the e procurement system to maintain audit trails and transparency.

(i)     Evaluation criteria will be based on either:

- the lowest price; or

- the most economically advantageous cost over the whole life of the Contract.

It is accepted that the lowest price does not always represent the best value for money.   Other factors affecting the success of a project may include (without limitation):

(a)  Qualitative elements of the bidders proposal;

(b)  understanding of client's needs;

(c)  feasibility and credibility of proposed approach;

(d)  ability to complete the project on time.

Where other factors are taken into account in selecting a tenderer, these must be documented in the contract file, and the reason(s) for not accepting the lowest priced tender clearly stated.

Criteria taken into account in selecting a successful tenderer must be clearly recorded and documented in the invitation to tender/quote.

(iii)    No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with these instructions except with the authorisation of the Chief Executive or nominated officer

(iv)    The use of these procedures must demonstrate that the award of the contract was:

(a) not in excess of the going market rate / price current at the time the contract was awarded; or

(b) that best value for money was achieved.

(v) All tenders should, subject to compliance with the provisions of the Freedom of Information Act 2000 as amended, be treated as confidential and should be retained for:
(a) 6 years after contract completion - successful tenders
(b) 6 years after contract start - unsuccessful tenders.

(vi) All tenders should be assessed for embedded derivatives and embedded leases utilising a standard checklist. Any proposed tender award which indicates the existence of either should be notified to the Associate Director of Finance – Financial Services, prior to award.

## 17.6 Authorisation of Procurement Awards (Internal Trust Process)

Providing all the conditions and circumstances set out in these Standing Financial Instructions have been fully complied with, formal authorisation for the awarding of a contract (internal Trust process) must be authorised by the following staff to the value of the contract as follows:

| | Threshold Value (total requirement) | Operational Purchasing Manager | Head of Category Procurement Governance Manager | Deputy Director of Procurement | Director of Finance | Chief Executive | Trust Board |
|---|---|---|---|---|---|---|---|
| Aggregated Total Contract Value | < £5000 | ✔ | | | | | |
| | < £25,000 | ✔ | ✔ | | | | |
| | < £100,000 | | ✔ | ✔ | | | |
| | < £250,000 | | ✔ | ✔ | ✔ | | |
| | < £250,000 - £1m | | ✔ | ✔ | ✔ | ✔ | |
| | £1m+ | | ✔ | ✔ | ✔ | ✔ | ✔ |
| | | | | | | | |
| | | | | | | | |

For all contract awards requiring Trust Board approval, these must be submitted to FPEC for assurance.

These levels of authorisation may be varied or changed only with the express agreement of the Trust Board.

Formal authorisation to initiate any procurement process must be put in writing in the form of a Procurement Sponsorship Form for all procurement processes where the award value is expected to exceed £25,000..

## 17.7 Signing of Commercial Procurement Contracts (External Document)

17.7.1 The signing of the commercial procurement contracts must only be undertaken by the following Trust Staff and within the identified value limits

< £50,000 – Deputy Director of Procurement
> £50,000 – Director of Finance

**17.8      Private Finance and leasing for capital procurement (see overlap with SFI No. 24**)

17.8.1    When the Board proposes, or is required, to use finance provided by the private sector (PFI) the following should apply:

(a)      The Director of Finance shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector.

(b)      Where the sum exceeds delegated limits, a business case must be referred to the appropriate department or agency for approval or treated as per current guidelines.

(c)      The proposal must be specifically agreed by the Board of the Trust.

(d)      The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

17.8.2    Where it is proposed that leasing be considered in preference to capital procurement then the following should apply:

(a)      The selection of a contract / finance company shall be on the basis of a competitive process;

(b)      All proposals to enter into a leasing agreement shall be referred to the Director of Finance before acceptance of any offer;

(c)      The Director of Finance shall ensure that the proposal demonstrates best value for money; and

(d)      The proposal shall be agreed in writing by the Director of Finance prior to acceptance of any offer to the lease.

In the case of property leases the relevant NHS guidance shall be followed.

**17.9      Compliance requirements for all contracts**

The Board may only enter into contracts on behalf of the Trust within the statutory powers delegated to it by the Secretary of State and shall comply with:

(a)      The Trust's Standing Orders and Standing Financial Instructions;

(b)      EU Directives and other statutory provisions;

(c)      any relevant directions issued by Treasury, the Department of Health or other Statutory Body.

(d)      such of the NHS Standard Contract Conditions as are applicable.

(e)      contracts with Foundation Trusts must be in a form compliant with appropriate NHS guidance.

(f)     Where appropriate contracts shall be in or embody the same terms and conditions of contract as was the basis of the Procurement.

(g)

**17.10    Personnel and Agency or Temporary Staff Contracts (see overlap with SFI Nos. 20.6, 20.9, 21.2.3)**

The Chief Executive shall nominate officers with delegated authority to design and operate a process for engaging with and enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts.

**17.11    Healthcare Services Agreements (see overlap with SFI No. 18)**

Service agreements with NHS providers for the supply of healthcare services shall be drawn up in accordance with the National Health Service Act 2006 as amended and administered by the Trust.  Service agreements are not contracts in law and therefore not enforceable by the courts. However, a contract with a Foundation Trust, being a PBC, is a legal document and is enforceable in law.

The Chief Executive shall nominate officers to commission service agreements with providers of healthcare in line with a commissioning plan approved by the Board.

**17.12    Disposals (See overlap with SFI No 26.1)**

Competitive Procurement procedures shall not apply to the disposal of:

(a)     any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Chief Executive or his/her nominated officer;

(b)     obsolete or condemned articles and stores, which may be disposed of in accordance with the supplies policy of the Trust;

(c)     items to be disposed of with an estimated sale value of less than £5,000, this figure to be reviewed on a periodic basis;

(d)     items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract;

(e)     land or buildings concerning which DH guidance has been issued but subject to compliance with such guidance.

**17.13    In-house Services**

17.13.1  The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis. The Trust may also determine from time to time that in-house services should be market tested by competitive procurement.

17.13.2  In all cases where the Board determines that in-house services should be subject to competitive procurement the following groups shall be set up:

(a) Specification group, comprising the Chief Executive or nominated officer/s and specialist/s.

(b) In-house bid group, comprising a nominee of the Chief Executive and technical support.

(c) Evaluation team, comprising normally a specialist officer, a Procurement Officer and Director of Finance or nominated representative. For services having a likely annual expenditure exceeding £ 1,000,000, a non-officer member should be a member of the evaluation team.

17.13.3 All groups should work independently of each other and individual officers may be a member of more than one group but no member of the in-house bid group may participate in the evaluation.

17.13.4 The evaluation team shall make recommendations to the Board.

17.13.5 The Chief Executive shall nominate an officer to oversee and manage the contract on behalf of the Trust.

**17.14 Applicability of SFIs to Procurement using funds held in trust (see overlap with SFI No. 29)**

These Instructions shall not only apply to expenditure from Exchequer funds but also to works, services and goods purchased by the United Lincolnshire Hospitals Trust Charity.

**17.15 Cancellation of Contracts**

17.15.1 Except where specific provision is made in model forms of contracts or standard schedules of conditions approved for use within the NHS, there shall be inserted in every written contract a clause empowering the Trust to cancel the contract and to recover from the contractor the amount of any loss resulting from such cancellation, if:

(a) the contractor shall have offered, or given or agreed to give, any person any gift or consideration of any kind as an inducement or reward for doing or forbearing to do or for having done or forborne to do any action in relation to the obtaining or execution of the contract or any other contract with the Trust;

(b) for showing or forbearing to show favour or disfavour to any person in relation to the contracts or any other contract with the Trust, or if the like acts shall have been done by any person employed by him or acting on his behalf (whether with or without the knowledge of the contractor);

(c) in relation to any contract with the Trust the contractor or any person employed by him or acting on his behalf shall have committed any offence under the extant Bribery Act and other appropriate legislation.

**17.16 Determination of Contracts for Failure to Deliver Goods or Material**

There shall be inserted in every written contract for the supply of goods or materials a clause to secure that, should the contractor fail to deliver the goods or materials or any portion thereof within the time or times specified in the contract, the Trust may without prejudice determine the contract either wholly or to the extent of such default and purchase other goods, or material of similar description to make good:

(a) such default, or
(b) in the event of the contract being wholly determined the goods or materials remaining to be delivered.

Further the amount by which the cost of purchasing other goods or materials exceeds the amount which would have been payable to the contractor in respect of the goods or materials shall be recoverable from the contractor.

## 18. AGREEMENTS FOR PROVISION OF HEALTHCARE SERVICES (see overlap with SFI No. 17.13)

18.1 The Chief Executive, as the Accountable Officer of the Trust, supported by the Director of Finance and Deputy Chief Executive, is responsible for negotiating contracts with commissioners for the provision of services to patients in accordance with national guidance and the Annual Plan.

18.2 All agreements should aim to implement the agreed priorities contained within the NHS Operating Framework and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Chief Executive should take into account:

- the standards of service quality expected;
- the provision of reliable information on cost and volume of services;
- existing agreements, to ensure where appropriate they build on existing partnership arrangements;
- the mandated performance indicators;
- existing Joint Investment Plans;
- the need to ensure agreements are based on integrated care pathways; and any model contracts issued by the Department of Health and Social Care.

In carrying out these functions, the Chief Executive should take account the advice of the Director of Finance regarding:

- the National Tariff Payment System and associated guidance (e.g. national activity recording and coding requirements, the National Grouper etc.) and the costing and pricing of services;
- payment terms and conditions;
- amendments to agreements and other NHS patient services arrangements.

All agreements should be underpinned by the NHS standard contract clauses.

### 18.3 Involving partners and jointly managing risk

The risks involved in joint working will be assessed and articulated within a legally binding contract. Such a contract will be informed by the view of clinicians, users, carers, public health professionals and managers. It will reflect knowledge of local needs and inequalities. This will require the Director of Finance to ensure that the Trust works with all partner agencies involved in both the delivery and the commissioning of the service required. The agreement will apportion responsibility for handling a particular risk to the party or parties in the best position to influence the event and financial arrangements should reflect this. In this way the Trust can jointly manage risk with all interested parties.

### 18.4 Sub-contracting Provision of Services to Non-NHS Providers

Where the Trust makes arrangements for the provision of services by non-NHS providers, it is the Director of Finance, who is responsible for ensuring that the agreements put in place have due regard to the quality and the cost-effectiveness of the services provided. Before making any agreement with non-NHS providers, the Trust should explore fully the scope to make maximum cost-effective use of NHS facilities and ensure all sub-contracting is in accordance with the NHS Standard Contract. This is to ensure that the quality and performance measures reflect the Trust contract with their main commissioners.

18.5    The Director of Finance, on behalf of the Chief Executive, shall be responsible for drawing up and agreeing to the financial details and terms and conditions contained in the legally binding contract entered into by the Trust.

18.6    Agreements should be so devised as to minimise risk whilst maximising the Trust's opportunity to generate income. Agreement prices shall comply with the latest costing guidelines.

18.7    The Director of Finance shall be responsible for establishing arrangements for the identifying, gaining approval for and invoicing of other NHS patient services referrals.

**18.8    Reports to Board on contracts**

The Director of Finance will ensure that regular reports are provided to the Board detailing actual and forecast income from the contracts. Contract performance will be reported separately by the Deputy Chief Executive.


## 19.    COMMISSIONING

Not applicable

## 20.    HUMAN RESOURCES AND PAY

**20.1    Remuneration and Terms of Service (see overlap with SO No. 5.7)**

20.1.1    In accordance with Standing Orders the Board shall establish a Remuneration and Terms of Service Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.

20.1.2    The Committee will:

(a) advise the Board about appropriate remuneration and terms of service for the Chief Executive, other officer members employed by the Trust and other senior employees including:

   (i)     all aspects of salary (including any performance-related elements/bonuses);

   (ii)    provisions for other benefits, including pensions and cars;

   (iii)   arrangements for termination of employment and other contractual terms;

(b) make such recommendations to the Board on the remuneration and terms of service of officer members of the Board (and other senior employees) to ensure they are fairly rewarded for their individual contribution to the Trust - having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such members and staff where appropriate;

(c) monitor and evaluate the performance of individual officer members (and other senior employees);

(d) receive assurance from appropriately qualified officers of the trust in regard to appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination

payments taking account of such national guidance as is appropriate;

(e) advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments exceeding £50,000 taking account of such national guidance as is appropriate.

- For any payment less than £50,000 the Executive Team has authority to consider and approve.
- For any termination payment over £150,000 the payment must gain Board approval.

(f) Special severance payments (those outside normal statutory or contractual requirements) cannot be made without Treasury and Board approval

20.1.3   The Committee shall report in writing to the Board the basis for its recommendations.  The Board shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of officer members.  Minutes of the Board's meetings should record such decisions.

20.1.4   The Board will consider and need to approve proposals presented by the Chief Executive for the setting of remuneration and conditions of service for those employees and officers not covered by the Committee.

20.1.5   The Trust will pay allowances to the Chairman and non-officer members of the Board in accordance with instructions issued by the Secretary of State for Health.

## 20.2   Funded Establishment

20.2.1   The Executive Devolution Policy provides for a degree of earned autonomy to be reflected in the delegation of powers to Directorates and Divisions in varying Establishment. Unless otherwise devolved, the following apply:

- The workforce plans incorporated within the annual budget will form the funded establishment.

- All new posts must be approved through the business planning process.

- The funded establishment of any department may not be varied in any way which causes expenditure to exceed the authorised annual budget without the prior written approval of the Director of Finance or nominated deputy.

20.2.2   The authority to fill a funded post on the establishment with permanent or fixed term staff sits with the budget holder except when the Trust is operating under special measures when this authority may be rescinded.

20.2.5   The authority each budget manager is attributed in relation to all pay and non-pay decisions is set out within the Executive Devolution Policy (See SFI No. 13.3.1 and 21.2)

## 20.3   Staff Appointments

20.3.1   No officer or Member of the Trust Board or employee may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration unless:

(a)   authorised to do so by the Chief Executive;

(b)    within the limit of their approved budget and funded establishment or as set out within the Executive Devolution Policy.

20.3.2    The Board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc., for employees.

20.3.3    Any monies due to employees as a result of all employments with the Trust howsoever arising shall be paid through the Trust payroll.

## 20.4    Variation to existing job plans

20.4.1    Only the Clinical Director or Business Manager of the relevant  Clinical Business Unit can authorise variations to existing job plans within the agreed budget.

## 20.5    Authorisation of overtime and additional sessions

20.5.1    The budget holder is responsible for authorising overtime and additional sessions.

20.5.2    Overtime and additional sessions must be  authorised prior to being worked.  In exceptional circumstances where documentation or electronic systems are not authorised prior to the work being undertaken, these must be completed as soon as possible.

## 20.6    Authority to engage bank and agency staff, Self-employed or Third Party Workers

20.6.1    Within delegated budget:

(a) The budget holder holds the responsibility to authorise the booking of bank and agency staff or self-employed or Third Party Workers

Outside of delegated budget:

(b) The booking of bank and agency personnel or self-employed or Third Party Workers outside of budget must be agreed in advance with the appropriate Executive Director in consultation with the Director of Finance.

20.6.2    All bookings of bank or agency staff must be made through the agreed process, variations to this can only be made with the express authority of the Director of Finance.

## 20.7    Leave Policy

20.7.1    The Director of Human Resources is responsible for agreement and publication of Leave Policy, to cover Annual, Maternity, Paternity and other Special Leave categories.

20.7.2    The Director of Human Resources is responsible for agreement and implementation of a Policy to support Career Breaks.

## 20.8    Redundancy

20.8.1    All staff redundancies must be authorised by the Director of Finance.

## 20.9    Engagement of Workers off Payroll – (see overlap with SFI No 21.2.3)

20.9.1    The Director of Finance shall issue detailed guidance setting out responsibilities and required actions for managers engaging workers 'off-payroll'.

20.9.2 Only in exceptional cases should a worker be engaged and not paid through the Trust payroll.

20.9.3 Prior to engagement, the tax status of the 'worker' must be determined. To facilitate this, the engaging manager must complete an online IR35 assessment which prior to engagement must be reviewed and agreed by a nominated officer within the Finance Directorate.

20.9.4

20.9.5 Appropriate arrangements shall be in place to ensure that income tax deductions and national insurance contributions for both the Trust and worker are properly made and paid to HM Revenue & Customs in line with current legal and regulatory requirements.

20.9.6  NHSI payment Caps may not be exceeded without the express agreement of the appropriate Executive Director;

**20.10  Processing Payroll**

20.10.1  The Director of Finance is responsible for:

(a)  specifying timetables for submission of properly authorised time records and other notifications;

(b)  the final determination of pay and allowances;

(c)  making payment on agreed dates;

(d)  agreeing method of payment.

20.10.2  The Director of Finance will issue instructions regarding:

(a) verification and documentation of data;

(b) the timetable for receipt and preparation of payroll data and the payment of employees and allowances;

(c) maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;

(d) security and confidentiality of payroll information;

(e) checks to be applied to completed payroll before and after payment;

(f) authority to release payroll data under the provisions of the Data Protection Act;

(g) procedures for payment by cheque, bank direct credit (including BACS), or cash to employees and officers;

(h) procedures for the recall of bank direct credits (including BACS) and stopping of cheques;

(i) Pay advances and their recovery;

(j) maintenance of regular and independent reconciliation of pay control accounts;

(k) separation of duties of preparing records;

(l) a system to ensure the recovery from those leaving the employment of the Trust of sums of money and property due by them to the Trust.

20.10.3 The Budget Holder has delegated responsibility for:

(a) submitting time records, and other notifications in accordance with agreed timetables;

(b) submitting appointment forms and change forms in the prescribed form, immediately upon knowing the effective date of an employee's appointment or change in circumstances;

(c) completing time records and other notifications in accordance with the Director of Finance' instructions and in the form prescribed by the Director of Finance;

(d) submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfill obligations in circumstances that suggest they have left without notice, the Director of Finance must be informed immediately.

20.10.4 Individual employees are responsible for:

(a) Keeping accurate time records

(b) Submitting time records and claims for reimbursement of overtime, enhancements and extra duties to line management for authorisation each month or where required more frequently in accordance with published timetables

(c) Submitting claims for reimbursement of travel and other expenses within 3 months of being incurred. Claims outside this period must be authorised by the Director of Finance or nominated Deputy.

(d) Checking their pay each month and immediately notifying Payroll of any identified error for correction in the following pay period.

20.10.5 Regardless of the arrangements for providing the payroll service, the Director of Finance shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

20.10.6 All timesheet, pay records and other pay notifications shall be certified and submitted in accordance with the instructions of the Director of Finance. A list of designated authorising Officers shall be maintained, detailing the limits of authorisation and shall contain specimen signatures.

20.10.7 The Director of Finance shall determine the dates on which the payment of salaries, wages, expenses, allowances, termination or compensation payments, and any other form of remuneration are to be made, having regard to the general rule that it is undesirable to make payments in advance, except in special circumstances.

20.10.8 The Director of Finance will publish a salary overpayments and advances policy detailing the Trust approach to and process for recovery of overpayments and circumstances under which an advance of salary may be made.

**20.11    Contracts of Employment**

20.11.1   It is the responsibility of the Director of Human Resources for:

(a)     ensuring that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation;

(b)     dealing with variations to, or termination of, contracts of employment in accordance with the requirements of Standing Orders and Standing Financial Instructions

# 21.    NON-PAY EXPENDITURE

**21.1    Delegation of Authority**

21.1.1    The Board will approve the level of non-pay expenditure on an annual basis and the Director of Finance will determine the level of delegation to budget managers.

21.1.2    The Director of Finance will set out:

(a)     the list of managers who are authorised to place requisitions for the supply of goods and services;

(c)     the maximum level of each requisition and the system for authorisation above that level.

The list of managers and limits of financial authority will be set out within the Trust authorisation matrix hierarchy. This defines the actions individuals have delegated authority to carry out on behalf of the Trust. The authority will be restricted in most cases to a limited range of budget areas for which the manager is responsible. The matrix incorporates delegated authority in relation to Human Resources (e.g. recruitment), Procurement / Invoice authorisation, Admin rights, budget amendments and Charitable Fund requests.

21.1.3    No contract in respect of the supply of revenue or capital goods and/or services may be authorised other than by approved budget managers in conjunction with advice from Procurement or Estates services or exceptionally by the Chief Executive. The approved manager shall not authorise a contract in respect of a budget for which they are not accountable.

21.1.4    The Director of Finance shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

**21.2    Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services (see overlap with SFI No. 17)**

21.2.1    **Requisitioning**

The requisitioner in  specifying the item to be supplied (or the service to be performed) shall always engage with Procurement Services to obtain the best value for money for the Trust.

21.2.2    It should be the duty of the Associate Director of Procurement to exercise general supervision over all purchases, except for drugs and pharmaceutical supplies. After making reasonable efforts to resolve conflicts, and having due regard to materiality,

he shall inform the Director of Finance of any requisition which appears to be in conflict with the Trust's Standing Orders and Standing Financial Instructions. In the case of drugs and pharmaceutical supplies this duty falls to the Chief Pharmacist.

21.2.3   Where services are required from an individual, consideration should be given to the nature of the role to be undertaken to ensure that the contract will be a contract FOR services (non-pay) and not a contract OF service (pay). It is the responsibility of the Budget Manager to ensure that when making an appointment or agreement for services that the individual is paid appropriately in accordance with the relevant tax regime. This also applies where services are offered by ex-employees or individuals supplying through their own personal service companies: it is the nature of the role which determines the appropriate pay or non-pay arrangement and advice of the Procurement team should be sought where necessary.

The relevant Finance Manager must be consulted when engaging with a PSC for the provision of personal services to ensure IR35 tax legislation is consistently applied. (see overlap with SFI 20.9)

21.2.4   **System of Payment and Payment Verification**

The Director of Finance shall be responsible for the prompt payment of accounts and claims.  Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.

21.2.5   The Director of Finance will:

(a)     advise the Board regarding the setting of thresholds for each route to procurement ; and, once        approved, the thresholds should be incorporated in Standing Orders and  Standing Financial Instructions and regularly reviewed;

(b)     prepare procedural instructions and guidance for governing the procurement of non-pay goods and services within agreed authorisation limits.

(c)     be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.  The system shall provide for:

(i)   A list of Trust employees (including specimens of their signatures where appropriate) authorised to certify invoices.

(ii)  Certification that:

- goods have been duly received, examined and are in accordance with specification and the prices are correct;

- work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;

- in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;

- where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;

- the account is arithmetically correct;

- the account is in order for payment.

      (iii) A timetable and system for submission to the Director of Finance of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment.

      (iv) Instructions to employees regarding the handling and payment of accounts within the Finance Department.

(d)    be responsible for ensuring that payment for goods and services is only made once the goods and services are received. The only exceptions are set out in SFI No. 21.2.6 below.

### 21.2.6   Prepayments

Prepayments are only permitted where exceptional circumstances apply. The Director of Finance will provide a list of suppliers or services where payment in advance is permitted. Any situations not covered will require explicit authorisation from the Director of Finance. In such instances:

(a)    Prepayments are only permitted where the financial advantages outweigh the disadvantages.

(b)    The appropriate budget holder must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the Trust if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments;

(c)    The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered.

### 21.2.7   Official orders

All goods, services or works will unless otherwise exempted be ordered on an official order and contractors shall be notified that they should not accept orders unless in an official form. The only exceptions to raising an official order shall be for:

(a)    cases of emergency or urgent necessity where a confirmation order number should be used.;
(b)    those specific approved goods and services for which a non-stock requisition is not required (as advised by the Head of Procurement on the 'Official exemption list).
(c)    those purchases made with a procurement card or by petty cash in accordance with the relevant approved procedure.

Official Orders must:

(a)    be uniquely numbered;
(b)    be in a form approved by the Director of Finance;
(c)    state the Trust's terms and conditions of trade;
(d)    only be issued to, and used by, those duly authorised by the Chief Executive.
(e)    Confirmation order numbers shall be issued only by an Officer designated by the Chief Executive and used only in cases of emergency or urgent necessity. These shall be confirmed by an official order issued as soon as possible and ideally the next working day. The order should be clearly marked "Confirmation Order".

Orders / requisitions shall only be raised (or electronically processed) by Officers so authorised by the Chief Executive.

Lists of authorised Officers shall be maintained detailing the limits of authorisation within the Trust authorisation matrix (SFI 21.1.2).

**21.2.8**   **Purchasing Cards**

(a)   All purchase cards are issued subject to the appropriate budget holder completing a business case of need, and authorisation by the Associate Director of Procurement.

(b)   The card must be utilised according to the procedures documented in the Purchase Card Manual.

(c)   Purchase card transactions and relevant backing information will be subject to audit by finance to ensure it is appropriately completed and stored.

(d)   Illicit use of the purchase card for inappropriate or personal spend will result in disciplinary action and referral to the local counter fraud specialist where applicable.

**21.2.9**   **Duties of Managers and Officers**

Managers and officers must ensure that they comply fully with the guidance and limits specified by the Director of Finance and that:

(a)   all contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of any commitment being made;

(b)   contracts above specified thresholds are advertised and awarded in accordance with EU rules on public procurement;

(c)   where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health and Social Care;

(d)   no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than:

(i)   isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars;

(ii)   conventional hospitality, such as lunches in the course of working visits;

**(This provision needs to be read in conjunction with the Trust's "Standards of Business Conduct and Declarations of Interest Policy");**

(e)   no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Executive;

(f)   all goods, services, or works (unless specifically exempted by the Director of Finance – SFI 21.2.7) are ordered on an official order;

(g)   orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;

(h)   goods are not taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase (indemnity forms should be completed for all trial/loan and free issue equipment); All trials or loans must be authorised in advance through the relevant governance structure.

(i)     changes to the list of employees and officers authorised to commit resources and certify invoices are notified to the Director of Finance;

(j)     purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance;

(k)     petty cash records are maintained in a form as determined by the Director of Finance.

21.2.10     No Officer shall place a requisition, purchase from petty cash, by procurement card or require an official order to be raised with an individual to whom they are related or with any person or organisation with whom they hold a financial interest or from whom they are likely to receive any payment, gift or other consideration, without first making a disclosure. of the circumstances in writing to the Chief Executive and receiving his written authority to proceed. A copy of an authority so given must be lodged with the Director of Finance.
Related Party disclosure should be made in accordance with the Trust Standards of Business Conduct and Declarations of Interest policy.

21.2.11     The Chief Executive and Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within the high level principles described within Health Building Note 00-08. The evaluation of the efficiency and effectiveness of these contracts shall be the responsibility of the Director of Estates and Facilities.

## 22.     EXTERNAL BORROWING

22.1.1     The Director of Finance will advise the Board concerning the Trust's ability to pay dividend on, and repay Public Dividend Capital and any proposed new borrowing, within the limits set by the Department of Health and Social Care. The Director of Finance is also responsible for reporting periodically to the Board concerning the PDC debt and all loans and overdrafts.

22.1.2     The Director of Finance shall be responsible for ensuring that the best value is obtained in securing loan finance and other sources of external funding and shall prepare detailed procedural instructions concerning applications for loans and overdrafts and on the form or records to be maintained.

22.1.3

22.1.4     Borrowings should be kept to the minimum period of time possible, consistent with the overall cash flow position, represent good value for money, and comply with the latest guidance from the Department of Health and Social Care.

22.1.5     Any short-term borrowing must be with the authority of two members of an authorised panel, one of which must be the Chief Executive or the Director of Finance. The Board must be made aware of all short term borrowings at the next Board meeting.

22.1.6     All long term borrowings must be agreed by the Trust Board. Loan documentation must be authorised by the Chief Executive and Director of Finance.

22.1.7 All long term borrowing must be consistent with the plans outlined in the current financial plan as reported to the Department of Health and Social Care and be approved by the Trust Board.

22.1.8 The Director of Finance is responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the Trust to fulfill the requirement to maintain adequate cash balances. The Board of Directors will receive details of the Trust's performance from the Director of Finance.

## 23. FINANCIAL FRAMEWORK

23.1.1 The Director of Finance should ensure that members of the Board are aware of the NHS Financial Regime. The Director of Finance should also ensure that the direction and guidance issued as part of the NHS Financial Regime is followed by the Trust.

## 24. CAPITAL INVESTMENT, PRIVATE FINANCING, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

### 24.1 Capital Investment

24.1.1 The Chief Executive:

(a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;

(b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to budget;

(c) shall ensure that the capital investment is not undertaken without confirmation of Commissioner support (where appropriate) and the availability of resources to finance all revenue consequences, including VAT and capital charges.

24.1.2 For every capital expenditure proposal the Chief Executive shall ensure:

(a) that a business case (in line with current Department of Health and Social Care guidance and the Trusts Investment Appraisal Framework is produced setting out:

(i) an option appraisal of potential financial and non-financial benefits compared with known costs to determine the option with the highest ratio of benefits to costs;

(ii) the involvement of appropriate Trust personnel and external agencies;

(iii) appropriate project management and control arrangements;

(b) that the Director of Finance has certified professionally to the costs and revenue consequences detailed in the business case and involved appropriate Trust personnel and external agencies in the process.

(c) that advice is taken and acted upon to minimise the VAT and other taxes payable;

24.1.3 For capital schemes where the contracts stipulate stage payments, the Director of Finance will issue procedures for their management.

24.1.4 The Director of Finance shall assess on an annual basis the requirement for the operation of the construction industry tax deduction scheme in accordance with HM Revenue and Customs guidance.

24.1.5 The Director of Finance shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure. This as a minimum shall include reporting to the Board on:

(a) an individual scheme / project

(b) the source and level of funding, and

(c) the expenditure incurred against the annual plan profile

24.1.6 The approval of a capital programme shall not constitute approval for the initiation of expenditure on any individual scheme, because it is also necessary to undertake the mandatory procurement processes of the Trust.

The Chief Executive shall issue to the manager responsible for any scheme:

(a) specific authority to commit expenditure;

(b) authority to proceed to tender ( see overlap with SFI No. 17.6);

(c) approval to accept a successful tender (see overlap with SFI No. 17.6).

The Chief Executive will issue a scheme of delegation for capital investment management in accordance with current Department of Health and Social Care guidance and the Trust's Standing Orders.

24.1.7 The Director of Finance shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes.

24.1.8 The Director of Finance shall issue procedures for the use of capital receipts from the sale of assets and will ensure that the Trust's financial plans incorporate any expected capital receipts.

24.1.9 The Board of Directors will approve details of the Capital Expenditure Programme as part of the Annual Plan.

24.1.10 The Board of Directors will approve the acquisition / disposal of land and property.

24.1.11

24.1.11 The classification and recording of capital expenditure should be in accordance with the requirements laid down in the Department of Health Group Accounting Manual.

**24.2    Private Finance and leases (see overlap with SFI No. 17.10)**

24.2.1 The Trust should consider market-testing against Private Finance Initiative Funding (PFI) and / or leasing agreements when considering a large capital procurement.

**24.3    Asset Registers**

24.3.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Director of Finance concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted on a rolling basis every two years.

24.3.2　Each Trust shall maintain an asset register recording fixed assets.  The minimum data set to be held within these registers shall be sufficient to meet requirements set out within International Financial Reporting Standards and other requirements as stipulated in the Department of Health Group Accounting Manual.

24.3.3　Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:

(a)　properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;

(b)　stores, requisitions and salary records for own materials and labour including appropriate overheads;

(c)　lease agreements in respect of assets held under a finance lease and capitalised.

24.3.4　Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

24.3.5　The Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

24.3.6　The value of each asset shall be depreciated using methods and rates as specified in the Trust's accounting policies and indexed / revalued annually as appropriate.

24.3.7　The Director of Finance shall calculate and make dividend payments in accordance with instructions issued by the Department of Health.

**24.4　Security of Assets**

24.4.1　The overall control of non-current assets is the responsibility of the Chief Executive.

24.4.2　Asset control procedures (including fixed assets, cash, cheques, negotiable instruments, and donated assets) must be approved by the Director of Finance. This procedure shall make provision for:

(a)　recording managerial responsibility for each asset;

(b)　identification of additions and disposals;

(c)　identification of all repairs and maintenance expenses;

(d)　physical security of assets;

(e)　periodic verification of the existence of, condition of, and title to, assets recorded;

(f)　identification and reporting of all costs associated with the retention of an asset;

(g)　reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

24.4.3   All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Director of Finance who may also undertake such other independent checks as considered necessary.

24.4.4   Whilst each employee and officer has a responsibility for the security of property of the Trust; it is the responsibility of Board members and senior employees in all disciplines to apply such appropriate routine security checks and practices in relation to Trust and NHS property as may reasonable or as otherwise specified by the Board.  Any breach of agreed security practices must be reported in accordance with agreed procedures.

24.4.5   Any damage to the Trust's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Board members and employees in accordance with the procedure for reporting losses – see SFI 26.2.

24.4.6   Where practical, assets should be marked as Trust property.

24.4.7   Employees unless specifically authorised by the Chief Executive shall not use Trust assets for personal use.

24.4.8   The up-to-date maintenance and annual checking of asset records shall be the responsibility of designated departmental managers or Budget Holders for all items for which the initial purchase or replacement is within their delegated responsibilities.

24.4.9   Registers shall be maintained to record all controlled items issued to individuals, and where practicable, receipts shall be obtained.

24.4.10   Records shall also be maintained and receipts obtained for:

- equipment on loan to patients; and
- all contents of furnished lettings.

## 25.   STORES AND RECEIPT OF GOODS

### 25.1   General position

25.1.1   Stocks are those goods normally utilised in day-to-day activity but which, at any point in time, have not yet been consumed (excluding capital assets). They are usually held in controlled stores and within departments.

Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

(a)   kept to a minimum level commensurate with delivery and cost effective purchasing;

(b)   subjected to annual stock take;

(c)   valued at the lower of cost and net realisable value except where otherwise determined by the Trust's accounting policies.

### 25.2   Control of Stores, Stocktaking, condemnations and disposal

25.2.1

Subject to the requirements of the Director of Finance for the systems in use, overall responsibility for the control of stores shall be delegated to an Officer by the Chief Executive.  The day-to-day responsibility may be delegated by him to departmental employees and stores managers/keepers  The control of any Pharmaceutical stocks

shall be the responsibility of a designated Pharmaceutical Officer; the control of any fuel to a designated estates manager.

25.2.2    The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager/Pharmaceutical Officer.  Wherever practicable, stocks should be marked as Trust property.

25.2.3    The Director of Finance shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses.
All stock records shall be in such form, and shall comply with such systems of control, as the Director of Finance shall approve.

25.2.4    Stocktaking arrangements shall be agreed with the Director of Finance and there shall be a physical check covering all items in store at least once a year. The physical check shall involve at least one Officer other than the storekeeper and his staff. The stocktaking records shall be numerically controlled and signed by the Officers undertaking the check. Any surplus or deficiencies revealed on stocktaking shall be reported to the Director of Finance immediately.

25.2.5    Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Director of Finance.

25.2.6    The designated Manager/Pharmaceutical Officer shall be responsible for a system approved by the Director of Finance for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles.  The designated Officer shall report to the Director of Finance any evidence of significant overstocking and of any negligence or malpractice (see also overlap with SFI No 26 Disposals and Condemnations, Losses and Special Payments).  Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

**25.3    Goods supplied by NHS Supply Chain**

25.3.1    For goods supplied via NHS Supply Chain central warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store.  The authorised person shall check receipt against the delivery note and report discrepancies to avoid overpayment where such discrepancies cannot be resolved via the Procurement Team.

## 26.    DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

**26.1    Disposals and Condemnations**

26.1.1    **Procedures**

The Director of Finance must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers.

26.1.2    When it is decided to dispose of a Trust asset, the Head of Department or authorised deputy will determine the estimated market value of the item, taking account of professional advice where appropriate. Advice should be sought from the Associate Director of Procurement as to the most appropriate disposal process (for example: auctions < £5,000 market value or quotation / tender > £5,000).
(see overlap with SFI 17.14)

**26.2    Losses and Special Payments**

26.2.1 **Procedures**

The Director of Finance must prepare procedural instructions on the recording, approval of and accounting for losses, and special payments.

26.2.2 Any officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Director of Finance or confidentially inform an officer charged with responsibility for responding to concerns involving loss or potential fraud. This officer will then appropriately inform the Director of Finance.
The loss must be recorded by the Officer on Datix (risk management system) and a Datix reference number obtained.

26.2.3 Where a criminal offence is suspected, the Director of Finance must have in place provision to immediately inform the police.
In cases of theft or arson the Director of Finance must immediately inform the police.
In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Director of Finance must inform the Local Counter Fraud Specialist (LCFS).

26.2.4 The Director of Finance must ensure arrangements are in place to notify the Audit committee of all suspected frauds.

26.2.5 For losses apparently caused by theft, fraud, arson, neglect of duty or gross carelessness, except if trivial and where fraud is not suspected, the Director of Finance must ensure the following are notified:-

(a)     the Board of Directors; and
(b)     the External Auditor

26.2.6 The Audit Committee shall approve the writing-off of losses and special payments

26.2.7 For any loss, the Director of Finance should consider whether any insurance claim can be made.

26.2.8 The Director of Finance shall maintain a Losses and Special Payments Register in which write-off action is recorded.

26.2.9 No special payments exceeding delegated limits shall be made without the prior approval of the Department of Health and Social Care.

26.2.10 All losses and special payments must be reported to the Audit Committee on a quarterly basis.

26.2.11 The Director of Finance shall be authorised to take any necessary steps to safeguard the Trust's interests in bankruptcies and company liquidations. This should include:

(a)     when a bankruptcy, liquidation or receivership is discovered, all payments should be ceased pending confirmation of the bankruptcy, etc. As a matter of urgency, a statement must be prepared listing the amounts due to and from the Trust.

(b)     ensuring that any payments due by the Trust are made to the correct person.

(c)     ensuring that any claim by the Trust is properly lodged with the correct party and without delay.

## 27.     INFORMATION TECHNOLOGY

### 27.1     Responsibilities and duties of the Director of Finance

27.1.1   The Director of Finance, who is responsible for the accuracy and security of the computerised financial data of the Trust, shall:

   (a)     devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Trust's data, programs and computer hardware for which the Director is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 2018 and any subsequent legislation;

   (b)     ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;

   (c)     ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;

   (d)     ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Director may consider necessary are being carried out.

27.1.2   The Director of Finance shall need to ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation.  Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

27.1.3   The Director of Finance shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the information Commissioner.  A Publication Scheme is a complete guide to the information routinely published by a public authority.  It describes the classes or types of information about our Trust that we make publicly available.

### 27.2     Contracts for Computer Services with other health bodies or outside agencies

The Director of Finance shall ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

Where another health organisation or any other agency provides a computer service for financial applications, the Director of Finance shall periodically seek assurances that adequate controls are in operation.

### 27.3     Risk Assessment

The Deputy Chief Executive shall ensure that risks to the Trust arising from the use of IT are effectively identified and considered and appropriate action taken to mitigate or control risk. This shall include the preparation and testing of appropriate disaster recovery plans and vulnerability to cyber-security attack.

**27.4 Requirements for Computer Systems which have an impact on corporate financial systems**

Where computer systems have an impact on corporate financial systems the Deputy Chief Executive shall need to be satisfied that:

(a) systems acquisition, development and maintenance are in line with corporate policies such as the Integrated Digital Care Strategy;

(b) data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;

(c) Director of Finance staff have access to such data;

(d) such computer audit reviews as are considered necessary are being carried out.

**27.5 Acquisition and Disposal of Computer Systems**
The Director of Finance will devise procedures which ensure that orders for the acquisition of computer hardware, software and services (other than consumables) are placed in accordance with the Integrated Digital Care strategy.

27.6 The Director of Finance will ensure that separate control procedures are put in place for computer systems. This procedure will include:
- the acquisition and disposal of IT, systems and equipment;
- the decommissioning of systems containing confidential data; and in accordance with any guidance issued by the Information Commissioner and the Department of Health and Social Care.

# 28. PATIENTS' PROPERTY

28.1 The Trust has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of terminal or deceased patients in hospital.

28.2 The Chief Executive is responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission by:

- notices and information booklets;
- hospital admission documentation and property records;
- the advice of administrative and nursing staff responsible for admissions,

that the Trust will not accept responsibility or liability for patients' property brought into Health Service premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt.

28.3 The Director of Finance must provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients.

28.4 In all cases where property of a deceased patient is of a total value in excess of £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates (Small Payments) Act 1965), the production of Probate or Letters of Administration shall be required before any of the property is released. Where the total value of property is £5,000 or less, forms of indemnity shall be obtained.

28.5    Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.

28.6    Where patients' property or income is received for specific purposes and held for safekeeping the property or income shall be used only for that purpose, unless any variation is approved by the donor or patient in writing.

## 29.    FUNDS HELD ON TRUST

### 29.1    Corporate Trustee

(1)    Standing Order No. 2 outlines the Trust's responsibilities as corporate trustee for the management of funds it holds on trust, along with SFI 4.8.3 that defines the need for compliance with Charities Commission latest guidance and best practice.

(2)    The discharge of the Trust's corporate trustee responsibilities are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety.  Trustee responsibilities cover both charitable and non-charitable purposes.

The Director of Finance shall ensure that each trust fund which the Trust is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

### 29.2    Accountability to Charity Commission and Secretary of State for Health and Social Care

(1)    The trustee responsibilities must be discharged separately and full recognition given to the Trust's dual accountabilities to the Charity Commission for charitable funds held on trust and to the Secretary of State for health and Social Care for all Exchequer funds.

(2)    The Schedule of Matters Reserved to the Board and the Scheme of Delegation make clear where decisions regarding the exercise of discretion regarding the disposal and use of the funds are to be taken and by whom.  All Trust Board members and Trust officers must take account of that guidance before taking action.

### 29.3    Applicability of Standing Financial Instructions to funds held on Trust

(1)    In so far as applicable these Standing Financial Instructions will apply to the management of funds held on trust. (See overlap with SFI No 17.16).

(2)    The over-riding principle is that the integrity of each Trust must be maintained and statutory and Trust obligations met.  Materiality must be assessed separately from Exchequer activities and funds.

## 30.    ACCEPTANCE OF GIFTS BY STAFF AND LINK TO STANDARDS OF BUSINESS CONDUCT (see overlap with SO No. 6 and SFI No. 21.2.6 (d))

The Director of Finance shall ensure that all staff are made aware of the Trust Standards of Business Conduct and Declarations of Interest policy.  This policy deemed to be an integral part of these Standing Orders and Standing Financial Instructions (see overlap with SO No. 6).

## 31.    PAYMENTS TO INDEPENDENT CONTRACTORS

Not applicable to NHS Trusts

## 32.    RETENTION OF RECORDS

32.1    All NHS records are public records under the terms of the Public Records Act 1958 Section 3 (1) – (2). The Chief Executive and senior managers of the Trust are personally accountable for records management within the organisation.

32.2    The Trust will follow the latest guidance Records Management Code of Practice for Health and Social Care 2016") issued by NHS Digital. The Records Management Code sets out the minimum length of time for the retention of particular.

32.3    The Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with the Trust policy.
Records held in archives shall be capable of retrieval by authorised persons.

32.4    Records held in accordance with latest guidance shall only be destroyed at the express instigation of the Chief Executive. Detail shall be maintained of records so destroyed.
Day to day responsibility for decisions to destroy records following achievement of the retention date, and maintenance of the destruction register, is the responsibility of the Records Manager taking into account the provisions of the Records Management Code. The Records Manager is accountable to the SIRO and Chief Executive for decisions taken.

## 33.    RISK MANAGEMENT AND INSURANCE

**33.1    Programme of Risk Management**

The Chief Executive shall ensure that the Trust has a programme of risk management, in accordance with current Department of Health and Social Care assurance framework requirements, which must be approved and monitored by the Board.
A Board Assurance Framework shall be in place to enable the monitoring of risk.

The programme of risk management shall include:

a)    a process for identifying and quantifying risks and potential liabilities;

b)    engendering among all levels of staff a positive attitude towards the control of risk;

c)    management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;

d)    contingency    plans    to    offset    the    impact    of    adverse    events;

e)    audit arrangements including; Internal Audit, clinical audit, health and safety review;

f)    decision on and a clear indication of which risks shall be insured through arrangements with either the Risk Pooling Schemes  administered by NHS Resolution or commercial insurance. ;

g)    arrangements to review the Risk Management programme.

h)    appropriate levels of external accreditation.

These matters shall be defined in more detail in the Risk Management Strategy or Policy. The existence, integration and evaluation of the above elements will support statements and conclusions within the Annual Governance Statement (AGS).

**33.2    Insurance: Risk Pooling Schemes administered by NHS Resolution**

The Board shall decide if the Trust will insure through the risk pooling schemes administered by NHS Resolution or self-insure for some or all of the risks covered by the risk pooling schemes. If the Board decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme this decision shall be reviewed annually.

**33.3    Insurance arrangements with commercial insurers**

33.3.1   The Trust may not enter into insurance arrangements with commercial insurers except:

(1)   for the purpose of **insuring motor vehicles** owned by the Trust including insuring third party liability arising from their use;

(2)   where the Trust is involved with a consortium in a **Private Finance Initiative contract** and the other consortium members require that commercial insurance arrangements are entered into; and

(3)   where **income generation activities** take place, income generation activities should normally be insured against all risks using commercial insurance. If the income generation activity is also an activity normally carried out by the Trust for a NHS purpose the activity may be covered in the risk pool. Confirmation of coverage in the risk pool must be obtained from NHS Resolution. In any case of doubt concerning a Trust's powers to enter into commercial insurance arrangements the Director of Finance should consult NHS Resolution.

(4)   for the purposes of insuring Directors and Officers against any liability arising in their appointment,

(5)   where, in the opinion of the Board of Directors, the level of cover afforded through the NHS Resolution Scheme in the event of significant or total loss of a facility would be insufficient to enable the re-provision of a safe and appropriate level of care to service users.

**33.4    Arrangements to be followed by the Board in agreeing Insurance cover**

(1)   Where the Board decides to use the risk pooling schemes administered by NHS Resolution the Director of Finance shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Director of Finance shall ensure that documented procedures cover these arrangements.

(2)   Where the Board decides not to use the risk pooling schemes administered by NHS Resolution for one or other of the risks covered by the schemes, the Director of Finance shall ensure that the Board is informed of the nature and extent of the risks that are self-insured as a result of this decision. The Director of Finance will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses which will not be reimbursed.

(3)   All the risk pooling schemes require Scheme members to make some contribution to the settlement of claims (the 'excess'). The Director of Finance

should ensure documented procedures also cover the management of claims and payments below 'excess' levels.

**NHS**
**United Lincolnshire Hospitals**
**NHS Trust**

| To: | Trust Board |
|---|---|
| **From:** | Jayne Warner Trust Secretary |
| **Date:** | 4th February 2020 |
| **Essential Standards:** | |

| Title: | Trust Board Voting Rights |
|---|---|

**Author/Responsible Director:** Jayne Warner, Trust Secretary / Elaine Baylis, Trust Chair

**Purpose of the Report:**

To agree the Executive Director voting rights of the Trust Board in line with the new Executive Leadership Team arrangements.

**The Report is provided to the Board for:**

| Decision | X | Discussion | |
|---|---|---|---|

| Assurance | | Information | |

**Summary/Key Points:**
The Statutory Instrument which orders the establishment of the Trust allows (in line with all NHS Trusts) for 5 voting executive directors. The Trust Standing Orders identify the 5 voting executive directors for the Trust as
- Chief Executive
- Medical Director
- Nurse Director
- Director of Finance
- Chief Operating Officer

With the Director of HR &OD and Director of Estates and Facilities attending the Trust Board meetings in a non-voting capacity.

The Chief Executive has proposed that the Director of Improvement and Integration/ Deputy Chief Executive role replaces the Chief Operating Officer as the voting executive director on the Board and that Trust Standing Orders are amended accordingly.

The Director of People & OD and The Chief Operating Officer will attend the Trust Board meetings in a non-voting capacity.

**Recommendations:**

The Board are asked to:
- Agree that voting rights are transferred to the Director of Improvement and Integration/ Deputy Chief Executive with immediate effect and standing orders are amended to reflect this change.

| Strategic Risk Register | Performance KPIs year to date |
|---|---|
|  |  |

| | |
|---|---|
| **Resource Implications (eg Financial, HR)** N/A | |
| **Assurance Implications** | |
| **Patient and Public Involvement (PPI) Implications** N/A | |
| **Equality Impact** N/A | |
| **Information exempt from Disclosure** No | |
| **Requirement for further review?** | |

**United Lincolnshire Hospitals NHS Trust**

# TRUST BOARD FORWARD PLANNER
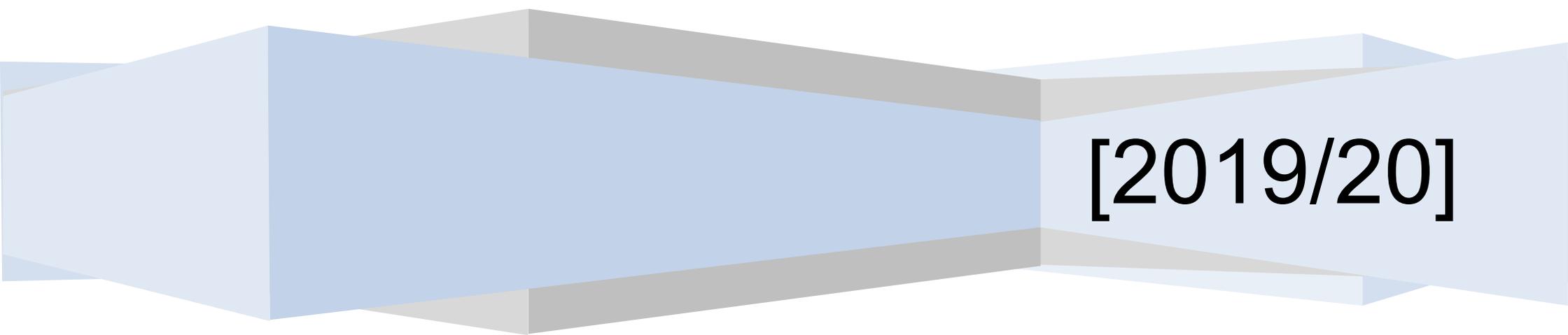
# [2019/20]

| | May 19 | June 19 | July 19 | Aug 19 | Sept 19 | Oct 19 | Nov 19 | Dec 19 | Feb 20 | Mar 20 | Apr 20 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Standing Items** | | | | | | | | | | | |
| Chief Executive Horizon Scan | X | X | X | X | X | X | X | X | X | X | X |
| Patient/ Staff Story | X | X | X | X | X | X | X | X | X | X | X |
| Integrated Performance Report | X | X | X | X | X | X | X | X | X | X | X |
| Board Assurance Framework | X | X | X | X | X | X | X | X | X | X | X |
| Declaration of Interests | X | X | X | X | X | X | X | X | X | X | X |
| | | | | | | | | | | | |
| **Governance** | | | | | | | | | | | |
| Audit Committee Report | X | X | | X | | | X | | X | | |
| Strategic Objectives for 2019/2020 | | | | | | | | | X | | |
| BAF Sign off for 2019/20 | X | | | | | | | | | X | |
| Annual Accounts, Annual Report and AGS Sign Off | X | | | | | | | | | | |
| Quality Account | X | | | | | | | | | | |
| Corporate Risk Register | X | X | X | X | X | X | X | X | X | X | X |
| NHSI Board Observation Actions | | | | | | X | | | X | | |
| | | | | | | | | | | | |
| **SO 1. Providing Consistently Safe, Responsive, High Quality Care** | | | | | | | | | | | |
| Quality Governance Committee Assurance and Risk Report | X | X | X | X | X | X | X | X | X | X | X |
| Quality and Safety Improvement Plan | X | X | X | X | X | X | X | X | X | X | X |
| Safer Staffing Report | | X | | | | | X | | | | |
| Safeguarding Annual Report | | | X | | | | | | | | |
| Annual Report from DIPC | | | | X | | | | | | | |
| Innovation Update | X | X | X | X | X | X | X | X | X | X | X |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| **SO 2 Providing Efficient and Financially Sustainable Services** | | | | | | | | | | | |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Finance, Performance and Estates Committee Assurance and Risk Report | X | X | X | X | X | X | X | X | X | X | X |
| Financial Plan and Budgets | | | | | | | | | | X | |
| Clinical Strategy Update | | | | | X | | | | | X | |
| Operational Plan Update | | | | | X | | X | | X | | |
| Emergency Planning Annual Self Assessment | | | | | X | | | | | | |
| | | | | | | | | | | | |
| **SO 3 Providing Services by Staff Who Demonstrate our Values and Behaviours** | | | | | | | | | | | |
| Workforce, OD and Transformation Committee Assurance and Risk Report | X | | | X | | X | | | X | | X |
| Staff Survey Results | | | | | | | | | | | X |
| Freedom to Speak Up Report | X | | | X | | | X | | | X | |
| Report from Guardian of Safe Working | | X | | | X | | | | | X | |
| Equality and Diversity Strategy | | X | | | | | | | | | |
| 5 Year Strategy | X | | | X | | | X | | X | | X |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| **SO 4 Providing Seamless Integrated Care with our Partners** | | | | | | | | | | | |
| | | | | | | | | | | | |

**NHS**
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**NHS Trust**

| | |
|---|---|
| **Title:** | Innovation Report |

**Author/Responsible Director:** Anna Richards, Associate Director of Communications and Engagement/ Andrew Morgan, Chief Executive

**Purpose of the Report:** To update the Trust Board on innovative working across the Trust

**The Report is provided to the Board for:**

| Decision | | Discussion | |
|---|---|---|---|

| Assurance | | Information | X |
|---|---|---|---|

**Summary/Key Points:**

A new software app, developed by clinical engineering as part of the QSIR programme, is helping to provide assurance that staff have the relevant training and competencies in using medical devices.

**Recommendations:**

For Trust Board to note the innovation report.

| **Strategic Risk Register** | **Performance KPIs year to date** |
|---|---|
| | |

| **Resource Implications (eg Financial, HR)** |
|---|
| **Assurance Implications** |
| **Patient and Public Involvement (PPI) Implications** |
| **Equality Impact** |
| **Information exempt from Disclosure** |
| **Requirement for further review?** |

**New app aims to improve medical device training for staff**

Two members of the ULHT clinical engineering team have taken on a quality improvement project to develop an app that helps staff with medical device training.

Both the latest internal audit and the recent CQC report for ULHT mentioned a lack of assurance that our staff have had appropriate training in the use of equipment, specifically medical devices.

In order to help confront this problem, clinical engineering has developed a simple, easy-to-use app, aimed at hospital leaders such as matrons and ward managers. Ela Bardan, Deputy Head of Clinical Engineering and Tim Evans, Specialist Clinical Engineering technician, through their Quality, Service Improvement Redesign (QSIR) project, set out to change the culture of our staff and our leaders by introducing health technology to move away from  paper-based records.

They used the existing server the Trust used for medical devices management to host a web-based application developed in-house called the 'e-Training Needs Analysis' (e-TNA).

The app allows ULHT to:
- Electronically audit the user training status of individuals or clinical departments.
- Provide assurance on the status of training such as when it was accessed/modified last time, compliance percentage, and various other statistics.
- Have transferable and reliable data. If the matron/lead changes jobs, the data can easily be transferred to the new staff in post.
- Be cost efficient. No licences are required to support the use of the app.

Ela and Tim have engaged with clinical champions to either create or transpose paper records into the application. Currently, on the e-TNA platform, there are 1,616 staff registered across 83 locations.

There are a number of developments that Ela and Tim are working on next to ensure the app remains up to date and relevant for staff. The next steps are to:
- Create video tutorials to ensure the e-TNA users can have a quick refresher training.
- Link the e-TNA with the ESR appraisal questionnaire on the appraisee's training status, to provide full statistics on assurance requirements, corporately.
- Awareness programme is ongoing. Due to limited resources, they work on a one to one basis with the champions. They want to embed a culture, so are keen to support each user.
- Create shortcut on all iPads used in ULHT to facilitate even easier access for users.
- Implement a new procedural document on user training and record keeping for medical devices that incorporates the e-TNA use.

- Change the equipment ID labels to incorporate a
  QR code that would take the any ULHT staff to the
  latest user-manual or quick guidance documentation for a specific equipment
  model.

NHS
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NHS Trust

| Title: | Innovation Report |
|---|---|

**Author/Responsible Director:** Anna Richards, Associate Director of Communications and Engagement/ Andrew Morgan, Chief Executive

**Purpose of the Report:** To update the Trust Board on innovative working across the Trust

**The Report is provided to the Board for:**

| Decision | | Discussion | |
|---|---|---|---|
| Assurance | | Information | X |

**Summary/Key Points:**

ULHT is one of 47 trusts across the UK to be formally accredited as a Veteran Aware trust.

We were granted the status in recognition of our commitment to improving NHS care for veterans, reservists and members of the armed forces.

**Recommendations:**

For Trust Board to note the innovation report.

| Strategic Risk Register | Performance KPIs year to date |
|---|---|
| | |

| Resource Implications (eg Financial, HR) |
|---|
| Assurance Implications |
| Patient and Public Involvement (PPI) Implications |
| Equality Impact |
| Information exempt from Disclosure |
| Requirement for further review? |

**United Lincolnshire Hospitals NHS Trust**

## Lincolnshire's hospitals awarded Veteran Aware accreditation

United Lincolnshire Hospitals NHS Trust (ULHT) has been formally accredited as a Veteran Aware trust.

One of 47 trusts across the UK to be named Veteran Aware, ULHT was granted the status in recognition of its commitment to improving NHS care for veterans, reservists and members of the armed forces.

Awarded by the Veterans Covenant Healthcare Alliance (VCHA), the Veteran Aware mark highlights NHS trusts which have made a series of pledges, such as ensuring members of the armed forces community are never disadvantaged when receiving care, training staff on veteran-specific needs, and supporting the armed forces as an employer.

Veteran Aware providers display posters in their clinics and waiting rooms, highlighting their status and encouraging members of the armed forces community to identify themselves to staff.

Medical Director and Executive Sponsor of the ULHT Armed Forces Network, Dr Neill Hepburn, said: "Lincolnshire has a proud military tradition and a high proportion of present and retired service personnel, myself included. It is important that we provide the care they require and they are not disadvantaged by their service, present or past. We recognise this as Trust and it is good to have achieved the veteran aware accreditation in recognition of this work."

The VCHA was inspired by the heroism of Captain Noel Godfrey Chavasse VC and Bar, a doctor who gave his life rescuing men on the battlefields of the First World War.

In 2014, leading orthopaedic surgeon Professor Tim Briggs CBE wrote The Chavasse Report on improving armed forces and veteran care while raising NHS standards, which recommended establishing a support network of hospitals. The resulting VCHA works closely with NHS England and NHS Improvement, service charities and the Ministry of Defence, and is managed by the Getting It Right First Time (GIRFT) programme.

Professor Briggs, Chair of GIRFT, NHS National Director for Clinical Improvement and Chair of the VCHA, said: "It is a privilege to welcome trusts to the Veterans Covenant Healthcare Alliance. ULHT has made great strides in improving the care it provides to the servicemen and women of this country, and should be very proud."

The VCHA is working with NHS trusts across the country to improve standards of care for the armed forces community. In time, the alliance hopes to see every NHS provider meeting the Veteran Aware standards.