Bundle Trust Board Meeting in Public Session 6 April 2021

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

1	Introduction, Welcome and Chair's Opening Remarks *Chair*
2	Public Questions *Chair*
3	Apologies for Absence *Chair*
4	Declarations of Interest *Chair*
5.1	Minutes of the meeting held on 2nd March 2021 *Chair* Item 5.1 Public Board Minutes March 2021.docx
5.2	Minutes of the extraordinary meeting held on 16th March 2021 *Chair* Item 5.1 Extra-ordinary Public Board Minutes March 2021.docx
5.3	Matters arising from the previous meeting/action log *Chair* Item 5.2 Public Action log March 2021.docx
6	Chief Executive Horizon Scan Including STP *Chief Executive* Item 6 Chief Executive's Report 300321.docx
7	Patient/Staff Story *Director of Human Resources and Organisational Development* *Please be aware that sometimes our patient and staff stories can deal with very difficult subjects, which may affect you personally. If you are concerned about this the Trust Secretary can advise you of the subject to be discussed at the start of the meeting.*
7.1	BREAK
8	Strategic Objective 1 To Deliver high quality, safe and responsive patient services, shaped by best practice and our communities
8.1	Assurance and Risk Report from the Quality Governance Committee *Chair of Quality Governance Committee* Item 8.1 QGC Upward Report March 2021 v1.doc
9	Strategic Objective 2 To enable our people to lead, work differently and to feel valued, motivated and proud to work at ULHT
9.1	Assurance and Risk Report from the People and Organisational Development Committee *Chair of People and OD Committee* Item 9.1 POD - Upward Report - March 2021.docx
9.2	Staff Survey inc Culture and Leadership Programme *Director of People and OD* Item 9.2 National Staff Survey.docx
9.3	Smoke Free Policy *Director of People and OD* Item 9.3 No Smoking Policy.docx Item 9.3 Smoke Free Policy - Appendix A.doc
10	Strategic Objective 3 To ensure that services are sustainable, supported by technology and delivered from an improved estate
10.1	Assurance and Risk Report from the Finance, Performance and Estates Committee *Chair of Finance, Performance and Estates Committee* Item 10.1 FPEC Upward Report March 2021.docx

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

12 Integrated Performance Report

Director of Finance & Digital

Item 12 Integrated Performance Report - Trust Board.docx

13 Risk and Assurance

13.1 Risk Management Report

Deputy Director of Clinical Governance
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Item 13.1 Strategic Risk Report - April 2021.pdf

13.2 Board Assurance Framework

Trust Secretary

Item 13.2 BAF 2020-21 Front Cover April 2021.docx

Item 13.2 BAF 2020-2021 v30.03.2021.xlsx

14 Any Other Notified Items of Urgent Business

15 The next meeting will be held on Tuesday 4 May 2021

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

Minutes of the Trust Board Meeting

Held on 2 March 2021

Via MS Teams Live Stream

Present

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

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

In attendance:
Mrs Jayne Warner, Trust Secretary
Mrs Karen Willey, Deputy Trust Secretary (Minutes)
Ms Cathy Geddes, Improvement Director, NHSE/I
Dr Maria Prior, Healthwatch Representative

Apologies
Dr Chris Gibson, Non-Executive Director

201/21	**Item 1 Introduction** The Chair welcomed Board members and members of the public who had joined the live stream to the meeting. In line with guidance on Covid-19 the Board continue to hold meetings open to the public through the use of MS Teams live. In line with policy, papers had been published on the Trust website a week ahead of the meeting and the public able to submit questions in the usual manner.
202/21	The Chair moved to questions from members of the public. **Item 2 Public Questions** **Q1 Jody Clarke** **I have had many ladies contact me about issues around travelling and breast screening. For those without a car, they are anxious about using public transport options, and may not be able to spare the associated time or costs either. I have had a good friend share her personal fight with breast cancer during the pandemic but if ladies can't get there, I am concerned about the potential risks in the delay. What assurances can you give me that Grantham ladies with travel issues, will get local screening soon?**

	The Chief Operating Officer responded: Due to Covid-19, changes had been made to services offered including breast screening due to staff being moved to support other services including symptomatic patients and those patients on the breast screening pathway. One of the repercussions to the changes made had been the reduction of the overall breast screening service with Grantham being one of the areas seeing a reduction in capacity. The Trust were working to put in place new capacity, through mobile units, potentially at the Gonerby Road site. There had been difficulty in installing the mobile vans along with sufficient car parking capacity and other facilities however, it was hoped that this would be in place shortly. For those patients who are trying to access screening services the Trust have transport services in place for patients who are unable to attend other site due to transport issues. If there were patients who are unable to travel or are not happy to use public transport the Trust would be happy to hold conversations to determine transport need. At the February Board meeting, a number of recommendations were put forward regarding the future of services in Grantham, one of which included proactive planning for the restoration of services in Grantham. The decision to restore had not yet been taken, however actively working up solutions to restore, breast screening being one of the services planned to restore, if the decision to restore is made. The Chief Operating Officer advised that the Trust would be happy to discuss individual patients transport issues outside of the Board meeting if there were any issues of concern.
203/21	**Item 3 Apologies for Absence** Apologies for absence were received from Dr Chris Gibson, Non-Executive Director
204/21	**Item 4 Declarations of Interest** There were no declarations of interest which had not previously been declared.
205/21	**Item 5.1 Minutes of the meeting held on 2 February 2021 for accuracy** The minutes of the meeting held on 2 February 2021 were agreed as a true and accurate record subject to the following amendments:- 147/21 – Should read – NHS England/Improvement Maternity Transformation Advisor 150/21 – Should read – A further area of focus was on external reviews of serious incident reports The Director of Nursing provided an update to minute 152/21 advising that the difficulties with the maternity safety dashboard submissions, due to the interface with the electronic system had now been resolved and the Trust were submitting data in line with the Clinical Negligence Scheme for Trusts (CNST). 188/21 – Should read – Mrs Dunnett advised the Board that whilst the Trust had a good framework in place to review and update policies this had been impacted by Covid-19. Whilst

	there was slippage in both clinical and non-clinical policy review this was now a focus for the Executive Leadership Team.
206/21	**Item 5.2 Matters arising from the previous meeting/action log** 1576/19 – Smoke Free ULHT – The post implementation review had been deferred due to Covid-19 however the Board were advised that this would be presented in April 077/20 – Review of TOM and governance to be presented to the Board – To be picked up when completed
207/21	**Item 6 Chief Executive and Executive Director's Organisational Update** The Chief Executive presented the report to the Board noting that the report also included updates from the Executive Directors.
208/21	The Covid-19 vaccination programme was going well both in Lincolnshire and nationally with the hospital hubs due to start back up for second doses to be given. Vaccinations were being given in priority order as set nationally through an age based system along with some clinically vulnerable patients.
209/21	The Trust had achieved a 90% flu vaccination rate which was a significant achievement and the Chief Executive offered congratulations the Occupational Health Team and Peer Vaccinators.
210/21	The Chief Executive noted that the second wave of Covid-19 was still having an effect on the Trust however numbers of patients were reducing and were now below the height of the second wave. The NHS remained at level 4 Emergency Preparedness, Resilience and Response however the national Covid-19 alert level had reduced from 5 to 4.
211/21	Attention was now being focused on the restoration of services that had been paused alongside the management of the current wave. The Intensive Care Unit (ICU) remained busy with an ongoing need to move staff to ensure increased capacity. This was affecting other services, which were at times being paused or delayed.
212/21	The Trust continued to support the national response and provide some ICU support for patients outside of Lincolnshire, this was not however denying local people appropriate access to ICU. This was about playing a part of the national health service.
213/21	The Acute Services Review next stage was due to take place on the 4th March where it was hoped that this would be the final part of the regional assessment of the proposals with the expectation that if this went well it would proceed to the national assessment process.
214/21	The system proposal for the Integrated Case System (ICS) was expected to be passed to the national panel with the recommendation that the Lincolnshire proposal should be approved so from 1st April 2021 the system would be a shadow ICS. The recent White Paper had introduced some changes to the look of an ICS so planning would be put in place for preparation for April 2022 when the new style ICS would come in to effect.
215/21	The Chief Operating Office had mentioned the restoration of Grantham and the ending of temporary arrangements, an extra-ordinary Board meeting was scheduled for 16th March. This would address the discussions from the Board meeting held in February regarding the work needing to be done regarding the proposals.

216/21	The Chief Executive reported the positive movement on recruitment of Healthcare Support Workers (HCSW) with over recruitment against target. This was a good position to be in, particularly in the current climate. Thanks were offered to the staff and Health Education England who had supported the process to achieve the level of recruitment seen.
217/21	The Chief Executive advised the Board that the Director of People and Organisational Development would be leaving the Trust at the end of July and extended thanks for his dedication to the Trust over the past 5 years and wished him well.
218/21	The Medical Director appointment was a lengthy process and the salary was now awaiting ratification at national level following appointment to the role. The Trust were not in control of the timeline for this being approved however the Medical Director had agreed to continue in the role in the immediate future so that the Trust were not left without a Medical Director.
219/21	The Chief Executive advised the Board that the number of Covid-19 cases had been reported and that work was taking place with colleagues at Lincolnshire Community Health Services NHS Trust (LCHS) to establish a virtual ward. The model for the virtual ward was the Trusts' and input was being provided however this was being provided by LCHS.
220/21	Clinical harm reviews were detailed in the report and this would be upwardly reported through the Quality Governance Assurance report. It was important this work was conducted to ensure that the Trust were aware of any harm and that action was taken to avoid this.
221/21	Staff sickness levels were improving at 7%. The new absence management system was providing a stronger handle of staff absence in order to offer support to staff, this touched on the wellbeing section of the report about the continuation of the offer to support staff with their wellbeing.
222/21	The Trust were continuing to take steps to ensure staff safety including the use of personal protective equipment, risk assessments, personal health checks, lateral flow testing, social distancing and the vaccination programme. The Trust had given 88.3% of staff the first vaccination and it was positive to see that the Trust had appeared in a national report to the People Directorate of NHS England as a case study for a Trust successful at vaccinating its workforce. This was including the positive uptake from staff at risk and Black, Asian and Minority Ethnic colleagues. The Chief Executive offered thanks to those staff leading the vaccination programme of work.
223/21	The Director of Finance and Digital updated on the finance position noting that the national finance regime, in place for the second half of the year, brought an £87m top up in to the Lincolnshire System. It had now been confirmed that the current arrangements would continue, with a block value to be confirmed, through the first quarter of 2021/22, to the end of June.
224/21	The Trust achieved a break-even position at month 10 based on a £48.1m share of the top up year to date. This was slightly ahead of plan meaning that the Trust were able to return £0.5m back in to the system, this was a favourable position.
225/21	Income was reported at just over £2m favourable to plan with a number of income streams that had come along since planning for half 2 had been developed in October 2020. The plan was also developed prior to the second wave of Covid-19 and as such delivery had been flexed for a number of items, this had seen pay reported as £3.6m adverse to plan.
226/21	£1.5m of this had occurred during January 2021 due to the previously discussed critical supply shortage in staffing across the Christmas period and in to January.

227/21	Non-pay was favourable to plan driven by the impact of wave 2 of Covid-19 and the inability for the Trust to deliver some phase 3 and elective work. There was an expectation that the Trust would break even at the end of the year.
228/21	Capital expenditure was reported at £16.9m, £7m behind the initial plan for the year however the Director of Finance and Digital advised that there was a significant amount of work underway that would recover the position and spend in order to deliver the plan by the end of March 2021.
229/21	The Director of Finance and Digital reported the cash position as £63.3m at the end of January, this had increased across the financial year, driven by the financial regime however this would decrease during March.
230/21	The System had reported a £4m deficit against the 2nd half-year plan in October. This was currently £3.4m favourable to plan and there was an expectation as a system that a break-even position would be delivered at the year-end.
231/21	Mrs Libiszewski noted the good news, in particular with the challenges around the workforce and over achievement of recruitment and asked if there was a plan in place to sustain the position.
232/21	The Director of People and Organisational Development advised that the Trust would continue to carry out regular cohort recruitment to ensure there was a pool of HCSW. This had been done in the past and staff added to the bank in order to have a significant and health HCSW bank. However, over the past 12 months there had not been drawn down to the substantive workforce. Going forward there would be a continuation of substantive and bank recruitment.
233/21	Dr Prior sought clarity on the critical care position and the impact on access to services for local patients. There had been reports of a number of complex cancer patients requiring critical care post operation having procedures cancelled.
234/21	Dr Prior also asked if the outcome of the harm review task and finish group would be reported in the public domain.
235/21	The Chief Executive clarified that Lincolnshire patients were not being denied care within ICU, capacity and access remained available for Lincolnshire patients. This did however link to the impact on other services as a result of increasing ICU capacity and needing to move staff to support critical care. This had resulted in some services being delayed.
236/21	The Chief Operating Officer noted that during wave 2 in November there had been a reduction in the ability to operation on patients at Lincoln and Pilgrim that would require high dependency care. There had also been a reduction in demand at that point, perhaps reflecting that cancer referrals, at the beginning of pathways had reduced. The Trust had now started to operate in higher number in critical care units, working with Nottinghamshire and a partnership between the Trust and Nottinghamshire in order to offer capacity within the private sector in Nottinghamshire. Whilst some patients had needed travel further they had been operated on sooner, this was however less than 10 patients to date.
237/21	The Medical Director noted that the Trust were working as part of the NHS for mutual aid however the Board were advised that daily reviews of patients on the waiting list were undertaken by the Deputy Medical Director to ensure patients at risk were identified and prioritised.

238/21	There was a move to clinical priority and development was broadly within the harm review work. This was a different way of working compared to the traditional way of constitutional standard work. This was highlighted within the Quality Governance Committee upward report and would be reported to the Private Board meeting.
239/21	This was a national issue, the way the tools would be set to deal with this in a fair and transparent manner would be public and available to the Trust who were contributing to the development of the work.
240/21	The Director of Finance and Digital advised the Board that there were two cash positions detailed within the report and advised that the correct figure was £63.3m and apologised for the error.
241/21	The Chair noted the positive aspects within the report and welcomed the international nurses and HCSWs to the organisation on behalf of the Trust Board and hoped that they would find a fulfilling career with the Trust. The Chair would be keen to meet with the new recruits when it was possible to do so.
242/21	The Chair noted the discussions regarding the recovery and restoration of services and noted that there was a need to consider the recovery of staff and the impact of the challenging circumstances over the last 12 months.
243/21	In order to restore services the Trust would need a strong and resilient workforce. The Trust Board: • **Noted the update and significant assurance provided**
244/21	**Item 7 Staff Covid-19 Story** The Director of Nursing was delighted to offer the staff story to the Board via means of a video detailing the temporary arrangements in place to successfully manage Covid-19. The video offered the experiences of two colleagues working differently during the height of Covid-19 and offered a compelling story of what they did, how they were made to feel and their experience.
245/21	Polly Hyde, Strategy Manager and Sarah Otter-Thompson, Organisational Development Practitioner provided an overview of their experiences whilst redeployed from their substantive corporate roles to support Covid-19 positive wards during the pandemic. Both were made to feel welcomed by the staff on the wards and were supported emotionally through the difficult experiences of patients dying.
246/21	Following the redeployment both staff reflected on the impact the experience had on them and took away from this that they would in future, have a better appreciation of the impact of their substantive roles on clinical staff.
247/21	The Director of Nursing offered thanks to Polly and Sarah for offering their experiences and supporting the story but also thanked all redeployed staff for the support offered during the response to the pandemic.
248/21	The clear message from the story was about the mutual insight and appreciation that occurred as a result of staff having different experiences during the Covid-19 pandemic. There would be a need for the Trust and staff to look forward and carry with them certain aspects of the pandemic that were impactful along with the insights from their experiences and to apply this to their substantive roles. The Director of Nursing reflected that this was

	something that could be more widely reflected in terms of mutual respect, insight and appreciation.
249/21	The Chief Executive reflected that the video had demonstrated the flexibility of colleagues and the willingness to help. It also identified how welcome the staff were made to feel on arrival at areas that were an alien environment to some staff from corporate services. This was about understanding others realities and was something that should be continued.
250/21	Mrs Dunnett offered thanks for the open and transparent insight provided by the staff noting that the lived experiences would be valuable to take forward and suggested that the People and Organisational Development Committee could explore this further.
251/21	Mrs Ponder reiterated the comments made and suggested, via the People and Organisational Development Committee, if the Trust should consider the value of a regular planned cycle of activities in the form back to the ward days in order to keep staff connected.
252/21	The Chair noted that as a learning organisation and for the Board there was learning to be taken from the experiences. These had clearly been valuable deployment for the individuals but this could be expanded corporately on a regular basis as suggested.
253/21	The raw emotional experience of the staff was clear and this should not be underestimated. It was hoped that the relationships formed during this time would continue and this should be encouraged. There was an opportunity for the People and Organisational Development Committee to take this forward.
254/21	The Chair noted that the experiences of the staff offered reassurance for those staff newly joining the organisation, as there were good leaders who were welcoming and would introduce staff effectively to the organisation.
255/21	The Board had heard through Polly and Sarah about the wellbeing hubs that had been established and the Board needed to recognise the investment made in these to ensure that the support continued for staff.
256/21	The Chief Executive supported the comments made by Mrs Ponder in respect of the back to the ward days however suggested that this should be expanded to back to the floor days as there was a need to spend time with other support functions who were vital to the organisation. This would offer the opportunity to provide insight in to decision making and support the development of the offer to staff and patients.
257/21	It would be remise of the Board not to focus on this aspect of the pandemic and use the experiences as an opportunity to improve. This would be taken away in order to understand how this could be built in to a regular cycle.
258/21	The Director of Improvement and Integration had received feedback from staff that had demonstrated the experiences had connected their role back to the patients and corporate colleagues has stepped up to support the response. It was suggested that corporate teams could adopt some wards in order to maintain relationships.
259/21	The Chair noted that a regular plan of activities, such as back to the ward, should be progressed as part of staff engagement and organisational development activity over the coming months. **Action – Director of People and Organisational Development, 4th May 2021** The Trust Board:

	• **Received the staff story**
	Item 8 Objective 1 To Deliver high quality, safe and responsive patient services, shaped by best practice and our communities
260/21	**Item 8.1 Assurance and Risk Report Quality Governance Committee** The Chair of the Quality Governance Committee, Mrs Libiszewski provided the assurances received by the Committee at the 22nd February 2021 meeting noting that there was a focused agenda due to Covid-19.
261/21	The Committee received a full suite of papers from the revised reporting groups to the Committee including terms of reference and work programmes. These were received and approved with some minor amendments and built on the work commissioned by the Director of Nursing to review the structure. This would build on the assurance received by the Committee.
262/21	Mrs Libiszewski noted that the Non-Executive Lead, Maternity Safety Champion was now a substantive member of the Committee.
263/21	The Committee reviewed the Board Assurance Framework (BAF) and it was noted that the assurance ratings remained red.
264/21	There were a number of concerns regarding divisional investigations, these did not trigger a serious incident however learning from the event was possible Due to the impact of Covid-19 there had been a deterioration in the number of investigations being completed in a timely manner. Central support was now in place to bring these back on track, this would be monitored monthly.
265/21	The harm review process was being reviewed regularly and whilst this was a national issue, the Committee had been receiving updates for several months and would continue to do so. The process was being developed for and the Committee looked forward to understanding not only the reactive but proactive process.
266/21	The Committee had received the regular infection, prevention and control (IPC) report and had been updated in respect of the NHS England/Improvement action plan for which significant progress had been made. The Committee had also received a progress update on the IPC BAF.
267/21	Upward reports had been received from the Patient Safety, Patient Experience and Clinical Effectiveness Groups and there was now progress across the organisation as these groups were stood up.
268/21	The Committee noted the deterioration in sepsis performance with the sepsis practitioners having been redeployed to clinical care, the Committee were advised these staff were now back in post and there was a hope that improvement would be seen and sustained.
269/21	There had also been a decline noted for Duty of Candour, it was felt that Covid-19 had impacted on this and it was hoped that improvement would be seen.
270/21	The Committee were advised of 2 further MRSA cases and were advised that these had been reviewed by the Director of Infection, Prevention and Control and significant actions had been taken and learning was being embedded.

271/21	A further Never Event (NE) had occurred resulting in 2 in the current financial year, compared to 6 during 2019/20. The NE related to the placement of a nasogastric tube and the Board were advised that there had been previous cases. Directors were reviewing the case and learning linked to the learning from the previous cases. This would be reported through the serious harm review process.
272/21	Mrs Libiszewski noted the significant work undertaken in relation to Quality Impact Assessments (QIA) the Committee were now seeing the decisions being taken. The process was subject to review and the Committee had requested regular sight of the QIAs reviewed along with both the intended and unintended consequences.
273/21	The Committee had received significant papers in relation to maternity with the Maternity Safety Report appended to the assurance report from the Committee for oversight of the Board. Reporting had increased and divisional representatives were attending the Committee on a monthly basis. As reported the Non-Executive Director Maternity Safety Champion was also in attendance and able to triangulate information.
274/21	The terms of reference for the newly instigate maternity and neonatal oversight group have been received. The group would be chaired by the Director of Nursing and the Committee approved the terms of reference with the group first due to meet during March. This would result in an improvement in reporting received at the Committee due to the group conducting operational activity.
275/21	The Committee reviewed the Clinical Negligence Schemes for Trusts (CNST) date and a significant amount of work was taking place in readiness for the submission due in July. The Committee reviewed the dashboard and performance issues and were updated on Healthcare Safety Investigation Branch (HSIB) investigations and the completion of actions.
276/21	The Committee were advised on the current position of Birth Rate Plus, the review of the staffing complement across maternity services. This was reaching conclusion and would be reported to the People and Organisational Development Committee with information received to the Quality Governance Committee should there be any risk associated with staffing.
277/21	The Committee received an update on Continuity of Carer, how the Trust supported women through the complete maternity journey.
278/21	As reported by the Director of Nursing there had been improvement in the maternity teams ability to extract data from the maternity IT system however this was understood to be a work around and was labour intensive. It was felt that there was more work to be done in order to ensure the teams were supported to extract data and in order to understand the issues and actions required.
279/21	Mrs Libiszewski noted that within the full maternity safety report the dashboard had reported some areas as red however the maternity team had reported that action was being taken to improve those areas identified. It was clear that some actions had been impacted by the response that had to be taken during Covid-19.
280/21	The Chair noted the slimmed agenda but acknowledged the significant amount of business that had been conducted by the Committee and the level of detail within the report.
281/21	The Director of Nursing advised that the sepsis practitioners had been due to return to their substantive roles however due to the need to increase surge capacity and critical care it had been necessary for the practitioners to be deployed in to critical care. All three of the practitioners had a critical care background and so were required to support the surge response.

282/21	However it had been recognised that there had been a deterioration with compliance in sepsis, in particular in emergency care for adults and children. This had been mitigated through a focus group led by the Emergency Care Lead Nurse. The group had met on a number of occasions with the support of the sepsis practitioners and there had been an improvement in compliance above 90% for both screening and bundle completion across both emergency departments.
283/21	The Director of Nursing stated that early findings from Birth Rate Plus had been received and whilst the final report was awaited in the next week early indications showed there were some minor gaps in whole time equivalent midwives. This was less than 10 whole time equivalents which demonstrated to the Board that there was not a significant gap within the midwifery teams.
284/21	Mrs Dunnett echoed the comments made regarding the considerable work that had been carried out in relation to maternity governance structures and advised that in addition to being a member of the Committee that she would also sit on the oversight group.
285/21	Mrs Dunnett advised the Board of monthly meetings that were being held with staff where concerns raised by the team were consistent with those being discussed by the Committee and reflected within the reporting.
286/21	The biggest issue raised related to the electronic system and the ability to meet the requirements of CNST both in terms of longevity and being fit for purpose. The teams were motivated and enthused by the work and focus that was ongoing and there was evidence that where challenges were being faced action was being taken to address these.
287/21	Mrs Ponder noted concern regarding the red ratings reported on the dashboard and asked if there were trajectories and timescales for when improvement may be seen. Mrs Ponder also noted that there appeared to be inconsistency on the information reported relating to the savings babies lives care bundle.
288/21	The Director of Nursing advised that there were detailed trajectory action plans in place that were monitored through the performance review meetings and the maternity working group within the division. The first meeting of the Maternity and Neonatal Oversight meeting would take place on 11th March where the indicators on the dashboard would be reviewed. The Director of Nursing was comfortable that there were plans, trajectories and more detailed oversight of understating what was driving the Trusts rate and position but that this would be reviewed in detail at the oversight meeting.
289/21	The Director of Nursing offered to bring back to the Board the detail of saving babies lives in order to offer a response. This would be offered to Board members outside of the meeting and formalised through the Board meeting in April.
290/21	Mrs Libiszewski noted that the dashboard was developing and once the operational groups had worked through this the indicators would be more reflective. The external frameworks for maternity and neonatal were massive pieces of work and this was being encapsulated in to a few elements reported to the Board. The operational group would now be able to offer more detailed review.
291/21	It had been agreed that there would be a Board session to focus on maternity and as such this would offer an opportunity to explore further elements and provide an understanding of the complexity of the indicators presented.

292/21	The Chair acknowledged that as the Board was more exposed to the information this would be better understood. Feedback would be received through upward reporting of the group to the Committee. The previously scheduled date for the Board session had been postponed but would need to be placed back on the forward programme. The Trust Board: • **Received the assurance report including the Maternity Safety Report**
	Item 9 Objective 2 To enable our people to lead, work differently and to feel valued, motivated and proud to work at ULHT
293/21	**Item 9.1 Assurance and Risk Report People and Organisational Development Committee** The Vice-Chair of the People and Organisational Development Committee, Mrs Dunnett provided the assurances received by the Committee from the 11th February 2021 meeting noting the governance lean structure and focused agenda on strategic objectives 2a and 2b, which remained red as reported in the Board Assurance Framework.
294/21	Mrs Dunnett noted that a number of items had been covered through the Chief Executives' update and highlighted that progress was being made in respect of the Trusts education and learning development offer. This had not been a focus during the height of the pandemic but had been revitalised with additional support now in place, this would be closely monitored by the Committee.
295/21	The Committee received the Guardian of Safe Working report and noting that this was comprehensive and thanks would be passed to the Guardian for the developments in reporting. The Committee noted that the Trust had been praised by the British Medical Association (BMA) for the engagement with Junior Doctors regarding rotas during Covid-19.
296/21	Patient safety concerns had been raised by the Guardian and the Committee referred the issue to the Quality Governance Committee.
297/21	The Committee continued to monitor staff sickness figures and Mrs Dunnett re-emphasised the praise the Trust had received in relation to vaccination rates and completion of staff risk assessments.
298/21	Mrs Dunnett noted that the Committee had received an update in relation to recruitment activity as detailed earlier by the Chief Executive.
299/21	The Committee were updated on the work on the wider health and wellbeing offer and the continuation of the offer to staff with the Committee keen to seek assurance on the robustness and suitability of the offer as well as the professional and pastoral support being provided to new staff members.
300/21	The Director of People and Organisational Development noted that there would be a particular focus on the recovery of staff alongside the recovery of services with wellbeing a key focus of the Committee in the months ahead.
301/21	Mrs Libiszewski advised that the paper relating to the issue referred to the Quality Governance Committee was not included within the Committee papers and as such, the Committee was not sighted on the specific issue. In order to ensure this was not delayed the Committee had requested that the Medical Director pick up any issues and report back to the Committee on actions being taken.

302/21	Mrs Libiszewski noted that there was a question about the timeliness of a response due to patient safety concerns and suggested that there be referral between Executives rather than Committees to expedite the response to a concern.
303/21	The Chair acknowledged that processes needed to be effective.
304/21	The Chief Executive echoed the comments made about the importance of the health and wellbeing work. The Trust had in place a comprehensive offer for both physical and mental health support however, the behaviour of leaders and managers needed to be considered. The message that it was ok not to be ok needed to be reinforced and the creation of sufficient space and time to access support was required. The offer would only be effective if staff had the ability to access this and may well be an aspect of the Board Wellbeing Guardian role.
305/21	The Chair noted that she had attended the Committee and congratulated the Medical Director on the recognition from the BMA and similarly to the Director of People and Organisational Development for the work on the vaccination uptake. It was positive to see the case study referred to by the Chief Executive.
306/21	The Chair acknowledged that there would be a need as a Board to spend a significant amount of time understanding how staff were supported to recover from the pandemic at the same time as services were restored. The agenda of the People and Organisational Development Committee would need to reflect this. The Trust Board: • **Received the assurance report**
307/21	**Item 9.2 Board Wellbeing Guardian Role** The Chair presented the report to the Board noting that official guidance had been produced in October 2020 by an expert advisory board of NHS England however, this had not been launched until February 2021 with publication of guidance being slow.
308/21	All details were now available and the Chair of the Board had taken on the role of Board Wellbeing Guardian. It was important that as a Board there was a focus on the wellbeing of people in the Trust and the Chair wished to underline this position but taking on the Guardian role.
309/21	The Chair would work closely with the Director of People and Organisational Development to work through the guidance. A meeting had already taken place with the Head of Organisational Development to review a diagnostic tool that would provide a snap shot of the Trusts position in terms of key areas. This would allow an assessment of the strengths and weaknesses of the Trust and would report through to the governance route of the People and Organisational Development Committee at the relevant time. The Trust Board: • **Received the report**
	Item 10 Objective 3 To ensure that service are sustainable, supported by technology and delivered from an improved estate
310/21	**Item 10.1 Assurance and Risk Report from the Finance, Performance and Estates Committee**

	The Chair of the Finance, Performance and Estates Committee, Mrs Ponder provided the assurances received by the Committee from the 18th February 2021 meeting noting that the Committee continued to operate to a reduced agenda due to Covid-19 and focused on key priorities.
311/21	The Committee noted a lack of assurance from the Health and Safety Group report with Mrs Ponder noting that this was not the first time the issue had been raised. It was noted however that plans were in place for an assurance reported to be received by the Committee as part of an improved suite of reports from the Estates Directorate. Some improved reporting was already being seen.
312/21	Substantial progress was reported to the Committee in relation to the low surface temperature works and the Trust had invited the British Safety Council to conduct a Covid-19 assurance review. This would conclude with a 6-day visit to the Trust and would provide a report from which an action plan would be developed to address any gaps identified.
313/21	The Committee were pleased to receive a much improved report from the Estates Group with information presented well, including a dashboard to demonstrate compliance levels in different areas. A number of high risk areas had been identified where fire works had not been completed due to Covid-19. This would result in an increase in costs however was being considered as part of the 2021/22 capital expenditure. Local mitigations were being put in place to address risk.
314/21	The Committee were pleased to see the dashboard detailing assurance in respect of authorised engineers that had been appointed. This would enable the Committee to demonstrate compliance as the Trust now had the relevant expertise available.
315/21	Mrs Ponder noted that there was nothing further to add to the comprehensive finance updated provided by the Director of Finance and Digital.
316/21	The Committee received the business case for the addendum to Pilgrim Emergency Department which would be discussed during the Private Board meeting.
317/21	The Committee received a good level of assurance from the Digital Hospital Group with clear assurance on actions being taken where necessary.
318/21	The Committee reviewed the performance dashboard and noted an improvement in 12-hour trolley waits and ambulance conveyances, these remained above the desired level but improvement was being seen.
319/21	The lower risk associated with diagnostic services was noted and the Committee were advised that some services were being recovered at a slower rate as part of the overall recovery plan.
320/21	104 day ad 52 week waits continued to decline due to Covid-19 however these would feature as a major aspect of the recovery plan for the Trust. The Committee noted the delivery of cancer services and were reassured that patients were reviewed on a daily basis and were prioritised according to individual need as a result. This offered a greater degree of mitigation to the risks of delating treatment.
321/21	The Committee were advised on the expansion of critical care to 200% capacity as directed nationally with critical care running at 170% at the time of the meeting. The need for additional staff to support the increased capacity had impacted on the utilisation of theatre capacity.

322/21	The Committee congratulated the Surgery Division following the introduction of a 90-minute cancer standard, the first in the country to introduce such a standard.
323/21	The Committee noted the difficult position of the delivery of the Integrated Improvement Plan (IIP) due to the impact of the resource pressures as a result of Covid-19.
324/21	The Chair thanked Mrs Ponder for the comprehensive account of Committee business and noted disappointment that the IIP had not progressed as anticipated. This would need to be programmed in as part of the recovery and restoration following the current stage of the pandemic. The Trust Board: • **Received the assurance report**
	Item 11 Objective 4 To implement integrated models of care with our partners to improve Lincolnshire's health and wellbeing
	No items
325/21	**Item 12 Integrated Performance Report** The Director of Finance and Digital presented the report to the Board noting that there were no specific financial concerns to raise to the Board and invited Executive colleagues to provide relevant updates.
326/21	The Chief Operating Officer noted that previous discussions had touched on waiting lists and advised that Board the this remained a key area for improvement. Waiting lists had increased during Covid-19 for both admitted and outpatient follow up appointments. There had been positive progress in recent months, despite some down time through December. Green shoots of progress were starting to be seen but there remained significant waiting lists, like many other Trusts. The recovery of these was now being considered.
327/21	Mrs Dunnett noted that 2 week breast symptomatic was being reported at 4% and asked for an update on the position.
328/21	The Chief Operating Officer advised that there had been a sharp increase in demand versus capacity, which whilst positive had meant that there had been up to a 30 day wait for a first outpatient appointment. Monitoring of the subsequent conversion to those patients who require surgery was undertaken along with the ability to treat within 62 days. A level of protection for capacity within the breast and surgery services was in plan due to activity being carried out at Grantham. This had resulted in the ability for breast surgery to be undertaken 7 days a week and this had been maintained regardless of pressures elsewhere.
329/21	The ability to carry out surgery in this way had compensated for the wait in the initial outpatient appointment and the Trust were now working towards achievement of the 14-day wait performance.
330/21	The Director of Nursing indicated previous discussions had addressed elements to be discussed at this item. The Trust Board: • **Received the report and limited assurance noting current performance**
	Item 13 Risk and Assurance

331/21	**Item 13.1 Risk Management Report** The Director of Nursing presented the report to the Board advising that a review of the risk register was being undertaken which would strengthen links to the Board Assurance Framework.
332/21	A proposal following the review would be presented to the Executive Leadership Team for consideration at which point governance arrangements would be worked through.
333/21	The Director of Nursing advised the Board of the top risks within the register advising that these had been considered and agreed through the relevant Board Committees.
334/21	The Board were advised of the increase of the risk associated with patient harm due to issues of safe delivery of care associated with the impact of Covid-19 and patients waiting longer for treatment. This risk had been increased by the Patient Safety Group from 12 to 16 and was reviewed and supported by the Quality Governance Committee.
335/21	The highest risks continued to be the risk of harm due to the impact of the pandemic, workforce capacity and capability.
336/21	The Chair was pleased that all Committees had had an opportunity to review the risk register and confirm the risk ratings.
337/21	Mrs Ponder noted that with the continued concerns raised nationally about the potential impact to staff and wellbeing and the potential for staff to suffer post-traumatic stress due to recent experience, there appeared to be a gap on the risk register to capture the risk. It was noted however that some of this would be mitigated through the wellbeing guardian.
338/21	The Director of Nursing noted that risk 4083 was about workforce engagement, morale and productivity however this was a catch all risk and needed to be strengthened. This would take place through the work to review the risk register and consider the subset of risks. It was recognised that within the risk register there were a number of sub-risks that needed to be considered in a different way.
339/21	The Chair noted the importance of the risk being clearly identified and noted that the work being undertaken on the risk register was timely. This would need to be picked up as part of the overall wellbeing arrangements and would be addressed through the People and Organisational Development Committee. The Trust Board: • **Accepted the top risks within the risk register** • **Received the report and noted the moderate assurance**
340/21	**Item 13.2 Board Assurance Framework** The Trust Secretary presented the Board Assurance Framework to the Board advising that there had been a significant update in respect of the objective covered by the Quality Governance Committee as this was pulled back from being entirely Covid-19 focused.
341/21	Work was now focusing on the development of the Board Assurance Framework moving in to 2021/22 and ensuring the necessary updates related to the Integrated Improvement Plan were made.

342/21	The Board were advised that there had been no changes made to the assurance ratings following the February Committee meetings. The Trust Board: • **Received the report and noted the limited assurance**
343/21	**Item 14 Changes to Trust Board Membership** The Chair presented the paper to the Board noting that this detailed the changes of the Non-Executive Directors of the Board.
344/21	The Board were advised the Mrs Ponder and Mr Hayward would reach the end of their terms of office during 2021.
345/21	The Chair had reflected on best practice, considered the latest well-led review, examined the skill set of Non-Executive Directors against the current operating environment and together with wanting to make the best effort to improve diversity of the Board had determined that Mrs Ponder and My Hayward would cease their terms of office during 2021 in May and July respectively.
346/21	The Chair advised the Board the Lincolnshire Community Health Services NHS Trust also held vacancies on its Board and as such, a decision, in consultation with NHS England/Improvement, had been taken to conduct a single recruitment process but appoint to individual positions within each Trust.
347/21	The Chair noted that there would be opportunities to thank Mrs Ponder and Mr Hayward in due course for their long service and contributions to the Board.
348/21	The Board were advised that the recruitment process had commenced. Through the transition period, Dr Gibson had agreed to chair the Finance, Performance and Estates Committee with Mrs Dunnett agreeing to chair the People and Organisational Development Committee.
349/21	The Board noted that Mrs Dunnett had also joined the membership of the Quality Governance Committee as the Maternity Safety Champion. The Trust Board • **Received the report**
350/21	**Item 15 Any Other Notified Items of Urgent Business** There were no other notified items of urgent business
351/21	The Chair advised the Board and members of the public, observing the meeting, that an extra-ordinary meeting of the Board would be held on Tuesday 16th March to discuss the temporary arrangements at Grantham Hospital.
352/21	The next scheduled meeting will be held on Tuesday 6 April 2021, arrangements to be confirmed taking account of national guidance

Voting Members	7 Apr 2020	5 May 2020	2 June 2020	11 June 2020	7 July 2020	4 Aug 2020	1 Sept 2020	6 Oct 2020	3 Nov 2020	1 Dec 2020	2 Feb 2021	2 Mar 2021
Elaine Baylis	X	X	X	X	X	X	X	X	X	X	X	X
Chris Gibson	X	X	X	X	X	X	A	X	X	X	X	A
Geoff Hayward	X	A	A	A	A	A	A	A	A	X	X	X
Gill Ponder	X	X	X	X	X	X	X	X	X	X	X	X
Neill Hepburn	X	X	X	X	A	X	X	X	X	X	X	X
Sarah Dunnett	X	X	X	X	X	X	X	X	X	X	X	X
Elizabeth Libiszewski	X	X	X	X	X	X	X	X	X	X	X	X
Paul Matthew	X	X	X	X	X	A	X	X	X	X	X	X
Andrew Morgan	X	X	X	X	X	X	X	X	X	X	X	X
Mark Brassington	X	X	X	X	X	X	X	X	X	X	X	X
Karen Dunderdale	X	X	X	X	X	X	X	X	X	X	X	X

Minutes of the Trust Board Meeting

Held on 16 March 2021

Via MS Teams Live Stream

Present

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

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

In attendance:
Mrs Jayne Warner, Trust Secretary
Mrs Karen Willey, Deputy Trust Secretary (Minutes)
Ms Cathy Geddes, Improvement Director, NHSE/I

Apologies

353/21	**Item 1 Introduction** The Chair welcomed Board members and members of the public who had joined the extra-ordinary meeting being live streamed with a single item agenda to discuss restoration of services at Grantham and District Hospital. In line with guidance on Covid-19 the Board continue to hold meetings open to the public through the use of MS Teams live. In line with policy, papers had been published on the Trust website a week ahead of the meeting and the public being able to submit questions in the usual manner.
354/21	The Chair moved to questions from members of the public. **Item 2 Public Questions** **Q1 Councillor Ray Wootten** **I congratulate you on the way Grantham Hospital green site has been run during this pandemic along with the Urgent Treatment Centre which has provided excellent care for the people of Grantham and District.**

	Like many of my colleagues and campaign supporters it is clear that the majority would like A&E services resumed to the level that we had before August 16th 2016 when the service was taken away overnight and described as a temporary measure. Looking at the proposals at option 4 can you tell me what is the reason for only operating the A&E at Grantham from 8am until 6.30pm followed by a walk in service until 10pm. Many accidents including road traffic collisions occur outside these hours. An example of this was when I attended Lincoln Hospital after 10pm midweek and found over 60 people waiting to be seen. The people of Grantham deserve the same level of service. The Chief Operating Officer responded: The purpose of the paper was to look at the restoration of services in response to the temporary measures put in place in June 2020 and the commitment made by the Board. The paper did not seek to make any permanent changes to the model and the return would be back to the position at June 2020. Regarding road traffic collisions and serious injuries, the Trust continues to operate as part of the major trauma network with Nottingham Hospital being the Major Trauma Centre and providing care to those patients. For patients requiring care following a heart attack they would continue to go to the Heart Centre at Lincoln County Hospital. The Chief Operating Officer reiterated that the Trust would not be seeking to make any permanent changes to the model as part of the decision being considered by the Board. **Q2 Jody Clark** **The ongoing issues around our A&E, came about due to lack of suitable staffing. Today is the 1673rd day of what was a temporary overnight closure. I see from the papers, that this continues to put our emergency care services at risk - especially to us in Grantham. With these services not being restored until June. My question is, How are you advertising for the much needed staff and what incentives are being given to attract staff to a large rural county (which makes it challenging circumstances).** The Director of People and Organisational Development responded: The vacancy gaps across the Trust were well documented and the Trust had been working for a number of years to fill the gaps. There had been an impact on the recruitment programme, due to Covid-19, both in terms of focus of managers but also due to a delay in international recruitment. The pathway had been significantly impacted by travel restrictions. At the start of the pandemic there had been a reduction in turnover however this had increased over the course of the last few months including staff retiring. During the response to Covid-19 a number of staff were redeployed from Grantham Hospital and it had been a complex process to determine how to bring those staff back to Grantham. It was evident that there were gaps in medical, nursing and therapy staffing and this would impact on the restoration of services. Over the course of the last few months it had been possible to pick up nursing recruitment activity and there was a positive programme of international nurse recruitment supported by the NHS nationally. 125 nurses would commence with the Trust by the end of April 2021 with a further 120 due to commence during the course of the next financial year. These nursing staff would be directed to cover current vacancies.

The international recruitment process for medical staff was now being progressed due to shortages within the UK.

The Trust were also looking to recruit from the UK and, working with system partners, were considering how to sell Lincolnshire as a place to live and work, this work was being. The campaign 'Be Lincolnshire' had been developed with the local tourist board in order to encourage people to come and work in the county. Alongside this, active offers for training opportunities were in place for medical staff, which reflected the Trusts intention to promote the organisation as a place to build a career. The Trust were very active in seeking to recruit to fill gaps both at Grantham Hospital and across the Trust.

The Chair took the opportunity to extend a warm welcome to those colleagues joining the Trust from across the world to work with United Lincolnshire Hospitals NHS Trust and hope that they were made to feel welcome and had great careers.

Q3 Liz Wilson

The papers presented to the Board for today's meeting talks about the "patient engagement exercise" (para 4.2.2) and includes a number of quotes/comments from respondents; there is also a later mention (4.2.4) of the Acute Services Review (ASR) saying that "there is a separate process underway which will involve public consultation".

Can the Board explain:

a) **What the "patient engagement exercise" was, or is?**
b) **Whether the quotes mentioned above come from that exercise?**
c) **What the separate process for ASR is and how the public will be involved?**
d) **How the responses to the limited public engagement activity the Board undertook last week will be brought to the attention of the Board for consideration?**

The Chief Operating Officer responded:

Within section 7 of the report, Appendix A described the machinery of the patient engagement approach and detailed multiple ways engagement with patients, public and staff had been part of the development of the report. Throughout the report were a number of quotes and references to the feedback that had been received.

Section 10 of the report described the summary of all responses pulled together, in time to publish the report. It was recognised that this had been done swiftly but was an important aspect and had been described at the last Board that it would be done in this manner in order to enable a decision to be made prior to the April timescale that had been committed to.

There had been focus groups conducted and technology used to spend time having good and proper dialogue about the options put forward.

In response to question b, the quotes were from the exercise and focus group. Quotes were included where it was felt that the feedback had reinforced the option or led to a change in approach and a different option put forward.

In response to question c, the Acute Services Review (ASR) approach and consultation would not be conducted by the Trust, this would be a NHS Lincolnshire, Clinical Commissioning

	Group process. As articulated the report was not related to the ASR and was in response to the temporary changes that had been made. In response to question d, it had been articulated how public engagement had been built in to the report however it was important that the option for people to continue to offer feedback be left. The Trust continues to ask for feedback from patient, public and staff as the Trust moves forward from the decision taken today. Regardless of the decision the Trust would continue to seek feedback. Within the pack presented was the feedback up until the 15th March, when the papers were published, as the Trust remained committed to publishing the comments received to ensure the decision made by the Board was fully informed. **Q4 Vi King** **With the services coming back to Grantham hospital, please can I ask what the Trust have done, with regards to the retention/recruitment of staff. As I would not like to read or hear that because the Trust haven't got the establishment of staff, that services cannot be brought back.** The Director of People and Organisational Development responded: As the report stated, the staffing position was one factor to determine when services could return however, this would be an issue of if the services would return. The ability to recruit, as detailed in the earlier response, had been impacted by Covid-19 and latterly turnover had increased. As indicated there was significant recruitment activity underway to address the staffing gaps at both Grantham Hospital and across the Trust. The Trust were conducting a significant engagement exercise, from both Grantham and other sites, regarding the restoration of services and focusing on staff wellbeing programmes to support staff to recover. The Trust were holding a recognition week with staff, as it had been a year since the first Covid-19 patient at the Trust, and the Executive Directors were spending time talking to staff to see how they could be supported to recover. It was hoped that the Trust would manage the potential of greater turnover, retain staff and fully engage with them as services were restored. In terms of Covid-19 and short term gaps, the Trust would look to draw upon temporary support in order to ensure services could be restored as quickly as possible and that staffing was not an impediment to doing this.
355/21	**Item 3 Apologies for Absence** There were no apologies for absence
356/21	**Item 4 Declarations of Interest** The Chair declared an interested as the Chair of Lincolnshire Community Health Services NHS Trust who were currently providing the Urgent Treatment Centre at Grantham. Mrs Libiszewski also declared an interest as a Non-Executive Director of the Board for Lincolnshire Community Health Services NHS Trust.
357/21	**Item 5 Recommendations on Restoration Operating Model**

	The Chair noted the single item agenda noting that the Board had been convened to discuss and determine the restoration of services at Grantham and District Hospital post 31st March 2021. This was consistent with the decision taken on 11th June 2020 when the Board determined a temporary change to operating model at Grantham in response to the Covid-19 pandemic.
358/21	The Board were clear at the time that these were temporary arrangements in response to the pandemic and now the commitment must be fulfilled, that was made at that time, to restore the substantive model in place before the changes made last year.
359/21	The purpose of the meeting was to consider a series of recommendations to support the restoration process. It was noted however that, when the decision was taken, the Board could not have known that the pandemic would continue a year later. There was still a need to consider the pandemic situation as part of the deliberations.
360/21	The Chief Executive offered comments to support the paper presented noting that the temporary changes agreed in June 2020 had created a predominantly green site at Grantham Hospital. There was also in place a 24/7 Urgent Treatment Centre (UTC) in place of the accident and emergency department. Since the decision was taken, a range of other services had been put in place to increase local access to services.
361/21	Two quarterly reviews had been presented to the Board in respect of the changes, these had also been to the Health Overview Scrutiny Committee and on the whole most people would agree the changes had been a success.
362/21	Many operations and procedures, that might not have been carried out, including time critical conditions and surgery for both cancer and non-cancer patients had been provided at Grantham and arrangements have had a positive impact on patients.
363/21	The Chief Executive noted that a number of media interviews had been undertaken since June 2020 and the position had always been that the changes made were temporary in nature. The point had been repeated any time the position had been questioned. At the time of making the decision it was anticipated that the Trust would be in a position to reverse the decision around the end of March 2021. This would however be dependent on the circumstances and the position in the pandemic. It would only be possible to restore if it was safe to do so.
364/21	It was noted that most people would accept that the Trust could not have predicted what March 2021 or the rest of 2020 would look like. Since the decision was taken there had been further waves of Covid-19 and further lockdowns. All of this had shown how difficult it had been to make any predictions. Even now the country remained in a level 4 alert and the NHS in level 4 national emergency planning mode, the highest possible level.
365/21	The report identified that independent expert advice had been sought from Public Health colleagues regarding how to forecast the direction of the pandemic, the potential impact of the vaccination programme and how the Trust would go about providing both Covid-19 and non-Covid-19 based services on the same site. This also considered the part testing should play in any future service models.
366/21	At the Trust Board meeting in February 2021, one of the recommendations was to seek independent expert advice. This had been received from Public Health and summarised, in section 3 of the report.
367/21	Reflecting on the public questions regarding public engagement, there had been lots of engagement going back to when the decision was made. This had been summarised within

	the quarterly reviews but the Chief Executive reminded Board colleagues that in the latest review submitted to the Board there had been a substantial section on public engagement. This needed to be seen alongside the most recent feedback requested in order to review in its entirety.
368/21	All information presented would need to be taken in to account in order to reach a decision however, it was acknowledged that some comments conflicted and it was difficult to ensure everyone was satisfied by the decision to be made.
369/21	The paper presented was about restoring back to the pre-11th June position and was not about the long term future of Grantham Hospital. The ASR, which would hopefully be consulted on in the near future, was when the longer term position would be considered. The ASR would be produced and handled by the Clinical Commissioning Group.
370/21	The report presented had grouped services in to 4 areas of similar characteristics, addressed in turn within the report and each given a restoration date and explanation as to why the phasing had been given.
371/21	Taken together, the recommendations put to the Board would enable a swift, phased but safe restoration of services, with the opportunity for regular review and oversight by the Board and public. This would ensure safe and successful implementation of the restoration without compromising patient safety. This honoured the presumption made that the arrangements were temporary and that the Trust would restore back the services, but only when circumstances allowed and it was clear that it was safe to do so.
372/21	The recommendations before the Board were based on it feeling as though it was the right time to restore but with phasing to make this as appropriate as possible.
373/21	The Chief Operating Officer presented the paper to the Board highlighting those issues that were required to be brought to the attention of Board members.
374/21	The Chief Operating Officer advised that it was important to note that the paper had been written in the context of operating in a pandemic, Covid-19 was still a major risk to public health and this would not go away in this time period. The Trust would still have to operate in the context of the pandemic and there would need to be the necessary precautions and configurations to protect patients, staff and the public within hospitals.
375/21	The current situation made the restoration of services more complex and would restrict the Trust from switching back to the configuration in place prior to the pandemic. The Trust had made a commitment to restore services and the Chief Operating Officer was pleased to make recommendations to the Board to restore all services at Grantham but, it was worth recognising that the changes did not only apply to Grantham. There were many changes but the key changes in other areas, namely Louth, Lincoln and Boston had also been described within the report.
376/21	The Trust had benefited from input from Public Health England and the Lincolnshire Team and the Trust were grateful for the work undertaken throughout the review of research and literature described within the report.
377/21	The review suggested that, whilst recognising the improvements in testing, vaccination and ability to forecast the impact of Covid-19, it would not be possible to return back to the way of operating prior to Covid-19. The mix of Covid-19 patients and non-Covid-19 patients was high risk and no research was able to suggest that these could be mixed. Continued positive benefits were anticipated with the vaccination programme.

378/21	The Board were encouraged to consider the research but also consider the operational learning from the past year and to specifically note that the Trust had operated safe services on both the Lincoln and Boston sites, described as green pathways. This had been done in a way without significant excessive risk or impact on patients, given the relatively limited and prescriptive way the services had been operated.
379/21	Using this and the information and analysis from staff feedback and from best practice literature nationally, but also, importantly public and patient feedback, 4 groupings for the restoration of services had been put forward.
380/21	The groupings had been designed in a way that would enable safe restoration of services and minimise the risk of contracting Covid-19 within hospital. There was a need to reduce risk to vulnerable patients and improve access to services and overall capacity of services.
381/21	The Chief Operating Officer detailed the 4 groupings.
382/21	Group 1 described services maintained at Grantham and the way in which the Trust could maximise the capacity, and for some services, have these operating both on the main site and at alternative sites. This group would also see the restoration of chemotherapy services at Lincoln and Pilgrim where access had been restricted but also with additional capacity. Group 1 was recommended to be put in place in April and to be completed by the end of the month.
383/21	Group 2 referenced discreet services, separate services on the Grantham site, many operated by system partners and the ability to be able to restore and separate these from other areas of the Grantham site. This would honour the recommendation from the literature review not to mix Covid-19 and non-Covid-19 services.
384/21	Group 3 would see a more substantive restoration of services, related to outpatients and diagnostics and larger volume services. It was anticipated that these would continue to operate in separate zones created to ensure Covid-19 and non-Covid-19 patients did not mix. Elective pathways would continue to be heavily separated for patients and staff but more capacity put be back in place and also at Grantham.
385/21	Group 4 would see the restoration of accident and emergency services to the hours in place at June 2020 and would continue to be supplement by the Out Of Hours Service. This service had received a lot of praise through the feedback received. All of the associated medicine and undifferentiated services, such as emergency admissions on site would continue.
386/21	It was proposed that more time was taken to restore these services due to these being the highest risk service and the area where it was almost certain that patients with Covid-19 would access.
387/21	This area was one where Public Health had the most written feedback about the elements of services where the recommendation was not to mix with elective services. It was proposed to restore back in June in order to give time to work on some of the difficulties to identify staff to fill rotas. The Trust were aware of gaps where there was a need to recruit and some agency would be utilised. The recommendation for restoration of group 4 was June 2021.
388/21	The Chief Operating Officer advised that a number of appendices were included within the paper and were important and useful for the Board to reference in the decision making process. The Board were advised that the Quality Impact Assessment was included within the documents and noted the risk of restoration, this was not without risk.

389/21	The Trust needed to continue to be mindful of Covid-19 and ensure that preparation, planning and implementation of services was done in an effective and controlled manner.
390/21	The appendices also detailed the public engagement and equality impact assessment, this was more positive with the restoration of access for patients across the wider geographical area.
391/21	In summary, the Chief Operating Officer noted that there were a number of recommendations related to the groupings and the Board were asked to either accept or reject the recommendations based on the groupings therein.
392/21	The Chair noted the difficult process that had been worked through in respect of restoring the services, as they were in a pre-Covid-19 environment and, as described and supported by the Public Health advice. Planning needed to be considered with Covid-19 present.
393/21	The Chair sought the view of Executive Director colleagues on how the risk attached to the proposals would be managed and thoughts on how to be approach the decision-making.
394/21	The Director of Nursing advised that she, along with the Infection Prevention and Control (IPC) team and microbiology colleagues, had been involved with the Chief Operating Officer in the approach to the plans that had emerged as part of the restoration of services.
395/21	This was around how the level of risk was managed, with a number of risks taken in to account using the national guidance of low, medium and high risk. And what these meant in line with the national guidance available for some time, to reach the decision to put forward 4 groupings.
396/21	The Director of Nursing advised that walking the whole site had been conducted in order to ensure flows could be put in place and to manage the separation of high and low risk patients. This was not only about the management of Covid-19 but also other infectious diseases.
397/21	The Board were reminded of the approach to IPC excellence that had been developed using national guidance to support maintaining the green site. This had been done successfully. All of the information and knowledge gained had been used to inform the decision making process. This had also been cross reference with the quality impact assessment and the IPC Board Assurance Framework, which had previously been appended to reports presented to the Board. The national paper and 10 key actions, around managing Covid-19 had also been used to support the development of the paper presented.
398/21	It was clear that there had been significant learning by the NHS and the Trust had also experienced outbreaks on both the Lincoln and Pilgrim sites. Learning from these and national guidance had supported the work on how services should be restored on the Grantham Site.
399/21	The Director of Nursing noted that it was vital the Trust had the safest services for both patients and staff and was supportive of the proposals put forward to the Board.
400/21	The Chair asked the Director of People and Organisational Development about the level of confidence there was in the ability to resource the restoration process in the way intended.
401/21	The Director of People and Organisational Development advised that there could be confidence in the ability to resource the restoration. The Trust were working hard on recruitment in order to recruit to vacant positions. There were a number of international nurses that would be able to cover the vacant posts.

402/21	It was noted that there was a longer medical recruitment process but there was confidence that the gaps could be covered with locum doctors and temporary staff in a way that had been done in the past across the Trust. There was a good supply of agency staff and the Trust had worked with the locum supplier. There was a high level of confidence in the ability to fill the gaps in staffing until permanent staff could be recruited.
403/21	The Chair sought the view of the Medical Director asking to what extent he had been involved in developing the proposals.
404/21	The Medical Director advised that the proposals were crucial to getting the restoration right and as explained by the Director of Nursing this was about creating and maintaining safe pathways. Grantham had been successful in enabling the Trust to continue to provide healthcare, particularly surgical and chemotherapy services to the patients of Lincolnshire. The proposals described a very clear but gradual broadening of the offer at Grantham and moves towards the pre-green site model.
405/21	It was important to remember that Covid-19 was still present and the proposal described how the Trust moved to live with Covid-19, bearing in mind the Public Health report indicated that this would not go away and that the number of cases would vary as lockdown restrictions were lifted.
406/21	The difference now was the ability to manage people with Covid-19 and keep them safe and segregated. This was possible due to the changes to IPC practices and the availability of rapid testing. This would enable the Trust to clearly segregate patients.
407/21	The gradual role out would look at low risk service movements first before moving to the more difficult, unselected emergency services. As the restoration was rolled out it was crucial that the Trust learnt from this and developed.
408/21	The Medical Director indicated a high level of involvement in the development of the proposals to ensure these were safe and was supportive of the model put forward due to the importance of providing services to the people of Lincolnshire. The Medical Director noted that would always be tensions between risks and benefits but the ability to test and segregate offered the ability to make some of the changes.
409/21	The Chair noted that the remaining Executives would be offered an opportunity to provide their views in due course but sought input and questions from the Non-Executive Directors.
410/21	Mrs Libiszewski noted that this was a changing environment in which there was constant learning and asked if further updates had been received from Public Health since the paper had been written.
411/21	Secondly Mrs Libiszewski asked if there was an intention to continue to seek the advice of Public Health as the Trust moved through the phasing. This appeared to be a high risk strategy to re-open services and it was important to seek views regularly.
412/21	Mrs Libiszewski noted that as services were increased on site there would be an increased need for staff welfare support and sought assurance that it was possible to ensure staff welfare whilst maintaining segregation.
413/21	Fourthly Mrs Libiszewski noted, that whilst phase 1 and 2 felt comfortable, phase 3 would bring a large number of people back on-site in an early fashion in mid-April and asked what the review process would be, after phase 1 and 2 had been implemented, to determine if it was possible to commit to phase 3. Phase 4 again would increase risk.

414/21	Mrs Libiszewski was also unclear from the report what chemotherapy services would come back on stream at Lincoln and Pilgrim. It was understood these pathways had been walked but it was not clear when this would restore.
415/21	The Chief Operating Officer acknowledged the rapidly changing environment and within a week of having received the Public Health report a number of new reports were available. It was expected that these would continue to be published, particularly regarding vaccination. As such, as agreement was in place for ongoing dialogue and to continue to work with Public Health in order to rerun some of the work that had been undertaken.
416/21	The Trust continued to work as part of the local resilience forum which was well furnished with the Public Health information and Covid-19 forecasts. These were received on a weekly, and sometimes daily basis. This would factor in to any review of the decision made.
417/21	The Chief Operating Officer noted that staff welfare was difficult to manage and as alluded to there was a need to continue to separate staff to ensure they were not the point of transmission, or to increase the risk, particularly to those in blue areas. It was expected that segregation would continue and there was a need to consider restaurant services and other staff amenities in different ways.
418/21	This had been done on a small scale due to the blue services on the Grantham site however this would change in scale, planning had commenced to consider this and it may be that the Trust would need to seek support from the third and voluntary sectors in the short term.
419/21	Phase 3 was, as identified a substantial increase in volume of people returning to Grantham there are services in place, using models of managing and working those environments, the same as at Lincoln and Pilgrim. These were operating in a way that the Trust understood to minimise transmission.
420/21	Diagnostics offering services to blue and green, would now be considered. The Trust had not had incidents and this was done by separating pathways with clear time periods and focused teams.
421/21	The risks were understood as these pathways had been operating at Lincoln and Pilgrim, implementation would be undertaken gradually but it was unlikely, once a decision was made that this could be done without a significant impact on patients. If the decision was made at the end of the second grouping, there could be confusion for patients by switching to another location. This was a risk the Trust were mindful of.
422/21	Chemotherapy services would commence in group 1 at the beginning, in respect of services at Lincoln and Pilgrim. The pathways had been walked and separate routes and location of services identified. There was also work underway to consider marking a specific section of the car park at Boston to further separate the pathways.
423/21	The Director of Nursing support the comments made noting that the pathways had been walked and the sites looked at for segregation in a way that made it easy to do the right thing. In doing this, and using national guidance, this would allow the Trust to start to move from pandemic to endemic in respect of the management of Covid-19.
424/21	Consideration to the management of Covid-19 would be taken in line with other infectious diseases including the use of personal protective equipment and cleaning regimes to maintain safe environments. There was an intention to regularly review the pathways established to ensure these work for both patients and staff.

425/21	Dr Gibson noted the huge increase that had been seen in virtual consultations and the benefit to patients and sought assurance that, as services returned, full use of virtual consultations would be in place wherever possible.
426/21	Dr Gibson supported the view that there should be regular reviews as the process progressed and noted support for the proposal presented to the Board. Any approval for the proposals should be conditional to regular review as further information was available, particularly in light of the vaccination programme.
427/21	The Chief Operating Officer advised that virtual consultations were a firm feature of services for now and in the future. Feedback from patients, who had been apprehensive to attend hospital, had been incredibly positive. As outpatient volumes increased this would include capacity for virtual consultations. The use of these would support social distancing within clinics and the programme had factored this in a sizeable proportion of services.
428/21	In respect of the request for review, the Chief Operating Officer would provide updates as required to the Board to ensure that there was appropriate review.
429/21	Groupings 1, 2 and 3 would happen relatively quickly throughout April and there would be operational go, no go decisions taken around findings and the impact as some services were moved and other logistical elements. There would however also be a consideration of perceived risk and feedback. The Trust would always operate in this manner and should services be found not to be safe to restore the process would be dynamic and decisions taken in line with the Trusts response to the day-to-day operation of Covid-19.
430/21	Mrs Ponder noted the concerns that had been raised regarding the availability of 24/7 services at Grantham and sought a greater understanding as to why the walk in provision could not be extended beyond 10pm or the UTC maintained 24/7.
431/21	The Chief Operating Officer noted the clear divide of feedback noting that whilst some people were appreciative of the service others wanted the accident and emergency type of service returned. The changes made were temporary and as such, the service would be restored to what had been in place prior to June 2020. This would mean that the accident and emergency service would return with additional out of hours support in respect of the walk in service and support from Lincolnshire Community Health Services NHS Trust.
432/21	Deviating from this service offer would be a material change to service configuration and that would be a permanent change. If there was a desire to change the service this would be done through the Clinical Commissioning Group and that is where the reference to the ASR comes in. Any large and permanent change would be undertaken by NHS Lincolnshire.
433/21	Mrs Dunnett supported the request for regular review and recognised that the changes would be at pace. Mrs Dunnett sought assurance in terms of the communication that would be in place for patients attending for treatment and that there was a comprehensive and timely communication plan in place.
434/21	The Chief Operating Officer noted that the discussions held by the Board in February actively acknowledged that in order that the best decision could be taken, research would need to be undertaken in order to explore risk. The Board were aware that there would be a need to make some short notice changes. This was why work had been undertaken on planning that included significant communication planning. Planning included public communication, for which there had been a significant amount, and would be further following the decision taken, along with some more of the technical elements of transferring patients back to Grantham.

435/21	Due to the lead times to book appointments, some services would continue to operate on other sites and move over at a later date, they would continue to operate during the month of April.
436/21	This would mean that there would not be absolute moves initially but incremental in order to ensure confusion was not caused for patients. This had been worked through with operational, booking and choice and access teams. Subject to the decision taken the machine would start to re-programme activity.
437/21	This was the risk that had previously been described as to why it would not be easy to stop group 3 once it had commenced, due to the volume of correspondence and contact, the Trust would run the risk of creating confusion.
438/21	The Director of Improvement and Integration noted his involvement in considering the options and supported the balance of risk reached in the recommendation put forward. The paper discussed the restoration of services primarily at Grantham however the Director of Improvement and Integration was leading a piece of work around the restoration across Lincoln, Boston and Louth. This would follow in due course and was part of a larger piece of work to restore services.
439/21	The Director of Finance and Digital supported the proposal and was clear that the arrangements had been temporary. Virtual consultations would play a vital part moving forward in minimising footfall on the Trust sites. The Director of Finance and Digital took the opportunity to remind the Board of the significant investments that had been made at Grantham including a new MRI scanner. As the Trust looked to move forward the groupings and returning the services the Trust were looking to complete a number of refurbishment and investments at the Grantham site.
440/21	The Chair thanked the Executive Directors for the comprehensive paper and for the presentation to the Board that had enabled discussions to take place.
441/21	The Chair drew the attention of the Board members to the Public Health advice and the presence of Covid-19 and operating context, in which the Trust needed to provide services at Grantham and other hospitals.
442/21	The Board had heard from colleagues that there was a level of confidence that appropriate IPC and safety measures were in place. The Chair recognised the challenges presented and had heard the mitigating factors regarding the phased approach, learning, vaccination programme, testing of staff and understanding of the virus.
443/21	The feedback received by the Trust needed to be taken in to account and the Trust had a Quality Impact Assessment and Equality Impact Assessment in place, that demonstrated that there was a need to ensure patients could access services in the right place at the right time.
444/21	Whilst the paper had predominately focused on Grantham the response was Trust wide with responsibility to the population of Lincolnshire.
445/21	The Chair turned to the recommendations on page 10 and 11 of the paper and took each in turn. Voting members of the Board were asked to express their support to the recommendations through the chat function within MS Teams.
446/21	The Trust Board members approved the 4 recommendations within the paper presented.
447/21	The Chair noted the request for the Board to remain vigilant with regard to the implementation of the restoration of services. The Board would continue to take regular update papers in

	respect of review. If at any time that any of the Executive Directions or staff raised issues of safety in respect of the restoration of services, the Board would reconvene and consider the position.
448/21	The Chair appreciated that for a lot of people they would be pleased that services were being restored but acknowledged that there would be people who did not agree with the action taken by the Board.
449/21	This had been a difficult decisions for the Board in order to do the right thing for everybody however the pandemic continued and there was a need to ensure the way in which services were provided transitioned from pandemic to endemic. The Board recognised the risk and were taking all action possible to mitigate the risks described.
450/21	The Chair offered thanks to staff across the Trust, and those at Grantham, working elsewhere or in different circumstances.
451/21	Thanks were expressed to the public for the continuing support and engagement and feedback that had been provided. The Trust Board: • **Approved Recommendation 1 – the restoration of services in Group 1 should be supported for implementation in April for completion by 30th April** • **Recommendation 2 – the services in Group 2 should be restored to the Grantham site as described starting from the week of 6th April for completion by 30th April 2021** • **Recommendation 3 – the services in Group 3 should be restored to the Grantham site from 19th April and completed by 30th April 2021** • **Recommendation 4 – restore the June 2020 operating model for the emergency care pathway by 30th June 2021**
452/21	**Item 6 Any Other Notified Items of Urgent Business** There were no other notified items of urgent business
453/21	The next scheduled meeting will be held on Tuesday 6 April 2021, arrangements to be confirmed taking account of national guidance

Voting Members	**7 Apr 2020**	**5 May 2020**	**2 June 2020**	**11 June 2020**	**7 July 2020**	**4 Aug 2020**	**1 Sept 2020**	**6 Oct 2020**	**3 Nov 2020**	**1 Dec 2020**	**2 Feb 2021**	**2 Mar 2021**	**16 Mar 2021**
Elaine Baylis	X	X	X	X	X	X	X	X	X	X	X	X	X
Chris Gibson	X	X	X	X	X	X	A	X	X	X	X	A	X
Geoff Hayward	X	A	A	A	A	A	A	A	A	X	X	X	X
Gill Ponder	X	X	X	X	X	X	X	X	X	X	X	X	X
Neill Hepburn	X	X	X	X	A	X	X	X	X	X	X	X	X
Sarah Dunnett	X	X	X	X	X	X	X	X	X	X	X	X	X

Elizabeth Libiszewski	X	X	X	X	X	X	X	X	X	X	X	X	X
Paul Matthew	X	X	X	X	X	A	X	X	X	X	X	X	X
Andrew Morgan	X	X	X	X	X	X	X	X	X	X	X	X	X
Mark Brassington	X	X	X	X	X	X	X	X	X	X	X	X	X
Karen Dunderdale	X	X	X	X	X	X	X	X	X	X	X	X	X

PUBLIC TRUST BOARD ACTION LOG

Agenda item: 5.2

Trust Board date	Minute ref	Subject	Explanation	Assigned to	Action due at Board	Completed
1 October 2019	1576/19	Smoke Free ULHT	Post implementation review to be presented to the Board	Rayson, Martin	~~07/04/2020~~ 06/04/2021	Agenda Item
4 February 2020	077/20	Assurance and Risk Report Quality Governance Committee	Review of TOM and governance to be presented to the Board	Evans, Simon	~~07/04/2020~~ 03/08/2021	Further work commissioned. Report now expected Summer 2021
2 March 2021	259/21	Staff Covid-19 Story	To develop a regular plan of activities, such as back to the ward, through staff engagement and organisational development activity	Rayson, Martin	04/05/2021	

OUTSTANDING CARE personally DELIVERED

NHS United Lincolnshire Hospitals NHS Trust

Meeting	*Public Trust Board*
Date of Meeting	*6 April 2021*
Item Number	*Item 6*
Chief Executive's Report	
Accountable Director	*Chief Executive*
Presented by	*Andrew Morgan, Chief Executive*
Author(s)	*Andrew Morgan, Chief Executive*
Report previously considered at	*N/A*

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

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

Recommendations/ Decision Required	• *To note*

Executive Summary

1. Introduction

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

2. CEO System Overview

- NHSE has issued the 2021/22 priorities and operational planning guidance. The priorities for the year cover the health and wellbeing of staff; COVID-19 including the vaccination programme; learning from the pandemic to transform services, restore elective and cancer care and manage the increasing demand on mental health services; expanding primary care capacity; transforming community and urgent and emergency care to prevent inappropriate attendances in ED, improve timely admission to hospital for ED patients and reduce length of stay; working collaboratively across systems to deliver these priorities. Work is now taking place across the system on the implementation plans relating to these priorities. NHSE also issued guidance on the finance and contracting arrangements for the period 1st April 2021 to 30 September 2021 or H1 2021/22 as it is known.
- NHSE has also issued a consultation document on the new NHS System Oversight Framework for 2021/22. This consultation closes on 14 May 2021.This new framework introduces the new Recovery Support Programme (RSP) which replaces the special measures regime. The Lincolnshire system has already agreed to be part of this new RSP arrangement and is in the process of appointing a System Improvement Director, which is a key component of the framework.
- The national incident level for the NHS COVID response has been reduced from level 4 to level 3 with effect from 25th March. This will move the management of the incident from being nationally co-ordinated to a regional level. This change will have implications for oversight arrangements; reporting; incident co-ordination; communications. All of these are being worked through.
- Confirmation has been received that the Lincolnshire STP has been formally designated as an Integrated Care System (ICS) from April 2021. The ICS will evolve during the year, including in response to any legislation emanating from the recent NHS White Paper.
- The Pre-Consultation Business Case (PCBC) for the Acute Services Review (ASR) has successfully been through the NHS Midlands assurance panel process. The PCBC has been passed to the national assurance panel with a recommendation for approval. Assuming the PCBC receives approval, the CCG will be required to take the PCBC through a Governing Body meeting in public prior to public consultation. This could not happen prior to 6th May in view of the 'purdah' period relating to the local elections.
- There are local elections in Lincolnshire on 6th May. The normal pre-election guidance for NHS organisations has been issued. This comes into effect from 25th March until 6th May. This is sometimes known as the 'purdah' period. During this time, NHS organisations are advised that there

should be no new discretionary decisions or announcements of policy or strategy; no decisions on large and/or contentious procurement contracts; no participation by NHS representatives in debates and events that may be politically controversial.

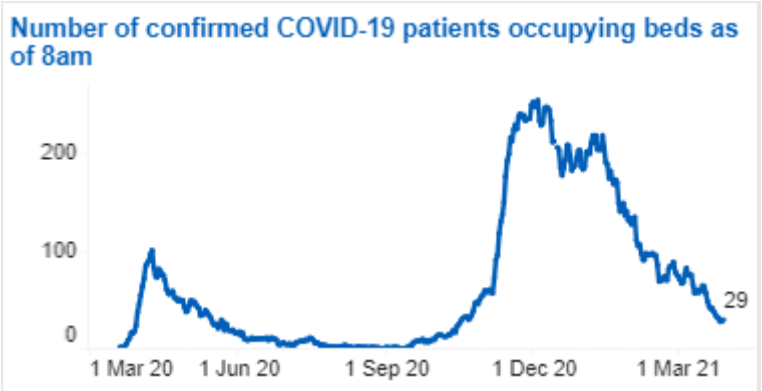
- The vaccination programme in Lincolnshire is progressing well, with the focus continuing to be on vaccinating people in priority groups 1 to 9. The aim is that these groups should have received their first vaccination by the 15th April. The system is on course to meet this deadline. Second doses have also started to be administered.

3. CEO Trust Overview

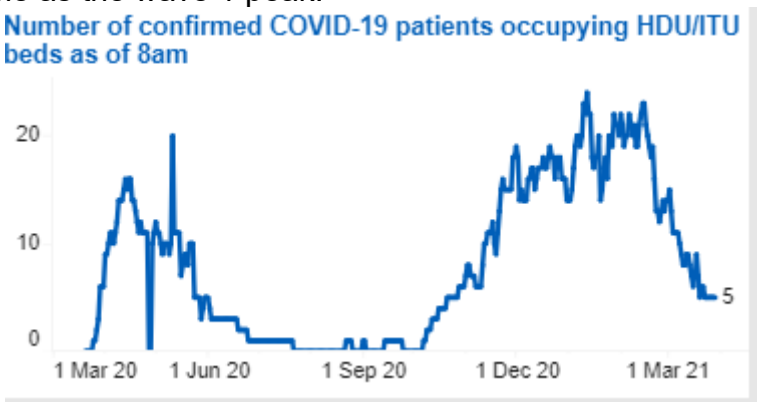
- The number of COVID cases in the Trust continues to reduce. This is allowing the focus to move to the restoration and recovery of non-COVID services. Project Salus is the name given to this work in the Trust and is about how the Trust moves from managing COVID as a pandemic to a situation whereby it is managed as an infection that is endemic in our area. This involves a different approach to the risk stratification of patients and the resultant delivery of services.
- The Trust commemorated the first anniversary of admitting COVID inpatients by holding a staff recognition week in the week commencing 15th March. This involved members of the Board visiting all sites to thank staff for their work and dedication over the past year. Amongst other things, ULHT COVID Heroes pin badges were given out to staff. There were also gifts of chocolates, flowers and other 'random acts of kindness.' A tree was planted on each of the three main sites to commemorate everyone who has been affected by COVID and in memory of Captain Sir Tom Moore who did so much to support the NHS.
- At the extraordinary Board meeting on 16th March, the Board signed off a series of recommendations relating to the restoration of services at Grantham and District Hospital between now and the end of June 2021. Work is ongoing to implement these recommendations.
- The vaccination hubs at Lincoln County Hospital and Pilgrim Hospital have re-opened for the delivery of second doses of COVID vaccinations. Second doses will also be given at Grantham and District Hospital during April.
- The Outline Business case for the Pilgrim A&E department redevelopment has now received approval by NHS Midlands and has been passed to the National Investment Committee for consideration. This meets at the end of June. Approval at this stage would allow the Trust to produce the Full Business Case.
- It is National Volunteers' Week from the 1st June to 7th June. Volunteers provide huge support to the Trust and work is underway to identify how to highlight and celebrate the fantastic work done by our Volunteers.
- The Emergency Care Intensive Support Team (ECIST) have been invited in to the Trust to assist with the continued work around improvements to emergency care flow.

4. Covid – Incident and Operational Update

Throughout February and March, the Trust has seen an overall reduction in overall numbers of Covid-19 +ive patients.



At the end of February 2021 the Trust had less Covid-19 patients than at the previous wave 1 peak in April. Whilst the reduction in overall Covid-19 inpatient demand has reduced Critical Care occupancy levels have taken longer to reduce. At the end of February patients requiring Critical Care who had Covid-19 were almost the same as the wave 1 peak.



To date in March both Critical Care and general inpatient demands from patients with Covid-19 have reduced further. As the Trust begins its restoration of services this reduction is welcome news and will enable staff to take important rest as well as helping with the reintroduction of key services at levels previously not possible.

5. Staff Absence

As at 29th March, there were just over 600 staff absent through sickness. 25% of these were for reasons related to COVID. This is a significant reduction on the numbers absent in January and February.

If COVID absence is discounted, overall sickness is slightly higher than the equivalent figure in 2020. We are particularly concerned about absence recorded as due to anxiety/stress. 1 in 8 of our staff who are absent are recorded as absent due to stress and anxiety. Two years ago, this was below 1 in 10.

We will be undertaking a deep dive on the topic at the next People and OD Committee. We have already invested in additional Employee Relations and Occupational Health support to seek to address the issue, as well have a range of well-being support, which is described later. Further action will follow.

6. Keeping our staff safe

We have reassessed the framework in place to ensure our staff are safe at work, as we move from managing a pandemic to managing an endemic. This comprises:

Hands - Face - Space - Ventilate remains at the heart of our IPC approach, enhanced by
Correct and mandatory use of PPE and effective cleaning procedures.
Staff well-being checks - All staff now have a personal thermometer and can self-test themselves and/or should use the well-being stations at the entrance to clinical areas
Twice-weekly lateral flow COVID testing - All staff have access to lateral flow kits available from site stores and should test themselves twice a week on the designated days.
COVID vaccination programme - The figures for COVID vaccinations to ULHT staff are given below:

Staff Numbers (ESR)	Vaccinated - Dose 1	Vaccinated - Dose 2
ULHT HCW (All)	8577	3116
HCW "At Risk" (subset of all)	262	131
HCW BAME (subset of all)	1019	500

Second vaccinations commenced at LCH on 1st March and Pilgrim will begin on 23rd March.

Approximately 90% of all staff have had a first vaccination and 90% of BAME staff. The figure for BAME staff is higher than most NHS Trusts in the Midlands region, which reflects the work we have done with the BAME Network to encourage take-up.

We consistently followed up on those staff who had not had their first vaccinations, both in terms of general communications and communications specifically targeted at the BAME community. The NHS nationally asked us to have one-to-one communications with staff still to have a vaccine to:

- Explain the powerful positive effect of the vaccine
- Address any concerns around having the vaccine
- Tackle any practical issues around having the vaccine.

These conversations are on-going and have resulted in a further 20% of those contacted making arrangements to have the vaccine. Pregnancy or other health concerns are the main reasons why staff are not having the vaccine. Only a small proportion are unwilling to do so.

Shielding ended on 1st April. We continue to encourage staff to work at home where they are able to fulfil their role. This will apply to staff previously shielding, but where they cannot work at home we will be working with staff to bring them back onto our sites safely. The different designation of our patients and areas in respect of COVID (High/Medium/Low Risk as opposed to Green and Blue) means that we also need to review the adjustments to working arrangements made following risk assessments for higher risk staff.

7. Well-Being

An extensive well-being offer has been in place through the COVID pandemic. This has been adapted to reflect additional national and system support available, feedback from our staff (channelled through the Staff Wellbeing Group) and changing circumstances. Most recently we have focused on our ICU staff and ensuring easy access to the mental health support provided by LPFT (notably their Steps2Change programme).

There is increasing recognition (nationally in the NHS and at ULHT), as the number of COVID patients reduces, that alongside the “recovery” of services to deal with patient back-logs, there will need to be a “recovery” phase for our staff. Best practice guidance from the NHS proposes that we focus on six “building blocks for recovery”:

1). Appreciation and Recognition
2). Rest and Recovery
3). Safe and Secure at Work
4). Staff Experience
5). Creating Capacity
6). Healing.

We are benchmarking the actions the Trust has in place against the best practice identified under each heading. It is evident that we have or are taking the appropriate action. For example we held a very successful “appreciation week” in March. Additionally, we are allowing our staff to carry forward up to 20 days of untaken leave into the new financial year. They are able to take a maximum of 10

additional days in the 21/22 financial year. The challenge will be in accommodating staff expectations around leave, whilst still maintaining services. We have encouraged teams to start planning collectively leave for the next 12 months, particularly around key pinch-points.

We are planning two "well-being weeks" in w/c 19th April and 10th May, which will be an opportunity to decompress and connect with others, with a range of well-being activities taking place and a reduction in non-essential activity and meetings.

Our overall well-being offer underpins this work. The next steps around well-being are as follows:

- Providing training for managers in how to have effective wellbeing conversations with their staff and signpost to appropriate sources of help
- Delivering wellbeing support by member of the wellbeing team located on wards and departments to build trust and confidence and allow greater accessibility
- Refreshing out list of Wellbeing Champions and Mental Health First Aiders to ensure they are actively involved in supporting their colleagues' wellbeing and relaunching and rebranding as Wellbeing Allies
- Training additional Mental Health First Aiders
- Offering additional counselling support
- Continue the calls to managers to have a wellbeing check in

8. Increasing Supply

One of the building blocks around recovery is termed "creating capacity". There is a focus on reducing the number vacancies in the NHS. In ULHT the overall vacancy rate has been reducing and is now below 12%. However that is still significant and turnover rates have increased since September 2020, following a decline during the first COVID Wave.

In terms of recruiting to our vacancies, there are strong pipelines in place for the recruitment of medical staff and active recruitment to 93 of the 119 fte medical vacancies. The remaining posts are on hold.

With the support of NHSE/I we will have recruited around 120 international nurses to the Trust by the end of April. These will start in cohorts with the Trust through to the end of September upon successful completion of their training and exams. With domestic recruitment and NQNs we expect over 200 new starts by the Autumn, against the 320 vacancies. There is an expectation of further international nurse recruitment through to the end of the 2021/22 financial year and this, coupled with other recruitment activity planned, should enable us to minimise nursing vacancies by the spring of 2022.

There are over 200 new HCSWs due to start with the organisation before the end of May. This should leave a net nil vacancy position once they all start with ULHT.

We will build on the success of the HCSW cohort recruitment programme to run similar exercises for HCSWs through the year and also for other clinical groups, to address the vacancy position among Allied Health professionals.

9. National Finance Regime

- The national NHS M1-M6 financial regime which provided sufficient central resource to enable each organisation to break-even has now ended and has been replaced for M7-M12 with an STP based income envelope.
- The Lincolnshire income envelope is inclusive of proposed block arrangements for each of the three Providers and the CCG and £87m 'top up, growth and COVID related' income that the STP has agreed an apportionment of planned support across the four organisations.
- Arrangements for the new financial year are now being shared and this will include a block arrangement for M1-6 of 2021/22.

10. ULHT Month 11 Financial Headlines

- The Trust has delivered a £26k deficit for the month of February after planned support from the Lincolnshire system of £11.6m.
- The Trust has delivered a break even position YTD inclusive of system support of £59.8m; £0.5m of planned support from the Lincolnshire system not required in January was required in February to deliver the breakeven YTD position.
- The income position in February is £2.0m favourable to plan including a one off benefit of £0.5m following confirmation that the Trust would not be penalised for underperformance in relation to the Elective Incentive scheme (EIS); the rest of the over performance in February is driven by pass-through income and other non-recurrent income, both that have offsets in expenditure.
- The YTD expenditure position includes £3.5m higher than planned expenditure in relation to the additional costs of Covid.
- The YTD expenditure position also includes £0.4m of expenditure in relation to the Covid Vaccine Programme for which the Trust is funded on a retrospective basis through a validation process.

11. System Month 11 Financial Position

- Against the STP income envelope the Lincolnshire system submitted a planned year-end deficit of £4m.
- 100% of this deficit position sits within the CCG with the three Provider trusts planning a zero break-even position.
- The overall system position reported at Month 11 is breakeven; this represents a favourable variance against plan of £2.9m driven primarily by a favourable CCG position.

- The system-wide year-end forecast position is breakeven; a £4m favourable forecast to plan.

Report to:	Trust Board
Title of report:	Quality Governance Committee Assurance Report to Board
Date of meeting:	23rd March 2021
Chairperson:	Liz Libiszewski, Non-Executive Director
Author:	Karen Willey, Deputy Trust Secretary

Purpose	This report summarises the assurances received and key decisions made by the Quality Governance Assurance Committee (QGC). The report details the strategic risks considered by the Committee on behalf of the Board and any matters for escalation for the Board's response. This assurance committee meets monthly and takes scheduled reports from all Trust operational groups according to an established work programme. The Committee worked to the 2020/21 objectives. The Trust are responding to the second wave of Covid-19 and as such the meeting was held via Microsoft Teams with a reduced agenda and attendance to focus on key priorities. The Committee were mindful of the pressures being faced by the Trust.
	Lack of Assurance in respect of SO 1a Issue: Deliver harm free care **Incident Management Report** The Committee received the report and requested assurance that a planned improvement trajectory was in place to improve the position of Divisional investigations. The Committee were advised that work was underway with the divisions to agree a way of working that would provide appropriate levels of support. This would be reported to the next Patient Safety Group meeting where a trajectory and timescale would be agreed. The Committee noted concern regarding the large backlog within the Medicine Division and were advised that additional support had been provided and was welcomed. Future reporting to the Committee would be strengthened through the use of SPC charts. The Committee noted that a request had been made to down grade a number of 12-hour trolley waits reported as serious incidents following review of the cases. A response was awaited from the Clinical Commissioning Group. The learning from the review of these incidents and resulting actions would be monitored through the Patient Safety Group.

	Medicines Management Group upward report The Committee were pleased to receive the report noting that work was being undertaken to refine the approach and reporting of the group. The Committee were not assured that the previous internal audit reports were closed, as evidence of this had not been received. The Committee requested that proposed roadmap for Pharmacy and Medicines Management reflect the internal audit reports to capture all actions and for these to be included within the groups work programme. The Committee noted the appointment of a Locum Deputy Chief Pharmacist to the team who would be providing focus on linking pharmacy services with the wards. **Harm Reviews** The Committee received the report noting the continuing development of work to review harm and progress achieved. The Committee noted that the process was evolving to understand the size of the issue noting that an unknown issues related to outpatients. The Committee noted that there was no national solution in place however the work carried out within Ophthalmology would be replicated across other services on a risk basis in order to identify solutions. The Committee requests an update be provided in relation to the highest risk specialities in order to understand the level of risk and how this was being stratified. **High Profile Cases** The Committee received the report noting that updates had been highlighted in order to enable the Committee to easily see any changes to the report. Concern was raised regarding the number of actions that remained open however were advised that these were being addressed. **IPC Group upward report** The Committee received the report noting the 4 MRSA Bacteraemia that had been reported in the financial year. As a result of the bacteraemia a MRSA plan would be developed for use as part of the Trusts audit arrangements. The Committee noted that the Trust has reported 63 Colostrum Difficile case against a target of 110 set by NHS England. The Trust were reporting a positive position and learning would be taken from this. The Committee noted the Trust wide IPC Covid-19 action plan that was in place with a number of actions due to be allocated to divisions or support areas. The Committee were advised that there were a large number of IPC

	policies seen monthly by the group in order to understand the position. A review of the policies was underway. The Committee were advised that the IPC Audit plan for 2021/22 would be rolled out from April and the IPC BAF continued to be reviewed and updated monthly and presented to the Committee quarterly. The Committee were pleased with the progress of IPC and the transparency of reporting. The Committee noted that progress of the IPC BAF however acknowledged that legacy estates work continued to impact IPC. **Patient Safety Group Upward report** The Committee received the report acknowledging the work put in train in relation to diagnostic testing incidents and the Guardian of Safe Working report. The Committee noted the discussion held in relation to the mortality review process due to the historical backlog. The Committee considered the option proposed to progress reviews and approved the option proposed by the group. The Committee were pleased to note that the group had reviewed the risk register and had updated risk assessments in relation to Non-Invasive Ventilation. **Safeguarding and Vulnerabilities Oversight Group Upward report** The Committee received the report noting concern in relation to mandatory safeguarding training for F1/F2 doctors. This posed a fundamental risk for the Trust due to effective recording of the training compliance not being captured. The Committee requested that this concern be referred to the People and Organisational Development Committee to ensure appropriate actions were taken.
	Lack of Assurance in respect of SO 1b Issue: Improve Patient Experience **Patient Experience Group Upward report** The Committee received the reporting noting that in light of the decision taken by the Board regarding the restoration of services there needed to be alignment of patient experience work. The Committee raised concerns over the size of the group and remit noting that this needed to offer appropriate assurance to the Committee. The Committee received and approved the groups' terms of reference and noted that a review would be required in 6 months to ensure progress was being made.

	Lack of Assurance in respect of SO 1c Issue: Improve Clinical Outcomes **Clinical Effectiveness Group Upward report** The Committee noted the report and raised concern regarding the NICE guidance for accessible standards. The Committee were advised that until an improvement had been made with IT infrastructure compliance could not be achieved. The group requested that the issue be referred to the Digital Strategy Group. The Committee approved the referral noting that this would require inclusion on the risk register. The Committee noted that the Trust were not participating in the national audit for Inflammatory Bowel Disease and requested an update on the need for involvement.
	Assurance in respect of other areas: **Visits** The Committee received the report which detailed the Ward/Department Review visit process that drew together the nursing accreditation programme. The process would use observation, conversation and evidence to triangulate the various methodologies that would lead to accreditation of areas in line with the current bronze, silver and gold ratings. The approach would incorporate the principles of the 15 Steps Visits. The Committee noted that the approach would include multi-disciplinary teams to undertaken reviews and would include staff and stakeholders. The Committee sought assurance that quality assurance would be built in to the process. The Committee welcomed the approach and hoped the reintroduction of visits would be welcomed by staff. The Committee requested that consideration be given to the presentation of awards for those areas achieving accreditation. **Committee Performance Dashboard** The Committee received the dashboard noting that areas of discussion would be addressed through reporting group upward reports. The Committee were advised that a review of indictors for 2021/22 was being undertaken to ensure these remained fit for purpose and were aligned correctly to the Committees. The Committee would receive the updated dashboard in May. **Performance Review Meeting Upward Report** The Committee received the upward report noting the good news about the EMRAD pilot within the Clinical Support Services Division.

	The Committee noted the outliers for the Medicine Division and were advised that these were monitored through the harm review process and was an area of concern for the Patient Safety Group. The Committee would receive updates in relation to the issue through upward reporting from the group. **Maternity and Neonatal Oversight Group Upward Report and Maternity Dashboard** The Committee were pleased that the first meeting of the group had taken place and received the upward report. It was noted that the group would be time limited with an expected duration of 18 months. The Committee were asked to approve the amended terms of reference of the group following review at the inaugural meeting. The Committee were advised that confirmation had been received in relation to ring fenced Clinical Negligence Scheme for Trusts (CNST) monies and funding from the Local Maternity and Neonatal System (LMNS) for maternity and neonatal training. Reporting arrangements were agreed for the group through the maternity and neonatal services, assurance reporting and the maternity dashboard that would form the data and analysis of reporting oversight arrangements. The reporting template had been developed to enable improved reporting of qualitative data that would lead to triangulation with quantitative data. The Committee noted that the CNST maternity data set had moved from red to green and all datasets submitted successfully. The Committee were advised that feedback received from the NHS England Maternity Safety Advisor had been positive in respect of grip and control noting that there was an understanding of issues. There had not yet been formal feedback received following the Ockenden submission however some informal feedback had been received. The Non-Executive Maternity Safety Champion offered a verbal update to the Committee advising that the first meeting of the group had been positive with discussions around how the voice of the patient would be represented. The Committee noted that Birth Rate Plus would be reported to the People and Organisational Development Committee in April. The Committee approved the terms of reference for the group subject to the clarity being included regarding the LMNS. Progress was noted against CNST and the Committee approved the revised reporting template which would be presented to the Board.

	Quality Impact Assessments The Committee received the report noting the significant improvement in the reporting process. The Committee noted that this was becoming embedded and was being refined however the process of review and how this was monitored remained unclear. The Committee were advised that reviews were being undertaken to consider both the intended and unintended consequences however reviews of QIAs would be built in to the process. The Committee raised concern regarding the Sepsis Practitioners being moved in to clinical practice during the pandemic, resulting in a decline in sepsis performance. Whilst this decision was rightly taken due to the pandemic the Committee noted that there needed to be a consideration of the balance of risk through QIAs and decision making. **CQC Must Do and Should Do Actions and Regulatory Notices** The Committee received the reporting noting that concerns in relation to Non-Invasive Ventilation was being addressed through the Patient Safety Group, the Committee would receive further updates through the group. The Committee were advised that the concerns raised in relations to medicines would be addressed through the evidence panel that would commence in April. As work progressed to embed evidence processes, it was hoped that the RAG ratings would improve and allow challenge of evidence. The Committee noted the need to link actions to outcomes and evidence with changes being seen through improvement of existing indicators. Focus on issues had improved over the past year and this was now allowing the Committee to be aware of issues that were arising.
Issues where assurance remains outstanding for escalation to the Board	
Items referred to other Committees for Assurance	The Committee referred the risk of mandatory safeguarding training compliance for F1/F2 doctors not being captured effectively, to the People and Organisational Development Committee to ensure that appropriate actions were being taken.
Committee Review of corporate risk register	The Committee reviewed the risk register accepting the risk and noting that the report would be amended over time with the revision of the risk register.
Matters identified which Committee recommend are	None

escalated to SRR/BAF	
Committee position on assurance of strategic risk areas that align to committee	The Committee considered the reports which it had received which provided assurances against the strategic risks to strategic objectives.
Areas identified to visit in dept walk rounds	Department walk around currently suspended.

Attendance Summary for rolling 12 month period

Voting Members	A	M	J	J	A	S	O	N	D	J	F	M
Elizabeth Libiszewski Non-Executive Director	X	X	X	X	X	X	X	X	X	X	X	X
Chris Gibson Non-Executive Director	X	X	X	X	X	X	X	X	X	X	X	X
Sarah Dunnett Non-Executive Director											X	X
Neill Hepburn Medical Director	X	X	X	X	X	X	X	C	X	X	X	X
Karen Dunderdale Director of Nursing	X	X	X	X	X	X	D	X	A	X	X	X
Simon Evans Chief Operating Officer			X	X	A	X	D	C	C	C	C	C

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

OUTSTANDING CARE personally DELIVERED

NHS United Lincolnshire Hospitals NHS Trust

Report to:	Trust Board
Title of report:	People and OD Committee Assurance Report to Board
Date of meeting:	17TH March 2021
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 People and OD Assurance Committee. The report details the strategic risks considered by the Committee on behalf of the Board and any matters for escalation for the Board. This assurance committee meets monthly and takes scheduled reports according to an established work programme. The Committee worked to the 2020/21 objectives. The Trust are responding to the second wave of Covid-19 and as such the meeting was held via Microsoft Teams with a reduced agenda and attendance to focus on key priorities. The Committee were mindful of the pressures being faced by the Trust.
Assurances received by the Committee	**Assurance is respect of SO 2a** **Issue: A modern and progressive workforce** **Staff Survey Feedback** The Committee received the staff survey report noting that this had now been published and would be presented to the Public Trust Board. The Committee reflected on the disappointing results however noted the approach to address the result would differ from previous years. This would be undertaken through the NHS England/Improvement culture and leadership programme, which would offer a holistic approach. Consideration was being given to the introduction of a Change Team and work would be integrated and aligned with the Trusts Integrated Improvement Plan.
	Assurance in respect of SO 2b **Issue: Making ULHT the best place to work** **Employee Relations Activity**

The Committee received the update noting that there had been a significant increase in the number of cases going forward to tribunal due to costs not needing to be met by the claimant.

The Trust were now in a position whereby it was willing to defend claims and were more robust in following through on employee related issues. The Committee noted however that criticism had been received in relation to the length of time taken to conclude employee relations issues.

This linked to the case of Amin Abdullah, as previously presented to the Committee, and the Trust were seeking to learn lessons from the case.

The Committee noted that an equivalent process had been established for medical staff as was in place for agenda for change cases in order to ensure oversight, consistency and momentum of activity.

The Committee were advised of the impact that Covid-19 had on the ability to address cases but were assured that work was in progress to address this.

2020/21 WRES Action Plan
The Committee received the draft action plan noting that all Workforce Race Equality Standards reporting had been suspended due to Covid-19 but had subsequently been reintroduced by NHS England.

The Committee noted that the action plan presented was an integrated plan that would need to link in to the cultural and leadership work that the Trust were undertaking.

The Committee noted the positive position in achievement of a high number of Black, Asian and Minority Ethnic staff who had taken up the Covid-19 vaccination. The Trust were amongst the top performers in the East Midlands for the BAME vaccination rate.

Assurance in respect of SO 4c
Issue: To become a University Hospitals Teaching Trust

Medical School Update
The Committee received an update noting that a meeting was due to take place with NHS England regarding the build of the medical school. It was hoped that this would be the final stage ahead of building commencing.

Staffing continued to be an area of concern due to difficulties in recruiting to the professorial posts however the Committee noted that alternative approach being taken to identify potential candidates.

The Committee noted concern around the risks associated with the delays in commencing the build of the medical school and requested clear sight of any associated risks to ensure the Board was sighted.

Assurance in respect of other areas:

National Programme – Future NHS HR/OD
The Committee received a verbal update in relation to the future of NHS HR and OD noting that the programme sought to involve stakeholders with a focus on defining what excellent would look and feel like.

The Committee noted that a review of information submitted through the national survey would be conducted during April/May with a report presented during the summer.

In order to ensure the relevant Board input the Committee agreed that a detailed presentation would be provided to the Board and a discussion held as to the information that would need to be seen through the Committee.

Committee Assurance Report
The Committee received the assurance report noting a desire to consider a focus on recruitment activity and the impact on agency spend.

The Committee also reflected on the need to provide focus to the wellbeing offer to staff to support their recovery following Covid-19. The Chair of the Trust had taken on the role of Wellbeing Champion and it was noted that wellbeing needed to be considered in the wider cultural development programme of the Trust.

The Committee noted the developments in international recruitment and the extension until the end of September for international nurses to achieve the OSCE exam. Confirmation has also been received that the temporary register was open to the Trust in order for international recruits to work at a Band 5 position sooner should certain requirements be met.

	The Committee noted the bank staffing position had increased due to incentive rates offered during Covid-19 and were advise that discussions would be held to ensure supply continued to be stimulated and maintained. **Performance Review Meeting upward report** The Committee received the report for the first time noting the discussions held by the Divisions and the areas of concern raised. The Committee noted that reporting would be further developed to focus on the responsible areas of the Committee.
Issues where assurance remains outstanding for escalation to the Board	The Committee wished to alert the Board to the concerns raised relating to the risks associated with delays in commencement of the Medical School build and completion times. The Committee were cognisant of the likely reputational damage should this not be achieved.
Items referred to other Committees for Assurance	
Committee Review of corporate risk register	The committee received and reviewed the risk register noting the need for the inclusion of the medical school risks where appropriate
Matters identified which Committee recommend are escalated to SRR/BAF	No areas identified
Committee position on assurance of strategic risk areas that align to committee	No areas identified
Areas identified to visit in ward walk rounds	Department walk around currently suspended.

Attendance Summary for rolling 12 month period

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

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

OUTSTANDING CARE personally DELIVERED

NHS United Lincolnshire Hospitals NHS Trust

Meeting	*Public Board Meeting*
Date of Meeting	*6th April 2021*
Item Number	*Item number allocated by admin*
National Staff Survey (NSS)2020	
Accountable Director	*Martin Rayson, Director of People and OD*
Presented by	*Martin Rayson, Director of People and OD*
Author(s)	*Helen Nicholson, Head of OD*
Report previously considered at	*People & OD Committee 17th March 2021*

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

Risk Assessment	*4083*
Financial Impact Assessment	*None*
Quality Impact Assessment	*Staff who fell valued and motivated and valued will deliver better patient care*
Equality Impact Assessment	*All staff have the opportunity to complete the NSS*
Assurance Level Assessment	• *Limited*

Recommendations/ Decision Required	• *To note the results of the 2020 NSS and the action proposed, notably the intention to utilise the NHSE/I Culture & Leadership Programme as a framework for cultural change and addressing the issues from the survey*

1. Executive summary

The results of the 2020 National Staff Survey (NSS) are extremely disappointing. They do however, give the Trust a clear picture of the work we need to do to achieve one of our ten strategic metrics embedded in our Outstanding Care Together programme, which is to be in the top 25% of acute Trusts across all ten themes in the NSS by 2025.

The results were shared with the Workforce and Organisational Development Committee on 17th March, who endorsed the recommendations.

Compared to the 58 acute and acute/community Trusts that used Picker to conduct their survey, ULHT was ranked 58/58 in terms of our average positive score ranking.

In 2019 ULHT was ranked 36/37. In terms of how our overall positive score changed from last year, we ranked 41st out of 58.

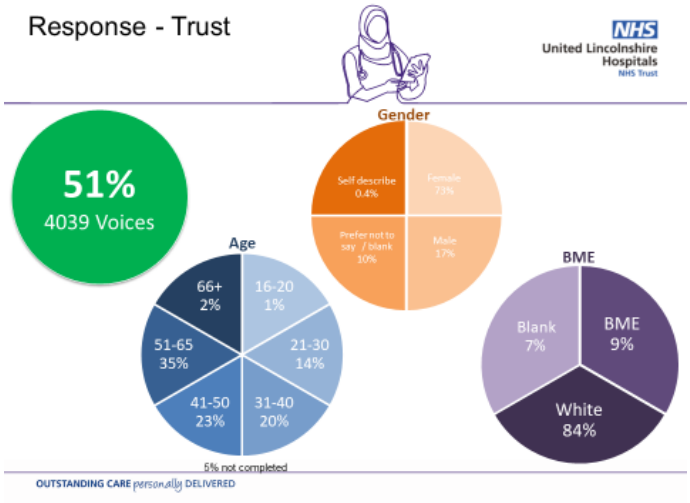
The 2020 NSS has inevitably been influenced by the impact of COVID. Having said that though, the ULHT scores have in the main moved further from the average than in 2019 and therefore the pandemic should not be presented as the reason for the poor results. They reflect underlying issues at ULHT.

The Trust takes the views of our staff extremely seriously and we will be embarking on an organisation wide programme of work reviewing our culture and leadership, working in partnership with NHS Employers and NHS Improvement (NHSE/I). This work will be carried out under the leadership of our CEO, Andrew Morgan.

The results are broken down in a number of ways and the data at Directorate and Divisional team level is being analysed and action will also be taken by those teams to address particular issues impacting their results.

2. Overall results

The image below shows the breakdown of our responses. Our overall response rate was higher than the national average of 49%.



2.1 Staff Friends and Family Test

Recommend as a place to work

Compared to acute Trust average of 67%

Happy if friend/relative needed treatment

Compared to acute Trust average of 74%

2.2 Staff Engagement Score

Staff engagement scores are calculated from key questions within the survey, grouped into three categories. The engagement scores are an average of those questions.

The overall staff engagement score for ULHT was 6.4 compared to a national average of 7.0 and 6.5 for ULHT in 2019.

3. Detailed results

The NSS ran from September – December 2020. Our response rate increased from 50% in 2019 to 51% in 2020. The best performing Trust had a response rate of 77% and the worst was 34.8%. The national average was 49.4%.

It is fair to say that the results are disappointing and demonstrate the work that the Trust still has to do in terms of improving our staff experience. Not only have the scores not improved from last year, which may be expected given the circumstances of a global pandemic, but we have fared worse than comparator Acute Trusts, who have experienced the same set of circumstances.

Compared to the 58 acute and acute/community Trusts that used Picker to conduct their survey, **ULHT was ranked 58/58.** In 2019 ULHT was ranked 36th out of 37.

	Top 5 scores (compared to average)
95%	Q15a. Not experienced discrimination from patients/service users, their relatives or other members of the public
46%	Q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours

	Most improved from last survey
49%	Q11d. In last 3 months, have not come to work when not feeling well enough to perform duties
67%	Q12d. Last experience of physical violence reported
51%	Q16d. Staff given feedback about changes made in response to reported errors/near misses/incidents
27%	Q4g. Enough staff at organisation to do my job properly
62%	Q16c. Organisation takes action to ensure errors/near misses/incidents are not repeated

`	Least improved from last survey
51%	Q11c. In last 12 months, have not felt unwell due to work related stress
68%	Q11e. Not felt pressure from manager to come to work when not feeling well enough
51%	Q2a. Often/always look forward to going to work
40%	Q4c. Involved in deciding changes that affect work
69%	Q2b. Often/always enthusiastic about my job
	Bottom 5 scores (compared to average)
50%	Q18d. If friend/relative needed treatment would be happy with standard of care provided by organisation
46%	Q18c. Would recommend organisation as place to work
59%	Q18b. Organisation acts on concerns raised by patients/service users
66%	Q18a. Care of patients/service users is organisation's top priority
47%	Q17c. Would feel confident that organisation would address concerns about unsafe clinical practice

The NSS is broken down into four categories:

Category	No. questions	Compared to acute Trust average	Compared to ULHT 2019
Your job	30	All worse	13 worse 17 =
Your managers	7	All worse	1 worse 6 =
Your health, wellbeing and safety at work	31	22 worse 8 = 1 better	4 worse 24 = 3 better
Your organisation	9	All worse	All =

Staff Friends and Family Test

In relation to ULHT's two main workforce KPIs:

(1) Staff who would recommend the Trust as a place to work:

46% compared to 45% in 2019 against a national average of 66%

(2) If friend/relative needed treatment staff who would be happy with standard of care provided by organisation:

50% - equal to 2019 against a national average of 73%

Staff engagement score

The overall staff engagement score for ULHT was 6.4 compared to a national average of 7.0 and 6.5 for ULHT in 2019.

The staff engagement score is derived from nine questions relating to:

- Advocacy
- Involvement
- Motivation

	Average 2020	ULHT 2020	ULHT 2019
Advocacy	7.1	6.1	6.0
Involvement	6.7	6.2	6.4
Motivation	7.2	7.0	7.2

Staff health and wellbeing

Despite significant work and investment the Trust has made in supporting our staff wellbeing during this difficult period, the results below indicate that this is not having the impact we would have hoped for.

	ULHT scores	Acute Trust average
My immediate manager takes a positive interest in my health and wellbeing	2019: 61% 2020: 62%	69%
Does your organisation take positive action on health and wellbeing	2019: 19% 2020: 20%	32%

Free Text

We have also received analysis of the 2,000 free text responses from our staff. Two questions were asked this year:

- ***Thinking about your experience of working through the Covid-19 pandemic, what lessons should be learned from this time?***
- ***What worked well during Covid-19 and should be continued?***

From the feedback, the following have emerged as broad themes:

- Negative experience of being redeployed during COVID
- Positives and negatives in the experience of home-working
- Mixed experience of leadership
- Mixed experience of communication both from leadership and the organisation

4. What are we doing to respond?

Culture and leadership programme

Led by our Chief Executive, we will shortly be embarking on a whole Trust review by undertaking the NHS England and NHS Improvement Culture and Leadership programme. This programme will support one of our four strategic priorities: Embed Value and Behaviours.

The aim of this programme is to deliver on the aims of the NHS People Plan in order to make the NHS the best place to work by enabling organisations to recognise, build and maintain environments where compassionate and inclusive leadership is experienced for all of staff at every level of our organisation and system.

The programme will involve a very wide range of staff in forming a change team who will conduct focus groups with staff and patients, analyse patient experience data and carry out interviews with Board members. We will also survey the views of our partner organisations in relation to our leadership behaviours. We will take these opportunities for discussions with our staff to better understand what further support they need for their health and wellbeing and to get beneath their responses to the staff survey.

All of this information, alongside our existing data, will give us detailed insight and information and enable us to:

- identify what kind of leadership our organisation needs

- ensure this leadership is practiced, encouraged and maintained

Integrated Improvement Plan 2020 – 2025

Our people are at the heart of our IIP and our ambition is to enable our people to lead, work differently and to feel valued, motivated and proud to work at ULHT. We have a number of work streams, which have been paused during the past year but are now underway again to enable us to deliver on this ambition. These include work around leadership, our core offer (including health and wellbeing), talent management, embedding our values and behaviours and personal and professional development.

Developing a Safety Culture

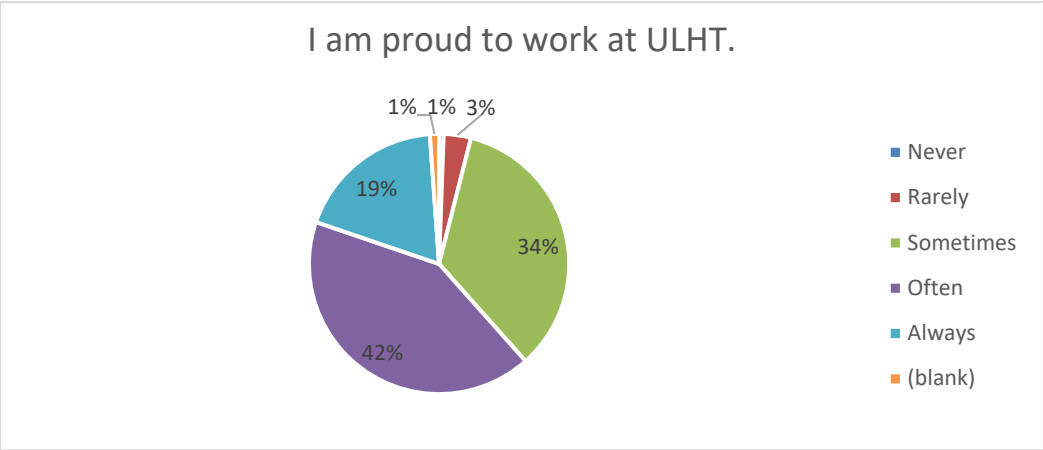
This is the second of our four strategic priorities and a significant piece of work is already underway within the Trust to fully understand and work with local teams to improve our culture around patient safety. This work is engaging clinical teams, staring with theatres, in understanding what their concerns are and working directly with them to improve their experience.

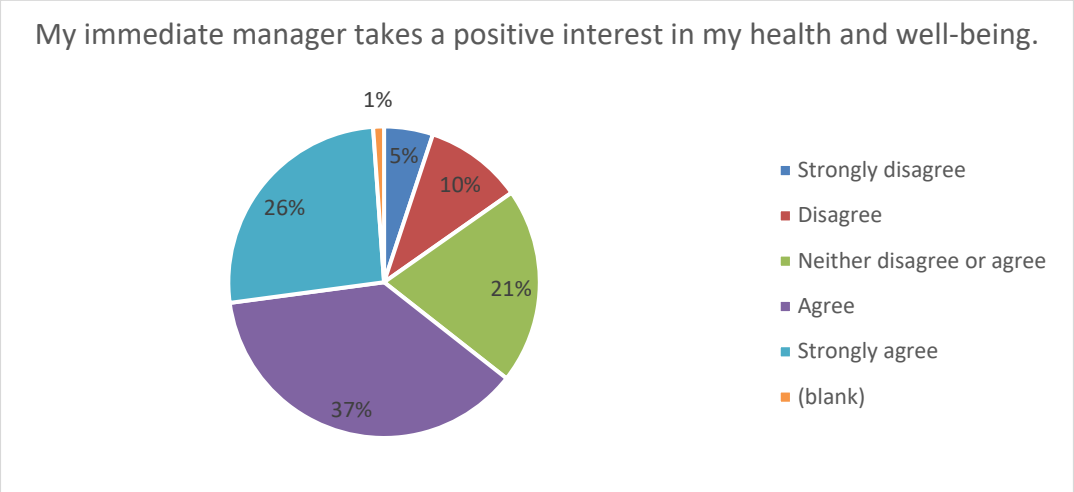
Future of Home Working

We are reinvigorating our project to look at the future of agile working in the Trust, of which homeworking will be a part. We intend to get feedback on the experience of staff who have worked at home during COVID, to learn from their experience.

Pulse Survey

Starting in February 2021, we implemented a pulse check comprising eight core questions so that we have more regular feedback and can monitor progress against some of our key staff experience indicators. Of the 177 staff who completed the survey in February, there were some encouraging results:



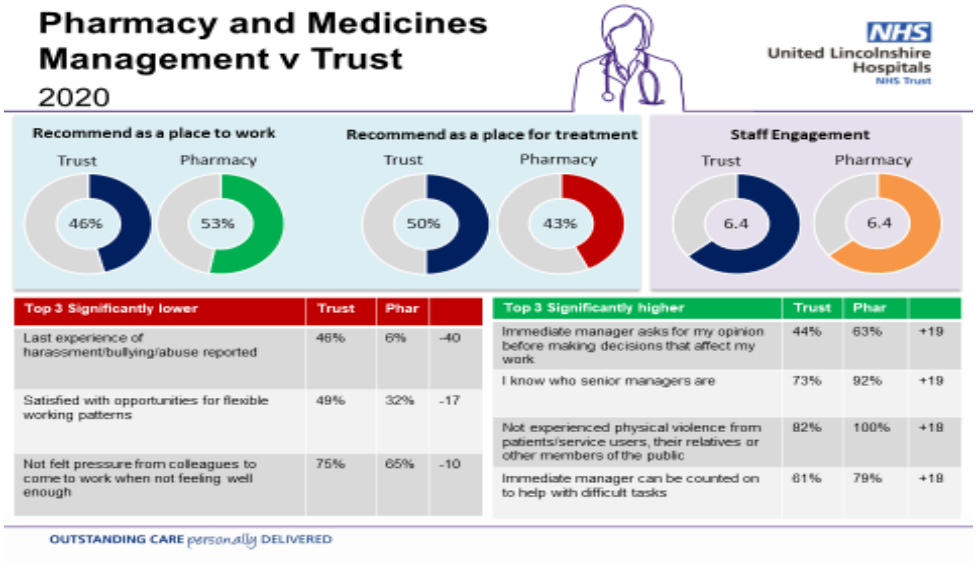


These results seem at variance with the NSS. To date only small numbers have responded and we will continue to report to Committee on these and the other questions as numbers completing increase. If these trends continue, it will be interesting to reflect on the reasons for the variance with the NSS.

Divisional level

Each Division has received a detailed set of results pertaining to their overall Division and each CBU. The Strategic HRBPs are working with their Divisional OD partners to share this information with teams and agree what actions need to be taken in key areas.

The slide below gives an example of the level of detail being worked through by Divisions



5. Conclusion

We are very clear that we have an ambitious target in being in the top 25% of acute Trusts for NSS results by 2025. However, we are confident that our increasing clarity and focus, through our Outstanding Care Together programme, on four strategic priorities and a reduced number of corporate priorities in our Integrated Improvement Plan, will enable us to shape and deliver a better experience for our staff and, as a result, an improved experience for our patients.

OUTSTANDING CARE personally DELIVERED

NHS United Lincolnshire Hospitals NHS Trust

Meeting	*Public Board*
Date of Meeting	*6th April 2021*
Item Number	*Item 9.3*
Smoke Free Policy	
Accountable Director	*Martin Rayson, Director of People & OD*
Presented by	*Martin Rayson, Director of People & OD*
Author(s)	*Stephen Kelly, Head of Occupational Health & Wellbeing Service*
Report previously considered at	*Trust Leadership Board*

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

Risk Assessment	*4277/4081/4083*
Financial Impact Assessment	*The recommended measures do not have a financial impact, as the services of One You are free. Should we determine that the policy will need to be further reinforced through additional security staff or audible signs, that will have additional cost as indicated in the report.*
Quality Impact Assessment	*The full adoption of the policy will improve the quality of the patient, visitor and staff experience and enhance patient care. Failure to fully adopt the policy also impacts negatively on the image of the Trust as an organisation focused on health care and specifically prevention.*
Equality Impact Assessment	*The policy applies to all patients, visitors and staff. The policy does allow for exceptional circumstances*
Assurance Level Assessment	*Insert assurance level* • *Moderate – see issues to be addressed*

Recommendations/ Decision Required	• *Plan a re-launch of the Smoke Free Policy and our status as a Smoke Free Trust in Spring (potentially coinciding with our second well-being week – w/c 10th May), with an appropriate communication campaign in place*
	• *Create a Smoke Policy Task and Finish Group, (potentially four meetings only) to oversee re-launch. Membership to include Senior Nurse, Pharmacy, Staff Side, Estates, Patient Rep, Pre Op Assessment Team, One You and Lincolnshire Public Health*
	• *Re engage with Lincolnshire Public Health Services and "One You" Lincolnshire, who can support smoking cessation programmes.*
	• *Ask our security staff to take a more proactive role in approaching smokers and asking them to smoke off site*

Executive Summary

On the 6th January 2020 ULHT became a Smoke Free Trust. Smoking was no longer permitted anywhere on United Lincolnshire Trust grounds, buildings, entrances, car parks or in cars, by anyone including patients, clients, visitors, staff, and contracted workers. This change reflected national public health and NHS guidance. Alongside this we took steps to actively encourage staff, service users and visitors to stop smoking and remain smoke-free.

The Trust Board have asked for an update on implementation for its April meeting. We have conducted a review of our success in implementing the new policy. To provide a framework for that review, we have used NG92 NICE Guidance. The actions we propose to take reflect the outcome of that review.

COVID has had an effect on footfall and the number of smokers. There are issues however around compliance with the policy, by both staff and the public. Recommendations have been made in the report focusing on the issue of education and the intent to work more closely with the new “One You Lincolnshire” service. The other more difficult issue concerns enforcement. Experience shows that enforcement by staff is difficult. We will seek to strengthen enforcement by the security team, but they are small in number and themselves limited in the action they can take.

Further strengthening enforcement is prohibitive in terms of cost. We do therefore need to recognise that this may take time for the policy to have the impact we would like and we need to rely on peer pressure and the unacceptability of smoking on a healthcare site, to ensure a decline in the prevalence of smoking on site.

Background – Impact Since Implementation

In January 2020, the Trust agreed to become a Smoke Free Site and adopted the policy attached at Appendix A.

Occupational Health have completed an assessment against the "Stop smoking interventions and services" NICE guideline [NG92], of the steps we have taken to enforce a no-smoking policy on our hospital sites. It is clear from that assessment that the Trust has taken most of the recommended steps to support a smoke free environment. The actions we propose to take now reflect the outcome of that assessment.

The period since the implementation of the Policy has of course not been normal. Patient and visitor footfall on our sites has been significantly reduced since the onset of the COVID pandemic. There is evidence that the number of staff smoking on the site has reduced. Staff have moved to the perimeter of our sites, or onto neighbouring roads to smoke. This has caused some complaints from local residents, notably at the Lincoln site around the Sewell road staff exit.

There have been some complaints that staff have continued to smoke on parts of the Boston site which are hidden from view.

To support enforcement, we asked our staff to challenge people smoking on site, where they felt able to do so. This has had limited success. Some staff have faced abuse from those smoking and generally staff are reluctant to take on this responsibility. Patients and visitors do continue to smoke particular in the areas close to the main entrances.

There has been a muted response from staff, with few complaints about the no-smoking policy. We did debate when planning the launch of the policy, whether there should be "exceptional circumstances" referenced in the policy where patients or visitors would be allowed to smoke on site (but obviously not in buildings). This was to cover circumstances where the benefit in terms of "tension" or "crisis" would outweigh the risk. This has not proved to be a significant issue.

We have, through the Occupational Health networks, sought information on the success of other Trusts in enforcing a no-smoking policy. All Trusts have struggled, with the issue of enforcement being a common theme. Some Trusts have had initial success from "talking signs", but this is short-lived. A small number have reverted to smoking areas or shelters. The majority continue to seek to educate and enforce where they can.

There are two areas of focus for the Trust in seeking to achieve the aims of the Smoking Policy:

1). Education

2). Enforcement

Education

In the original policy, we emphasised the support that would be offered to staff and patients to assist them in stopping smoking (advice and medication). This has been in place, but we are not able systematically to assess the impact this has had.

We are now working more closely in partnership with the County Council's Public Health Service and the "One You" Lincolnshire Service. This is a new healthy lifestyle service,

supporting Lincolnshire's residents to go smoke free, lose weight, move more and drink less. More information can be found at oneyoulincolnshire.org.uk

The "One You" service is free to all residents in Lincolnshire. People can self-refer into some aspects of the service. Others require professional referral. It is the intention to promote the service on both the Trust Internet and Intranet pages and, as soon as they are able, "One You" will have a regular presence on our hospital sites. In addition, the current review of the pre-assessment process of patients, will incorporate sign-posting to the "One You" services. We will explore the option of including information on "One You" in all appointment letters.

The Occupational Health Team will also directly refer our staff to these services where they have the opportunity.

COVID has made it more difficult for the Trust to effect its commitment to help people stop smoking. We will refocus on this and working in partnership with "One You", we believe there is opportunity to make greater impact. "One You" also have systematic ways in which they can help us assess the impact of the stop smoking programmes we put in place.

Enforcement

There is a reasonable expectation that our staff will comply with the reasonable management instruction to smoke off site. We have said in the policy that failing to comply with the policy would be considered a disciplinary matter. We have yet to enforce this, but where there is blatant disregard for the policy, it is suggested we take this step, albeit recognising some risk around that.

In terms of in-patients, we will continue to ensure that ceasing smoking is promoted at every opportunity and patients are discouraged from leaving the ward if they smoke.

We need to be realistic about the extent to which our staff can tackle smokers, either staff or members of the public. Our security staff do challenge, but they are limited in their number and coverage and have limited options if they get resistance. In discussion with Estates and Facilities we have agreed that this should be incorporated more formally in their brief and they will be issued with cards from "One You" to hand to individuals found smoking on site. The pilot adoption of body-cams by our security staff will increase their confidence to challenge in the right way, without fear of the reaction this might provoke or the complaints it may generate.

We have explored the option of increasing the security presence to deter smoking. This would be on a 9am to 5pm basis, Monday to Saturday. The cost per week for two security guards at Lincoln and Pilgrim and one at Grantham, would be £4,500. In the context of the other pressures on Trust budgets and likely impact, this option is not recommended.

An alternative option is "talking signs", which are triggered by the detection of smoke and can reinforce our no smoking messages. To equip the sites with sufficient signs would cost and estimated £24,000. Their success at other NHS sites is not yet proven, so the recommendation is that this option is not progressed at this time.

Recommendations

Clearly the implementation of the smoke-free policy has only been partially successful. In order to address the issues we have identified as inhibitors to the success of the policy, we need to:

- Plan a re-launch of the Smoke Free Policy and our status as a Smoke Free Trust in Spring, with an appropriate communication campaign in place
- Create a Smoke Policy Task and Finish Group, (potentially four meetings only) to oversee re-launch. Membership to include Senior Nurse, Pharmacy, Staff Side, Estates, Patient Rep, Pre Op Assessment Team, One You and Lincolnshire Public Health
- Re-engage with Lincolnshire Public Health Services and “One You” Lincolnshire, who can support smoking cessation programmes.
- Ask our security staff to take a more proactive role in approaching smokers

NHS
United Lincolnshire Hospitals
NHS Trust

Smoke Free Policy

Version:	8.0
New or Replacement:	Replacement
Policy number:	
Document author(s):	Stephen Kelly, OH
Contributor(s):	
Approved by:	
Date approved:	
Document status (RAG):	Green
Review date:	As and when required

Policy is:	**Trust-wide**

Version History Log

Version	Date Published	Details of key changes
6.0		
5.0		
4.0		
3.0	June 2018	Formatting and inclusion of policy group comments
2.0	October 2019	Full review, inclusion of current legislation
1.0	2006	Archived

Contents

1. Summary

1.1 United Lincolnshire Hospitals NHS Trust (ULHT) as a healthcare provider and major employer in Lincolnshire will set an example to other organisations, promote public health and create an environment that minimises the health risks to members of the public, patients and staff who access or provide our services.

1.2 ULHT endorses the principle that whilst smoking is a matter of personal choice and that not all smokers will wish to cease smoking, where an individual smokes is of public concern. ULHT acknowledges that breathing other people's smoke is both a public health hazard and a welfare issue. Therefore, the Smoke Free policy has been adopted.

1.3 The organisation is carrying out its duty of care as an employer and complying with current Health and Safety legislation; this policy has been created in line with the requirements of, but not limited to NICE Guidance - Smoking cessation in secondary care: acute, maternity and mental health services - November 2013; Health Act 2006, which prohibited smoking in public places from 1 July 2007; Health & Safety at Work etc Act 1974 Section 2 (2) (e) - to provide a working environment that is safe and without risk to health; The Management of Health and Safety at Work Regulations 1999 - to assess risks to health, safety and welfare in the workplace; The arrangements for the Health and Safety at Work - Pregnant Workers Directive (92/85/EEC), to protect employees that are pregnant, have recently given birth or who are breastfeeding.

1.4 As well as its duty to protect the health of employees, patients and visitors, ULHT also has a duty to safeguard its property. Therefore this policy is also intended to minimise the risk of fire caused by smoking in unauthorised areas.

1.5 ULHT will actively encourage, promote and support smoking cessation amongst employees, patients, visitors and members of the general public. It is recognised that some employees may experience difficulty in complying with this policy. Any employee who is considering stopping smoking can access information and support through the Trust's Occupational Health Service. This may take a variety of forms including: the provision of information and guidance; counselling; in-house smoking cessation programmes and referral to Stop Smoking Services.

2. Introduction

2.1 Purpose

2.1.1 To exercise the organisation's statutory role in promoting and maintaining the health of employees, patients, visitors and members of the general public and to extend its health philosophy to the work environment which it manages.

2.2 Context

2.2.1 The organisation is carrying out its duty of care as an employer and complying with current Health and Safety legislation.

2.3 Objectives

2.3.1 To ensure that all staff, patients and visitors including contractors clearly understand their obligations. To protect all employees, patients, visitors and members of the general public who access any site or enter any establishment or enclosed space owned or used by the organisation for any undertaking whatsoever, from exposure to second hand smoke. (To include any site or establishment currently sublet, rented or leased from ULHT, to other government/NHS organisations). To be an exemplary employer, as well as an exemplary public organisation, in protecting people from the health risks of passive smoking. To encourage a healthier workforce that recognises the benefits of a smoke free environment. To ensure legal compliance.

2.4 Scope

2.4.1 This policy applies to all Trust employees, patients, visitors, members of the general public and third party users of the site.

2.5 Compliance

2.5.1 This policy complies with the legislation, standards, guidelines, codes of conduct, and any other relevant document listed in the Referenced Documents' section.

3. Roles and Responsibilities

The policy has the support of the Trust Board, Staff and Health & Safety representatives. Its successful application is dependent upon the full support of all staff. It also requires acceptance by patients, visitors and the wider community.

3.1 Managers' Responsibilities

3.1.1 All members of staff who have managerial or supervisory responsibility will ensure staff who report to them understand and comply with this policy; Fully support staff who bring this policy to the attention of any person in breach of it by reinforcing the smoke free message and by intervening in situations that become difficult for the staff member to handle.

3.1.2 Fully support any members of staff who wish to cease smoking by referral for stop smoking assistance, providing adequate cover when staff attend such sessions so that the Trust's work, and especially clinical care, can continue uninterrupted; Monitor policy application in their ward, department or associated work area(s); Ensure their department is adhering to the policy.

3.2 Staff Responsibilities

3.2.1 All staff are to be familiar with this policy in order to contribute towards its application; To politely remind patients and visitors of the smoke-free policy if they consider them to be in breach of the policy by smoking in the organisation's premises including the grounds. The Trust do not want anyone to feel that they need to engage in difficult or challenging situations and should not approach individuals (whether staff or patients) to ask them to stop smoking unless they are confident and feel that it is safe to do so.

3.2.2 To recognise that smoke lingers on breath and clothes and that patients and other staff may find this offensive; To offer routine brief advice to smokers regarding support to quit. All staff to be aware that they may face disciplinary action should they be found transgressing this policy.

3.2.3 The first step in treating tobacco dependence is to identify current tobacco users. Ask every patient if they currently smoke tobacco. Record smoking status in Current Physical Health Assessment. All in patients will be Screened for smoking status and this this will be recorded in the patient records, clearly and consistently.

3.2.4 All eligible patients will be given very brief advice and an offer of support to comply with the Trust's Smoke free Policy and the NICE guidelines for smoking cessation in secondary care smokers will need to abstain from smoking whilst in Trust buildings and grounds during an inpatient admission.

3.2.5 Making an attempt to permanently stop smoking is an opportunity not an obligation.

3.2.6 Every smoker should be offered Medication/NRT to manage their tobacco dependence in a reasonable time on arrival to an inpatient unit. This should be followed up by the offer of tobacco dependence treatment support from the stop smoking service.

3.2.7 Offering support to quit or manage tobacco withdrawal symptoms during a period of temporary abstinence, rather than asking a smoker how interested are they in stopping or telling a person they should stop, leads to more people making a quit attempt.

3.2.8 The most effective method of quitting or managing tobacco withdrawal symptoms during a period of temporary abstinence, is with combination NRT (i.e. a patch and oral

product) and behavioural support. Advising the smoker that stopping smoking is one of the best things they can do for their health and wellbeing is recommended by the Department of Health. Please see **Appendix 1.**

3.2.9 Patients who insist on leaving the ward areas to smoke will be advised that it will be noted in the patient record that they have been advised and will need to leave the hospital site completely before smoking.

3.2.10 Remind the patient of the smoke free policy and make sure they have been offered NRT. If they still insist on leaving, then they must accept full responsibility for doing this and this must be documented in the patient records. Also record that you have offered NRT and advised the patient of the policy.

3.3 **Human Resources**

3.3.1 Human Resources will provide advice and assistance on the implementation of the policy; Advise on the appropriateness and support of the Trust's disciplinary procedure; Ensure job advertisements include reference to the smoke free policy, indicating adherence to it is contractual; Ensure appropriate reference to the smoke free policy is made during Induction training. The trust will require all new staff to undertake the NCSCT online very brief advice training http://elearning.ncsct.co.uk/vba-stage_1

3.3.2 The Trust will Require relevant staff to undertake the NCSCT online practitioner levels 1 & 2 training, followed by additional training for staff whose role will include supporting people who want to stop smoking. http://elearning.ncsct.co.uk/practitioner_training-registration

3.4 **Occupational Health Service**

3.4.1 The Occupational Health Service will provide advice on smoking cessation support available and provide literature for staff who wish to stop smoking; Review and provide additional support for staff who are undertaking smoking cessation programmes when required; Actively promote the benefits of not smoking.

3.5 **Staff Side Organisation**

3.5.1 The Staff Side Organisation will advise their members of their rights and responsibilities with regard to the policy.

4. Definitions

4.1 Smoking in enclosed, or substantially enclosed, public places has been banned since July 2007 (section 7, Heath Act 2006 and associated regulations). The ban includes manufactured and hand rolled cigarettes, pipes (including shisha and hookah water pipes), cigars and herbal cigarettes. The definition of smoking under the Act refers to tobacco and other substances in a lit form which are capable of being smoked.

5. What is our Policy?

5.1 There will be no smoking in any buildings, grounds, rented, leased, sub-let or used by ULHT. Smoking inside cars whilst parked on Trust property is prohibited. Smoking will not be permitted within ULHT pool cars and vehicles.

5.2 Smoke free means that smoking, is not permitted anywhere within hospital buildings or grounds.

5.3 The use of E-Cigarettes or Vaporises will only be permitted in external areas in the Trust grounds. We would ask that you consider other people and do not use them in

close proximity to other people

5.4 The use of E-Cigarettes or Vaporises is not permitted inside any building or structure on the Trust sites.

5.5 The charging of any E-Cigarettes or Vaporises devices is prohibited in the Trust

5.6 This policy applies to all staff, patients, visitors, contractors and other person(s) who access any Trust site or enter any building that is owned, or used by the organisation for any purpose whatsoever.

6. Delivering the Policy

6.1 Our expectation is to promote and develop a culture across the Trust, Trust property and sites that smoking is unacceptable and that this is respected by patients, visitors, staff and contractors.

6.2 We aim to achieve a smoke free Trust by a change in culture and behaviours. This culture change will be achieved if we stay committed to a Smoke free Trust becoming a reality and respond to situations when this does not happen, and we see a breach as an opportunity rather than a failure of the policy.

6.3 Tobacco sales are not permitted on any NHS establishment. Advertising or promotion of tobacco products or companies is not permitted on any NHS establishment or in any or its publications. It is illegal to purchase tobacco products (cigarettes, tobacco, cigars) under the age of 18 years

6.4 E-Cigarettes or Vaporises devices may be purchased at the retail outlets on Trust sites It is at the discretion of the retailer to offer these devices for sale.

6.5 All main entrances to NHS sites and buildings on site are to be clearly signed to indicate that smoking is prohibited in both buildings and grounds. All pool vehicles are to display a no smoking sign within the vehicle.

6.6 The use of CCTV will take place and may be used to support compliance in conjunction with datix entries to record any incidents.

6.7 Elective patients and outpatients will be informed of the policy prior to attending their hospital appointment. Support through nursing staff and smoking cessation specialists will be provided if this is requested. Non elective/emergency admission patients will be advised of the policy upon admission.

6.8 The Disciplinary policy will be invoked as appropriate where members of staff contravene the policy.

6.9 The Trust do not want anyone to feel that they need to engage in difficult or challenging situations and should not approach individuals (whether staff or patients) to ask them to stop smoking unless they are confident and feel that it is safe to do so.

6.10 Should any ULHT staff member have a complaint made against them for politely pointing out the policy to anyone who is smoking, they will have the Trust's full support for taking such action, which will be in compliance with this policy.

7. E-Cigarettes or Vaporises

7.1 The use of E-Cigarettes or Vaporises, is not permitted in Trust buildings and premises, E-Cigarettes or Vaporises will only be permitted in external areas in the Trust grounds. We would ask that you consider other people and do not use them in close proximity to other people

7.2 E-cigarettes or Vaporises are battery-powered products that release a visible vapour that contains liquid nicotine that is inhaled by the user. Currently, e-cigarettes/Vaporises fall outside the scope of smoke-free legislation.

7.3 There is evidence that e-cigarettes/Vaporises may help some smokers to give up, but there is a lack of evidence on the health risks that they pose to the individual using them and those in close proximity. In relation to the risk to the user, there is a lack of quality control because the manufacture and sale of e-cigarettes/Vaporises is not tightly regulated and e-cigarettes/Vaporises contain nicotine, which is addictive. In relation to the risk to third parties, the trust believes that work colleagues could be exposed to e-cigarette vapours.

7.4 The Trust is also concerned that the use of e-cigarettes/Vaporises might undermine existing restrictions on smoking in workplaces, particularly in a healthcare setting, by misleading people to believe it is acceptable to smoke.

7.5 The Trust fully recognises the significance to the individual of substituting normal tobacco products for e-cigarettes /Vaporises as a commitment towards stopping smoking.

7.6 These devices are not yet regulated and therefore cannot be recommended or dispensed by healthcare professionals. Staff will be able to offer support and access to regulated treatments to help individuals quit smoking.

7.7 In addition, e-cigarettes/Vaporises present a known fire-risk recent events have highlighted potential dangers such as the chargers and integral batteries being fire hazards especially in health care settings where there may be oxygen enriched atmospheres.

8. Implementation, Monitoring and Review

8.1 The policy will be subject to review through the Trust's Procedural process for documents to be reviewed by the Author prior to the Policy Approval Group every two years if appropriate in response to exceptional circumstances or relevant changes in legislation or guidance.

8.2 Various strategies will be used to raise awareness of this policy and responsibilities under this policy.

- Manager Briefings
- Information on Newslinc
- HR News for Managers
- HR Policies on the intranet page
- Signage via facilities
- Elective patients and outpatients invite letters informing individuals of ULHT's policy.
- Conflict resolution training.

Monitoring Compliance

Minimum requirement to be monitored –monitoring against standards set out in policy	**Process for monitoring** **e.g. audit**	**Responsible individuals/ group/ committee**	**Frequency of monitoring/ audit/ reporting**	**Responsible individuals/ group/ committee for review of results and determining actions required**

Appendix 1 - Support for Smokers

STEP 1: Identification of smokers

The first step in treating tobacco dependence is to identify current tobacco users.

Ask every patient if they currently smoke tobacco. **Record** smoking status in Current Physical Health Assessment.

The identification and recording of each patient's smoking status needs to be completed regularly, i.e. on admission and discharge from hospital.

STEP 2: Advise and offer support

To comply with the Trust's Smoke free Policy and the NICE guidelines for smoking cessation in secondary care smokers will need to abstain from smoking whilst in Trust buildings and grounds during an inpatient admission.

Making an attempt to permanently stop smoking is an opportunity not an obligation. During an inpatient admission a smoker has **three** options

OPTION 1: to temporarily abstain from smoking whilst in buildings and in the grounds, ***with*** pharmacological and/or psychological support

OPTION 2: to temporarily abstain from smoking whilst in buildings and in the grounds, ***without*** pharmacological and/or psychological support

OPTION 3: to use the opportunity to make a sustained quit attempt, with pharmacological and/or psychological support

Regardless of which option the patient chooses, **every smoker** should be **offered NRT** to manage their tobacco dependence **within a reasonable time on** arrival to an inpatient unit. This should be followed up by the offer of tobacco dependence treatment support from stop smoking advisory service.

Offering support to quit or manage tobacco withdrawal symptoms during a period of temporary abstinence, rather than asking a smoker how interested are they in stopping or telling a person they should stop, leads to more people making a quit attempt.

The most effective method of quitting or managing tobacco withdrawal symptoms during a period of temporary abstinence, is with combination NRT (i.e. a patch and oral product) and behavioural support. Advising the smoker that stopping smoking is one of the best things they can do for their health and wellbeing is recommended by the Department of Health.

Record in the Current Physical Health Assessment /Patient Record.

1. That you have advised the smoker that stopping smoking is one of the best things they can do for their health and wellbeing
2. If the smoker wants NRT for temporary abstinence
3. If they want to see a tobacco dependence treatment advisor during their admission

STEP 3: Act on smoker's response

For smokers choosing **Option 1**: to temporarily abstain from smoking whilst in buildings and in the grounds, ***with*** pharmacological and/or psychological support, **follow treatment pathway 1** below.

<table>
<tr><td colspan="2">PATHWAY 1: Inpatient Tobacco Dependence Treatment</td></tr>
<tr><td colspan="2">Does the patient want NRT support for temporary abstinence?</td></tr>
<tr><td colspan="2">Yes</td></tr>
<tr><td colspan="2">Assess Level of nicotine dependence, i.e. how many cigarettes a day do you usually smoke? How soon after you wake up do you have your first cigarette of the day?
Past use of NRT
● Patient choice of NRT product
● Known allergies to NRT products
● Current medical conditions</td></tr>
<tr><td colspan="2">Choose 1 product for light smokers or a combination of products for moderate to heavy smokers based on outcome of assessment</td></tr>
<tr><td>Light smoker: Smokes
1-10 cigarettes a day</td><td>Moderate smoker: Smokes
11-20 cigarettes a day</td></tr>
<tr><td>Nicotine replacement therapy advised,
See Pace Guidance attached
For NRT prescribing</td><td>Nicotine replacement therapy advised,
See Pace Guidance attached
For NRT prescribing</td></tr>
</table>

For smokers choosing **OPTION 2**: to temporarily abstain from smoking whilst in buildings and in the grounds, ***without*** pharmacological and/or psychological support, **follow treatment pathway 2** below

Provide education & raise awareness of tobacco dependence & treatment

Daily assessment of nicotine withdrawal symptoms and the impact these may have on mental health symptoms and wellbeing

Daily assessment of any cigarette use. Consider how this may impact on therapeutic care

Manage any occurrence of smoking in buildings and grounds according to therapeutic management of smoking incidents

Repeat education and the offer of support regularly. Switch to pathways 1 or 3 if patient agrees to support

If the patient has tried NRT and has used it correctly (at the correct dose for the correct length of time), unsuccessfully for temporary abstinence previously, advise on use of electronic cigarettes (see appendix 4)

Record, care plan and review

For smokers choosing **OPTION 3:** to use the opportunity to make a sustained quit attempt, with pharmacological and/or psychological support, follow treatment pathway 3 below

<table>
<tr><td colspan="2">PATHWAY 3: Inpatient Tobacco Dependence Treatment</td></tr>
<tr><td colspan="2">Yes</td></tr>
<tr><td colspan="2">Assess Level of nicotine dependence, i.e. how many cigarettes a day do you usually smoke? How soon after you wake up do you have your first cigarette of the day?
Past use of NRT
● Patient choice of NRT product
● Known allergies to NRT products
● Current medical conditions</td></tr>
<tr><td colspan="2">Choose products based on patient preference, level of dependence, past use of NRT, nicotine withdrawal symptoms and cravings and patient preference</td></tr>
<tr><td>Light smoker Smokes 1-10 cigarettes a day</td><td>Moderate smoker: Smokes 11-20 cigarettes a day Heavy smoker:
Smokes more than 20 cigarettes a day Or smokes within 30 mins of waking</td></tr>
<tr><td>Nicotine replacement therapy advised, See Pace Guidance attached For NRT prescribing</td><td>Nicotine replacement therapy advised See Pace Guidance attached For NRT prescribing</td></tr>
</table>

Appendix 2 – ULHT Patients

ULHT Patients What does this mean for you Questions and Answers

Introduction

Welcome to United Lincolnshire Hospitals NHS Trust a smoke free organisation.

Being smoke free means that patients, carers, staff and other visitors will not be allowed to smoke on any ULHT premises. This includes our buildings and grounds, as well as vehicles within those grounds. Anyone wishing to smoke will need to leave Trust premises.

Support will be provided for patients in our care to help them either abstains from smoking during their stay or to try and stop smoking permanently

Why smoke free?

The purpose of the smoke free policy is to protect and improve the health and wellbeing of all employees, visitors, contractors but most importantly you the patient.

Completely smoke free

Hospitals and grounds create a clean, pleasant environment for people trying to stop smoking and reduces triggers that cause many smokers to relapse. Smoking increases a patient's risk of complications and often delays their recovery.

If smoking occurs at entrances and windows, the smoke will drift in through the doors and windows and pose a further hazard to the health and wellbeing of inpatients.

Stop Smoking support for patients

If you have a planned intervention in hospital, stopping smoking weeks or even months before your procedure will really help your recovery. Time in hospital is a great time to stop smoking and research tells us that hospitalised patients are more successful at stopping than any other smokers.

Our staff are here to help and support you throughout both your hospital stay and when you go home. On admission, all patients, who smoke, will be prescribed Nicotine Replacement Therapy (NRT) and with their consent will be referred to our Smoke free Service.

What will happen if I don't comply?

Patients will be given every support to comply with the smoke free policy and prescribed NRT products to ease withdrawal symptoms during their stay in hospital.

Anyone smoking on site will be asked to stop smoking and extinguish their cigarette.

All staff are expected to remind patients and their visitors of the smoke free policy.

How will you ensure that people don't smoke on ULHT premises?

Prior to planned admissions to hospital, patients will be advised that ULHT is smoke free and consequently smoking is not permitted in the hospital or grounds. An individual's smoking status will be logged in there clinical records so they will be offered support to either temporarily refrain from smoking or to attempt to quit. This support will include nicotine replacement therapy (NRT) alongside behavioural and psychological. Patients and carers will be asked not to bring tobacco, cigarettes, lighters or matches with them to hospital.

For unplanned admissions, patients will not be allowed to keep tobacco, cigarettes, lighters or matches with them. If the patient arrives with a carer or relative, they will be asked to take the prohibited items home. If the patient is unaccompanied, our staff will store the items for them until they are discharged.

We do not allow patients planned/elective or unplanned/emergency admissions to bring smoking implements into the Trust

The level of support provided to patients who are abstaining from smoking will be constantly monitored as part of that individual's package of care.

We want to develop a culture where smoking is viewed as unacceptable across our sites, and for this to be respected. In situations where an individual is breaching the smoke-free policy, that person may be approached by a member of staff who will remind them of our smoke-free status and signpost them to the appropriate smoking cessation support.

Can ULHT legally enforce being smoke free? What about my human rights?

In July 2007, the government introduced legislation in England banning smoking in workplaces and enclosed public spaces, and ULHT's decision to go smoke-free is covered by that legislation. In addition, National Institute for Health and Care Excellence (NICE 2013) guidance recommends that smoking is banned on hospital sites.

After Rampton Hospital in Nottinghamshire went smoke-free, the argument about infringement of a service user's human rights was legally tested in the Court of Appeal in 2008. The court ruled that a hospital is not the same as a home environment and should support the promotion of health and wellbeing. Patients can therefore legally be prevented from smoking for health and security reasons.

What support will there be for patients who smoke?

Denying a smoker a nicotine substitute is not acceptable so clearly it is very important that the appropriate support is in place to enable smokers to abstain from smoking while on our premises.

Department of Health guidance recommends a combination of intensive behavioural and psychological support alongside medication to minimise nicotine withdrawal symptoms and help with cravings.

Following assessment, smokers will be offered nicotine replacement therapy (NRT) and behavioural support. Those who wish to use the opportunity of a hospital stay to try and give up smoking will be referred to a trained stop smoking advisor.

What about electronic cigarettes?

At present electronic cigarettes and all forms of vaping are not regulated and therefore we cannot recommend their use. Patients should not use E cigarette's and Vape chargers should not be used as they constitute a fire risk.

E-Cigarettes or Vaporises will only be permitted in external areas in the Trust grounds. We would ask that you consider other people and do not use them in close proximity to other people

Appendix 3 – ULHT Staff

ULHT Staff What does this mean for you

Questions and Answers

What about patients who need to smoke?

Nothing harmful will happen to someone if they don't smoke. They may experience withdrawal symptoms due to lack of nicotine, but this can be easily managed with nicotine replacement therapy (NRT). Patients in the Emergency department and Inpatients should be offered NRT during their stay and a referral to the stop smoking service. Outpatients can be directed to the Lloyds pharmacy where they can purchase NRT.

What if the patient asks to leave the ward to smoke?

Remind the patient of the smoke free policy and make sure they have been offered NRT. If they still insist on leaving, then they must accept full responsibility for doing this and this must be documented in the patient records. Also record that you have offered NRT and advised the patient of the policy.

What if a patient or visitor gets really aggressive when I ask them not to smoke?

If someone gets really aggressive or violent, the standard NHS procedures for aggressive behaviour should be invoked. A 'zero tolerance' policy applies in the NHS in all other aspects of treatment and smoking is not an exception. Security should be contacted on extension 3333 if staff feel in any danger.

What if people just carry on smoking?

We anticipate that not everyone will stop smoking when we ask them to and that there are limits to what we can do. Politely provide people with information about the smoke free policy, point to the signage .

What if a patient asks, "where can I go to smoke?"

It is important to reiterate they cannot smoke anywhere on the site. It is important that we don't tell them where they can smoke as this would condone smoking.
What should I advise patients to do, if they are craving a cigarette?
Find out if they have been offered NRT and if not, advise them to ask the nurse to get it prescribed. NRT can be used by smokers for temporary abstinence as well as for people wanting to quit for good.

What about electronic cigarettes?

At present electronic cigarettes and all forms of vaping are not regulated and therefore we cannot recommend their use.

E-Cigarettes or Vaporises will only be permitted in external areas in the Trust grounds. We would ask that you consider other people and do not use them in close proximity to other people.

E cigarette's and Vape chargers should not be used as they constitute a fire risk.

How should people be approached if they continue to smoke?

Anyone seen smoking on site should be politely asked not to smoke. Staff are expected to remind people of the smoke free policy whilst avoiding putting themselves at risk. A suggested script might be: " Excuse me can I remind you that this is a smoke free site and you can't smoke here".

Approaching a group of smokers - " I'm sorry folks, would it be ok for you not to smoke until you are off the hospital grounds?"

Inpatients - " Hello, my name is…….I'm wondering if anyone on the ward has offered you things like nicotine patches to help with your smoking? I am afraid you cannot smoke here. You can just ask the nurse for nicotine replacement when you get back to the ward".

If they are close to signage it is easy to point to it to reinforce the message. Business cards with information about where to get support will be made available to all staff to hand out.

In the event visitors refuse to extinguish their cigarettes, please contact security on 3333

What about at night- especially in A&E and Emergency Admissions Areas

Nicotine Replacement Therapy will be available as stock in A&E. Patients can be offered this (as long as there are no clinical contraindications), especially if they are becoming agitated from missing their cigarettes. (Agitation is a common sign of nicotine withdrawal)

What if someone has just had bad news/bereaved and is smoking?

If someone is obviously distressed and smoking, a sensitive approach should be taken. " Hello, my name is…..I am sorry you are having a difficult time. Would it be ok for you not to smoke in the hospital?"

Who is going to enforce all of this?

This is everyone's responsibility. For this to succeed everyone needs to be prepared to remind smokers of our policy. Business cards will be made available on wards and main reception areas for you to have in your pocket- so as a minimum you could hand these out to smokers.

Staff are expected to remind people of the smoke free policy and only approach people if they feel comfortable to do so and avoiding putting themselves at risk.

Appendix 4 – Management of ULHT Staff

Management of ULHT Staff/Employees

Will staff smoking breaks be allowed?

Staff will be encouraged to take their official breaks. As smoking will not be permitted on the grounds, we would encourage smokers to take their break and use nicotine replacement therapy like the inhalator to help cope with cravings.

What about staff who want to smoke at night- we are worried about their safety if they go off site?.

It is important that night staff take their official breaks. We would encourage staff who smoke to first consider using alternatives, like the nicotine replacement therapy inhalator instead of tobacco during their shift.

There is a clear disciplinary procedure for staff who do not follow hospital regulations and contractual obligations. This will apply to all levels of staff.

So where can I go to smoke?

As a member of staff you cannot smoke in uniform or with a hospital ID badge whether on or off duty. You should not smoke at hospital entrance and exits. Trust employees are not entitled to take breaks during working hours for the purpose of smoking. If you wish to smoke in your official break you will need to leave the premises and change out of uniform. We would encourage you to walk whilst smoking to avoid groups of smokers congregating in residential areas.

What if staff just carry on smoking?

Politely provide staff with information about the smoke free policy, point to the signage .If staff carry on smoking this is a disciplinary matter which should be escalated to their manager.

There is a clear disciplinary procedure for staff who do not follow hospital regulations and contractual obligations. This will apply to all levels of staff

Appendix 5 – GUIDANCE ON THE PRESCRIBING OF SMOKING CESSATION THERAPY

Greater East Midlands Commissioning Support Unit in association with Lincolnshire Clinical Commissioning Groups, Lincolnshire Community Health Services, United Lincolnshire Hospitals Trust and Lincolnshire Partnership Foundation Trust

Lincolnshire Prescribing and Clinical Effectiveness Bulletin

Volume 8; Number 17 **October 2014**

GUIDANCE ON THE PRESCRIBING OF SMOKING CESSATION THERAPY

- **Smoking cessation services are most effective if patients are offered a combination of be avioural support and pharmacotherapy.**
- **To ensure the most effective use of NHS resources, patients requiring pharmacotherapy to support smoking cessation should be referred into a smoking cessation service (i.e. Phoenix Smoking Cessation Service).**
- **Nicotine Replacement Therapy (NRT), varenicline or bupropion should only be prescribed as part of a smoking cessation programme where a smoker makes a commitment to stop smoking and sets a stop date.**
- **Initial therapy should only be prescribed to last until two weeks after the stop date; at this point the patient needs to be reviewed to ensure that the quit attempt is still ongoing.**
- **Individuals should only receive a maximum of 12 weeks pharmacotherapy related to any one quit attempt. If further supplies ar required to prevent the occurrence of craving, individuals should be advised to purchase these themselves. There may be a minority of patients on varenicline that require an additional 12 week course to reduce the risk of relapse.**
- **A gap of 3 months from the last appointment (12 weeks) should be maintained between repeated quit attempts for the majority of s okers. This will ensu e that individuals are sufficiently motivated prior to setting another quit date and will avoid the risk f continuous repeat prescribing of NRT where success may be severely limited. In exceptional circumstances, particularly where the quit attempt is interrupted by a traumatic event, the indiv dual may reset their quit date and continue with pharmacotherapy for an extended period.**
- **Nicotine replacement therapies (NRT) should not be prescribed for individuals who wish to reduce the amount they smoke but have not agreed to stop smoking, as this level of support is not currently commissioned in Lincolnshire**
- **A successful quit attempt is dependent upon the ind vidual being sufficiently motivated and compliant with therapy. To maximize ngagement, patient choice should be taken into account, subject to contraindications and potential for adverse reactions. National guidance does not recommend one form of pharmacotherapy in preference to another; local figures suggest that higher quit rates are obtained with varenicline.**
- **Despite the evidence that varenicline is associated with superior long-term quit rates, the wide range of adverse effects, cautions and contra-indications associated with this form of pharmacotherapy mean that it can only be initiated following full cons deration of risks and benefits by the patient's GP. Varenicline tablets 500microgram and 1mg are on the *Lincolnshire Joint Formulary*; designation GREEN.**
- **Evidence suggests that bupropion therapy does not achieve quit rates as high as those achieved by NRT or varenicline. Nonetheless,**

the product retains a third line role and may be particularly useful in ex-smokers relapsing after a prolonged period who have previously used this product to support a successful quit attempt. Bupropion sustained release tablets 150mg (*Zyban*)

remain on the *Lincolnshire Joint Formulary* as a third line choice; designation GREEN.

- **Neither bupropion nor varenicline should be used concurrently with nicotine replacement therapies.**
- **The majority of people requiring NRT as part of a smoking cessation programme should be prescribed a long-acting transdermal patch in combination with an immediate release, short-acting product to counteract cravings. Where short-acting NRT products are prescribed as monotherapy, the maximum dose for each product is as stated in the *BNF* and product SPC. When a short-acting NRT product is used in combination with a long-acting nicotine transdermal patch, the maximum dose of the short acting product should be reduced to half the stated maximum dose. Combination NRT prescribing should never involve more than two formulations, one long-acting and one short-acting.**
- **Transdermal nicotine patches are an effective way of delivering background continuous nicotine replacement therapy. For the majority of patients, a 16 hour patch is preferred with the starting dose based on the individual's previous smoking habit. A 24 hour patch is indicated for those smokers usually requiring their first cigarette within a few minutes of waking and for shift workers with unpredictable work patterns. The available patches are comparably priced. Due to the preference for a 16 hour patch, the *Nicorette Invisipatch* (all strengths) is approved for inclusion in the *Lincolnshire Joint Formulary* designation GREEN. The *NiQuitin* range of patches (all strengths) offer 24 hour cover and are also approved for *Formulary* inclusion; designation GREEN. *Nicotinell* patches are classed as non-formulary and should not be prescribed.**
- **If nicotine chewing gums are prescribed, mint flavours are often more palatable and are better tolerated by most people. *Nicorette* icy white flavour gum is advocated as the first line product of choice and is approved for inclusion in the *Lincolnshire Joint Formulary*; designation GREEN.**
- ***NiQuitin Lozenge* 2mg and 4mg and *NiQuitin Minis Lozenges* 1.5mg and 4mg are advocated first line where a short-acting lozenge is indicated. Both formulations are approved for inclusion in the *Lincolnshire Joint Formulary* and designated GREEN. *NiQuitin* orodispersible film 2.5mg has already been evaluated by PACEF and designated RED-RED. It is not approved for use through the *Joint Formulary* and should not be prescribed. Due to current supply problems with *NiQuitin Minis*, *Nicorette Cools* 2mg and 4mg are also designated GREEN and included in the *Lincolnshire Joint Formulary*.**
- **Nicotine oral sprays, nasal sprays and inhalators are relatively high cost in comparison with other formulations of NRT. *Nicorette QuickMist* oromucosal spray and *Nicorette Inhalator* are approved for use through the *Lincolnshire Joint Formulary* and are designated GREEN; they should only be prescribed for those who have previously failed to quit using other forms of NRT. *Nicorette Nasal Spray* is not approved for inclusion in the *Joint Formulary* and should not be prescribed.**
- **Electronic cigarettes are currently not classed as medicines and therefore do not have to comply with the same regulatory standards as licensed nicotine replacement therapies. There are reports that the quality and nicotine content of these products varies widely between brands. There is only limited evidence of effectiveness in supporting a smoking cessation attempt, although some patients are being supported to stop smoking using electronic cigarettes through the Phoenix service. However, in most cases, where the person wants to stop smoking, evidence based pharmacotherapy using licensed NRT products, varenicline or bupropion is preferred.**

FORMULARY OF SMOKING CESSATION PRODUCTS

Drug	Indication(s)	Traffic Light and Joint Formulary Status
First line: *Short-acting nicotine formulations*		
Nicotine chewing gum (*Nicorette Gum*) icy white flavour 2mg and 4mg	Nicotine replacement as an aid to smoking cessation or reduction.	GREEN Possible first line choice of short-acting therapy. Included in the *Lincolnshire Joint Formulary.*
Nicotine lozenge (*NiQuitin Lozenge*) 2mg and 4mg	Nicotine replacement as an aid to smoking cessation or reduction.	GREEN Possible first line choice of short-acting therapy. Included in the *Lincolnshire Joint Formulary.*
Nicotine lozenge (*NiQuitin Minis Lozenges*) 1.5mg and 4mg	Nicotine replacement as an aid to smoking cessation or reduction.	GREEN Possible first line choice of short-acting therapy. Included in the *Lincolnshire Joint Formulary.*
Nicotine lozenge (Nicorette Cools) 2mg and 4mg	Nicotine replacement as an aid to smoking cessation or reduction.	GREEN Possible first line choice of short-acting therapy. Included in the *Lincolnshire Joint Formulary* due to current supply problems with *NiQuitin Minis*..
First line: *Long-acting transdermal nicotine formulations*		
Nicotine transdermal patch 10mg, 15mg and 25mg(16 hours) (*Nicorette Invisipatch)*	Nicotine replacement as an aid to smoking cessation or reduction.	GREEN Possible first line choice of long-acting therapy. For the majority of patients, a 16 hour patch is preferred with the starting dose based on the individual's previous smoking habit. Included in the *Lincolnshire Joint Formulary*
Nicotine transdermal patch 7mg, 14mg, 21mg (24 hours) (*NiQuitin*)	Nicotine replacement as an aid to smoking cessation or reduction.	GREEN Possible first line choice. A 24 hour patch is indicated for those smokers usually requiring their first cigarette within a few minutes of waking and for shift workers with unpredictable work patterns. Included in the *Lincolnshire Joint Formulary*
Second line: *Short-acting nicotine formulations*		
Nicotine inhalation cartridge plus mouthpiece (*Nicorette Inhalator*) 15mg	Nicotine replacement as an aid to smoking cessation or reduction.	GREEN Possible second line choice of short-acting therapy. Included in the *Lincolnshire Joint Formulary.*
Nicotine oromucosal spray (*Nicorette QuickMist*) 1mg per dose	Nicotine replacement as an aid to smoking cessation	GREEN Possible second line choice of short-acting therapy. Included in the *Lincolnshire Joint Formulary.*
Others		
Bupropion 150mg sustained release tablets (*Zyban*)	Aid to smoking cessation	GREEN 3rd line choice Included in the *Lincolnshire Joint Formulary*
Varenicline 500microgram/1mg tablets (*Champix)*	Smoking cessation	GREEN Possible first line choice. Included in the *Lincolnshire Joint Formulary*

Products not listed on this Formulary are not recommended for use and should not be prescribed.

Introduction

General guidance

National Institute for Clinical Excellence (NICE) *Quality Standard 43 - Smoking cessation: supporting people to stop smoking* (August 2013)

NICE emphasize the importance of:

(1) healthcare practitioners proactively asking patients if they smoke and offering identified smokers advice on how to stop.
(2) offering smokers who wish to stop a referral to an evidence-based smoking cessation service.
(3) ensuring that people being supported to stop by an evidence-based smoking cessation service are offered both behavioural support and pharmacotherapy in combination as this approach has the highest likelihood of success.
(4) ensuring that people being supported to stop smoking are offered a full course of pharmacotherapy.
(5) ensuring that people being supported to stop smoking set a quit date and are assessed for carbon monoxide levels 4 weeks after that date.

Guidance on the use of nicotine replacement therapy to reduce but not stop smoking

NICE Public Health Guidance 45 - *Tobacco: harm-reduction approaches to smoking* (June 2013)

This PHG acknowledges that people:

- may not be able (or may not want) to stop smoking in one step.
- may want to stop smoking without necessarily giving up nicotine.
- may not be ready to stop smoking, but may want to reduce the amount they smoke.

PACEF Recommendations

(1)Smoking cessation services are most effective if patients are offered a combination of behavioural support and

Guidance on the appropriate interval between treatment episodes

NICE Public Health Guidance 10 - *Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities* (February 2008)

NICE recommendations state that:

- Following an unsuccessful quit attempt using NRT, varenicline or bupropion, a subsequent quit attempt should not be supported within 6 months unless special circumstances have hampered the person's initial attempt to stop smoking, when it may be reasonable to try again sooner.
- It may take many attempts before a person can successfully quit smoking and encouragement needs to be maintained throughout.

Department of Health - *Local Stop Smoking Services - Key updates to the 2011/12 service delivery and monitoring guidance for 2012/13*

This is a good practice guide for the provision of smoking cessation services and provides some guidance on the recommended interval between treatment episodes:

- When a client has not managed to stop smoking, there is no definitive period of time required between the end of a treatment episode and the start of another. The stop smoking adviser should use discretion and professional judgement when considering whether a client is ready to receive support to immediately attempt to stop again. If this is the case, the client must start a new treatment episode, attend one session of a structured multi-session intervention, consent to treatment and set a quit date with a stop-smoking adviser.

PACEF Recommendations

(4) Following discussion between representatives from the Phoenix Smoking Cessation Service and

Pharmacotherapy

NICE Public Health Guidance 10 - *Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities* (February 2008)

The main recommendations relating to the use of pharmacotherapy are as follows:

- Offer NRT, varenicline or bupropion, as appropriate, to people who are planning to stop smoking.
- Before prescribing a treatment take into account the person's intention and motivation to quit and how likely it is they will follow the course of treatment. Consideration should be given to which treatments the individual prefers, whether they have attempted to stop before (and how), and if there are medical reasons why they should not be prescribed particular pharmacotherapies.
- Offer advice, encouragement and support, including referral to the NHS Stop Smoking Service, to help people in their attempt to quit.
- NRT, varenicline or bupropion should normally be prescribed as part of an abstinent-contingent treatment, in which the smoker makes a commitment to

stop smoking on or before a particular date (target stop date). The prescription of NRT, varenicline or bupropion should be sufficient to last only until 2 weeks after the target stop date. Normally, this will be after 2 weeks of NRT therapy, and 3–4 weeks for varenicline and bupropion, to allow for the different methods of administration and mode of action. Subsequent prescriptions should be given only to people who have demonstrated, on re- assessment that their quit attempt is continuing.

PACEF Recommendation

(5)A successful quit attempt is dependent upon the individual

Duration of treatment

The recommended duration of treatment for each form of pharmacotherapy is tabulated below:

	Maximum length of treatment
Nicotine Replacement Therapy	12 weeks
Bupropion (*Zyban*)	7 to 9 weeks
Varenicline (*Champix*)	12 weeks (but can be repeated in abstinent individuals to reduce risk of relapse).

PACEF Recommendation

(6)In accordance with guidance from Phoenix Smoking Cessation Service and Lincolnshire Public Health, it is

Choice of therapy

The table below illustrates that NRT (in a variety of formulations) and varenicline are widely prescribed in all four Lincolnshire Clinical Commissioning Groups (CCGs): in comparison, bupropion is prescribed very infrequently. NRT is most commonly prescribed in a patch formulation:

Product	**LECCG Items**	**LWCCG Items**	**SLCCG Items**	**SWLCCG Items**
Bupropion 150mg SR tablets (*Zyban*)	21	26	13	22
Varenicline 500microgram/1mg tablets (*Champix)*	1,575	1,009	731	591
NRT				
NRT patches	1281	1094	583	474
NRT chewing gum	164	129	111	71
NRT lozenges/tablets/strips	364	270	154	107

NRT sprays	289	222

Figures derived from CCG prescribing data for the 4th quarter of 2013/14

Varenicline (*Champix*)

Varenicline is a selective nicotine receptor partial agonist used as an aid for smoking cessation. Clinical evidence published as part of NICE Technology Appraisal 123 supports claims that varenicline is more effective than NRT in terms of long term quit rates. Local data from the LCHS smoking cessation report published in May 2014 also supports this conclusion.

Varenicline (*Champix*) is only licensed for use in adults aged over 18. Treatment should usually be initiated 1-2 weeks prior to the target stop date, with an initial dose of 500mcg once daily for three days increasing to 500mcg twice daily for 4 days; the usual maintenance dose is 1mg twice daily for 11 weeks, leading to 12 weeks treatment in total. The maintenance dose can be reduced to 1mg twice daily if not tolerated. Sometimes, Phoenix recommends tapering of varenicline dosage towards the end of the 12 weeks. As stated above, the 12 week course can be repeated in abstinent individuals to reduce the risk of relapse, although this goes beyond the 12 week programme of support that Phoenix is commissioned to provide.

Varenicline is associated with a wide range of adverse effects, most commonly gastrointestinal disturbances, appetite changes, dry mouth, taste disturbance, headache, drowsiness, dizziness, sleep disorders and abnormal dreams. It is contraindicated in pregnancy and when breast feeding. In 2008, the MHRA issued a safety alert highlighting a potential association between varenicline therapy and increased risk of suicidal thoughts and behaviour. Patients should be advised to stop treatment and contact their doctor immediately if they develop suicidal thoughts, agitation or depressed mood. Those with a history of psychiatric illness should be monitored closely while taking varenicline. Varenicline should also be used with caution in those with a history of cardiovascular disease and in those with a predisposition to seizures.

Decision making around the appropriateness of initiation of varenicline in an individual patient requires access to the individual patient record. As a result of this, the final decision as to whether varenicline treatment is clinically appropriate remains the responsibility of the clinician that prescribes the therapy.

PACEF Recommendation

(7)Despite the evidence that varenicline is associated with

Bupropion hydrochloride (*Zyban*)

Bupropion (*Zyban*) has previously been used as an antidepressant. Its mode of action in smoking cessation is not clear and may involve an effect on noradrenaline and dopamine neurotransmission.

Bupropion (*Zyban*) is only licensed for use in adults aged over 18; it should only be used in those smoking at least 15 cigarettes a day and weighing at least 45kg.

The dose of bupropion is 150mg initially once daily for 6 days then twice daily for a period of 7 to 9 weeks, commencing treatment 1 to 2 weeks before target stop date.

Bupropion is associated with a number of adverse effects including: dry mouth, gastrointestinal disturbances, taste disturbance, agitation, anxiety, dizziness, depression, headache, impaired concentration, insomnia, tremor, fever, pruritus, rash and sweating. It is contraindicated in those with severe hepatic cirrhosis, CNS tumour, history of seizures, eating disorders or bipolar disorder. It should be used with caution in the elderly and in those with a predisposition to seizures, those on concomitant drug therapy which lowers the seizure threshold, those with a history of alcohol abuse and those with a history of head trauma or diabetes.

PACEF Recommendation

(8)Evidence suggests that bupropion therapy does not achieve quit rates as high as those achieved by NRT or

Nicotine Replacement Therapy

There are several different types of formulation available:

- Patches – controlled release patches delivering a continuous dose of background nicotine over a 16 to 24 hour period.
- Oral products - chewing gum, lozenges, sublingual tablets, oral film strips, oral or nasal sprays – designed to provide a short-acting, additional dose of nicotine to relieve intense craving.
- Inhalator devices – provide an inhaled dose of nicotine; the device mimics the delivery system of a cigarette or e-cigarette.

Selection of NRT

NICE Public Health Guidance 10 - *Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities* (February 2008)

- Consider offering a combination of a long-acting nicotine patch with a shorter acting form of NRT (e.g. gum, inhalator, lozenge or nasal spray) to people who show a high level of dependence on nicotine or who have found single forms of NRT inadequate in the past.
- Explain the risks and benefits of using NRT to young people aged from 12 to 17, women who are pregnant or breastfeeding and those with unstable cardiovascular disorders.
- To maximise the benefits of NRT, people should be strongly encouraged to use behavioural support in conjunction with pharmacotherapy as part of their quit attempt.
- NRT, varenicline and bupropion should not be used in combination.

PACEF Recommendation

combination with an immediate release, short-acting product to counteract cravings. Where short-acting NRT products are prescribed as monotherapy, the maximum dose for each product is as stated in the *BNF* and product SPC. When a short-acting NRT product is used in combination with a long-acting nicotine transdermal patch, the maximum dose of the short acting product should be reduced to half the stated maximum dose. Combination NRT prescribing should never involve more than two formulations, one long-acting and one

Transdermal patches

There are a variety of patches licensed for use over 16 or 24 hours. The 24 hour patch is more suitable for:

- Heavily dependent smokers usually requiring their first cigarette within a few minutes of waking.
- Shift workers, particularly those with unpredictable work patterns.

The 16 hour patch is more suitable for:

- Those who crave their first cigarette at least 1 hour after waking.
- Patches licensed for use over 24 hours can be used for patients requiring 16 hour cover if the person is advised to remove them at bedtime.

A common adverse effect of nicotine is sleep disturbance and, for the majority of people, the 16 hour patch is the most appropriate. Local prescribing data indicates that the 16 hour patches are the most frequently prescribed.

The strength of the patch prescribed is usually dependent upon the person's past smoking habit, with the strength of the patch reduced over time. Patches should be applied daily, normally in the morning, to a clean dry, non-hairy area of skin on the hip, trunk or upper arm. Patch sites need to be rotated to avoid skin irritation. Patches should not be applied to broken or inflamed skin and are unsuitable for those with skin disorders. Local experience suggests that *Niquitin* clear patches may preferred in people who suffer from skin problems. Where transdermal patches are used within this context, the patch should only be applied to areas of skin not affected by the skin disorder.

Patches need to be disposed of correctly (i.e. by folding in half) to prevent children and/or pets being accidentally exposed to nicotine.

As illustrated by the table below, patches are comparably priced:

Cost comparison: *Nicotine transdermal patches*

Patch	Strength	Cost (£ per 7 patches)
Nicorette Invisipatch	10mg/16hrs	£9.97
	15mg/16hrs	£9.97
	25mg/16hrs	£9.97 or £16.35 for 14
Nicotinell	7mg/24 hrs	£9.11
	14mg/24hrs	£9.40
	21mg/24hrs	£9.97 or £24.51 for 21
Niquitin	7mg/24 hrs	£9.97
	14mg/24hrs	£9.97
	21mg/24hrs	£9.97 or £18.79 for 14

Cost per course: *Nicotine transdermal patches*

Patch	Number cigarettes/day	Dose regimen	Cost per quit attempt
Nicorette Invisipatch (16 hour patch)	>10/day	25mg daily for 8 weeks then 15mg daily for 2 weeks then 10mg daily for 2 weeks (12 weeks)	£119.64
	<10/day	15mg daily for 8 weeks then 10mg daily for 4 weeks (12 weeks)	£119.64
	Smoking reduction	25mg daily until smoking <10 cigarettes a day then 15mg daily for 8 weeks then 10mg daily for 4 weeks	£119.64 +
Nicotinell (24 hour patch)	>20/day	21mg/24hrs daily for 3-4 weeks then 14mg/24 hours for 3-4 weeks then 7mg/24 hours for 3-4 weeks. (maximum duration 3 months)	£113.92 (based on 4 weeks use per strength patch)
	<20/day	14mg/24 hrs for 3-4 weeks then 7mg/24 hours for 3-4 weeks. (maximum duration 3 months)	£74.04 (based on 4 weeks use per strength patch)
NiQuitin (24 hour patch)	>10/day	21mg/24hrs daily for 6 weeks then 14mg/24 hours for 2 weeks then 7mg/24 hours for 2 weeks. (maximum duration 10 weeks)	£99.70
	<10/day	14mg/24hrs daily for 6 weeks then 7mg/24 hours for 2 weeks (maximum duration 8 weeks)	£79.76

Short-acting nicotine replacement products

There are a variety of nicotine containing formulations designed to provide a small dose of nicotine to help relieve intense cravings. The quickest acting formulation is the nasal spray, followed by the oral spray. Lozenges release nicotine faster than chewing gum and seem to be a more acceptable formulation for many patients. Choice of adjunct therapy is largely guided by client preference and is influenced by past smoking habits.

All short-acting nicotine replacement products can be used as monotherapy, although national guidance, supported by local data, suggests that higher quit rates are obtained if short-acting products are used in combination with longer-acting transdermal nicotine patches. If used in combination with a patch, the maximum

recommended dose for each product is half of the maximum recommended dose if used as monotherapy.

Oral products

Examples: chewing gum, lozenges, sublingual tablets, oral film strips, oral or nasal sprays.

Oral products should be used with caution in those with oesophagitis, gastritis or peptic ulcers because, if swallowed, nicotine can aggravate these conditions. Acidic beverages, such as coffee or fruit juice, may decrease absorption through the buccal mucosa and should be avoided for 15 minutes before the intake of oral nicotine replacement therapy.

Chewing Gums

- The recommended dose is one 2mg gum to be chewed when the urge to smoke occurs. The gum should be chewed until the taste becomes strong, and then rested between the cheek and gum; when the taste starts to fade, chew again and repeat the process. One piece of gum used in this way should last for approximately 30 minutes.
- If used as monotherapy, the recommended dose for those smoking fewer than 20 cigarettes per day is 2mg. For those smoking over 20 cigarettes a day, requiring more than 15 pieces of 2mg gum, the 4mg strength should be used; care should be taken not to exceed the maximum dose.
- Prescribing data indicates that chewing gum is not as popular as it used to be, although it is still the short-acting product of choice for some individuals.
- There is some variation in price between the different brands and flavours, although generally the larger pack sizes are the most cost effective options. Smaller pack sizes should be prescribed initially to avoid unnecessary wastage if treatment needs to be changed in the middle of the course.
- Nicotine chewing gum has a very bitter taste that seems most effectively masked by mint flavours, particularly when used in the 2mg strength.
- If used in combination with nicotine patches, the 2mg strength should be used in preference to the 4mg strength. Highly dependent smokers may need the 4mg gum in combination with a nicotine patch
- Chewing gum may not be suitable for denture wearers as it can stick to and damage dentures.

Cost comparison: *Nicotine chewing gums*

Product	**Strength**	**Maximum dose if used as monotherapy (halved if used in conjunction with nicotine patches)**	**Price/pack size**
Nicorette gum	2mg	15 gums/day	Original, freshmint, mint & fresh fruit (mint & fresh fruit 105 pack size only) £3.25 (30), £9.27 (105) £14.82 (210) Icy white £3.42 (20) £9.37 (105)
	4mg	15 gums/day	Original, freshmint, mint & fresh fruit (mint & fresh fruit 105 pack size only) £3.99(30), £11.30 (105), £18.24

			(210) Icy white £11.48 (105)
Nicotinell gum	2mg	25 gums/day	Mint , fruit £1.45 (12), £2.67 (24), £8.26 (96) Icemint £6.69 (72) Liquorice £2.67 (24), £8.26 (96)
	4mg	15 gums/day	Mint, rruit £1.57 (12), £3.30 (24), £10.26 (96) Icemint £8.29 (72) Liquorice £3.30 (24), £10.26 (96)
Niquitin gum	2mg & 4mg	15 gums/day	Mint £1.71 (12), £3.25 (24), £9.97 (96)

Product	**Max daily dose**	**Cost /day**
Chewing gums		
***Nicorette* gum**		
original & fresh mint	**15 x 2mg**	**£1.06**
mint & fresh fruit	**15 x 2mg**	**£1.32**
original & fresh mint	**15 x 4mg**	**£1.30**
mint & fresh fruit	**15 x 4mg**	**£1.61**
Nicotinell		
mint ,fruit .liquorice	25 x 2mg If using 15/day	£2.15 £1.29
ice mint	25 x 2mg If using 15/day	£2.32 £1.39
mint, fruit. liquorice	15 x 4mg	£1.60
ice mint	15 x 4mg	£1.73
NiQuitin		
mint	15 x 2mg or 15 x 40mg	£1.56

PACEF Recommendation:

(11) If nicotine chewing gums are prescribed, mint flavours seem to

Lozenges and microtablets

Based on current prescribing trends lozenges are a popular formulation of oral short-acting nicotine. One lozenge should be used every 1 to 2 hours when the urge to smoke occurs. The lozenge should be allowed to dissolve in the mouth and periodically moved from one side of the mouth to the other; each lozenge should last for 10 to 30 minutes. The mini-lozenge is currently the most popular formulation as it is much smaller than alternatives, although slightly more expensive. Due to variation in pack size, it is difficult to compare the cost of different products. Generally, it is more cost effective to prescribe in larger packs, particularly where the prescriber can be confident of patient preference. If used in combination with nicotine patches, 1.5mg or 2mg strengths should be used in preference to the 4mg.

Oral dispersible films (NiQuitin Strips)

There is currently only one oral dispersible film holding a UK marketing authorisation, *NiQuitin Strips*. PACEF evaluated the product in January 2014 and did not consider the available evidence sufficient to support inclusion in the *Lincolnshire Joint Formulary.* As a result of this, nicotine 2.5mg orodispersible film (*NiQuitin Strips Mint*) is designated RED-RED and should not be prescribed.

Cost comparison: *Nicotine lozenges, microtablets and oral dispersible films*

Product	Strength	Maximum dose	Price/pack size
Lozenges/micro tablets			
Nicorette Cools (lozenges)	2mg	15 lozenges/day	Mint £3.18 (20), £11.48(80)
	4mg	15 lozenges/day	Mint £11.48 (80)
Nicorette Microtab (sublingual)	2mg	40tabs/day	£4.83 (30),£13.12 (100)
Nicotinell Lozenge	1mg	30 mg/day (30 loz)	Mint £1.71 (12), £4.27 (36), £9.12 (96)
	2mg	30mg/day(15 loz)	Mint £1.99 (12), £4.95 (36), £10.60(96)
NiQuitin Lozenge	2mg & 4 mg	15 lozenges/day	Original & mint £5.12 (36) £9.97 (72)
NiQuitin Minis Lozenge	1.5mg & 4mg	15 lozenges/day	Mint & Cherry £3.18 (20), £8.93 (60)
NiQuitin Strips orodispersible film	2.5mg	15 films /day	£3.51 (15),£10.85 (60)

Cost per day of treatment: *Nicotine lozenges, microtablets and oral dispersible films*

Product	Max daily dose	Cost /day
Lozenges/micro tabs		
Nicorette		
lozenges	15 x 2mg or 15 x 4mg	£2.15
Microtabs	40 x 2mg	£2.25
Nicotinell		
Lozenge	30 x 1mg	£2.85
Lozenge	**15 x 2mg**	**£1.66**
NiQuitin		
Lozenge	**15 x 2mg, 15 x 4mg**	**£2.08**
Minis Lozenge	15 x 1.5mg, 15 x 4mg	£2.23
Orodispersible film	15 x 2.5mg	£3.15

PACEF Recommendation

(12) *NiQuitin Lozenge* 2mg and 4mg and *NiQuitin Minis Lozenges* 1.5mg and 4mg are advocated first line where a

Oral sprays, nasal sprays and inhalators

Nicotine oral spray (*Nicorette QuickMist*): patients can use one or two sprays into the mouth when the urge to smoke occurs or to prevent cravings. The spray should be released into the mouth, holding the spray as close to the mouth as possible and avoiding the lips. The patient should not inhale whist spraying and avoid swallowing for a few seconds after use. Patient experience suggests that some patients have difficulty with this technique and can experience a gagging sensation. Directing the spray to the side of the mouth can help to avoid this. Oral sprays should be used with caution in those with oesophagitis, gastritis or peptic ulcers because, if swallowed, nicotine can aggravate these conditions.

Nicotine inhalation cartridges (*Nicorette Inhalator*): the cartridges can be used when the urge to smoke occurs or to prevent cravings. The cartridge is inserted into the device and air is drawn in through the mouth piece with each use of the device lasting for approximately 5 minutes. The amount of nicotine from 1 puff of the cartridge is less than that from a cigarette and it is likely to be necessary for the person to inhale more frequently than when smoking. A single 15mg cartridge lasts for approximately 40 minutes of intense use. Care should be taken with the inhalation cartridges in those with obstructive lung disease, chronic throat disease or bronchospastic disease. The *Nicorette Inhalator* is the only option that directly mimics the physical activity of smoking. Anecdotal reports indicate that many patients continue to use the inhalator as a habit substitute even after the cartridge is empty.

Nicotine nasal spray (*Nicorette Nasal Spray*): one spray can be used in each nostril when the urge to smoke occurs up to a frequency of twice an hour. If lower doses are required the spray can be applied to just one nostril. The nasal spray can cause worsening of bronchial asthma and is associated with sneezing and local irritation.

Cost comparison: *oral sprays, nasal sprays and inhalators*

Product	**Strength**	**Maximum dose**	**Cost**
Nicorette Nasal Spray	500mcg/dose	1 spray into each nostril each nostril twice an hour maximum 64 spray/day	£13.40 (10ml – 200 doses)
Nicorette QuickMist oromucosal spray	1mg/dose	Maximum 4 sprays an hour, 64 sprays/day.	1x 13.2ml £12.12 2X13.2ml £19.14
Nicorette Inhalator inhaler plus cartridge	15mg	6 cartridges/day	4 x £4.14 20 x £14.03 36 x £23.33

PACEF Recommendation

(13) Nicotine oral sprays, nasal sprays and inhalators are relatively high cost in comparison with other formulations of NRT

Electronic cigarettes

Electronic cigarettes (or e-cigarettes) are battery powered devices that deliver on inhalation a vaporised liquid nicotine solution. Each device is comprised of a battery, atomiser and cartridge containing water, propylene glycol or glycerine, varying amounts of nicotine and flavourings such as tobacco, whisky, bubble-gum or fruit. When the user inhales, a sensor detects the airflow and heats the liquid nicotine filled cartridge to produce the vapour. This has led to the team "vaping" being used to describe the use of e-cigarettes.

Electronic cigarettes mimic a real cigarette in design, often having a 'lit' end to resemble a lit cigarette and emit a 'smoke like' vapour when the user exhales. Despite this resemblance, they do not contain tobacco, don't burn and therefore do not produce tobacco smoke.

Studies undertaken to date suggest that electronic cigarettes are less harmful than smoking conventional cigarettes. The British Medical Association (BMA) advises that "while e-cigarettes are unregulated and their safety cannot be assured, they are likely to be a lower risk than continuing to smoke." However, as yet there has been no research to assess the long term health effects of using electronic cigarettes.

At present these products are unlicensed and unregulated; there may be vast differences between brands. In particular, some brands have been found to be of poor quality and ineffective at delivering the nicotine vapour; this means the user could inhale too much or too little nicotine. While cartridges are available in a range of different nicotine strengths; some studies have found that the actual nicotine level does not correspond to that advertised. This may lead to users inhaling more or less nicotine than expected. There have also been some incidents reported in the media where e-cigarette batteries have exploded or started fires.

The MHRA announced in June 2013 a government intention to regulate electronic cigarettes and other nicotine containing products (NCPs) as medicines. There is an expectation that the first NCPs will be regulated as early as 2014.

PACEF Recommendation

(14) Electronic cigarettes are currently not classed as medicines and therefore do not have to comply with the same regulatory standards as

Acknowledgements

Many thanks to:
Tracey Matthewman, Amanda Richardson, Georgina Barclay, and Carol Johnson from the Phoenix Stop Smoking Service, Lincolnshire Community Health Services. and Phil Garner and Ros Watson from Lincolnshire County Council for their help in the compilation of this *Bulletin.*

Prepared by:

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Stephen Gibson
Head of Prescribing and Medicines Optimisation
GEMCSU

October 2014

References

1. National Institute for Clinical Excellence (NICE) Quality Standard 43 - *Smoking cessation: supporting people to stop smoking* (August 2013)
2. NICE Public Health Guidance 45 - *Tobacco: harm-reduction approaches to smoking* (June 2013).
3. NICE Public Health Guidance 10 - *Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities* (February 2008).
4. Phoenix Pharmacotherapy Protocol May 2011. To be reviewed June 2014.
5. NHS Nottingham Health Community, *Smoking Cessation Algorithm*.
6. *Guidelines for the prescribing and administration of smoking cessation pharmacotherapy on inpatient wards*.
7. *Standard Treatment programme – one to one smoking cessation programme*. Andy McEwan. 2011. NHS centre for Smoking Cessation and Training.
8. Lincolnshire Stop Smoking Services, *Service Delivery and monitoring guidance 2011/12.*
9. *MIMS* (June to August 2014.
10. National Centre for Smoking Cessation and Training, *Electronic cigarettes* (2014)

United Lincolnshire Hospitals NHS Trust

Equality Analysis: Initial Assessment Form

Title: Smoke Free Policy

Describe the function to which the Equality Analysis Initial Assessment applies:					
☐	Service delivery	☐	Service improvement	☐	Service change
	Policy	√	Strategy	☐	Procedure/Guidance
☐	Board paper	☐	Committee / Forum paper	☐	Business case
☐	Other (please specify) ……				

Is this assessment for a new or existing function?	**New**
Name and designation of function Lead professional:	**Stephen Kelly**
Business Unit / Clinical Directorate:	**HR & OD**

What are the intended outcomes of this function? (*Please include outline of function*

objectives and aims): *United Lincolnshire Hospitals NHS Trust (ULHT) as a healthcare provider and major employer in Lincolnshire will set an example to other organisations, promote public health and create an environment that minimises the health risks to members of the public, patients and staff who access or provide our services by providing a smoke free Trust environment.*

Who will be affected? Please describe in what manner they will be affected?

Patients / Service Users:	**Staff:**	**Wider Community:**
Patients will not be permitted to smoke on Trust permitted.	Employees will not be permitted to smoke on Trust premises.	Visitors contractors and members of the public will not be permitted to smoke on Trust premises

What impact is the function expected to have on people identifying with any of the protected characteristics (below), as articulated in the Equality Act 2010? (Please tick as appropriate)

	Positive	Neutral	Negative	**Please state the reason for your response and the evidence used in your assessment.**
Disability	Yes			ULHT will actively encourage Health and wellbeing in promoting and supporting smoking cessation.
Sex	Yes			ULHT will actively encourage Health and wellbeing in promoting and supporting smoking cessation
Race	Yes			ULHT will actively encourage Health and wellbeing in promoting and supporting smoking cessation
Age	Yes			ULHT will actively encourage Health and wellbeing in promoting and supporting smoking cessation
Gender Reassignment	Yes			ULHT will actively encourage Health and wellbeing in promoting and supporting smoking cessation
Sexual Orientation	Yes			ULHT will actively encourage Health and wellbeing in promoting and

				supporting smoking cessation
Religion or Belief	Yes			ULHT will actively encourage Health and wellbeing in promoting and supporting smoking cessation
Pregnancy & Maternity	Yes			ULHT will actively encourage Health and wellbeing in promoting and supporting smoking cessation
Marriage & Civil Partnership	Yes			ULHT will actively encourage Health and wellbeing in promoting and supporting smoking cessation
Carers	Yes			ULHT will actively encourage Health and wellbeing in promoting and supporting smoking cessation

If the answer to the above question is a predicted negative impact for one or more of the protected characteristic groups, a full Equality Analysis must be completed. (The template is located on the Intranet)

Name of person/s who carried out the Equality Analysis Initial Assessment:	**Stephen Kelly**
Date assessment completed:	**6th of November 2017**
Name of function owner:	
Date assessment signed off by function owner:	
Proposed review date (please place in your diary)	

As we have a duty to publicise the results of all Equality Analyses, please forward a copy of this completed document to tim.couchman@ulh.nhs.uk.

Referenced Documents

References

The Health Act 2006, Department of Health

NICE Guideline on Quitting Smoking in Pregnancy and following Childbirth. (PH 26), June 2010

NICE Guideline on Smoking cessation in Secondary care: acute, maternity and mental health services. (PH 48), November 2013

British Thoracic Society Smoking Cessation information https://www.brit-thoracic.org.uk/clinical-information/smoking-cessation/

Smoking Kills - A White Paper on Tobacco https://www.gov.uk/government/publications/a-white-paper-on-tobacco

Healthy Lives, Healthy People https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england

WHO Framework on Tobacco Control Report on Electronic Nicotine Delivery Systems – July 2014. http://apps.who.int/gb/fctc/PDF/cop6/FCTC_COP6_10-en.pdf

Schraufnagel *et al* (2014) Electronic cigarettes: A position statement of the Forum of International Respiratory Societies. AJRCCM. 190(6): 611-618.

United Lincolnshire Hospitals NHS Trust

Signature Sheet

Names of people consulted about this policy:

Name	Job title	Department

Names of committees which have approved the policy	Approved on
Trust Health and Safety Committee	
Staff Engagement Group (SEG)	

Report to:	Trust Board
Title of report:	Finance, Performance and Estates Committee Assurance Report to Board
Date of meeting:	25 March 2021
Chairperson:	Gill Ponder, Non-Executive Director
Author:	Karen Willey, Deputy Trust Secretary

Purpose	This report summarises the assurances received, and key decisions made by the Finance, Performance and Estates Committee (FPEC). The report details the strategic risks considered by the Committee on behalf of the Board and any matters for escalation for the Board's response. This assurance committee meets monthly and takes scheduled reports from all Trust operational groups according to an established work programme. The Committee worked to the 2020/21 objectives. The Trust are responding to the second wave of Covid-19 and as such the meeting was held via Microsoft Teams with a reduced agenda and attendance to focus on key priorities. The Committee were mindful of the pressures being faced by the Trust.
Assurances received by the Committee	**Lack of Assurance** in respect of SO 3a A modern, clean and fit for purpose environment **Issue: Estates Statutory Compliance Report** The Committee received the report and were pleased to see the continued improvement being offered in reporting. The Committee were concerned regarding the position of the Trust with a shortage of appointed Authorised Engineers and Authorised Persons. The Committee were advised that a full review of critical infrastructure assets was being completed and would inform further critical infrastructure investment and direction. The review would provide a baseline for the Trust. The Committee noted the level of concern regarding water safety at Grantham Hospital following targeted sampling however were assured of the immediate actions taken and the plan put in place to resolve the issues identified. The Committee sought assurance that the value for money on the investment in housekeeping had been achieved prior to further investments being made. The Committee were advised that this was being monitored and a baseline established against other Trusts in respect of the investment moving forward.

	Assurance in respect of SO 3b Efficient Use of Resources **Issue: Finance Report** The Committee noted that the Trust had achieved a breakeven position in February. Pay was £700k lower than January however it was noted that the number of working days in February had driven the position. There was an expectation that a step down would be seen in March based on the removal of the bank incentive premium and the return to normal bank rates. The Committee noted cross system management of finances in order to bring the position in line on 31st March as planned, the Trust were playing an active part in this. The Committee were advised that the financial regime would continue in to 2021/22 with the same envelope expected for the first half of the year. Planning would continue in to the next year on the same basis however a reduction in Covid-19 costs would be required with continued focus to reduce agency spend and progress workforce recruitment activity. It was noted that changes to non-pay costs would be seen as activity comes back on stream and the Committee were advised that the recovery phase of Covid-19 would have a distinct set of costs associated to it. There would be a £1bn national recovery fund which the Trust would be able to bid for a portion of. Work was underway to develop the efficiency programme for 2021/22 and the Trust had performed well for the current year against the national requirement. It was noted that the Trust had had its largest ever capital programme in 2020/21, delivering more than ever before. The Committee noted that there would be slippage of £1.5m against the final programme. This is mainly driven by the late allocation received from DHSC in February. The Trust were awaiting clarity of the 2021/22 capital settlement with further discussions to take place. The Committee noted the move to collective management of contracting across the system with the Trust working with system partners to achieve this change. The Committee were pleased to note the credibility with regional colleagues in respect of financial management of the Trust and System over the past year. The planned deficit of £4m had now moved to a breakeven position at year-end. **Issue: PRM Upward report** The Committee received the report for information noting that each Board Committee received the relevant sections for review.

	Assurance in respect of SO 3c Enhanced data and digital capability **Issues: Assurance Report Information Governance Group** The Committee received and accepted the content of the report.
	Assurance in respect of other areas: **Committee Performance Dashboard** The Committee received the dashboard noting the ongoing concerns in relation to cancer services and 52-week waiters which were not yet showing any improvement. The Committee noted the adverse effect of Covid-19 on the length of stay for patients and noted that whilst Covid-19 patients had an extended length of stay there had also been increases in the length of stay for non-Covid-19 patients. The Committee noted that an intensive support programme had commenced that would have a positive impact on length of stay. The Committee noted the increased demand on Breast Services and were advised of the work underway to increase capacity and reduce waiting times. Work was underway to set new trajectories for 62-day and 104-day waiters to support improvements in service delivery. The Committee were advised that the Trust were operating in the restore phase of the response to Covid-19 and guidance would be issued soon that would indicate the length of time that this phase would continue. There was an expectation that the restore phase would continue for an extended period before the recovery phase begins. It was noted that due to the restore phase being based on clinical urgency rather than time-based targets it was unlikely that there would be considerable movement in performance targets in the near future. A report more appropriate to treating patients according to clinical urgency would be required by the Committee to gain assurance. **Committee Annual Report** The Committee received the draft annual report nothing the contents and need for feedback to be provided in order to feed the Trusts overall Annual Report and Annual Governance Statement. The Committee agreed to virtual approval over the next two weeks and ratification at the April Committee meeting. **Integrated Performance Report** The Committee received the report noting the content and sought confirmation of the timescale to step down the increased ITU capacity.

	The Committee were advised that capacity at Pilgrim had been returned to normal levels. Lincoln ITU continued to run with additional capacity however there was less ring-fenced Covid-19 capacity, with capacity being given to the Trust's own urgent and elective care services. This was consistent with the move from pandemic to endemic management of Covid-19. **Cancer Performance** The Committee received the report noting that the 31-day radiotherapy target had failed to be met for the first time due to the impact of Covid-19. The Committee were advised of the successful bid for additional radiology equipment and this along with further work would support the pull back of the 31-day target. The Committee were advised that mobile units were in place and being utilised to support cancer capacity however these could not be fully utilised due to social distancing measures which resulted in the removal of some appointments. Through the restoration of services, as agreed by the Board on 16th March, additional capacity on the green site was being secured. **Urgent Care** The Committee received the report noting the improved performance in 12-hour trolley waits and delayed ambulance handovers. Support was also in place from NHS England in order reduce bed pressures and improve pathways in urgent care. With an increase in activity levels being seen the bed base needed to be appropriate to care for patients. The Committee considered the reporting that had been received and noted that performance was reported against pre-Covid-19 levels and asked that the way in which future reports were produced be considered in order to provide performance in the current context. **Lessons Learnt – Radiator SI** The Committee received and noted the report offering any comments outside of the meeting.
Issues where assurance remains outstanding for escalation to the Board	No additional items to raise.
Items referred to other Committees for Assurance	None

Committee Review of corporate risk register	Due to the reduced agenda, the Committee did not review the risk register during the meeting, but Committee members had reviewed the risk report and risk register prior to the meeting
Matters identified which Committee recommend are escalated to SRR/BAF	The Committee was assured that the BAF was reflective of the key risks in respect of the strategic objectives of the organisation.
Committee position on assurance of strategic risk areas that align to committee	As above
Areas identified to visit in dept walk rounds	Department walk around currently suspended

Attendance Summary for rolling 12-month period

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

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

Meeting	Trust Board
Date of Meeting	6th April 2021
Item Number	
Integrated Performance Report for February 2021	
Accountable Director	Paul Matthew, Director of Finance & Digital
Presented by	Paul Matthew, Director of Finance & Digital
Author(s)	Sharon Parker, Performance Manager
Report previously considered at	N/A

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

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

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

Executive Summary

Quality

Infection Prevention and Control

The Trust has declared a further two MRSA Bacteraemia for the month of February. RCA's have already been undertaken with the clinical teams identifying a number of immediate actions that have already been undertaken by the clinical team following the identification of the care delivery issues. As the Trust has now had four confirmed cases this financial year, there will be an overarching Trust action plan formulated, putting actions for all of the last 3 cases together.

Falls

There have been four falls reported that have resulted in moderate harm for the month of February and one reported fall resulting in severe harm. These incidents are being investigated in line with Trust policy and work is underway as described in the exception report to ensure that the Trust is able to engage and involve teams to promote early learning, sharing and changes in practice.

Pressure Ulcers

There has been 38 hospital acquired Category 2 pressure ulcers reported for the month of February against a trajectory of 28.3. There has also been 2 reported Category 3 and 1 reported category 4 pressure ulcers. The category 4 has been reported as a Serious Incident. A review of all incidents is underway and any learning or themes will be brought through the Skin Integrity Steering Group.

Number of Serious Incidents Declared

25 Serious Incidents were declared for February, a review has identified that 5 relate to the declaration of a number of ED 12 hour breaches, 3 related to Falls, 2 MRSA Bacteraemia and 1 Pressure Ulcer. The remaining 14 incidents are split between a wide range of specialties across all 4 divisions at both Lincoln and Pilgrim hospitals and no themes are emerging at this present time.

Medication Incidents reported as causing harm

February has seen a slight decrease in medication incidents with harm to 17.2% against a trajectory of 10.7%. However, there has been an increase in the number of incidents reported. The number of incidents causing some level of harm (low /moderate /severe / death) has remained consistent with the last 12 months, however is higher than the national median. All pharmacists aligned to each Divisional CBU are currently working with the wards and departments to identify issues contributing to this higher level of reporting.

Mortality

HSMR

HSMR for the rolling year (December 19 – November 2020) is showing at 105.2 for the Trust which is an increase from the previous month and is no longer within expected limits. HSMR for the financial year is showing above expected for the Trust, Lincoln and Pilgrim sites. However, due to the COVID-19 pandemic this was to be expected. A number of case note reviews are underway for alerting conditions and will be presented through the MoRals group.

SHMI

ULHT are in Band 2 within expected limits with a score of 109.61 a slight decrease from the last reporting period. SHMI includes both deaths in-hospital and within 30-days of discharge and is reflective up to September 2020.

Clinical Audit and Effectiveness

National Clinical Audit Participation Rate

The % participation National Clinical Audit rate has remained at 95% again for the month of February. Actions to recover are in place and will be monitored through the Clinical Effectiveness Group.

eDD

The Trust achieved 92.3% compliance with sending eDDs within 24 hours for February 2021. 96.3% were sent anytime during the month of February 2021. Due to COVID-19 the changes required from IT have been put on hold. To support robust process for ongoing compliance the eDD group will report into the Clinical Effectiveness Group and the Deputy Medical Director for Clinical Effectiveness will chair the meetings going forward.

Sepsis based on January Data

1. **Sepsis screening compliance inpatient (Adult)**

Screening compliance for adult inpatients has shown a slight improvement 87.9% against a trajectory of 90%. Analysis of the data has shown that the areas struggling to meet the standard are mainly medical wards with a similar pattern shown across both Pilgrim and Lincoln sites. The thematic analysis has highlighted that wards that have been caring for patients with Covid-19 have shown a marked decline in compliance. A Patient Safety Briefing has been circulated on behalf of the Deputy Medical Director.

2. **Sepsis screening compliance inpatient (Paediatric)**

Sepsis screening compliance for inpatient (child) has increased to 88% for January against a trajectory of 90%. Harm reviews have revealed no harm that has occurred and the Paediatric sepsis practitioner has highlighted that the relatively low overall numbers will cause the percentages to be fairly labile. The missed screens have occurred with those patents with a raised NEWS for reasons other than infection.

3. **Intravenous antibiotics within an hour (Paediatric ED)**

Compliance for Children's antibiotics within an hour in ED has increased to 67% against a trajectory of 90%. Due to small numbers this represents one child and a harm review has demonstrated that no harm was caused as a result.

4. **Intravenous antibiotics within an hour (Paediatric inpatient)**

Compliance for paediatric antibiotics within an hour as an inpatient has fallen again to 71% against a trajectory of 90%. This equated to 2 children that had delays in receiving antibiotics from a total of 7. Harm reviews have revealed that no harm occurred and in both cases the delay was whilst blood results were awaited prior to prescribing decisions.

Duty of Candour – January Compliance

The Trust achieved 96% compliance with the Duty of Candour, both in person notification (verbal) and written follow-up for January. This equated to 1 non-compliant incident out of the 23 that were notifiable. Early notification to the Divisional Triumvirate will monitored to help improve compliance.

Operational Performance

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

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

However, the Covid-19 2nd wave has impacted significantly against the Trusts plans, posing challenges across both non-elective and elective pathways, including cancer, and resulting in the intermittent pausing of the green pathways at both Lincoln and Pilgrim hospitals. The Grantham Green Site has remained in operation.

A & E and Ambulance Performance

4-hour performance for February was 72.84% against a trajectory of 81.22%. This was a small improvement on 71.41% achieved in January. This achievement was against a backdrop of a reduction in attendances (against January attendances) at both LCH and PHB of 5.57% and 0.85% respectively. This is now the fourth time in 7 months the Trust's performance has been below the agreed trajectory, however, it is the second and consecutive month that performance has improved. Whilst achievement of the 15 minute triage target deteriorated slightly in February compared with January, 90.02% vs 90.42%, the overall recording improved slightly by 0.02% and remain slightly above trajectory and well within control limits.

There was a marked improvement in 12+hour trolley waits, with a reduction in the revalidated position from January of 36 to 8 in February, all clinically validated.

Ambulance conveyances for February were 3835 compared to January at 4279, a reduction of 444, with a 12.68% reduction at LCH and a corresponding reduction at PHB of 7.59%. 218 >59minute handover delays were recorded in February a decreased of 45 against January's figure. Delays experienced at LCH and PHB are attributed to the ongoing inability to flex the segregated pathways more responsively to the presenting demand.

The requirement to provide and balance both blue and green pathways within the Trust's emergency departments continues to be problematic.

The daily capacity cell continues to meet and have been reinstated with a multidisciplinary approach, including a daily system call to try to reduce the burden on the acute trust, supported by three times daily reviews via the Trust wide Capacity Flow meetings. NHSE/I are supporting improvement strategies including further engagement with the System via daily calls to reduce the overall burden on the Acute Trust.

An internal discharge cell is now in place to support pathway zero patient discharges supported by the Deputy Director for Patient Safety.

Length of Stay

LoS for non-elective admissions deteriorated slightly in February delivering 4.77 LoS compared to January at 4.76, and remains above the Trust target of 4.5 days. Non elective admissions reduced in February compared with January by 206 and remain significantly below pre Covid numbers (down by 47.45% against February 2020). Non elective discharges deteriorated slightly in February at 2830 compared to January at 3,033.

The Deputy Chief Operating Officer for Urgent Care has established an internal Discharge Cell, following mixed success of a number of critical discharge events.

Project Salus continues to be developed and will support a more responsive bed base. Extensive work continues with system partners to acquire and agree funding and access to designated beds for the Trust's positive Covid-19 patients on pathways 1, 2 and 3. LCHS continue to modify their bed capacity in response to changing positive Covid-19 inpatient demand.

Referral to Treatment

RTT performance continues to be below trajectory and standard. January performance dropped by 1.26% against December's performance, with the Trust reporting 55.46% and reflects the ongoing challenge and impact the green pathways available at Lincoln and Pilgrim and the cessation of surgery at Louth and reduction at Grantham in order to support the requirement to support increased Critical Care capacity (to 150-200%), as well as the impact of clinical risk based patient selection as opposed to longest waiting. The Trust reported 1053 incomplete 52 week breaches for January end of month. In preparation for restoration the weekly PTL meeting have been recommenced. However as the focus will initially be on the reinstatement of time critical surgery, it is not expected to see significant RTT improvement until the end of quarter 1 2021/22.

With the ongoing pausing of the green pathways at both Lincoln and Pilgrim hospitals the daily Cancer/Elective Cancellation Cell continues to meet daily in response to the Covid 2nd Wave with senior clinical review and prioritisation daily of all cancellations, and to ensure capacity across all sites are maximised for the most critical patients. Cancer patients and clinically urgent remain a priority with a continued focus on 62+ day, 104+ days cancer patients and 40+, 52+ and 78+ week patients on the 18 week RTT PTL.

The cell continues to work with system provider partners and EMCA across the East Midlands to identify the most appropriate capacity for the most clinically urgent patients.

Waiting Lists

Overall waiting list size has reduced from December decreasing by 2537 to 41,025. The number of incomplete pathways is now approx. 1993 more than in March 2018.

The longest waiting patients are tracked weekly. Whilst the number of over 52week wait patients increased in January, December to January saw a decrease of patients waiting over 40 weeks by 1222 with Ophthalmology showing the greatest reduction of -245 but also has the highest overall backlog.

The numbers of patients waiting over 26 weeks again reduced, decreasing by 556 from December reflecting the work undertaken to clinically prioritise and treat the most clinically urgent patients first. The longest waiting patients are tracked and discussed weekly with escalation as appropriate and reported bi-weekly to NHSE/I.

The Trust reported 8 patients waiting over 80 weeks at the end of January. These patients are tracked and discussed internally with individual CBUs and also with CCG partners and NHSE/I colleagues at weekly meetings.

Cancelled Operations

'On the Day' Cancelled Operations saw a slight deterioration in February by 0.08%, but remains below the mean. This reflects the planned cessation of a significant proportion of the green lists across LCH and PHB, and the ongoing impact and increased risk of cancellations on the day owing to reduced assurance regarding the availability of post-operative HDU capacity to support the focus of time critical surgery being prioritised in line with national expectation.

These factors also contributed to the deterioration in performance of the 28 day treatment target from 9 patients breaching in January to 12 breaches in February.

The Cancer/Elective Activity cell continues to meet daily reviewing the prioritisation of elective surgery and supporting the planning and co-ordination of lists and activity in line with anticipated HDU capacity. Work with regional provider colleagues, EMCA and the Regional Hub to promote the surgery of the most critically urgent patients.

Plans are now being developed to increase the number of theatre sessions available, as the demand on additional critical care capacity begins to reduce.

Diagnostics

Diagnostics access performance continues to improve with February's performance standing at 68.94%. Endoscopy, continues to book cancer patients within 7-10 days and is now also booking routines, with improvements in Gastroscopy reporting 85 breaches compared to 298 in January, Cystoscopy improving from 194 in January down to 114 in February and Flexi Sigmoidoscopy significantly improved with a reduction from 75 breaches in January to 10 in February .

CT is much improved with 146 breaches for February compared to 306 in January

Ultrasound only had 3 breaches in February.

Neurophysiology reported 96 breaches for February compared to 456 for January

Audiology - Audiology Assessments had 0 breaches for January

Cardiology conitues to be challenged with echocardiography having 2051 breaches compared to 1961 in January, although echocardiography Stress /TOES had 58 breaches compared to 105 in January

Cardiology remians the main concern for the DM01 standing at 35.3% and is adversely affecting the overall position. (DM01 Performance with cardiac excluded is 84.30%)

Patient compliance remains a challenge in light of the Covid-19 second wave. Other modalities and diagnostic services are continuing to recover, however the focus remains on Cancer, Urgent Care and clinically urgent patients.

Cancer

Backlog number of patients waiting more than 62 and 104 days remains an absolute priority. Performance for January for the 62 Day Classic Cancer Target decreased by 6.0% compared to December, achieving 62.2% placing us below the national average (71.2%).

As of 10th March there remained 188 patients in the 62 day backlog down from a peak of 441, (57% reduction); 68 patients over 104 days down from 163 in mid-July (58% reduction). Colorectal and Head and Neck cancer capacity remains the most challenged specialties. A large proportion of these patients (24%) have significant complex/mental health needs. The temporary pausing of green pathways owing to Covid-9 related pressures has impacted upon

activity and the 62 day recovery. However, there is ongoing work across the system to identify the most appropriate capacity for the most urgent and longest waiting cancer patients, with daily senior clinical review and prioritisation of any cancellations. ULHT patients are being reviewed at partner organisations MDTs as well as escalation to EMCA.

The 31 day 1st treatment performance deteriorated and continues to be affected by Covid-19 and reductions in theatre and ITU capacity combined with an ongoing reluctance of a high number of patients who were unfit or unwilling to engage with the NHS at this time.

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

Whilst, additional Vanguard theatres are now in place at Grantham going live in January 2021, the need to delivery 200% capacity for ITU has significantly reduced the numbers of lists able to be run at Grantham and as such has to date had limited impact in helping to reduce cancer backlog.

Paul Matthew
Director of Finance & Digital
March 2021

OUTSTANDING CARE personally DELIVERED

NHS United Lincolnshire Hospitals NHS Trust

PERFORMANCE OVERVIEW

5 Year Priority	KPI	CQC Domain	Strategic Objective	Responsible Director	In month Target	Dec-20	Jan-21	Feb-21	YTD	YTD Trajectory	Latest Month Pass/Fail	Trend Variation	Kitemark
Deliver Harm Free Care	Clostridioides difficile position	Safe	Patients	Director of Nursing	9	3	5	6	62		P		
	MRSA bacteraemia	Safe	Patients	Director of Nursing	0	0	1	2	4		F		
	MSSA bacteraemia cases counts and 12-month rolling rates of hospital-onset, using trust per 1000 bed days formula	Safe	Patients	Director of Nursing	TBC	0.01	0.08	0.04	0.05				
	E. coli bacteraemia cases counts and 12-month rolling rates, per 1000 bed days formula	Safe	Patients	Director of Nursing	TBC	0.01	0.11	0.12	0.07				
	Never Events	Safe	Patients	Director of Nursing	0	0	1	0	2		P		Timeliness, Completeness, Validation, Process
	New Harm Free Care	Safe	Patients	Director of Nursing	99%	Data suspended							
	Pressure Ulcers category 3	Safe	Patients	Director of Nursing	4.3	1	0	2	15		P		
	Pressure Ulcers category 4	Safe	Patients	Director of Nursing	1.3	0	0	1	2		P		Timeliness, Completeness, Validation, Process
	Pressure Ulcers - unstageable	Safe	Patients	Director of Nursing	19/20 will be used as a benchmark	3	5	5	52				
	Summary Hospital Mortality Indicator (SHMI) (rolling year data 6 month time lag)	Effective	Patients	Medical Director	100	110.53	110.35	109.45	109.42		F		
	Hospital Standardised Mortality Ratio - HSMR (rolling year data 3 month time lag)	Effective	Patients	Medical Director	100	101.85	102.53	105.20	99.62		F	A	
	Sepsis screening (bundle) compliance for inpatients (adult)	Safe	Patients	Director of Nursing	90%	82.00%	87.90%		86.58%		F		
	Sepsis screening (bundle) compliance for inpatients (child)	Safe	Patients	Director of Nursing	90%	78.00%	88.00%		86.96%		F		
	IVAB within 1 hour for sepsis for inpatients (adult)	Safe	Patients	Director of Nursing	90%	80.00%	91.90%		90.94%		P		
	IVAB within 1 hour for sepsis for inpatients (child)	Safe	Patients	Director of Nursing	90%	100.00%	71.00%		88.28%		F		

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PERFORMANCE OVERVIEW

5 Year Priority	KPI	CQC Domain	Strategic Objective	Responsible Director	In month Target	Dec-20	Jan-21	Feb-21	YTD		Latest Month Pass/Fail	Trend Variation	Kitemark
Deliver Harm Free Care	Sepsis screening (bundle) compliance in A&E (adult)	Safe	Patients	Director of Nursing	90%	91.00%	91.10%		92.68%		P	A	
	Sepsis screening (bundle) compliance in A&E (child)	Safe	Patients	Director of Nursing	90%	86.00%	90.30%		90.49%		P	A	
	IVAB within 1 hour for sepsis in A&E (adult)	Safe	Patients	Director of Nursing	90%	92.00%	94.80%		95.65%		P		
	IVAB within 1 hour for sepsis in A&E (child)	Safe	Patients	Director of Nursing	90%	50.00%	67.00%		84.58%		F		
	Rate of stillbirth per 1000 births	Safe	Patients	Director of Nursing	4.20	2.39	2.64	2.44	2.29		P	B	
	Number of Serious Incidents (including never events) reported on StEIS	Safe	Patients	Director of Nursing	14	25	23	25	154		F	?	Timeliness, Completeness, Validation, Process
	Catheter Associated Urinary Tract Infection	Safe	Patients	Director of Nursing	1				0				
	Falls per 1000 bed days resulting in moderate, severe harm & death	Safe	Patients	Director of Nursing	0.19	0.04	0.19	0.20	0.12		F		Timeliness, Completeness, Validation, Process
	Reported medication incidents per 1000 occupied bed days	Safe	Patients	Medical Director	4.3	4.18	4.42	6.40	5.08		P		
	Medication incidents reported as causing harm (low /moderate /severe / death)	Safe	Patients	Medical Director	10.7%	22.20%	18.80%	17.20%	14.55%		F		
	Potential under reporting of patient safety incidents / Reported incidents (all harms) per 1,000 bed days	Safe	Patients	Medical Director	30	31.02	33.58	34.38	35.01		P		
	Patient Safety Alert compliance (number open beyond deadline)	Safe	Patients	Medical Director	0	0	0	0	2		P		
	National Clinical audit participation rate	Effective	Patients	Medical Director	98%	95.00%	95.00%	95.00%	93.73%		F		
	7 day Services Clinical Standard 2 (all patients have a Consultant review within 14 hours of admission)	Effective	Patients	Medical Director	90%	Not Collected audit done twice a year							
	7 day Services Clinical Standard 8 (ongoing review)	Effective	Patients	Medical Director	90%	Not Collected audit done twice a year							
	Venous Thromboembolism (VTE) Risk Assessment	Safe	Patients	Medical Director	95%	96.95%	97.00%	97.70%	97.14%		P		
	eDD issued within 24 hours	Effective	Patients	Medical Director	95%	92.90%	93.50%	92.30%	93.49%		F		

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NHS United Lincolnshire Hospitals NHS Trust

PERFORMANCE OVERVIEW

5 Year Priority	KPI	CQC Domain	Strategic Objective	Responsible Director	In month Target	Dec-20	Jan-21	Feb-21	YTD	YTD Trajectory	Latest Month Pass/Fail	Trend Variation	Kitemark
A Modern and Progressive Workforce	Overall percentage of completed mandatory training	Safe	People	Director of HR & OD	95%	89.33%	87.85%	86.72%	88.91%		F	B	
	Number of Vacancies	Well-Led	People	Director of HR & OD	12%	12.36%	12.25%	11.54%	12.33%		P	B	
	Sickness Absence	Well-Led	People	Director of HR & OD	4.5%	4.90%	5.07%	5.14%	5.00%		F		
	Staff Turnover	Well-Led	People	Director of HR & OD	12%	11.28%	11.76%	12.09%	11.13%		F		
	Staff Appraisals	Well-Led	People	Director of HR & OD	90%	78.04%	74.80%	73.65%	73.32%		F		
					£'000	£'000	£'000	£'000	£'000				
	Agency Spend	Well-Led	People	Director of HR & OD	TBC	-£3,382	-£4,058	-£3,651	-£37,506				
5 Year Priority	KPI	CQC Domain	Strategic Objective	Responsible Director	In month Target	Dec-20	Jan-21	Feb-21	YTD		Latest Month Pass/Fail	Trend Variation	Kitemark
Improve Patient Experience	Mixed Sex Accommodation breaches	Caring	Patients	Director of Nursing	0	1	1	0	4		P		Timeliness, Completeness, Validation, Process
	% Triage Data Not Recorded	Effective	Patients	Chief Operating Officer	0%	0.57%	0.20%	0.22%	0.30%		F		
	Duty of Candour compliance - Verbal	Safe	Patients	Medical Director	100%	79.00%	96.00%		92.20%		F		
	Duty of Candour compliance - Written	Responsive	Patients	Medical Director	100%	79.00%	96.00%		88.20%		F		

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NHS United Lincolnshire Hospitals NHS Trust

PERFORMANCE OVERVIEW

5 Year Priority	KPI	CQC Domain	Strategic Objective	Responsible Director	In month Target	Dec-20	Jan-21	Feb-21	YTD	YTD Trajectory	Latest Month Pass/Fail	Trend Variation	Kitemark
Improve Clinical Outcomes	4hrs or less in A&E Dept	Responsive	Services	Chief Operating Officer	81.22%	70.54%	71.41%	72.84%	78.59%	73.22%	F	L	
	12+ Trolley waits	Responsive	Services	Chief Operating Officer	0	39	36	8	95	0	F	?	
	%Triage Achieved under 15 mins	Responsive	Services	Chief Operating Officer	88.5%	89.48%	90.42%	90.02%	91.11%	88.50%	P		
	52 Week Waiters	Responsive	Services	Chief Operating Officer	0	642	1053		3481	0	F	H	
	18 week incompletes	Responsive	Services	Chief Operating Officer	84.1%	56.72%	55.46%		57.29%	84.10%	F	B	
	Waiting List Size	Responsive	Services	Chief Operating Officer	37,762	43,562	41,025		n/a	n/a	F	A	
	62 day classic	Responsive	Services	Chief Operating Officer	85.4%	68.22%	62.16%		66.09%	85.39%	F		
	2 week wait suspect	Responsive	Services	Chief Operating Officer	93.0%	84.89%	78.18%		85.64%	93.00%	F		
	2 week wait breast symptomatic	Responsive	Services	Chief Operating Officer	93.0%	3.97%	4.24%		42.12%	93.00%	F	B	
	31 day first treatment	Responsive	Services	Chief Operating Officer	96.0%	94.56%	91.22%		94.31%	96.00%	F		
	31 day subsequent drug treatments	Responsive	Services	Chief Operating Officer	98.0%	100.00%	98.00%		98.67%	98.00%	P		
	31 day subsequent surgery treatments	Responsive	Services	Chief Operating Officer	94.0%	100.00%	78.95%		88.45%	94.00%	F		
	31 day subsequent radiotherapy treatments	Responsive	Services	Chief Operating Officer	94.0%	90.10%	88.89%		92.47%	94.00%	F		
	62 day screening	Responsive	Services	Chief Operating Officer	90.0%	83.33%	66.67%		42.66%	90.00%	F	?	

OUTSTANDING CARE personally DELIVERED

NHS United Lincolnshire Hospitals NHS Trust

PERFORMANCE OVERVIEW

5 Year Priority	KPI	CQC Domain	Strategic Objective	Responsible Director	In month Target	Dec-20	Jan-21	Feb-21	YTD	YTD Trajectory	Latest Month Pass/Fail	Trend Variation	Kitemark
Improve Clinical Outcomes	62 day consultant upgrade	Responsive	Services	Chief Operating Officer	85.0%	75.81%	76.55%		80.48%	85.00%	F		
	Diagnostics achieved	Responsive	Services	Chief Operating Officer	99.0%	60.08%	62.67%	68.94%	55.85%	99.00%	F	A	
	Cancelled Operations on the day (non clinical)	Responsive	Services	Chief Operating Officer	0.8%	1.42%	1.06%	1.14%	1.51%	0.80%	F		
	Not treated within 28 days. (Breach)	Responsive	Services	Chief Operating Officer	0	10	9	12	118	0	F		
	#NOF 48 hrs	Responsive	Services	Chief Operating Officer	90%	91.76%	81.97%	100.00%	89.72%	90%	P		
	#NOF 36 hrs	Responsive	Services	Chief Operating Officer	TBC	77.65%	68.85%	93.75%	78.41%				
	EMAS Conveyances to ULHT	Responsive	Services	Chief Operating Officer	4,657	4,365	4,279	3,835	4,341	4,657	P		
	EMAS Conveyances Delayed >59 mins	Responsive	Services	Chief Operating Officer	0	350	263	218	196	0	F		
	104+ Day Waiters	Responsive	Services	Chief Operating Officer	5	57	66	68	719	55	F		
	Average LoS - Elective (not including Daycase)	Effective	Services	Chief Operating Officer	2.80	3.90	2.31	3.54	2.92	2.80	F		
	Average LoS - Non Elective	Effective	Services	Chief Operating Officer	4.50	4.81	4.76	4.77	4.34	4.5	F		
	Delayed Transfers of Care	Effective	Services	Chief Operating Officer	3.5%	Submission suspended			3.13%	3.5%			
	Partial Booking Waiting List	Effective	Services	Chief Operating Officer	4,524	20,675	19,883	17,800	19,775	4,524	F	A	
	Outpatients seen within 15 minutes of appointment	Effective	Services	Chief Operating Officer	70.0%	47.9%	56.9%	54.3%	45.13%	70.00%	F		
	% discharged within 24hrs of PDD	Effective	Services	Chief Operating Officer	45.0%	33.5%	33.1%	33.3%	35.00%	45.00%	F		

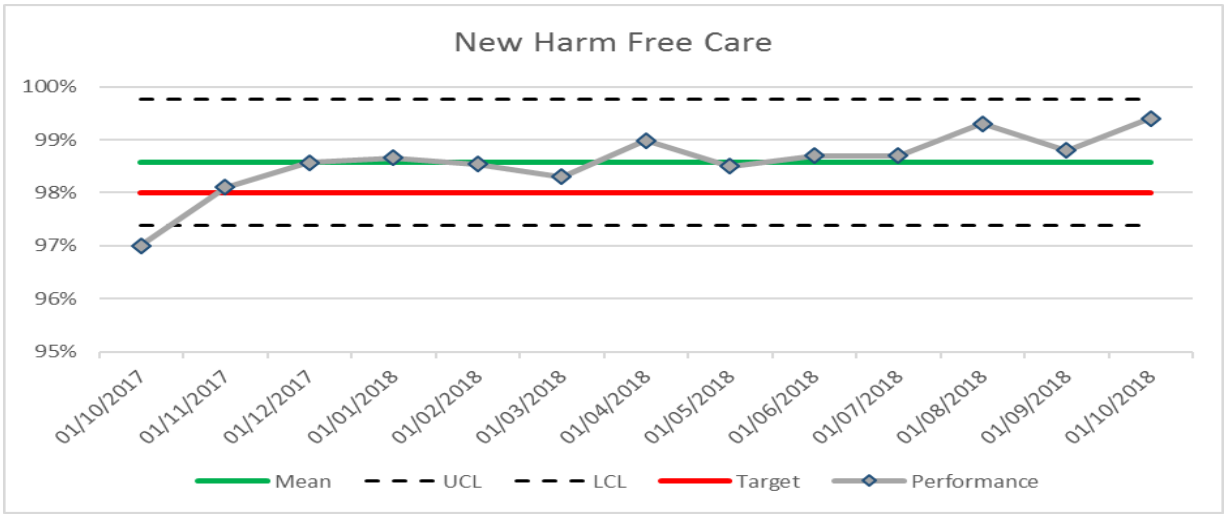
STATISTICAL PROCESS CONTROL CHARTS

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

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

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

An example chart is below:



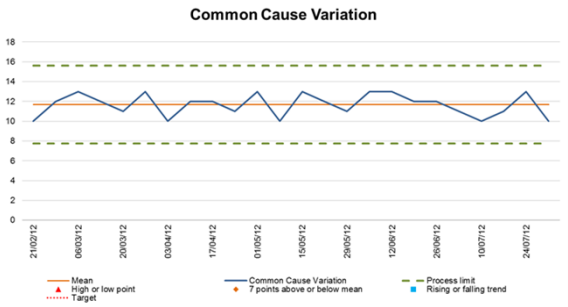
Normal variations in performance across time can occur randomly- without a direct cause, and should not be treated as a concern, or a sign of improvement, and is unlikely to require investigation unless one of the patterns defined below applies.

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

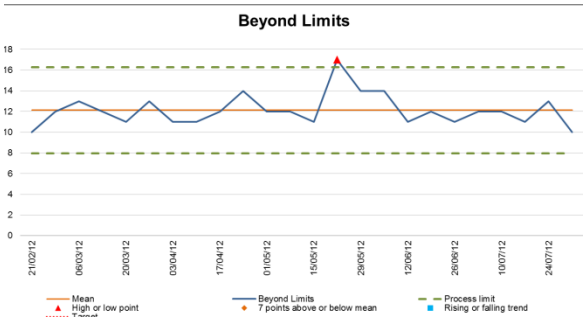
- Normal variation – (common cause) fluctuations in data points that sit between the upper and lower control limits
- Extreme values – (special cause) any value on the line graph that falls outside of the control limits. These are very unlikely to occur and where they do, it is likely a reason or handful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

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

Normal Variation

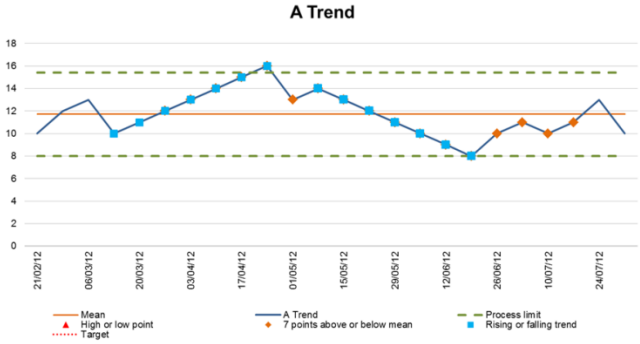


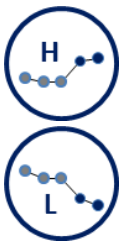
Extreme Values



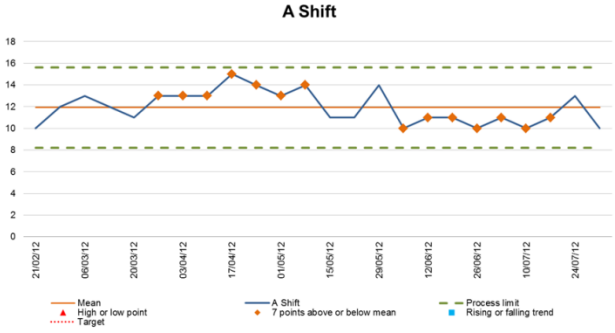
There is no Icon for this scenario.

A Trend (upward or downward)





A Trend (a run above or below the mean)



Where a target has been met consistently

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

Where a target has been missed consistently

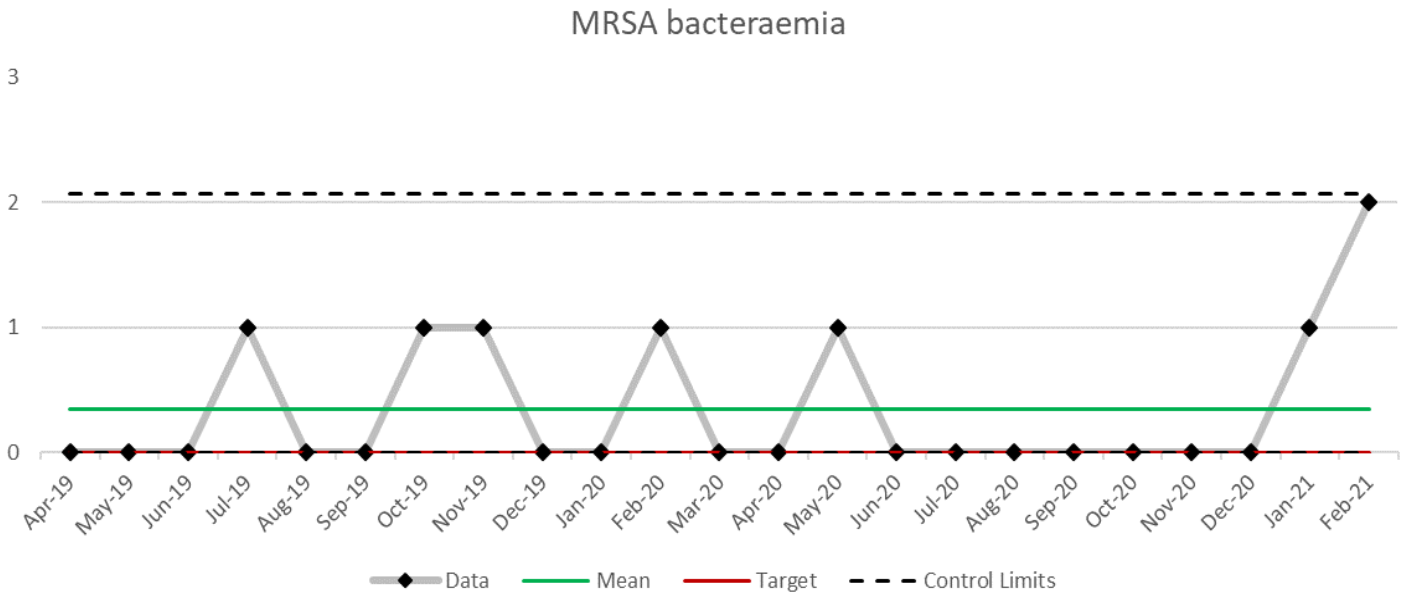
Where the target has been missed for at least 3 of the most recent data points in a row, or in a string of 7 of the most recent data points, at least 5 out of the 7 data points have missed.

DELIVER HARM FREE CARE – MRSA BACTERAEMIA

Executive Lead: Director of Nursing

CQC Domain: Safe

Strategic Objective: Patients



Challenges/ Successes

- Lack of documentation with cannula insertion/ongoing care.
- High usage of bank staff and agency staff at this time.
- Patient transferred from another hospital, extremely poorly with multiple lines.
- ICU running above normal capacity during the pandemic.

Actions to Recover

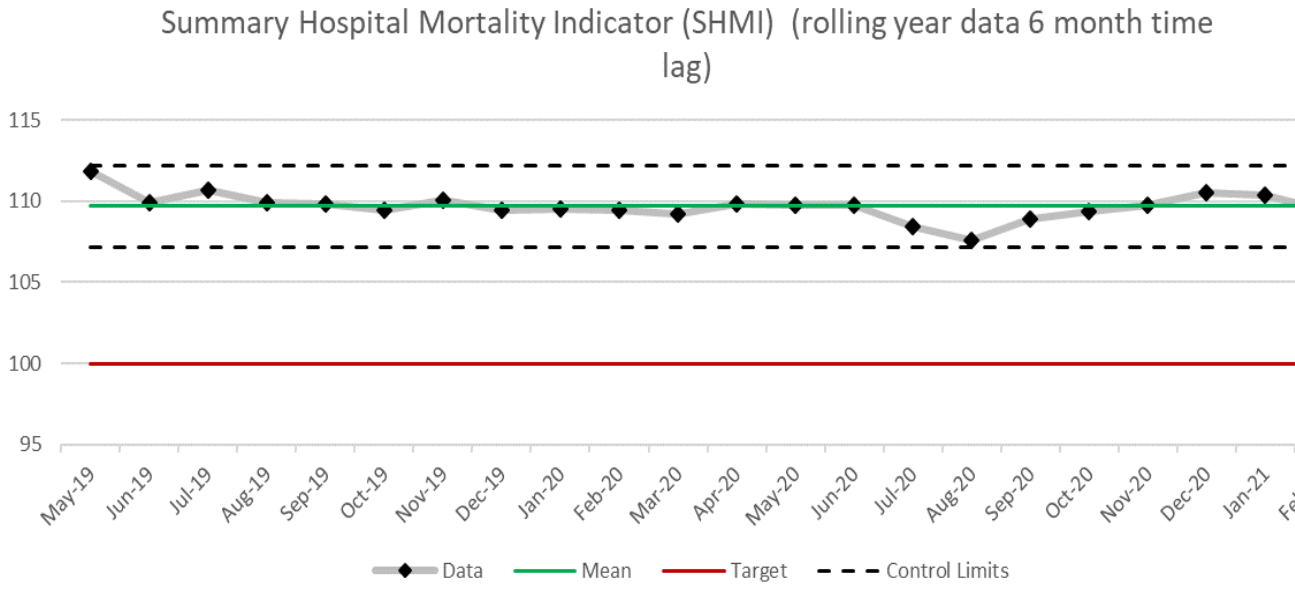
- Trust action plan formulated, putting actions for all of the 3 MRSA bacteraemia's together
- IV Policy has been updated.

DELIVER HARM FREE CARE – MORTALITY SHMI

Executive Lead: Medical Director

CQC Domain: Effective

Strategic Objective: Patients



Challenges / Successes:

ULHT are in Band 2 within expected limits with a SHMI of 109.61, a slight decrease from the last reporting period.

SHMI includes both deaths in-hospital and within 30 days of discharge.
The data is reflective up to September 2020.

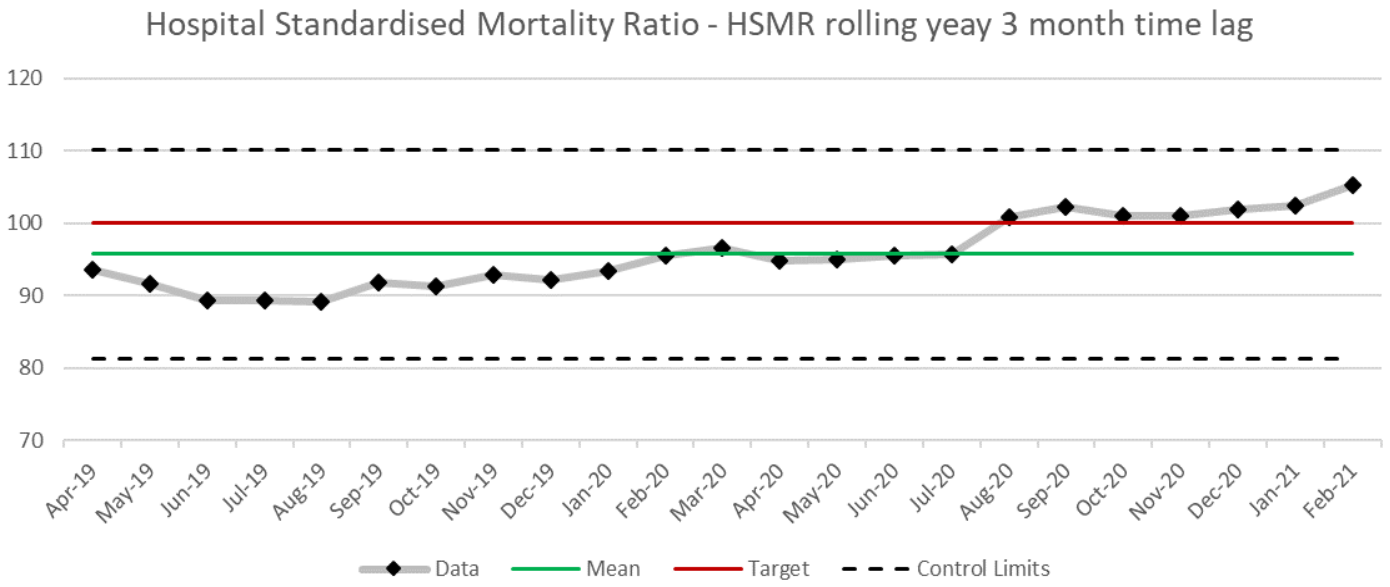
- Current in-hospital SHMI is 100.72, this is still within confidence levels.

DELIVER HARM FREE CARE – MORTALITY HSMR

Executive Lead: Medical Director

CQC Domain: Effective

Strategic Objective: Patients



Challenges/Successes

- ULHT's HSMR is at 105.2, which is not within expected limits.
- Lincoln site is outside the expected limits at 110.61 for the rolling year.
- Pilgrim and Grantham are within the expected
- HSMR for the financial year is showing above expected for the Trust , Lincoln and Pilgrim sites. However, due to the COVID-19 pandemic this was to be expected.

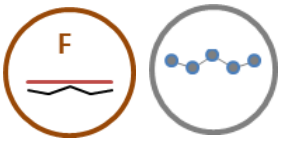
Alerts:
Coronary atherosclerosis and other heart disease – first month alerting
Other liver diseases – case note review underway
Pleurisy pneumothorax pulmonary collapse – Diagnostic investigation completed – coding being reviewed
Pleurisy pneumothorax pulmonary collapse – case note review completed and actions developed

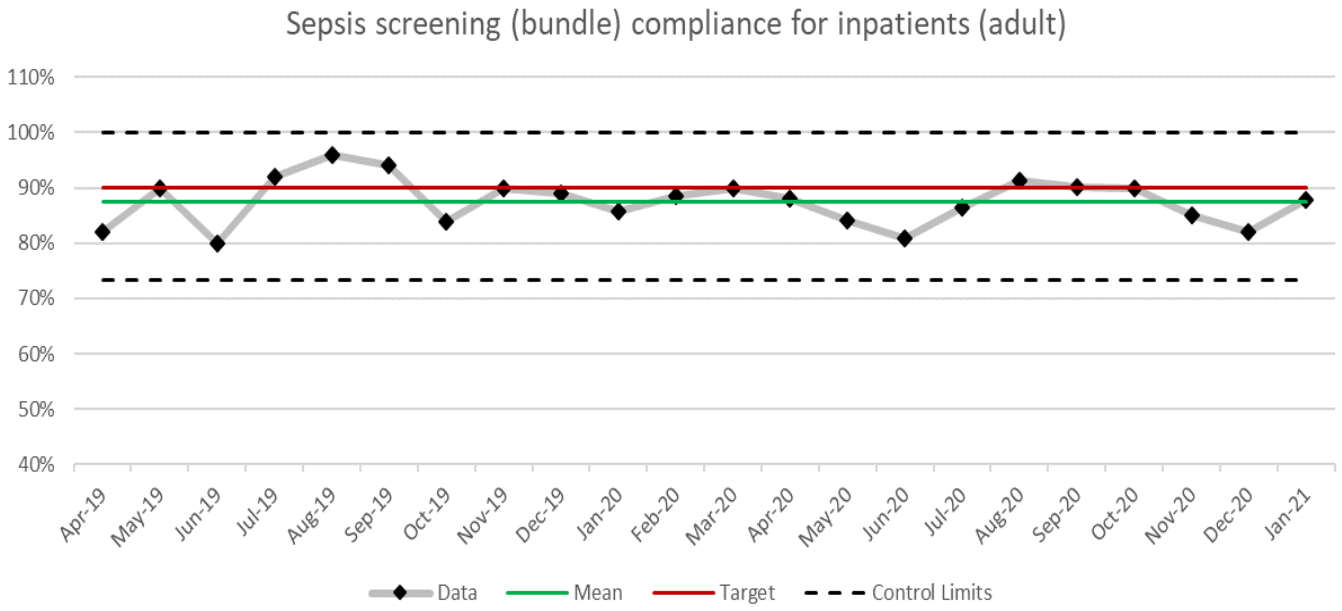
DELIVER HARM FREE CARE – SEPSIS SCREENING (BUNDLE) COMPLIANCE

Executive Lead: Director of Nursing

CQC Domain: Safe

Strategic Objective: Patients





Challenges/Successes

Sepsis leads have been re deployed to A & E causing delays in data

Compliance for inpatient screening has recovered slightly – rising to 87.9% from the previous month (82%). This is still below the 90% standard and this has been raised at the deteriorating patient group. Analysis of the data has shown that the areas struggling to meet the standard are mainly medical wards with a similar pattern shown across both sites. The thematic analysis has highlighted that wards that have been caring for patients with Covid have shown a marked decline in compliance and there have been reports of medical staff overruling the sepsis guidelines and stating not for sepsis screen.

Actions in place to recover

In response to reports of non-compliance with the sepsis guidelines in the unique context of Covid pneumonia a patient safety briefing was approved by the Deputy Medical Director for patient safety and has been sent out to all clinicians and ward leads.

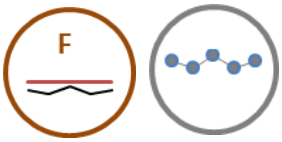
The Sepsis Practitioners are constrained by a partial redeployment but will work to support areas that have struggled with compliance. With teaching being able to resume in the next month the message to screen all patients with a NEWS of 5 will be emphasised to all staff groups.

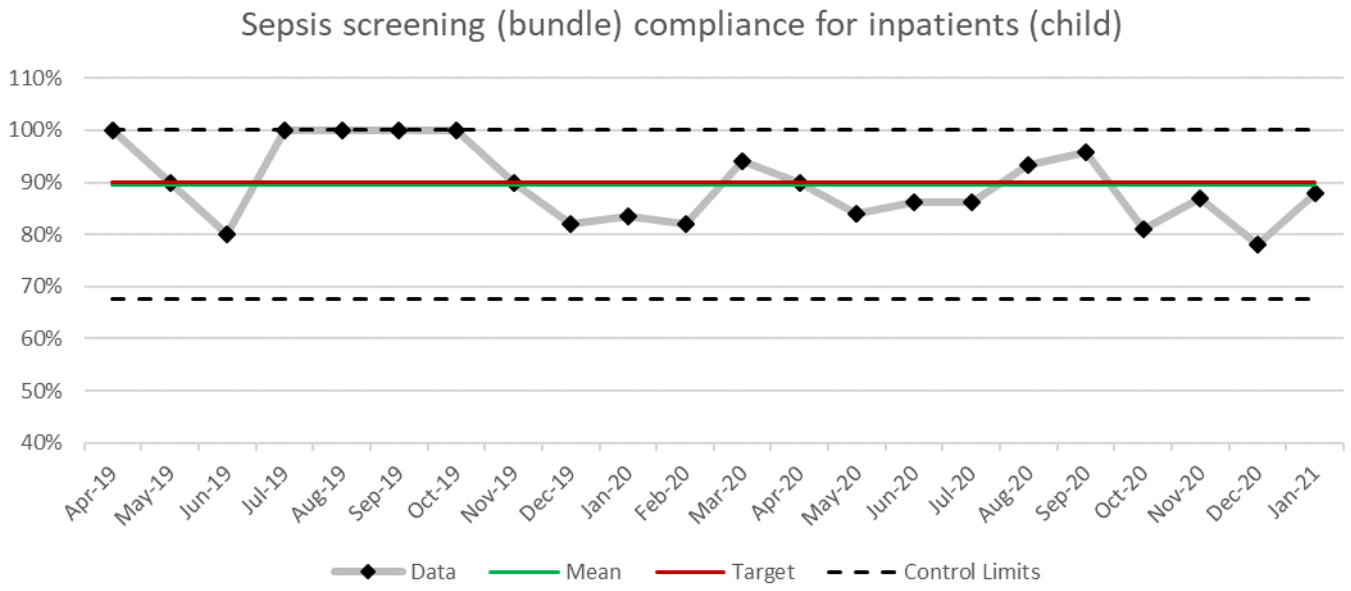
DELIVER HARM FREE CARE – SEPSIS SCREENING (BUNDLE) COMPLIANCE

Executive Lead: Director of Nursing

CQC Domain: Safe

Strategic Objective: Patients





Challenges/successes

The figures for January have shown an improvement for January to 88% up from December (78%) but still below the standard of 90%. Harm reviews have revealed no harm that has occurred and the Paediatric sepsis practitioner has highlighted that the relatively low overall numbers will cause the percentages to be fairly labile. The missed screens have occurred with those patents with a raised NEWS for reasons other than infection. The compliance issues are predominantly at Lincoln site with Pilgrim showing excellent compliance for several months.

Actions in place to recover.

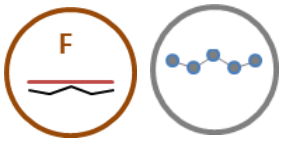
The Paediatric sepsis practitioner has worked closely with the ward leads of Safari and Rainforest to target training where it has been identified there is less confidence with the screening tool and bundle. There has also been a collaborative approach with ED to ensure that communication and access to senior medical staff is optimised.

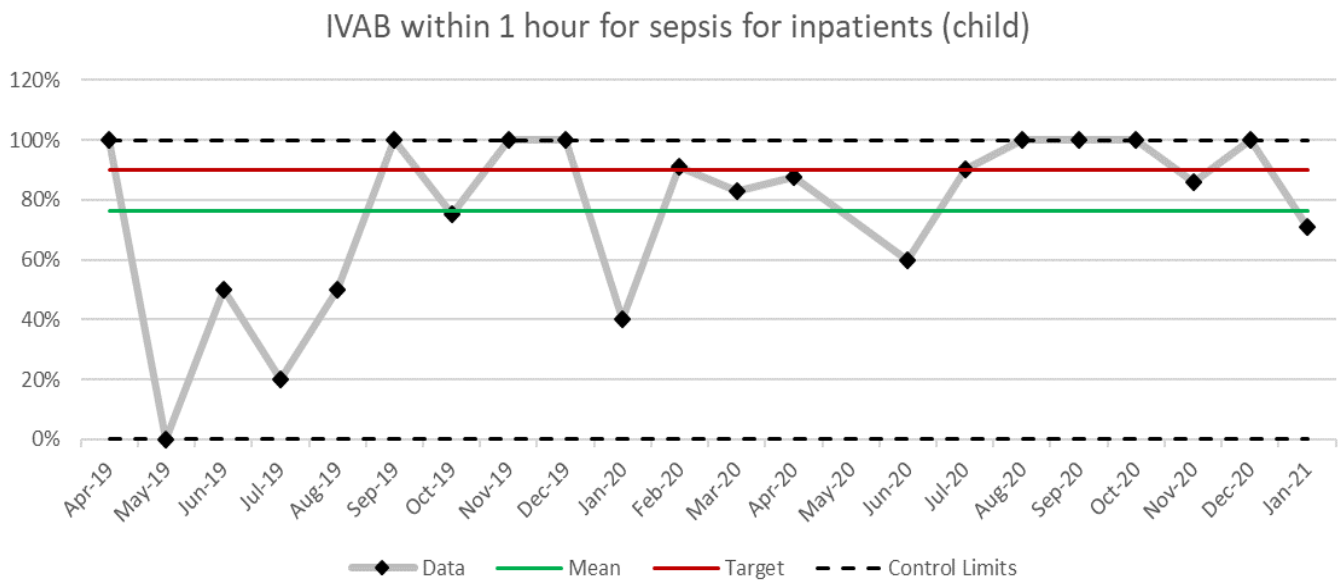
DELIVER HARM FREE CARE – IVAB WITHIN 1 HOUR FOR INPATIENTS

Executive Lead: Director of Nursing

CQC Domain: Safe

Strategic Objective: Patients





Challenges/successes

Compliance for bundle completion for inpatient (child) has shown a marked decline to 71% from the previous month (100%). This is in part due to the low numbers involved which makes the percentages more volatile. In January there were only 2 patients that had delays in receiving antibiotics but this was from a total of 7. Harm reviews have revealed that no harm occurred and in both cases the delay was whilst blood results were awaited prior to prescribing decisions.

Actions in place to recover

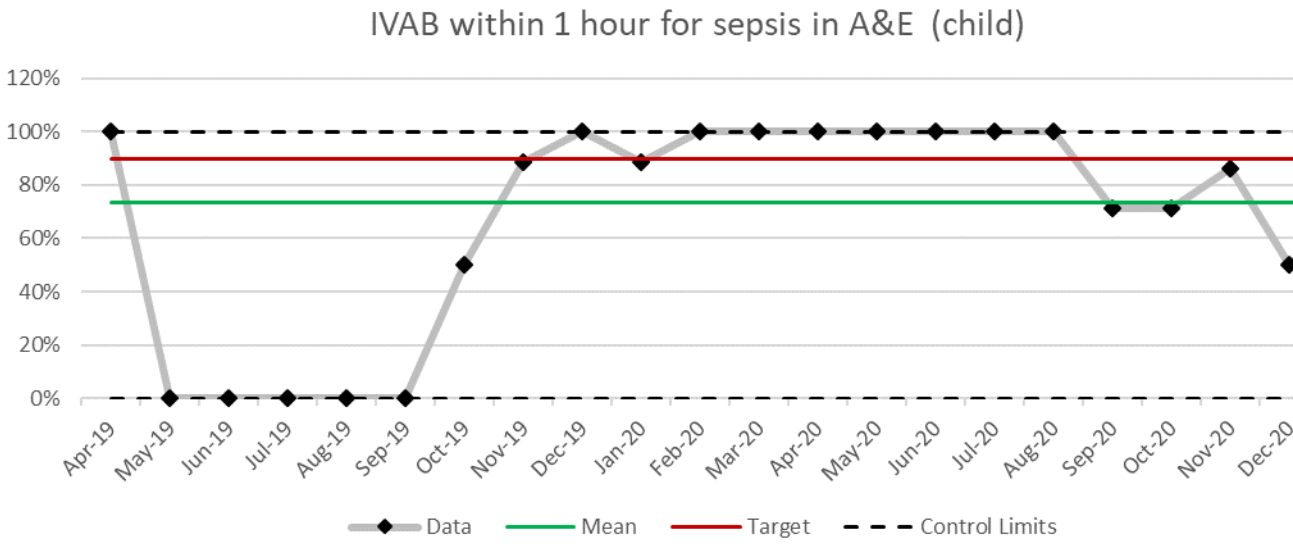
The main issue identified was for more education around correct selection of options within the bundle. In both cases it would have been appropriate to have selected the unsure option which would have allowed more time for the clinician to decide upon treatment options without proceeding directly to invasive interventions. This is being addressed as part of a training plan with the respective ward leads.

DELIVER HARM FREE CARE – IVAB WITHIN 1 HOUR IN A & E

Executive Lead: Director of Nursing

CQC Domain: Safe

Strategic Objective: Patients



Challenges/Successes

The compliance for IV antibiotics in ED (child) has fallen to 67% which is well below the 90% standard. The figures are more dramatic due to the low numbers involved as this represents only 1 child.

The harm review identified no harm as a result of this delay.

Actions in place to recover

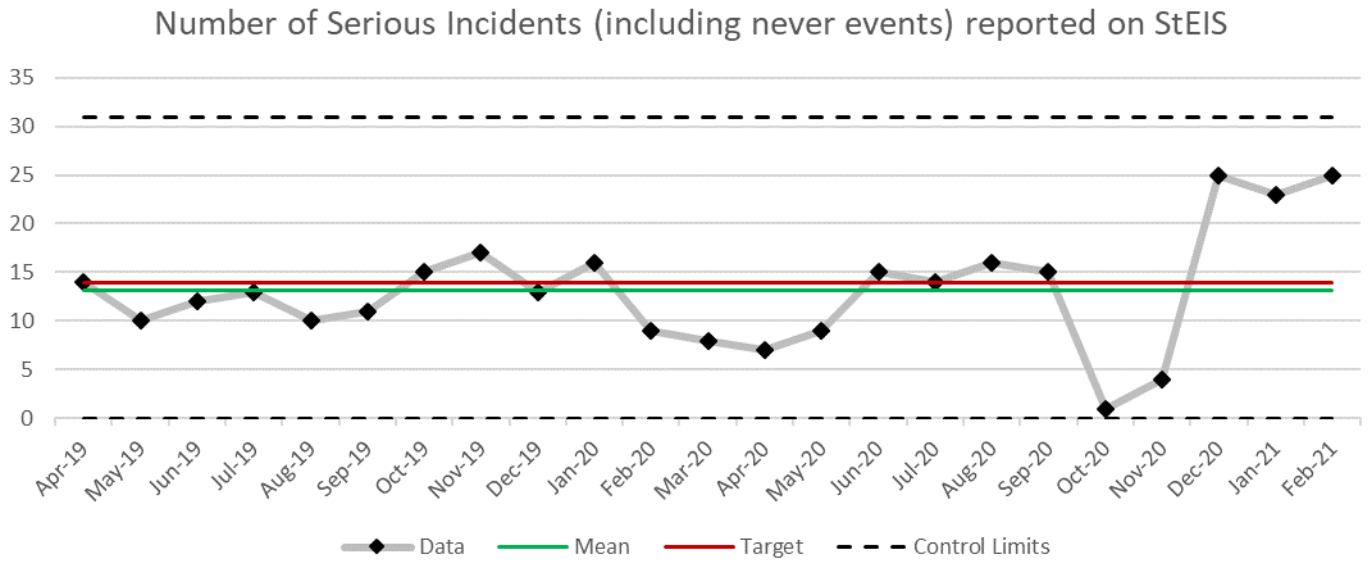
The cause for this delay was found to be as a result of the Paediatric doctor requesting that the child be transferred to the ward prior to the completion of the sepsis bundle rather than attending the patient in the department. This has been addressed at consultant level via the governance process and it has now been mandated that patient move should not happen prior to completion of the sepsis bundle. A working group has now been established by the Paediatric practitioner to improve the processes between the ED department and paediatrics and should yield results prior to the next reporting cycle.

DELIVER HARM FREE CARE – SERIOUS INCIDENTS ON StEIS

Executive Lead: Director of Nursing

CQC Domain: Safe

Strategic Objective: Patients



Challenges / Successes:

- The Trust declared 23 Serious Incidents in February 2021, following on from 23 declared in January and 25 declared in December 2020.
- This is significantly above the previous monthly average of 9 in the financial year to date.
- Of those 25 incidents, 5 were delays of more than 12 hours in Lincoln A&E; harm reviews are being carried out for all affected patients.
- 11 of these incidents actually occurred in February 2021; 10 occurred in January; 3 in December 2020 and 1 in November 2020.

Actions in place to recover:

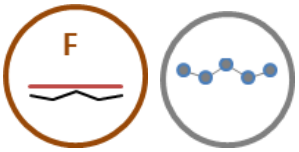
- The Trust's decision-making processes with regard to Serious Incidents have been strengthened in the last 3 months, to deliver improved compliance with the national framework; as a consequence, Serious Incidents are now declared more promptly and the decision reviewed once more information has been gathered.

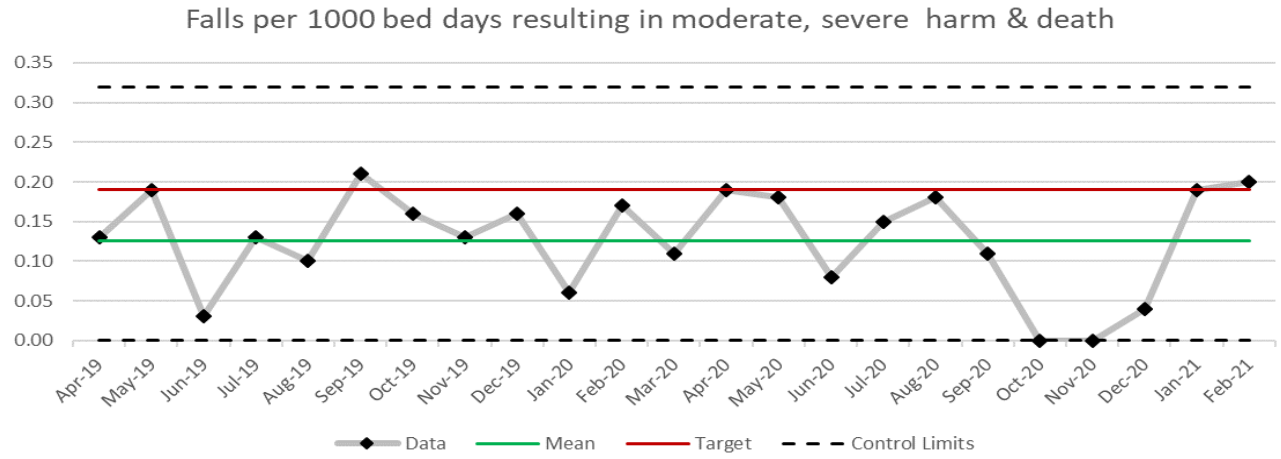
DELIVER HARM FREE CARE – FALLS

Executive Lead: Director of Nursing

CQC Domain: Safe

Strategic Objective: Patients





Challenges/Successes:

The overall number of reported falls has decreased during February 2021 (145) compared to January 2021 (188), the majority of falls result in no or low harm to patients.

This is a decrease in comparison to the number of falls reported in February 2020 (167).

There has been one fall reported as resulting in severe harm to a patient in February. This has been reported as a serious incident on STEIS.

The severity of one incident that occurred in January 2021 has changed from moderate to severe following validation through the rapid review process. This has been reported as a serious incident on STEIS.

There have been four falls reported as resulting in moderate harm to patients in February. This is the same number of incidents as in January. Three of these incidents relate to the same area and will be investigated together with an overarching action plan developed. They have been reported as a serious incident on STEIS. One incident is currently undergoing validation through the rapid review process.

Actions in place to recover

The Falls Prevention Steering Group recommenced under its new terms of reference in February.

Quality Matrons and Emergency Medicine Senior Nursing staff have developed a falls prevention assessment tool specifically for use in emergency areas. In addition yellow identification bands and non-slip socks are being trialled to aid recognition of patients assessed as being at risk of falling. Progress will be reported through the falls steering group.

Continued work with HCOP to devise regularly updated plans to assist with falls prevention and reduction.

New Falls Assessment Tool has been piloted in a number of areas and feedback is currently being collected to support the rollout of the tool pan Trust.

Revised Falls Prevention policy circulated to Falls steering group members for comment.

As COVID restrictions ease, more ward based support will be provided ,as necessary for those wards needing additional assistance to make progress reducing their number of falls.

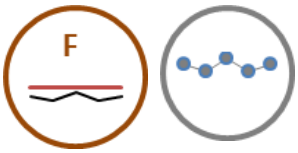
Deputy Director of Nursing commissioned a Deep analysis of repeat fallers Datix reports, capturing commonalities and organisational learning. This will be discussed at the Falls Prevention Steering Group.

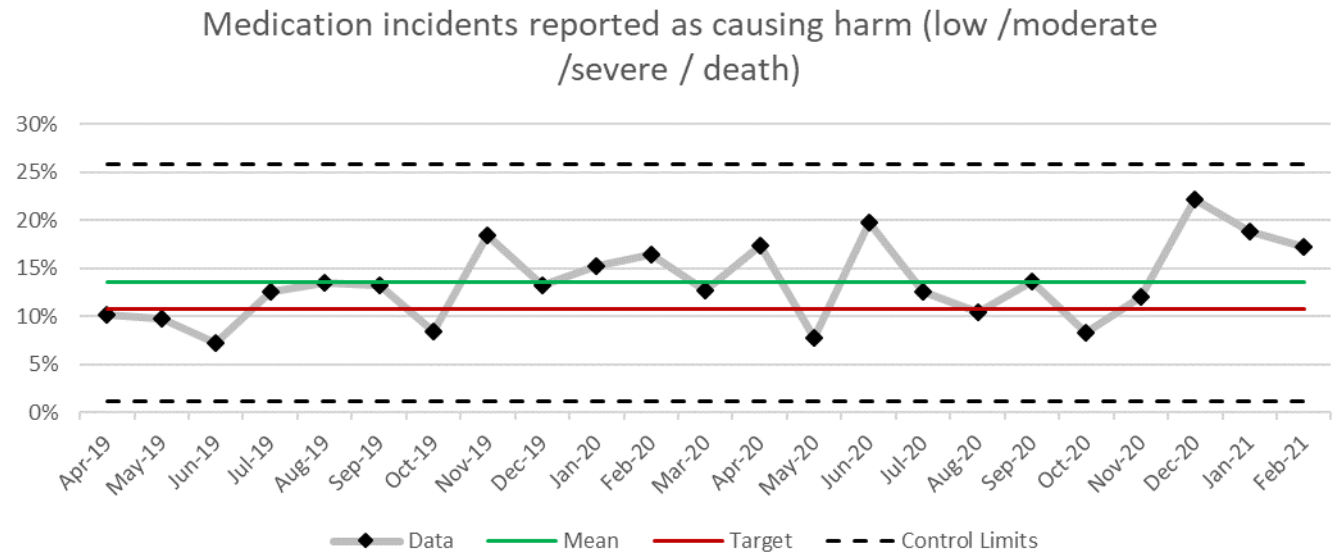
DELIVER HARM FREE CARE – MEDICATION INCIDENTS CAUSING HARM

Executive Lead: Medical Director

CQC Domain: Safe

Strategic Objective: Patients





Challenges / Successes:

In the month of Feb there has been an increase in the number of incidents reported. This could be attributed to the gradual easing of Covid pressures allowing staff more time to reflect on incidents.

The number of incidents causing some level of harm (low /moderate /severe / death) has remained consistent with the last 12 months, however is higher than the national median.

We know that staffing has been a significant issue with staff being redeployed.

Actions in place to recover:

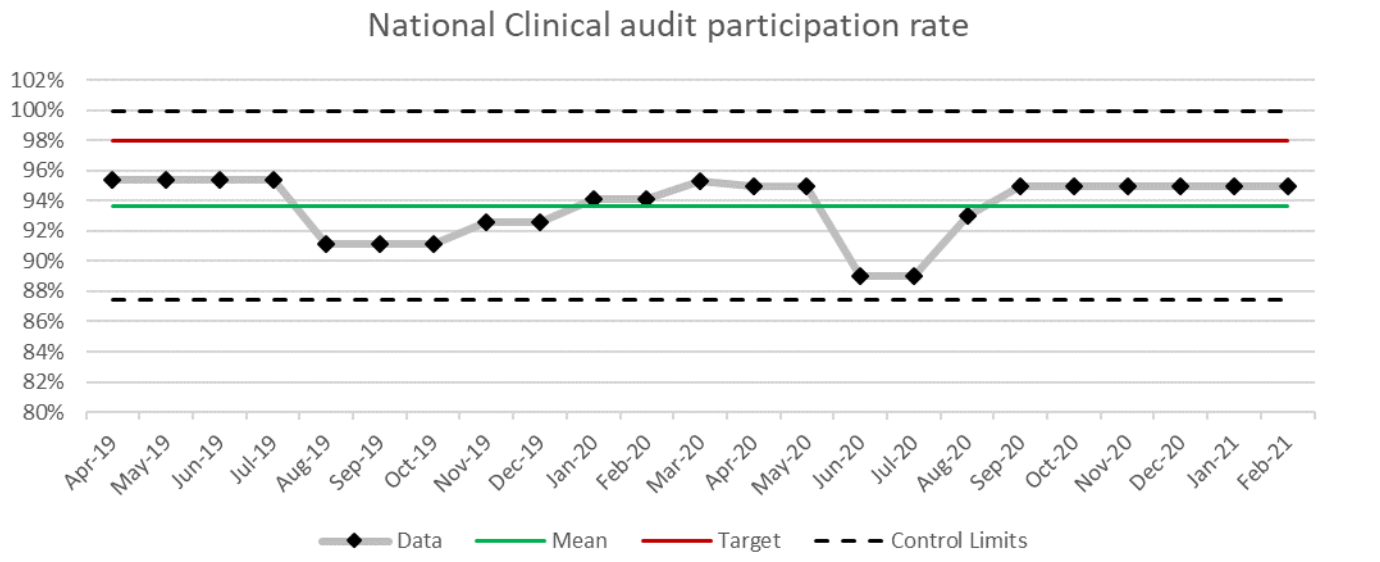
Each CBU pharmacist has been sent the medication incident reports and will work with wards to make improvements.

DELIVER HARM FREE CARE – NATIONAL CLINICAL AUDIT RATE

Executive Lead: Medical Director

CQC Domain: Effective

Strategic Objective: Patients



The % participation National Clinical Audit rate has remained at 95% for the month of February 2021 compared to a target of >98% the following is not compliant with data submissions;

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

Elective procedures cancelled in line with NHS England Guidance

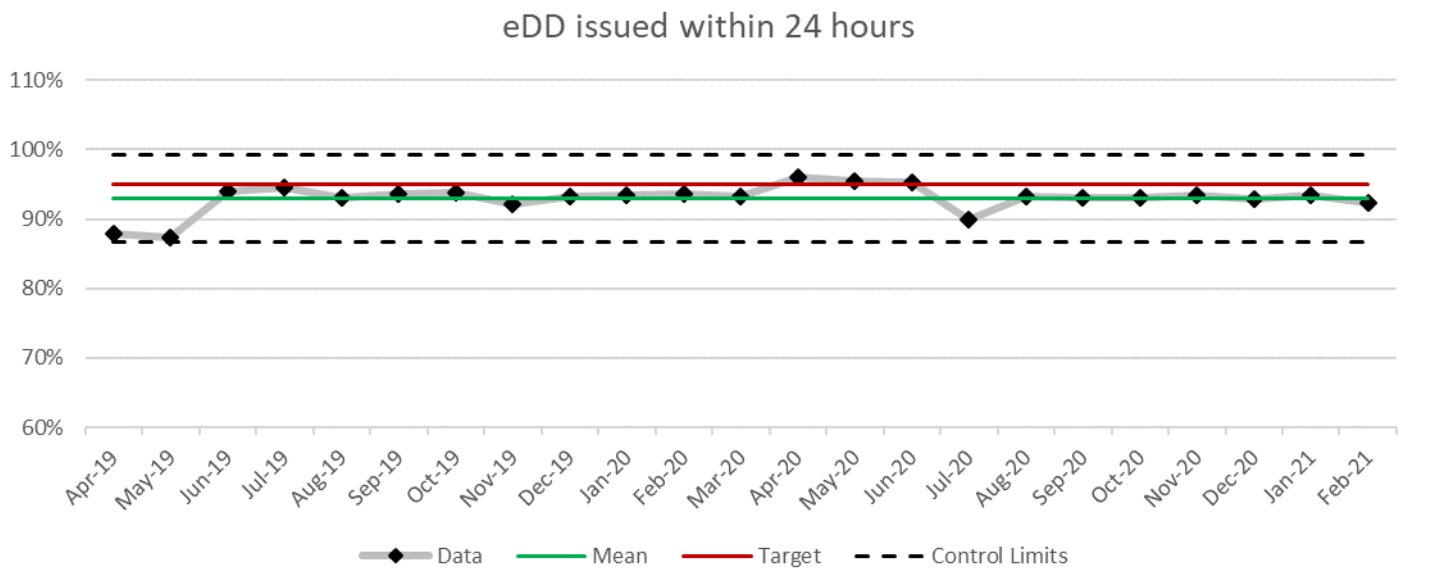
- Procedures that are now taking place this should improve participation submissions with the Green site restoration phase.
- PROMs submissions for hip and knee replacements are lower than expected.
- Bowel cancer data submissions are lower than expected for Lincoln and Grantham escalated to clinical leads and the cancer team manager to improve data submission.
- Oesophageal gastric cancer data submission lower than expected new MDT Consultant lead has picked this up with the cancer team to submit the data.

DELIVER HARM FREE CARE – eDD ISSUED WITHIN 24 HOURS

Executive Lead: Medical Director

CQC Domain: Effective

Strategic Objective: Patients



Challenges/Successes

The Trust achieved 92.3% compliance with sending eDDs within 24 hours for February 2021.

96.3% were sent anytime during the month of February 2021.

Actions in place to recover:

Due to COVID-19 the changes required from IT have been put on hold.

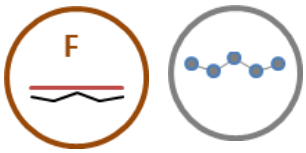
eDD will feed into the Clinical Effectiveness Group and the Deputy Medical Director for Clinical Effectiveness will chair the meetings going forward.

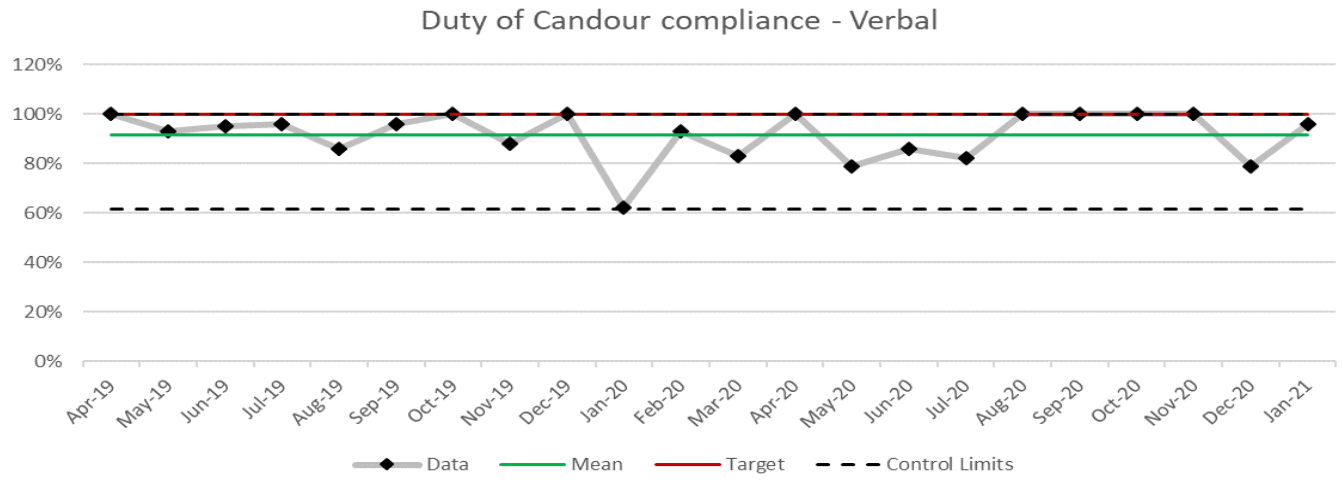
IMPROVE PATIENT EXPERIENCE – DUTY OF CANDOUR

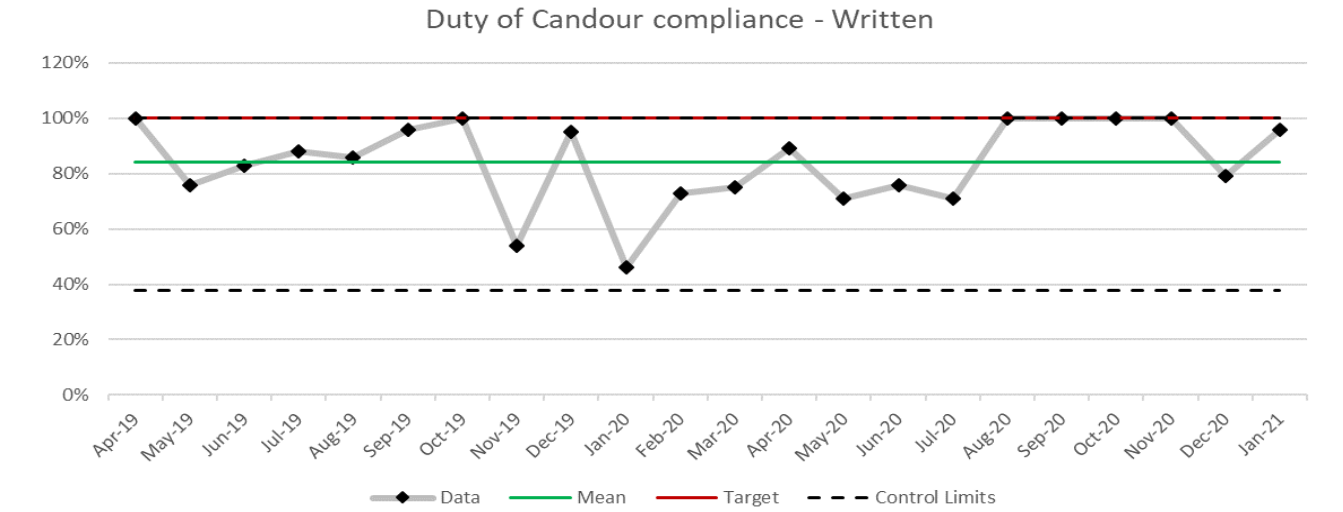
Executive Lead: Director of Nursing

CQC Domain: Caring

Strategic Objective: Patients







Challenges / Successes:

- The Trust achieved 96% compliance with the Duty of Candour in January 2021, for both in person notification (verbal) and written follow-up.
- There was 1 non-compliant incident out of 23 that were notifiable under the Duty of Candour regulation.
- This is the second successive month that 100% compliance has not been achieved, the only 2 months that this has happened since July 2020.

Actions in place to recover:

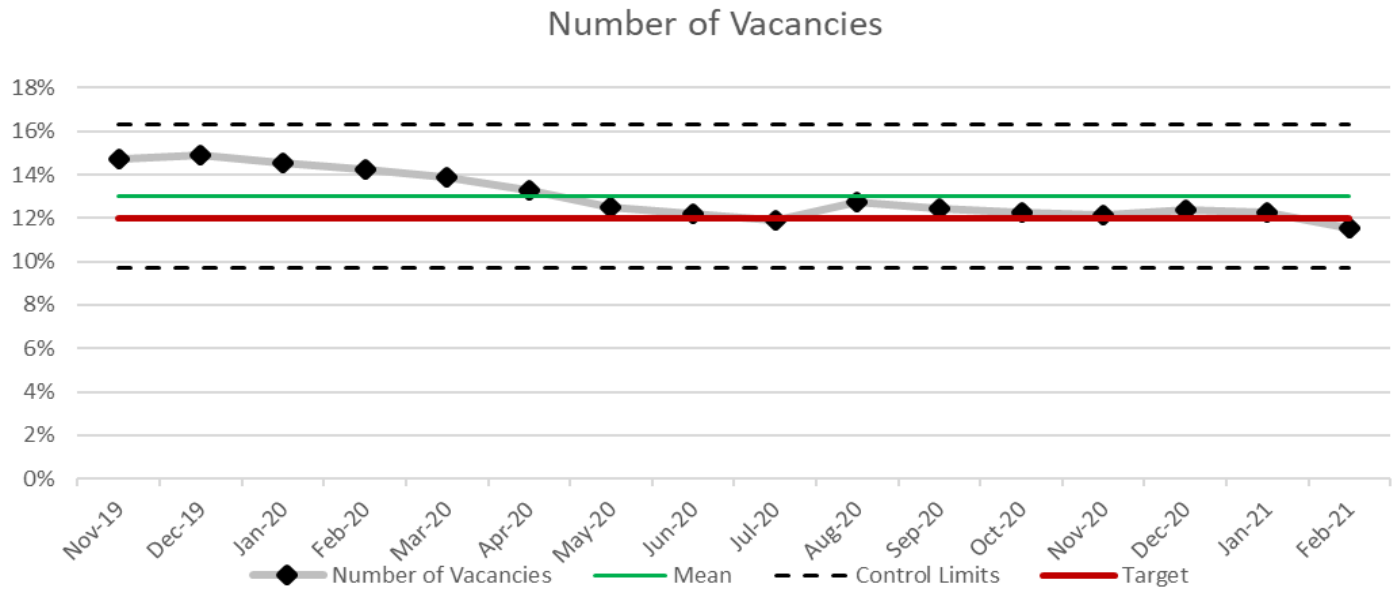
- The Risk & Incident Team now notify the divisional triumvirate on the next working day of all incidents where Duty of Candour applies, highlighting those that require completion.
- Amendments have also been made to Datix to provide additional guidance and prompts for Duty of Candour when reviewing the incident record.

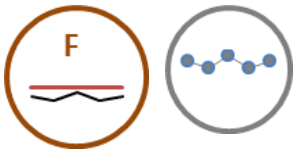
A MODERN AND PROGRESSIVE WORKFORCE – TURNOVER & VACANCIES

Executive Lead: Director of HR & OD

CQC Domain: Well-Led

Strategic Objective: People





Overview

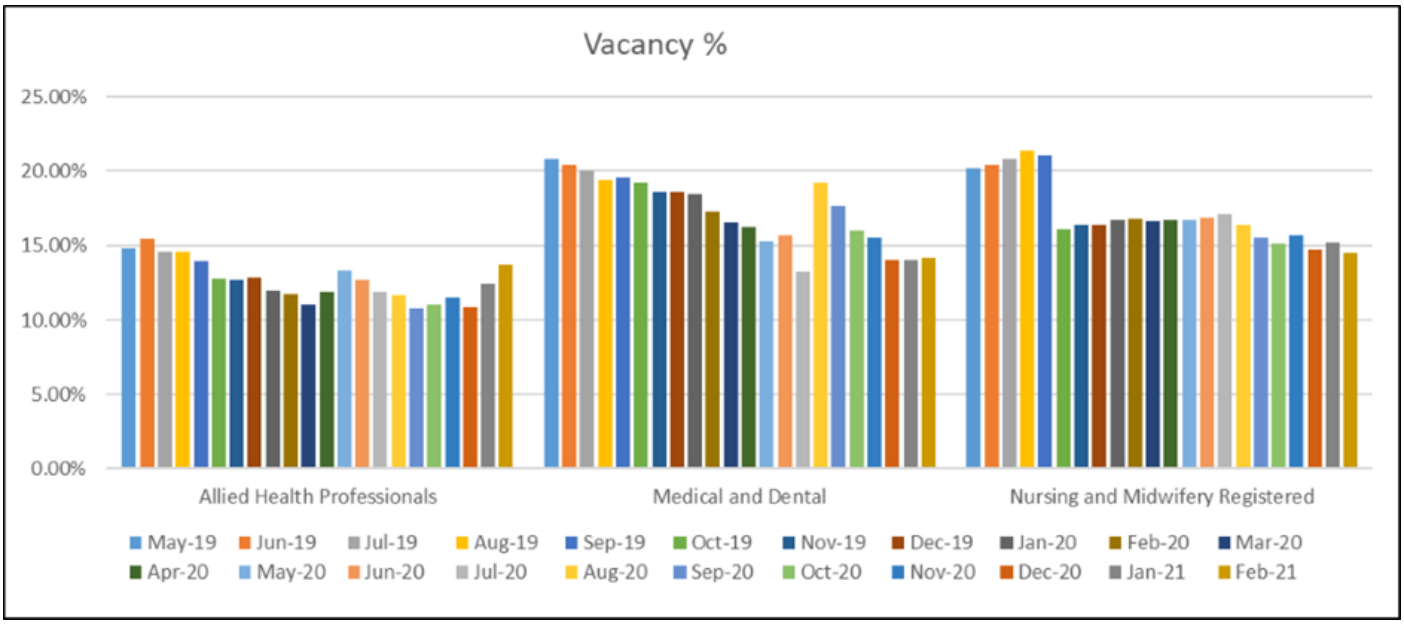
The overall vacancy rate reduced below 12% in February. Turnover however has increased since September 2020. This is a concern, but may be expected as a fall-out of the experience of staff through COVID. We must work hard to seek to retain staff and to focus on issues around their well-being to ensure there is not burn-out and the recovery of staff is addressed alongside the recovery of services.

A new pipeline report has been developed so we can better assess the impact of recruitment activity, alongside turnover and the net effect on vacancy levels. There are strong pipelines in place for the recruitment of medical staff and active recruitment to 93 of the 119 fte medical vacancies. The remaining posts are on hold.

With the support of NHSE/I we will have recruited around 120 international nurses to the Trust by the end of April. These will start in cohorts with the Trust through to the end of September upon successful completion of their training and exams. With domestic recruitment and NQNs we expect over 200 new starts by the Autumn, against the 320 vacancies. There is an expectation of further international nurse recruitment through to the end of the 2021/22 financial year and this, coupled with other recruitment activity planned, should tackle the remaining vacancies.

There are over 200 new HCSWs due to start with the organisation before the end of May. This should leave a new nil vacancy position once they all start with ULHT.

We will build on the success of the HCSW cohort recruitment programme to run similar exercises for other clinical groups to address the vacancy position among Allied Health professionals.



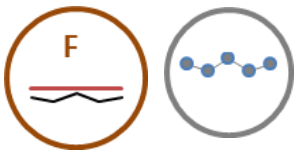
Whilst the recruitment activity above is a positive story, and the Trust has attracted NHSE/I attention to present their approach to other Trusts in the Midlands region, there is currently a risk that we will see attrition against some of this activity, and therefore, plans are still in place to continue the cohort recruitment further if required. The Trust also have been successful in securing further funding from NHSE/I to support a future campaign once this one ceases, enhance the recruitment section of ULHT website, and to fund pastoral care for these new to care recruits.

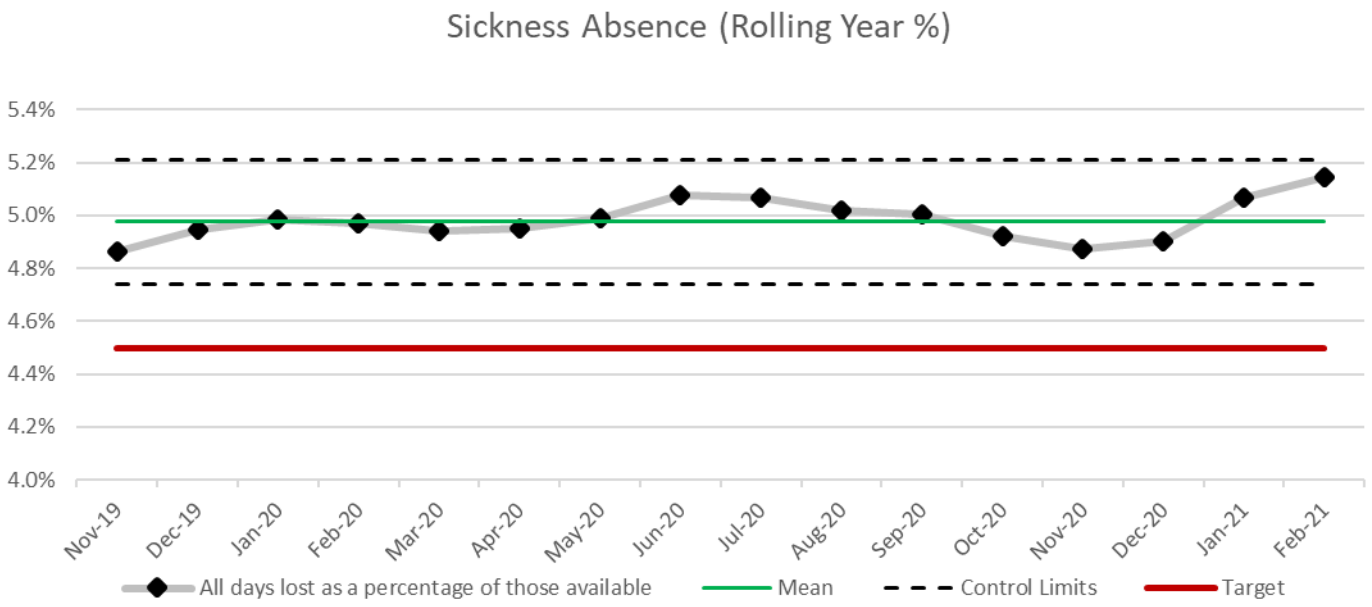
A MODERN AND PROGRESSIVE WORKFORCE – SICKNESS

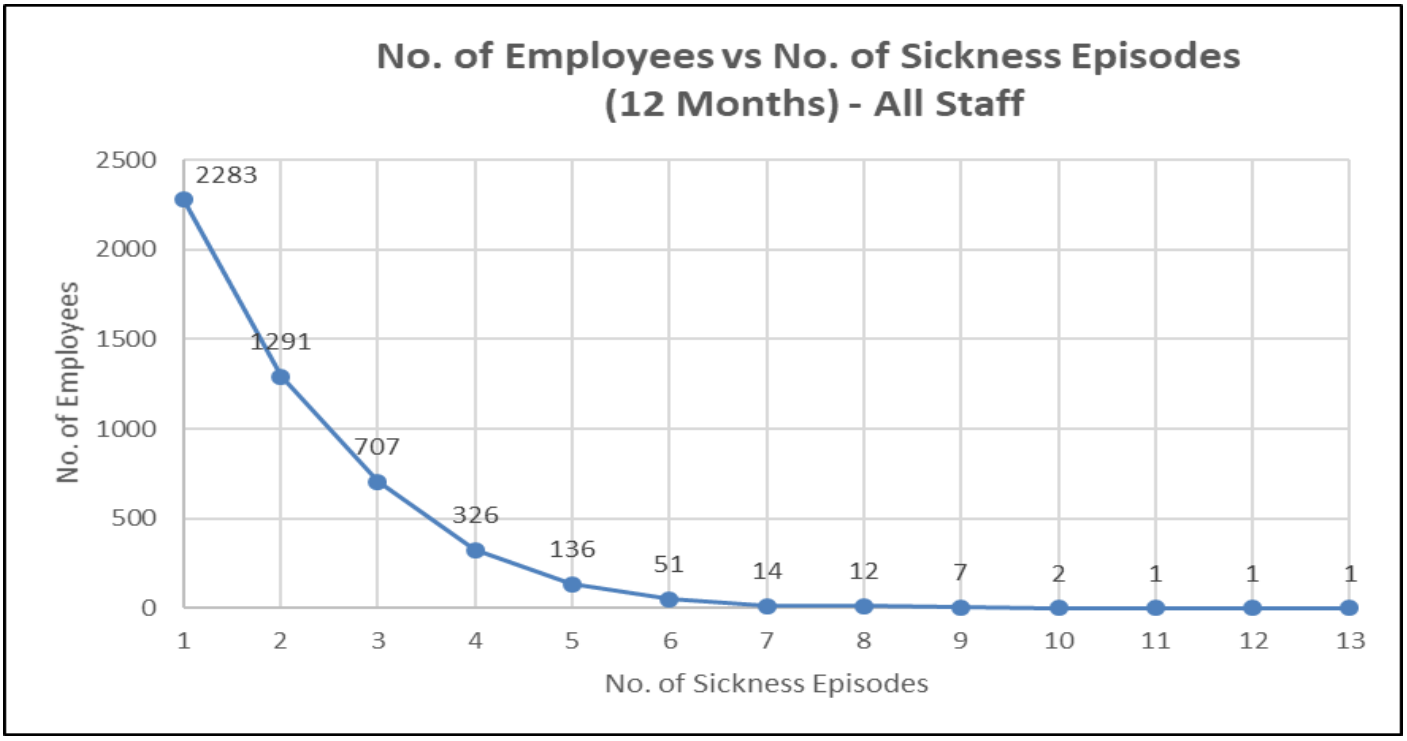
Executive Lead: Director of HR & OD

CQC Domain: Well-Led

Strategic Objective: People







Sickness absence has historically been reported a month in arrears [as shown on the HR Scorecard each month]. With the advent of the AMS system, the reporting has now changed to actual month.

Overview:

The Trust monthly absence rate has figure has been decreasing since January and in February was 6.54%. The equivalent figure in 2019 was 4.63%. The12 month rolling average is now increasing significantly owing to the high sickness levels associated with COVID. It is now at the highest rate it has been in the last four years.

This is a matter of significant concern. We are looking in particular at on absence because of anxiety/stress. Currently approximately 1 in 8 of our staff are recorded as being away as a consequence of anxiety/stress. Two years ago, this was below 1 in 10 of our staff.

We are working to embed the new attendance management system, which will support managers to take the steps necessary to manage sickness effectively. We have allocated more resource to both the Employee Relations Team and Occupational Health to enable early action and referrals into OH.

We have strengthened our counselling team and worked in partnership with LPFT to provide access to mental health support. Our wellbeing offer is strong and we are working hard to ensure it is accessible and known about by all. We are giving more managers training in how to manage the mental health of their workforce.

There is earlier reference to the need to manage the recovery of staff, alongside the recovery of services. Alongside this, at ULHT we must also address the issues around culture and leadership which impact on staff well-being and sickness levels and there are new programmes in place to do that.

Long term sickness absence across the Trust continues to average approximately 240 staff absent each day, however, there has been a significant reduction in the number of short term covid related absences. 29th January 2021 there were 9 staff with confirmed coronavirus and 58 staff isolating due to coronavirus, compared to 26th February 2021 there were 0 staff with confirmed coronavirus and 22 isolating due to coronavirus.

The ER Team continue to collate a twice weekly report to enable the team to monitor any increased fluctuations due to Covid and the number of staff absent due to long term sickness related absences. Welfare calls continue to be carried out for all staff absent due to stress / anxiety / depression, those shielding and any staff with a new Covid related absence.

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

- Work continues to ensure that priority cases are scheduled in a timely manner whilst appreciating delays that have occurred due to the Covid pandemic.

Attendance Management System

The roll out of the Attendance Management System has now been completed for all Divisions including Doctors for all absence reporting. Work is continuing with the implementation of the Case management module and all live cases have now been uploaded to the system to support all managers with the formal management process of all short term sickness episodes.

We are currently supporting managers with individual bespoke sessions as and when needed as managers are guided through the absence management processes on the system itself. Work continues with the long term sickness absence process and this will become live shortly with all live cases being uploaded to the system.

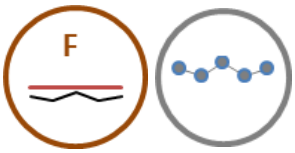
Following this, work will commence to analyse the usage of the system in order to complete a deep dive exercise with all divisions to ensure that all employees and managers are engaging with the system to ensure we reach the 80% compliance figure which will then result in a direct impact on our absence figures.

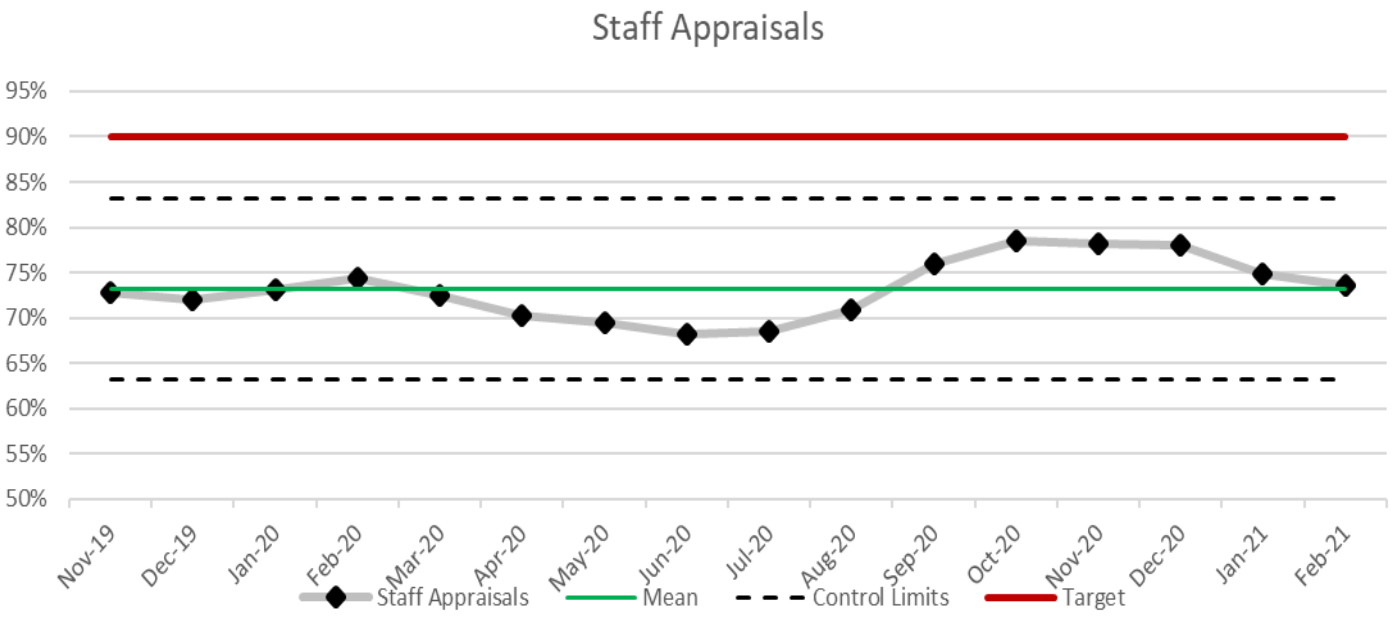
A MODERN AND PROGRESSIVE WORKFORCE – APPRAISALS

Executive Lead: Director of HR & OD

CQC Domain: Well-Led

Strategic Objective: People





Overview

Medical appraisal rates remain high at 94%

The completion rate for appraisals has declined again in February. Over the last year completion rates appear to be related to the impact of COVID on the Trust. During Wave 1 and Wave 2, appraisal completion rates declined, but rose in the period between (i.e. July to October. As we come out of Wave 2 we must see a refocus on appraisal completion. Whilst we do believe that the new WorkPal system, due to be implemented from May, is more effective system to support individual performance management and the alignment of objectives, it still requires active participation of managers and staff.

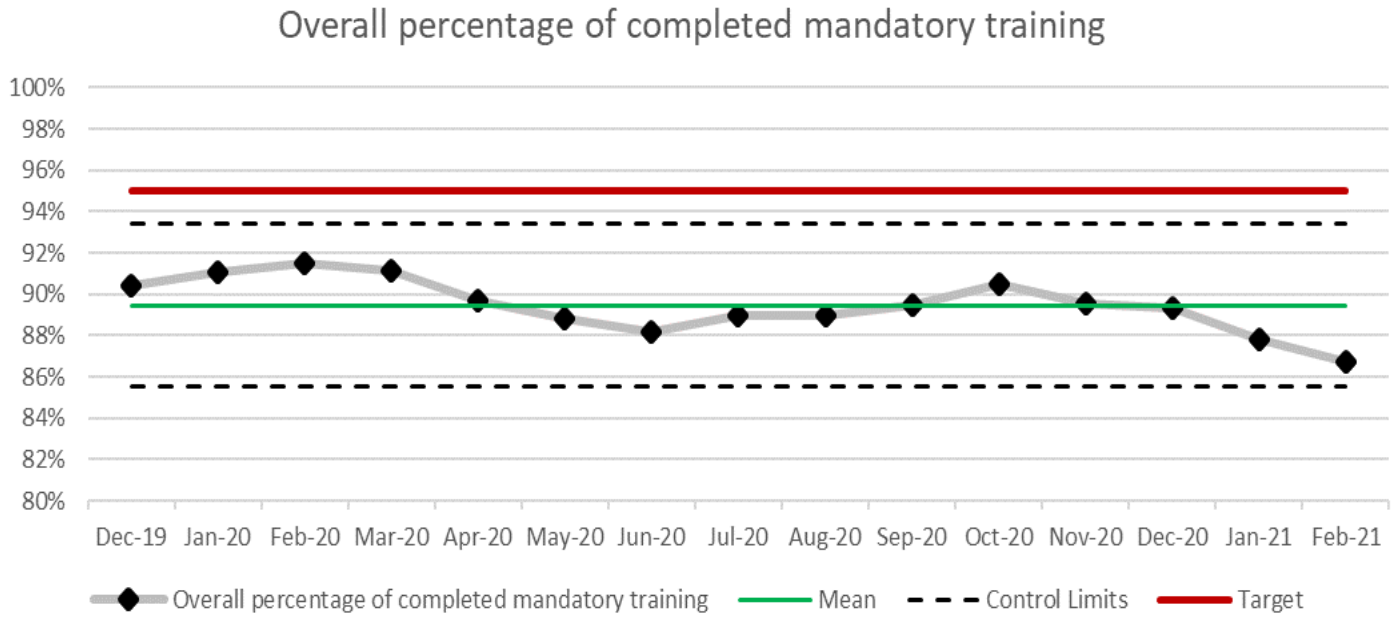
The focus through to May will be on re-establishing the completion of appraisals on time as normal practice.

A MODERN AND PROGRESSIVE WORKFORCE – CORE LEARNING

Executive Lead: Director of HR & OD

CQC Domain: Well-Led

Strategic Objective: People



Overview

The decline in core learning compliance since October is dramatic. As we emerge from Wave 2, we must refocus on the completion of core learning. This is a focus of the HR business partners working with Divisional Management Teams.

90% compliance will be the new target for core learning compliance for 2021/22.

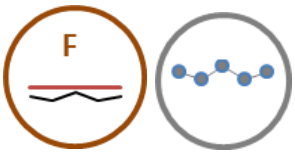
The Education and Learning Group have recommenced their work with the Core Learning Panel to review the overall content and delivery of the mandatory training within core learning.

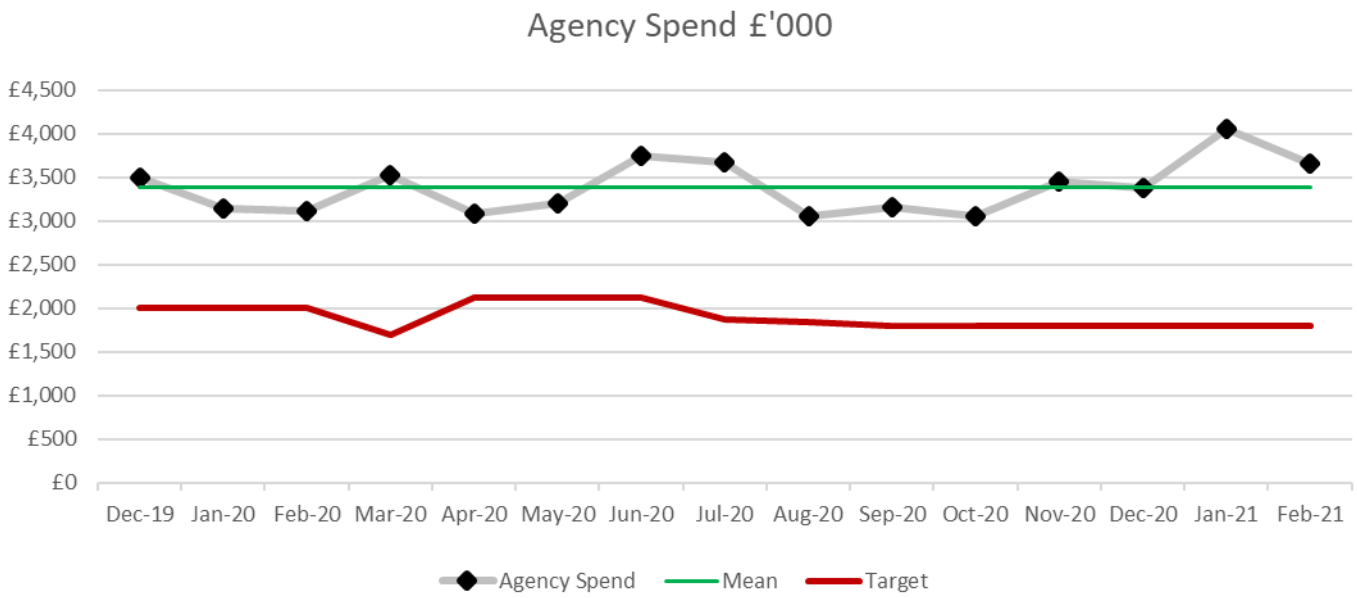
EFFICIENT USE OF OUR RESOURCES – AGENCY SPEND

Executive Lead: Director of HR & OD

CQC Domain: Well-Led

Strategic Objective: People





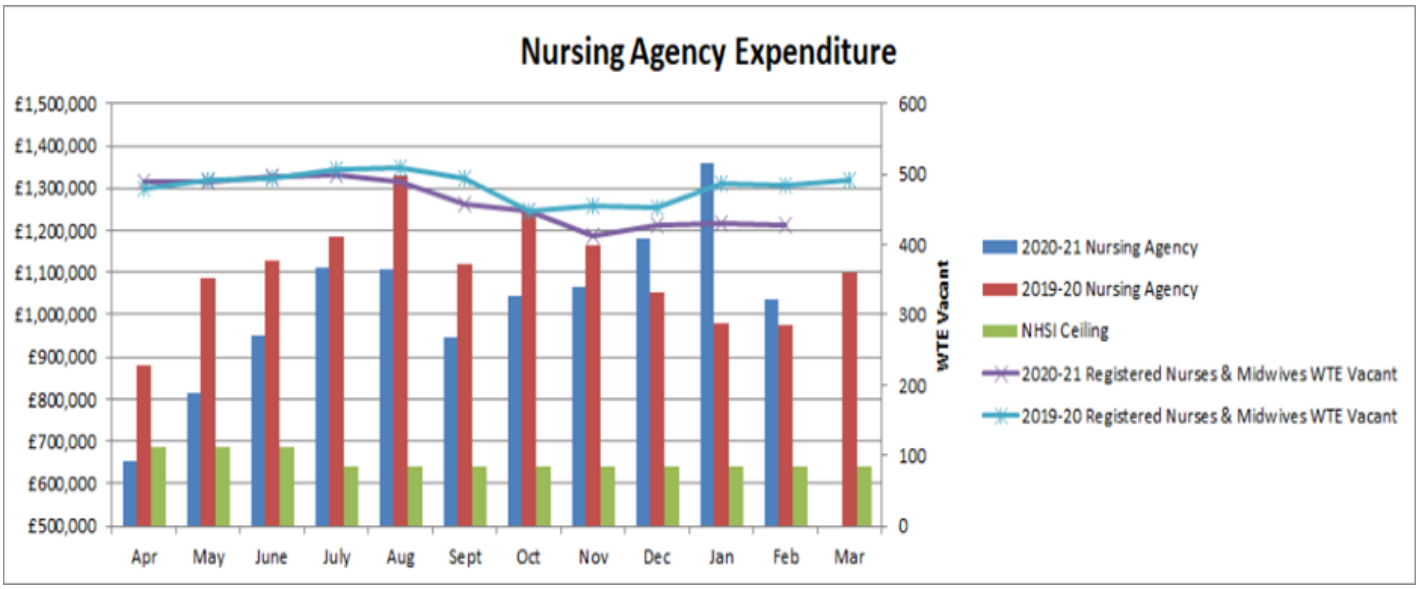
Medical Bank & Agency

Overview

In February ULHT maintained its reduced agency spend trend for the eighth consecutive month. We decreased demand of medical temporary staffing by 19% which is primarily due to our decreasing number of COVID inpatients and reduced staff sickness requiring backfill. A total of 18,545 hours were booked to medical agency a reduction of 2115 hours in comparison to January. All divisions reduced their agency use in February and all divisions were at their lowest agency use in a rolling 12 month period for filling vacancies. The total medical agency spend in February was impacted positively from this reduction in demand and agency reduction but also being a shorter month.

ULHT have also sustained our medical bank position in February with 50/50 ratios of medical bank and agency use. We have grown this from 20% since implementation in this financial year and this is a key factor in our reduced medical agency spend reduction trend and improved run rate position. Our managed medical bank project has delivered savings of £652,322 YTD. The managed bank project was started during the first wave of COVID with a target of 50/50 usage by outturn. This target was met in November and has been maintained, but there is further scope to drive bank utilisation higher. Our aspirational target is to reach and maintain 70% bank use in next 12 months. As we go into restoration phase we will be actively approaching long-term agency doctors to migrate them onto our bank and decrease our agency further.

Nursing Bank & Agency



Overview

Nursing agency spend equated to £1,036,840 in the month of February. As predicted in the last report this was a reduction to the January position of £1,326,291. In fact, the February agency spend position is the lowest it has been since October 2020 and the number of agency hours booked is the lowest since May 2020 (cost difference due to inflated rates from agencies). This position was expected due to the number of COVID inpatients reduction, and also the reduction in sickness absence of our nursing staff.

Divisions have also been expanding the plan for every post work with the same spotlight on nursing that has been afforded to our medical vacancies. The current international nursing campaign referenced above is having a substantial impact on our nursing vacancies, and therefore with the onboarding of 120 nurses between January – April 2021, we should also see a continued reduction in our agency use, particularly as we prioritise filling those vacancies which attract the highest use. The plan to onboard a further 205 international nurses by March 2022 will enable the downward trend of agency.

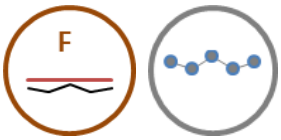
The Nursing Workforce Transformation Steering Group is due to resurrected in March, and has a focus on agency and bank reduction.

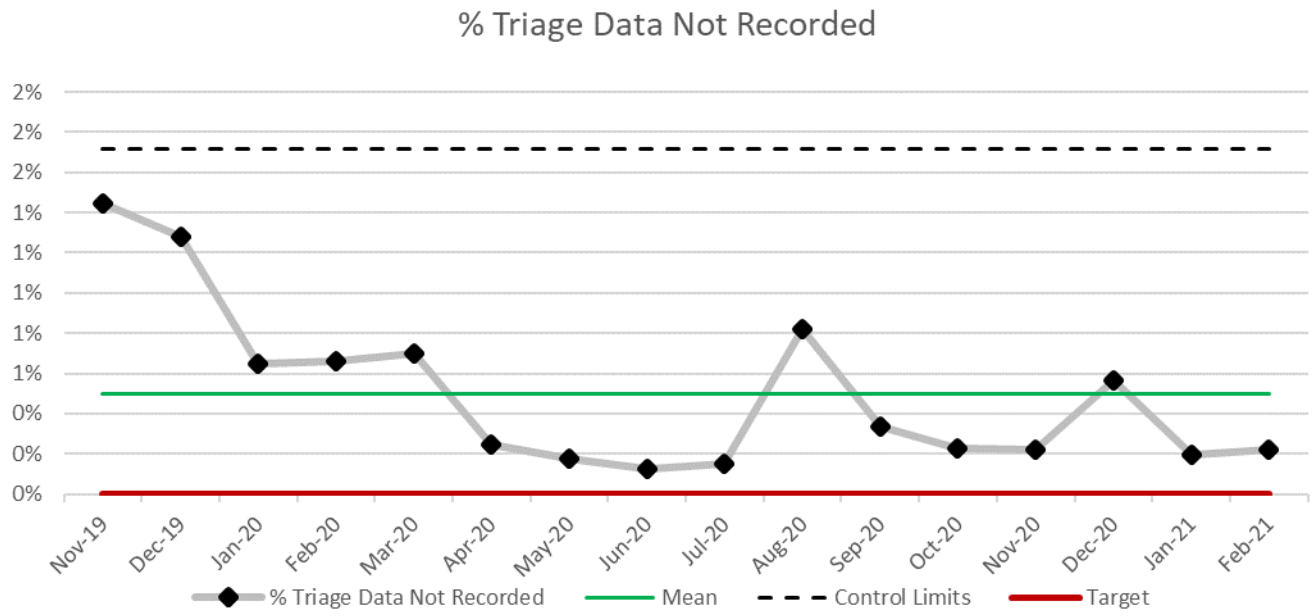
IMPROVE PATIENT EXPERIENCE – % TRIAGE DATA NOT RECORDED

Executive Lead: Chief Operating Officer

CQC Domain: Effective

Strategic Objective: Patients





Challenges/Successes

- February demonstrated a 0.02% positive variation in performance compared with January
- Improvement has been seen on both sites. This may coincide with a further decrease in attendance.
- The ability to provide two triage streams improved in February due to a slight improvement in staff absence through sickness and reduced bank and agency fill. Higher tier agency requests increased in February to attempt to mitigate the gaps. PHB struggled to cover two triage streams consistently overnight.
- Achievement against this metric is co-dependent upon having a fully trained and compliant staffing rota as well as the individual compliance of staff.
- The UEC Operational Leads continue to be proactive in addressing recording compliance in real time in hours but the main contributory factor is out of hours.

Actions in place to recover:

- Emergency Department staffing levels are reviewed by the staffing Hub x 3 daily and an emphasis on securing templated staffing is in place but is not assured.
- Training continues to be in place.
- The actions against this metric to ensure compliance and assure safety are overseen by the Deputy Divisional Nurse responsible for Urgent and Emergency Care and two newly appointed 8a Senior Nurses. These posts are separate to that of the Matron.

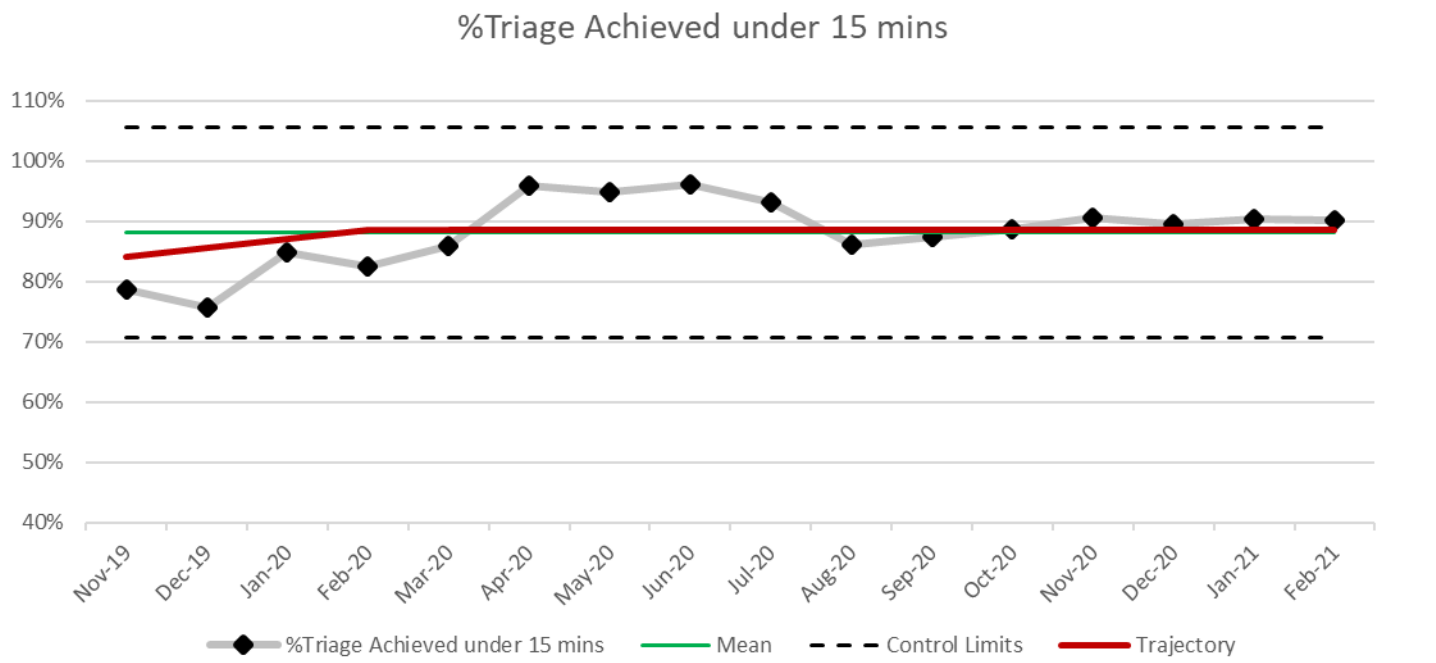
Triage time is a key patient safety performance indicator and forms an essential part of the department huddles. Performance against this safety indicator is scrutinised at the 4 x daily Capacity and Performance meetings where assurance must be given and demonstrated.

IMPROVE CLINICAL OUTCOMES – %TRIAGE ACHIEVED UNDER 15

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services



Challenges/Successes

- Triage under 15 minutes experienced a slight deterioration in February by 0.40%. 90.02% in February versus 90.42% in January. The balance between managing the blue pathway and green pathway in both our Emergency Departments and our Assessment Units continues to be problematic.
- LCH performance for February was 90.1% compared to 90.4% in January. PHB was 90.5% in February compared to 90.9% in January. However, this is still above the agreed trajectory of 88.50%
- The ability to provide two triage streams has improved but remains a challenge at PHB on occasion.
- Measures are in place to assure the delivery of this key metric improvement trajectory toward 100%.
- This metric continues to be captured as part of the daily and weekly CQC assurance reporting and performance is discussed daily by clinicians as part of the ED safety huddles led by the Deputy Divisional Nurse for Urgent an Emergency Care and now the newly appointed General Manager for Urgent and Emergency Care. In addition, the recently appointed 8a Senior Nurse Leads is beginning to see an impact.
-

Actions in place to recover:

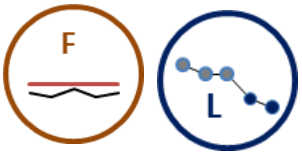
- The focus must remain on achievement of this safety metric.
- All key operational posts have now been appointed to within Urgent and Emergency Care and the expectation of action and remedy has been made explicit.
- Clear action and recovery plans are scrutinised at the four times daily Performance and Capacity meetings.
- Staffing deficits that may impact on the ability to maintain a second triage stream both in and out of hours are highlighted daily and every attempt is made to resolve this.

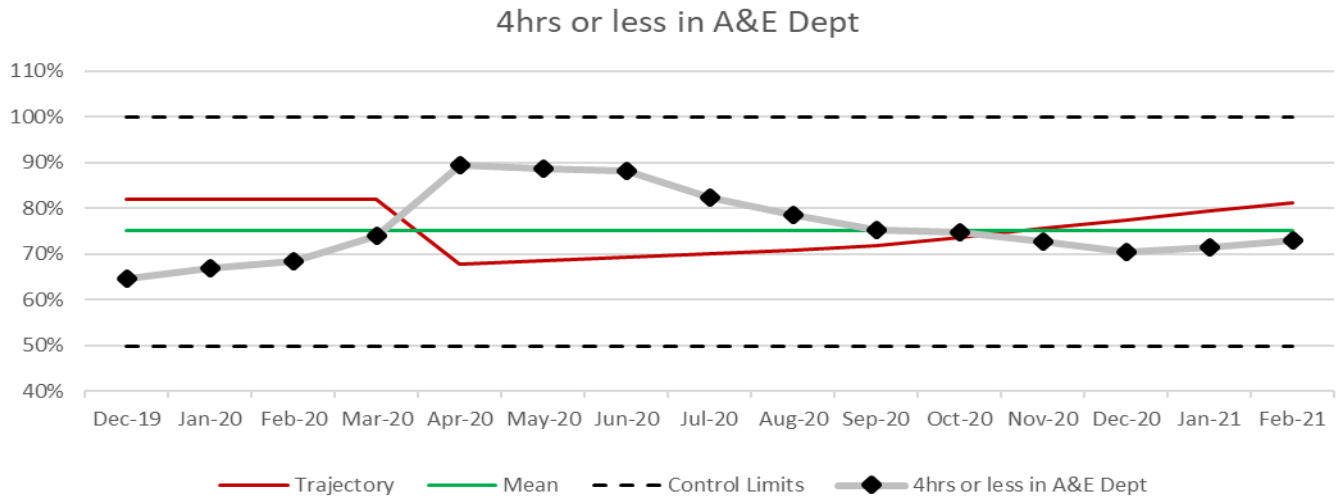
IMPROVE CLINICAL OUTCOMES – A&E 4 HOUR WAIT

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services





Challenges/Successes

- February ED type 1 and streaming saw 12,418 attendances verses 12,935 in January (-517 attendances). This represents a 4.00% decrease. By site LCH experienced a 5.57% decrease in attendances, PHB saw a decrease of 0.85%. Grantham also experienced a decrease in UTC attendances of 6.62%.
- February overall outturn for A&E type 1 and primary care streaming delivered 72.84% against an agreed trajectory of 81.22%.
- This demonstrates an improvement in performance of 1.43% compared with January outturn.
- Performance continues below the agreed trajectory by 8.38%.
- Daily reporting to the System and NHSe/i is now in place via the Deputy Chief Operating Officer, Urgent Care whenever daily Trust performance is below 80%
- By site, for February, LCH delivered 69.70%, a 0.21% deterioration on January's performance, PHB delivered 72.16%%, an improvement of 4.14%. GDH achieved 98.84% which was a slight improvement of 0.29% compared to January. This includes type 1 and type 3 activity.
- The highest days of delivery by the Emergency Departments only was on 14th February when LCH achieved 60% and PHB delivered 77.23%. The performance uplift from the UTCs was 11.34% at LCH (77.34%) and 7.93% at PHB (85.16%). Conversely, the lowest days of delivery by the Emergency Departments was 9th February when LCH only achieved 40.91% and 17th February, when PHB only achieved 43.80%. The performance uplift from the UTCs activity was 17.29% (58.20%) and 14.88% (58.68%) respectively.
- Streaming at GDH, LCH and PHB experienced 150 >4hr transit time breaches in February compared with 61 in January an increase of 89 and an increase of 59.34%. The highest number proportionate to attendances was LCH.

Actions in place to recover:

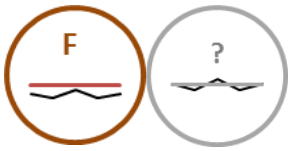
- The Recovery phase of COVID management will concentrate on the process improvements, not affected by volume. A revised Urgent and Emergency Care Delivery Programme led by a recently appointed General Manager, supported by dedicated Improvement Lead is in train. The focus is on improved access to ambulatory pathways to reduce the attendances to the Emergency Department, as well as effective use of 111 and EMAS alternative pathways. These services will serve to lessen the overall burden placed upon the Emergency Departments.
- These main drivers for change will lead to optimised SDEC pathways which in turn will release bed capacity and improve flow through the hospital. This will result in improved ambulance handover delays. A new national set of metrics will be introduced, and the trust will be benchmarked against these.
- The ability to continually respond dynamically in all urgent and emergency care access areas will support patients to be seen by the right person, in the right service, at the right time in and out of hours.

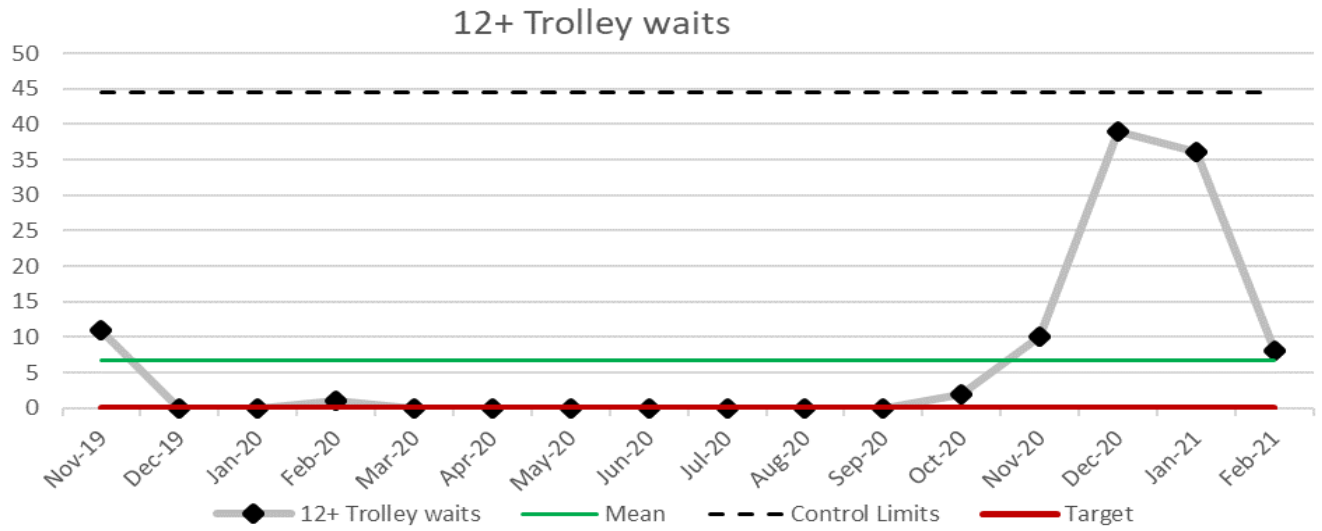
IMPROVE CLINICAL OUTCOMES – 12 HR + TROLLEY WAITS

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services





Challenges/Successes

- The Trust experienced and recorded 8 x 12hr hour trolleys waits in February. All clinically validated.
- January 12hr trolley waits revalidated position was 36. A reduction of 28 from January to February.
- The Trust has been working closely with national regulators in reviewing and reporting these breaches. A timeline for the 12 trolley waits with the greatest total time in ED is submitted to NHSe/i at 11am the next day by the Deputy Chief Operating, Urgent Care.
- A daily review of all potential 12hr trolley waits in now in place, led by the Chief Operating Officer. All involved specialities are expected to attend.
- Continued issues with inadequate and timely flow combined with an inability to respond to blue and green pathway demand in the Emergency Department continues to be problematic. Plans have been put in place to re-balance blue and green segregation as COVID-19 presentations and cases continue to reduce.
- The impact of continued shortfalls in available workforce has contributed to a certain degree some delays in timely planning and completion of treatments and interventions.
- February continued to experience both Ward and Staff outbreaks resulting in 'closed' or 'restricted' G&A core beds and a suspension of the 'Green Pathways' at both Pilgrim and Lincoln, albeit to a lesser extent.
- Availability and access to the correct bed type at PHB has continued to prove successful but the implementation of critical discharge events throughout February at Lincoln County have not yielded the benefits expected. LCH remains our most vulnerable site both from a flow and IPC perspective.
- System Partners and Regulators remain actively engaged and offer practical support in situational escalations. There have been no declared critical incidents in February.

Actions in place to recover:

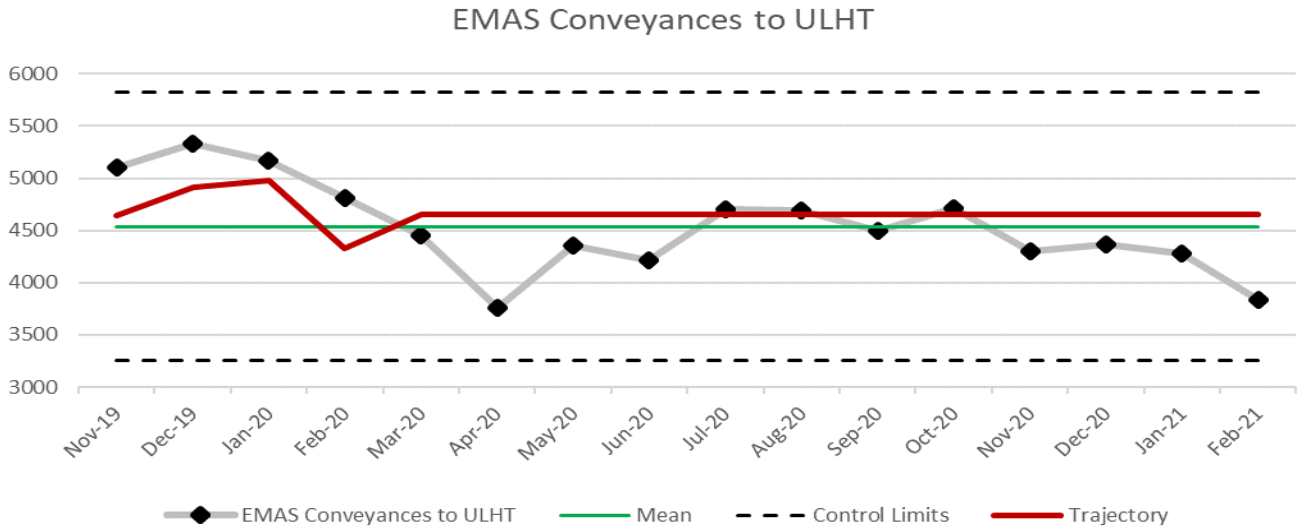
- Daily Capacity Planning Cell meetings are in place and include key stakeholders to assess, plan and agree the flow interventions required and escalate to Gold Command any obstacles for resolution.
- A multi-disciplinary approach to unblock discharge delays across all sites on pathways 1, 2 & 3 is in place and is robust. Twice daily System MDT meeting are in place and have become very effective. The ULHT Trust wide Discharge Lead ensures traction and delivery.
- A newly established internal Discharge Cell chaired by the Deputy Chief Operating Officer, Urgent Care and supported by the Deputy Medical Director for Patient Safety are, alongside the Divisions, challenging the pathway zero discharge processes.
- Three times daily reviews via the Trust wide Capacity Flow meetings are in place to determine progress on discharge to ensure reduced burden on our Emergency Departments and elimination of +12 hr Trolley Waits.
- Daily System Calls are in place to secure plans to reduce the burden on the Acute Trust. These are supported by 'Gold' and National Regulator supportive intervention calls.

IMPROVE CLINICAL OUTCOMES – AMBULANCE CONVEYANCES

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services



Challenges/Successes

- Ambulance conveyances for February were 3835 compared to 4279 in January. This represents a 10.38% decrease in conveyances across all sites.
- By site, LCH conveyances were 2136 in February compared with 2446 in January, a 12.68% decrease, PHB was 1657 in February compared with 1793 in January, a decrease of 7.59%. GDH experienced a conveyance reduction of 4.77%. 40 conveyances in February compared to 42 in January
- Conveyance deflects were put in place from LCH to PHB during February. Bespoke deflects from GDH to PHB were assessed and agreed daily with EMAS and either the Deputy Chief Operating Officer, Urgent Care or the Operations Lead Nurse.
- Load share for conveyances from GDH to PHB and LCH is more balanced but requires constant monitoring by both the Trust Operational Teams, the UEC CBU and EMAS.
- We continue to work with the System to reduce our overall attendances and conveyances by ensuring all admission avoidance pathways are robust and communicated daily.
- The use of CAS for advice and admission avoidance options appears to have increased and subsequent benefits are being realised but not to the extent expected.
- The creation of the Priority Admission Response Units (PARU) to support the Emergency Departments experienced further delays and has now been combined with Project Salus delivery.

Actions in place to recover

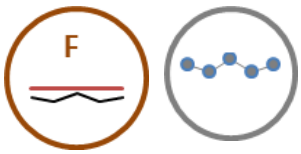
- Recovery plans are in place by the Trust for urgent and emergency care (UEC) which include patients being appropriately clinically managed through alternative streams to avoid large numbers of patients in the emergency department leading to possible delays in Ambulance handover. The benefits of these alternative streams have still yet to be fully realised.
- Increased resourcing of CAS by LCHS which includes an extended criterion continues to develop.
- Increased use of and streaming to the UTCs is in place and some benefits are being seen although the pathways and extended criterion needs to be more robust.
- An increase to the overall footprint of our Emergency Departments is currently underway with secured funding.
- System Partners are committed to delivering a reduction on the overall burden on the Acute Trust.
- The Systems UEC Recovery plans give transparency and assurance of the Recovery plans developed and agreed to support this. Regional and National support continues to be made available.

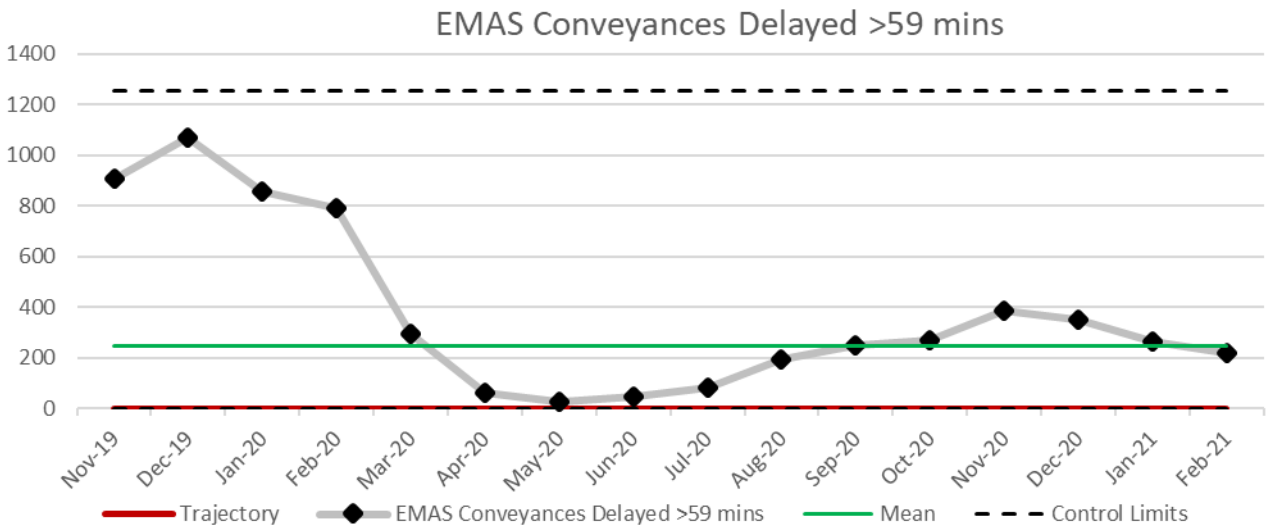
IMPROVE CLINICAL OUTCOMES – AMBULANCE HANDOVER >59

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services





Challenges/Successes

- February reported 218>59-minute hand over delays. This is a decrease of 45 on the January figure of 263. This represents a 17.12% decrease in >59-minute ambulance handover delays. LCH had 134 >59-minute ambulance conveyances in February compared with 180 in January. This represents a 25.56% decrease in February compared with January. PHB had 84 > 59-minute ambulance handover delays in February compared to 83 in January. This represents a 1.2% increase.
- February demonstrated a reduction in >120mins handover delays overall by 9.68%. >120 mins at LCH in February was 36 compared to 52 in January, a reduction of 30.77% PHB >120 mins in February increased from 10 in January to 20 in February, an increase of 50%
- Delays experienced at LCH and PHB remain attributed to a continued inability to 'flex' the segregated pathways more responsively against the presenting demand particularly in the evening when conveyances demand is increased.
- There continues to be a challenge regarding the pattern of conveyance.
- Robust relationships exist with the Lincolnshire EMAS Divisional Operations Manager, Clinical Site Manager, ULHT Operational Silver Commander and Operational CCG Silver to ensure any concerns are raised.
- Daily System Calls are in place at 10.30am where number of conveyances, conveyance avoidance and handover delays are discussed.
- All handover delays >59 mins are now reported to the CCG by EMAS but are done so in context of the overall site position.

Actions in place to recover

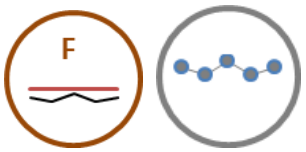
- As part of recovery and following confirmation of additional monies to enhance our urgent care facilities, work continues to bring these plans to fruition. This will include a larger footprint for RAT. This measure seeks to significantly reduce >59mins handover delays.
- Dedicated UEC Project Management resource has been secured to address handover delays. The Project Manager is working with the UEC Trust Teams to effect a sustainable change with a particular focus on SDEC to reduce unnecessary admissions and generate improved bed flow.
- A missed opportunities exercise was undertaken by Chris Morrow-Frost (NHSe/i UEC Lead) and this work is shaping the improvement plans
- Work continues within the System to reduce the overall ambulance conveyances to ULHT through implementing robust alternative pathways via Think 111 and CAS. This is reviewed daily via the 10.30am System Call and twice weekly Gold Patient Cell Calls.
- All ambulances at 30 minutes post arrival are now escalated to the Clinical Site Manager (CSM) if there is no robust plan to 'off load'. The Clinical Site Manager (CSM) will work to resolve locally and will escalate to the Silver Commander if the handover delay protocol will be breached.

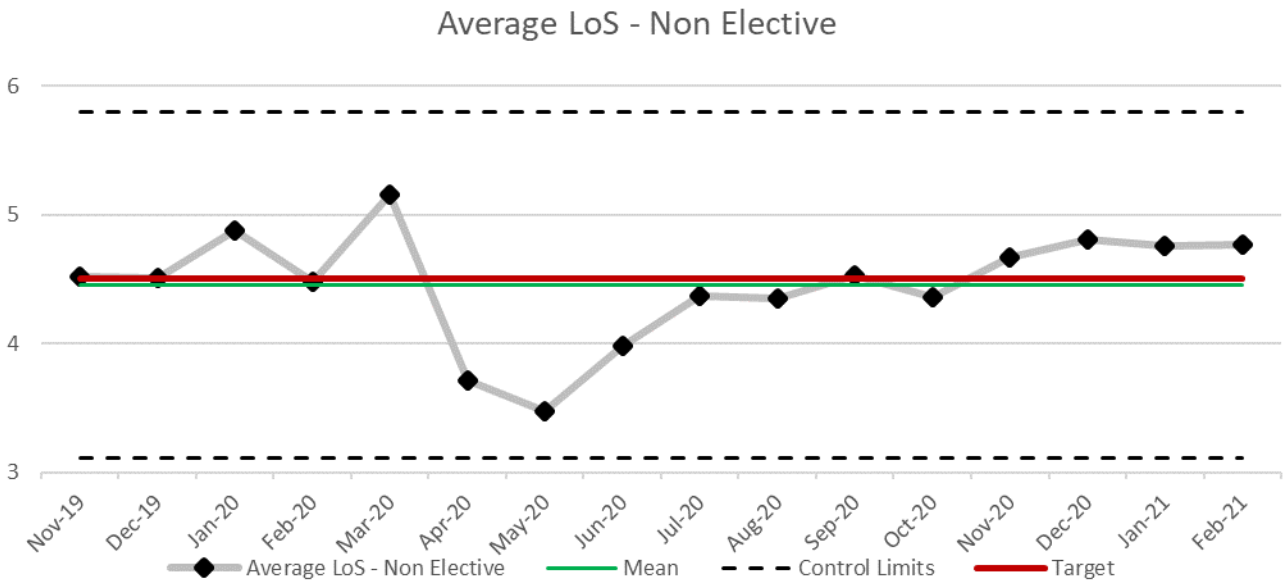
IMPROVE CLINICAL OUTCOMES – AVERAGE LOS NON-ELECTIVE

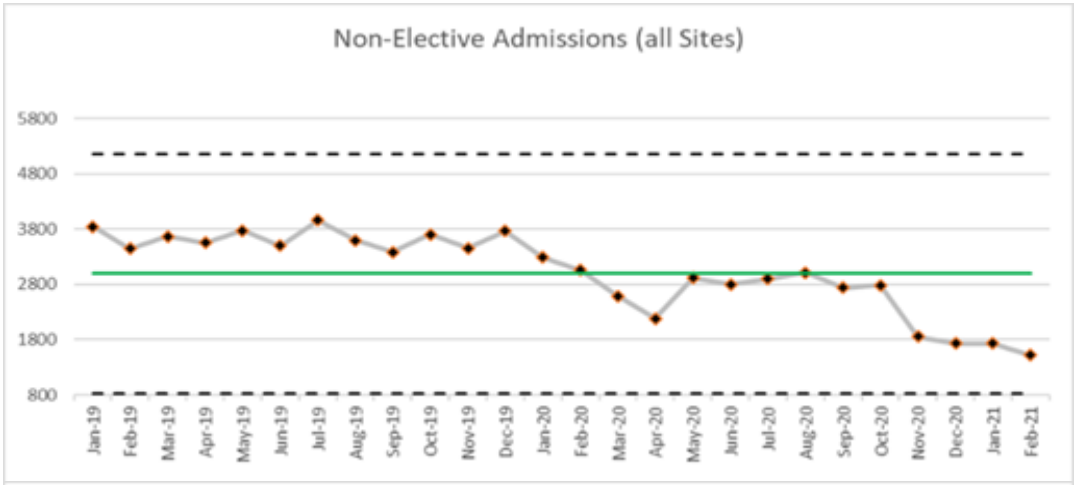
Executive Lead: Chief Operating Officer

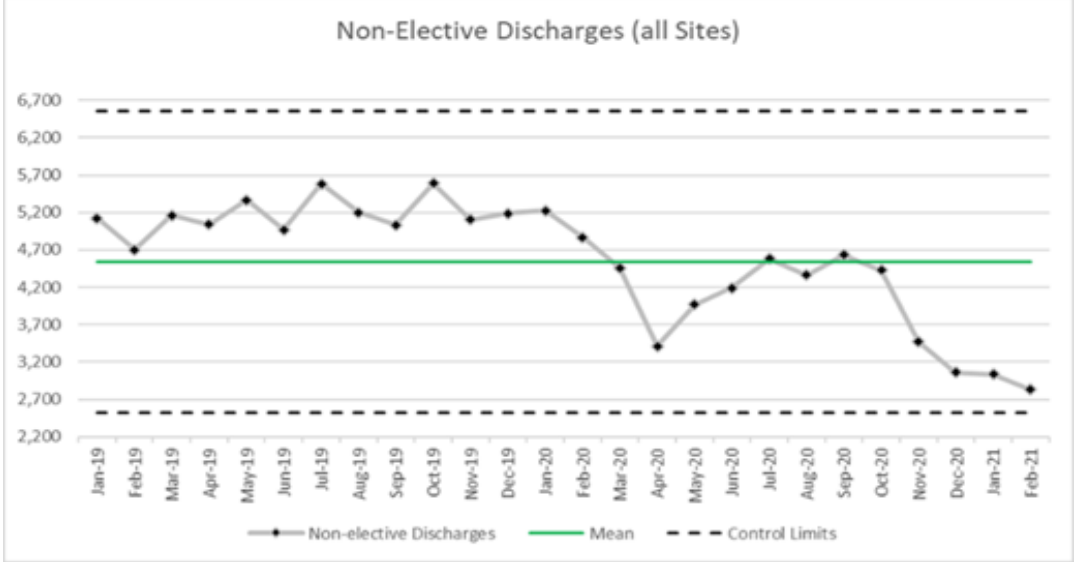
CQC Domain: Effective

Strategic Objective: Services









Challenges/Successes

- Average LOS for non-elective admissions (NELA) saw a slight deterioration during February, delivering 4.77 ALOS compared to 4.76 ALOS in January. This represents a negative variation of 0.24 days and remains above the trust target of 4.50 days.
- LCH ALOS increased from 5.1% days in January to 5.16 days in February. PHB increased from 4.47 days in January to 4.51 in February.
- Non elective admissions decreased in February to 1522 verses 1728 January. An 11.93% decrease. A February 2020 admission comparison to February 2021 shows a 47.45% decrease in non-elective admissions. 3058 NELA in February 2020 verses 1522 in February 2021.
- Non elective discharges decreased from 3,033 in January to 2,830 in February, a reduction of 203. This represents a 6.7% reduction.
- A number of critical discharge events occurred during January and continued into February with mixed results. This resulted in the establishment of an internal Discharge Cell Led by the Deputy Chief Operating Officer, Urgent Care and the Deputy Medical Director, Patient Safety.
- The implementation of Project Salus will aid a responsive bed base with a speciality focus but this will still require close operational oversight to ensure the correct flow.
- The ward refurbishment and cleaning programmes have continued during February but with some disruption.
- The C-19 second/third wave modelling (prevalence and bed requirement) is proving accurate to +/- 5 days but increased pressure on our ICU beds has been palpable. Third/Fourth wave impact and modelling has been announced and the ICC is monitoring and will advise the Trust.
- During February the numbers of patients with a LLOS increased. 85 in February compared to 79 in January. An increase of 6 patients.
- The work of the system wide discharge cell continues to address inequalities in access for both Community care and adult social care and remains in operation 7 days a week with twice daily calls.
- Extensive work has been undertaken with system partners to acquire and agree funding and access to designated beds for our positive COVID19 patients on pathways 1, 2 & 3.
- LCHS have redesigned their bed capacity to support positive COVID19 patients transfers from Acute Beds but due to the reducing number of Covid positive inpatients, LCHS are now reviewing and redesigning their bed base to adapt to the revised need.

Actions in place to recover

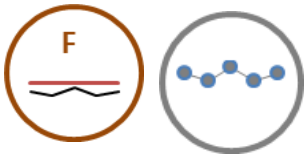
- Multi-agency discharge meetings continue to take place daily, seven days a week. Line by line reviews take place against each patient on pathway 1, 2 and 3. This process is now robust and an increase the discharge of medically optimised patients across the entire week (7days) is being realised.
- Long length of stay meetings for each hospital site remain in place to support more complex patients through their discharge pathway.
- More work is required in respect of the discharge pathways, in particular pathway zero and especially at LCH. The newly established internal discharge cell chaired by the Deputy Chief Operating Officer and Deputy Medical Director aligned to Patient Safety will continue to support the delivery of this.
- The System secured and commissioned care homes who will support patients with positive swabs, especially pathway 1 and 2 where the demand is the greatest. We are seeing the benefit of this intervention/action. ULHT, LCHS and LCC are managing these pathways with LCHS re-designing their current bed reconfiguration now due to reducing number of COVID-19 positive patients requiring this interim support.

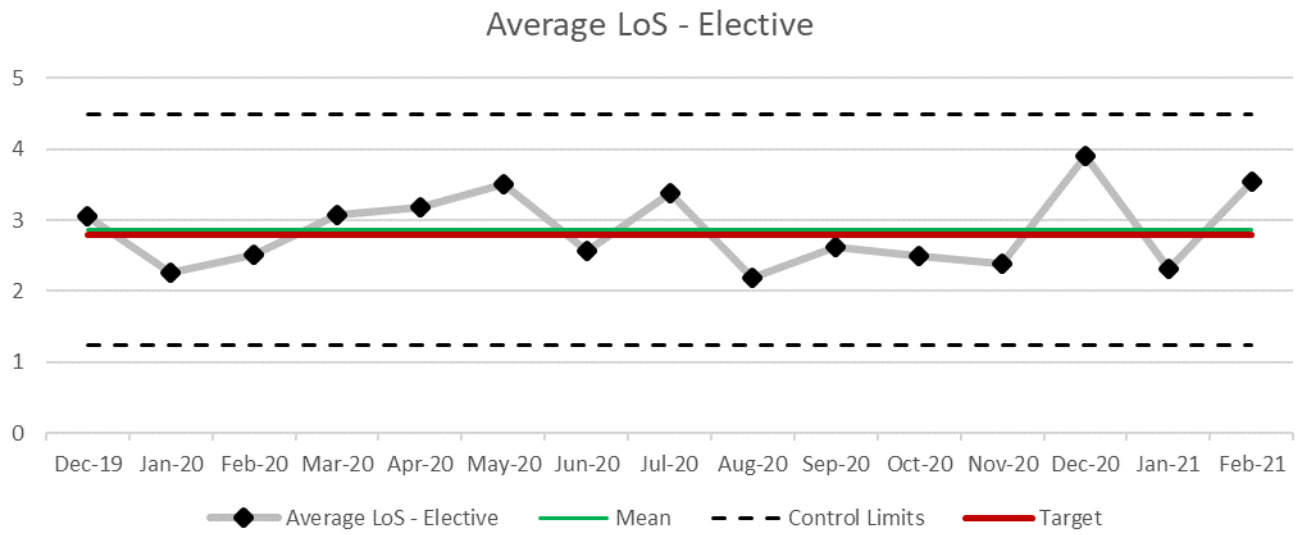
IMPROVE CLINICAL OUTCOMES – AVERAGE LOS NON-ELECTIVE

Executive Lead: Chief Operating Officer

CQC Domain: Effective

Strategic Objective: Services



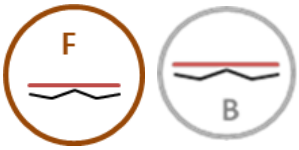


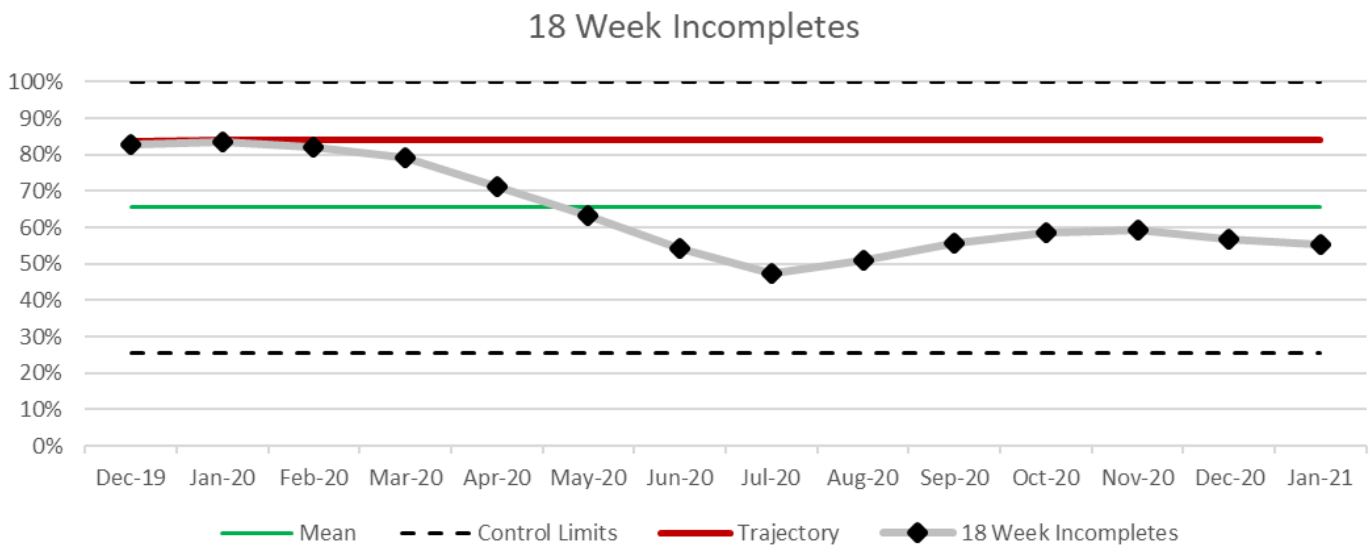
IMPROVE CLINICAL OUTCOMES - RTT 18 WEEKS INCOMPLETES

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services





Challenges/Successes

RTT performance is currently below trajectory and standard.

January saw RTT performance of 55.46% which is -1.26% worse than December.

General Medicine was the lowest performing specialty, with performance decreasing from 47.91% last month to 40.70% (-7.20%). Neurology is performing better this month with a 3.73% increase from 54.24% last month to 57.97% in January.

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

- 130 - Ophthalmology - 2914 (Reduced by 179)
- 110 - Trauma & Orthopaedics - 2217 (Reduced by 39)
- 120 - Ent - 2059 (Increased by 241)
- Maxillo-Facial Surgery + Orthodontics + Oral Surgery - 1486 (Increased by 45)
- 330 - Dermatology - 1425 (Increased by 56)

Actions in place to recover:

Performance across most specialties continues to increase albeit slowly.

As the figures above show, ENT's performance continues to decline together with Maxillo-Facial surgery and Dermatology. Ophthalmology and Trauma & Orthopaedics however, have positively increased their performance.

The re-introduction of routine elective work for non- admitted activity continues to utilise video and telephone consultations, with more face to face appointments being set up where required.

Admitted routine elective work remains challenging, with available capacity being focussed on cancer.

Specialties achieving the 18 week standard for January were:

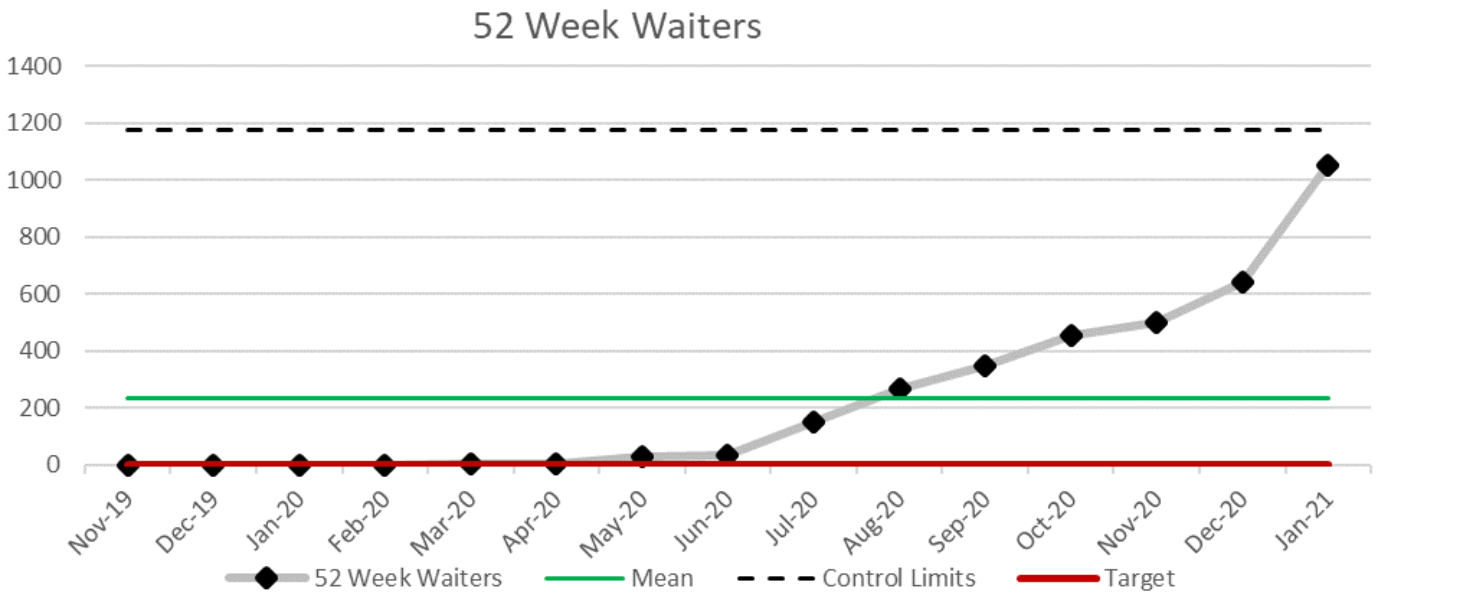
- Breast Surgery 93.39%
- Clinical Oncology 94.39%
- Clinical Physiology 100.00%
- Medical Oncology 100.00%
- Cardiothoracic Surgery 100.00% (one patient)
- Paediatric Diabetic Medicine 100.00% (one patient)

IMPROVE CLINICAL OUTCOMES – 52 WEEK WAITERS

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services



Challenges/Successes

The Trust reported 1,053 incomplete 52 week breaches for January end of month. An increase of 411 from December. However, focus is on these patients at the weekly PTL meeting to ensure that every patient is monitored and where appropriate virtual clinical assessment is made. Due to the high volume of long waiting patients, validation of these is very challenging.

A higher level, bi-weekly, RTT Recovery and Delivery meeting continues in order to monitor the situation.

Root cause analysis (RCA) and harm reviews will be completed by the relevant division for each patient. In January the Trust set up a Clinical Harm Oversight group. The meeting is led by the Chief Operating Officer. This gives focus on the improvement in the recording and monitoring of the harm review process.

Discussions around the reasons for 52 week breaches are being had; particularly looking at the quality and accuracy of data entry. The 18 week/RTT team are currently working on implementing a training programme to address these issues.

Actions in place to recover

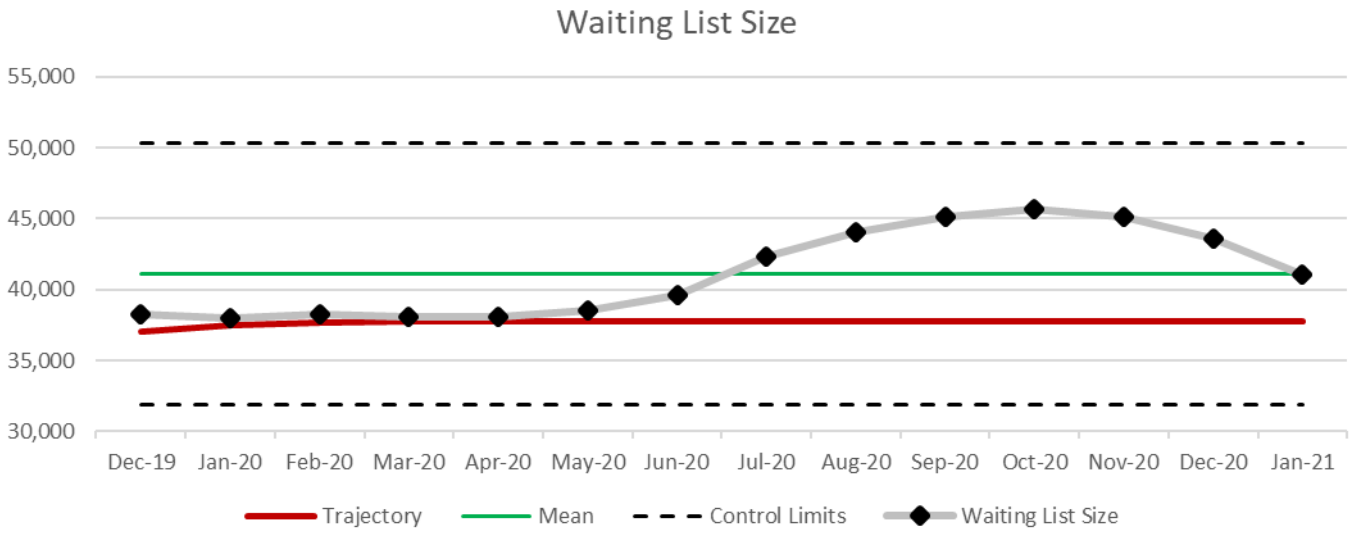
Recovery plans continue to be implemented; accounting for a changing environment.
Across the Trust outpatient services continue to use all available media to consult with patients.

IMPROVE CLINICAL OUTCOMES – WAITING LIST SIZE

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services



Challenges/Successes

Overall waiting list size has decreased from December, with January total waiting list decreasing by 2,537 to 41,025. The incompletes position for January is now approx. 1,993 more than the March 2018 (39,032) target.

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

- Cardiology +49
- Paediatric Dermatology +42
- Rehabilitation Service +39
- Clinical Haematology +31
- Clinical Oncology +14

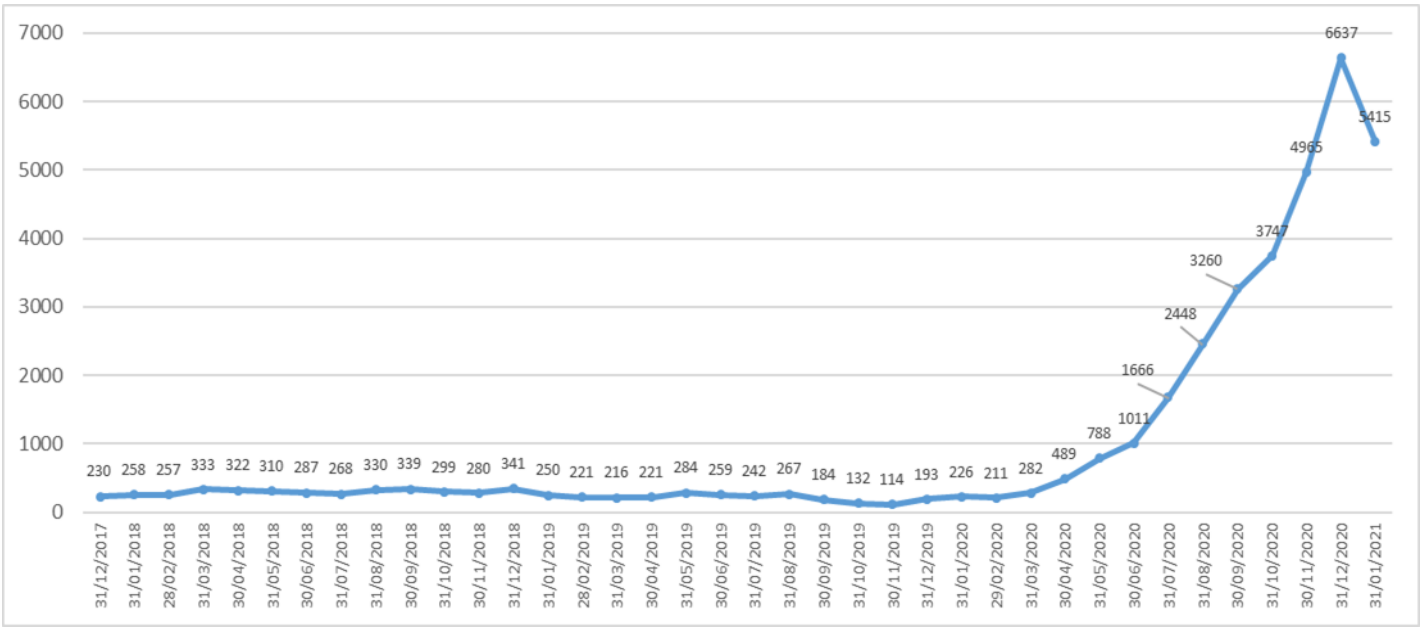
The five specialties showing the biggest decrease in total incomplete waiting list size from December are:

- Trauma & Orthopaedics - 428
- Ophthalmology -313
- Paediatrics -259
- Gastroenterology -244
- Gynaecology -232

Actions in place to recover

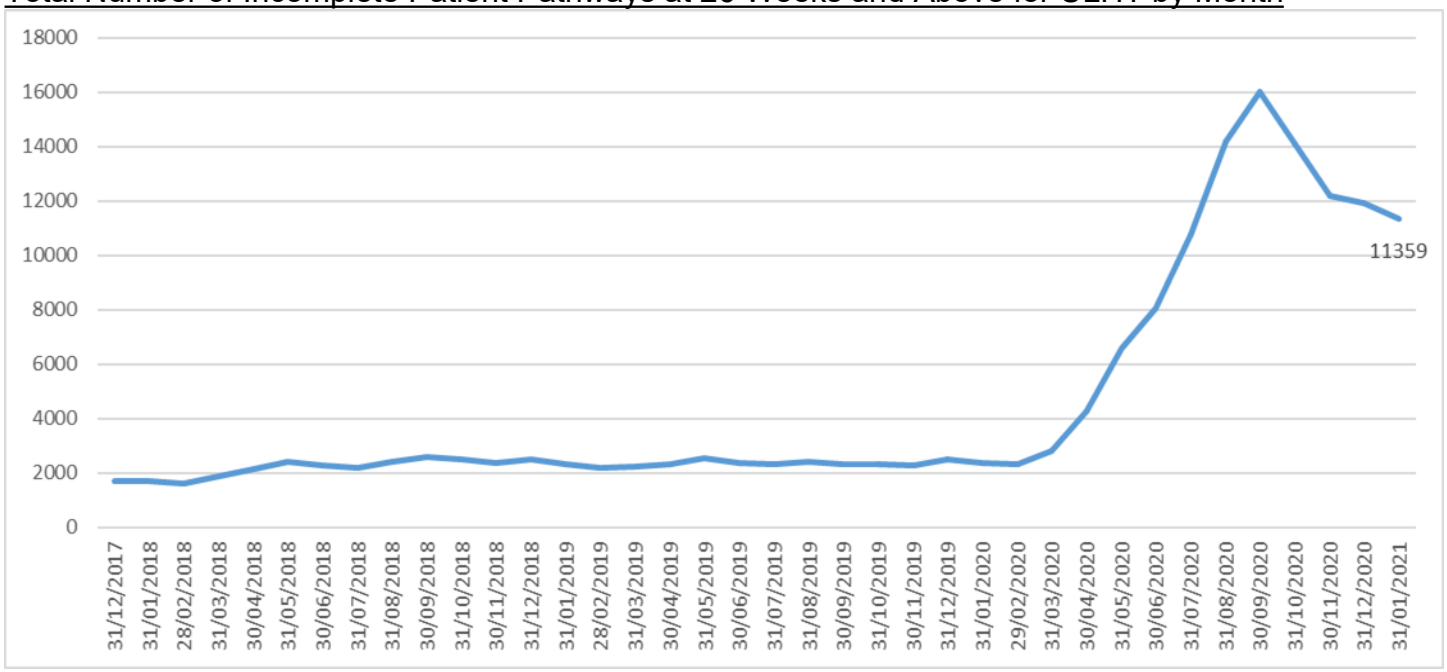
The longest waiting patients are tracked and discussed at the weekly PTL meeting. January showed 5,415 patients waiting 40 weeks and above as the chart below shows. December to January saw a decrease of patients waiting over 40 weeks, -1,222, with Rehabilitation Service (+8) showing the largest increase. Thirty specialties reduced their position compared to last month, with Ophthalmology showing the best improvement of -245 patients from last month. But also has the highest backlog with 1,276 patients waiting over 40 weeks.

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



The chart below illustrates incomplete patient pathways waiting 26 weeks and above. Progress up to 31st January, shows a decrease of 556 patients from December. Twenty-three specialties decreased their position with the largest decrease being seen in Ophthalmology, - 198. The largest increase was seen in ENT, +108.

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



Total Number of Incomplete Patient Pathways at 80 Weeks and Above for ULHT

At the end of January, ULHT reported 11 pathways as waiting over 80 weeks for first definitive treatment.

- General Surgery: 8
- Neurology: 1
- Trauma & Orthopaedics: 1
- Gynaecology: 1

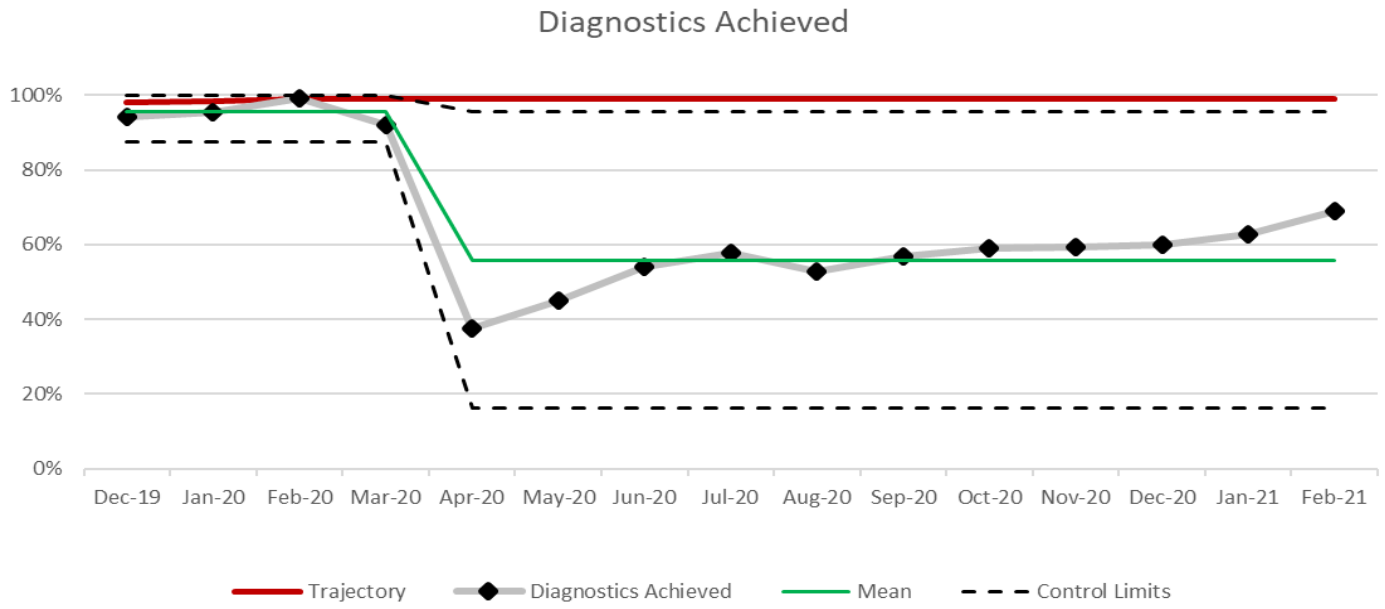
These patients are discussed at a weekly meeting with NHSE/I and CCG colleagues.

IMPROVE CLINICAL OUTCOMES – DIAGNOSTICS

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services



DM01 return for Feb 68.94%,

Challenges/Successes:

CT

- Much improved position of 146 breaches for December compared to 306 in January.
- Sourcing and retaining agency staff to man the additional CTs is difficult.
- Requesting an extension to the mobile CT scanner at Lincoln to maintain the positive progress.

Ultrasound

- Ultrasound only had 3 breaches in February which is a great performance during the Covid 19

Physiological Sciences

- Neurophysiology - peripheral neurophysiology LCH has improved reporting, 96 breaches for January compared to 456 for January.
- Audiology - Audiology Assessments had 0 breaches for January.
- Waiting lists are monitored weekly
- Additional capacity is being sort via outsourcing additional lists an over time.
- The new EEG machine has arrived at Boston and with the locum now in place the Pilgrim neuro physiology will start to improve its position as it had 177 breaches compared to 212 in January. We should see a great improvement to this position going forward.

Endoscopy

- Gastroscopy had a much to improve position of only 85 breaches compared to 298 in January.
- Cystoscopy carried out within endoscopy had 114 breaches compared to 194 in January.
- Flexi sigmoidoscopy had 10 breaches compared to 75 in January.

Endoscopy are live booking new referrals, the backlog is coming from the planned patients which endoscopy on now tackling and are reducing.

Cardiology

- Cardiology – echocardiography had 2051 breaches compared to 1961 in January
- Cardiology - echocardiography Stress /TOES had 58 breaches compared to 105 in January

The main concern for the DM01 for the trust is the cardiac position as this is pulling the overall performance down.

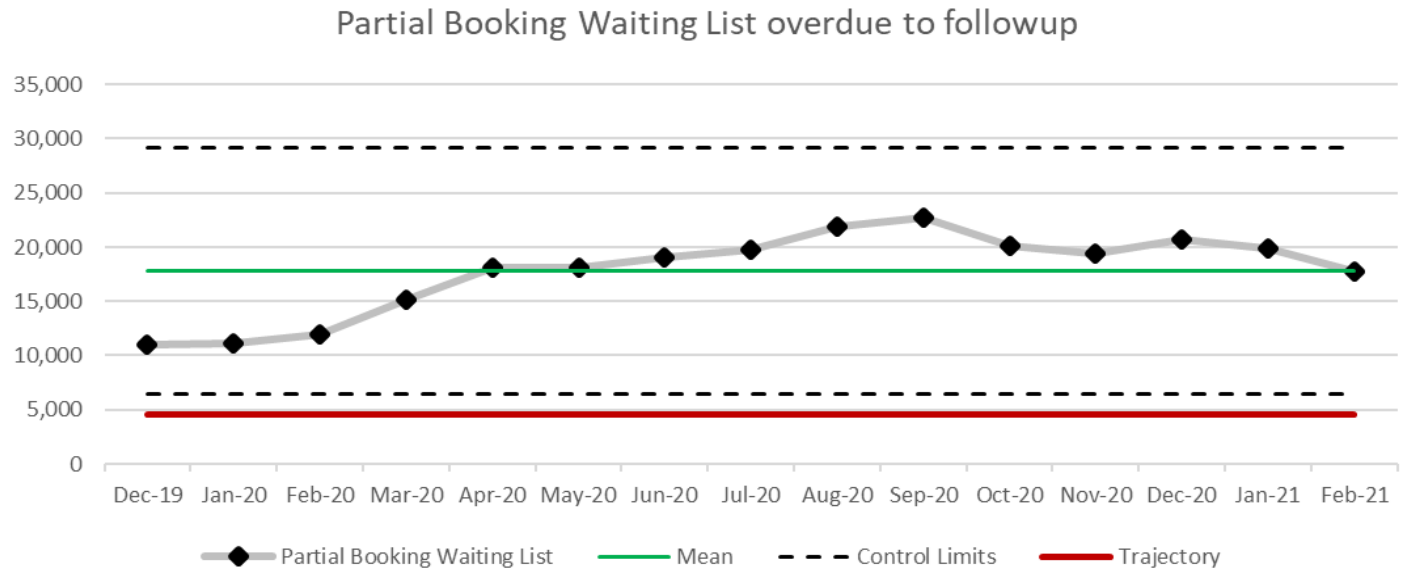
DM01 Performance with cardiac excluded is 84.30%
DM01 cardiac performance only 35.30%

IMPROVE CLINICAL OUTCOMES – PARTIAL BOOKING WAITING

Executive Lead: Chief Operating Officer

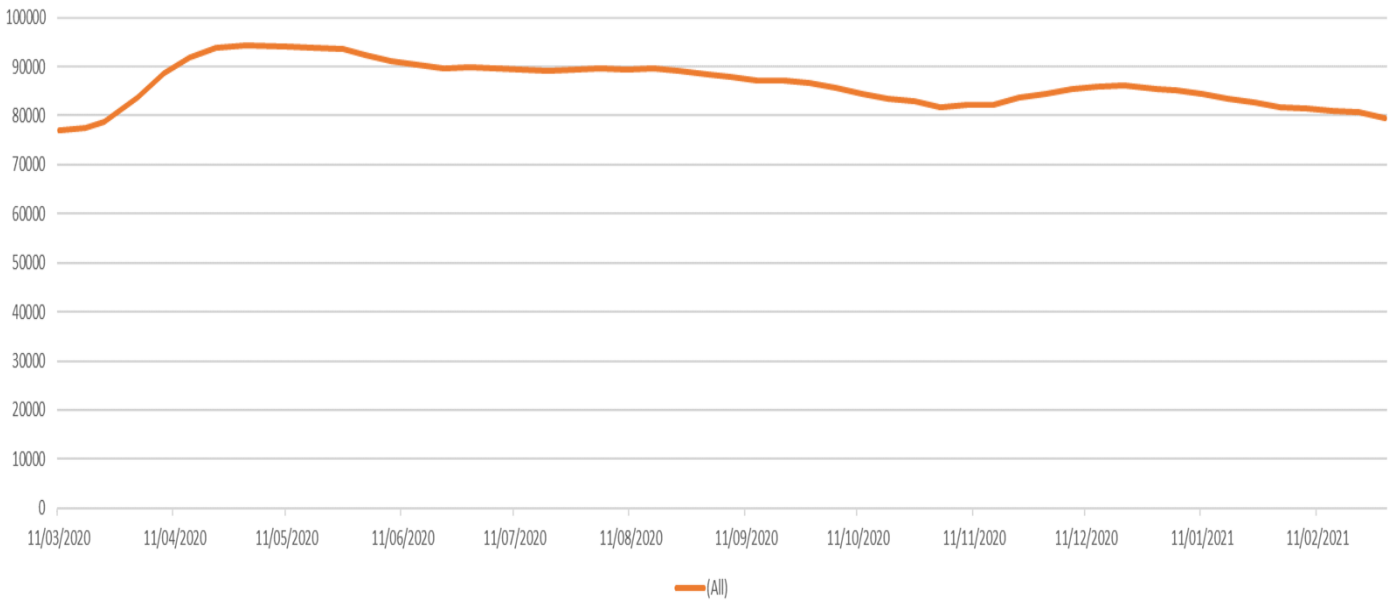
CQC Domain: Responsive

Strategic Objective: Services



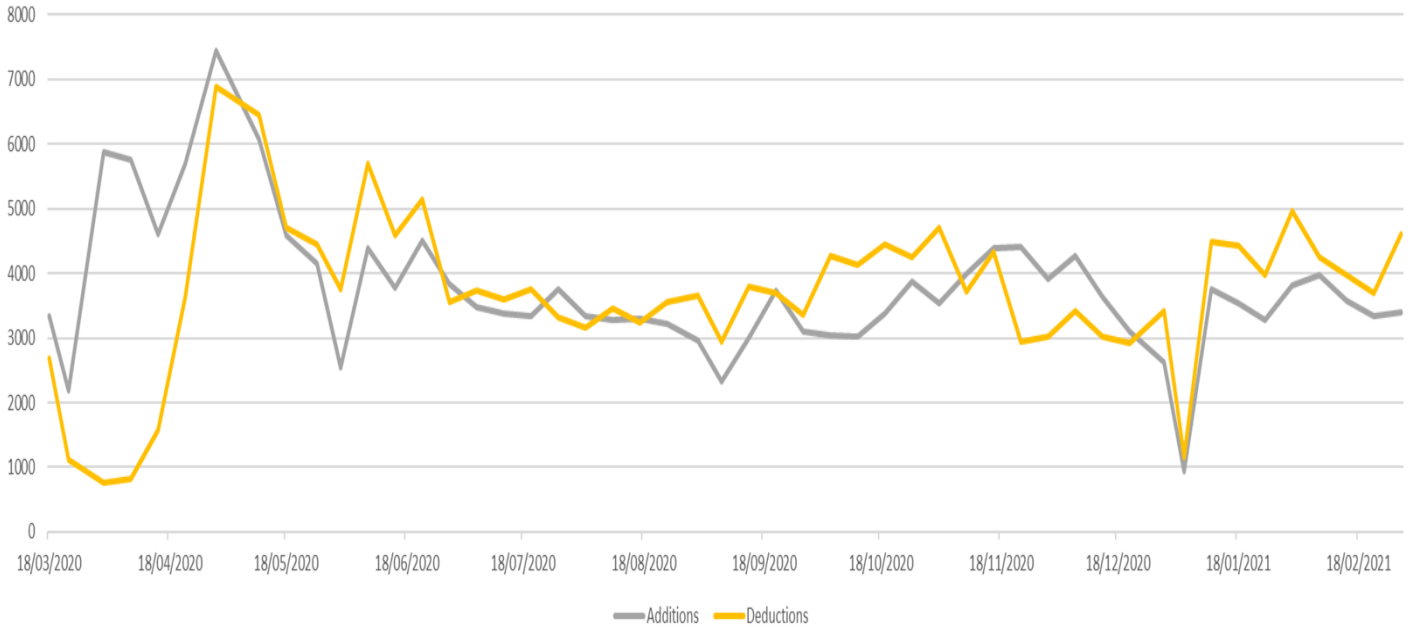
Challenges/Successes:

During the waves of Covid throughout the last year our waiting lists either grew or stagnated. Following these periods the organisation has been able to increase the activity to reduce the PBWL and continue the downward trend. We are still referencing plans submitted pre second Covid wave at our fortnightly meeting, these will need to be revisited through the next stage of restoration and recovery.



Actions in place to recover:

With the workforce pressures in place we have continued where possible with the administrative validation, clinical triage, and the scaling up of technology enabled care. As we move into the next stage of restoration and recovery the various plans will be reviewed with further discussions taking place regarding the risk stratification of our PBWL. The plans will be reviewed looking at the appropriate use of validation, PIFU (patient Initiated Follow Ups) and video consultations / telephone consultations. We are continuing with our PBWL meetings to offer support, challenge and an opportunity to review recovery plans.

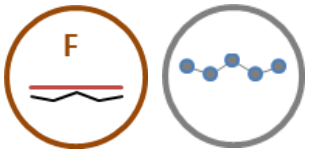


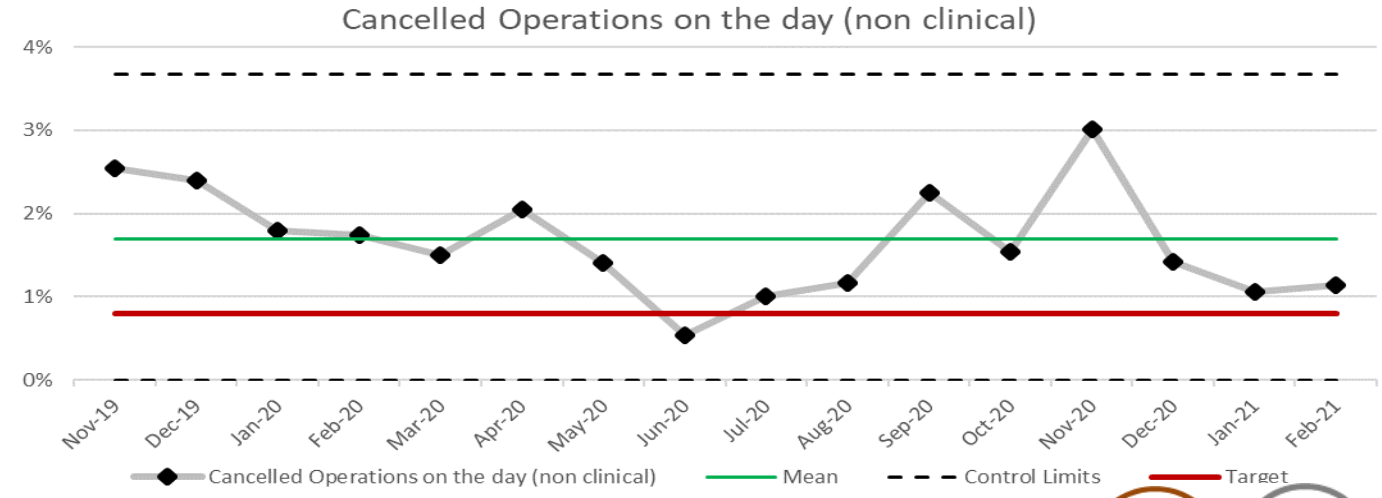
IMPROVE CLINICAL OUTCOMES – CANCELLED OPS

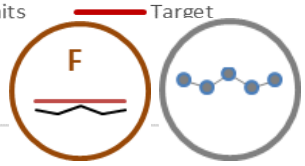
Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services







Challenges/Successes:

Primary reasons for on the day cancellations include; patients being medically unfit/ unwell, patients no longer requiring the surgery, lack of theatre time, and lack of HDU/ITU beds

Actions in place to recover:

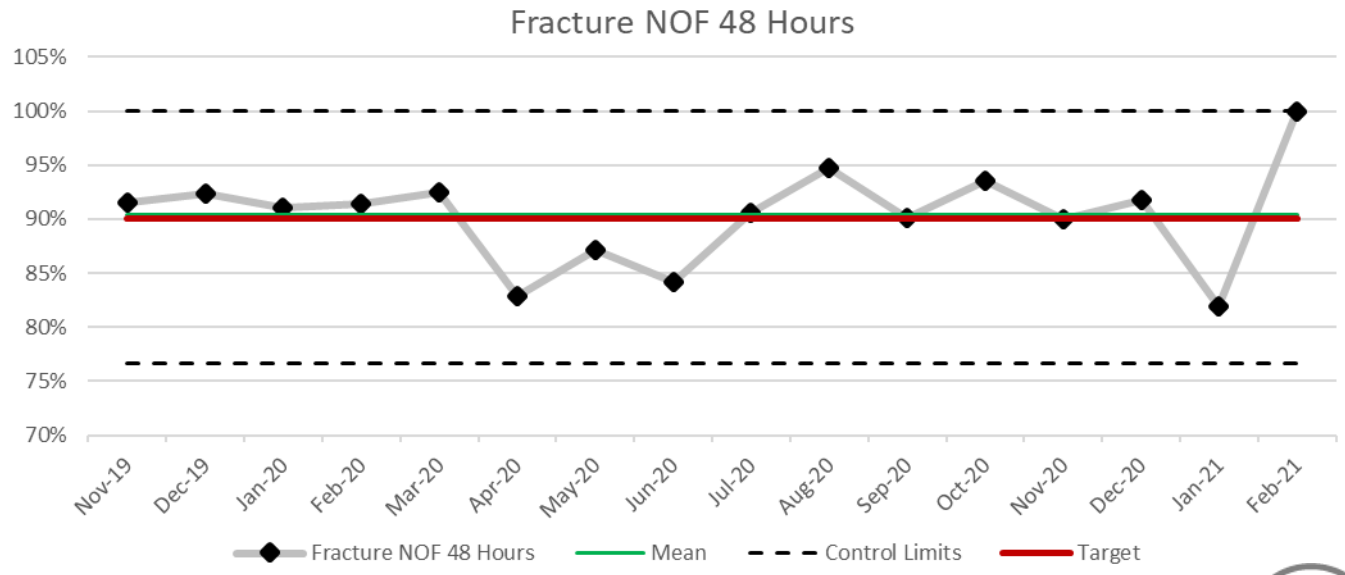
A daily review is in place to identify the root causes of all non-clinical cancellations and undertake remedial action to prevent re-occurrences

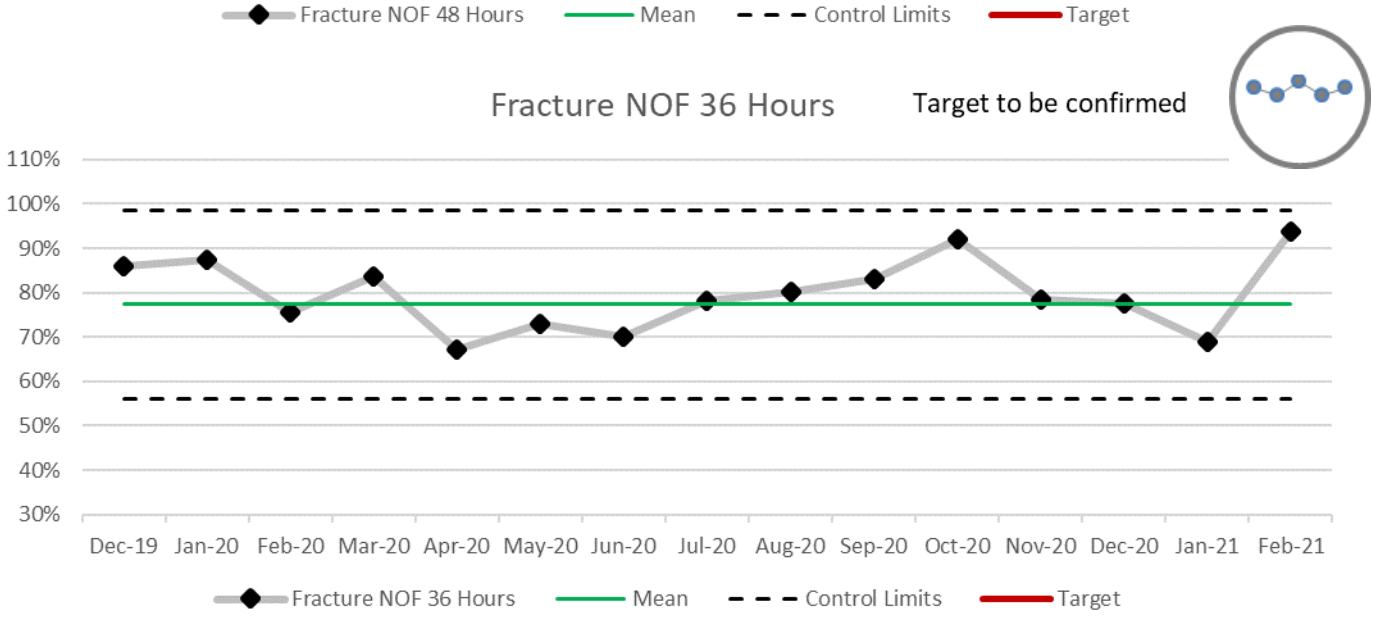
IMPROVE CLINICAL OUTCOMES – FRACTURED NECK OF FEMUR

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services



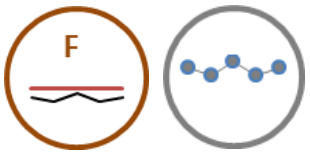


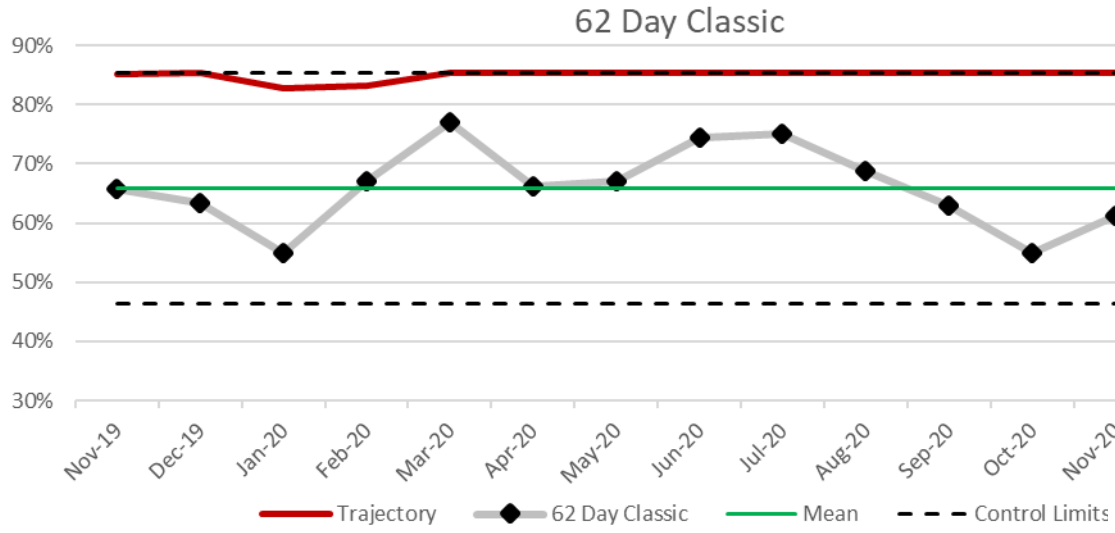
IMPROVE CLINICAL OUTCOMES – CANCER 62 DAY

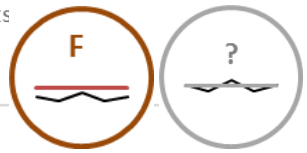
Executive Lead: Chief Operating Officer

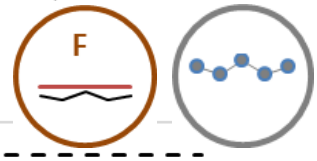
CQC Domain: Responsive

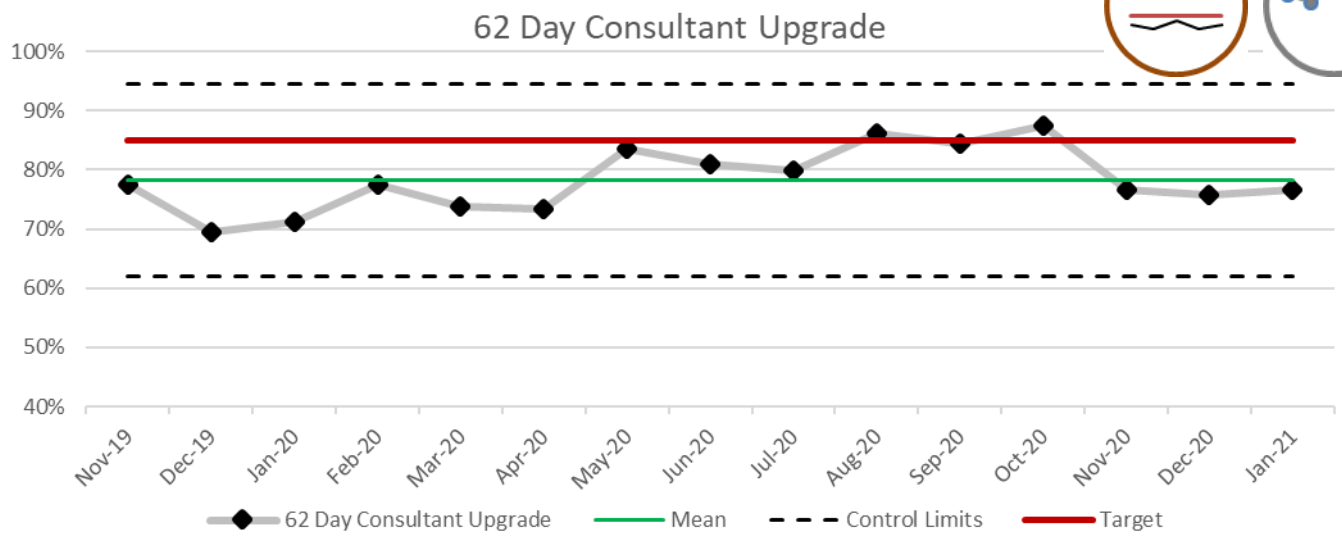
Strategic Objective: Services





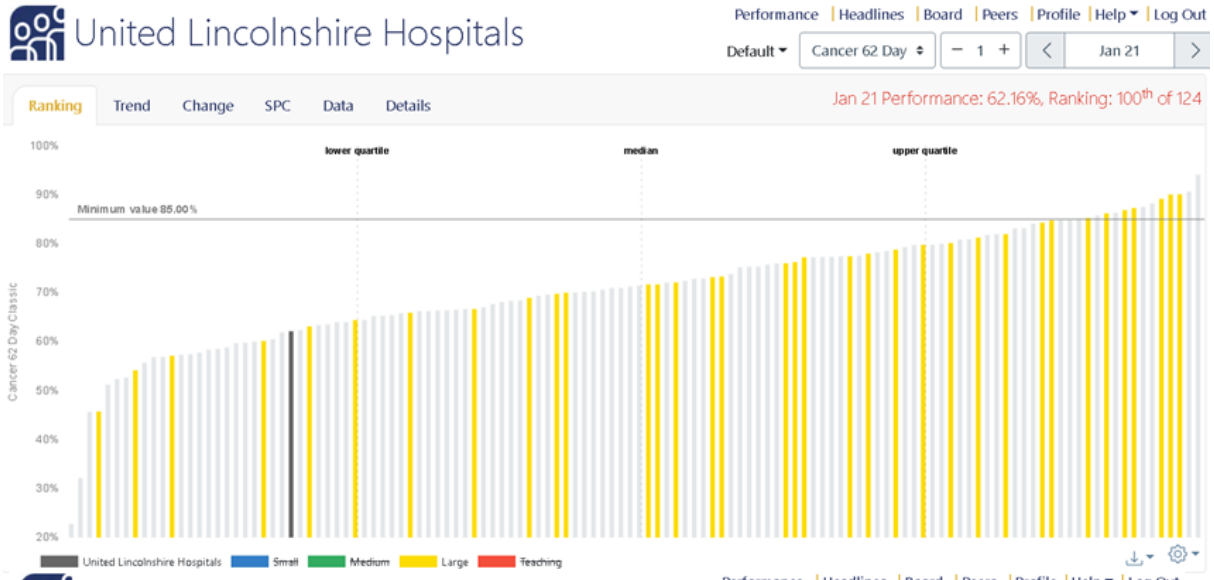


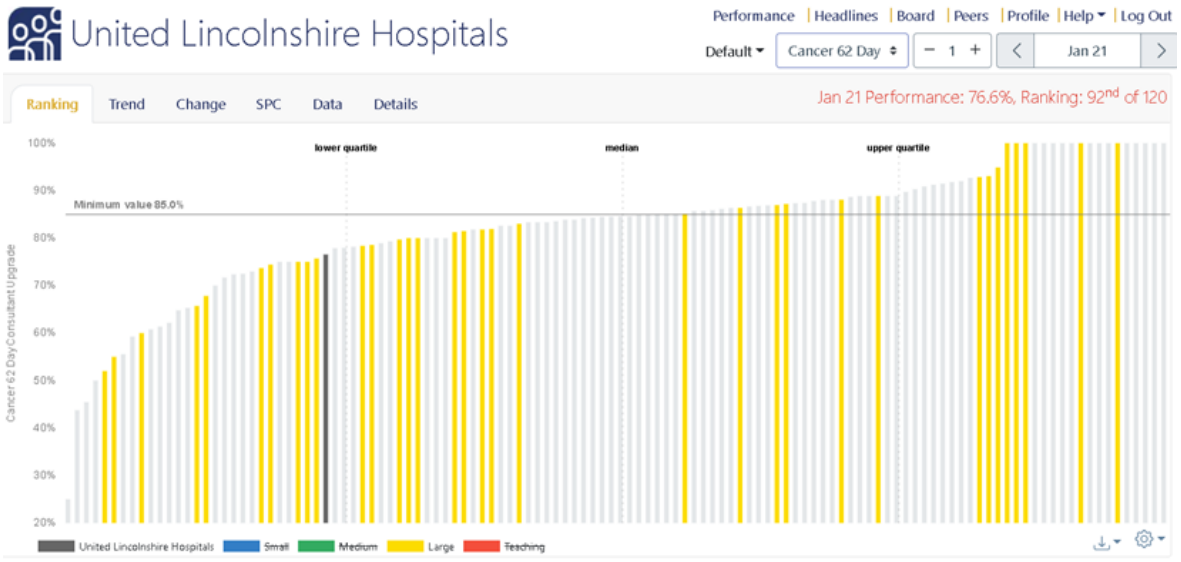




Challenges/Successes

In January our 62 Day Classic performance decreased by 6.0% compared to December, at 62.2% placing us both below the national average (71.2%) and in the lower quartile.





Early indications are that our February 62 Day Classic performance will be circa 54%.

Challenges to our performance include:

- Patient engagement in diagnostic process (reluctance to visit hospitals during COVID-19, including those waiting for first vaccine, second vaccine or 3 week 'effectiveness' period).
- Increased time to book diagnostics with patients due to COVID requirements (for Endoscopy it has increased from 6 mins to 16 mins per patient) can add to patient anxiety and reluctance to attend.
- Reduced clinic throughput due to social distancing/IPC requirements, especially in waiting areas.
- Inappropriate referrals from GPs (e.g. not having face-to-face appointment prior to referral).
- Patients not willing to travel to where our service and/or capacity is.
- Patient acceptance & compliance with swabbing and self-isolating requirements.
- Reduced theatre capacity across the Trust, all Specialties vying for additional sessions.
- No access to Independent Sector capacity unlike other regional colleagues.
- Very limited success in identifying additional surgical capacity, in or out of region, through the East Midlands Cancer Alliance Surgical Hub.
- Increase in backlogs due to COIVD-19 wave 2 impact on our services.
- 62 Day backlogs significantly in excess of pre-COVID levels for Colorectal, Head & Neck, Upper GI and Urology.
- Lost treatment capacity due to short notice cancellation of patients (unwell on the day of treatment or day before), not allowing time to swab replacement patients
-

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

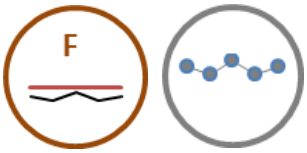
- 28 Day standard identified as Trust's single cancer performance work stream in the Integrated Improvement Program for 2021-22.
- Additional theatres installed at Grantham for Breast & Gynaecology.
- Review of Colorectal theatre list scheduling to better align with clinician availability and consideration of moving level 1 patients to Grantham.
- Successful bid for Radiology equipment: 5 low dose CT scanners (2 x PH, 2 x LC, 1 x GK), 2 digital X-ray rooms, 4 Ultrasounds (3 x general, 1 x Breast), 38 PACS reporting stations, replacement of Flouro room, 3 DR Mammography rooms (1 each PH, LC and GK). Delivery is stages between April and August.
- Endoscopy booking team recruited 3 WTE – now in post and completing training.
- 2 WTE Endoscopist posts going through the interview and selection process. So far a Nurse endoscopist has been appointed on Bank who will support weekend lists.
- Replacement of Pilgrim decontamination unit began in February and will take approx. 6 weeks – aim to be finished mid-March.
- Dedicated admin resource within Colorectal CBU to support clinical engagement.
- Awaiting funding confirmation from EMCA for full-time Cancer Navigator posts to support Surgery, Medicine and Family Health.
- H&N consultant returned from sabbatical and third post to be re-advertised. Further interviews pending Royal College approval.
- Locum Oncology consultant started December (Urology, Breast and non-melanoma Skin). Two Medical Oncologists are due to start in April (Urology, Renal, Lung, Skin and Breast)

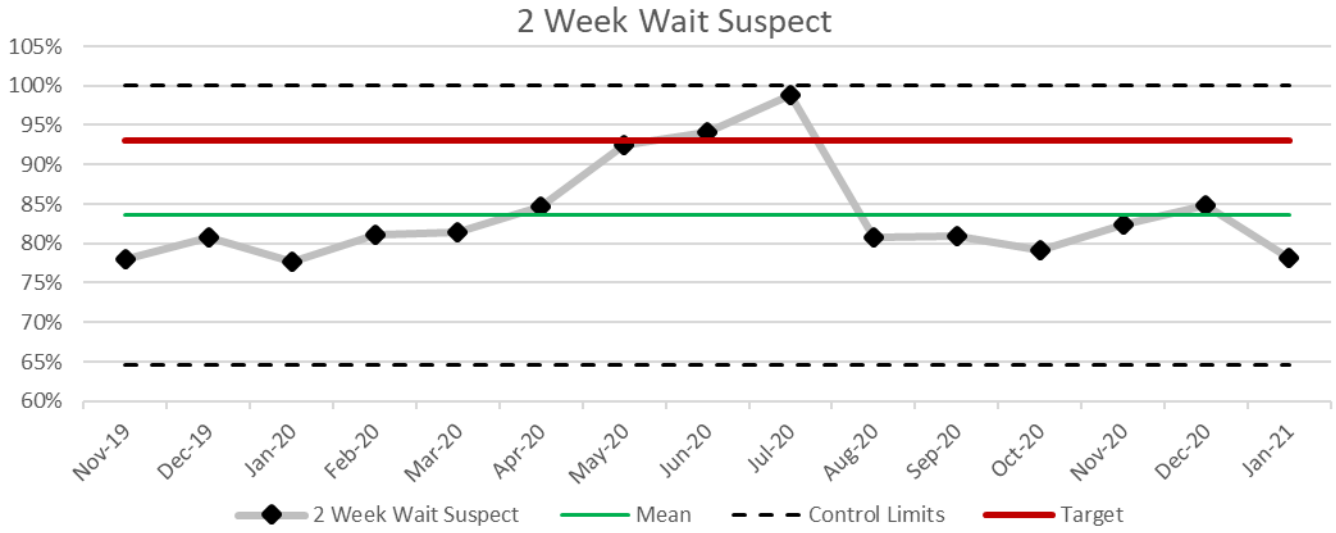
IMPROVE CLINICAL OUTCOMES – CANCER 2 WEEK WAIT

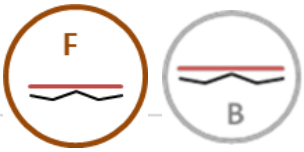
Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services

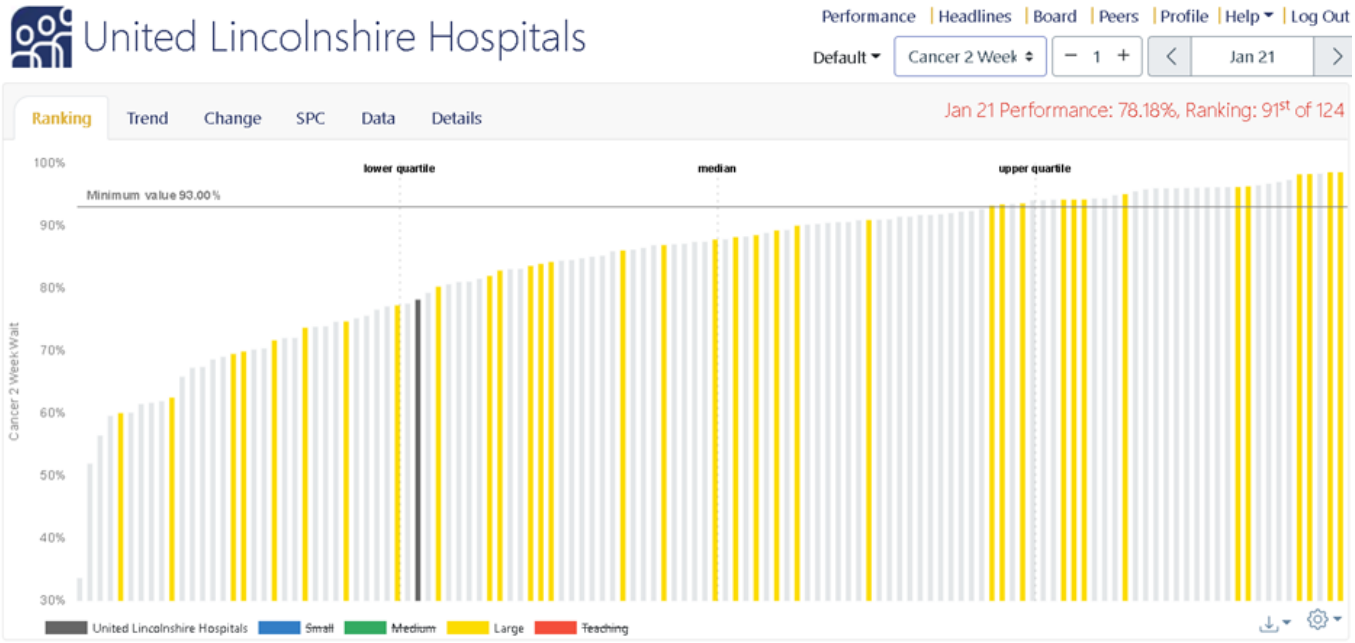


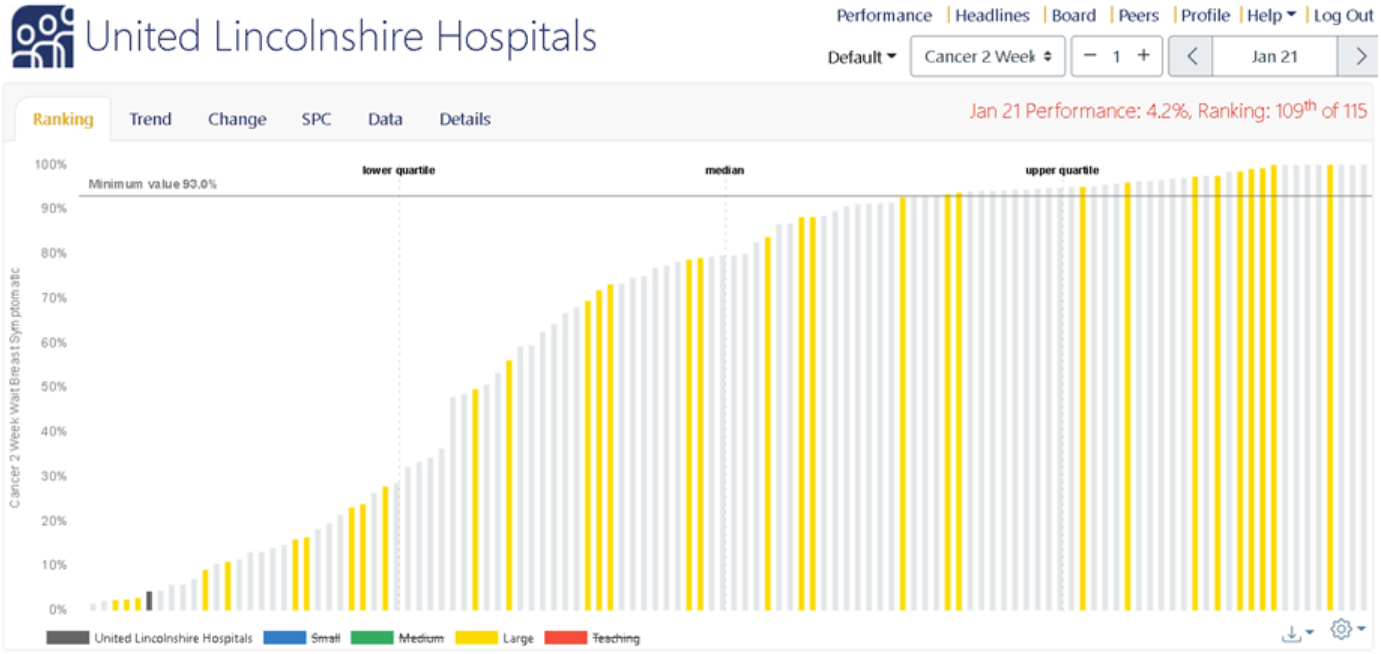




Challenges/Successes

The Trust's 14 Day performance continues to be significantly impacted by the current Breast Service One-Stop appointment alignment issues - 51% of the Trust's 14 Day breaches were within that tumour site. The other tumour site that considerably under-performed include Gynaecology (10%). The 14 Day Breast Symptomatic has been affected by the same impact of the Breast Service One-Stop appointment alignment issues.





Actions in place to recover:

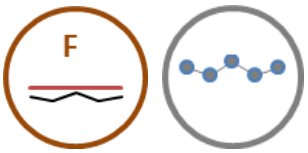
- Work continues to align all the 2ww Referral forms to NG12.
- Breast Services review (following final report from NHSI support).
- Gynaecology Direct Access ultrasound pathway due to commence.
- Lung Direct Access pathway now Trust wide.
- Pilot to appoint Lung patients within 48 hours trialled.
- Pilot of triaging all Skin 2ww referrals – early stage of development at present, no start date identified.
- Project to establish Upper GI Direct Access pathway – no start date identified.
- Urology continued review of cystoscopy provision (was put on hold during COVID wave 2).
- Bladder and testicular pathway – scoping to revert to direct access pathway and Haematuria to one stop clinics

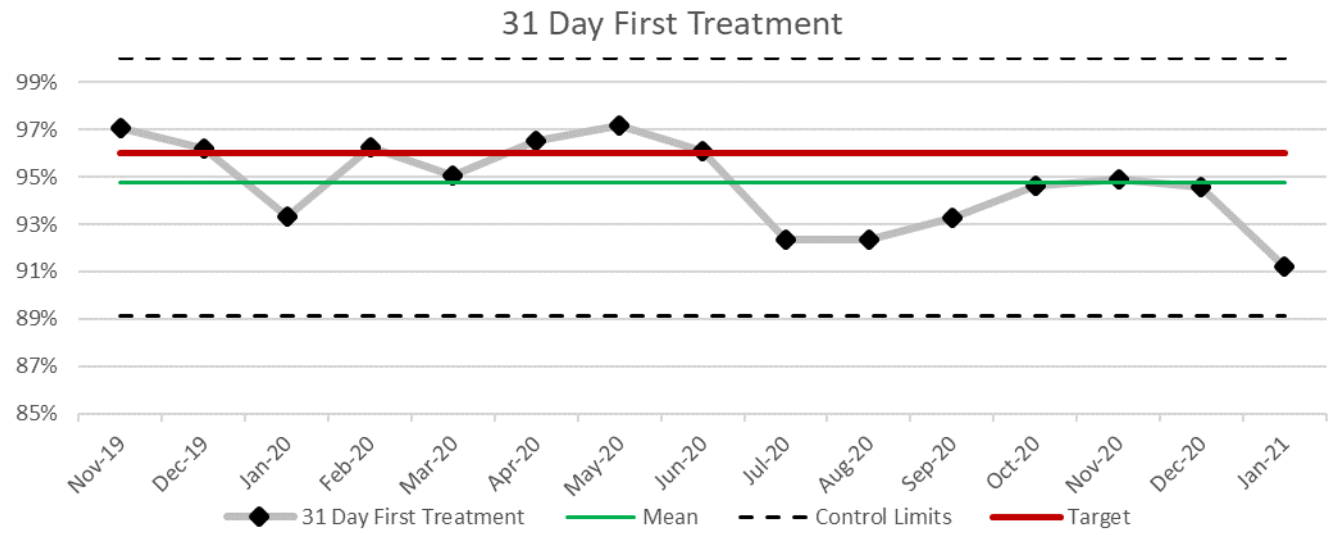
IMPROVE CLINICAL OUTCOMES – CANCER 31 DAY

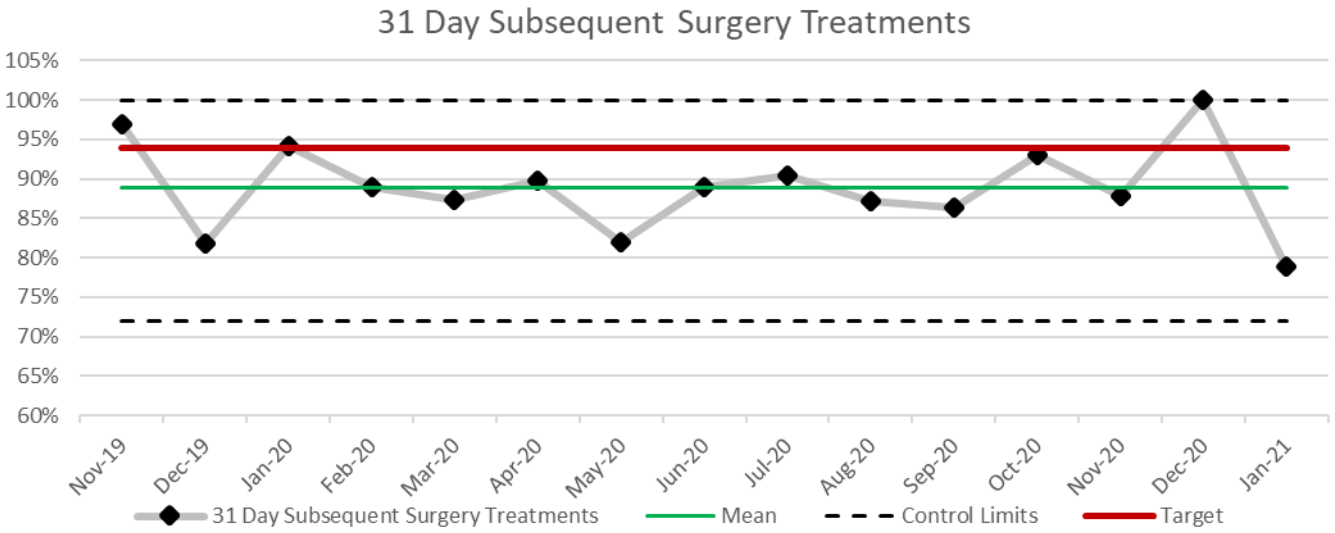
Executive Lead: Chief Operating Officer

CQC Domain: Responsive

Strategic Objective: Services

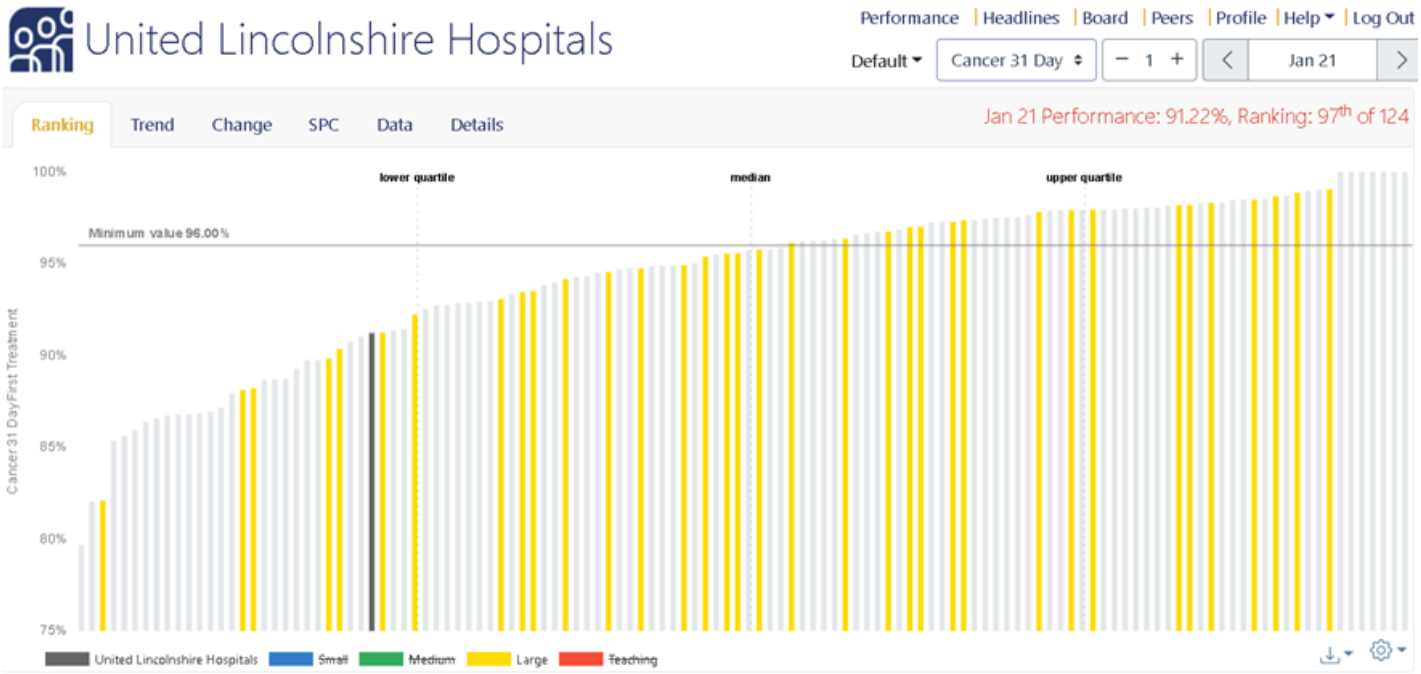


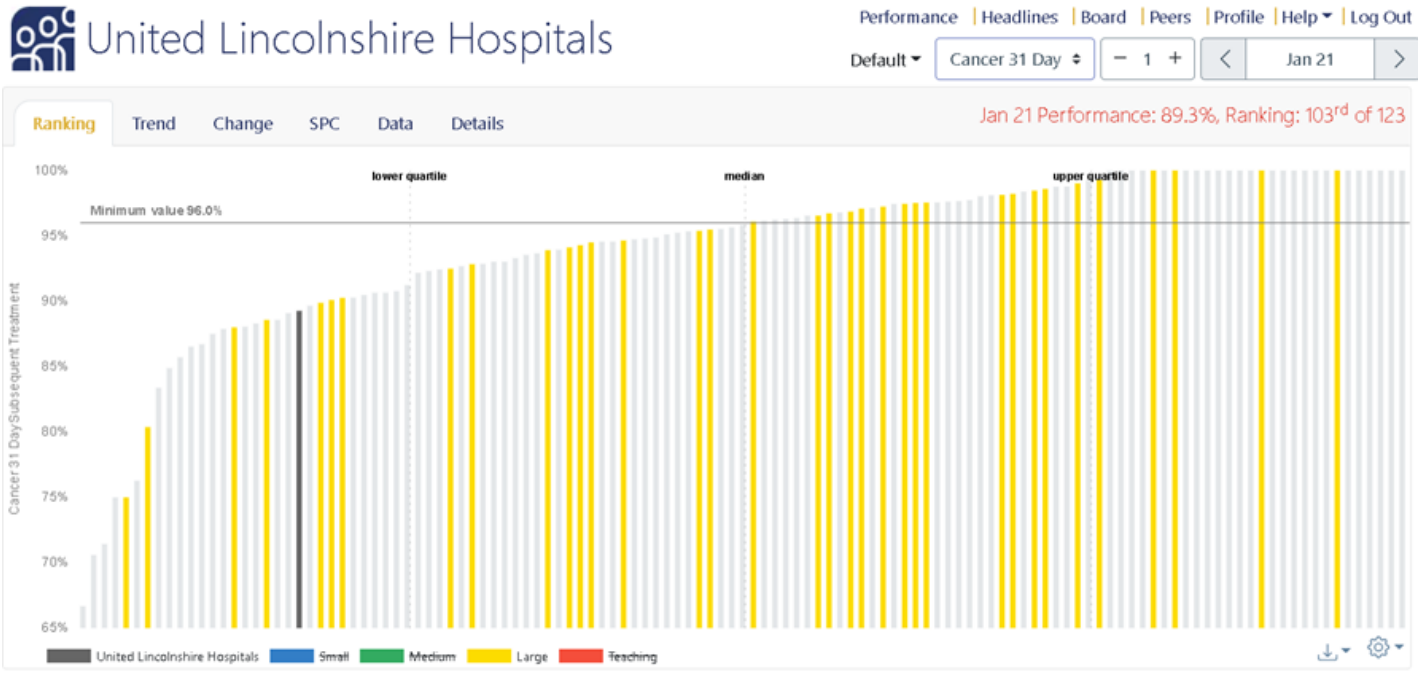




Challenges/Successes

The failure of the 31 Day standards was primarily due to the impact of COVID (the reduction in theatre capacity).





Actions in place to recover:

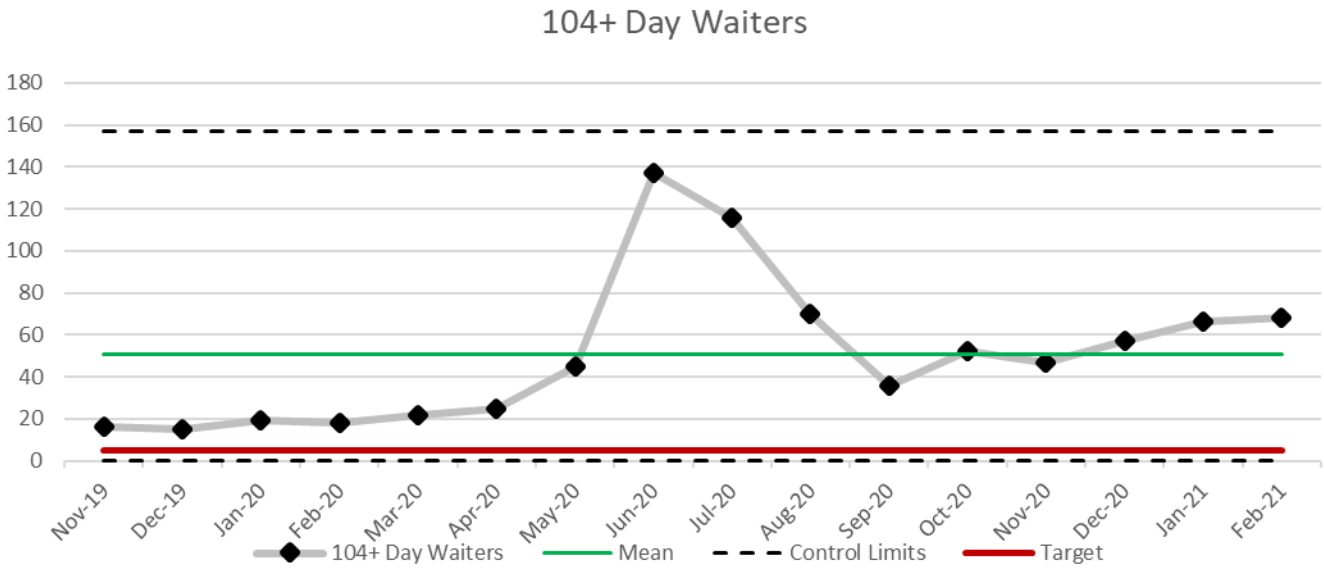
- Additional theatres installed at Grantham for Breast & Gynaecology.
- Review of Colorectal theatre list scheduling to better align with clinician availability and consideration of moving level 1 patients to Grantham.
- Colorectal Surgical patients discussed directly with NUH and SFHT for potential treatment within their Trusts.
- Return of H&N consultant. Unfortunately the 3rd post appointed to and due to start in December had to withdraw. Further interviews TBA pending Royal College approval.
- Locum Oncology consultant started December (Urology, Breast and non-melanoma Skin). Two Medical Oncologists are due to start in April (Urology, Renal, Lung, Skin and Breast).

IMPROVE CLINICAL OUTCOMES – CANCER 104+ DAY WAITERS

Executive Lead: Chief Operating Officer

CQC Domain: Responsive

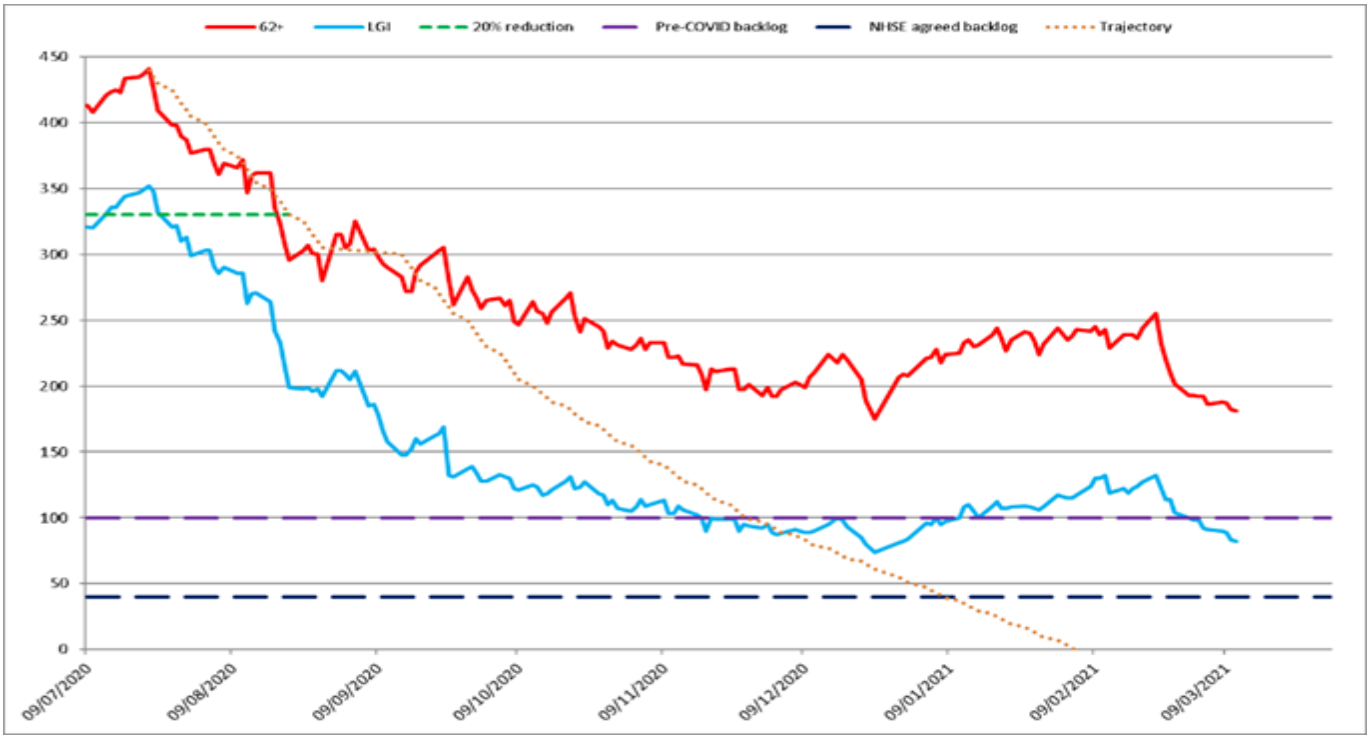
Strategic Objective: Services



Challenges/Successes

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

- As of 10th of March the 62 Day backlog is at 188 patients (from 441, target – below 40) **57% Reduction.**
- In August Colorectal patients accounted for c.70% of backlog and is now c.45%.
- Of the other tumour sites, Head & Neck, Gynae, and Urology remain outliers compared to pre-COVID levels



104 + Waiters as of 10th of March is at 68 (from 163, target – below 10) **58% Reduction**

- 40 Colorectal
- 10 Urology
- 6 Upper GI
- 6 Head and Neck
- 2 each Breast and Lung
- 1 each Skin and Sarcoma

Over 24% of the 104 Day Waiters have complex social or mental health needs requiring significant specialist nurse involvement (Pre-Diagnosis CNS)

Challenges to reducing the backlogs:

- Patient engagement in diagnostic process (reluctance to visit hospitals during COVID-19, including those waiting for first vaccine, second vaccine or 3 week 'effectiveness' period).
- Increased time to book diagnostics with patients due to COVID requirements (for Endoscopy it has increased from 6 mins to 16 mins per patient) can add to patient anxiety and reluctance to attend.
- Reduced clinic throughput due to social distancing/IPC requirements, especially in waiting areas.
- Patients not willing to travel to where our service and/or capacity is.
- Patient acceptance & compliance with swabbing and self-isolating requirements.
- Reduced theatre capacity across the Trust, all Specialties vying for additional sessions.
- No access to Independent Sector capacity unlike other regional colleagues.
- Very limited success in identifying additional surgical capacity, in or out of region, through the East Midlands Cancer Alliance Surgical Hub.
- Increase in backlogs due to COIVD-19 wave 2 impact on our services.
- 62 Day backlogs significantly in excess of pre-COVID levels for Colorectal, Head & Neck, Upper GI and Urology.
- Lost treatment capacity due to short notice cancellation of patients (unwell on the day of treatment or day before), not allowing time to swab replacement patients.

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

As for the 62 Day Performance actions:

- 28 Day standard identified as Trust's single cancer performance work stream in the Integrated Improvement Program for 2021-22.
- Review of Colorectal theatre list scheduling to better align with clinician availability and consideration of moving level 1 patients to Grantham.
- Successful bid for Radiology equipment: 5 low dose CT scanners (2 x PH, 2 x LC, 1 x GK), 2 digital X-ray rooms, 4 Ultrasounds (3 x general, 1 x Breast), 38 PACS reporting stations, replacement of Flouro room, 3 DR Mammography rooms (1 each PH, LC and GK). Delivery is stages between April and August.
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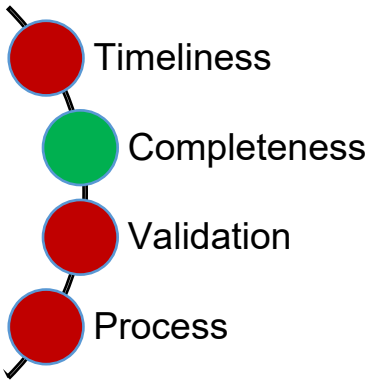
- 2 WTE Endoscopist posts going through the interview and selection process. So far a Nurse Endoscopist has been appointed on Bank who will support weekend lists.
- Replacement of Pilgrim decontamination unit began in February and will take approx. 6 weeks – aim to be finished mid-March.
- Dedicated admin resource within Colorectal CBU to support clinical engagement.
- Awaiting funding confirmation from EMCA for full-time Cancer Navigator posts to support Surgery, Medicine and Family Health.
- H&N consultant returned from sabbatical and third post to be re-advertised. Further interviews pending Royal College approval.
  Locum Oncology consultant started December (Urology, Breast and non-melanoma Skin). Two Medical Oncologists are due to start in April (Urology, Renal, Lung, Skin and Breast).

APPENDIX A – KITEMARK

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



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

Meeting	*Trust Board*
Date of Meeting	*Tuesday, 6 April 2021*
Item Number	*Item 13.1*
Strategic Risk Report	
Accountable Director	*Dr Karen Dunderdale, Director of Nursing*
Presented by	*Dr Karen Dunderdale, Director of Nursing*
Author(s)	*Paul White, Risk & Incident Lead*
Report previously considered at	*N/A*

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

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

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

Executive Summary

- This Strategic Risk Report focuses on the highest priority risks currently being managed within the Trust
- Key risk indicators for all very high risks (those rated 20-25) have been updated with data available at the time of reporting, to evidence the current extent of risk exposure
- There is evidence of a continued reduction in the risk of the Covid-19 pandemic impacting on Trust services; however, there are also indications that necessary changes made during the pandemic response have increased the risk in some elective services
- Workforce capacity risk is reducing, but there is evidence of increasing risk to staff morale and wellbeing
- There are currently 4 strategic risks that are rated very high:
  - Local impact of the global coronavirus pandemic (25)
  - Capacity to manage emergency demand (20)
  - Workforce capacity & capability (20)
  - Workforce engagement, morale & productivity (20)
- The risk relating to the UK exit from the EU has been recommended for closure

Purpose

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

- Review the management of significant strategic risks.
- Evaluate the effectiveness of the Trust's risk management processes.

1. Introduction

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

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

1.2 This report is focussed on those strategic risks with a current rating of very high risk (a score of 20-25). A summary of the full strategic risk register is also provided for reference.

1.3 All entries on strategic or operational risk registers should be formally reviewed and updated on a quarterly basis as a minimum requirement, although they can be updated in the interim if there is evidence that the level

of risk has changed. The next round of quarterly reviews are due for completion by the end of March 2021.

1.4 Following an independent review of some of the Trust's governance arrangements commissioned by the Director of Nursing and carried out in 2020, recommendations were made to review the risk register structure and strengthen links with the Board Assurance Framework (BAF). These proposals have been agree by the Executive Leadership Team (ELT) and work is now in progress to reconfigure the risk register. The majority of this work is expected to be completed during Quarter 1 of 2021/22.

2. Strategic Risk Profile

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

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

Key Risk Indicators (KRIs):

- Total number of confirmed Covid-19 inpatient cases – as of 29 March 2021 there had been 3,016 confirmed Covid-19 inpatient cases within ULHT (an increase of 216 since 22 February 2021
- This represents a significant slow-down in demand (216 new admissions in 35 days, compared with 277 in the previous 10 days)
- Number of current in-patient admissions due to Covid-19 – 17 at Lincoln County and 12 at Pilgrim on 29 March 2021 (compared with 46 and 23 respectively on 22 February 2021)
- Patient deaths due to Covid-19 – total of 824 as of 29 March 2021; compared with 761 as of 22 February 2021; and 568 as of 11 January)
- Number and severity of incidents linked to Covid-19 – monthly average between April and June 2020 was 85; reduced to 63 in August / September 2020; increased to 109 between November 2020 and January 2021; reduced to 73 in February to March 2021
- Covid-related incidents by severity – between April 2020 and March 2021 there were 14 moderate harm incidents linked to the pandemic response (including 2 in February 2021, 0 in March 2021); 13 severe harm (none since January 2021); and 2 deaths (1 in May 2020; 1 in January 2021)

Gaps in control & mitigating actions:

- The England COVID alert level remains at Level 4 (a high or rising level of transmission, with social distancing still enforced)
- The NHS incident level has reduced from Level 4 (the highest level) to Level 3; this signals a shift from a national to a regional incident response

- These changes do not affect the Prime Minister's roadmap for recovery that outlines key milestones for the country to move out of lockdown
- Several vaccines have now been approved by the MHRA and are being rolled out across the country; there are also approved treatments for Covid-19 symptoms that are now in use
- Essential information to all staff continues to be provided through regular (twice weekly) SBAR briefings and the Trust also continues to brief relevant external stakeholders

2.2 There is 1 strategic finance, performance or estates risk with a current rating of **Very high** risk:

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

Key Risk Indicators (KRIs):

- A&E waiting times against the constitutional standard – 4-hour performance for January 2021 was 71.41%, an improvement against December 2020 performance of 70.54%; however, this remains below the planned trajectory of 79.32%
- This performance is against a decrease in activity of 5.06% from December 2020
- Ambulance conveyances for January 2021 were 4279 compared to 4365 in December 2020, a reduction of 1.98%. However, the Trust saw a drop in >59-minute ambulance handover delays, with 263 reported in January 2021 when compared to 350 in December 2020

Gaps in control & mitigating actions:

- Specific concerns relate to ambulance handover delays, increased non-elective admissions, stranded and super-stranded patients
- Lincoln site reconfiguration plans and business case for investment on Pilgrim site (with government funding)
- The Urgent and Emergency Care improvement programme has undertaken an internal review of process, key stakeholders and original milestones. Where these off track, clear rectification plans are now in place
- A system wide resilience review has also been commissioned and completed
- System Resilience Group (SRG) is the vehicle by which assurance will be given, for example the 13 government funded schemes for LCC
- Partnership working within the system and a more intuitive winter plan at ULHT will support a more proactive response and delivery to system need

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

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

Key Risk Indicators (KRIs):

- Staff vacancy rates – was 12.25% in January 2021 and 12.41% YTD against a target of 12%
- Staff turnover rate – was 11.76 in January 2021 and 11.03% YTD; YTD 10.95% against a target of 12%
- Sickness absence rates – was 5.07 % in January 2021 and 4.99% YTD against a target of 4.5%
- Core Learning compliance rates – was 87.85% in January 2021 and 89.12% YTD against a target of 95%

Gaps in control and mitigating actions:

- The Attendance Management System has successfully gone live
- Workforce supply is a work-stream in the Integrated Improvement Plan.
- Medical bank is now at 40%, a continuous upward trend which is reducing the agency bill
- Director of Nursing has introduced a refreshed forum for transforming the nursing workforce with an early focus on nursing agency use and cost.
- Introduction of a Medical Transformation Programme; risk now driven by shortages in key fragile services.
- Focus in Restoration and Recovery phases on ensuring agency spend does not increase.
- Temporary impact of Covid-19 on workforce capacity across all services – additional occupational health support in place & being continually strengthened.
- Review of core-learning - content and way it is managed

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

Key Risk Indicators (KRIs):

- Staff appraisal rates – was 74.08% in January 2021 and 73.29% YTD against a target of 90%
- People Pulse survey results – almost 900 staff completed the first survey (in July 2020), a response rate of around 12%; 85% of staff felt informed (+0.6 vs NHS overall); 63% felt confident in local leaders (equal to NHS overall); 61%

felt supported (-5.7 vs NHS overall); 59% felt they had a good work-life balance (-2.5 vs NHS overall).

- NHS National Staff Survey (NSS) results – some improvement in results of 2019 staff survey across two thirds of the questions, still below average for acute trusts; less than 50% of staff would recommend ULHT as a place to work; the Trust's score for the bullying & harassment theme in the NSS stayed relatively unchanged in 2019 at 7.6 against a national average of 7.9.

Gaps in control and mitigating actions:

- Work on morale is part of the Integrated Improvement Plan and a number of work-streams within it, including introduction of an individual performance management/appraisal e-learning programme from November 2020 and implementation of new WorkPal online appraisal system, which has been deferred to the New Year.
- New approaches to interacting with staff during Covid response; feedback has been positive and was reflected in results from the NHS Pulse Survey.

2.4 A summary of the full strategic risk register is included as **Appendix 1**.

3. Conclusions & recommendations

3.1 The highest priority risk for the Trust at present continues to be the risk of widespread harm due to the impact of the Covid-19 pandemic. There is also evidence through incident reports and investigations of increased risks to the provision of some elective services as a consequence of changes required during the pandemic response.

3.2 There remains considerable uncertainty as to the future course of the pandemic and its impact on demand for services, however there are signs in the last few months that lockdown measures and the roll-out of the vaccination programme is having a positive on reducing the demand capacity risk.

3.3 The risk of a significant adverse impact due to a 'no deal' EU Exit scenario has been recommended for closure on the basis that there are effective controls in place both locally and nationally, and there is no evidence of significant impact to date or forecast to materialise in the future.

3.4 Workforce risk remains high throughout the Trust, although the data indicates that capacity risk in particular has been steadily reducing during the financial year. However, it has been recognised that responding to the workload demands of the Covid-19 pandemic has had a noticeable impact on the risk of a significant adverse impact on workforce morale and wellbeing.

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

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

ID	Title	Clinical Business Unit	Risk Type	Rating (current)	Risk level (current)
4558	Local impact of the global coronavirus (Covid-19) pandemic	Operations	Harm (physical or psychological)	25	Very high risk
4362	Workforce capacity & capability (recruitment, retention & skills)	Human Resources & Organisation Development	Service disruption	20	Very high risk
4404	Major fire safety incident	Estates & Facilities	Harm (physical or psychological)	20	Very high risk
4083	Workforce engagement, morale & productivity	Human Resources & Organisation Development	Reputation / compliance	20	Very high risk
4175	Capacity to manage emergency demand	Urgent & Emergency Care CBU	Service disruption	20	Very high risk
4300	Availability of medical devices & equipment	Nursing Directorate	Service disruption	16	High risk
4156	Safe management of medicines	Pharmacy CBU	Harm (physical or psychological)	16	High risk
4142	Safe delivery of patient care	Nursing Directorate	Harm (physical or psychological)	16	High risk
4144	Uncontrolled outbreak of serious infectious disease	Nursing Directorate	Service disruption	16	High risk
4044	Compliance with information governance regulations & standards	Corporate Services	Reputation / compliance	16	High risk
3690	Compliance with water safety regulations & standards	Estates & Facilities	Reputation / compliance	16	High risk
3720	Critical failure of the electrical infrastructure	Estates & Facilities	Service disruption	16	High risk
3688	Quality of the hospital environment	Estates & Facilities	Reputation / compliance	16	High risk
4003	Major security incident	Estates & Facilities	Harm (physical or psychological)	16	High risk
4403	Compliance with electrical safety regulations & standards	Estates & Facilities	Reputation / compliance	16	High risk
4383	Substantial unplanned expenditure or financial penalties	Finance & Digital	Finance	16	High risk
4480	Safe management of emergency demand	Urgent & Emergency Care CBU	Harm (physical or psychological)	16	High risk
4437	Critical failure of the water supply	Estates & Facilities	Service disruption	12	High risk

ID	Title	Clinical Business Unit	Risk Type	Rating (current)	Risk level (current)
4405	Critical infrastructure failure disrupting aseptic pharmacy services	Pharmacy CBU	Service disruption	12	High risk
4406	Critical failure of the medicines supply chain	Pharmacy CBU	Service disruption	12	High risk
4423	Working in partnership with the wider healthcare system	Improvement & Integration Directorate	Service disruption	12	High risk
4401	Safety of the hospital environment	Estates & Facilities	Harm (physical or psychological)	12	High risk
4402	Compliance with regulations and standards for mechanical infrastructure	Estates & Facilities	Reputation / compliance	12	High risk
3520	Compliance with fire safety regulations & standards	Estates & Facilities	Reputation / compliance	12	High risk
4081	Quality of patient experience	Nursing Directorate	Reputation / compliance	12	High risk
4082	Workforce planning process	Human Resources & Organisation Development	Service disruption	12	High risk
3689	Compliance with asbestos management regulations & standards	Estates & Facilities	Reputation / compliance	12	High risk
4043	Compliance with patient safety regulations & standards	Nursing Directorate	Reputation / compliance	12	High risk
4145	Compliance with safeguarding regulations & standards	Nursing Directorate	Reputation / compliance	12	High risk
4146	Effectiveness of safeguarding practice	Nursing Directorate	Harm (physical or psychological)	12	High risk
4157	Compliance with medicines management regulations & standards	Pharmacy CBU	Reputation / compliance	12	High risk
4181	Significant breach of confidentiality	Corporate Services	Reputation / compliance	12	High risk
4179	Major cyber security attack	Finance & Digital	Service disruption	12	High risk
4176	Management of demand for planned care		Service disruption	12	High risk
4481	Availability & integrity of patient information	Finance & Digital	Service disruption	12	High risk
4556	Safe management of demand for outpatient appointments	Outpatients CBU	Harm (physical or psychological)	12	High risk
4581	Heating (Trust Wide)	Estates & Facilities	Harm (physical or psychological)	12	High risk
4497	Contamination of aseptic products	Pharmacy CBU	Harm (physical or psychological)	10	Moderate risk

ID	Title	Clinical Business Unit	Risk Type	Rating (current)	Risk level (current)
4567	Working Safely during the COVID -19 pandemic (HM Government Guidance)	Estates & Facilities	Reputation / compliance	9	Moderate risk
4526	Internal corporate communications	Chief Executive	Reputation / compliance	8	Moderate risk
4528	Minor fire safety incident	Estates & Facilities	Harm (physical or psychological)	8	Moderate risk
4553	Failure to appropriately manage land and property	Estates & Facilities	Finance	8	Moderate risk
4384	Substantial unplanned income reduction or missed opportunities	Finance & Digital	Finance	8	Moderate risk
4502	Compliance with regulations & standards for medical device management	Nursing Directorate	Reputation / compliance	8	Moderate risk
4579	Delivery of the new Medical Education Centre	Improvement & Integration Directorate	Reputation / compliance	8	Moderate risk
4486	Clinical outcomes for patients	Medical Directorate	Harm (physical or psychological)	8	Moderate risk
4424	Delivery of planned improvements to quality & safety of patient care	Nursing Directorate	Reputation / compliance	8	Moderate risk
4476	Compliance with clinical effectiveness regulations & standards	Medical Directorate	Reputation / compliance	8	Moderate risk
4389	Compliance with corporate governance regulations & standards	Chief Executive	Reputation / compliance	8	Moderate risk
4397	Exposure to asbestos	Estates & Facilities	Harm (physical or psychological)	8	Moderate risk
4398	Compliance with environmental and energy management regulations & standards	Estates & Facilities	Reputation / compliance	8	Moderate risk
4399	Compliance with health & safety regulations & standards	Estates & Facilities	Reputation / compliance	8	Moderate risk
4400	Safety of working practices	Estates & Facilities	Harm (physical or psychological)	8	Moderate risk
4351	Compliance with equalities and human rights regulations, standards & contractual requirements	Human Resources & Organisation Development	Reputation / compliance	8	Moderate risk
4352	Public consultation & engagement	Chief Executive	Reputation / compliance	8	Moderate risk
4353	Safe use of medical devices & equipment	Nursing Directorate	Harm (physical or psychological)	8	Moderate risk
4363	Compliance with HR regulations & standards	Human Resources & Organisation Development	Reputation / compliance	8	Moderate risk

ID	Title	Clinical Business Unit	Risk Type	Rating (current)	Risk level (current)
4368	Efficient and effective management of demand for outpatient appointments	Outpatients CBU	Reputation / compliance	8	Moderate risk
4382	Delivery of the Financial Recovery Programme	Finance & Digital	Finance	8	Moderate risk
4182	Compliance with ICT regulations & standards	Finance & Digital	Reputation / compliance	8	Moderate risk
4177	Critical ICT infrastructure failure	Finance & Digital	Service disruption	8	Moderate risk
4180	Reduction in data quality	Finance & Digital	Reputation / compliance	8	Moderate risk
4138	Patient mortality rates	Medical Directorate	Reputation / compliance	8	Moderate risk
4141	Compliance with infection prevention & control regulations & standards	Nursing Directorate	Reputation / compliance	8	Moderate risk
3503	Sustainable paediatric services at Pilgrim Hospital, Boston	Children & Young Persons CBU	Service disruption	8	Moderate risk
3687	Implementation of an Estates Strategy aligned to clinical services	Estates & Facilities	Service disruption	8	Moderate risk
3721	Critical failure of the mechanical infrastructure	Estates & Facilities	Service disruption	8	Moderate risk
3722	Energy performance and sustainability	Estates & Facilities	Finance	8	Moderate risk
3951	Compliance with regulations & standards for aseptic pharmacy services	Pharmacy CBU	Reputation / compliance	8	Moderate risk
4061	Financial loss due to fraud	Finance & Digital	Finance	4	Low risk
4277	Adverse media or social media coverage	Chief Executive	Reputation / compliance	4	Low risk
4385	Compliance with financial regulations, standards & contractual obligations	Finance & Digital	Reputation / compliance	4	Low risk
4386	Critical failure of a contracted service	Finance & Digital	Service disruption	4	Low risk
4387	Critical supply chain failure	Finance & Digital	Service disruption	4	Low risk
4388	Compliance with procurement regulations & standards	Finance & Digital	Reputation / compliance	4	Low risk
4438	Severe weather or climatic event	Corporate Services	Service disruption	4	Low risk
4439	Industrial action	Corporate Services	Service disruption	4	Low risk
4440	Compliance with emergency planning regulations & standards	Corporate Services	Reputation / compliance	4	Low risk
4441	Compliance with radiation protection regulations & standards	Diagnostics CBU	Reputation / compliance	4	Low risk
4467	Impact of a 'no deal' EU exit scenario	Corporate Services	Service disruption	4	Low risk

ID	Title	Clinical Business Unit	Risk Type	Rating (current)	Risk level (current)
4469	Compliance with blood safety & quality regulations & standards	Nursing Directorate	Reputation / compliance	4	Low risk
4482	Safe use of blood and blood products	Nursing Directorate	Harm (physical or psychological)	4	Low risk
4483	Safe use of radiation (Trust-wide)	Diagnostics CBU	Harm (physical or psychological)	4	Low risk
4514	Hospital @ Night management	Operations	Service disruption	4	Low risk

OUTSTANDING CARE personally DELIVERED

NHS United Lincolnshire Hospitals NHS Trust

Meeting	*Trust Board*
Date of Meeting	*6 April 2021*
Item Number	*Item 13.2*
Board Assurance Framework (BAF) 2020/21	
Accountable Director	*Andrew Morgan Chief Executive*
Presented by	*Jayne Warner, Trust Secretary*
Author(s)	*Karen Willey, Deputy Trust Secretary*
Report previously considered at	*N/A*

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

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

Recommendations/ Decision Required	• *Board to consider assurances provided in respect of Trust objectives noting that framework has been reviewed through committee structure*

Executive Summary

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

The Board are asked to note the updates within the BAF that continue to be provided as a result of the revision of the format and continuation of business as usual alongside the response to Covid-19.

Assurance ratings have been provided for all objectives and have been confirmed by the Committees, there have been no changes to the assurance ratings.

The following assurance ratings have been identified:

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

Board Assurance Framework (BAF) 2020/21 - March 2021

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

Ref	Objective	Exec Lead	How we may be prevented from meeting objective	Link to Risk Register	Link to Standards	Identified Controls (Primary, secondary and tertiary)	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	**To deliver high quality, safe and responsive patient services, shaped by best practice and our communities**												
						Group, lead & plan in place to support the delivery of an improved patient safety culture	Patient Safety Walk Rounds and Human Factors training delayed due to second wave of Covid-19	Human factors training is now rescheduled for June 2021	Trust Wide Accreditation Programme Reports Safeguarding, DoLS and MCA training Safety Culture Surveys Sepsis Six compliance data HSMR and SHMI data Flu vaccination rates Audit of response to triage, NEWS, MEWS and PEWS IPC Assurance Framework FLOW audits CQC Ratings and progress on delivery of Must Do and Should Do actions and regulatory notices Monitoring nosocomial infection rates National Clinical Audits Dr Foster alerts Patient safety indicators in the IPR Quality and Safety Risk Report		Assurance gaps to be identified through Trust Board streamlined governance process and Quality Governance Committee		
						Robust Quality Governance Committee, which is a sub-group of the Trust Board, in operation with appropriate reporting from sub-groups.		Review of Quality Governance Committee and Sub-group structures					
						Patient Safety Group which is a sub group of the Quality Governance Committee in place meeting monthly.	Disruption to existing governance arrangements during the pandemic	Patient Safety Group & sub-group meetings have continued to take place throughout the pandemic					
						Infection Prevention and Control Committee in place and meeting monthly	Meetings have reduced due to Covid	Agenda reviewed on a month by month basis to ensure that urgent issues are picked up.					
						Relevant IPC policies and procedures in place and in date							
						Process in place to monitor delivery of the Hygiene Code							
						Infection Prevention and Control BAF in place and reviewed monthly		National guidance followed on PPE / infection prevention & control; Pandemic Flu Plan initiated; separate care pathways for urgent & planned care;					
						Separate care pathways in place for urgent and planned care to aim to eliminate risk of nosocomial infection							
						Elective care patients assessed by test and symptoms to be Covid-19 risk minimised							
						Establishment of Grantham 'Green Site' and temporary repurposing of A&E to an Urgent Treatment Centre under LCHS management.							

Ref	Objective	Exec Lead	How we may be prevented from meeting objective	Link to Risk Register	Link to Standards	Identified Controls (Primary, secondary and tertiary)	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
1a	Deliver Harm Free Care	Director of Nursing/Medical Director	Failure to manage demand safely Failure to provide safe care Failure to provide timely care Failure to use medical devices and equipment safely Failure to use medicines safely Failure to control the spread of infections Failure to safeguard vulnerable adults and children Failure to manage blood and blood products safely Failure to manage radiation safely Failure to deliver planned improvements to quality and safety of care Failure to provide a safe hospital environment Failure to maintain the integrity and availability of patient information Failure to prevent Nosocomial spread of Covid-19	4558 4480 4142 4353 4146 4556 4481	CQC Safe	Mortality group in place which meets monthly	Disruption to existing governance arrangements during the pandemic	Mortality Group meetings have continued throughout the pandemic; MorALS Group is now in place & reporting to Patient Safety Group	Incident Management Report Mortality Report Upward Reports of the: Safeguarding Group Medicines Quality Group Patient Safety Group (incorporating sub-groups) and the Clinical Effectiveness Group			Quality Governance Committee	R
						Monthly mortality report in place to track achievement of SHMI/Mortality targets	Gaps in the number of structured judgement reviews undertaken Impact of Covid-19 on coding triangles	Funding available to train an additional 40 members of staff to undertake structured judgement reviews by the end of March 2021					
						Robust policies and procedures for incident investigations, harm reviews and assurance of learning	Clinical harm review processes not all documented & aligned with incident reporting	Task and finish group in place to agree required changes to harm review processes and documentation					
						Theatre Safety Group developed	Disruption to existing governance arrangements during the pandemic	Theatre Safety Group has not met during the pandemic; group is being re-started, reporting to PSG. Pascal survey results are feeding into theatre safety work					
						Process in place to ensure safe use of surgical procedures (NatSIPs/LocSIPs)	Lack of assurance regarding progress of implementing NatSIPs/LocSIPs within the Trust	Review of progress being undertaken with a view to relaunching the programme; Group set up, divisional representation; quarterly reporting to PSG					
						Medication safety Group in operation	Lack of e-prescribing leading to increase in patient safety incidents	Replacement of manual prescribing processes with an electronic prescribing system; improvements to medication storage facilities; strengthening of Pharmacy involvement in discharge processes					
						Medical devices safety group in place which received relevant reports							
						Appropriate policies and procedures in place to ensure medical device safety	Lack of assurance regarding staff training on the medical devices	Implementation of a central database of medical device user training records					
						Appropriate policies and procedures in place to recognise and treat the deteriorating patient,	Number of incidents occurring regarding lack of recognition of the deteriorating patient	Deteriorating Patient Group set up as a sub group of the Patient Safety Group to identify actions taken to improve; has its own sub-groups covering NIV; AKI; sepsis; VTE					
						Ensuring a robust safeguarding framework is in place to protect vulnerable patients and staff	?? Sedation group	Updated policy & training in use of chemical restraint / sedation; strengthening of pathways & training to support patients with mental health issues					
						Appropriate policies and procedures in place to reduce the prevalence of pressure ulcers, including a Skin Integrity Group							
						Formal governance processes in place within divisions, including regular meetings and reporting, supported by a central governance team							

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						Robust process in place to monitor delivery against the CQC Must Do and Should Do actions and regulatory notices	Second round of CQC Confirm and Challenge sessions cancelled due to second wave of Covid-19						
						Appropriate medical records management systems and processes in place	Current issues identified in relation to management of paper medical records	Implementation of an Electronic Patient Record (EPR) system; Group involving Dep DoN has met to begin to work on management of paper medical records					
1b	Improve patient experience	Director of Nursing	Failure to provide a caring, compassionate service to patients and their families Failure to provide a suitable quality of hospital environment	3688 4081	CQC Caring	Patient Experience Group, which is a sub-group of the Quality Governance Committee, in place meeting monthly Robust Complaints and PALS process in place	Significant delay in co-design of services due to impact of Covid Complaints policy out of date	Amalgamation of the Complaints and PALS policy underway and due for completion end of 2021 - Completion end of March 2021	Quarterly Complaints reports identifying themes and trends presented at the Patient Experience Group Patient Experience Group upward report	Complaints & PALs Policy under review and will come to April meeting	Assurance gaps to be identified through Trust Board streamlined governance process and Quality Governance Committee	Quality Governance Committee	R
						Patient Panel meeting monthly and reporting into the Patient Experience Group.	Staff training in relation to communication and engagement	IIP projects specifically: co-design; Schwartz Rounds; engaging with patients and families; real time surveying, involving in decisions about care.	Real time patient and carer feedback User involvement numbers National patient surveys Number of locally implemented changes as a result of patient feedback	IIP projects update to April meeting			
						Care of the dying patient guidelines and procedures	QSIR virtual cohort paused due to Covid - plans to reset for March	Supporting visiting arrangements for EOL patients including virtual options as required	SUPERB Patient Experience Dashboard Patient Experience indicators in the IPR Care Opinion	Visiting arrangements reviewed through Gold Command. EoL arrangements updated.			
						Inclusion Strategy in place and in date	Delivery of Year 3 objectives of the Inclusion Strategy due to impact of Covid Patient Experience Strategy now out of date	Review of all relevant policies relating to Patient Experience underway		Patient Experience Plan 2020 – 2023 in date. Intranet updated.Plan to be added to April agenda and upwardly reported to QGC. Multi-agency working group scheduled 09.03.21 for review of Carers Policy.			
						Robust process in place for annual PLACE inspection accompanied by PLACE LITE	Inability to undertake Quality ward/department review visits due to Covid	Monthly review meetings of the Matrons Quality Metrics with the DoN and DDoN Review of process for ward / department visits underway with plans to recommence April Estates works planned across Lincoln, Pilgrim and Grantham hospitals to address identified through the PLACE survey (Patient-Led Assessment of the Clinical Environment) - including decoration of walls, windows & fascias; flooring; and bed space curtains / track systems.	Matron Quality Metrics PLACE Inspection reports Estates attendance and updates at the fortnightly CQC meetings	PLACE Lite report to April meeting.			

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1c	Improve clinical outcomes	Medical Director	Failure to provide effective and timely diagnosis and treatment that deliver positive patient outcomes	4558	CQC Responsive CQC Effective	Getting it Right First Time Reviews are undertaken	Due to Covid there is a delay in implementing GIRFT reccomendations	Quarterly reports to Clinical Effectiveness Group GIRFT project Manager in post	Upward reports to QGC and its sub-groups KPIs in the integrated governance report Relevant internal audit reports Reports from the National Audit Programmes Reports from Divisions on compliance with NICE / TAs / local and national audit		Assurance gaps to be identified through Trust Board streamlined governance process and Quality Governance Committee	Quality Governance Committee	R
						Clinical Effectiveness Group in place and meets monthly	The function of Clinical Effectiveness Group is evolving	Agenda reviewed on a meeting by meeting basis to ensure that all priority items are covered 2020/21 work plan developed with Terms of Reference					
						Clinical Audit Group in place and meets monthly	There are outstanding actions from local audits	Audit Leads present compliance with their local audit plan and actions					
						National and Local Audit programme in place and agreed	Audit findings do not always demonstrate the necessary improvements	Increased focus on reporting outcomes from audit Revision of Clinical Audit Policy to strengthen Introduction of the Clinical Audit Group attended by Clinical Audit Leads					
						Process for monitoring the implementation of NICE guidance and national publications in place	There are a number of pieces of guidance for which the baseline assessments are still required	Clearance of backlog of NICE guidelines and technical appraisal assessments					
						Document control process in place for clinical guidelines and SOPs	Issues identified with the current document control process	Task and finish group set up to identify action required to address					
						Process in place for taking part in the Patient Related Outcome Measures (PROMs) project	Due to Covid elective surgery was cancelled, number of suubmisions lower than expected (expected number based on previous years hips & Knee replacement)	The Trust has implemented project Salus and the restoration of services will be increase number of elcetive surgery cases which in turn will increase number of PROMS.					
						Divisional governance meetings in place	Triumvirate not fully appraised of their compliance with audit and NICE	Within the Integrated Governance Report compliance with NICE and audit is included					
						Enhanced governance support in place from the central team							
						Clinical Service Review Programme in place	The process does not include system partners leading to potential fragmentation in clinical pathways						
						Quarterly Learning Lessons Newsletter in place at both Division and Trust wide level							

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SO2	**To enable out people to lead, work differently and to feel valued, motivated and proud to work at ULHT**												
2a	A modern and progressive workforce	Director of People and Organisational Development	COVID has had a significant impact on our ability to deliver the IIP projects, set out in the "controls" column. We do now have access to additional resources to increase capacity to support programmes around recruitment and sickness management. This will have limited impact in this financial year, but will enable programmes to move forward at pace in 2021/22.	4362	CQC Safe CQC Responsive CQC Effective	Embed Robust workforce planning and development of new roles Targeted recruitment campaigns to include overseas recruitment - NHSE/I supported project to recruit 100 international recruits by April and another 100 by October 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	Many Integrated Improvement Plan projects were slowed down or paused due to Covid-19 in the 20/21 financial year Details of programme delays below: Implementation of Workpal paused due to Covid-19 wave 2 - now due to being in May 21 Talent management programme now resourced and progressing Roll-out of continuous improvement methodology will proceed at pace in 21/22 Development of workforce planning not progressed, but receuitment to medical roles, HCSWs and international nurses has continued, resulting in reductions in vacancy rates. Limited capacity within team to deliver, start delayed until OD Lead in place	Covid Command and decision making structure alongside Board agreed lean governance arrangements have been in place during the COVID incident. We have re-established the Workforce Strategy Group, who are overseeing delivery of the People workstreams of the IIP and have designed a report to give assurance to the People and OD Committee, highlighting actions to manage control gaps. The Operational Equality and Diversity Group will undertake a similar role for workforce equality and diversity issues.	Vacancy rates Turnover rates Rates of appraisal/mandatory training compliance Learning days per staff member Staff survey feedback Sickness/absence data Reported progress on the implementation of the NHS People Plan and the Lincolnshire System Workforce Plan NB New indicators being developed for the 21/22 financial year	Implementation of Workpal paused due to Covid-19 Learning and development activity paused during Covid-19 National Staff Survey results received - will feed into future Culture & Leadership Programme	Assurance gaps to be identified through Trust Board streamlined governance process and People and Organisational Development Committee	People and Organisational Development Committee	R
2b	Making ULHT the best place to work	Director of People and Organisational Development	COVID has had a significant impact on our ability to deliver the IIP projects, set out in the "controls" column. We do now have access to additional resources to increase capacity to support programmes around recruitment and sickness management. This will have limited impact in this financial year, but will enable programmes to move forward at pace in 2021/22. COVID has had a significant impact on the well-being of our staff. We recognise the need for a period of "staff recovery", which we will seek to plan to manage	4083	CQC Well Led	Embedding our values and behaviours Reviewing the way in which we communicate with staff and involve them in shaping our plans Adapting our responsibility framework and leadership programmes in line with the NHS Leadership Compact Revise our diversity action plan for 2021/22 to ensure concerns around equity of treatment and opportunity are tackled Agree and promote the core offer of ULHT, so our staff feel valued, supported and cared for. The particular focus of this project has been on staff well-being through COVID. Our well-being programme is extensive	Many Integrated Improvement Plan activity slowed down or paused due to Covid-19 in 20/21 financial year. We have significantly enhanced our communication and engagement during COVID. Initiatives such as "ELT live" have been well-received. There is reference in the controls column about the work we have done around well-being as part of our core offer. Other aspects, such as education and learning, have been held back, but we now have resource in place to move these projects forward at	Covid Command and decision making structure alongside Board agreed lean governance arrangements have been in place during the COVID incident. We have re-established the Workforce Strategy Group, who are overseeing delivery of the People workstreams of the IIP and have designed a report to give assurance to the People and OD Committee, highlighting actions to manage control gaps. The Operational Equality and Diversity Group will undertake a	WRES/ WDES Data Staff survey feedback - engagement score, recommend as place to work Number of staff attending leadership courses Number of Schwartz rounds completed (once implemented) Protect our staff from bullying, violence and harassment - measure through National Staff Survey Reports on progress in implementing the NHS	National Staff Survey results received. Response will be considered as part of the Culture & Leadership programme. We have established a means by which we can gather views from staff between the annual NSS. Results will be available on a monthly basis and will be shared with Committee. Leadership development activity paused/slowed due to Covid-19 Schwartz rounds paused due to Covid-19	Staff survey results to be presented in detail once analysed Leadership development activity to recommence post Covid-19 Recommencement of Schwartz rounds to be considered in June 2021, where appropriate	People and Organisational Development Committee	R

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			seek to plan to manage alongside the restoration of services. This will encompass increased access to mental health support.			being programme is extensive and will be be further enhanced to address the expected emotional and metal health fall-out from the COVID period. Implementing Schwartz Rounds Embed Freedom to Speak Up and Guardian of safe Working Celebrate year of the Nurse/Midwife	those projects forward at greater pace. Schwartz rounds deferred due to Covid-19. Leadership development work has largely been on hold and will be progressed as part of the Culture & Leadership programme.	Diversity Group will undertake a similar role for workforce equality and diversity issues.	Implementing the NHS People Plan and the Lincolnshire System Workforce Plan Use of NHSI Covid pulse survey NB New measures being developed for 21/22 year				
2c	Well led services	Chief Executive	Current systems and processes for policy management are inadequate resulting in failure to review out of date or policies which are not fit for purpose	4277 4389	CQC Well Led	Review of executive portfolios - Complete Simplify Trust strategic framework - Complete Embedding Divisional Governance structures to operate as one team Delivery of risk management training programmes Review and strengthening of the performance management & accountability framework - Complete Development and delivery of Board development programme - Complete Shared Decision making framework Implemented a robust policy management system Ensure system alignment with improvement activity Operate as an ethical organisation	None None Training delayed due to Covid-19 None Councils suspended due to Covid-19	Corporate support offer made to divisions Review of document management processes New document management system - SharePoint Single process for polices	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	HOIA Opinion will be received in April 2021 8 councils established. Target for 2021 was 6 Movement on policies still not fast enough	Feedback tools to review progress/success Additional resource support from ICT/Libraries Report to Audit Committee quarterly Report to ELT fortnightly	Audit Committee	**A**

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SO3	**To ensure that services are sustainable, supported by technology and delivered from an improved estate**												
3a	A modern, clean and fit for purpose environment	Chief Operating Officer	Covid-19 impact on supplier services who are supporting the improvement, development, and maintenance of our environments. Availability of funding to support the necessary improvement of environments (capital and revenue)	3720 3520 3688 4403 3690	CQC Safe	Develop business case to demonstrate capital requirement Delivering environmental improvements in line with Estates Strategy Continual improvement towards meeting PLACE assessment outcomes Review and improve the quality and value for money of Facility services including catering and housekeeping Continued progress on improving infrastructure to meet statutory Health and Safety compliance	Business Case is not fully signed off and articulates a level of capital development that cannot be rectified in any single year. PLACE assessments have been suspended and delayed for a period during COVID Value for Money schemes have been delayed during COVID	Interim case for £9.6M of CIR has been reviewed and approved by NHSE with the majority of schemes due to deliver in 2020/21 Water/Fire safety meetings are in place and review of controls are part of external validation from authorised engineers. Capital Delivery Group has oversight of the delivery of key capital schemes. Estates Evolution forum and improvement team monitor progress through and has restarted now Wave 2 Covid has passed.	PLACE assessments Capital Delivery Group Highlight Reports 6 Facet Surveys Reports from authorised engineers Staff and user surveys MiC4C cleaning inspections Response times to urgent estates requests Estates led condition inspections of the environment Response times for reactive estates repair requests Progress towards removal of enforcement notices	Infrastructure case has tackled £9.6M of the overall £100m+ backlog. PLACE Assessments have been reduced to PLACE/light in lieu of access and staffing restrictions during Covid. 6 Facet Survey are not recent and require updating. Collation of Audits across all areas during Covid are partial due to availability of high viral load areas.	Estates Evolution and Estates Group review compliance and key statutory areas. Development of 2021/22 Capital Programme will continue to ensure progress against remaining backlog of critical infrastructure. Capital Delivery Group will monitor the delivery of key capital programmes and ensure robust programme governance. IPC Cell/Group and upward reporting of cleanliness is reported through to QGC. Water Safety and Fire Safety Groups will report through alongside Health and Safety Groups to relevant sub-committees and provide a more comprehensive view offering assurance were it is possible and describing improvement where it is not. The appointment of Authorised engineers in key statutory areas will give responsible person/Executive arms length oversight of assurance gaps to fill.	Finance, Performance and Estates Committee	R

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3b	Efficient use of our resources	Director of Finance and Digital	Efficiency schemes do not cover extent of savings required. Continued reliance on agency and locum staff and use of enhanced bank rates to maintain services at substantially increased cost Failure to achieve recruitment targets increases workforce costs Unplanned expenditure (as a result of unforeseen events) National requirements and Trust response to Phase 3 - Recovery and second COVID wave.	4382 4383 4384	CQC Well Led CQC Use of Resources	Delivering £27m CIP programme in 20/21. Paused due to COVID with a revised ambition to meet a 1% CIP in H2 Delivering financial plan; a monthly break-even position inclusive of Coivd-19 (including Restore and Recovery), aligned to the Trust and Lincolnshire STP financial plan / forecast for 2020/21 Covid-19 financial governance process Utilising Model Hospital, Service Line Reporting and Patient Level Costing data to drive focussed improvements. Paused due to COVID Implementing the CQC Use of Resources Report recommendations. Paused due to COVID Working with system partners to deliver the Lincolnshire Plan. Detailed activity modelling aligned to resource requirements to support Trust and System response to Phase 3. Financial Reporting to Board	Operational ownership and delivery of efficiency schemes Urgent and unplanned Restore and Covid related costs Reliance on temporary staff to maintain services, at increased cost	Divisional Financial Review Meetings - paused due to COVID Centralised agency & bank team Lincolnshire STP financial plan Lincolnshire STP collective management of financial risk Savings plan, monitoring and reporting. Internal Audit: Integrated Improvement Plan CIP - Paused Temporary Staffing - Complete Education Funding - TBC Estates Management - Q4 Workforce Planning - Complete	Delivery of revised CIP Achievement of both ULHT and STP financial Plan	Model Hospital Benchmarking/Reporting - paused due to COVID CQC Use of Resources - paused due to COVID	Gaps are being reviewed monthly with a view to reintroduce as soon as operational pressures allow. National guidance has been focused on recovery, cost control, projections and system working. Further guidance in respect of 21/22 is expected in due course.	Finance, Performance and Estates Committee	G
3c	Enhanced data and digital capability	Director of Finance and Digital	Tender for Electronic Health Record is delayed or unsuccessful - Paused as a result of Covid response, restarted in Jan 21. Tactical response to Covid-19 may impact in-year delivery. Major Cyber Security Attack Critical Infrastructure failure	4177 4179 4180 4182 4481	CQC Responsive	Improve utilisation of the Care Portal with increased availability of information - Impacted by Covid-19 as paused. Commence implementation of the electronic health record - Paused as a result of Covid response, restarted in Jan 21. Undertake review of business intelligence platform to better support decision making Implement robotic process automation Improve end user utilisation of electronic systems Complete roll out of Data Quality kite mark	Cyber Security and enhancing core infrastructure to ensure network resilience. Roll-out IT equipment to enable agile user base. Redeployment of staff as a result of Trust response to Covid-19.	Digital Services Steering Group Digital Hospital Group Operational Excellence Programme Outpatient Redesign Group	Number of staff using care portal Delivery of 20/21 e HR plan Number of RPA agents implemented Ensuring every IPR metric has an associated Data Quality Kite Mark Delivering improved information and reports Implement a refreshed IPR	Schemes paused to enable tactical response to Covid-19. Limited progress being made where possible. Information improvements aligned to reporting needs of Covid-19. IPR paused in line with IIP work and expected to be in place for M1 reporting 21/22.	Management of control gaps being reintroduced in a phased way as impact of Wave 2 reduces. Steady implementation of PowerBI through specific bespoke dashboards and requests. Continue to review this as part of wider BI platform Workplan being drafted to ensure compliance before end of Financial year where possible, delayed by resource availability.	Finance, Performance and Estates Committee	A

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SO4	**To implement integrated models of care with our partners to improve Lincolnshire's health and well-being**												
4a	Establish new evidence based models of care	Director of Improvement and Integration	Specific projects paused during the Covid 19 manage phase, specific projects are now progressing with delivery throughout the Covid Recovery Phase		CQC Caring CQC Responsive CQC Well Led	Supporting the implementation of new models of care across a range of specialties - in progress Support Creation of ICS - In progress Support the development of an Integrated Community Care programme - on hold Support the consultation for Acute Service Review (ASR) Phase 1. Assurance panel held with NHSE/I on 12/12/20to review the Pre-Consultation Business Case. Requests for further information from that session have been prepared, and PCBC has moved from the regional into the national process. It is hoped the public consultation process can begin during 2021. Improvement programmes for cancer, outpatients and urgent care in progress, programme for theatres is on hold Development and Implementation of new pathways for paediatric services - in progress Implementing the Outstanding Care Together Programme to support the Organisation to focus on high priority improvements - in progress	On hold at System level due to covid pressures, likely restart during 21/22 Theatres improvement put on hold early in 20/21 due to covid pressures, theatres as a focus will be considered by Executive Team for 21/22 through strategic filter. This will determine whether priority in-year or for further deferral	BAF 2021/22 BAF 2021/22	Numbers of new Community Care Integrated models of care established		The Lincolnshire system has agreed a new system architecture to support the implementation of an Integrated Care System. In the new architecture, ULHT has been allocated the system lead role for cancer and access. Simon Evans is the SRO for access and Dr Neill Hepburn the SRO for cancer. The SRO's have been asked to scope out their programmes for 2021/22. Outputs of strategic filter for 21/22 will form Y2 of the IIP, if Theatres are a focus they will be part of the BAF for 21/22, if they are not a priority for 21/22, they will not.	Finance, Performance and Estates Committee	**A**
4b	Advancing professional practice with partners	Director of Nursing	Specific projects paused during Covid 19 response		CQC Caring CQC Responsive CQC Well Led	Supporting the expansion of medical training posts Support widening access to Nursing and Midwifery and AHP Support expansion of Paediatric nursing programme Developing System wide rotational posts Scope framework to support staff to work to the full potential of their licence Ensure best use of extended clinical roles and our future requirement		Students who are on placement have been allowed to choose where they wish to work and have been supported in their request. There is a formal route of raising any concern via HEE, HEIs and locally. Any issues have been managed in a timely manner	Increase in training post numbers Numbers on Apprenticeship pathways Numbers of dual registrants Numbers of joint posts and non medical Consultant posts Numbers of pre-reg and RN child		The Medical Director would be required to add information around medical staffing	People and Organisational Development Committee	**A**

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4c	To become a University Hospitals Teaching Trust	Director of Improvement and Integration	Specific projects paused during Covid 19 response			Developing a business case to support the case for change Gap analysis and Tracker - to commence Increasing the number of Clinical Academic posts Refresh of our Research, Development and Innovation Strategy - Complete Improve the training environment for medical students and Doctors Tracker vs Framework	Deferred until 21/22 - agreed at FPEC Development of Gap Analysis, Tracker and Framework To develop a memorandum of understanding with University of Lincoln Development of honorary contracts and joint working practices with University of Lincoln and University of Nottingham	BAF for 21/22 Gap analysis and Tracker developed and updated quarterly against national criteria Development of internal Quality Assurance framework for Education	Progress with application for University Hospital Trust status Numbers of Clinical Academic posts RD&I Strategy and implementation plan agreed by Trust Board GMC training survey Stock check against checklist	Assurance to People and OD Committee	Reporting progress against Business Case in 21/22 to People & OD Committee Progress with application for University Hospital Trust status to recommence following pause for covid-19 wave 2. This work when commencing will give a gap analysis and tracker. Work to the number of clinical academic posts and training environment will commence once milestones sign-off by Medical Director.	People and Organisational Development Committee	R

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