HULL AND EAST YORKSHIRE HOSPITALS TRUST
TRUST BOARD

TUESDAY 5 DECEMBER 2017, THE BOARDROOM, HULL ROYAL INFIRMARY AT 2:00PM

AGENDA: PART 1 – MEETING TO BE HELD IN PUBLIC

OPENING MATTERS

1. Apologies	verbal	Chair – Terry Moran
2. Declaration of interests 2.1 Changes to Directors' interests since the last meeting 2.2 To consider any conflicts of interest arising from this agenda **2 MINS**	verbal	Chair – Terry Moran
3. Minutes of the Meeting of the 7 November 2017 • To review, amend and approve the minutes of the last meeting	attached	Chair – Terry Moran
4. Matters Arising		
4.1 Action Tracker	attached	Director of Corporate Affairs - Carla Ramsay
4.2 Any other matters arising from the minutes	verbal	Chair – Terry Moran
4.3 Board Reporting Framework and Board Development Framework 2017-19 • To review the current Board Reporting Framework and Board Development Framework and determine if any updates are required **5 MINS**	attached	Director of Corporate Affairs – Carla Ramsay
5. Chair's Opening Remarks **2 MINS**	verbal	Chair – Terry Moran
6. Chief Executive's Briefing • To receive the Chief Executive's briefing to the Board **5 MINS**	attached	Chief Executive Officer – Chris Long

QUALITY

7. Patient Story • To focus the Trust Board on quality of patient care	verbal	Medical Director – Caroline Hibbert
8. Quality Report The Trust Board is requested to receive this report and: • Decide if this report provides sufficient information and assurance • Decide if any further information and/or actions are required	attached	Chief Nurse – Mike Wright
9. Nursing and Midwifery Staffing Report The Trust Board is requested to: • Receive and accept this report • Decide if any if any further actions and/or information are required	attached	Chief Nurse – Mike Wright
10. Quality minutes October 2017 and summary sheet from November 2017		

• Short briefing to the Board on key issues discussed at the most recent Quality Committee and to raise any points of escalation to the Board • Receive the final minutes from the previous meeting	attached	Chair – Trevor Sheldon

30 MINS

PERFORMANCE

11. Performance and Finance Report • To highlight the Trust's performance against the required standards	attached	Chief Operating Officer – Ellen Ryabov, Chief Financial Officer – Lee Bond
11.1 Financial Position 2017/18 • The Board are asked to consider what arrangements need to be put in place to enable it to agree a revised financial forecast at Month 09, should it be deemed necessary at that time by the Executive Team	attached	Chief Financial Officer – Lee Bond
12. Performance & Finance minutes October 2017 summary sheet November 2017 • Short briefing to the Board on key issues discussed at the most recent P&F Committee and to raise any points of escalation to the Board • Receive the final minutes from the previous meeting	attached	Performance & Finance Chair – Stuart Hall

30 MINS

STRATEGY & DEVELOPMENT

13. Update on Operational Planning • A verbal update to be received	verbal	Director of Strategy and Planning
14. Research and Innovation Strategy • The Board to approve the R&I Strategy	attached	Medical Director – Caroline Hibbert

15 MINS

ASSURANCE & GOVERNANCE

15. Freedom to Speak Up Report • The Trust Board is requested to receive this report and comment on this update report and 'read across' from the Freedom to Speak Up Guardian	attached	Director of Corporate Affairs – Carla Ramsay
16. Remuneration Terms of Reference • The Board to approve the updated TOR	attached	Director of Corporate Affairs – Carla Ramsay
17. Standing Orders • The Board to approve the use of the Trust seal	attached	Director of Corporate Affairs – Carla Ramsay
18. Board Assurance Framework • The purpose of this report is to present the updated Board Assurance Framework (BAF) for 2017-18 from the November 2017 Committee discussions, to determine if there are any risk areas where this Committee can provide positive assurance and to give scrutiny to areas where there are gaps or a lack of assurance	attached	Director of Corporate Affairs – Carla Ramsay
19. Any Other Business	verbal	Chair – Terry Moran
20. Questions from members of the public	verbal	Chair – Terry Moran

15 MINS

21. **Date & Time of the next meeting:**
Tuesday 30 January 2018, 9.00am – 1.00pm
The Boardroom, Hull Royal Infirmary

Attendance 2017/18

	4/4	2/5	25/5 Extra	6/6	4/7	1/8	5/9	3/10	7/11	5/12	Total
T Moran	✓	✓	✓	x	✓	✓	✓	✓	✓		8/9
C Long	✓	✓	✓	✓	x	✓	✓	✓	✓		8/9
L Bond	✓	✓	✓	✓	x	✓	✓	✓	✓		8/9
A Snowden	✓	✓	✓	✓	✓	✓	✓	✓	✓		9/9
M Gore	✓	✓	✓	✓	✓	✓	✓	✓	✓		9/9
S Hall	✓	✓	✓	✓	✓	✓	✓	x	✓		8/9
M Wright	✓	✓	✓	✓	✓	✓	Jo Ledger	✓	✓		8/9
K Phillips	✓	✓	✓	✓	✓	Dr Purva	✓	✓	✓		8/9
T Sheldon	x	✓	✓	x	✓	✓	✓	x	✓		6/9
V Walker	✓	✓	✓	✓	✓	✓	✓	✓	✓		9/9
T Christmas	✓	✓	✓	✓	✓	✓	✓	x	✓		8/9
E Ryabov	✓	✓	✓	✓	x	✓	Michelle Kemp	✓	✓		7/9
In Attendance											
J Myers	✓	✓	✓	✓	✓	x	✓	x	✓		7/9
S Nearney	✓	✓	x	✓	✓	✓	✓	✓	✓		9/9
C Ramsay	✓	✓	✓	✓	✓	✓	✓	✓	✓		9/9
M Veysey	-	-	-	-	-	-	✓	✓	✓		3/3

Attendance 2016/17

	28/4	26/5	28/6	28/7	29/9	27/10	24/11	22/12	26/1	7/03	Total
M Ramsden	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
C Long	x	✓	x	✓	✓	✓	✓	✓	✓	✓	8/10
L Bond	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
A Snowden	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
M Gore	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	9/10
S Hall	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
M Wright	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
K Phillips	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	9/10
T Sheldon	✓	✓	x	✓	x	✓	✓	✓	x	✓	7/10
V Walker	x	✓	x	✓	✓	✓	✓	x	✓	✓	7/10
T Christmas	✓	✓	x	✓	✓	✓	✓	✓	x	✓	8/10
E Ryabov	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
In Attendance											
J Myers	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	9/10
L Thomas	✓	✓	✓	✓	✓	✓	✓	-	-	-	7/7
S Nearney	✓	✓	x	x	✓	✓	✓	✓	✓	✓	8/10
C Ramsay	-	-	-	-	-	-	✓	✓	x	✓	3/4

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
TRUST BOARD
HELD ON 7 NOVEMBER 2017
THE BOARDROOM, HULL ROYAL INFIRMARY

PRESENT	Mr T Moran CB	Chairman
	Mr A Snowden	Vice Chair/Non-Executive Director
	Mr C Long	Chief Executive Officer
	Mr K Phillips	Chief Medical Officer
	Mr M Wright	Chief Nurse
	Mrs E Ryabov	Chief Operating Officer
	Mrs V Walker	Non-Executive Director
	Mr M Gore	Non-Executive Director
	Mr S Hall	Non-Executive Director
	Mrs T Christmas	Non-Executive Director
	Mrs V Walker	Non-Executive Director
	Prof T Sheldon	Non-Executive Director
	Mr L Bond	Chief Financial Officer
IN ATTENDANCE	Mr S Nearney	Director of Workforce & OD
	Ms C Ramsay	Director of Corporate Affairs
	Prof. M Veysey	Associate Non-Executive Director
	Ms J Myers	Director of Strategy and Planning
	Mrs R Thompson	Corporate Affairs Manager
	Miss H Cattermole	Guardian of Safe Working (Item 18)
	Mr D Taylor	Director of Estates (Items 15 and 16)

NO **ITEM** **ACTION**

1 APOLOGIES

There were no apologies received.

2 DECLARATIONS OF INTERESTS

2.1 CHANGES TO DIRECTOR' INTERESTS SINCE THE LAST MEETING

There were no declarations made.

2.2 TO CONSIDER ANY CONFLICTS OF INTEREST ARISING FROM THIS AGENDA

There were no conflicts declared.

3 MINUTES OF THE MEETING OF THE 3 OCTOBER 2017

Prof. T Sheldon to be added to the apologies section of the minutes.

Item 11 – paragraph 2 – Prof Sheldon advised that Mr Phillips would be meeting with the Postgraduate Dean at Health Education England.

Item 12 – paragraph 4 – The doctor that had not turned up was part of the Breast Service clinic and was only part of the issues raised.

Following these changes the minutes were approved as an accurate record of the meeting.

4 MATTERS ARISING

Mrs Walker asked if Mr Bond had followed up on the action regarding any charitable initiatives being run by the Trust and Mr Bond advised that he was discussing possibilities with the Director of Estates and the local authorities.

4.1 ACTION TRACKER

- The Workforce Race Equality Standard was now included in the January Board Development and could be removed from the tracker
- Mr Bond had fed back to the Board regarding hoists on wards and this item could be removed from the tracker
- IM&T strategy would be presented to the Board before March 2018 **LB**
- Financial plan would be reviewed at the November 2017 Performance and Finance Committee and would then be presented to the Board. **LB**

4.2 ANY OTHER MATTERS ARISING FROM THE MINUTES

There were no other matters discussed.

4.3 BOARD REPORTING FRAMEWORK AND BOARD DEVELOPMENT FRAMEWORK 2017-19

Ms Ramsay advised that there had been no significant changes since the last Board meeting.

Ms Myers advised that NHS Improvement were reviewing the operating framework and would provide guidance in the new year. Any refresh would be received at the Board in quarter 4. Ms Ramsay and Ms Myers to discuss the timings.

Mr Phillips asked if the gender pay gap item could be brought forward but Ms Ramsay advised that this was constrained by the results not being released in September 2018.

The Board discussed the Board Development Framework and Prof Sheldon asked if Mr Phillips could invite the Improvement Academy to the session on mortality in January 2018.

Mr Gore stated that a strategic development session should be included and Ms Myers agreed to work with Ms Ramsay regarding this. He also felt that a financial strategy and planning session ahead of 2018/19 would be required to clarify the Trust's position.

Resolved:

The Board received and accepted the Board Reporting Framework and the Board Development Framework.

5 CHAIRS OPENING REMARKS

Mr Moran reported that he would pick up any issues within the main agenda.

6 CHIEF EXECUTIVE'S BRIEFING

Mr Long presented the paper. He reported that the Trust had vaccinated 4700 staff so far on its flu programme, which was over half of all staff.

He reported that the Trust would be monitored closely by NHS Improvement over the winter months and could expect an unannounced visit from the CQC.

He also reported that the 'Pimp my Zimmer' campaign had been very popular with good attendance.

There was a discussion around research and how the Trust was interacting with the University and other stakeholders. Mr Phillips advised that the new approach was about how the Trust works with its stakeholder partners. He advised that the Research Strategy was aiming to offer all patients (where appropriate) the opportunity to be involved in clinical trials.

Mr Moran added that he and Mr Long would be attending the Allam Medical Building opening 16 November 2017 at the University. The Queen would be opening the building.

Mr Gore asked for clarification around the utilisation of clinic sessions as this did not appear on the scorecard and Ms Ryabov agreed to provide more details outside of the meeting.

Resolved:
The Board received and accepted the report.

7 PATIENT STORY

Mr Phillips spoke about how a patient had been moved without a discussion with the family and this had caused distress due to the lack of communication. The patient did not speak English and this had caused further distress as no interpreter had been contacted. The Patient Experience Team had spoken to the family to apologise and the issues had been resolved.

Mr Phillips also reported that a request for a baby scan from 1994 had been received and the Trust had been able to provide it.

Mr Phillips stated that 3 volunteers had given up their Sunday following debris falling from the Tower Block and patients being re-routed through a different entrance. The Board thanked the volunteers involved.

Mrs Walker asked about patient mealtimes and whether family members were invited to help feed their loved ones. Mr Phillips advised that the ward staff needed to ensure meals were delivered for nutrition purposes. Mr Wright added that where it was appropriate wards were flexible but there was more work to be done in this area.

8 QUALITY REPORT

Mr Wright presented the report and reported that the Never Event investigations were ongoing and the findings would be reported to the Board in December 2017. Mr Moran asked if the Integrated Performance Report could track the Serious Incident and Never Event trends and Mr Wright agreed to add it to his Quality Report next month.

There had been good performance relating to the Safety Thermometer standards.
E-Coli cases at month 6 was at 71% of the threshold and this was difficult

to reduce and work was ongoing with primary care partners.

There had been one ward closed and this was being tested for infection.

Mr Wright reported that the 40 day complaints standard was now back up above the 90% target and the A&E Friends and Family test was now recording SMS messages.

Mr Phillips highlighted the CQC alert around the Trust reporting higher than the national average elective c-section rates and the Trust's response. Prof Sheldon advised that this had been discussed at the Quality Committee where it was agreed that the response to the CQC should be more robust and take into account the depravity of the population and associated problems such as obesity and smoking.

Mrs Walker asked about the urinary tract infections and how these were addressed. Mr Wright advised that each one was reviewed by the Infection Prevention and Control team.

Resolved:
The Board received and accepted the report. Mr Wright to add Serious Incident and Never Event trends to the report in December 2017.

9 NURSING AND MIDWIFERY STAFFING REPORT

Mr Wright presented the report and updated the Board regarding the newly appointed nurses from the university. There had also been some new recruits from the international nurse recruitment programme but there was a delay in start dates due to them needing to pass NMC language tests.

The Trust continues to monitor safety 6 times per day for safety reasons. Mr Wright spoke about the winter plan and advised that he was not confident to staff an extra ward and had challenged Health Groups to work differently and more efficiently. This would be reviewed on a regular basis.

Mr Hall expressed his concern regarding the winter ward and Ms Ryabov stated that putting key decision makers at the front end would be more useful. She also stated that the Frailty model, when working well reduced admissions.

Mr Wright assured the Board that the situation would be reviewed on a daily basis. Mr Gore added that the acuity of patients was as important as fill rates and Mr Wright assured him that this was taken into account at each safety briefing.

Mr Moran encouraged the Non Executive Directors to attend a safety brief (if appropriate) as he had attended one and found it to be useful knowledge and assurance.

Resolved:
The Board received and accepted the report.

10 FUNDAMENTAL STANDARDS (WARD AUDITS)

Mr Wright presented the report which gave an overview of the improvements and progress made regarding the ward audits.

Prof. Veysey commented on the nutrition standards and advised that relatives attending wards to help with feeding could improve standards and Mr Wright advised that the wards do invite relatives when it is appropriate to do so.

Mr Bond asked if there was an issue in the Medicine Health Group as 7 out of the 9 standards were reporting as red. Mr Wright advised that the team was being rebuilt following a drop in performance and that the new leadership was improving performance. He reported that the senior team focussed on the red areas.

Resolved:
The Board received and accepted the report.

11 QUALITY COMMITTEE SEPTEMBER 2017 MINUTES AND SUMMARY UPDATE OCTOBER 2017

The Board received and accepted the minutes and the summary report.

12 QUALITY ACCOUNTS – PROGRESS UPDATE

Mr Phillips presented the update and advised that the programme had been developed with help from NHS Improvement. Schemes were reviewed and closed down once they became business as usual. If projects changed they would be reopened as new schemes.

Mr Bond asked about the 'Getting it Right First Time' programme and Mr Phillips advised that schemes were being developed and would be reported through the Quality Committee.

Prof. Sheldon stated that the quality improvement schemes did not always predict outcomes and Mr Phillips reported that the programme was being changed to include outcomes.

Resolved:
The Board received and accepted the update.

13 PERFORMANCE REPORT

Mrs Ryabov presented the report and advised that diagnostic performance was still poor although extra capacity had now been identified. Mrs Ryabov was expecting October performance to be more stable. The issues were due to lack of capacity plus an increase in activity.

RTT performance for September 2017 was 83.6% which was below plan. The performance had been impacted by the recent validation work. There had also been an increase in 52 week waiters with 22 patients being identified in September. 19 of the 22 were Tracking Access related cases.

A&E performance had dipped in September to 86.5% but the Trust had still managed its planned 90% for the quarter. Performance was now improving at 91.5%. Mrs Ryabov reported that the A&E team had been nominated for a national award due to their actions and team effort. The Board commended the team on their hard work.

The 31 day and 62 day cancer standards were improving but not meeting the national standard. The service had seen a 12.5% increase in referrals. The 62 day screening standard had failed but was very small numbers with

12 breaches in total. 5 of the breaches were due to patient choice, 4 were complex pathways and 2 were capacity shortfalls.

Mr Bond asked about the dip in VTE assessments and Mr Phillips agreed to review and report back to the Board in December 2017.

Resolved:
The Board received the report and requested further information regarding VTE performance at the January 2018 meeting. **KP**

FINANCE REPORT
Mr Bond presented the report and advised that the Trust was reporting a deficit of £2.5m and had secured its STF income due to releasing all of its reserves.

Income was £3.6m above plan and this had been adjusted to incorporate pass through drugs and devices.

The Health Groups still had issues with their underlying run rates and issues such as pay for medical staffing and being behind on non-elective work.

The forecast for the end of the year had improved marginally but the overall deficit was £6.6m which was resulting in a gross deficit of circa £18m.

Capital spending was in line with plan.

Resolved:
The Committee received and accepted the report.

14 PERFORMANCE AND FINANCE MINUTES SEPTEMBER 2017 AND SUMMARY REPORT OCTOBER 2017
Mr Hall informed the Board of the discussions that had taken place at the October 2017 meeting. He reported that diagnostics (in particular endoscopy) and RTT validation had been discussed at length to understand the processes in place to address the issues.

CRES and the withdrawal of Deloitte and the FIP2 programme was monitored and the 2018/19 financial planning process would be presented to the next Performance & Finance meeting in December 2017. Mr Bond agreed to circulate the Deloitte 'close out' report to the Board members.

Mrs Walker asked about the CQUIN programme and Mr Bond advised that there was an ongoing debate regarding the CQUIN payments at regulator level.

Resolved:
The Board received and accepted the report.

15 ESTATES STRATEGY
Mr Taylor gave an overview of the Estates Strategy and the challenges around backlog maintenance which would require £64m to manage every scheme. He reported that the estate was being reduced and the conversion of the ramp wards to offices at Castle Hill had been a success.

Mr Taylor reported that the theatres at Hull Royal Infirmary needed investment and the tower block which was 27% of the estate had 54% of backlog maintenance apportioned to it. The challenge was to reduce the estate further and use capital funding to invest where possible.

Mr Snowden stated that he liked the style of the Strategy as it was a sensible and pragmatic approach. He asked how long could the Trust continue providing safe services and what happened if equipment or buildings failed. Mr Taylor advised that it was important to explore all avenues and have the regulators bought into the strategy.

Prof. Veysey asked what the tipping point was and when backlog maintenance became imperative. Mr Taylor advised that the Tower Block was the main problem and without investment, clinical services would be disrupted. He did state that this was being reviewed and different ward configurations and other new ways of working were being explored.

Mr Moran added that the team were working under very difficult conditions and it was important to ensure they were supported. Mr Taylor agreed adding that 50% of the Estates team were 55 and beyond. There were, however, apprentice schemes in place.

There was a detailed discussion around whether the Trust had a clear Clinical Services Strategy and how the Trust would work within the STP and with neighbouring Trusts in the future. Mr Moran suggested that the Trust Strategy containing the clinical services be reviewed at a Board Development session.

Concern was raised regarding equipment and machinery failures and whether this had been emphasised appropriately with the regulators. Mr Bond assured the Board that the regulators were aware due to the loans for equipment and funding the new IT network. He reported that the Trust would need to spend £7m over the next 10 years to ensure safety for patients and staff.

Resolved:
The Board received the Estates Strategy and approved it.

16 OUTLINE BUSINESS CASE – PAPER ENERGY INNOVATION UPGRADE

Mr Taylor highlighted the details of the Outline Business Case and the options that were considered to refurbish the Trusts heating plants and reduce C02 emissions. The option that the Trust had chosen allowed 2 heating plants at Hull Royal Infirmary and Castle Hill Hospital which would provide electricity, heating systems and free cooling to the sites. The boilers would be replaced along with new LED lighting.

The total cost of the programme would be £13.7m but would achieve potential savings of £39m over a £25 year period. Mr Taylor stated that the Trust had the technical team to deliver the skills and experience required to run the new equipment.

There was a discussion around other forms of energy, such as wind farms, and Mr Snowden advised that there had been a thorough review at the

Performance and Finance Committee and that the Committee recommended the OBC to the Board for approval.

Resolved:
The Board received the Outline Business Case and:

- approved the Outline Business Case
- approved the release of the OBC to NHS Improvement for consideration/approval to progress and develop the detail to the Full Business Case stage
- supported the £13.7m loan application, once notification had been received from NHSI, that the OBC has been approved.

17 CULTURAL TRANSFORMATION REPORT

Mr Nearney presented the report which saw quarter 2 as the lowest response rate in the last 3 years at 5%. The overall engagement score was below the national average. The league tables had been distributed with the Trust's score highlighted. Mr Nearney advised that the National Staff Survey was out at the moment and there was a push on all staff to complete it.

The Board agreed that 5% was not an accurate reflection of staff's opinions and Prof. Veysey suggested staff focus groups might work to identify morale and issues. There was also an issue around staff not believing that the survey was anonymous.

Mrs Walker asked if there could be a cultural development update and Mr Nearney advised that this was presented to the Performance and Finance Committee quarterly. Mr Snowden commented that it should come to the Board meetings so that all Board members could review it. This would be discussed further at a Board Development session.

Resolved:
The Board received and accepted the report.
Mr Moran agreed to review the cultural development reports and discuss the distribution further with Ms Ramsay. **TM/CR**

18 GUARDIAN OF SAFE WORKING UPDATE REPORT

Miss Cattermole presented the report and advised that each of the Junior Doctors was now on the new contract and the Trust had an establishment and a number of gaps. She reported that the Junior Doctors were working very hard and the number of exception reports was increasing. She advised that there was still work to do but engagement was better. Mrs Ryabov asked that once the information was available a trend report for the exceptions would be useful.

Miss Cattermole advised that the main reason for the exception reporting was due to no action from supervisors and this was being reviewed and chased. Mrs Ryabov also thought it would be useful to triangulate the agency spend, bank spend and the number of vacancies specified.

Mr Bond queried the numbers around orthopaedics and Miss Cattermole explained that there were 7 vacancies and the 5 doctors in place were also covering night shifts at Castle Hill Hospital.

There was a discussion around employing more Junior Doctors and how the Trust retained them. Miss Cattermole advised that it was mainly the geography why Junior Doctors left the Trust as they preferred to work in the south.

Resolved:
The Board received and accepted the report and thanked Miss Cattermole for her hard work.

19 STANDING ORDERS

Ms Ramsay presented the paper which highlighted the use of the Trust seal, which was used on two occasions.

Resolved:
The Board approved the use of the Trust seal as highlighted in the report.

20 CORPORATE SOCIAL RESPONSIBILITY

Ms Ramsay updated the Board. She advised that there was work ongoing in the Trust but that it was not written down or presented to any committee at the moment. Ms Ramsay agreed to identify the projects that were ongoing and would be reported in the Trust's Annual Report 2017/18.

Prof. Sheldon suggested that Ms Ramsay use members of the community to help populate the report.

Resolved:
The Board received the update and agreed with the proposed plan to incorporate the initiatives into the Annual Report 2017/18. **CR**

21 AUDIT COMMITTEE SUMMARY REPORT – 26 OCTOBER 2017

Mr Gore presented the report and highlighted the discussion around Cyber Security and the critical recommendation emerging from an internal audit report. He reassured the Board that the recommendations were linked to password protection and not the core systems which were robust.

He also reported that the number of contract waiver forms for extending contracts beyond their date had been processed due to the length of the procurement process to tender for a new contract. It was agreed at the Committee that the Health Groups should work more closely with procurement to ensure the process was efficient and timely.

Resolved:
The Board received the update. Mr Moran requested that the summary reports for all committees revert to the escalation report format for the next meeting.

22 ANY OTHER BUSINESS

Mr Bond asked that all Board members sign the Charter relating to the Scan4Safety initiative.

23 QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no question asked from members of the public.

24 DATE AND TIME OF THE NEXT MEETING:

Tuesday 5 December 2017, 2-5pm The Boardroom, Hull Royal Infirmary

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
TRUST BOARD ACTION TRACKING LIST (December 2017)

Actions arising from Board meetings

Action NO	PAPER	ACTION	LEAD	TARGET DATE	NEW DATE	STATUS/ COMMENT
November 2017						
01.11	Performance Report	VTE Assessments – Update to be received	KP	Jan2018		
October 2017						
01.10	Performance Report	Financial Plan to be reviewed and presented to the Board following publication of month 6 figures	LB	Jan 2018		
May 2017						
01.05	Patient Story	Digital Communication Strategy to be received	LB	Jan 2018		To be included in the IM&T Strategy
COMPLETED						
September 2017	Health and Safety	Feed back to be received regarding issues relating to hoists on wards	LB	Oct 2017		Completed
	Workforce Race Equality Standard	To be included in the Board development programme to allow more discussion	CR	Jan 2018		On Board Development Agenda
	Guardian of Safe Working Report	Non-Executive briefing to be set up	RT			To be added to January 2018 Board Development Session
		Review of other Trust's medical safe staffing reports/Development of a Trust report	CR/KP			

Actions referred to other Committees

Action NO	PAPER	ACTION	LEAD	TARGET DATE	NEW DATE	STATUS/ COMMENT
Quality Committee						
Aug 2017	Fundamental Standards	Improvement approach and how nurses are supported in the areas were more work is needed to be discussed at the committee	MW	TBC		

Trust Board Annual Cycle of Business 2017 - 2018 - 2019			2017									2018						2019		
Focus	**Item**	**Frequency**	**Apr**	**May**	**Jun**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Mar**	**May**	**May Ext.**	**July**	**Sept**	**Nov**	**Jan**	**Mar**
Strategy and Planning	Operating Framework	annual							x									x		
	Operating plan	bi annual									x								x	
	Trust Strategy Refresh	annual				x										x				
	Financial plan	annual	x	x								x	x	x				x	x	x
	Capital Plan	annual	x										x							x
	Performance against operating plan (IPR)	each meeting	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x
	Winter plan	annual							x									x		
	IM&T Strategy	new strategy										x								x
	R&D Strategy	new strategy									x									
	Scan4Safety Charter	new item							x											
	Digital Exemplar	new item							x											
Strategy Assurance	Trust Strategy Implementation Update	annual		x										x						
	People Strategy inc OD	bi annual						x					x				x			x
	Estates Strategy inc. sustainabilty and backlog maintenance	annual								x								x		x
	R&D Strategy	annual																x		
	IM&T Strategy	annual																		x
Quality	Patient story	each meeting	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x
	Quality Report	each meeting	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x
	Nurse staffing	monthly	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x
	Fundamental Standards (Nursing)	quarterly		x			x			x			x			x		x		
	Quality Accounts	bi-annual		x						x				x	x			x		
	National Patient survey	annual	x										x							x
	Other patient surveys	annual	x																	
	National Staff survey	annual	x											x						
	Quality Improvement Plan (inc. Quality Accounts and CQC actions)	quaterly			x			x				x		x			x		x	
	Safeguarding annual reports	annual							x								x			
Regulatory	Annual accounts	annual		x										x	x					
	Annual report	annual		x										x	x					
	DIPC Annual Report	annual						x									x			
	Responsible Officer Report	annual						x	x								x			
	Guardian of Safe Working Report	quarterly	x				x			x			x			x			x	
	Statement of elimination of mixed sex accommodation	annual		x										x						
	Audit letter	annual		x											x					
	Mortality (quarterly from Q2 17-18)	quarterly							x			x		x				x		x
	Workforce Race Equality Standards	annual						x									x			
	Modern Slavery	annual		x										x						
	Emergency Preparedness Statement of Assurance	annual							x								x			
	Information Governance Update (new item Jan 18)	bi-annual										x				x			x	
Corporate	H&S Annual report	annual					x									x				
	Chairman's report	each meeting	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x
	Chief Executive's report	each meeting	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x
	Board Committee reports	each meeting	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x
	Cultural Transformation	bi annual	x					x		x			x			x			x	x
	Annual Governance Self Declaration	annual		x											x					
	Standing Orders	as required		x	x	x		x	x	x	x	x	x	x		x	x	x	x	x
	Board Reporting Framework	monthly	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x
	Board Development Framework	monthly			x					x	x	x	x	x				x	x	x
	Board calendar of meetings	annual						x										x		
	Board Assurance Framework	quarterly	x			x	x		x		x			x			x		x	
	Review of directors' interests	annual	x						x											
	Gender Pay Gap	annual											x							x
	Fit and Proper person	annual	x										x							x
	Freedom to Speak up Report	quarterly	x				x				x			x				x	x	x
	Going concern review	annual		x										x						
	Review of Board & Committee effectiveness	annual			x									x						

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST BOARD DEVELOPMENT PROGRAMME 2017-19

Overarching aims:

• The Board to be focussed on the Vision, Values and Goals of the Trust in all that it does

• To provide strategic direction and leadership for the Trust to be rated as 'outstanding' by 2021-22

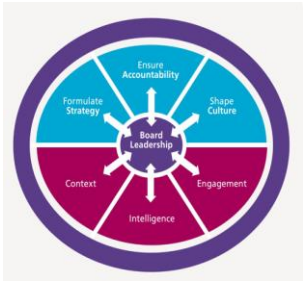
Board Development Dates 2017-19	Strategy Refresh	Honest, caring and accountable culture	Valued, skilled and sufficient workforce	High quality care	Great local services	Great specialist services	Partnership and integrated services	Financial Sustainability
25-May-17						Area 2 and BAF 5: Strategic discussion - role of Trust with partner organisation		
04 July 2017			Area 1: Trust Board - updated Insights profile	Area 2 and BAF 3: Trust Strategy Refresh and appraoch to Quality Improvement				
10 October 2017			Area 1 and BAF 1: Cultural Transformation and organisational values				Area 2 and BAF 5: Strategic discussion - role of Trust with partner organisation	
28 November 2017			Area 2 and BAF 2 - Nursing staffing risks and strategic approach to solutions		Area 4 and BAF 4 - Trust position on diagnostic capacity - short-term impact and long-term issues; 62 day cancer			
				Area 1: Risk Appetitie - Trust Board to set the Trust's risk appetite against key risk areas				
05 December 2017				Area 1: High Performing Board and BAF 3 - CQC self-assessment and characteristics of 'outstanding'				
30 January 2018	Area 2 and BAF 4, 5, 6: Strategy refresh - overview, process to review, key considerations	Area 2 and BAF 1: Equalities within the Trust						Area 2 and BAF 7.1 - 7.3 - Financial plan and delivery 2017-18 and financial planning 2018-19
27 March 2018	Areas 2 and BAF 4 & 5: Strategy refresh - clincial strategy	Area 1 and BAF 1: Completion of Insights exercises - what does a high-performing Board team look like?	Area 2 and BAF 2 - Staffing - short-term and long-term issues with specific focus on medical staffing. What does an adequate and sufficiently skilled workforce look like?	Area 4 and BAF 3 - Trust approach to Mortality and detailed understanding of new mortality reviews				

Date April 2018 TBC	Area 2 and BAF 6 & 7.2: Strategy refresh - key strategic issues (partnerships, infrastructure)							
24 May 2018								
31 July 2018								
25 September 2018								
27 November 2018								
29 January 2019								
26 March 2019								

Honest, caring and accountable culture	Valued, skilled and sufficient workforce	High quality care	Great local services	Great specialist services	Partnership and integrated services	Financial Sustainability
BAF1 : There is a risk that staff engagement does not continue to improve The Trust has set a target to increase its engagement score to 3.88 by the 2018 staff survey The staff engagement score is used as a proxy measure to understand whether staff culture on honest, caring and accountable services continues to improve What could prevent the Trust from achieving this goal? Failure to develop and deliver an effective staff survey action plan would risk achievement of this goal Failure to act on new issues and themes from the quarterly staff barometer survey would risk achievement Risk of adverse national media coverage that impacts on patient, staff and stakeholder confidence	BAF 2: There is a risk that retirement rates in the next 5 years will lead to staffing shortages in key clinical areas There are recurring risks of under-recruitment and under-availability of staff to key staffing groups There is a risk that the Trust continues to have shortfalls in medical staffing What could prevent the Trust from achieving this goal? Failure to put robust and creative solutions in place to meet each specific need Failure to analyse available data for future retirements and shortages and act on this intelligence	BAF 3: There is a risk that the Trust does not move to a 'good' then 'outstanding' CQC rating in the next 3 years What could prevent the Trust from achieving this goal? Lack of progress against Quality Improvement Plan That Quality Improvement Plan is not designed around moving to good and outstanding That the Trust is too insular to know what good or outstanding looks like	BAF 4: There is a risk that the Trust does not meet national waiting time targets against 2017-18 trajectories standards and/or fails to meet updated ED trajectory for 17-18,also diagnostic, RTT and cancer waiting time requirements What could prevent the Trust from achieving this goal? For 18 weeks, the Trust needs to reduce waiting times to achieve sustainable waiting list sizes and there is a question on deliverability of reduced waiting times and pathway redesign in some areas The level of activity on current pathways for full 18-week compliance is not affordable to commissioners ED performance is improved and new pathways and resources are becoming more embedded, but performance is affected by small differences/ issues each day that need further work In all waiting time areas, diagnostic capacity is a	BAF 5: There is a risk that changes to the Trust's tertiary patient flows change to the detriment of sustainability of the Trust's specialist services In addition, there is a risk to Trust's reputation and/or damage to relationships What could prevent the Trust from achieving this goal? Actions relating to this risk will be taken by other organisations rather than directly by the Trust – the Trust may lack input or chance to influence this decision-making Role of regulators in local change management and STP	BAF 6: that the Trust's relationship with the STP does not deliver the changes needed to the local health economy to support high-quality local services delivered efficiently and in partnership; that the STP and the Trust cannot articulate the outcomes required from secondary and tertiary care in the STP footprint and a lack of clarity on the Trust's role What could prevent the Trust from achieving this goal? The Trust being enabled, and taking the opportunities to lead as a system partner in the STP The effectiveness of STP delivery, of which the Trust is one part	BAF 7.1: There is a risk that the Trust does not achieve its financial plan for 2017-18 What could prevent the Trust from achieving this goal? Planning and achieving an acceptable amount of CRES Failure by Health Groups and corporate services to work within their budgets and increase the risk to the Trust's underlying deficit Failure of local health economy to stem demand for services BAF 7.2: Principal risk: There is a risk of failure of critical infrastructure (buildings, IT, equipment) that threatens service resilience and/or viability What could prevent the Trust from achieving this goal? Lack of sufficient capital and revenue funds for investment to match growth, wear and tear, to support service reconfiguration, to replace equipment BAF 7.3: Principal risk: There is a reputational risk as a result of the Trust's ability to service creditors on time, with the onward risk that businesses refuse to supply What could prevent the Trust from achieving this goal? Lack of sufficient cashflow

Principles for the Board Development Framework 2017 onwards

Key framework areas for development *(The Healthy NHS Board 2013, NHS Leadership Academy)* looks at both the roles and building blocks for a healthy board.
With the blue segment highlight the core roles and the crimson segments defining the building blocks of high-performing Trust Boards.



Overarching aim:

- The Board to be focussed on the Vision, Values and Goals of the Trust in all that it does
- To provide strategic direction and leadership for the Trust to be rated as 'outstanding' by 2021-22

Area 1 – High Performing Board

- Do we understand what a high performing board looks like?
- Is there a clear alignment and a shared view on the Trust Board's common purpose?
- Is there an understanding the impact the Trust Board has on the success of the organisation?
- Do we use the skills and strengths we bring in service of the Trust's purpose?
- How can we stop any deterioration in our conversations and ensure we continually improve them?
- How can we build further resilience, trust and honesty into our relationships?
- Does the Trust Board understand the trajectory that it is on and the journey needed to move from its current position to an outstanding-rated Trust?
- What is required in Trust Board leadership to contribute to an 'outstanding'-rated Trust?

Our recent cultural survey (Barrett Values) gave us a clear blueprint of the culture that our staff desire. This is also embedded within our Trust Values and Staff Charter defining the behaviours we expect from everyone in order to have a culture that delivers outstanding patient care

- Is this reflected at Trust Board level? Do Trust Board members act as consistent role-models for these values and behaviours?
- What else is needed at Trust Board level in respect of behaviours? Towards each other? To other staff in the organisation?

Area 2 – Strategy Development

Strategy refresh commenced

- Outcome: for the Trust Board to have shared understanding and ownership of the Trust's strategy and supporting strategic plans, and oversee delivery of these, to be rated 'outstanding' by 2021-22
- What is the role of the Trust in the communities it serves? What is the Trust Board's role in public engagement?
- How does the Trust Board discharge its public accountability?
- To link this to Area 4 (exceptions and knowledge development) as needed

Area 3 – Looking Outward/Board education

Providing opportunity for Board development using external visits and external speakers, to provide additional knowledge, openness to challenge and support for the Board's development and trajectory

- Outcome: to provide opportunities for Board knowledge development as well as opportunities for the Board to be constructively challenged and underlying working assumptions to be challenged
- To provide an external focus to the Board not just for development but also to address the inward-facing perception reported by the Board itself as well as by the CQC

Area 4 – Deep Dive and exceptions

Internal exceptions that require Board discussion and knowledge development and ownership of issues, as they relate to the Trust's vision and delivery of the strategic goals

- Outcome: Board to challenge internal exceptions
- Board to confirm its risk appetite against achievement of the strategic goals and the over-arching aim of becoming high-performing Trust Board and 'outstanding' rated organisation by 2021-22

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

CHIEF EXECUTIVE BRIEFING

November 2017

Excellence in organ donation and transplantation

The Chief Executive of NHS Blood and Transplant, Ian Trenholm, has written to me and Chief Medical Officer, Kevin Phillips, to thank the Trust for our support in helping the UK with the ambition of becoming world class in the area of organ donation and transplantation.

158 people benefitted from a life-saving or life-changing solid organ transplant in Yorkshire and the Humber, in the first six months of 2017/18. From 18 consented donors, our Trust facilitated 12 actual solid organ donors resulting in 27 patients receiving a life-saving or life-changing transplant during the time period. When compared with the national average, our Trust is deemed to be good for the referral of potential organ donors to NHS Blood and Transplant's Organ Donation Service and exceptional for Specialist Nurse presence when approaching families to discuss organ donation.

Well done to all concerned.

Chief Nursing Officer singles out Hull as a bright spot for young volunteers

NHS England's Chief Nursing Officer, Professor Jane Cummings, has published a blog describing Hull as a 'bright spot' in offering hands on opportunities to young people as part of our volunteering schemes.

In September, NHS England's medical director Professor Sir Bruce Keogh called for 70 trusts to encourage 70 young people to volunteer in their local NHS as part of the health service's 70th anniversary celebrations next year.

The Trust already has more than 140 volunteers aged 16 to 24 years old as part of our Young Volunteers scheme. We have also seen more than 50 young Health Champions taking part in training programmes which will improve their chances of finding employment and starting careers.

In her blog praising the Trust's volunteering opportunities, Professor Cummings wrote: "Hull and East Yorkshire is a 'bright spot' too in ensuring that practical 'hands on' volunteering opportunities are accessible to all young people, including those who have additional support needs."

Building steeped in history demolished to make way for £500,000 helipad

The 103-year-old Haughton Building is being knocked down to make way for the new £500,000 helipad bringing critically ill patients to Hull Royal Infirmary.

Workmen are demolishing part of the building by hand, removing each brick individually, because of its proximity to the railway line, one of the main arteries to the A63 on Argyle Street and Hull Royal Infirmary's tower block.

The three-storey building has been a city landmark since it opened in 1914 as an infirmary treating paupers from Hull Workhouse before the NHS was created in 1948. It was a centre for frontline casualties arriving at Paragon Station during the First World War before becoming a naval hospital for injured sailors in April 1917. When World War Two broke out, it was used as a casualty receiving hospital for Hull people injured during the Blitz.

It became known as the Haughton Building, named after 19th century hospital board member David Haughton in 1995. The last inpatients left the building in 2008 when the building was considered unsuitable for modern medicine and hospital care and was used as a linen store and for administrative services.

Work will begin on the helipad early next year.

Celebrating 40 years of paediatric surgery
Families have thanked our doctors for saving their children's lives in a moving video to mark 40 years of paediatric surgery.

On Friday 24th November our Trust hosted some of the UK's leading children's doctors to celebrate the anniversary. Surgeons from Great Ormond Street Hospital, King's College Hospital, Leeds, Manchester and Sheffield Children's Hospitals presented on topics including paediatric obesity in childhood, diagnosing problems in pregnancy and congenital conditions at the full-day conference in the lecture theatre.

NHS staff who underwent paediatric surgery as children, retired surgeons, an anaesthetist and families of patients also shared their experiences of Hull.

A video of families whose children have undergone surgery since 2009, including some children as soon as they were born, has been made by our medical education technical services team.

Keep Antibiotics Working campaign
November saw the launch of Keep Antibiotics Working campaign during World Antibiotics Awareness Week.

Our Trust supported the Public Health England campaign, which appeals to people to only use antibiotics when they are really needed. It aims to halve inappropriate prescription of antibiotics by 2020.

Overuse and misuse is creating resistant strains of bacteria against which none of the current antibiotics work. Unless the problem is addressed, antibiotics could stop working, meaning people could die from common bacterial infections, during chemotherapy for cancer and after childbirth, and from infected wounds or conditions like pneumonia.

Local mum, Laura Harmer, kindly helped us with a PR drive in the local media to raise awareness of the issues. Laura, who has cystic fibrosis, told the press that her battle against chronic lung infections has become harder because of antibiotic resistance.

Unison – celebrating migrant workers
Health union Unison are appealing to staff who left other countries to work in the NHS to take part in a major new project celebrating the contribution of migrant workers

Staff who have come to work for the Trust from abroad are being invited to share their stories to mark next year's 70th anniversary celebrations of the NHS.

Doctors, nurses, therapists, administrative staff, estates and facilities workers and other support staff are being urged to tell their stories about why they decided to come to the UK, the sacrifices involved in leaving their countries and their views and experiences.

People's stories will be collated by the union and produced in a new book, due to be launched in time for the 70th anniversary celebrations in July.

For further information, email Karen at k.towner@unison.co.uk or call 07944 191913.

Thanks once again to Ruth and Tony
Two of our most dedicated fundraisers, Ruth and Tony Knowles, have donated another £6,800 to our Neurosurgical team, bringing their fundraising total to £153,000 in the 19 years since their daughter Emma-Jayne died.

At a presentation attended by neurosurgery staff, Trust chairman Terry Moran and Chief Medical Officer Kevin Phillips, Mrs Knowles said she and husband Tony would never give up trying to help the trust, which runs Hull Royal Infirmary and Castle Hill Hospital.
She said: “As long as I can draw breath, we will carry on.”

The couple began fundraising for the Trust after Emma-Jayne died of an inoperable brain tumour in 1998.

Martyn Morris scoops top prize for Best Customer Service
One of our porters has scooped top prize for Best Customer Service in the Viking FM awards after helping a patient rushed to Hull Royal Infirmary.

The patient’s partner drove him to Hull Royal after learning they faced a 90-minute wait for an ambulance because of pressure on the service. As they arrived outside the tower block, Martyn was alerted by help desk staff at Castle Hill who told him the patient needed a wheelchair. Arranging for the woman to park their car, he took the couple to the minors department and stayed with them while they checked in through the automated system. However, he was so concerned by the patient’s condition that he spoke to staff in “majors”, to ask for the man to be seen there.

The patient’s partner said: “It meant the absolute world to us that someone would not only be there with us but would care enough to not just leave us to wait our turn in the huge queue of people in a Friday night A&E. He is such a credit to the porter service. He’s one of life's diamonds and I'll never forget Martyn or his kindness that night.”

Moments of Magic

Moments of Magic nominations enable staff and patients to post examples of great care and compassion as well as the efforts of individuals and teams which go above and beyond the call of duty. They illustrate our values at work and remind us that our workforce is made up from thousands of Remarkable People.

In October we received 33 Moments of Magic nominations:

Kim Greenwood	Visiting the Eye Hospital for my routine injection I received excellent service when discussing my dry eye problem. I was given consideration and attention and valuable advice regarding my problem.	31/10/2017
Linda Gedney	Linda is an absolute godsend at busy times in Emergency Care. The fact that she takes the time to help people who have difficulty using the kiosk helps free up my time for making appointments and helping	30/10/2017

	other patients check in. Linda always has a smile and is very understanding with patients and does all this while being a volunteer member of staff!	
Tony Oliver	Tony Oliver assisted with a critically ill patient, transporting them from ward to CT then onto ICU. The patients' needs were an emergency which continued for a number of hours. Tony stayed with the nurse and Dr assisting in many different ways. His conduct during this time was outstanding, showing his years of experience and professionalism. He was caring and supportive to the patient and staff.	30/10/2017
Front reception staff HRI	The foyer reception clerks at HRI have tough job dealing with the day to day running of the ground floor. They have to deal with every emotion and issue that comes their way. They do this with a smile and grace each time. They seem to go above and beyond with each query ensuring that the public and patients feel reassured and warmly welcomed. They also ensure that the volunteers who meet and greet the public are also made to feel part of their work family. They really have that team spirit each department should have. We all know you get paid to do your job but you all go above and beyond and I think you are amazing! Susan Speed, Melanie Precious, Bernice Byrne, Christine Mould, Tracy Dixon, Vicky Coxon – who has temporarily been covering our front desk and has been amazing help and Kerry Wheatcroft	27/10/2017
Louise Hall	Louise is always kind and caring and amazing with our patients but on leaving work on the 26/10/17 Louise saw a patient that had been stood outside for over 15 mins that she had previously seen in the clinic. The weather was dismal and the patient was stood waiting for a taxi he had reduced mobility and was not in the best of health. Louise took her time to go and check on him ring the taxi to try and find out what had gone wrong and stayed with the patient until the taxi had arrived.	27/10/2017
Hannah James	A patient at CHH was in the restaurant. He had a pocketful of 2p pieces which was not enough to buy the full English breakfast he took to the cash registers. He was informed that he could not afford the breakfast and was disappointed. Hannah James was behind him in the queue and bought the breakfast for him. When I heard about this act of kindness, I felt that I had to nominate her for a 'Moment of Magic.' Hannah works tirelessly in our department and is a good person. This I feel, should be recognised.	27/10/2017

Marie Bryant	Is a secretary just for writing letters? Your answer will definitely be no once you have met our Urogynaecology Secretary. Marie has an amazing gift of memory for fine details of patients. Then you add her qualities of always being approachable and supportive to the whole team and her amazing care to the patients. For Marie no task is too big and being able to handle patient queries with the upmost compassion and warmth is incredible. Recently one of our patients had been waiting some time for operative management and the stage had arrived where the patient may have breached. Although not in Marie's remit she gathered all the facts and liaised with the necessary clinicians and admin staff to enable a plan for the prompt management of patient care. This helped the patient and organisation out of difficulties. This is what we call 'going the extra mile'. By this time Marie has run many of these extra miles!!! Thank you Marie for being a fantastic caring person. The urogynaecology team.	26/10/2017
Tommy	We had a delivery for the department which the driver left at the back of ACU and we had no way of moving it upstairs (it weighed 84kg!). After spending two hours trying to get some help moving it we went up to security to see if there was anything we could do. Tommy was the only member of staff willing to help us and he went above and beyond his regular duty to help us find a trolley to move it upstairs. I think it would still be in the ACU corridor without his help!	26/10/2017
Pat Williams	Pat works tirelessly in her role as ward housekeeper on ward 9, HRI. She is the mentor for the apprentice, she cleans, orders, helps to achieve the ward savings targets and is generally the go to person on the ward. Some may say that she is just fulfilling her role but actually she goes above and beyond most days. #proudtobeDME	25/10/2017
Rachel Allen	I would like to nominate Rachel Allen for a moment of magic. Rachel currently works with the eye clinic outpatients, at the Hull Royal Infirmary. Rachel was working with a small team that afternoon and showed great initiative and extra care when dealing with a patient. Due to Rachel’s attention to details and checking the patients records, she realised the patient was allergic to certain medication/drops. Rachel sought advice from the Oct team and medical staff, documented well and ensured the patient throughout their stay within the clinic. Great work Rachel..... we are all very proud of you!!!!	25/10/2017

Rachel Smith	An elderly and frail patient was very confused about how he was going to get home following his outpatient appointment. He was confused about how he had arrived at the hospital and how he was to get home. Rachel sat with him, went through his paperwork with him to try and find a relative to contact. She refused to allow the patient to go for a bus to get home as he was far too confused and had a distance to travel, Rachel made him a hot drink and made sure he didn't leave the department whilst every effort was made to contact someone to collect him. After several hours a relative was contacted and he was taken home safely. Rachel intends to ensure she is around for the patients next appointment to ensure the same situation doesn't happen again.	25/10/2017
Dr Mary Barraclough	Dr M Barraclough is a wonderful supportive paediatrician. I have been seeing her for over 2 years now and there has never been a time where I have not felt supported by her. She is excellent at the job that she does. She is not only a credit to Hull Royal Infirmary but to the NHS. She goes above and beyond and genuinely cares about her patients and how they are doing. She has a good sense of humour which is definitely a good quality in a children's doctor. She is also good listener which helps me to feel at ease if I am feeling anxious about the consultation. She always makes sure that I understand my treatment and is always open to explain anything that I need her to. Although she has little time she makes the time to put me at ease. I honestly cannot thank her enough. These qualities are just a few qualities that she has. I don't know what my quality of life would be if Dr Barraclough wasn't my paediatrician.	24/10/2017

Graham and Linda Gedney, Bronte Bates	Over the weekend, due to debris falling from the tower block the front entrance had to be closed for safety reasons. This meant redirecting patients and relatives through paediatric ED. This caused major disruption and people were confused as to where to go. At the last minute 3 volunteers gave up their Sundays to come in and assist with way finding. With help from security Graham, Linda and Bronte calmly and kindly helped patients and relatives find where they needed to be. They gave everyone a welcome smile and reassurance. They day went so much smoother because of them so thank you very much.	23/10/2017
Janette Kitt	For always going above and beyond what is asked of her. As a team we don't think she's recognised enough	23/10/2017

	for what she does. She's a credit to the department. No task is ever too big. Thank you for all your hard work, we truly appreciate it.	
Angi Rymer	I would like to nominate Angi Rymer for a Moment of Magic. Despite being the ward manager across Maple and Rowan wards, she will always make the time to listen to her staff and sort out any problems they may have. She is an excellent listener and has a lot of empathy with her staff. She goes above and beyond to ensure that her team is happy. Being a ward manager is often a thankless job so I would like to say Thank you.	23/10/2017
Lorraine Martin	Lorraine is a fabulous midwife who cares so much for the ladies on the ward. She takes time to get to know the ladies and as such creates an environment of trust. She is a wonderful member of the midwifery team on Maple Ward and is supportive of all her colleagues. She is a great mentor to students who all like working with her. Lorraine often goes above and beyond what is required. This results in her ladies receiving excellent care.	23/10/2017
Matthew Hepple	Matthew has excelled at his new role of registered pharmacist. He is always approachable and strives to provide a high quality pharmacy service to the cardiac wards at CHH. Thanks for always smiling and being a very positive member of the team.	19/10/2017
Cameron Clark	Cameron helped me get over my fear of all things high tech!. The video conferencing team are a much underrated team and quietly get on with the work required without any thanks or appreciation - Cameron definitely is a great member of this team who explains the system and helped me organise a very daunting occasion for me .... Thanks Cam ... you’re a star!	19/10/2017
Phillipa Stott	The care we received on the antenatal day unit, Maple, Labour and Rowan wards over the birth of our little girl was amazing. Every single member of staff went above and beyond, but I would particularly like to single out Philippa Stott who really went the extra mile helping us to get our little girl (and ourselves!) sorted.	17/10/2017
Nathan Sheppard	Nathan was working at a Diabetic Eye Screening Slit Lamp Clinic, as a two person team, he was responsible for getting patients to perform an eye test and then to subsequently administer eye drops, the patient's retina would then be assessed by an Optometrist for any diabetic changes. Diabetic Eye Screening usually	16/10/2017

	involves photography of the retina, however this method isn't suitable for all patients, which is why they are referred to the Slit Lamp clinics. One of his patients was extremely anxious (possibly a reason why previous photography hasn't been successful), needing constant reassurance and the opportunity to control the timings of each part of the procedure. Nathan discussed the situation with the Optometrist who explained that if he could attempt photography in a calm and patient manner, then photographs would be a much shorter process than a Slit Lamp examination, hopefully reducing the patient's anxiety. Nathan allowed the patient as much time as needed, explaining what he was going to do and checking that he was ok to proceed. The results were, perfect photographs and the patient's anxiety was kept to a minimum. Now that the patient has had a positive experience, become familiar with the process and was treated with compassion, hopefully photographic screening will be possible in the future. Well done Nathan, you are a credit to our team!	
Chrissie Charlton, Dobrawa Fiederkiewicz, Dave Harrison	I am nominating 3 members of staff on behalf of my mum, she was due to have an MRI at Hull Royal, she was so nervous and anxious as she suffers with claustrophobia and felt that she was been a nuisance to the staff, the first person I nominate is Chrissie Charlton I went into the MRI Centre and explained to Chrissie my mum was nervous and she was also unable to lay, stand or sit for a long period of time due to crumbled spine Osteoporosis, Chrissie arranged for my mum to be scanned in the bariatric scanner which is larger and arranged with the staff who would be working that day to try and scan mum within 10 minutes or as quickly as possible, Chrissie went out of her way to help, the 2nd person I nominate is Dobrawa Fiederkiewicz on the day of the scan she called my mum through she took her to a cubicle went through the full procedure, explained everything in detail was very patient and gentle with mum, I was there and the way she spoke to mum was wonderful putting mum at ease, Dobrawa then took mum through to the scanner where Dave Harrison the 3rd person I nominate was there both Dave and Dobrawa helped mum onto the scanner explaining everything as they went along, making mum as comfortable as possible Dave putting a pillow under mums knees to make it slightly better, when moving mum he was so gentle and polite, when finished Dobrawa told mum her pictures were fine and helped her back to the waiting room where I was waiting, the three of them could not have done anymore to help mum and put her at ease they are a great example of caring staff.	16/10/2017

Donna Wilkinson and Tracy Eddom	An elderly patient was waiting in the OPD 4 hours for transport to take him back to a nursing home. Whilst in the department Donna and Tracy ensured the patient was offered food and drink and checked on a regular basis, after their shift was finished they both stayed on to provide a bed bath, moisturised the patient's skin and organised obtaining fresh pyjama bottoms for the patient. I think they exemplify the commitment of giving great care.	16/10/2017
Debra Reina	I would like to nominate outreach nurse, Debra Reina, who was dealing with a deteriorating patient on the night shift of 09/10/17 on ward C20. The doctor on call could not come straight away to see the patient due to being with a poorly patient on another ward. Debra took the initiative with managing the patient. Debra demonstrated a professional attitude, showing care and compassion. Debra provided prompt intervention, used her experience, skills and knowledge dealing with the patient's issues. The patient was very safe in her capable hands. I am full of admiration for this amazing, highly experienced nurse, Debra is a genuine role model for all of us. All the best to you Debra, you deserve the golden heart.	15/10/2017
Hayley Ellenton	I would like to nominate Hayley Ellenton, staff nurse on Cedar Ward for all her hard work and effort in lighting up the Women's and Children's hospital, as part of raising awareness for baby loss awareness week. The concept of lighting up the building was Hayley's creative idea which has raised the profile of baby loss awareness week with a visual image that has been shared through social media and the local press. Hayley has worked tirelessly to ensure that the project got off the ground, and this evidences her dedication, empathy and commitment to the cause, and to the families that she supports as part of her role.	12/10/2017
Donna Wilkinson and Tracy Eddom	Donna and Tracy went out of their way to ensure a patient who was waiting on transport had something to eat and drink, and was regularly offered toilet facilities. As the patient was waiting for over 4 hours for transport they stayed after their shift had finished to provide the patient a bed bath, moisturising his very dry skin, and getting some fresh pyjama bottoms for him, The patient was so grateful for the care given. I feel they both deserve a mention for going above and beyond it shows the importance of good basic nursing cares to our patients.	11/10/2017
Hayley Ellenton	I think everyone should know about the work and	10/10/2017

	dedication Hayley puts into her charity work raising awareness for Early pregnancy loss. Not only does she raise funds for the charity to get special boxes for families who have lost babies, it was all her idea and done in her own time. It is especially important this week as it is infant loss awareness week (9th-13th oct) and Hayley has now managed to get the women's and children's building lit up pink & blue. This again was all her idea and done in her own time to raise awareness for the charity. it really makes an impact when lit up at night and also shows we care. Well done Hayley, you have really made a difference to people's lives and we couldn't be more proud of you, I think others will feel the same now they know!	
Theatre Staff	I would like to say a big thank you and well done to all of the theatre staff on the 3rd floor at Hull Royal. This week has seen the introduction of the new theatre time table. This is a big change to the service, involving lots of people and problems have occurred during the week. The theatres teams have worked extremely hard to alleviate any problems, identify solutions and have remained professional throughout. Every time I have been up to theatres I have seen staff working as one big team, with smiles on their faces, ensuring all the care provided was of a high standard. Once again thank you all.	06/10/2017
Narinder Ghuman	We would like to nominate our band 4 Narinder, for been supportive, understanding, helpful and approachable. Narinder is always on hand if we need her with a smile, while herself she has a busy and demanding role and also has numerous members of staff to support. She will always endeavour to help her staff. A big thank you, Narinder!	06/10/2017
Di Young and Trish	Di and Trish noticed that a patient that wet themselves on the way in to the clinic for an appointment, the patient seemed unaware of the incident. They took the patient to one side and explained to him what had happened. The visited the ward and got him some pyjamas and cleaned him up and once he has seen the doctor they arranged transport home. Di and Trish both dealt with this in a very professional and dignified manner and the patient seemed really pleased with the way they had cared for him.	04/10/2017
Diane Mason	I would like to nominate Diane Mason from catering service on ward C20. Diane is extremely hardworking and does her job to a very high standard. Diane is always kind towards the patients. She always does	03/10/2017

	"the mission impossible " to meet their needs and special requests. Diane highly deserves appreciation and recognition for the huge effort she puts into her work every day. Good luck to you Diane, all the best to you " Lady Di "	
Chris Johnson	Chris Johnson is amazing. He not only keeps the downstairs of the hospital beautifully clean but keeps patients and visitors safe during his night shifts. Just 2 examples are:- There was a lady and her young son waiting for a taxi and were concerned about standing alone in the dark. He made sure they were safe and escorted them to their taxi. The same evening he saw a man on the floor in the entrance lobby, he checked for obvious injury, which there were none, and contacted security. I can always tell when Chris is working as the place is spotless. He is a credit to the hospital	03/10/2017
Gardeners	We would like to nominate the trust gardeners for their outstanding work and dedication transforming the gardens and seating area around the Therapies Centre at HRI. They have created a lovely picnic area for staff to sit out as well as providing benches surrounded with flowers for patients so they sit outside whilst they wait for their lift home or transport. Thank you!!	02/10/2017

Lesley Gath and Nicky Day	A rather rare incident happened in the clinic, however Nicky and Lesley handled it with calm and professionalism even though they were in fact shocked by the event she themselves. I think a Moment of Magic is definitely deserved here due to them both being proactive and supportive of the whole team whilst going through a seemingly difficult time themselves.	01/10/2017

HEY LONG TERM GOALS - October 2017 data

Great Staff | Great Care | Great Future

Quality

RAG	Indicator	Target	Performance October	Trend v Previous Month
G	Never Events	0	0	⇩
R	Complaints (QIP - closed within 40 working days)	90%	71.40%	⇩
G	Healthcare Associated Infections - MRSA	0	0	⇨
G	Healthcare Associated Infections - C.Diff (YTD target)	53	27	⇧
R	Safety Thermometer - Harm Free Care	95%	93.91%	⇩
R	Venous Thromboembolism (VTE) Risk Assessment (Q2 v Q4 1617)	95%	89.72%	⇩
G	Mortality - HSMR (August 17)	<100	83.6	⇧
G	Friends & Family Test - Inpatients (September 17 - Trust v National %)	95.60%	98.60%	⇩
R	Friends & Family Test - Emergency Department (September 17 - Trust v National %)	86.90%	85.10%	⇧

Category	No. of Risks Rated 15 and above
Corporate Clinical Risks	1
Corporate Non-Clinical Risks	2

Workforce

RAG	Indicator	Target	Performance October	Trend v Previous Month
R	Staff Retention/Turnover	<9.3%	10.00%	⇧
G	Staff Sickness	<3.9%	3.77%	⇧
R	Staff Vacancies	<5.0%	6.12%	⇨
R	Staff WTE in post (<0.5% from Plan)	7322	7240	⇧
R	Staff Appraisals - AFC Staff	85%	83.90%	⇧
R	Staff Appraisals - Consultant and SAS Doctors	90%	89.90%	⇩
G	Statutory/Mandatory Training	85%	90.70%	⇧
R	Temporary Staff/Bank/Overtime costs (Medical YTD)	£1.9m	£5.1m	⇧
R	Staff: Friends & Family Test - Place of Work (Q1 1718 v Q2 1718)	64%	62%	⇩
R	Staff: Friends & Family Test - Place of Care (Q1 1718 v Q2 1718)	81%	79%	⇩

Category	No. of Risks Rated 15 and above
Corporate Staffing Risks	7
Corporate Clinical Risks	1

Performance

RAG	Indicator	Target	STF Trajectory	Performance October	Trend v Previous Month
R	18 Weeks Referral To Treatment (92%)	92%	87.10%	83.70%	⇧
R	52 Week Referral To Treatment Breaches (zero)	0	0	17	⇩
R	Diagnostic Waits: 6+ Week Breaches (<1%)	<1%	2.60%	7.23%	⇩
G	Emergency Department: 4 Hour Wait Standard (95%)	95%	90%	90.50%	⇧
R	Cancer: 62 Days Referral To Treatment (85%) (September Data)	85%	81.90%	79.80%	⇩
G	Length of Stay (<5.2) (August data)	<5.2	-	4.8	⇨
R	Clearance Times	12 weeks	-	14	⇧
R	Waiting List Size	50,915	-	53,546	⇩
R	Clinic Utilisation	80%	-	65.18%	⇧
R	Theatre Utilisation	90%	-	80.80%	⇧
G	E-Referrals (Q2 target v current performance)	80%	-	88.6%	⇧
R	Appointment Slot Issues	35% (TBC)	-	45.00%	⇧

Category	No. of Risks Rated 15 and above
Corporate Non-Clinical Risks	3

Finance

RAG	Indicator	Target	Performance October	Trend v Previous Month
G	Capital Expenditure	3.7	8.2	⇧
R	Statement of Comprehensive Income Plan - Year to Date	-2.8	-3.3	⇩
R	CRES Achievement Against Plan	7.9	5	⇧
R	Invoices paid within target - Non NHS	95%	48%	⇧
R	Invoices paid within target - NHS	95%	26%	⇩
G	Risk Rating	3	3	⇨

Category	No. of Risks Rated 15 and above
Corporate Non-Clinical Risks	4

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
QUALITY REPORT OCTOBER 2017

Trust Board date	5 December 2017	**Reference Number**	2017 – 12 - 8
Director	Mike Wright, Chief Nurse	**Authors**	Mike Wright, Chief Nurse Kevin Phillips, Chief Medical Officer Sarah Bates, Deputy Director of Governance and Assurance
Reason for the report	To provide information and assurance relating to the quality of patient care being delivered in the Trust.		

Type of report	Concept paper		Strategic options		Business case	
	Performance	Y	Information		Review	

1	**RECOMMENDATIONS** The Trust Board is requested to receive this report and: • Decide if this report provides sufficient information and assurance • Decide if any further information and/or actions are required					
2	**KEY PURPOSE:**					
	Decision		Approval		Discussion	
	Information		Assurance	Y	Delegation	

3	**STRATEGIC GOALS:**	
	Honest, caring and accountable culture	Y
	Valued, skilled and sufficient staff	Y
	High quality care	Y
	Great local services	Y
	Great specialist services	Y
	Partnership and integrated services	
	Financial sustainability	

4	**LINKED TO:**			
	CQC Regulation(s): All			
	Assurance Framework BAF 3	**Raises Equalities Issues?** N	**Legal advice taken?** N	**Raises sustainability issues?** N
5	**BOARD/BOARD COMMITTEE REVIEW** The Trust Board receives this report monthly on the quality aspects of its services (Patient safety, service effectiveness and patient experience).			

QUALITY REPORT
OCTOBER 2017

EXECUTIVE SUMMARY

The purpose of this report is to inform the Trust Board of the current position in relation to:

- Patient Safety Matters
- Safety Thermometer
- Healthcare Associated Infections (HCAI)
- Patient Experience Matters
- CQC
- Mortality update

The Trust Board is requested to receive this report and:

- Decide if this report provides sufficient information and assurance
- Decide if any further information and/or actions are required

TRUST BOARD QUALITY REPORT
OCTOBER 2017

1. PURPOSE OF THIS REPORT

The purpose of this report is to inform the Trust Board of the current position in relation to:

- Patient Safety Matters
- Safety Thermometer
- Healthcare Associated Infections (HCAI)
- Patient Experience Matters
- CQC
- Mortality update

The Trust Board is requested to receive this report and:

- Decide if this report provides sufficient information and assurance
- Decide if any further information and/or actions are required

This report covers the reporting period for the month of October 2017. Any other known matters of relevance since then will also be described.

2. PATIENT SAFETY

2.1 Never Events (NE) – Reported Previously

Two of the three Never Events declared in August and September have now concluded and the final reports relating to them have been submitted to commissioners.

2.1.1 Ref: 20044 – Wrong Site Surgery

This NE was in relation to wrong site surgery on the Ulnar nerve whereby the surgeon made the incision at the wrong side of the patient's elbow and the original operation was unable to be carried out. The patient recovered well and full duty of candour obligations were met. However, the consequence of this is that the patient now requires a second operation. The root cause of this incident was that the surgeon omitted to make the incision in the correct place, despite all of the safer surgery checking procedures having taken place affirmatively, previously. The surgeon's rationale for this was that this was his mistake and his alone.

Although the surgeon marked the correct arm and location of the surgery, this error still occurred. In view of this, the panel agreed only one recommendation; that the Trust should put in place a surgical site marking policy that adopts the principle of 'marking the site as close to the incision as possible'. This is now under way.

2.1.2 Ref: 21593 – Wrong Implant/Prosthesis

This second NE, which has now been investigated, related to the insertion of an incorrect implant during an elective knee replacement. During the procedure, an issue arose with one part of the intended prosthesis (first prosthesis). In view of this, the surgeon changed the requirement to a different type of prosthesis (second prosthesis). During this transition, a component of the first prosthesis was inserted as opposed to the second prosthesis and this was not recognised at the time. The operation was completed with the insertion of the second part of the second prosthesis, i.e. a mismatch. The patient has received an apology and is under surveillance with the consultant. It is not yet clear whether the patient will need a revision to this surgery. The actions resulting from this investigation included if the planned procedure is changed during the procedure then this change should be stated aloud and there should be a pause in surgery. In addition, this must be documented on the theatre whiteboard, to ensure that everyone involved is aware of the change(s) of procedure.

The third Never Event investigation will be completed and submitted by the end of November and its findings will be included in the next version of this report.

2.2 New Never Event (NE)

2.1.1 Ref: 28869 Wrong Route of Medication

It is with regret that the Trust Board is advised of a further Never Event, which occurred on 15th November 2017. This brings to the total reported Never Events to four this financial year. This relates to a 'wrong route administration of a medication'. Two registered nurses checked a controlled drug medicine intended for oral ingestion and then administered it intravenously to the patient. The patient suffered no ill side effects and recovered well. An apology has been given to the patient for this error. This investigation is being led by the Chief Nurse and will report in due course.

2.3 Serious Incidents declared in October 2017

The Trust declared 8 Serious Incidents in October 2017. All of these are in the process of being investigated fully. Anything of relevance from these will be reported to the Trust Board in due course.

Ref Number	Type of SI	Health Group
24175	Sub-optimal care of the deteriorating patient. Missed timely review and treatment within Emergency Department (ED) of a patient with a lower respiratory tract infection	Medicine
24315	Sub-optimal care of the deteriorating patient Missed treatment and no escalation to Critical Care Outreach of a patient within the ED	Medicine
25524	Sub-optimal care of the deteriorating patient A patient was moved from a medical base ward to surgical ward and deteriorated	Medicine
25533	Sub-optimal care of the deteriorating patient Delays in agreeing a plan of care led to patient remaining in ED inappropriately	Medicine
26028	Surgical/Invasive procedure Recommended Endoscopic Retrograde Chlolangiopancreatography (ERCP) was nearly completed on the wrong patient	Surgery
26034	Treatment Delay Delay in undertaking abdominal x-ray	Medicine
26179	Treatment Delay Systematic failures within outpatient follow up	Corporate Functions
26348	Sub-optimal care of the deteriorating patient Potential inappropriate discharge of a Cardiothoracic Surgery patient	Surgery

The Trust has continued to declare serious incidents, about the 'sub-optimal care of the deteriorating patient' and this remains a concern for The Trust. The deteriorating patient project is part of the quality improvement programme (QIP) and the Deputy Chief Nurse has been leading work to ensure that patients' vital signs are recorded correctly and then escalated accordingly. In some occasions, these observations are being taken by non-registered staff and then not escalated to registered staff accordingly. In view of this and for the time being, the Chief Nurse has instructed for non-registered staff to refrain from undertaking vital signs recordings and for this responsibility to transfer to registered staff. It is understood that this is a common issue across the NHS and that national guidance is about to be released along similar lines. The Trust's policy will be updated in line with these changes.

3. SAFETY THERMOMETER – HARM FREE CARE

Due to the timing of this report, the full analysis of November's Safety Thermometer point prevalence audit has not yet taken place. These results will be included in the December Quality Report.

4. HEALTHCARE ASSOCIATED INFECTIONS (HCAI)

4.1 HCAI performance 2017/18 as at 31st October 2017

The Trust is required to report monthly on performance in relation to six key HCAI's. These are summarised in the following table.

Organism	2017/18 Threshold	2017/18 Performance (Trust Apportioned)
Post 72-hour *Clostridium difficile* infections	**53**	**27 (51% of threshold)**
MRSA bacteraemia infections (post 48 hours)	**Zero**	**1 (reported November 2017)**
MSSA bacteraemia	**44**	**24 (54.5% of threshold)**
Gram Negative Bacteraemia		
E.coli bacteraemia	**73**	**60 (82% of threshold)**
Klebsiella (new this year)	**14**	**Baseline monitoring period**
Pseudomonas aeruginosa (new this year)	**10**	**Baseline monitoring period**

The current performance against the upper threshold for each is reported in more detail, by organism:

4.1.1. *Clostridium difficile*

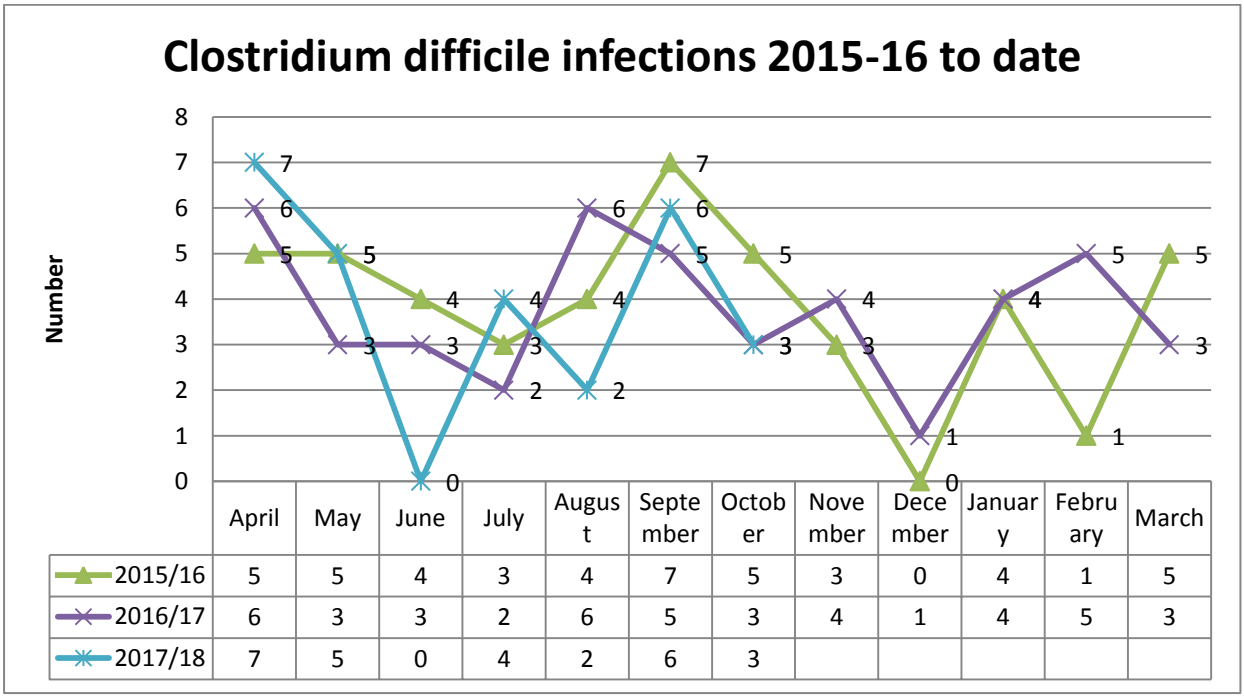
Clostridium difficile infection is a type of bacterial infection that can affect the digestive system. It most commonly affects people who have been treated with antibiotics. The symptoms of a *C.difficile* infection can range from mild to severe and include: diarrhoea, a high temperature (fever) and painful abdominal cramps. In extreme cases, *C. difficile* infections can also lead to life-threatening complications such as severe swelling of the bowel from a build-up of gas (termed toxic megacolon). In certain cases they can cause or contribute to the death of a patient. Root cause analysis investigations are conducted for each infection and outcomes of RCA investigations for all Trust apportioned cases shared collaboratively with commissioners, reviewing 3 months prior to the detection of the case in line with the pending revised reporting requirements for 2017/18.

To date this financial year, at Month 7, the Trust is reporting 24 infections against an upper threshold of 53 (51% of threshold), which is positive for this time of year. Three Trust apportioned *C. difficile* cases were reported during October; one case in the Medical Health Group and two cases in the Clinical Support Health Group.

Organism	2017/18 Threshold	2017/18 Performance (Trust apportioned)	Lapses in practice / suboptimal practice cases
Post 72-hour *Clostridium difficile* infections	**53**	**27** (45% of threshold)	3 cases reported during October 2017 - RCA investigations completed for all 3 cases and no lapses in practice identified. For further consideration by Commissioners during December 2017.

Lapses in practice/ Evidence of suboptimal practice	Reason for lapses in practice/ suboptimal practice	Lessons learned/ Identified learning	Actions
Nil to report	Nil to report	Nil to report	Nil to report

The following graph highlights the Trust's performance from 2015/16 to date with this infection:



4.1.2 Meticillin Resistant *Staphylococcus Aureus* (MRSA) bacteraemia

Staphylococcus aureus (also known as staph) is a common type of bacteria. It is often carried on the skin and inside the nostrils and throat, and can cause mild infections of the skin, such as boils and abscesses. If the bacteria enter the body through a break in the skin, they can cause life-threatening infections, such as blood poisoning (bacteraemia). MRSA is a type of bacteria that's resistant to a number of widely used antibiotics. This means MRSA infections can be more difficult to treat than other bacterial infections.

Organism	2017/18 Threshold	2017/18 Performance (Trust apportioned)	Outcome of PIR Investigation / Final assignment
MRSA bacteraemia	**Zero tolerance**	**1 (November)**	In progress

Although this report covers the October 2017 period, it is with regret that the Trust Board is advised of a Trust-attributable MRSA Bacteraemia that was detected in a patient on ward C33 –

Haematology during November. The patient was transferred into the Trust from North Lincolnshire and Goole Hospitals NHSFT (NLAG) but was not screened on admission at the Trust when he should have been. However, four days following admission, the patient developed a bacteraemia, which is thought to be from a bone marrow biopsy site (biopsy undertaken at NLAG). This patient had complex and multiple advanced diseases and has since died. The patient's death is not thought to be related to the bacteraemia. Nonetheless, the post-infection review (PIR) is underway and the Trust will remain in contact with the patient's family pending the outcome of the review.

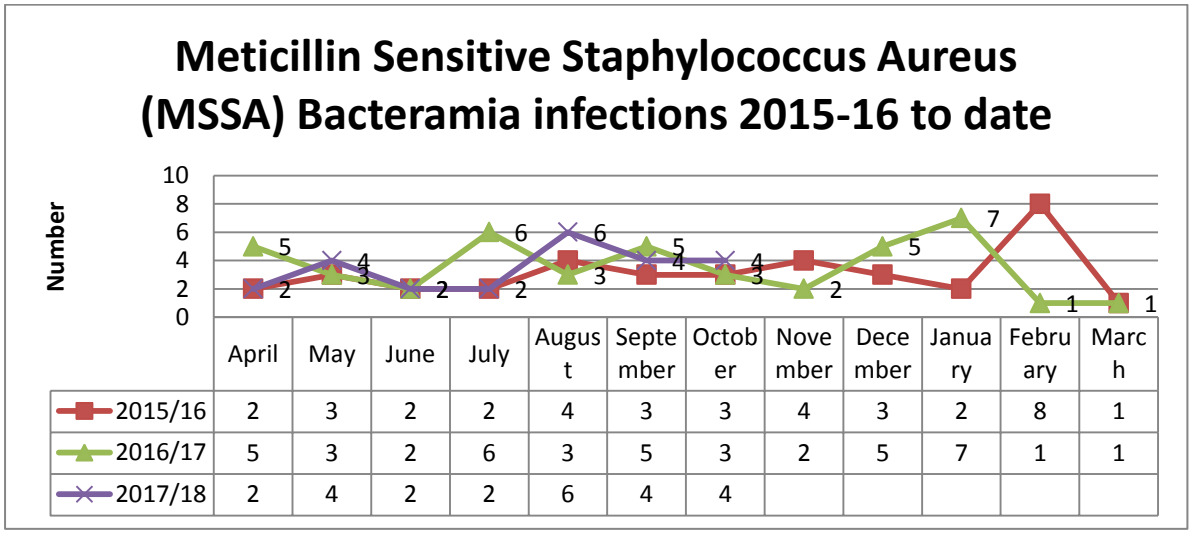
4.1.3 Meticillin Sensitive *Staphylococcus Aureus* (MSSA) bacteraemia

Meticillin-Sensitive *Staphylococcus aureus* is a type of bacteria that lives harmlessly on the skin and in the nose, in about one third of people. People who have MSSA on their bodies or in their noses are said to be colonised.

However, MSSA colonisation usually causes them no problems, but can cause an infection when it gets the opportunity to enter the body. This is more likely to happen in people who are already unwell. MSSA can cause local infections such as abscesses or boils and it can infect any wound that has caused a break in the skin e.g. grazes, surgical wounds. MSSA can cause serious infections called septicaemia (blood poisoning) where it gets into the bloodstream. However unlike MRSA, MSSA is more sensitive to antibiotics and therefore easier to treat, usually.

Organism	**2017/18 Threshold**	**2017/18 Performance (Trust apportioned)**	**Outcome of RCA Investigation (avoidable/ unavoidable)**
MSSA bacteraemia	**44**	**24** (54.5% of threshold)	12 unavoidable 7 possibly avoidable 5 avoidable
Lapses in practice/ Evidence of suboptimal practice	**Reason for lapses in practice/ suboptimal practice**	**Lessons learned/ Identified learning**	**Actions**
Case 1 RCA completed	Complex case - ICU patient who developed sepsis post neurosurgery for subarachnoid haemorrhage and aneurysm. Both central line tip and blood culture cultured MSSA suggesting line infection.	Importance of line insertion and management reiterated to staff involved with the management of this patient. VIP charts completed as per policy but in spite of this line infection occurred.	To discuss the case at next ward meeting with all staff. Staff to review training needs on unit regarding Central Venous Access Device (CVAD) insertion & management. Senior Matron in line with IPCT to monitor compliance and management
Case 2 RCA completed	Complex case – C14 post pancreatic surgery. Both femoral line tip and blood culture cultured MSSA suggesting line infection	Importance of line insertion especially site, in this case and ongoing management reiterated to staff involved with the management of this VIP charts not completed in line with Trust policy – inconsistent completion.	To discuss the case at next ward meeting with all staff. Staff to review training needs on unit regarding Central Venous Access Device (CVAD) insertion & management. Senior Matron in line with IPCT to monitor compliance and management

MSSA bacteraemia performance is provided in the following table. There are no national thresholds for this infection. The need for continued and sustained improvements regarding this infection remains a priority. Actions on vascular access devices/line management continue and are considered key in reducing rates of this infection both locally and nationally. The following graph highlights the Trust's performance from 2015-16 to date:



4.1.4 *Escherichia-coli* Bacteraemia

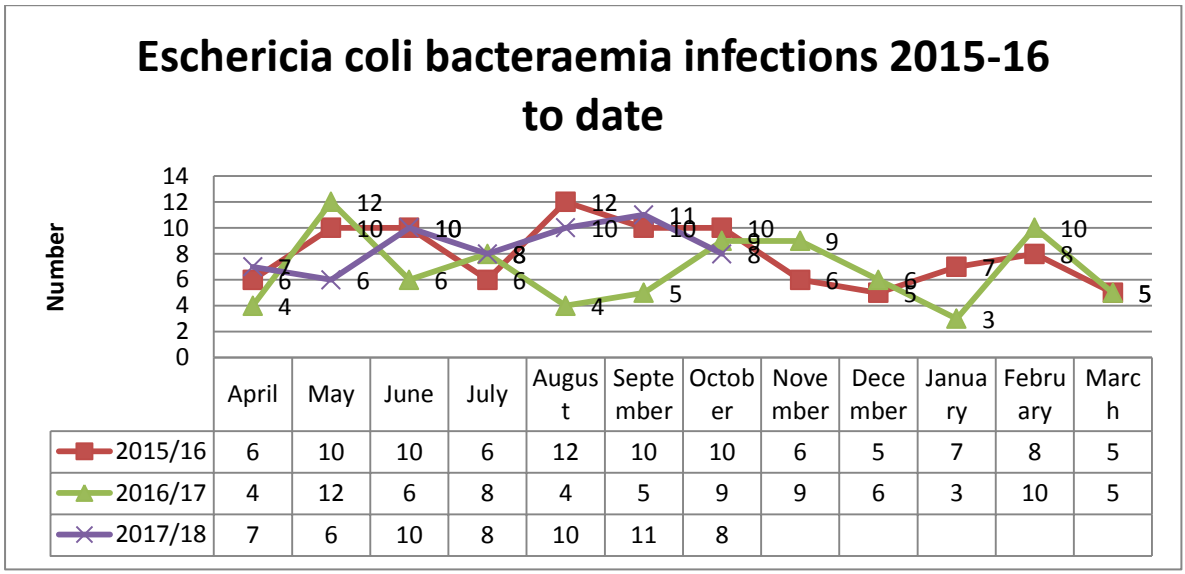
There are many different types of *Escherichia coli* (*E. coli*) bacteria, most of which are carried harmlessly in the gut. These strains of *E. coli* make up a significant and necessary proportion of the natural flora in the gut of people and most animals. However, when strains of *E. coli* are outside their normal habitat of the gut, they can cause serious infections, several of which can be fatal. Potentially dangerous *E. coli* can exist temporarily and harmlessly on the skin, predominantly between the waist and knees (mainly around the groin and genitalia), but also on other parts of the body, i.e. a person's hands after using the toilet.

E. coli is now the commonest cause of bacteraemia reported to Public Health England. *E. coli* in the bloodstream is usually a result of acute infection of the kidney, gall bladder or other organs in the abdomen. However, these can also occur after surgery, for example.

During 2017/18, Trusts will be required by NHS Improvement to achieve a 10% reduction in E. *coli* bacteraemia cases. Achievement of reductions will be collaborative with joint working with commissioners and joint action plans as required by NHS Improvement. A Trust improvement plan for E.*coli* and gram negative bacteraemia for 2017/18 has been drafted and shared with commissioners. A subsequent joint improvement plan has been drafted to capture issues, trends and learning from E.coli and gram negative bacteraemia experienced across healthcare.

Organism	2017/18 Threshold	2017/18 Performance (Trust apportioned)	No. of cases investigated clinically	Outcome of Clinical Investigation (avoidable/ unavoidable)
E. coli bacteraemia	**73 (after 10% reduction)**	**60 (82% of threshold)**	60	2 x avoidable 6 x possibly avoidable 52 x unavoidable

The following graph highlights the Trust's performance from 2014/15 to date:



	April	May	June	July	August	September	October	November	December	January	February	March
2015/16	6	10	10	6	12	10	10	6	5	7	8	5
2016/17	4	12	6	8	4	5	9	9	6	3	10	5
2017/18	7	6	10	8	10	11	8					

A significant number of apportioned cases both Trust and Community that account for the increase in cases are detected because of compliance with sepsis screening, both in the Emergency Department and for inpatients. Although increases are noted and the Trust is already at 82% of threshold at Month 7 for this infection, patients are receiving improved quality of care because of targeted identification, treatment and appropriate management. However, in view of this, it is unlikely that the Trust will perform under the maximum threshold for this infection this year.

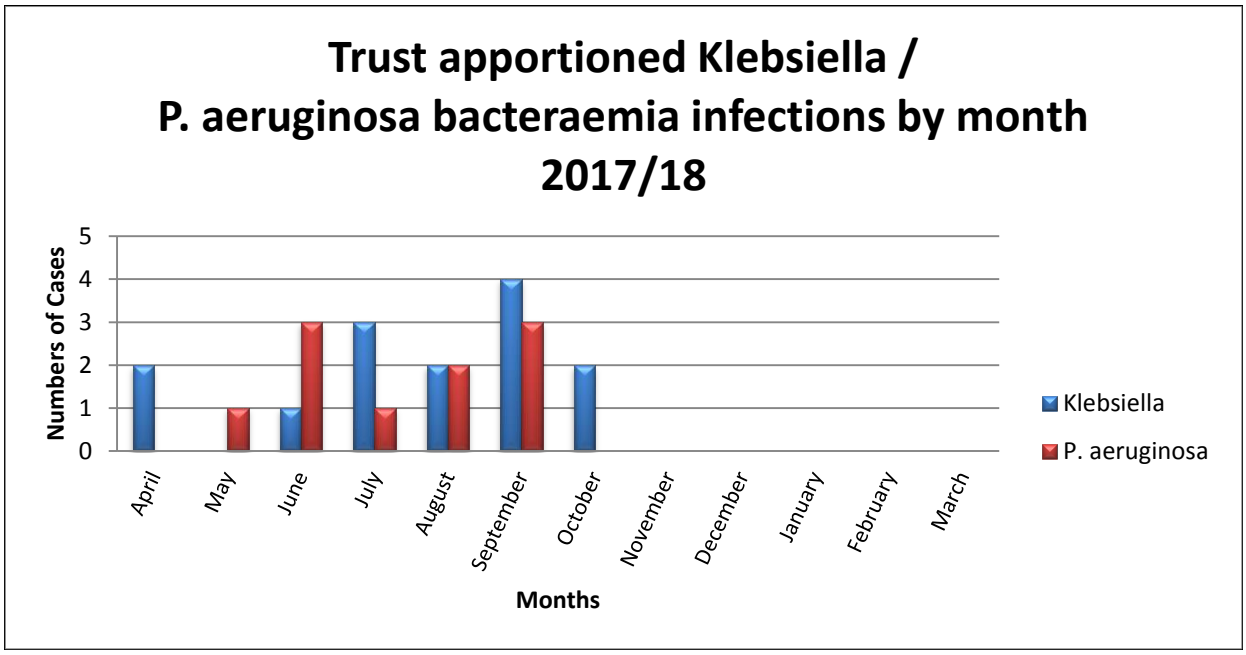
Trust apportioned *E. coli* bacteraemia cases from November 2017 will also benefit from an additional Infectious Diseases Consultant review, once data collection documentation and processes agreed in conjunction with the Infection Prevention & Control Team. This is an evolving area of understanding, identification and management.

4.1.5 Gram negative bacteraemia – reporting for 2017/18

If gram-negative bacteria enter the circulatory system, this can cause a toxic reaction to the patient. This results in fever, an increased respiratory rate, and low blood pressure. This may lead to life-threatening condition of septic shock.

NHS England and Public Health England (PHE) introduced a new set of measures from April 2017 to reduce the burden of gram negative bacteraemia. There is a requirement across the health economy to reduce healthcare associated Gram-negative bloodstream infections by 50% by 2021. This includes two additional organisms that have not been required to be reported on previously. Surveillance of *E. coli* bacteraemia continues. However, alongside this, Klebsiella and Pseudomonas aeruginosa bacteraemia cases are now reported to PHE.

Review of cases to date suggests similar risk factors as those found with *E.coli* bacteraemia, with Klebsiella related to respiratory infections. Subsequent trends and learning associated with these infections will be reported in future editions of this report.



4.2 Infection Outbreaks

An outbreak is defined by two or more patients with the same infection in the same ward/area. During October 2017, there were no reported diarrhoea & vomiting outbreaks.
(Ward 9 HRI declared an outbreak of diarrhoea and vomiting on the 31st October 2017 and will be reported in the HCAI Report for November 2017). This has now abated.

Also, at the time of writing this report, ward H8 is closed to admissions due to Norovirus.

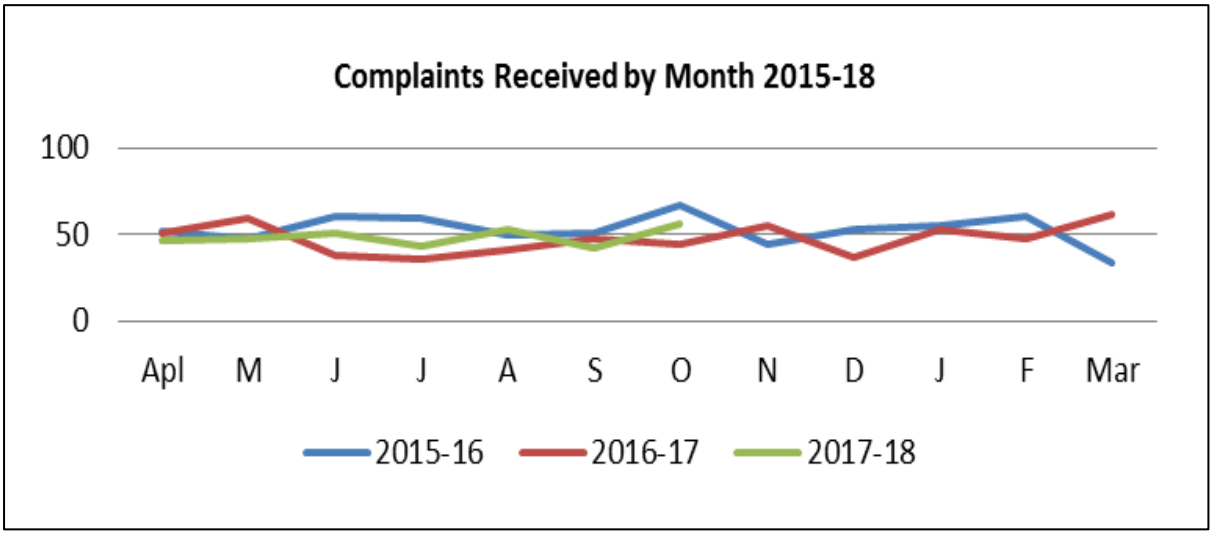
4.2.3 Influenza trends

The Trust's 'flu' vaccination programme commenced on the 2nd October 2017 with over 4,000 staff being vaccinated in the first month. Vaccination sessions continue for all staff, focusing on frontine staff which is a priority group as deemed by NHS England and Public Health England.

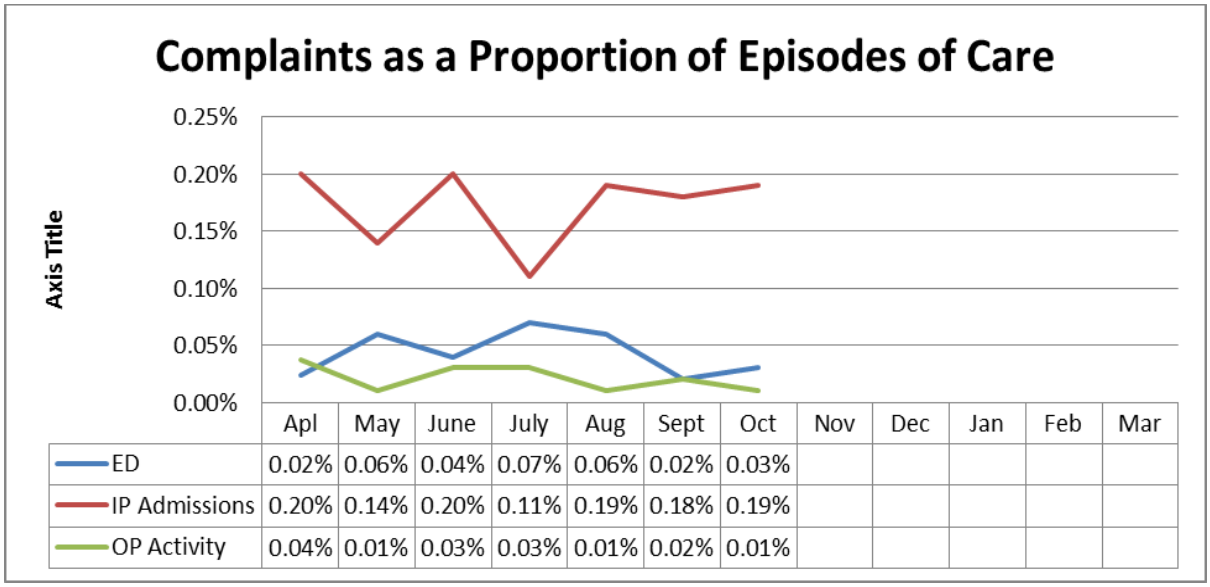
5. PATIENT EXPERIENCE

5.1 Complaints

The following graph sets out comparative complaints data from 2015 to date. There were 56 new complaints recorded in October 2017, which was higher than the same period last year but which follows a much lower figure in September. The Patient Experience team has reviewed the complaints received to identify any themes and trends and have raised awareness with senior staff when several complaints have been received within a specific area. The monthly average complaint rate this financial year to date is 48 per month compared to an average of 47 in 2016/17 and 53 in 2015/16.



The following table indicates the number of complaints compared with activity. Although there has been a slight increase in complaints regarding inpatient and emergency care, there is no obvious theme. Complaints regarding outpatient services have fallen.



	Apl	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
ED	0.02%	0.06%	0.04%	0.07%	0.06%	0.02%	0.03%					
IP Admissions	0.20%	0.14%	0.20%	0.11%	0.19%	0.18%	0.19%					
OP Activity	0.04%	0.01%	0.03%	0.03%	0.01%	0.02%	0.01%					

The following table indicates the number of complaints by subject area that were received for each Health Group and Corporate department during the month of October 2017.

Complaints by Health Group and Subject (primary)	Attitude	Care and Comfort	Communication	Delays, Waiting times & cancel	Discharge	Safeguarding	Treatment	Total
Corporate Functions	0	0	0	0	0	0	0	0
Clinical Support	0	0	1	0	0	0	1	2
Family and Women's	2	0	1	0	0	1	7	11
Medicine	1	1	2	1	3	1	13	22
Surgery	1	0	1	0	2	0	17	21
Totals:	4	1	5	1	5	2	38	56

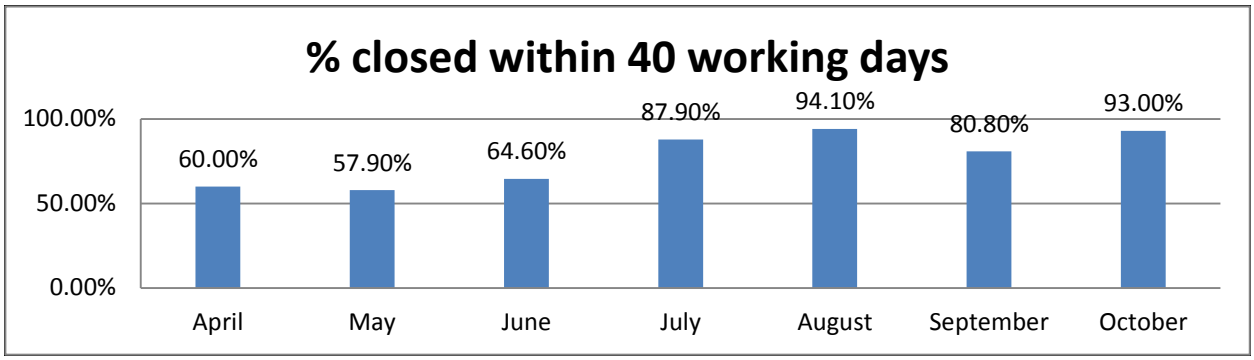
As can be seen from the above table, complaints about treatment remains the highest recorded category, consistently. In view of this, the Chief Nurse has requested further details and assurance about what actions are being taken to learn from these and to prevent recurrences where possible.

5.1.1 Examples of outcomes from complaints closed this month:

- The patient had experienced gynaecological problems and was concerned that as she was in her early 40s, this had led to fertility problems.
  Action: The patient was referred to the sub-fertility clinic to discuss her options and to decide how she wished to proceed, which she was satisfied with.
- A mother was unhappy that it was only recently that she had been informed of some important medical information regarding her son, several years after it had been reported. This was due to the consultant going on long-term leave.
  Action: The Clinical Lead will develop a robust process to ensure that responsibility for the review of investigation results is handed over and acted upon effectively when consultants are on leave or terminate their employment.
- The professionalism of a nurse was questioned, as the family felt that the nurse had spoken to a patient in a condescending manner. Concerns were also raised at the poor level of communication with the family.
  Action: The nurse concerned will produce a reflective practice piece as part of their personal portfolio. The complaint will also be discussed at the next ward team meeting and discussed at the Health Group Governance for the lessons to be shared.

5.1.2 Performance against the 40-day complaint response standard

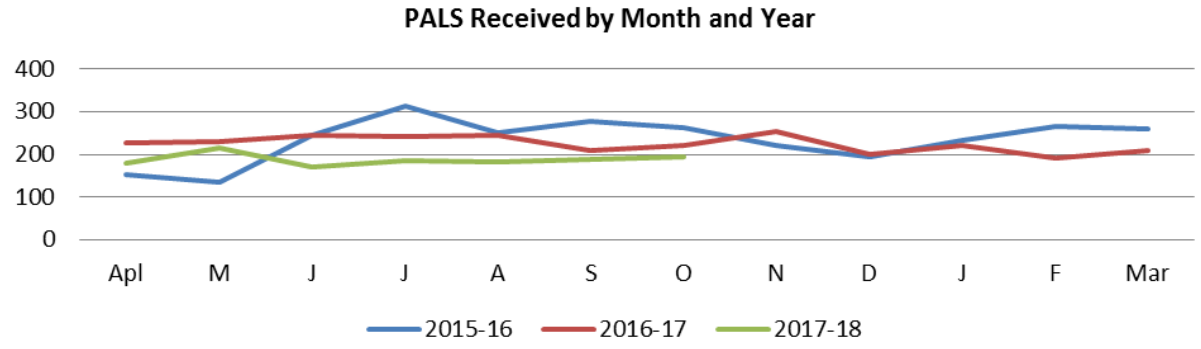
The following graph indicates the percentage of complaints closed within 40 working days of receipt. The Trust's target is for 90% of complaints to be closed within this timeframe. In October, 93% of open complaints were closed within 40 working days, which is an improvement following the deterioration in performance reported in September. The Patient Experience Team works closely with the Health Groups to provide support and meets with the teams on a weekly basis to review progress.



5.2 Patient Advice and Liaison Service (PALS)

In October 2017, PALS received 194 concerns, 17 compliments, 2 comments/suggestions and 48 general advice issues. The majority of concerns raised relate to the number of cancelled procedures and investigations, including elective surgery, and a delay in the notification of results of investigations. This information is shared with the Health Groups in order that they can review and implement any actions as necessary. As with complaints, the Chief Nurse has requested further assurance that these matters have been addressed to the patient's satisfaction.

The following graph shows that the number of PALS contacts in 2017-18 have been relatively consistent each month and are lower than the previous two years.



The following table indicates the number of PALS received by Health Group and primary reason of concern:

PALS by HG and Subject (primary)	General Advice	Attitude	Care and Comfort	Communication	Delays Waiting times and Cancellations	Discharge	Environment	Treatment	Total
Corporate Functions	4	1	0	4	1	0	1	1	12
Clinical Support - Health Group	1	1	0	0	3	0	0	2	7
Family and Women's Health Group	11	3	0	4	22	0	0	16	56
Medicine - Health Group	8	7	2	8	20	3	1	12	62
Surgery - Health Group	4	11	0	0	31	0	0	11	57
Totals:	28	23	2	16	77	3	2	42	194

The Trust PALS team has set a target of trying to close 90% cases within 7 days, where possible. Of the 194 PALS concerns, 153 (78%) were closed within 7 working days during the month of October. Of these, 89 PALS were closed within 1 working day (45%) and 25 closed within 2 working days (13%). Cases that take longer than 7 working days are mostly due to awaiting information from staff that is not available for a number of different reasons. Nonetheless, the team is looking to improve this performance further.

The recurrent themes from complaints and PALS regarding treatment or delays in treatment are being looked at in a more detailed way and will be reported through to the Operational Quality Committee for further discussion and action.

5.3 Compliments
The following are excerpts from some of the compliments received during the month of October:

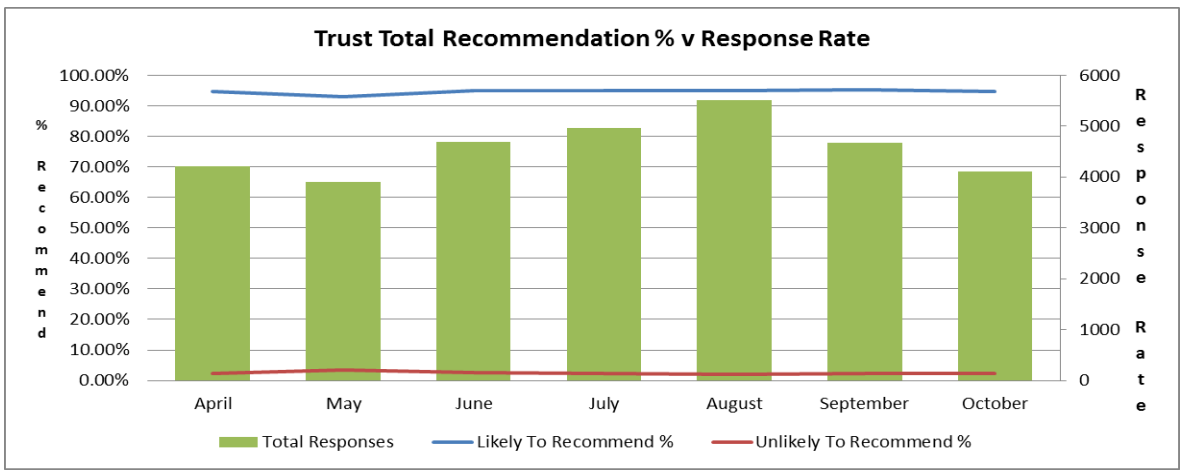
- 'My mum recently had major surgery at Castle Hill Hospital but sadly, just after the procedure she suffered a heart attack. My mum was taken straight to the Intensive Care Unit (GICU2). She sadly died several days later. I want to express my sincere thanks to everyone in the ICU who were so very caring and supportive. Everyone was professional and treated my mum with dignity and respect. I cannot thank them enough for their kindness at this very difficult time'.

- 'My wife went into labour and we arrived on the ward at 7:00am. From that point, until the birth of our son at 7:15pm the midwife and student midwife who were caring for us, were outstanding. Their caring attitude, upbeat approach and absolute professionalism made us feel assured throughout the 12 hour labour. Their calm demeanour helped my wife through what could have been a very traumatic experience and our son was born safely at 7:15pm. I cannot speak highly enough of all the staff involved and felt so strongly about the positive experience and amazing care we received that I wanted to make sure you are aware of the impeccable standard of treatment your staff are providing'.

- 'I recently underwent heart surgery and I would like to express my sincere gratitude for the excellent care I received before, during and after my operation. All of the doctors, nurses and staff were extremely professional, kind and considerate. I feel I am making good progress in my recovery and this is entirely due to the superb quality of the treatment and aftercare I have received'.

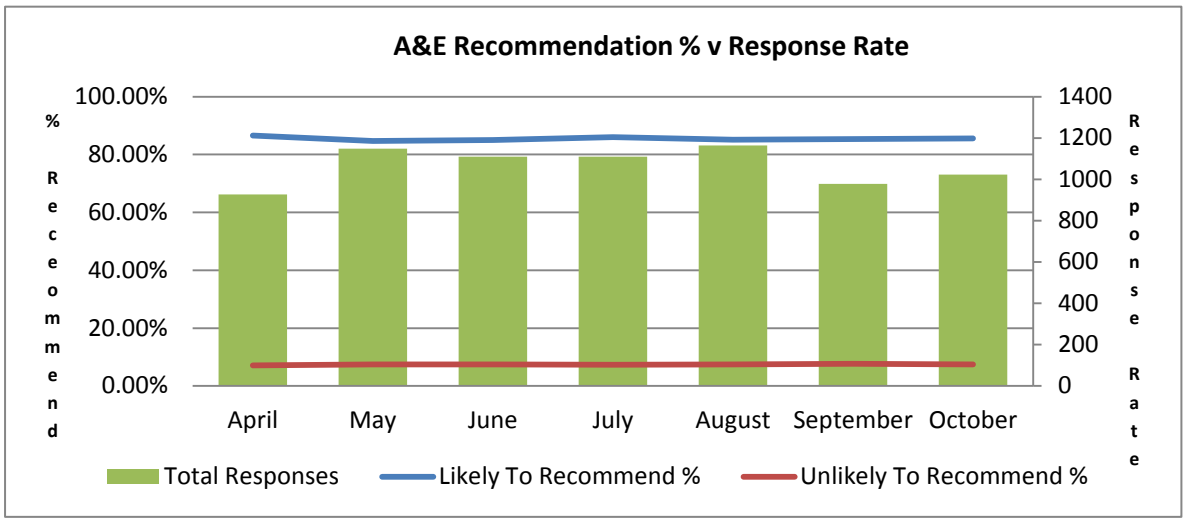
5.3 Friends and Family Test (FFT)
The Trust's Friends and Family results for all areas, including the Emergency Department, indicate that there was a decrease in the number of responses for October 2017 with 4,106 responding, compared to September 2017 when 4,682 responses were received. The results indicate that **94.84%** were extremely likely/likely to recommend the Trust to friends and family, which is slightly below the nationally set-target of **95%**.

5.3.1 Trust Summary



5.3.2 Friends and Family Emergency Department (ED)

1023 patients who attended the Emergency department in October 2017 responded to the Friends and Family Test with **85.53%** of patients giving positive feedback and **7.43%** negative feedback. The rest were neither positive nor negative.



5.3.2.1 Emergency Department Responses

The Trusts text messaging service in ED received a high percentage of respondents and is proving to be a very successful method of receiving feedback. The Patient Experience Team will continue to work closely with staff to ensure they receive support with administering the Friends and Family test.

5.4 Parliamentary and Health Service Ombudsman (PHSO)

The Trust has 12 cases under review currently by the PHSO. During the month of October, there has been one new case opened and one case closed, which was not upheld. There are no themes occurring from the cases referred to the PHSO.

6. OTHER QUALITY UPDATES

6.1 Care Quality Commission (CQC)

6.1.2 CQC Well-Led and Core Services Inspections

The Trust has been informed that the CQC will be performing a Well-Led and Core Services inspection, which is expected to take place in early 2018. The Trust has received the Provider Information Request (PIR) from the CQC, which commences this process.

The following process and timescales apply:

- The Trust submitted the completed PIR on 28th November 2018
- The date of the well-led inspection will be given to The Trust approximately **9-12 weeks** after the PIR is received, which could be as early as **January 2018.**
- It is anticipated that once the PIR has been received, the Trust will receive at least one unannounced inspection of core services **within 6 months** (it could be less than this; 6 months is the maximum time between the PIR and Inspection, which would be April 2018 at the latest).
- The date of the inspection will be announced for the Well-Led element; however, the Trust will not be told which core services are being reviewed as these will be unannounced inspections.
- The well-led inspection and core service inspections may not happen at the same time.
- The inspection itself will include the Well-Lead domain and it is anticipated that at least all core services rated as ‘Requires Improvement’ will also be inspected. For this Trust, this means at least the following will be inspected: - Medical Care, Surgery, Critical Care,

Maternity and Outpatients and Diagnostics. However, there is the potential that the CQC could also inspect any, if not all, other core services. The Inspection will also be across both sites and potentially at satellite sites e.g. East Riding Community Hospital.

The Trust Board will be advised of any further developments in this respect, in due course.

6.1.2 Radiology reporting
The CQC has written to chief executives to enquire about radiology reporting times across trusts and has requested responses to specific questions in this regard by 1st December 2017. The focus of this is about how trusts are addressing any reporting backlogs. The responses are in the process of being complied but present a very positive picture of how previous backlogs in radiology reporting have been addressed. More details on this will be provided in the next Quality Report.

6.2 Avoidable Mortality update
The Trust is working with the Clinical Commissioning Groups to undertake reviews on patients that died within 48 hours of transfer to the hospital from a care home. This is to ensure that any due learning is shared across the health economy from mortality reviews.

Further work is also underway to identify and review patients that died within 30 days of being discharged from the Trust.

Following a rise in the Hospital Standardised Mortality Ratio (HSMR) early in 2017, the Trust has undertaken reviews of patients that died in November and December 2016, and January 2017. The Structured Judgement Case-Note Review was the chosen method to undertake this work and focused specifically on patients who had Chronic Obstructive Pulmonary Disease (COPD), Acute Myocardial Infarction and Pneumonia. The results are currently being analysed and findings will be presented at the next Quality Report.

7. RECOMMENDATION
The Trust Board is requested to receive this report and:

- Decide if this report provides sufficient information and assurance
- Decide if any further information and/or actions are required

Mike Wright
Chief Nurse

Kevin Phillips
Chief Medical Officer

Sarah Bates
Deputy Director Quality,
Governance and Assurance

November 2017

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

NURSING AND MIDWIFERY STAFFING REPORT

Trust Board date	6th December 2017		**Reference Number**	2017 – 12 - 9		
Director	Mike Wright – Chief Nurse		**Author**	Mike Wright – Chief Nurse		
Reason for the report	The purpose of this report is to inform the Trust Board of the latest position in relation to Nursing and Midwifery staffing in line with the expectations of NHS England (National Quality Board – NQB's Ten Expectations) and the Care Quality Commission					
Type of report	Concept paper		Strategic options		Business case	
	Performance		Information	✓	Review	

1	**RECOMMENDATIONS** The Trust Board is requested to: • Receive this report • Decide if any if any further actions and/or information are required					
2	**KEY PURPOSE:**					
	Decision		Approval		Discussion	✓
	Information		Assurance	✓	Delegation	
3	**STRATEGIC GOALS:**					
	Honest, caring and accountable culture					✓
	Valued, skilled and sufficient staff					✓
	High quality care					✓
	Great local services					
	Great specialist services					
	Partnership and integrated services					
	Financial sustainability					
4	**LINKED TO:**					
	CQC Regulation(s): E4 – Staff, teams and services to deliver effective care and treatment					
	Assurance Framework Ref: BAF 1 and BAF 2	**Raises Equalities Issues?** N	**Legal advice taken?** N	**Raises sustainability issues?** N		
5	**BOARD/BOARD COMMITTEE REVIEW** The report is a standing agenda item at each Board meeting.					

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

NURSING AND MIDWIFERY STAFFING REPORT

1. PURPOSE OF THIS REPORT

The purpose of this report is to inform the Trust Board of the latest position in relation to Nursing and Midwifery staffing in line with the expectations of NHS England (National Quality Board – NQB's Ten Expectations)[1,2] and the Care Quality Commission.

2. BACKGROUND

The last report on this topic was presented to the Trust Board in November 2017 (September 2017 position).

In July 2016, the National Quality Board updated its guidance for provider Trusts, which sets out revised responsibilities and accountabilities for Trust Boards for ensuring safe, sustainable and productive staffing levels. Trust Boards are also responsible for ensuring proactive, robust and consistent approaches to measurement and continuous improvement, including the use of a local quality framework for staffing that will support safe, effective, caring, responsive and well-led care.

This report presents the 'safer staffing' position as at 31st October 2017 and confirms on-going compliance with the requirement to publish monthly planned and actual staffing levels for nursing, midwifery and care assistant staff[3].

3. NURSING AND MIDWIFERY STAFFING - PLANNED VERSUS ACTUAL FILL RATES

The Trust Board is advised that the Trust continues to comply with the requirement to upload and publish the aggregated monthly average nursing and care assistant (non-registered) staffing data for inpatient areas. These can be viewed via the following hyperlink address on the Trust's web-page:

http://www.hey.nhs.uk/openandhonest/saferstaffing.htm

These data are summarised, as follows:

3.1 Planned versus Actual staffing levels

The aggregated monthly average fill rates (planned versus actual) by hospital site are provided in the following graphs and tables. More detail by ward and area is available in **Appendix One** (data source: Allocate e-roster software & HEY Safety Brief). This appendix now includes some of the new metrics from Lord Carter's Model Hospital dashboard. These additions are: Care Hours Per Patient Day (CHPPD), annual leave allocation, sickness rates by ward and nursing and care assistant vacancy levels by ward.

[1] National Quality Board (2012) How to ensure the right people, with the right skills, are in the right place at the right time - *A guide to nursing, midwifery and care staffing capacity and capability*
[2] National Quality Board (July 2016) Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time – Safe sustainable and productive staffing
[3] When Trust Boards meet in public

The inclusion of all of these additional sets of data is in its early stages. However, they help to provide context and perspective when considering staffing levels and their impact on patient care and outcomes.

The fill rate trends are now provided on the following pages:

Fig 1: Hull Royal Infirmary

HRI	DAY		NIGHT	
	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)
Apr-16	80.86%	88.23%	85.26%	103.39%
May-16	80.58%	91.24%	86.70%	105.93%
Jun-16	80.25%	89.41%	85.20%	102.22%
Jul-16	82.28%	90.96%	86.30%	103.33%
Aug-16	80.56%	89.30%	87.74%	99.85%
Sep-16	86.38%	93.40%	93.28%	101.70%
Oct-16	88.51%	100.79%	90.58%	106.38%
Nov-16	91.30%	97.10%	95.70%	107.30%
Dec-16	91.23%	100.10%	97.00%	100.76%
Jan-17	93.00%	103.50%	99.10%	101.10%
Feb-17	90.10%	98.10%	94.80%	100.30%
Mar-17	86.80%	95.90%	89.60%	102.10%
Apr-17	85.20%	97.61%	89.15%	102.19%
May-17	83.70%	94.20%	89.20%	102.60%
Jun-17	90.40%	94.20%	93.90%	102.90%
Jul-17	84.00%	89.60%	91.30%	100.90%
Aug-17	78.40%	93.20%	88.00%	100.80%
Sep-17	77.50%	96.70%	87.60%	101.80%
Oct-17	83.72%	95.68%	88.29%	100.49%

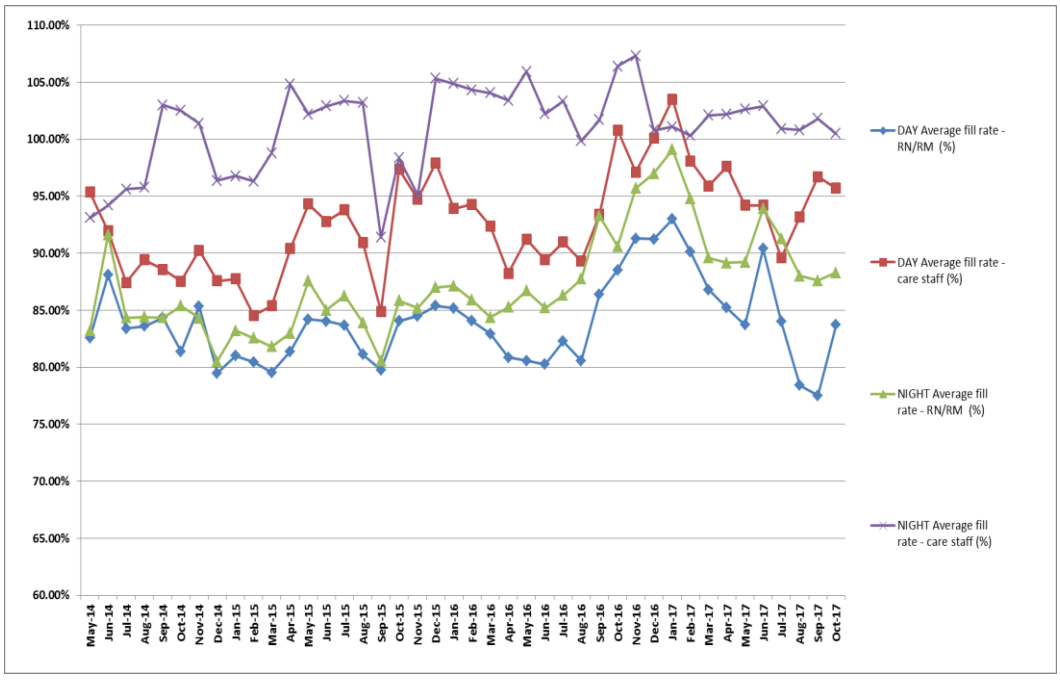
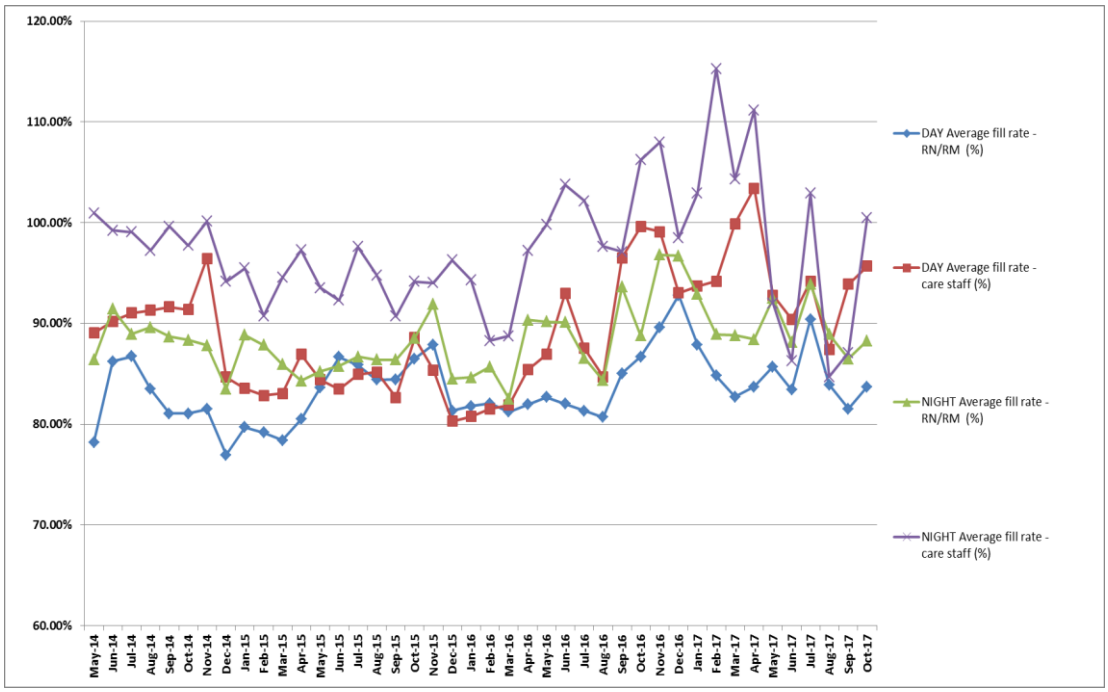


Fig 2: Castle Hill Hospital

CHH	DAY		NIGHT	
	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)
Apr-16	81.96%	85.40%	90.34%	97.19%
May-16	82.68%	86.93%	90.19%	99.79%
Jun-16	82.01%	92.99%	90.12%	103.78%
Jul-16	81.33%	87.53%	86.56%	102.15%
Aug-16	80.70%	84.70%	84.35%	97.64%
Sep-16	85.02%	96.52%	93.61%	97.09%
Oct-16	86.70%	99.59%	88.79%	106.24%
Nov-16	89.60%	99.10%	96.80%	108.00%
Dec-16	92.79%	93.03%	96.70%	98.50%
Jan-17	87.90%	93.70%	92.90%	102.90%
Feb-17	84.80%	94.20%	88.90%	115.30%
Mar-17	82.70%	99.90%	88.80%	104.30%
Apr-17	83.71%	103.40%	88.41%	111.16%
May-17	85.70%	92.80%	92.50%	92.00%
Jun-17	83.40%	90.40%	88.10%	86.30%
Jul-17	90.40%	94.20%	93.90%	102.90%
Aug-17	83.90%	87.40%	88.90%	84.70%
Sep-17	81.50%	93.90%	86.50%	87.10%
Oct-17	83.72%	95.68%	88.29%	100.49%



As indicated in the aformentioned tables, the fill rates for both HRI and CHH have imporved significantly, particualrly the HRI position, in comparision to the previous month. This is the result of the commencement of 130 wte. new registrants from the University of Hull. This position should improve further as the newly appointed nurses complete their supervisory period, which can be up to a period of 12 weeks in areas such as Critical Care.

From the perspective of International Recruitment, this continues but the process is slow. To date, 138 candidates have been interviewed with 122 being offered posts; however only 8 wte have been recruited so far with a further 5 wte due to commence with the organisation in December 2017.

The Trust Board has been advised already of actions that have been taken to date to balance emerging shortfalls, including:

- The closure of 20 beds within Surgery at CHH and the consolidation of beds and wards teams.
- The redeployment of staff from CHH to support HRI.
- Reduction in the number of Ward Sister/Charge Nurse supervisory shifts within all of the Health Groups on a temporary basis to support the areas where there are significant vacancies. (Additional managerial support is being provided by the Senior Matron for the clinical area).
- The placement of Senior Matrons into clinical shifts across all Health Groups to help boost direct care-giving hours
- Support being given to wards by specialist nurses
- Utilisation of some agency shifts, albeit on a controlled basis.

Robust recruitment continues within a number of specialities through the development of bespoke advertising campaigns. In addition the Chief Nurse has commissioned the development of a Nursing Workforce Committee focused on the delivery of the following:

- Improving retention by understanding why staff leave and what can be done to address that beforehand.
- Focused work with those approaching 55/early retirement to see if anything can be done to persuade such staff to stay on
- Considering more flexible working opportunities
- Looking at skill mix; as one big reason for leaving is due to the apparent lack of career progression opportunities
- Undertaking some time/motion work to understand the roles and tasks that RN's are doing compared to that of the non-registered workforce
- Review of nursing shift patterns (underway currently)
- Undertake some staff surveys about what would make the difference to help keep nurses working here.
- Restricting annual leave allocation during peak holiday periods, especially towards the end of the summer school holidays.
- The possibility of pursuing an alternative entry point to nurse training using the apprenticeship route. However, this would require funding from the Trust to support in terms of paying the apprenticeship salary and backfill costs. Options to look at this more closely are being developed. Nonetheless, this is not a short-term solution.

In terms of strategic context with nursing staffing, the future supply of registered adult nurses remains the number one concern for the Trust's Chief Nurse and many other chief nurses, certainly across the Yorkshire and the Humber region. All have similar ageing nursing and care assistant workforces, with many still having the option to retire at 55 yrs. of age. This continues to be a risk to the local health economy.

The Chief Nurse for the North of England is holding a Nursing workforce summit/think tank on 13th December to consider the solutions to the registered nursing shortfalls. This will provide an opportunity to discuss and debate the structure of the future care-

giving workforce, the future role of the registered nurse, possible solutions and the likely costs/funding options. The Chief Nurse and Deputy Chief Nurse are part of the working group that is setting up this summit. This Trust's Chief Nurse is presenting the opening session to 'set the scene' for the day.

4. ENSURING SAFE STAFFING

The safety brief reviews, which are now completed six times each day, are led by a Health Group Nurse Director (or Site Matron at weekends) in order to ensure at least minimum safe staffing in all areas. This is always achieved, albeit this has been extremely challenging to achieve in some areas, of late. The Trust has a minimum standard, whereby no ward is ever left with fewer than two registered nurses/midwives on any shift. Staffing levels are assessed directly from the live e-roster and SafeCare software and this system is working well.

Other factors that are taken into consideration before determining if a ward is safe or not, include:

- The numbers, skill mix, capability and levels of experience of the staff on duty
- Harm rates (falls, pressure ulcers, etc.) and activity levels
- The self-declaration by the shift leader on each ward as to their professional view on the safety and staffing levels that day
- The physical layout of the ward
- The availability of other staff – e.g. bank/pool, matron, specialist nurses, speciality co-ordinators and allied health professionals.
- The balance of risk across the organisation

5. RED FLAGS AS IDENTIFIED BY NICE (2014).

Incorporated into the census data collected through SafeCare are a number of `Nursing Red Flags` as determined by the National Institute of Health and Clinical Excellence (NICE 2014).[4]

Essentially, 'Red Flags' are intended to record a delay/omission in care, a 25% shortfall in Registered Nurse Hours or less than 2 x RN`s present on a ward during any shift. They are designed to support the nurse in charge of the shift to assess systematically that the available nursing staff for each shift, or at least each 24-hour period, is adequate to meet the actual nursing needs of patients on that ward.

When a 'Red Flag' event occurs, it requires an immediate escalation response by the Registered Nurse in charge of the ward. The event is recorded in SafeCare and all appropriate actions to address them are recorded in SafeCare, which provides an audit trail. Actions may include the allocation or redeployment of additional nursing staff to the ward. These issues are addressed at each safety brief.

In addition, it is important to keep records of the on-the-day assessments of actual nursing staffing requirements and reported red flag events so that they can be used to inform future planning of ward nursing staff establishments or any other appropriate action(s).

The 'red flags' suggested by NICE, are:

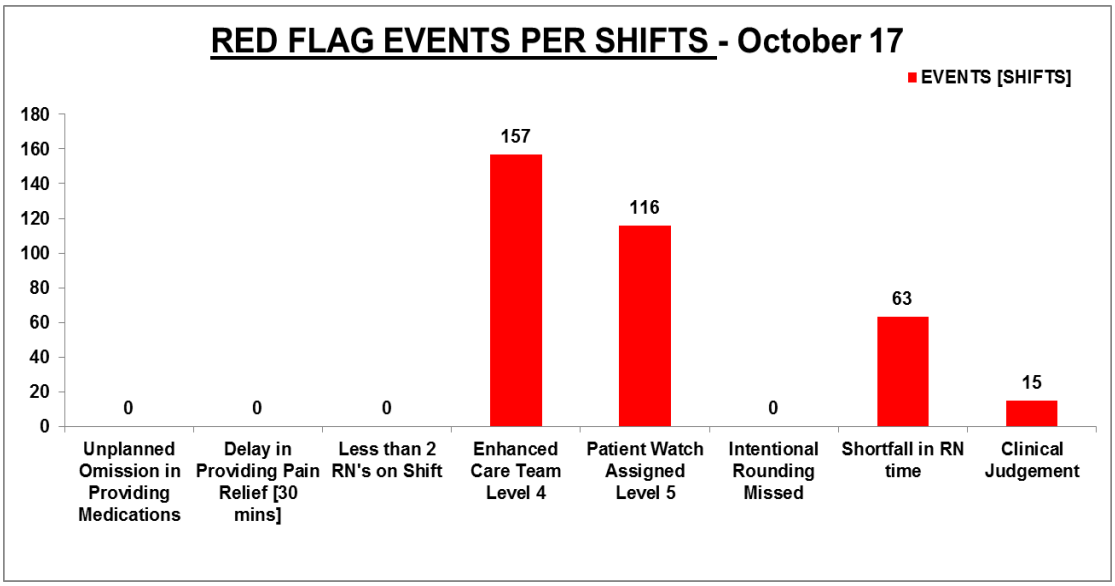
- Unplanned omission in providing patient medications.
- Delay of more than 30 minutes in providing pain relief.
- Patient vital signs not assessed or recorded as outlined in the care plan.

[4] NICE 2014 - Safe staffing for nursing in adult inpatient wards in acute hospitals

- Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan. Carrying out these checks is often referred to as 'intentional rounding' and covers aspects of care such as:
- Pain: asking patients to describe their level of pain level using the local pain assessment tool.
- Personal needs: such as scheduling patient visits to the toilet or bathroom to avoid risk of falls and providing hydration.
- Placement: making sure that the items a patient needs are within easy reach.
- Positioning: making sure that the patient is comfortable and the risk of pressure ulcers is assessed and minimised.

The following table illustrates the number of Red Flags identified during October 2017. Please note that the Trust is not yet able to collect data on all of these categories as the systems required to capture them are not yet available, e.g. e-prescribing. This is accepted by the National Quality Board. In addition, work is required to ensure that any mitigation is recorded accurately, following professional review. The sophistication of this will be developed over time.

Oct-17	RED FLAG TYPE	EVENTS [SHIFTS]	%
	Unplanned Omission in Providing Medications	0	0%
	Delay in Providing Pain Relief [30 mins]	0	0%
	Less than 2 RN's on Shift	0	0%
	Enhanced Care Team Level 4	157	45%
	Patient Watch Assigned Level 5	116	33%
	Intentional Rounding Missed	0	0%
	Shortfall in RN time	63	18%
	Clinical Judgement	15	4%
	TOTAL:	**351**	**100%**



As illustrated above, the most frequently reported red flag is related to the requirement for 1:1 supervision for patients. As indicated in the previous Board Report, this will be addressed through the implementation of the Enhanced Care

Team (ECT), which has now commenced as a three-month pilot that will report on its impact January 2018.

For information an ECT level 4 is a patient requiring ward based 1:1 care with a non-registered staff member; these are often patients with dementia, those at high risk of falls and harm or those that are agitated due to their clinical condition. A Patient Watch Level 5 is a patient who is exhibiting violence/aggression that is a risk to themselves or others and requires a security staff member to ensure safety is maintained. These requirements for individual patients across the organisation are reviewed on a shift by shift basis.

5. AREAS OF CONCERN WITH REGARDS TO SAFE STAFFING:

Despite the recruitment of 130 new registrants, there are a number of key areas that remain particularly tight in terms of meeting their full establishments. These are:

- **H70 (Diabetes and Endocrine)** has 9.96 wte RN vacancies. This ward continues to be supported in the interim by moving staff in the Medical Health Group. Additional support has been provided from the Surgical Health Group and nurse bank, therefore reducing the current net vacancies to 2.67 wte in real terms.

- **Elderly Medicine [x5 wards]** have 17.02 wte RN vacancies. The specialty has over recruited by 10.0 wte auxiliary nurses to support the RNs in the ward areas to deliver nursing care with supervision. These are all within budget. The Senior Matrons are supporting the ward in the interim by moving staff in the Medical Health Group. There are a further 4 wte registered nurses due to start in the next 4 weeks.

- **H5, RSU and H500 (Respiratory Services)** have 9.85 wte RN vacancies between them. Support is being provided from the Nurse Bank and ward H50 to ensure staffing levels are maintained at a safe level. There is also a plan to provide additional support to the RSU from Critical Care.

- **H11 and H110** have 10.17 wte RN vacancies. The impact of this shortfall is supported by part time staff working extra hours, bank shifts and over filling of auxiliary shifts. Additional support is also being provided by Critical Care, who have released 2.0 wte. registered nurses to support the HASU.

- **Ward H4 -** Neurosurgery has 6.72 wte RN, **H40** has 1.19 wte RN vacancies. The band 7's work closely together to minimise the impact of the vacancies.

- **Ward H7 -** Vascular Surgery has 4.52 wte RN vacancies. This group of patients often require specialist dressings. A competency based teaching package is being developed to enable band 3 staff to undertake this role. There is a plan to temporarily transfer some nursing resource from within the Health Group until substantive posts are filled.

- **Ward H12 & H120 –** Trauma Orthopaedics have 5.99 wte RN vacancies across the floor. The Maxillofacial services have now moved to CHH, there are 6 beds closed due to the number of RN vacancies across the floor.

- **Ward C9 -** Elective Orthopaedic Surgery has 4.29 wte RN vacancies. There are currently 5 orthopaedic beds closed on C9 to support the number of nursing vacancies. These beds are flexed to minimise the impact on elective activity.

- **Ward C10 -** Elective Colorectal Surgery has 6.21 wte RN vacancies. There are currently 5 beds closed on C10 due to RN vacancies.

- **Wards 30-33** – Oncology and Haematology have 7.91 wte RN vacancies, with a RN from the Oncology Health Centre being used to support C33.

In summary, when all of the current new recruits are accounted for, this leaves an outstanding RN vacancy rate on the Trust's wards, ED and ICU of 134 wte against an establishment of 1,813.72 wte (5.4%). The non-registered workforce vacancy rate is in a positive (over-recruited) position of +9.43 wte, which has bene done to compensate for RN vacancies in some areas. This brings the cumulative total ward, ED and ICU vacancy rate to 6.7%. This is really positive. There will be further changes to these figures as the remaining newly registered nurses obtain their PIN numbers and all ward and departmental movements between wards and departments have settled.

As indicated in the narrative, support will be provided to wards that have staffing shortfalls through the redeployment of registered nurses from elsewhere within the Trust. This will be completed in a planned and coordinated manner, in order to try and minimise the continual movement of staff on a daily basis, which at present is reported as a major concern by a number of nursing teams across the organisation. However, it is important to advise the Trust Board that, even though this will help, some significant shortfalls remain in the above wards thereafter. This poses an even greater challenge as winter approaches, given that the Senior Nursing Team have been requested to review the potential for commissioning a 27-bedded winter ward.

Having reviewed nursing establishments, the Chief Nurse has advised the executive and health group teams that it is unlikely at this stage that there will be sufficient registered nurses to be able to commission a winter ward, given the current Registered Nurse vacancies. It is essential that the nursing workforce is not diluted to such an extent as to become inefficient and present a risk to both patients and staff and this is the whole point of the safer staffing work, the NQB requirements and reporting requirements. Nonetheless, there are on-going discussions about whether it will be possible to open extra winter bedded capacity in the New Year. This will remain under review and remains a risk to the Trust's winter plan. However, it is the view of the Senior Nursing Team at this stage, that this will need to be supported through the reduction of elective bed capacity.

The inability to recruit sufficient numbers of registered nurses in order to meet safer staffing requirements remains a recorded risk at 16 (Likely 4 x Severity 4) until staffing levels stabilise more.

6. SUMMARY

Nursing and midwifery establishments are set and financed at good levels in the Trust and these are managed very closely on a daily basis. This is all managed very carefully and in a way that balances the risks across the organisation and will continue to be so. The challenges remain around recruitment and risks remain in terms of the available supply of registered nurses.

7. RECOMMENDATION

The Trust Board is requested to:

- Consider having a presentation and discussion at a Trust Board development session in relation to the future supply of registered nurses and the strategic options therein.
- Receive this report
- Decide if any if any further actions and/or information are required.

Mike Wright
Executive Chief Nurse
November 2017

Appendix 1: HEY Safer Staffing Report – October 2017

HEY SAFER STAFFING REPORT OCTOBER-17

NURSE STAFFING

FILL RATES

HEALTH GROUP	WARD	SPECIALITY	BEDS [ESTAB.]	RED FLAG EVENTS [N]	DAY: Average fill rate - RN/RM (%)	DAY: Average fill rate - care staff (%)	NIGHT: Average fill rate - RN/RM (%)	NIGHT: Average fill rate - care staff (%)
MEDICINE	ED	ACUTE MEDICINE	NA	0				
	AMU	ACUTE MEDICINE	45	10	98%	75%	102%	105%
	H1	ACUTE MEDICINE	22	7	78%	97%	102%	107%
	EAU	ELDERLY MEDICINE	21	9	84%	98%	70%	87%
	H5 / RHOB	RESPIRATORY	26	0	69%	98%	93%	95%
	H50	RENAL MEDICINE	19	0	79%	103%	103%	100%
	H500	RESPIRATORY	24	0	63%	98%	95%	99%
	H70	ENDOCRINOLOGY	30	19	65%	131%	56%	99%
	H8	ELDERLY MEDICINE	27	2	62%	132%	101%	101%
	H80	ELDERLY MEDICINE	27	2	61%	136%	102%	102%
	H9	ELDERLY MEDICINE	31	0	60%	125%	98%	102%
	H90	ELDERLY MEDICINE	29	11	62%	130%	100%	108%
	H11	STROKE / NEUROLOGY	28	8	58%	190%	68%	100%
	H110	STROKE / NEUROLOGY	24	4	69%	155%	98%	92%
	CDU	CARDIOLOGY	9	0	90%	50%	100%	
	C26	CARDIOLOGY	26	6	79%	82%	81%	103%
	C28 /CMU	CARDIOLOGY	27	75	76%	95%	83%	73%
SURGERY	H4	NEURO SURGERY	30	4	68%	101%	78%	117%
	H40	NEURO HOB / TRAUMA	15	18	74%	100%	100%	94%
	H6	ACUTE SURGERY	28	0	88%	73%	84%	185%
	H60	ACUTE SURGERY	28	0	92%	88%	85%	163%
	H7	VASCULAR SURGERY	30	0	77%	93%	88%	103%
	H100	GASTROENTEROLOGY	24	12	75%	109%	81%	111%
	H12	ORTHOPAEDIC	28	1	70%	102%	82%	128%
	H120	ORTHO / MAXFAX	22	6	79%	104%	88%	111%
	HICU	CRITICAL CARE	22	1	89%	134%	84%	41%
	C9	ORTHOPAEDIC	35	5	93%	87%	101%	90%
	C10	COLORECTAL	21	1	101%	64%	95%	114%
	C11	COLORECTAL	22	1	85%	77%	75%	136%
	C14	UPPER GI	27	6	77%	68%	82%	148%
	C15	UROLOGY	26	3	95%	95%	79%	96%
	C27	CARDIOTHORACIC	26	28	88%	97%	94%	110%
	CICU	CRITICAL CARE	22	1	86%	108%	85%	16%
FAMILY & WOMEN'S	C16	ENT / BREAST	30	1	70%	84%	115%	68%
	H130	PAEDS	20	0	94%	8%	88%	81%
	H30 CEDAR	GYNAECOLOGY	9	0	80%	45%	107%	
	H31 MAPLE	MATERNITY	20	0	97%	93%	122%	100%
	H33 ROWAN	MATERNITY	38	0	89%	88%	96%	100%
	H34 ACORN	PAEDS SURGERY	20	0	92%	54%	101%	84%
	H35	OPHTHALMOLOGY	12	0	78%	52%	106%	
	LABOUR	MATERNITY	16	0	93%	59%	94%	73%
	NEONATES	CRITICAL CARE	26	1	81%	83%	86%	90%
	PAU	PAEDS	10	0	104%		95%	
	PHDU	CRITICAL CARE	4	0	112%	33%	106%	
CLINICAL SUPPORT	C20	INFECTIOUS DISEASE	19	1	98%	66%	102%	72%
	C29	REHABILITATION	15	97	103%	96%	98%	102%
	C30	ONCOLOGY	22	0	89%	118%	104%	97%
	C31	ONCOLOGY	27	0	85%	98%	100%	101%
	C32	ONCOLOGY	22	0	94%	103%	101%	107%
	C33	HAEMATOLOGY	28	11	72%	167%	84%	169%
		TOTAL:	351		AVERAGE:			

CARE HOURS PER PATIENT DAY [CHPPD] [hrs]

HEALTH GROUP	WARD	Cumulative Count Over The Month of Patients at 23:59 Each Day	RN / RM	CARE STAFF	OVERALL
MEDICINE	ED				
	AMU	1161	4.6	2.5	7.0
	H1	643	2.6	1.7	4.4
	EAU	601	3.5	3.1	6.7
	H5 / RHOB	605	2.5	1.9	4.4
	H50	574	3.2	2.1	5.2
	H500	722	2.2	2.5	4.7
	H70	921	2.1	2.3	4.4
	H8	829	2.1	2.6	4.7
	H80	825	2.1	2.7	4.9
	H9	945	1.8	2.3	4.1
	H90	879	2.0	2.5	4.6
	H11	834	2.2	2.6	4.8
	H110	535	4.0	3.3	7.3
	CDU	109	8.2	1.5	9.7
	C26	686	4.1	1.6	5.6
	C28 /CMU	703	5.9	1.8	7.8
SURGERY	H4	792	2.7	2.0	4.8
	H40	398	5.4	3.5	8.9
	H6	735	3.0	2.0	4.9
	H60	767	2.9	2.0	4.9
	H7	848	2.9	2.3	5.2
	H100	796	2.4	2.2	4.6
	H12	800	2.7	2.7	5.4
	H120	626	3.2	2.7	5.8
	HICU	491	24.8	1.3	26.2
	C9	686	3.6	2.2	5.8
	C10	476	3.9	1.9	5.9
	C11	489	4.2	2.3	6.5
	C14	768	2.9	1.5	4.4
	C15	662	3.8	2.2	6.0
	C27	686	4.1	1.7	5.8
	CICU	477	20.8	1.7	22.4
FAMILY & WOMEN'S	C16	292	6.9	4.2	11.0
	H130	386	7.1	0.9	7.9
	H30 CEDAR	134	11.1	2.5	13.7
	H31 MAPLE	355	6.7	4.0	10.7
	H33 ROWAN	1228	2.7	1.4	4.1
	H34 ACORN	279	9.3	1.7	11.0
	H35	298	6.4	1.2	7.7
	LABOUR	358	15.4	4.1	19.5
	NEONATES	590	12.5	1.1	13.5
	PAU	86	16.9	0.0	16.9
	PHDU	63	25.5	1.2	26.7
CLINICAL SUPPORT	C20	338	4.2	2.2	6.5
	C29	463	3.3	3.9	7.2
	C30	635	2.9	2.0	4.9
	C31	746	2.3	2.1	4.5
	C32	619	2.9	1.8	4.7
	C33	652	3.9	2.6	6.6
	AVERAGE:	604	5.8	2.2	8.1

ROTA EFFICIENCY [02-09-17 to 29-10-17]

HEALTH GROUP	WARD	ANNUAL LEAVE [11-17%]	SICK RN & AN [3.9%]	MAT LEAVE [%]
MEDICINE	ED	9.8%	2.7%	3.8%
	AMU	15.0%	5.7%	3.4%
	H1	9.4%	9.8%	0.0%
	EAU	12.5%	2.0%	7.0%
	H5 / RHOB	15.7%	3.6%	3.1%
	H50	12.4%	5.2%	0.0%
	H500	10.7%	12.9%	3.8%
	H70	6.5%	7.7%	0.0%
	H8	8.5%	4.7%	3.0%
	H80	9.1%	5.8%	1.5%
	H9	10.0%	4.2%	4.3%
	H90	11.2%	7.9%	3.3%
	H11	8.7%	5.8%	0.0%
	H110	9.9%	6.8%	6.7%
	CDU	7.7%	16.7%	0.0%
	C26	12.8%	4.6%	11.5%
	C28 /CMU	12.1%	5.0%	1.4%
SURGERY	H4	9.7%	5.7%	3.5%
	H40	8.6%	11.2%	0.0%
	H6	13.3%	4.8%	0.0%
	H60	11.6%	4.4%	2.1%
	H7	12.1%	3.4%	0.0%
	H100	10.1%	7.0%	2.6%
	H12	10.6%	6.4%	3.0%
	H120	15.5%	6.8%	0.0%
	HICU	10.3%	6.9%	2.8%
	C9	14.5%	12.0%	0.7%
	C10	15.8%	6.4%	0.0%
	C11	11.8%	4.4%	2.9%
	C14	10.8%	4.8%	5.1%
	C15	11.1%	3.8%	5.0%
	C27	12.8%	5.5%	7.3%
	CICU	14.3%	6.2%	2.4%
FAMILY & WOMEN'S	C16	5.1%	5.2%	6.9%
	H130	11.8%	4.0%	5.7%
	H30 CEDAR	14.3%	11.6%	0.0%
	H31 MAPLE	16.0%	2.2%	0.0%
	H33 ROWAN	12.1%	0.8%	2.5%
	H34 ACORN	12.3%	3.8%	0.0%
	H35	8.5%	3.5%	4.8%
	LABOUR	13.2%	2.8%	3.9%
	NEONATES	12.9%	5.0%	5.8%
	PAU	8.9%	4.3%	6.1%
	PHDU	14.3%	4.0%	0.0%
CLINICAL SUPPORT	C20	11.4%	15.3%	5.4%
	C29	13.5%	2.6%	0.0%
	C30	11.4%	3.4%	0.0%
	C31	14.3%	7.1%	2.4%
	C32	12.5%	9.8%	0.0%
	C33	14.3%	7.1%	2.7%
	AVERAGE:	11.6%	6.1%	2.7%
	TOTALS:			

NURSING VACANCIES [FINANCE LEDGER M7]

HEALTH GROUP	WARD	RN [WTE]	AN [WTE]	TOTAL [WTE]	% [<10%]
MEDICINE	ED	3.20	1.87	5.07	4.0%
	AMU	9.14	-0.24	8.90	11.1%
	H1	1.84	2.13	3.97	16.2%
	EAU	3.42	-4.95	-1.53	-4.7%
	H5 / RHOB	4.49	1.20	5.69	14.6%
	H50	0.51	0.07	0.58	3.1%
	H500	5.36	0.25	5.61	18.7%
	H70	9.96	1.76	11.72	34.8%
	H8	2.14	-3.62	-1.48	-4.8%
	H80	1.99	-2.80	-0.81	-2.6%
	H9	2.82	-2.36	0.46	1.5%
	H90	6.65	-3.63	3.02	9.8%
	H11	5.89	1.25	7.14	20.8%
	H110	4.28	0.01	4.29	12.4%
	CDU	-0.14	0.63	0.49	3.1%
	C26	1.51	-0.39	1.12	3.2%
	C28 /CMU	5.75	-0.11	5.64	11.6%
SURGERY	H4	6.72	0.39	7.11	22.0%
	H40	1.19	-1.39	-0.20	-0.6%
	H6	1.91	-0.53	1.38	4.6%
	H60	0.56	-0.62	-0.06	-0.2%
	H7	4.52	2.05	6.57	18.8%
	H100	3.95	-1.18	2.77	9.1%
	H12	5.47	-1.03	4.44	12.7%
	H120	0.52	1.55	2.07	7.2%
	HICU	5.66	-3.20	2.46	2.2%
	C9	4.29	1.66	5.95	6.0%
	C10	6.21	0.71	6.92	26.5%
	C11	0.56	1.79	2.35	9.0%
	C14	1.88	-1.16	0.72	2.4%
	C15	-0.40	-0.72	-1.12	-3.9%
	C27	0.70	-1.66	-0.96	-3.0%
	CICU	3.65	0.66	4.31	4.3%
FAMILY & WOMEN'S	C16	4.04	-1.05	2.99	10.1%
	H130	0.85	-1.98	-1.13	-4.0%
	H30 CEDAR	-0.04	0.12	0.08	0.4%
	H31 MAPLE	2.40	1.95	4.35	6.1%
	H33 ROWAN				
	H34 ACORN	0.02	-1.46	-1.44	-5.0%
	H35	0.46	2.84	3.30	16.2%
	LABOUR	3.12	-0.49	2.63	4.1%
	NEONATES	2.32	-1.24	1.08	1.5%
	PAU	-0.24	0.00	-0.24	-2.3%
	PHDU	-0.84	0.00	-0.84	-6.7%
CLINICAL SUPPORT	C20	2.58	2.08	4.66	23.0%
	C29	-0.47	2.11	1.64	5.7%
	C30	-0.33	-0.97	-1.30	-5.9%
	C31	-1.33	1.33	0.00	0.0%
	C32	0.25	1.72	1.97	8.4%
	C33	5.01	-2.78	2.23	6.3%
	AVERAGE:	134.00	-9.43	124.57	6.7%
	TOTALS:				

HIGH LEVEL QUALITY INDICATORS *[which may or may not be linked to nurse staffing]*

HEALTH GROUP	WARD	HIGH LEVEL: SAFETY THERMOMETER HARM FREE CARE [%]	HIGH LEVEL: REPORTED STAFFING INCIDENT [DATIX]	HIGH LEVEL: OFFICIAL COMPLAINT	HIGH LEVEL: DRUG ERROR [ADMIN]	FALLS: MINOR	FALLS: MODERATE	FALLS: SEVERE / DEATH	FALLS: FALLS TOTAL	HOSPITAL ACQUIRED PRESSURE DAMAGE [GRADE]: 1	2	3	DTI	UNSTAG.	PRESSURE SORE TOTAL	QUALITY INDICATOR TOTAL
MEDICINE	ED		1	3	1	2			2						0	7
	AMU	96%	1		1	2			2				2		2	6
	H1	100%		1					0						0	1
	EAU	100%				1			1						0	1
	H5 / RHOB	92%	3			1	1		2				1		1	6
	H50	100%							0						0	0
	H500	100%		2		1			1						0	3
	H70	96%	1			3	1	1	5						0	6
	H8	96%		1					0						0	1
	H80	95%	1	2		2			2						0	5
	H9	100%	3	2		3			3						0	8
	H90	100%				1		1	2						0	2
	H11	100%	1	2	1	2		1	3						0	7
	H110	100%	2	1	1				0		1			1	2	6
	CDU	100%		1					0						0	1
	C26	100%							0						0	0
	C28 /CMU	100%							0						0	0
SURGERY	H4	100%		1		1			1						0	2
	H40	100%							0		1				1	1
	H6	100%	2	2		1			1						0	5
	H60	100%	7	1					0						0	8
	H7	100%	1	1					0				1		1	3
	H100	100%	1	1					0						0	2
	H12	100%	1						0						0	1
	H120	100%	3	3		1			1		1				1	8
	HICU	100%			1				0		1		2		3	4
	C9	100%							0						0	0
	C10	92%	1						0						0	1
	C11	100%	1						0						0	1
	C14	100%	3	1					0						0	4
	C15	100%	1					1	1		2				2	4
	C27	100%		1					0						0	1
	CICU	100%		1	2				0				1		1	4
FAMILY & WOMEN'S	C16	100%	3	1	1	1			1						0	6
	H130	100%	1		1				0						0	2
	H30 CEDAR	100%		1					0						0	1
	H31 MAPLE	100%							0						0	0
	H33 ROWAN	100%			1				0						0	1
	H34 ACORN	100%			1				0		1		1		2	3
	H35	100%							0						0	0
	LABOUR	100%	3	4					0	1					1	8
	NEONATES	100%			1				0						0	1
	PAU	100%							0						0	0
	PHDU	100%							0						0	0
CLINICAL SUPPORT	C20	100%							0						0	0
	C29	85%		1					0		2				2	3
	C30	100%			1	2	1		3						0	4
	C31	100%	1		1				0		1				1	3
	C32	100%			1				0						0	1
	C33	100%				1			1		1		1		2	3
	TOTALS:	99.0%	49	42	34	15	25	3	4	32	1	11	0	9	1	22	145

HIGH LEVEL QUALITY INDICATORS — FALLS

HEALTH GROUP	WARD	MINOR	MODERATE	SEVERE / DEATH	FALLS TOTAL
MEDICINE	ED	2			2
	AMU	2			2
	H1				0
	EAU	1			1
	H5 / RHOB	1	1		2
	H50				0
	H500	1			1
	H70	3	1	1	5
	H8				0
	H80	2			2
	H9	3			3
	H90	1		1	2
	H11	2		1	3
	H110				0
	CDU				0
	C26				0
	C28 /CMU				0
SURGERY	H4	1			1
	H40				0
	H6	1			1
	H60				0
	H7				0
	H100				0
	H12				0
	H120	1			1
	HICU				0
	C9				0
	C10				0
	C11				0
	C14				0
	C15			1	1
	C27				0
	CICU				0
FAMILY & WOMEN'S	C16	1			1
	H130				0
	H30 CEDAR				0
	H31 MAPLE				0
	H33 ROWAN				0
	H34 ACORN				0
	H35				0
	LABOUR				0
	NEONATES				0
	PAU				0
	PHDU				0
CLINICAL SUPPORT	C20				0
	C29				0
	C30	2	1		3
	C31				0
	C32				0
	C33	1			1
	TOTALS:	25	3	4	32

HIGH LEVEL QUALITY INDICATORS — HOSPITAL ACQUIRED PRESSURE DAMAGE [GRADE]

HEALTH GROUP	WARD	1	2	3	DTI	UNSTAG.	PRESSURE SORE TOTAL
MEDICINE	ED						0
	AMU				2		2
	H1						0
	EAU						0
	H5 / RHOB				1		1
	H50						0
	H500						0
	H70						0
	H8						0
	H80						0
	H9						0
	H90						0
	H11						0
	H110		1			1	2
	CDU						0
	C26						0
	C28 /CMU						0
SURGERY	H4						0
	H40		1				1
	H6						0
	H60						0
	H7				1		1
	H100						0
	H12						0
	H120		1				1
	HICU		1		2		3
	C9						0
	C10						0
	C11						0
	C14						0
	C15		2				2
	C27						0
	CICU				1		1
FAMILY & WOMEN'S	C16						0
	H130						0
	H30 CEDAR						0
	H31 MAPLE						0
	H33 ROWAN						0
	H34 ACORN		1		1		2
	H35						0
	LABOUR	1					1
	NEONATES						0
	PAU						0
	PHDU						0
CLINICAL SUPPORT	C20						0
	C29		2				2
	C30						0
	C31		1				1
	C32						0
	C33		1		1		2
	TOTALS:	1	11	0	9	1	22

QUALITY INDICATOR TOTAL

HEALTH GROUP	WARD	QUALITY INDICATOR TOTAL
MEDICINE	ED	7
	AMU	6
	H1	1
	EAU	1
	H5 / RHOB	6
	H50	0
	H500	3
	H70	6
	H8	1
	H80	5
	H9	8
	H90	2
	H11	7
	H110	6
	CDU	1
	C26	0
	C28 /CMU	0
SURGERY	H4	2
	H40	1
	H6	5
	H60	8
	H7	3
	H100	2
	H12	1
	H120	8
	HICU	4
	C9	0
	C10	1
	C11	1
	C14	4
	C15	4
	C27	1
	CICU	4
FAMILY & WOMEN'S	C16	6
	H130	2
	H30 CEDAR	1
	H31 MAPLE	0
	H33 ROWAN	1
	H34 ACORN	3
	H35	0
	LABOUR	8
	NEONATES	1
	PAU	0
	PHDU	0
CLINICAL SUPPORT	C20	0
	C29	3
	C30	4
	C31	3
	C32	1
	C33	3
	TOTALS:	145

Oct-17 — SAFER STAFFING OVERALL PERFORMANCE

	DAY: Average fill rate - RN/RM (%)	DAY: Average fill rate - care staff (%)	NIGHT: Average fill rate - RN/RM (%)	NIGHT: Average fill rate - care staff (%)	CARE HOURS PER PATIENT PER DAY [CHPPPD]: Cumulative Count	RN / RM	CARE STAFF	OVERALL
HRI SITE	83.7%	95.7%	88.3%	100.5%	9468	4.5	2.1	6.6
CHH SITE	80.5%	96.5%	90.3%	99.9%	20292	4.5	2.3	6.8

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
QUALITY COMMITTEE MINUTES
HELD 30 OCTOBER 2017

PRESENT:	Prof. T Sheldon	Non Executive Director (Chair)
	Mr A Snowden	Non Executive Director
	Mr M Wright	Chief Nurse
	Mr K Phillips	Chief Medical Officer
	Mrs J Ledger	Deputy Chief Nurse
	Mrs A Green	Lead Clinical Research Therapist
	Mrs G Gough	Deputy Chief Pharmacist
	Ms C Ramsay	Director of Corporate Affairs
IN ATTENDANCE:	Mrs R Thompson	Corporate Affairs Manager (Minutes)

NO	ITEM	ACTION
1	**APOLOGIES:** Apologies were received from Mrs V Walker, Non Executive Director, Prof M Veysey, Non Executive Director, Mr D Corral, Chief Pharmacist and Mrs Bates, Deputy Director of Quality Governance and Assurance	
2	**DECLARATIONS OF INTEREST** There were no declarations of interest received.	
3	**MINUTES OF THE MEETING OF 25 SEPTEMBER 2017** The minutes were approved as an accurate record of the meeting.	
	3.1 MATTERS ARISING **Trust response to CQC maternity outlier alert for elective caesarean section** Mr Phillips presented the CQC letter which raised questions around raised c-section rates and the Trust's response to it. Mr Phillips advised that the letter had not taken into account that the Trust's normal birth rate was above the national average and this had been fed back. Prof. Sheldon stated that the response might be strengthened by factoring in the population issues such as obesity, smoking and diabetes. Mr Phillips added that a number of actions had been addressed following the report and Mr Snowden asked if the Trust was discussing front end community care with the Commissioners. Mr Phillips reported that the STP was reviewing obesity and smoking rates. There was a discussion around routine audits of c-sections being carried out and the objective reasons why a c-section would be undertaken and the perinatal outcomes achieved. **Medical Examiner –** Mr Phillips reported that there is no requirement (at present) for the Trust to have a medical examiner. **Emergency Readmissions** – Mr Phillips to provide a follow up report.	**KP**
	3.2 ACTION TRACKING LIST The Committee reviewed the action tracker. Mortality Reviews – Mr Phillips to provide a date when the mortality	**KP**

review outcomes would be available.

3.3 ANY OTHER MATTERS ARISING
There were no other matters arising.

3.4 WORKPLAN 2017/18
The Committee reviewed the workplan – there were no changes made.

4 FOR REVIEW
4.1 – RESEARCH AND INNOVATION STRATEGY
Mr Phillips presented the strategy which highlighted the main priorities within the research area and the memorandum of understanding with the University establishing clear links.

The aim was to ask every patient (where appropriate and relevant) if they would like to be involved in clinical research. Mr Snowden stated that the strategy was an improvement and more exposure to areas of excellence was needed. Mr Snowden added that the strategy needed to promote learning and how the Trust was a learning organisation. Mr Wright added that research was not limited to PHD medics but to nursing staff as well.

Prof. Sheldon stated that clinical trials could further drive up quality of care which would attract and retain staff.

There was a discussion around closer links to the private sector and the opportunity for mutually beneficial projects and funding. Prof. Sheldon added that research did not have to be all clinically led and areas such as patient flow and service delivery could be included. He stated that more emphasis could be put on the population that the Trust served and research opportunities identified. Two areas not covered by the strategy were end of life and the Trust's interface with primary care.

Resolved:
The Committee received and accepted the strategy. Any comments regarding the strategy document to be forwarded to Mr Phillips.

5 REDUCE AVOIDABLE HARM
5.1 – SERIOUS INCIDENTS – SEPTEMBER 2017
The Committee reviewed the report. Mr Phillips advised that Mrs Daniel was preparing NRLS and Duty of Candour reports which would be presented to the November 2017 meeting. Mr Snowden commented that the Serious Incident report had improved but that the findings and lessons learned had, in some cases, become confused.

There was an in depth discussion regarding the Serious Incidents presented in the report and the processes followed both by staff involved and the investigation team. The Commissioners now see all Serious Incident investigations and action plans and have complimented the Trust on their robust process. Mr Wright added that when he chaired Serious Incident investigations he would go back through the report, ensure actions and recommendations had been implemented and that lessons had been shared.

Resolved:
The Committee received and accepted the report.

5.2 QUALITY IMPROVEMENT PROGRAMME
Mr Phillips presented the report. There was a discussion around when actions were closed and when they became business as usual. If this was not clear then another new QIP should be raised.

Prof. Sheldon asked about the resuscitation trolley checks and Mr Wright advised that he was reviewing the issues with the ward sisters.

Resolved:
The Committee received and accepted the report.

5.3 ROBOTICS SYSTEM
This item was deferred to the November 2017 meeting. **RT**

5.4 SIGN UP TO SAFETY
Mr Phillips presented the report which highlighted progress regarding the 'Sign up to Safety' campaign.

Prof. Sheldon asked if the campaign had made a difference and Mr Wright advised that staff are much more willing to report incidents and are quick to raise concerns although there was still work to do.

Resolved:
The Committee received and accepted the report.

6 RECEIVED FOR ASSURANCE
6.1 – INTEGRATED PERFORMANCE REPORT
The Committee reviewed the report and Prof. Sheldon raised a concern regarding the diagnostics trend showing an increasing level of risk and the impact this would have on patients. Mr Wright advised that there had been 300 referrals in endoscopy which was a surprising number. Prof. Sheldon asked where the referrals were coming from and Mr Snowden asked if the testing was appropriate. This information was being analysed.

Mr Wright added that the A&E friends and family test had dipped but this was due to the system not adding in SMS messaging. These figures would be added into the next report.

Resolved:
The Committee received and accepted the report.

6.2 – OPERATIONAL QUALITY COMMITTEE REPORT
Mr Wright highlighted the new blood transfusion system and advised that the whole process of sampling and checking procedures was changing. Staff were being trained in the new system and compliance was expected to be 90% when completed.

Mr Phillips advised that he had asked all Health Groups to review their VTE performance and this would be reported back to the Operational Quality Committee.

There was a discussion around the winter ward and fill rates. 130 student nurses had arrived at the Trust and were expected to have their

pin numbers by December 2017.

Resolved:
The Committee received and accepted the report.

6.3 – LEARNING FROM DEATHS POLICY
The Committee agreed to defer this item to the November 2017 meeting to allow further discussion. Any comments regarding the policy to be forwarded to Mr Phillips.

7 BOARD ASSURANCE FRAMEWORK (BAF)
Ms Ramsay reported that the Board Assurance Framework had been updated since the last Quality Committee and had incorporated the NICE guidance and diagnostic pressures raised.

There had also been feedback from the Performance and Finance Committee around workforce risks and the Audit Committee had approved the BAF process at its meeting in October 2017.

Ms Ramsay advised that every topic on the BAF was now linked to a Board Development session which would inform strategic discussions.

Resolved:
The Committee received and accepted the updated BAF. Any comments regarding the BAF to be sent to Ms Ramsay.

8 ANY OTHER BUSINESS
There was no other business discussed.

9 CHAIRMAN'S SUMMARY TO THE BOARD
Prof. Sheldon agreed to summarise the meeting to the Board.

10 DATE AND TIME OF THE NEXT MEETING:
Monday 27 November, 9.15am – 11.15am, The Committee Room, Hull Royal Infirmary

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

QUALITY COMMITTEE

Meeting Date:	27 November 2017	**Chair:**	Prof T Sheldon	**Quorate (Y/N)**	**Y**

Key issues discussed:

- Presentations were received from the Pharmacy Team regarding their work to reduce missed doses, improve discharge and medicine reconciliation
- Duty of Candour was discussed and how the letter sent to patients had been standardised. Verbal apologies were received within 48hrs
- NRLS reporting was discussed, with the Trust being in the top 25% of reporters
- Quality Improvement Plan – there was a discussion around the projects and when it is appropriate to flag them as 'business as usual'. Safeguarding policies were discussed. This QIP could be closed down once the policies were updated.
- The Integrated Performance Report was discussed and the recording of VTE assessments was raised. It was suggested that the consultants of poorly performing areas should be invited to the committee for further discussion
- Operational Quality Committee – The information request from the Care Quality Commission was discussed.
- Learning from Deaths Policy – The Committee reviewed the policy and discussed national guidelines and how the Trust had enhanced the policy.
- Board Assurance Framework – Risk appetite and CRES schemes were discussed and this would form part of the next Board Development session in November 2017.

Decisions made by the Committee:

- The Committee agreed to escalate to policy leads the need to address safeguarding policies per the Quality Improvement Programme update.

Key Information Points to the Board:

Matters escalated to the Board for action:

- Never Event declared regarding oral medication being given intravenously

Integrated Performance Report 2017/18

November 2017

October data

The Indicators contained in this report are in line with the Quality of Care and Operational Metrics outlined in the NHS Improvement – Single Oversight Framework. This has been updated in August 2017. The draft proposal location is https://improvement.nhs.uk/resources/updating-single-oversight-framework-share-your-views/

Integrated Performance Report - November 2017

RESPONSIVE

Description	Aggregate Position	Trend	Variation

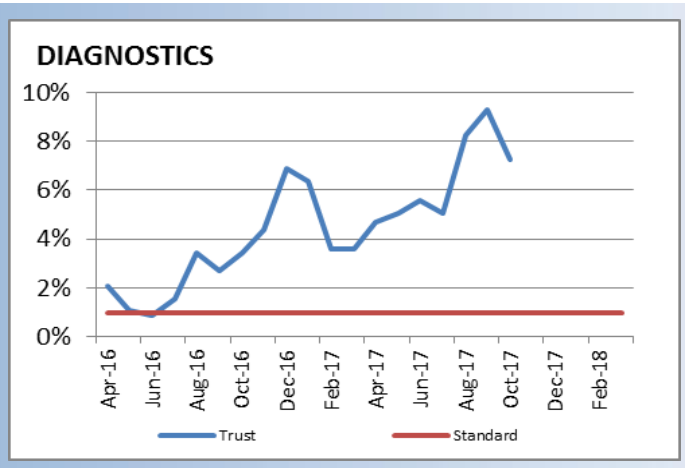
Diagnostic Waiting Times: 6 Weeks

All diagnostic tests need to be carried out within 6 weeks of the request for the test being made

The target is less than 1% over 6 weeks

Diagnostic waiting times has failed to achieve target with performance of 7.23% in October.

Performance has failed to achieve the standard for 2 or more consecutive months.



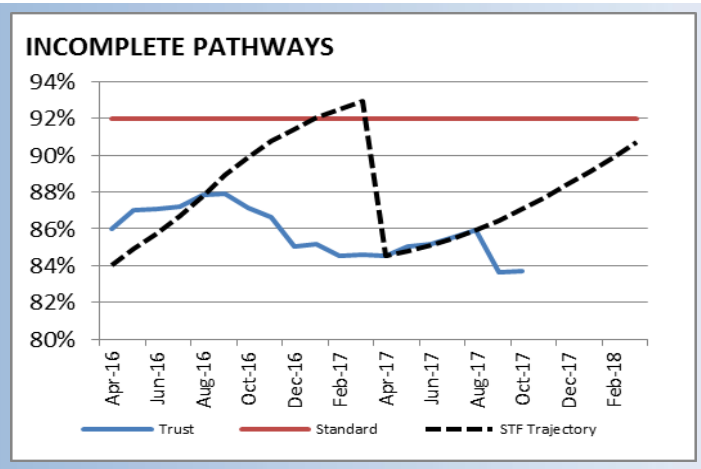
Referral to Treatment Incomplete pathway

Percentage of incomplete pathways waiting within 18 weeks. The threshold is 92%

The Trust failed to achieve the October Improvement trajectory of 87.1%

October performance was 83.7%. This failed to meet the national standard of 92%.

Performance has failed to achieve the standard for two or more consecutive months.



The RTT return is grouped in to 19 main specialties.

During October there were 13 specialties that failed to meet the STF trajectory

Integrated Performance Report - November 2017

RESPONSIVE

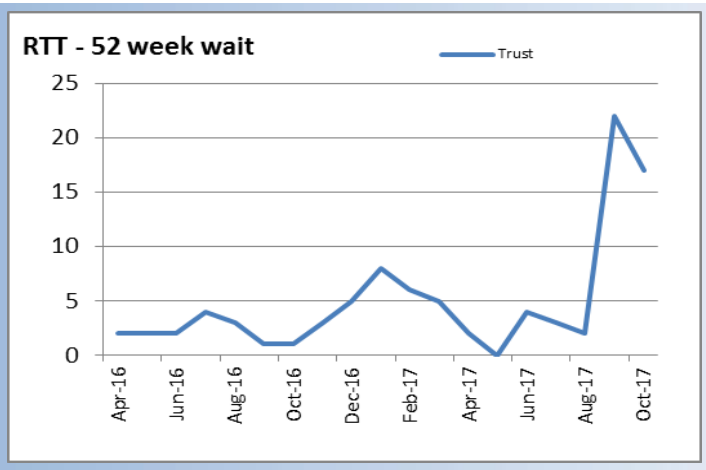
Description	Aggregate Position	Trend	Variation

Referral to Treatment Incomplete 52+ Week Waiters

The Trust aims to deliver zero 52+ week waiters

The Trust failed to achieve the national standard of zero breaches with 17 breaches during October.

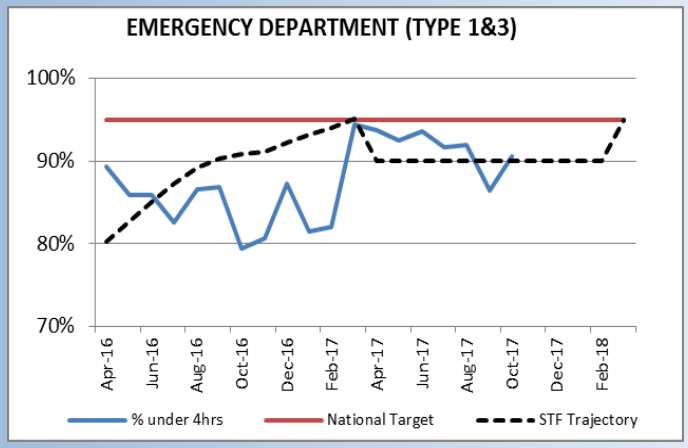
Performance has failed to achieve the standard for two or more consecutive months.



A&E Waiting Times

Maximum waiting time of 4 hours in A&E from arrival to admission, transfer or discharge. Target of 95%.

A&E performance achieved the Improvement trajectory of 90.0% with performance of 90.5% for October. This has failed to achieve the national 95% threshold.



Performance has increased by 4% during October compared to September performance of 86.5%.

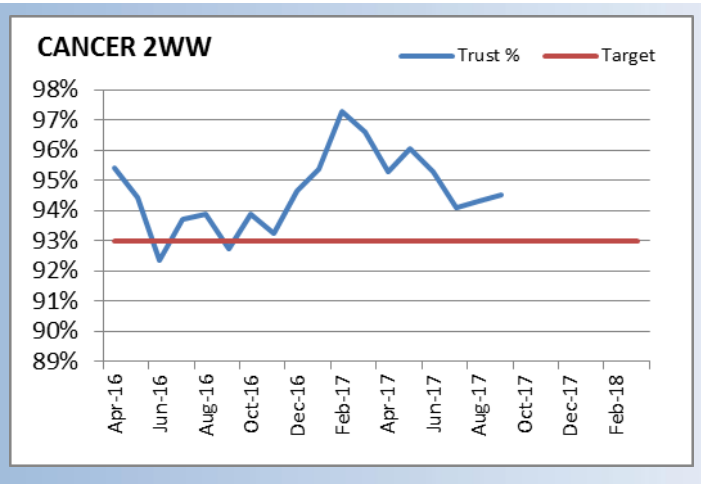
RESPONSIVE

Description	Aggregate Position	Trend	Variation

Cancer: Two Week Wait Standard

All patients need to receive first appointment for cancer within 14 days of urgent referral. Threshold of 93%.

September performance achieved the 93% standard at 94.5%

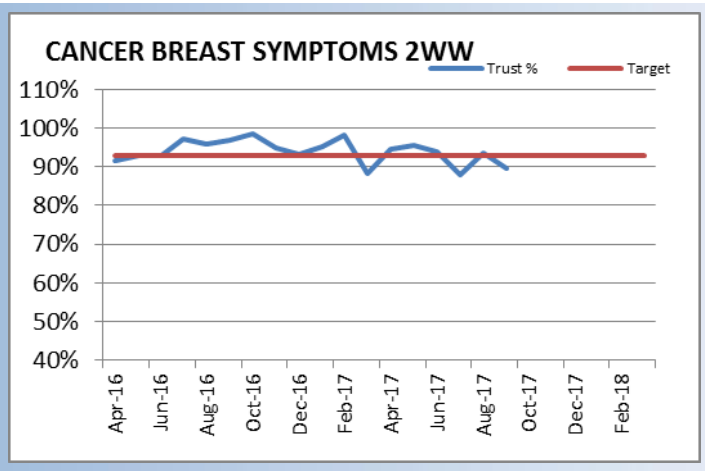


Cancer: Breast Symptom Two Week Wait Standard

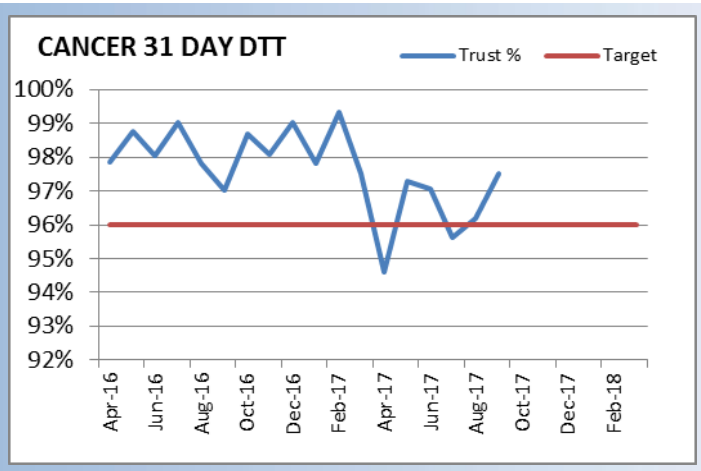
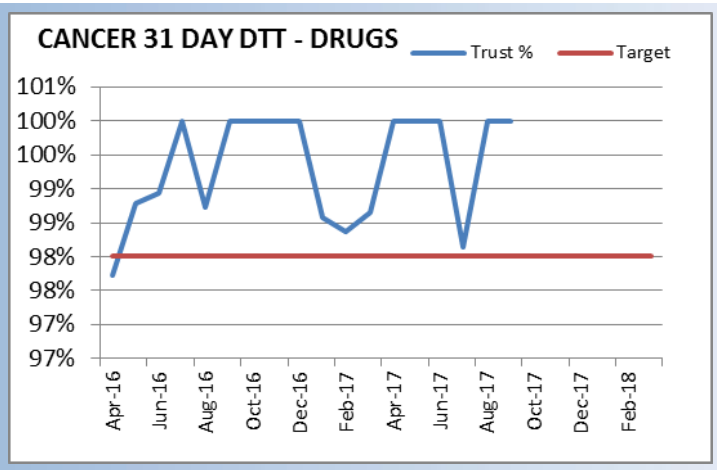
All patients need to receive first appointment for any breast symptom (except suspected cancer) within 14 days of urgent referral.

September performance failed to achieve the 93% standard at 89.7%

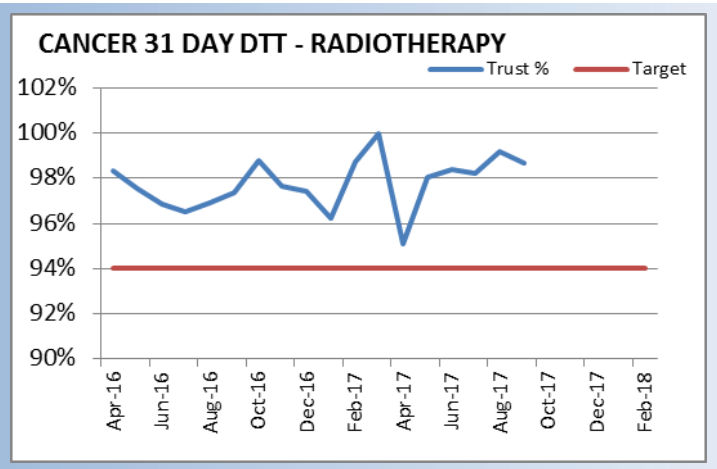
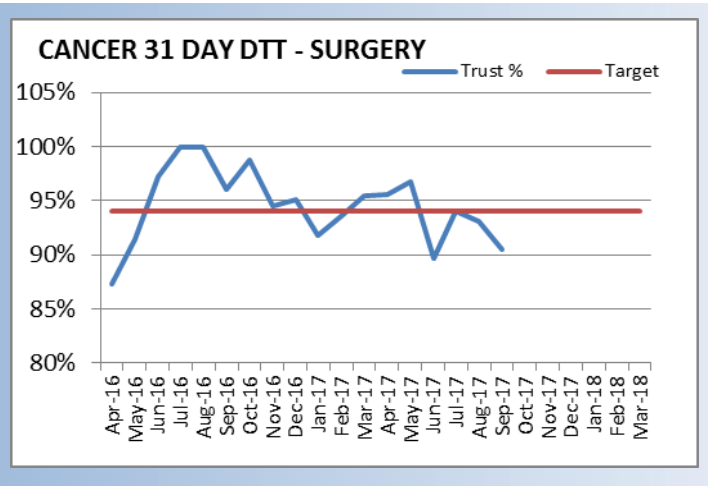
Performance achieved the standard last month.



RESPONSIVE

	Description	Aggregate Position	Trend	Variation
Cancer: 31 Day Standard	All patients to receive first treatment for cancer within 31 days of decision to treat. Threshold of 96%.	September performance achieved the 96% standard at 97.5%		
Cancer: 31 Day Subsequent Drug Standard	All patients to receive first treatment for cancer subsequent anti cancer drug within 31 days days of decision to treat. Threshold of 98%.	September performance achieved the 98% standard at 100%		

RESPONSIVE

Description	Aggregate Position	Trend	Variation
Cancer: 31 Day Subsequent Radiotherapy Standard	All patients to receive first treatment for cancer subsequent radiotherapy within 31 days days of decision to treat. Threshold of 94%.	September performance achieved the 94% standard at 98.6%	
Cancer: 31 Day Subsequent Surgery Standard	All patients to receive first treatment for cancer subsequent radiotherapy within 31 days days of decision to treat. Threshold of 94%.	September performance failed to achieve the 94% standard at 90.5% Performance has failed to achieve the standard for two or more consecutive months	

Integrated Performance Report - November 2017

RESPONSIVE

Description	Aggregate Position	Trend	Variation

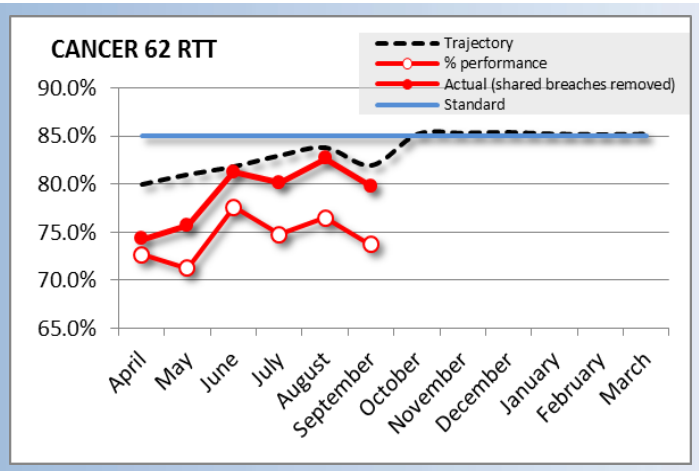
Cancer: ADJUSTED - 62 Day Standard

All patients need to receive first treatment for cancer within 62 days of urgent referral. Threshold of 85%

The adjusted position allows for reallocation of shared breaches

September performance failed to achieve the STF trajectory of 81.9% with performance of 79.8%

Performance has failed to achieve the standard for two or more consecutive months

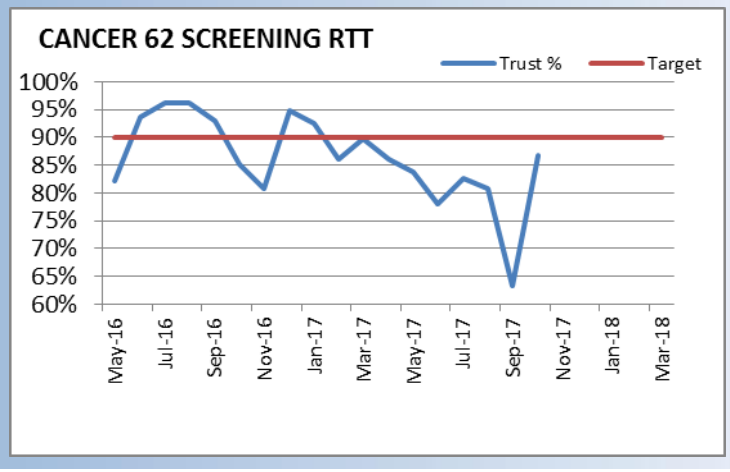


Cancer: 62 Day Screening Standard

All patients need to receive first treatment for cancer within 62 days of urgent screening referral. Threshold of 90%

September performance failed to achieve the 90% standard at 86.8%

Performance has failed to achieve the standard for two or more consecutive months



RESPONSIVE

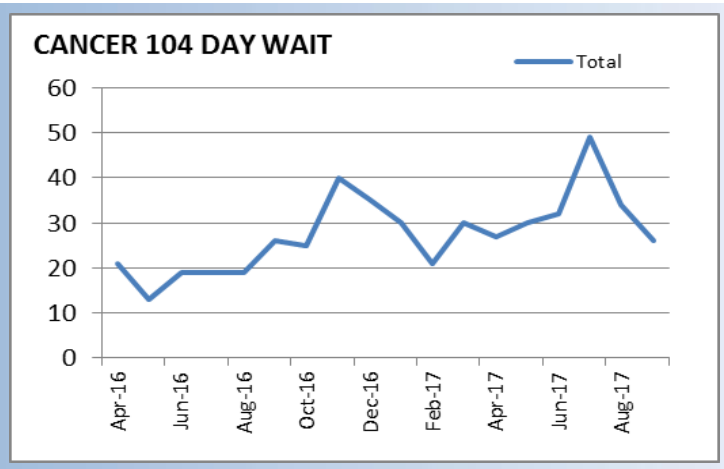
Description	Aggregate Position	Trend	Variation

Cancer: 104 Day Waits

Cancer 104 Day Waits

There were 26 patients waiting 104 days or over at the end of September

Performance has failed to achieve the standard for two or more consecutive months

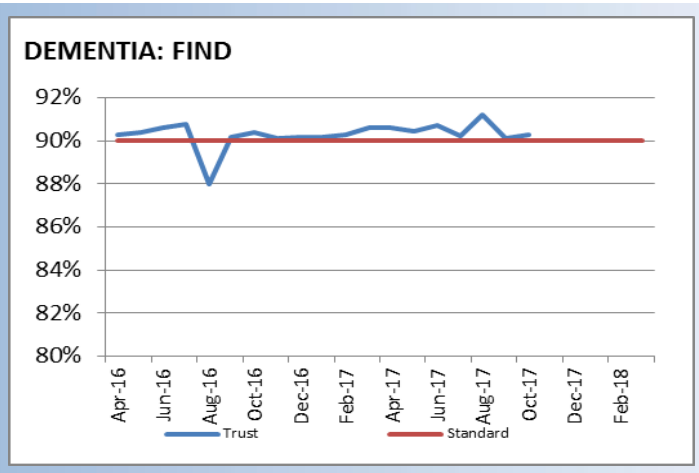


Dementia: Aged 75 and over emergency admission greater than 72 hours

% of all patients asked the dementia case finding question within 72 hours of admission, or who have a clinical diagnosis of delirium on initial assessment or known diagnosis of dementia, excluding those for whom the case finding question cannot be completed for clinical reasons.

The standard for this indicator is to achieve 90%.

Performance for October achieved this standard at 90.3%



RESPONSIVE

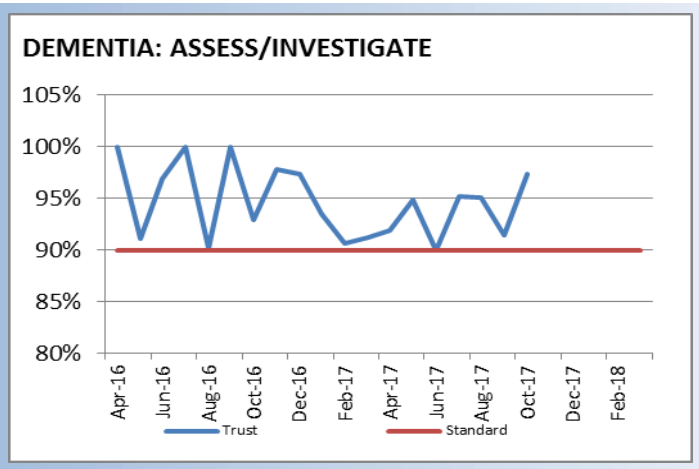
Description	Aggregate Position	Trend	Variation

Dementia: Aged 75 and over emergency admission greater than 72 hours

% of patients who have scored positively on the case finding question, or who have a clinical diagnosis of delirium, reported as having had a dementia diagnostic assessment including investigations.

The standard for this indicator is to achieve 90%.

Performance for October achieved this standard at 97.4%

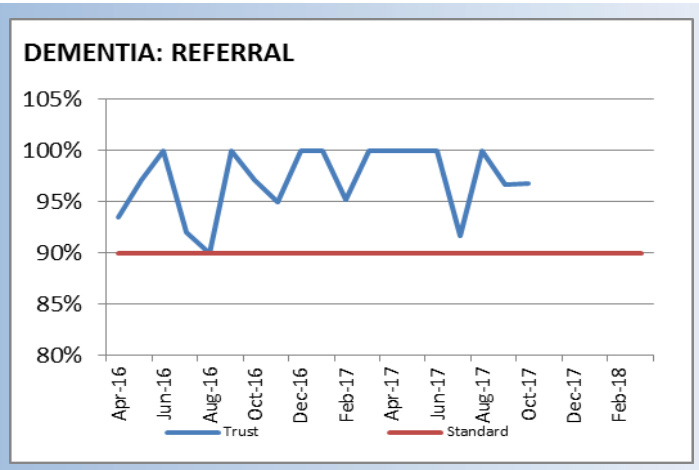


Dementia: Aged 75 and over emergency admission greater than 72 hours

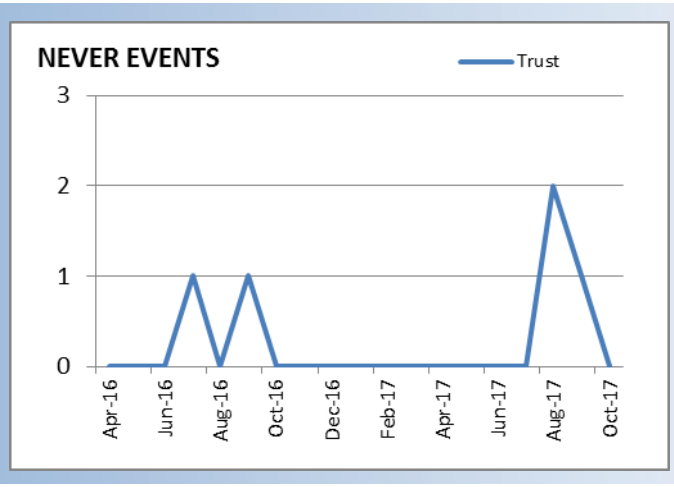
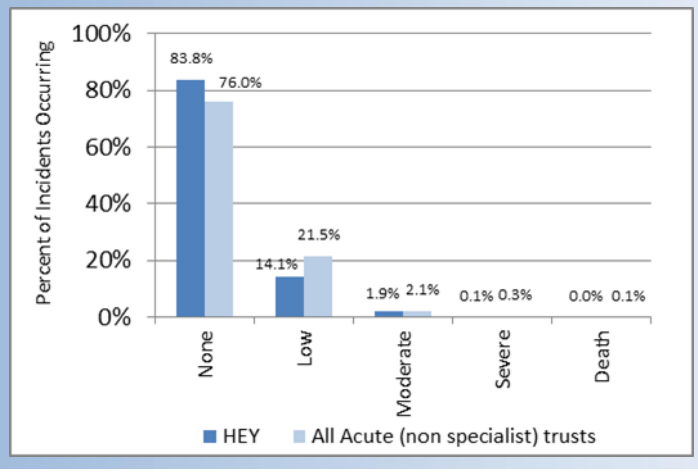
% of patients who have had a diagnostic assessment (in whom the outcome is either "positive" or "inconclusive") who are referred for further diagnostic advice in line with local pathways.

The standard for this indicator is to achieve 90%.

Performance for October achieved this standard at 96.8%



SAFE

	Description	Aggregate Position	Trend	Variation
Occurrence of any Never Event	Occurrence of any Never Events	There has been no Never Events reported during October		Further information is included in the Board Quality report
Potential under-reporting of patient safety incidents	Number of incidents reported per 1000 bed days	The latest data available for this indicator is October 2016 to March 2017 as reported by the National Reporting and Learning System (NRLS). The Trust reported 9,468 incidents (rate of 55.67) during this period.		

SAFE

Description	Aggregate Position	Trend	Variation

VTE Risk Assessment

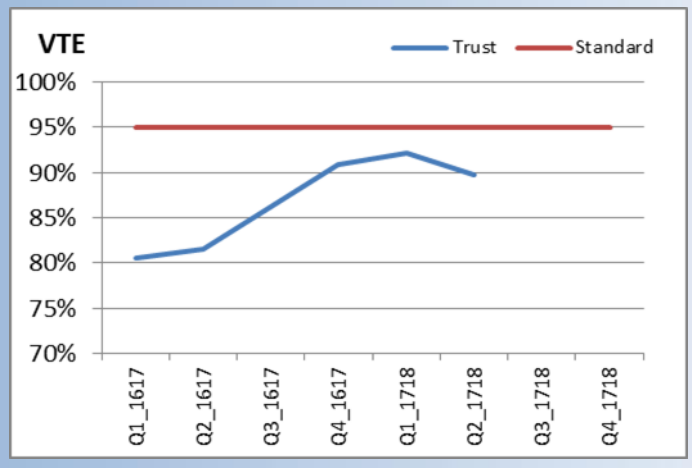
All patients should undergo VTE Risk Assessment

This measure is reported quarterly

The Trust is currently failing to achieve this indicator with performance of 89.72% for Q2 2017/18

Q3 performance will be available 20th January 2018

Performance has failed to achieve the standard for two or more consecutive months

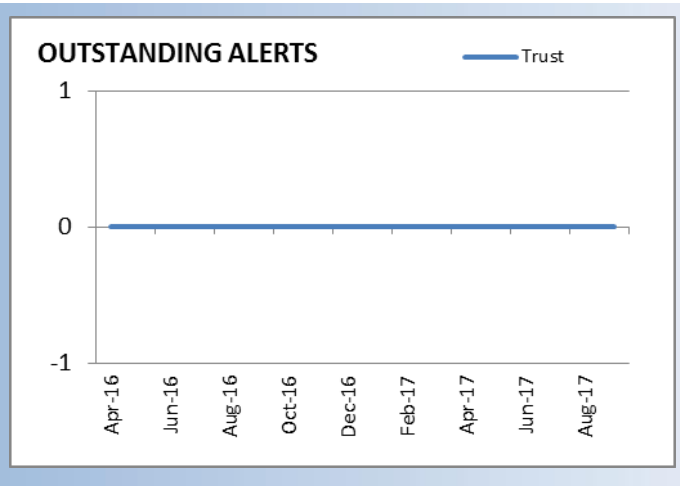


Patient Safety Alerts Outstanding

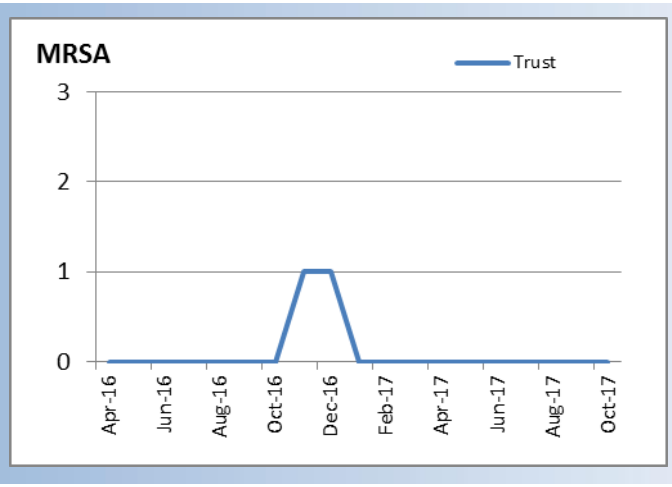
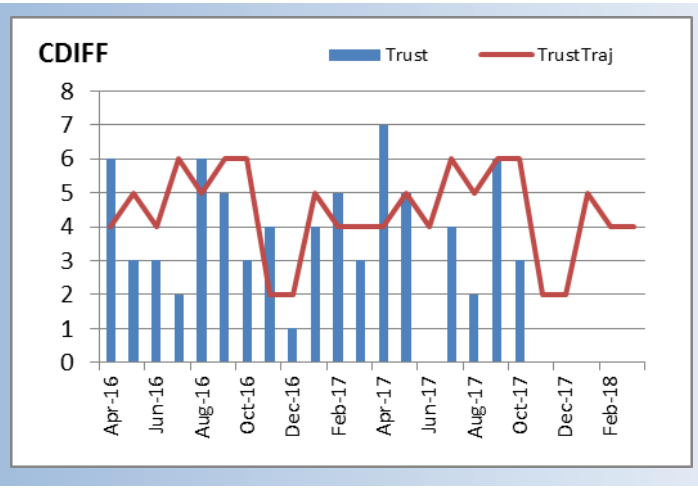
Number of alerts that are outstanding at the end of the month

There have been zero outstanding alerts reported at month end for October 2017.

There have been no outstanding alerts year to date.



SAFE

	Description	Aggregate Position	Trend	Variation
MRSA Bacteraemia	National objective is zero tolerance of avoidable MRSA bacteraemia	The Trust has reported 2 cases of acute acquired MRSA bacteraemia during 2016/17. There were no cases reported during October 2017.		Further information is included in the Board Quality report
Clostridium Difficile	The Clostridium difficile target for 2017/18 is no more than 53 cases	There have been 21 cases year to date There were 3 incidents reported during October which achieved the monthly trajectory of no more than 6 cases		

SAFE

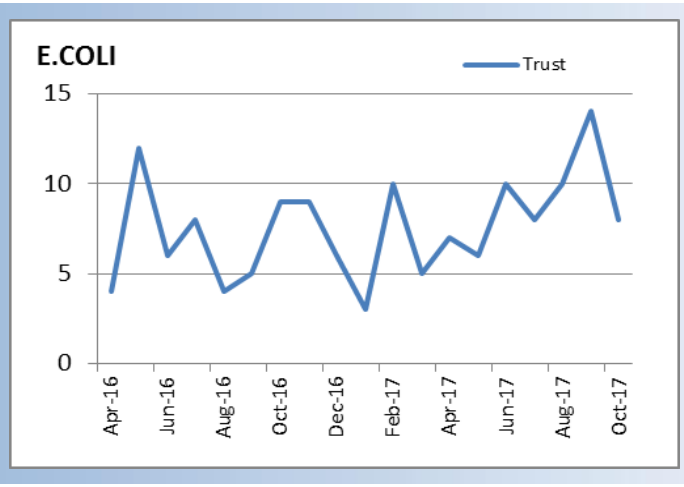
Description	Aggregate Position	Trend	Variation

Escherichia Coli

Number of incidence of E.coli bloodstream infections

There have been 63 cases year to date

There were 8 incidents reported during October.



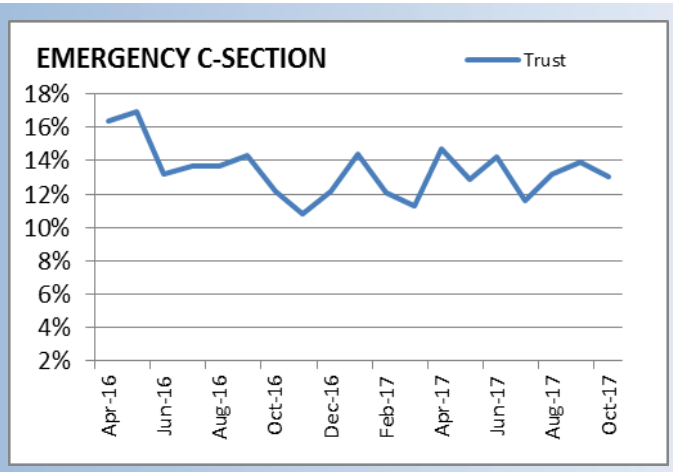
Emergency C-section rate

Maternity: Emergency C-section rate per month

The Trust aims to have less than 12.1% of emergency C-sections

Performance for October failed to achieved this standard at 13%

Performance has failed to achieve the standard for two or more consecutive months



Further information is included in the Board Quality report

EFFECTIVE

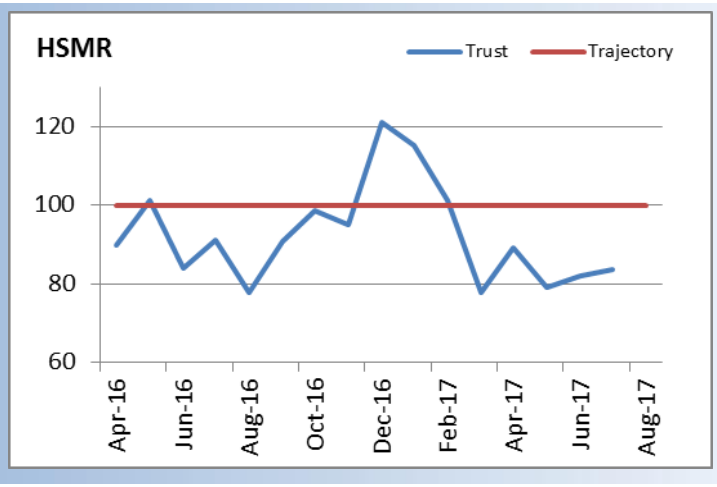
Description	Aggregate Position	Trend	Variation

HSMR

HSMR is a ratio of observed number of in-hospital deaths at the end of continuous inpatient spell to the expected number of in-hospital deaths (x by 100) for 56 Clinical Classification System (CCS) groups

August 2017 is the latest available performance

The standard for HSMR is to achieve less than 100 and August 2017 achieved this at 83.6

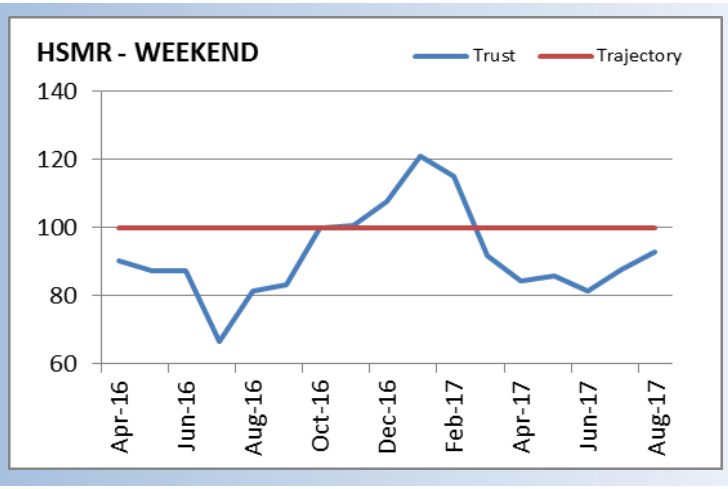


HSMR WEEKEND

Monthly Hospital Standardised Mortality Ratio for patients admitted at weekend

August 2017 is the latest available performance

The standard for HSMR at weekends is to achieve less than 100 and August 2017 achieved this at 93.0



EFFECTIVE

Description	Aggregate Position	Trend	Variation

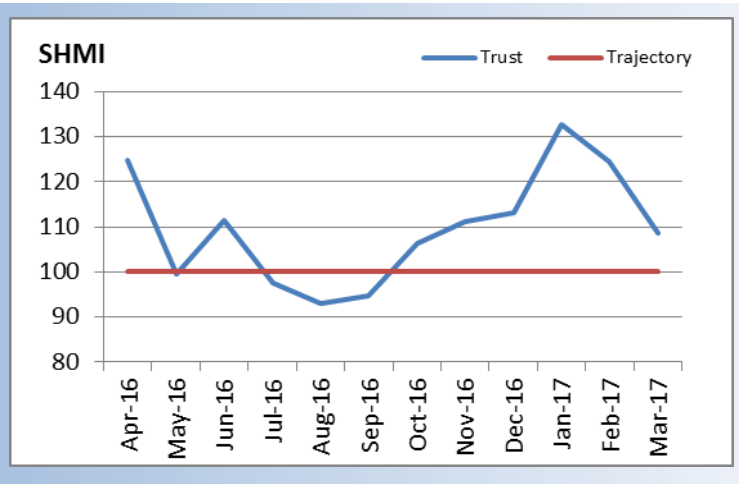
SHMI

SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and up to 30 days after discharge and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

March 2017 is the latest published performance

The standard for SHMI is to achieve less than 100 and March 2017 failed to achieve this at 109

Performance has failed to achieve the standard for two or more consecutive months

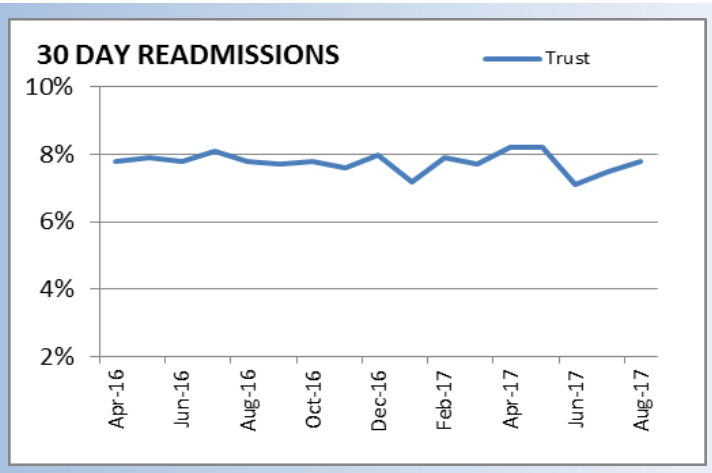


30 DAY READMISSIONS

Non-elective readmissions of patients within 30 days of discharge as % of all discharges in month

The latest available performance is August 2017

The readmissions performance is measured against the peer benchmark position for 2016/17 to achieve less than or equal to 7.4%. The Trust failed to achieve this measure with performance of 7.8%.



CARING

Description	Aggregate Position	Trend	Variation

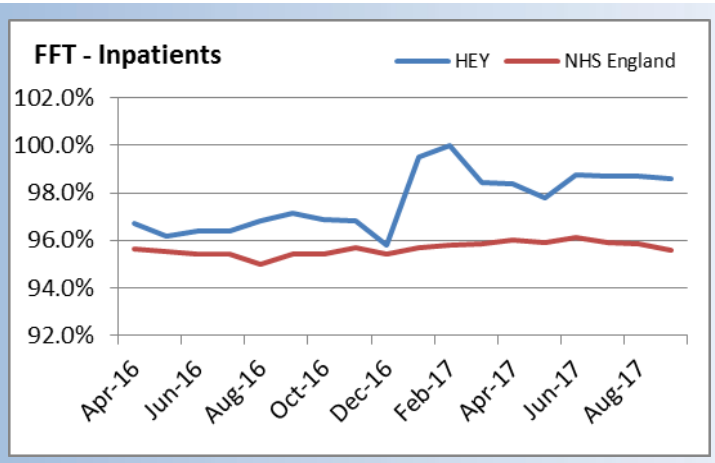
Inpatient Scores from Friends and Family Test - % positive

Percentage of responses that would be Likely & Extremely Likely to recommend Trust

Performance for September was 95.6%

The latest published data for NHS England is September 2017.

October performance will be published on 7th December 2017.



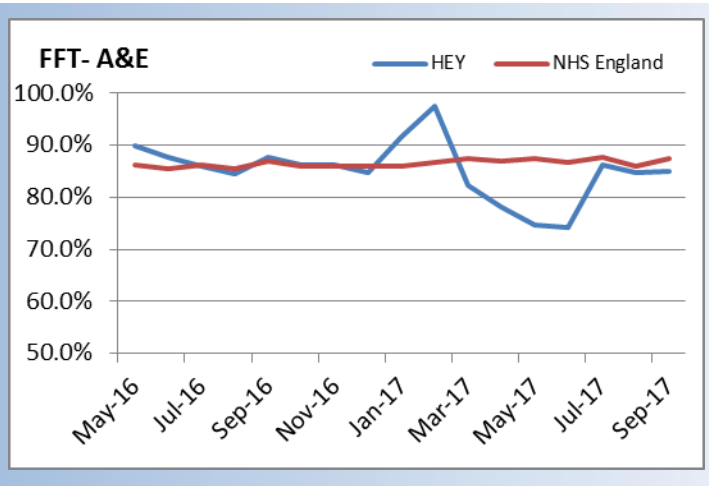
A&E Scores from Friends and Family Test - % positive

Percentage of responses that would be Likely & Extremely Likely to recommend Trust

Performance for September was 85.10%

The latest published data for NHS England is September 2017.

October performance will be published on 7th December 2017.



CARING

	Description	Aggregate Position	Trend	Variation

Maternity Scores from Friends and Family Test - % Positive

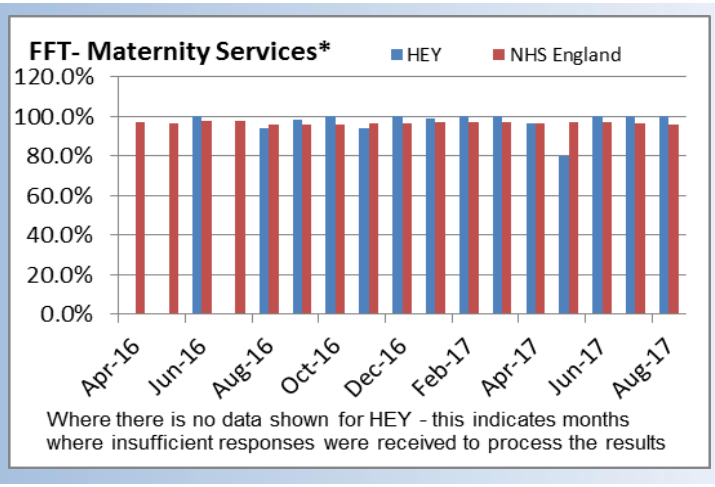
Percentage of responses that would be Likely & Extremely Likely to recommend Trust

Performance for September was 100%

The latest published data for NHS England is September 2017.

October performance will be published on 7th December 2017.

Months with no data for HEY is due to insufficient responses

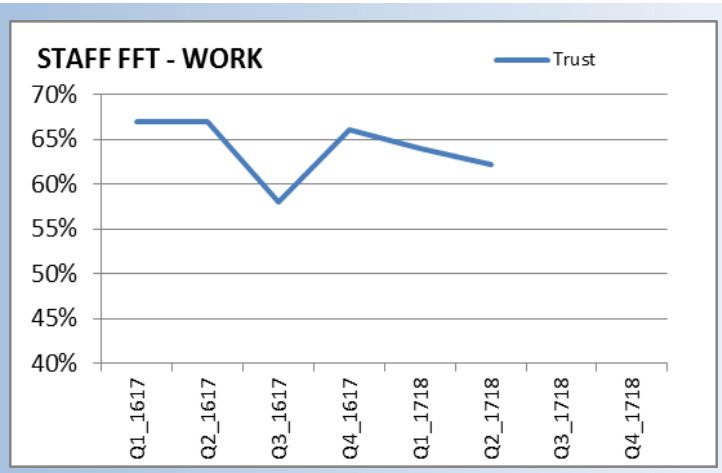


* Question relates to Birth Settings

Relative Position in Staff Surveys

Staff are asked the question: How likely are you to recommend this organisation to friends and family as a place to work?

The latest Friends and Family Test position is quarter 2 2017/2018 shows that 62% of surveyed staff would recommend the Trust as a place to work, this has decreased from the quarter 1 position of 64%.



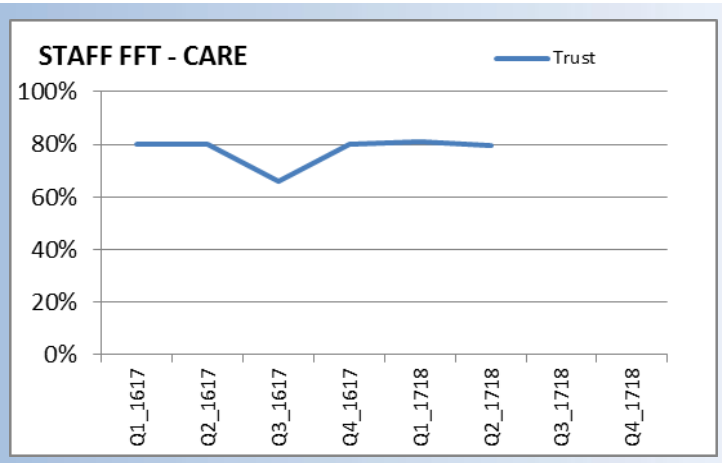
CARING

Description	Aggregate Position	Trend	Variation

Relative Position in Staff Surveys

Staff are asked the question: How likely are you to recommend this organisation to friends and family as a place for care/treatment?

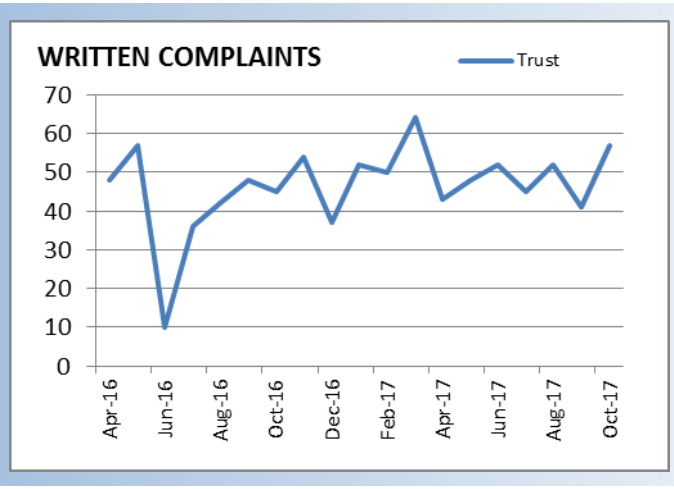
The latest Friends and Family Test position is quarter 2 2017/2018 shows that 79% of surveyed staff would recommend the Trust as a place to receive care/treatment, this has decreased from the quarter 1 position of 81%.



Written Complaints Rate

The number of complaints received by the Trust

The Trust received 57 complaints during October, this is an increase on the September position of 41complaints



There have been 338 complaints year to date

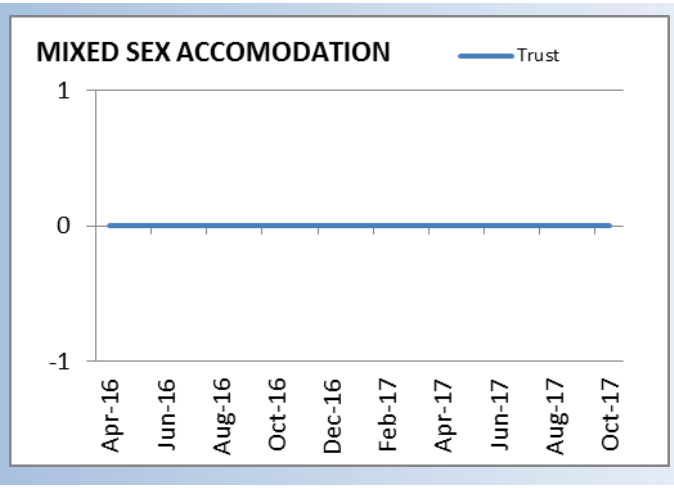
CARING

Description	Aggregate Position	Trend	Variation

Mixed Sex Accommodation Breaches

Occurrences of patients receiving care that is in breach of the sleeping accommodation guidelines.

There were no occurrences of mixed sex accommodation breaches throughout October 2017.



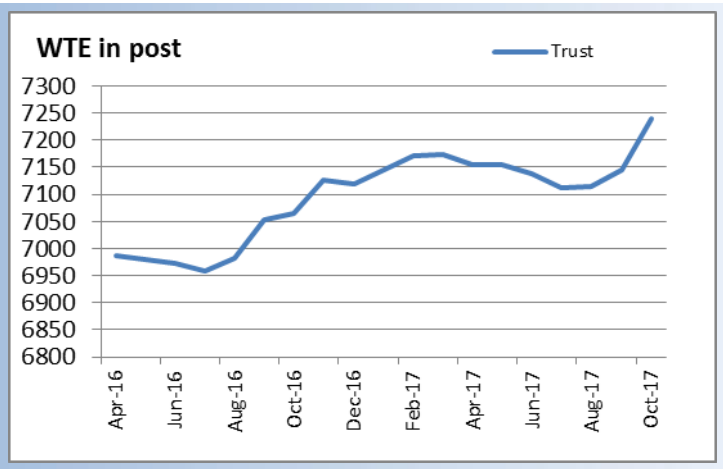
ORGANISATIONAL HEALTH

Description	Aggregate Position	Trend	Variation

WTEs in post

Contracted WTE directly employed staff as at the last day of the month

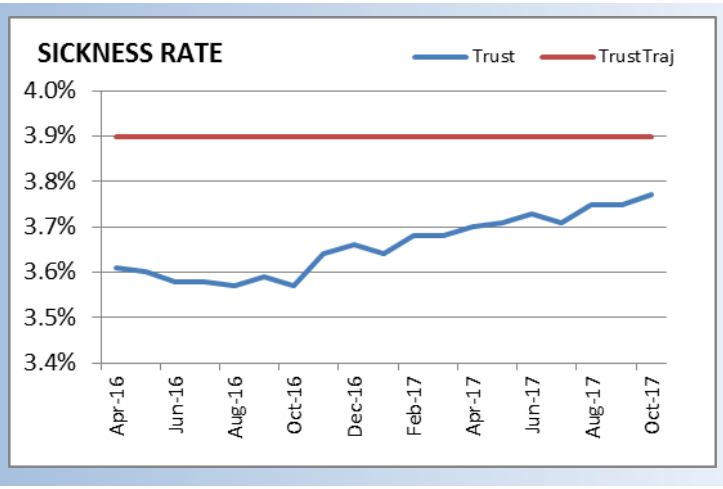
Trust level WTE position as at the end of October was 7240



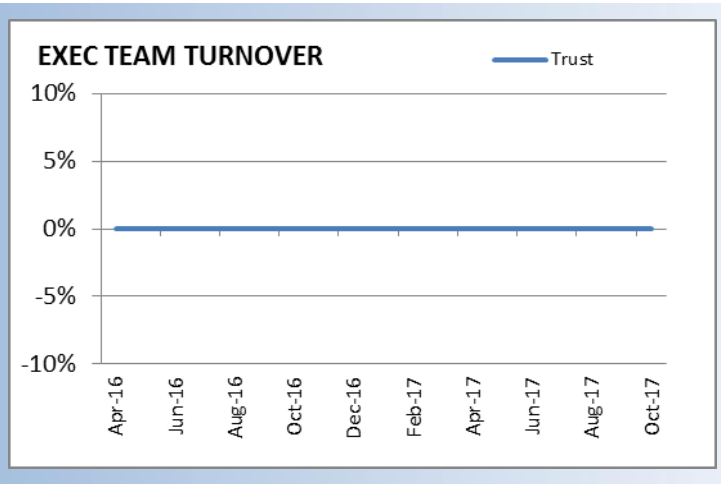
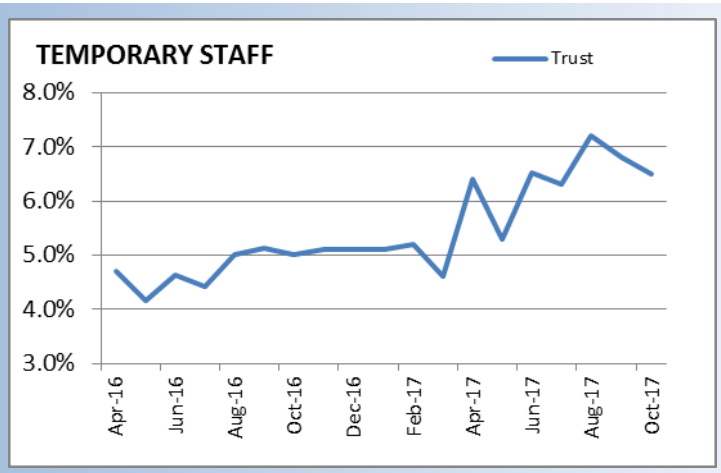
Sickness Absence Rates

Percentage of sickness between the beginning of the financial year to the reporting month. Target is 3.9%.

Performance for October achieved the standard of less than 3.9% with performance of 3.77%



ORGANISATIONAL HEALTH

Description	Aggregate Position	Trend	Variation
Executive Team Turnover	Percentage turnover of the Trust Executive Team	Turnover has been 0% for the Executive team within the last 12 month period.	
Proportion of Temporary Staff	% of the Trusts pay spend on temporary staff	Performance is measured on a year to date basis as at the month end October performance was 6.5%	

FINANCIAL SUMMARY: 7 MONTHS TO 31st OCTOBER 2017

1. At the end of month 7 the Trust is reporting a deficit of £3.3m which is £2.0m above the plan.

2. This position includes £1.2m deficit due to non-receipt of the STF funding for October. Excluding STF the Trust is £0.8m.away from plan.

3. The Trust has a gross contract income gain of £4.6m . After adjusting for the allocation of income to HGs to reflect pass-through drugs & devices costs, there is a nett shortfall of £1.8m which is the same as last month.

4. The Trust has a CRES shortfall at month 7 of £2.9m. The in month shortfall on CRES delivery is £0.3m. The year end forecast position is £11.4m (76%). Urgent action is required to move the forecast CRES delivery above 80%.

5. Health Group run rate positions have deteriorated in month by £0.5m. This deterioration is driven by a worsening of the CSS HG position which increased by £0.6m. The deterioration was in all areas with shortfalls in income linking with increase in non pay and continuing pay pressures in agency staff and radiology junior staffing. Medicine's reported in month position shows a small improvement (£0.1m) on last month related to using slightly less additional medical staffing than previously. Surgery's run rate variance also improved slightly in month (£0.1m). Family and Women's run rate deteriorated slightly but at a lower rate than previous months (-£0.01m).

6. Agency spend to the end of October is £6.1m which is below planned levels (£6.3m). The actual October position was £0.2m below plan.

7. Overall forecasts have worsened by £1m. Medicine increased its forecast by £0.2m following revised assumptions on the ED medical expenditure and Clinical Support's forecast worsened by £1m due to reduced forecast of CRES delivery and higher expected expenditure on agency staffing and non pay. The financial information indicates a problem of £7.6m by year end if current trends continue. Immediate actions need to be identified to offset this potential £7.6m risk.

8. In line with published NHSI guidance the Trust is still reporting that it will achieve its year end financial plan however this is extremely challenging and requires recovery actions to control expenditure and deliver additional income in order for this to be realised. Discussions have commenced with local commissioners regarding the risk share agreed in the contract in order to deliver the most favourable position for the system and recovery actions to control expenditure are being pursued.

9. The Trust's cash position is under severe pressure as a result of the deficit SOCI. Despite a revenue loan of £4.2m being agreed to help with this position the Trusts ability to service its creditors is being impacted. BPPC for the month of October for non NHS Creditors is 46.9% on value and 47.7% on volume.

10. The Trust has spent £8.2m of capital at month 7 and is forecasting to spend £19.9m during the financial year in line with plan, which includes the agreed extra £1m for ED Primary Care Streaming. £3m of the capital plan is still at risk due to the ongoing planning processes associated with the land sale at CHH. It is hoped that this risk will disappear in December as the planning processes are finalised.

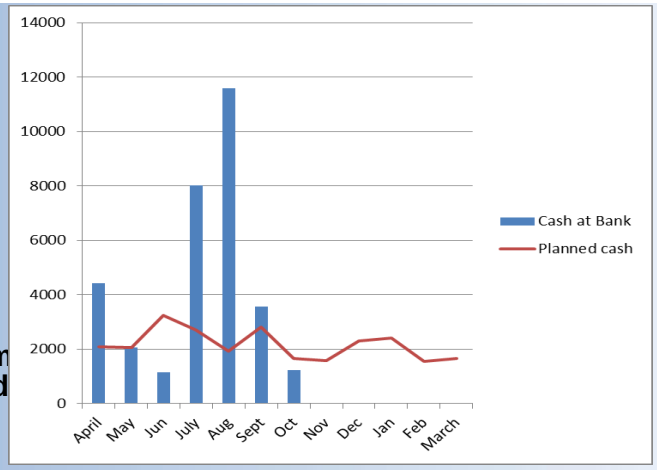
ORGANISATIONAL HEALTH

Description	Aggregate Position	Trend	Variation

Cash Balance

Cash on deposit <3 months deposit

At the end of October cash was £1.212m, £1.194m was held in bank accounts and £0.018m in petty cash. Unlike September we have only managed to pay around half of our suppliers on time, although with minimal impact on operations. November to March will see significant pressure on relationships with suppliers . We will receive a loan of £4.2m (in lieu of quarter one strategic transformation funding) during November. This will help relieve the pressure and will be repaid once the STF is received. We will also receive a £3m capital loan during November, which will need to be repaid once we have received the proceeds of the sale of Castle Road.



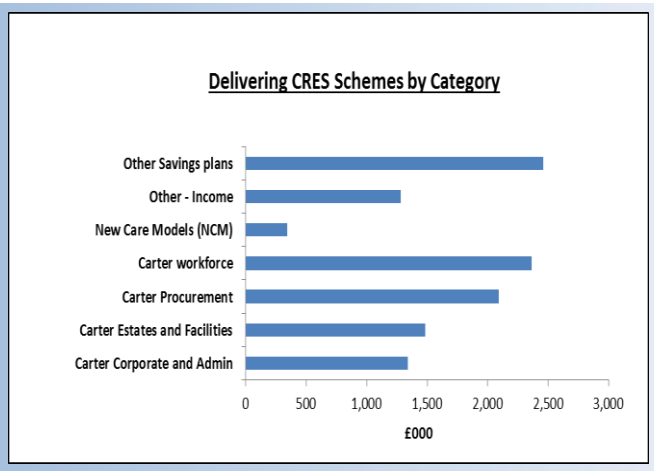
Performance has failed to achieve the standard for two or more consecutive months

CRES Achievement Against Plan

Planned improvements in productivity and efficiency

As at month 7 the Trust has delivered £5.0m of CRES savings against a CRES ytd plan of £7.9m (£2.9m adverse variance)

The Trust is currently forecasting delivery of £11.4m of savings against the plan but is still working to identify new schemes and revise its forecast to a more favourable one in coming months.



The target for the year is to save £15m, the Trust is expecting to deliver this target

Performance has failed to achieve the standard for two or more consecutive months

ORGANISATIONAL HEALTH

Description	Aggregate Position	Trend	Variation

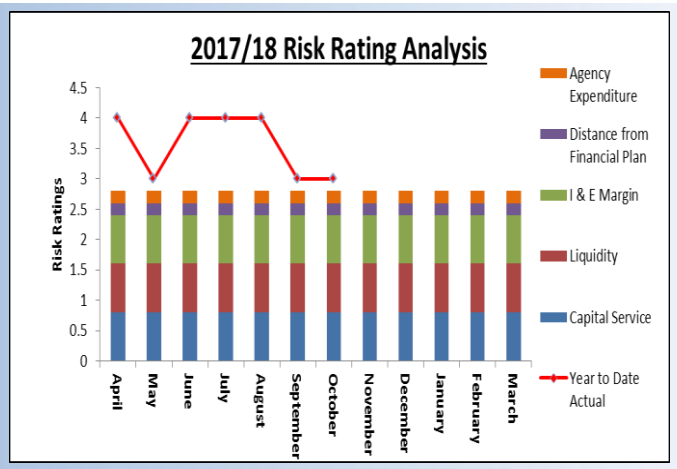
Risk Rating

Financial Sustainability Risk Rating

The risk rating analysis shows the planned risk rating for the year and how each of the metrics contribute towards that overall risk rating plan. These are based on how NHSI now assess risk.

Risk ratings range from 1 to 4 with 1 being the best score and 4 the worst (this is a change from previous rating metrics which had 4 as the best score and 1 the worst). The Trust's risk rating is currently 3.

As at month 7 the Trust is reporting a deficit of £3.5m against a planned deficit £1.5m. This has resulted in liquidity and Capital servicing being rated as a 4, an I&E Margin rating of 3, distance from plan rating of 2 and agency rating of 2. This culminates in an overall risk rating of 3.



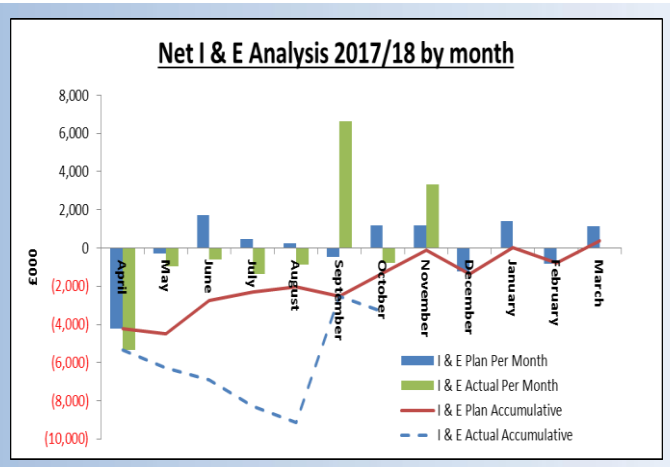
Performance has failed to achieve the standard for two or more consecutive months

Income & Expenditure

Net income and Expenditure

The Net I & E analysis shows how the Trust has performed in each month in terms of the overall performance surplus plan. The bars showing each month's performance and plan in isolation and the lines showing the cumulative position of plan and actual.

At month 7 the Trust has delivered a deficit of £3.3m against a planned deficit of £1.3m (£2m adverse)



The plan for the full year 17/18 is to deliver a surplus of £0.4m, this includes STP funding.

Performance has failed to achieve the standard for two or more consecutive months

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

FINANCIAL POSITION 2017/18

Trust Board date	5 December 2017	**Reference Number**	2017 – 12 – 11.1
Director	Lee Bond – Chief Financial Officer	**Author**	Lee Bond - Chief Financial Officer
Reason for the report	To inform the Board of the Trust's financial position at end October 2017.		

Type of report	Concept paper		Strategic options		Business case	
	Performance		Briefing		Review	✓

1	**RECOMMENDATIONS** The Board is asked to note the financial position at the end of month 7 and the work required over the next 6 weeks with regards the development of the Trust financial forecast position. A further update paper will be prepared for discussion at the Performance and Finance Committee on 18th December. This will include the Month 08 actual financial position. The Board is asked to consider what arrangements need to be put in place to enable it to agree a revised financial forecast at Month 09, should it be deemed necessary at that time by the Executive Team.					
2	**KEY PURPOSE:**					
	Decision		Approval		Discussion	✓
	Information	✓	Assurance		Delegation	
3	**STRATEGIC GOALS:**					
	Honest, caring and accountable culture					
	Valued, skilled and sufficient staff					
	High quality care					
	Great local services					
	Great specialist services					
	Partnership and integrated services					
	Financial sustainability					✓
4	**LINKED TO:**					
	CQC Regulation(s): **W1 – Clear vision and strategy**					
	Assurance Framework Ref:	**Raises Equalities Issues?** N	**Legal advice taken?** N	**Raises sustainability issues?** N		
5	**BOARD/BOARD COMMITTEE REVIEW** The Financial Position 2017/18 was discussed at the November 2017 Performance and Finance Committee					

Hull and East Yorkshire Hospitals NHS Trust

FINANCIAL POSITION 2017/18

1. Summary Income and Expenditure (I&E) Position

The financial position reported to the end of October 2017 is a deficit of £3.3m, which is £2m away from plan. The position, excluding the variance on the Sustainability & Transformation Funding (STF) is £0.8m and the increased variance to £2m is due to the Trust not being eligible for the month 7 (£1.2m) element of the STF funding.

2. Forecast Outturn

The Trust's plan for the year is to achieve an operating deficit of £11.5m. If this is achieved and the Trust delivers its accident and emergency performance trajectories for the year, the full £11.9m STF will be received resulting in the Trust delivering a year end surplus of £0.4m

The current forecast, based on month 7 results, indicates that delivery of the financial plan requires a significant level of recovery actions to the value of £7.6m. This is a £1m deterioration in the level of recovery required compared with last month. The worsening trend does highlight therefore that there remains a material risk of non-delivery of the financial plan and this level of risk continues to be highlighted to NHSI.

The Trust will undertake a comprehensive review of the forecast financial position following the receipt of month 8 & 9 reports and will progress discussions with Commissioners regarding the risk share clause included within the aligned incentive contract. This will include a consideration of the investments made by the Trust, particularly associated with ground floor acute service provision at Hull Royal Infirmary and medical and diagnostic pressures within Cancer services. The Trust is working with its main Commissioners to consider assumptions that will enable the Trust to report a balanced position at Quarter 3 which will secure a further £3m of the STF. However, the final outturn position remains a challenge given the scale of the variance based on current forecasts.

In terms of reporting to NHSI, revisions to Trust forecasts can only be made at the Quarter 2 and Quarter 3 reporting points and can only be made through the standard reporting process. The process for Quarter 3 is due before the next Board meeting in January therefore this paper serves to highlight that, pending the comprehensive review of the financial position at Month 09 and the outcome of the discussions with Commissioners, it may be necessary for the Board to reconsider its planned forecast outturn position prior to its next Board meeting. This is on the basis that there is currently no recovery plan identified and agreed that would deliver £7.6m of improvements between now and the end of March.

3. Development of Mitigating Actions

In the event that the Trust Board does wish to report a year end variance, there remains a requirement for the submission of a recovery plan to NHSI. This recovery plan needs to demonstrate the mitigating actions being implemented that ensure any proposed revision to forecast outturn is minimised, managed and fully recovered at the earliest possible time.

Whilst the current operational pressures are acknowledged to be consuming significant clinical and management resource, there is an urgent requirement to develop and implement a list of recovery actions to curtail expenditure, increase productivity to deliver contracted levels, and fast track efficiency improvement schemes wherever feasible.

The potential areas for consideration to enable financial improvement include:-

a) Agreement with Commissioners to invoke the risk share arrangement in recognition of the operational pressures driving some of the increased expenditure above plan.
b) Explore the financial opportunities which may accrue from establishing a joint venture, Special Vehicle (SPV) company.
c) Review of all remaining centrally held budgets to identify opportunities to release further slippage into the position.
d) Introduce executive level Vacancy Control measures for non-medical/nursing posts
e) Productivity improvements in the delivery of contracted activity targets and above.
f) More stringent controls on non-clinical supplies and use of variable pay.
g) Secure additional income to fund winter pressures and release Trust resources currently committed in the forecast deficit
h) Balance sheet review.

4. Recommendation

The Board is asked to note the financial position at the end of month 7 and the work required over the next 6 weeks with regards the development of the Trust financial forecast position. A further update paper will be prepared for discussion at the Performance and Finance Committee on 18th December. This will include the Month 08 actual financial position.

The Board are asked to consider what arrangements need to be put in place to enable it to agree a revised financial forecast at Month 09, should it be deemed necessary at that time by the Executive Team.

Lee Bond
Chief Financial Officer

28th November 2017

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
PERFORMANCE AND FINANCE COMMITTEE MINUTES
HELD 30 OCTOBER 2017

PRESENT:	Mr S Hall	Non Executive Director (Chair)
	Mr M Gore	Non Executive Director
	Mr A Snowden	Non Executive Director
	Mr L Bond	Chief Financial Officer
	Mrs E Ryabov	Chief Operating Officer
	Mrs M Veitch	Deputy Chief Operating Officer
	Ms C Ramsay	Director of Corporate Affairs
	Mrs A Drury	Deputy Director of Finance
IN ATTENDANCE:	Mr D Taylor	Director of Estates and Facilities (Item 15.1)
	Mr P O'Meara	Head of Finance – Estates and Facilities (Item 15.1)
	Mrs R Thompson	Corporate Affairs Manager (Minutes)

NO	ITEM	ACTION
1	**APOLOGIES FOR ABSENCE** Apologies were received from Mrs T Christmas, Non Executive Director, Mr S Nearney, Director of Workforce, Mrs E Ryabov, Chief Operating Officer and Mr S Evans, Deputy Director of Finance	
2	**DECLARATIONS OF INTEREST** There were no declarations of interest made.	
3	**MINUTES OF THE MEETING HELD ON 25 SEPTEMBER 2017** The minutes were approved as an accurate record of the meeting.	
4	**MATTERS ARISING FROM THE MINUTES** **Hull CCG Winter Planning** – Mrs Veitch advised that Hull CCG still had work to do on their plan and that she would present it to the committee when in place.	**MV**
	Mr Bond advised that there were approximately 125 new nurses working in the Trust.	
	Mr Hall had met with Mr Phillips regarding the GIRFT strategy. Mrs Veitch added that she was working on a global approach as part of the Trust Quality Improvement Plan. An update regarding the e-Rostering business case to be received.	**SN**
	Mr Evans to add the list of CRES schemes with FIP2 input to the next CRES report.	**SE**
5	**ACTION TRACKING LIST** **Orthopaedic Case Mix –** to be removed from the tracker. New Nurse Numbers – to be removed from the tracker Exit Interview Report – SH to circulate to committee members GIRFT Benefits Realisation Report – to be received January 2018 62 Day Cancer standard would be covered in the 28th November 2017 Board Development session.	**SH** **KP**

6 WORKPLAN

The Committee reviewed the workplan. There were no changes made.

7 DEMAND REPORT – MONTH 6

The month 6 Demand Report was presented and was showing a 4.3% reduction in referrals. Electronic referrals had seen a dip in June but since then were increasing. Contract performance was below plan with elective inpatient and day case activity being 5.5% lower than this time last year. This is mainly in Colorectal Surgery, Plastic Surgery, Interventional Radiology and Clinical Haematology. The Committee asked for further information on this at the next meeting. **AD**

Outpatients is 4% below plan and more follow ups should have been done due to the drop in activity seen. Mrs Veitch advised the committee that the Health Groups had been asked to develop remedial action plans regarding productivity.

A&E attendances had increased and the Trust had not delivered its 90% performance standard.

Resolved:
The Committee received and accepted the report.

8 CORPORATE FINANCE REPORT

Mr Bond presented the report and advised that the Trust was reporting a deficit of £2.5m which was in line with the planned position. This position was only possible due to the release of 100% of the Trust's available reserves (£7.2m). Due to the Trust being in line with plan it received £4.2m STF funding.

The Health Group run rate positions had deteriorated in month by £0.3m although the Medicine Health Group was showing an improvement on last month's position. Surgery Health Group's overspend had reduced but both Family and Women's and Clinical Support had seen worsening variances.

Mr Bond reported that overall there had been a slight improvement but that there was still a gap of £6.6m, with no recovery plan in place at the present time. A plan was being developed and discussions were ongoing with the Commissioners to review the risks on a patch wide basis.

Mr Bond also highlighted the potential risk to the sale of the land at Castle Hill Hospital and the implecations that this would have for the Trust's capital plan.

Mr Hall and Mr Gore sought assurance regarding the financial positon and asked what was being done to review all areas of potential service improvements and savings. Mr Bond advised that all areas were being reviewed including management structures and operational systems.

Resolved:
The Committee received and accepted the report.

8.1 CRES REPORT

Mr Bond advised that at month 6 the Trust was reporting actual delivery of £4.1m of savings against a phased plan of £6.6m (62%). The forecast of £11.9m would be delivery of 79% of the target.

Resolved:
The Committee received and accepted the report.

8.2 LORD CARTER OF COLES REPORT
Mr Bond presented the minutes to the Committee which highlighted the areas of work delegated to each of the directors.

Mrs Veitch informed the committee about the aspirational targets such as never having more than 22 patients in beds without a discharge plan. Mr Gore asked how relationships with social services and their criteria for accepting patients was and Mrs Veitch advised that the processes had improved significantly.

Mr Gore expressed his concern regarding the delays regarding immediate discharge letters and Mrs Veitch reassured him that a task and finish group had been established to review IDLs.

Resolved:
The Committee received and accepted the update.

8.3 FIP2 - CLOSE OUT REPORT
Mr Bond presented the report to the Committee which gave a breakdown of the cost improvement programmes developed in conjunction with Deloitte. Mr Hall asked who had seen the report and what actions were being taken following receipt of the report. Mr Bond reported that the Executive Team were reviewing the actions and would discuss implementation of schemes with the Health Group leads and the HEY Improvement Team would pick up the more transformational projects.

Mr Hall requested that any CRES schemes linked to FIP2 be highlighted to the Committee and was concerned that processes were not yet in place to carry out the projects identified.

Mr Hall asked if the Trust had the resources to carry out the action plans and Ms Myers advised that the HEY Improvement Team now had a Project Management Officer and a finance member of staff to help with the additional pressures. There were also plans to recruit 2 admin support staff. Mr Snowden stated that staff needed to have the correct training and skill sets for change management and wondered if this was held by small specialist groups. Ms Myers advised that managers were being held to account, so ownership of the projects was important. Support was also being given to allow managers to deliver their day to day responsibilities.

There was a detailed discussion around plans in place for 2018/19 and Mr Bond agreed to present the initial plan to the Committee in November 2017. **LB**

Resolved:
The Committee received and accepted the plan. Mr Bond to present the initial 2018/19 plan to the Committee in November 2017. **LB**

The agenda was taken out of order at this point

9 PERFORMANCE REPORT
Mrs Veitch presented the report and advised that the Trust had not achieved

its 90% target but was at 84.9%. The main issues were due to discharge delays, patient flow and failure to maintain the 3 zone consultant model in AMU. Other issues were patient flow, the frailty model not being utilised efficiently and lack of community provision. There was a push to bring performance back in October 2017 and there were twice daily meetings being held to reinforce the delivery plan. Mr Bond praised Mrs Veitch on the hard work she had undertook to ensure performance was improved.

Referral to Treatment Time performance was behind trajectory at 83.65% with the deterioration linked to the tracking access issues. There had also been an increase in trauma causing problems with ICU capacity. All Health Group Operation's Directors had been asked to provide recovery plans to address the tracking access issues.

The Committee expressed their concern regarding the tracking access issues and what was happening with the patients involved. Mrs Veitch advised that the bulk had been identified and allocated. She also reported that there had been 22 x 52 week wait breaches with 20 of them being identified as tracking access patients.

Mrs Veitch presented the cancer performance for 31 day cancer and highlighted neurology as a particular area of concern. 62 day cancer was at 82.7% and was above the England average but below trajectory. Mrs Veitch informed the Committee of a £300k cancer funding bid the Trust had received and that the Operations Director was working with the cancer teams to improve performance.

The 62 day screening performance had 12 breaches with 5 of the breaches due to patient choice. Work was ongoing with the GPs to ensure patients attended their appointments.

Resolved:
The Committee received and accepted the report.

9.1 DIAGNOSTIC WAITS
Mrs Veitch advised that there had been improvement in radiology waits, but that the number of endoscopy waits had increased significantly. Mrs Veitch advised that this had been discussed at the Health Group Accountability meetings and that the next performance report would have more detailed information.

Mr Snowden expressed his concern with the upward trend in endoscopy and the impact this would have on patient care. Ms Ramsay advised that this would be discussed further at the Board development session in November 2017.

Resolved:
The Committee received the update and agreed that a report on endoscopy be prepared for the next meeting. **ER**

10 AGENCY SPEND PROGRESS REPORT
Mr Bond presented the report and highlighted a slight increase in expenditure but in general expenditure was a continuation of previous months.
Mr Gore queried 80 Scientific, therapeutic and technical breaches in month with zero the month before. Mr Bond agreed to clarify this position. **LB**

Resolved:
The Committee received and accepted the report.

11 CAPITAL RESOURCE ALLOCATION COMMITTEE

The Committee received and accepted the minutes from the Capital Resource Allocation Committee held on 4 October 2017.

12 HEY IMPROVEMENT PLAN UPDATE

Ms Myers presented the report and highlighted ongoing programmes of work relating to theatres, wards and outpatients.

There were no specific financial targets linked to the ward initiatives but teams were reviewing reducing bed numbers and patient flow. The Theatre programmes were linked to full and part year savings working with new timetables, 4 hour sessions and optimising pre-assessment work.

The outpatient programme was being developed with good opportunities to save money identified. The Finance Teams were working on the details along with any other savings that might emerge from other areas.

Mr Gore suggested that the approval process linked to procurement could be reviewed and Ms Myers confirmed that Mr Shaw was managing this as part of the Equipment Group that had been established.

Resolved:
The Committee received and accepted the report.

13 BOARD ASSURANCE FRAMEWORK

Ms Ramsay presented the Board Assurance Framework and advised that she had added in the comments and feedback from the last Committee, the Quality Committee and the Audit Committee had also reviewed it. The Board Assurance Framework now linked to the Board Development Framework and the Trust's strategic objectives.

Resolved:
The Committee reviewed and accepted the report.

14 ITEMS DELEGATED BY THE BOARD

There were no items delegated by the Board.

Mr Taylor and Mr O'Meara joined the meeting at 4.30pm

15 OUTLINE BUSINESS CASE – ENERGY INNOVATION UPGRADE

Mr Taylor presented the outline business case and the discussions had with the Carbon Energy Fund regarding the boiler plant. He reported that the Trust had tendered the project with a number of companies and a preferred scheme had been identified which saved the Trust £39m over 25 years. The scheme included clean technology and new power plants at Hull Royal Infirmary and Castle Hill Hospital. The scheme would also save maintenance costs. If the Trust decided to go down this route it would mean it would need to apply for a £13.7m loan to cover the works involved. If the Board approved the business case, NHS Improvement would need to also approve the funding. Mr Taylor advised that Option 4 was the preferred option.

Mr Snowden was impressed by the business case and stated that doing nothing was not an option. He also stated that it would be inappropriate to tie the Trust down to an inflexible approach with other suppliers.

Mr Hall asked if there were any opportunities for the Trust to earn extra income from the new plant and Mr Taylor advised that all options would be explored.

Resolved:
The Committee agreed to recommend the Outline Business Case to the Board. **SH**

Mr Taylor and Mr O'Meara left the meeting at 4.50pm

8.4 2018/19/20 CAPITAL PLAN
Mr Bond presented the plan to the Committee. He highlighted a number of schemes that needed to be completed such as equipment replacement, IT system replacement and back log maintenance. Mr Bond reported that to bring the hospital up to a well maintained and fully operational site would cost £70m and up to 7 years.

Mr Bond also spoke about non medical equipment such as fleet vehicle replacements, bed replacements and other sundries. The land sale at Castle Hill Hospital had been factored into the figures but there was still a £33m shortfall over a 3 year period.

Mr Bond could offer no assurance that the problem would be solved but did reassure the committee that he was discussing capital issues and the changing healthcare needs with Financial Directors across the Humber region. Mr Snowden added that support from the health regulators was critical and a whole system approach was required.

Resolved:
The Committee received the reports and agreed to raise the issue regarding capital planning 2018/19/20 at the Board meeting in November 2017. **SH**

DATE AND TIME OF THE NEXT MEETING:
Monday 27 November 2017, 2.00pm – 5.00pm, The Committee Room, Hull Royal Infirmary

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

PERFORMANCE AND FINANCE COMMITTEE

Meeting Date:	27 November 2017	**Chair:**	Mr S Hall	**Quorate (Y/N)**	**Y**

Key issues discussed:

- FIP2 – CRES schemes 2017/18 – Mr Evans to circulate current list to Committee members
- Loan Kits – Review of ordering system in orthopaedics was discussed
- Demand report – the Trust had seen a reduction overall in referrals
- Review of activity levels – How Lorenzo records activity levels. A clear understanding of the Trust's use of resources was required
- Finance Report – Month 7 the Trust's deficit £3.3m - £2m above plan
- CRES is being reported at 76% which shows deterioration in month. Challenge to the Health Groups has been raised.
- The Health Group run rate positions had deteriorated in month by £0.5m
- Dr Patmore attended the meeting to discuss the financial issues in the Clinical Support Health Group – the main issue was lack of capacity to meet the demand and difficulty in recruiting staff
- An outline of the 2018/19 financial plan including CRES was presented. Progress against verification was discussed. Further sampling has taken place, including a focus on "Ticking clock" patients to ensure we know who they are
- Performance – Emergency Department at 90%, RTT still problematic and failing the standard.
- MBI the external review company was attending the Board to discuss Tracking Access Plan.
- Diagnostics – CT is improving but still continues to be a challenge, endoscopy had seen increase in contracted elective day cases. A number of measures had been put into place to address the back log in endoscopy.
- Cancer – the main issues were due to patient choice and complex cases
- Agency Spend – No major changes, a review of bank figures at the December 2017 meeting.
- Mr Nearney updated the Committee regarding gaps in key staffing areas of the Trust. It was agreed that the report would be received quarterly
- The Board Assurance Framework was received by the Committee – Board development sessions were being aligned with key risks – BAF 7.3 linked to cash flow to be increased accordingly
- Chief Executive dashboard to be include in PAF briefing papers. Discussions re Theatre/Clinic utilisation to take place.

Decisions made by the Committee:

Key Information Points to the Board:

- Capital funding for a new diabetes research centre had been received
- The Trust had declared a Never Event in November 2017 relating to a medication administration error

Matters escalated to the Board for action:

- The Trust's cash flow position is under pressure which is impacting on payments to suppliers
- The Trust's CRES at 76%

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

RESEARCH AND DEVELOPMENT STRATEGY

Trust Board date	5 December 2017		**Reference Number**		2017 – 12 - 14	
Director	Kevin Phillips – Chief Medical Officer		**Author**		James Illingworth – R&D Manager	
Reason for the report	To present the Research and Innovation Strategy 2017 - 2022 to the Board.					
Type of report	Concept paper		Strategic options		Business case	
	Performance		Briefing		Review	✓

1	**RECOMMENDATIONS** The Board is asked to approve the Research and Innovation Strategy 2017-2022					
2	**KEY PURPOSE:**					
	Decision		Approval	✓	Discussion	
	Briefing		Assurance		Delegation	
3	**STRATEGIC GOALS:**					
	Honest, caring and accountable culture					✓
	Valued, skilled and sufficient staff					✓
	High quality care					✓
	Great local services					✓
	Great specialist services					✓
	Partnership and integrated services					✓
	Financial sustainability					✓
4	**LINKED TO:**					
	CQC Regulation(s):					
	Assurance Framework	**Raises Equalities Issues?** N		**Legal advice taken?** N		**Raises sustainability issues?** N
5	**BOARD/BOARD COMMITTEE REVIEW** The Research and Innovation Strategy was received and endorsed at the October 2017 Quality Committee.					

Research and Innovation: Strategic Priorities

August 2017

Notice to staff using a paper copy of this strategy:
Please ensure that you have the latest version of this strategy.
The latest version can be found on the Trust's Intranet site under 'Trust Strategies'.

Author:	James Illingworth, R&D Manager
Lead Director:	Mr Kevin Phillips, Chief Medical Officer
Strategy Reference Number:	
Comments on this strategy should be directed to:	James Illingworth, R&D Manager

RESEARCH AND INNOVATION STRATEGY (2017-2022)

Strategy Reference No.	
Director Lead:	Mr Kevin Phillips
Strategy Author:	James Illingworth
First Version Issued:	
Latest Version Issued:	
Annual Review Date:	
Consultation Process:	R&I Committee
Responsibility for Monitoring:	Trust Executive Management Committee
Approved By:	
Target Audience:	Directorates Health Groups
Distribution:	Chief Executive Executive Directors Health Group Triumvirates Intranet Newsletter (Executive Summary)

CHANGE RECORD

Date	Author	Nature of Change	Version

RESEARCH AND INNOVATION STRATEGY (2017-2022)

EXECUTIVE SUMMARY

Aim of Strategy:	The provision of high quality care for our patients is our top priority and indeed our very purpose. We believe that by enabling us as a research-intensive organisation, our Research and Innovation Strategy will contribute significantly to the aspiration for Hull to be a vibrant and healthy city. As a Teaching Hospital working in partnership with the University of Hull, we will build on existing strengths whilst realising and utilising new research and innovation opportunities. We want to create a 'research aware' workforce, empowering staff to participate in research, access and implement the best available research findings and develop innovative approaches to clinical practice which deliver a real and lasting difference to the quality of clinical care for our patients.
Impact on patients and staff:	*Patients*: All research and innovation will contribute to the delivery of improved patient outcomes. *Staff*: The creation of an all inclusive research and innovation culture in a supportive environment that allows research ideas to be nurtured as well as pulling through innovation into clinical services.
Key objectives:	1. **A Research Aware Organisation:** *"Creation of a well-led 'research active and aware' workforce enabling high quality care for every patient through research **opportunities**".* 2. **Positive, Proactive Partnerships:** *"An aligned research strategy that spans across all regional academic and healthcare partners. The Trust will lead collaborative partnerships in the region to realise the full **potential** of research and innovation".* 3. **Reputation through Research:** ***"**To demonstrably improve patient care and experience through a collaborative culture of research excellence driving leading-edge innovation, evidenced-based practice and optimal models of service **delivery**".*
Expected outcomes:	1. *Every patient is offered the opportunity to participate in research.* 2. *Establish the University of Hull as our core 'academic partner' for research and innovation.* 3. *The successful recruitment and retention of high quality researchers and support staff including a Trust and UoH agreed strategic plan for clinical academic investment.* 4. *Secure UKCRC accreditation status for the Hull Health Trials Unit by 2022.* 5. *Total annual research income of at least £15m by 2022.*
Key action points and timescales:	Timescale – this is a five-year strategy (2017 - 2022). A key action point is the formal launch of the 'Hull Health Trials Unit'. This is expected to occur in early 2018.

Research & Innovation Strategy

2017 - 2022

Contents:

Introduction

Purpose of the Research and Innovation Strategy

This document sets out the strategic direction of Research and Innovation for Hull and East Yorkshire Hospitals NHS Trust over the next five years.

The provision of high quality care for our patients is our top priority and indeed our very purpose. We believe that by enabling us as a research-intensive organisation, our Research and Innovation Strategy will contribute significantly to the aspiration for Hull to be a vibrant and healthy city.

As a Teaching Hospital working in partnership with the University of Hull, we will build on our existing strengths whilst realising and utilising new research and innovation opportunities. We want to create a 'research aware' workforce, empowering all staff to participate in research, access and implement the best available research findings and develop innovative approaches to clinical practice which deliver a real and lasting difference to the quality of clinical care for our patients. Our objectives and goals reflect these intentions.

Vision:

Our vision is to demonstrably improve the lives of the population we serve by establishing Hull and East Yorkshire Hospitals NHS Trust as a nationally recognised research centre of excellence engendering an innovation culture.

Strategic Objectives

We aspire to be a research centre of excellence led by our remarkable staff, conducting leading-edge research and innovation in priority areas that responds to the clinical needs of our local population in partnership with key health, academic and industry stakeholders.

The Trust Research and Innovation Strategy will be delivered through three key areas that are outlined further within the document:

(1) A 'Research Aware' Organisation:

> *"Creation of a well-led 'research active and aware' workforce enabling high quality care for every patient through research **opportunities**".*

(2) Positive, Proactive Partnerships:

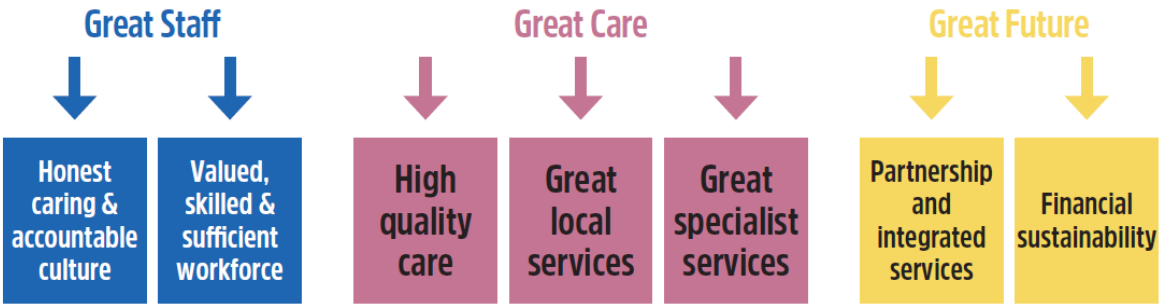
> *"An aligned research strategy that spans across all regional academic and healthcare partners. The Trust will lead collaborative partnerships in the region to realise the full **potential** of research and innovation".*

(3) Reputation through Research:

> **"***To demonstrably improve patient care and experience through a collaborative culture of research excellence driving leading-edge innovation, evidenced-based practice and optimal models of service **delivery**".*

Trust Strategic Objectives

This strategy aims to support the Trust in achieving its Strategic Objectives, which are:



The Trust will achieve this through working to our core values as an organisation driven to improve through research and innovation, underpinned by strengthened leadership, accountability and capacity, increased engagement with external bodies, and maximising intellectual property exploitation.

Our Values

CARE

We are polite and courteous, welcoming and friendly. We smile and we make time to listen to our patients and staff. We consider the impact our actions have on patients and colleagues. We take pride in our appearances and our hospitals and we try to remain positive.

We do not treat anyone unfairly. We do not let our mood affect the way we treat people. We don't talk negatively about colleagues or other teams. Offensive language, shouting, bullying and spreading rumours are unacceptable.

HONESTY

We tell the truth compassionately. We involve patients in decisions about their care and we are honest when things go wrong. We always report errors and raise concerns we have about care. Our decisions and actions are based on facts not stories and opinions.

We do not withhold information from colleagues or patients. We never discourage staff from reporting concerns. We are not careless with confidential information. We do not present myths as facts.

ACCOUNTABILITY

We are all responsible for our decision and actions and the impact these have on care. All staff are responsible for maintaining high standards of practice and we take every opportunity to continuously learn. Everyone is encouraged to speak up and contribute their ideas to improve the care we provide.

We do not unfairly blame people. We positively embrace change and we don't discourage people from having opinions. Controlling behaviours and silo working should not be exhibted on our Trust.

(1) A 'Research Aware' Organisation

Vision:

"Creation of a well-led 'research active and aware' workforce enabling high quality care for every patient through research opportunities".

Positive Research and Innovation Culture

The development and evolution of Trust-wide structures to facilitate the strategic management, development and prioritisation of research and innovation at all levels of the organisation will provide the foundations to develop a positive culture in which research activity is appropriately supported, valued, rewarded and encouraged.

Through the development of strong professional clinical, academic and managerial leadership of research, we will create an environment in which this activity is visible as an integral measure of quality.

We will seek to increase our capacity and capability for research in order to recruit and retain remarkable staff and high quality researchers and develop the research potential further in all professional groups, service users and carers.

We will encourage staff to pursue high quality, ethical and relevant research that follows best practice for research governance and management ensuring research and innovation leaders contribute to, and influence, local and national priorities (i.e. NIHR).

Over the next 5 years we will:

Foster a corporate research identity.

Establish, in conjunction with the University of Hull, an agreed investment programme for Clinical Academics across our priority research areas.

Secure multiple NIHR Senior Investigator Awards.

Seek one NIHR Research Fellowship for 50% of our identified 'core and growth' research priority areas.

Support a minimum of two NIHR grant applications led by Allied Health Professionals and Nursing staff.

Establish a Research Nurse Mentorship Programme to ensure our nursing teams are 'research aware'.

Establish 10 'Innovation Champions' throughout the Trust.

Establish a 'Research Ambassador' in each of our identified 'core, growth or developmental' research priority areas.

Our strategies to achieve these 'Key Performance Indicators for Quality and Health Outcomes Impact' will include the following:

(a) Investing in Clinical Academics

Pivotal to the Trust's ability to build clinical academic capacity and the allocation of resources across academic specialties is to ensure appropriate and sustained investment opportunities are exploited. This will require a commitment to strengthen clinical research capacity across clinical academics enabling research innovations to meet current and future healthcare needs through translational research.

The following principles[1] will underpin this investment strategy including ensuring that:

- NHS/Higher Education Institute (HEI) partnerships are motivated with incentives to promote clinical research capacity and generate a research-aware clinical workforce.
- There is an encouragement to create a cross-fertilisation of traditional clinical academic disciplines from a wider range of relevant basic and clinical research areas.
- A first class workforce is sustained throughout the Trust by valuing academic endeavour, ensuring flexibility and providing long-term career pathways.
- Funding and resource is allocated strategically at the national and local level, prioritising flexibility and accounting for the differing needs of the Trust and the University of Hull.
- Capacity building of clinical academic specialties is debated and coordinated in a Trust forum ('time-out').

A combined Trust and University partner review of current PA levels for clinical academics and job planning for research components is required and will take into account:

- The development of a proactive, rather than a reactive, approach to new Clinical Academic appointments and replacement posts, ensuring a strategic approach to succession planning.
- The overall 'direction of travel' of a specialty and wider Health Group matching a sound academic record (including research inputs/outputs and training record) within the given specialty or research area, coupled with a thriving research environment.
- Future predicted healthcare needs and the prevalence of diseases the specialty serves including opportunities for interdisciplinary working, where pertinent to the future needs of a specialty or research area.
- The therapeutic challenges raised by these diseases and healthcare needs.
- The technical developments likely to impact on the specialty – both leading to new diagnostic and therapeutic interventions, or rendering existing practice obsolete.
- The research skills needed to understand aetiology and hence prevention, and develop, deliver and assess new interventions – including the need for

[1] *The Academy of Medical Sciences: Building clinical academic capacity and the allocation of resources across academic specialties; http://www.acmedsci.ac.uk/policy/policy/building-clinical-academic-capacity-and-the-allocation-of-resources-across-academic-specialties/*

interdisciplinarity to acquire these skills and prosecute future research within visible academic leadership.

- Evidence that clinical academic training is valued and supported within the specialty at the national level by the appropriate colleges and specialist training committees and societies.

- Evidence of effective career development of junior academics supported by a well developed joint clinical academic training programme across the Trust and UoH.

- Evidence of robust partnerships with the wider NHS partners, HYMS, Deanery and other relevant research centres.

(b) Clinical Academics: Nursing and Allied Health Professionals

Further to the investment for clinical academics above, the Trust will specifically look to develop and establish a nursing and AHP Research Mentorship Programme that nurtures talent within a formal and structured learning environment. In turn, working alongside established academic training schemes as well as potential investment in supporting PhDs alongside the School of Health and Social work at the UoH, we will seek to provide the resources and expertise to encourage individuals to pursue their ideas within the relevant established research and innovation pathways to ensure the Trust and its partner organisations can maximise the opportunities for improvements in the delivery of its services to patients, relatives, carers and staff.

(c) Healthcare Innovation Hubs

We will ensure that the tools, knowledge and expertise from local and national innovation hubs is exploited to help us identify, protect and commercialise the Intellectual Property we own through the work of our employees.

Specifically, the Trust will continue to work with its local healthcare innovation hub, Medipex, ensuring an impartial bridge between NHS, Academia and Industry. Through Medipex, the Trust will seek to expand and further build networks and partnerships with our customers and key stakeholders, allowing them to realise the full potential of their ideas, with the aim of making a significant and positive impact on health and the economy, locally and nationally. Medipex will also provide the partnership links to the Y&H Academic Health Sciences Network (AHSN) and Health Innovation Alliance (HIA) formed by a group of leading innovation hubs, who agreed to share their expertise and resources. This combined expertise will speed up the development of ideas to improve patient care and ensure efficient and cost-effective healthcare delivery.

Furthermore, the Trust will utilise this external support in conjunction with the established University of Hull Innovation Office and ‘HEY Improvement Programmes’ to develop an ‘Innovation Pathway’. This will seek to provide a simple and streamlined process for Trust staff to generate and submit all ideas and innovative projects, encouraging increased engagement of all staff in new ways of working to develop a more structured approach to innovation so that when a new idea or process presents itself, there is a faster and more supportive response.

(2) Positive, Proactive Research Partnerships Vision:

"An aligned research strategy that spans across all regional academic and healthcare partners."

"The Trust will lead collaborative partnerships in the region to realise the full potential of research and innovation."

Aligned Research Focus and Priorities

As set out in the Trust Strategy, we must define and develop the scope and reach of our research programmes ensuring we deliver a research plan that 'plays to our strengths' as a Trust as well as the united strength of our collaborations. Becoming an organisation driven to improve through research and innovation requires an aligned research focus and priorities across health providers, commissioners, local authorities and our academic partners.

With strengthened leadership, accountability and capacity comes our ability to enhance levels of research activity within identified 'hubs' of research excellence. Our initial areas of research focus shall centre on the current 'core' clinical demands of our local population through established research 'hubs' including:

- Cardiovascular Disease (including Vascular Surgery, Cardiology and Respiratory)
- Diabetes, Endocrinology and Renal (including osteoporosis)
- Oncology and Haematology (including imaging, radiotherapy and surgical research)

To compliment the above, the following 'growth areas' must be supported to reach their full potential:

- Imaging (including utilisation of the PET-CT facilities)
- Gastroenterology (including IBD, Hepatology and links to Primary Care)
- Rheumatology
- Surgery and Critical Care (including specifically - Orthopaedics, Ophthalmology, Colorectal, Bowel screening initiatives, Plastics, Urology)
- Unplanned Care (including working alongside Yorkshire Ambulance Service)

The Trust will also continue to support many research active specialties where there is clinical and non-clinical interest, capability and capacity.

As part of an aligned research priorities and delivery plan developed in partnership with the UoH, CCGs and local healthcare providers, we will seek to develop strong and purposeful partnerships in the following areas:

- Dementia and Mental Health (in conjunction with Humber Foundation Trust)
- Social Care and Elderly Medicine (in conjunction with community service providers, local authorities).
- Rehabilitation (including Therapies and links to the UoH Sport, Health and Exercise Science department) and Population Health.

The Trust will give research activity equal credibility and authority by regarding it as one important measure of clinical quality. To this end, visibility of reports containing local and regional metrics data will be paramount for our Health Group Clinical Leads and Managers.

Every Health Group will develop research portfolios of high-quality that address clinical needs at a local and national level.

Collaborative Alliances

The successful implementation of the Trust Research and Innovation Strategy will primarily be dependent upon our ability to reach and maximise our potential. This can only be achieved through the creation of sound collaborative alliances and partnerships. The knowledge, skills, experiences and resources the Trust has at its disposal is limited in value if it is not available for our partners to share. This is equally true of our regional academic and healthcare partners. Together, we believe we can achieve more by aligning our research and innovation ambitions to position the Trust and its partners as leaders of national and international research excellence. The crucial partnerships are outlined further below.

Over the next 5 years we will:

Establish the Trust as the core 'academic partner' for research and innovation with the University of Hull.

Secure UKCRC accreditation status for the Hull Health Trials Unit by 2022.

Support the establishment of Hull as a national centre of excellence for research on PET-CT imaging and the development of radiopharmaceuticals.

Secure three new long-term commercial research partnerships (with at least one of these from a Hull based company).

Be an active and integral member of Yorkshire and Humber AHSN, CLAHRC and NHSA delivering increased research and innovation outputs (increased publications and increased income from intellectual property exploitation as well as the implementation of research findings via NICE technology appraisal compliance).

Establish a 'Dementia Research Action Group' in conjunction with Humber Foundation Trust to collaborate on maximising opportunities for research in this field.

Our strategies to achieve this will include proactive, purposeful partnerships in the following areas:

(a) University of Hull and Hull York Medical School (HYMS)

As a fundamental partner in HYMS, the Trust, in conjunction specifically with the University of Hull, will embark on a series of joint initiatives that will formulate a strong and lasting strategic partnership aligning shared research priorities and providing resource and expertise to maximise staff and patient potential delivered through world-class research and innovation.

Planned joint initiatives under this strategy include:

- Formally establishing the University of Hull as the Trust's academic partner as part of a name change and rebranding process in 2017.
- Building on the foundation of the agreed 'Memorandum of Understanding' between the Trust and University of Hull cementing the intent of a strong strategic alliance for research and innovation and ensuring joint research planning and investment in staff and facilities, to lever greater funding into the area.
- Working to establish priority areas for research with a particular focus on health inequalities, ageing and 'bench to bedside' clinical and lab priorities.
- Working to establish potential joint areas of strength to be pursued for mutual benefit, for example:
    - Virtual Reality in healthcare delivery and major incident preparedness
    - Clinical Skills and Simulation training
    - 3D Printing and Computer Science (for education and development of tele-monitoring and healthcare 'apps')
    - Business and Enterprise development (to strengthen opportunities for commercial partnerships that enhance patient opportunities, experiences and outcomes).
- Developing a framework to support a joint clinical academic research training programme. Specifically this will aim to enhance academic supervision and provide a greater platform for nurse and allied health professionals to develop research skills.
- Ensuring the strategic and co-ordinated investment in research capacity and to support the creation of major investment in clinical and translational research across HYMS through, for example, the Hull Health Trials Unit (HHTU), The Daisy Tumour Bank, University of Hull Health Hub and creation of a Joint R&I Support Service).
- Working collaboratively with the University of Hull/HYMS Research Funding Office to develop strong partnerships with the major research funders including the National Institute for Health Research, Cancer Research UK, British Heart Foundation, the Health Foundation, the Medical Research Council (and other Research Councils), Yorkshire Cancer Research and local specialty-specific charities.

(b) Academic Centres of Research Excellence

In order to maximise the opportunities for collaborative research and innovation the Trust will work with HYMS to shape an aligned and coherent research and innovation strategy that will deliver:

- A clear statement of intent for partnership working within an agreed governance framework.
- A framework to share knowledge, resources and expertise that will be of mutual benefit to all parties in maximising opportunities for research funding and the exploitation of intellectual property.
- Agreed research and innovation priorities that explicitly allow the growth of clinical specialty collaboration within and out with the Trust.
- Agreed research and innovation priorities and partnerships that map with the current major care pathways within primary, secondary and tertiary services that will remove traditional boundaries and prevent clinical and non-clinical teams working in 'research silos'.
- Supporting inter-faculty collaboration and sharing of resources between partner organisations and ensure interdisciplinary cooperation across the health care environment.
- The formation of a 'Joint Research and Innovation Support Service' that will marry the already established research governance and management function of the Trust R&D Office with the pre and post-award financial function of the University of Hull Research Funding Office.

(c) Hull Health Trials Unit (HHTU)

The Trust has built a strong reputation in running and contributing to local and national clinical trials and high quality observational studies and has a number of internationally and nationally recognised research programmes with long established research activity.

In response to this research activity, the University of Hull, in joint collaboration with the Trust, have embarked on the establishment of the Hull Health Trials Unit. The unit, along with other resources of the Health Hub will be made available to the whole of the health community in Hull and East Yorkshire across multiple specialties and geographical locations for both primary and secondary care. It will provide the physical and intellectual infrastructure to support researchers, clinicians, managers and patients to efficiently and safely deliver, from conception to publication, high quality local and nationally led multi-centre studies within applicable legislation.

The shared investment of the Trust and University of Hull in the HHTU will further strengthen both parties ability to enhance their respective reputations by taking the lead on, and delivering, large research programmes of national significance, generating grant income and associated subsidiary income streams as well as maximising the opportunities for the exploitation of intellectual property arising from changes to practise.

(d) Daisy Appeal (PET-CT)

The Daisy Appeal second phase is to establish Hull and East Yorkshire as an internationally recognised centre for PET-CT imaging. Building on the opening of the 'Jack Brignall PET-CT Centre' on the Castle Hill site in 2014, the commercial aspect of this development, providing services to the NHS, will also result in a secure income stream for the Daisy Charity to support its future research and innovation activities that will lead to:

- The pursuit of a truly translational research programme through the creation of a fixed-site cyclotron based PET-CT facility in Hull allowing close collaboration between clinical and basic science colleagues.
- Maximising the research value of the PET-CT facility, supported through the Daisy infrastructure for the areas of Oncology and Cardiovascular specialties but being inclusive of all experimental research areas within the locality.
- Being at the cutting-edge of micro-scale chemistry to produce new biomarkers in conjunction with the cyclotron manufacturer. In particular, Carbon 11 based markers, which have a 15 minute half-life, will be able to be produced (for which there is ongoing fundraising) and they show great promise in dementia and other neurological scanning.
- Positioning Hull as the only centre worldwide to combine a high level of expertise in micro-scale technology for synthesis and quality control validation with a cyclotron designed to produce both low doses and small volumes, giving us a unique niche and potentially a position in the development of the next generation of the technology that will bring new biomarkers into clinical use and allow more widespread application of PET diagnostic imaging.

(e) Industry

The Trust recognises the impact of commercially funded research on the NHS. Without this research many new drugs, medical devices and other advances would not reach our patients. We pride ourselves on our ability to consistently meet the expectations of our research partnerships with industry. The Trust's ability to generate income from this activity is dependent upon a track record of delivering studies on time and to the target numbers.

By linking the Trust, Universities of Hull and York (via HYMS), local research networks and other sub-regional expertise we can:

- Ensure that new ideas being proposed or developed by industry, match real clinical need – creating a demand for new "products" establishing a clinical engagement framework – matching the priorities of the Yorkshire and the Humber and publicising opportunities with support from the Y&H AHSN and NHSA.
- Provide medtech companies with clarity about the evidence that the NHS needs to enable decisions to be made – both clinical and financial – specifically supporting the process for marketing (uptake and adoption) including smarter procurement and planning for maximum adoption into NHS.
- Provide a platform for SMEs to access a 'clinical test bed' for trials and evaluation to provide clinical evidence for the NHS to make decisions.
- Connect SMEs, where appropriate, with NIHR infrastructure, including access to the network structure, funding through NIHR streams (i4i, NEAT etc) and Innovation Hubs (i.e. Medipex).

Hull and East Yorkshire Hospitals NHS Trust has a good track record of continuing to develop innovatively. We will seek to strengthen our ability to maintain our financial interests by working with the UoH to support the development of spin-out companies and engagement of SMEs.

We will proactively position ourselves as a viable partner for local and national companies pursuing markets that will benefit our patients.

(f) Applied Health Research Methods Hub

The Trust will support and utilise the methodological expertise of the proposed Applied Health Research Methods Hub to be established by the University of Hull as part of the Institute for Clinical and Applied Health Research (ICAHR). The Hull Health Trials Unit will be embedded in the new Applied Health Research Methods Hub, a facility which will involve and support a number of Trust specialities as well as departments and faculties across the University of Hull.

It will provide a resource to allow the easy conduct of clinical, health services and social science trials within such diverse departments as Nursing, Psychology, Sports Medicine, and Chemistry.

(g) NIHR Clinical Research Network

One of the NIHR's objectives is to make research faster and easier with a focus on outcomes so that research findings can benefit patients more quickly. The NIHR is doing this by developing integrated systems for the NIHR and its partners to streamline and simplify approvals and permissions. This will support this country's competitive advantage in life science industry research and assist the NIHR in realising its vision to improve the health and wealth of the nation through research.

As a member organisation of the Yorkshire and Humber NIHR Clinical Research Network we will play a significant role in helping to achieve the NIHR 'high-level objectives' ensuring:

- Equality of access to research for our patients thereby increasing the number of patients recruited into NIHR CRN Portfolio studies.
- An increase the number of commercial studies undertaken by the Trust on the NIHR CRN Portfolio and achieving >80% RTT when completed –thereby increasing potential research income to the Trust.
- Enhanced performance management and resource utilisation ensuring value for money for the CRN, Trust and our patients generating improved flexibility and responsive research delivery in the areas offering best impact.
- A track-record of proactive and realistic feasibility, assessment of capability and capacity and successful delivery ensuring repeat business from commercial and non-commercial sponsors.

(h) NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRC)

NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) undertake high-quality applied health research focused on the needs of patients and support the translation of research evidence into practice in the NHS.

We will seek to establish stronger engagement and increase the direct benefits to or Trust from participation in the CLAHRC by playing a pivotal role in contributing to the collaborative partnerships that already exist between Universities and the surrounding NHS organisations within and beyond the Yorkshire and Humber locality. In particular, the Trust will be represented by nominated specialty leads with a view to creating and embedding approaches to research and its dissemination that are specifically designed to take account of the way that health care is increasingly delivered across sectors and a wide geographical area. Specifically, we seek to build upon links made in the areas of population health and unplanned care.

(i) Northern Health Science Alliance (NHSA)

The Trust will seek to become an influential member NHSA. The NHSA is a limited by guarantee company established to bring together the academic and clinical capabilities across the North. The NHSA represents an exciting opportunity to recognise and promote the value of the North of England to the global Innovation, Health and Wealth agenda. The sixteen founding members of the NHSA have agreed to collaborate to create a single-portal, bringing together their research, health science innovation and commercialisation to provide benefits for researchers, universities, hospitals, patients as well as commercial partners.

The NHSA acts as focal point for NHSA members and partner organisations to work collaboratively on projects that leverage the combined potential of the North for the North. The NHSA now includes the AHSNs as part of its council and is working closely with the four AHSNs across the North.

(j) Academic Health Science Network (Yorkshire & Humber AHSN)

The Trust will play a pivotal role in the development and delivery of a Yorkshire and Humber AHSN and this research and innovation strategy will be intrinsically linked to the network's success. For the Trust, playing an informed and fully inclusive role as a member of the Y&H AHSN presents three major opportunities for development and improvement:

1. Access to network-wide and national resources that has the potential to support the Trust's programme for improved patient outcomes through a focus on clinical effectiveness, ensuring patients receive the right care in the right location and receive standards of care in the upper quartile in key areas,

2. Access to vast knowledge expertise and resources to assist the Trust in its aim of further developing pathways to enhance our intellectual property exploitation and in turn, maximise our ability for wealth creation within the sub-region.

3. Access to support and expertise that will aid the Trust's ability to make a significant contribution in reducing the impact of social deprivation on health outcomes in the sub-region - reducing chronic diseases that make the biggest impact on regional morbidity.

This strategy will align Trust research and innovation objectives with the needs of the wider AHSN and together, the ultimate goal will be to improve patient and population health outcomes by

translating research into practice and developing and implementing integrated health care systems with the support of strong engagement from all stakeholders.

(k) Hull/York/NLAG Clinical Alliance

The Trust, together with its partners at York Teaching Hospital NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust, is developing strong clinical alliances where partnership working will deliver higher standards of clinical excellence in care. This important clinical alliance will lever greater opportunities to identify new areas of strength to be aligned with investment in research of national significance. The clinical and research priorities for this alliance will feed into this Research and Innovation Strategy.

(l) Clinical Commissioning Groups (CCGs)

The Research and Innovation Strategy will seek to identify the specific opportunities to work with CCGs on priority areas to produce well resourced research of national value and excellence. Furthermore, it will align the strategic thinking of the Trust and local CCGs so that together, the development of an academic agenda is intrinsically linked to clinical priorities that fit the local population needs. The local CCGs of Hull, East Riding, Northern and East Lincolnshire all have very significant healthcare needs in relation to end-of-life care, dementia, cardiovascular disease, obesity and cancer.

Working with existing expertise across the HYMS patch, there is the potential to create a knowledge base that can work towards improving the region's current poor performance in the above areas. The strategy will utilise this locality as a model to ensure that national attention can be drawn to the local agenda.

(j) Humber Foundation Trust

We will seek to engage local service providers in joint strategic initiatives to establish co-ordinated research programmes on dementia, other neurological diseases and mental health. A forum and steering group will be created charged with exploring the current patient pathways, scope for collaborative research including the available infrastructure and resources that might be utilised and shared. The Trust is determined to make a positive contribution through research in these areas but it should be acknowledged that unlike some of our core acute research programmes, this will require a co-operative approach.

(3) Reputation through Research

Vision:

"To demonstrably improve patient care and experience through a collaborative culture of research excellence driving leading-edge innovation, evidenced-based practice and optimal models of service delivery".

High Quality Care

We believe that by offering opportunities for research and innovation to our service users, their carers and our staff we can directly improve patient outcomes and experiences. To this end, we will seek to offer all patients the opportunity to participate in research we lead or host. Furthermore, we will aim to direct potential participants to research opportunities hosted outside of our organisation.

We will support our staff to enable them to open more high-quality research studies for patients in Hull. Every patient should be made aware of the research we do and this information must be accessible to all.

Over the next 5 years we will:

Ensure every patient is offered the opportunity to participate in research.

Secure a 'top 20' national ranking for number of patients recruited to studies (and number of studies) to studies in the NIHR Clinical Research Network (CRN) portfolio.

Secure a 'top 20' national ranking for number of interventional studies in the NIHR Clinical Research Network (CRN) portfolio.

Achieve all Department of Health and NIHR research performance metrics (including the 70-day first patient recruited target for clinical trials, >80% of studies recruiting to 'time and target').

Secure 'top 5' national status with our Academic Oncology Research Unit as measured by CRN national performance data.

Achieve double our Research Capability Funding (RCF) income from baseline by 2020.

Increase income from commercially funded research by 20% year-on-year from baseline.

Achieve total annual research income of at least £15m by 2022.

Our strategies to achieve this will be:

(a) Communications and Engagement

Developing a research communications and engagement strategy aimed at increasing 'research awareness' to ensure a strong corporate branding and reputation. We will maximise opportunities with external partners through our patient appointment and communication processes, social media coverage and other co-ordinated internal communications that provide a positive and ever-present research message.

We will give patients, carers and the public the opportunity to participate in influencing our research programmes, including prioritisation of research topics, incorporating questions about research in patient experience surveys and more systematic approaches to patient and public engagement.

(b) Research & Innovation Intelligence

Working with Y&H AHSN initiatives to systematically elicit and evaluate new technologies and services, providing intelligence on innovations.

Maximise the potential for investment in, and exploitation of, intellectual property as a result of research and innovation with a ratified and adopted 'innovation pathway', 'innovation scorecard' and accompanying support mechanism that is a single point of access for staff that will nurture ideas from concept to delivery.

We will embrace Y&H CRN systematic dissemination and early review processes to encourage all clinicians to regularly look for opportunities to participate in high quality, nationally-recognised studies.

We will enable all clinicians to have access to the latest research evidence, and support their development as either supporters or leaders of research including mentorship and provision of protected time for research.

(c) Research Income Potential

Ensure the Trust is able to maximise the income generated from research across the board (a strategic fund raising capability model to be established).

Maximise the exploitation of Hull Health Trials Unit facilities (i.e. outsourcing skills and expertise to external partners).

Establish (in conjunction with the University of Hull) a joint grant development and application function that positively impacts our ability to increase RCF income as well as increasing the REF contribution to the UoH from HEY employed staff.

In partnership with the University, the Academic Health Science Network and Medipex, we will also develop and manage our Intellectual Property (IP) by selective identification and protection of IP based on a proactive assessment of patient and organisational benefit.

An agreed and implemented fundraising strategy delivering an income stream to support research and innovation activities.

(d) Recruitment and Retention

In conjunction with staff we will establish an equitable 'recognition and reward' incentives scheme that supports or strategy for the successful recruitment and retention of high quality researchers and support staff. In addition, we will work will our academic partner to ensure our aligned strategy enables us to be comparable with peer institutions with regards to the percentage of the overall workforce that are clinical academics.

(e) Collaboration and Co-creation in Research Management

The Trust will become a centre of choice for Sponsors of commercial and non-commercial clinical research by demonstrating excellence in research management and governance and embedding research in standard care to deliver improved care and clinical innovation.

This will be achieved by focusing development on:

- Collaboration building on current multi strengths in relationships and work practice in all aspects of research study set up, delivery and performance management by building on existing collaborations with the current research networks as well as new ventures with local academia (including HHTU and University of Hull Health Hub).

- Identified research economies of scale and efficiency across and between Partner Trusts and local Universities via HYMS.

- The development of Trust and University of Hull 'Joint Research and Innovation Support Service' to establish a senior level joint research committee aligning the policies and working practices of the two institutions, providing an integrated and efficient administrative operating procedures.

- Housing the Trust elements of joint initiatives with the University of Hull on the Castle Hill site, ensuring a Trust presence is preserved.

(f) Measuring Impact

Research intensive institutions stand the best chance of influencing increasingly positive clinical outcomes for their patients. We must design, in conjunction with our primary academic partner and CCGs, a systematic methodology for capturing and measuring all research impacts (clinical outcomes, experiences and systems change).

As a minimum, we will require each research team to undertake a 'research impact assessment' following the completion of each project. This will be designed to capture impact (both direct and indirect) for our patients, staff and the NHS including changes to clinical pathways and NICE guidance, changes in treatment options and delivery as well as experiences. This data can then be used to inform future research priorities and resource utilisation.

In the longer-term our aspiration is to be able to measure the impact of our work on adding '*years to life'* and '*life to years'* for the patients we serve.

Governance and Monitoring Arrangements:

The Trust will seek assurance that the key performance indicators outlined in this document are on course to deliver the Trust's strategic objectives for research and innovation through the following mechanisms:

- The Trust's progress against its strategic and corporate objectives
- Annual review of this strategy by the R&I Committee, EMC committee and reported to Trust Board.
- Quarterly 'Performance Reports' to the board outlining achievement against key performance indicators.
- Receiving assurance from internal and external audit reports and inspections (MHRA) that the Trust's research systems and processes are being implemented and comply with UK law.
- Exception reporting on progress with the implementation of the strategy from the Clinical Quality Committee via the R&I Committee.
- The annual Statement on Internal Control (SIC) and the Board Assurance Framework.

The R&I Strategy will be reviewed throughout each financial year in response to new literature, legislation and Trust priorities.

Appendix 1: Glossary

AHP - Allied Health Professional
AHSNs – Academic Health Science Networks
CCG – Clinical Commissioning Group
CLAHRC – Collaborations for Leadership in applied Health Research and Care
CHH – Castle Hill Hospital
CRN – Clinical Research Network
HEI – Higher Education Institute
HEY - Hull and East Yorkshire Hospitals NHS Trust
HHTU – Hull Health Trials Unit
HYMS - Hull York Medical School
i4i - Invention for Innovation
MHRA – Medicines and Healthcare products Regulatory Agency
NEAT - New and Emerging Applications of Technology
NHSA – Northern Health science Alliance
NIHR - National Institute of Health Research
OGC – Operational Governance Committee
PET-CT - Positron Emission Tomography–Computed Tomography
R&I - Research and Innovation
REF – Research Excellence Framework
SME – Small to Medium Enterprise
UoH – University of Hull

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

FREEDOM TO SPEAK UP GUARDIAN QUARTERLY REPORT

Meeting date	Tuesday 5 December 2017		**Reference Number**		2017 – 8 - 15	
Director	Carla Ramsay – Director of Corporate Affairs and Freedom to Speak Up Guardian		**Author**		Carla Ramsay – Director of Corporate Affairs and Freedom to Speak Up Guardian	
Reason for the report	The purpose of the report is to provide a quarterly update from the Freedom to Speak Up Guardian					
Type of report	Concept paper		Strategic options		Business case	
	Performance		Briefing	✓	Review	

1	**RECOMMENDATIONS** The Trust Board is requested to receive this report and comment on this update report and 'read across' from the Freedom to Speak Up Guardian. .					
2	**KEY PURPOSE:**					
	Decision		Approval		Discussion	
	Information		Assurance	✓	Delegation	
3	**STRATEGIC GOALS:**					
	Honest, caring and accountable culture					✓
	Valued, skilled and sufficient staff					
	High quality care					
	Great local services					
	Great specialist services					
	Partnership and integrated services					
	Financial sustainability					
4	**LINKED TO:**					
	CQC Regulation(s): **W2 –** Governance					
	Assurance Framework Ref: BAF 1	**Raises Equalities Issues?** Y	**Legal advice taken?** N	**Raises sustainability issues?** N		
5	**BOARD/BOARD COMMITTEE REVIEW** The Freedom to Speak Up Guardian is required to report quarterly to the Trust Board; this is to ensure the Guardian can report issues directly to the Board as well as to keep the Board appraised of speaking up in the organisation					

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

FREEDOM TO SPEAK UP GUARDIAN QUARTERLY REPORT

1. PURPOSE OF THE PAPER

To provide a quarterly report from the Freedom to Speak Up Guardian as part of the Trust's processes to enable staff to raise concerns.

2. INTRODUCTION

All Trusts from 1 April 2017 were required to have a Freedom to Speak Up Guardian in place. The Trust Board agreed an outline position as to how the Guardian role would be used within the Trust; the main purpose of the Guardian role is to be part of continuing to develop a positive culture that supports staff to raise concerns and to make continuous improvement to a culture that supports the highest standards of care and openness.

3. FREEDOM TO SPEAK UP GUARDIAN

This report covers the time period July – November 2017.

3.1 Main activities

The main activities during this time period have been to promote the role of the Freedom to Speak Up Guardian (FTSUG), to network and learn from other Trust's about the use of the role, and to review key findings that have been published by the National Freedom to Speak Up Guardian, Dr Henrietta Hughes.

Available on Pattie is an updated page on the Freedom to Speak Up Guardian role, the route available to support staff in speaking up, and an introductory video. Further written guidance on the difference between different speaking up routes (grievance, whistleblowing, etc) has also been uploaded as guidance to staff and managers from a national best practice guide.

The FTSUG has continued to attend staff meetings to introduce the role, and also attended the induction training day for newly qualified midwives.

3.2 National Freedom to Speak Up Guardian

The National Freedom to Speak Up Guardian runs half-yearly national conferences, which all Guardians are required to attend. The most recent conference held in October 2017 shared practice from other Guardians.

The national guardian's office also requests data from each Trust Freedom to Speak Up Guardian. The quarter 2 data released so far show that:

- 1,528 cases were raised to Freedom to Speak Up Guardians / ambassadors / champions.
- 491 of these cases included an element of patient safety / quality of care.
- 718 included elements of bullying and harassment.
- 83 related to incidents where the person speaking up may have suffered some form of detriment.
- 339 anonymous cases were received.
- 19 trusts did not receive any cases through their Freedom to Speak Up Guardian.

These are initial data only, based on national data returns to 22 November 2017. They reflect similar patterns to quarter 1 data, which shows that there is rough split of one-third of FTSUG cases relating to patient safety or quality of care, and two-thirds of cases related to bullying and harassment.

The National Guardian's Office also sets out a requirement to report to the Trust Board the number of contacts that the Freedom to Speak Up Guardian has received.

Since 1 April 2017, the FTSUG has been contacted as follows:

Route of contact	**Number of contacts**
Contacted via anti-bullying Tsar	4
Contacted directly by the member of staff	3
Requesting advice for a colleague	2
Contacted via SALS	2
Signposted by manager	1
Signposted by Occupational Health	1
Total	**13**

The contacts with the FTSUG April 2017 year to date have come from the following areas:

Quarter	**No. contacts**	**Service area**	**Health Group/ Corporate services**
Apr - June 2017	7	All individual services – no repeated issues	6 - Medicine 0 - Clinical Support 1 – Surgery 4 – Corporate 1 – F&W 1 – Not specified
July - Sept 2017	1		
Oct 17 - YTD	5		
Total	**13**		

The following types of concern were raised:

Type of concern	**Number of contacts**
Concerns about bullying behaviour	5
Concerns about HR process involving the member of staff – concerns about fair treatment	4
Concern about patient safety	2
Concerns about workload	
Concerns about inappropriate behaviour	1
Concerned about role within the Trust	1
Unspecified – contacted for general support	0
Totals	13

In addition, the FTSUG has attended the following meetings to discuss and promote the role to staff teams:

- Local Negotiating Committee (LNC – medic staff side)
- Joint Negotiation and Consultation Committee (JNCC – staff side)

- Cancer and Clinical Support Governance Meeting
- New Midwives Induction
- Black and Minority Ethnic Staff Network

The Chief Executive, Chief Nurse and the Director of Workforce and OD have also cited the Guardian role in responses to staff as a source of further guidance and support, should they wish to make contact, which is positive promotion of the role.

In terms of next steps for the Guardian role, quarter 3 and 4 will consist:

- Further promotion of the Guardian role to staff as part of the Stop the Line campaign being championed by the Chief Nurse and the Executive team
- Continued promotion of the role through team brief and other Trust-wide communications
- Development of network of 'Speaking Up Ambassadors' across the Trust

4. 'READ ACROSS'

The Trust has several data sources that already capture where staff are speaking up about issues of concern.

When presenting the first Freedom to Speak Up Guardian's report to the Trust Board, the Board agreed the following principles:

- That the Guardian's role can help 'sense-check' organisational culture, to see if staff feel increasingly enabled to raise concerns about patient safety and staff welfare, and also report if staff are being treated detrimentally as a result of raising concerns
- That the Trust Board did not want the Guardian to start producing lengthy reports to try to cross-refer numerous data sources
- That the Guardian should not work on rumour or conjecture, or read correlation or causation into issues falsely

4.1 Staff Advice and Liaison Service

One such source is the Staff Advice and Liaison Service (SALS). SALS was established in January 2015 as part of the Trust's approach to tackling a bullying culture. SALS received 22 contacts in the remaining quarter of 2014/15, 57 contacts in 2015/16 and 51 contacts in 2016/17.

Across the same data reporting period as the FTSUG data above (April 2017 – November 2017), 26 SALS concerns have been raised.

Quarter	**No. contacts**	**Service area**	**Health Group/ Corporate services**
Jan 15 - Mar 15	22	Radiology (6) A&E (5) Ophthalmology (5) Portering (4) Cardiology (3) ICU (3) Obstetrics (3) Therapies (4) Bank/pool (3) Orthopaedics (2) Others not specified or only raised once	30 - Medicine 30 - Clinical Support 26 – Surgery 25 – Corporate 28 – F&W All others not specified
Apr 15 - Mar 16	57		
Apr 16 – Mar 17	51		
Apr - June 2017	16		
July - Sept 2017	6		
Oct 17 - YTD	4		
Total 2017-18	**26**		

The SALS contacts April 2017 year to date principally related to the following:

Type of concern	**Number of contacts**
Concerns about bullying behaviour	14
Concerns about HR process involving the member of staff – concerns about fair treatment	3
Concern about patient safety	2
Concerns about workload	1
Concerns about inappropriate behaviour	0
Concerned about role within the Trust	0
Not specified – calling for general support	6
Totals	26

Comparing SALS and FTSUG contacts, there are no repeated areas as to where the concerns come from.

However, the single issue raised most frequently through either route concerns staff behaviour. This reflects also the national staff survey results, shared with the Board previously, wherein bullying behaviours remain one of the areas where staff place the Trust in the bottom 20% of Trusts nationally.

4.2 'Read across'

On this basis of providing a 'read-across' of data, between these data sources and the individual concerns that the Guardian has reviewed to date, the Guardian has also reviewed the following:

- Each ward dashboard appendix to the Quality report to the Trust Board from April 2017
- The latest Safer Staffing report to the Trust Board
- The detail of all whistleblowing cases – role and grade of staff member and department working in
- The detail of all SALS cases 2017-18 year to date – role of staff member and department working in
- The headline National Staff Survey data, as above
- The Trust's whistleblowing case data

In relation to the 'read across' as Freedom to Speak Up Guardian, the Guardian offers the following observations:

- Those members of staff making direct contact with the Freedom to Speak Up Guardian have been individual cases – in that they have each come from a different service within the Trust and the details of each case are specific to that individual
- No SALS or FTSUG Guardian case have come from the same area as any whistleblowing case

There is a consistency between the staff survey results and the issues coming through the SALS service, and with the individual Guardian cases – they largely concern staff behaviours, communication between teams and individuals and the way in which staff and managers are supported to improve team relations or work through difficult issues, such as performance management.

The next steps in this ‘read across’ will be to compare FTSUG and SALS data to complaints data and serious incident data.

There are no new issues emerging from the Guardian’s work or read-across that the organisation is not already aware of.

4 RECOMMENDATION

The Trust Board is requested to receive this report and comment on this update report and ‘read across’ from the Freedom to Speak Up Guardian.

Carla Ramsay
Director of Corporate Affairs
November 2017

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

TERMS OF REFERENCE - AMENDMENTS

Meeting date	Thursday 30 November 2017		**Reference Number**	2017 - 11 - 16		
Director	Simon Nearney – Director of Workforce and OD		**Author**	Simon Nearney – Director of Workforce and OD		
Reason for the report	The purpose of this report is to present some small amendments to the current Terms of Reference for the Remuneration Committee. The amendments are house-keeping only, rather than substantive changes to the Terms of Reference, to reflect changes in job and organisational titles in the last two years, and one change in reporting practice (paragraph 9). The proposed changes are made within the attached Terms of Reference as tracked changes, for review and approval by the Trust Board.					
Type of report	Concept paper		Strategic options		Business case	
	Performance		Briefing		Review	✓

1	**RECOMMENDATIONS** The Committee is asked to review and agree the proposed changes to the Terms of Reference, for final approval by the Trust Board.					
2	**KEY PURPOSE:**					
	Decision		Approval	✓	Discussion	
	Briefing		Assurance		Delegation	
3	**STRATEGIC GOALS:**					
	Honest, caring and accountable culture					✓
	Valued, skilled and sufficient staff					✓
	High quality care					
	Great local services					
	Great specialist services					
	Partnership and integrated services					
	Financial sustainability					
4	**LINKED TO:**					
	CQC Regulation(s): W2 - Governance					
	Assurance Framework N/A	**Raises Equalities Issues?** N		**Legal advice taken?** N		**Raises sustainability issues?** N
5	**BOARD/BOARD COMMITTEE REVIEW** The proposed amendments have been reviewed and recommended by the Remuneration Committee for final approval by the Trust Board					

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

REMUNERATION COMMITTEE
TERMS OF REFERENCE

1. Formation of this committee

The Board has established the Remuneration Committee, in accordance with Corporate Policy CP105 Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions.

The Committee shall have terms of reference and powers and be subject to conditions that the Board decides, and shall act in accordance with any legislation, regulation or direction issued by the regulator.

The Remuneration Committee is a committee of the Board and has executive powers delegated specifically in these terms of reference.

2. Role

The role of the Remuneration Committee is set out below, subject to amendments at future Board meetings.

2.1 Remuneration

2.1.1 To approve the terms and conditions of the Chief Executive, Chief posts and Directors that report directly to the Chief Executive in accordance with Trust policies and following consultation with the Chief Executive, including;

- Salary, including any performance related pay or bonus
- Provision for other benefits, including pensions
- Allowances

2.1.2 To receive benchmarking information on the salaries of the posts in section 2.1.1 in order to determine the overall market positioning of the remuneration package

2.1.3 In conjunction with the Chief Executive, monitor and evaluate the performance of these individuals

2.1.4 To adhere to all relevant laws, regulations and Trust policy in all respects, including (but not limited to) determining levels of remuneration that are sufficient to attract, retain and motivate Chief/Directors (2.1.1) whilst remaining cost effective.

2.1.5 To approve any changes to the standard contract of employment for Chiefs/Directors in section 2.1.1

2.1.6 To agree and review the extent to which a full time Board Director takes on a Non-Executive Director or Chairman role of another organisation.

2.1.7 To approve any payments to staff which are outside of Trust policy.

2.1.8 To monitor the level and structure of remuneration for Very Senior Managers and note annually the remuneration trends across the Trust

2.1.9 To approve severance payments in line with NHS Improvement (NHSI) ~~TDA~~ guidance

2.1.10 To approve MAR schemes and ensure that NHSI~~TDA~~ guidance is followed for individual staff applications.

2.1.11 To receive information on:

- Any Trust post where there is a termination clause of more than 6 months
- Highest paid employees in the Trust (20 individuals) - annually
- Staff earning over £100,000 - annually
- Any special pension arrangements for any employee
- All bonus schemes (i.e. Trust earnings not paid in to salary) in operation in the Trust

2.2 Nomination

2.2.1 To review the structure, size and composition of the Board and make recommendations for changes as appropriate

2.2.2 Before an appointment is made evaluate the balance of skills, knowledge and experience on the Board and its diversity and on the basis of the evaluation prepare a description of the role and capabilities required for appointment of Executive Directors.

2.2.3 To give full consideration to and make plans for succession planning for the Chief Executive and other Board Directors (Chiefs) taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board in the future.

2.2.4 Keep the leadership needs of the Trust under review at executive level to ensure the continued ability of the Trust to operate effectively in the health economy.

2.2.5 Ensure that a proposed executive director's other significant commitments (if applicable) are disclosed before appointment and that any changes to their commitments are reported to the Board as they arise

2.2.6 Consider any matter relating to the continuation in office of any Executive Director (Chief Executive, Chief Financial Officer, Chief Nurse, Chief Medical Officer, and Chief Operating Officer) including the suspension and termination of service of an individual as an employee of the Trust, subject to the provisions of the law and their service contract.

2.2.7 To receive assurance on the succession plans for Vey Senior Managers.

3. Membership of the Committee

The Committee shall comprise:

- Trust Chairman
- All Non Executive Directors

Meetings of the Remuneration Committee may be attended by the invitation of the committee:

- The Chief Executive
- Director of ~~Chief of~~ Workforce and Organisational Development and any other Executive at the invitation of the Committee Chair
- Director of Corporate Affairs~~Governance~~ (~~Company~~ Trust Secretary) (minutes)

The Chief Executive and Director~~Chief~~ of Workforce and Organisational Development shall leave the meeting when their own terms and conditions or performance is discussed

4. Chairman of the committee

The Chairman of the Committee will be the Trust Chairman

5. Quorum

The quorum shall be three, one of whom must be the Trust Chair (or in ~~his~~ their absence the Vice Chair)

6. Meetings

The Committee shall meet at least four times a year. The Chair may at any time convene additional meetings of the Committee to consider business that requires urgent attention.

7. Notice of meetings

Meetings of the Committee shall be set at the start of the calendar year by the ~~Assistant Trust Secretary~~Corporate Affairs Manager, in liaison with the Committee Chair. Notice of each meeting, including an agenda and supporting papers, shall be forwarded to each member of the Committee not less than five working days before the date of the meeting.

8. Agenda and action points

The agenda and action points of all meetings of the Committee shall be produced in the standard agreed format of the Trust and kept by the Trust Secretary's Office.

9. Reporting arrangements

The proceedings of each meeting of the Committee shall be reported to the next meeting of the Board. The Chair of the meeting shall draw the attention of the Board to any issues that require disclosure or require executive action. The Chair is required to inform the Board on any exceptions to the annual work plan.

To receive ~~reports~~ minutes for information from the Trust Pay, Terms and Conditions Group ~~6 monthly~~after each meeting

10. Duties and Responsibilities of the Committee

The Committee is required to fulfil the following responsibilities:

10.1 Produce an annual work plan in the agreed Trust format, in line with the objectives set, for approval by the Trust Board.

10.2 Give due consideration to the Public Sector Equality Duty and the NHS Constitution in undertaking its duties.

10.3 Identify and assess any risks that may prevent the achievement of the work plan.

10.4 Produce an annual report in the required format for the Trust's Annual report

10.5 Monitor, review and recommend any changes to the terms of reference annually to the Trust Board.

11. Authority

The Remuneration Committee is authorised by the Board to instruct professional advisors and request attendance of individuals and authorities outside the Trust with relevant experience and expertise if it considers it necessary for or expedient to the exercise of its functions.

The Committee is authorised to obtain such internal information from any employee as is necessary and expedient to the fulfilment of its functions.

Date previously ratified by Trust Board:	November 2014
Date revised by the Committee:	*November 2017*
Date presented to the Trust Board	*December 2017*
Review date:	November 2018

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

STANDING ORDERS

Trust Board date	5 December 2017	**Reference Number**	2017 – 12 – 17
Director	Director of Corporate Affairs – Carla Ramsay	**Author**	Corporate Affairs Manager – Rebecca Thompson
Reason for the report	To approve those matters that are reserved to the Trust Board in accordance with the Trust's Standing Orders and Standing Financial Instructions.		

Type of report	Concept paper		Strategic options		Business case	
	Performance		Briefing		Review	✓

1	**RECOMMENDATIONS** The Trust Board is requested to authorise the use of the Trust's seal.					
2	**KEY PURPOSE:**					
	Decision		Approval	✓	Discussion	
	Information		Assurance		Delegation	
3	**STRATEGIC GOALS:**					
	Honest, caring and accountable culture					✓
	Valued, skilled and sufficient staff					
	High quality care					
	Great local services					✓
	Great specialist services					
	Partnership and integrated services					
	Financial sustainability					✓
4	**LINKED TO:**					
	CQC Regulation(s): W2 - Governance					
	Assurance Framework Ref:	**Raises Equalities Issues?** N	**Legal advice taken?** N	**Raises sustainability issues?** N		
5	**BOARD/BOARD COMMITTEE REVIEW** Approval of the Trust's seal is reserved to the Trust Board.					

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

STANDING ORDERS

1 PURPOSE OF THE REPORT

To approve those matters that are reserved to the Trust Board in accordance with the Trust's Standing Orders and Standing Financial Instructions.

2 APPROVAL OF SIGNING AND SEALING OF DOCUMENTS

The Trust Board is requested to authorise the use of the Trust seal as follows:

SEAL	DESCRIPTION OF DOCUMENTS SEALED	DATE	DIRECTOR
2017/19	Hull and East Yorkshire Hospitals NHS Trust and University of Hull – Building underlease, relating to part of the MRI Centre, Hull Royal Infirmary	29.11.17	Lee Bond – Chief Financial Officer, Carla Ramsay, Director of Corporate Affairs

3 RECOMMENDATIONS

The Trust Board is requested:

- to authorise the use of the Trust's Seal

Rebecca Thompson
Corporate Affairs Manager
December 2017

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

BOARD ASSURANCE FRAMEWORK (BAF) 2017-18

Meeting date	Tuesday 5 December 2017	**Reference Number**	2017 – 11 – 18
Director	Carla Ramsay - Director of Corporate Affairs	**Author**	Carla Ramsay - Director of Corporate Affairs
Reason for the report	The purpose of this report is to present the updated Board Assurance Framework (BAF) for 2017-18 from the November 2017 Board Committee meetings, for the Trust Board's review and discussion		

Type of report	Concept paper		Strategic options		Business case	
	Performance		Briefing		Review	✓

1	**RECOMMENDATIONS** The Trust Board is asked to review the current Board Assurance Framework and: • Determine whether there is positive assurance from the Board meeting discussions to add to the BAF • Review gaps in control and assurance to determine whether an issue is being managed or whether it should be escalated for further Board scrutiny/discussion attention • Review and confirm the updated Q2 risk rating for BAF 7.3 • Provide any views on risk appetite on any BAF risk area for consideration at this stage					
2	**KEY PURPOSE:**					
	Decision		Approval		Discussion	✓
	Briefing		Assurance		Delegation	
3	**STRATEGIC GOALS:**					
	Honest, caring and accountable culture					✓
	Valued, skilled and sufficient staff					✓
	High quality care					✓
	Great local services					✓
	Great specialist services					✓
	Partnership and integrated services					✓
	Financial sustainability					✓
4	**LINKED TO:**					
	CQC Regulation(s): W2 - governance					
	Assurance Framework Ref: All	**Raises Equalities Issues?** N	**Legal advice taken?** N	**Raises sustainability issues?** N		
5	**BOARD/BOARD COMMITTEE REVIEW** The Board Assurance Framework details the key risks to achieving the organisation's goals. It is set annually Trust Board and is monitored regularly for positive assurance received, as well as maintaining and oversight and requesting action on gaps on control or assurance					

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

BOARD ASSURANCE FRAMEWORK (BAF) 2017-18

1. PURPOSE OF THIS REPORT

The purpose of this report is to present the updated Board Assurance Framework (BAF) for 2017-18 from the November 2017 Board Committee meetings, for the Trust Board's review and discussion.

2. BACKGROUND

The Trust Board is responsible for setting its assurance framework, to capture the key risks to achieving the Trust's strategic goals, and detail the level, or lack, of assurance during the year as to what extent the level of risk is being managed. The Board Assurance Framework (BAF) also determines what an acceptable level of risk would be. The BAF is a key governance mechanism to measure and monitor the level of strategic risk in the organisation.

The Trust has put in place a 'ward to board' process for risk management, for the BAF to include reference to relevant risks form the Corporate Risk Register, which is reviewed and agreed by the Executive Management Committee. This provides the opportunity to link corporate-level risks where they impact on the strategy and achievement of the Trust's over-arching goals.

3. BOARD ASSURANCE FRAMEWORK (BAF) 2017-18

3.1 Assurance

From the April – November 2017 Trust Board and Board Committee meetings, there are some areas of positive assurance that have been received. At its meeting in October 2017 a Quarter 2 (Q2) risk rating for each BAF area was agreed by the Trust Board. These are included in the BAF appended to this paper.

The Audit Committee reviewed the Board Assurance Framework at its meeting on 26 October 2017. At the same meeting, the Audit Committee received a report on cyber security; it is noted that the BAF includes reference to infrastructure risks (BAF 7.2), including cyber security, and the risk and assurance on these areas is now better articulated: the Trust has robust security against external cyber-attack but can do more to strengthen its internal IT security measures. In other areas of the BAF, the Audit Committee added commentary that more assurance is required via the quarterly People Strategy updates to the Performance and Finance Committee on BAF 2, regarding the work the Trust is doing on retention of staff. The Committee also commented on BAF 7.3, on the risk to the reputation of the Trust relating to cash flow, which had improved during Q2, and reflected that the Q2 position had a risk rating of 3 x 4 (likelihood x impact) of 12. This is reflected on the BAF appended to this paper, for the Board's approval. During quarter 2, the Trust had a better cash position in order to meet its payment obligations in a timely manner. On this basis, a decreased risk rating is proposed; information and evidence presented to the Trust Board demonstrated the Trust's improved cash position and payment performance. The Trust Board should expect that this risk rating would increase again for quarter 3, due to a deteriorating cash position, as reported to the Trust Board.

The Performance and Finance Committee and the Quality Committee reviewed the BAF and the Q2 ratings at their November 2017 meetings and no further additions or issues were raised. Positive assurance and gaps in assurance from the papers received at these Committees and the Trust Board have been added, per routine, to the BAF attached to this report.

3.2 Corporate Risk Register – November 2017

The BAF has been populated with corporate risks and updated in line with the Corporate Risk Register, for the flow of corporate risks up to the BAF as part of the agreed 'ward to board' risk escalation process

The Executive Management Committee reviewed the Corporate Risk Register in November 2017; a corporate risk around Breast Screening was agreed to be removed, per a recommendation from the Operational Quality Committee. New corporate risks around fire safety compliance, cyber security and on the tracking access issues are in development and will be added to the Corporate Risk Register in due course.

The latest Corporate Risk Register is attached at Appendix B is largely populated with risks relating to specific specialities, with some Trust-wide corporate risks also included. The Trust Board in October 2017 received an overview of non-clinical risks on the corporate risk register to understand where the risk burden on non-clinical risk sits in the organisation – this showed the links between these risks and delivery of clinical services.

The current Corporate Risk Register is retained as a source of information for the current BAF at Appendix B.

3.3 Further Risk Management Developments linked with the Trust Board

Work to develop the Balanced Scorecard, which was introduced for the first time in the Chief Executive's briefing to the Trust Board in August 2017, has been adapted to include a visual as to which areas of the organisation are carrying the highest numbers of corporate risks. This provides focus on the day-to-day risks that impact on care and delivery, with the BAF risk areas providing the strategic oversight of risk areas that impact on the long-term plans of the Trust.

A session on Risk Appetite was held at the Trust Board Development session on 28 November 2017. An output of this session is to incorporate risk appetite into each of the risks in the Board Assurance Framework; looking at risk appetite against each of the Trust's strategic risks is a little too abstract to be of great value, whereas the BAF identifies the key risk areas that would prevent the Trust achieving its long-term goals, therefore understanding the Board's risk appetite for those strategic risks was agreed to be a valuable development.

A section on the BAF has been added for each area on risk appetite, with a view to determine the Board's appetite for risk in each of these areas; each BAF risk has a target risk score – the risk appetite would be what would be the strategy and actions to mitigate this risk and what level of risk, including the current level of risk, the Board is prepared to live with. Each area of the BAF will be discussed as topics through Board Development sessions to detail this risk appetite. The Board is also asked to give any initial views on risk appetite on any of the BAF risk areas at this stage.

4. RECOMMENDATIONS

The Trust Board is asked to review the current risk areas on the Board Assurance Framework and determine whether:

- There is positive assurance from the Committee's discussions to add to the BAF
- Scrutinise those BAF risks that relate to the Committee's work including gaps in control and assurance to determine whether an issue is being managed or whether it should be escalated for the Board's attention
- Provide any views on risk appetite on any BAF risk area for consideration at this stage

Carla Ramsay
Director of Corporate Affairs

November 2017

APPENDIX A

BOARD ASSURANCE FRAMEWORK 2017-18 UPDATED FOLLOWING TRUST BOARD OCTOBER 2017

GOAL 1 – HONEST, CARING AND ACCOUNTABLE CULTURE

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2017/18 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
y	Chief Executive	*Principal Risk*: There is a risk that staff engagement does not continue to improve The Trust has set a target to increase its engagement score to 3.88 by the 2018 staff survey The staff engagement score is used as a proxy measure to understand whether staff culture on honest, caring and accountable services continues to improve *What could prevent the Trust from achieving this goal?* Failure to develop and deliver an	None	**4 (impact)** **3 (likelihood)** **= 12**	Staff Survey Working Group overseeing staff survey action plan Focus on enablers to improve staff culture (appraisals, errors and incident reporting, etc), Equality and Diversity, Job satisfaction and health and well-being, Medical engagement and accountability, and specific staffing groups less engaged than others Staff Survey action plan linked to key aims of People Strategy – annual reporting to Trust Board on progress Engagement of Unions via JNCC and LNC on staff survey action plan Board Development Plan to focus on a forward-looking Board, with a defined set of accountabilities at	Clarity as to full set of accountabilities, deliverables and acceptable standards given the progress made in the last two years is still required and an understanding of cascade/ communication and acceptance of the same; this needs to be at Health Group leads and cascaded down, as well as support service leads	**12**	**12**			**4 x 1 = 4**	**<u>Positive assurance</u>** Receipt of detailed staff survey report and action plan – analysis of where work is needed to make further impact on staff engagement; positive messages from most recent results; best results for the Trust in a long time for the number of questions in the top 20 percent of Trusts Approach agreed in April 2017 regarding the Freedom to Speak Up Guardian role, and how this will feed back issues on staff culture and behaviour to the Trust Board; quarterly reports received at Trust Board on FTSUG role – no new Trust-wide concerns raised to date Verbal update May 2017 that Barratt (cultural work) had told the Trust that the pace of cultural improvements made were twice that as would normally be seen in a two-year timeframe July 2017: positive engagement and feedback from office moves to CHH Progress continues towards the People Strategy and areas for improvement identified from latest staff surveys and WRES data – use of latest data to support current actions and identifying new areas of work Quarterly updates on People Strategy now received at Performance and Finance Committee Detailed staff engagement session at Trust Board Development session October 2017

		effective staff survey action plan would risk achievement of this goal Failure to act on new issues and themes from the quarterly staff barometer survey would risk achievement Risk of adverse national media coverage that impacts on patient, staff and stakeholder confidence			Health Group and corporate service level, which supports achievement and positive enforcement of behaviours and organisational culture Leadership Development Programme commenced April 2017 to develop managers to become leaders able to engage, develop and inspire staff Integrated approach to Quality Improvement						**Further assurance required** Use of positive messages from most recent results to engender further confidence in staff engagement and staff feelings of job satisfaction Progress made towards narrowing the gap of experiences between BME and white staff, per WRES data and report to Trust Board

Risk Appetite
Is a plan for mitigating this risk required?
Are there further actions that the Board needs to see to mitigate this risk to an acceptable level?
To what extent is risk mitigation in the area in the Trust's control and influence?
Is the risk at an acceptable level?

GOAL 2 – VALUED, SKILLED AND SUFFICIENT STAFF

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2017/18 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 2	Director of Workforce and Organisational Development Support from Chief Medical Officer and Chief Nurse	*Principal risk:* There is a risk that retirement rates in the next 5 years will lead to staffing shortages in key clinical areas There is a risk that staff shortages in specific areas will continue and increase There is a risk that the Trust continues to have shortfalls in medical staffing *What could prevent the Trust from achieving this goal*? Failure to put robust and creative solutions in place to meet each specific need Failure to analyse available data for future retirements and shortages and act on this intelligence	F&WHG: neonatal staffing F&WHG: anaesthetic cover for under-two's out of hours SHG: registered nurse and theatre vacancies Cancer and Clinical Support HG: blood transfusion trained staff Cancer and Clinical Support HG: junior doctor levels Medicine HG: Risk that patient experience is compromised due to an Inability to recruit and retain sufficient nursing staff across the HG F&WHG – inability to access diabetic review of paediatric patients –	**5 (impact)** **4 (likelihood)** **= 20**	People Strategy 2016-18 in place Workforce Transformation Committee – introduction of new roles to support the workforce and reduce risk of recurrent gaps in recruitment, including Associate Nurses, apprentices, Advanced Clinical Practitioners being deployed to cover Junior Doctor and nursing roles, in addition to new roles such as Recreational Assistances and Progress Chasers, to help manage workload and improve patient flow and experience Remarkable People, Extraordinary Place campaign – targeted recruitment to specific staff groups/roles Overseas recruitment and University recruitment plans in 17-18 Golden Hearts – annual awards and monthly Moments of Magic – valued staff Health Group Workforce Plans in place to account at monthly performance management meetings on progress to attract and recruit suitable staff and reduce	Need clarity as to what 'sufficient' and 'skilled' staffing looks like and how this is measured: 1) measured for daily delivery of a safe service (nursing measures already in place), particularly medical staff 2) measured in terms of having capacity to deliver a safe service per contracted levels 3) measured in terms of skills across a safe and high quality service	**20**	**20**			5 x 2 = 10	**<u>Positive assurance</u>** Discussion with HYMS and stakeholders with a view to increasing medical student training posts locally by circa 50%, including recruitment of local students Guardian of Safe Working Nov 17: further progress made on data collection and exception reporting on safe working; junior doctors successfully moved to new contract. Trust has worked to fill rota gaps since Aug 17 Positive assurance received in Nov 2017 on the intake of graduate nurses and international recruitment – anticipate improvements in fill rates Twice-yearly review of nursing and midwifery establishments presented June 17 Monthly 'Moments of Magic' reported by Chief Executive Service Resilience report requested from Dec 2017 to understand impact of staff and resources on maintaining core services – includes medical and other staffing **<u>Further assurance required</u>** Delivery of medical staff revalidation – to give a measure of competent and skilled staff Use of appraisals across the Trust as a means of valuing staff – staff survey reports that appraisals are not fully valued across the Trust Measures to understand whether staffing body is 'skilled' and 'sufficient' Nursing and midwifery (qualified and unqualified staff) sickness levels are an area of focus (July 17) – currently above Trust target; nursing fill rates at lowest point in financial year (October 2017) Guardian of Safe Working Nov 17: new gaps on rotas due to fill rates through the Deanery – need to be filled by Trust actions and additional costs Assurance on implementation of e-rostering and electronic job plans from a benefits realisation/service capacity optimisation point of view Audit Cttee Oct 17 – focus in quarterly updates to P&F on People Strategy re: work on staff retention

			staffing Corporate Risk: The Trust may not be fully compliant with IR35		agency spend Improvement in environment and training to junior doctors so that the Trust is a destination of choice during and following completion of training						

Risk Appetite
Is a plan for mitigating this risk required?
Are there further actions that the Board needs to see to mitigate this risk to an acceptable level?
To what extent is risk mitigation in the area in the Trust's control and influence?
Is the risk at an acceptable level?

GOAL 3 – HIGH, QUALITY CARE

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2017/18 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 3	Chief Medical Officer Chief Nurse	*Principal risk*: There is a risk that the Trust does not move to a 'good' then 'outstanding' CQC rating in the next 3 years *What could prevent the Trust from achieving this goal?* Lack of progress against Quality Improvement Plan That Quality Improvement Plan is not designed around moving to good and outstanding That the Trust is too insular to know what good or outstanding looks like That the Trust does not further develop its learning culture That the Trust does not increase its public, patient and stakeholder engagement, detailed in a strategy	Corporate risk: management of consent policy and patient records Corporate risk: Restricted use of open systems for injectable medication	**4 (impact)** **3 (likelihood)** **= 12**	Quality Improvement Plan (QIP) being updated in light of latest CQC report QIP being reviewed ton ensure actions are correct and include sufficient stretch to reach good and outstanding Trust taking part in CQC well-lead pilot – will give an opportunity for the Trust to test out part of new inspection methodology and also have further insight in to part of what 'good' and 'outstanding' look like	Needs organisational engagement – CQC commented that Trust has the right systems and processes in place but does not consistently comply or record compliance Need to build in feedback from CQC around greater involvement of patients in pathway review/development Always a feeling that more can be done to develop a learning and pro-active culture around safety and quality - to factor in to organisational development (links to BAF1) New CQC regime being introduced – impact of this and how quickly the Trust will be able to move up the ratings is unknown at present	**12**	**12**			4 x 1 = 4	**<u>Positive assurance</u>** CQC report and Quality Summit going in to 16-17 – steer on how to move to 'good' and support of stakeholders to do so Strategy refresh programme will include consideration of strategic goals and supporting strategies, to ensure these reflect the ambition to move to 'good' and 'outstanding' as part of the Trust's strategic and supporting plans Open and transparent reporting on current quality measures, including 12 month data. Good progress overall, and highlights to specific areas of work Participation in the CQC well-led pilot – identified positive areas of progress made Updated QIP presented to the Trust Board in Sept 17 – reworked to provide more stretch and new milestones identified to make further progress; monitored in more detail and regularly by the Quality Committee Positive assurance on progress made towards new Mortality Review national requirements and understanding of progress still to make QIP reviewed monthly by Quality Committee – regular scrutiny on progress **<u>Further assurance required</u>** Some QIP areas have a greater impact on organisational development and are the ones needing more progress such as Lessons Learned QIP Three Never Events year-to-date (September 2017); impact on patients, services and potential regulatory attention Trust will be receiving its first inspection under the new CQC regime – PIR received November 2017 Nov 17 - Tracking access issues and current performance pressures in RTT, diagnostics and cancer have a potential impact on quality of care - scale of risk being quantified at present and will be subject to Board Development sessions for more detailed understanding

Risk Appetite

Is a plan for mitigating this risk required?
Are there further actions that the Board needs to see to mitigate this risk to an acceptable level?
To what extent is risk mitigation in the area in the Trust's control and influence?
Is the risk at an acceptable level?

GOAL 4 – GREAT LOCAL SERVICES

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2017/18 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 4	Chief Operating Officer	*Principal risk:* There is a risk that the Trust does not meet national waiting time targets against 2017-18 trajectories standards and/or fails to meet updated ED trajectory for 17-18,also diagnostic, RTT and cancer waiting time requirements *What could prevent the Trust from achieving this goal?* For 18 weeks, the Trust needs to reduce waiting times to achieve sustainable waiting list sizes and there is a question on deliverability of reduced waiting times and pathway redesign in some areas The level of activity on current pathways for full 18-week compliance is not affordable to commissioners ED performance is improved and new pathways and resources are becoming more embedded, but performance is affected by small	Cancer and Clinical Support HG:: risk of diagnostic capacity vs. continued increases in demand F&WHG: ophthalmology service issues x 2 F&WHG: breast screening equipment and breast pathology issues MHG: Hyper Acute Stroke Unit capacity	**4 (impact)** **4 (likelihood)** **= 16**	Trajectories set against sustainable waiting lists for each service, which are more affordable to commissioners, and move the Trust closer to 18-weeks incrementally Further improvement and embedding in ED as well as with wards and other services to improve patient flow and ownership of issues Work to resource and implement improvements that have demonstrated they work, such as the FIT model Capacity and demand work in cancer pathways	Consistency of operational performance (links to BAF1) Management of individual waiting lists to make maximum impact – i.e. identified work to decreasing waiting times at front-end of non-admitted pathways for 18-week trajectories	**16**	**16**			4 x 2 = 8	**Positive assurance** Trust meeting ED 4-hour target from the start of 2017/18 and meeting RTT trajectory at start of 2017/18 Detailed understanding of Radiology capacity and underlying/contributing factors at July 2017 Performance and Finance Committee Detailed presentation by Emergency Department team July 2017 on sustainable changes made within ED to sustain, and continue to improve, ED waiting times **Further assurance required** Effectiveness of accountability framework and improved consistency of delivery Role of external agencies in supporting ED in particular (links to BAF6) – these may change during 17-18 as new service developments come on line external to the Trust and as the STP and placed-based plans look at service configurations Sufficient diagnostic capacity being available to meet demand and to receive onward investment to meet future demand alongside equipment replacement requirements and staffing issues, as well as manage in-year impact of diagnostic capacity on cancer pathways and waiting times; to understand any risks relating to patient care or patient hard Nov 17 – impact due to current pressures in diagnostics, cancer and RTT, with additional tracking access issues – subject to Board Development sessions

		differences/ issues each day that need further work In all waiting time areas, diagnostic capacity is a specific limiting factor of being able to reduce waiting times, reduce backlogs and maintain sustainable list sizes										

Risk Appetite
Is a plan for mitigating this risk required?
Are there further actions that the Board needs to see to mitigate this risk to an acceptable level?
To what extent is risk mitigation in the area in the Trust's control and influence?
Is the risk at an acceptable level?

GOAL 5 – GREAT SPECIALIST SERVICES

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2017/18 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 5	Director of Strategy and Planning	*Principal risk*: There is a risk that changes to the Trust's tertiary patient flows change to the detriment of sustainability of the Trust's specialist services In addition, there is a risk to Trust's reputation and/or damage to relationships *What could prevent the Trust from achieving this goal?* Actions relating to this risk will be taken by other organisations rather than directly by the Trust – the Trust may lack input or chance to influence this decision-making Role of regulators in local change management and STP	None	**4 (impact)** **4 (likelihood)** **= 16**	Trust CEO chair of Acute Trust STP workstream Trust has membership of relevant STP Committees and STP Board Trust has relationship with NHS England as specialised commissioner	Build in STP/ use of Board Development sessions to Trust Board agendas and work plan Need to understand role of Trust and regulators in this work, which may be additional to formal STP structures Understanding of specialised commissioning workplan to confirm Trust strategy on specialised services, including sufficient population base, financial standing of each service and whether Trust outcomes are of high enough quality	**16**	**16**			4 x 2 = 8	**Positive assurance** Trust Board time out held 25 May 2017 – examined issues regarding patient flows and position with tertiary patient flows for the stability of Trust clinical services Trust Board time out October 2017 – time spent on strategy regarding partner organisations **Further assurance required** Role of STP and impact on Trust strategy/forward planning

Risk Appetite

Is a plan for mitigating this risk required?
Are there further actions that the Board needs to see to mitigate this risk to an acceptable level?
To what extent is risk mitigation in the area in the Trust's control and influence?
Is the risk at an acceptable level?

GOAL 6 – PARTNERSHIP AND INTEGRATED SERVICES

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2017/18 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 6	Director of Strategy and Planning	Principal risk: that the Trust's relationship with the STP does not deliver the changes needed to the local health economy to support high-quality local services delivered efficiently and in partnership; that the STP and the Trust cannot articulate the outcomes required from secondary and tertiary care in the STP footprint and a lack of clarity on the Trust's role What could prevent the Trust from achieving this goal? The Trust being enabled, and taking the opportunities to lead as a system partner in the STP The effectiveness of STP delivery, of which the Trust is one part	None	**4 (impact)** **4 (likelihood)** **= 16**	The Trust has the leadership of the local in-hospital work stream in the STP The Trust is part of local placed-base plan developments The Trust is talking with partner organisations on opportunities in the local health economy The Trust has a seat on the two local Place-Based STP groups	Mapping out internal governance and contribution to all STP workstreams and how this feeds in to Trust decision-making	**16**	**16**			4 x 2 = 8	**Positive assurance** **Further assurance required** STP NED event held – start of engagement process but few tangible outcomes at present Issue of clarity of strategy between STP, STP workstreams and place-based plans and Trust positioning within these

Risk Appetite
Is a plan for mitigating this risk required?
Are there further actions that the Board needs to see to mitigate this risk to an acceptable level?
To what extent is risk mitigation in the area in the Trust's control and influence?
Is the risk at an acceptable level?

GOAL7 – FINANCIAL SUSTAINABILITY

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2017/18 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 7.1	Chief Financial Officer	*Principal risk:* There is a risk that the Trust does not achieve its financial plan for 2017-18 *What could prevent the Trust from achieving this goal?* Planning and achieving an acceptable amount of CRES Failure by Health Groups and corporate services to work within their budgets and increase the risk to the Trust's underlying deficit Failure of local health economy to stem demand for services	SHG risk: risk to delivering sufficient CRES SHG risk: risk to income from critical care CQUIN, which continues in 17-18 MHG risk: risk to achieving CRES in 17-18	**5 (impact)** **4 (likelihood)** **= 20**	Detailed briefings to senior managers and Trust-wide to explain the level of challenge and responsibly throughout the organisation Budgets re-based with Health Groups for 2017-18, requiring accountable officer sign off, to take account of increase spend and cost pressures with a view to eliminating over-spends in 17-18 Strengthen governance around CRES planning and delivery, including a new escalation process up to the Trust Board Committee level (linked with BAF1) HG held to account on financial and performance delivery at monthly Performance reviews; HGs hold own performance meetings FIP2 diagnostic to understand Trust-wide potential for additional savings Use of NHSI benchmarking and Carter metrics to determine further CRES opportunities – may link to FIP2 diagnostic New governance structure with local system partners to try	Embedding CRES delivery and financial management requirements in Health Groups, rather than await escalation of issues Assurance from local health economy on demand management Assurance over grip and control of cost base	**20**	**20**			5 x 1 = 5	**<u>Positive assurance</u>** June 17 - contract with Deloitte to identify and set up more detailed PMO arrangements for CRES identification and tracking July 17 - control total and financial plan now agreed with NHSI, per delegated action at April 2017 Trust Board Sept 17 – progress made by Deloitte, reported to P&F Committee, on additional CRES identification and pace Oct 17 – detailed discussion on FIP2 at Performance and Finance Committee, including attendance of Health Groups, impact and outstanding position for 17-18; underlying run-rate issues slowing but not addressed **<u>Further assurance required</u>** August 17 - gap in CRES identification in 17-18 Oct 17 - gaps in CRES delivery to date and increased corporate risks on CRES Introduction of service line reporting planned during 17-18 – assurance would be to see positive impact of SLR on understanding and reducing cost base Exit plan and continued pace on CRES following FIP2 team departure

					to manage demand						

Risk Appetite
Is a plan for mitigating this risk required?
Are there further actions that the Board needs to see to mitigate this risk to an acceptable level?
To what extent is risk mitigation in the area in the Trust's control and influence?
Is the risk at an acceptable level?

GOAL7 – FINANCIAL SUSTAINABILITY

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2017/18 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 7.2	Chief Financial Officer	*Principal risk:* There is a risk of failure of critical infrastructure (buildings, IT, equipment) that threatens service resilience and/or viability *What could prevent the Trust from achieving this goal?* Lack of sufficient capital and revenue funds for investment to match growth, wear and tear, to support service reconfiguration, to replace equipment	Corporate risk: telephony resilience Corporate risk: IM&T resilience	**5 (impact)** **2 (likelihood)** **= 10**	Risk assessed as part of the capital programme Comprehensive maintenance programme in place and backlog maintenance requirements being updated Ability of Capital Resource Allocation Committee to divert funds Service-level business continuity plans Equipment Management Group in place with delegated budget from Capital Recourse Allocation Committee to manage equipment replacement and equipment failure requirements		**10**	**10**			5 x 1 = 5	**Positive assurance** Signed-off capital plan for 2017/18 – Trust addressing what it can afford to in infrastructure Capital Resource and Allocation Committee meeting summary to Performance and Finance Committee – assurance on delivery of capital plan and prioritisation to date June 17 - successful practice Major Incident including key stakeholder organisations and lessons learned Oct 17 – Audit Committee received positive assurance regarding external resilience against cyber attack Oct 17 – updated Estates Strategy approved by Trust Board, with review of backlog maintenance and capital requirements at P&F Cttee – scale of capital issue detailed **Further assurance required** Gap in completion and upload of all service-level business continuity plans Longer-term view of capital requirements and access to sufficient capital funding to address this +/- STP requirements/support/plans Enforcement Notice served by Humberside Fire and Rescue service on fire safety audits Availability of funds if significant failure requires significant investment Oct 17 – Audit Committee noted actions being taken to further improve internal IT security

Risk Appetite
Is a plan for mitigating this risk required?
Are there further actions that the Board needs to see to mitigate this risk to an acceptable level?
To what extent is risk mitigation in the area in the Trust's control and influence?
Is the risk at an acceptable level?

GOAL7 – FINANCIAL SUSTAINABILITY

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2017/18 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 7.3	Chief Financial Officer	*Principal risk:* There is a reputational risk as a result of the Trust's ability to service creditors on time, with the onward risk that businesses refuse to supply *What could prevent the Trust from achieving this goal?* Lack of sufficient cashflow	Cancer and Clinical Support HG – continuity of supplies during cashflow issues	**4 (impact)** **5 (likelihood)** **= 20**	Judicious management of cash balances to ensure suppliers are paid on as timely a basis as possible Cash management actions being taken to maximise cash availability Detailed monitoring of cash position, Better Payment Practice and any impact on patient care, at the Performance and Finance Committee Review of cash position and loan opportunities reviewed and approved at the Performance and Finance Committee Relief funding application signed off by Trust Board in October 2017-18		**20**	**12** **TBC**			4 x 1 = 4	**Positive assurance** Cash flow improved in Q2 due to receipt of STF funding **Further assurance required** Need to sell land and/or explore issue with the Department of Health as to how the Trust can inject cash Two local CCGs no longer able to pay Trust across tenths in 2017-18 – need to update cashflow projections

Risk Appetite

Is a plan for mitigating this risk required?
Are there further actions that the Board needs to see to mitigate this risk to an acceptable level?
To what extent is risk mitigation in the area in the Trust's control and influence?
Is the risk at an acceptable level?

APPENDIX B – CORPORATE RISK REGISTER (AS PRESENTED TO EXECUTIVE MANAGEMENT COMMITTEE ON 19 SEPTEMBER 2017)

ID	HG	Title	Opened	Description	Controls in place	Strategic Goals	Rating (current)
2675	Clinical Support - Health Group	Patients may experience delays in treatment due to insufficient capacity to accommodate the increase in demand	22/01/2014	Condition - Demand continues to increase (to greater than current capacity / faster than capacity growth) Cause - Increasing numbers of referrals to all speciality areas within Radiology (highest demand growth is in MRI) Consequence - Waiting times increased, breaches experienced, additional sessions & expenditure incurred	Waiting lists / times monitored (Capacity & demand) & managed on a day by day basis Additional capacity requirements identified and created (additional scanning sessions arranged, temporary extension of working hours, additional reporting sessions, reporting outsourcing, alternative providers utilised)	Goal 2 - Valued, skilled and sufficient workforce, Goal 4 - Great local services, Goal 7 - Financial sustainability	20
3011	Medicine - Health Group	Failure to deliver the CRES programme for 2017/18	16/04/2017	1. Regular individual financial performance meetings at budget holder level 2. Performance reviews at Divisional and Health Group level 3. Dedicated focus at Health Group Business meeting 4. Finance committee and Transformation committee focuses on CRES delivery 5. Productivity and Efficiency Board meetings at Trust level	1. Regular individual financial performance meetings at budget holder level 2. Performance reviews at Divisional and Health Group level 3. Dedicated focus at Health Group Business meeting 4. Finance committee and Transformation committee focuses on CRES delivery 5. Productivity and Efficiency Board meetings at Trust level		16

ID	HG	Title	Opened	Description	Controls in place	Strategic Goals	Rating (current)
3096	Medicine - Health Group	HASU capacity no longer meets needs of the service	08/05/2017	The risk identified during the Stroke Peer Review was that an increase in HASU capacity of up to 12 beds was recommended to safeguard current and future demand. The cause of this is that the HASU currently operates with 4 beds, the Peer Review recommends that there should be between 8 and 12 HASU beds to meet current and future demand. The consequence of not increasing HASU capacity is that patients are moved out of HASU onto the Stroke ward before the HASU phase of care is completed, leading to patient's care and recovery being potentially delayed.	Patients are reviewed by a consultant in order to prioritise them for use of available HASU beds.		16
3109	Surgery - Health Group	Inability to deliver required level of cash releasing efficiency savings and achieve financial balance in 2017-18.	15/06/2017	Inability to deliver required level of cash releasing efficiency savings and achieve financial balance in 2017-18. Failure to deliver key financial targets could result in withdrawal of non-recurrent support funding. Delays in authorising expenditure due to additional controls presents clinical risk. The 2017/18 CRES value is £4,232k.	Devolved CRES targets/accountability. Challenge through monthly divisional performance meetings. Created CRES efficiency matrix tool to enable divisions to focus on key areas of opportunity. Introduction of regular operational and efficiency meetings. Commencing specialty level reviews and benchmarking process. Re-aligning financial/business support in the Health Group to support delivery.	Goal 7 - Financial sustainability	16

ID	HG	Title	Opened	Description	Controls in place	Strategic Goals	Rating (current)
3038	Clinical Support - Health Group	Inability to fill junior doctors rota in the oncology wards at Queen's Centre, CHH	11/01/2017	Condition: Inability to fill the junior doctor rota; this is especially in haematology service. Cause: There is a national shortage of junior doctors to recruit into the posts Consequence: Inability to safely cover the rotas within the Queen's Centre ward base. This will impact on patient care.	1. Attempting to cover via specialty doctors and / or locums	Goal 2 - Valued, skilled and sufficient workforce	16
2982	Family and Women's Health - Health Group	Lack of Anaesthetic cover for Under 2's out of hours	19/08/2016	The risk is delay in treating a child for their surgery. The consequence is children and neonates may have to be transferred to another hospital for treatment. The cause is the lack of paediatric anaesthetist emergency cover for children under the age of 2. (This is due to vacancy and sickness)	Children are managed conservatively until it is safe to operate and transfer to an alternative hospital will be arranged.	Goal 4 - Great local services	16

ID	HG	Title	Opened	Description	Controls in place	Strategic Goals	Rating (current)
2789	Family and Women's Health - Health Group	Patients may suffer irreversible loss of vision due to the lack of capacity in the intra-vitreal injection service	16/12/2014	Within the Ophthalmology Department the capacity for intra-vitreal injections has been limited for a number of years. This capacity risk has increased recently as a result of the time to treatment for patients requiring injections increasing to 10 weeks, rather than the recommended 48 hours. Additional causes to this risk are: 1. The significant expansion in the numbers of retinal diseases that can be treated with this therapy. 2. Difficulties with recruitment and retention of Consultant staff. 3. Issues with Nursing capacity to support this service The consequence of this risk is that there is a delay in patients receiving their treatment which could adversely affect their vision.	On a weekly basis the service meet to discuss capacity and plans are made to create additional capacity where needed. The service are currently trying to recruite to a number of medical staffing posts. The posts are currently out to advert. A nurse practitioner was recently appointed to provide support to the nurse injection service. Injection service has begun at CHH (November 2015).	Goal 4 - Great local services	16
2665	Family and Women's Health - Health Group	Patients treatment may be delayed resulting in potential loss of eyesight due to lack of capacity (chronic eye disease service)	20/11/2013	The risk is Ophthalmology is currently experiencing a significant delay in meeting outpatient appointments, particulary in relation to the management of chronic disease pathways including glaucoma and medical retina disease. The cause is insufficient capacity. The consequence is patients are not been reviewed in a timely fashion which may have adverse implications for their vision.	Review the position on a weekly basis with the consultant team and re-deploy capacity were possible. Urgent self referrals/GP referrals seen as a priority. Newly introduced glaucoma virtual reivew sessions.	Goal 4 - Great local services	16

ID	HG	Title	Opened	Description	Controls in place	Strategic Goals	Rating (current)
2916	Clinical Support - Health Group	Reduction in trained staff in the Blood Transfusion Laboratories (Compliance Risk).	10/12/2015	There have been a number of vacancies in the Blood Transfusion Laboratories which are being currently addressed. Though this is required to maintain future service delivery there is the short to medium term problem that the one to one training which is required to meet compliance with the Blood Safety and Quality Regulations means that both trainee and trainer are not available for service delivery. This is having a knock on effect on the maintenance of the quality system as more senior staff resources are being diverted to service delivery and training.	1. Service delivery is being maintained by distribution of trained senior staff into key areas. The situation is improving as staff training continues and new staff become competent at more tasks.	Goal 2 - Valued, skilled and sufficient workforce	16
3092	Corporate Functions	Resilience of Critical Infrastucture	25/04/2017	The resilience of critical IT infrastructure is being routinely affected, particularly by mandatory generator testing.	IM&T and Estates functions are working together to minimise the future impact of these operations and to consider systems resilience in general Audit being undertaken on critical systems and systems checks following power changes	Goal 7 - Financial sustainability	16

ID	HG	Title	Opened	Description	Controls in place	Strategic Goals	Rating (current)
3044	Family and Women's Health - Health Group	Shortage of Breast Pathologist	18/01/2017	The Trust has 2 Consultant Pathologists who do Breast pathology. The crisis has been precipitated by one Consultant going off with a long term illness. The service is dependent on one Consultant, if she were to go off for any reason, not only will the symptomatic breast service collapse the breast screening service would also. There is likely to be a delay in turnaround time for biopsies and resection specimens that can potentially lead to cancer breaches and delay in treatment.	Negotiations are to be had with Nottingham to outsource some of the Pathology work. Trust grade doctors to support solitary Consultant Pathology to explore recruiting more Advanced Practitioners Pathology to explore recruiting more Consultants	Goal 4 - Great local services	16
2817	Family and Women's Health - Health Group	Inability to access dietetic reviews for Paediatric patients	01/04/2015	Condition - Lack of dietetic input to children as both inpatients and within MDTs cause - Substantive dietetic team reduced by 2/3 due to Maternity leave consequence - children do not receive a timely dietetic review	Service working with dietetic lead to look at robust future arrangements F&WHG paying for locum dieticians as available Dietetic team prioritising work		15

ID	HG	Title	Opened	Description	Controls in place	Strategic Goals	Rating (current)
3090	Corporate Functions	Lack of governance around consent forms	13/04/2017	There is a risk that the consent processes within the Trust are not managed through a central governance system. The lack of one process to manage consent processes means that consent forms are inconsistent in terms of format, content and update. The cause is the lack of a central process. The consequence may be that forms are not updated appropriately, miss key content and do have version control.	Consent forms are currently managed within Health Groups and clinical teams. The Clinical Effectiveness, Policies and Practice Development committee is the Trust committee for the management of consent forms. A Task and Finish Group has been set up to put in place a central governance system for the management of forms, to co-ordinate the collation of all forms in use and to pursue a long term goal of management of consent through Lorenzo.	Goal 3 - High quality care	15

ID	HG	Title	Opened	Description	Controls in place	Strategic Goals	Rating (current)
2799	Medicine - Health Group	Patient care/experience may be compromised due to the inability to recruit and retain sufficient nursing staff across the MHG	31/12/2014	Increasing vacancies within the funded MHCG nursing establishments and the opening of the Winter Ward in December 2016. The cause of the risk is the inability to recruit due to a shortage of suitably qualified registered nurses. An increase in the supervision required for the newly recrutied overseas nurses. Registered nurses leaving the trust has been higher than anticipated increasing the pressure on the current establishment. The consequence is that there is an increased risk of the ability of the nursing workforce capacity to deliver timely, holistic safe care	1. Twice daily safety briefing chaired by senior nurse to address any short notice concerns re: safety and staffing 2. Senior Matron to sign off all off duty to ensure efficient use of available resources 3. Regular discussions with nurse bank/agency Senior Nurse to improve fill rates 4. International recruitment is being promoted/pursued 5. Maternity leave is now being managed through vacancy control 6. Clinical nurse specialists and teacher trainers are working clinical shifts 7. Recruitment / communications with universities to promote appointments of student hurses into HEY posts. 8. Skill mix review to attract and retain staff in areas difficult to recruit to. 9. Teacher trainers working planned clinical shifts 10. Ward Manager management shifts worked as clinical shifts when required to maintain safe staffing levels. 11.Pool RNs allocated to the Winter Ward. Additional B2s appointed to support basic care standards and also to staff Winter Ward.	Goal 2 - Valued, skilled and sufficient workforce	15

ID	HG	Title	Opened	Description	Controls in place	Strategic Goals	Rating (current)
2949	Surgery - Health Group	Registered Nurse and ODP vacancies	11/04/2016	Condition: Surgery Health Group has significant registered nurse and ODP vacancies across wards, theatres and critical care. Cause: Difficulties in recruitment, limited availability of bank and agency staff. University course now completed annually and ODP course now 3 year duration. 6 New Registrant ODP appointed from Oct 17 cohort. Current Registered Vacancies: 92.7 WTE. 24 ODP [HRI 18] CHH 4] New Agency Restrictions: 1st April 2017 may reduce the availability of Agency Staff under new contract. Consequence: This has an impact on the level of care that can be provided to deliver safe patient care. Reduced bed capacity (closed beds)limited ability to provide theatre access for elective surgery.	1) Twice daily safety brief 2) Block booking of agency staff. 3) Current staff working overtime. 4) Band 7s, Matron and Divisional Nurse Manager all working clinical shifts to support. 5) ODP apprentice programme is under development 6) Reduction in elective bed base to support acute bed base 7) Focused nurse / ODP recruitment, European recruitment 8) 20 nurses from the Philippines commencing May 2017 9) Associate nurse role out registered and NMC phase 2 rollout will assist with theatres and critical care. 10) Secondment of theatre staff onto the ODP course [x3 applied] 11) Option to recruit to RN and support with anaesthetic nurse module 13.04.17 First recruits, with PIN numbers, will arrive May 2017.	Goal 2 - Valued, skilled and sufficient workforce	15

ID	HG	Title	Opened	Description	Controls in place	Strategic Goals	Rating (current)
3089	Corporate Functions	Risk of incidents occurring from the use of open systems for injectable medication	13/04/2017	PSA 2016/008 was published September 2016. The risk is that the Trust has identified within Operational Quality Committee that it is not fully compliant with the alert as some areas still use open systems. The cause is that it is accepted working practice within the organisation to use open systems, and in some areas safe alternative systems cannot be adopted due to restrictions in available equipment. The consequence is that the trust may be at risk of incidents relating to this alert happening, as well as being non-compliant with this alert be the deadline of 7 June 2017.	Pharmacy Department and Health Groups have been working together on audits to establish what areas are using open systems, and to offer alternative working practices where available. A working group has been set up, first meeting was held in April 2017, to respond to this alert. The alert has been disseminated widely so people are aware of the risk. Gina's Story has been shown in learning events and is on the Trust intranet site.	Goal 3 - High quality care	15
2956	Family and Women's Health - Health Group	Shortfall in Neonatal staffing	29/04/2016	Condition - acute staffing shortfall and increased proportion of inexperienced staff over the summer period of 2016 Cause - Combination of retirement of experienced staff, maternity leave and the national shortage of suitably qualified nurses Consequence - potential inability to staff the full 26 cots on the neonatal unit leading to increase in in-utero transfers	The children's service have looked to mitigate by: - a) Rolling recruitment program b) Secondment of nurses from paediatric wards to NICU over summer period c) Suspension of all non-essential training d) ANPs, Neonatal Outreach and other staff undertaking additional shifts.	Goal 2 - Valued, skilled and sufficient workforce	15

ID	HG	Title	Opened	Description	Controls in place	Strategic Goals	Rating (current)
2888	Corporate Functions	There is a risk that the Trust phone system cannot be repaired resulting in a loss of communications and fire & CPR alerts	05/08/2015	Condition: Potential total loss of telephone system Cause: The Trust has an old telephone system which has been progressively upgraded over the years, but which is fundamentally based on traditional analogue technology. All such systems will no longer be supported by suppliers from April 2017. Moreover, spare parts are increasingly difficult to source. The Trust has embarked on a re-procurement of the telephone system alongside the data network replacement. This will see the transition to a fully digital data and voice service in due course. Work has commenced to replace the telecommunications network. Consequences: There is a risk that, if there was a total failure of major component in the telephone system, the phone service would be disrupted for a long time. This would potentially affect both internal and externally facing services. There is a risk that, if there was a total failure of major component post April 2017 there will be no technical support available and/or no spare parts. A catastrophic event of this nature would carry a serious risk of a total and permanent failure of telephone service across HEY.	Internet Protocol Telephony (IPT) systems will be upgraded as a priority. A single IPT telephone will be deployed to all key departments in order to improve resilience. The Trust fall back telephone system (red phones) is available in key locations. Exploring means of obtaining parts for the old system.	Goal 7 - Financial sustainability	15

ID	HG	Title	Opened	Description	Controls in place	Strategic Goals	Rating (current)
2979	Clinical Support - Health Group	Risk to the continuity of drug supplies	24/08/2016	There is a risk that pharmacy will be unable to continue supply some medicines to patients. This is due to some manufacturers not fulfilling our orders due to non payment of invoices. The consequence is we may run out of certain medicines causing concerns for our patients' safety and their effective treatment	We are currently negociating with manufacturers to try and resolve the issues. We are trying to obtain supplies from alternative manufacturers.	Goal 7 - Financial sustainability	12

ID	HG	Title	Opened	Description	Controls in place	Strategic Goals	Rating (current)
3085	Corporate Functions	The Trust may not be fully compliant with IR35	05/04/2017	IR have strengthened the IR35 legislation and NHSI have implemented new policy from 6th April, 2017 which states NHS organisations must not use PSC arrangements either directly or indirectly through agencies. HEY is assessing each PSC arrangement and will be ending the majority of these assignments with immediate effect. However some PSC arrangements will continue as the IR self assessment tool confirms the arrangement is outside IR35. Having passed this test, the IR may still be of the view that some of our PSC arrangements are not IR35 compliant and therefore the IR may fine the Trust, seek the Trust to pay any outstanding tax and NI for the person(s). There is also a reputational risk. In respect of 2 medical Consultants in Acute Medicine, they have passed the IR35 test and we must continue with then for patient safety reasons, so we are continuing with their PSC arrangements, although its not through an agency, its directly with us, so reducing our spend on agency. Both Consultants have signed a declaration as well committing to paying any additional tax and NI should the IR deem the arrangement is an employee / employer one.	HR are undertaking an audit to identify all PSC arrangements and will be making an assessment whether to continue with services on an individual basis. Clear instructions have been issued re-enforcing the new IR35 rules, that in exceptional circumstances would IR35 exemptions be accepted.	Goal 2 - Valued, skilled and sufficient workforce	12

ID	HG	Title	Opened	Description	Controls in place	Strategic Goals	Rating (current)
3091	Corporate Functions	Live Major Incident Exercise - Resilence	13/04/2017	The NHS England Emergency Preparedness, Resilience and Response Framework (2015) states NHS funded organisations are required to have a "Live play exercise" every three years. This requirement is contained within the NHS Contract / Core Standards, Civil Contingencies Act and the NHS Act. Whilst HEY NHST has undertaken Table Top exercises during 2016 (June, September and October) and participated in other Live exercises (Leeds Teaching Hospitals, July 2016 and Humberside Airport, December 2016), a Trust focused exercise last took place in 2007. This was highlighted to NHS E during the 2016/17 Core Standards annual assurance exercise.	In terms of action; a multi-agency Live Exercise is now planned for 24 June 2017. A Project Group has been established which includes key Trust staff plus all emergency service partners and is co-ordinating the planning of the exercise. The exercise will test the Trusts response to a major contamination exercise and will involve 60 casualty volunteers.		9

CCSHG – Cancer and Clinical Support Health Group
FWHG – Family and Women's Health Group
MHG – Medicine Health Group
SHG – Surgery Health Group