HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

TRUST BOARD
TUESDAY 10 JULY 2018, THE BOARDROOM, HULL ROYAL INFIRMARY
9.00AM

AGENDA: MEETING TO BE HELD IN PUBLIC

	Opening Matters		
1	Apologies	verbal	Chair – Terry Moran
2	Declarations of interests 2.1 Changes to Directors' interests since the last meeting	verbal	Chair – Terry Moran
	2.2 To consider any conflicts of interest arising from this agenda		
3	Minutes of the meeting of 15 May 2018 and 24 May 2018	attached	Chair – Terry Moran
4	Matters Arising	verbal	Chair – Terry Moran
	4.1 Action Tracker 4.2 Board Reporting Framework 2018/19 4.2 Board Development Framework 2018/19	attached	Corporate Affairs Manager – Rebecca Thompson
	4.3 Any other matters arising from the minutes	verbal	Chair – Terry Moran
5	Chairs Opening Remarks	verbal	Chair – Terry Moran
6	Chief Executive's Briefing	attached	Chief Executive Officer – Chris Long
7	Patient Story	verbal	Chief Medical Officer – Kevin Phillips
8	**Top Risk Areas**		
8.1	BAF 2: There is a risk that a lack of skilled and sufficient staff could compromise the quality and safety of clinical services.	RR15	Director of Workforce and OD – Simon Nearney
8.2	BAF 4: There is a risk that the Trust does not meet operational planning guidance requirements for ED, RTT, diagnostic and 62-day cancer waiting times in 18-19, with an associated risk of distress caused to patients and the ability of the Trust to secure STF monies.	RR16	Chief Operating Officer – Teresa Cope/Ellen Ryabov
8.3	BAF 6: That the Humber, Coast and Vale STP does not develop and deliver credible and effective plans to improve the health and care for its population within the resources available and that the Trust is not able to influence this.	RR16	Director of Strategy and Planning – Jacqueline Myers
8.4	BAF 7.1 There is a risk that the Trust does not achieve its financial plan for 2018-19.	RR20	Chief Financial Officer – Lee Bond

	Compliance and Board decision required		
9	Research and Innovation Strategy	attached	Chief Medical Officer – Kevin Phillips
10	Standing Orders	attached	Corporate Affairs Manager – Rebecca Thompson
11	Charitable Funds – Terms of Reference 11.1 Wishh Report 11.2 Charitable Funds Minutes 7 June 2018	attached	Chair of the Committee – Andy Snowden
12	Freedom to Speak up Guardian	attached	Corporate Affairs Manager – Rebecca Thompson
13	Operational Plan – 2018/19 Feedback Report	attached	Chief Financial Officer – Lee Bond
	Director Reports		
14	Quality Report	attached	Deputy Chief Nurse – Jo Ledger
15	Nursing and Midwifery Report	attached	Deputy Chief Nurse – Jo Ledger
16	Quality Minutes 25 June 2018	attached	Chair of Committee – Martin Veysey
17	Performance and Finance Report	attached	Chief Operating Officer-Ellen Ryabov/Teresa Cope/Chief Financial Officer – Lee Bond
18	Performance and Finance Minutes 25 June 2018	attached	Chair of Committee – Stuart Hall
19	Q1 Friends and Family Test – Staff Survey Report	attached	Director of Workforce and OD – Simon Nearney
20	Guardian of Safe Working – Annual Report	attached	Chief Medical Officer – Kevin Phillips
21	Any Other Business	verbal	Chair
22	Questions from members of the public	verbal	Chair
23	Date and time of the next meeting: Tuesday 11 September 2018, 9am – 12pm, The Boardroom, Hull Royal Infirmary		

Attendance

	2018						2019		
Name	**30/1**	**13/3**	**15/5**	**10/7**	**11/9**	**13/11**	**29/1**	**12/3**	**Total**
T Moran	✓	x	✓						2/3
A Snowden	✓	✓	x						2/3
S Hall	✓	✓	✓						3/3
V Walker	✓	✓	✓						3/3
T Christmas	x	x	✓						1/3
M Gore	✓	✓	✓						3/3
T Sheldon	x	✓	✓						2/3
C Long	✓	x	✓						2/3
L Bond	✓	✓	✓						3/3
M Wright	✓	✓	✓						3/3
E Ryabov / T Cope	✓	✓	✓						3/3
K Phillips	✓	✓	✓						3/3
M Veysey	x	✓	✓						2/3
In Attendance									
J Jomeen	-	-	x						0/1
J Myers	✓	✓	✓						3/3
S Nearney	✓	✓	✓						3/3
C Ramsay	x	✓	✓						2/3
R Thompson	✓	✓	✓						3/3

Hull and East Yorkshire Hospitals NHS Trust
Trust Board Minutes
Held on 15 May 2018

Present:	Mr T Moran CB	Chairman (Chair)
	Mr M Gore	Non-Executive Director
	Mrs V Walker	Non-Executive Director
	Mr S Hall	Non-Executive Director
	Mrs T Christmas	Non-Executive Director
	Prof. M Veysey	Non-Executive Director
	Mr S Hall	Non-Executive Director
	Mr C Long	Chief Executive Officer
	Mr L Bond	Chief Financial Officer
	Mr M Wright	Chief Nurse
	Mr K Phillips	Chief Medical Officer
	Mrs T Cope	Chief Operating Officer
In Attendance:	Ms J Myers	Director of Strategy and Planning
	Mr S Nearney	Director of Workforce and OD
	Ms C Ramsay	Director of Corporate Affairs
	Ms J Cairns	Head of Midwifery (Item 10 only)
	Dr K Muthu	Guardian of Safe Working
	Mrs R Thompson	Corporate Affairs Manager

No	Item	Action
1	**Apologies:** Apologies were received by Mr A Snowden, Non-Executive Director and Prof. J Jomeen, Associate Non-Executive Director.	
2	**Declaration of interests** **2.1 Changes to Directors' interests since the last meeting** Mrs Walker stated that she was a member of the Humberside Fire Authority **2.2 To consider any conflicts of interest arising from this agenda** There were no declarations made.	
3	**Minutes of the meeting of 13 March 2018** **Item 12 – Performance and Finance Report** – It was agreed that paragraph 5 should be removed. **Item 15 – Financial Planning 2018/19** – Paragraph 4 to read 'realise' instead of release £17m. Item 15.1 – Capital Planning 2018/19 – paragraph 2 should read that extra funding required would be from loans and external funding rewards from the Department of Health. Following these alterations the minutes were approved as an accurate record of the meeting. **Minutes of the meeting 30 April 2018** The minutes were approved as an accurate record of the meeting.	
4	**Matters Arising** There were no matters arising.	

4.1 Action Tracker
The Board received the action tracker.
Balanced scorecard – Ms Ramsay to meet with Mr Snowden to review the data and how it is presented. **CR**

4.2 Any other matters arising from the minutes
There were no other matters arising.

Mr Moran requested two agenda changes:

- Item 24 was withdrawn from the agenda
- Item 25.2 was withdrawn to be discussed at the next Board Development session 24 May 2018

4.3 Board Reporting
4.3.1 Board Reporting Framework 2017-19
The Board Reporting Framework was presented to the Board. There had been no changes made since the last meeting.

4.3.2 Board Development Framework 2017-19
Ms Ramsay presented the item and advised that a new topic had been added to the 24 May 2018 session which was the Tower Block Strategy.

5 Chair's Opening Remarks
Mr Moran, on behalf of the Board, offered sincere condolences to Mr Morley's wife and family following the news of his recent sudden death.

Mr Moran thanked colleagues across the Trust for all their hard work. He added that he felt privileged and humbled to be working with such amazing people going above and beyond for the Trust.

6 Chief Executive's Briefing
Mr Long reported that NHS England and NHS Improvement were coming together in a restructuring of the departments.

Mr Long then gave an overview of NHS Trusts and the issues the health economy was currently facing. He spoke about the winter pressures resulting in high numbers of 12 hour trolley breaches and in some cases this meant that the mixed sex accommodation standard was compromised across a number of trusts nationally. He was pleased to report that Hull and East Yorkshire Hospitals NHS Trust had managed to maintain the dignity of patients during the winter and the Trust had not reported any such breaches.

He talked about the workforce shortages facing all Trusts and the difficulty of filling junior doctor roles. The end result was that very few Trusts were delivering their constitutional standards and both providers and commissioners were in financial deficit.

Mr Long then reported on the Trust position and reported that the key objectives for the new financial year would be to maintain cancer performance, maintain and reduce the waiting list size and aim to achieve 90% in the Emergency Department. Mr Long added that the Trust needed to be financially in balance and a strategy developed for STP funds and how they would be apportioned.

Mr Long added that working closely with the Clinical Commissioning Groups and surrounding Trusts to ensure activity was managed effectively, was key.

7 Patient Story

Mr Phillips reported on two patient stories. The Board review each story and reflect on the patient's experiences and the care they received.

The first story was about a patient that kept having their appointment cancelled due to the delivery failure of a prosthetic on a number of occasions. This caused much distress to the patient. Mr Phillips advised that the ordering process was being reviewed to streamline the service.

The second story was regarding a patient that had required complex dentistry and had been referred to the Maxillofacial unit within the hospital. The patient had received excellent care and was complimentary about all of the staff. Mr Phillips added that the service had recently been relocated but the patient care had not suffered because of this.

8 Quality Report

Mr Wright presented the report and highlighted the Never Event relating to the wrong side administration of anaesthetic and that the patient had not suffered any ill effects due to the error. As the Trust had reported 6 Never Events NHS Improvement had requested a deep dive, thematic review is carried out by the Trust. Mr Wright also presented the themes and trends of the Serious Incidents reported up to January 2018.

Mr Wright highlighted the Safety Thermometer section that recorded the Trust's harm free care and was showing positive results.

The number of C Difficile cases the Trust reported in year was 38 against a threshold of 53. The e-Coli bacteraemia cases where increasing but Mr Wright explained that the Trust receives the hit and the measure for each case even though the patient comes in for treatment of it. He added that the Trust was picking up more cases due to the improved sepsis screening.

Mr Wright reported that the complaints spike in January and February 2018 was being reviewed but was probably due to operational winter pressures.

Mr Wright reported that the CQC first draft of the report had been received and a response sent to them from the Trust.

The learning from deaths structured judgement reviews had been given significant assurance by the Internal Audit team.

It had been agreed at the Operational Quality Committee that VTE would be given a quality improvement plan to ensure compliance was reached and maintained.

There was a discussion around medication and the percentage of patients that received their correct medication on discharge following a Serious Incident mentioned in the report. Mr Wright agreed to clarify the percentage figure at the next meeting of the Board. **MW**

Mrs Walker stated that the biggest theme within the complaints section related to communication and was therefore something that could be easily addressed.

Resolved:
The Board received and accepted the report.

9 Nursing and Midwifery Staffing Report

Mr Wright presented the report and highlighted that there had been a dip in the non-registered staff due to staff taking annual leave late in the year and high sickness rates. An extra recruitment drive had been put into place.

Mr Wright also reported that the Trust was still pursuing 147 nurses for the October intake and there was support for 15 nursing apprentices and associate nurses to offset the output from the University of Hull. There were a number of international nurses taking their English exams in Ulster also.

There was a discussion around annual leave breaches and Mr Wright advised that some nurses would not take annual leave over the busy winter months to ensure patients had safe levels of staff so this could affect the annual leave planning.

Prof Veysey mentioned the sustained low fill rate in the neurosurgery ward and Mr Wright agreed that the area was typically a physically heavy workload and a difficult area to recruit to.

Mr Gore commended the nursing staff for holding their position around the red flagged areas. Mr Wright advised that this was monitored every day.

Resolved:
The Board received and accepted the report.

10 Maternity CNST Incentive Scheme

Ms Cairns presented the report which highlighted 10 quality standards that the Trust should meet to potentially reduce its insurance premium by £500K. The report was a self-assessment of the areas of compliance that required approval from the Board before submission to NHS Improvement.

She reported that following the National Maternity Review there would be fundamental changes to the way maternity services would be delivered. It would bring together maternity leaders to implement local maternity systems which would be in line with the STP initiative.

The Better Births implementation programme would include increasing choice for patients, transforming services, improve data sharing to deliver safer care. Neo-maternal deaths were to be reduced by half by 2030.

Ms Cairns advised that work had started in the Trust in February 2018 reviewing workforce planning and midwife to birth ratios. Areas of development were multidisciplinary training and improving data collections. Mrs Walker asked if the team were able to predict outcomes and evaluate the schemes and Ms Cairns advised that the evaluation and confirmation

of discounts would be in place at the end of August 2018.

There was a discussion around targeting smoking which was still a big problem for the Trust. NHS Improvement were offering advice and support in improvement technologies relating to smoking.

Resolved:
The Board accepted the assessment and approved the submission to NHS Improvement.

11 Mortality Reviews

Mr Phillips updated the Board regarding the structured case note reviews and advised that the Trust had received significant assurance from its Auditors regarding the process.

The annual report would be presented to the Quality committee giving a much more in depth review of the results and any emerging themes. Mr Phillips added that initially the key theme was communication.

Resolved:
The Board received and accepted the verbal update.

12.1 Quality Committee Minutes 26 March 2018/30 April 2018

Prof. Veysey presented the minutes to the Board. He spoke of the Never Event session with medical staff and the powerful message that came across from it.

He stated that the Tracking Access issue had been discussed and the Committee was keen to review the following analysis of the data and information regarding follow up appointments.

The Committee had discussed being more patient focussed and had invited the Chair of the Patient Council to sit at the Committee from May 2018 onwards.

Prof Veysey spoke about the Digital Strategy and how the current Trust network and wifi coverage was limiting the roll out of e-Observations and e-Prescribing.

There was a discussion around the Never Event session and Mr Phillips advised that there would be a programme of rollout relating to the checklists and how it should be performed. Mr Wright added that there was now a 'Stop the line' policy in place which legitimised all staff to be able to say 'stop' and was clear about the behaviours expected from all staff when this happened.

Resolved:
The Board received and accepted the minutes.

13 Performance and Finance Report

Performance

Mr Moran asked Mrs Cope to offer her first impressions of working in the Trust having started at the beginning of April.

Mrs Cope spoke about the Emergency Department and highlighted key

areas:

Too many patients were going through ED. There was a need to establish more direct specialty pathways as the Trust was not maximising opportunities to put people into different pathways early enough which will not only reduce the number of patients coming into the hospital via the ED but more importantly, improve the patient experience as they would go more directly to the speciality and the service they require.

The Trust also needs 'specialty tagging'. For those patients in ED, an expected level of response from specialties was needed to take patients at the earliest opportunity.

The Trust has to support speciality tagging with rapidly assessing and triaging patients. This was being done systematically in the majors areas but needed to be in place in the Emergency Care Area where there was a high volume of attendance and a low conversion rate and therefore a greater ability to direct patients into different pathways.

The Trust also needs to have 'grip' which means doing that hour's work in that hour wherever possible not build a queue. Too often staff can be doing this for 20 out of 24 hours but lose it specifically in the four hours. Mrs Cope stated that it is really obvious but a really basic thing that can make all the difference.

The fifth thing for the Trust to review is 'out of hospital' changes. A significant amount of investment has gone into well-equipped urgent care centres across Hull and the East Riding but Mrs Cope did not feel that these centres were being fully utilised yet. A public message was required across the patch to re-educate patients and ensure the alterative services to the Emergency Department were being used wherever they could be.

There was also need to respond better both internally and as a system when experiencing high demand and reduced bed capacity. If, as an organisation, we are at Opel 3 Escalation, the whole system is at Opel 3 and all system partners need to take appropriate actions to ensure it returns to Business as Usual as soon as possible.

Mrs Cope added that the Urgent Care Improvement Board was capturing these priorities and that she was hopeful and optimistic about making progress.

Resolved:
The Board received and accepted the update.

13.1 National Breast Screening Update
Mrs Cope reported that the issue was regarding a failure to recall some women for breast screening. Our Trust had not been impacted by the national problem as a result of local action.

This issue affects only women who should have been invited for a mammogram between their 68th and 71st Birthday. Some women may have been missed from this recall programme. Public Health England (PHE) will write to anyone affected from 3rd May, with invitations to screening being sent from 14th May.

NHS England was managing the incident and Mrs Cope reported that the Trust was not included in the incident as it had not missed any screenings due to well managed processes.

Mr Long commended the Trust's Breast Screening Service on behalf of the Board.

Resolved:
The Board received and accepted the update.

14 Tracking Access Update

Mrs Cope advised that all clinical reviews had been completed and the final report from MBI had been received. The recommendations from the report had been transferred into action plans as business as usual.

The detailed report would be presented at the Performance and Finance Committee in May 2018 as well as the Terms of Reference for the investigation that would follow.

Mr Moran thanked the teams on behalf of the Board for their measured approach and was impressed by the way the issue had been managed.

Mrs Walker asked if the additional clinical reviews had impacted on the backlog of patients and Mrs Cope advised that it had and that 52 week waits had increased. Mr Moran suggested that the impact on outpatient appointments be discussed in more detail at the Quality Committee 2018. **MV/VW**

Resolved:
The Board received and accepted the update.

Finance

Mr Bond reported that in month 1, 3 of the 4 Health Groups had underspent against the plan. Mr Bond had queried the activity levels in the Surgery Health Group and their response was that it was taking time to settle down after the winter pressures. There had been an overspend in the Medicine Health Group mainly due to rotas in the Emergency Department incurring variable pay. To this end Mr Bond had released £300k in reserves to ensure PSF monies were received. Mrs Cope added that the rostas were being reviewed daily.

Mr Gore raised the issue regarding the bank holidays and rota cover leading to overspends in the budget. Mrs Cope advised that the rotas would be optimised as much as possible.

Resolved:
The Board received and accepted the report.

15.1 Performance and Finance Committee minutes 26 March 2018/30 April 2018

Mr Hall reported that the Tracking Access final report would be presented to the Committee at the end of May 2018.

He spoke about the Non-Executive Director visit to the new Maxillofacial

facility and how impressed they had been with the staff and the premises.

The two key areas discussed at the April 2018 meeting were diagnostic 6 week waiting time and the 62 day cancer standard.

Month 1 performance would be reviewed at the May 2018 meeting.

Resolved:
The Board received and accepted the minutes.

The agenda was taken out of order at this point.

20 Guardian of Safe Working Report

Dr Muthu presented the report which reviewed the junior doctor establishment and advised that the content was prescribed by NHS Employers. Dr Muthu asked the Board if they would like the report presented differently and Mr Moran suggested key issues were flagged so that Board members could easily focus on the correct areas of success or concern.

Dr Muthu reported that rota gaps did impact on the work of other members of staff but that the exception reports were being received and medical staff were working hard to fill the gaps. Mr Moran asked what the key concern was and Dr Muthu reported that junior doctors working at Castle Hill Hospital were being pulled back to Hull Royal Infirmary when it was under pressure, usually in out of hours. The hospital at night team had also raised this as an issue.

Mr Long suggested that the Board dedicated a time out session to understand the issues better and discuss solutions. This was agreed.

Mr Nearney added that the Trust had a shortfall of 100 junior doctors so the challenge was great. He did report that further investment had been arranged for more advanced practitioners and physician associated to relieve some of the pressures.

Mr Gore reported that he had attended the junior doctor forum, which was not very well attended. Prof. Veysey suggested that the junior doctors, who were living through the issues could come up with solutions but were struggling with heavy workloads.

Resolved:
The Board received and accepted the report.

The agenda returned to order at this point

16 Digital Communication Strategy

Mr Bond presented the strategy which had been presented and reviewed at the Performance and Finance Committee in March 2018.
The Strategy is a 10 year programme focussing on key strategic objectives to make care for patients more effective with the aim to have paper free processes at the point of care.

Mr Bond reported that strategy incorporated a full data network upgrade which was a major challenge with an investment of £5m required.

Mrs Walker asked when the outcomes of the projects could be evaluated and Mr Bond advised that it would be depended on the details and timings of the projects.

Mr Gore asked when single sign on would in place and Mr Bond advised that it would be within the financial plan for this year.

Resolved:
The Board received the strategy and approved it.

16.1 Digital Exemplar Application
Mr Bond presented the report stating that the Trust had achieved the first phase of the application to become a digital exemplar Trust. This initiative would be financially supported by NHS Digital.

Mr Bond reported that 6 pathways would be digitally developed within the Lorenzo system releasing mainly non-cash benefits. Mr Bond advised that the Board should note the potential financial risk to the Trust if DXC's costs were not met by NHS Digital.

Resolved:
The Board received the report and endorsed the submission of the business case to NHS Digital.

17 Statement of Elimination of Mixed Sex Accommodation
Mr Wright presented the report and declaration that the Trust had not breached the standard in 2017/18. It was mandatory that this declaration be approved by the Trust Board.

Mr Gore asked how transgender patients would be managed and Mr Wright advised that this would be dealt with appropriately on a 1:1 basis as and when required.

Resolved:
The Board received and approved the statement.

18 Modern Slavery Statement
Ms Ramsay presented the report which highlighted the Trust's statement relating to modern slavery.

Mrs Walker asked about the process for identifying patients and Mr Wright advised that this type of alert would be picked up by the Safeguarding Team.

Resolved:
The Board received and approved the statement.

19 Quality Accounts
Mr Phillips presented the Quality Accounts to the Board. He reported that the format was prescribed and that there was nothing controversial to draw the Board's attention to.

He asked that the Board delegate final sign off of the Accounts to the

Quality Committee in May 2018.

Resolved:
The Board received the report and agreed to delegate sign off responsibility to the Quality Committee in May 2018.

21 Freedom To Speak Up Guardian

Ms Ramsay presented the annual report stating that the Trust had worked hard on staff engagement and that there was now a number of ways to raise concerns.

Ms Ramsay reported that there had been a checklist published from the National Guardians office and that she would share this in her next report to the Board.

Ms Ramsay spoke about the 40 Professional Champions who were ambassadors for professionalism and behaviours and how she was engaging with them.

The majority of the concerns raised through the Freedom to Speak Up Guardian were around staff behaviours and how members of staff were being treated. Ms Ramsay added that her findings were consistent with the staff survey results.

Resolved:
The Board received and accepted the report.

22 Standing Orders

Ms Ramsay presented the report and highlighted the use of the seal and the changes to the terms of reference of the Quality, Audit and Performance and Finance Committees following year-end review.

Resolved:
The Board received the report and approved the use of the seal and changes to the terms of reference set out in the report.

23 Draft Audit Minutes 26 April 2018

Mrs Christmas presented the minutes and advised that the final accounts audit had commenced. She advised that the auditors had stated a material uncertainty over the going concern status of the Trust but Mr Bond assured the Board that this was normal procedure and in line with other Trusts.

The External auditors had given positive feedback and praise for their communications with staff members. Mr Bond added that so far the audit was going well.

The Internal Auditors had raised concerns relating to bank staff, consultant job planning and scheduling of annual leave. Mr Phillips and Mr Nearney agreed to attend the July 2018 Audit committee to discuss these areas in more detail.

The Trust had been rated ‘moderate’ assurance for the year. There was a discussion about the rating decreasing from significant last year but Mrs Christmas assured the Board that the auditors had changed their rating

terminology.

The Trust had received positive feedback following and annual report benchmarking review.

Resolved:
The Board received and accepted the update.

24 Business Case – Energy Innovation Upgrade Schemes
This item was removed from the agenda.

25 Board Assurance Framework
25.1 BAF 2017/18
Ms Ramsay presented the report and advised that the majority of the risks on the document had remained static throughout the year. She highlighted the risks that had changed in year which were: NHS Constitutional Standards, tertiary patient flows, meeting the financial plan and reputational risk due to the cash position.

Resolved:
The Board received and approved the end of year risk ratings.

25.2 BAF 2018/19
The Board agreed to discuss this further at the Board Development session in May 2018.

26 Fit and Proper Person Declarations
Ms Ramsay presented the report and confirmed that all Board members had completed their declarations. There were no areas of concern to note.

Resolved:
The Board received and accepted the report.

27 Any Other Business
Mr Nearney had tickets for a number of Trust staff to attend the NHS England 70 celebrations at Westminster Abbey and also had tickets for York Minster. Mr Moran and the Board agreed that these should be given to frontline staff.

28 Questions from members of the public
There were no questions from members of the public received.

29 Date and Time of the next meeting:
Thursday 24 May 2018, The Boardroom, Hull Royal Infirmary

Hull and East Yorkshire Hospitals NHS Trust

Trust Board to approve the Annual Accounts
24 May 2018

Present:	Mr T Moran CB	Chairman
	Mr A Snowden	Non-Executive Director
	Mr S Hall	Non-Executive Director
	Mrs T Christmas	Non-Executive Director
	Mr C Long	Chief Executive Director
	Ms J Jomeen	Associate Non-Executive Director
	Mrs D Roberts	Deputy Director of Finance – Acting for CFO
	Mrs E Ryabov	Chief Operating Officer
In Attendance:	Mr S Nearney	Director of Workforce and OD
	Ms J Myers	Director of Strategy and Planning
	Ms C Ramsay	Director of Corporate Affairs
	Mrs R Thompson	Corporate Affairs Manager (Minutes)

No **Item** **Action**

1 Apologies:

Apologies were received from Mrs V Walker, Non-Executive Director, Mr M Gore, Non-Executive Director, Prof M Veysey, Non-Executive Director, Mr M Wright, Chief Nurse, Mr L Bond, Chief Financial Officer and Mr K Phillips, Chief Medical Officer

2 Declaration of interests

2.1 Changes to Directors' 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 declarations made.

Mr Moran informed the Board that Mrs Roberts was acting up for Mr Bond, the Chief Financial Officer in his absence.

3 Audited Accounts 2017/18

Mrs Christmas presented the Audited Accounts that had been presented to the Audit Committee that morning for scrutiny. She advised that there was nothing to escalate to the Board except the interpretation of the Going Concern section, which would be added as a caveat to the Board adopting and approving the Accounts.

Resolved:

The Trust Board approved the Annual Accounts 2017/18.

3.1 Audit Findings Report

Mrs Roberts presented Grant Thornton's report on how the audit had been conducted and their findings. She highlighted the recommendations set out in the report and advised that the Audit

Committee was satisfied with the management response to the Auditors.

Mrs Roberts advised that Grant Thornton had given an unqualified opinion on the Trust's VFM status.

Grant Thornton had also given an unqualified opinion for the Annual Accounts 2017/18 but asked the Board to note the precariousness of the financial position and the importance of meeting its CRES obligations in 2018/19.

Mrs Christmas added that the report was factual and fair and gave information that was not out of line with other Trust's Audits. Mr Moran added that to get and unqualified opinion was a very high standard to set and welcomed the benchmarking against other Trusts.

Resolved:
The Trust Board received and accepted the report.

4 Letter of Representation

Mrs Roberts presented the letter of representation which is prepreed to give assurance on the audit of the Accounts to the Trust Board. The Chair of the Audit Committee was required to sign the letter on behalf of those charged with governance. Mrs Christmas advised that this had been reviewed at the Audit Committee earlier that day and that they agreed the content.

Resolved:
The Trust Board received and accepted the letter of representation.

5 Annual Report 2017/18

Ms Ramsay presented the report and thanked the members of staff who had contributed to the contents of the report.

Ms Ramsay advised that the External Auditors had reviewed the document and that it met statutory requirements. She highlighted some minor amendments for example a Non-Executive biography update but that there were no fundamental changes to the levels of risk or reporting requirements.

The sustainability data had now been received and added to the report.

Mr Snowden suggested that the wording be slightly changed to explain the financial challenges around Trust vacancies, but again this did not change the content or context of the document.

Mr Hall stated that using the document to drive key issues and linking to the Board Assurance Framework risks would give the report meaning and purpose.

Ms Ramsay reported that the Audit Committee had reviewed the document earlier that day and that it had recommended Trust Board sign off.

Resolved:
The Trust Board received and approved the Annual Report.

6 NHS Improvement Self-Assessment

Ms Ramsay presented the report and highlighted a set of standards that Foundation Trusts were already using and non Foundation Trusts were now expected to submit to NHS Improvement.

She advised that the Trust needed to self-certify the following after the financial year-end that:

- The provider has taken all precautions necessary to comply with the [Monitor] licence, NHS Acts and NHS Constitution (Condition G6(3))
- The provider has complied with required governance arrangements (Condition FT4(8))

Ms Ramsay had reviewed the evidence that had been presented and was confident that the Trust met the requirements. She added that NHS Improvement could audit a number of Trusts and request the evidence submitted.

Resolved:
The Trust Board received the self-assessment and agreed that the Trust met the requirements.

7 Any Other Business

Mr Moran commended the teams that had worked to prepare the accounts and stated that it was an excellent achievement to get an unqualified opinion which in turn gave considerable assurance to the Trust Board.

He added that the Annual Report governance statement was open and honest, highlighting not only the positive achievements of the Trust but also the key areas of concern.

He sincerely thanked the teams on behalf of the Board.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
TRUST BOARD ACTION TRACKING LIST (July 2018)

Actions arising from Board meetings

Action NO	PAPER	ACTION	LEAD	TARGET DATE	NEW DATE	STATUS/ COMMENT
May 2018						
01.05	Quality Report	Percentage of patients that received their correct medication on discharge to be clarified	MW	July 2018		
March 2018						
02.03	CEO Briefing	Balanced scorecard to be reviewed	CL/AS/ JM			
COMPLETED						
Mar 2018	Mortality Structured Case Note Reviews	A report detailing the results of the external review to be received	KP	July 2018		Contained within the Quality Report

Actions referred to other Committees

Action NO	PAPER	ACTION	LEAD	TARGET DATE	NEW DATE	STATUS/ COMMENT
Charitable Funds Committee						
May 2018	Tracking Access Update	Additional clinical reviews impacting on patient appointments to be discussed at the Quality Committee	MV/VW	July 2018		Clinical Harm Group updates received
March 2018	Organ Donation	Organ Donation memorial to be discussed at the Charitable Funds Committee	AS	June 2018		Completed

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**	**Apr**	**May**	**May Ext.**	**July**	**Sept**	**Nov**	**Jan**	**Mar**
Strategy and Planning	Operating Framework	annual							x										x		
	Operating plan	bi annual									x			x						x	
	Trust Strategy Refresh	annual				x												x			
	Financial plan	annual	x	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												
	Equality, Diversity and Inclusion Strategy	new strategy											x								
	Digital Exemplar	new item							x												
Strategy Assurance	Trust Strategy Implementation Update	annual		x											x						
	People Strategy inc OD	annual						x										x			x
	Estates Strategy inc. sustainabilty and backlog maintenance	annual								x									x		x
	Research and Innovation Strategy	annual									x								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			x
	Quality Accounts	bi-annual		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	
	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			x		x	
	Emergency Preparedness Statement of Assurance	annual							x									x			
	Information Governance Update (new item Jan 18)	bi-annual										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	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						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

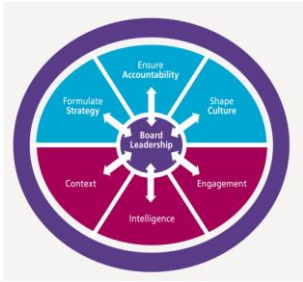
Board Development Dates 2017-19	Strategy Refresh	Honest, caring and accountable culture	Valued, skilled and sufficient workforce	High quality care	Great local services	Great specialist services	Partnership and integrated services	Financial Sustainability
25-May-17						Area 2 and BAF 5: Strategic discussion - 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'				
16 January 2018	Area 2 and BAF 4, 5, 6: Strategy refresh - overview, process to review, key considerations		Area 4 and BAF 2 - People Strategy update		Area 4 and BAF 4 - Tracking Access			
30 January 2018	Area 2 and BAF 4, 5, 6: Strategy refresh - key considerations and strategy delivery		Area 2 and BAF 2 - People Strategy update					Area 2 and BAF 7.1 - 7.3 - Financial plan and delivery 2017-18 and financial planning 2018-19
20 February 2018	Area 2 and BAF 4, 5, 6 : Key strategies to achieve our vision and goals and vision for the STP							
Extra meeting	Areas 2 and BAF 4 & 5: Strategy refresh -STP deliberations and direction of travel							

27 March 2018	Areas 2 and BAF 4 & 5: Strategy refresh - key strategic issues (partnerships, infrastructure)							
17 April 2018	Area 2 and BAF 6 & 7.2: Strategy refresh and operational plan	Area 4 and BAF 1: General Data Protection Requirements 2018		Area 2 and BAF 3: Research and Development strategy				
		Area 1 and BAF 1: Draft 2018-19 BAF						
24 May 2018	Area 2 and BAF 6: Chris O'Neill, STP Programme Director	Area 1 and BAF 1: Deep Dive in to Never Events and Serious Incidents						Area 2 and BAF 7.1: Financial Strategy and Tower Block strategy
31 July 2018	Area 2 and BAF 6 & 7.2: Strategy refresh - clincial strategy	Area 1 and BAF 1: What does the Board spend its time on?	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?					
25 September 2018								Area 2 and BAF 7.1: Financial recovery plan
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

TRUST BOARD

10 JULY 2018

Title:	CHIEF EXECUTIVE REPORT
Responsible Director:	CHIEF EXECUTIVE – Chris Long
Author:	CHIEF EXECUTIVE – Chris Long

Purpose:	Inform the Board of key news items during the previous month and excellent staff performance.	
BAF Risk:		
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	
Key Summary of Issues:	New Linear Accelerator, International Recruitment, Golden Hearts,NHS70	

Recommendation:	That the board note significant news items for the Trust and media performance.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

CHIEF EXECUTIVE BRIEFING

JULY 2018 TRUST BOARD

1. KEY NEWS ITEMS

New £1.7m linear accelerator to help in the fight against cancer

A second machine to help patients in the fight against cancer has been installed at the Queen's Centre.

The Varian TrueBeam linear accelerator, or linac, will be used to deliver radiotherapy to scores of patients each week, and has been paid for through the national £130m Cancer Modernisation Fund. This is the second linac to be installed at Castle Hill Hospital in Cottingham which has been paid for via the fund. It has taken a mere eight weeks to commission and get ready for use; four weeks faster than would normally be expected, according to the manufacturer.

International recruitment drive swells nursing numbers

Our Trust has been working with international recruitment firm, Resource Finder, to attract nurses working in the Philippines to live and work in the UK.

Like many others across the country we are looking further afield in order to boost our staffing complement.

A total of 23 nurses have so far arrived in the UK, of which 21 have successfully passed the practical, language and knowledge-based examinations required to practice to UK standards, known as Objective Structured Clinical Examinations (OCSEs). They are now working in areas such as intensive care, surgical theatres and the acute medical unit. The remaining two are already working in clinical support roles at HRI and Castle Hill to gain experience of local hospitals, pending successful completion of their OSCEs.

Welcome to all of our new recruits, we hope they enjoy working with us.

Golden Hearts Awards

The Trust celebrated the eighth annual Golden Hearts awards ceremony on 15 June, with 13 awards given out to some truly outstanding teams and individuals. The event was a great celebration of all that is good in our organisation and was hosted once again by Calendar TV's Fiona Dwyer.

The winners were:

- Making It Better award: Specialist midwives
- Great Leader: Michael Hookem, charge nurse in the Maxillofacial Outpatients Department
- Team Spirit: Acorn Ward, the trust's paediatric surgical ward
- Lessons Learned: Emergency Department
- Apprentice of the Year: Zoe Sugden
- Moments of Magic: Teenage and Young Adult unit at the Queen's Centre and Ward 33
- Health Group Trophy: Surgery
- Outstanding Individual of the Year (Scientific, Technical and Therapeutic): Jayne Anderson, clinical lead physiotherapist
- Outstanding Individual of the Year (Non-clinical): Jonathan Wood, operations director for clinical support services

- Outstanding Individual of the Year (Clinical): Dr Ahmed Abdul-Hamid, who leads stroke services at Hull Royal Infirmary
- Nursing and Midwifery: Specialist Nurse Colposcopist Sarah Bolton
- Outstanding Team of the Year (Non-Clinical): The trust Grounds and Gardens Team
- Outstanding Team of the Year (Clinical): Urology Services
- Lifetime Achievement: Biomedical scientist Barbara Thompson, who recently retired after joining the trust in 1964.

Thank you to everyone who took the time to nominate and congratulations to all of our winners and finalists.

Hull setting the standard in reducing unnecessary hospital admissions
More recognition for our staff has come in the shape of two national award nominations. Our Frailty Intervention Team (FIT) has been recognised as one of the best in the country after halving the number of older people admitted to hospital unnecessarily.

More than two-thirds of people over 80 were being admitted to hospital we introduced our Frailty Intervention Team (FIT) last year.

A multi-disciplinary team of specialists in elderly medicine now work alongside staff in the Emergency Department at Hull Royal Infirmary seven days a week to help 70 per cent of patients seen go home the same day.

This month, the team attended the prestigious HSJ Value in Healthcare Awards in Manchester after beating more than 580 entries from around the country to make the shortlist. The team was also named as a finalist in the 2018 Healthcare Transformation Awards for Innovation in the Care of Long Term Conditions.

Well done to all involved.

Calling all school-leavers
Our volunteers team is helping young people aged 16 to 24 find out more about the 322 different careers on offer in the health service. They are currently running three projects to give young people from different backgrounds an insight into opportunities in the NHS. The 'Young Volunteers' scheme has helped 260 school-leavers since it was set up three years ago.

Many young people have since taken up apprenticeships at Hull Royal Infirmary and Castle Hill Hospital or have gone into other health-related careers. The programme, which pays young people travelling expenses as they gain vital work experience, has attracted national attention since it was launched three years ago and has now been introduced by other hospitals around the country.

A further 50 people aged 16 to 24 have also been signed up as Young Health Champions as part of a project reaching out to young people with depression, anxiety, social issues or conditions such as autism and ADHD.

Staff praised for helping man who collapses outside Hull Royal Infirmary
Two of our team have been praised for helping a man who collapsed on one of Hull's busiest commuter routes as they headed into work.

Senior Patient Experience Officer Jackie Wileman and Maxine Buckingham, who works in access management, were walking towards Hull Royal Infirmary just after 7am to start their shifts when they saw the man staggering down Argyle Street. Jackie spotted the man falling and went straight across to support him. Maxine ran to help Jackie with the man and dialled 999 while both women stayed with the man until an ambulance arrived.

Both women were nominated for Moments of Magic recognition, and they fully deserve their awards. Well done to them both.

Hospital to sell coffee to send Ugandan children to school
Visitors and staff at East Yorkshire's hospitals will be using their coffee breaks to send children to school in Uganda.

Our Trust is teaming up with Hull Collegiate to support the school's "Safi Coffee" initiative to pay for Ugandan children to go to school and break the cycle of poverty. Profits from every cup of coffee sold to staff or visitors will help to fund the £180 it costs to send a child in Uganda to school for a year.

Using grant funding and the support of local businesses, the school imports Ugandan coffee to sell across the UK, with every penny of profit from Safi Coffee paying for Ugandan children to go to school. We are very proud to be able to help them in this endeavour.

Ward sister Hayley Butler said: "I'm really proud of the team for organizing another charity night. The overnight equipment will make such a difference to patients and their relatives on the ward."

NHS70 - Health Expo
The 2018 Hull and East Riding Health Expo will be taking place this coming Thursday 5 July to coincide with the 70th birthday of the NHS. Visitors are being invited to call into the DoubleTree by Hilton Hotel, off Ferensway, to take part in activities and browse information stands from across the health service.

There will also be a careers fair supported by HYMS and the University of Hull, and a special archive display open until 7pm which will take visitors on a trip down Memory Lane. BBC Radio Humberside will also be broadcasting live from the Expo throughout the morning. The event is open to everyone.

Inside the Trust itself we have pin badges for every member of staff and two signature books for staff to write their dedications to the NHS. For the duration of the day staff will be able to buy teas, coffees and cakes for 70p.

We are also very pleased to report that our hospital choir has been chosen to sing at a national celebration to mark the 70th anniversary of the NHS.

Our Choir will open the ceremony at York Minster, attended by Health Secretary Jeremy Hunt. National services will be held at Westminster Abbey and York Minster for around 3,000 NHS staff working for organisations around the country, alongside representatives of charities, local authorities and organisations with close ties to the health service.

Midwifery Assistants Pat and Janet, both in 70s and still pulling night shifts
They were little girls when the NHS was created, offering universal health care to everyone whether they could afford it or not. Today, Pat Watts, now 77, and Janet Harley, 76, still pull on their striped uniforms two nights a week to work as midwifery assistants at our Women and Children's Hospital.

Pat was born in 1941 and became a nursing cadet at Beverley Westwood. She now works two nights a week on Maple Ward, the antenatal ward for women requiring additional care or who are due to be induced, and Rowan Ward, which looks after women after their babies are born.

Janet started her orthopaedic training at Bridge of Earn Hospital in Scotland and, even as a student nurse, took charge of a busy Nightingale ward at night, with the night sisters visiting twice or three times a night to check all was well. She worked on the labour and delivery ward for 14 years before moving to Maple Ward and cut her hours back last year, working just two night shifts a week.

This story has attracted a lot of media attention during the month. In the 70th anniversary year of the NHS it seems fitting that we acknowledge the incredible careers of these two members of our team.

Former nurses give back to help more patients
A charity made up of former hospital staff has donated £7,000 of equipment to help patients undergoing heart surgery at Castle Hill Hospital.

The Needed Urgent Remedial Surgical Equipment (N.U.R.S.E) charity has donated a Philips Lumify portable ultrasound machine which generates detailed images of veins and arteries. This mobile device can be used in surgical theatres but can also be used directly on hospital wards by surgical care practitioners, sending high quality images back to help clinicians plan surgical procedures such as coronary artery bypass.

Since the N.U.R.S.E Charity was set up in the early 1980s (registered with the Charities Commission in 1991), members say they have raised more than £800,000 through fundraising events including the annual raft race on Beverley Beck, which take place next month. The monies raised have gone to support wards and departments across Hull and East Yorkshire Hospitals NHS Trust, purchasing equipment from potentially life-saving scanners down to fans to keep patients cool.

This is an incredible achievement and we are very grateful to the charity for their support.

Sir Cliff Richard 'Pink Lady' meets idol to help breast screening service
A Cliff Richard fan has raised hundreds of pounds for a breast screening service after wearing a bright pink wig to meet her idol.

Jenny Dickinson, 68, is one of a group of women calling themselves "Cliff's Pink Ladies" on Facebook because they wear pink to every one of the superstar's concerts to raise awareness for breast cancer. Now, after undergoing surgery twice to remove cysts, Jenny has raised £300 for Humberside Breast Screening Unit, based at Castle Hill Hospital, after she was sponsored to wear her bright pink wig to meet Sir Cliff during his "Singalong with Cliff" at his vineyard in Portugal.

Jenny met Sir Cliff and had her photo taken with him as a special treat. Many thanks to her for her support.

2. 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 June 2018 we received 44 Moments of Magic nominations:

What was the Moment of Magic?	Which member of staff was involved?	Where do they work?	Entry Date
I would personally like to thank Lee Appleton for all his help and assistance in helping run the project for the relocation of the Maxillofacial Unit from HRI to CHH. Without the help of Lee on board we would not have achieved all that we needed to achieve. His professionalism, communication and work ethic are to be commended. Thank you for everything Lee.	Lee Appleton	Capital Development	31/05/2018 13:49
This Moment of Magic was from a letter sent into Ward 31 CHH from a very grateful partner of someone who sadly passed away. Thank you to all the nurses in The Palliative Care Team and the auxiliary nurses on Ward 31 I would like to sing their praises for anyone who will listen. The care and dedication and endless kindness of all the regular staff on ward 31 was exemplary and awe inspiring. Towards the end of my partners life they made being on that ward as pleasant and as humanly possible. We cried with them and laughed with them. They fought for us in every possible way and for that I simply cannot thank them enough. More importantly they made my partner feel safe and truly cared for which is more than we ever hoped for. We also witnessed the relentless dedication they have their profession. Not once did we ever over hear a mumble of resent of disdain for the long hours or demanding nature their work. Staff nurses staying hours after their shift was due to end, Night staff stretched to their limits because there simply are not enough of them. Their work is a true calling. As a family we will never forget these amazing, dedicated special people. They became friends to my partner and I. I hope this letter brings a smile to peoples faces in times of sadness. It was my partners wish that these people be acknowledged for their incredible work in his name	All the Staff on Ward 31 CHH Queens Centre	Ward 31 CHH	30/05/2018 08:04
We would like to nominate Tracey Spicer and Kevin Rodriquez in CSSD (Sterile Services) for all the help and assistance they have given the Maxillofacial Unit in facilitating with issues, turn around of kits and their general helpfulness.	Tracey Spicer/Kevin Rodriquez	Sterile Services (CSSD)	29/05/2018 12:24

It is much appreciate for all their hard work.			
I would like to nominate Maria Penn for a 'Moment of Magic'. As an HR Advisor, Maria works closely with staff and managers, some experiencing many challenges in and out of the work place. Clearly working in HR and the confidential nature of a lot of the work we do, public recognition for excellence is not common place. But in one particular case, I would like to recognise Maria for the exceptional effort she has given to support one particular staff member. Her tenacity and determination to 'right a wrong' has meant that one person who might otherwise have lost their job, is able to continuing working - and that is a great thing for that staff member and the Trust. Maria always sees the good in everyone and it's this inherent positivity that makes her a great HR Advisor working with staff and managers for the right outcomes. Put simply, Maria cares about people, and we are lucky to have her in our team.	Maria Penn	HR Advisory Team, Suite 21, CHH	29/05/2018 09:27
I have been a patient on Ward 100 and the care and compassion Kelly shows to all the patients in her care is amazing. She takes time to listen and to give advice where needed. She is always smiling and makes everyone happy. She treats everyone with the utmost respect and dignity. She deserves a medal and I can't thank her enough.	Kelly... auxiliary nurse	Ward 100. Hull Royal Infirmary.	28/05/2018 19:41
Yet again a brilliant display of team working from the ED staff, despite arriving to a full department with long waits sheer determination and effective team working helped ensure all patients were seen as soon as possible and the department remained safe and able to deliver the high standards of care to the significant number of attendees.	Simon Long, Mel Bismor, Jayne Baross, Kirsty McDonagh, Lee Travis, Laura Tufnell, Zoe Fowler, Jamel Marron, Karen Marshall, Catherine Hudson, Claire Thornton, Aimee Pound, Jadviga, Nasda, Kelly Morris, Lisa Branston, Joanne Foster, Oliver Chango, Gavin	ED	26/05/2018 04:45

	Hitchings, Di Broadley , Thomas Robbins, Chris Goode, Kelum Perera, Elizabeth Hutchinson,Rebecca Saunders.		
My mother is a patient on Ward 100 and I was very worried and anxious about her care and about her find. Kelly the auxiliary nurse in duty on 22/5 and 23/5 was so good with Mum. She brightened up the bay and within minutes had everyone laughing. Faye -staff nurse- was working today 23rd May and knew I was anxious and worried. She took every concern I had into consideration and was so kind that I burst into tears. I swear her hug had healing powers. Claire - I think she was in charge on 22nd May- was so patient and took so much time explaining what was happening to Mum and the reasons for the kind if care she is receiving. Claire stayed way passed the end of her shift to talk to me and make me feel as thought I wasn't unduly fussing. All three ladies are a credit to Ward 100.	Kelly - Auxiliary nurse. Faye - Staff nurse, Claire - .nurse in charge/ ?staff nurse.	Ward 100. HRI	24/05/2018 00:27
Kerry came up with the great idea to do a cake sale to raise funds to help buy some radios for the ward so that the patients have something to listen to during their stay with us. With the help from her and the rest of the staff she helped raise enough funds to do this. Kerry is thoughtful helpful and an amazing person to work with. Well done Kerry	Kerry Goodwin	EAU	23/05/2018 22:26
Bank holiday weekend I collapsed after being unwell for 8 weeks, after a very serious health problem was discovered in A&E I was quickly transferred to the Cedar ward. The health issue was confirmed by a very kind and compassionate staff member in the ultrasound department. I was prepped for surgery immediately. The shock and distressing situation I found myself in was dealt with the upmost professionalism, yet everyone was kind and offered a smile at every opportunity. Nothing was too much effort for any staff member.	All staff on Cedar Ward	Cedar Ward	23/05/2018 13:52

Everyone involved in my care was wonderful, I was made to feel at ease and they reassured me at every step. My situation and surgery was explained and staff ensured that I understood everything which was happening and going to happen. I was an inpatient on Cedar ward for 2 days. I cannot start to express my gratitude and thanks to all who work on that department. they deal with some very upsetting situations. The care I received was excellent and I thank you all. My treatment and care will not be forgotten.			
Today at 0730 Jackie Wileman and Maxine Buckingham ran to the aid of a member of the public who clearly needed assistance, he had collapsed in the road, they called an ambulance and stayed with the gentleman...the ambulance asked them to wave their arms to indicate were they where but the ambulance drove past.....eventually the gentleman concerned was taken safely to hospital and all is well but credit goes to these two employees who stopped and made a difference well done to you both	Jackie Wilemand and Maxine Buckingham	Care records and Patient experience	23/05/2018 13:17
heather is a great member of our team in the fracture clinic always going that one step f urther to help patients and staff ; heather al ways has a smile on her face , and keeps our dept happy	heather fisher	fracture clini c	22/05/2018 14:29
Exceptional patient focused care and superb team working able being able to see the bigger picture with regards to patient safety	Gill Cooper	Nurse Bank	22/05/2018 06:08
Exceptional patient focused care and superb team working	Victoria Lancaster	Ward 12 HRI	22/05/2018 06:06
A fantastic example of superlative team working on the night of May 21st	Holly Veitch, Katie Houliston, Chloe Stvenson, Ellen MCourt, Allreza Niroumana, Arron Phua, Katie Drury	Paediatric ED	22/05/2018 06:05
On attending my appointment at the Castle Hill Hospital, the Doctor was running over 40 minutes late. The nurse in charge apologised for the delay but on passing the time kept making sure the other patients and myself was ok chatting to us all. It is not very often that you can attend an appointment and have a member of staff take time out in this manner. All I can say is what a lovely person she was although I only got to see her Christian name. I wish more people had her attitude and professionalism.	Gail	Castle Hill Hospital out patients Entrance 2	21/05/2018 21:09

MY nomination is for a registered nurse here in the general out-patients at CHH. Jeanie is one of the most helpful, cheerful nurses I have ever met. She is always there to lend a helping hand, no matter what the situation. She meets and greets all patients in a very professional way and always with a smile on her face. Just a lovely and helpful Individual	Jeanie Rawding	chh OPD	17/05/2018 13:37
When faced with an extremely difficult and upsetting situation on shift. These too members of staff went out of their way to resolve the problem as quickly as they could. I am most appreciative and extremely grateful to have work colleagues like this. Thank you so much.	chris stimpson hospital matron michelle beudoin csw ed	hospital matron hri chris. emergency department hri michelle	16/05/2018 01:43
Superb team working, Helping both patients and staff in all areas of the site	Nick Hunt, Ian Russel, Rob Heward, Pete Chapman, Gail Chapman, Fred Rillatt, Andrew Stell, Paul Broom	Porters HRI	16/05/2018 01:07
Always happy to Help	Alan Parker	Stroke Coordinator H110	16/05/2018 01:04
Exceptional team working as always but went above and beyond on Saturday the 12th of May working together brilliantly to ensure the best possible outcomes for patients.	Debbie Dehdashty, Sarah Hudson, Rachel Howell, Kate Caranay - Smith	Site Team	16/05/2018 01:03
Fantastic team working under pressure to ensure patient safety and Care.	Lyndsay Cooper, Michele Barnes, Eriyn Anchetta, Jo Albufera, Louisa Johnson, Sheryl Wright, Steni George, Loenie Pincott, Alex Joseph, Linda Smirk, Jackie McCloud, Lu Brewer, Andy Tozer	AMU	16/05/2018 00:59
During a very busy day with significant unexpected medical staffing shortages, Rosie, Bryher, Leigh and Lorraine went above and beyond to not only look after their patients, but the medical staff too!! Without them taking on additional tasks we would not have managed to co-ordinate multiple emergencies on the ward.	Rosie, Bryher, Leigh, Lorraine	Cedar Ward	15/05/2018 19:23

I had a busy day in Emergency Department on our side in Majors, but Victoria came several times to help me, she seen it how much we have to do. She came to help me without to ask her for help. I felt it like a good team work and I appreciated. She has a golden heart. All my respects for her.	Victoria Yvonne Welburn- band 5 nurse in ED	Emergency Department	15/05/2018 06:46
I visited a relative at hull royals AMU. It was very busy as was a weekend. I was anxious and upset about my elderly relative and was crying. a lovely caring domestic assistant called Marie calmed me down and Asked if I needed anything she would be around. She kept popping in to make sure I was ok and even took time out of her lunch break to sit with me. I can't thank her enough as I was a hysterical at first.	Marie.	Hull Royal Infirmary. ANU ward on a Saturday and Sunday.	14/05/2018 12:14
Ross AMU domestic she is like a ray of sunshine with staff and patients Ross will go out of her way to help anyone, she can always make you smile witch on a busy unit we could do with more person like her .Ross is a great team member. keep it up Ross.	Ross AMU	AMU Domestic in the front.	12/05/2018 09:20
When my husband and I experienced a missed miscarriage at our 12 week dating scan, our care was taken over by the staff at the Early Pregnancy Assessment Unit. They were kind and compassionate and dealt with our situation with empathy, not sympathy, which meant a lot to us. They were always available for concerns by phone and were extremely accommodating with appointments to ensure we were given all appropriate information and given adequate time to process our grief and consider our options. Sister Jo sat with us between clinics at a time when she was busy with administration, and listened to our worries, answered all of our questions and took time to reassure us- at no point did she seem inconvenienced. We cannot thank them enough for their compassion and support during a very difficult time.	Sister Jo Beauchamp, staff nurses Jess and Helen.	EPAU (Early Pregnancy Assessment Unit).	12/05/2018 08:02
I recently spoke with Carla who I believe is the PA to the Chief Executive. Carla was able to quickly deal with my query and did so in the warmest and kindest way possible. A real credit to the Chief Executive and an even bigger credit to the organisation. Thank you Carla.	Carla Mitchell	Trust Headquarters	11/05/2018 16:56

Thank you to the Catering Team Neil Woods and Kevin Sewell who contributed to ensure that the Celebration World Food event went without a hitch, the catering team always support any venture the patient experience team take on and it is because of them it is successful so thank you so much and I hope you enjoyed the food as much as we did. Nothing is too much trouble for them and they always join in with enthusiasm and positivity.	Neil Woods and Kevin Sewell	Catering	11/05/2018 13:46
Louise in the eroster team is always very helpful with any query / question regarding the system. On numerous occasions she has gone the extra mile to help solve any issues we have.	Louise Collins	eroster team suite 21	10/05/2018 13:48
I cannot speak highly enough of how hard Staff Nurse Hannah Gregory worked in the Paediatric Emergency Department last week. Hannah is relatively new to paediatric care, but she took on all the challenges with a 'can do attitude'. We had to complete a complex and emotional safeguarding referral together. Hannah went through the process calmly even though it was entirely new to her. She cracked on and completed the referral herself, taking the delays and stresses in her stride. Later in the day, she spotted an unwell child and immediately asked for a review. She was unfamiliar with some of the treatments but quickly sought advice and prepared them herself. Lastly, we had a paediatric trauma call. This was a first for Hannah, but she immediately attended when I asked for help. She did the scribing and treatments, and supported the student nurse who was helping out. I was so grateful to have Hannah by my side during this difficult shift. She made everything so straightforward, and was a true ally.	Staff Nurse Hannah Gregory	Emergency Department	10/05/2018 12:07

The Clinical Administration Design Team met last week to start the design element of the end to end review of the administration pathways. The Design Team was made up of delegates from a cross section of clinical administration and secretarial roles who were all selected by their peers. The team began by agreeing the objectives of the week which were to create a model with the patient at the centre. Key to the discussions that took place throughout the week was that everyone's opinion mattered regardless of role or banding, and that everyone was very aware that they were working on behalf of their colleagues. The team worked tirelessly throughout the week, putting aside personal feelings to look at the bigger picture. The Design team undertook an end to end review of the administration pathway. They also considered how new and imminent technology will impact ways of working moving forward. This enabled them to develop a proposal for a future state model that groups tasks and teams around the needs of the patient. It was a very trying and tiring week, with an incredible amount of hard work carried out, taking people out of their comfort zones and giving them great responsibility – something that was felt deeply by all involved. At the end though everyone felt that they had achieved something very important and that the whole team has been involved and committed to ensuring the week was a success.	Joan Arton, Sylvia Balyen, Leanne Blakey, Jayne Campion, Tracy Charlton, Caroline Currins, Claire Elliott, Narinder Ghuman, Susan Hussey, Alex Jewitt, Sarah Newby, Sian Powell, Mark Raven, Lizy Roberts, John Robinson, Josephone Sheard, Allison; Sole, Donna Trafford, Lisa Wallis, Darny Wilson, Samantha Young,	The team was made up of representatives across each of the Health Groups and patient administration.	10/05/2018 11:49
C14 had a very busy difficult night shift with a challenging patient. Stephanie Flanagan from the Hospital at Night team stayed on the ward and supported the nursing team through a difficult situation. She offered advice and support and gave her time and stayed with the team until the situation was resolved. Thank you Stephanie for all you do for the patients and nursing staff.	Stephanie Flanagan	Hospital at Night	10/05/2018 03:03
Supported each other whilst caring for a very challenging patient with behavioural difficulties. Although the patient was challenging and difficult they kept his best interests at heart and worked together to maintain the patients safety. They supported each other and worked together to resolve difficulties that presented throughout a very busy night shift.	Sasha Huteson, Michael Haslam, Valerie Johnson, Samantha Towse, Victoria Larvin and Olivia Oxton	CHH Ward 14	10/05/2018 03:00

Laura is a midwifery assistant on labour ward. Laura identified 2 women who became very unwell very quickly. Laura's prompt action of summoning help rapidly, went towards preventing both these women deteriorating further.	Laura Nicholls	Labour Ward	09/05/2018 23:28
All band 5 midwives have worked enthusiastically on Rowan Ward and worked as part of the team .They've helped in all aspects of ward care and appreciated any help given .Always asked when unsure , keen to do things right .They've smiled and been happy in their work and they ve been a real pleasure to work with .They ll all make great midwives and advocates for women in the future .	Annabel Smith Amy Wood Nicky Nuttall Vicky Phillips McConville, Claire Collins , Vicky Ward Tracey Caville Nicky Nuttall	Rowan ward Heywach	06/05/2018 08:08
Mum had a revision surgery performed which was quite a challenge to her mobility as an 80+ year old. All staff were fantastic, hard working and nothing was too much trouble. I cannot praise them enough for their kindness and professionalism. Thank you so very much.	All ward staff	Ward 9 Castle Hill Hospital	04/05/2018 12:30
the paediatric ent department has had a huge make over in preparation of the move over from HRI to CHH. Our house keeper Jo Kenningham has played a pivotal part in the transformation of out department to become children friendly.	Jo kenningham	ENT OPD CHH	03/05/2018 15:32
My magic moment was when Adil the audiologist at Beverley community hospital gave me the time, when I was at work there to have a look at my hearing aid as I was having trouble with the volume, he looked at my notes and adjusted my hearing aid for me and he gave me a new smaller one , which you cant even see now and works brilliantly ,I can adjust the sound around the room , office or wherever.	Adil ?	Beverley community hospital audiology unit.	02/05/2018 16:13
Emma is our Pathology sample referral supervisor. In her role, Emma deals with a lot of samples that are referred to referral laboratories. On this particular instance, I made Emma aware of the need to process an urgent referral sample. Despite having finished her shift, Emma stayed back to ensure the process was dealt with smoothly. She collected the sample from the ward to ensure the sample was not lost in transit and made the clinical team aware of the progress. Emma has gone over and beyond her role in averting delay in the management of the patient. Well done Emma! You are a fantastic asset to our team!	Emma Rugg	Blood Sciences	02/05/2018 11:15

On a very busy medical day unit Monday 30th April I was a day patient at HRI. A lady with dementia arrived with her daughter and husband for treatment. The lady was clearly very distressed and did not want to have the cannula inserted, she was getting more and more agitated. I have never seen such compassion, patience and understanding from anyone. Jo Robinson was running a very busy day unit - they were short handed and yet she took the time to sit and calm this lady. She talked to her in such a clear and gentle manner without talking down to her. She supported her husband and daughter. It really touched my heart. To me this embodies what good nursing and great care is all about.	Jo Robinson Sister	Medical Day Unit HRI	02/05/2018 09:40
Gary is a great porter he is a great member of the AMU team always willing to help .	Gary (porter)	amu	02/05/2018 04:32
Written about a staff nurse by a long stay patient 'Tina Tina have you seen her? Well I have for the past six months whilst I was a resident at the hospital. She is a bubbly loving fun person who always had a spare moment for you to talk to her. At my lowest she took me out on her break in a wheelchair for a walk and is an amazing person'	Martina Stewart	Ward 14 Castle Hill Hosptial	01/05/2018 14:55
Written by a patient but needs acknowledgement 'Kirsty and Sue couldn't of been more supportive of me if they tried, even threw my worst times they was always there lifting my spirits. There absolutely amazing people and I couldn't of wished for better care from them.	Kirsty McKenna & Susan Eglen	Ward 14 Castle Hill	01/05/2018 14:50
Written by a patient on discharge after 5 months ' Me and Mr Wedgwood didn't always see eye to eye through my own stupidity, but when I realised he only wanted what was best for me, we really got along. I couldn't ask for a better consultant, he saved my life and I can't thank him enough'	Mr Kevin Wedgwood	Ward 14 Castle Hill	01/05/2018 14:48

HEY LONG TERM GOALS - May 2018 data

Great Staff | Great Care | Great Future

Quality

RAG	Indicator	Target	Performance May	Trend v Previous Month
G	Never Events	0	0	⇨
R	Complaints (QIP - closed within 40 working days)	90%	83.33%	⇧
G	Healthcare Associated Infections - MRSA	0	0	⇨
G	Healthcare Associated Infections - C.Diff (YTD target)	53	1	⇩
R	Safety Thermometer - Harm Free Care	95%	92.68%	⇩
R	Venous Thromboembolism (VTE) Risk Assessment (Q4 v Q3 1718)	95%	89.48%	⇧
R	Mortality - HSMR (March 2018)	<100	102.1	⇩
G	Friends & Family Test - Inpatients (April 18 - Trust v National %)	95.58%	98.00%	⇩
R	Friends & Family Test - Emergency Department (April 18 - Trust v National %)	86.70%	81.70%	⇩

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

Workforce

RAG	Indicator	Target	Performance May	Trend v Previous Month
R	Staff Retention/Turnover	<9.3%	10.20%	⇩
G	Staff Sickness	<3.9%	3.56%	⇩
R	Staff Vacancies	<5.0%	7.90%	⇧
R	Staff WTE in post (<0.5% from Plan)	7327	7210	⇧
G	Staff Appraisals - AFC Staff	85%	87.10%	⇧
G	Staff Appraisals - Consultant and SAS Doctors	90%	91.40%	⇧
G	Statutory/Mandatory Training	85%	89.70%	⇧
R	Temporary Staff/Bank/Overtime costs (Medical YTD)	£2.0m	£2.4m	⇧
R	Staff: Friends & Family Test - Place of Work (Q4 1718 v National)	63%	61%	⇩
R	Staff: Friends & Family Test - Place of Care (Q4 1718 v National)	80%	78%	⇧

Category	No. of Risks Rated 15 and above
Corporate Staffing Risks	6
Corporate Clinical Risks	1

Performance

RAG	Indicator	Target	STF Trajectory	Performance May	Trend v Previous Month
G	18 Weeks Referral To Treatment	92%	80.00%	82.22%	⇧
G	52 Week Referral To Treatment Breaches	0	30	22	⇧
R	Diagnostic Waits: 6+ Week Breaches (<1%)	<1%	-	10.05%	⇧
G	Emergency Department: 4 Hour Wait Standard (95%)	95%	82.1%	82.12%	⇩
G	Cancer: ADJUSTED 62 Days Referral To Treatment (April Data)	85%	76.60%	76.60%	⇩
G	Length of Stay	<5.2	-	4.8	⇩
R	Clearance Times	12 weeks	-	14.5	⇩
R	Waiting List Size	50,915	-	55,588	⇩
R	Clinic Slot Utilisation	80%	-	63.10%	⇩
R	Theatre Utilisation	90%	-	76.44%	⇧
G	E-Referrals	100%	-	100.0%	⇨
R	Appointment Slot Issues	35% (TBC)	-	49.00%	⇧

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

Finance

RAG	Indicator	Target	Performance May	Trend v Previous Month
R	Capital Expenditure	11.1	1.0	⇧
R	Statement of Comprehensive Income Plan - Year to Date	-1.4	-1.324	⇩
G	CRES Achievement Against Plan	1.64	1.788	⇧
R	Invoices paid within target - Non NHS	95%	89%	⇧
R	Invoices paid within target - NHS	95%	55%	⇧
R	Risk Rating	3	3	⇨

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

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

TRUST BOARD

10 JULY 2018

Title:	Board Assurance Framework Goal 2 – Valued, Skilled and Sufficient Staff
Responsible Director:	Simon Nearney Director of Workforce and OD
Author:	Simon Nearney Director of Workforce and OD

Purpose:	The purpose of the report is to update the Board on the BAF risk – Valued, Skilled and Sufficient Staff and to seek the Board's view on whether the risk evaluation of 15 should be increased.	
BAF Risk:	Board Assurance Framework Goal 2	
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	✓
Key Summary of Issues:	There are national shortages in most of the clinical professions within the NHS, including Consultant, Junior Doctor, Nursing, Physiotherapy and Radiographers. This is not different in HEY. The Trust has a Consultant vacancy rate of 9.57% (excluding locum and agency staff) a Junior Doctor vacancy rate of 17.92%, current Nurse and Midwifery vacancy rate of 9.08% together with vacancies in Radiology and Physiotherapy. Recruitment plans are being driven forward and the nursing vacancy rate will reduce to 3.02% in October, 2018, but the shortage of key staff does present a major risk to the Trust.	

Recommendation:	The Trust Board is requested to note the content of the report and to consider whether the current workforce risk evaluation of 15 should be increased to 20.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

TRUST BOARD

10th JULY, 2018

Board Assurance Framework Goal 2

Valued, Skilled and Sufficient Staff

1. PURPOSE

The purpose of the report is to update the Board on the BAF risk – Valued, Skilled and Sufficient Staff and to seek the Board's view, given the current workforce position whether the risk evaluation of 15 should be increased.

2. BACKGROUND

There are national staff shortages in most of the clinical professions within the NHS, including Consultant, Junior Doctors, Nurses, Physiotherapist and Radiographers. This is no different in HEY.

Whilst the Government have implemented more training places for Doctors and Nurses, the 90 additional Doctor places at HYMS will commence in 2019 and will take many years to come to fruition and there are only 5000 new additional nurse training places nationally per annum.

The Royal College of Nursing (RCN) suggests the profession needs 40,000 additional nurses to overcome the staffing crisis. In addition, in 2017, for the first time more nurses de-registered from the Nurse and Midwifery Council (NMC) than those that joined.

Health Education England (HEE) are the central body responsible for commissioning professional training in the NHS and there role is diminishing. Some may argue that this may be a positive change given the current situation. Clearly central workforce planning has not worked, although planners will say that finance or lack of has shaped training plans. Other factors impacting upon recruitment and retention is Brexit. The Trust has seen a 20% reduction in its EU nursing workforce. EU nurse applications to register as a nurse in the UK have fallen by 90% since the referendum. Whilst there is a national 3 year pay deal for Agenda for Change Staff (A4C) there has been a stringent pay cap on NHS pay which has not helped promote jobs and careers within the NHS. In addition the relentless pressure on the NHS has also not helped to attract or retain people into the sector.

Given this context it is vital HEY maintains its rigorous fight to attract and recruit staff, through our 'Remarkable People Extraordinary Place' campaigns and whilst HEY has had success in recruiting to many areas, the Trust still has vacancies in key clinical specialities which can adversely impact upon service provision, the continuity and quality of care and also be a cause for increased spend on agency and variable pay.

Finally, the Board is aware of the Trust's People Strategy 2016 – 18 which sets out the vision for our workforce, with recruitment and retention of staff being a key workforce theme. The themes are stated below, however it is important to note that there is a lot of other work that is being developed and progressed by the Workforce Transformation Committee to ensure when staff are recruited, they feel engaged, valued and empowered and are proud to say they work for Hull and East Yorkshire Hospitals NHS Trust. If staff are not managed and developed in accordance with our Trust values, then this will only exacerbate our recruitment difficulties.

- Recruitment and retention of staff
- Leadership capacity and capability
- Innovation, learning and development
- Equality and Diversity
- Health and wellbeing
- Employee engagement, communication and recognition
- Modernising the way we work

3. CURRENT POSITION

Consultant vacancies

The Trust has 41.83 Consultant vacancies within the Trust. These are detailed in appendix 1. This represent 9.57% vacancy rate, however 32.33 are covered by locum or agency Consultants which reduces the vacancy rate to 2.17%. Appendix 1 also details the budgeted establishment for each Health Group and Speciality, the contracted position, how many locums are working within the service and number of agency Consultants currently used by services. Whilst the number of vacancies may seem low, services are dealing with additional patients from North and North East Lincolnshire, particularly Haematology, Oncology, Radiology and ENT. Some services also have sickness issues and staff on maternity/paternity leave which can place additional pressure on services. The Trust's current sickness absence rate is 3.56% which is better than the national average of 3.9%. The Trusts key risks in terms of Consultant shortages are in Critical Care and Anaesthetics, Radiology, Haematology, Oncology, Cellular Pathology, ED, Acute Medicine and Elderly as well as some smaller specialities.

Current action being taken

Better marketing information is used for posts and in addition to advertising on NHS jobs specific campaigns are placed in the Guardian and BMJ. The Trust does recruit from national campaigns, but most Consultants appointed substantively have worked at HEY before, either as a locum or trainee suggesting the work environment and training is good. To improve the recruitment of Consultants the Trust recently tendered for a recruitment partner to specifically 'headhunt' Consultants in specific specialities. This initiative will commence in July, and the Performance and Finance Committee (PAF) will receive regular progress reports. The Trust has also advertised for and is interviewing for a Recruitment Manager in July to provide clear direction and energy to recruiting to 'hard to fill posts'. The post- holder will also work to improve the Trusts brand, adverts, marketing materials and will undertake some research to understand better where the Trust should be targeting its efforts to recruit Consultant and other posts.

The Trust is also seeking to develop a partnership with the College of Physicians and Surgeons (Pakistan) and two University Teaching Hospitals in Karachi, Pakistan to take their Doctors on a 2 year work and education programme. The programme will give HEY access to Doctors at various levels to practice in a range of specialities whilst the individuals will learn new ways to practice medicine and experience new surgical techniques. An initial meeting with partners is being arranged, however this development will take time to come on stream. The initiative has not been progressed before because a major barrier was not being able to secure Doctor visa's, however with the Tier 2 regulations being relaxed, this is no longer a concern.

The Trusts Executive Management Committee (EMC) has also approved the establishment of Medical Bank working in partnership with an external partner, Liaison. The Trust will be advertising and recruiting to the medical staff bank which should give services access to more Doctors. Liaison are leading experts in this field, so we will be using their wealth of experience to quickly develop this area of our business.

The Trust will also be using the Allam Medical Centre as part of its marketing material and will be changing its name in 2018 to Hull University Teaching Hospitals to strengthen its commitment to research and clinical trials to attract the best Scientists and Medical Consultants.

The new Daisy building and Cyclotron technology will also promote the Trust as a pioneering Trust.

Junior Doctor vacancies

The Trust has a current fill rate of 82.08% of Junior Doctors. This includes Doctors from HEE/Deanery, Trust employed Doctors recruited to fill gaps and overseas Doctors on MTI training programmes. The detail is in appendix 2. The Junior Doctor fill rate for August, 2018 is currently 84% and this does not include Trust Doctors and MTI Doctors. This position is still subject to change either up or down.

Current action being taken

Filling Junior Doctor posts on the east coast is notoriously difficult and this matter has been formally raised with HEE, however their response is they cannot force Doctors to go and there are not enough trainees to fill all gaps. The lack of Junior Doctors does add to the financial challenge the Trust faces with increased agency costs and the lack of Juniors means there is a lack of continuity which may impact negatively upon quality outcomes and staff morale having to cover gaps.

When services are aware of their rotation numbers, Junior Doctor adverts are placed to secure additional Trust Doctors. The Trust is successful in some areas, but does struggle to recruit in those hard to recruit too specialities; where there are national shortages.

The Consultant body know providing Junior Doctors with quality supervision, mentoring, training and education is essential to attracting people to remain with HEY as a Consultant. The Trust's Medical Education team regularly carries out surveys on our Junior Doctors to understand how they feel about working at HEY. Action is then taken to try and improve highlighted areas.

In view of the Junior Doctor vacancies, the Trust has recruited 36 Advanced Clinical Practitioners (ACP's) in a range of specialities and a further 14 are commencing the Masters programme in September, 2018. Once qualified and experienced this resource will be able to undertake the duties of Junior Doctors and even prescribe if they have completed their training. The Trust has also advertised and is interviewing for 10 Physician Associates (PA). A PA, once trained will be able to undertake the work of a Foundation year 2 Doctor. The PA's will be joining HEY on a 2 year preceptorship and will rotate between services to give them a thorough understanding of core services and then they will join a particular speciality.

Other Key Staff

Appendix 3 details the current vacancy rate for Nursing and Midwifery, Radiology, Physiotherapy, Speech Therapy, Dietetics, Occupational Therapy, Scientific and ODP staff.

Please note that the vacancy rate for Registered Nursing is currently 9.08% (May, 2018) but this will reduce to 3.02% in October, 2018 when a minimum of 140 nurse students commence with the Trust following completion of their nurse degree. Also the vacancy rate for ODP staff is currently 13.46%, however this will be 3% in October, 2018 due to new starters and review of theatre scheduling.

Current action being taken

The Trust is currently planning its Nurse and Midwifery campaigns for 2019 and is still seeking to recruit staff locally and regionally through the Remarkable People Extraordinary Place campaigns. The Trust has recruited 24 nurses from the Philippines and all have passed their OSCE examination and are practising nurses in the nurse numbers. 3 more overseas nurses commenced in June and a further 9 are arriving on 23rd July, 2018. Two nurse managers are travelling to the Philippines later in July with our recruitment partner Resource Finder to interview and recruit more nurses who will commence with us next year.

The Deputy Chief Nurse has also commenced a specific group for nurse managers to focus on staff retention and recruitment; considering how the Trust can improve retention through improving the working environment and how the Trust can utilise new roles including Nurse Associates and Nurse Apprenticeships. 20 Nurse Associates commenced in 2017 and the Trust will be sponsoring a similar number every year. This is a two year programme. 15 Nurse Apprenticeships will commence in September, 2018 and then a similar number will commence next year and the year after.

The University of Hull have informed the Trust that they will be providing a new Physiotherapy degree programme hopefully commencing in 2019. The Trust has struggled at times to recruit graduate Physio's and therefore having this programme on our doorstep is a huge benefit to HEY and will help us in future years to recruit local Physiotherapists.

In addition the Physiotherapy service have introduced an apprenticeship programme to become a qualified physio, they have reviewed and amended their career structure to offer more career opportunities for staff; the service now rotates staff into the community via CHCP, offer placements to University students, and enable staff to rotate in various specialities to ensure staff remain motivated and engaged.

In Radiology the service has developed extended and new roles such as Consultant Sonographer, Radiographer and Reporting Radiographer. The service have also reviewed and amended their career structure to offer staff more career opportunities.

More staff will be commencing in Physiotherapy, Radiology and Dietetics in October, 2018.

4. CONCLUSION

Each Health Group has a workforce plan which details the staffing numbers, skills and new roles that are required in the Trust over the next 3 years. The plans are triangulated with activity and finance and proactively addressed to recruit and retain skilled and experienced staff.

The Trust has also developed new roles to back fill posts that cannot be recruited too, however the organisation has a Consultant vacancy rate of 9.57%, a Junior Doctor vacancy rate of 17.92%, current Nurse and Midwifery vacancy rate of 9.08% together with vacancies in Radiology and Physiotherapy. If a Consultant does not have Junior Doctor to help provide care and deliver services this places additional pressure on our Consultants. Whilst sickness absence and turnover are not above the national average this places additional pressure on services, as does maternity and paternity leave. The support required from NLAG is also an additional pressure. There are also some services, ED and Anaesthetics including Critical Care that are undertaking a piece of work to assess the additional capacity they need moving forward which is another added complication.

5. RECOMMENDATIONS

The Trust Board is requested to note the content of the report and to consider whether the current workforce risk evaluation of 15 (Likelihood 5 x Severity 3) should be increased to 20 (Likelihood 5 x Severity 4).

Officer to contact:

Simon Nearney
Director of Workforce and OD
Tel: 01482 676439

APPENDIX 1

CONSULTANT VACANCIES AS AT JUNE 2018

Health Group	Department	Establishment WTE	Contracted WTE	Vacancies WTE	Locum WTE	Agency WTE	Current Issues & Actions
Clinical Support Services (CSS)	Blood Sciences	1	1	0	0	0	No vacancies
	Haematology	7.05	4.9	2.15	0	1 (£118.51 per hour)	1 agency consultant covering. A number of consultants have other commitments which reduce their clinical capacity. 1 consultant will return from maternity leave July 2018 but another 1 consultant is going on a 12 month external secondment with effect from September 2018. 2 Speciality Doctors recruited June 2018, start date to be confirmed. 1 current Specialty Doctor has submitted documentation through Article 14, once approved can be appointed as a locum Consultant prior to substantive post being advertised.
	Clinical Immunology	2.00	2.00	0.00 (see narrative)	0	0	No vacancies, however NLAG's consultant has retired and they cannot recruit, so HEY will be advertising for another consultant to manage NLAG patients.
	Rehabilitation	2.00	2.00	0.00	0	0	No vacancies
	Microbiology	2.5	1	1.5	0	0	0.5 is being covered by Dr Todd doing extra sessions, so 1 vacancy. 1 Microbiology consultant in post but cannot carry out all needed advice sessions. ID consultants (who are fully established) are providing cover for Microbiology but this is unsustainable in the long term. Trying to agree a joint working arrangement with York. Highly Specialist Trainee (Microbiology) commencing

							September 2018.
	Department of Infection	6.8	7	-0.2	0	0	No vacancies.
	Cellular Pathology	13.90	11.40	2.5	1 (1 Speciality Doctor acting as Locum Consultant)	0	Breast Pathology issues 1 consultant on sick leave and another has only recently returned to work from long term sick. Speciality Doctor acting as locum consultant to support. Job Descriptions are being finalised and will be sent to Royal College for approval. Additional locum appointed commences 9th July 2018. Appointment of Speciality Doctor delayed due to visa refusal. Now optimistic given changes to Visa regulations
	Radiology	33.8	32.17	1.63	3	0	3 external consultants employed on PS contracts. In addition to the vacancies, the service has 2 consultants on maternity leave, and there is also sickness within the team. Increasing demand has created the need for increased staffing at consultant level (vacancy factor does not reflect this). 2 Diagnostic Neuro-radiologists and 1 Vascular consultant retiring in 2018-19 Consultant in Diagnostic Neuro-radiology interviews August 2018 – 1 candidate shortlisted but not fully trained in Neuro-radiology. Considering new way of working (Night Owl) and possibly outsourcing Neuro-radiology from September 2018.

							Neuro-interventionalist Fellow qualifies June 2019 may choose to work for HEY. 2 Higher Trainees in Diagnostic Radiology qualify 2019/20 both may choose to work for us. Competition is very strong.
	Oncology	18.86	16	2.86	3 (3 Speciality Doctors acting as Locum Consultants)	0	2 Clinical Oncology posts advertised – no applicants. 1 Medical Oncology post currently out to advert – 1 potential candidate. 3 Speciality Doctors acting up into substantive consultant posts. 2 Speciality Doctors due to commence June & August 2018. Consultant Academic Oncologist post approved at EMC & being advertised. Consultant Therapy Radiographer roles being introduced to relieve pressure.
	Palliative Medicine	3.2	4.05	-0.85	0	0	No vacancies, but provides an additional service to Dove House Hospice and CHCP and the Trust charges for this service.
Clinical Support Services Total		91.11	81.52	9.59	7	1	
Health Group	**Department**	**Establishment WTE**	**Contracted WTE**	**Vacancies WTE**	**Locum WTE**	**Agency WTE**	**Current Issues & Actions**
Family & Women's Health Group	Breast Screening	3.81	3.51	0.30	0.33	0	Locum covering vacancy
	Breast Surgery	5.25	5.00	0.25	0	0	In addition 1 Consultant has submitted resignation. Post will be advertised
	Dermatology	3.00	3.00	0	0	0	No vacancies

	ENT	7.90	7.00	0.90	0.2	0	New Consultant starting in September
	Gynae Oncology	2.85	3.00	-0.15	0	0	No vacancies
	Gynaecology	13.18	13.75	-0.57	1	0	Locums starting in July and August
	Neonatology	6.65	5.32	1.33	1	0	0.33 vacancy Interviews for 2 Consultants planned for 2.7.18
	Ophthalmology	14.88	11.65	3.23	3.8	0	Vacancies filled by locums.
	Paediatric Surgery	4.00	4.00	0	0	0	No vacancies
	Paediatrics	12.90	11.40	1.50	0	1.Charge Rate £119.99	No vacancies in near future as appointed 2 Consultants - awaiting start dates
	Plastic Surgery	10.20	10.01	0.19	0	0	0.19 vacancy
Family & Women's Health Group Total		84.62	77.64	6.98	6.33	1	
Health Group	**Department**	**Establishment WTE**	**Contracted WTE**	**Vacancies WTE**	**Locum WTE**	**Agency WTE**	**Current Issues & Actions**
Medicine Health Group	Acute Medicine	11.0	10.0	1.0	0	2.0 (£119.99 per hour)	1 Consultant appointed, to commence 1 August 2018. Will still leave 1 Agency WTE Ongoing trial of 3 zone working model. Currently using agency and HEY locums to support this alternative way of working.
	Cardiology	14.0	12.0	2.0	0	0	Two vacancies. AAC planned for 23 July 2018.
	Chest Medicine	8.60	8.05	0.55	0.55	0	Recruitment campaign in progress for Consultant in Respiratory Medicine, AAC planned for 10 August 2018.
	Elderly Medicine	10.70	8.45	2.25	0	3.0 (£117.00 - £118.00 per hour)	Consultant vacancies currently being covered by agency locums on a long term basis. Previous recruitment and marketing campaigns have been

							unsuccessful in attracting suitable candidates. Exploring further opportunities to recruit internationally.
	Emergency Medicine	16.5	14.50	2.0	1.0	1.0 (see comments)	In addition locum Consultants in place to cover a shortfall of middle grade doctors. The service is currently reviewing what additional permanent posts are required to deliver the service. Funded by additional monies given to the HG based upon 2017/18 outturn. As an interim measure recruitment is underway for Junior Doctors (Trust Grade, Specialty Doctor & MTI) and non-medical practitioner roles (Advanced Clinical Practitioners and Physician Associates).
	Endocrinology	6.10	6.10	0	0	0	No vacancies.
	Neurology	7.0	5.85	1.15	1.0	0	In addition 1 Consultant will take flexible retirement in November 2018, and will return on a shared job plan undertaking work in Neurophysiology and Stroke Medicine.
	Neurophysiology	1.0	0	1.0	1.0	0	Current Consultant cover provided by locum. Locum progressing through recruitment process, awaiting GMC registration and licence to practice (non-UK candidate). A creative marketing package is in development for a joint recruitment campaign for Neurophysiology (1), Neurology (1) & Stroke Medicine (2).
	Renal	9.0	9.0	0	0	0	1 Consultant is retiring later in 2018. AAC planned for 9 July 2018.
	Rheumatology	4.50	4.50	0	0	0	1 Consultant planned flexible retirement in August 2018. Post will be advertised.
	Stroke Medicine	3.80	3.0	0.8	0	0	In addition 1 Consultant planned to retire in July 2018.

							0.5 Consultant to join in November 2018, following flexible retirement from Neurology. A creative marketing package is in development for a joint recruitment campaign for Neurophysiology (1), Neurology (1) & Stroke Medicine (2). Also exploring further opportunities to recruit internationally.
Medicine Health Group Total		92.20	81.45	10.75	3.55	6.0	
Health Group	**Department**	**Establishment WTE**	**Contracted WTE**	**Vacancies WTE**	**Locum WTE**	**Agency WTE**	**Current Issues & Actions**
Surgery Health Group	Acute Surgery	1	1	0	0	0	No vacancies
	Anaesthetics	68.25	61.25	7.0	1.0	4.0	4 Intensivists vacant 3 Anaesthetists vacant Demand and capacity work in progress to determine the staff required to cover all rotas AAC planned for 5/7/18 for cardio thoracic anaesthetist interview Re-advertising obstetric anaesthetist and general anaesthetist
	Colorectal	8.0	7.0	1.0	0	0	Post will be advertised shortly
	CT Surgery	8.4	8.0	0.4	0	0	No vacancies
	Gastroenterology	11.5	10.75	0.75	1.0	0	AAC interview planned for 18/7/18
	Neurosurgery	12	10	2.0	1.0	0	2 appointments confirmed; 1 commencing 14/01/19, 1 commencing 01/08/18

	Oral Surgery	9.00	7.74	1.26	0	0	1 vacant post due to be readvertised in August 2018
	Orthopaedics	26.81	26.81	0	1.0	0	Locum Consultant is due to end in December, 2018
	Upper GI	9.0	9.0	0	0	0	No vacancies
	Urology	8.0	8.0	0	0	0	No vacancies
	Vascular Surgery	7.20	5	2.20	0	0	5.65 in budget + 2 University appointments = 6.35 in post 0.85 vacancies
Surgery Health Group Total		169.16	154.55	14.61	4	4	
Trust Total		437.09	395.26	41.83	20.33	12	

APPENDIX 2

JUNIOR DOCTOR ROTA ESTABLISHMENT EFF. 28.06.2018

	Trainee Establishment						Rota Establishment						In Post							
Department	F1	F2	CT/ST1-2	GPSTR	ST	Total	F1	F2	CT/ST1-2	GPSTR	ST	Total	F1	F2	CT/ST1	GPSTR	ST	Total	% Post Filled 16.04.20	% Posts Filled 28.06.2018
Academic	0	5	0	0	0	5	0	5	0	0	0	5	0	5	0	0	0	5	100.00%	100.00%
Acute Medicine	3	6	9	0	6	24	3	6	9	0	6	24	3	5	8	0	2.5	18.5	79.17%	77.08%
Anaesthetics	4	4	15	0	28	51	4	7	16	0	32	59	4	6	14	0	25	49	72.88%	83.05%
Breast Surgery	2	0	1	0	0	3	2	0	1	0	2	5	2	0	0	0	2	4	80.00%	80.00%
Cardiology	2	1	4	1	9	17	2	1	4	1	9	17	1	1	4	1	9	16	94.12%	94.12%
Cardiothroacic Surgery	0	3	0	0	0	3	0	3	0	0	9	12	0	1	0	0	9	10	83.33%	83.33%
Chemical Pathology	0	0	0	0	2	2	0	0	0	0	2	2	0	0	0	0	1	1	50.00%	50.00%
Dermatology	1	0	0	1	0	2	1	0	0	1	0	2	1	0	0	1	0	2	100.00%	100.00%
Elderly Medicine	5	3	6	7	0	21	5	3	6	7	6	27	4	3	3	5	4.5	19.5	72.22%	72.22%
Emergency Medicine	0	12	8	5	14	39	0	12	7	5	6	30	0	12	4	3	6	25	90.00%	83.33%
Endocrinology	3	0	2	0	0	5	3	0	2	0	4	9	3	0	1	0	3	7	77.78%	77.78%
ENT	1	1	2	1	0	5	1	1	3	1	6	12	1	1	1	1	6	10	91.67%	83.33%
Gastroenterology	3	0	2	0	0	5	3	0	2	0	5	10	3	0	2	0	4	9	90.00%	90.00%
General Practice	0	18	0	0	0	18	0	19	0	0	0	19	0	16	0	0	0	16	84.21%	84.21%
General Surgery	0	1	0	0	0	1	0	1	2	0	0	3	0	1	0	0	0	1	33.33%	33.33%
Haematology	1	0	2	0	3	6	1	0	2	0	6	9	1	0	2	0	4	7	77.78%	77.78%
Histopathology	0	0	0	0	4	4	0	0	0	0	4	4	0	0	0	0	2	2	100.00%	50.00%
HIV/GUM	0	1	0	0	0	1	0	1	0	0	0	1	0	1	0	0	0	1	100.00%	100.00%
Infectious Diseases	2	0	2	0	4	8	2	0	2	0	5	9	2	0	2	0	1	5	44.44%	55.56%
Lower GI Surgery	7	0	2	0	0	9	7	0	2	0	3	12	5	0	2	0	2.5	9.5	79.17%	79.17%
Neurology	2	2	4	0	0	8	2	2	4	0	6	14	2	2	4	0	6	14	100.00%	100.00%
Neurosurgery	1	1	2	0	0	4	1	1	6	0	11	19	1	1	4	0	9	15	73.68%	78.95%
Obstetrics & Gynaecology	0	2	7	4	11	24	0	2	6	4	11	23	0	2	6	4	10	22	95.65%	95.65%
Oncology	3	1	3	4	5	16	3	1	6	4	12	26	3	1	5	2	11	22	76.92%	84.62%
Ophthalmology	1	1	0	0	6	8	1	1	0	0	7	9	1	1	0	0	5	7	77.78%	77.78%
Oral & Maxillofacial Surgery	0	0	10	0	0	10	0	0	10	0	6	16	0	0	7	0	2	9	56.25%	56.25%
Paediatric Emergency Medicine	0	0	7	0	0	7	0	0	7	0	0	7	0	0	7	0	0	7	100.00%	100.00%
Paediatric Neonatal Medicine	0	0	7	0	7	14	0	0	7	0	7	14	0	0	3.5	0	8	11.5	57.14%	82.14%
Paediatric Surgery	0	0	2	0	0	2	0	0	2	0	4	6	0	0	2	0	2	4	50.00%	66.67%
Paediatrics	3	4	3	2	8	20	4	4	3	2	8	21	2	2	2	2	8	16	80.95%	76.19%
Palliative Care	0	0	0	2	0	2	0	0	0	2	0	2	0	0	0	1.5	0	1.5	75.00%	75.00%
Plastic Surgery	0	0	3	0	0	3	0	0	4	0	7	11	0	0	3	0	7	10	90.91%	90.91%
Psychiatry	5	5	0	4	0	10	5	5	0	4	0	14	5	5	0	4	0	14	71.43%	100.00%
Public Health Medicine	0	1	0	0	0	1	0	1	0	0	0	1	0	1	0	0	0	1	100.00%	100.00%
Radiology	0	0	0	0	0	0	0	0	0	0	24	24	0	0	0	0	19.4	19.4	80.83%	80.83%
Renal Medicine	2	1	2	0	0	5	2	1	2	0	5	10	1	1	2	0	5	9	90.00%	90.00%
Respiratory Medicine	6	2	2	2	0	12	6	2	2	2	8	20	7	2	1	2	8	20	100.00%	100.00%
Rheumatology	0	0	1	2	3	7	0	0	1	2	3	6	0	0	1	2	2.5	5.5	91.67%	91.67%
Stroke Medicine	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0.00%
Trauma & Orthopaedics	0	5	3	1	0	9	0	12	3	1	15	31	0	3.5	3	0	14	20.5	65.63%	66.13%
Upper GI Surgery	7	0	2	0	0	9	7	0	2	0	3	12	6	0	1	0	3	10	83.33%	83.33%
Urology	1	3	2	0	0	6	1	3	2	0	6	12	1	3	2	0	5.5	11.5	95.45%	95.83%
Vascular Surgery	5	0	1	0	0	6	5	0	1	0	3	9	4	0	1	0	2	7	66.67%	77.78%
TOTAL	**70**	**83**	**116**	**36**	**111**	**413**	**71**	**94**	**126**	**36**	**251**	**578**	**63**	**76.5**	**97.5**	**28.5**	**208.9**	**474.4**	**79.74%**	**82.08%**

Increased vacancies since last report	
Decreased vacancies since last report	
No change in vacancies since last report	

APPENDIX 3

OTHER STAFF	**May 2018**
In Month Overall Vacancy Rate % - Trust Total	7.90%
Registered Nursing, Midwifery and Health Visiting Staff Vacancy Rate %	9.08%
Qualified AHP Vacancy Rate %	7.85%
of which Radiology	9.75%
of which Physiotherapy	8.42%
of which Speech Therapy	0.00%
of which Dietetics	12.88%
of which Occupational Therapy	0.37%
Qualified Scientific Staff Vacancy Rate %	5.42%
of which Pharmacy	4.31%
of which ODP	13.46%

NB - Nursing, Midwifery and Health Visiting staff will be 3.02% in October, 2018
- ODP staff will be 3% in October, 2018

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

TRUST BOARD

10 JULY 2018

Title:	Board Assurance Framework Update – Goal 4: Great Local Services.
Responsible Director:	Teresa Cope, Chief Operating Officer
Author:	Teresa Cope, Chief Operating Officer

Purpose:	Goal 4 identifies the principle risk of the Trust not meeting its operational planning guidance requirements for Emergency Department (ED), Referral to Treatment Time (RTT), Diagnostic and 62 day cancer waiting times in 2018/19. Failure to achieve the operational planning guidance requirements carries the risk of causing distress to patients and a risk associated with the Trust securing STF monies. In relation to Goal 4, this paper describes • Current performance against the standards for ED, RTT, Diagnostics and Cancer 62 day, • Actions being taken improve performance and mitigate the risks identified in the BAF • Identification of further actions planned over the next 3 months to mitigate the risks • An review and recommendation of the BAF risk score	
BAF Risk:	Goal 4: Great Local Services	
Strategic Goals:	Honest, caring and accountable culture	
	Valued, skilled and sufficient staff	
	High quality care	
	Great local services	X
	Great specialist services	
	Partnership and integrated services	
	Financial sustainability	
Key Summary of Issues:	The Trust is currently not meeting the operational planning guidance against the standards for ED, RTT, Diagnostics and Cancer 62 days waiting times. However a comprehensive range of actions are place to improve performance against the standards and mitigates the risks identified in the BAF. Performance against the each of the standards is monitored weekly within each of the Health Group and via the weekly Performance and Activity meeting which is chaired by the Chief Operating Officer. The Performance and Finance (PAF) sub-committee of the Board receives a comprehensive report each month and undertakes 'deep dives' into key areas of performance on a regular basis.	

Recommendation:	That the risk score for Goal 4: Great Local Services, remains unchanged at a risk score of 4 x 4 (16). That the actions identified within the paper to mitigate the risks are added to the BAF and a further review is undertaken in 3 months

Emergency Department 4 Hour Performance	Month Breach Reported May 2018
Month Performance 82.1%	Standard or (Trajectory) 95% (90%)

Overview and Assessment of Reason/Cause of Standard Failure

May Performance

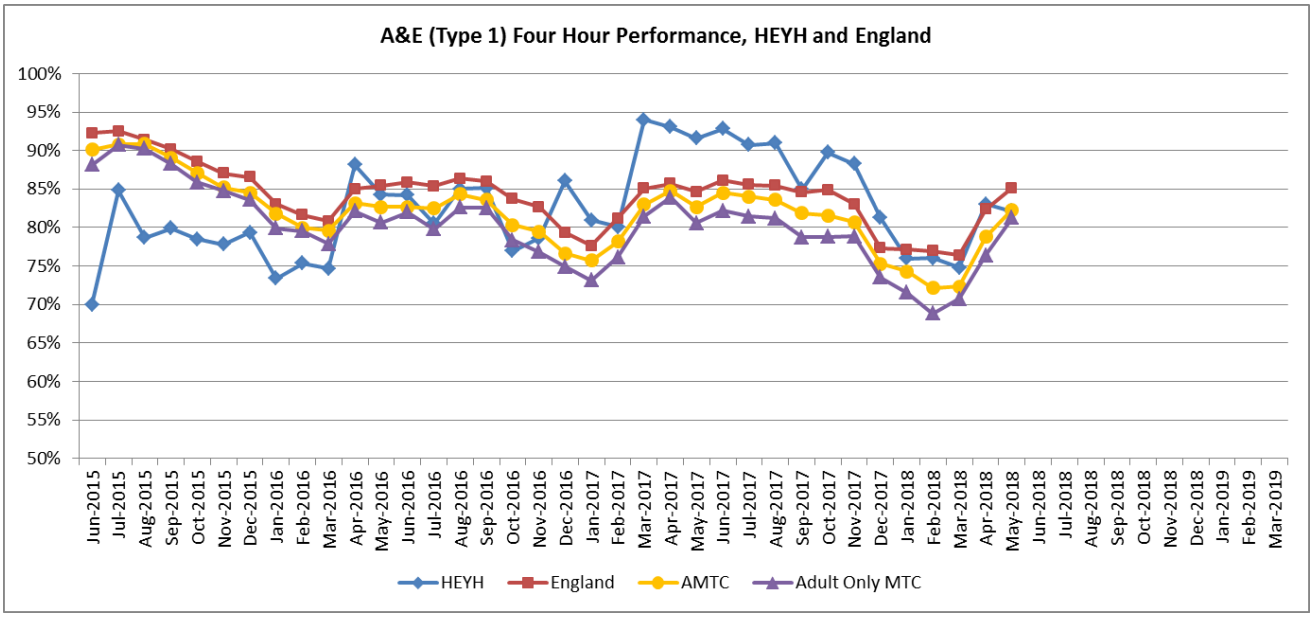
- Type 1 (HRI Only) 82.1%
- Combined STP System Performance **91.28%**

Year to Date Performance

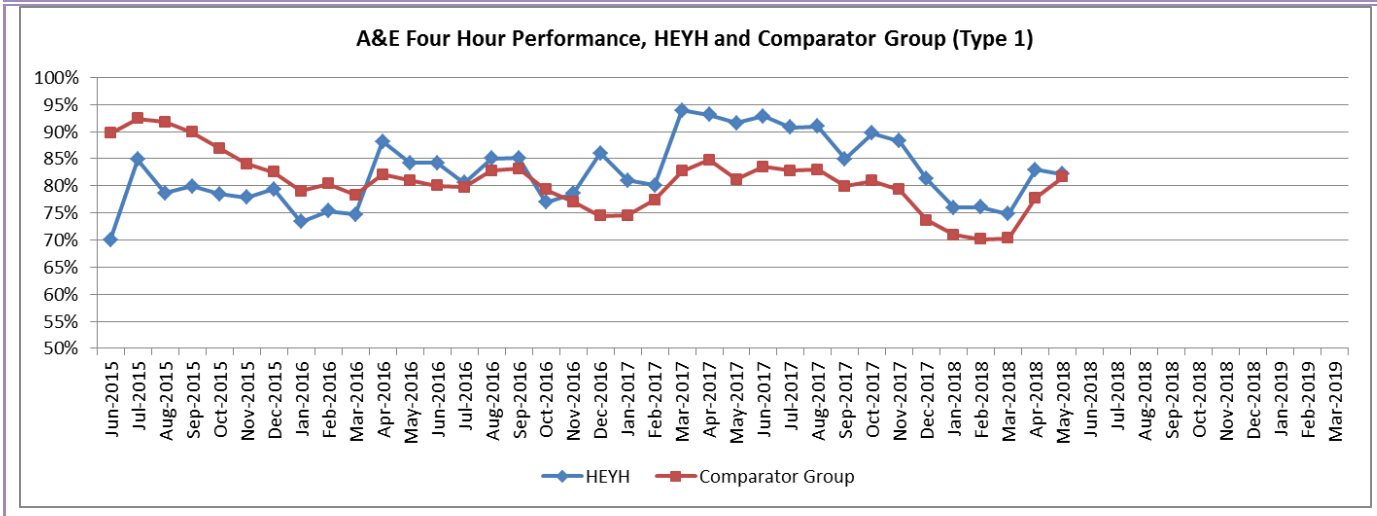
- Type 1 (HRI Only) 82.5%%
- Combined STP System Performance **90.85%**

Attendances in May overall continued above contracted / expected levels of activity, with May being the busiest ever month in ED at 12023 attendances, with higher demand through Majors reflecting the increased acuity seen.

National data indicates that the Trust has performed below the NHSE national average for Type 1 (Major A&E Departments), but remains in line with average performance for all Major Trauma Centres (AMTC) and very slightly above that of Adult Only Major Trauma Centre (Adult Only MTC).



However, Hull an East Yorkshire Hospitals have remained, consistently, within the top 5 of our of comparator group of peers (total of 10 Trust) for the past 6 months and this continued in May 2018



Actions Planned for Next Period: Expected Outputs

Urgent and Emergency Care Programme
The next phase of the UECP was implemented in May; The focus is on clinical pathways to ensure flow through the hospital is fully optimised and teams both in the Emergency Department and across the Trust are playing their full role in flow – with particularly focus on specific Surgical Specialties (outlined below) as well as key Medical pathways.

A 30 day improvement plan has been agreed and is in the process of being implemented (commenced in mid-June). These actions are not new, but specific elements of the current improvement plan and will increase the pace of expected improvement in four key areas, reduction of discharge breaches in Emergency Care Area and Paediatric ED, improve flow with 10 discharges by 10am from the Medicine Health Group bed base and 30% of discharges achieved from Medicine bed base by 12pm. The final area to be worked on is agreement of standard protocol for the transfers of acute patients who arrive in ED and need speciality input from ENT, Plastics, and Gynaecology.

The work programme for the Unplanned Care Delivery Group for 2018/19 has been updated to reflect current system priorities and the A&E Delivery Board has recently agreed the 5 key priorities that will be focussed on this year reflecting both national and local priorities; these are

- Effective Winter Preparedness across the system
- Elimination of ED breaches in minors stream
- Improved Ambulance Turnaround Times
- Reduction in the length of stay (LOS) of stranded and super stranded patients and reduction in Delayed Transfer of Care (DTOC)
- Improved support to Care Homes and reduction in appropriate admissions from Care Homes

Planned Timeline for Recovery to Expected Standard Level

Recovery trajectories are in the process of being redeveloped and it is expected that these will be in line with the NHSi requirement to deliver a minimum of 90%.

Referral to Treatment – Incomplete Standard	Month Breach Reported May 2018
Month Performance 82.22%	Standard or Trajectory 80% (trajectory) 92% (standard)

Overview and Assessment of Reason/Cause of Standard Failure

The Trust reported a position of 82.2% against the STF trajectory of 80% for May. The trajectory planned total list size was 53,882 against an actual position of 55,589 (variance +1,707) which is indicative of the increasing number of urgent cases being seen which displaces elective work, as well as an increase in overall number of cancer cases.

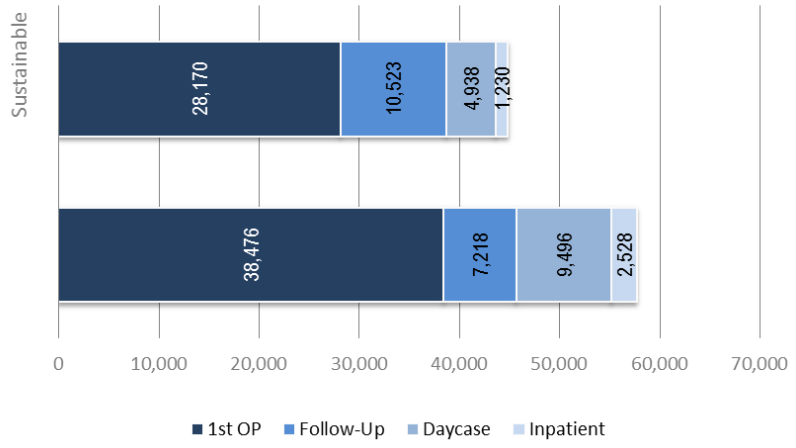
At the end of May, the Trust's clearance rate was 13.5 weeks and ideally the Trust should be working to a clearance rate of 12 weeks or less for sustainable achievement of the RTT standard.

The charts outlined below clearly demonstrate the continued challenge in meeting sustainable list size, and the single largest issue for RTT sustainability is the significant numbers in excess of the sustainable list size for first outpatient appointment. The Trust focus for each Health Group this year is to ensure improvements at the front end of the pathway and each Health Group have developed their own recovery plan to ensure that this can be done.

To enable the Trust to deliver a 6-week wait for first outpatient appointment, the Trust is required to reduce outpatient numbers waiting 1st appointment list by some 12,857 patients (position as at 10/06/18) equating to a reduction of approximately 22.28% from the current levels which is proving difficult to achieve.

It is also extremely unlikely, given the contracting position that we would be able to deliver this level of sustainability and therefore our focus is to improve the front end of the pathway as well as ensuring no growth in the overall list size, plus no overdue follow-ups beyond 3 months in the coming year.

15. Sustainable List Sizes - all pathways



	1st OP	Follow-Up	Daycase	Inpatient	Total
Actual	38,476	7,218	9,496	2,528	57,718
Sustainable	28,170	10,523	4,938	1,230	44,861
Variance	10,306	-3,305	4,558	1,298	12,857

Overview and Assessment of Reason/Cause of Standard Failure

The NHS Constitution target for RTT (complete) is 92%. The Trust did not achieve this target in 2017/18 and has agreed a recovery trajectory for 2018/19 but this does not deliver the constitutional standard.

The major issues impacting delivery of RTT performance at the planned trajectory levels within the specialities are:

- Although improving, the overall impact of the winter period and the mandated cancellation of elective activity for several months continue to negatively impact the current RTT position and this is a significant issue in Gynaecology.

- Non-elective demand is impacting on elective activity in Orthopaedics and Neurosurgery and Cardiac Surgery.

- Although Paediatric Gastroenterology have now appointed a locum consultant until September, there remains on-going difficulty in recruiting to a substantive post. Discussions within the STP regarding delivery of Paediatric sub-specialty services are continuing.

- Reduced levels of elective theatre capacity due to the on-going recruitment challenges for both theatre and anaesthetic staff remains problematic despite some success earlier in the year.

- On-going capacity issues in Respiratory Medicine due to the inability to backfill for maternity leave until September. In addition the service has a consultant on short-term sick leave.

- Resignation of a substantive Consultant in Obstetrics and Gynaecology

- Resignation of a substantive consultant within Trauma and Orthopaedics.

- Increased delays in diagnostic pathways in CT, MRI, Neurophysiology and Endoscopy negatively impacting on RTT performance.

Each of the above areas have adversely impacted our ability to deliver to the planned trajectories in 17/18 and are having some impact this year to date in terms of waiting list size.

In addition, the Health Group teams are working on their plans for this coming winter, this will include the aim of increasing complex surgery during the summer/autumn months and also increasing day case capacity during the winter months which should enable a much more stable system going forward.

The main specialty RTT performances at the end of May 2018 are:-

	Mar-18	Apr-18	May-18	Trend
Cardiology	77.24%	81.47%	82.59%	↑
Cardiothoracic Surgery	57.08%	54.64%	59.74%	↑
Dermatology	88.59%	90.64%	92.70%	↑
Ear, Nose & Throat (ENT	70.83%	73.60%	77.70%	↑
Gastroenterology	84.47%	84.13%	82.38%	↓
General Medicine	99.27%	98.81%	99.42%	↑
General Surgery	80.08%	81.21%	81.82%	↑
Geriatric Medicine	92.39%	92.20%	97.55%	↑
Gynaecology	77.25%	76.35%	77.16%	↑
Neurology	87.77%	89.07%	89.85%	↑
Neurosurgery	77.73%	79.33%	83.17%	↑
Ophthalmology	79.91%	80.85%	83.59%	↑
Oral Surgery	72.41%	72.43%	70.47%	↓
Other	84.17%	84.57%	84.61%	↑
Plastic Surgery	78.02%	81.61%	80.92%	↓
Rheumatology	79.94%	81.64%	81.41%	↓
Thoracic Medicine	88.04%	85.88%	87.23%	↑
Trauma & Orthopaedics	77.63%	77.75%	79.40%	↑
Urology	82.20%	83.75%	85.05%	↑
Grand Total	79.83%	81.03%	82.22%	↑

Actions Taken: Outputs and Progress

The following measures are being implemented to support improvement and stabilisation of the current RTT position:

- Continued work to progress a reduction in overdue follow up backlogs to a maximum of 3 months.
- Improvement in the first outpatient waiting list times with a tangible reduction in the numbers of patients waiting on the ASI and holding lists.
- Front loading of activity to allow for Winter pressures.
- Planning and implementation of changes to current resource which will enable resource to be diverted to outpatients and day cases during Winter
- Increased focus on the dating of long waiting patients, working to eliminate 52 week breaches and also reduce to the Trust target of no patients waiting over 36 weeks for elective treatment.
- Reduction in total waiting list size from the baseline of March 2018.
- Improvement in administrative processes and reduction in delays of tracking, clinic cashing up and typing backlogs.
- Increased focus on outpatient clinic utilisation across all Health Groups and reduction in the number of clinics cancelled with less than 6 weeks-notice or where agreed plan in place for re-provision of service by the clinician
- Full compliance with the Trust's Access Policy regarding patient compliance for Did Not Attends and patient cancellations
- Improvement in delays for tracking access and more timely decision making by Clinicians with an escalation process to the Clinical Lead.
- Increased focus on G2 Speech Report for timeliness of letter transcription, clinician sign off and completion to reduce delays to achieve a 10 day turnaround

Planned Timeline for Recovery to Expected Standard Level

Improvement trajectory to be delivered to reduce total waiting list size to 51,412 and performance of 85% by end of March 2019.

62 day RTT	Month Breach Reported April 2018
Month Performance 76.5% (adjusted)	Standard or Trajectory 85%

Overview and Assessment of Reason/Cause of Standard Failure

The reported performance on Open Exeter (national database) for the Trust in April was 70.6%. The Trust's performance post reallocations to referring Trusts' whose patients received and treated by services in the Cancer Centre beyond day 42 was **76.5%** which did not meet the national standard.

In April of the 35 breaches attributed solely to HEYHT, 26.5 can be classed as 'avoidable' and the reasons are as follows:

- The urology pathway continues to be delayed due to histology turnaround times at the diagnostic biopsy stage; timely access to MRI and surgical capacity for robotic prostatectomy procedures
- The breast pathway delays are due to sufficient Outpatient capacity at the beginning of the pathway and pathology turnaround times
- The colorectal challenges are related to insufficient Outpatient capacity at the beginning of the pathway; some delays in MRI/CT imaging

Actions Taken : Outputs and Progress

ENT, Breast and Urology have now completed a capacity and demand improvement plan for their respective services and the output of each plan is fully expected to improve both cancer and RTT performance in future months.

Actions Planned: Expected Outputs

Work to review the three key areas for cancer, urology, skin and breast have been undertaken and a plan for improvement, particularly in relation to turnaround time for reporting and waiting time for diagnostics continues and is expected to be fully implemented from July.

The Trust continues to work with the Cancer Alliance to reduce the number of breaches across the system and work continues in relation to the reporting changes which are almost complete.

Funding has been provided to introduce Inter-Provider Transfer tracking processes and with the funding the Trust is resourcing the Radiology Department to 'pull and push' all referrals both internal and external referrals. The expected outcomes are that patients will traverse the front part of the pathway quicker to a diagnosis therefore reducing the number of avoidable breaches across the Trust and the Alliance footprint. This will be introduced from June 2018.

Planned Timeline for Recovery to Expected Standard Level

The Trust are reviewing the current cancer trajectory as part of the operational planning review and the intention is to resubmit at a lower level than originally planned due to the significant impact on cancer performance seen as a result of staffing shortages in pathology, which are impacting breast, skin and urology and also the continued pressure in diagnostics which is resulting in on-going difficulties in the provision of sufficient diagnostic capacity in urology, and colorectal in particular.

Diagnostic 6 Week Wait Standard	Month Breach Reported May 2018
Month Performance 10.05 % with 928 breaches	Standard or Trajectory Standard = 1%

Overview and Assessment of Reason/Cause of Standard Failure

The Trust reported 928 breaches of the 6 week wait diagnostic standard in the month of May 2018. This is a small deterioration when compared to April 2018.

As in previous months the breaches cover three main areas, these being Endoscopy, Cardiac CT and Neurophysiology. The number of CT breaches has been improving as new capacity has come on line however there have been some staffing capacity issues which have slowed the rate of improvement during May 2018. Neurophysiology continues to work on the recruitment of a replacement consultant. Endoscopy capacity is still variable despite additional planned additional sessions and has been hampered by the reduction in available capacity over the two May bank holidays and also due to continued nurse staffing issues.

Actions Taken: Outputs and Progress

Endoscopy

The service is working to build on the improved position during May. Having cleared the backlog of patients awaiting a flexible sigmoidoscopy procedure, the service is now focussing on clearing the backlog of patients awaiting an upper GI endoscopy (OGD). In order to reduce the backlog, the service has worked to re-allocated clinicians and specialist nurses within their timetables to create additional capacity within endoscopy to maximise the numbers of procedures undertaken.

The service has done a significant amount of work to understand the capacity and demand challenges within the service and what is required for the service to be in a position to sustainably deliver the activity levels required. This work is reaching its conclusion and will be shared with the Executive Team during July.

Neurophysiology

The service has continued with its contract with an Independent provider to provide consultant-led clinics. Recruitment to the locum consultant post ongoing and discussions have been undertaken with Northern Lincolnshire and Goole to develop and recruit to a joint appointment, delivering consultant cover across both trusts. Neurophysiology is expected to continue to be an improving picture and it is anticipated that the service will return to sustainably delivering the diagnostic standard from August 2018

Cardiac CT

Staff training on the new scanner has been fully completed however and breaches are expected to reduce over forthcoming months. Some activity is being provided by an Independent provider in the short term to reduce the number of breaches.

Planned Timeline for Recovery to Expected Standard Level

The target is off trajectory and with the current level of available capacity versus demand it is expected that we will remain off trajectory for the current quarter.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

TRUST BOARD

DATE 10 July 2018

Title:	Strategic Partnerships Report	
Responsible Director:	Jacqueline Myers, Director of Strategy and Planning	
Author:	Jacqueline Myers, Director of Strategy and Planning	
Purpose:	The purpose of this report is to apprise the Board of the latest developments in relation to the Trust's key strategic partnerships and to review progress in managing the risk to the delivery of the Trust's long term goal: 'Partnerships and integrated services'.	
BAF Risk:	GOAL 6 – PARTNERSHIP AND INTEGRATED SERVICES	
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	X
	Financial sustainability	
Key Summary of Issues:	The Trust is taking a range of actions to address the risk that the Humber, Coast and Vale (HCAV) Partnership is not sufficiently mature and effective to deliver its plan for improving health and care for its population. The Trust is focussing its efforts in 3 areas: providing leadership to the HCAV Partnership, supporting acute provider sustainability and working with local partners to develop plans for enhanced services in the Hull and East Riding Places.	
Recommendation:	1. That the risk score for Goal 6, partnership and integrated services, remains unchanged at 4 likelihood x 4 impact = 16, 2. That the actions that have been taken to manage this risk are added to the BAF and a further review is undertaken in 3 months.	

TRUST BOARD

STRATEGIC PARTNERSHIPS REPORT

1 Purpose

The purpose of this report is to apprise the Board of the latest developments in relation to the Trust's key strategic partnerships. This report covers:

- The Humber, Coast and Vale Partnership
- The Humber Acute Services Review
- The Hull Place Based Programme
- The East Riding Place Based Programme

This report also reviews progress in managing the risk to delivery of our long term goal of partnership and integrated services and makes a recommendation for the Q2 2018/19 risk rating.

2 The Humber, Coast and Vale (HCAV) Partnership

This partnership, formerly known as the Humber, Coast and Vale STP, has overhauled its programme of work and restructured its governance arrangements, in line with that which was set out in 'The Way Forward', a discussion paper shared with partners by the HCAV Lead, Simon Pleydell, over the last Winter. The programme consists of the following elements:

- 6 Place Based Programmes (on the 6 CCG footprints)
- The Digital Programme
- The Workforce Programme
- The Estates Programme
- The Cancer Alliance
- The Local Maternity System
- The Elective Programme
- The Urgent and Emergency Care Programme
- The Mental Health Programme
- 2 Acute Services Reviews: Humber and York/Scarborough

The HCAV Partnership is led by a monthly Executive Group, which is made up of the HCAV leadership team and the executive lead for each programme.

The partnership governance arrangements are also supported by:

- A Provider Forum
- A Hospital Partnership Board
- A Joint Commissioning Committee
- A Clinical Advisory Group

2.1 HEY leadership within the HCAV Partnership

The Trust contributes a wide range of leadership to The Partnership and as a result

has three of its executives sitting on the HCAV Executive Group. The HEY Chief Finance Officer is The Partnership Finance Lead, our Chief Executive leads the Digital Programme and our Chief Medical Officer leads the Local Maternity System. The Trust also has joint leadership of the Humber Acute Services Review. The Trust also provides leadership to a wide range of the projects within the programmes. For example two of the four Cancer Alliance workstreams (One of our joint Chief Operating Officers leads the Treatment Pathways workstream and the Director of Strategy and Planning leads the Living with and Beyond Cancer workstream) and the Director of Workforce and OD leads many elements of the Workforce Programme.

The Trust Chairman and non-executive directors have been working with the HCAV Partnership Team to widen the involvement of non-executive board members and elective members of the local authorities in the development of Partnership. This has led to a series of engagement events, the first of these took place in June 2018 and aimed to develop a deeper shared agenda across the partners.

3 The Hull Place Based Plan and Programme

This programme is steered by a Board of the partner chief executives, chaired by Matt Jukes, Chief Executive of Hull City Council. The Place Based Plan, which was recently refreshed, is closely aligned to the City Plan.

The plan sets out five outcomes against which it will measure success in addressing need and managing population health at a place-based level.

1. All Hull residents are health and well;
2. All Hull residents feel safe and are safe;
3. All Hull residents are part of resilient and sustainable communities;
4. All Hull residents fulfil their potential through skills and learning; and,
5. All Hull residents participate in, and benefit from, a vibrant economy.

The Plan describes the three priorities designed to deliver those outcomes, whilst realising a sustainable financial model, that will make effective use of the Hull pound:

Tackling the wider determinants of health
Working together, as the Hull Strategic Partnership, to deliver fundamental changes to the lives and lifestyles of our population:

- Foster a culture of health promotion, ill health prevention and joint ownership of health and care issues
- Build resilient communities to manage need

Integrated Commissioning
Building upon the foundations laid in 2017/18, further develop the agreed joint governance and financial plans, to support the delivery of a joint commissioning process and utilise the fixed resource for our population, whilst driving value.

Integrated Delivery
The Integrated Delivery Framework was initiated in 2017/18 and provides a framework for the ongoing development of primary care at scale, the ongoing functional integration of out of hospital services, including adult and children's social care and the

development of community resilience, in partnership with the voluntary sector.

A key piece of the integrated delivery work is the Integrated Care Centre, which opened and began to deliver services in May 2018. The initial service offering is a planned review of patients registered with Hull GPs, who are identified as at least moderately frail, using a tool which parses GP held patient data. These patients are offered a planned multidisciplinary assessment which includes the development of a personalised care plan, including an advanced care plan, a poly pharmacy review and then referral on for diagnostics and/or specialist review if indicated. The service is delivered by City Healthcare Partnership (CHCP), with support from HEY geriatricians, radiology and pathology.

We are tracking the impact of this new model of care both for the general elderly Hull population and for care home residents in particular, in relation to both Emergency Department attendances and admissions to hospital. It is too early to assess, but the anecdotal evidence is encouraging.

Over recent weeks we have been considering how the Trust can best support the further development and delivery of the Hull Place Based Programme, in particular the development of primary care at scale and the extension of community based models of care for patients with long term conditions.

Following a presentation from the CCG to our Executive Management Committee, Dr Russell Patmore has taken a lead for the Trust in building links between the consultant body and the 5 GP groups in Hull, working closely with Dr Dan Roper, the Chair of Hull CCG.

Regular meetings have also been taking place with the CHCP team, with a number of joint projects underway, for example in community paediatrics and dietetics.

Discussions are underway to explore the utility of bringing the providers across the place together to discuss opportunities for joint working and integration and the potential of extending the model of care developed for frailty to a number of long term conditions, such as Heart Failure and Congestive Obstructive Pulmonary Disease (COPD).

4 The East Riding of Yorkshire Place Based Plan and Programme

The East Riding Place Based Programme is also steered by a Programme Board of the partner chief executives, and is co-chaired by Jane Hawkard, Chief Executive of East Riding CCG and John Skidmore, Director of Strategy and Corporate Services at East Riding County Council.

The Place Based Plan was also recently refreshed. It is built around the concept of enhancing ‘resilience’ as the key to achieving improved health and wellbeing for the population.

Figure 1: Resilience Framework with key outcomes

The latest version of the East Riding Plan set a series of long term goals around the three areas of resilience it has defined. It also makes a strong commitment to tackle the health inequalities across the county. It notes that 2018/19 is a development year for the partnership that has been established, and the aim is to have a detailed 10 year plan in place by the end of this year.

The plan incorporates a number of workstreams for 2018/19, many of which are enabling/strategic in nature (workforce, digital, estates, finance and communications) aimed at laying the foundations for long term collaboration and integration.

In terms of progressing community resilience and service integration, the key workstream is The East Coast Programme. The purpose of this programme is to deliver targeted interventions and support to two localities in the East Riding, Bridlington and Withernsea, to test the concept of the 'Community Hub', based around populations of circa 50,000.

The plan states that 'in 2018/19, the whole system will support both of these localities on a concentrated piece of work to enhance the health and wellbeing of the area. This will enable us to focus on preventative activities, integration of primary, community, social care and mental health services. Blue light services will continue to be critical partners, offering alternative approaches and ensuring a holistic approach to individuals and communities. We will learn lessons and understand where barriers are to greater integration. We will set clear expectations of the outcomes we wish to see in these areas and then let our skilled workforce work with local people to develop locality specific responses, whilst maintaining clear governance and evaluating success.'

In the Holderness Locality, the work will include participation in The Primary Care Home Programme. This is a national initiative sponsored by the National Association of Primary Care, aimed at strengthening and extending primary care services and building a community locus for care and support involving all available local partners. There are over 200 sites across England participating, which cover 9 million people. Priorities are locally defined, so impacts vary, but a wide range of benefits are

beginning to be reported.

The Trust has been participating in the Withernsea project, which has now expanded to cover the Holderness area and is working with the local leaders to determine how the Trust can support the Primary Care Home initiative.

5 The Humber Acute Services Review (HASR)

This review was established in in Autumn 2017. Its purpose was defined as:

'[To] investigate possible scenarios for the provision of acute services for the population of the Humber area that is person-focussed, safe and sustainable and can be delivered within the resources available in the system (money, staffing and buildings). It will take into account existing and planned developments in prevention, supported self-care and out of hospital care.'

A programme plan has been developed which identified 3 'waves' of services to be covered by the review:

Wave 1 - chosen because they were considered especially fragile and needing urgent attention: ENT, Haematology and Urology

Wave 2 - Emergency Services (A&E, Acute Medicine, Acute Surgery, Specialist Medicine, Trauma and Orthopaedics, Maternity and Critical Care).

Wave 3 – To be confirmed; sweep up of any further emerging issues.

5.1 Progress to date

Extensive work has been undertaken to bring the 3 haematology teams for Grimsby, Scunthorpe and HEY together, to create plans for the safe and sustainable provision of this service for the Humber population. The proposed model of care is a fully integrated team providing care for this population, with improvements to the arrangements for assessing acute patients being implemented, which will ensure we have sufficient capacity to admit those patients requiring specialist inpatient care. This work is being done in partnership with the NHS England Specialist Commissioners. Subject to discussion with stakeholders, the new model of care can be implemented from the end of September 2018.

In September 2017, due to safety issues relating to workforce shortages, the emergency inpatient ENT and Urology services at Northern Lincolnshire and Goole Foundation NHS Trust (NLaG) had to be concentrated onto single sites on a temporary basis. It was due to the need to develop a long term solution for these services that they were included in Wave 1 of the HASR. A number of engagement events have taken place in these services, and in Urology an STP wide clinical network has been established. The changes made in September 2017 have stabilised these two services such they are no longer considered 'fragile'. As Wave 2 of the HASR is commencing, it

has been decided to await the outcome of this element of the review before returning to the long term plan for ENT and Urology, as the outcome of Wave 2 may have implications for these services.

Work has been undertaken support of with the Nuffield Trust to develop scenarios for the sustainable long term delivery of the services in Wave 2 from an NLaG perspective. This is due to be shared imminently and will then form the basis of wider discussions with stakeholders about the options for the future provision of emergency services at Grimsby and Scunthorpe. A commitment has been made to maintain both an emergency 'front door' and maternity services as part of the range of future services on both of these sites.

To support the HASR, we have established a Clinical Design Group, which is made up of the senior clinical leaders from HEY and NLaG, along with representatives from our commissioners and local GPs. The first meeting of this group took place on 27 June 2018. The meeting was an opportunity for our senior leaders to get to know each other and also sought to identify which services we already know we are likely to need to work together across the Humber to develop safe and sustainable care.

6 Other HCAV Programme Updates

6.1 The Digital Programme

The programme incorporates the work programme previously shared with the Trust Board relating to the 'Digital Roadmap' for Humber. This programme has joined forces with the West Yorkshire patch and made a successful bid for £7.5m of national monies to build a shared care record based on the Leeds Health Record. This is felt to be best and speediest route to greater inter-operability between health records held in primary, community and secondary health and social care and between hospital trusts.

6.2 The Estates Programme

This programme is leading the development of an HCAV Partnership wide Estates Strategy and also overseeing the development and prioritisation of bids for capital funding. It has been decided that for the next round of capital bids (to be submitted from the Partnership by the end of July) we will be submitting two bids. Both are multi-organisation bids on behalf of the acute hospital trusts. One focusses on improving acute flow and diagnostic capacity and the other on tackling the high risk estates backlog and medical equipment replacement. If the bids are successful, the capital is expected to be made from April 2019, staged over three years.

6.3 The Cancer Alliance

The Cancer Alliance has 4 key programmes:

- Early detection
- Diagnosis
- Treatment pathways
- Living with and beyond cancer

For 2018/19 the cancer alliance has been successful in attracting £4.1m of cancer transformation funding, although funding may be clawed back if 62 day cancer standard performance trajectories are not delivered. This is being used to support a range of projects, including digitisation of pathology, image sharing, reporting and workload management for Radiology, a range of early detection programmes and establishment of the 'Recovery Package' to help people live well beyond diagnosis and treatment.

6.4 The Local Maternity System (LMS)

The LMS has also successfully attracted transformation funding to the tune of £300k. The money is being used to release staff to deliver a programme of improvement projects, aimed at improving care and reducing infant and maternal death, in line with the ambitions in the 'Better Births' national maternity services strategy.

6.5 The Hospital Partnership Board

The Hospital Partnership Board has been relaunched with renewed Terms of Reference, which focus on building relationships between the three acute trusts, developing and providing oversight to clinical networks and identifying and delivering a joint programme of work to improve acute service clinical and financial sustainability.

In support of these aims, a number of new Operational Delivery Networks (ODNs) have been formed with an expanded team to support them. A new post of Associate Medical Director of ODNs has been created and Dr Philip Dickinson, Clinical Lead for the Major Trauma Network and Consultant in Intensive Care at Scarborough Hospital, has been appointed to it. ODNs are useful where there is ongoing movement of patients across organisational boundaries and formal joint governance and standardisation of pathways is essential. The networks supported by this arrangement are:

- Major Trauma
- Critical Care
- Cardiac
- Complex Rehab

The team also supports the LMS.

The Hospital Partnership Board is also overseeing the HEY/York pathology collaboration, and some wider collaborative work in partnership with West Yorkshire on Pharmacy Services and Radiology.

7 Integrated Care Systems and Partnerships (ICSs and ICPs)

The Operational Planning Guidance issued jointly by NHSE and I for 2018/19, made it clear that the direction of travel was for more of the population to be covered by ICSs and ICPs and set out a number of tests for such systems to meet. Wave 2 of the ICS sites in England was announced in May 2018 and there is expected to be a 3rd wave during this year.

ICSs are expected to cover populations of at least 1 million and ideally 3 million; the 44 STPs in England are the likely candidates for this. ICPs are expected to cover populations of 200,000 –350,000, typically that covered by a local authority/CCG. Within an ICP, many services are expected to be developed at neighbourhood level, for populations of 30,000 – 50,000.

Regionally, South Yorkshire and Bassetlaw is now operating as an ICS, with 6 ICPs making up its footprint. West Yorkshire is within Wave 2 and so likely to be operating as an ICS by April 2020.

The risks and benefits of becoming part of an ICS and or ICP are still emerging. Shared financial risk though a system control total is a mandatory part of any arrangement. Shared accountability for planning and delivering services, for a defined population, aimed at improving population health, rather than just treating presenting conditions, is the other key feature of those systems so far established. Recent messages given by the Secretary of State for Health and the Chief Executives of NHSE and I and threaded through the Prime Minister's speech to announce the new NHS funding settlement, all emphasised that these new models of health care delivery are expected to become the standard approach over time.

The Planning Guidance indicates a number of conditions that would need to be met for an ICS or ICP to be established. These included shared plans to achieve financial balance across the system and to meet the NHS performance standards for waiting times. Also that they should cover an area within which the majority of patient flows are contained. In HCAV, there are a number of challenges to meeting these conditions. It is understood this is the case for a number of areas in the country and there is consideration being given by the national teams, to how integration may be progressed in such cases. Within HCAV, the Hull and East Riding system is closest to being able to meet the criteria that currently stands and discussions are underway to explore whether this patch may progress to becoming an ICP ahead of HCAV being ready to operate as an ICS.

8 Review of the BAF risk

The risk to our long term for partnerships and integration is:

That the Humber, Coast and Vale STP does not develop and deliver credible and effective plans to improve the health and care for its population within the resources available and that the Trust is not able to influence this. In particular, that the lack of a mature partnership both at local 'place' and across the STP will hamper the quality of care and services the Trust is able to provide, as it will slow progress in the development of integrated services and access to transformation funds.

As this paper sets out, the Trust is taking a wide range of actions to address this risk, focussing in 3 key areas: Leadership of the HCAV Partnership, acute provider sustainability and supporting the development of the Hull and East Riding Place Based

Programmes. To date, however, this work has not yet yielded a level of impact that would merit a reduction in the risk rating. The multi-agency nature and complexity of this work means that progress is likely to be slow, relative to programmes of work which lie entirely in the Trust's sphere of control.

9 Recommendations

1. That the risk score for Goal 6, partnership and integrated services, remains unchanged at 4 likelihood x 4 impact = 16,
2. That the actions that have been taken to manage this risk are added to the BAF and a further review is undertaken in 3 months,
3. That Trust Board notes the contents of the paper and indicates any areas where further action or assurance is sought.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

TRUST BOARD

10 JULY 2018

Title:	BAF 7.1 : Risk that the Trust Does Not Achieve Its 2018/19 Financial Plan
Responsible Director:	Lee Bond, Chief Financial Officer
Author:	Lee Bond

Purpose:	To provide the Trust Board with further information relating to BAF risk 7.1 relating to the achievement of the 2018/19 Financial Plan.	
BAF Risk:	7.1 There is a risk that the Trust will not achieve its 2018/19 Financial Plan	
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	✓
Key Summary of Issues:	At the end of the first quarter and following detailed discussions with each of the Health Groups, the 3 key risks that require further management action throughout the remainder of the year are: 1. Medical staffing availability and transparency over the use of variable pay in the delivery of service 2. Delivery of the activity plan throughout the year including the protection of the elective capacity throughout the winter period. 3. Identification and delivery of the CRES plan. Whilst this list is by no mean prohibitive, it provides the Board with a line of sight to the Trust's largest areas of financial exposure.	

Recommendation:	The Board are asked to note the content of the report and consider what further actions, if any, should be introduced to manage the risks identified in this paper which threaten the achievement of this particular Trust Objective

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

TRUST BOARD 10 JULY 2018

REPORT TO SUPPORT BAF 7.1 : RIST THAT THE TRUST DOES NOT ACHIEVE ITS 2018/19 FINANCIAL PLAN

1. INRODUCTION

This report has been prepared to supplement the information provided in the Trust's BAF document concerning the significant level of risk to the achievement of the Trust Financial Plan in 2018/19.

This report focuses primarily on the revenue plan as the capital is not considered, at this point, to pose an equivalent level of risk.

The latest quantification of the risk, as evidenced by the BAF, is an overall rating of 20. This indicates both the magnitude and expectation of likelihood. This report summarises the broad categories of risk currently faced and also outlines any mitigating actions that are either in train or capable of being put in place in order to manage the specific risk.

2. RISKS

Financial risks exist across the organisation. The most pressing categories of risk are as follows:

1. Clinical Staffing Levels

1.1 Medical Staffing

The recent round of performance management meetings with the Health Groups revealed particular pressure points in a number of areas:

i) Gaps in middle/junior grades requiring adhoc solutions particularly using variable pay in the form of agency, overtime or bank payments. This is particularly prevalent in surgical specialties such as Orthopaedics and across a range of medical specialties, including ED.

Whilst the August rotation does indicate an increased fill rate, it is unlikely to yield material improvement in all areas.

ii) Gaps in the consultant workforce, again requiring the use of the bank/agency (locum) or overtime costs. Anaesthesia, Intensive Care, Radiology, Haematology, ED and Geriatric Medicine are all examples of where the Trust has significant gaps which it has been unable to fill and which are causing significant financial pressures.

Whilst a certain level of workforce unavailability was built into HG baseline budgets, there are signs at the end of the first quarter that use of variable pay is forecast to be significantly in excess of budget levels as the year progresses. Additionally, the introduction and use of e-rostering across the medical workforce will improve transparency in medical staff usage across all specialties and could lead to a reduction in variable pay spend as longstanding issues such as rota transparency should be improved.

1.2 Nurse Staffing

Despite recording relatively low fill rates and significant levels of variances in our ward environments, the Surgery Health Group is registering a worrying sign of financial pressure on its ward environments. In addition, areas which have historically registered significant underspends are currently recording a broadly balanced position.

Commitments have been made by each of the Health Groups that the in-month run-rate pressures on these budgets will be reversed in the 2nd quarter. Delivery against those commitments is now a key deliverable for each Health Group.

2. Demand Risk

Whilst demand for planned care is relatively well understood, with the variable being the size of the waiting list, the impact of unexpected surges in non-elective demand and the consequential impact on both non-elective and also elective resource remains a further risk.

On-going dialogue with CCG partners to manage all aspects of demand continues to provide a level of grip in these areas however spikes in demand for NEL activity, particularly in surgery continues to pose a risk. Work is underway within the Surgery Health Group to plan for how these spikes can be managed going forward, however concrete management plans have yet to be finalised.

The risk posed by changes in demand is exacerbated by the operation of the Aligned Incentive Contract. In 2017/18, whilst contract outturn was broadly in balance with that which a PBR based contract would have recorded, it contained a significant element of over trading areas where the Trust had to incur significant additional costs, (notably drugs + devices) offset by under trades (notably in elective care and outpatients) where the Trust was unable to reduce its cost base to compensate.

This feature of the AIC has begun to emerge again in 2018/19 and will require constant monitoring and dialogue with CCG partners if the Trust is not able to manage its cost base in-line with its contracting performance.

3. Pressures Relating to Capacity Planning and Performance

The Trust is currently struggling to deliver its contracted levels of planned surgical capacity in a number of areas. In Neurosurgery this is linked primarily to the impact of increased emergency activity at HRI, in CTS the availability of ICU beds at CHH, in Urology access to the DaVinci robot, and in Anaesthesia, the Trust currently has 30 sessions each week which are effectively uncovered due to vacant consultant posts. All of these issues are impacting either on the Trusts capacity to treat patients or the financial bottom line.

A further pressure may materialise in the next quarter following a job planning exercise with one of the surgical specialties where a significant mismatch between job planned capacity and actual required capacity has been identified. In this instance a discussion to assess the financial funding envelope versus the level of capacity required to deliver the service is urgently required with the likely outcome being a requirement for significant investment into that specialty.

Breast Pathology and Neuro Radiology are two further examples where capacity constraints are driving further pressures to the financial position whilst Neurology and Stroke are likely to add to this list as the year progresses with the retirement of key clinicians in these areas.

Whilst BAF risk number 2 considers the lack of skilled and sufficient staff, it is concerned with the quality and safety of clinical services rather than the volume of service provided. The issue of volume is being managed primarily through the use of variable pay or outsourced service offerings. In order to manage the financial position of the organisation some regard will have to be made for potentially reducing volumes of service, however, this will directly impact on BAF risk number 4 and the obligations of the Trust to provide statutory levels of service under the NHS constitution.

Potential capital solutions have been identified to alleviate some of the pressures in Neurosurgery and CTS. Business cases are urgently being progressed in these areas although with capital lead times, it is unlikely that either solution will yield a material improvement in this financial year.

Similarly, an innovative solution to the out of hour's Neuro Interventional Radiology service is being developed. This would involve the introduction of a pioneering approach to workflow management which may prove attractive to medical staff.

Pressures to accelerate delivery of the Cancer 62 Day target, to improve performance against the 6 week diagnostic target, the 52 week RTT target and the general requirement to reduce the size of the waiting list by the year end all pose a threat to HG budgeted baselines. As the year progresses these risks may well materialise as financial pressures which will require to be managed if the Trust is to successfully achieve its financial plan.

The final element of risk related to performance relates to the delivery of the 4 hour ED target at system level of 90% per quarter (95% in M12). From a financial perspective, approximately £4m is dependent on the achievement of this target in the financial year. The Trust has achieved Qtr1 performance and must look to improve upon this by delivering the improvement trajectory it has set for itself.

4. CRES

As the re-submission of the operating plan indicates, the achievement of the CRES programme and the phasing of the programme much more heavily into the back end of the year places significantly more risk into the final two quarters of the year.

The ability of the Trust to successfully create a special purpose vehicle to deliver its estates and facilities services is a key challenge which remains only partly within the Trust's power to deliver. At £2.9m, this is significant element of the CRES programme (15%).

The PEB meetings introduced as part of FIP2 continue to take place on a weekly basis. Progress is painfully slow, however, the outstanding gap is closing with a total of £4m (20%) now being the risk adjusted balance to find.

5. SUMMARY

Financial pressures manifest themselves in many varied forms across the organisation. At the end of the first quarter and following detailed discussions with each of the Health Groups, the 3 key risks that require further management action throughout the remainder of the year are:

4. Medical staffing availability and transparency over the use of variable pay in the delivery of service
5. Delivery of the activity plan throughout the year including the protection of the elective capacity throughout the winter period.
6. Identification and delivery of the CRES plan.

Whilst this list is by no mean prohibitive, it provides the Board with a line of sight to the Trust's largest areas of financial exposure.

Actions are in place in as many areas as possible, however, the absence of suitability qualified and experienced workforce does limit the options available and as such, a trade-off between the need to remain financially viable and our obligations in terms of volume of service offered may well have to be considered as the year progresses given that service safety and quality must be preserved above all else.

6. RECOMMENDATION

The Board are asked to note the content of the report and consider what further actions, if any, should be introduced to manage the risks identified in this paper which threaten the achievement of this particular Trust objective.

Lee Bond
Chief Financial Officer

4 July 2018

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

TRUST BOARD

10 July 2018

Title:	Research and Innovation Strategy
Responsible Director:	Chief Medical Officer – Kevin Phillips
Author:	Research and Development Manager – James Illingworth

Purpose:	To present the final version of the Research and Innovation Strategy to the Trust Board for approval	
BAF Risk:	All	
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	✓
Key Summary of Issues:	The Research and Innovation Strategy has been received at a Board Development Session and at the Quality Committee for discussion and review. Comments from both sessions have been included in the strategy. This final version is presented for formal approval by the Board.	

Recommendation:	The Trust Board is asked to approve the Research and Innovation Strategy

NHS
Hull and East Yorkshire Hospitals
NHS Trust

RESEARCH & INNOVATION STRATEGY

2018 to 2023

Great Staff - Great Care - Great Future

Remarkable people.
Extraordinary place.

FOREWORD

It is with great excitement that we share our five year Research and Innovation Strategy.

Within this strategy, we make ambitious commitments to achieving long-term goals by setting out plans that will further build our research and innovation capability and capacity as well as focussing on purposeful partnerships to maximise research opportunities for our patients and carers.

As a Teaching Hospital working in partnership with the University of Hull, we recognise the need to build on existing strengths whilst realising and utilising new research and innovation opportunities. Our vision is to create a 'research aware and active' 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 and experiences of clinical care for our patients.

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.

We look forward to working together with our patients, carers, staff and partners in delivering this strategy.

Kevin Phillips
Chief Medical Officer

PURPOSE OF THIS 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. It does so by defining some long-term goals, setting the scope and level of ambition for each goal over the five year period.

This strategy has been developed taking into account the aspirations of local and regional healthcare and industry partners, national networks and existing research teams in our Trust. Furthermore, it seeks to build upon recognised strengths whilst realising and utilising new research and innovation opportunities in order to deliver a real and lasting difference to the quality and experiences of clinical care for our patients.

CONTEXT

Hull and East Yorkshire Hospitals NHS Trust (HEY) is a large acute university teaching hospital providing services across two main sites. It is a major partner in the Hull York Medical School and provides a full range of urgent and planned general hospital services as well as a range of other specialist services.

Research is conducted in 25 separate clinical areas in the Trust with the support of around 65 key staff and there are key academic research units built upon the strong historical research partnership with the University of Hull in Oncology and Haematology, Cardiology, Respiratory, Diabetes and Endocrinology and Vascular Surgery.

Our clinical research consists of interventional (i.e. interventional, complex drug and medical device trials) observational (i.e. data collection) and large cohort studies (i.e. public health questionnaires).

Around a third of our research activity is commercially funded. The Trust has a strong track-record of delivering research in collaboration with the pharmaceutical and medical technology industries. These links are further enhanced through our membership of the Yorkshire and Humber Academic Health Science Network (Y&H AHSN), Northern Health Science Alliance (NHSA) and the NHS Innovation Hub (Medipex).

In terms of research facilities, the Research and Innovation Team are based in the Medical Research and Teaching Building (Daisy) on the Castle Hill site which also provides laboratory facilities. The research delivery teams are based across both sites with access to support services in pharmacy, labs and imaging.

The Trust also has access to simulation and clinical skills facilities and through the PET-CT and Daisy Appeal, has the potential to develop a truly translational research programme through the creation of a fixed-site cyclotron facility. In collaboration with the University of Hull, researchers also have access to the Hull Health Trials Unit based in the Allam Medical Building and the Daisy Tumour Bank based in the Daisy Building.

From a research delivery perspective, the Trust is a Partner Organisation of the Yorkshire and Humber Clinical Research Network, receiving funding from the NIHR that supports the majority of our research staffing resource. Through membership of this network the Trust was able to recruit over 9,000 participants across 25 active specialty areas in 2016-17 ranking us 26th out of 240 participating organisations overall and 3rd in Yorkshire and Humber. We have around 450-500 research studies either actively recruiting, in follow-up or completing each financial year.

OUR 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.

OUR LONG TERM GOALS

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:

A 'Research Active and Aware' Organisation:

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

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".*

Reputation through Research:

> *"To create a positive reputation through our research, increasing R&I capability and demonstrably improving patient care and experience from effective governance, impactful **delivery** and financial sustainability".*

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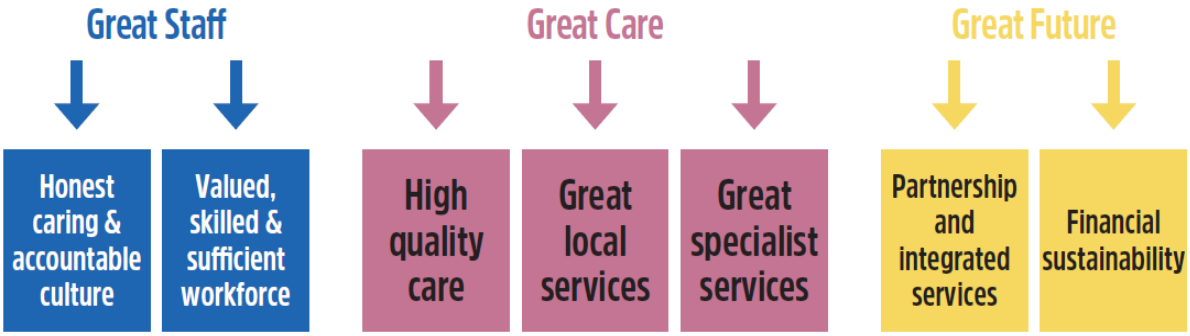
TRUST STRATEGIC OBJECTIVES

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) RESEARCH AWARE ORGANISATION

VISION:

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

RESEARCH ACTIVE & AWARE WORKFORCE

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.

Over the next 5 years we will:

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 this will be:

- Foster a corporate research identity, developing a research communications and engagement strategy aimed at increasing our staff 'research awareness' to ensure a strong corporate branding and reputation.
- Work with our volunteer service to facilitate and develop a co-ordinated research ambassador programme.
- Actively pursue the integration of research and innovations activities into clinical services at all levels, highlighting the benefits, measuring the impacts on quality and promoting areas of best practice.

HIGH QUALITY CARE

Research intensive institutions stand the best chance of influencing increasingly positive clinical outcomes for their patients.

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.

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).

The Trust acknowledges that high quality care does not happen without robust review and testing of current pathways and treatments through research. Equally, it is acknowledged that this mechanism of systematic review should provide opportunities for continuous improvement and innovation, specifically patient safety and workforce redesign initiatives.

Over the next 5 years we will:

Develop mechanisms to ensure every patient is offered the opportunity to participate in research.

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.

Seek to establish research programmes with the potential to positively impact our key performance and quality indicators (i.e. A&E and cancer waiting times).

Our strategies to achieve this will be:

- Enabling 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.
- Maximising 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.

- Utilising all available external support in conjunction with the established University of Hull Innovation Office and 'HEY Improvement Programme' Team to develop an 'Innovation Pathway' ensuring a faster and more supportive response.

- Co-ordination of HEY Improvement Programmes with local and national research funding calls in priority areas ensuring a joined up approach to funding calls from sources such as the NIHR Health Services and Delivery Research (HS&DR) Programme, Invention for Innovation (i4i) and Y&H CLAHRC.

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 methodological expertise resources of the Applied Health Research Methods Hub established by the University of Hull as part of the Institute for Clinical and Applied Health Research (ICAHR), 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.

Over the next 5 years we will:

Support the UoH in securing UKCRC accreditation status for the Hull Health Trials Unit by 2023.

Our strategies to achieve this will be:

- Be an active and influential voice as part of the HHTU Advisory Board.
- Provide access to Trust expertise and staffing (i.e. Quality Assurance Team) as a formal contribution to the HHTU core staffing infrastructure.
- Provide a clear pathway allowing efficient and easy access to the HHTU and UoH research methods support.
- Maximise the exploitation of Hull Health Trials Unit facilities (i.e. outsourcing skills and expertise to external partners).

(2) POSITIVE, PROACTIVE 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 & PRIORITIES

As set out in the Trust Strategy (2016-2021), 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 academic 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)
- Palliative Care (working alongside the UoH Wolfson Palliative Care Research Centre)

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

Over the next 5 years we will:

Work with our key partners (including UoH and HYMS) to define and deliver a research programme and delivery plan that is aligned to the needs of our patients and carers.

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

Give research and innovation activity equal credibility and authority by regarding it as one important measure of clinical quality.

Seek to develop strong and purposeful research partnerships with local healthcare providers and academic partners in Dementia and Mental Health, Social Care and Elderly Medicine, Rehabilitation and Population Health.

Our strategies to achieve this will be:

- Ensuring every Health Group will develop research portfolios of high-quality that address clinical needs at a local and national level.
- Ensuring high visibility of reports containing local and regional metrics data made available to all staff, Health Group Clinical Leads and Managers.
- Development of a 'Memorandum of Understanding' implementation group with terms of reference providing a clear statement of intent for partnership working within an agreed governance framework.
- 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'.
- Support the establishment of the Diabetes, Endocrinology and Metabolic Bone Research Unit as a 'centre of excellence' attracting and retaining high quality staff.
- Work with HYMS/UoH to support the strategies of collaborative working across the academic units in the field of cardiovascular diseases.
- Consider 'peer-review' of the Oncology/Haematology research unit infrastructure and delivery models.
- Establish a 'Dementia Research Action Group' in conjunction with Humber Foundation Trust to collaborate on maximising opportunities for research in this field.
- Support the establishment of Hull as a national centre of excellence for research on PET-CT imaging and the development of radiopharmaceuticals.

LEAD 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.

(a) University of Hull / 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.

Building on the foundation of the agreed 'Memorandum of Understanding' signed in 2016 between the Trust and University of Hull, we recognise the fundamental need for utilising this as a framework for 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.

Over the next 5 years we will:

Establish the Trust as the core 'academic partner' for research and innovation with the UoH.

Ensure the strategic and co-ordinated investment in research capacity and supporting the creation of major investment in clinical and translational research across UoH/HYMS.

Develop a framework to support a joint clinical academic research training programme with the UoH.

Our strategies to achieve this will be:

- Formally adopting 'University Teaching Hospitals' into our Trust name in 2018.
- Housing the Trust elements of joint initiatives with the University of Hull on the Castle Hill site, ensuring a Trust presence is preserved.
- 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 unique 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, Engineering and Computer Science collaborations (for education and development of tele-monitoring and healthcare 'apps', medical device development and surgical planning).
- Business and Enterprise development (to strengthen opportunities for commercial partnerships that enhance patient opportunities, experiences and outcomes).
- Development of research programmes will key health faculties at the UoH (i.e. Therapies and Rehabilitation links to the UoH Sport, Health and Exercise Science department).

- Enhancing academic supervision and provide a greater platform for nurse and allied health professionals to develop research skills.
- Playing a pivotal role in current developments such as the Hull Health Trials Unit (HHTU), The Daisy Tumour Bank, University of Hull Research Methods Hub as well as the potential future creation of a Joint R&I Support Service).

(b) 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'.

Over the next 5 years we will:

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 >80% of studies recruiting to 'time and target').

Our strategies to achieve this will be:

- Ensuring equity of access to research for our patients thereby increasing the number of patients recruited into NIHR CRN Portfolio studies.
- Embracing 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.
- Establishing 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.
- Providing enhanced performance management to research teams and Health Groups on all local and national metrics.
- Maximising resource utilisation ensuring value for money for the CRN, Trust and our patients through improved flexibility and responsive research delivery in our agreed priority areas.

(c) Other Key Partnerships

We recognise that in parallel to our identified core partnerships, our vision for research and innovation will not be fully achieved without inclusive and influential membership of established national networks such as; the NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRC), Northern Health Science Alliance (NHSA), Yorkshire & Humber Academic Health Science Alliance (Y&H AHSN) and local NHS Innovation Hub (Medipex). We will seek to establish stronger engagement and thereby increasing the direct benefits to the Trust through our membership.

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. We also recognise the need to work with Clinical Commissioning Groups (CCGs) in the development of 'research inclusive' Sustainability and Transformation Partnerships (STPs) so that together, the development of an academic agenda is intrinsically linked to clinical priorities and clinical alliances that fit the needs of the local population.

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 and our strategies will focus on further enhancing and sustaining our already established positive reputation.

Over the next 5 years we will:

Become an active and integral member of all key research and innovation networks and forums delivering increased research and innovation outputs.

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

Develop and manage the commercial exploitation of our Intellectual Property (IP) in partnership with the University, the Academic Health Science Network and Medipex.

Our strategies to achieve this will be:

- Ensure senior representation at Yorkshire and Humber AHSN, CLAHRC and NHSA meetings.
- Establish a clear review and approval pathway via the R&I Committee for all potential opportunities, initiatives and vanguards arising from membership of the research and innovation networks.
- Consideration of an 'industry representative' as a member of our R&I Committee.
- Development of an industry engagement document showcasing our facilities, expertise and capabilities.
- Ensuring the selective identification and protection of IP based on a proactive assessment of patient and organisational benefit.

(3) REPUTATION THROUGH RESEARCH

VISION:

"To create a positive reputation through our research, increasing R&I capability and demonstrably improving patient care and experience from effective governance, impactful delivery and financial sustainability".

BUILDING R&I CAPABILITY & CAPACITY

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.

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')

[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/*

We will seek to increase our capacity and capability for innovation in order to support the embedding of quality improvement methodology throughout the Trust. Specifically, working alongside the HEY Improvement Programme, we aim to support effective operational research through engagement with the HEY Improvement Approach Charter.

Over the next 5 years we will:

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

Establish a combined Trust and University partner annual review of current PA levels for and job planning for research components of our staffing groups.

Develop and establish a nursing and AHP Research Mentorship Programme that nurtures talent within a formal and structured learning environment.

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

Secure multiple NIHR Senior Investigator Awards.

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

Our strategies to achieve this will be:

- Establishing an equitable 'recognition and reward' incentives scheme that supports our strategy for the successful recruitment and retention of high quality researchers and support staff.
- Working with 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.
- Ensuring 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 taking into account:
    - 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 and 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 interdisciplinary to acquire these skills and prosecute future research within visible academic leadership.

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

- Enabling access for all clinicians 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.

- 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.

- Support the implementation of the NHSI guides to building capacity and capability for improvement in NHS organisations as part of the 'Developing People – Improving Care' framework.

EFFECTIVE GOVERNANCE & IMPACTFUL DELIVERY

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.

The Trust acknowledges that the impact of our research and innovation activity on our patients carers and staff is often undersold or not formally measured. We must therefore 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).

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.

Over the next 5 years we will:

Pursue the development of a Trust and University of Hull 'Joint Research and Innovation Support Service' providing integrated and efficient administrative operating procedures.

Demonstrate excellence in research governance and management.

Require each research team to undertake a 'research impact assessment' following the completion of each project.

Our strategies to achieve this will be:

- To establish a senior level joint research committee aligning the policies and working practices of the two institutions as per the Memorandum of Understanding.
- Working with partners to develop an impact assessment tool (capturing both direct and indirect impacts 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.
- Working with Y&H AHSN initiatives to systematically elicit and evaluate new technologies and services, providing intelligence on innovations.
- Establish a ratified and adopted 'innovation pathway' and accompanying support mechanism that is a single point of access for staff that will nurture ideas from concept to delivery.
- Adoption of new research indicators for use as part of CQC's monitoring and inspection programme to showcase the value that clinical research plays in improving health.

FINANCIAL SUSTAINABILITY

In order to achieve our research and innovation vision we must develop mechanisms to ensure the financial sustainability of our research and innovation infrastructure. Further investment in additional resource will only be possible with an increase of our overall research income. This can be achieved through the implementation of this strategy through the maximisation of all partnerships, external funding sources and the joint investment of academic staff.

Over the next 5 years we will:

Achieve double our Research Capability Funding (RCF) income from baseline by 2023.

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

Achieve total research income of at least £15m by 2023 (to include cumulative total value of grants).

Our strategies to achieve this will be:

- Establishing (in conjunction with the UoH) a joint grant development and application function that positively impacts our ability to increase RCF income and REF contribution to the UoH from HEY employed staff.
- Developing an agreed RCF investment and capacity building policy with the UoH for research developed from UoH employees.
- Establish Trust representation on the Y&H Research Design Service Advisory Board.
- Exploration of partnerships with local and national commercial companies that play to our strengths and maximise income generation.
- Identifying research economies of scale and efficiency across and between Y&H CRN Partner Trusts and local Universities via HYMS.
- Ensuring 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.
- Working with the University of Hull/HYMS Research Funding Office to develop strong partnerships with the major research funders including NIHR, 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.

R&I Leadership:

The Trust Research and Innovation leadership is headed up by the Chief Medical Officer supported by two Directors for R&I (medical and surgical). In turn, this structure is supported by an established research management and governance department that facilitates research and innovation activities in conjunction with designated specialty group and departmental leads.

This infrastructure will be accountable to the Trust Board, via the Executive Management Board, through the Research and Innovation Committee. This committee will seek to align the priorities of all identified key stakeholders and monitor progress towards achieving tangible outcomes through agreed key performance indicators and national metrics (i.e. NIHR research delivery targets).

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. Healthcare Group management structures must be tasked with the responsibility to lead the co-ordination, integration, oversight and support of the research agenda.

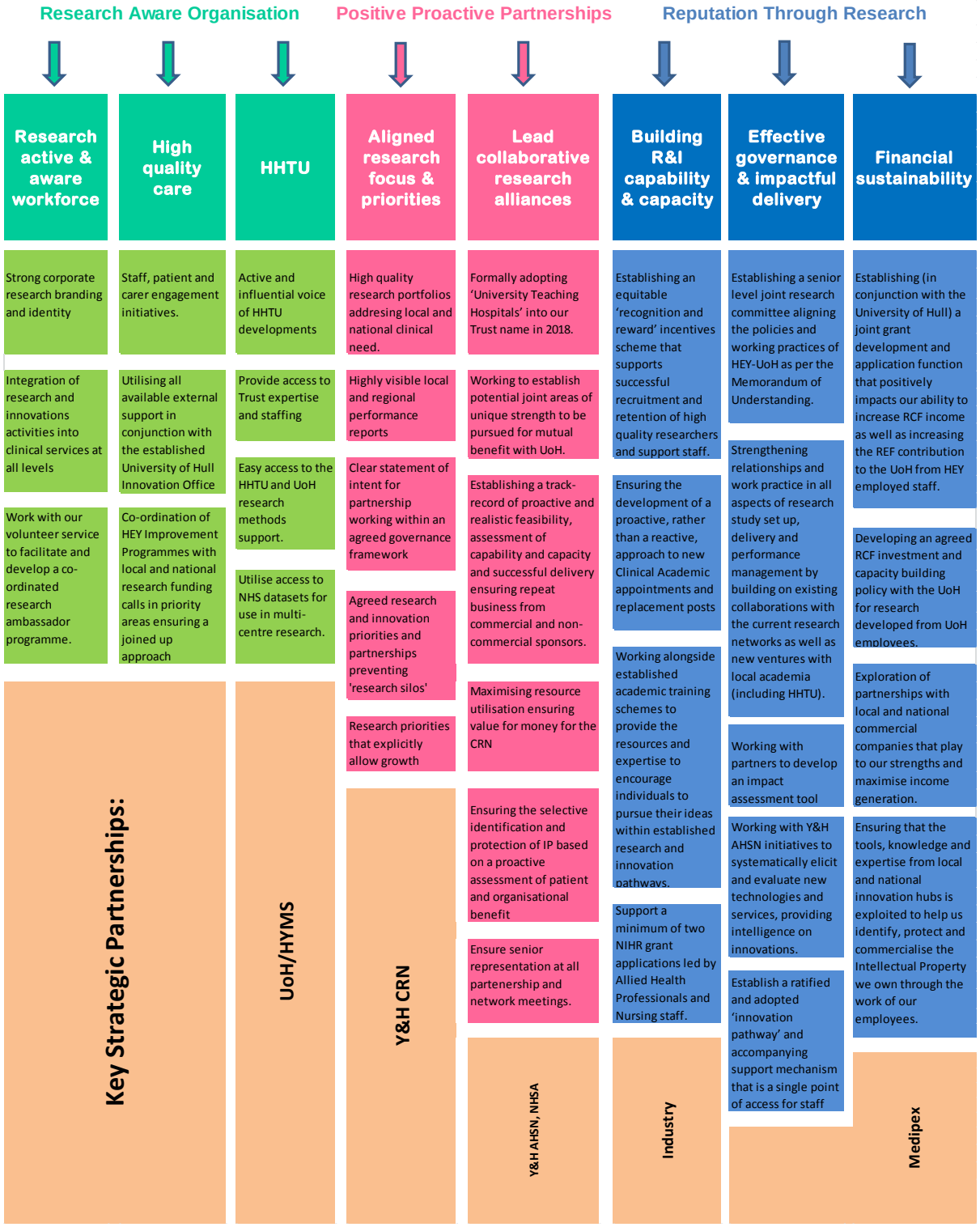
Monitoring the implementation of this strategy:

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 governance and monitoring mechanisms:

- 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 Operational Quality Committee via the R&I Committee.
- The annual Statement on Internal Control (SIC) and the Board Assurance Framework.
- Establishing a process for all our identified key stakeholders and partners to receive updates on our key performance indicators.

NHS
Hull and East Yorkshire Hospitals
NHS Trust

R&I Strategy 2018-2023



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Extraordinary place.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

TRUST BOARD

10 July 2018

Title:	Standing Orders
Responsible Director:	Director of Corporate Affairs
Author:	Corporate Affairs Manager – Rebecca Thompson

Purpose:	To approve those matters that are reserved to the Trust Board in accordance with the Trust's Standing Orders and Standing Financial Instructions.	
BAF Risk:	N/A	
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	✓
Key Summary of Issues:	One document was received in May 2018 which was signed under the Trust seal and detailed in the report. There are no concerns to escalate to the Trust Board.	

Recommendation:	The Trust Board is requested to authorise the use of the Trust's seal.

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
2018/09	Hull and East Yorkshire Hospitals NHS Trust and East Riding of Yorkshire Council – Agreement and deed of variation relating to land at Playing Fields, Castle Road, Cottingham in the East Riding of Yorkshire.	25 May 2018	Lee Bond – Chief Financial Officer and 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

July 2018

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

TRUST BOARD

10 July 2018

Title:	Charitable Funds – Terms of Reference
Responsible Director:	Director of Corporate Affairs – Carla Ramsay
Author:	Director of Corporate Affairs – Carla Ramsay

Purpose:	To inform the Trust Board of the changes made to the Charitable Funds Terms of Reference	
BAF Risk:	N/A	
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	
Key Summary of Issues:	The Terms of Reference were reviewed by the Charitable Funds Committee at its meeting in May 2018. The following changes were proposed. 2.7 To oversee the relationship and governance arrangements between the Trust's Charitable Funds and the Working Independently to Support Hull Hospitals (WISHH) Charity (registered charity no. 1162414 Hull and East Yorkshire Hospitals Health Charity). 2.8 To oversee the Trust's hospital arts strategy, specifically the use of charitable funds in the delivery of this strategy. 2.9 To oversee the Trust's broader Corporate Social Responsibility role, in particular the Trust's role to support the well-being of the local community, which may be supported through charitable funds. The Director of Corporate Affairs was added to the In Attendance section of the TOR	

Recommendation:	The Board is asked to approve the changes to the Terms of Reference

Hull and East Yorkshire Hospitals NHS Trust

Charitable Funds Committee

Terms of Reference

1. Formation of this committee

In line with its role as a corporate trustee, the Board has established a committee known as Charitable Funds Committee reporting to the Board, in accordance with Corporate Policy CP105 Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions.

The Committee has Terms of Reference and powers and is subject to conditions such as reporting back to the Board, as the Board determines and will act in accordance with any legislation, regulation or direction issued by the regulator.

The Committee has delegated powers from the Trust Board, for the management (including investment) of funds held on trust by Hull and East Yorkshire Hospitals NHS Trust.

2. Role

The Committee is responsible for providing information and making recommendations to the Trust Board on charitable fund issues and for providing assurance that these are being managed safely. The specific responsibilities are to:

2.1 To ensure that the Trust's charitable funds are established and operated in accordance with Charities Law.

2.2 To ensure that any fund raising activity carried out by or on behalf of the charity is properly undertaken and that all funds are properly accounted for in line with the Trust policy.

2.3 To ensure that funds not needed for immediate expenditure are invested or deposited to earn interest to protect the real value of the asset whilst generating a reasonable level of income.

2.4 To ensure that audited accounts, as laid down in the 2011 Charities Act are submitted to the Trust Board and to the Charities Commission annually and made available for the public..

2.5 To manage and monitor expenditure from charitable funds in accordance with Standing Financial Instructions and the Scheme of Delegation

2.6 To receive information on grants against general funds which are less than £10,000K. To approve bids of £10,000 or greater in line with the Scheme of Delegation.

2.7 To oversee the relationship and governance arrangements between the Trust's Charitable Funds and the Working Independently to Support Hull Hospitals (WISHH) Charity (registered charity no. 1162414 Hull and East Yorkshire Hospitals Health Charity).

2.8 To oversee the Trust's hospital arts strategy, specifically the use of charitable funds in the delivery of this strategy.

2.9 To oversee the Trust's broader Corporate Social Responsibility role, in particular the Trust's role to support the well-being of the local community, which may be supported through charitable funds.

3. Membership of the Committee

The committee shall comprise:

Chairman (Non Executive Director)
Non-Executive Director
Chief Financial Officer

In attendance:

Deputy Director of Finance
Project Director – Fundraising
Director of Corporate Affairs

It is expected that all members will attend three quarters of the meetings per financial year. If Executive Directors are unable to attend a meeting they will send a deputy.

An attendance record will be submitted to the Committee for information and action at each meeting.

The Trust Board will ensure that the Committee members have appropriate skills, knowledge and training to undertake the duties. The Board will also ensure that undue reliance is not placed on particular individuals when undertaking the responsibilities of the committee.

4. Chairman of the Committee

The Chairman of the Committee shall be a Non-Executive Director.

5. Quorum

The quorum shall be a minimum of 2 members, to include an Non-Executive Director and the Chief Financial Officer (or nominated deputy).

6. Meetings

The Committee shall meet a minimum of 3 times a year. The Chairman may at any time convene additional meetings of the Committee to consider business that requires urgent attention.

7. Attendance at meetings

Other senior employees may be invited to attend by the Chairman, particularly when the Committee is discussing an issue that is the responsibility of that employee.

8. Notice of meetings

Meetings of the Committee shall be set at the start of the financial year by the Governance Team. 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.

9. 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 Governance Team.

10. Reporting arrangements

The proceedings of each meeting of the Committee shall be reported to next meeting of the Board following production of the minutes. The Chair of the meeting

shall draw the attention of the Board 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 or strategy.

11. Duties and Responsibilities of the Committee

The Committee is required to fulfil the following responsibilities:

11.1 Produce an annual work plan.
11.2 Provide an annual report and Accounts to the Trust Board.
11.3 Communicate and consult with the Health Groups and Directorates of the Trust in achieving the objectives of the annual work plan, policy or strategy.
11.4 Monitor, review and recommend any changes to the Terms of Reference annually to the Trust Board.

12. Authority

The Committee is authorised by the Board to investigate any activity within its Terms of Reference. It is authorised to seek the information it requires from any employee, and all employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Trust Board to obtain independent professional advice and to secure the attendance of people/organisations from outside the Trust.

13. Relationships with other committees

This Committee does not receive minutes of other committees.

14. Administration

The Committee is supported administratively by the Deputy Director (Accounting Audit and Treasury) and the Governance Team. The Governance team will agree the agenda with the Chairman, collate all necessary papers, attend meetings to take minutes, keep a record of matters arising and issues to be carried forward and generally provide support to the Chairman and members of the committee.

Date revised: 7 June 2018

Date approved by the Trust Board:

Review date: June 2019

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
TRUST BOARD

10 July 2018

Title:	**WISHH CHARITY - UPDATE PAPER**
Responsible Director:	Chair of Charitable Funds Committee – Andy Snowden
Author:	Chief Financial Officer – Lee Bond

Purpose:	The purpose of this paper is to set out proposals for the development of the WISHH charity as the prime fundraising organisation supporting and managing fundraising activities related to the Trust.	
BAF Risk:	BAF 4: Partnerships	
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	
Key Summary of Issues:	• The attached paper, approved by the Charitable Funds Committee, set out proposals for the development of the WISHH charity as the prime fundraising organisation supporting and managing fundraising activities related to the Trust. • From an appointed day (target date now August 2018) all funds, both general and legacy, but excluding funds donated for research purposes, will be directed to the WISHH charity. • The WISHH charity will also take responsibility for establishing a proactive approach to fundraising. WISHH currently has an inadequate admin support to discharge this role effectively, so the attached associated business case proposes the provision of resources by the Trust, for a time-limited period	

Recommendation:	The Charitable Funds Committee recommends to the Board that: • The WISHH charity is confirmed as having the prime role and responsibility for undertaking fundraising activities for the benefit of the Trust • All charitable donations, excluding research related funds, will be held by and managed by the WISHH charity • All newly notified legacies on or after the “appointed date”will be held and managed by the WISHH charity.

	• The Trust will provide financial support, initially for a period of two years and as set out in the business case to provide a dedicated resource to enhance the charity's capacity to undertake its role • The Trust will retain all charitable funds it currently holds and any received up to the "appointed date" • The Trust will retain all existing Legacy funds and those that have been notified and any others yet to be notified/received up to the "appointed date". • The Trust, through it's Charitable Funds Committee, will have an ongoing dialogue and formally discuss with the WISHH charity its strategic fundraising priorities, at least twice each year. • The Trust's Charitable Funds Committee will continue to operate and fulfill it's statutory responsibilities

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

WISHH CHARITY - UPDATE PAPER

1. PURPOSE OF PAPER

The purpose of this paper is to set out proposals for the development of the WISHH charity as the prime fundraising organisation supporting and managing fundraising activities related to the Trust. This paper includes two reports which relate to the above:

- **Appendix A** - Fundraising and Charitable Funds Transition – Draft Action Plan:
- **Appendix B** - Draft Outline Business Case:

2. BACKGROUND

Members of the Charitable Funds Committee have been involved in an on-going dialogue with WISHH charity trustees about the development of the WISHH charity and its relationship with the Trust going forward.

As a consequence of this dialogue, proposals have been developed and agreed with the WISHH charity that from an appointed day (target date 1st July 2018) all funds, both general and legacy, but excluding funds donated for research purposes will be directed to the WISHH charity. The WISHH charity will also take responsibility for establishing a proactive approach to fundraising. The WISHH charity will ensure that all funds given for a specified purpose will be used for that purpose, but will look to promote and increase the overall level of both general and specific fundraising for the Trust.

In broad terms this agreement envisages that:

- The WISHH charity will have the prime role and responsibility for undertaking fundraising activities for the benefit of the Trust
- All charitable donations, excluding research related funds, will be held by and managed by the WISHH charity
- All newly notified legacies on or after the “appointed date” will be held and managed by the WISHH charity.
- The Trust will provide financial support, initially for a period of two years and as set out in the business case this will provide a dedicated resource to enhance the charity’s capacity to undertake its role
- The Trust will retain all charitable funds it currently holds and any received up to the “appointed date”
- The Trust will retain all existing Legacy funds and those that have been notified and any others yet to be notified/received up to the “appointed date”.
- The Trust will have an ongoing dialogue and formally discuss with the WISHH charity its strategic fundraising priorities, at least twice each year.

The Trust’s Charitable Funds Committee would continue to operate and fulfil its statutory responsibilities.

3. CURRENT POSITION

3.1 Transitional Plan

Following agreement at the special meeting of trustees held on 13th March, action has been taken to progress the production of an action plan - Appendix A attached. This draft action plan sets out the detailed activities that need to be undertaken to ensure a smooth transition and to ensure effective governance arrangements are both in place and operate effectively from the appointed day.

3.2 Business Case

To ensure that the WISHH Charity has an adequate administrative resource an outline business case has been developed as set out in Appendix B and this reflects earlier discussion between the Trust and the Charity's trustees. It proposes the provision of resources by the Trust, for a time-limited period, to provide a dedicated management resource to enable the Charity to effectively manage its affairs and to take forward its fundraising activities.

It identifies that the Trust will provide, from its existing charitable funds a sum of £166,000 to meet the costs of providing this dedicated management resource for an initial two-year period. The Trust will also provide HR/PR advice, accommodation and meet associated financial management costs associated with managing the Charity's funds.

Subsequent to this time-limited funding it would be expected that the Charity would meet such ongoing costs from its own resources and increased income levels.

The Trust has subsequently identified that annual charitable funds income averages at £530,000, excluding significant one-off sums that might be received from time to time. It is, therefore, thought reasonable to set the WISHH charity an income target for the first year of £650,000. Performance against this target can be reviewed after the first full year of operation.

4. NEXT STEPS

As the appointed date (1st July) is only a month away action is being taken to fully detail and put in place all the necessary arrangements, as outlined in the Action Plan (Appendix A). At the same time, draft job descriptions are being produced that will define the positions to be established and to confirm the overall costings.

5. RECOMMENDATION

The charitable Funds Committee is recommended to:

5.1 Confirm its support for the development of the role of the WISHH charity to be the prime fund-raising body for the Trust and to be the recipient and organisation responsible for the management of all charitable funds and fundraising from 1st July 2018.

5.2 Secure the endorsement of the Trust Board to this change with effect from 1st July 2018

5.3 Approve the outline business case, as set out in Appendix B and approve its funding from Trust held charitable funds over the period specified

5.4 Approve the progression and implementation of the activities set out in the Action Plan (Appendix A).

Lee Bond
Chief Financial Officer
June 2018

	ACTION PLAN: To manage the transition of responsibilities for fundraising and the future management of all charitable funds **APPENDIX A**				
No,	**Item**	**Action**	**Lead Responsibility**	**Target Date**	**Progress/Comment**
1.	**Financial Matters**		Di. Roberts		
1.1	Bank Account	Amend detail on receipts, general documentation etc. to relate to WISHH banking arrangements			
1.2	Ledger System/Set of Accounts	Consider in detail accounting arrangements and implications			Proposed that WISHH should use ELFS system and processes. HEY staff to provide reports etc. to WISHH trustees/committee meetings.
1.3	Investment Policy and Arrangements	WISHH to establish policy related to investments and establish appropriate arrangements			
1.4	Operational Considerations	WISHH need an effective Scheme of Delegation/Operational Plan to manage transactions on a daily basis			
1.5	Signatories	Practical arrangements required			Could put arrangement in place with HEY/ELFS working within agreed guidelines
1.6	Clarity between Trust and WISHH Business	Clearly define activities of each organisation to ensure clarity in accounting arrangements			
1.7	Financial Stationery Requirements	Review and put in place appropriate paperwork			
2.	**Communication Strategy**		Myles Howell		
2.1	External communications	Development of operational procedures/roles and responsibilities			
		Public launch of new arrangements			
		Annual PR plan & media monitoring			
		Development of social media accounts and activity			
		Website development			

		Annual WISHH ball			
		Creation of WISHH ambassadors database (high profile fundraisers)			
2.2	Internal communications	Intranet presence and training for content authors (WISHH team)			
		Creation of internal assets (leaflets/posters/screensavers)			
		Creation of e-newsletter			
		Routine publication in corporate comms (ie, team brief)			
2.3	Resources	Identify potential for additional PR support			
		Marketing budget			
3.	**Policies and Procedures**		David Haire		
3.1	Schedule of policies/procedures	Put in place set of policies and procedures			Initially could adopt/adapt Trust policies/procedures and further refine over a period of time
4.	**General Matters**		David Haire		
4.1	Strengthen WISHH Management Structure	Produce outline business case for Charity Manager and support staff.		31/5/18	
4.2	General Operational Arrangements	Set out clear statement of operational arrangements to ensure clarity, including the defining of boundaries that govern donations management, practical operational arrangements, staff fundraising activities and disputes resolution process.			
4.3	Management of Legacies	Specific administrative process required			
4.4	Volunteers' Policy	Draft			
4.5	General Stationery Requirements				

4.6	Financial Implications	Ensure any financial implications relating to/arising from this action plan are both identified and managed			
4.7	Trust Fundraising Strategic Priorities	Create initial schedule setting out Trust's strategic fundraising priorities for the charity			
4.8	Sign-off of Actions	Ensure sign-off of all outputs from this process by both the Trust and WISSH charity as appropriate.			
5.	**Charity Specific Actions**		Sue. Lockwood (David Haire)		
5.1	Recruit to Agreed Management Structure	Subject to outline business case approval progress recruitment/appointment of Charity Manager and support staff			
5.2	Strengthening of WISHH charity	WISHH to action filling of vacant trustee positions (3)			
5.3	Articles of Association	Review both the Trust's and Charity's Articles of Association to ensure there are no issues that require change or notification to the Charity Commission			
5.4	Volunteer Recruitment Process	Put in place recruitment process			

APPENDIX B

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
THE WISHH CHARITY

Outline Business case

PROPOSAL TO CREATE MANAGEMENT CAPACITY TO SUPPORT THE EFFECTIVE OPERATION OF THE WISHH CHARITY

1. EXECUTIVE SUMMARY

This outline business case proposes that the Trust provide funding of £140,000 over two full years, as set out in Table 1, to provide the WISHH charity with a dedicated management resource. Provision of this funding from the Trust's existing charitable funds, will enable the Charity to effectively manage its affairs and to take forward its proactive approach to fundraising.

The funding provided will enable the appointment of three staff, a Charity Manager/Fundraiser, Administrative Assistant and Apprentice position. The Trust commitment will also provide HR/PR advice, accommodation and Finance Management costs, all of which will be quantified over the two year period and provided to the Charity to inform future financial planning by the Charity.

As a result of the Trust's commitment set out in this business case, the Charity will work to increase charitable funds raised to the 2014 -15 levels.

Following the initial funding by the Trust, the Charity will be expected to pick-up all of these costs on an ongoing basis.

2. INTRODUCTION

This business case seeks to secure resources to enable the WISHH charity to effectively undertake its activities, which are primarily related to raising and managing charitable funds raised for the benefit of the Hull and East Yorkshire Hospitals NHS Trust.

The creation of an independent charity to enhance the benefit the Trust receives from "Giving" and fundraising was initially proposed by the Charitable Funds Committee in 2015.Subsequent to this proposal, action was agreed to create such charity, with its own Articles of Association and it was registered as a charity with the Charity Commission and Companies House.

The charity's trustees initially focused their efforts on establishing a "user-friendly" brand and a limited amount of pump-priming funds were provided by the Trust and the WISHH charity was created. Subsequently, the charity has worked to establish its existence both internally with Trust staff and externally with the wider community, including companies and individual benefactors.

A level of fundraising has been achieved from both solicited and unsolicited sources, but the amounts involved are relatively small. It has been recognised, therefore, that for the charity to achieve its objectives, one of which is increasing the overall level of funds raised, by undertaking a proactive and professional approach to this task, it needs a dedicated management resource. To date limited management support has been provided by the Trust.

Over a period, there has also been a dialogue between the Trust and the Charity in relation to the charity's strategic direction and the existence of the Trust's own charity, which inevitably attracts the vast majority of donated funds. The outcome of this discussion is an agreement that the WISHH charity will from the 1st July 2018 be the prime focus for all fundraising for the Trust and recipient of all donated funds, including legacies, but excluding funds donated for research purposes.

Taken collectively, both the original vision for the charity as a proactive fundraising body and now responsibility for holding and managing all charitable and legacy funds makes the need for a dedicated management resource irresistible.

Provision of a full-time manager and administrative assistant, in the first instance, will enable the charity to effectively manage its affairs and take forward its fundraising activities.

3. BACKGROUND

3.1Strategic Context

Nationally, hospital trusts have various arrangements in place for their fundraising activities and there is no one model that is considered to be more advantageous than another. Often the success of fundraising in a particular trust is influenced in part by history and the length of time raising charitable funds has been seen as a priority and given a management focus. Of equal, if not greater importance, is the involvement of individuals either as trustees or employees with the experience, skill and passion to actively promote fundraising and to encourage community and corporate support.

Some of the arrangements that operate include:

- The traditional charitable funds structure, managed by the Health Service, with or without any specialist fundraising expertise.
- Arrangements where there are both a traditional charitable funds structure and also an independent charity in operation.
- The existence of an independent charity which is responsible for all fundraising activities, with or without responsibility for managing traditional charitable funds.

Whilst the above list is not intended to be exhaustive, it does demonstrate that there is a real mixed economy in respect of the arrangements for fundraising and charitable funds management.

3.2 Local Context

Locally, it is reasonable to state that the Trust had not given any serious attention to promoting a proactive approach to fundraising until the Charitable Funds Committee spent some time deliberating the options open to it in 2016. The outcome of these deliberations was a strategic fundraising strategy that envisaged an independent charity taking a prime role in taking this strategy forward.

Prior to this time, limited fundraising appeals had been made and these were usually promoted by individual staff members of groups, with limited corporate involvement. In addition, there were a small number of dedicated local charity's that raised funds directly for the hospitals e.g. Baby Unit Fund, Osprey charity.

Similarly, limited "Giving" had been secured from corporate or local benefactors until relatively recently.

4. CASE OF NEED

Prior to the creation of the WISHH charity it was recognised that there would be a cost in supporting the ongoing activities of a new charity, especially as it was expected to take a proactive approach to fundraising. Whilst limited management and administrative resources have been provided to support the establishment and initial operation of the charity this has proved to be inadequate.

For the Charity to effectively manage its own affairs, take a proactive approach to fundraising and in due course manage the totality of the Trust's charitable funds, currently managed by the Trust, it requires a dedicated and full-time resource.

As a first step, this requirement is considered to include a full-time Charity/Fundraising Manger supported by a full-time administrative assistant and apprentice position. It is envisaged that these three employees will be employed by the Trust, but seconded to the WISHH charity and accountable to the charity's trustees through an agreed management structure. Job descriptions are currently being drafted for these positions.

In writing this business case it is recognised and acknowledged that as the charity develops and grows its fundraising efforts it is likely that further staffing resources will be needed. Such increased resource requirement could be general in nature or project/time-limited and related to specific fundraising initiatives and the success of the charity overall.

As stated above, to date only limited one-off funding has been giving to the charity by the Trust and this related to branding and marketing activities to establish the charity.

5. PROPOSAL – WORKFORCE AND FINANCIAL IMPLICATIONS

As set out in this paper, it is proposed that funding be provided by the Trust to enable the establishment of the following three positions at the cost set out in the Table 1. These figures assume an earliest possible staff appointment date of August 2018:

Table 1

Staff		**Costs £'s**		
	2018-19 (part-year)	**2019-20 (full-year)**	**2020-21 (part-year)**	**Total cost**
Charity/Fundraising Manager, Administrative Assistant and Apprentice positions	36,500	73,000	36,500	146,000
Other Costs e.g. staff travel	4,000	10,000	6,000	20,000
Total Costs	40,500	83,000	42,500	166,000

It is proposed that these costs be charged to the Trust's charitable funds for the first two years and that funding in future years will be from funds held by the Charity.

The extent of the Trust's commitment will be 3 staff and related costs, HR/PR advice, accommodation and Finance Management costs all of which will be fully quantified in

the two year period and subsequently shared with the Charity to inform future financial planning.

Table 2 below sets out the charitable funds that have been received by the Trust in each of the last four years.

Year	Amount £,000's
2014-15	1,772
2015-16	1,325
2016-17	736
2017-18	521

There is a need for further analysis of these figures, particularly for 2014/15 and 15/16 to confirm the precise levels of "general donations" and to ensure there are no significant legacies distorting these figures. Similarly, the 2017/18 figure only relates to a 9 month period and not the full year. Once confirmed, these figures will be used to inform income targets by the Charity in future years.

6. RECOMMENDATION

The Charitable Funds Committee is requested to confirm the action taken to approve this business case, as an urgent item, to enable the required actions to be progressed.

Lee Bond
Chief Financial Officer
April 2018

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

CHARITABLE FUNDS COMMITTEE

Meeting Date:	7 June 2018	**Chair:**	Mr A Snowden	**Quorate (Y/N)**	Y

Key issues discussed:

- Financial report was presented for Quarter 4, 2017/18
- Fund balances and spending plans
- Proposals and development of the WISHH Charity
- Legacies
- Hospital Arts Strategy implantation

Decisions made by the Committee:

- Agreed funding requests for general charitable funds
- Agreed to review the decision surrounding disinvestment of managed portfolio
- Review of Committee terms of reference to be undertaken and presented to the Trust Board

Key Information Points to the Board:

- A new Ambulatory Chemotherapy Service is being established at the Queens Centre, Castle Hill Hospital, allowing patients to receive treatment at home and while out-and-about, rather than spending significant amounts of time attending clinics. 4 chemotherapy pumps are being purchased, financed by donations from the Nina Shea Trust. 3 members of the committee attended the launch event in June
- The Committee supported the Regional Launch of the All Party Parliamentary Group Report on Arts in Health, here at HEY, and the simultaneous local launch of HEY's own Hospital Arts Strategy, with £12k allocated as pump priming to create dedicated project management capacity

Matters escalated to the Board for action:

- Proposals and development of the WISHH Charity
- Reviewed Committee terms of reference to presented to the Trust Board

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

CHARITABLE FUNDS COMMITTEE

HELD ON THURSDAY 7 JUNE 2018
THE COMMITTEE ROOM, HULL ROYAL INFIRMARY

PRESENT: Mr A Snowden (Chair), Vice Chair, Non Executive Director
Mrs V Walker, Non Executive Director
Mr D Haire, Project Director, Fundraising
Mr L Bond, Chief Financial Officer

IN ATTENDANCE: Mrs D Roberts, Deputy Director of Finance
Ms C Ramsay, Director of Corporate Affairs
Ms Karen Towse, Head of Management Accounts
Mrs L Roberts, Corporate Affairs Administrator (Minutes)

1 APOLOGIES FOR ABSENCE

No apologies were received.

2 DECLARATIONS OF INTEREST

Mr Bond declared an interest in agenda item 14, WISHH Charity update. Mr Bond is a Trustee of the WISHH charity.

3 MINUTES OF THE MEETING 15 FEBRUARY 2018

It was requested that the monetary value of the Administration Charge, £60,075 be added to item 8 – Administration Charge 2018/19.

Subject to this amendment the minutes of the meeting held on 15 February 2018 were approved as an accurate record.

4 MATTERS ARISING

Mr Haire advised that the Family and Women's Health Group were still preparing the business case in relation to the Paediatric Complex Disabilities Project and that he expected to be able to report this to the next meeting.

The funding from HELP for Health charity for a retinal camera would be included under item 7 – Project Director's Report of this agenda.

Item 5 – Matters Arising - It was agreed that the minutes and actions surrounding the discussion on homelessness in the city should be amended to reflect the outcome. Mr Snowden had spoken with Miss Johnson from the Communications Team to identify the coverage that had been received last winter in relation to homelessness. Mr Bond informed the Committee that the provision for the homeless in the city had been made an objective for Mr Taylor. It was noted that Mr Snowden and Mrs Walker would meet with Mr Taylor to discuss this further.

5 ACTION TRACKER

Mrs D Roberts advised that the clarification surrounding fund number F17110 would be circulated to the Committee members. This action could be removed from the action tracker.

6 WORKPLAN 2017/18

It was agreed that the workplan should be reviewed following the presentation and discussion of item 13 – Hospital Arts Strategy 2018-19 to 2020-21 of this agenda.

The Committee Terms of Reference should also be reviewed following this meeting.

Resolved
The Committee:

- Agreed to review the workplan **ALL**
- Agreed that a review of the Terms of Reference should be undertaken **ALL**

7 PROJECT DIRECTOR'S REPORT

The paper was presented to the Committee by Mr Haire who gave an overview of the fundraising activities.

Replacement of the Brocklehurst Building to enhance research capacity
The Committee was informed that the proposed scope and costs for the replacement of the Brocklehurst Building were still subject to on-going discussion. It was noted that a full report had been presented at the recent Capital Resource Allocation Committee meeting.

Creating a Dementia Friendly Environment – Wards 8 and 80
Mr Haire advised that it had been agreed that all of the four medical elderly wards on floors 8 and 9 should be included in the creating a dementia friendly environment project review. Some basic work would be carried out on all of the wards to enhance the environments.

It was noted that ward 80 would be an exemplar ward for the project. A review of the key objectives to be addressed by the project ward would be compiled prior to the next phase of the works being undertaken. Mr Haire agreed to give an update on this project at the next meeting.

Integrated Cyclotron and Radiopharmacy Development
It was advised that ground works and construction of the building sub-structure for the Integrated Cyclotron and Radiopharmacy Development had begun. Construction of the main structure would then follow, once contract sums had been agreed. The Committee was informed that Mr Haire had requested a meeting to resolve some outstanding specialist requirements to ensure compliance with relevant regulations and licencing requirements.

Paediatrics Fundraising Group
Staff in the Acorn ward, Women and Children's Hospital had recently held a fundraising event which raised circa £2.7k towards the proposed improvements to the ward.

Assurance was sought surrounding staff adhering to fund raising guidance. Mr Haire confirmed that he liaises with and advises staff who have expressed an interest in fundraising for the Trust.

Paediatric Services – 13th Floor
Staff from the paediatric services on the 13th Floor had proposed to raise funds for improvements to the 13th floor which included primarily environmental improvements to the physical environment and the provision of equipment. The estates staff had commenced some essential maintenance items prior to some redecoration.

Mr Bond advised that a business case was being prepared to support an application of £15m for part of the STP/Capital funding of £110m for the region. If successful the funding awarded would support the expansion of existing assessment areas, new MRI/CT scanners along with improvements to the 13th Floor and the main entrance. This would improve patient experience, along with patient flow and Emergency

Department performance. Submissions are required by July 2018, with the funding being awarded and works ready to commence in 2019/20.

Mr Haire advised that a paper on the fundraising proposal would be brought to the next Committee meeting.

A Garden of Positivity
It was noted that funds of circa £24.5k had been raised by staff and patients for the garden of positivity project, over a nine month period and the creation of the facility was due to commence shortly.

Retinal Camera
It was noted that the WISHH charity was supporting the family fundraising appeal for £100k to purchase a retinal camera for the Trust. The family had so far raised approximately £40k towards this appeal.

At the last Committee meeting, the matched funding proposal in conjunction with the HELP for Health charity had not been supported, but it was agreed to keep under review as the overall fundraising effort progressed.

The Nina Shea Trust
The family of Nina Shea had donated circa £10k to the Trust to purchase four chemotherapy pumps and related equipment to enable the Ambulatory Chemotherapy Service to be established. These pumps would enable patients to receive their treatment in the comfort of their own home and surroundings.

Health Groups – Amalgamation of Charitable Funds
Discussions had been undertaken by Mr Haire with the Medicine Health Group and Surgery Health Group, regarding the amalgamation of their Charitable Funds. It was noted that the funds could potentially be reduced to circa 20 funds per Health Group.

It was noted that a meeting with the ELFS team, to discuss the above was to take place.

Resolved
The Committee:

- Received the report and accepted the contents
- Agreed to receive an update on the Creating a Dementia Friendly Environment project **DH**
- Agreed that a Paediatric – 13th Floor fundraising proposal be presented at the next Committee meeting **DH**

8 DA VINCHI ROBOTIC SYSTEM – PERFORMANCE INFORMATION

Mr Haire presented the Da Vinci Robotic System – Performance Information report to the Committee and gave an overview.

A post implantation review of phase 1 had previously been undertaken and the findings presented at this Committee. A phase 2 review has begun and was envisaged to be completed in July 2018. The findings from phase 2 will assist with the deciding factors for a second robotic system in the Trust.

There was a discussion surrounding the robotic system performance information included in the report which incorporated the system capacity and utilisation. Mr Haire advised that the robotic system was currently housed in a shared theatre and that not all cases could be performed using the system.

9 CHARITABLE FUNDS PROJECT – APPROACH TO BENEFITS REALISATION

The paper was presented to the Committee and Mr Haire gave an overview of the Charitable Funds Project – Approach to benefits realisation.

At the last meeting Mr Snowden asked if information on the benefits that had resulted from previously approved charitable funds requests over £5k could be analysed. Mr Haire informed the Committee that as part of the project he had analysed the data for a 12 month period and identified 9 suitable funds to review.

Mr Snowden added that this review would assist the Committee with making decisions for future funding requests. A review report would be presented at a future meeting.

Resolved:

The Committee:

- Received the report and accepted the contents
- Agreed to receive a review report at a future meeting **DH**

10 LEGACY UPDATE

Mr Haire presented the Legacy Update report to the Committee. The paper included the legacies that had been received by the Trust since the last report in November 2017, along with the notification of legacies that would be received at a future date. It was noted that a large legacy of £805k was included in those to be received; this legacy was for allocation to the Haematology Department at Castle Hill Hospital for specified purposes, including research.

An update regarding the two on-going legacy issues which were being pursued by the Trust was given. The Trust was expected to receive full payment of circa £26k from one legacy. The position in respect of the second legacy would be subject to a further report at a future meeting, once matters were resolved.

Resolved

The Committee received the report and accepted the contents.

11 FINANCIAL REPORT AS AT 31 MARCH 2018

Mrs Roberts presented the Financial Report to the Committee and advised on the financial position of the charitable funds as at 31 March 2018.

At Quarter 4, 2017/18 a total income of £801k had been received, which was £525k more than expected. Total expenditure for the period was £540k which was less than estimated. The investment portfolio and cash reserves were valued at £1.947m.

Mr Snowden asked if the decision previously made by the Committee to disinvest the managed portfolio with Brown Shipley should be reassessed, due to the gains in the market value of investments. The original decision was based on the levels of risk and the returns on the investments. It was agreed that Mrs Roberts would review this information over a period of time to assess the initial decision.

Resolved

The Committee:

- Received the report and accepted the contents
- Agreed to review the decision surrounding disinvestment of managed portfolio. **DR**

12 FUND BALANCES AND SPENDING PLANS

Mr Haire presented the Fund Balances and Spending Plans paper to the Committee and gave an overview of the current position.

It was advised that as at 31 March 2018 the charity had £1,947m available.

Six requests for funding were received:

Mrs Walker declared an interest in the Trust Health & Wellbeing Programme funding request due to links with MIND.

Hospital Arts Strategy
A request was made for £12,000 to be used as pump-priming funding to create some dedicated project management capacity for the work in relation to the Hospital Arts Strategy.

The funding request was approved.

Improving Value in the Care of the Frail Old People - HSJ Nomination
The HEY Improvement Team had been nominated for the Health Service Journals award – "Improving Value in the Care of Frail Old People". They had been given financial support of £4,600 to attend the Awards Presentation Evening and were seeking confirmation to charge this expenditure to charitable funds.

The funding approval was confirmed.

Trust Health and Wellbeing Programme
A funding request of £3,000 had been received from the team working on health and wellbeing issues across the Trust. The funding will aid in the training of managers on the subject of supporting individuals experiencing stress.

The funding request was approved.

It was asked if information could be provided on the work that had been and is planned to be undertaken by the Health and Wellbeing Group. **DH**

Trust Staff Fun Day
The Staff Lottery Committee was in the process of organising the annual Family Fun Day on 7th July 2018, to be held at the Castle Hill Hospital site. A funding request of £8,000 was received to support the event. This funding would be matched by monies from the Staff Lottery.

The funding request was approved.

HRI Discharge Lounge
The operational policy for the Discharge Lounge at Hull Royal Infirmary changed in 2017 to support changes made in the Emergency Department. Due to this change there had been an increase in patient flow through the Department. A funding request of £3,000 had been submitted to replace some of the recliner chairs and side tables that were showing signs of wear and tear.

The funding request was approved.

Organ Donation Sculpture
As previously reported, the Organ Donation Team was seeking funding of £2,500 to support its aspirations to provide a sculpture which both acknowledges those that have donate organs or might encourage future organ donation. A brief was to be prepared with all of the relevant details to enable artists to submit proposals.

The funding request was approved.

Resolved
The Committee:

- Received and accepted the report
- Approved the bids for general charitable funds as noted above
- Agreed to receive information on the work of the Health and Wellbeing Group **DH**

13 HOSPITAL ARTS STRATEGY 2018-19 TO 2020-21

At the previous meeting, the Committee had agreed to support the establishment of a Hospital Arts Strategy. Mr Haire gave the Committee an overview of the progress made in relation to establishing the strategy.

The strategy had been presented to and endorsed by the Executive Management Committee on 16 May 2018. The strategy was also launched at an Arts for Health and Wellbeing event on 6 June 2018 and a booklet had been produced which details the work to be carried out.

As already discussed in item 12 of this agenda, a request for £12k had been submitted and agreed, to be used as pump-priming funding to create some dedicated project management capacity for work in relation to the Hospital Arts Strategy. The Committee discussed the proposals in relation to the strategy and endorsed the actions.

Following discussion, it was agreed that Mr Snowden, Mrs Walker and Mr Haire would meet to discuss the strategy in more detail and report on the outcome and that the strategy and proposals would be reviewed in the future.

It was agreed that the Committee's terms of reference should be reviewed to include WISHH, the Hospital Arts Strategy and Corporate social responsibility and then presented to the Trust Board for approval.

Resolved
The Committee:

- Received the report and accepted the contents
- Further discussions to take place regarding the Hospital Arts Strategy **AS/VW/DH**
- Future review of Hospital Arts Strategy and related proposals to be undertaken **ALL**
- Review of Committee terms of reference to be undertaken and presented to the Trust Board **AS/CR**

14 WISHH CHARITY UPDATE

Mr Haire presented the paper to the Committee and gave an overview of the proposals in relation to the WISHH charity.

It was proposed that all funds, including general and legacies received after 1 July 2018 would be directed to the WISHH charity, with the exception of funds donated for the purposes of research. The charity would also be responsible for creating a proactive approach to fundraising and ensuring that funds are allocated as intended by those donating funds. A draft outline business case had been prepared, proposing increased management support for the WISHH charity over a two year period.

Mrs Walker enquired about and sought assurance on the governance arrangements that would apply and the necessary assurances were given. It was noted that the Trust has two nominated trustees on the WISHH charity.

Following discussion it was agreed that Mr Snowden would present a WISHH Charity proposal paper to the July 2018 Trust Board. Subject to Trust Board approval the proposed initiation date would be deferred until August 2018.

Resolved
The Committee:

- Received the report and accepted the contents
- Agreed a WISHH charity proposal paper would be presented at the July 2018 Trust Board meeting **AS**

15 CHAIRS SUMMARY OF THE MEETING
Mr Snowden summarised the meeting.

16 ANY OTHER BUSINESS
There was no other business discussed.

17 DATE AND TIME OF THE NEXT MEETING
Monday 30 July 2018 at 11:30am,
The Committee Room, Hull Royal Infirmary

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

TRUST BOARD

10 JULY 2018

Title:	FREEDOM TO SPEAK UP GUARDIAN - BOARD SELF-ASSESSMENT 2018-19
Responsible Director:	Director of Corporate Affairs – Carla Ramsay
Author:	Director of Corporate Affairs – Carla Ramsay

Purpose:	To present a draft self-assessment against the National Guardian Office's standards and put in place actions to further develop the Freedom to Speak Up Guardian role in the Trust, alongside other ways in which staff can raise concerns	
BAF Risk:	BAF 2: There is a risk that a lack of skilled an sufficient staff could compromise the quality and safety of clinical services	
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	
Key Summary of Issues:	Trust Board members are invited to critique, challenge and then accept the self-assessment.	

Recommendation:	The Trust Board is asked to review and approve the self-assessment and associated actions.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

FREEDOM TO SPEAK UP GUARDIAN

BOARD SELF-ASSESSMENT 2018-19

1. Purpose of the report

To present a draft self-assessment against the National Guardian Office's standards and put in place an action plan to develop the Freedom to Speak Up Guardian role in the Trust, alongside other ways in which staff can raise concerns

2. Background

One of the recommendations from the 2015 Francis report was that all NHS Trusts should have a Freedom to Speak Up Guardian, to support staff to speak up when there were concerns about patient care or bullying behaviours, and to support the development a of caring, accountable culture in all NHS Trusts.

There is a national Guardian, Dr Henrietta Hughes, whose office provides advice and guidance to Freedom to Speak Up Guardians, as well as training and network support. One of the recent publications is a board self-assessment, in order that organisations can understand what is in place to support staff to raise concerns, and what development work the Trust may wish to undertake.

3. Self-assessment

The Freedom to Speak Up Guardian has drafted a self-assessment response, which is attached. Trust Board members are invited to critique, challenge and then accept the self-assessment.

Overall, the self-assessment as drafted shows that the Trust has the basic expectations in place on speaking up. Through its work on staff engagement, the Trust developed a set of Trust values with staff in 2015, and a staff charter on expected behaviours. The Trust's values flow through to the overall Trust Strategy that was agreed in 2016 through wide engagement with staff. The Trust has a basis on speaking up through its values and staff charter on which to build with the Freedom to Speak Up Guardian (FTSUG) role as part of the Trust's work on staff culture and engagement, whereas many trusts are starting on a process of building up a vision and values on speaking up through the FTSUG.

The self-assessment usefully identifies areas where the Trust can strengthen its work on speaking up and these will be taken forward by the FTSUG with Executive colleagues who are key leads on the related areas, such as the development of the Trust's safety culture and 'stop the line' approach, as well as greater promotion of speaking up and the FTSUG role, role modelling by senior leaders and engagement with other tiers of management.

4. Recommendation

The Trust Board is asked to review and approve the self-assessment and associated actions.

Carla Ramsay
Director of Corporate Affairs
June 2018

Self review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
Our expectations			
Leaders are knowledgeable about FTSU			
Senior leaders are knowledgeable and up to date about FTSU and the executive and non-executive leads are aware of guidance from the National Guardian's Office.	The Trust Board has been regularly updated by the FTSUG, referencing guidance from the National Guardian's Office		FTSUG Trust Board papers Audit Committee papers
Senior leaders can readily articulate the trust's FTSU vision and key learning from issues that workers have spoken up about and regularly communicate the value of speaking up.	Captured in the Trust's values, developed with staff in 2015	Further development of a safety culture in the Trust (including speaking up)	Staff survey rand staff engagement eports People Strategy updates FTSUG Trust Board papers
They can provide evidence that they have a leadership strategy and development programme that emphasises the importance of learning from issues raised by people who speak up.	Embedded in Trust's People Strategy and importance of supporting staff,	Further development of staff engagement particularly medical leadership	People Strategy updates FTSUG Trust Board papers Annual review of progress

	nurturing talent, empowering managers		towards Trust strategies
Senior leaders can describe the part they played in creating and launching the trust's FTSU vision and strategy.	Values and Trust Strategy launched by the Trust Board, developed with staff, including development of staff charter		FTSUG Trust Board papers Annual review of progress towards Trust strategies People Strategy updates
Leaders have a structured approach to FTSU			
There is a clear FTSU vision, translated into a robust and realistic strategy that links speaking up with patient safety, staff experience and continuous improvement.	Articulated in the Trust's Strategy and the Trust's values	Development of the Trust's safety culture (underpinned by speaking up)	Staff survey rand staff engagement reports FTSUG Trust Board reports
There is an up-to-date speaking up policy that reflects the minimum standards set out by NHS Improvement.	Policy reviewed and amended by the Audit Committee in 2017; includes all NHSI requirements		Audit Committee approval FTSUG reports to Audit Committee (at least every 6 months)
The FTSU strategy has been developed using a structured approach in collaboration with a range of stakeholders (including the FTSU Guardian)and it aligns with existing guidance from the National Guardian.	The Trust had in place its Trust Strategy and People Strategy prior to FTSUG and		Trust Strategy People Strategy People Strategy updates

	the National Guardian; this clearly articulates the vision, values and direction the Trust wishes to go in, based on the Trust's values		to Trust Board Annual review of progress towards Trust strategies
Progress against the strategy and compliance with the policy are regularly reviewed using a range of qualitative and quantitative measures.	The FTSUG reports quarterly to the Trust Board on their role and other issues coming up in the organisation, such as SALS.	Development of FTSUG report to Trust Board to encompass other elements of speaking up and/or incorporate FTSUG in to the boarder People Strategy updates	FTSUG reports to Trust Board
Leaders actively shape the speaking up culture			
All senior leaders take an interest in the trust's speaking up culture and are proactive in developing ideas and initiatives to support speaking up.	Leaders lead by example; initiatives such as Chief Executive cultural briefings, development of 'stop the line' and safety culture, Professionalism Champions, have come from senior	Development of 'stop the line' and further developments on patient safety	FTSUG reports to Trust Board Staff engagement and staff survey reports

	leadership		
They can evidence that they robustly challenge themselves to improve patient safety, and develop a culture of continuous improvement, openness and honesty.	Evidenced at Trust Board and Committee meetings; evidenced through individual issues, such as Tracking Access	Development of 'stop the line' at strategic/leadership level	Trust Board and Committee minutes
Senior leaders are visible, approachable and use a variety of methods to seek and act on feedback from workers.	All Board members undertake walk-arounds; Execs directly manage teams within the Trust, to whom they are visible; examples of feedback being shared and acted upon; use of patient stories at Trust Board meetings; CQC and staff surveys comment on visibility of leadership		Staff engagement and survey reports CQC report

Senior leaders prioritise speaking up and work in partnership with their FTSU Guardian.	FTSUG well supported by Trust Board and at operational level by Execs		FTSUG reports to Trust Board
Senior leaders model speaking up by acknowledging mistakes and making improvements.	Support to leaders at Never Events session; supportive approach to Serious incident investigation; Tracking Access issue reported in public and reports shared	Can consider more of role modelling within the organisation	Never Event recording; Serious incident reports Tracking access reports and Board minutes
The board can state with confidence that workers know how to speak up; do so with confidence and are treated fairly.	The Board has not been presented with evidence where staff have reported through FTSUG or SALS that there is a trend of this; Board has schematic of the	Greater promotion of FTSUG and speaking up to be done from September 2018 onwards Support speaking up as part of safety culture/stop the line developments	FTSUG Trust Board papers

	range of ways staff can speak up and Trust has put in place more than the minimum to support staff including SALS and Professionalism Champions		
Leaders are clear about their role and responsibilities			
The trust has a named executive and a named non-executive director responsible for speaking up and both are clear about their role and responsibility.	Chief Executive and Vice Chairman respectively		List of Board roles
They, along with the chief executive and chair, meet regularly with the FTSU Guardian and provide appropriate advice and support.	FTSUG meets regularly with all roles	FTSUG could meet more on Non-Executive side	FTSUG reports to Trust Board
Other senior leaders support the FTSU Guardian as required.	Confirmed as the case by FTSUG	FTSUG engaged senior managers but can do more, including at general manager/senior matron level	FTSUG reports to Trust Board

Leaders are confident that wider concerns are identified and managed			
Senior leaders have ensured that the FTSU Guardian has ready access to applicable sources of data to enable them to triangulate speaking up issues to proactively identify potential concerns.	Confirmed as the case by FTSUG		FTSUG reports to Trust Board
The FTSU Guardian has ready access to senior leaders and others to enable them to escalate patient safety issues rapidly, preserving confidence as appropriate.	Confirmed as the case by FTSUG		FTSUG reports to Trust Board
Leaders receive assurance in a variety of forms			
Workers in all areas know, understand and support the FTSU vision, are aware of the policy and have confidence in the speaking up process.	The Trust's values underpin speaking up; the Trust has advertised routes for speaking up and the policy	Always more work can be done on promotion; more promotion planned for Sept 18 onwards	FTSUG reports to Trust Board
Steps are taken to identify and remove barriers to speaking up for those in more vulnerable groups, such as Black, Asian or minority ethnic (BAME), workers and agency workers	FTSUG attends the Trust's Diversity and Inclusion Steering Group and is a member of the		Minutes of these meetings

	Workforce Transformation Group to support the speaking up agenda. These groups have specific actions in place around reducing barriers and fears.		
Speak up issues that raise immediate patient safety concerns are quickly escalated	Confirmed as the case by FTSUG		FTSUG reports to Trust Board
Action is taken to address evidence that workers have been victimised as a result of speaking up, regardless of seniority	Confirmed as the case by FTSUG		FTSUG reports to Trust Board
Lessons learnt are shared widely both within relevant service areas and across the trust	Individual cases are fed back to the individual concerned and summarised in to Trust Board paper; FTSUG blog to staff	Development of more feedback mechanisms the within organisation as to how speaking up makes a positive difference	FTSUG reports to Trust Board FTSUG blog

The handling of speaking up issues is routinely audited to ensure that the FTSU policy is being implemented	Reviewed by internal auditors in 2017-18 and significant assurance received FTSUG presents report on speaking up including whistleblowing to Audit Committee to provide assurance on arrangements in place		Internal audit report to Audit Committee FTSUG report to Audit Committee
FTSU policies and procedures are reviewed and improved using feedback from workers	FTSUG and HR have worked on updates to Trust policy accordingly		Approved policy in place
The board receives a report, at least every six months, from the FTSU Guardian.	Quarterly reports in place		FTSUG reports to Trust Board
Leaders engage with all relevant stakeholders			

A diverse range of workers' views are sought, heard and acted upon to shape the culture of the organisation in relation to speaking up; these are reflected in the FTSU vision and plan.	Staff engaged through listening exercises in 2015 and 2016 to develop Trust values and strategy		Vision and values Staff Charter Trust Strategy
Issues raised via speaking up are part of the performance data discussed openly with commissioners, CQC and NHS Improvement.	FTSUG reports to Trust Board are made in public and available for use with commissioners, etc Included in CQC PIR FTSUG interviewed by CQC		FTSUG reports to Trust Board
Discussion of FTSU matters regularly takes place in the public section of the board meetings (while respecting the confidentiality of individuals).	Quarterly reporting by FTSUG to public Trust Board		FTSUG reports to Trust Board

The trust's annual report contains high level, anonymised data relating to speaking up as well as information on actions the trust is taking to support a positive speaking up culture.	Annual report includes FTSUG and SALS data, as well as quality data on complaints, etc		Annual report 2017-18
Reviews and audits are shared externally to support improvement elsewhere.	Assurance shared with CQC; FTSUG reports shared amongst regional network to share learning and practice	Could undertake more in this arena – lots of practice sharing happens through the national office too	Submission of reports elsewhere
Senior leaders work openly and positively with regional FTSU Guardians and the National Guardian to continually improve the trust's speaking up culture	FTSUG part of regional network and other leaders		
Senior leaders encourage their FTSU Guardians to develop bilateral relationships with regulators, inspectors and other local FTSU Guardians	FTSUG part of CQC inspection and meetings	This has not come up a great deal to date; FTSUG believes these relationships could be further developed if regulators want to look at these areas	
Senior leaders request external improvement support	Tracking Access recent example of		

when required.	such external improvement support; Trust has engaged with other external agencies previously including working with ACAS in 2014-15 on organisational culture		
Leaders are focused on learning and continual improvement			
Senior leaders use speaking up as an opportunity for learning that can be embedded in future practice to deliver better quality care and improve workers' experience.	Seen in SI reports; seen in staff engagement work	Could be further developed through development of patient safety culture	Quality reports to Trust Board People strategy updates to Trust Board
Senior leaders and the FTSU Guardian engage with other trusts to identify best practice.	Trust is engaging with others to patient safety	Can do more in this area as other Trusts develop the FTSUG specifically	FTSUG reports to Trust Board
Executive and non-executive leads, and the FTSU Guardian, review all guidance and case review reports from the National Guardian to identify improvement	Guidance and case review reports cited in	Can do more with the full reports, for example, at Board Development	Board development agenda

possibilities.	FTSUG reports to Trust Board	when looking at Board culture	
Senior leaders regularly reflect on how they respond to feedback, learn and continually improve and encourage the same throughout the organisation.	Undertaken with Serious Incident reports and other incidents; Lessons Shared newsletter for all staff;	Can be developed further with and through senior managers	Quality Committee reports
The executive lead responsible for FTSU reviews the FTSU strategy annually, using a range of qualitative and quantitative measures, to assess what has been achieved and what hasn't; what the barriers have been and how they can be overcome; and whether the right indicators are being used to measure success.	Year-end report by FTSUG with read-across of data sources	To develop FTSUG report further to the Board, and engage Board on next steps on reporting and linking to other areas of work in the Trust	FTSUG report to Trust Board
The FTSU policy and process is reviewed annually to check they are fit for purpose and realistic; up to date; and takes account of feedback from workers who have used them.	Policy scheduled for annual review via Audit Committee		Audit Committee report
A sample of cases is quality assured to ensure: • the investigation process is of high quality; that outcomes and recommendations are reasonable	Very few cases have proceeded to full investigation	To develop this methodology in 2018-19	FTSUG report to Trust Board and Audit Committee

and that the impact of change is being measured • workers are thanked for speaking up, are kept up to date though out the investigation and are told of the outcome • Investigations are independent, fair and objective; recommendations are designed to promote patient safety and learning; and change will be monitored			
Positive outcomes from speaking up cases are promoted and as a result workers are more confident to speak up.	In place	Can be developed further as more cases are completed	FTSUG report to Trust Board FTSUG blog
Individual responsibilities			
Chief executive and chair			
The chief executive is responsible for appointing the FTSU Guardian.	Appointment made		Appointment in place and promoted to staff
The chief executive is accountable for ensuring that FTSU arrangements meet the needs of the workers in their trust.	Included in annual report		Annual report

The chief executive and chair are responsible for ensuring the annual report contains information about FTSU.	Included in annual report		Annual report
The chief executive and chair are responsible for ensuring the trust is engaged with both the regional Guardian network and the National Guardian's Office.	Confirmed – in place via FTSUG		National Guardian's Office circulation of data and conference attendance
Both the chief executive and chair are key sources of advice and support for their FTSU Guardian and meet with them regularly.	FTSUG meets regularly with both		FTSUG report to Trust Board if there were any lack of engagement
Executive lead for FTSU			
Ensuring they are aware of latest guidance from National Guardian's Office.	Chief Executive receives NGO circulations		
Overseeing the creation of the FTSU vision and strategy.	Part of Accountable Officer role		Annual report
Ensuring the FTSU Guardian role has been implemented, using a fair recruitment process in accordance with the example job description and other guidance published by the National Guardian.	In place and undertaken as part of recruitment for Director of		Director of Corporate Affairs in place

	Corporate Affairs; skills-set tested at interview and through application		
Ensuring that the FTSU Guardian has a suitable amount of ring fenced time and other resources and there is cover for planned and unplanned absence.	Part of 1:1 meetings with CEO		FTSUG has time and space to act
Ensuring that a sample of speaking up cases have been quality assured.	To be developed in 2018-19	To be developed in 2018-19	FTSUG report to Trust Board
Conducting an annual review of the strategy, policy and process.	Discharged through FTSUG and Audit Committee – in Audit Committee work plan		Audit Committee report
Operationalising the learning derived from speaking up issues.	Discharged through Quality Committee	Topic for 2018-19 is lessons learned and developing a patient safety culture	Quality reports to Trust Board
Ensuring allegations of detriment are promptly and fairly investigated and acted on.	In place		Evidence of same in FTSUG files and whistleblowing files

Providing the board with a variety of assurance about the effectiveness of the trusts strategy, policy and process.	Various methods in place and on Trust Board work plan		Annual update on Trust strategies' delivery People Strategy updates to Trust Board FTSUF report to Trust Board
Non-executive lead for FTSU			
Ensuring they are aware of latest guidance from National Guardian's Office.	On mailing list		
Holding the chief executive, executive FTSU lead and the board to account for implementing the speaking up strategy.	Done as part of FTSUG and Trust Board reporting	May wish to develop this challenge and reporting as part of FTSUG developments in 2018-19 and linked to other areas such as patient safety culture development	People Strategy updates to Trust Board
Robustly challenge the board to reflect on whether it could do more to create a culture responsive to feedback and focused on learning and continual improvement.	Non Exec lead and other Non-Execs put in challenge at Trust Board and other Board	May wish to develop this further with patient safety culture developments	

	Committees		
Role-modelling high standards of conduct around FTSU.	In place		
Acting as an alternative source of advice and support for the FTSU Guardian.	In place		
Overseeing speaking up concerns regarding board members.	As and when required		
Human resource and organisational development directors			
Ensuring that the FTSU Guardian has the support of HR staff and appropriate access to information to enable them to triangulate intelligence from speaking up issues with other information that may be used as measures of FTSU culture or indicators of barriers to speaking up.	In place	Can strengthen further as part of developing reporting in 2018-19	FTSUG report to Trust Board
Ensuring that HR culture and practice encourage and support speaking up and that learning in relation to workers' experience is disseminated across the trust.	Work within HR on values and behaviours ongoing	May wish to develop this further with patient safety culture developments	People Strategy updates to Trust Board

Ensuring that workers have the right knowledge, skills and capability to speak up and that managers listen well and respond to issues raised effectively.	Policy in place and in practice with HR colleagues; support available for managing new cases and learning from others	Part of work in Workforce Transformation Committee in 2018-19	People Strategy updates to Trust Board
Medical director and director of nursing			
Ensuring that the FTSU Guardian has appropriate support and advice on patient safety and safeguarding issues.	In place		FTSUG reports to Trust Board
Ensuring that effective and, as appropriate, immediate action is taken when potential patient safety issues are highlighted by speaking up.	In place		FTSUG reports to Trust Board
Ensuring learning is operationalised within the teams and departments that they oversee.	In place	May wish to develop this further with patient safety culture developments	FTSUG reports to Trust Board

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

TRUST BOARD

10 JULY 2018

Title:	Trust Operational Plan Feedback
Responsible Director:	Chief Financial Officer – Lee Bond
Author:	Chief Financial Officer – Lee Bond

Purpose:	The purpose of the report is ot update the Board on the feedback received on its 2018/19 Operational Plan and to inform the Board of the changes made in the plan resubmission which was made on 20th June 2018	
BAF Risk:	BAF 4: Operational Plan	
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	✓
Key Summary of Issues:	This paper summarises the changes that were made to the plan in the Trust's re-submission which was required by 20th June 2018.	

Recommendation:	The Trust Board is asked to note the amendments made to the Operational Plan and note that a further report will be provided at the next Board meeting detailing the Executive Teams response to the challenge to reduce the number of super stranded patients in line with NHSI expectations.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
TRUST OPERATIONAL PLAN FEEDBACK 2018/19

1. INTRODUCTION
Following the Trust's submission of its Operational Plan on 30th April, NHS Improvement identified several issues requiring further review and follow-up action from the Trust. The letter to the Trust detailing those queries is attached for reference.
This paper summarises the changes that were made to the plan in the Trust's re-submission which was required by 20th June 2018.

2. PLAN CHANGES
i) Activity, capacity and performance
a) Profiling/counting issues
There are a number of minor amendments to the activity profiles within the template to reflect the following:-

- A revised profile for elective Cardio Thoracic (CTS) activity was agreed with the Surgical Health Group. This was based on last year's levels but excluding work done last year that was conducted at the Spire.
- A revised profile for day case bowel scope activity based on further information regarding expected recruitment was also agreed with the Surgical Health Group.
- Minor changes to the overall activity plan to ensure consistency of counting with the Trust's submitted outturn figure, where relevant. This has addressed the issue where the plan for 2018/19 was identified as being above the national expectation.
- Outturn differences compared with SUS were explained and were primarily due to definitional issues and the fact that last year's SUS dataset included some Type 3 ED activity in the earlier months, on behalf of CHCP, which we were right not to account for in our outturn figures.

There are no changes proposed to amend our winter activity and bed capacity assumptions due to profiles reflecting last year's activity for medical non-electives and an average of the last 3 years for surgical non-electives.

b) Performance Trajectories
The Trust has submitted revised performance trajectories against the Cancer 62-day target and the ED target to reflect a more realistic target position. As highlighted in the feedback from NHSI, the previous trajectories were not arguably realistic in that they were set on the basis of assuming delivery of the national standards from April onwards.
The revised ED trajectory reflects our intent to progressively improve, recognising a slight dip over the winter months and aiming for at least 90% for the quarterly positions from Quarter 2 onwards. The focus on the improvement is around discharge breaches in minors and paediatrics and some improvement in the admitted breaches.
In terms of the 62 day target for Cancer, 4 particular tumour types were revisited: skin, breast, urology and colorectal. Assumed improvements in histology turnaround and quicker access to diagnostics, including endoscopy have been made for these specific pathways. The trajectory now gradually builds up to delivering the 85% standard by March 2019.
The trajectories are attached for reference.

ii) Capacity Planning
There is an expectation that the Trust should consider improvements from reducing length of stay as part of its capacity planning. There is a national ambition to reduce the number of patients in hospital with a length of stay greater than 21 days (commonly known as Super Stranded patients). A letter from Pauline Philip, National Director of Emergency and Urgent Care, confirms that the Trust's baseline number of

beds occupied by patients over 21 days is 129 and the improvement target is to reduce this number by 23% to 99 – an improvement of 30 beds – the equivalent of a ward's worth of patients.
Our analysis based on midnight occupancy for the patients over 7 days and over 21 day patients and is summarised below

	Over 7 Days	Over 21 Days	DTOC
Average	358	117	95
Min	245	85	26
Max	430	146	150

	Over 7 Days	Over 21 Days	DTOC
Q1	361	120	79
Q2	353	120	93
Q3	346	108	90
Q4	376	121	123

This shows a slightly different number of patients with a length of stay over 21 days (121 in Quarter 4) to the baseline included in the letter and work will need to be undertaken with the national team to understand their calculation. Notwithstanding this difference in counting methodologies, the two methodologies produce a sufficiently similar number to suggest that the scale of ambition required by NHSI is something that the Trust should aspire to meet.

The recent letter refers to the fact that a dashboard is being developed by NHSI for operational use and for Trust Board reporting so we can ensure that methodologies are consistent.

The Trusts winter plan for 2018/19 assumes that there will be a medically fit for discharge ward in addition to the winter ward at HRI. Due to the relatively recent introduction of this target reduction in occupied beds, (announced at the NHS Confederation Conference) detailed work has not yet been done to understand the constituent nature of these super stranded patients nor to formulate a detailed plan as to how they might be targeted. It is also not yet clear what role the discharge ward may have in the achievement of this target. This is a key action which urgently requires to be completed by the Trusts Executive Management team.

iii) Workforce

a) Assurances have been received from the Director of HR that the workforce plan triangulates fully with the finance and activity plans. In the main, increases in staffing numbers reflect our plan to reduce the current number of vacancies by filling funded posts in year. No further changes to the operating plan are required at this time

iii) Finance

a) Additional Contract Income

Since the plan was submitted, the Trust has agreed a small number of contract variations to the 2018/19 contracts with its Commissioners to reflect the pass through of national funding and other recently agreed contract changes. This includes NHSE funding for the full year effect of NICE drugs totalling £1.2m, funding for mechanical thrombectomy of £0.5m, and CCG funding for Community Cardiology of £0.2m. There is no change to our financial position as there is expenditure included to match the income.
Review of the Education Income included within the plan confirms a difference with last years' final outturn position. The plan has been set to recognise recurrent income only. In 2017/18 the Trust received a number of non-recurrent tranches of funding

related to training and education. This isn't included in the plan for 2018/19 as it is not clear whether further tranches of funding will be received.

b) Phasing and subjective code amendments

Since budgets were agreed, Health Groups have further intelligence to improve their specialty budgets and profiles. This has not affected the overall Health Group budget position as the changes are purely cosmetic, refining the split between pay, non-pay and income as well as expenditure profiles from June 2018 through to March 2019. This also includes a minor change to overseas income (+26k) to ensure the planned income is the same or higher than last year, as highlighted in the NHSE feedback letter.

c) CRES Identification

Since the plan was submitted in April there has been further progress with the identification and phasing of CRES schemes, as noted in the weekly trackers. The Trust has used the latest information to increase the level of identified CRES from 60% to 80%. This now includes the £2.9m assumption regarding gains from the creation of a Special Purpose Vehicle which is scheduled to be completed in Quarter 4.. The high risk elements of the programme have reduced to 30% and the updated profiles mean that there is 43% profiled in the final quarter. This is effectively 28% of traditional CRES schemes and 15% relating to the SPV.

4. RECOMMENDATION

The Trust Board is asked to note the amendments made to the Operational Plan and note that a further report will be provided at the next Board meeting detailing the Executive Teams response to the challenge to reduce the number of super stranded patients in line with NHSI expectations.

Lee Bond
Chief Financial Officer
4th July 2018

NHS Improvement

8 June 2018

Terry Moran
Chair
Hull and East Yorkshire Hospitals NHS Trust
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Dear Terry

2018/19 Operational plan feedback

I am writing to acknowlege receipt of your Board approved operational plan for 2018/19 and to highlight next steps. NHS Improvement will use the details contained within your 2018/19 Board assured activity, finance, workforce and triangulation submissions to monitor and assess your trust's delivery of the commitments you and the board have made to the patients and communities that we serve.

Your final 2018/19 operating plans have been developed in the context of on-going discussions on how to develop a sustainable, transformed health service, which highlights the importance of your strategic work to help create a sustainable organisation as part of a strong local health care system within your Sustainability and Transformation Partnership.

It is critical that each trust meets the commitments in its annual plan to deliver safe, high quality services and the agreed access standards for patients within the resources available. This will mean maintaining an effective balance between demand and capacity and continuing to develop the workforce needed for local services.

To this end, as part of the assurance of your plan NHS Improvement has reviewed your submission and has set out below some key elements of your plan that require further review and follow up action. Please could you share this letter with your full Board for consideration. In addition to the elements of your plan described below there are some technical issues that require follow up action, these items will be picked up in detailed feedback from the appropriate NHSI lead.

Activity, capacity and performance

From the assessment of the 18/19 plan submission Hull and East Yorkshire Hospitals NHS Trust have been identified as having the following areas of concern within their plan:

- Profile (working day) variance - 3 months activity planned where there are unexpected increases / reductions in ordinary elective activity for the period of the year.
- Profile (calendar day) variance - 1 month's activity planned where there are unexpected increases / reductions in non-elective >= 1 day activity for the period of the year.

- Winter profile - The trust has not planned to increase levels of non-elective >= 1 day admissions during the winter period.
- Beds v Activity - The trust's planned change in elective ordinary and non-elective >=1 day stay activity does not correspond to a similar change in bed position.
- Cancer 62 day - the trust has submitted an ambitious trajectory which it may struggle to achieve.
- A&E trajectory - The trust has submitted a trajectory which flat lines at 90% throughout months 1-11 and jumps to 95% in March with no seasonal profiling. Current performance has plateaued at circa 82% and remains a concern. The trust working with system partners needs to develop robust winter plans to mitigate the risks and challenges associated with winter and develop recovery plans to stabilise current performance.
- Growth - 6 of the trust's planning lines have forecasted a 18/19 growth of over 2.5% difference from the national expectation.
- 3 of the trust's submitted forecast out turns differ from the actual out turn by 5% or more, as reported in month 12 SUS activity submissions.

Capacity Planning

- With regards to capacity planning we would expect a discussion at board level that considers how any capacity gap would be closed, including the contribution from reducing length of stay. Pauline Philip will write to you next week (w/c 11th of June 2018) regarding a national ambition of reducing the number of patients in hospital with a length of stay greater than 21 days. Please consider this as part of your plan review and confirm in writing what the expected length of stay reduction in plans will be.

Workforce

- One of the most material risks to the delivery of safe, sustainable services in 2018/19 is the alignment of workforce, activity, capacity and financial plans. It is essential that trusts do not plan on delivering activity and receiving the associated income if they do not have the appropriate workforce in place to undertake this level of work. A critical element of your Board's review of the 2018/19 plan should focus on reviewing, assuring and if necessary resubmitting your workforce plan.
- Phasing of the plans - Within the operational workforce plan submitted on 30th April 2018 the difference between your planned March 2018 figure and April 2018 is -42.9 WTE, with a total increase in your plan between March 2018 and March 2019 of 114.1 WTE. This means you are planning a decrease of 42.9 WTE between March 2018 and April 2018 and an increase of 157 WTE between April 2018 and March 2019. The operational plan narrative provides a description of these changes, the Trust Board should ensure that this is achievable and realistic.

Finance

- Delivery of your bottom line position is dependent on successful implementation of your quality impact assessed cost improvement plans (CIPs). The level of risk in your cost improvement programme is material, with 45.3% of the programme identified as high risk and 44% to be delivered in the final quarter of 2018/19.
- It is essential trusts take action to ensure the underlying position moving into 2019/20 is better than opening 2018/19 underlying position through the delivery of recurrent measures. This will be reviewed by NHSI as part of our ongoing engagement throughout 2018/19.

- With the exception of Clinical Commissioning Group and NHS England, your current plan shows material reductions in income on the levels recovered in 2017/18. Your 2017/18 plan showed a similar planned reduction, which was not reflected in the final income levels recovered for the year. Where you are expecting reductions in income, particularly relating to Local Authorities, Overseas Visitors, Research & Development and Education & Training, please can you revise your plans to ensure they are appropriate and also confirm why you expect this to be the case in 2018/19. Please can you also ensure that all income and expenditure relating to intra NHS and Whole Government Accounting trading is included within plans in accordance with accounting rules on gross and net reporting as your monthly income and spend information is used on a trust level basis to inform national discussions.

Next Steps

After reviewing the issues highlighted above the trust Board may decide that amendments to the 2018/19 operating plan are required. If this is the case, NHS Improvement have put in place the facility for trusts to update all of their final 2018/19 operating plan submissions in a timely manner such that the outcome of the revised plan can be used in national reporting from month 3 onwards and will be the plan on which the Trust Board is assessed for 2018/19. NHS Improvement will communicate a deadline and detailed process for any plan resubmissions should they be required shortly. Please can you confirm if you do or do not wish to take up this opportunity to resubmit by 18 June to Owen Southgate, Delivery and Improvement Lead (owen.southgate@nhs.net).

We will continue to work with you to ensure you are able to access the necessary development support to strengthen the trust's capability and capacity for delivery. Our central commitment to delivering a strong provider landscape can only be achieved through your success and a robust set of plans. We will ensure that wherever possible we support you to deliver these ambitions. In return, our expectation is a simple one - that the commitments you make through this planning round and through locally agreed contracts are delivered in full.

If you wish to discuss the above or any related issues further, please let me or your regional director know.

Yours sincerely

Ian Dalton
Chief Executive
NHS Improvement

cc Chris Long, Trust Chief Executive
Lee Bond, Trust Finance Director
Lyn Simpson NHSI Executive Regional Managing Director
Jonathan Stephens, NHSI Regional Director of Finance
Elizabeth O'Mahony, NHSI Chief Financial Officer

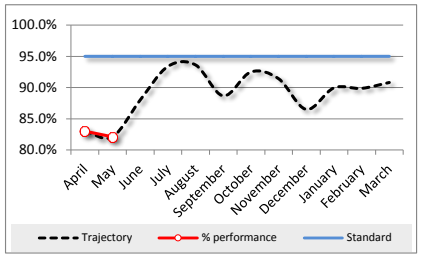
Hull & East Yorkshire Hospitals
Improvement Trajectories - progress monitor 2018/19
(revised 20/6/2018)

A&E Four Hour Waiting Times

	2017/18											
ACTUAL	April	May	June	July	August	September	October	November	December	January	February	March
attendances	11106	11839	11408	11893	10825	10857	11675	10923	11156	10867	10158	11408
breaches	767	993	817	1101	974	1637	1200	1283	2090	2613	2434	2878
% performance	93.1%	91.6%	92.8%	90.7%	91.0%	84.9%	89.7%	88.3%	81.3%	76.0%	76.0%	74.8%

	2018/19											
TRAJECTORY	April	May	June	July	August	September	October	November	December	January	February	March
attendances	11154	12020	11441	12180	11029	11137	11652	11029	11191	11056	10189	11650
breaches	1895	2149	1373	806	703	1261	873	946	1510	1111	1032	1070
% performance	83.0%	82.1%	88.0%	93.4%	93.6%	88.7%	92.5%	91.4%	86.5%	90.0%	89.9%	90.8%

ACTUAL	April	May	June	July	August	September	October	November	December	January	February	March
attendances	11154	12020										
breaches	1895	2149										
% performance	83.0%	82.1%										

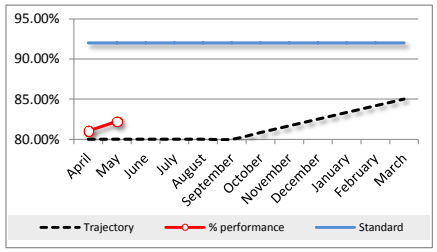


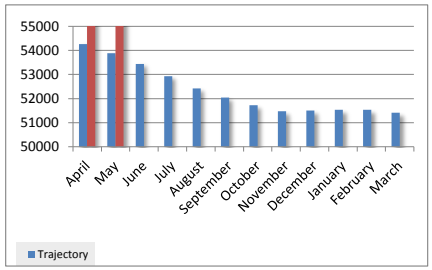
18Wks Incomplete Pathways

	2017/18											
ACTUAL	April	May	June	July	August	September	October	November	December	January	February	March
waiters	53161	53253	54051	54442	55131	53727	53456	53301	52814	52689	53441	54642
breaches	8225	7958	8024	7877	7769	8796	8706	8866	9906	10173	10498	11022
% performance	84.5%	85.1%	85.2%	85.5%	85.9%	83.6%	83.7%	83.4%	81.2%	80.7%	80.4%	79.8%

	2018/19											
TRAJECTORY	April	May	June	July	August	September	October	November	December	January	February	March
waiters	54262	53882	53439	52932	52425	52045	51728	51475	51507	51539	51539	51412
breaches	10852	10776	10688	10586	10485	10409	9915	9437	9014	8590	8160	7712
% performance	80.00%	80.0%	80.0%	80.0%	80.00%	80.0%	80.8%	81.7%	82.5%	83.3%	84.2%	85.0%

ACTUAL	April	May	June	July	August	September	October	November	December	January	February	March
waiters	55609	55588										
breaches	10548	9880										
% performance	81.0%	82.2%										





52wk trajectory

ACTUAL	2017/18											
	April	May	June	July	August	September	October	November	December	January	February	March
waiters > 52 wks	2	0	4	3	2	22	17	14	30	24	14	25
(of which TAP related)	0	0	0	0	0	20	11	4	16	4	0	3

TRAJECTORY	2018/19											
	April	May	June	July	August	September	October	November	December	January	February	March
waiters > 52 wks	25	30	13	6	3	1	0	0	0	0	0	0

ACTUAL	April	May	June	July	August	September	October	November	December	January	February	March
waiters > 52 wks	18	22										

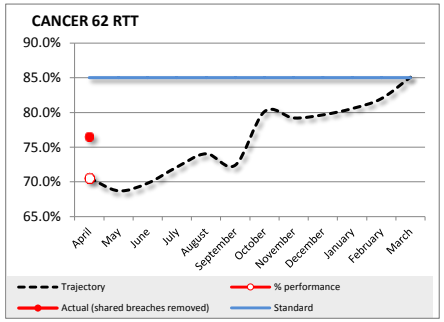
62d Cancer Waiting Times

ACTUAL	2017/18											
	April	May	June	July	August	September	October	November	December	January	February	March
treatments	122.5	146	158.5	174	183	154	173.5	155	127	162	139.5	138.5
breaches	31.5	35.5	30	36.5	35.5	34	27.5	28	22.5	27	31	32
% performance	74.3%	75.7%	81.1%	79.0%	80.6%	77.9%	84.1%	81.9%	82.3%	83.3%	77.8%	76.9%

TRAJECTORY	2018/19											
	April	May	June	July	August	September	October	November	December	January	February	March
treatments	158	155	154	174	183	154	173.5	161	140	167	147	154
breaches	46.5	48.5	46.5	48.5	47.5	42.5	34.5	33.5	28.5	32.5	26.5	23
% performance	70.6%	68.7%	69.8%	72.1%	74.0%	72.4%	80.1%	79.2%	79.6%	80.5%	82.0%	85.1%
adjusted breaches	*37*	*38*	37	40	40	36	29	29	25	30	25	23
adjusted performance	*76.6%*	*75.5%*	76.0%	77.0%	78.1%	76.6%	83.3%	82.0%	82.1%	82.0%	83.0%	85.1%

ACTUAL	April	May	June	July	August	September	October	November	December	January	February	March
treatments	158											
breaches	46.5											
% performance	70.6%											
adjusted breaches	*37*											
adjusted performance	76.5%											

note: cancer data is released 1 month behind



HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
TRUST BOARD
10 JULY 2018

Title:	QUALITY REPORT JULY 2018
Responsible Director:	EXECUTIVE CHIEF NURSE EXECUTIVE CHIEF MEDICAL OFFICER
Author:	Mike Wright, Executive Chief Nurse

Purpose:	The purpose of this report is to provide information and assurance to the Trust Board in relation to matters relating to service quality (patient safety, service effectiveness and patient experience)	
BAF Risk:	BAF Risk 3: There Is a risk that the Trust is not able to make progress in continuously improving the quality of patient care	
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	
Key Summary of Issues:	Information is provided in the report on the following topics: • Patient Safety Matters including Never Events and Serious Incidents • Themes and Trends from Serious Incidents • Safety Thermometer • Healthcare Associated Infections (HCAI) • Patient Experience Matters • Care Quality Commission Inspection • Learning from Deaths Areas of good practice are presented alongside those that require actions and improvement.	

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

QUALITY REPORT
JULY 2018

EXECUTIVE SUMMARY

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

- Patient Safety Matters including Never Events and Serious Incidents
- Themes and Trends from Serious Incidents
- Safety Thermometer
- Healthcare Associated Infections (HCAI)
- Patient Experience Matters
- Care Quality Commission Inspection
- Learning from Deaths

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

QUALITY REPORT
JULY 2018

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 including Never Events and Serious Incidents
- Themes and Trends from Serious Incidents
- Safety Thermometer
- Healthcare Associated Infections (HCAI)
- Patient Experience Matters
- Care Quality Commission Inspection
- Learning from Deaths

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 to the end of March 2018. Any other known matters of relevance since then will be described, also.

2. PATIENT SAFETY

2.1 Never Events (NE)

In 2017/18, the Trust declared a total of 6 Never Events; 4 relating to wrong site surgery, 1 relating to the wrong prosthesis implanted and 1 wrong-route administration of medication.

In response to these Never Events, a serious of actions have either already been undertaken, or are planned to be completed into 2018/19:

- A Never Event action plan has been produced
- Staff briefing of the Never Events held 4 April 2018 led by the Chief Executive, and is available to view on the Trust's Intranet
- Internal Thematic Review of the 6 Never Events undertaken, which is being presented to commissioners and regulators. This will also be discussed with the Trust Board at its development session on 31st July 2018.
- The Trust has visited East Lancashire Hospitals NHS Trust on the recommendation of NHS Improvement. This trust has had a similar number and type of Never Events and has put in place some good learning. The learning form this is being used to enhance this Trust's systems and processes going forward
- The 'Safer Surgery Project' has been re-launched with the support of 10 (senior) Clinical Champions
- The Trust is developing a corporately-branded patient safety campaign for launch by September 2018, which will include concepts akin to 'Stop the Line' and raising more awareness and empowering all staff to challenge poor practice more effectively.

The investigation into the last-reported Never Event was completed in March 2018 and the findings from this investigation are summarised at section 2.2 of this report.

2.2 Completed Never Event investigations

Two investigations into declared Never Events were completed in May and June 2018. There are no further open Never Event investigations.

2.2.1 - SI/2018/5157 – Wrong Site Surgery
In May 2018, an investigation was completed into a Never Event declared in February 2018 which related to a wrong site surgery for nerve root blocks. This was led by the Chief Nurse. The error was realised after the injection to the wrong side had been administered. The patient was informed and had the correct procedure on the correct side carried out that day successfully, with no apparent ill effects noted.

The findings from this investigation concluded that the patient was consented and listed for the correct side. However, there was a failure to carry out all the required safety checks with all members of the team present, and the failure to perform these checks led to the error occurring. In addition, there was retrospective amendment of the consent form, checklist and green radiology request form by the consultant radiologist. Although these amendments were meant to be an informative, transparent and comprehensive record of what had taken place, it did not meet with best practice.

An action plan has been developed from this investigation, which will put in place preventative measures to mitigate an event of this nature occurring again. The recommendations from the investigation are, as follows:

1. That the report is shared with the patient, with a further apology for the incident and an offer to meet with her should she wish this to happen to explain the investigation and its findings.
2. Following a previous Never Event reported in the Trust, a specialty site-specific checking procedure was introduced. This included the requirement to check site/side and undertake a pre-procedural pause. However, this did not include the requirement to mark the anatomical side and site where it is possible to do so. It is recommended that Standard Operating Procedures and checklists in Radiology should be revised to include the requirements for site marking and re-emphasise the need for the pre-procedural pause for all interventional procedures.
3. In view of the findings in point 2 (above), the staff involved in this incident are to affirm to the Head of Radiology that they now understand the reasons for the safety checks and how these are to be undertaken in the future, including their sequencing and the leadership role of the consultant/senior operator in this respect.
4. As confirmation of awareness and understanding of the wider team, all members of the Radiology team that are involved in interventional procedures are to sign a departmental record that they have read and understand all of the required safety checks and procedures that they need to undertake. This should be retained by the Head of Radiology for audit and assurance purposes. Also, this should be included in the induction programme for all new employees, irrespective of the role/grade.
5. Each member of the team involved in this incident is required to undertake a piece of reflective practice to determine their individual learning from this incident. In addition, the Consultant Radiologist and Radiographer are requested to include this reflection as part of their respective revalidation/re-registration requirements, also.
6. The Medical Education Committee is to review the undergraduate training programme content in relation to consent and associated standards for documentation.
7. The Chief Medical Officer is required to notify all Consultant and Junior Medical Staff of the issue relating to the retrospective amendment of medico-legal documentation and the need for full and transparent clarity when alterations and adjustments are made / required to the patient's plan of care.
8. The Trust's Governance Team to review the process for providing corporate communications and associated assurances of receipt in relation to safety alerts and changes to things such as Never Event guidance. The aim of this is to provide more robust evidence that any such important notices are received and understood by the personnel that need to be made aware of them. The records of these must be retained for audit/assurance purposes.
9. The Trust's Governance Team to review the consent audit template to ensure that this includes checking that all component parts of the consent forms have been completed fully and correctly.

This report has now been approved in full by commissioners.

2.2.2 – SI/2018/7119 Wrong Site Surgery

In June 2018, an investigation was completed into a Never Event for a wrong site surgery, again on nerve root block. This was led by the Chief Medical Officer. Prior to the procedure, all safety checks were carried out, consent had been taken correctly and the correct site was marked. However, on administration of sedation prior to the nerve root block, the patient became bradycardic (slow pulse rate), which required attention. Once the patient was stabilised, the procedure recommenced without a repeat procedural pause. A very small amount of nerve root block was injected into the incorrect side by the anaesthetist. The error was noted immediately. A decision was made to transfer the patient to theatre to complete the surgery on the correct side and the patient did not suffer any adverse consequences from the event. Despite this, it was still a wrong-site surgery Never Event.

The findings from this investigation were that there were unexpected distractions during the procedure. The recommendations from the investigation are, as follows:

1. That there should be human factors training for the whole theatre team to reinforce the safety brief and WHO checklist.
2. This should include reference to the fact that if any event happens to prevent staff carrying out a procedure they should stop and repeat the procedural pause.
3. Staff should ensure that they go through the full training package associated with the safer surgery check list.

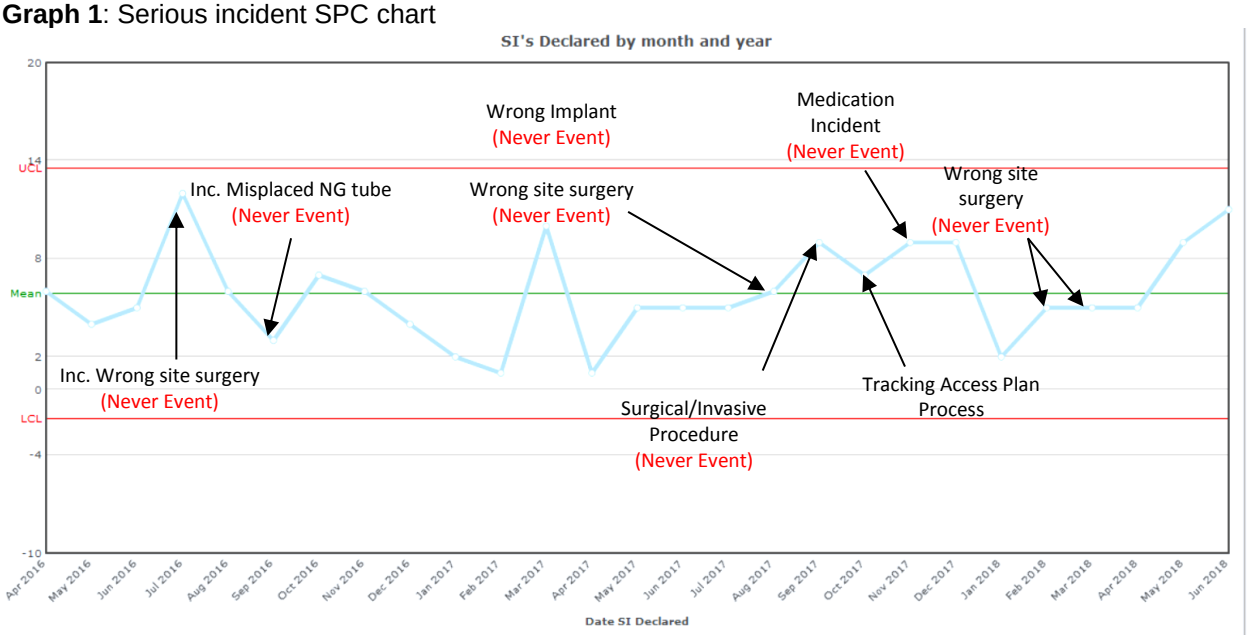
This report has been submitted to commissioners for review.

2.3 Serious Incidents reporting rates

The Trust declared 69 Serious Incidents in 2017/18 (this includes the 6 Never Events), compared to 68 declared in 2016/17. However, as some of the 69 incidents are still under investigation, some may be considered for de-escalation if the investigation determines they do not meet the definition of a serious incident, so this figure may be subject to change.

To date in 2018/19, the Trust has declared 25 Serious Incidents (no Never Events). The following graph shows the Serious Incident reporting rate, with Never Events highlighted specifically, and the Tracking Access Plan SI noted.

Graph 1: Serious incident SPC chart



2.4 Serious Incidents declared in May and June 2018

The outcomes of all Serious Incident reports are reported to the Trust Board's Quality Committee. A summary of the incidents declared is contained in the following tables and each of these is now under investigation. Anything of significance from them will be reported to the Trust Board in due course.

The Trust declared 9 Serious Incidents in May 2018.

Table 1: Serious Incidents declared May 2018

Ref Number	Type of SI	Health Group
11074	Obstetric Incident – Unexpected stillbirth	Family & Women's
11562	Sub-Optimal Care of the Deteriorating Patient – Un-well patient transferred inappropriately	Medicine
11829	Consent Incident	Surgery
12094	Diagnostic Incident – delay in diagnosing spinal injury	Medicine
12401	Self-Harm Incident by paediatric patient	Family & Women's
12882	Treatment Delay – Delay in diagnosing bone tumour	Surgery
12886	Obstetric Incident – missed opportunities to give women a consultant follow up for reduced growth	Family & Women's
12892	Radiation Incident – staff member entered MRI suite with metal equipment. Equipment was sucked into scanner bore, causing damage.	Family & Women's
13341	Obstetric Incident – delay in earlier delivery of Inter Uterine Death	Family & Women's

The Trust declared 11 Serious Incidents in June 2018.

Table 1: Serious Incidents declared June 2018

Ref Number	Type of SI	Health Group
13633	Hospital acquired Pressure ulcer	Medicine
13653	Abuse/alleged abuse of adult patient by staff	Medicine
13905	Sub-optimal care of the deteriorating patient - patient discharged from ED, when at care home patient deteriorated and died	Surgery
14767	Unauthorised absence - patient discharged to wrong address (joint investigation with Red Cross)	Corporate Functions
15394	Hospital Acquired Pressure ulcer	Medicine
15409	Sub-optimal care of the deteriorating patient - patient deteriorated suddenly while in AMU and died.	Medicine
15419	Surgical/invasive procedure - paediatric patient being fed with NG tube had intestinal perforation	Family & Women's
15537	Maternity/obstetric incident - Unexpected still birth and maternal death	Family & Women's
15571	Sub-optimal care of the deteriorating patient - patient transferred with oxygen cylinder in place but not turned on	Medicine
15801	Surgical/invasive procedure - failure of consent checking processes	Family & Women's
15952	Pending categorisation - patient accepted onto clinical trial when not meeting inclusion criteria and has experienced deterioration in health	Clinical Support

2.5 THEMES AND TRENDS ARISING FROM SERIOUS INCIDENTS

The Serious Incident Annual report was presented to Operational Quality Committee in June 2018.

The Top 5 themes from Serious Incidents in 2017/18 (with 2016/17 for comparison) were:

Category	Number
Treatment Delay	11 (18)
Unexpected Death	10 (9)
Treatment Delay – Lost to Follow up (as its own category this year)	8
Hospital Acquired Pressure Ulcer	8 (4)
Surgical/Invasive Procedures (Not NEs)	7 (2)

2.5.1 Lost to Follow up

Following declaration of three 'lost to follow' SIs in May 2017 for Urology, the Tracking Access Plan issues were reported as an overall process SI in October 2017. This SI remains open until the Clinical Harm Review work has been completed.

2.5.2 Recurring themes in maternity SIs

An internal thematic review is being undertaken on maternity services, to include a review of Serious Incidents declared within the year. The Healthcare Safety Investigation Branch (HSIB) investigated one of the maternity Serious Incidents, in relation to a hypoxic brain injury to a baby following birth. The HSIB conclusion was that there was a good standard of care given, and no concerns were raised.

2.5.3 Sub-optimal care / failure to escalate deteriorating patient:

A recurring theme identified in SI's has been lack of vital signs observations, calculation of National Early Warning Scores (NEWS), delays in identifying and escalating or not escalating deteriorating patients and communication issues. As a result, a revised Quality Improvement Programme is being developed to address these issues. In addition, a national patient safety alert has been issued by NHSI as these errors are common across the NHS. The safety alert requires the implementation of a revised National Early Warning Score system (NEWS2) across the NHS by March 2019. A task and finish group has been established to address this.

2.5.4 Treatment delays

The highest reported category of SI is treatment delay, the majority of which had an element of 'lost to follow up'. A further identified theme in treatment delays is the failure to act on abnormal test results with patients representing with disease progression some time later.

2.5.5 Quality Visits from Commissioners

When areas have had more than one SI occurring over a period of time, the Trust's Commissioners have requested to undertake Quality Visits. During 2016/17, the Commissioners undertook Quality Visits to Ward 70 HRI and the Ophthalmology Service. In 2018/19, Quality Visits have been undertaken to Ward 110, HRI and Emergency Department. After each visit the Commissioners provide a report, which the Trust responds to. No significant concerns have been raised to date from these four visits.

2.6 Overall view of themes within serious incidents

The main themes within SI's continue to be communication and failure to follow established and evidence-based patient safety processes. These have appeared as root causes and contributory factors in the majority of SI's declared during 2017/18, most of which involve very experienced and senior clinicians. The proposed patient safety campaign that was described earlier in this report will respond to these themes. The campaigns, developed from and using the ethos of 'Below 10,000 feet' and 'Stop the Line' will use language-based safety tools to empower staff to step in and challenge in times of potential or actual patient safety risks.

3. SAFETY THERMOMETER – HARM FREE CARE

The NHS Safety Thermometer (ST) is a series of point prevalence audits that were established to measure the four most commonly reported harms to patients in hospital. Each month, all inpatients are assessed for the existence of any of the four harms that have occurred either before they came into hospital or whilst in hospital. Each month, all inpatients on that day are assessed for the existence of any of the four harms.

The NHS Safety Thermometer point prevalence audit results for June 2018 are attached as **Appendix One**.

From the 864 in-patients surveyed on Friday 8th June 2018, the results are as follows:

- **92.5%** of patients received 'harm free' care (none of the four harms either before coming into hospital or after coming into hospital)
- **2.31% [n=20]** patients suffered a 'New Harm' (whilst in hospital), with the remainder not suffering any new harms, resulting in a New Harm Free Care rating at **97.69%.** This is positive overall performance against this indicator.
- VTE risk assessments reviewed on the day. Of the 864 patients, 38 did not require a VTE risk assessment. Of the remainder, 743/826 had a VTE risk assessment undertaken. This is **89.9%** compliance on the day. VTE incidence on the day of audit was **7** patients; **3** of which were with a pulmonary embolism and **4** were a deep vein thrombosis.
- There was 1 new pressure ulcer on the census day. However, 47 patients had pre-hospital admission pressure ulcers (38 at Grade 2, 2 at Grade 3 and 7 at Grade 4). These are now being fed back to commissioners to manage. In addition, a health-economy wide group has now been established to look at the significant number of patients that come into hospital with pre-existing pressure damage. The Trust is a member of this group.
- There were **19** patient falls recorded within three days of the audit day. Of these, 8 resulted in no harm to the patient, 6 with low harm and 1 with moderate harm. Falls with harm remain relatively low overall in the Trust.
- Patients with a catheter and a urinary tract infection were low in number at **8/170** patients with a catheter **(4.7%)**. Of the 8 patients with infections, 6 of these were infections that occurred whilst the patient was in hospital.

Overall, performance with the Safety Thermometer remains positive, but continues to be reviewed monthly. Each ward receives its individual feedback and results.

Each ward receives its own results and feedback and ward sisters/charge nurses develop actions to address these.

4. HEALTHCARE ASSOCIATED INFECTIONS (HCAI)

4.1 HCAI performance 2018/19 as at 31st May 2018

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

Organism	2018/19 Threshold	2018/19 Performance (Trust Apportioned)
Post 72-hour *Clostridium difficile* infections	52 (locally agreed CCG stretch target of 45)	3 (6% of threshold)
MRSA bacteraemia infections (post 48 hours)	Zero	0
MSSA bacteraemia	44	**11 (25% of threshold)**
Gram Negative Bacteraemia		
E.coli bacteraemia	73	**18 (25% of threshold)**
Klebsiella	4	Baseline monitoring period
Pseudomonas aeruginosa	1	Baseline monitoring period

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

4.1.1. *Clostridium difficile*

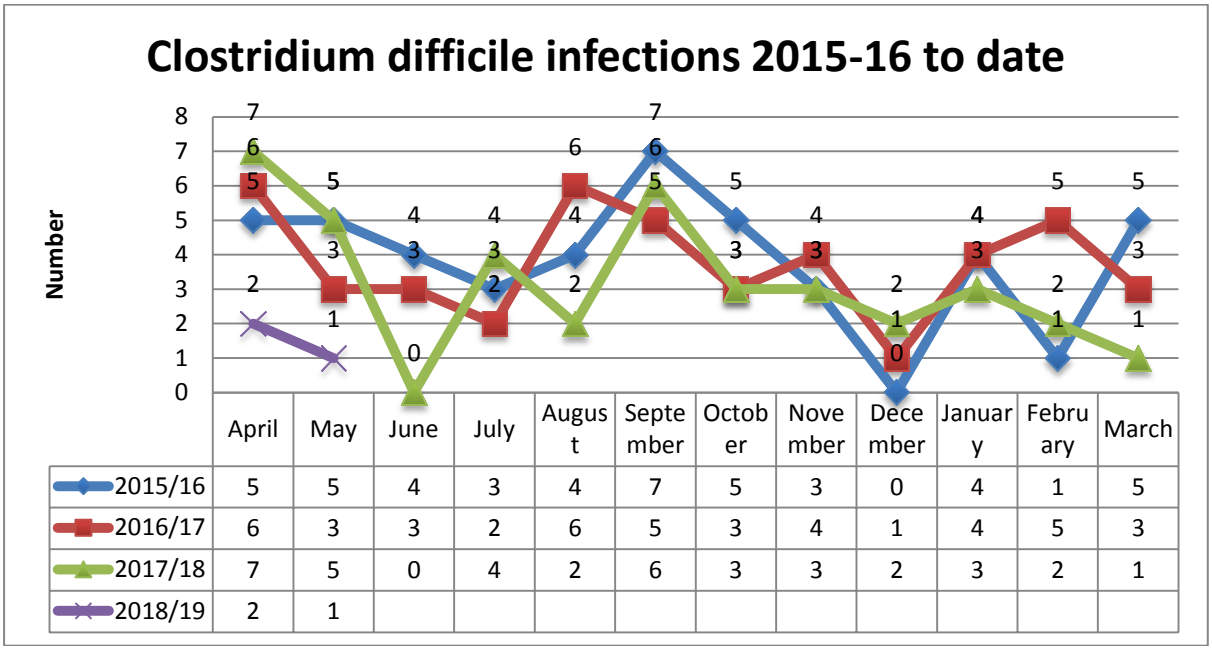
Clostridium difficile infection is a type of bacterial infection that can affect the digestive system. It most commonly affects people who have been treated with antibiotics. The symptoms of a *C.difficile* infection can range from mild to severe and include: diarrhoea, a high temperature (fever) and 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 reporting requirements for 2018/19. A threshold for Trust apportioned cases has been set by NHS Improvement at 52 but a stretch target of 45 has been locally agreed with Commissioners.

NHS improvement provided guidance in March 2018 in preparation for *C.difficile* reporting during 2019/20. Changes to the *C.difficile* reporting algorithm for the financial year 2019/20 include reducing the number of days to identify hospital onset of healthcare associated cases from 3 days to 2 days following admission and, also, adding a 'prior healthcare exposure element' for community onset cases in order to determine when and where the infection may have started. *Clostridium difficile* activity during 2018/19 will provide the opportunity to determine the impact the changes will have on cases apportioned to the Trust and whether any actions are required in preparation for those changes. Future reports will contain any relevant information related to Trust measures in meeting these changes.

At month two, the Trust reported 3 infections against an upper threshold of 52 (6% of threshold). Two Trust-apportioned *C. difficile* cases were reported during April 2018 and one during May 2018; two in the Medical Health Group and the other in the Surgical Health Group.

Organism	2018/19 Threshold	2018/19 Performance (Trust apportioned)	Lapses in practice / suboptimal practice cases
Post 72-hour *Clostridium difficile* infections	53 (45)	3 (6% of threshold)	All three cases have been subject to RCA investigation and are awaiting review by Commissioners.

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	2018/19 Threshold	2018/19 Performance (Trust apportioned)	Outcome of PIR Investigation / Final assignment
MRSA bacteraemia	Zero tolerance	Nil to report	Nil to report

Previously reported MRSA bacteraemia cases have been subject to a Post Infection Review (PIR) process and formally reported within a 14 working day timeframe to Public Health England. For 2018/19, the Trust will no longer be required to submit a formal PIR process because of low rates of Trust-apportioned cases. In order to ensure patient safety and the ongoing reduction of infection, a PIR process will continue but will only reported locally to commissioners.

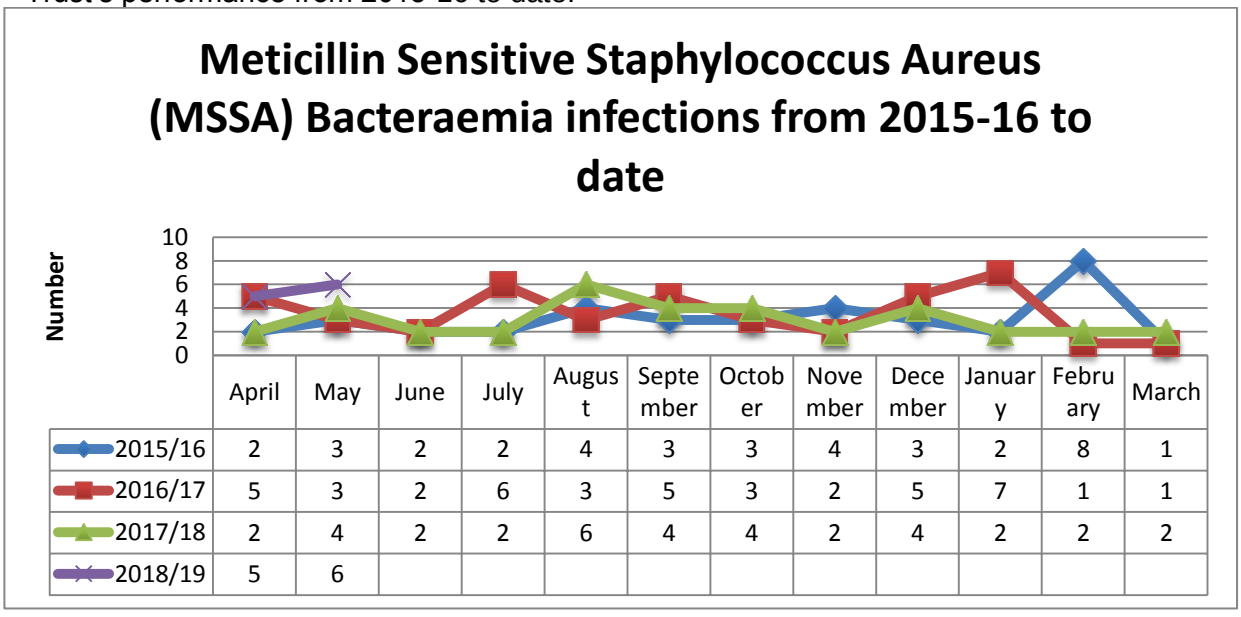
4.1.3 Meticillin Sensitive *Staphylococcus Aureus* (MSSA) bacteraemia

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. The reported rates for this infection at Month 2 are in the following table. This is relatively high for this time of year. Five of these infections have been reported on the Cardiology Ward at CHH (2 x April, 1 x May and 2 x June), which is of concern. These are in the process of being analysed to determine if there is any linkage. Also, the Senior Matron has been requested to undertake additional reviews of clinical practices and behaviours on that ward. Anything of note will be reported in due course.

Organism	2018/19 Threshold	2018/19 Performance (Trust apportioned)	Outcome of RCA Investigation (avoidable/ unavoidable)
MSSA bacteraemia	44	**11 (25% of threshold)**	RCA investigation ongoing for the 11 reported cases. Eight reported in the Medical Health Group (five of which are on one ward – C26) and three one in the Surgical Health Group

MSSA bacteraemia performance is provided in the following table. There are no national thresholds for this infection again for 2018/19 but the need for continued and sustained improvements regarding this infection remains a priority. The following graph highlights the Trust's performance from 2015-16 to date:



	April	May	June	July	August	September	October	November	December	January	February	March
2015/16	2	3	2	2	4	3	3	4	3	2	8	1
2016/17	5	3	2	6	3	5	3	2	5	7	1	1
2017/18	2	4	2	2	6	4	4	2	4	2	2	2
2018/19	5	6										

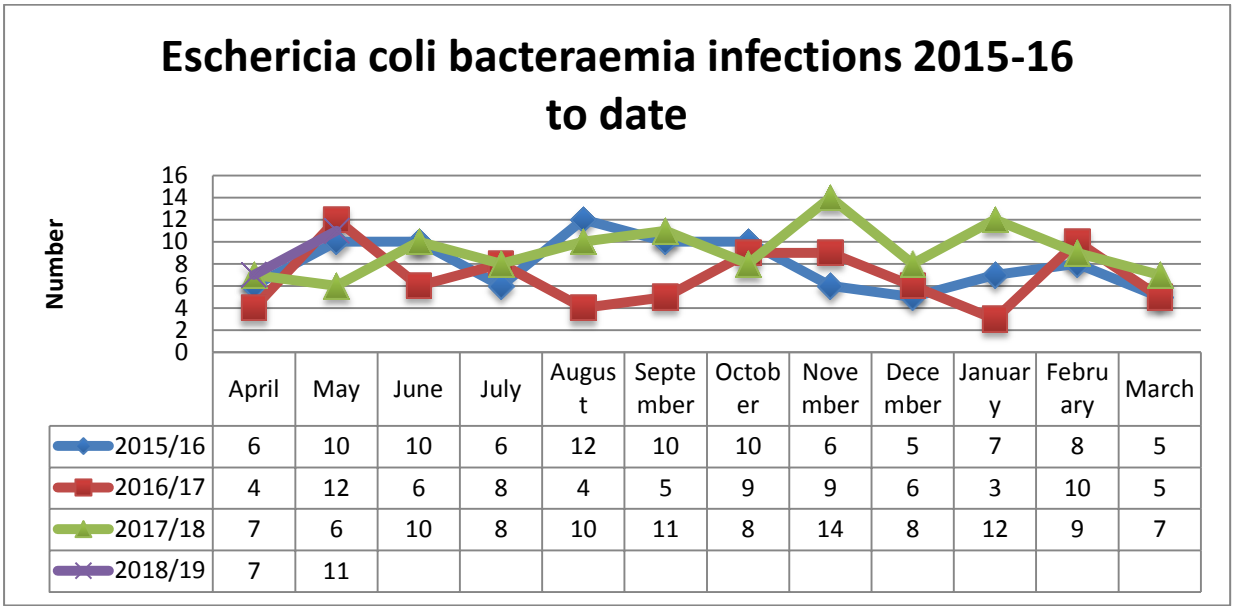
4.1.4 *Escherichia-coli* Bacteraemia

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 2018/19, Trusts will still be required by NHS Improvement to achieve a 10% reduction in E. *coli* bacteraemia cases. Achievement of reductions will be collaborative through joint working with commissioners, underpinned by joint action plans as required by NHS Improvement. In addition, in acknowledging the burden of infections associated with urinary catheters, the Trust has joined an improvement collaborative run by NHS Improvement to work with colleagues across the region to try and help reduce this problem. In addition, NHSI held an event in London during May 2018 explaining the importance of reducing the burden of HCAI's associated with Gram-negative bloodstream infections (GNBSI's) in the current health economy. This was attended by the Deputy Chief Nurse. Further updates on the work of the UTI collaborative forum will be provided in future reports.

As can be seen, this infection is also at 25% of its threshold at Month 2. However, many of these have been deemed to have been unavoidable following root cause analysis.

Organism	2018/19 Threshold	2018/19 Performance (Trust apportioned)	No. of cases investigated clinically	Outcome of Clinical Investigation (avoidable/ unavoidable)
E. coli bacteraemia	73 (after 10% reduction)	**18 (25% of threshold)**	Ongoing	The 18 cases are distributed across Health Groups with the majority within the Surgical Health Group. 11 cases detected in the Surgical HG, 3 cases in the Medical HG, 2 cases detected in Families & Women's HG and the remaining 2 cases in Clinical Support HG. Thus far, the review of the cases suggests ongoing causes related to biliary and urinary sepsis. None of the seven cases detected during April 2018 required completion of formal RCA process as deemed not preventable following initial investigation. The investigations into the remainder are in progress.

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

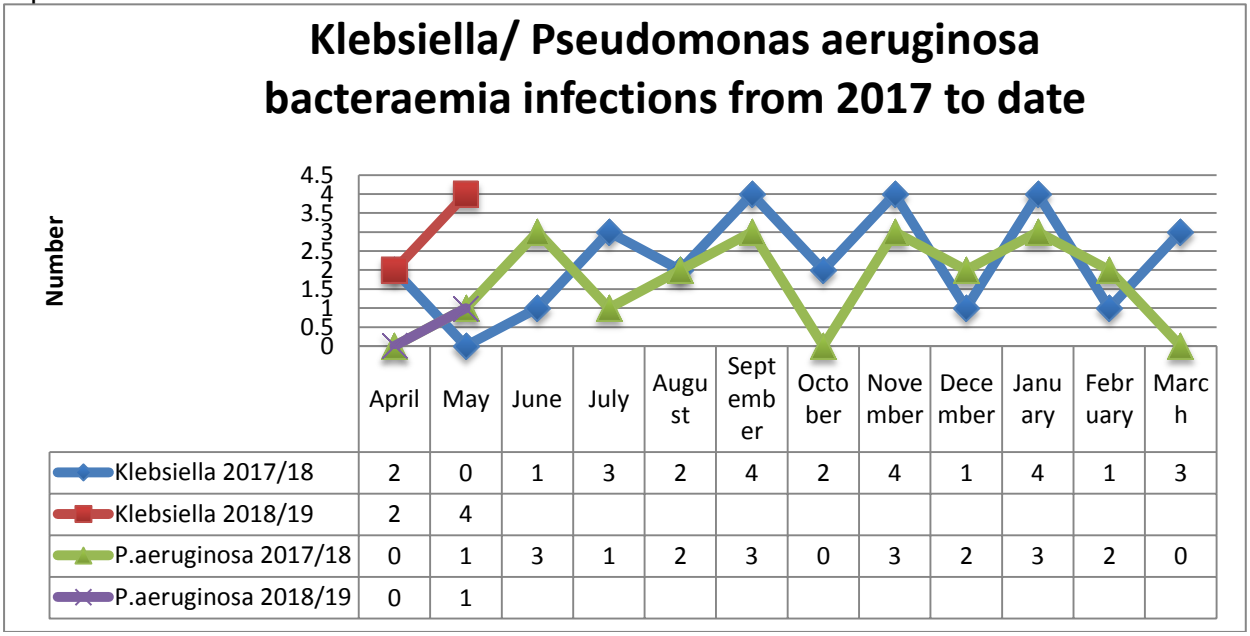


	April	May	June	July	August	September	October	November	December	January	February	March
2015/16	6	10	10	6	12	10	10	6	5	7	8	5
2016/17	4	12	6	8	4	5	9	9	6	3	10	5
2017/18	7	6	10	8	10	11	8	14	8	12	9	7
2018/19	7	11										

4.1.5 Gram negative bacteraemia – reporting for 2018/19
If gram-negative bacteria enter the circulatory system, it 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 requirement across the health economy to reduce healthcare associated Gram-negative bloodstream infections by 50% by 2021. This includes the ongoing reporting of two additional organisms. Surveillance of *E. coli* bacteraemia alongside Klebsiella and Pseudomonas continues during 2018/19 although no thresholds have been published for the latter two GNBSI's.

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, in spite of low numbers reported.



	April	May	June	July	August	September	October	November	December	January	February	March
Klebsiella 2017/18	2	0	1	3	2	4	2	4	1	4	1	3
Klebsiella 2018/19	2	4										
P.aeruginosa 2017/18	0	1	3	1	2	3	0	3	2	3	2	0
P.aeruginosa 2018/19	0	1										

4.2 Infection Outbreaks

An outbreak is defined by two or more patients with the same infection in the same ward/area.

There were no reported outbreaks associated with diarrhoea and vomiting/ Norovirus during April 2018.

During May 2018, Ward 70 Hull Royal Infirmary was closed due to an outbreak of diarrhoea and vomiting. Initially, two bays were affected but this escalated to affect 14 patients in total and a decision was made by the Site Team to close the full ward on the 12th May 2018, following discussion with IPCT. No staff affected and no causative organisms were detected. The ward was cleaned and reopened on the 16th May 2018.

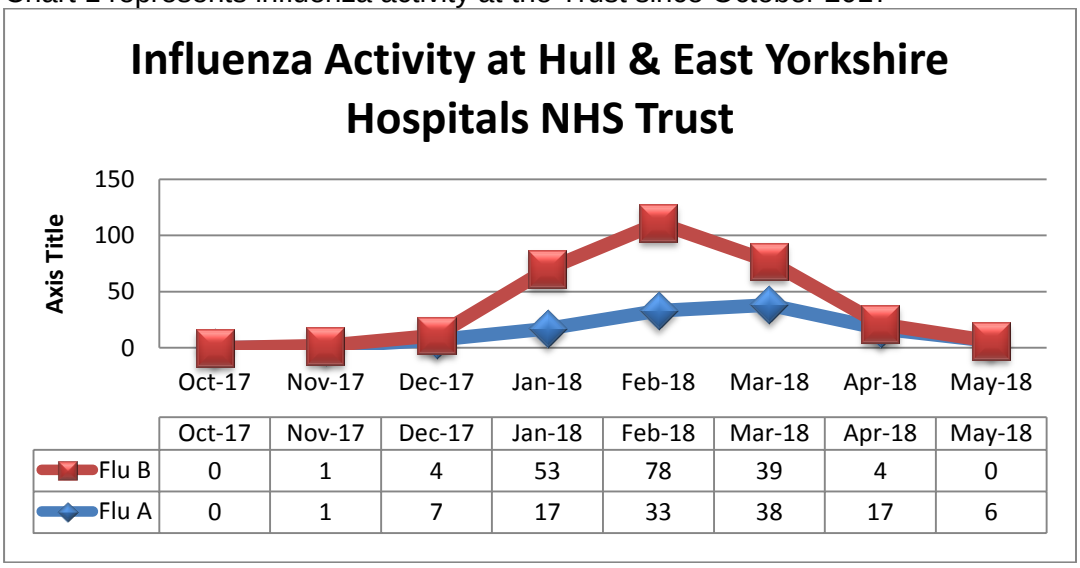
4.2.1 Influenza trends

During April 2018, the Trust continued to experience cases of Influenza, in line with activity across the Yorkshire & the Humber region. Twenty one cases of Influenza were reported during April 2018; 17 Influenza A and 4 Influenza B cases. One death associated with Influenza occurred in a patient with multiple comorbidities who was screened on admission and died within 24 hours of the positive result.

An outbreak of Influenza occurred on Ward 10, Hull Royal Infirmary during April 2018, affecting 6 patients in total; 4 with Influenza A and the remaining 2 with Influenza B. The outbreak occurred just as the ward was due to close as the Winter Ward. A decision was made to contain the outbreak and keep the ward open but closed to admissions for 3 days to allow sufficient time to provide treatment and prophylaxis for patients and contacts and monitor for secondary cases. There were no further secondary cases and the ward was closed three days later as planned.

During May 2018, the Trust continued to experience cases of influenza, mainly influenza A, although these were not subject to national reporting as numbers of influenza had returned to normal seasonal activity at that stage. In total, 6 influenza A cases were reported during May 2018, with the last cases reported on the 14th May 2018.

Chart 1 represents influenza activity at the Trust since October 2017

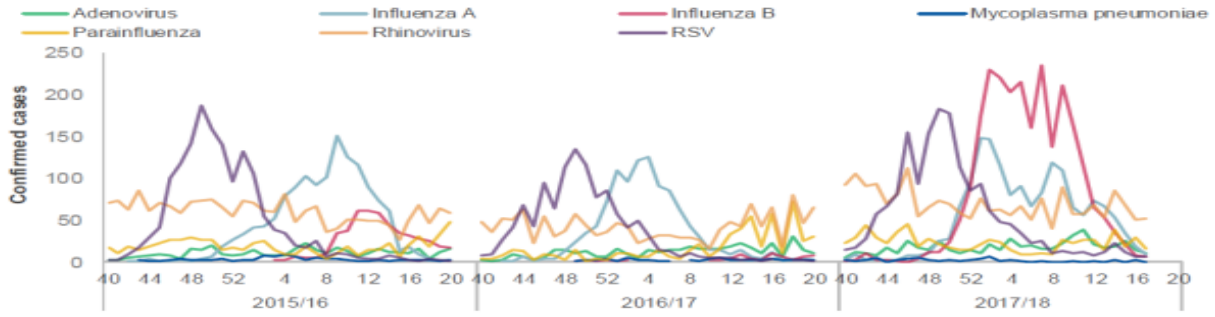


	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Flu B	0	1	4	53	78	39	4	0
Flu A	0	1	7	17	33	38	17	6

Chart 2 represents activity of respiratory infections including Influenza A & B across the Yorkshire & Humber region (PHE Field Epidemiology Service)

Laboratory Confirmations

Figure 6 Laboratory confirmed cases of respiratory infections by week
Source: SGSS



5. PATIENT EXPERIENCE

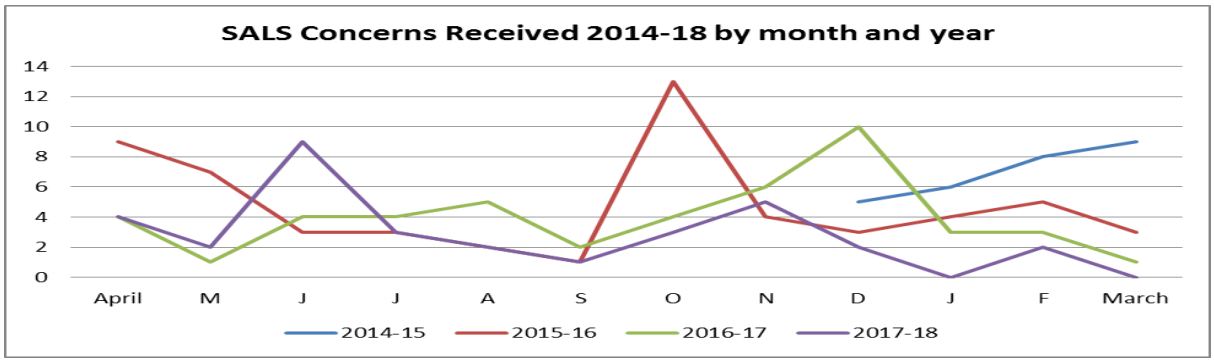
5.1 Patient Experience Annual Report 2017/18

The Patient Experience Annual Report for 2017/18 was presented at the Quality Committee on 25th June 2018. Key points from this are, as follows:

- During 2017/18, the Trust received 612 formal complaints. This is a 5.2% increase from 2016/17 when 581 complaints were received. Surgery Health Group (HG) received 205 (33.5%), Medicine HG 218 (35.6%), Family and Women's HG 145 (23.7%) and Clinical Support HG 40 (6.5%). 4 complaints were received for non-HG areas.
- 607 formal complaints were closed, 412 of which were regarding treatment issues. Treatment, not satisfied with plan remained the highest (126), with treatment outcome of surgery (84), diagnosis incorrect (61) treatment outcome of treatment (53) and treatment delayed (31) being the top 5 sub-categories.
- 5 complaints were not investigated as the complainant had requested that it not be progressed; they were responded to as PALS or were escalated for a serious incident investigation. 223 complaints were not upheld, 278 were partly upheld and 98 were upheld.
- During 2017/18 there were 14 new cases from a complaint referred to the Parliamentary and Health Service Ombudsman (PHSO) and, from existing cases, 8 were not upheld, 6 were partially upheld. No case was fully upheld.
- The total number of concerns, compliments, comments and general advice contacts received by the PALS team for 2017/18 was 3,935. This indicated the following:

    - A 12% increase in total activity.
    - A decrease of 14% in the number of concerns raised.
    - Of all the concerns raised, 62 were escalated to a formal complaint, a 12.6% decrease from the previous year.
    - 1 serious incident was recorded in PALS.
    - A total of 282 compliments were logged in PALS, an increase of 16% from 2016/17.
    - 805 requests were for general advice.
    - Medicine Health Group had the most concerns raised in 2017/18.
    - Top 3 areas of concerns raised were Not satisfied with the plan for treatment; the length of wait for an outpatient appointment, including follow-up appointment and clinic appointments being cancelled.

Since the launch of Staff Advice and Liaison Service (SALS) in January 2015, there have been 163 contacts in total, either via email, telephone or face to face. A total of 33 contacts have been received from April 2017 to March 2018, a decrease of circa. 30% from the previous financial year. The most common themes continue to involve difficult working relations, work pressures causing significant impacts on stress levels and staff being discouraged from raising incidents.



In 2017/18, national survey reports were received for the Inpatient survey, Maternity survey and Children and Young People survey.

- The Inpatient survey 2017 indicated that the Trust had made significant improvements since the 2016 survey and was the sixth most improved Trust (using Picker) with 3.6% fewer patients on average reporting a problem.
- The Maternity survey indicated the following:

    - 64% of respondents were given a choice of where to have their baby.
    - 78% of respondents said that the midwives listened to them during their antenatal check-ups.
    - 31% were left alone by midwives or doctors at a time when it worried them.
    - 70% of respondents felt that they were involved enough in decisions about their antenatal care.
    - 96% of respondents felt that their partner was involved in their care during labour and birth.
    - 86% of respondents said that they were treated with respect and dignity.
    - 75% of respondents said that the hospital room or ward they were in was very clean.
    - 98% of respondents were visited at home by a midwife since the birth of their baby.
    - 72% of respondents had confidence and trust in the midwives they saw after going home.
    - 34% did not have enough time to ask questions in antenatal check-ups
    - 28% did not have confidence and Trust in visiting midwives.

- The Children and Young People's survey reported:

    - Overall: 89% of parents rated care 7 or more out of 10.
    - Hospital staff: 78% of parents always had confidence and trust in the members of staff treating their child (0-15 years)
    - Overall: 81% of parents stated they were always treated with dignity and respect by the people looking after their child (0-7 years).

The Family and Women's Health Group is developing actions to address any shortcomings from these surveys.

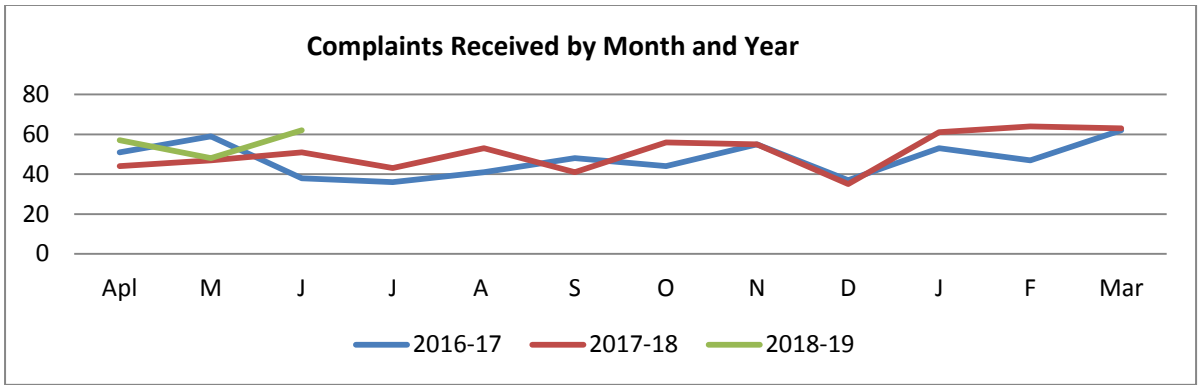
The full Patient Experience Annual Report is available to all Trust Board members on request. In addition, the Chief Nurse has requested more focus on the evidence of learning from complaints in future annual reports.

Also in response to the annual report, the Chief Nurse has requested a review of the process that determines whether a complaint is 'upheld' or not as those classified as 'not upheld' appears to be much higher in number than ought be expected from formal complaints. Level 1 and Level 2 complaints are signed off by Health Groups where most of those that fall into this category sit. As such, the Chief Nurse wishes to look into this more closely. Complaints at Levels 3 or 4 are signed off by the Chief Nurse or Chief Executive. As part of this review, the Chief Nurse and Chief Executive have agreed to review some 'random samples' of complaints signed off by Health Groups. Health Group leaders have also been requested to review their process for the grading of complaints.

Complaints are graded 1-4. Level 1 represents a relatively 'minor' situation that can be resolved very quickly, such as a delay in receiving an appointment or a query regarding the patient's position on a waiting list. It is often in the patient's best interest for complaints of this nature to be forwarded to the PALS team who contact the patient quickly and agree a way forward. Level 2 complaints are classed as 'moderate' and include missed fractures, failure to meet care needs, delayed discharge, communication issues and the attitude(s) of staff. The majority of complaints are Level 2. Level 3 complaints require 'complex investigations' that may cover several areas of the Trust and/or a lengthy inpatient stay. Level 4 complaints relate to serious failures that have resulted in serious harm or death. Complaints of this nature are escalated to the Risk Team and a Serious Incident investigation is undertaken.

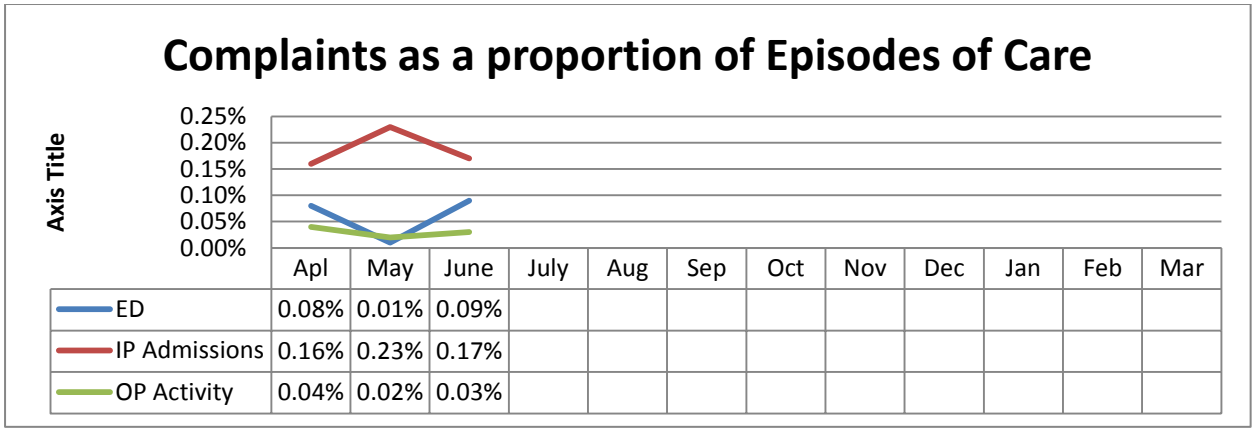
5. PATIENT EXPERIENCE – May and June 2018

The following graph sets out comparative complaints data from 2016 to date. There were 49 new complaints recorded in May 2018 and 62 complaints in June 2018. These figures show the same number of complaints received in May last year but an increase in the number of complaints in June compared to the same period in 2017. The average so far this financial year is 56 per month compared to an average of 47 in 2016/17 and 53 in 2015/16. 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.



Of the complaints closed within May/June, 56 were level 1; 94 level 2, 3 level 3 and 5 level 4. If the complaint is regarding a patient currently on a ward, the Senior Matron or senior manager is requested to visit the patient and discuss the concerns, with the aim of resolving the issues and, with the agreement of the patient, de-escalate the complaint to a PALS case. The Safeguarding Team is notified of any complaints that have alleged safeguarding elements.

Complaints usually reflect activity in the previous three months and the increase indicated during May and June is most likely related to high inpatient activity in February and March and high levels of cancellation of elective procedures due to winter pressures.



	Apl	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
ED	0.08%	0.01%	0.09%									
IP Admissions	0.16%	0.23%	0.17%									
OP Activity	0.04%	0.02%	0.03%									

The following table indicates the number of complaints by subject area that were received for each Health Group and Corporate department during the months of May/June 2018.

Complaints Received by Health Group and Subject – May/June 2018

Complaints by Health Group and Subject (primary)	Month	Attitude	Care and Comfort	Communica-tion	Discharge	Safeguarding	Special Needs	Treatment	Total
Corporate Functions	May	0	0	0	0	0	0	0	0
	June	0	0	0	0	0	0	0	0
Clinical Support	May	0	0	0	0	0	1	0	1
	June	0	1	1	0	0	0	3	5
Family and Women's	May	1	0	0	0	0	0	10	11
	June	0	0	1	0	0	0	8	9
Medicine	May	1	3	1	1	1	0	15	22
	June	2	2	1	1	1	0	16	24
Surgery	May	1	1	0	0	0	0	13	15
	June	3	2	0	0	0	0	14	24
Totals:	May	3	4	1	1	1	1	38	49
	June	5	5	3	1	1	0	41	62

As can be seen from this table, complaints regarding 'treatment' remain the highest recorded category. The Medicine Health Group received the highest number of complaints for the period May/June. The Patient Experience Team continues to work with all Health Groups to highlight themes and trends and to ensure a timely response to complainants.

The Patient Experience Team has attended six wards during May and June to deliver training to staff on the handling of concerns effectively. In addition to this training, the team also attended nine Divisional Governance meetings within the Family and Women's Health Group. This received very positive feedback regarding the content and relevance. This invitation has been extended to all other Divisional Governance meetings, many of which will be arranged during the forthcoming months. The training is specific to the area and reflects on themes and trends and actions resulting from complaints for the ward/division. It also reviews compliments and shares positive experiences.

5.1.1 Examples of outcomes from complaints closed during May/June 2018:

- A patient expressed concern regarding unnecessary radiotherapy exposure and that he felt 'abandoned' after treatment. Also that he felt he should have had further investigations of back pain; he had lost confidence in the medical staff and wished to transfer his treatment to Leeds.

Outcome: The patient and his wife attended a resolution meeting at which a Senior Matron and his Consultant Oncologist attended. Full assurance was given that the radiotherapy was the best management option for his condition and was appropriate. The doctor apologised for the lack of full and open communication with the patient that had clearly led him to be distressed further. The back pain was investigated and further management options suggested. The patient seemed to understand the treatment pathway as a result of the meeting and accepted the doctor's apology.

- A relative raised concern regarding the management of the patient in Emergency Department, Acute Medical Unit and on inpatient wards in relation to the treatment of an infection and prevention of Deep Vein Thrombosis (VTE) Pulmonary Embolism (PE). The patient died subsequently from an unexpected PE following discharge.

Outcome: The patient's family was assured that the treatment of the infection on admission was appropriate, as the patient had clinical symptoms of infection. The patient also had appropriate assessments for VTE and during her inpatient stay, displayed no symptoms of any thrombotic event. The patient showed no indication of a PE nor did any of her extensive investigations identify any thrombosis or PE.

- A patient complained regarding physiotherapy management and removal from the surgical treatment pathway.

Outcome: The patient was treated appropriately and managed by the physiotherapy route as she had no bony injury as a result of her fall. The patient was concerned she did not receive a CT scan when she requested one after prolonged physiotherapy intervention. Assurance was given that there was no clinical indication for this to be undertaken at that time. Another issue was that when the patient was unable to attend a hospital appointment and had tried to rearrange it, she was recorded as a 'Did Not Attend' and was removed from the trauma pathway. An apology was made that this had occurred as and the patient was rebooked immediately with the service.

- A patient raised concern with regard to their consultation with a Consultant Oncologist and a delay in referral to the ENT specialty.

Outcome: The Consultant extended his apologies as there had been IT issues during the consultation that had resulted in him not being able to access fully the patient record. The result of the patient's investigations was shared at the consultation and the outstanding results were communicated with the patient by the Consultant over the telephone as soon as he was able to access them. The Consultant also wrote to the GP and ENT Consultant; however the ENT appointment was expedited for the patient whilst the complaint was investigated.

- A prescribing error resulted in a paediatric patient receiving a higher dose of a drug than required.

Outcome: No harm resulted from this error; however this will be highlighted in the monthly pharmacy newsletter for shared learning. Human factors training to be arranged for those staff involved and training sessions to be added to the junior doctor induction training. The paediatric pharmacist will attend doctor handover meetings once a week to help improve learning.

- A woman was re-admitted to the post-natal ward following wound dehiscence after having had a Caesarean section. It was clear from the concerns raised that her wound was not visualised by all community midwives when visiting the patient.

Outcome: All community midwives to visually inspect the wound on every visit and both midwives involved are to undertake a reflective session for their own personal learning.

5.1.2 Performance against the 40-working day complaint response standard

In view of the recent concerns in the way this performance indicator has been reported, a review of the methodology used for calculating how many complaints have been closed within 40 working days has been undertaken by Mersey Internal Audit. It has been clarified that the 40-day period relates to 40 working days, not 40 calendar days and that bank holidays and weekends are excluded from this calculation.

The internal auditor has reviewed the various systems that were being used. This identified a problem within DATIX that has included complaints that have been re-opened in the figures either twice or not at all, depending on the reporting methodology. This has been reported to DATIX for a solution. In the meantime, the auditor has checked and approved the use of an excel spreadsheet to calculate the 40-day complaint response standard. The internal auditor also recommended that this be checked by two people, which has been undertaken. Using this method, the figures for 2017/18 have been reviewed and are detailed as follows:

Complaints closed within 40 working days 2017/18 (whole Trust):

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
70%	70%	78%	90%	91%	82%	83%	82%	70%	81%	86%	93%

The standard is for 85% of complaints to be closed within 40 working days and this was achieved on four occasions during 2017/18. The overall total for the year 2017 was 81%, which is below the required standard.

Complaints closed within 40 working days 2018/19 (whole Trust):

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
80%	83%	82%									

So far this year, this standard has not been met.

The table below indicates performance by health group and the outcome of the complaint.

Health Group	Month	N° Closed	Within 40 days	Upheld	Partly Upheld	Not Upheld	Not Investigated	Re-opened
Corporate Functions	May	1	1 (100%)	0	1	0	0	1
	June	0	0	0	0	0	0	0
Clinical Support	May	4	3 (75%)	1	3	0	0	0
	June	1	1 (100%)	1	0	0	0	0
Family and Women's	May	18	13 (72%)	3	7	6	2	1
	June	11	9 (82%)	3	3	4	1	1
Medicine	May	21	18 (86%)	1	14	3	2	6
	June	35	27 (77%)	2	19	9	5	3
Surgery	May	22	20 (91%)	3	8	10	1	4
	June	18	16 (89%)	4	6	8	0	2
Totals:	**May**	**66**	**55 (82%)**	**8**	**33**	**19**	**5**	**12**
	June	**65**	**53 (82%)**	**10**	**28**	**21**	**6**	**6**

As can be seen from this table, performance is variable across the Health Groups, with Surgery and Medicine Health Groups achieving the 85% standard of complaints closed within 40 working days in the month of May. Surgery and Family and Women's Health Group met the standard during the month of June. The Medicine Health Group closed several complaints in June that were complex and required longer to investigate than usual, bringing the overall percentage down. It is anticipated that July figures will improve for this Health Group.

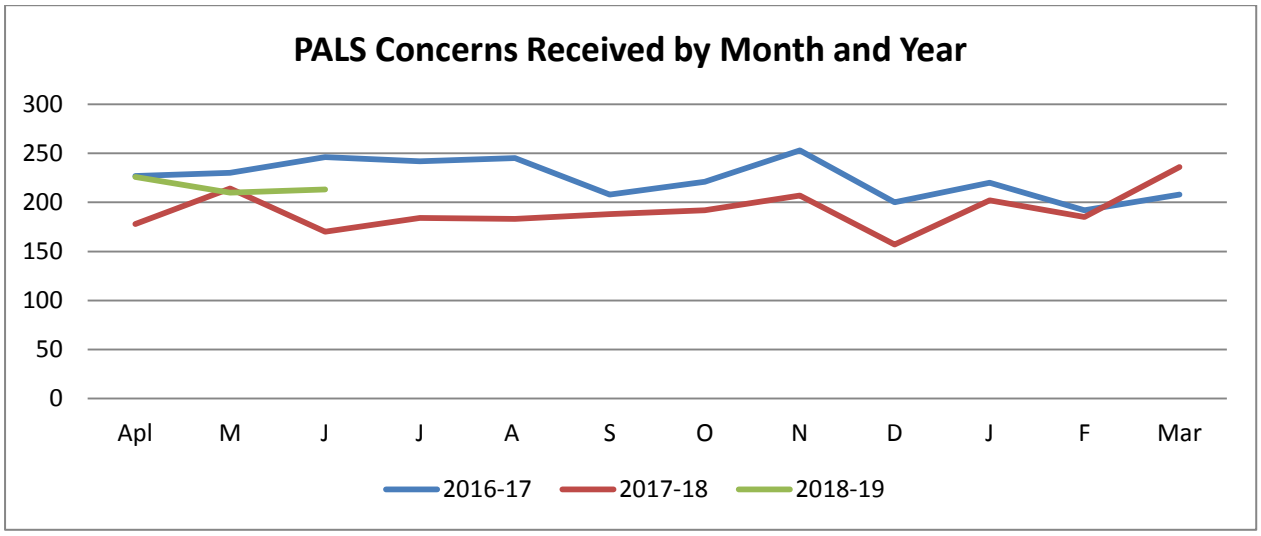
The Chief Nurse continues to review each Health Group's performance weekly and improvement trajectories have now been set for those that need to improve. This will continue to be managed through the monthly performance and accountability meetings with Health Groups. The complaint listed under Corporate was regarding the issuing of a death certificate which, in reality, should have been reattributed to the relevant Health Group.

Of the 18 complaints not investigated in May/June, 6 were escalated for an SI investigation (which supersedes the complaint process), 6 were resolved as PALS cases, 1 was out of time, 1 did not have consent to progress, 1 was not for this Trust, 2 complainants were not currently available to take their complaint forward and were therefore closed until available for the requested resolution meeting, and 1 was a duplicate already received from another relative and therefore combined into 1 complaint.

18 complaints were upheld, 61 partly upheld and 40 were not upheld. As mentioned earlier in this report, the categorisation of complains by Health Groups is under review.

5.2 Patient Advice and Liaison Service (PALS)

PALS received 205 concerns, 18 compliments and 37 general advice issues in the month of May and 213 concerns, 7 compliments and 62 general advice issues in the month of June. This information has been shared with the Health Groups in order that they can review and consider any actions that are necessary.



PALS Received by Health Group and Subject – May/June 2018

PALS by HG and Subject (primary)	Month	General Advice	Attitude	Care and Comfort	Communication	Delays, Waiting times and Cancellations	Discharge	Environment	Hotel	Safeguarding	Special Needs	Treatment	Total
Corporate Functions	May	12	2	2	4	7	0	3	1	0	1	0	32
	June	3	3	0	6	2	0	1	1	0	0	3	19
Clinical Support	May	2	0	0	1	3	1	0	0	0	0	2	9
	June	0	1	1	3	6	0	0	0	0	0	5	16
Family and Women's	May	5	2	0	9	18	0	0	0	0	0	11	45
	June	2	2	0	5	31	0	0	0	0	0	9	49
Medicine	May	10	7	6	6	19	2	1	0	0	0	16	67
	June	3	5	3	13	27	2	0	0	0	0	9	62
Surgery	May	3	3	0	3	30	1	0	0	1	0	11	52
	June	3	6	3	1	35	1	0	0	0	0	18	67
Totals:	**May**	**32**	**14**	**8**	**23**	**77**	**4**	**4**	**1**	**1**	**1**	**40**	**205**
	June	**11**	**17**	**7**	**28**	**101**	**3**	**1**	**1**	**0**	**0**	**44**	**213**

5.2.1 Examples of outcomes from PALS contacts:

- The patient came to the PALS office very distressed having been told that the Consultant had called in sick and the clinic was cancelled, unfortunately. The patient was awaiting CT scan results from March and had already had two previous appointments cancelled and wanted to complain.

Outcome PALS was able to inform the patient that the Consultant she saw previously had written to her GP with the results of the CT and had also referred her to another Consultant Gastroenterologist, an appointment for which was scheduled for the following week. The patient was happy with this information and was pleased that she came to PALS.

- A member of the public got off the bus at CHH and approached reception staff as she was feeling very unwell and did not know what to do. She did not want an ambulance to ED and did not want staff to contact her family as they were currently out of town.

Outcome: PALS arranged for a taxi to the Urgent Care centre near to where the patient lived and advised the Urgent Care staff of her imminent arrival. They confirmed she had arrived safely. The woman returned the following week to the reception to repay the travel costs and express her gratitude for the support given at what was a very distressing time.

- The patient was last seen in the clinic on 4 December 2017 when it was agreed he would be seen again in three months. As it was now six months, the patient wanted to know when he would have a new appointment date.

Outcome: An appointment was arranged for the patient to be seen in the clinic the following week. This was confirmed with the patient who presented at the PALS office after his appointment to thank the team for their help in getting him seen in clinic so quickly; he said PALS was a credit to the hospital.

5.3 Compliments

- A patient wrote to advise that throughout his treatment pathway, 'everyone was highly professional, efficient and, at the same time, caring. I was a patient, but at the same time, I was a real person who was being looked after'.

- A patient was diagnosed with bowel cancer following a colonoscopy in January. A scan was arranged quickly and the patient had bowel resection surgery in February. The patient stated that 'Fortunately I need no further treatment. I would like to thank Mr Gunn and his team of registrars and specialist nurses for the way I have been treated throughout the process. Mr Gunn was reassuring and his excellent reputation was born out through my own experience. The care I received on Ward 11 was also excellent and I would like to extend my thanks to the ward nurses'.

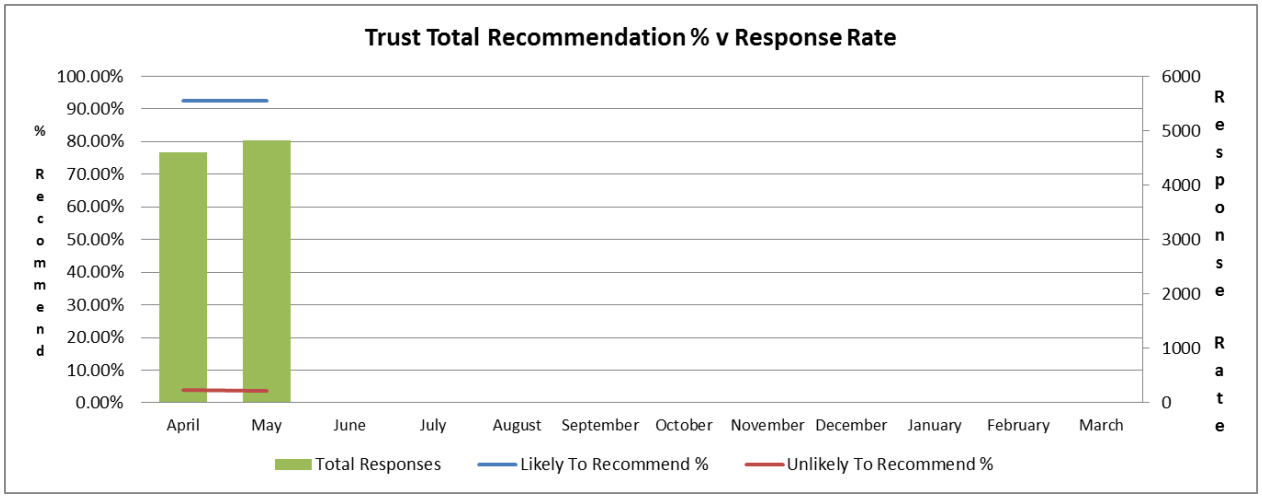
- A patient wrote to a Neurosurgery Consultant to say 'a big thank you to you and your team; you have given me my life back. Before the operation on my spine on 5 March 2018, I was really struggling with everyday living and constantly in pain. Now 10 weeks on, I am almost pain free, enjoying looking after my 3 year old granddaughter and back to walking with my husband. Before the operation, I could barely walk 200 yards without stopping for a rest, now I can walk a few miles. Once again thank you for doing a great job, enabling me to enjoy a more active life'.

- Relative emailed the Chief Nurse and advised of the excellent care her dad received recently at HRI. She commented: 'He was admitted to ED Resus following a fall at home with a possible head injury/fractured skull. Miraculously he only sustained a significant scalp laceration and was kept in overnight on the Elderly Assessment Unit. The staff in both areas, without exception, were exceptionally caring towards my dad. The care and treatment was both effective and timely. Please can you pass on our thanks to the staff who were on duty in ED resus on the Thursday late morning/afternoon and the staff on the Elderly Assessment Unit'.

5.3 Friends and Family Test (FFT)

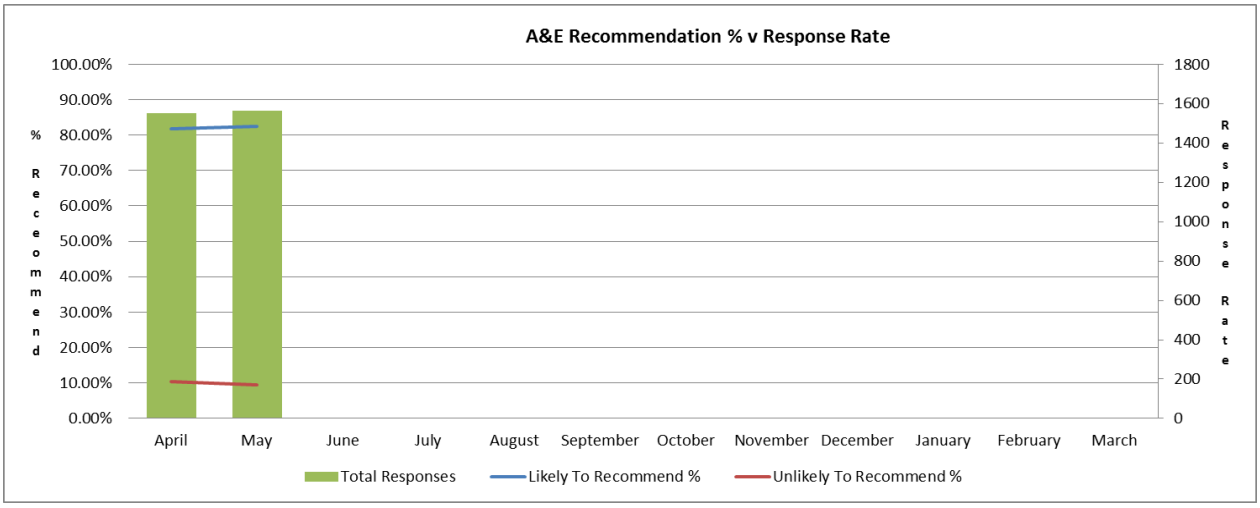
The Trust's Friends and Family test for all areas, including the Emergency Department, had a higher number of responses for May 2018 with 4,815, compared to April 2018 when 4,597 were received. The May 2018 result indicates that **92.65%** were extremely likely/likely to recommend the Trust to friends and family, which is slightly below the nationally set-target of **95%.** The Patient Experience Team is working with wards to collect patient feedback on a daily basis.

5.3.1 Trust Summary – all areas



5.3.2 Friends and Family Emergency Department (ED)

1,563 patients who attended the Emergency Department in May 2018 responded to the Friends and Family Test with **82.53%** of patients giving positive feedback and **9.5%** negative feedback. The remainder were neither positive nor negative. 1,553 patients who attended the Emergency Department in April 2018 responded to the Friends and Family Test with **81.71%** of patients giving positive feedback and **10.43%** negative feedback.



The Trust figures for the month of June will not be available nationally until the 10 July; however, there are indications that the Trust has an increase in responses for June.

5.4 Parliamentary and Health Service Ombudsman (PHSO)

The Trust currently has 10 cases with the PHSO. During the months of May and June, 2 cases were closed, both of which were not upheld. The PHSO advised that these 2 cases were closed due to new issues being raised that did not relate to the original complaint. The PHSO has encouraged each of the complainants in these cases to approach the Trust for an investigation to be undertaken into the additional concerns.

5.5 Adult Volunteers

Voluntary services are continuing to progress and a new recruitment period for August is underway. A Cream Tea was held recently at the Nightingales restaurant at Castle Hill Hospital to celebrate Volunteers week. All Trust volunteers were invited for a special lunch as a thank you for the wonderful service they provide to the Trust. Marie Stern, Chair of the Patient and Public

Council was the guest speaker and provided an update on current volunteer activity, encouraging new applications for Council members.

5.7 Interpreters
The contract with Language Line Solutions (LLS) has been in place from 3 April 2018. Since that time there has been a significant increase in the use of telephone interpretation, resulting in a reduced need for face to face interpretation. This change in provision has been embraced by staff across the Trust and has proved to be effective both in provision and cost.

LLS has approached the Trust to trial 'virtual interpretation' free of charge for six weeks commencing 16 July. Staff will be able to contact an interpreter using a programme similar to 'Skype', which will be particularly beneficial for British Sign Language giving immediate visual access to an interpreter during the hours available. Eleven languages in addition to BSL will be available during the trial which will be undertaken on the Castle Hill site.

Screens mounted on a wheeled base will be provided by LLS for this purpose, although the application is available also for use on iPads, android tablets and desktop computers and laptops. The Trust is under no obligation to continue to use this service after the trial period but it will be useful to see the benefits and consider utilising this in the future.

6. OTHER QUALITY UPDATES

6.1 Care Quality Commission (CQC) - Well-Led and Core Services Inspections

The Trust received the final reports from the CQC inspection in February 2018, which were published on 01 June 2018. A significant challenge was made by the Trust on the draft reports and, following review of the final reports, it is evident that a number of areas of the challenge made were successful and resulted in changes to actions, ratings and regulatory breaches, as follows:

- Reduction in the number of 'must' and 'should' do actions specifically relating to Maternity and Outpatients
- Removal of the breach in Regulation 17 – Good Governance
- The rating of the well-led domain for Outpatients improved from 'Requires Improvement' to 'Good' at HRI and CHH
- The overall rating for Outpatients improved from 'Requires Improvement' to 'Good' at HRI and CHH
- The rating of the well-led domain improved from 'Requires Improvement' to 'Good' at HRI and CHH
- The overall rating for CHH improved from 'Requires Improvement' to 'Good'

The latest Trust's ratings as of 01 June 2018 are as follows:

Overall Trust and Site Ratings

	Safe	Effective	Caring	Responsive	Well-led	Overall
Hull Royal Infirmary	Requires improvement →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Requires improvement →← Jun 2018	Good ↑ Jun 2018	Requires improvement →← Jun 2018
Castle Hill Hospital	Requires improvement →← Jun 2018	Good ↑ Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018
Overall trust	Requires improvement →← Jun 2018	Good ↑ Jun 2018	Good →← Jun 2018	Requires improvement →← Jun 2018	Good ↑ Jun 2018	Requires improvement →← Jun 2018

Ratings for Castle Hill Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement →← Jun 2018	Good ↑ Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018
Surgery	Requires improvement →← Jun 2018	Requires improvement →← Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Requires improvement →← Jun 2018
Critical care	Requires improvement Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Requires improvement Feb 2017	Requires improvement Feb 2017
End of life care	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
Outpatients	Good Jun 2018	N/A	Good Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018
Overall*	Requires improvement →← Jun 2018	Good ↑ Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018

Ratings for Hull Royal Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Feb 2017	Good Feb 2017	Good Feb 2017	Requires improvement Feb 2017	Good Feb 2017	Good Feb 2017
Medical care (including older people's care)	Requires improvement → ← Jun 2018	Good → ← Jun 2018	Good → ← Jun 2018	Good ↑ Jun 2018	Good → ← Jun 2018	Good ↑ Jun 2018
Surgery	Requires improvement → ← Jun 2018	Good ↑ Jun 2018	Good → ← Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018
Critical care	Requires improvement Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Requires improvement Feb 2017	Requires improvement Feb 2017
Maternity	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Services for children and young people	Requires improvement Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
End of life care	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
Outpatients	Good Jun 2018	N/A	Good Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018
Overall*	Requires improvement → ← Jun 2018	Good → ← Jun 2018	Good → ← Jun 2018	Requires improvement → ← Jun 2018	Good ↑ Jun 2018	Requires improvement → ← Jun 2018

A comparison of the proportion of ratings in 'Green' and 'Amber' from 2016 to 2018 is provided at **Appendix Two**. This shows marked improvement from the 2016 inspection.

The Trust is required to develop an action plan to address any regulatory breaches and areas that were identified as requiring improvement. This is being complied currently and is due for submission to the CQC by the 11th July 2018 and this deadline will be met.

The Trust Board will be aware of the legal requirement to publish its CQC ratings throughout the organisation. CQC is experiencing problems in producing these posters and has requested of the Trust to prepare its own. Ways of doing this are being explored. Furthermore, the Trust's current ratings are incorrect on the CQC's website. CQC has been request to correct them.

6.2 Update from Learning from Deaths reviews

The Trust continues to meet the minimum criteria for review as set by the National Quality Board for patient deaths.

During Quarter 1 2018-19, there were a total of 505 deaths within the Trust. The Trust undertook a full Structured Judgement Review on 19.8% of these deaths.

A second multi-agency mortality review was undertaken by representatives from the Trust and the Hull CCG. This review was undertaken on the case notes of patients that had died during a hospital admission and where there was a coded diagnosis of Stroke, associated with a previous or new diagnosis of Atrial Fibrillation (AF). The rationale behind the review relates to poor performance by Hull and East Yorkshire Hospital NHS Trust in relation to the Sentinel Stroke National Audit Programme (SSNAP) Annual Mortality Review. The findings are being reviewed currently and will be presented to the Trust's Mortality Committee and the CCG "Protected Time for Learning" session in July 2018. Information about this will be reported in the next Quality Report in September 2018.

The Trust took part in a review commissioned by NHS Improvement during June 2018 due to an alert following a 'spike' in the Hospital Standardised Mortality Ratio (HSMR). The reviewed focused on the structures and processes in place to monitor and review HSMR spikes as well as undertaking analysis on the cause of the 'spike'. It was determined through internal review that the alert was triggered due to deaths classified as being caused by pneumonia. The Trust has already undertaken a Structured Judgement Review in pneumonia relating to this spike. The conclusion to this review was that there were no themes, trends or avoidable deaths identified.

The annual report was submitted to the Mortality Committee in June 2018 and identified the following key themes:

- A lack of staff communication within patient case-notes
- Patchy and inconsistent documentation within the patient case-notes during the patient stay.
- A delay in the recognition of patient deterioration; including no evidence of escalation of adverse observations.

This information will be fed into the Patient Documentation QIP and the Deteriorating Patient QIP for action and will also be presented through to the Health Groups as part of their briefing and escalation reports.

Good practice was also identified, including:
- Quick access to multidisciplinary advice
- Excellent communication with the patient's family during the End of Life care phase, involving the family when necessary and showing a good degree of compassion.
- Excellent Multi-disciplinary care delivered in ICU, including comprehensive family involvement.

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

Kate Southgate
Head of Compliance

July 2018

Appendix One: Safety Thermometer results – June 2018
Appendix Two: Comparison of CQC results 2016 v. 2018

Hull and East Yorkshire Hospitals NHS Trust

SAFETY THERMOMETER NEWSLETTER June 2018

Absence of harm from

Pressure ulcers + Falls + Urinary infections (in patients with catheters) + VTE = Harmfreecare

The NHS Safety Thermometer tool measures four high-volume patient safety issues (pressure ulcers, fall, urinary infection (inpatients with a catheter) and treatment for venous thromboembolism. It requires surveying of all appropriate patients on a single day every month. This survey data was collected on Friday 8th June on both hospital sites. 864 patients were surveyed

92.5% of our patients received HARM FREE CARE

Harm Free Care is defined as the number/percentage of patients who have not suffered any of the four harms measured by the safety thermometer before or since admission to hospital.

2.31% (20) of our patients suffered a New Harm

New Harm is defined as the number/ percentage of patients who have suffered or have started treatment for one of the four harms measured by the safety thermometer since admission to hospital

97.69% Of our Patients received NO NEW HARM

No New Harm is defined as the number/ percentage of patients who have not suffered any of the four harms measured by the safety thermometer since admission to hospital.

HARM FREE CARE %: How is HEY performing January 18 – June 18

	Jan 18	Feb 18	Mar 18	April 18	May 18	June 17
Harm Free Care %	95.3%	94.1%	94%	93%	93.5%	92.5%
Sample: Number of patients	888	885	930	870	874	864
Total Number of New Harm	15	12	18	15	16	20
NEW HARM FREE CARE %	98.3%	98.6%	98.04%	98.28%	98.1%	97.69%

Harm Descriptor: Venous Thromboembolism	Number	%	PE Pulmonary Embolism	DVT Deep Vein Thrombosius	OTHER
Total Number/Proportion of patients treated for a **NEW VTE** A new VTE is defined as treatment starting for the VTE after the patient was admitted to hospital. Four of these patients where admitted with a primary diagnosis of pulmonary embolism	7	0.81%	3	4	0

Total Number/Proportion of patients documented with a **VTE RISK ASSESSMENT not applicable**	38	4.4%	**% once not applicable patients removed**
Total Number/Proportion of patients documented with a **VTE RISK ASSESSMENT**	743	86%	89.9%
Total Number/Proportion of patients with **NO** documented **VTE RISK ASSESSMENT**	83	9.61%	10.1%

Harm Descriptor: Pressure Ulcers	Number	%	Cat 2	Cat 3	Cat 4
Total Number/Proportion of **Pressure Ulcers**	48	5.56%	39	2	7
Total Number/Proportion of **OLD Pressure Ulcers** An OLD pressure ulcer is defined as being present when the patient came into our care, or developed within 72 hours of admission.	47	5.44%	38	2	7
Total Number/Proportion of **Pressure Ulcers** that were classed as **NEW** A NEW pressure ulcer is defined as developing 72 hours since admission.	1	0.12%	1	0	0

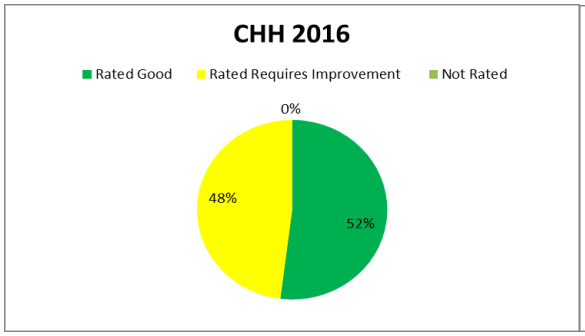
Harm Descriptor: Falls A fall is defined as an unplanned or unintentional descent to the floor, without or without injury, regardless of cause	Number	%
Total Number/Proportion of patients recorded with a **Fall** (During the last 3 days whilst an inpatient)	19	2.20%
Severity **No Harm**: fall occurred but with no harm to the patient	8	1.39%
Severity **Low Harm**: patient required first aid, minor treatment, extra observation or medication	6	0.69%
Severity **Moderate Harm**: longer stay in hospital	1	0.12%
Severity **Severe Harm**; permanent harm.	0	0%
Severity **Death**; direct result of fall	0	0%

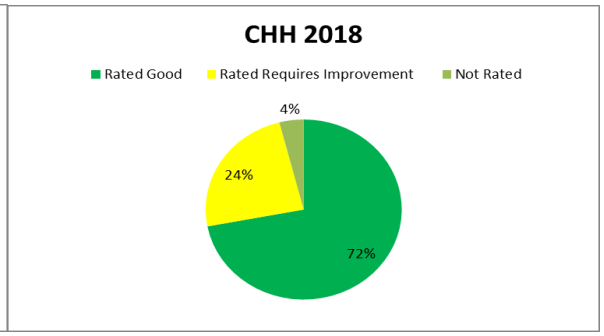
Harm Descriptor: Catheters and Urinary Tract Infections	Number of patients surveyed	% of Total Patients Surveyed	% of patients with a urinary catheter insitu on day of survey
Total Number/Proportion of patients recorded with a Catheter	**170**	**19.68%**	
Total Number/Proportion of patients recorded with a Urinary Tract Infection with a urinary catheter insitu	**8**	**2.08%**	**4.7%**
Total Number/Proportion of patients recorded with an OLD Urinary Tract Infection with a urinary catheter insitu An OLD urinary tract infection is defined as diagnosis or treatment started before the patient was admitted to hospital	**2**	**1.04%**	**1.1%**
Total Number/Proportion of patients recorded with a NEW UTI with a urinary catheter insitu An NEW urinary tract infection is defined as diagnosis or treatment which started after the patient was admitted to hospital	**6**	**1.04%**	**3.5%**

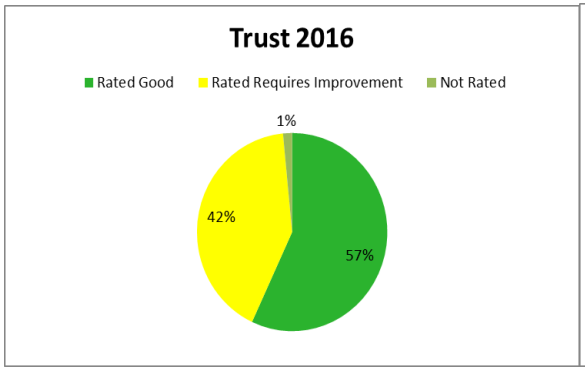
Next Classic SAFETY THERMOMETER DATA COLLECTION DAY IS:

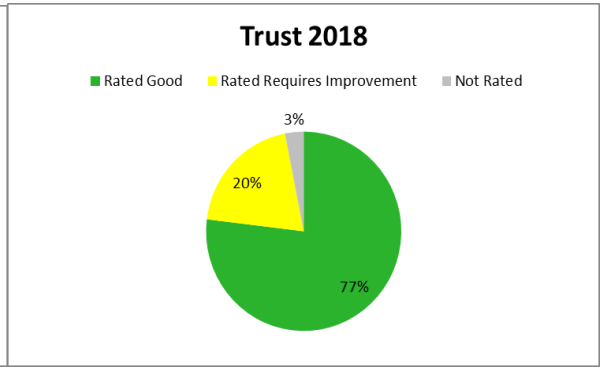
Friday 10th August 2018

Appendix Two – Comparison of CQC Ratings - 2016 v. 2018









HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

TRUST BOARD

10 July 2018

Title:	**NURSING AND MIDWIFERY STAFFING REPORT**
Responsible Director:	Chief Nurse - Mike Wright
Author:	Chief Nurse – Mike Wright

Purpose:	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	
BAF Risk:	BAF 1: Staff engagement and BAF 2: Lack of skilled and sufficient staff	
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	
Key Summary of Issues:	• The Trust continues to meet NQQB standards for Nursing and Midwifery safe staffing • Nursing and Midwifery establishments are set at appropriate levels and reviewed twice per year • The Trust has challenges with recruiting to full establishments • However, these are risk managed robustly each day • Future changes to this report are described	

Recommendation:	The Trust Board is requested to: • Receive this report • Decide if any if any further actions and/or information are required

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.

Also in this report, errors were identified in the March 2018 safer staffing data that had been reported to UNIFY2 and the Trust Board. Sincere apologies are offered for these errors. These data have been checked and re-submitted and the reasons for them are explained later in this report.

Furthermore, changes to the future reporting of nursing and midwifery staffing levels have been mandated by the Secretary of State for Health and Social Care to take place from July 2018. This report will be re-structured in order to comply with these new requirements. Further information about this is provided in Section 9 of this report.

2. BACKGROUND

In July 2016, the National Quality Board updated its guidance for provider Trusts, which set out revised responsibilities and accountabilities for Trust Boards for ensuring safe, sustainable and productive nursing and midwifery 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.

The last report on this topic was presented to the Trust Board in May 2018 (March 2018 position). This report presents the 'safer staffing' position as at 31st May 2018 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:

[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

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.

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

Fig 1: Hull Royal Infirmary

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%
Nov-17	84.50%	99.10%	89.00%	106.30%
Dec-17	82.80%	92.40%	89.20%	99.30%
Jan-18	84.00%	91.50%	90.80%	95.30%
Feb-18	83.90%	86.10%	87.80%	98.80%
Mar-18 (corrected)	89.30%	97.30%	92.70%	102.10%
Mar-18 (error)	(80.60%)	(83.20%)	(90.70%)	(88.90%)
Apr-18	84.40%	94.60%	89.50%	108.40%
May-18	88.80%	98.00%	92.90%	108.10%

Hull Royal Infirmary

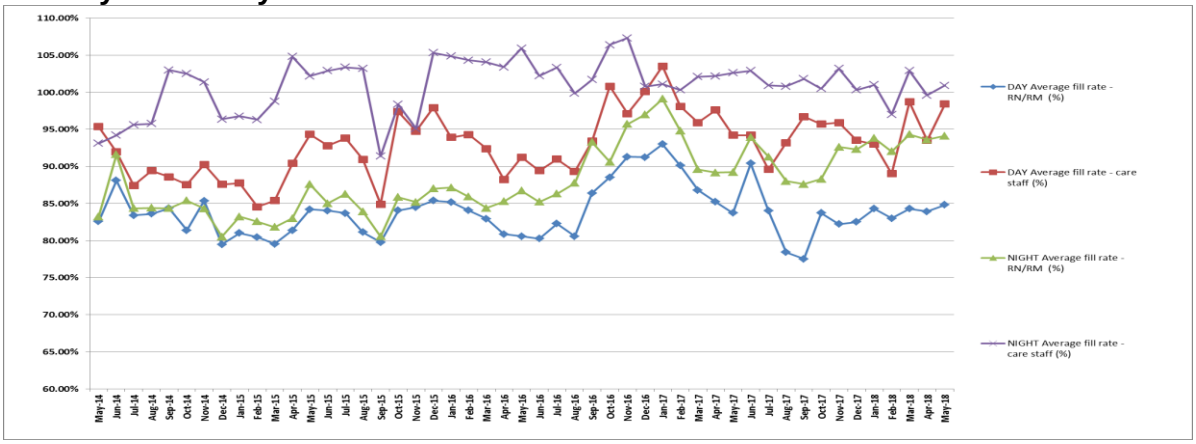
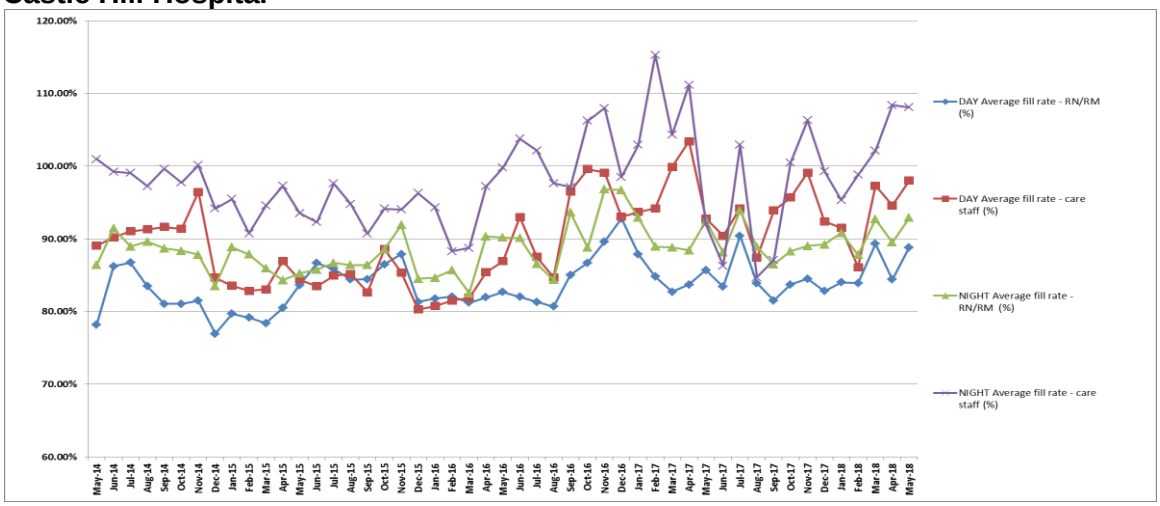


Fig 2: Castle Hill Hospital

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%
Nov-17	82.20%	95.90%	92.60%	103.20%
Dec-17	82.50%	93.50%	92.30%	100.30%
Jan-18	84.30%	93.00%	93.80%	101.00%
Feb-18	83.00%	89.00%	92.00%	97.00%
Mar-18 (corrected)	84.30%	98.70%	94.30%	102.90%
Mar-18 Error	(81.31%)	(79.34%)	(86.82%)	(89.55%)
Apr-18	83.90%	93.50%	93.60%	99.60%
May-18	84.80%	98.40%	94.10%	100.90%

Castle Hill Hospital



3.2 Error with the submitted March 2018 data

The Trust Board will recall a discussion at the May 2018 Trust Board meeting pertaining to concerns with apparent deterioration in some fill rates for March 2018, particularly with non-registered staff. The Chief Nurse was concerned that these numbers did not necessarily feel intuitive. In view of this, the Chief Nurse requested for these data to be revisited to test their accuracy.

Following this, errors were identified as result of the following:

- There were clear errors in the data that was calculated and submitted for all periods (registered and non-registered staff) for both the HRI and CHH sites. These have now been checked manually against ward rotas and have been corrected in the tables. In addition, the corrected data has been resubmitted to UNIFY2.
- In terms of context, annual leave allocation was high for the month, the winter ward was still open, the Trust was under significant bed pressures and outlying areas were being run to full capacity (7 days per week) to cater for medical outlier patients. Bed pressures were at their peak for the winter and the requirements for extra staff were high.
- What has been identified is that a number of wards across both sites were requesting additional staff to fill vacancies, manage high patient acuity and extra workload.
- The anomalies appear to have occurred as a result of staff creating ‘extra’ shifts on the e-roster, over and above that which they were established for. Instead of off-setting these requests against a vacant post line, ‘extra’ establishment lines were created. What this served to do was to increase the ‘planned’ requirement. As an illustration:

Scenario 1 – three staff in post and one vacancy gives a fill rate of 75%.

Scenario 1	
	Establishment
RN1	in post
NR2	in post
RN3	in post
RN4	vacant
Reconciliation	
Planned Shifts	4
Actual Filled Shifts	3
Planned versus Actual %	**75%**

Scenario 2 – three staff in post and one vacancy. However, instead of booking the bank shift into the vacant line on the e-roster, an 'extra' line was created, bringing the planned shift requirement to five instead of four. This suggests that this is an additional shift required, over and above established levels, as opposed to just filling the already established vacant shift. This then serves to inflate the planned element artificially which, in turn and if not filled, reduces the fill rate percentage, again artificially to 60%.

Scenario 2	
	Establishment
RN1	in post
NR2	in post
RN3	in post
RN4	Vacant
Extra Shift booked via bank but not filled	Extra shift line created (but remained vacant)
Reconciliation	
Planned Shifts	5
Actual Filled Shifts	3
Planned versus Actual %	**60%**

This was a new 'behaviour' with the e-roster system that was not known to many staff. In view of this, the Chief Nurse requested for the previous two months' worth of rotas and UNIFY2 submissions to be checked, also. For the months of January and February 2018, only a few 'extra' shifts were identified. These have been corrected but had minimal impact on fill rates and were not material. However, as can be seen from the corrected March 18 data, these percentages are much more in line with previous months.

Also in March 2018, due to the staffing pressures and issues with registered nurse vacancies, wards were allowed to recruit extra non-registered staff to buffer chronic registered nursing shortfalls. Lots of additional staffing requests were made in response to this but were not able to be filled. Therefore, a combination of these factors has led to the numbers being reported incorrectly.

These anomalies have now been corrected and the ability to create 'extra' shift lines has been removed from ward sisters' permissions. This has been a learning opportunity for all concerned as the exigencies of the e-roster system become more apparent over time. Only Senior Matrons and above are now authorised to alter established and 'locked down' rotas'.

In terms of additional assurance going forward, these data will be double-checked manually before being submitted. However, the full methodology for reporting nurse staffing levels is about to change in line with newly mandated requirements. These are described in Section 9 of this report.

A revised data set has been submitted to UNIFY2 and a revised Mar-18 report is included at **Appendix 1** of this report.

4. AREAS OF CONCERN WITH REGARDS TO SAFE STAFFING:

There are a number of areas that remain particularly tight in terms of meeting their full establishments. These are:

- **H70 (Diabetes and Endocrine)** has 6.90 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 16.68 wte RN vacancies. The specialty has over recruited 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.

- **H5, RSU and H500 (Respiratory Services)** have 5.65 wte RN vacancies between them. Support continues to be provided from the Nurse Bank to ensure staffing levels are maintained at a safe level.

- **H11 and H110** have 11.37 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.

- **Ward H4 -** Neurosurgery has 5.08 wte RN, **H40** has 3.50 wte RN vacancies. The band 7's work closely together to minimise the impact of the vacancies.

- **Ward H7 -** Vascular Surgery has 3.91 wte RN vacancies. Support is being provided from within the Health Group until substantive posts are filled.

- **Ward H12 & H120 –** Trauma Orthopaedics have 4.81 wte RN vacancies across the floor.

- **CICU –** Critical Care Unit at CHH has 12.45 wte vacancies. Recruitment is ongoing and it is expected that both sites will be established by October by 2018. In the meantime support is being provided by HICU.

- **Wards 30-33** – Oncology and Haematology have 13.97 RN vacancies. In order to ensure safety the service has closed 5 beds on C31 and staff are moved between the wards following assessment daily by the Senior Matron. A Registered Nurse from the Oncology Health Centre is working on the wards in order to support and C33 have over recruited non registered nurses to ensure patient safety. The Ward Sisters all undertake additional clinical shifts as required, in addition to their three rostered shifts weekly. We now have the second Senior Matron in post and therefore are fully established from a senior nurse perspective, in addition have extended the secondment into a Matrons' post of one of the Ward Sisters specifically to support the roll out and implementation of EPMA but also ensuring there is senior nurse presence, visibility and accessibility to ensure patient safety.

- **Ward C16** - The fill rates for non-registered staff on C16 are as a result of 2.47 wte vacancies and 2.12 wte Registered Nurse Vacancies. The ward is being supported by RN's from the Nurse Bank, breast Unit and ENT OPD.

As indicated in the narrative, support is being provided to wards that have staffing shortfalls through the redeployment of registered nurses from elsewhere within the Trust. This has been completed in a planned and coordinated manner, in order to try and minimise the continual movement of staff on a daily basis, although staff are still moved daily in response to further short notice shortfalls and assessments of the workload and patient acuity in clinical areas. Despite the work undertaken, there remain some significant shortfalls in some wards and these are risk assessed and managed each day.

The Trust Board has been advised of actions that continue to be taken to balance shortfalls, including:

- The closure of identified beds within the Clinical Support Health Group (5 beds).
- The redeployment of staff from CHH to support HRI.
- Critical Care staff redeployed from HRI to support CHH.
- Reduction in the number of Ward Sister/Charge Nurse supervisory shifts within all of the Health Groups continues 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 areas).
- Support being given to wards by specialist nurses and nurse teacher/trainers
- Utilisation of some agency shifts, albeit on a controlled basis. This has required the Trust to pay over the NHSI 'capped rate' on a small number of occasions in order to ensure patient safety.

5. RECRUITMENT AND RETENTION

Robust recruitment continues within a number of specialities through the development of bespoke advertising campaigns and rotational programmes. Following successful interviews, the Trust is currently pursuing 140 student nurses who are due to complete their training in September 2018.

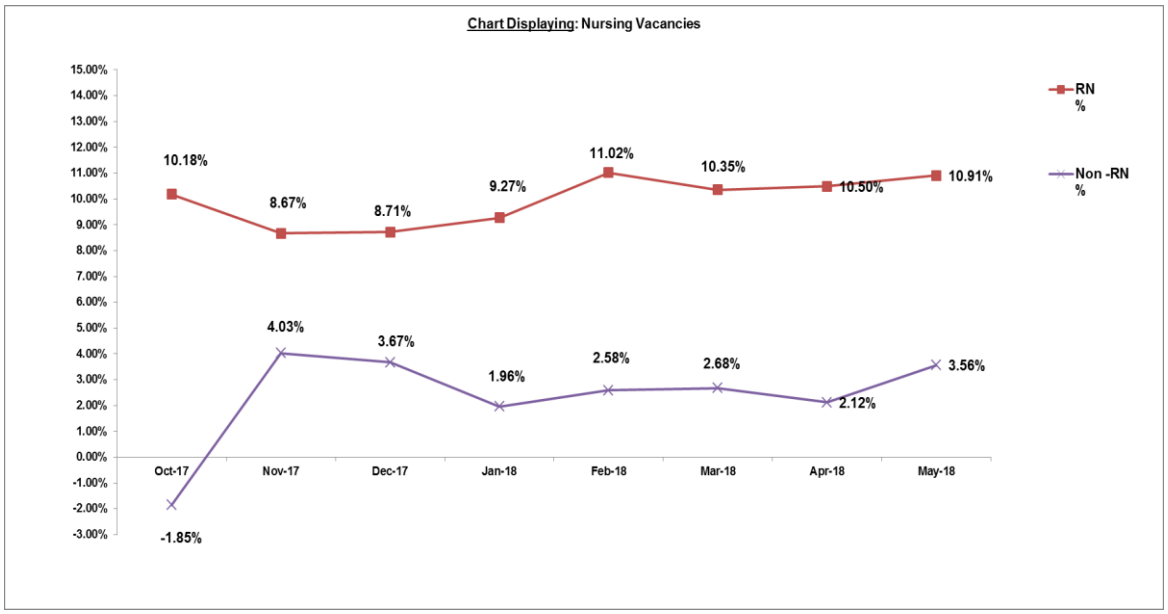
The Trust has offered 15 places on the next Trainee Nursing Associate course that is due to commence in September 2015. In addition, 22 people have been shortlisted to be interviewed for the 15 trainee nursing apprenticeship places, also due to

commence in September 2018. This is really positive news in terms of helping to secure the workforce of the future.

Currently, the Trust has twenty three international recruits who have passed their OSCE and are now working as registered nurses. The Trust now has a 100% OSCE pass rate, which is a credit to the Clinical Nurse Educators and to the ward staff who have supported the international recruits. There are a further 3 recruits due to undertake their OSCE shortly, with a further 9 recruits due to arrive in the UK in early July.

5.1 Current Vacancy Position for Registered and Non Registered Nurses.
The following table illustrates a summary of the Vacancy position for both Registered and Non-Registered nurses (wards and ED) since October 2017.

Month	RN Vacancies	RN %	NON-RN Vacancies	Non -RN %	Total [wte] Vacancies	RN [wte] Establishment	NON-RN [wte] Establishment	Total Nursing Establishment	% Total Vacancies
Oct-17	129.92	10.18%	-9.43	-1.85%	120.59	1276.47	509.93	1786.4	6.75%
Nov-17	110.64	8.67%	20.56	4.03%	131.29	1276.47	509.93	1786.4	7.35%
Dec-17	111.23	8.71%	18.72	3.67%	130.04	1276.47	509.93	1786.4	7.28%
Jan-18	118.31	9.27%	10.00	1.96%	128.40	1276.47	509.93	1786.4	7.19%
Feb-18	140.67	11.02%	13.17	2.58%	153.84	1276.47	509.93	1786.4	8.61%
Mar-18	132.15	10.35%	13.66	2.68%	145.80	1276.47	509.93	1786.4	8.16%
Apr-18	133.97	10.50%	10.81	2.12%	144.78	1276.47	509.93	1786.4	8.10%
May-18	139.27	10.91%	18.15	3.56%	157.42	1276.47	509.93	1786.4	8.81%



In summary, the RN vacancy rate on the Trust's wards, ED and ICU is 139.27 wte against an establishment of 1276.47 wte (10.91%).The non-registered workforce vacancies are 18.15 wte (3.56%) although a number of wards have over recruited to support the RN vacancies, as mentioned earlier in this report.

The inability to recruit sufficient numbers of registered nurses in order to meet safer staffing requirements has been revisited this month. This remains a recorded risk at 16 (Likely 4 x Severity 4) until registered nurse staffing levels stabilise more. Whilst it is accepted that more staff are on training places (apprenticeships and associates) and that the Trust is recruiting more non-registered staff to buffer fill rates, the shortage of registered nurses prevails and the risk remains unchanged.

6. ENSURING SAFE STAFFING

The safety brief reviews, which are now completed six times each day, are led by a Senior Matron with input from 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 but is extremely challenging on some occasions. 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.

7. 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 fewer 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:

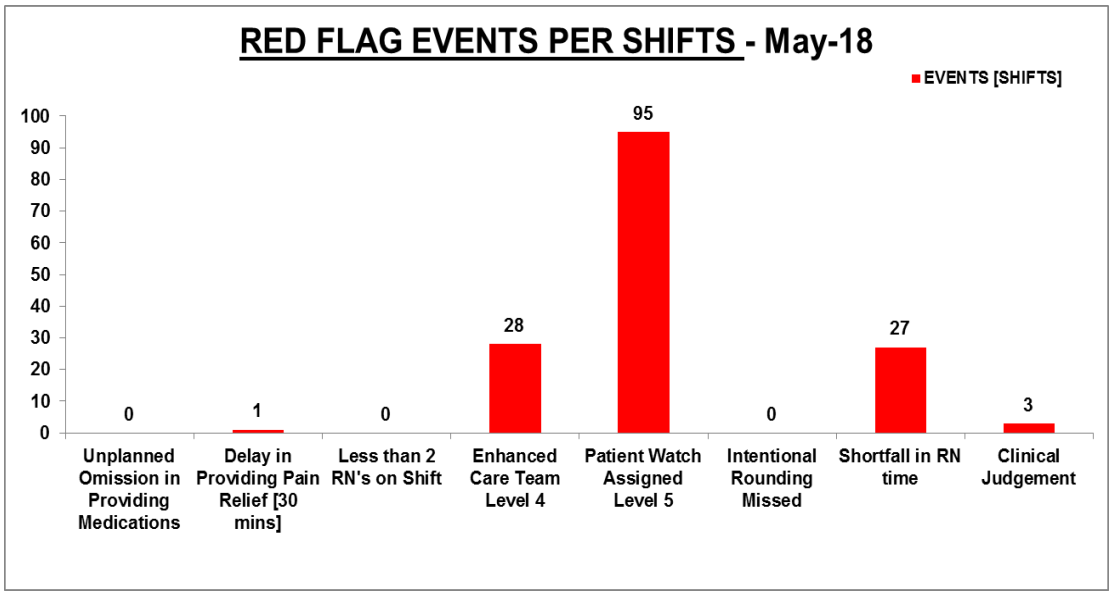
- Unplanned omission in providing patient medications.
- Delay of more than 30 minutes in providing pain relief.
- Patient vital signs not assessed or recorded as outlined in the care plan.
- Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined 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.

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

- 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 May 2018. 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.

May -18	RED FLAG TYPE	EVENTS [SHIFTS]	%
	Unplanned Omission in Providing Medications	0	0%
	Delay in Providing Pain Relief [30 mins]	1	1%
	Less than 2 RN's on Shift	0	0%
	Enhanced Care Team Level 4	28	18%
	Patient Watch Assigned Level 5	95	62%
	Intentional Rounding Missed	0	0%
	Shortfall in RN time	27	18%
	Clinical Judgement	3	2%
	TOTAL:	**154**	**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 Reports, this is being addressed through the implementation of the Enhanced Care Team (ECT), which has now completed its pilot phase. Additional work has been commissioned by the Chief Nurse in order to further validate the results obtained through the pilot and will be presented to the Executive Management Committee in July 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 that is exhibiting violence/aggression that is a risk to themselves and/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 and adjusted accordingly

8. ESTABLISHMENT LEVELS

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 risk across the organisation and will continue to be so. The challenges remain around recruitment and with regard to the supply of registered nurses. However, the Trust continues to make positive progress in relation to the implementation of robust recruitment and retention initiatives as outlined within the body of this report.

In summary, there are many nurse staffing challenges and difficulties; however, it is recognised that significant effort is being made by many registered and non-registered nursing staff, which includes many working outside their normal area of speciality, to help care for patients in these challenging circumstances.

9. PUBLICATION OF CARE HOURS PER PATIENT DAY (CHPPD) ON My NHS and NHS CHOICES

NHS Improvement and NHS England have written to trusts to advise of a change in the required reporting of nursing and midwifery staffing levels from July 2018. This has been mandated by the Secretary of State for Health and Social Care.

A number of changes are being made, with the 'Care Hours Per Patient Day' metric replacing the current staff planned versus actual fill rates. This will commence with data for July 2018 being checked and submitted centrally by the 15th August 2018 and for national publication in September 2018. Over time, it is understood that there will be the ability to benchmark the Trust's data with other trusts. A set of revised standards for reporting has been recommended and the Trust is in the process of undertaking a gap analysis against them. As such, the structure of this report will change for its next version, with more explanation of the changes at that time.

10. RECOMMENDATION

The Trust Board is requested to:

- Receive this report
- Decide if any if any further actions and/or information are required.

Mike Wright
Executive Chief Nurse
July 2018

Appendix 1: HEY Safer Staffing Report – March [Revised] 2018
Appendix 2: HEY Safer Staffing Report – April 2018
Appendix 3: HEY Safer Staffing Report – May 2018

HEY SAFER STAFFING REPORT MARCH-18 [REVISED]

NURSE STAFFING

HEALTH GROUP	WARD	SPECIALITY	BEDS [ESTAB.]	RED FLAG EVENTS [N]	FILL RATES – DAY: Average fill rate - RN/RM (%)	FILL RATES – DAY: Average fill rate - care staff (%)	FILL RATES – NIGHT: Average fill rate - RN/RM (%)	FILL RATES – NIGHT: Average fill rate - care staff (%)	CARE HOURS PER PATIENT DAY [CHPPD] [hrs]: Cumulative Count Over The Month of Patients at 23:59 Each Day	CHPPD: RN / RM	CHPPD: CARE STAFF	CHPPD: OVERALL	ROTA EFFICIENCY [19-02-18 to 22-03-18]: ANNUAL LEAVE [11-17%]	ROTA EFFICIENCY: SICK RN & AN [3.9%]	ROTA EFFICIENCY: MAT LEAVE [%]	NURSING VACANCIES [FINANCE LEDGER M12]: RN [WTE]	RN % [<10%]	NON -RN- [WTE]	NON - RN-% [<10%]	TOTAL VACANCY [WTE]	RN & NON-RN Est. [WTE]
MEDICINE	ED	ACUTE MEDICINE	NA	1									19.4%	4.9%	2.8%	5.69	6.1%	-0.13	-0.6%	5.56	115.34
	AMU	ACUTE MEDICINE	45	3	102%	78%	105%	100%	1154	4.8	2.4	7.2	17.8%	3.5%	1.8%	8.94	20.2%	0.24	1.0%	9.18	67.57
	H1	ACUTE MEDICINE	22	10	82%	107%	100%	108%	648	2.7	1.9	4.5	14.1%	5.1%	4.8%	1.76	12.1%	0.86	10.8%	2.62	22.51
	EAU	ELDERLY MEDICINE	21	7	88%	101%	68%	86%	592	3.6	3.3	6.9	16.9%	2.9%	4.3%	2.78	14.6%	-5.15	-39.1%	-2.37	32.27
	H5 / RHOB	RESPIRATORY	26	5	74%	99%	101%	111%	617	2.6	1.9	4.6	17.1%	2.2%	3.3%	4.29	17.4%	1.40	10.6%	5.69	37.84
	H50	RENAL MEDICINE	19	18	68%	119%	101%	101%	570	2.9	2.6	5.5	17.8%	5.6%	0.0%	0.31	2.1%	0.43	5.1%	0.74	23.54
	H500	RESPIRATORY	24	2	70%	103%	102%	100%	721	2.4	2.5	4.9	18.2%	2.2%	0.0%	0.36	2.1%	0.89	7.3%	1.25	29.10
	H70	ENDOCRINOLOGY	30	23	102%	114%	117%	135%	912	2.7	2.4	5.0	16.7%	2.3%	0.0%	6.90	34.4%	0.92	7.6%	7.82	32.22
	H8	ELDERLY MEDICINE	27	7	62%	108%	102%	103%	812	2.2	2.3	4.5	18.4%	2.6%	4.1%	0.90	5.4%	-0.34	-2.6%	0.56	29.78
	H80	ELDERLY MEDICINE	27	8	60%	118%	102%	111%	814	2.1	2.6	4.7	14.8%	5.7%	10.2%	2.63	15.8%	-1.16	-8.8%	1.47	29.78
	H9	ELDERLY MEDICINE	31	16	67%	114%	103%	108%	873	1.7	2.6	4.4	16.6%	2.0%	4.8%	4.82	29.0%	-1.84	-14.0%	2.98	29.78
	H90	ELDERLY MEDICINE	29	9	68%	114%	100%	107%	875	2.1	2.4	4.5	18.6%	6.9%	3.5%	4.65	28.0%	-2.35	-17.9%	2.30	29.78
	H11	STROKE / NEUROLOGY	28	13	58%	129%	100%	104%	825	2.3	2.5	4.7	15.5%	11.6%	2.0%	5.89	26.2%	1.57	14.8%	7.46	33.16
	H110	STROKE / NEUROLOGY	24	1	63%	177%	67%	97%	544	3.6	3.5	7.2	15.8%	10.6%	0.0%	5.48	24.3%	0.02	0.2%	5.50	33.64
	CDU	CARDIOLOGY	9	0	78%	36%	100%		114	9.4	1.5	10.8	10.6%	5.9%	6.7%	0.01	0.1%	0.63	21.6%	0.64	15.74
	C26	CARDIOLOGY	26	15	92%	97%	99%	100%	716	3.9	1.7	5.5	20.4%	6.8%	10.2%	2.12	8.2%	-0.39	-4.9%	1.73	33.73
	C28 /CMU	CARDIOLOGY	27	9	91%	101%	98%	102%	665	6.6	1.7	8.3	21.6%	5.9%	0.0%	4.10	10.7%	1.33	13.9%	5.43	47.78
SURGERY	H4	NEURO SURGERY	30	5	79%	117%	89%	116%	799	3.2	2.1	5.3	18.0%	3.5%	7.2%	5.08	23.3%	0.45	4.3%	5.53	32.28
	H40	NEURO HOB / TRAUMA	15	27	88%	102%	115%	109%	412	6.3	3.6	9.9	20.0%	0.0%	5.1%	2.35	11.3%	1.28	11.5%	3.63	31.95
	H6	ACUTE SURGERY	28	1	90%	78%	90%	88%	729	3.1	2.2	5.4	15.2%	3.7%	3.8%	3.91	20.5%	1.11	10.4%	5.02	29.74
	H60	ACUTE SURGERY	28	1	93%	101%	89%	108%	750	3.2	2.4	5.6	16.1%	1.6%	3.9%	1.56	8.2%	0.38	3.6%	1.94	29.74
	H7	VASCULAR SURGERY	30	0	82%	96%	94%	102%	857	3.1	2.3	5.4	14.9%	0.0%	5.0%	5.52	25.4%	1.09	8.3%	6.61	34.89
	H100	GASTROENTEROLOGY	24	0	89%	101%	95%	98%	778	2.9	2.1	5.0	15.2%	8.0%	4.0%	0.75	3.9%	0.57	4.7%	1.32	31.23
	H12	ORTHOPAEDIC	28	5	77%	101%	83%	132%	810	3.0	2.6	5.6	16.7%	2.8%	5.5%	3.67	16.8%	-2.67	-20.3%	1.00	35.00
	H120	ORTHO / MAXFAX	22	1	96%	107%	103%	117%	595	3.8	3.4	7.1	20.9%	0.0%	2.0%	2.48	14.9%	0.35	3.0%	2.83	28.42
	HICU	CRITICAL CARE	22	0	85%	171%	85%	84%	473	25.6	2.0	27.5	17.1%	2.7%	5.7%	1.18	1.1%	-0.40	-5.5%	0.78	112.20
	C9	ORTHOPAEDIC	35	2	90%	95%	100%	101%	741	3.7	2.3	6.0	14.8%	2.0%	8.5%	1.91	8.8%	0.22	1.9%	2.13	33.39
	C10	COLORECTAL	21	0	90%	76%	98%	99%	540	4.2	1.7	5.9	15.0%	2.6%	1.7%	3.54	19.4%	-0.25	-3.2%	3.29	26.08
	C11	COLORECTAL	22	3	87%	88%	87%	102%	509	4.2	2.1	6.3	13.2%	4.9%	10.8%	3.64	20.0%	0.79	10.1%	4.43	26.08
	C14	UPPER GI	27	3	94%	79%	91%	104%	677	3.7	1.7	5.4	18.0%	9.0%	3.4%	-0.08	-0.4%	0.04	0.4%	-0.04	29.38
	C15	UROLOGY	26	1	91%	89%	97%	94%	537	4.5	2.6	7.1	15.2%	3.3%	4.3%	1.97	9.6%	0.44	3.6%	2.41	32.71
	C27	CARDIOTHORACIC	26	1	97%	89%	99%	99%	723	4.0	1.5	5.5	18.2%	7.7%	2.0%	1.93	8.2%	-0.66	-7.7%	1.27	32.22
	CICU	CRITICAL CARE	22	0	85%	93%	83%	61%	431	22.8	2.0	24.8	15.7%	1.6%	6.9%	5.35	5.8%	0.66	8.7%	6.01	100.50
FAMILY & WOMEN'S	C16	ENT / BREAST	30	0	91%	60%	92%	68%	395	5.0	2.8	7.8	12.9%	0.9%	13.0%	4.04	21.8%	2.47	22.2%	6.51	29.65
	H130	PAEDS	20	0	85%	60%	76%	84%	334	7.3	2.1	9.5	17.9%	2.5%	0.3%	0.21	1.0%	2.02	38.7%	2.23	26.59
	H30 CEDAR	GYNAECOLOGY	9	0	103%	66%	124%		178	9.5	2.7	12.2	16.2%	16.6%	8.5%	0.27	3.6%	0.12	3.1%	0.39	11.33
	H31 MAPLE	MATERNITY	20	0	93%	86%	82%	97%	382	5.9	3.5	9.4	17.4%	6.6%	0.0%	-0.46	-1.0%	0.23	0.9%	-0.23	73.34
	H33 ROWAN	MATERNITY	38	0	88%	87%	99%	100%	1098	2.8	1.6	4.4	16.2%	1.7%	2.1%						
	H34 ACORN	PAEDS SURGERY	20	1	82%	112%	97%	61%	280	8.5	2.3	10.7	13.4%	7.1%	3.6%	-0.02	-0.1%	-0.46	-8.8%	-0.48	26.00
	H35	OPHTHALMOLOGY	12	0	97%	39%	103%		241	6.3	1.2	7.4	10.2%	2.5%	18.2%	0.18	6.6%	3.76	138.8%	3.94	13.84
	LABOUR	MATERNITY	16	1	97%	87%	99%	96%	282	21.5	5.9	27.4	15.8%	4.1%	1.7%	8.21	59.9%	-0.61	-4.5%	7.60	63.84
	NEONATES	CRITICAL CARE	26	0	93%	81%	95%	77%	669	12.4	0.9	13.3	19.0%	4.1%	5.6%	1.73	22.9%	0.00	0.0%	1.73	74.51
	PAU	PAEDS	10	0	90%		97%		86	16.2	0.0	16.2	14.7%	1.6%	15.6%	-0.76	-7.3%	0.00	0.0%	-0.76	10.44
	PHDU	CRITICAL CARE	4	1	112%	104%	124%		47	36.8	1.3	38.1	21.9%	2.0%	0.0%	-0.64	-5.5%	0.00	0.0%	-0.64	11.66
CLINICAL SUPPORT	C20	INFECTIOUS DISEASE	19	5	112%	96%	100%	211%	302	5.3	4.6	10.0	18.5%	11.0%	0.0%	1.58	19.3%	2.48	30.2%	4.06	20.22
	C29	REHABILITATION	15	86	107%	89%	102%	100%	446	3.8	3.6	7.4	17.2%	2.9%	1.7%	-0.53	-4.0%	2.78	17.7%	2.25	28.89
	C30	ONCOLOGY	22	40	91%	106%	98%	100%	637	2.7	1.9	4.6	18.3%	0.7%	5.6%	2.51	18.0%	1.51	18.9%	4.02	21.97
	C31	ONCOLOGY	27	0	100%	164%	103%	107%	629	2.6	2.3	4.9	17.8%	9.9%	9.2%	2.26	16.2%	1.33	11.3%	3.59	25.74
	C32	ONCOLOGY	22	0	84%	104%	101%	97%	631	2.7	1.8	4.4	20.7%	1.8%	0.0%	2.17	15.5%	2.68	28.0%	4.85	23.57
	C33	HAEMATOLOGY	28	5	83%	141%	90%	172%	649	4.3	2.4	6.7	17.5%	2.7%	4.7%	5.01	18.3%	-4.98	-62.3%	0.03	35.44
		TOTAL:		336	AVERAGE or TOTAL:				594	6.3	2.4	8.7	16.8%	4.4%	4.6%	132.15	10.4%	13.66	2.7%	145.81	1786.40

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

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
ED		2		3	1			1						0	6
AMU	100%				3			3		1				1	4
H1	100%		1					0		1		1		2	3
EAU	100%			1	2			2						0	3
H5 / RHOB	96%		2					0						0	2
H50	100%			1				0						0	1
H500	100%		1		1			1						0	2
H70	93%	2	1	2	1			1		1		1		2	8
H8	100%	1	1					0						0	2
H80	100%		2	1	2		1	3						0	6
H9	96%		1		4			4						0	5
H90	100%		1		3			3		1				1	5
H11	96%		1	1	4			4						0	6
H110	100%	3		1	3			3						0	7
CDU	100%							0						0	0
C26	100%	1	1		1			1						0	3
C28 /CMU	96%	1						0						0	1
H4	100%		2		1			1						0	3
H40	100%	1						0						0	1
H6	100%		1		1			1						0	2
H60	100%	7		1	1			1				1		1	10
H7	92%		1					0		1				1	2
H100	95%		2		1			1		2				2	5
H12	96%	2						0		1				1	3
H120	100%		2		1			1						0	3
HICU	80%	1		1				0		1		1		2	4
C9	92%	1	2	1		1		1		3				3	8
C10	100%							0						0	0
C11	100%			1				0						0	1
C14	95%	2	1		1			1						0	4
C15	100%		1	1	1			1						0	3
C27	100%						1	1		1				1	2
CICU	100%							0						0	0
C16	100%		1		1			1						0	2
H130	100%		1					0						0	1
H30 CEDAR	100%		1					0		1				1	2
H31 MAPLE	100%		2					0						0	2
H33 ROWAN	100%							0						0	0
H34 ACORN	100%							0				1		1	1
H35	100%							0						0	0
LABOUR	100%	2						0						0	2
NEONATES	100%			3				0						0	3
PAU	100%							0						0	0
PHDU	100%							0						0	0
C20	93%		1					0						0	1
C29	100%							0						0	0
C30	100%			2	2			2						0	4
C31	95%		2	1	2			2						0	5
C32	100%		1		1			1						0	2
C33	100%			1				0						0	1
AVERAGE	98.3%														
TOTALS:	48	26	33	22	38	1	2	41	0	14	0	5	0	19	141

Mar-18 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	84.3%	98.7%	94.3%	102.9%	19878	4.4	2.5	6.9
CHH SITE	89.3%	97.3%	92.7%	102.1%	9372	5.4	1.9	7.3

Month	RN Vacancies	RN %	NON-RN Vacancies	Non -RN %	Total [wte] Vacancies	RN [wte] Establishment	NON-RN [wte] Establishment	Total Nursing Establishment	% Total Vacancies
Oct-17	129.92	10.18%	-9.43	-1.85%	120.5917807	1276.47	509.93	1786.4	6.75%
Nov-17	110.64	8.67%	20.56	4.03%	131.2866765	1276.47	509.93	1786.4	7.35%
Dec-17	111.23	8.71%	18.72	3.67%	130.0371387	1276.47	509.93	1786.4	7.28%
Jan-18	118.31	9.27%	10.00	1.96%	128.4026853	1276.47	509.93	1786.4	7.19%
Feb-18	140.67	11.02%	13.17	2.58%	159.8032397	1276.47	509.93	1786.4	8.95%
Mar-18	132.15	10.35%	13.66	2.68%	152.203625	1276.47	509.93	1786.4	8.52%

APPENDIX 2

HEY SAFER STAFFING REPORT APRIL-18

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

HEALTH GROUP	WARD	SPECIALITY	BEDS [ESTAB.]	RED FLAG EVENTS [N]	FILL RATES – DAY: Average fill rate - RN/RM (%)	FILL RATES – DAY: Average fill rate - care staff (%)	FILL RATES – NIGHT: Average fill rate - RN/RM (%)	FILL RATES – NIGHT: Average fill rate - care staff (%)	CARE HOURS PER PATIENT DAY [CHPPD] [hrs]: Cumulative Count Over The Month of Patients at 23:59 Each Day	CHPPD: RN / RM	CHPPD: CARE STAFF	CHPPD: OVERALL	ROTA EFFICIENCY [19-03-18 to 15-04-18]: ANNUAL LEAVE [11-17%]	SICK RN & AN [3.9%]	MAT LEAVE [%]	NURSING VACANCIES [FINANCE LEDGER M1]: RN [WTE]	RN % [<10%]	NON -RN- [WTE]	NON - RN-% [<10%]	TOTAL VACANCY [WTE]	RN & NON-RN Est. [WTE]	HIGH LEVEL: SAFETY THERMOMETER HARM FREE CARE [%]	REPORTED STAFFING INCIDENT [DATIX]	OFFICIAL COMPLAINT	DRUG ERROR [ADMIN]	FALLS: MINOR	MODERATE	SEVERE / DEATH	FALLS TOTAL	HOSPITAL ACQUIRED PRESSURE DAMAGE [GRADE]: 1	2	3	DTI	UNSTAG.	PRESSURE SORE TOTAL	QUALITY INDICATOR TOTAL
MEDICINE	ED	ACUTE MEDICINE	NA	0									15.3%	3.9%	2.4%	8.04	8.6%	-0.13	-0.6%	7.91	115.34		3	4	7				0						0	14
	AMU	ACUTE MEDICINE	45	8	96%	60%	103%	106%	1119	4.7	2.4	7.1	16.9%	6.6%	1.3%	9.95	22.5%	1.09	4.7%	11.04	67.57	100%	1	4	2	1			1						0	8
	H1	ACUTE MEDICINE	22	19	75%	103%	100%	107%	622	2.6	1.8	4.3	11.9%	7.6%	8.9%	1.76	12.1%	0.86	10.8%	2.62	22.51	95%		1	1				0						0	2
	EAU	ELDERLY MEDICINE	21	2	82%	113%	67%	82%	577	3.4	3.4	6.8	13.2%	4.6%	5.4%	2.78	14.6%	-5.11	-38.8%	-2.33	32.27	100%				2			2						0	2
	H5 / RHOB	RESPIRATORY	26	3	73%	103%	103%	121%	552	2.9	2.2	5.1	13.3%	2.5%	3.2%	4.29	17.4%	0.64	4.9%	4.93	37.84	100%							0		1		1		2	2
	H50	RENAL MEDICINE	19	0	70%	103%	99%	104%	555	3.0	2.4	5.3	15.1%	1.4%	0.0%	0.88	5.8%	0.43	5.1%	1.31	23.54	100%			3				0						0	3
	H500	RESPIRATORY	24	0	70%	99%	100%	100%	703	2.3	2.5	4.8	21.1%	1.4%	0.0%	1.36	8.0%	0.89	7.3%	2.25	29.10	100%	1	1	1				0						0	3
	H70	ENDOCRINOLOGY	30	13	79%	111%	94%	134%	885	2.3	2.4	4.6	16.2%	3.2%	0.0%	6.90	34.4%	0.92	7.6%	7.82	32.22	96%	1		1	1			1						0	3
	H8	ELDERLY MEDICINE	27	8	67%	107%	102%	106%	792	2.3	2.4	4.6	16.1%	3.3%	3.4%	1.70	10.2%	0.66	5.0%	2.36	29.78	100%				1	1		2						0	2
	H80	ELDERLY MEDICINE	27	2	62%	113%	102%	105%	798	2.2	2.5	4.6	16.8%	5.6%	9.9%	2.63	15.8%	-0.96	-7.3%	1.67	29.78	100%				1			1						0	1
	H9	PDU	30	6	59%	135%	100%	110%	882	1.9	2.5	4.4	13.2%	4.7%	5.1%	4.82	29.0%	-1.84	-14.0%	2.98	29.78	100%				2			2						0	2
	H90	ELDERLY MEDICINE	29	2	71%	114%	100%	109%	853	2.1	2.4	4.5	13.2%	7.8%	0.2%	4.75	28.6%	-2.35	-17.9%	2.40	29.78	100%		2	1	2			2						0	5
	H11	STROKE / NEUROLOGY	28	0	57%	122%	100%	85%	813	2.2	2.5	4.7	13.3%	8.2%	3.8%	5.89	26.2%	1.57	14.8%	7.46	33.16	96%		4		3	1		4		2				2	10
	H110	STROKE / NEUROLOGY	24	0	69%	156%	73%	102%	536	3.4	3.7	7.1	22.1%	9.1%	1.8%	5.48	24.3%	-0.98	-8.8%	4.50	33.64	100%	1	1	2	6			6		1				1	11
	CDU	CARDIOLOGY	9	0	91%	54%	101%		147	6.3	1.3	7.6	17.0%	3.7%	7.0%	1.00	7.8%	0.15	5.1%	1.15	15.74	100%							0						0	0
	C26	CARDIOLOGY	26	0	80%	77%	82%	100%	722	3.8	1.4	5.2	23.4%	4.0%	8.6%	2.52	9.8%	0.61	7.7%	3.13	33.73	100%				2			2						0	2
	C28 /CMU	CARDIOLOGY	27	5	81%	91%	85%	112%	681	6.3	1.6	7.9	18.2%	5.9%	0.0%	4.10	10.7%	1.33	13.9%	5.43	47.78	100%		1		2			2						0	3
SURGERY	H4	NEURO SURGERY	28	1	70%	95%	83%	108%	734	3.0	1.9	4.9	19.6%	4.8%	3.5%	5.08	23.3%	0.45	4.3%	5.53	32.28	100%							0						0	0
	H40	NEURO HOB / TRAUMA	15	52	88%	104%	113%	111%	347	7.2	4.3	11.5	15.4%	1.2%	0.0%	3.50	16.8%	0.14	1.3%	3.64	31.95	100%			1				0						0	1
	H6	ACUTE SURGERY	28	0	91%	70%	85%	102%	711	3.1	2.3	5.4	20.9%	0.6%	3.7%	3.91	20.5%	1.35	12.7%	5.26	29.74	100%					1		1						0	1
	H60	ACUTE SURGERY	28	0	96%	102%	94%	100%	705	3.4	2.4	5.8	17.4%	3.0%	0.0%	0.56	2.9%	1.38	13.0%	1.94	29.74	95%	3	2	2				0						0	7
	H7	VASCULAR SURGERY	30	0	78%	95%	95%	99%	812	3.1	2.3	5.3	14.1%	1.6%	0.0%	4.52	20.8%	1.09	8.3%	5.61	34.89	100%	1						0				1		1	2
	H100	GASTROENTEROLOGY	24	13	83%	104%	91%	104%	757	2.8	2.1	4.9	15.7%	3.5%	8.2%	2.21	11.6%	0.57	4.7%	2.78	31.23	100%		1	3				0				1		1	5
	H12	ORTHOPAEDIC	28	7	72%	106%	95%	150%	758	3.0	2.9	5.9	19.3%	3.7%	2.9%	4.67	21.4%	-2.60	-19.8%	2.07	35.00	100%							0						0	0
	H120	ORTHO / MAXFAX	22	0	92%	108%	91%	119%	588	3.6	3.2	6.8	13.1%	3.2%	0.0%	1.14	6.9%	0.35	3.0%	1.49	28.42	100%				1			1						0	1
	HICU	CRITICAL CARE	22	0	87%	155%	85%	100%	433	27.9	2.1	30.0	17.2%	4.7%	3.2%	3.38	3.2%	-0.40	-5.5%	2.98	112.20	93%			3				0						0	3
	C9	ORTHOPAEDIC	35	4	83%	98%	102%	99%	664	3.8	2.4	6.2	18.0%	4.7%	2.0%	1.84	8.4%	1.30	11.3%	3.14	33.39	100%							0						0	0
	C10	COLORECTAL	21	0	81%	65%	84%	94%	447	4.5	1.9	6.4	22.4%	1.1%	2.5%	2.54	13.9%	-0.25	-3.2%	2.29	26.08	100%			1				0						0	1
	C11	COLORECTAL	22	2	86%	86%	86%	103%	461	4.5	2.3	6.8	15.9%	2.1%	3.9%	3.66	20.1%	0.79	10.1%	4.45	26.08	100%							0						0	0
	C14	UPPER GI	27	0	91%	74%	97%	107%	681	3.6	1.5	5.1	17.8%	5.0%	8.6%	0.92	4.5%	0.04	0.4%	0.96	29.38	100%		1		2			2				1		1	4
	C15	UROLOGY	26	0	87%	91%	98%	100%	589	3.9	2.4	6.3	14.3%	4.0%	3.2%	1.62	7.9%	-0.06	-0.5%	1.56	32.71	95%		1					0						0	1
	C27	CARDIOTHORACIC	26	1	95%	90%	93%	100%	739	3.8	1.4	5.2	15.3%	4.3%	6.9%	1.10	4.7%	-0.66	-7.7%	0.44	32.22	100%				1			1						0	1
	CICU	CRITICAL CARE	22	1	83%	78%	83%	43%	434	23.1	1.6	24.7	16.5%	5.4%	2.8%	7.97	8.6%	1.17	15.5%	9.14	100.50	100%			1	1			1						0	2
FAMILY & WOMEN'S	C16	ENT / BREAST	30	0	84%	53%	91%	48%	318	5.8	2.6	8.4	14.5%	1.9%	12.8%	2.12	11.5%	2.67	24.0%	4.79	29.65	100%				1			1						0	1
	H130	PAEDS	20	5	92%	46%	88%	53%	371	7.0	1.5	8.6	15.1%	3.1%	1.9%	0.44	2.1%	2.02	38.7%	2.46	26.59	100%		1					0						0	1
	H30 CEDAR	GYNAECOLOGY	9	0	88%	64%	114%		229	7.2	2.8	10.0	16.7%	6.9%	12.9%	0.14	1.9%	0.12	3.1%	0.26	11.33	100%				1			1						0	1
	H31 MAPLE	MATERNITY	20	0	84%	99%	91%	103%	348	6.2	4.1	10.3	20.5%	5.1%	0.0%	-1.45	-3.1%	0.23	0.9%	-1.22	73.34	100%							0						0	0
	H33 ROWAN	MATERNITY	38	0	91%	89%	92%	100%	1076	2.9	1.6	4.5	11.6%	2.3%	2.1%							100%							0						0	0
	H34 ACORN	PAEDS SURGERY	20	0	83%	119%	97%	63%	278	8.6	2.5	11.0	16.0%	5.1%	3.8%	1.94	9.3%	-0.46	-8.8%	1.48	26.00	100%		1					0						0	1
	H35	OPHTHALMOLOGY	12	0	81%	30%	109%		258	5.8	0.9	6.7	15.3%	2.1%	17.8%	0.18	1.6%	1.74	64.2%	1.92	13.84	100%							0						0	0
	LABOUR	MATERNITY	16	0	97%	80%	98%	86%	287	21.8	5.5	27.3	14.9%	5.2%	1.6%	-0.45	-0.9%	-1.56	-11.4%	-2.01	63.84	100%	1						0						0	1
	NEONATES	CRITICAL CARE	26	0	93%	90%	96%	60%	667	12.3	0.8	13.1	19.0%	2.3%	3.8%	2.10	3.1%	0.04	0.5%	2.14	74.51	100%			2	1			1						0	3
	PAU	PAEDS	10	0	97%	-	96%	-	89	15.7	0.0	15.7	16.0%	0.8%	15.7%	-0.76	-7.3%	0.00	0.0%	-0.76	10.44	100%							0						0	0
	PHDU	CRITICAL CARE	4	0	142%	55%	107%		69	25.1	1.8	26.9	16.1%	1.1%	0.0%	-0.64	-5.5%	0.00	0.0%	-0.64	11.66	100%				1			1						0	1
CLINICAL SUPPORT	C20	INFECTIOUS DISEASE	19	4	106%	87%	100%	198%	366	4.0	3.5	7.6	18.1%	5.6%	0.0%	0.73	6.1%	2.22	27.1%	2.95	20.22	100%							0						0	0
	C29	REHABILITATION	15	124	93%	93%	100%	95%	357	4.3	4.9	9.2	0.0%	13.8%	5.4%	-0.82	-6.2%	2.59	16.4%	1.77	28.89	100%				1			1						0	1
	C30	ONCOLOGY	22	0	83%	104%	101%	103%	621	2.7	2.0	4.7	5.8%	15.4%	2.8%	0.46	3.3%	1.91	23.9%	2.37	21.97	100%			1	1			1				1		1	3
	C31	ONCOLOGY	27	2	86%	131%	96%	98%	601	2.8	2.5	5.3	9.3%	17.2%	10.1%	5.31	38.0%	-0.19	-1.6%	5.12	25.74	100%				1			1						0	1
	C32	ONCOLOGY	22	0	88%	104%	104%	103%	600	2.8	1.8	4.6	0.8%	18.7%	0.0%	2.08	14.9%	0.07	0.7%	2.15	23.57	100%				3			3				2		2	5
	C33	HAEMATOLOGY	28	4	80%	158%	88%	198%	634	4.0	2.6	6.6	5.0%	17.9%	4.6%	5.12	18.7%	-3.03	-37.9%	2.09	35.44	100%							0		2				2	2
		TOTAL:		288	AVERAGE or TOTAL:				577	6.0	2.4	8.4	15.3%	5.2%	4.2%	133.97	10.5%	10.81	2.1%	150.49	1786.40	99.4%														
																					TOTALS:	49	12	25	32	38	3	0	41	0	6	0	7	0	13	123

Apr-18	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 [CHPPD]: Cumulative Count	RN / RM	CARE STAFF	OVERALL
SAFER STAFFING OVERALL PERFORMANCE								
HRI SITE	83.2%	95.0%	93.7%	99.9%	19517	4.7	2.4	7.1
CHH SITE	84.4%	94.6%	89.5%	108.4%	8933	4.7	2.1	6.8

Month	RN Vacancies	RN %	NON-RN Vacancies	Non -RN %	Total [wte] Vacancies	RN [wte] Establishment	NON-RN [wte] Establishment	Total Nursing Establishment	% Total Vacancies
Oct-17	129.92	10.18%	-9.43	-1.85%	120.59	1276.47	509.93	1786.4	6.75%
Nov-17	110.64	8.67%	20.56	4.03%	131.29	1276.47	509.93	1786.4	7.35%
Dec-17	111.23	8.71%	18.72	3.67%	130.04	1276.47	509.93	1786.4	7.28%
Jan-18	118.31	9.27%	10.00	1.96%	128.40	1276.47	509.93	1786.4	7.19%
Feb-18	140.67	11.02%	13.17	2.58%	153.84	1276.47	509.93	1786.4	8.61%
Mar-18	132.15	10.35%	13.66	2.68%	145.80	1276.47	509.93	1786.4	8.16%
Apr-18	133.97	10.50%	10.81	2.12%	144.78	1276.47	509.93	1786.4	8.10%

HEY SAFER STAFFING REPORT MAY-18

NURSE STAFFING

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

HEALTH GROUP	WARD	SPECIALITY	BEDS [ESTAB.]	RED FLAG EVENTS [N]	FILL RATES: DAY Average fill rate - RN/RM (%)	FILL RATES: DAY Average fill rate - care staff (%)	FILL RATES: NIGHT Average fill rate - RN/RM (%)	FILL RATES: NIGHT Average fill rate - care staff (%)	CARE HOURS PER PATIENT DAY [CHPPD] [hrs]: Cumulative Count Over The Month of Patients at 23:59 Each Day	CHPPD: RN / RM	CHPPD: CARE STAFF	CHPPD: OVERALL	ROTA EFFICIENCY [16-04-18 to 13-05-18]: ANNUAL LEAVE [11-17%]	ROTA EFFICIENCY: SICK RN & AN [3.9%]	ROTA EFFICIENCY: MAT LEAVE [%]	NURSING VACANCIES [FINANCE LEDGER M2]: RN [WTE]	RN % [<10%]	NON -RN- [WTE]	NON - RN-% [<10%]	TOTAL VACANCY [WTE]	RN & NON-RN Est. [WTE]	HIGH LEVEL: SAFETY THERMOMETER HARM FREE CARE [%]	REPORTED STAFFING INCIDENT [DATIX]	OFFICIAL COMPLAINT	DRUG ERROR [ADMIN]	FALLS: MINOR	MODERATE	SEVERE / DEATH	FALLS TOTAL	HOSPITAL ACQUIRED PRESSURE DAMAGE [GRADE]: 1	2	3	DTI	UNSTAG.	PRESSURE SORE TOTAL	QUALITY INDICATOR TOTAL
MEDICINE	ED	ACUTE MEDICINE	NA	1									7.7%	3.7%	3.3%	7.35	7.9%	-0.13	-0.6%	7.22	115.34				2	1			1						0	3
	AMU	ACUTE MEDICINE	45	2	102%	78%	105%	100%	1154	4.8	2.4	7.2	12.2%	6.1%	1.3%	10.43	23.6%	1.14	4.9%	11.57	67.57	100%			2	1			1				1		1	4
	H1	ACUTE MEDICINE	22	7	82%	107%	100%	108%	648	2.7	1.9	4.5	10.4%	6.5%	9.0%	0.76	5.2%	0.86	10.8%	1.62	22.51	100%				0			0	1					1	1
	EAU	ELDERLY MEDICINE	21	0	88%	101%	68%	86%	592	3.6	3.3	6.9	12.8%	2.6%	5.3%	3.78	19.8%	-5.11	-38.8%	-1.33	32.27	100%				5	1		6						0	6
	H5 / RHOB	RESPIRATORY	26	0	74%	99%	101%	111%	617	2.6	1.9	4.6	10.8%	3.7%	2.9%	2.29	9.3%	0.44	3.3%	2.73	37.84	96%			1	1			1		1				1	3
	H50	RENAL MEDICINE	19	0	68%	119%	101%	101%	570	2.9	2.6	5.5	12.1%	6.9%	0.0%	2.83	18.7%	0.43	5.1%	3.26	23.54	100%				2			2						0	2
	H500	RESPIRATORY	24	2	70%	103%	102%	100%	721	2.4	2.5	4.9	9.4%	2.0%	0.0%	3.36	19.8%	0.89	7.3%	4.25	29.10	95%				0			0						0	0
	H70	ENDOCRINOLOGY	30	12	102%	114%	117%	135%	912	2.7	2.4	5.0	7.3%	6.0%	0.0%	6.9	34.4%	0.92	7.6%	7.82	32.22	96%	4		1	1			1				1	1	7
	H8	ELDERLY MEDICINE	27	2	62%	108%	102%	103%	812	2.2	2.3	4.5	12.6%	6.4%	4.3%	1.7	10.2%	0.66	5.0%	2.36	29.78	92%			1	0			0						0	1
	H80	ELDERLY MEDICINE	27	10	60%	118%	102%	111%	814	2.1	2.6	4.7	12.5%	4.4%	7.8%	2.63	15.8%	-0.96	-7.3%	1.67	29.78	100%			1	1		1	1		1		1		2	4
	H9	PDU	30	5	67%	114%	103%	108%	873	1.7	2.6	4.4	10.8%	2.9%	4.2%	4.82	29.0%	-1.84	-14.0%	2.98	29.78	100%			1	0		1	1						0	2
	H90	ELDERLY MEDICINE	29	6	68%	114%	100%	107%	875	2.1	2.4	4.5	7.7%	13.1%	0.0%	3.75	22.6%	-2.35	-17.9%	1.40	29.78	100%				3		2	5						0	5
	H11	STROKE / NEUROLOGY	28	12	58%	129%	100%	104%	825	2.3	2.5	4.7	6.8%	9.0%	3.6%	5.89	26.2%	1.57	14.8%	7.46	33.16	100%				4			4		1		1		2	6
	H110	STROKE / NEUROLOGY	24	2	63%	177%	67%	97%	544	3.6	3.5	7.2	7.2%	6.7%	3.2%	5.48	24.3%	-0.98	-8.8%	4.50	33.64	100%	1			1			1		1		1	1	3	5
	CDU	CARDIOLOGY	9	0	78%	36%	100%		114	9.4	1.5	10.8	9.2%	4.3%	7.1%	1	7.8%	0.15	5.1%	1.15	15.74	100%				0			0						0	0
	C26	CARDIOLOGY	26	5	92%	97%	99%	100%	716	3.9	1.7	5.5	10.2%	2.4%	10.9%	2.52	9.8%	0.61	7.7%	3.13	33.73	100%					1		1						0	1
	C28 /CMU	CARDIOLOGY	27	4	91%	101%	98%	102%	665	6.6	1.7	8.3	9.5%	4.9%	0.0%	4.1	10.7%	1.37	14.3%	5.47	47.78	100%	1			0		1						1	2
SURGERY	H4	NEURO SURGERY	28	4	79%	117%	89%	116%	799	3.2	2.1	5.3	14.2%	2.8%	3.6%	5.08	23.3%	0.45	4.3%	5.53	32.28	100%				2			2				1		1	3
	H40	NEURO HOB / TRAUMA	15	11	88%	102%	115%	109%	412	6.3	3.6	9.9	10.2%	4.9%	0.0%	3.5	16.8%	1.14	10.3%	4.64	31.95	100%			1	1			1				1		1	3
	H6	ACUTE SURGERY	28	4	90%	78%	90%	88%	729	3.1	2.2	5.4	10.9%	6.7%	3.7%	3.91	20.5%	1.13	10.6%	5.04	29.74	94%				3			3						0	3
	H60	ACUTE SURGERY	28	17	93%	101%	89%	108%	750	3.2	2.4	5.6	10.8%	4.0%	0.0%	0.56	2.9%	0.98	9.2%	1.54	29.74	100%	2		1	0			0						0	3
	H7	VASCULAR SURGERY	30	2	82%	96%	94%	102%	857	3.1	2.3	5.4	8.5%	2.7%	0.0%	3.91	18.0%	1.09	8.3%	5.00	34.89	100%	1			0			0				1		1	2
	H100	GASTROENTEROLOGY	24	1	89%	101%	95%	98%	778	2.9	2.1	5.0	8.2%	5.5%	8.8%	1.45	7.6%	4.37	36.1%	5.82	31.23	96%				0			0		2				2	2
	H12	ORTHOPAEDIC	28	11	77%	101%	83%	132%	810	3.0	2.6	5.6	12.0%	4.3%	2.9%	3.67	16.8%	-2.60	-19.8%	1.07	35.00	100%			1	1			1						0	2
	H120	ORTHO / MAXFAX	22	1	96%	107%	103%	117%	595	3.8	3.4	7.1	8.2%	1.8%	0.0%	1.14	6.9%	0.35	3.0%	1.49	28.42	100%				1			1	1					1	2
	HICU	CRITICAL CARE	22	1	85%	171%	85%	84%	473	25.6	2.0	27.5	11.6%	4.3%	3.3%	6.66	6.4%	-0.40	-5.5%	6.26	112.20	100%			5	0			0				1		1	6
	C9	ORTHOPAEDIC	35	2	90%	95%	100%	101%	741	3.7	2.3	6.0	15.1%	2.4%	2.0%	2.41	11.0%	1.30	11.3%	3.71	33.39	100%				0			0						0	0
	C10	COLORECTAL	21	0	90%	76%	98%	99%	540	4.2	1.7	5.9	12.3%	2.4%	2.5%	1.54	8.4%	1.03	13.2%	2.57	26.08	100%	1			1			1				1		1	3
	C11	COLORECTAL	22	3	87%	88%	87%	102%	509	4.2	2.1	6.3	10.2%	2.5%	1.6%	1.43	7.8%	0.63	8.1%	2.06	26.08	100%			1	0			0						0	1
	C14	UPPER GI	27	0	94%	79%	91%	104%	677	3.7	1.7	5.4	11.6%	2.1%	9.0%	-0.04	-0.2%	0.04	0.4%	0.00	29.38	96%	1			2			2						0	3
	C15	UROLOGY	26	1	91%	89%	97%	94%	537	4.5	2.6	7.1	7.0%	3.9%	4.8%	1.63	7.9%	0.09	0.7%	1.72	32.71	100%			1	2	1	1	4						0	5
	C27	CARDIOTHORACIC	26	0	97%	89%	99%	99%	723	4.0	1.5	5.5	12.3%	1.3%	5.1%	1.1	4.7%	0.34	3.9%	1.44	32.22	100%				0			0						0	0
	CICU	CRITICAL CARE	22	0	85%	93%	83%	61%	431	22.8	2.0	24.8	11.0%	6.4%	3.2%	12.45	13.4%	1.17	15.5%	13.62	100.50	100%			3	0			0						0	3
FAMILY & WOMEN'S	C16	ENT / BREAST	30	2	91%	60%	92%	68%	395	5.0	2.8	7.8	10.9%	0.5%	10.6%	2.12	11.5%	2.47	22.2%	4.59	29.65	100%				0			0						0	0
	H130	PAEDS	20	3	85%	60%	76%	84%	334	7.3	2.1	9.5	12.4%	2.0%	2.7%	1.4	6.6%	2.02	38.7%	3.42	26.59	100%				0			0						0	0
	H30 CEDAR	GYNAECOLOGY	9	1	103%	66%	124%		178	9.5	2.7	12.2	5.9%	4.6%	11.7%	0.14	1.9%	0.12	3.1%	0.26	11.33	100%				0			0						0	0
	H31 MAPLE	MATERNITY	20	0	93%	86%	82%	97%	382	5.9	3.5	9.4	16.8%	4.3%	0.0%	-0.65	-1.4%	0.12	3.1%	-0.53	73.34	100%				0			0						0	0
	H33 ROWAN	MATERNITY	38	0	88%	87%	99%	100%	1098	2.8	1.6	4.4	14.1%	0.8%	2.1%							100%				0			0						0	0
	H34 ACORN	PAEDS SURGERY	20	1	82%	112%	97%	61%	280	8.5	2.3	10.7	6.8%	3.7%	3.9%	0.94	4.5%	-0.46	-8.8%	0.48	26.00	100%				0			0						0	0
	H35	OPHTHALMOLOGY	12	1	97%	39%	103%		241	6.3	1.2	7.4	11.3%	7.2%	16.3%	0.18	1.6%	1.74	64.2%	1.92	13.84	100%	1			0			0						0	1
	LABOUR	MATERNITY	16	0	97%	87%	99%	96%	282	21.5	5.9	27.4	10.6%	3.6%	0.5%	-0.45	-0.9%	-2.2	-16.1%	-2.65	63.84	100%	5			0			0						0	5
	NEONATES	CRITICAL CARE	26	0	93%	81%	95%	77%	674	12.3	0.9	13.2	9.8%	2.5%	4.0%	3.38	5.1%	0.8	10.6%	4.18	74.51	100%			7	0			0						0	7
	PAU	PAEDS	10	0	90%	-	97%	-	86	16.2	0.0	16.2	8.8%	0.0%	14.3%	0.08	0.8%	0	0.0%	0.08	10.44	100%				0			0						0	0
	PHDU	CRITICAL CARE	4	0	112%		124%		47	36.8	1.3	38.1	7.2%	2.6%	0.0%	-0.64	-5.5%	0	0.0%	-0.64	11.66	100%				0			0						0	0
CLINICAL SUPPORT	C7	INFECTIOUS DISEASE	12	0	112%	96%	100%	211%	302	5.3	4.6	10.0	13.0%	4.2%	0.0%	-0.07	-0.6%	2.22	27.1%	2.15	20.22	100%				0			0						0	0
	C29	REHABILITATION	15	16	107%	89%	102%	100%	446	3.8	3.6	7.4	11.0%	2.4%	0.0%	-1.12	-8.5%	2.59	16.4%	1.47	28.89	100%				0			0						0	0
	C30	ONCOLOGY	22	0	91%	106%	98%	100%	637	2.7	1.9	4.6	12.6%	1.4%	5.2%	0.46	3.3%	1.91	23.9%	2.37	21.97	95%			1	2			2		1				1	4
	C31	ONCOLOGY	27	2	100%	164%	103%	107%	629	2.6	2.3	4.9	5.1%	4.5%	9.0%	6.31	45.1%	-0.75	-6.4%	5.56	25.74	95%				2			2						0	2
	C32	ONCOLOGY	22	0	84%	104%	101%	97%	631	2.7	1.8	4.4	13.4%	1.1%	3.4%	2.08	14.9%	0.07	0.7%	2.15	23.57	90%			1	3			3						0	4
	C33	HAEMATOLOGY	28	0	83%	141%	90%	172%	649	4.3	2.4	6.7	13.1%	3.2%	5.7%	5.12	18.7%	-2.03	-25.4%	3.09	35.44	95%				2			2						0	2
		TOTAL:	154		AVERAGE or TOTAL:				594	6.3	2.4	8.7	10.5%	4.0%	4.1%	139.27	10.9%	18.15	3.6%	157.42	1786.40	98.8%														
																						TOTALS:	48	17	0	31	41	3	5	49	2	8	0	9	2	21	118

May-18	DAY		NIGHT		CARE HOURS PER PATIENT PER DAY [CHPPPD]			
SAFER STAFFING OVERALL PERFORMANCE	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Cumulative Count	RN / RM	CARE STAFF	OVERALL
HRI SITE	84.8%	98.4%	94.1%	100.9%	20174	4.7	2.4	7.1
CHH SITE	88.8%	98.0%	92.9%	108.1%	9081	4.8	2.1	6.9

Month	RN Vacancies	RN %	NON-RN Vacancies	Non -RN %	Total [wte] Vacancies	RN [wte] Establishment	NON-RN [wte] Establishment	Total Nursing Establishment	% Total Vacancies
Oct-17	129.92	10.18%	-9.43	-1.85%	120.59	1276.47	509.93	1786.4	6.75%
Nov-17	110.64	8.67%	20.56	4.03%	131.29	1276.47	509.93	1786.4	7.35%
Dec-17	111.23	8.71%	18.72	3.67%	130.04	1276.47	509.93	1786.4	7.28%
Jan-18	118.31	9.27%	10.00	1.96%	128.40	1276.47	509.93	1786.4	7.19%
Feb-18	140.67	11.02%	13.17	2.58%	153.84	1276.47	509.93	1786.4	8.61%
Mar-18	132.15	10.35%	13.66	2.68%	145.80	1276.47	509.93	1786.4	8.16%
Apr-18	133.97	10.50%	10.81	2.12%	144.78	1276.47	509.93	1786.4	8.10%

HEY SAFER STAFFING REPORT MAY-18

NURSE STAFFING

HEALTH GROUP	WARD	SPECIALITY	BEDS [ESTAB.]	RED FLAG EVENTS [N]
May-18				

FILL RATES

DAY		NIGHT	
Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)

CARE HOURS PER PATIENT DAY [CHPPD] [hrs]

Cumulative Count Over The Month of Patients at 23:59 Each Day	RN / RM	CARE STAFF	OVERALL

ROTA EFFICIENCY

[16-04-18 to 13-05-18]

ANNUAL LEAVE [11-17%]	SICK RN & AN [3.9%]	MAT LEAVE [%]

NURSING VACANCIES

[FINANCE LEDGER M2]

RN [WTE]	RN % [<10%]	NON -RN- [WTE]	NON - RN-% [<10%]	TOTAL VACANCY [WTE]	RN & NON-RN Est. [WTE]
				139.27	

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

HIGH LEVEL

SAFETY THERMOMETER HARM FREE CARE [%]	REPORTED STAFFING INCIDENT [DATIX]	OFFICIAL COMPLAINT	DRUG ERROR [ADMIN]
10.91%	18.15	3.56%	

FALLS

MINOR	MODERATE	SEVERE / DEATH	FALLS TOTAL
157.42		1276.47	

HOSPITAL ACQUIRED PRESSURE DAMAGE [GRADE]

1	2	3	DTI	UNSTAG.	PRESSURE SORE TOTAL
509.93			1786.4		8.81%

QUALITY INDICATOR TOTAL

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

QUALITY COMMITTEE MINUTES
HELD ON 25 JUNE 2018

PRESENT:	Prof M Veysey	Non-Executive Director (Chair)
	Mr A Snowden	Non-Executive Director
	Prof J Jomeen	Associate Non-Executive Director
	Mrs A Green	Lead Clinical Research Therapist
	Mr D Corral	Chief Pharmacist
	Mr M Wright	Chief Nurse
	Mr K Phillips	Chief Medical Officer
	Mrs K Southgate	Head of Compliance
	Mrs M Stern	Chair of Patient Council
IN ATTENDANCE:	Mrs R Thompson	Corporate Affairs Manager

NO	ITEM	ACTION
1	**Apologies:** Apologies were received from Mrs V Walker, Non-Executive Director, Mrs S Bates, Deputy Director of Quality, Governance and Assurance and Dr M Purva, Deputy Chief Medical Officer Prof Veysey welcomed Mrs Stern to the meeting.	
2	**Declarations of Interest** There were no declarations made.	
3	**Minutes of the meeting of 29 May 2018** **Item 5.1 – Integrated Performance Report – paragraph 3** – the sentence that read "Mrs Bates advised that Mrs Ledger chaired the Discharge Liaison Group…" should be removed from the minutes as it was not relevant. **Item 5.4 – Workforce Transformation Quarterly Update** – **paragraph 2** – wording to read, "…having an impact on the key focus of this Committee being patient safety and care, and how such things might be measured. He asked how the Trust was capturing wider leadership issues raised by the 700 staff while accessing the leadership training, and in what way the training was impacting on the organisation and patient outcomes." Following these changes the minutes were approved as an accurate record of the meeting.	
	3.1 Matters Arising Mr Wright advised that VTE risk assessments were now on the Quality Improvement Plan and would be monitored through the Operational Quality Committee. This had been agreed with the Health Group leads.	**MW**
	Mr Wright reported that there was nothing of concern to report regarding Quality Impact of CRES schemes. He advised that he would update the Committee further in August 2018.	

The Committee discussed breast symptomatic performance which had also been discussed at the Performance and Finance Committee in May 2018. There were issues around patients being offered appointments in the first 7 days and work was ongoing with the CCGs to review the process. Mr Snowden stated that a full system approach should be adopted including discussions with the GPs. Mr Hall reported that the issue would be monitored at the Performance and Finance Committee and Mr Wright agreed that any patient harm would be escalated to the Quality Committee should it occur.

3.2 Action Tracker

Mr Wright advised that he had reviewed the Non Clinical Quality Committee minutes and that there was nothing of concern to report. Mr Wright agreed to continue to review the minutes and escalate any issues to the Committee.

3.3 Any Other Matters Arising

There were no other matters arising from the minutes.

3.4 Workplan

The Committee reviewed the Workplan and no changes were made.

4.1 Serious incidents report

Mrs Southgate presented the report to the Committee. She advised that the Governance Team was setting up a new internal committee that would review themes and trends from claims and complaints to ask the 'so what?' questions. The team had appointed a data analyst to scrutinise the data received.

Mr Corral asked for details regarding the de-escalated SI and Mrs Southgate agreed to update the Committee in July 2018.

Mr Wright highlighted a Never Event which was an issue regarding member of a team not working together and not pausing before injecting the patient. He added that the patient had not suffered harm but the Never Event should not have happened.

There was a discussion around reflective practice and how the Trust maintained focus on Never Events not occurring again. Mr Wright reported that he now gave departmental inductions and a film had been produced showing staff the correct processes to take. All staff would now be required to sign their learning to say that they understood the processes and behaviours expected of them. Mrs Stern asked about staff that had worked for the Trust for a long time and Mr Wright assured her that all staff were being trained not just new members.

Resolved:

The Committee received and accepted the report.

4.2 Quality Improvement Plan (Progress Report)

Mrs Southgate presented the report and advised that the Compliance team met with leads to update projects on a regular basis and it was monitored at the Operational Quality Committee monthly, before being presented to the Quality Committee.

She reported that the 4 main areas following the CQC inspection were staffing issues, deteriorating patient, medical records and mental health and these would have project developed and added to the QIP.

The 'Getting it Right First Time' projects would also be monitored through the QIP.

There was a discussion around the QIP being too green in the ratings and Mrs Southgate agreed to provide the key in the next report to show how projects were rated.

Mr Wright reported that a number of the milestones and measures would need to be reviewed such as the pressure ulcer QIP as this related to training which was now green. Prof. Jomeen commended the work that the Chief Nurse was developing and advised that she had been impressed with the commitment from the nursing and midwifery team meeting she had attended recently.

Mr Wright stated that the QIP was evolving all the time and being refreshed accordingly. The Committee discussed the culture of the Trust and how this was key to staff behaviours and working together as teams. He added that milestones and objectives should be realistic and achievable.

Prof Veysey spoke of the NED induction programme he had attended and asked if statistical data could be added to each QIP which would show evidence of improvement or slippage. Mrs Southgate agreed to add this into the next report.

Mr Snowden asked about how widely staff were aware of the QIP and the process and Mr Wright advised that it was shared with all Health Group Boards and governance committees.

Resolved:
The Committee received and accepted the report.

4.3 Care Quality Commission Report Update
Mrs Southgate presented the report and expressed disappointment that the overall rating for the Trust had remained at 'Requires Improvement' even though there had been improvements in the core service ratings.

The Trust had challenged the CQC and a number of ratings had been changed due to this. Mrs Southgate added that the Trust had not received any regulatory breaches.

The CQC action plan had to be submitted by mid July 2018 and this would be monitored as part of the Quality Improvement Plan and reflects should and must do actions. The plan would be monitored monthly at the Operational Quality Committee and at the CQC monthly relationship meetings.

Mrs Southgate advised that the Trust would be carrying out mock CQC inspections internally on core services, mirroring the CQC processes of gathering data, interviewing staff and talking to patients. A final report would be sent to each service reviewed.

Prof. Veysey commended the Trust on the improvements made so far and the positive trajectory the Trust was aiming for. Mr Wright stated that the Trust had narrowly missed a 'Good' rating and that there were still improvements to be made and also good practices to be shared. Mr Phillips added that the 'end of life care' service consistently did well in inspections and that there was learning to be shared.

Resolved:
The Committee received and accepted the report.

4.4 Quality Accounts - Approval
Mrs Southgate presented the Quality Accounts for approval by the Committee. The Board had delegated sign off responsibility to Prof. Veysey on behalf of the Quality Committee and the Board.

Mr Snowden highlighted a small number of minor alterations that did not change the context of the document and following these changes the Committee was in agreement to approve the Quality Accounts.

There was a discussion around the target audience of the document and Mrs Southgate advised that it would be published on the Trust website and NHS Choices. She added that an easy read version for members of the public would be produced and Mrs Stern offered to help with this document.

Resolved:
The Committee received and approved the Quality Accounts.

5.1 Integrated Performance Report
The Committee discussed the issues relating to Quality such as VTE, RTT and diagnostic waits. Mr Phillips reported that the Non Clinical Quality Committee and the Capital Resource Allocation Committee were reviewing replacement scanners as the Trust's equipment was old and breaking down on a regular basis. He added that MRI vans were being hired at extraordinary costs so a balance of spending money to ensure high quality patient care was critical.

Mr Phillips was reviewing the spike in HSMR that had occurred in March 2018. He agreed to share his findings with the Committee. **KP**

Resolved:
The Committee received and accepted the report.

5.2 Operational Quality Committee
Mr Wright updated the Committee and reported that the Internal Auditors had given the Trust significant assurance around its risk management processes.

He expressed his concern regarding QIP 10 and the pressure ulcers that had been reported by the Trust. He reported that he was reviewing each case with the nursing teams involved.

The Committee discussed the recent report of 6 patients dying whilst waiting for cardiac surgery. Mr Phillips and Mr Wright were reviewing

each case as there were a number of factors to be taken into account. Mr Phillips advised that the Trust had informed the Commissioners of the issue.

Resolved:
The Committee received and accepted the report.

5.3 Clinical Harm Group
Mr Wright advised that the Clinical Harm Group were reviewing the Tracking Access Issue and that there were 300 patients waiting to be appointed to clinic and be seen. This work was due to be completed by the end of June 2018.

There had been 303 patients reviewed at the Clinical Harm Group, which did not include the 300 patients left to be appointed.

The services were gradually working through the numbers of patients and an overarching Serious Incident was being undertaken to ensure processes were in place to avoid recurrence. Mr Wright agreed to present the outcome of the SI to the Committee once completed. Mr Hall added that the Performance and Finance Committee were also reviewing the issue at each meeting.

Mr Phillips added that every patient record relating to the incident had been flagged for easy identification should any issues arise in the future.

Resolved:
The Committee received and accepted the update.

5.4 Clinical Audit and Effectiveness Report
Mrs Southgate presented the report to the Committee. There was a discussion around which audits were critical and where the report was scrutinised. Mrs Southgate advised that the report was tracked through the Operational Quality Committee with the Audit Committee reviewing the processes. She also advised that NICE audits were tracked as well as all audits being monitored on the Convelant system to ensure timely completion of actions.

The Audit Committee would choose random 'Red' rated audits to scrutinise in more detail. Mrs Greed added that a briefing report was received at monthly governance meetings and the Compliance Team regularly chases audit leads for feedback.

Resolved:
The Committee received and accepted the report.

6 Board Assurance Framework 2018/19
Mrs Thompson presented the Board Assurance Framework 2018/19 and asked that any comments be emailed to her for inclusion in the Board report.

There were no issues raised at the meeting.

Resolved:
The Committee received and accepted the report.

7 Any Other Business

Mr Wright presented the Patient Experience Annual Report to the Committee.

He reported that the spike in the number of complaints received in January/February and March 2018 had been due to winter related pressures and that the numbers had now started to reduce. Mr Wright added that the Trust had received a number of positive comments during the busy winter months also.

The Trusts National Survey results were improving and other areas of positive feedback were around the Friends and Family Tests, the Young Volunteers and the Patient Council. The interpreter contract had been re-negotiated and was receiving positive feedback and a review of patient leaflets was ongoing.

A new 'Stop the Line' policy was being developed to empower staff and patients to challenge clinicians during procedures.

Mrs Stern added that she was speaking with the local press to promote the Trust's values and new initiatives to improve patient safety and quality of care.

Resolved:
The Committee accepted and approved the Patient Experience Annual Report.

Mr Snowden reported that he had attended the Corporate Patient Experience Committee with the Senior Nursing and Midwifery teams. He was impressed with the knowledge and enthusiasm of the staff at the meeting, which was well attended and chaired by Mrs J Ledger, Deputy Chief Nurse.

He reported that the meeting was repeated at Band 7 level. The meeting was forward focussed with specific actions being given to specific leads. Mr Snowden was particularly interested that the library services were under used and felt that this could be a useful resource for the NEDs. The meeting had a good balance and focussed on the fundamentals of patient care.

Prof. Veysey asked if there were any organagrams of the Committees that could be forwarded to him. Mrs Thompson agreed to forward the EMC Committee Structure. **RT**

8 Chairman's Summary to the Board

Prof. Veysey agreed to summarise the meeting to the Board in July 2018.

9 Date and time of the next meeting:

Monday 30 July 2018, 9.00am – 11.00am, The Committee Room, Hull Royal Infirmary

Integrated Performance Report 2018/19

July 2018

May 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/

RESPONSIVE

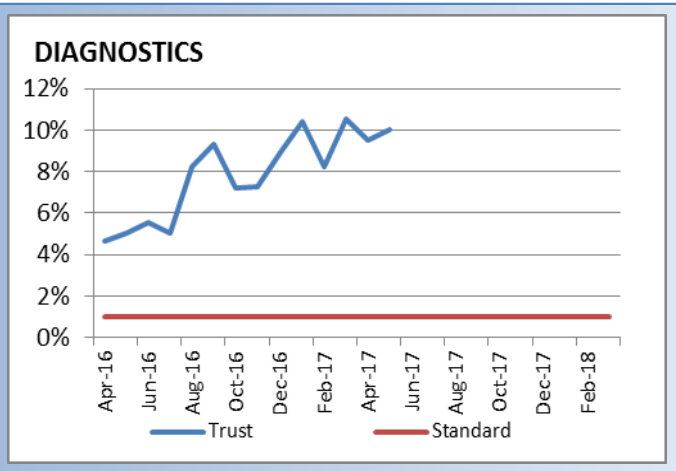
Description	Aggregate Position	Trend	Variation

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 during May with performance of 10.05%

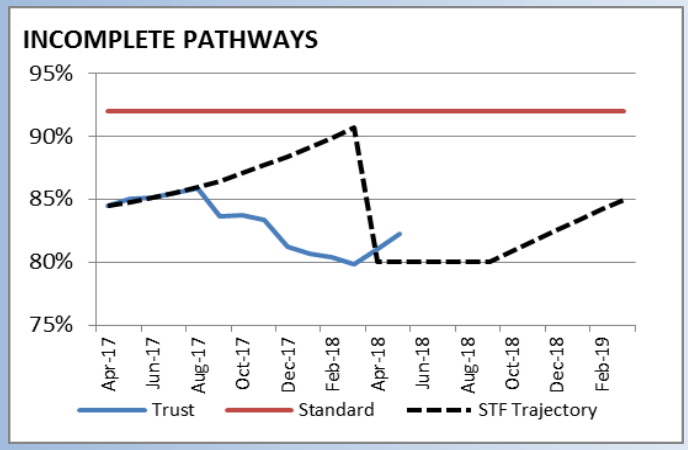


Referral to Treatment Incomplete pathway

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

The Trust achieved the May improvement trajectory of 80%

May performance was 82.22%. This failed to meet the national standard of 92%.



The RTT return is grouped in to 19 main specialties.

During the month there were 5 specialties that failed to meet the STF trajectory

Integrated Performance Report - July 2018

RESPONSIVE

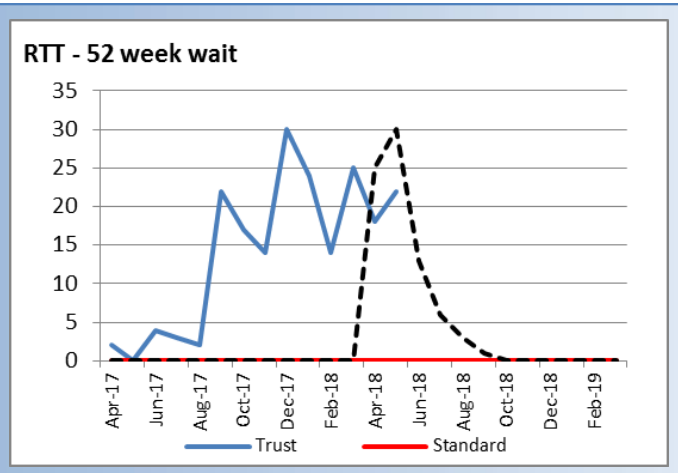
Description	Aggregate Position	Trend	Variation

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 22 breaches during May.

The Trust achieved the May improvement trajecotory of 30

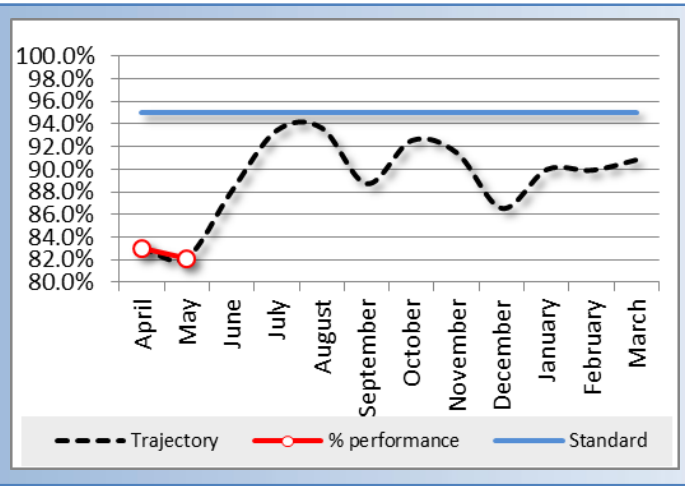


ED Waiting Times (HRI only)

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

The Trust improvement trajectory for Emergency Department performance was rebased and resubmitted on 20th June 2018. May performance achieved the trajectory of 82.1% with performance of 82.1%.

This has failed to achieve the national 95% threshold.



Performance has decreased 1.9% during May from the April position of 83.0%.

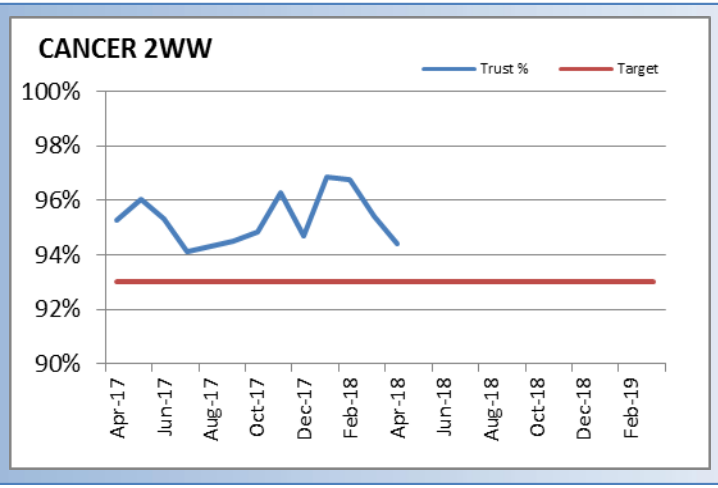
RESPONSIVE

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%.

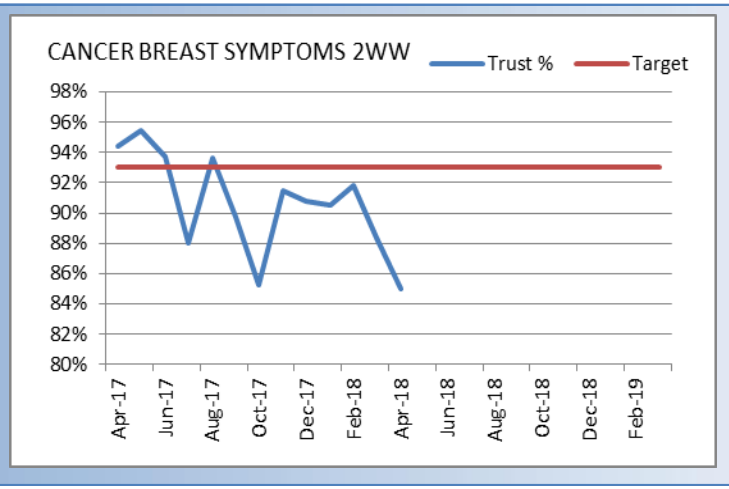
April performance achieved the 93% standard at 94.4%



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.

April performance failed to achieve the 93% standard at 84.9%



Integrated Performance Report - July 2018

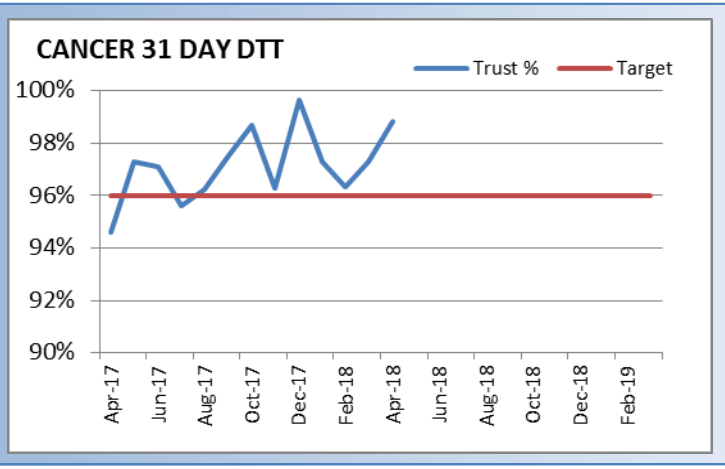
RESPONSIVE

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%.

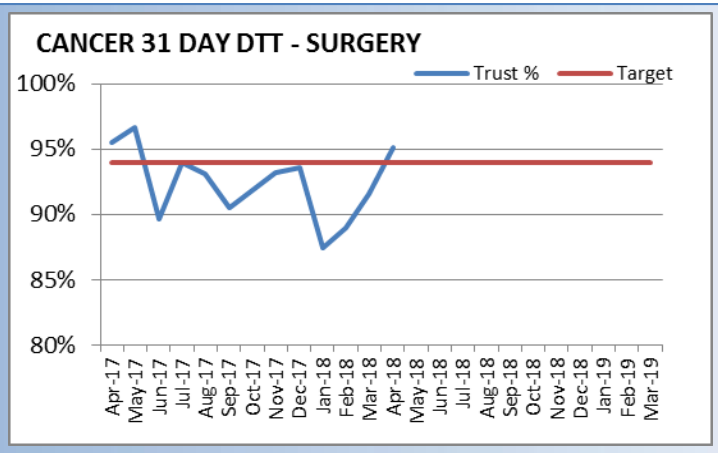
April performance achieved the 96% standard at 98.8%



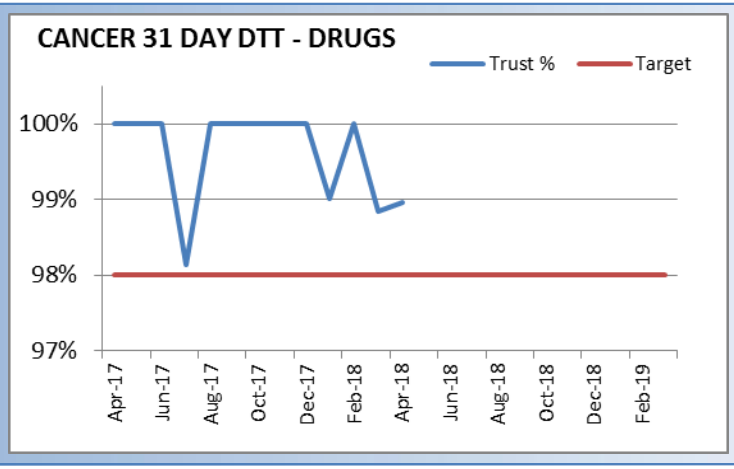
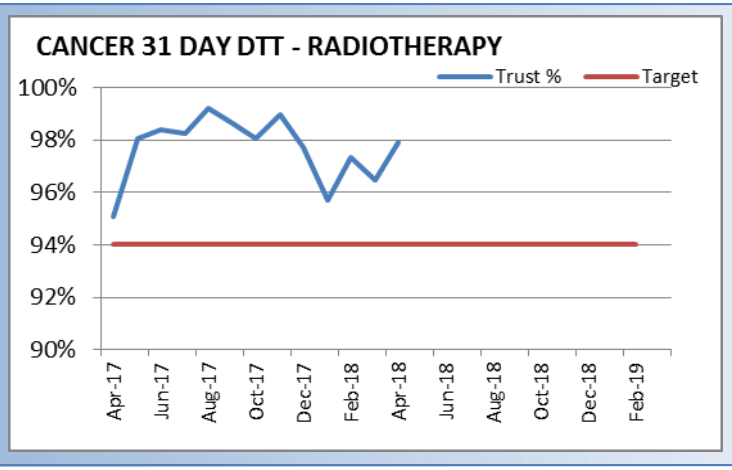
Cancer: 31 Day Subsequent Surgery Standard

All patients to receive first treatment for cancer subsequent radiotherapy within 31 days days of decision to treat. Threshold of 94%.

April performance achieved the 94% standard at 95.2%



RESPONSIVE

	Description	Aggregate Position	Trend	Variation
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%.	April performance achieved the 98% standard at 99.0%		
Cancer: 31 Day Subsequent Radiotherapy	All patients to receive first treatment for cancer subsequent radiotherapy within 31 days days of decision to treat. Threshold of 94%.	April performance achieved the 94% standard at 97.9%		

RESPONSIVE

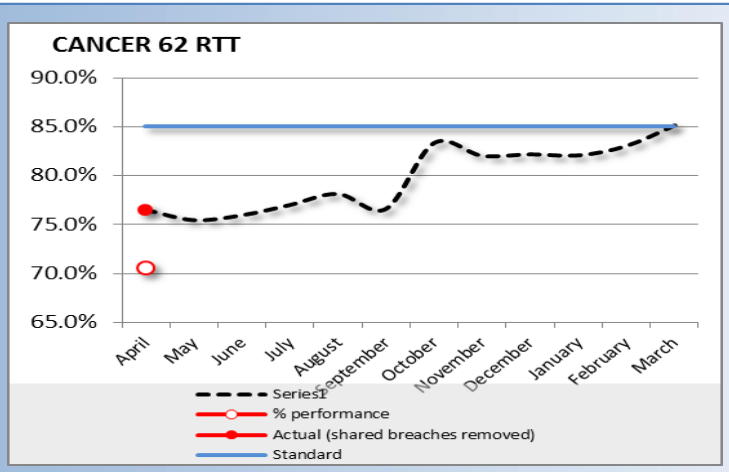
Description	Aggregate Position	Trend	Variation

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

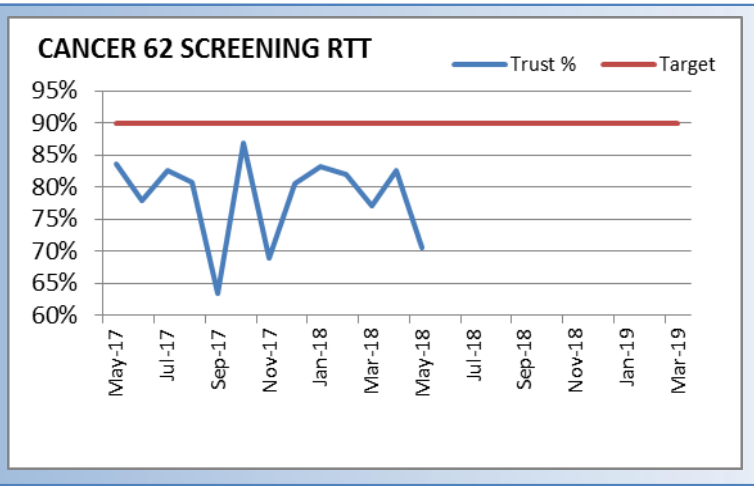
The Trust improvement trajectory for this standard was rebased and resubmitted on 20th June 2018. April performance achieved the trajectory of 76.5% with performance of 76.5%



Cancer: 62 Day Screening Standard

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

April performance failed to achieve the 90% standard at 77.4%



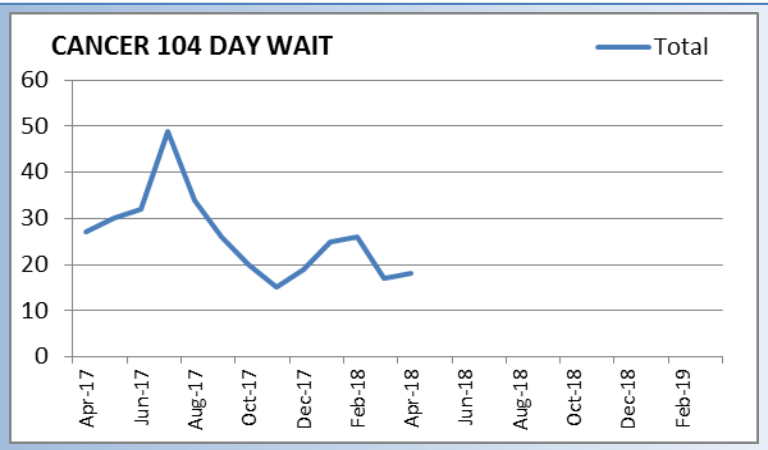
RESPONSIVE

Description	Aggregate Position	Trend	Variation

Cancer: 104 Day Waits

Cancer 104 Day Waits

There were 18 patients waiting 104 days or over at the end of May



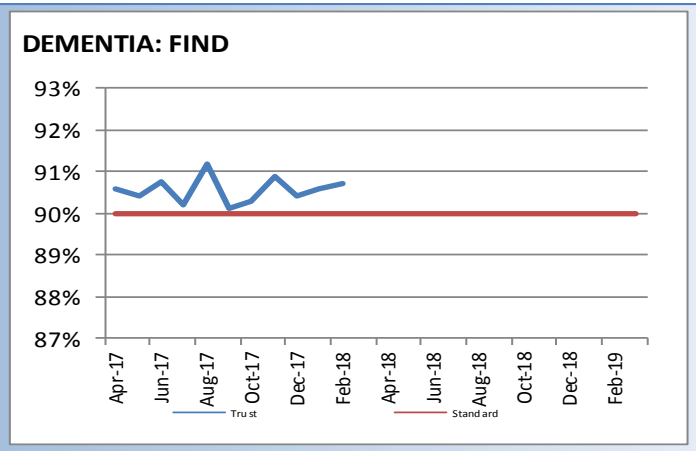
Dementia: Aged 75 and over emergency admission greater than 72 hours

% 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 latest performance available is March 2018.

The standard for this indicator is to achieve 90%.

Performance for March achieved this standard at 94.0%



RESPONSIVE

Description	Aggregate Position	Trend	Variation

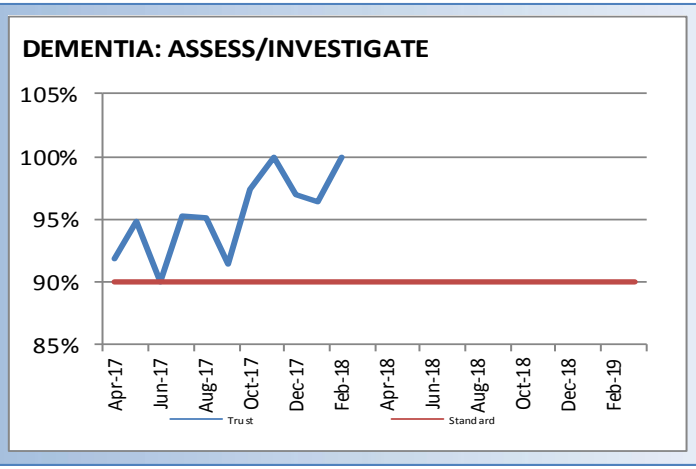
Dementia: Aged 75 and over emergency admission greater than 72 hours

% 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 latest performance available is March 2018

The standard for this indicator is to achieve 90%.

Performance for March achieved this standard at 100%



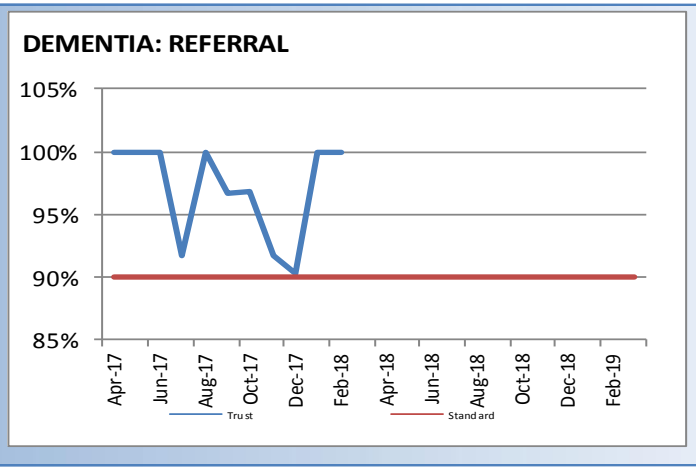
Dementia: Aged 75 and over emergency admission greater than 72 hours

% 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.

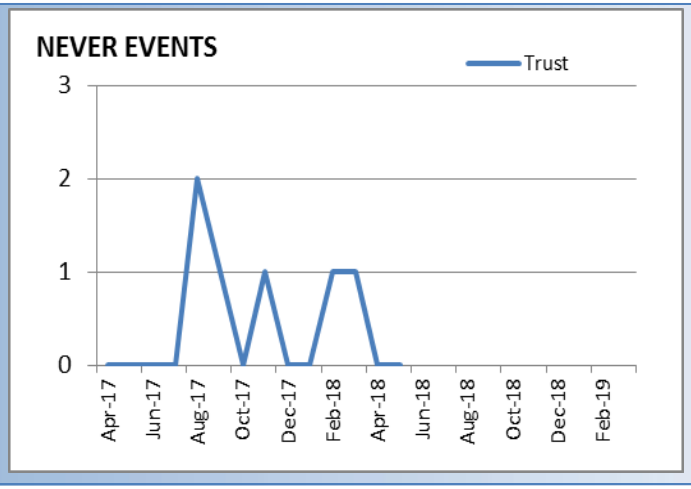
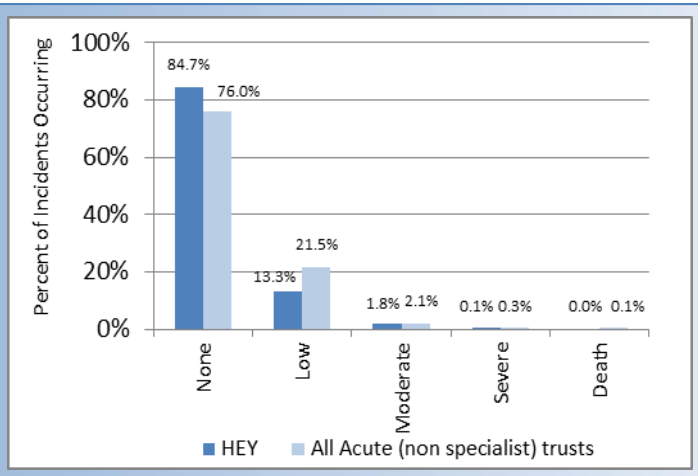
The latest performance available is March 2018.

The standard for this indicator is to achieve 90%.

Performance for March achieved this standard at 97.7%



SAFE

Description	Aggregate Position	Trend	Variation
Occurrence of any Never Events	The latest available performance is May 2018 The Trust reported 6 Never Events in 2017-18 There were no cases reported during May.		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 April 2017 to September 2017 as reported by the National Reporting and Learning System (NRLS). The Trust reported 9,677 incidents (rate of 58.55) during this period. This rates the Trust in the highest 25% of reporters	

SAFE

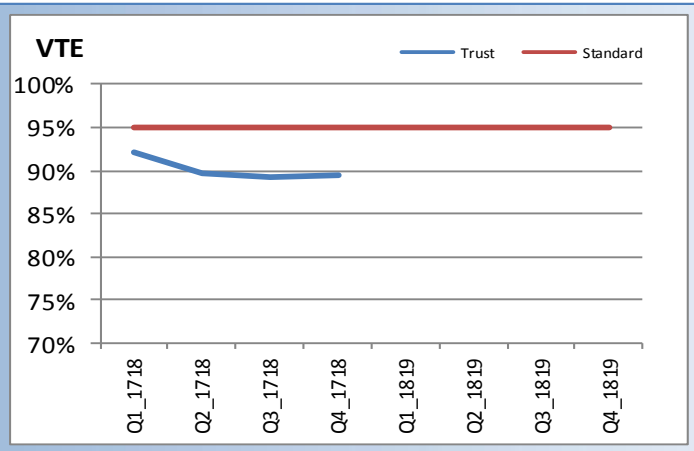
Description	Aggregate Position	Trend	Variation

VTE Risk Assessment

All patients should undergo VTE Risk Assessment

This measure is reported quarterly

The Trust is currently failing to achieve the 95% standard with performance of 89.48% for Q4 2017/18.

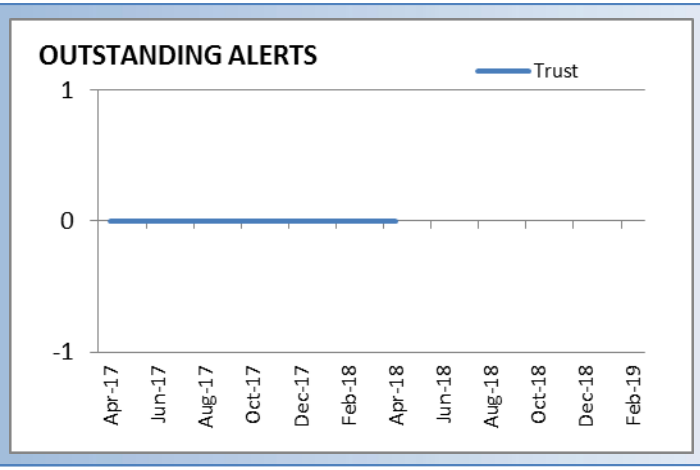


Patient Safety Alerts Outstanding

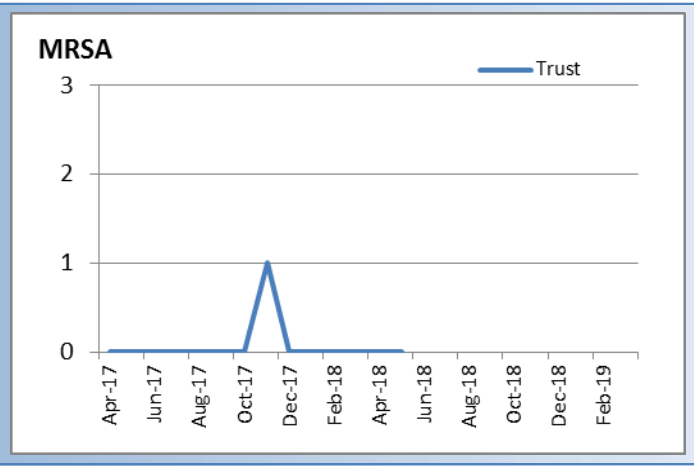
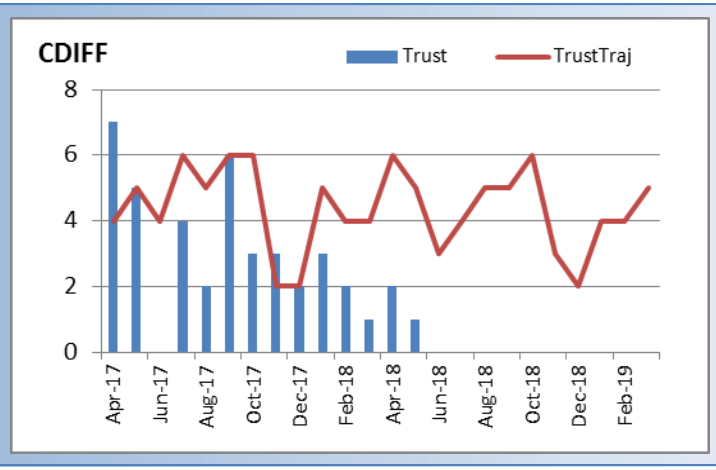
Number of alerts that are outstanding at the end of the month

There have been zero outstanding alerts reported at month end for May 2018.

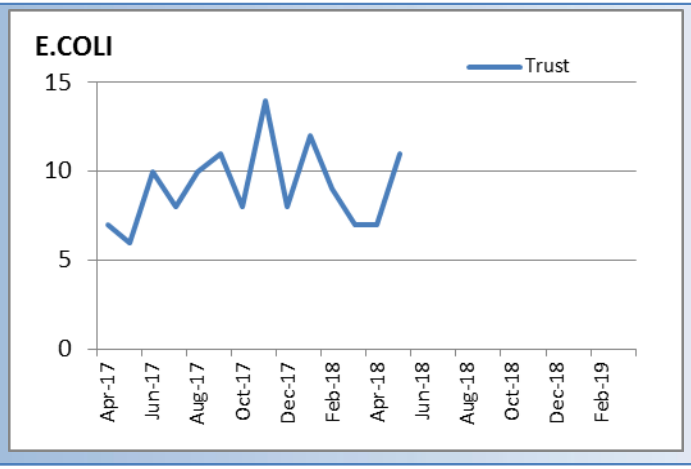
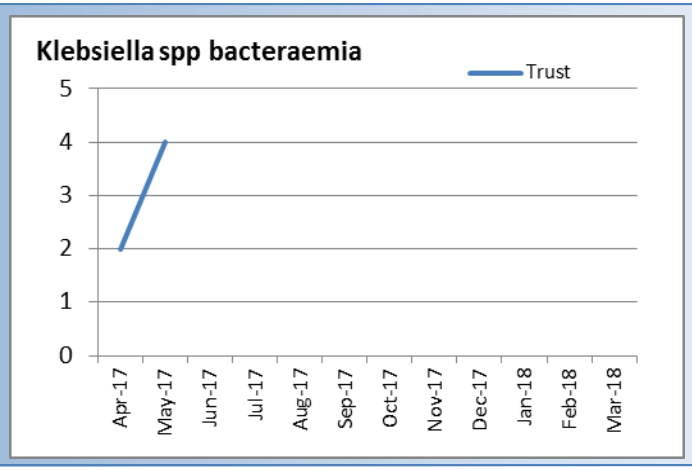
There have been no outstanding alerts year to date.



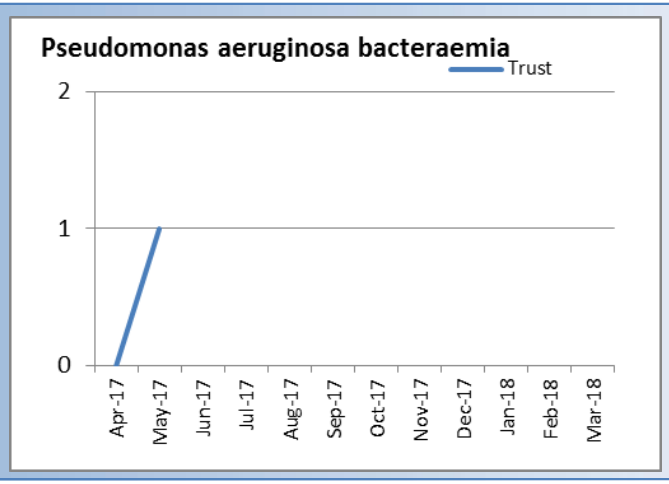
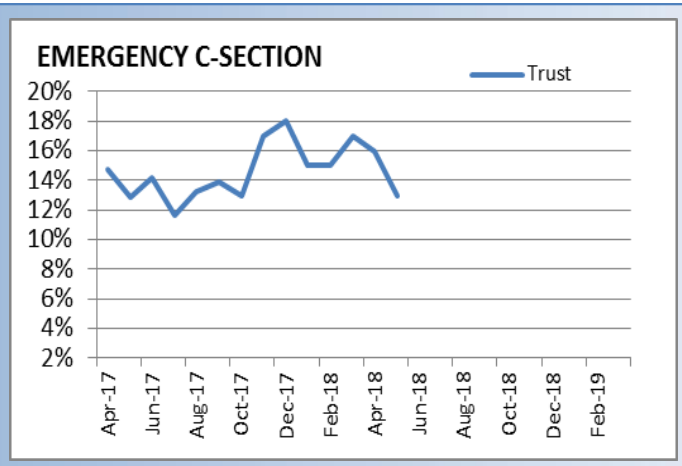
SAFE

	Description	Aggregate Position	Trend	Variation
MRSA Bacteraemia	National objective is zero tolerance of avoidable MRSA bacteraemia	The Trust reported 1 case of acute acquired MRSA bacteraemia during 2017/18. There have been no cases reported year to date.		Further information is included in the Board Quality report
Clostridium Difficile	The Clostridium difficile target for 2018/19 is no more than 52 cases	There were 38 cases during 2017/18 There was 1 incident reported during May which achieved the monthly trajectory of no more than 5 cases		

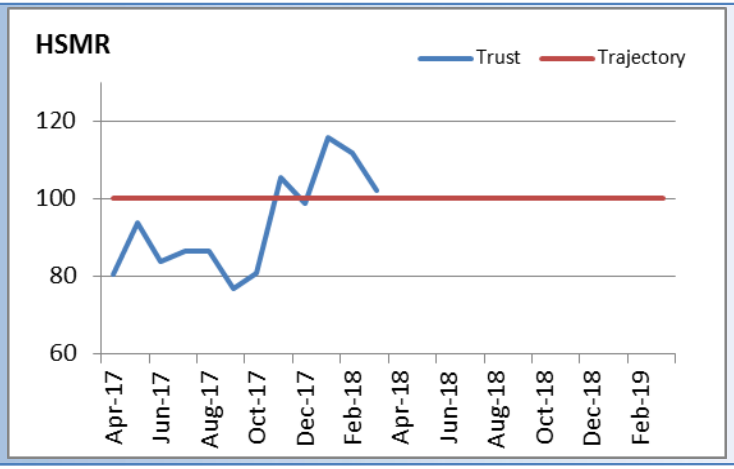
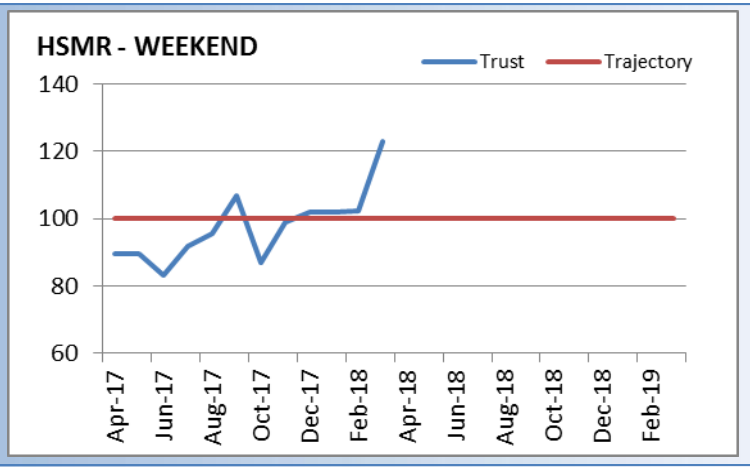
SAFE

Description	Aggregate Position	Trend	Variation
Escherichia Coli	Number of incidence of E.coli bloodstream infections	There have been 110 cases during 2017/18 There were 11 incidents reported during May.	
Klebsiella spp bacteraemia	Number of incidence of Klebsiella spp bacteraemia	There have been 6 incidents reported year to date.	

SAFE

	Description	Aggregate Position	Trend	Variation
Pseudomonas aeruginosa bacteraemia	Number of incidence of Pseudomonas aeruginosa bacteraemia	There has been 1 incidence during May 2018.		
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 May failed to achieved this standard at 13%		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)	March 2018 is the latest available performance The standard for HSMR is to achieve less than 100 and March 2018 failed to achieve this at 102.1		
HSMR WEEKEND	Monthly Hospital Standardised Mortality Ratio for patients admitted at weekend	March 2018 is the latest available performance The standard for HSMR at weekends is to achieve less than 100 and March 2018 failed to achieve this at 123.1		

EFFECTIVE

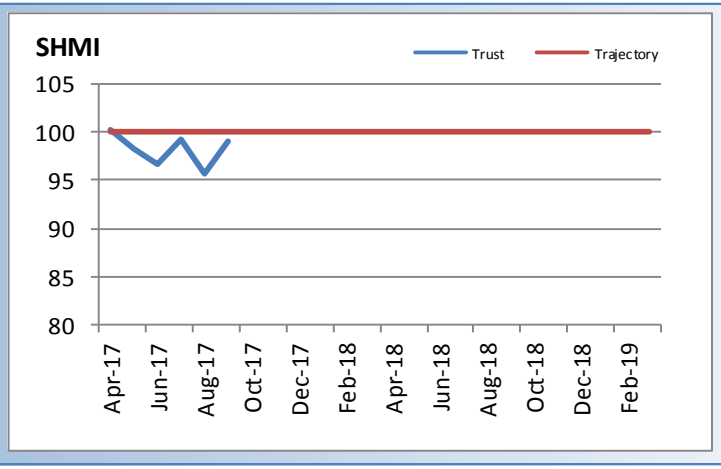
Description	Aggregate Position	Trend	Variation

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.

September 2017 is the latest published performance

The standard for SHMI is to achieve less than 100 and September 2017 achieved this at 99.0

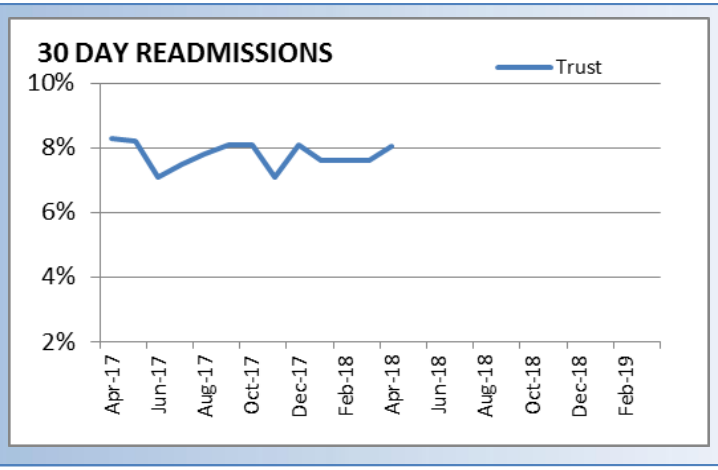


30 DAY READMISSIONS

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

The latest available performance is April 2018

The Trust should aim to achieve less than or equal to 2017/18 performance of 7.8%. The Trust failed to achieve this measure with performance of 8.05%.



CARING

Description	Aggregate Position	Trend	Variation

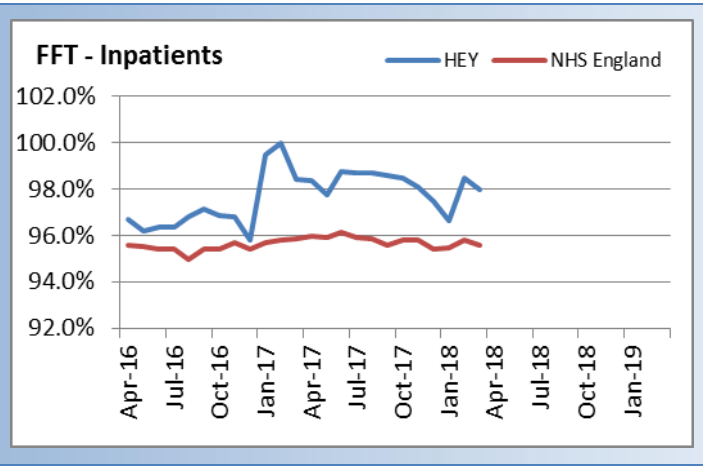
Inpatient Scores from Friends and Family Test - % positive

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

Performance for April was 98%

The latest published data for NHS England is April 2018.

May performance will be published on 12th July 2018.



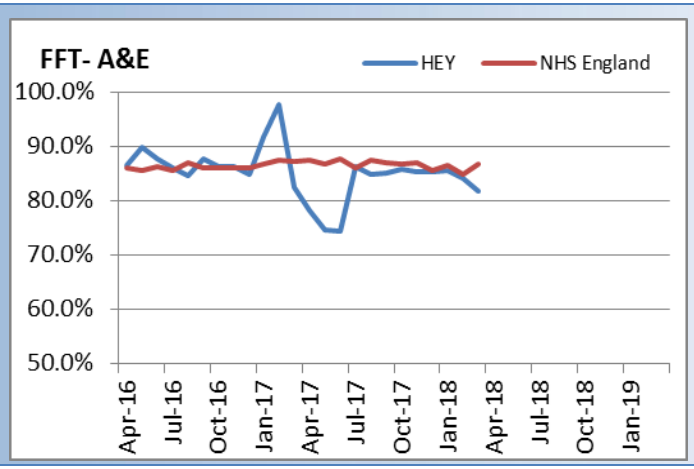
A&E Scores from Friends and Family Test - %

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

Performance for April was 81.7%

The latest published data for NHS England is April 2018.

May performance will be published on 12th July 2018.



CARING

Description	Aggregate Position	Trend	Variation

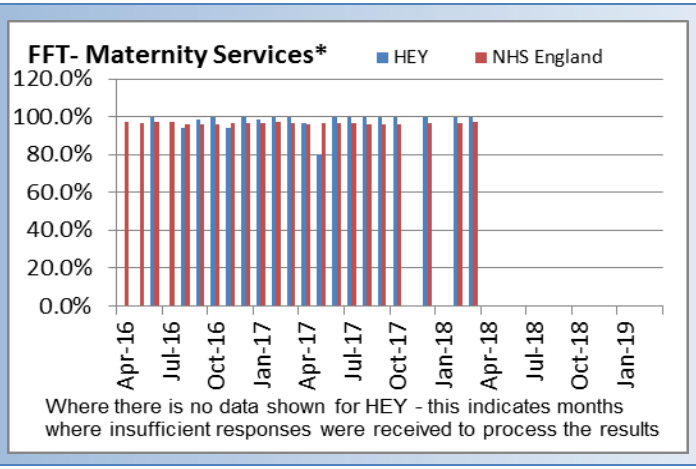
Maternity Scores from Friends and Family Test - % Positive

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

Performance for April was 100%

The latest published data for NHS England is April 2018.

May performance will be published on 12th July 2018.

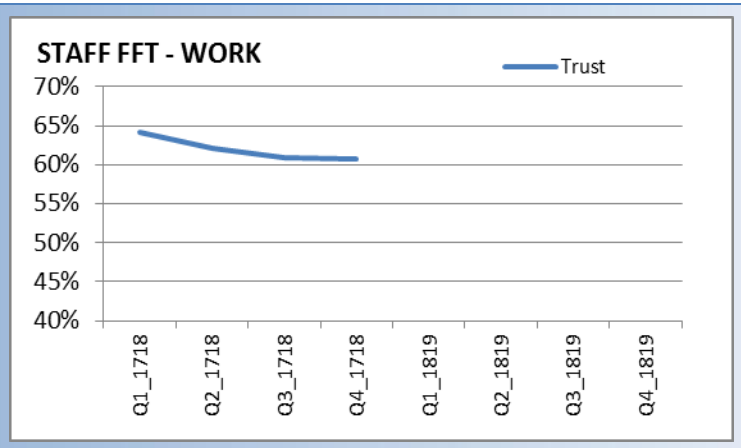


* Question relates to Birth Settings

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?

Performance for Q4 shows 60.8% of surveyed staff would recommend the Trust as a place to work, this has remained consistent with the Q3 position of 61.0%.



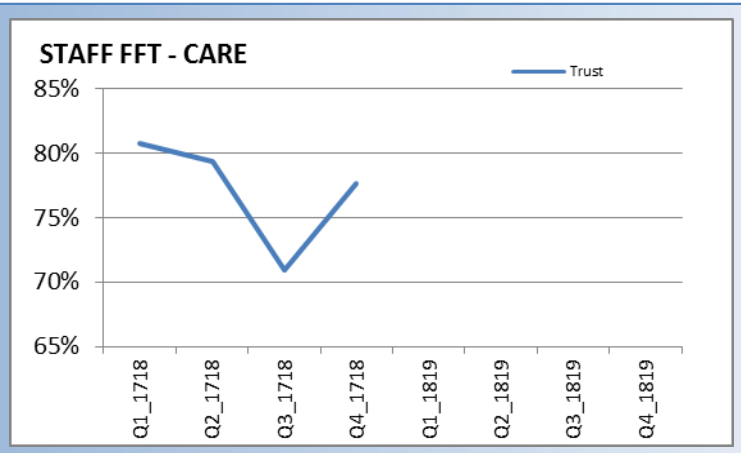
CARING

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?

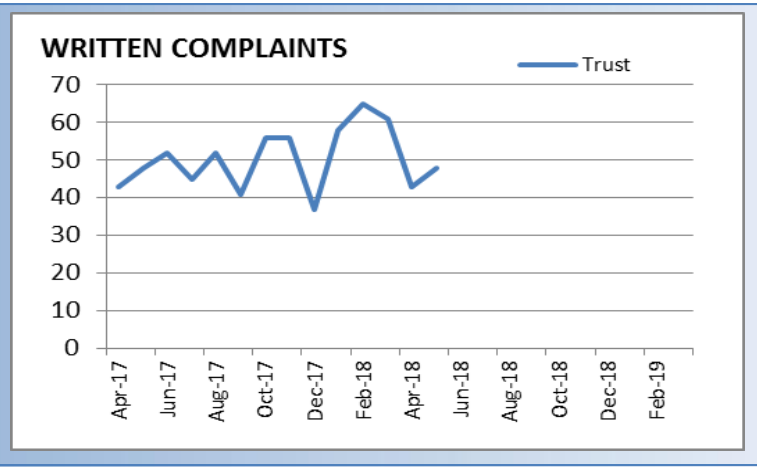
Performance for Q4 shows 77.7% of surveyed staff would recommend the Trust as a place to receive care/treatment, this has increased from the Q3 position of 71.0%.



Written Complaints Rate

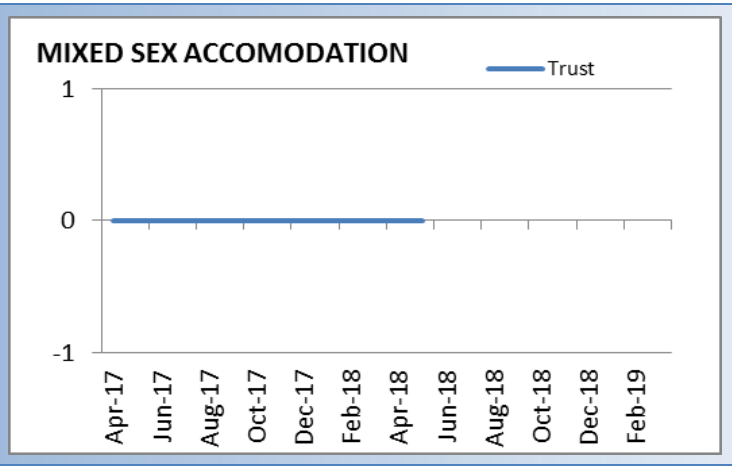
The number of complaints received by the Trust

The Trust received 48 complaints during May, this has increased from the April position of 48 complaints



There have been 91 complaints year to date

CARING

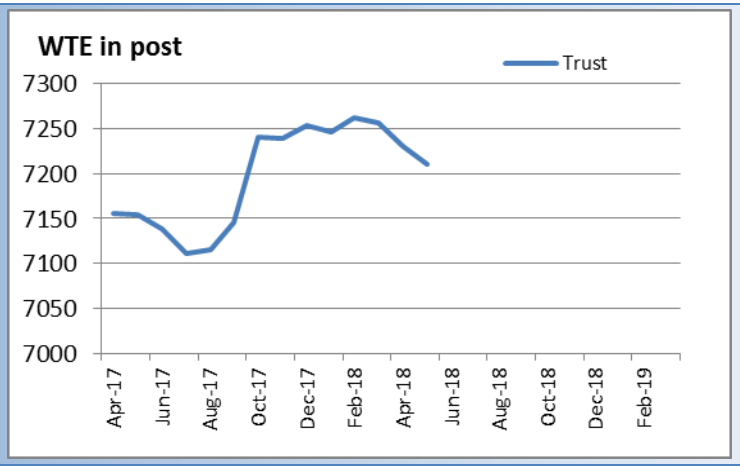
Description	Aggregate Position	Trend	Variation
Mixed Sex Accommodation Breaches	Occurrences of patients receiving care that is in breach of the sleeping accommodation guidelines.	There were no occurrences of mixed sex accommodation breaches throughout May 2018.	

Description	Aggregate Position	Trend	Variation

WTEs in post

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

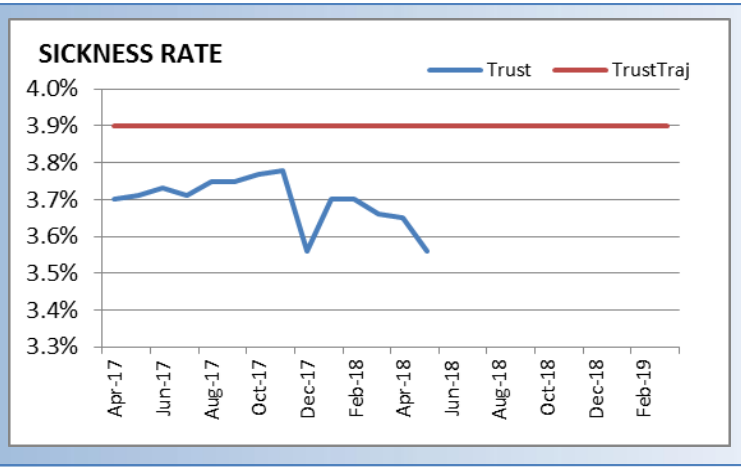
Trust level WTE position as at the end of May was 7210



Sickness Absence Rates

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

Performance for May achieved the standard of less than 3.9% with performance of 3.56%



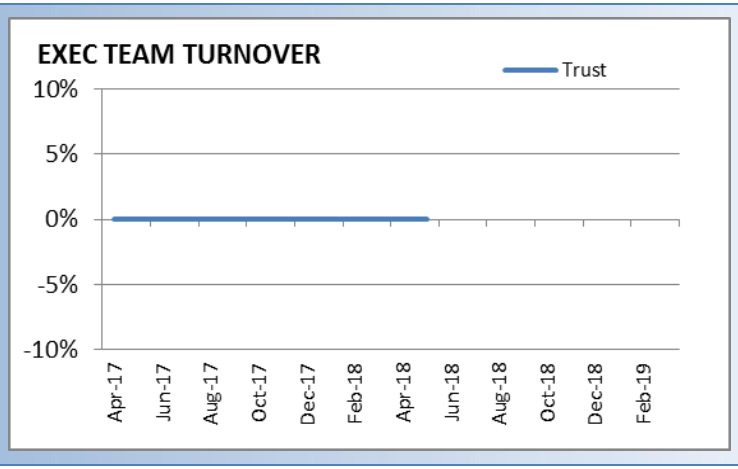
ORGANISATIONAL HEALTH

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.

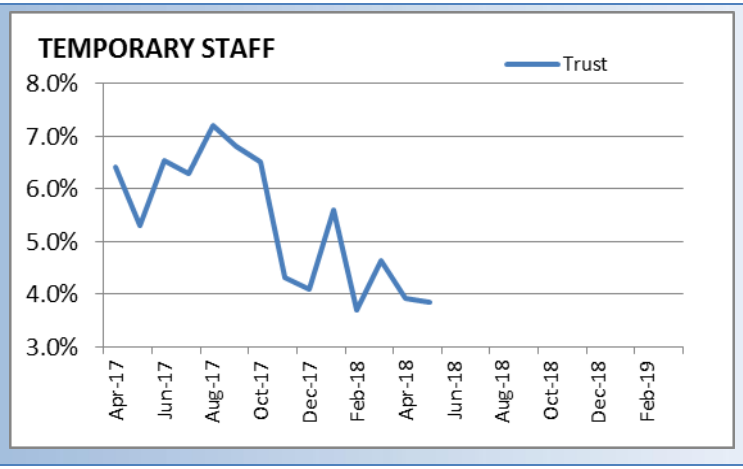


Proportion of Temporary Staff

% of the Trusts pay spend on temporary staff

Performance is measured on a year to date basis as at the month end

May performance was 3.85%



FINANCIAL SUMMARY: 2 MONTHS TO 31st MAY 2018

1. At the end of May, the Trust is reporting a year to date adjusted deficit of £1.3m which is as expected in plan.
2. This position includes £1.3m funding from Provider Sustainability Fund (PSF) on the basis that the Trust is in line with its financial plan.
3. 30% of the PSF (£0.4m at month 2, £0.6m for the quarter) will be at risk if the Trust does not deliver its ED performance target at the end of quarter 1
4. The Trust has a gross contract income gain of £0.1m . Pass through elements of the contract are above plan by £0.5m as is non elective activity at £0.4m. There is also further over trade on NHSE unaddressed QIPP of £0.5m and Outpatients by £0.6m. These over trades have been offset by a large under trade in elective activity, -£1.5m. This elective under trade is driven by Surgery HG with large under trades in Cardiothoracic Surgery, Neurosurgery, Trauma & Orthopaedics and Upper GI. Surgery has a net under trade of £1m when this elective under trade is offset partially by non elective over trade of £0.5m on Trauma & Orthopaedics and Gastroenterology. To month 2 the Trust is above plan on the AIC element of the contract.
5. The Trust has a small gain on CRES delivery at month 2 of £0.1m with £1.8m CRES delivered being slightly above the trajectory. It must be noted that the CRES requirement increases throughout the year and the ability to meet the Trust target remains high risk..
6. HG run rate positions are £0.3m overspent at month 2 up by £0.2m from month 1. Main pressures are cost of PBR excluded drugs under AIC contract and repair of MRI scanner in CSS HG and medical staff costs in Surgery HG.
7. Agency spend to the end of May is £1.7m which is above planned level of £1.4m by £0.3m. The main areas over plan are medical staff (£0.1m) and scientific and technical staff (£0.1m). Overall staff budgets are below plan at month 2 by £0.5m.
8. The reported capital position at month 2 shows gross capital expenditure of £1.0m in line with expected levels.
9. The cash position is currently being managed although modelling is in progress to assess the future impact, taking into account potential shortfalls in PSF and more detailed forecasting on expenditure, CRES and income at quarter 1.
10. Full year forecasts will be provided from Month 3 which will also provide an update on the impact of latest positions on the underlying run rate.

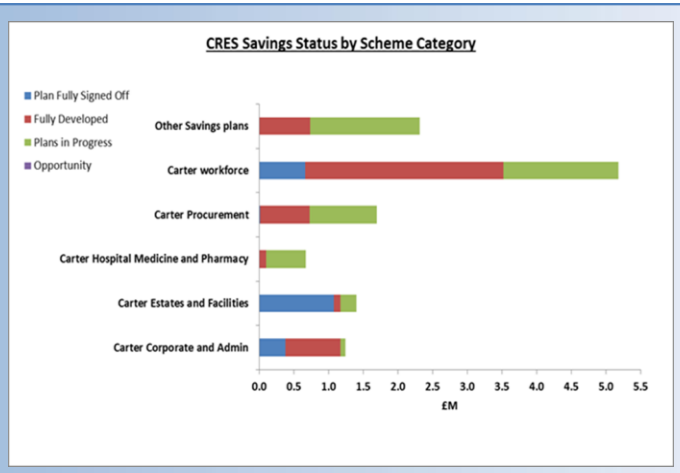
Description	Aggregate Position	Trend	Variation

CRES Achievement Against Plan

Planned improvements in productivity and efficiency

At month 2 the Trust's planned level of savings is £1.64m, the actual savings to date is £1.79m thereby creating a £0.15m favourable variance from the plan.

The chart shows an analysis of year to date CRES schemes that are being delivered in terms of fairly broad categories.



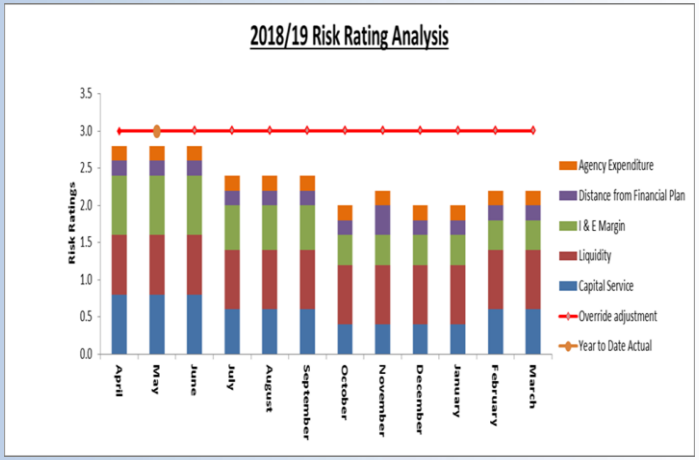
Risk Rating

Financial Sustain-ability 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.

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

As at month 2 the Trust is reporting a deficit of £1.3m against a planned position of £1.3m deficit. This has resulted in liquidity , Capital servicing , I&E margin being rated as a 4, with the distance from plan being a 1 and the agency metric being rated a 1, this culminates in an overall risk rating of 3.



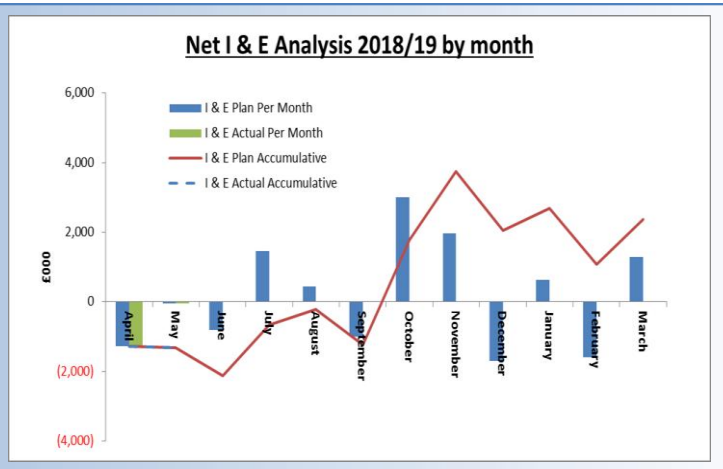
Description	Aggregate Position	Trend	Variation

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 months performance and plan in isolation and the lines showing the accumulative position of plan and actual.

As at month 2 the Trust has delivered a deficit of £1.3m against a planned deficit of £1.3m



HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

PERFORMANCE AND FINANCE COMMITTEE
25 JUNE 2018

PRESENT:	Mr S Hall	Non-Executive Director (Chair)
	Mr M Gore	Non-Executive Director
	Mrs T Christmas	Non-Executive Director
	Mr L Bond	Chief Financial Officer
	Mrs E Ryabov	Chief Operating Officer
	Mr S Nearney	Director of Workforce and OD
	Mr S Evans	Deputy Director of Finance
	Mrs A Drury	Deputy Director of Finance
IN ATTENDANCE:	Mrs G Johnson	Lead Infection and Control Nurse
	Mrs R Joyce	Programme Director Transformation
	Mrs S Cook	CRS Project Support
	Mrs K Hadfield	PA to the Chief Financial Officer
	Mrs R Thompson	Corporate Affairs Manager (Minutes)

1 Apologies:
Apologies were received from Ms C Ramsay – Director of Corporate Affairs.

2 Declarations of Interest
There were no declarations of interest received.

3 Minutes of the meeting held 30 May 2018
Item 5.3 – Orthopaedic Cost Benchmarking Report – 2nd paragraph, last sentence to read "…..patients had to return to theatres more than once.."

Item 8.2 – workforce Transformation Progress Report – Philippine nurses was spelt incorrectly.

4 Matters arising from the minutes
Mr Bond reported that he had not heard anything further regarding the Digital Exemplar process.

Mrs Johnson reported that there had been an increase in E.coli bactaerimia cases being referred to the Trust. This was being reviewed with the community nurses and the CCGs.

6 Action Tracker
Mrs Ryabov advised that the Ambulance task and finish group was monitoring handover times with a performance of 13.1 minutes. The excessive hand over times were being reviewed and Mrs Ryabov agreed to circulate further information outside of the meeting. **ER**

Mr Bond advised that the Scan4Safety business case that had been presented at the Executive Management Committee had been rejected due to questions around the costs and cost improvements identified.

Mrs Ryabov reported that she had circulated an email relating to the

Tracking Access issue which now had the controls in place to ensure it could not happen again. Mr Bond added that the investigation should now be stood down but wanted the NEDs to be assured first. Mr Hall agreed to read the email and raise any concerns on behalf of the Committee if necessary. **SH**

There was a discussion around BAF 7.2 and the requirement to ensure that the Tower Block had the necessary fire actions in place. Mr Bond advised that the Trust had submitted a request for emergency capital funding of £4.5m to address the issues.

6 Workplan 2018/19

The workplan was reviewed by the Committee.

7 Board Assurance Framework 2018/19

Mrs Thompson presented the Board Assurance Framework 2018/19. The Committee were asked to review the risks and send any comments or proposed changes to Mrs Thompson for Board discussion. **RT**

Resolved:
The Committee received and accepted the report.

Clinical Admin Review

Mrs Joyce and Mrs Cook attended the meeting to give an update regarding the Clinical Admin Review. Mrs Cook reported that the drivers for carrying out the review had been issues in outpatients and emerging technologies. The review was looking to change the way admin was carried out by standardising processes. The objectives were to define admin roles, improve pathway, improve stakeholder engagement, ensure job satisfaction and most importantly ensure good patient experience.

The new process had less barriers and better communications lines with new technology streamlining the processes.

There was a discussion around the aims of the project and Mrs Cook advised that the new process should reduce errors, reduce validation work and get patients appointed more efficiently. There was another piece of work ongoing regarding patient cancellations looking at the key issues such as demand and capacity and 'did not attend' rates.

Mr Gore asked if the work was aligned with Lorenzo to reduce the number of key strokes for each transaction and Mrs Cook advised that it was.

Mr Hall commended the work that had been carried out and requested an update for the September 2018 meeting.

Resolved:
The Committee received the presentation and requested an update in September 2018. **SC**

8.1 Performance Report

Mrs Ryabov presented the report and highlighted that the ED 4 hour performance target was currently at 82.1% which was below trajectory. She advised that recovery trajectories were being put into place to deliver a minimum of 90%. The team was working to reduce discharge breaches,

discharge 10 patients by 10am, have 20 beds available in AMU by 8pm and review pathways for gynaecology, maxillofacial and ENT services.

There was a discussion around what more could be done and Mrs Ryabov advised that the main issue was flow out of the department and secondary testing waits.

Mrs Ryabov advised that the Trust was working with YAS to reduce ambulance turnover and were seeing improvements with handover times being down at 13.1 minutes which was significantly better performance.

RTT performance was at 82.2% overall and the Trust had been impacted by increased referrals and specialities such as ENT struggling to complete their planned activity. Mr Hall suggested that the ENT team attend the next meeting to discuss their recovery plans and how they were progressing. **ER/RT**
Mrs Ryabov was concerned that overall the list size was increasing and stated that work at the front end of outpatients was key.

Mrs Ryabov reported that there had been 30 x 52 week waits, generally due to the tracking access patients but also included ICU capacity, consultant sickness, theatre capacity and patient choice.

Breast continued to be under pressure with a significant increase in referrals putting the service under pressure. Mr Hall added that the performance was the worst the service had seen for 12 months. The Director of Operations in the Health Group was working with the team to develop a recovery plan and this would be presented to the Committee when available. **ER/RT**

Mrs Ryabov reported on RTT 62 days and advised that the 3 tumour groups performance was being impacted due to lack of staffing in Histology. There had been a revised trajectory put into place to get to 85% by the end of the year.

There had been no 31 day breaches.

Elective procedures cancelled on the day and not rebooked within 28 days performance was improving and Mrs Ryabov stated that there should not be any ‘pop ups’ going forward.

Mrs Ryabov spoke about diagnostic issues and that York and NLAG would now be recording their own breaches rather than the Trust picking them up. MRI machinery breakdowns due to old equipment was impacting performance, but the Trust had received capital funding to replace one of the machines.

Endoscopy performance was improving and the colonoscopy team had developed an improvement plan which was being implemented.

Mrs Ryabov reported that Cardiac CT patients from York would now all be seen at the Spire until their service was fully staffed and then they would record their own breaches. This would take pressure off the Trust due to a reduction in referrals.

Mrs Ryabov updated the Committee regarding Tracking Access and

advised that all patients would have an appointment by the end of June and all would be seen by the end of September 2018.

Tracking Access was monitored at the weekly Performance meetings and the Internal Auditors (MIAA) would be carrying out an audit in September 2018.

Mr Gore asked about outpatient cancellations and Mrs Ryabov agreed to provide a report reviewing cancelled appointments and the reasons why for the July 2018 meeting. **ER**

Resolved:
The Committee received and accepted the report.

8.2 New Cancer Waiting Times Guidance – Allocation of Breaches
Mrs Ryabov presented the report to the Committee and highlighted that the process was changing regarding the national data upload. From 9th July 2018 the new datasets and inter provider processes would be upgraded.

Mrs Ryabov added that the system now counted every part of the pathway and until the Trust started using the process it was difficult to determine how it would work differently.

Mr Hall asked that an update be received once the system was up and running.

Resolved:
The Committee received and accepted the report.

8.3 Medical Bed Modelling Report
Mrs Ryabov updated the Committee and advised that more work was to be done on the bed modelling report and that a draft model would be presented to the Executive meeting being held tomorrow. She agreed to bring more information to the next meeting in July 2018. **ER**

Resolved:
The Committee received and accepted the report.

8.4 Operational Productivity Dashboard
Mr Evans presented the dashboard and had added in the yearly average position requested by the Committee.

The Committee asked for narrative with the dashboard at the next meeting which would highlight any key issues and to understand the statistics in more detail. **SE**

Resolved:
The Committee received and accepted the dashboard.

9.1 Variable Pay Report
Mr Nearney presented the report and advised that the Trust's £5.4m which had increased by £450k compared to last year. He highlighted the fact that the Medicine Health Group's variable pay was 18% of their total pay bill, so a deep dive would be carried out to look at reconciling the gaps where

possible.

There was a discussion around what the Health Group were doing and what actions were in place. Mr Nearney advised that the recruitment campaign was commencing regarding the recruitment manager and work was ongoing to develop a medic bank within the Trust with standardised rates of pay.

Mrs Christmas asked if the increased costs were reflected in the forecast and Mr Bond advised that the forecasts were being reviewed. He added that the Surgery Health Group were equally concerning, with work to be done.

Mr Nearney also reported that from 1st July 2018 the Chief Executive would need to sign off any hourly rates that were above £100 and report the figures to NHS Improvement.

Resolved:
The Committee received and accepted the report.

10.1 Activity and Demand Report – Month 2

Mrs Drury presented the report and advised that at week 10 overall referrals were 0.9% above the same period for last year. GP referrals were 3.2% below last year at -810.

Hull CCG was showing lower referrals at -9% and East Riding CCG was higher at 1.9%.

South Bank referrals were 5.6% higher and North Yorkshire were 40% above. The growth in North Yorkshire was mainly in Neurosurgery and this was being clarified and Mrs Drury would update the Committee once the information was known. **AD**

Urology referrals were 40 % higher than last year and continues to be monitored. One of the reasons for the increase was due to a rise in 2 week waits due to high profile cases and campaigns for prostate cancer.

ENT referrals were reducing as well as cardiology, respiratory medicine and neurology.

ED attendances in May was 83.01% and cumulatively attendances were 1.3% above plan.

The early income position assumed a gross variance of £900k above planned levels but reducing to £140k after applying contract adjustments and AIC variances.

Resolved:
The Committee received and accepted the report.

11.1 Corporate Finance Report – Month 2

Mr Bond presented the report and advised that the Trust was reporting a year to date adjusted deficit of £1.3m which was in line with the plan.

The position included £1.3m funding from the Provider Sustainability Fund

(PSF) as the Trust was in line with plan.

The Trust had a gross contract income gain of £0.1m but had been offset by a large under trade in elective activity in areas such as Cardiothoracic Surgery, Neurosurgery, Trauma and Orthopaedics and Upper GI.

The Health Group run rate positions are £0.3m overspent at month 2 with the main pressures being the cost of PBR excluding drugs under AIC Contract, repair of the MRI scanner and medical staffing costs.

Mr Bond spoke about total receivables which were £8.9m, the majority of which were NHS debts. The heads of finance were working with NHS partners to chase the debts owed.

Mrs Christmas asked if the Health Groups were taking ownership of the underlying run rates and CRES positions and Mr Bond advised that there were improvements being made but there was more work to be done.

There was a discussion around nursing establishments and vacancy rates which was being reviewed as part of the long term financial modelling.

Resolved:
The Committee received and accepted the report.

11.2 CRES 2018/19

Mr Bond presented the report and advised that the Trust had identified schemes to the value of £17.7m which when risk adjusted would deliver £15.4m (77%).

The Trust had seen a small gain on CRES delivery at month 2 of £0.1m With £1.8m CRES delivered being slightly above the trajectory.

Resolved:
The Committee received and accepted the report.

12.1 Capital Resource Allocation Committee – 06.06.18

The Committee discussed funding bids which would allow the Trust to redevelop the ground floor and main entrance of the hospital. The bids had been added to Scarborough and Scunthorpe's bids which totalled £90m for the patch.

Resolved:
The Committee received and accepted the report.

12.2 Carter Minutes – 22.05.18

Mr Bond presented the minutes and the Committee discussed the 'Getting it Right First Time' initiative in that was sufficient progress being made.

Mr Bond advised that the process was being revised with the Exec team approving GIRFT action plans with the focus being on finances. Mr Bond added that the NED lead (Mr Gore) would also be included in the new process.

There was a discussion around the standardisation of surgical and non-surgical products and the Head of Procurement was discussing purchasing

efficiencies with clinical staff.

Resolved:
The Committee received and accepted the minutes.

12.3 Contract to Supply of Microsoft Licences
Mr Bond presented the item regarding the Microsoft licences contract and requested retrospective approval from the Committee. Mr Hall advised that he had signed the contract on behalf of the Committee due to the timing of the contract.

Resolved:
The Committee received and approved the contract retrospectively.

13 Items delegated by the Board
There were no items delegated by the Board.

14 Any Other Business
Mrs Ryabov updated the Board regarding Length of Stay and advised that there was not a Trust wide improvement programme but that individual wards had identified opportunities. A report to be received at the next meeting giving more details. **ER**

Mrs Ryabov agreed to circulate the cancelled operations information and stated that the main reason was due to patients being medically unwell on the day of their surgery. There were other reasons such as consultant cancellation and input errors which would be highlighted in the circulated report. **ER**

15 Date and time of the next meeting:
Monday 30 July 2018, 2pm – 5pm, The Committee Room, Hull Royal Infirmary

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

TRUST BOARD

10 JULY 2018

Title:	Quarter 1 Staff Survey results for 2018/19
Responsible Director:	Simon Nearney Director of Workforce and OD
Author:	Simon Nearney Director of Workforce and OD

Purpose:	The purpose of the report is to inform the Trust Board of the Quarter 1 Staff Survey results 2018/19.	
BAF Risk:	Board Assurance Framework Goal 1 – Honest, Caring and Accountable Culture	
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	✓
Key Summary of Issues:	Over the last 12 months the Trust has seen a steady reduction in the staff survey results that have dipped below the national average. Overall for Q1 the Trust is showing a significant improvement (3.90) since the previous Q4 2017/2018 survey result of 3.75. This score would place the Trust in the top 20% of organisations for staff engagement. The Trust must deliver the key actions that will sustain the staff engagement score at this level.	

Recommendation:	The Trust Board is requested to note the content of the report and commit to supporting the continuing work to improve the working environment for staff and the culture of the organisation.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

QUARTER 1 STAFF SURVEY 2018/19 RESULTS

1. PURPOSE OF THE REPORT

The purpose of the report is to inform the Trust Board of the Quarter 1 Staff Survey results 2018/19.

2. BACKGROUND

From 1st April 2014 all organisations providing acute, community, ambulance and mental health services are required to implement the Staff Friends and Family Test (Staff FFT); giving all staff the opportunity at least once a quarter to answer two standard questions. The third quarter test is not undertaken because it coincides with the NHS National Staff Survey.

Hull and East Yorkshire Hospitals NHS Trust Staff FFT for quarter 1 ran from 27th April until 29th May 2018. 8,194 staff were invited to participate, with 1339 staff responding, equivalent to a 16% response rate.

3. KEY ISSUES from past Surveys

Over the last 12 months the Trust has seen a steady reduction in the staff survey results that have dipped below the national average. The Trust's ambition since we embarked upon our cultural transformation programme was always to move into the top 20% of organisations nationally for staff engagement by 2019.

There are good areas of performance in the National Staff Survey 2017 such as improvements made to reduce bullying and harassment, staff reporting concerns, staff feeling there is equal opportunities for all and visibility of very senior managers to state a few, but the Trust has not been able to sustain and build upon improvements that have been made.

Medical Engagement remains a key area for improvement, together with addressing issues affecting staff with a disability of health condition. The latest survey results also continue to correlate with the Barrett cultural survey with some staff feeling that the organisation remains overly bureaucratic with a focus on the short-term.

Staff continue to report feeling undervalued by the organisation, they describe being short-staffed and unable to deliver the care they aspire to, while communication from managers, despite improving, also remains an area of development.

4. OVERALL SCORE FOR ENGAGEMENT

The overall score for engagement comprises of nine questions with the maximum score possible being 5.

The nine questions which make up the engagement score are:

- can make suggestions to improve the work of their teams and departments
- have frequent opportunities to show initiative in their roles
- can make improvements happen
- believe care of patients is the Trust's top priority
- would recommend the Trust as a place to work
- would recommend the Trust as a place to receive treatment
- look forward to going to work
- are enthusiastic when they are working

- feel time passes quickly when they are working

The nine questions are displayed below together with the positive percentages and scores:

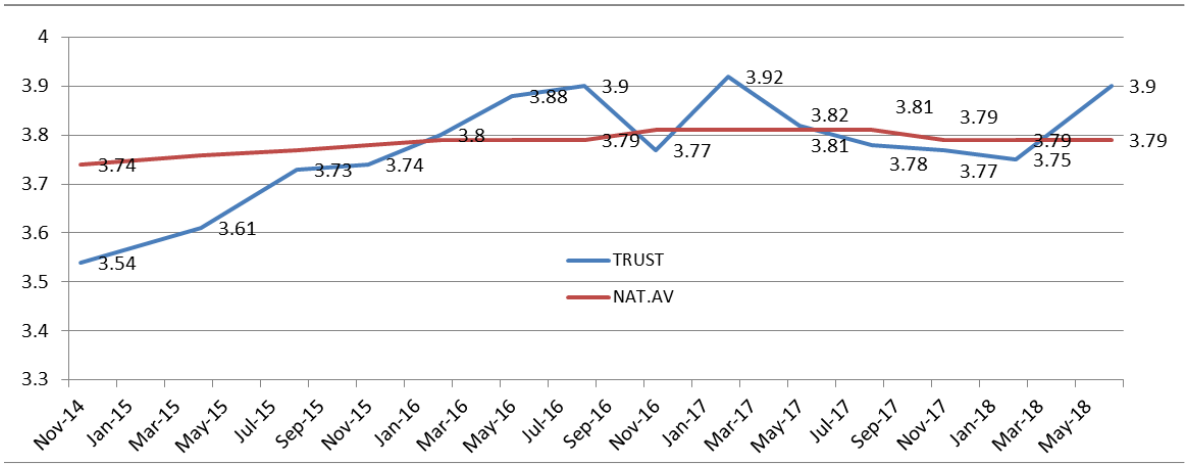
Question	Positive %	Score
Q1 How likely are you to recommend Hull and East Yorkshire NHS Trust to friends and family if they needed care or treatment?	82%	4.09
Q2 How likely are you to recommend Hull and East Yorkshire NHS Trust to friends and family as a place to work?	69%	3.77
Q4 There are frequent opportunities to show initiative in my role	76%	3.92
Q5 I am able to make suggestions to improve the work of my team/department	77%	3.95
Q6 I am able to make improvements happen in my place of work	63%	3.67
Q7 Care of patients/service users is my organisation's top priority	77%	4.03
Q8 I look forward to going to work	65%	3.67
Q9 I am enthusiastic about my job	77%	3.99
Q10 Time passes quickly when I am at work	77%	4.05
Average:	**74%**	**3.90**

Question 6 is the lowest score in the survey and is routinely challenging for the Trust. This theme was reflected in the Barrett survey which identified issues of hierarchy and bureacracy as limiting values and barriers to delivering improvements. As a result the Trust is re-launching the 'Pioneer Team' programme, each project being directly sponsored by a Director to galvanise and drive improvements from 'bottom up' across the Trust which will complement the HEY Improvement programme methodology and approach. Applications to be a Pioneer Team will be launched in July, 2018.

Overall for Q1 the Trust is showing a significant improvement since Q4 2017/2018 (3.75). All Health Groups, aside from Clinical Support are showing an improvement in their engagement scores, and only Medicine remains below the national average (3.79). Clinical Support, it should be noted, has returned a high score in the last three surveys and remains above the national average. It should also be noted that a Trust score of 3.90 would place the Trust in the top 20% of organisations for staff engagement. Health scores are as follows:

		Q2	Q4	Q1
Trust	Hull and East Yorkshire NHS Trust	3.78	3.75	3.90
Health Group	Clinical Support Services (224)	3.90	3.88	3.86
Health Group	Corporate (233)	3.96	3.81	4.03
Health Group	Family & Women's Health (273)	3.73	3.64	4.00
Health Group	Estates Facilities and Development (166)	3.54	3.85	3.98
Health Group	Medicine (239)	3.68	3.64	3.78
Health Group	Surgery (204)	3.60	3.73	3.81
Respondents		464	999	1339

The trend scores since 2014 are as follows, where this graph shows the Trust average compared with the national average:



For all services where 10 or more staff complete a survey the Trust receives an overall score for engagement. This more detailed information is shared with Health Groups and Directorates to specifically understand those services who are highly performing and others who may require support or intervention. Action is then taken.

5. CONCLUSION

The Trust has significantly improved in this latest staff survey which is great news for the organisation. Staff who feel engaged, valued and motivated and far more likely to deliver outstanding care to patients and their families. Attracting and recruiting staff also becomes easier. The Trusts key aim now has to be to sustain this level of improvement for the rest of the financial year.

6. KEY ACTIONS

A number of actions are underway to continue the cutural improvement work:

- A Culture and Wellbeing Committee has been launched to build on the work of the former PACT committee. This is chaired by the Chief Executive and identifes a set of clear goals and objectoives for the cultural transformation work. The Committee has a broad membership including medical, nursing, scientific and non-clinical staff and trade union colleagues.
- Chief Executive-led summer briefings for senior leaders – reinforce people management responsibilities and expectations to foster a great working environment with a focus on compassionate management. Five sessions have been delivered with positive feedback.
- Leadership programmes – Great Leaders programme continues for current, new and aspiring leaders. A people management programme will help support leaders in the most challenged areas as identifed by the staff surveys and workforce indicators.
- Medical engagement programme continues with Medical Staffing Committee meetings, roles and responsibilities, and leadership development work
  Equality, Diversity and Inclusion actions are continuing to be embedded during 2018/19.
  A separate programme of Health and Wellbeing action is being delivered building upon the successs of last year.
- Recruitment work continues at pace including new roles and a broad apprenticeship programme. The appointment of a Recruitment Manager to focus on priority areas will assist the Trust in attracting and appointing to difficult to recruit to posts.

- Health Groups to continue to review exit interview data and implement retention plans

7. RECOMMENDATIONS

The Trust Board is requested to note the content of the report and commit to supporting the continuing work to improve the working environment for staff and the culture of the organisation. A progress report will be presented to the Board in 3 months.

Officer to contact
Simon Nearney
Director of Workforce and OD

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

TRUST BOARD

10 JULY

Title:	Guardian of Safe Working – Annual Report
Responsible Director:	Consultant Trauma & Orthopaedic Surgeon- N.Muthukumar
Author:	Consultant Trauma & Orthopaedic Surgeon- N.Muthukumar

Purpose:	The purpose of this paper is to provide an annual summary of the staffing levels, gaps and vacancies among junior medical staff at Hull and East Yorkshire Hospitals NHS Trust. The paper also discusses the plan to improve these gaps.	
BAF Risk:	BAF Risk 2: Lack of skilled and sufficient staff	
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	
Key Summary of Issues:	Number of doctors / dentists in training (total): 408.5WTE Number of doctors / dentists in training on 2016 TCS (total): 408.5WTE Annual vacancy rate among this staff group: 20.8% (as of 16/04/2018)	

Recommendation:	The Guardian requests the Board to take note of the issues raised by this report as well as the fact that there are procedures and protocols in place or being improved at the Health Group level to proactively identify and address the gaps in junior doctor work force. The Board is also asked to support the development of a coherent strategy for the medical workforce and its support by non-medical practitioners and other staff.

ANNUAL REPORT ON ROTA GAPS AND VACANCIES: DOCTORS AND DENTISTS IN TRAINING

Executive summary

Vacancies in the trainee junior doctors' establishment have implications for delivery of patient care as well as potentially affecting the training and morale of the junior doctors who are in post. Against the backdrop of difficulty in recruiting into the non-training Trust doctor posts, the junior doctor vacancies have posed a challenge for rota establishments particularly in some specialties. However, this problem is not just a local issue peculiar to this Trust. I am assured, however, that the various health groups have systems and processes in place to try and mitigate issues arising from junior doctor rota gaps.

Introduction

The purpose of this paper is to provide an annual summary of the staffing levels, gaps and vacancies among junior medical staff at Hull and East Yorkshire Hospitals NHS Trust. The paper also discusses the plan to improve these gaps.

This report is produced by the Guardian of Safe Working Hours, using data provided by the Trust, in accordance with the 2016 Terms and Conditions of Service (TCS) for NHS Doctors and Dentists in Training.

High level data

Number of doctors / dentists in training (total):	408.5 WTE
Number of doctors / dentists in training on 2016 TCS (total):	408.5WTE
Annual vacancy rate among this staff group:	20.8% (as of 16/04/2018)

Annual data summary

Trainees Vacancies within the Trust

Please be aware that the information used to complete the below has evolved over the last 12 months. Quarter 1 & 2 did not include any Trust Doctors as the information was not available at the time. The Medical Staffing team has now updated their processes so that they are aware of where Trust doctors sit and this was reflected in the data used in Quarters 3 & 4.

Specialty	Grade	Quarter 1 (exc. Trust Doctors)	Quarter 2 (exc. Trust Doctors)	Quarter 3 (inc. Trust Doctors)	Quarter 4 (inc. Trust Doctors)	Total gaps (average WTE)	Number of shifts uncovered (over the year)	Average no. of shifts uncovered (per week)
Academic	F2	0.0	0.0	0.0	0.0	0.00	0.0	0.0
	F1	0.0	1.0	0.0	0.0	0.25		
	F2	0.0	1.0	0.0	0.0	0.25		
	CT/ST1-2	1.0	4.0	0.0	1.5	1.63		
Acute Medicine	ST	3.0	3.5	3.5	3.5	3.38	1867.0	35.8
	F1	0.0	0.0	0.0	0.0	0.00		
	F2	0.0	0.0	3.0	3.0	1.50		
	CT/ST1-2	4.0	6.5	2.0	2.0	3.63		
Anaesthetics	ST	3.0	3.3	7.0	7.0	5.08	65.0	1.2
	F1	0.0	0.0	0.0	0.0	0.00		
	CT/ST1-2	0.0	0.0	0.0	1.0	0.25		
Breast Surgery	ST	1.0	1.0	0.0	0.0	0.50	0.0	0.0

	F1	0.0	0.0	0.0	0.0	0.00		
	F2	0.0	0.0	0.5	0.0	0.13		
	CT/ST1-2	1.0	0.0	0.0	0.0	0.25		
	GPSTR	0.0	0.0	1.0	1.0	0.50		
Cardiology	ST	3.0	0.0	0.0	0.0	0.75	353.0	6.8
	F2	0.0	0.0	0.0	2.0	0.50		
Cardiothoracic Surgery	ST	1.0	0.0	0.0	0.0	0.25	26.0	0.5
Chemical Pathology	ST	1.0	1.0	1.0	1.0	1.00	0.0	0.0
	F2	0.0	1.0	0.0	0.0	0.25		
Dermatology	GPSTR	0.0	0.0	1.0	0.0	0.25	0.0	0.0
	F1	1.0	1.0	1.0	2.0	1.25		
	F2	0.0	2.0	1.0	0.0	0.75		
	CT/ST1-2	0.0	2.0	1.0	2.0	1.25		
	GPSTR	1.0	3.0	2.0	2.0	2.00		
Elderly Medicine	ST	1.5	0.5	1.5	1.5	1.25	772.0	14.8
	F2	0.0	1.0	1.0	0.0	0.50		
	CT/ST1-2	0.0	4.0	0.5	1.0	1.38		
	GPSTR	0.0	0.5	0.0	2.0	0.63		
Emergency Medicine	ST	4.0	3.0	0.0	0.0	1.75	1179.0	22.6

	F1	0.0	0.0	1.0	0.0	0.25		
	CT/ST1-2	0.0	1.0	0.0	1.0	0.50		
Endocrinology	ST	2.0	1.0	1.0	1.0	1.25	34.0	0.7
	F1	0.0	0.0	0.0	0.0	0.00		
	F2	0.0	0.0	0.0	0.0	0.00		
	CT/ST1-2	0.0	0.0	1.0	1.0	0.50		
	GPSTR	0.0	0.0	1.0	0.0	0.25		
ENT	ST	0.0	1.0	0.0	0.0	0.25	187.0	3.6
	F1	0.0	0.0	0.0	0.0	0.00		
	CT/ST1-2	1.0	0.0	1.0	0.0	0.50		
Gastroenterology	ST	1.0	1.0	1.0	1.0	1.00	56.0	1.1
General Practice	F2	0.0	0.0	2.0	3.0	1.25	*	*
	F2	0.0	1.0	0.0	0.0	0.25		
General Surgery	CT/ST1-2	0.0	0.0	2.0	2.0	1.00	324.0	6.2
	F1	0.0	0.0	0.0	0.0	0.00		
	CT/ST1-2	2.0	0.0	0.0	0.0	0.50		
Haematology	ST	1.0	1.0	2.0	2.0	1.50	165.0	3.2
Histopathology	ST	1.0	1.0	2.0	2.0	1.50	0.0	0.0
HIV/GUM	F2	0.0	0.0	0.0	0.0	0.00	*	*

	F1	0.0	0.0	0.0	0.0	0.00		
	CT/ST1-2	1.0	2.0	0.0	1.0	1.00		
Infectious Diseases	ST	1.0	1.0	4.0	4.0	2.50	5.0	0.1
	F1	1.0	0.0	0.0	2.0	0.75		
	CT/ST1-2	0.0	0.0	0.0	0.0	0.00		
Lower GI Surgery	ST	0.0	0.0	0.5	0.5	0.25	330.0	6.3
	F1	0.0	0.0	0.0	0.0	0.00		
	F2	0.0	0.0	1.0	0.0	0.25		
	CT/ST1-2	1.0	2.0	0.0	0.0	0.75		
Neurology	ST	0.0	0.0	0.0	0.0	0.00	314.0	6.0
	F1	0.0	1.0	0.0	0.0	0.25		
	F2	0.0	0.0	0.0	0.0	0.00		
	CT/ST1-2	0.0	0.0	3.0	2.0	1.25		
Neurosurgery	ST	0.0	0.0	3.0	3.0	1.50	435.0	8.3
	F2	0.0	0.0	1.0	0.0	0.25		
	CT/ST1-2	4.0	1.0	0.0	0.0	1.25		
	GPSTR	0.0	1.0	1.5	0.0	0.63		
Obstetrics & Gynaecology	ST	1.0	1.0	1.0	1.0	1.00	73.0	1.4
Oncology	F1	0.0	0.0	0.0	0.0	0.00	379.0	7.3

	F2	0.0	0.0	0.0	0.0	0.00		
	CT/ST1-2	2.0	0.0	2.0	3.0	1.75		
	GPSTR	1.0	0.0	1.0	2.0	1.00		
	ST	2.0	2.0	1.0	1.0	1.50		
	F1	0.0	1.0	0.0	0.0	0.25		
	F2	0.0	1.0	0.0	0.0	0.25		
Ophthalmology	ST	0.0	1.0	1.0	2.0	1.00	18.0	0.3
	CT/ST1-2	3.0	3.0	2.0	3.0	2.75		
Oral & Maxillofacial Surgery	ST	0.0	1.0	4.0	4.0	2.25	66.0	1.3
Paediatric Emergency Medicine	CT/ST1-2	0.0	0.0	0.0	0.0	0.00	0.0	0.0
	CT/ST1-2	0.0	3.0	3.0	3.0	2.25		
Paediatric Neonatal Medicine	ST	1.0	0.0	0.0	0.0	0.25	107.0	2.1
Paediatric Surgery	CT/ST1-2	1.0	0.0	0.0	0.0	0.25	96.0	1.8
	F1	0.0	1.0	1.0	0.0	0.50		
	F2	0.0	1.0	0.0	2.0	0.75		
	CT/ST1-2	0.0	0.6	1.0	0.0	0.40		
	GPSTR	0.0	0.5	0.5	0.0	0.25		
Paediatrics	ST	0.4	1.1	0.0	0.0	0.38	87.0	1.7
Palliative Care	GPSTR	0.0	0.5	0.5	0.5	0.38	*	*

	CT/ST1-2	0.0	1.0	0.0	1.0	0.50		
Plastic Surgery	ST	1.0	1.0	0.0	0.0	0.50	17.0	0.3
	F1	0.0	0.0	2.0	0.0	0.50		
	F2	0.0	1.0	1.0	0.0	0.50		
Psychiatry	GPSTR	3.0	1.0	0.0	4.0	2.00	*	*
Public Health Medicine	F2	1.0	0.0	1.0	0.0	0.50	*	*
Radiology	ST	2.0	2.0	2.0	4.6	2.65	4.0	0.1
	F1	0.0	0.0	0.0	1.0	0.25		
	F2	0.0	0.0	0.0	0.0	0.00		
	CT/ST1-2	0.0	0.0	0.0	0.0	0.00		
Renal Medicine	ST	2.0	2.0	0.0	0.0	1.00	10.0	0.2
	F1	0.0	3.0	2.0	0.0	1.25		
	F2	0.0	1.0	0.0	0.0	0.25		
	CT/ST1-2	1.0	2.0	0.5	0.0	0.88		
	GPSTR	1.0	1.0	0.0	0.0	0.50		
Respiratory Medicine	ST	3.0	2.0	0.0	0.0	1.25	299.0	5.7
	CT/ST1-2	0.0	1.0	0.0	0.0	0.25		
	GPSTR	0.0	2.0	1.0	0.0	0.75		
Rheumatology	ST	0.4	0.5	0.5	0.5	0.48	173.0	3.3

Stroke Medicine	ST	1.0	1.0	0.0	0.0	0.50	0.0	0.0
	F2	0.0	1.0	6.0	7.0	3.50		
	CT/ST1-2	0.0	0.0	0.0	1.0	0.25		
	GPSTR	0.0	0.0	0.0	1.0	0.25		
Trauma & Orthopaedics	ST	0.0	1.0	2.0	2.0	1.25	822.0	15.8
	F1	0.0	1.0	0.0	1.0	0.50		
	CT/ST1-2	0.0	0.0	0.5	1.0	0.38		
Upper GI Surgery	ST	0.0	0.0	0.0	0.0	0.00	31.0	0.6
	F1	0.0	0.0	0.0	0.0	0.00		
	F2	0.0	0.0	1.0	0.0	0.25		
	CT/ST1-2	0.0	1.0	0.0	1.0	0.50		
Urology	ST	0.0	0.0	0.0	0.0	0.00	126.0	2.4
	F1	1.0	1.0	1.0	1.0	1.00		
	CT/ST1-2	0.0	0.0	0.0	1.0	0.25		
Vascular Surgery	ST	0.0	0.0	1.0	1.0	0.50	195.0	3.7
TOTAL		**69.3**	**98.5**	**94.5**	**107.6**	92.48	**8615.0**	**165.2**

*Please be aware that these specialties work outside of the Trust so information regarding uncovered shifts is not available to the Medical Staffing team.

Issues arising

There has been a difficulty in recruitment for both the training and non-training grades of junior doctors nationally, regionally and locally. The reasons for this are several and include amongst others the uncertainties around the implementation of the junior doctor contract, visa restrictions and in the case of Hull and East Yorkshire Hospitals NHS Trust probably related to the geography.

Actions taken to resolve issues

There have been several measures that have been undertaken to try and make the job of working as a junior doctor more attractive at Hull and East Yorkshire Hospitals NHS Trust. The junior doctor induction and training Programme has been strengthened to meet their needs and expectations. The non- training Trust grade doctors have assigned educational supervisors, access to e-portfolio, study leave allowances. There has also been a drive to recruit to alternate non-medical workforce such as advanced clinical practitioners and physician associates to reduce some of the workload of the junior doctors and there by improve their training opportunities. In some specialties there are plans to redesign rotas to try and improve the working conditions and also make them efficient whilst maintaining patient safety and quality of care. The handover process has also been strengthened.

There is also an internal bank of junior doctors who are the first port of call to try and cover gaps in rotas when possible. This ensures that patient safety and efficiency are not compromised.

Hopefully if the visa restrictions that are currently in place are relaxed, this should help improve the situation by increasing the number of international graduates recruited to the junior doctor posts.

Summary

There have been just over 20% vacancies in the trainee junior doctors' establishment. This does pose particular problems in planning and administration of certain rotas. However, measures and processes are in place to mitigate these challenges.

Questions for consideration

The Guardian requests the Board to take note of the issues raised by this report as well as the fact that there are procedures and protocols in place or being improved at the Health Group level to proactively identify and address the gaps in junior doctor work force.

The Board is also asked to support the development of a coherent strategy for the medical workforce and its support by non-medical practitioners and other staff.

N.Muthukumar

Consultant Trauma & Orthopaedic Surgeon

Honorary Senior Clinical Lecturer – HYMS

Guardian of Safe Working Hours

Hull and East Yorkshire Hospitals NHS Trust

July 2018