HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

TRUST BOARD
TUESDAY 13 NOVEMBER 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 2.2 To consider any conflicts of interest arising from this agenda	verbal	Chair – Terry Moran
3	Minutes of the meeting of 11 September 2018	attached	Chair – Terry Moran
4	Matters Arising	verbal	Chair – Terry Moran
	4.1 Action Tracker 4.2 Board Reporting Framework 2018/19 4.3 Board Development Framework 2018/19	attached	Director of Corporate Affairs – Carla Ramsay
	4.4 Any other matters arising from the minutes	verbal	Chair – Terry Moran
5	Chairs Opening Remarks	verbal	Chair – Terry Moran
6	Chief Executive's Briefing 6.1 Establishment Order (amendment) – Trust name change	attached	Chief Financial Officer on behalf of CEO – Lee Bond
7	Patient Story	verbal	Interim Chief Medical Officer – Makani Purva
8	Board Assurance Framework	attached	Director of Corporate Affairs – Carla Ramsay
	Top Risk Areas		
	8.2 BAF 6 partnership working	RR16	Director of Strategy and Planning – Jacqueline Myers
	8.3 BAF 7.2 infrastructure	RR 20	Chief Financial Officer – Lee Bond
9	**Director Reports** 9.1 Quality Report	attached	Chief Nurse – Mike Wright
	9.1.1 Mortality Q2 Report	attached	Interim Chief Medical Officer – Makani Purva
	9.2 Nurse and Midwifery Staffing Report	attached	Chief Nurse – Mike

			Wright
	9.3 Quality Committee Minutes September/October 2018	attached	Chair of the Committee – Martin Veysey
	9.4 Performance and Finance Report	attached	Chief Operating Officer – Ellen Ryabov/Teresa Cope – Chief Financial Officer Lee Bond
	9.4.1 Financial Plan 2019/20	attached	Chief Financial Officer – Lee Bond
	9.4.2 Winter Plan 2018/19	attached	Director of Strategy and Planning – Jacqueline Myers
	9.5 Performance and Finance Minutes September/October 2018	attached	Chair of the Committee – Stuart Hall
	9.6 National Patient Surveys	attached	Chief Nurse – Mike Wright
	9.7 Freedom to Speak Up Report	attached	Director of Corporate Affairs – Carla Ramsay
	9.8 Guardian of Safe Working Report	attached	Dr Muthukumar – Guardian of Safe Working
	Governance and Assurance		
10	10.1 Standing Orders Report	attached	Director of Corporate Affairs – Carla Ramsay
	10.2 Director of Infection Prevention and Control Report	attached	Lead Infection Control Nurse – Greta Johnson
	10.3 Health and Safety Report	attached	Chief Nurse – Mike Wright
11	Charitable Funds 29 October 2018 11.1 HEY Charity Accounts for information	attached	Chair of Committee – Andy Snowden
12	Brexit	attached	Director of Corporate Affairs – Carla Ramsay
13	Any Other Business		
14	Any questions from members of the public		
15	**Date and time of the next meeting:** Tuesday 29th January 2019, 9.00am – 1.00pm, The Boardroom, HRI		

Attendance

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

*****Carla Ramsay – career break

Hull and East Yorkshire Hospitals NHS Trust
Minutes of the Trust Board
Held on 11 September 2018

Present:	Mr T Moran CB	Chairman (Chair)
	Mr A Snowden	Vice Chair/Non-Executive Director
	Mrs V Walker	Non-Executive Director
	Mrs T Christmas	Non-Executive Director
	Mr M Gore	Non-Executive Director
	Mr S Hall	Non-Executive Director
	Prof. M Veysey	Non-Executive Director
	Prof J Jomeen	Associate Non-Executive Director
	Mr C Long	Chief Executive Officer
	Mr M Wright	Chief Nurse
	Mrs E Ryabov	Chief Operating Officer
	Dr M Purva	Interim Chief Medical Officer
In Attendance:	Mr S Evans	Deputy Director of Finance
	Mr S Nearney	Director of Workforce and OD
	Ms J Myers	Director of Strategy and Planning
	Mr C Norman	Deputy Director of Estates, Facilities and Development
	Mrs R Thompson	Corporate Affairs Manager (Minutes)

No	Item	Action
1	**Apologies:** Apologies were received from Mr L Bond, Chief Financial Officer and Carla Ramsay, Director of Corporate Affairs	
2	**Declarations 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.	
3	**Minutes of the meeting held 10 July 2018** • The minutes were not related to the Private Session of the Board and this reference would be removed. • Chief Executive Officer Briefing – Mr Nearney changed paragraph 2 to read: He added that the Trust was also working with China. • BAF 2 – paragraph 1 Mr Nearney reported that the Trust was now taking greater responsibility for workforce planning previously undertaken by Health Education England. • BAF 6 – paragraph 1 the sentence should read: Ms Myers presented the paper and highlighted the key aims as system wide leadership, acute provider sustainability and working with local services to enhance service provision. • Operational Plan update – sentence should read, the hospital did not have the capacity and support to care for patients so more community support was required.	

Following the above amendments the minutes were approved as an accurate record of the meeting.

4 Matters Arising

Mrs Ryabov spoke about the waiting list size and advised that validation work was ongoing and the Trust was focussing on the front end of the pathways and patients waiting for their first appointment. A detailed report would be received at the Performance and Finance Committee in September 2018.

4.1 Action Tracker

Mr Wright advised that there were no issues with patients receiving their correct medication on discharge.

Mr Snowden reported that he was reviewing the balanced scorecard with Ms Myers and would bring any changes made to the Board for discussion.

4.2 Board Reporting Framework 2018/19

The Board Reporting Framework was received by the Committee.

4.3 Board Development Framework 2018/19

The Never Event deep dive discussion to be added to the framework. Mr Moran and Mr Long to discuss a programme of work to be discussed at future development sessions.

4.4 Any other Matters Arising

Mr Gore asked about the Fire Improvements bid that had been submitted relating to the Tower Block and expressed concern regarding the timescales. Mr Evans advised that it had been approved by NHS Improvement and was with the Department of Health for final approval. Mr Evans agreed to chase the progress of the bid and report back to the next Board meeting. **SE**

5 Chair's Opening Remarks

Mr Moran informed the Board that Mr Snowden would be leaving the Trust with effect from 1 January 2019 and stepping down from being Vice Chair at the end of September 2018. He expressed his sincere thanks and said there would be other opportunities later in the year to recognise Mr Snowden's significant contribution. Mr Moran reported that Mrs Walker would take the position of Vice Chair from 1 October 2018 and congratulated her on behalf of the Board. Mr Snowden would retain his Senior Independent Director role until the end of December 2018 and Mrs Walker would take over on 1 January 2019.

Mr Moran also reported that Mrs Christmas had been re-appointed until 30 September 2019 and Prof Jomeen would become a Non-Executive Director on 1 January 2019 in succession to Mr Snowden. A new Associate Non-Executive Director recruitment would get underway in October 2018.

Mr Moran had also been re-appointed until 31 March 2022 and stated that he was delighted to work for the Trust for a further term of office.

Mr Moran formally welcomed Dr Purva to the Board in her new role as Interim Chief Medical Officer.

6 Chief Executive's Briefing

Mr Long spoke about the North of England Specialised Commissioning Group and how they were recommending a third Trans catheter Aortic Valve Implantation (TAVI) for patients in the Humber, Coast and Vale STP area, would be established at the Trust. This meant that patients would not need to travel to Leeds and Sheffield for such treatment and procedures.

Mr Long congratulated Hull Clinical Commissioning Group on their recent outstanding rating.

Mr Gore asked if there were more opportunities to use positive PR and advertising through social media to entice medics to the Trust and Mr Long advised that the Trust was using social media and marketing campaigns.

Mr Long also advised that additional funding had been received to enable an additional ward to be built at the rear of the Emergency Department to relocate the discharge lounge and house a primary care stream. He advised that Mr Taylor was leading the planning for the new service model which would increase capacity. The main issue would be around staffing the new facility.

Mr Long reported that the 'flu vaccination campaign was about to be launched with a drive to get 100% of all staff to have the vaccination. Mr Moran added that the Board would do its best to support the campaign by collectively having the vaccination to support the publicity.

Mr Snowden asked about the NHS forward plan and how the Trust was involved. Mr Long advised that nationally a panel had been established to review the issues around the workforce, technology and finances.

7 Patient Story

Dr Purva spoke about an elderly patient who had travelled 25 miles to have a long investigation carried out at the hospital. When he arrived there was no-one there to greet him and could not find anyone to help him so he left and went home.

The Patient Experience team have since contacted the patient and arranged a further appointment with a member of staff who waited to greet him with a wheelchair. Dr Purva stressed that the whole patient pathway must be reviewed and not just the clinical investigation.

Dr Purva also reported that an elderly gentleman's) daughter had written to the ward to thank them for not just looking after her father but allowing him to keep his dignity and make decisions regarding his end of life care. She also thanked the ward for allowing her to be there, not making her feel that she was a hindrance and for caring for her whilst she was with her father. She had also witnessed staff looking after each other.

Mr Hall stated that he had read about patients with learning difficulties and eyesight problems not being able to use the self-checking facilities and what was the Trust doing to recognise this. Mr Wright agreed to review what our procedures involved to make reasonable adjustments for such patients and report back as a matter arising to the next meeting. He added

that the volunteers would be used to help people who were finding the technology difficult.

MW

The agenda was taken out of order at this point

8.1 BAF 1

Mr Nearney presented the report and advised that staff engagement and the culture of the organisation was an improving picture but with more work to do.

He spoke about the Chief Executive briefings which focussed on communication,engagement and leadership behaviours. More support was being given to managers who lead complex teams in challenging areas. He added that the pioneer team projects were being re-launched and would work alongside the improvement team.

Prof. Jomeen asked what the response rate was regarding the staff survey and Mr Nearney advised that 48% of staff had responded. Mrs Walker asked about stress management and mental health issues and how the Trust was raising awareness in this area and Mr Nearney agreed to meet with Mrs Walker to discuss these areas further. SN/VW

Mr Hall asked about appraisals and the quality of the discussions. Mr Nearney advised that a formal training programme was in place and work was ongoing with managers to ensure appraisals were meaningful and development plans were set.

There was a discussion around communication and how managers spending time with their teams has a great impact to resolve issues and offer support. Mr Long stated that he wanted more staff to speak to each other rather than send emails. Mr Wright added that busy nurses do not have time to read and respond to emails.

The Board also discussed bullying and harassment and although the Trust had made huge improvements in this areas there was still work to do. Mr Moran said whilst acknowledging the significant progress made in these areas the most recent results remained a concern. The 10 areas where we remained in the bottom 20% of all trusts need to remain areas of priority.

Mr Nearney recommended that the risk rating for BAF 1 remained unchanged.

Resolved:
The Board received the report and agreed that the risk rating remained at 12.

8.2 BAF 3

Mr Wright gave a presentation regarding improving the quality of patient care. He highlighted a number of concerns that included Never Events, WHO checklist, VTE assessments, pressure ulcers and nutrition.

Mr Wright highlighted a number of areas that were addressing the risks such as: the medical leadership programme, the Quality Improvement

Programme, committee structures and the quality impact of CRES process.

He spoke about the Operational Quality Committee and how Health Groups were reporting their evidence relating to learning from incidents.

The 'Stop the Line' initiative was discussed which gave any member of staff the right to pause and make sure all necessary checks have taken place.

Mr Wright reported that the Quality Improvement Plan had been reviewed and the milestones checked for appropriateness. It had also been streamlined with the Hospital Improvement Team's programme.

The Trust's aim was to improve its CQC rating to 'Good'. Other Trusts with a rating of 'Good' and above where being reviewed for learning and links with the Improvement Academy developed. Mr Wright added that there was good engagement with the CQC and the Trust had regular relationship meetings.

The Patient Council was now re-established with members joining key committees as well as being involved with audits and the fundamental standard audits. The Trust was looking to recruit more young members for the patient council.

Prof. Veysey stated that the Trust was developing great quality projects and needed to raise the profile of these projects, which would have a positive impact on the workforce.

Mr Wright recommended that the risk rating remained at 9 as good progress was being made to achieve the Trust's ambition to achieve a 'Good' CQC rating.

Resolved:
The Board received the presentation and agreed that the risk rating should remain at 9.

8 Board Assurance Framework

Mr Moran presented the Board Assurance Framework and asked the Board to review the current risk levels and decide whether any should be revised.

Mr Gore stated that BAF 4 had now seen 4 months of poor performance and targets not being met. He added that the risk rating of 16 should remain as the teams were working to meet the targets.

Mrs Thompson added that BAF risks relating to the STP and Capital Expenditure would be addressed at the Board meeting in November 2018.

Resolved:
The Board received and accepted the report.

The agenda returned to order at this point

9 Standing Orders

9.1 Remuneration Terms of Reference

Mr Moran presented the items and requested approval from the Board regarding the changes made to the Remuneration Committee' s Terms of Reference, the changes to the Charitable Funds process that would impact on the Trust's Standing Orders and the use of the Trust seal.

Resolved:

The Committee received and approved:

- The changes to the Remuneration Committee's Terms of Reference
- The changes to the Charitable Funds process
- The use of the Trust seal

10 Emergency Preparedness

Ms Myers presented the report which highlighted that the Trust was substantially compliant in its emergency preparedness.

Ms Myers reported that a new set of standards had been introduced and a thorough assessment had taken place. She advised that the team had worked with the regional partners and she was comfortable with the 5 exceptions and agreed there was more work to do in these areas.

Mr Moran added that a discussion may need to take place to review whether any investment was needed regarding the location of the alternative incident control.

Resolved:

The Board received and accepted the assurance rating highlighted in the report.

11 Workforce Race Equality Standards

Mr Nearney presented the item and advised that it was a National template that the Trust was required to complete. The information in the report was taken from the ESR system.

Mr Nearney spoke of the recruitment of BME staff and the Trust's stance on equality and diversity and how it was being addressed. There was an action plan in place to improve behaviours and educate members of staff about the needs of different faiths and cultures.

There was a discussion around some of the data in relation to staff from BME backgrounds when expressing their concerns. Mr Nearney agreed to concern whether external facilitation of focus groups might be more successful in eliciting more information that could lead to improvement actions.

Mr Moran suggested that further discussion in this area was necessary and that a Board development session would allow a more detailed discussion of the work in hand and options going forward.

Resolved:

The Board received the report and approved the WRES submission.

12 Responsible Officer Report

Dr Purva presented the report and highlighted that the Trust complied with all regulations and had achieved more than the national average of doctor revalidations. There was a robust appraisal process in place with a trained body of appraisers with a high completion rate.

Mr Gore asked about the policy regarding locum doctors and Dr Purva advised that any locums working directly for the Trust would follow Trust policy but agency locums were the responsibility of agencies.

Prof. Veysey asked why some appraisals were deferred and how they were managed and Dr Purva advised that there were a variety of reasons from failure to engage to sickness although the number was small. Each case was looked at individually.

Resolved:
The Board received the report and approved the statement in Annex E of the document.

13 Risk Policy

Mr Wright presented the policy and advised that it had previously been scrutinised at the Audit Committee and the Executive Management Committee.

Mr Wright advised that very few changes had been made; the main change was that he was now responsible for Quality Governance within the Trust.

Resolved:
The Board received and approved the policy.

14 Energy Business Case

Mr Norman presented the business case to the Board. He advised that the document had been scrutinised and had been recommended for approval by the Performance and Finance Committee at a previous meeting.

He reported that the scheme had been through the correct specification process and the only slight amendment was regarding the Salix funding. It had been agreed that the Department of Health capital loan was the option that would be preferred. Mr Norman highlighted that the Trust could save £39m if the business case was implemented. He added that the Trust was operating at risk currently due to the old and obsolete equipment on site.

Mr Norman was confident that the team could deliver the project and the date for completion would be September 2019. The scheme would realise 41% energy savings over time.

Prof. Veysey asked what would happen if the loan was not approved by the Department and Mr Norman advised that the backlog maintenance funds would have to be redirected to replacement boilers.

Resolved:
The Board received and approved the business case.

15 People Strategy Update

Mr Nearney presented the report which gave a 6 monthly update relating to the Trust's People Strategy.

He reported that the strategy was coming to the end of its 3 years and work had begun to refresh and re-focus the priorities.

Mr Nearney spoke about the Remarkable People recruitment campaign and also the work ongoing to recruit to nurse associates and nurse apprenticeships roles. There was work ongoing with the University and also recruitment drives outside of the area.

He reported that the values-based recruitment campaign had been re-launched and the Quality Committee had formally reviewed the process. The Trust had introduced an access referral scheme to allow staff members to get appointments quickly to ensure time away from work was minimal.

Mr Nearney also spoke about the Golden Hearts Awards, the flu vaccination campaign and Health Expo 2018 as success stories as well as the modernisation of back office services.

There was work to do around were the Trust was placed nationally following the staff survey results but it was the Trust's aim to be in the top 20% in the next 3 years.

There was a discussion around recruiting to difficult-to-recruit staff groups and Mr Nearney advised that a new recruitment manager had been appointed to address the more difficult to recruit to groups.

Resolved:
The Board received and accepted the report.

16 Quality Report

Mr Wright presented the report and advised that the Never Event relating to the insulin syringe was no longer classified as such having examined the details. He wanted to assure the board that the patient had not suffered any harm.

He reported that the Serious Incident learning was now included in the Quality Committee report.

Mr Wright highlighted the infection section of the report and reported that the Trust had no cases of MRSA and was performing well with C Difficile. E-Coli was above threshold and the 23 cases were being reviewed to ensure staff were aware of the issues and could learn from the investigations. Mrs Johnson, the lead Nurse for Infection Control, added that the Trust was nationally in the mid-range. She advised that the increase in cases found was due to more robust sepsis screening.

He also spoke about the increased number of MSSA Bacteraemia cases and that these were being reviewed at the Infection Reduction Committee.

Mr Wright highlighted that the possible reduction in the CNST premium was ongoing – the Trust had challenged the decision not to reduce the

premium. Mr Wright will update the Board once he was clear on the position.

There had been a discussion at the Quality Committee in relation to the the harm free care figures and pressure ulcers. Mr Wright advised that the figures took into account the patients that had come into the hospital with pressure ulcers and most patients had not acquired them during their stay. He added that the harm free care indicator on the Safety Thermometer audits was at 97%.

Mr Wright reported that he had attended the Hull and East Riding Overview and Scrutiny Committee to go through the Trust's CQC report and assure the members of the actions in place to address any issues raised. The attendance had been very well received.

Resolved:
The Board received and accepted the report.

17 Nursing and Midwifery Report

Mr Wright presented the report to the Board highlighting the new layout which incorporated new responsibilities relating to Nursing and Midwifery staffing levels.

He stated that the new Care Hours Per Patient Day (CHPPD), an initiative that Lord Carter had introduced, was being used with Trusts submitting monthly returns for safe staffing. A risk rating system for each ward had also been added to the report.

Mr Gore asked if trend analysis could be added to the reports and Mr Wright advised that this was being reviewed.

Resolved:
The Board received and accepted the report.

18 Fundamental Standards

Mr Wright presented the report to the Board. He advised that the quarterly update showed good improvements and work was ongoing with the wards to improve further.

Mr Wright advised that not all wards would be measured against every standard where, for example, they were not relevant e.g. nutrition would not be an appropriate measure in ED.

Mr Wright suggested that the report would be useful when visiting wards as informed questions could be asked. Mr Snowden added that the Quality Committee had scrutinised the report at its last meeting and were assured that Mr Wright was managing achievement of the standards well.

Resolved:
The Board received and accepted the report.

19 Quality Minutes July/August 2018

The Committee received the minutes.

20 Performance Report

20.1 Update on Elective Care Performance

Mrs Ryabov presented the performance report and highlighted A&E, RTT and cancer performance.

A&E performance was improving but attendances were down due to the summer so planning was ongoing for winter and the new ward.

RTT was a concern and was being impacted by difficult to recruit to areas such as anaesthetics, radiology and diagnostics. The Trust had a trajectory of 85% by the end of the year and Mrs Ryabov advised that elective pathways could suffer as a result of winter pressures. The Trust had also failed its 52 week wait standard. The main driver over the summer was patients not attending due to holidays and incorrect clock stops.

Mrs Ryabov expressed her concerns regarding the cancer standards and the high volumes in diagnostics that were impacting on performance. There were also issues regarding staff recruitment and old kit. The Cancer 62 day RTT adjusted figure was the worst it has been in 6 months.

Dr Goldstone, Consultant Radiologist present at the meeting, added that the aging scanners were costing the Trust money as MRI vans were being hired at high cost, there was no capacity in the system and demand was high.

Mrs Ryabov added that the waiting lists were being validated and York Trust has its own cardiac CT scanning now in place, which had lightened the workload at this Trust to enable the teams to address the backlog.

Mr Moran expressed his concern and asked what needed to be done. Mrs Ryabov advised that what needed to be done was clear but with lack of staff available along with old equipment, high volumes of work and little funding it was difficult to see the end point of improving the overall position.

Mr Moran offered to speak to the centre on behalf of the Trust to play his part in the process and Prof. Veysey added that Trusts should collectively raise their concerns, locally and regionally.

The Board agreed that due to the issues raised, performance should be discussed at the next Board Development session in September 2018.

Resolved:

The Board received and accepted the report.

21 Performance and Finance Minutes July/August 2018

The Board received and accepted the minutes.

22 Any Other Business

There was no other business discussed.

23 Questions from members of the public

There were no questions asked by members of the public.

24 Date and time of the next meeting:

Tuesday 13th November 2018, 9am – 12pm, The Boardroom, Hull Royal Infirmary

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

Actions arising from Board meetings

Action NO	PAPER	ACTION	LEAD	TARGET DATE	NEW DATE	STATUS/ COMMENT
September 2018						
01.09	BAF 4: Operational Planning	Confirmation of the validation work and current list size to be agreed	TC		Sept 2018	Update
March 2018						
02.03	CEO Briefing	Balanced scorecard to be reviewed	CL/AS/ JM		Sept 2018	Update
COMPLETED						
01.05	Quality Report	Percentage of patients that received their correct medication on discharge to be clarified	MW	July 2018		Completed July 2018

Actions referred to other Committees

Action NO	PAPER	ACTION	LEAD	TARGET DATE	NEW DATE	STATUS/ COMMENT

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					
	Annual report	annual		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	
	Emergency Preparedness Statement of Assurance	annual							x									x			
	Information Governance Update (new item Jan 18)	bi-annual										x					x			x	
Corporate	H&S Annual report	annual					x										x				
	Chairman's report	each meeting	x	x	x	x	x	x	x	x	x	x	x		x		x	x	x	x	x
	Chief Executive's report	each meeting	x	x	x	x	x	x	x	x	x	x	x		x		x	x	x	x	x
	Board Committee reports	each meeting	x	x	x	x	x	x	x	x	x	x	x		x		x	x	x	x	x
	Cultural Transformation	bi annual	x					x		x					x		x			x	x
	Annual Governance Self Declaration	annual		x												x					
	Standing Orders	as required		x	x	x		x	x	x	x	x	x		x		x	x	x	x	x
	Board Reporting Framework	monthly	x	x	x	x	x	x	x	x	x	x	x		x		x	x	x	x	x
	Board Development Framework	monthly			x					x	x	x	x		x		x	x	x	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: Tower Block strategy
		Area 1 and BAF 1: Draft 2018-19 BAF						
18/07/2018 - at EMC	Area 2 and BAF 6 & 7.2: Strategy refresh - clincial strategy							
31 July 2018				Area 4 and BAF 3: Deep Dive - Never Events				Area 1 and BAF 7.1: Financial strategy including STP and ICO
				Area 3 and BAF 3 & 4: Elective Care e-Learning RTT				
25 September 2018		Area 1 and BAF 1: What does the Board spend its time on?		Area 1 and BAF 3: Journey to Outstanding				
27 November 2018		Area 1 and BAF 1: People Strategy Refresh						
29 January 2019								
26 March 2019								

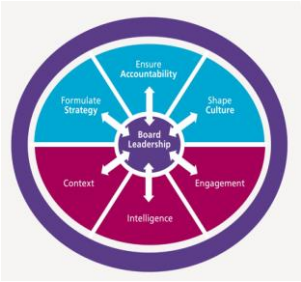
Other topics to schedule:
Revised Financial Plan
Performance Deep Dive

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

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

13 NOVEMBER 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:	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:	Winter communications campaign begins. Simulation ”living autopsy” held at HRI. Flu jab campaign success story. Record number of Moments of Magic entries.	

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

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

CHIEF EXECUTIVE BRIEFING

NOVEMBER 2018 TRUST BOARD

1. KEY NEWS ITEMS

Local media lend their support to winter communications plan

All of our local and regional media outlets attended an event at our ED on Friday 5th November 2018. Reporters were given access to treatment areas, medical and nursing teams and some patients in an attempt to promote the message that ED is for the seriously injured and emergencies.

A wide-ranging campaign has been launched in partnership with the CCGs, local authorities, Humber, Yorkshire Ambulance Service and City Health Care Partnership. This will focus on getting this vital message out via social and traditional media to our local population across the whole winter period. Schools are signing up to partner us in this regard with pupils being given information about more appropriate ways to access care. The focus is on longer-term behavioural change as well as reducing number of attendances this winter.

Staff in the Emergency Department will appear in a new video urging people to use alternative services over winter if they need urgent medical attention. NHS England is featuring our frontline team in the video, due to be released in December.

Teenagers watched 'living autopsy' at Hull Royal Infirmary

Around 200 students watched a "living autopsy" on Wednesday 7th November 2018 as part of this year's National Pathology Week.

The simulation autopsy was performed by one of the country's leading pathologists to help people to understand the perils of modern living. Described as the "public face of pathology" by the Health Service Journal, Dr Suzy Lishman CBE was named one of the 50 most inspirational women in health care in 2013. She was only the second women to be elected President of the Royal College of Pathologists, holding the post from 2014 to November 2017.

Dr Lishman performed the simulation autopsy on a volunteer (Dan Bond from Education and Development) who bravely dressed in only his underwear. Dr Lishman used Dan's body to illustrate what happens during an autopsy.

This was an inspirational and fascinating event. Thanks to everyone who helped to make it happen.

Thousands of hospital staff protecting patients from flu

More than half of all frontline healthcare staff working across Hull Royal Infirmary and Castle Hill Hospital have been vaccinated against flu in under four weeks.

Since the launch of our staff flu vaccination campaign, we have seen 4,600 staff, including 53% of all those who are involved in providing direct care to patients, protected against this season's most likely strain of the virus.

The Occupational Health team has been supported to deliver the vaccinations by a network of volunteer vaccinators, working round the clock to protect colleagues in their immediate teams and workplaces; this has enabled staff in different locations, working different shift patterns, to receive this essential protection. The volunteer teams have been vaccinating colleagues during their shifts and holding special drop-in flu jab clinics across both hospital

sites, while Occupational Health staff have offered one-to-one appointments in their department. The flu vaccine is available to all staff, including back-office and corporate staff; the Trust Board has received flu vaccines in the last 2 months also. The Trust is asking staff who do not wish to be vaccinated the reasons why; NHS England would like feedback as to why some NHS staff do not take up flu vaccines to help with planning next year's campaign.

Women and Children's Hospital team praised for delivering most babies in a single month in 2018

Staff at our Women and Children's Hospital have been praised for helping women through more complex pregnancies to deliver the most babies born in a single month this year.

Midwives and doctors have helped women give birth to 480 babies in September.

September is traditionally a busy time for maternity hospitals but almost 50 more babies were born in Hull last month compared to August, including 22 in a single day.

Although the annual birth rate had fallen from 5,505 in 2016/17 to 5,285 in 2017/18, 2,676 babies have already been born since April this year.

More women have experienced complicated pregnancies, requiring admission to the hospital's antenatal ward before giving birth, and more have had caesarean sections, meaning they stay longer on post natal wards after their babies are born.

Thank you to all of our staff in maternity services.

Hull patients to benefit from new technology in cataract surgery

Hundreds of patients awaiting the removal of cataracts are set to benefit after we partnered with US eye health giant Bausch and Lomb to trial new laser technology.

Our Eye Hospital has just taken delivery of the Victus 3rd Generation Femtosecond Laser Platform. Surgeons at our Trust will use the technology to operate on patients undergoing cataract removal surgery for the next month.

The laser emits pulses lasting one quadrillionth of a second, allowing incisions to be made with increased precision. The ultra-short pulses also assist the surgeon by breaking down the cataract into small pieces before the procedure to remove it begins.

New nursing roles created to help people 'earn while they learn'

Three new roles have been introduced in our region where people can earn while they learn to achieve their dreams of careers in nursing.

We have partnered with the University of Hull and Hull College to promote alternative pathways into nursing alongside the traditional three-year nursing degree course. Students have just begun a Trainee Nursing Associate programme in conjunction with the University of Hull, combining four days of hospital-based experience with classroom learning while earning a wage.

Other students have also started three-year nurse apprenticeships, a new route into nursing where they will be paid to work at Hull Royal Infirmary and Castle Hill Hospital at the same time as attending university.

In November 15 health care support worker apprentices are now earning a salary during an 18-month educational programme run by Hull College, the University of Hull and the trust to gain a Level 3 BTEC in Health Care whilst receiving hands-on training in the trust.

We anticipate that these new roles will help us to fill our vacancy gaps in nursing roles into the future.

Trust receives Silver Award for services to Armed Forces
Our Trust has received a Silver Award under the Employer Recognition Scheme (ERS) for its work supporting the Armed Forces.

The ERS was launched to reward employers who support Defence People objectives and encourage others to exhibit the same behaviours.

Now, the trust will be presented with the Silver Award at a ceremony at the Guildhall in Hull in November.

2. MEDIA COVERAGE

The Communications team issued 20 news releases in October.

37 articles out of 56 generated were positive (66%). This dip in performance was largely due to the release of bowel screening waiting times data, car parking issues and a story on lack of transparency in clinical trials.

Facebook
Total "reach" for all posts on trust Facebook pages (September 852,318)

- Hull Women and Children's Hospital 129,956 (September 280,989)
- Hull and East Yorkshire Hospitals Trust – 29,064 (September 144,329)
- Castle Hill Hospital – 115,369 (September 140,685)
- HEY Jobs page – 14, 155 (September 92,126)
- Hull Royal Infirmary – 180,983 (September 194,189)

Total followers:

- Hull Royal Infirmary: 7,070 (September 7,059)
- Hull Women and Children's Hospital: 7,662 (September 7,519)
- Castle Hill Hospital: 3,549 (September 3,547)
- Hull and East Yorkshire Hospitals NHS Trust: 3,796 (September 3,742)
- HEY Jobs: 3,830 (September 3,845)

Instagram
Followers: 993 (September 920)

Twitter
@HEYNHS
Followers: 5,905 (September 5,811)

- Impressions 82,100 (September 103,900)

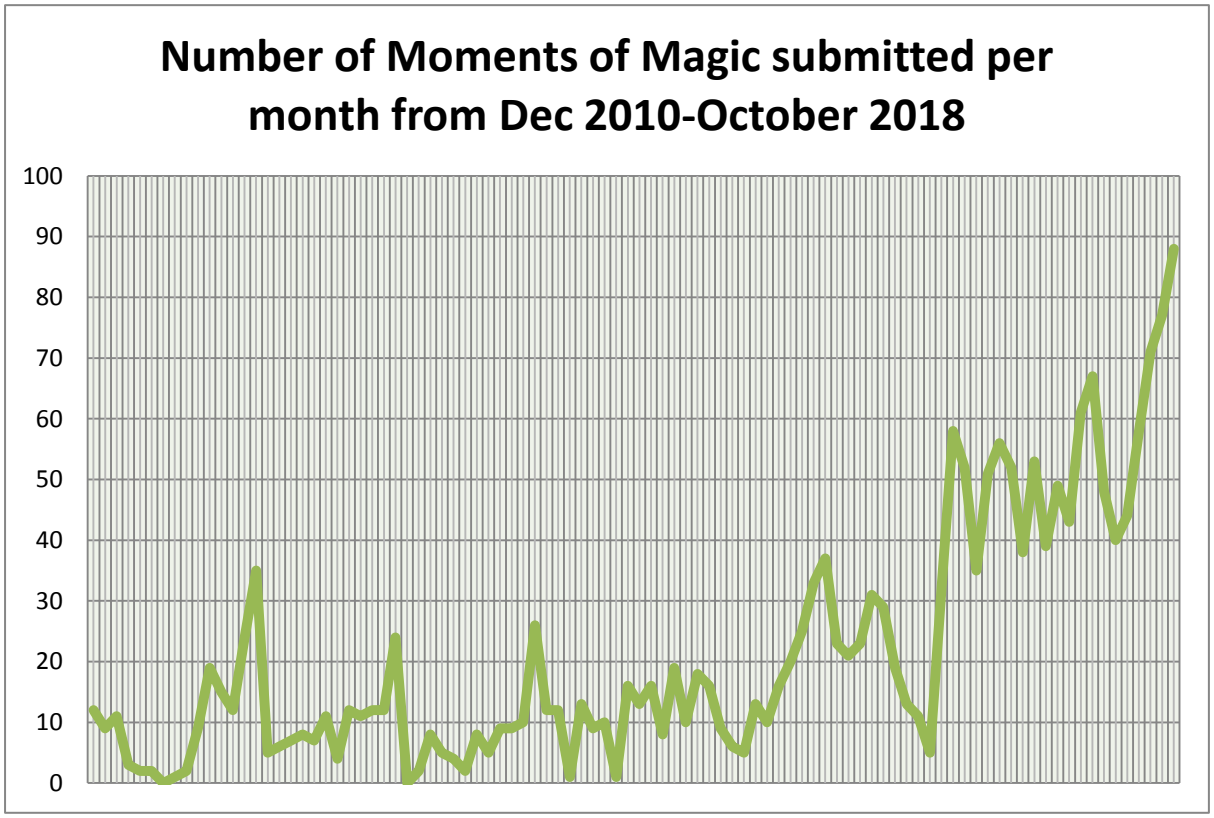
@AllisonCoggan 49,300 impressions from the Tweets about the Jean Bishop ICC

3. 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 September 2018 we received 88 Moments of Magic nominations. This is the highest number of nominations we have received since launching the scheme in December 2010 (see chart below).

Please visit the intranet to read the most recent nominations.


Number of Moments of Magic submitted per month from Dec 2010-October 2018
100
90
80
70
60
50
40
30
20
10
0

HEY LONG TERM GOALS - September 2018 data

Great Staff	Great Care	Great Future

Quality

RAG	Indicator	Target	Performance September	Trend v Previous Month
G	Never Events	0	0	→
R	Complaints (QIP - closed within 40 working days)	90%	87.00%	↓
G	Healthcare Associated Infections - MRSA	0	0	→
G	Healthcare Associated Infections - C.Diff (YTD target)	52	19	-
R	Safety Thermometer - Harm Free Care	95%	94.24%	↑
R	Venous Thromboembolism (VTE) Risk Assessment (Q1 1819)	95%	91.31%	↑
G	Mortality - HSMR (June 2018)	<100	82.5	↓
G	Friends & Family Test - Inpatients (August 18 - Trust v National %)	95.72%	98.75%	↓
R	Friends & Family Test - Emergency Department (August 18 - Trust v National %)	87.69%	84.36%	↑

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

Workforce

RAG	Indicator	Target	Performance September	Trend v Previous Month
R	Staff Retention/Turnover	<9.3%	9.70%	↓
G	Staff Sickness	<3.9%	3.45%	↓
R	Staff Vacancies	<5.0%	5.42%	↓
R	Staff WTE in post (<0.5% from Plan)	7293	7350	↑
R	Staff Appraisals - AFC Staff	85%	82.90%	↓
R	Staff Appraisals - Consultant and SAS Doctors	90%	89.10%	↓
G	Statutory/Mandatory Training	85%	91.30%	→
R	Temporary Staff/Bank/Overtime costs (Medical YTD)	£6.0m	£7.8m	-
G	Staff: Friends & Family Test - Place of Work (Q1 1819 v National)	66%	69%	↑
G	Staff: Friends & Family Test - Place of Care (Q1 1819 v National)	81%	82%	↑

Category	No. of Risks Rated 15 and above
Corporate Staffing Risks	5
Corporate Clinical Risks	1

Performance

RAG	Indicator	Target	STF Trajectory	Performance September	Trend v Previous Month
G	18 Weeks Referral To Treatment	92%	80.00%	81.60%	→
R	52 Week Referral To Treatment Breaches	0	1	21	↑
R	Diagnostic Waits: 6+ Week Breaches (<1%)	<1%	-	7.01%	↓
G	Emergency Department: 4 Hour Wait Standard (95%)	95%	88.7%	90.10%	↑
R	Cancer: ADJUSTED 62 Days Referral To Treatment (August Data)	85%	78.10%	70.30%	↓
G	Length of Stay	<5.2	-	5	↑
R	Clearance Times	12 weeks	-	14.1	↓
R	Waiting List Size	52,045	52,045	56,050	↓
G	Available Clinic Slot Utilisation	80%	-	90.10%	↑
R	Theatre Utilisation	90%	-	85.70%	↑
R	E-Referrals - GP Engagement	100% by October 2018	-	98.4%	↑
R	Appointment Slot Issues	35% (TBC)	-	42.60%	↓

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

Finance

RAG	Indicator	Target	Performance September	Trend v Previous Month
G	Capital Expenditure	5.2	3.7	↑
R	Statement of Comprehensive Income Plan - Year to Date	-1.229	-1.795	-
G	CRES Achievement Against Plan	£5.7m	£5.8m	-
R	Invoices paid within target - Non NHS	95%	92%	↑
R	Invoices paid within target - NHS	95%	65%	↑
R	Risk Rating	3	3	→

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

Hull and East Yorkshire Hospitals NHS Trust

Trust Board

13 November 2018

Title:	Trust Name Change – Draft Established Amendment Order
Responsible Director:	Chief Executive – Chris Long (presented by Lee Bond)
Author:	Director of Corporate Affairs - Carla Ramsay

Purpose:	To present the draft Establishment Amendment Order to the Trust Board to agreement.	
BAF Risk:	BAF 2 – 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	
Summary Key of Issues:	The Department of Health and Social Care has forwarded the draft Establishment Amendment Order, through which the Trust would change its name to *Hull University Teaching Hospitals NHS Trust.* This is the new organisational name agreed by the Trust Board. The only other change brought about by the Establishment Amendment Order is that one of the Non-Executive Directors in future will be appointed by the University of Hull. This is standard practice for University NHS Trusts. The effective date of this Establishment Amendment order will be 1 February 2019.	

Recommendation:	The Trust Board is recommended to accept this Establishment Amendment Order to affect the planned name change of the Trust on 1 February 2019

S T A T U T O R Y I N S T R U M E N T S

2018 No.

NATIONAL HEALTH SERVICE,

Hull and East Yorkshire Hospitals National Health Service Trust (Establishment) (Amendment) Order 2018

Made - - - -	***
Coming into force - -	***

The Secretary of State for Health and Social Care makes the following Order in exercise of the powers conferred by sections 25(1), 272(7)(a) and (8)(a) of the National Health Service Act 2006(**a**).

In accordance with section 25(3) of that Act, the consultation prescribed in regulations(**b**) made under that section has been completed.

Citation, commencement and interpretation

1.—(1) This Order may be cited as the Hull and East Yorkshire Hospitals National Health Service Trust (Establishment) (Amendment) Order 2018 and comes into force on [***] 2018.

(2) In this Order, "the Establishment Order" means the Hull and East Yorkshire Hospitals National Health Service Trust (Establishment) Order 1999(**c**).

Change to interpretation provision

2. In Article 1(2) of the Establishment Order (interpretation), omit the definition of "the Act".

Change of name and savings

3.—(1) In article 1(2) of the Establishment Order, in the definition of "the trust", for "and East Yorkshire" substitute "University Teaching".

(2) In article 2 of the Establishment Order (establishment and name of trust), for "and East Yorkshire" substitute "University Teaching".

(3) The change of name effected by paragraphs (1) and (2) does not—

(a) affect any right or obligation of any person; or

(b) invalidate any instrument (whether made before, on or after the day on which this Order comes into force) which refers to the Hull and East Yorkshire Hospitals National Health Service Trust, and all instruments or other documents which refer to that name must be

(**a**) 2006 c.41 ("the 2006 Act"). Section 179(2) of the Health and Social Care Act 2012 (c.7) provides for the repeal of section 25 of the 2006 Act but this provision is not yet in force.

(**b**) S.I. 2010/743, to which there are amendments not relevant to this Order. The prescribed consultation under regulation 2(2) of S.I. 2010/743 is, before making an order under section 25(1) of the 2006 Act in relation to an NHS trust, consultation by the Secretary of State with that NHS trust.

(**c**) S.I. 1999/2675

construed as referring to the Hull University Teaching Hospitals National Health Service Trust.

Change to nature and functions of the trust

4. For article 3 of the Establishment Order (nature and functions of the trust) substitute—

"**3.** The trust's functions are to provide goods and services, namely hospital accommodation and services and community health services, for the purposes of the health service"

Change of requirement relating to director

5. For article 4 of the Establishment Order (directors of the trust) substitute—

"**4.**—(1) The trust must have, in addition to the chairman, 5 executive directors and 6 non-executive directors.

(2) Since the trust is to be regarded as having a significant teaching commitment, one of the non-executive directors must be appointed from the University of Hull."

Removal of specification of operational date

6.—(1) In the heading of article 5 of the Establishment Order, for "Operational date and accounting" substitute "Accounting".

(2) Omit article 5(1) of the Establishment Order.

Revocation of expired provisions

7. Article 6 of the Establishment Order (restriction on disposal of assets) is revoked.

Signed by the authority of the Secretary of State for Health and Social Care.

Name
Minister of State,
Date Department of Health and Social Care

EXPLANATORY NOTE

(This note is not part of the Order)

This Order amends the Hull and East Yorkshire Hospitals National Health Service Trust (Establishment) Order 1999, which established the Hull and East Yorkshire Hospitals National Health Service Trust ("the trust").

Article 3 changes the name of the trust to the Hull University Teaching Hospitals National Health Service Trust.

Article 4 sets out the nature and functions of the trust as being to provide hospital accommodation and services and community health services.

Article 5 requires one of the non-executive directors of the trust to be appointed from the University of Hull.

Article 6 omits the specification of the trust's "operational date" as it ceases to be relevant.

Article 7 revokes articles 6 of the Hull and East Yorkshire Hospitals National Health Service Trust (Establishment) Order 1999 as it is no longer relevant.

A full impact assessment has not been produced for this instrument as it has no effect on private sector or civil society organisations, and no significant effect on the public sector.

Hull and East Yorkshire Hospitals NHS Trust

Trust Board

Tuesday 13 November 2018

Title:	Board Assurance Framework
Responsible Director:	Carla Ramsay – Director of Corporate Affairs
Author:	Carla Ramsay – Director of Corporate Affairs

Purpose:	The purpose of this report is to present the 2018-19 Board Assurance Framework, to highlight any positive assurance or areas requiring further assurance and to raise any specific points of feedback from the Trust Board's committees.	
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	✓
Summary of Key Issues:	The Trust Board has held detailed discussions on most BAF risk areas year to date, including those with the highest risk ratings. At Q2, the risk ratings were agreed by the Trust Board per the version of the BAF attached. During this financial year, BAF 2: Staffing was increased following discussion at the July 2018 Board meeting from a rating of 16 to 20. All other risk ratings have remained the same year to date. The process by which the BAF is used by the Trust Board to inform the Board's meeting agenda has changed during 2018-19, and is used more pro-actively to lead discussion areas at public Trust Board meetings. As an early flag, the Performance and Finance Committee at its October 2018 reviewed BAF 7.2 relating to capital funding in 2017-18 and BAF 4 relating to the ability of the Trust to meet waiting time targets; the Committee may recommend an increase in BAF 4's risk rating at the end of Q3 respectively.	

Recommendation:	The Trust Board is asked to review the current risk areas on the Board Assurance Framework and determine whether: • There are any particular gaps in assurance requiring further review by the Trust Board • There is positive assurance from the Board's discussions to add to the BAF

Hull and East Yorkshire Hospitals NHS Trust

Trust Board November 2018

1. Purpose of this report

The purpose of this report is to present the 2018-19 Board Assurance Framework, to highlight any positive assurance or areas requiring further assurance and to raise any specific points of feedback from the Trust Board's committees.

2. Background

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

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

The Board spent time at its development session in May 2018 on the use of the Board Assurance Framework and determined that Board discussions should be framed more around the Trust's strategic objectives and risks to their achievement. How this is enacted in practice is described below.

Page 1 of the Board Assurance Framework now consists of a visual to group the strategic risks in to 5 domains. This can help as an aide-memoire as to where a discussion 'fits' in terms of strategic discussion. The BAF can be populated through discussions framed around risks and assurance to the strategic objectives.

3. Board Assurance Framework (BAF) 2018-19

At the Trust Board in July 2018, the Board discussed four of the BAF risks with the highest risk ratings in Q1:
BAF 2 – staffing. Q1 risk rating = 15, increased to 20
BAF 4 – performance. Q1 risk rating = 16
BAF 6 – STP and partnership working = 16, review again in 3 months' time
BAF 7.1 – achievement of financial plan = 20

At the Trust Board in September 2018, the Board discussed two further BAF risk areas:
BAF 1 – Staff engagement and organisational culture = 12
BAF 3 – Quality of patient care = 9

At today's Board meeting, the Trust Board will discuss:
BAF 6 – Partnership working = 16
BAF 7.2 – Capital funding 2017-18 = 20

Through these detailed discussions, the Board increased the risk rating of BAF 2 – staffing and agreed to increase the risk rating to 20. The Board recognised the work already in place and ongoing and agreed that this would be reviewed with a view of reducing it providing the Board were assured that actions in place mitigated the risk satisfactorily.

The other risk ratings were unchanged for Q2. In respect of BAF 7.1, the Board agreed to leave the risk rating at 20 but there was concern around the end-of-year loading to achieve

the CRES. The Performance and Finance Committee is to keep monitoring the situation and escalate any emerging issues.

As an early flag, the Performance and Finance Committee at its October 2018 reviewed BAF 7.2 relating to capital funding in 2017-18 and this is on today's agenda for more detailed discussion. The Performance and Finance Committee may recommend an increase in risk rating in Quarter 3 for BAF 4 relating to local services and the ability of the Trust to meet waiting time targets from a rating of 16 to 20 (increase in likelihood); an extraordinary Performance and Finance Committee meeting is being considered to focus on 18-week RTT and its related issues, to bring a Board-level discussion on the Trust's ability to manage its waiting list.

All BAF risk areas have been reviewed and positive assurance, gaps in assurance and control measures have been updated, per the version of the BAF attached. The Board has met three times and the Performance and Finance and Quality Committees six times this financial year. There are no other particular areas of risk or assurance that have been escalated during this time other than the notes above. There are some particular pressure points that will need active monitoring by Board Committees, particularly capital and infrastructure, and making quality improvements and a safety culture, as well as a long-term staffing plan. These will form Board and Committee discussions during the year.

The updated Corporate Risk Register is reviewed monthly by the Executive Management Committee at operational level. There are currently 21 risks on the corporate risk register. Of these 21 risks, all map to risk areas on the BAF, as follows:

BAF 1 staff culture = 0 corporate risks
BAF 2 sufficient staff = 7 corporate risks
BAF 3 quality of care = 5 corporate risks (will increase by one new risk)
BAF 4 performance = 4 corporate risks
BAF 5 specialist services = 0 corporate risks
BAF 6 partnership working = 0 corporate risks
BAF 7.1 financial plan= 0 corporate risks (reduction of 2 risks)
BAF 7.2 infrastructure = 5 corporate risks

Mapping corporate risks helps to show the link between operational and strategic risk; if the number of corporate risks in a particular BAF area increases, it could indicate that strategic issues are starting to have an operational effect on patients and staff; like, the number of corporate risks in a BAF area suggests that there are already operational effects from a strategic issue and increases can be indicative of a risk escalating.

The number of corporate risks relating to the financial plan achievement has reduced by 2, following a review by the two HG raising risks before on achievement of the financial plan for this financial year (both risks related to achievement of last year's plan). In August 2018, the Executive Management Team agreed a new corporate risk relating to the ReSPECT process (patients expressing their care preferences and do not resuscitate status). This risk has been drawn up for EMC approval and will map to BAF 3.

The number of infrastructure risks (BAF 7.2) has risen from 1 to 5 in the last 12 months.

The number of staffing risks if the highest level corporate risk and is also the highest-rated BAF risk. The number of staff corporate risks has increased by 3 since the start of 2018-19. business.

4. Recommendations

The Trust Board is asked to review the current risk areas on the Board

Assurance Framework and determine whether:

- There are any particular gaps in assurance requiring further review by the Trust Board
- There is positive assurance from the Board's discussions to add to the BAF

Carla Ramsay
Director of Corporate Affairs

November 2018

PEOPLE
Honest, caring and accountable culture
Valued, skilled and sufficient staff

Strategic risks:
Staff do not come on the journey of improvement – seen in staff engagement and staff FFT scores

Work on medical engagement and leadership fails to increase staff engagement and satisfaction

Lack of affordable five-year plan for 'sufficient' and 'skilled' staff

FINANCE
Financial sustainability

Strategic risks:
Failure to deliver 2018-19 financial plan and associated increase in regulatory attention

That the Trust is not able to formulate and implement a three-year financial recovery plan to leads to financial sustainability, and that this failure impacts negatively on patient care

PATIENTS
High quality care
Great local services
Great specialist services

Strategic risks:
Failure to continuously improve quality
Failure to embed a safety culture
Failure to address waiting time standards and deliver required trajectories – increased risk of patient harm and poorer patient and staff experience

INFRASTRUCTURE
High quality care
Financial sustainability

Strategic risks:
Growing risk of failure of critical infrastructure (buildings, IT, equipment) that threatens service resilience and/or viability

Lack of sufficient capital and revenue funds for investment to match growth, wear and tear, to support service reconfiguration, to replace equipment

Linked to three-year financial recovery plan – risk that capital requirements cannot be met and pose an increased risk to financial recovery

PARTNERS
Partnership and integrated services

Strategic risks:
Risks posed by changes in population base for services
Lack of pace in acute service/pathway reviews and agreement on partnership working
Risk of lack of credible and effective STP plans to improve services in the local area within the resources available, and a lack of influence by the Trust in these plans
STP rated in lowest quartile by regulator

BOARD ASSURANCE FRAMEWORK 2018-19 AS PRESENTED TO THE NOVEMBER 2018 TRUST BOARD AND BOARD COMMITTEES

GOAL 1 – HONEST, CARING AND ACCOUNTABLE CULTURE

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2018/19 risk ratings				Target risk rating (Imp x likelihood)	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
1	Chief Executive	*Principal Risk*: There is a risk that staff engagement does not continue to improve The Trust has set a target to increase its engagement score to 3.88 by the 2018 staff survey There is a risk that the Trust fails to embed a safety culture *What could prevent the Trust from achieving this goal?* Risk that staff do not continue to support the Trust's open and honest reporting culture Failure to act on new issues and themes from the quarterly staff barometer survey would risk achievement Risk that some staff continue not to engage Risk that some staff do not acknowledge their role in valuing their colleagues	None	**4 (impact)** **3 (likelihood)** **= 12**	Staff Survey Working Group overseeing staff survey action plan Focus on enablers to improve staff culture (appraisals, errors and incident reporting, etc), Equality and Diversity, Job satisfaction and health and well-being, Medical engagement and accountability, and specific staffing groups less engaged than others Staff Survey action plan linked to key aims of People Strategy – annual reporting to Trust Board on progress Engagement of Unions via JNCC and LNC on staff survey action plan Chief Executive cultural briefings in 2018 on management behaviours and 'stop the line' Board Development Plan includes development of unitary board and leaders by example Leadership Development Programme commenced April 2017 to develop managers to become leaders able to engage, develop and	Action to address identified areas of poor behaviours, as determined by consistently low staff engagements scores Continuous examples and feed back to staff as to how speaking up makes a difference	**12**	**12**			**4 x 1 = 4**	**<u>Positive assurance</u>** Positive receipt by clinicians of the Never Event session – to follow up Detailed discussion at September 2018 on staff culture and the People Strategy – positive assurance about continued progress on workforce, including increases in engagement score and workstreams underpinning the People Strategy to continuously improve staff engagement. **<u>Further assurance required</u>** Recent staff engagement score shows some slowing of progress – whilst the score is on an upward trend, there are concerns about continued progress

		Risk that some staff or putting patient safety first			inspire staff Integrated approach to Quality Improvement Trust acknowledged by commissioners and regulator to be open and honest regarding patient safety and staffing numbers Regular reports to the Trust Board on the People Strategy						

Risk Appetite

The Trust has been managing and mitigating the level of risk posed by staff culture since 2014, and has been on a journey of improvement on staff engagement. There needs to be a renewed focus on staff culture to bring about a new level of improvement. The appetite for risk is high, insofar as the Trust has worked in a high-risk environment regarding staff culture, which has been mitigated over time as a result of acknowledging the poor staff culture in 2014 and putting a robust plan in place to engage with staff ever since. The Trust wants to mitigate this to a lower-level risk in respect of the impact that poor engagement and poor behaviours have; the Trust is not prepared to take risks with staff culture where this jeopardises patient care or staff welfare.

GOAL 2 – VALUED, SKILLED AND SUFFICIENT STAFF

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2018/19 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 2	Director of Workforce and Organisational Development Support from Chief Medical Officer and Chief Nurse	*Principal risk:* Staff do not come on the journey of improvement – seen in staff engagement and staff FFT scores Work on medical engagement and leadership fails to increase staff engagement and satisfaction Lack of affordable five-year plan for 'sufficient' and 'skilled' staff *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 on turnover, exit interviews, etc, to inform retention plans	F&WHG: anaesthetic cover for under-two's out of hours SHG: registered nurse, OPD vacancies Cancer and Clinical Support HG: junior doctor levels in Queen's Centre Medicine HG: Risk that patient experience is compromised due to an Inability to recruit and retain sufficient nursing staff across the HG F&WHG – inability to access dietetic review of paediatric patients – staffing Medicine HG: multiple junior doctor vacancies F&WHG: Shortage of Breast pathologists	**5 (impact)** **3 (likelihood)** **= 15**	People Strategy 2016-18 in place Workforce Transformation Committee – introduction of new roles to support the workforce and reduce risk of recurrent gaps in recruitment, including Associate Nurses, apprentices (including nursing); Advanced Clinical Practitioners and Physicians Associates being deployed and recruited to cover Junior Doctor and nursing roles, in addition the Trust has introduced new roles such as Recreational Assistances and Progress Chasers, to help manage workload and improve patient flow and experience Increased resources in to recruitment: Overseas recruitment and University recruitment plans in 18-19; Remarkable People, Extraordinary Place campaign – targeted recruitment to specific staff groups/roles Golden Hearts – annual awards and monthly Moments of Magic – valued staff Health Group Workforce Plans in place to account at	Need clarity as to what 'skilled' staffing looks like and how this is measured: 1) measured in terms of having capacity to deliver a safe service per contracted levels 2) measured in terms of skills across a safe and high quality service 3) measured in terms of staff permanently employed with an associated reduction in agency spend and variable pay costs	**15**	**20**			5 x 2 = 10	**<u>Positive assurance</u>** New roles being put in place and supported by the Trust in 18-19 including Physicians Associates, further ACPs, nursing apprenticeships Progress on recruitment during 18-19 with qualified nursing staff – recruitment from university graduates and international recruitment New programme being put in place with trainee doctors from Pakistan **<u>Further assurance required</u>** Variable pay spend predicted to continue during 18-19; some HGs already under some pressure even with re-set budgets Reviewed in detail at July 2018 Trust Board – risk rating increased, to be reviewed in September 2018 with a view to the risk rating coming back down after mitigating actions – reviewed at September 2018 and not yet to decrease. Nursing fill rates improved with new intake of graduate nurses but still not in better quartile.

					monthly performance management meetings on progress to attract and recruit suitable staff and reduce agency spend Improvement in environment and training to junior doctors so that the Trust is a destination of choice during and following completion of training Nursing safety brief several times daily to ensure safe staffing numbers on each day Employment of additional junior doctor staff to fill junior doctor gaps Regular reports to the Trust Board from the Guardian of Safe Working					

Risk Appetite

There is a link between patient safety and finances; the Trust draws a 'red line' as compromising quality of care and has part of the overspent position in 2017-18 was to maintain safety of services due to staffing shortfalls. The Trust needs to reduce the risk to its financial sustainability posed by quality and patient safety but without compromising the Trust's position on patient safety. The Trust is putting a plan in place to encompass new clinical training roles and build these in to workforce plans, so is demonstrating a good appetite to adapt and change to further mitigate this risk. The Trust will need to show some agility and willingness to invest as part of this risk appetite.

GOAL 3 – HIGH, QUALITY CARE

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2018/19 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 3	Chief Medical Officer Chief Nurse	*Principal risk*: There Is a risk that the Trust is not able to make progress in continuously improving the quality of patient care *What could prevent the Trust from achieving this goal?* That the Trust does not develop its learning culture That the Trust does not set out clear expectations on patient safety and quality improvement Lack of progress against Quality Improvement Plan That Quality Improvement Plan is not designed around moving to good and outstanding That the Trust is too insular to know what good or outstanding looks like That the Trust does not increase its public, patient and stakeholder	Corporate risk: management of consent policy and patient records MHG: Hyper Acute Stroke Unit capacity CCSHG: lack of compliance with blood transfusion competency assessments Corporate risk: risk of harm from tracking access issues CCSHG: Risk to patient safety involving discharge medicines	**3 (impact)** **3 (likelihood)** **= 9**	Setting expectations on a safety culture in the Trust – Never Event session to be followed up by Chief Executive briefings sessions and the 'Stop The Line' campaign Quality Improvement Plan (QIP) was updated in light of latest CQC report and has been further updated from the new CQC report published in Summer 2018 Trust has an integrated approach to quality improvement The Trust has put in place all requirements to date on Learning from Deaths The Trust regularly monitors quality and safety data to understand quality of care and where further response is required – Fundamental standards in nursing care on wards are being out to outpatients and theatres; will be monitored at the Trust Board and Quality Committee	Needs organisational ownership of the underlying issues within each team of the Trust; the CQC commented in Feb 17 that Trust has the right systems and processes in place but does not consistently comply or record compliance Always a feeling that more can be done to develop a learning and pro-active culture around safety and quality - to factor in to organisational development (links to BAF1)	**9**	**9**			3 x 2 = 6	**<u>Positive assurance</u>** Detailed understanding at Board development on next steps to reach good and outstanding – shared understanding with Board and EMC on the progress that is required; underscores ambition to be outstanding by 2021-22 **<u>Further assurance required</u>** CQC rating of 'requires improvement' – shows a lot of progress since last report but still work to do to progress to 'good' overall

		engagement, detailed in a strategy									

Risk Appetite

The Trust remains focussed on delivery of high quality services for its patients; the Trust does not want to compromise patient care and does not have an appetite to take risks with quality of care. The Trust acknowledges that the risk environment is increasing in relation to the Trust's financial position and ability to invest in services, and that the Trust has an underlying run-rate issue to address.

GOAL 4 – GREAT LOCAL SERVICES

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2018/19 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 4	Chief Operating Officer	*Principal risk:* There is a risk that the Trust does not meet 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. *What could prevent the Trust from achieving this goal?* For 18 weeks, the Trust needs to reduce its list size compared to the position at 31 March 2018; this will require targeted work by each specialty ED performance did improve following a period of intensive support and improvement focus but performance is affected by small differences/ issues each day that need further work In all waiting time areas, diagnostic capacity is a specific limiting factor of being able to reduce waiting times, reduce	Cancer and Clinical Support HG: risk of diagnostic capacity vs. continued increases in demand F&WHG: Delays in Ophthalmology follow-up service due to capacity F&WHG Capacity of intra-vitreal injection service MHG: crowding (space) in ED leading to inefficient patient flows and delays impacting 4 hour target	**4 (impact)** **4 (likelihood)** **= 16**	Trajectories set against sustainable waiting lists for each service, to move the Trust closer to 18-weeks incrementally Further improvement and embedding in ED as well as with wards and other services to improve patient flow and ownership of issues Capacity and demand work in cancer pathways	Management of individual waiting lists to make maximum impact – i.e. identified work to decreasing waiting times at front-end of non-admitted pathways for 18-week trajectories	**16**	**16**			4 x 2 = 8	**Positive assurance** **Further assurance required** Full suite of Performance targets not met in the first half of the year; variable performance month-to-month. Reviewed in detail at July 2018 Trust Board; detailed understanding of current actions and underlying issues. Specific services reviewed at September and October 2018 Performance and Finance Committee meetings in respect of RTT – extraordinary P&F Committee being considered to bring shared understanding and recommendation to the Trust Board on how to progress with RTT.

		backlogs and maintain sustainable list sizes; this is compounded by staffing and capital issues A focus on 62-day cancer targets has brought about improvements and a continued focus is required to make further gains										

Risk Appetite

A range of plans are being put in place to further manage these issues in to 2018-19. This will need further focus in 2018-19, including the completion of the work and investigation relating to the tracking access issue. The Trust wants to decrease waiting times as the particular concern in this is the anxiety and concern caused to patients having to wait. The Trust will need to consider how to make improvements in waiting times without compromising quality of care; this will need to fit in to the resource envelope of the Aligned Incentives Contract where the activity comes under the local commissioners' contracts, and fit within the funding from NHS England for specialised commissioning services. There is an appetite to take risks if this would improve quality of care and use resources more efficiently; this will require innovation as well as consideration of pathway change, some of which may need to be bigger schemes.

GOAL 5 – GREAT SPECIALIST SERVICES

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2018/19 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 5	Director of Strategy and Planning	*Principal risk:* There is a risk that reductions in the Trust's patient population for (some) of its specialist services may present sustainability challenges. *What could prevent the Trust from achieving this goal?* Actions relating to this risk may be taken by other organisations than the Trust and the Trust may struggle to influence these decisions, particularly in relation to patient populations beyond the Humber geography.	None	**3 (impact)** **4 (likelihood)** **= 12**	The Trust chairs the HCAV STP Hospital partnership Board The Trust has taken up key leadership roles in the reformed STP governance structure, so has 3 seats on the Executive group; digital lead (CEO), finance lead(CFO) and local maternity system lead (CMO) The Trust is a member of the Yorkshire and Humber Oversight Group for Specialised Commissioning	Ongoing discussions and evolution of the STP and also its links to local health economy programmes of work	**12**	**12**			4 x 2 = 8	**Positive assurance** Engagement work with acute partners in the STP – active participation in 2 x acute services reviews Positive relationship with NHS England as commissioner of specialised services **Further assurance required** Role and pace of change achievable through STP

Risk Appetite

The Trust may need to take some risks in order to secure the correct strategic positioning; however, this would not be to compromise the Trust's strategy or delivery to patients; this area if an emerging picture and the Trust is positioned to play a key role in STP developments and the way in which this delivers better quality care across the local health economy

GOAL 6 – PARTNERSHIP AND INTEGRATED SERVICES

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2018/19 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 6	Director of Strategy and Planning	Principal risk: That the 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. What could prevent the Trust from achieving this goal? The Trust being enabled, and taking the opportunities to lead as a system partner in the STP The effectiveness of STP delivery, of which the Trust is one part	None	**4 (impact)** **4 (likelihood)** **= 16**	The Trust has taken up key leadership roles in the reformed STP governance structure, so has 3 seats on the Executive group; digital lead (CEO), finance lead(CFO) and local maternity system lead (CMO) The Trust is playing a key role in the Humber Acute Review (CEO and DOSP) The Trust is playing a key role in the STP workforce workstream (DOWOD) The Trust has a seat on the Hull Place Board (CEO) The Trust is participating in the East Riding Place Based initiatives The Trust has a partnership meeting with CHCP		**16**	**16**			4 x 2 = 8	**Positive assurance** **Further assurance required** Reviewed in detail at July 2018 Trust Board; detailed understanding of current position and actions being taken – gap in assurance on scale and pace of change/partnership development

Risk Appetite

The Trust may need to take some risks in order to secure the correct strategic positioning; however, this would not be to compromise the Trust's strategy or delivery to patients; this area if an emerging picture and the Trust is positioned to play a key role in STP developments and the way in which this delivers better quality care across the local health economy

GOAL7 – FINANCIAL SUSTAINABILITY

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2018/19 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 7.1	Chief Financial Officer	*Principal risk:* There is a risk that the Trust does not achieve its financial plan for 2018-19 *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	None	**5 (impact)** **4 (likelihood)** **= 20**	Health Group budgets revisited for 2018-19 and right-sized, depending on activity requirements and underlying recurrent pressures. Theoretically, the risk is now centred on CRES. Weekly Productivity and Efficiency Board (PEB) in place; outputs monitored by Performance and Finance Committee HG held to account on financial and performance delivery at monthly Performance reviews; HGs hold own performance meetings Use of NHSI benchmarking and Carter metrics to determine further CRES opportunities Year 2 of Aligned Incentives Contract with local commissioners; consistent approach to income Investment in staffing shortfalls and recruitment to drive reductions in variable pay Will start discussions with CCG colleagues on system solutions Discussions with NHSI over control total re:	Assurance over grip and control of cost base; underlying run-rates increasing pressures Managing concerns around senior doctor availability and the limited ability of the Trust to control this national position	**20**	**20**			5 x 3 = 15	**Positive assurance** Financial position to month 6 in line with plan **Further assurance required** Reviewed in detail at July 2018 Trust Board and further review at month 6 identifies issues that require solutions, including gaps in achievement of financial plan through: non-development of SPV this year (£2.9m), CNST premium (£0.5m), Hep C CQUIN (£0.6m) and health group forecasts

					SPV						

Risk Appetite

The Trust is willing to review any CRES proposal and has a robust Quality Impact Assessment in place to understand any change posed to quality and safety as a result of a new CRES scheme. The Trust will not put in significant CRES schemes that would compromise patient safety. The aim of any CRES scheme is to maintain or ideally improve quality.

GOAL7 – FINANCIAL SUSTAINABILITY

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2018/19 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 7.2	Chief Financial Officer	*Principal risk:* There is a risk of failure of critical infrastructure (buildings, IT, equipment) that threatens service resilience and/or viability *What could prevent the Trust from achieving this goal?* Lack of sufficient capital and revenue funds for investment to match growth, wear and tear, to support service reconfiguration, to replace equipment	Corporate risk: Telephony resilience Corporate risk: IM&T infrastructure resilience Corporate risk: switchboard resilience Corporate risk: risk of Fire Safety Prohibition Notice Corporate risk: cyber-security	**5 (impact)** **4 (likelihood)** **= 20**	Risk assessed as part of the capital programme Comprehensive maintenance programme in place and backlog maintenance requirements being updated Ability of Capital Resource Allocation Committee to divert funds Service-level business continuity plans Equipment Management Group in place with delegated budget from Capital Resource Allocation Committee to manage equipment replacement and equipment failure requirements – managing critical and urgent equipment replacement in 18-19 Remedial fire works undertaken in the short-term – also secured £4.9m capital funding for works Applied for £2.6m emergency capital Applied to convert £3.7m bonus PSF received in 2017-18 to capital	Insufficient funds to manage the totality of risk at the current time Programme enables the Trust to run on a day-to-day basis but is not addressing the root causes sufficiently, such as fire safety – the level of risk increases as the Trust manages 'as is'	**20**	**20**			5 x 2 = 10	**<u>Positive assurance</u>** No major issues so far this financial year – tightly managed capital position and no new issues to overcome **<u>Further assurance required</u>** Need response to funding applications Lack of headroom to manage further system problems, e.g. unexpected equipment failure

Risk Appetite

The Trust is balancing a number of risks in relation to capital; the amount of capital available to the Trust is very limited compared with the calls on capital that the Trust has quantified –i.e. backlog maintenance, equipment replacement, capital development requirements for safe patient environments, quality of sanitary accommodation; the longer the Trust manages its estates as it is, the increase of non-compliance risks with regulatory requirements

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

TRUST BOARD

DATE 13 November 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 wide range of actions to address this risk, focussing in 3 key areas: the Humber Coast and Vale Health and Care Partnership, acute services sustainability and supporting the development of the Hull and East Riding Place Based Programmes and provider collaboration. In the last quarter, we have seen positive progress in the following areas: • The strategy for the HCAV HCP to progress to an ICS • Agreement to establish an ICP locally on the Hull and East Riding footprint • Joint projects established with Hull and East Riding GPs • Improved focus in the HASR and an agreed timeline.	
Recommendation:	1. That the risk score for Goal 6, partnership and integrated services, is changed to 3 likelihood x 4 impact = 12 (reduced from likelihood 4 x impact 4=16), based progress outlined in the paper. 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 Health and Care Partnership
- The Humber Acute Services Review
- The Hull and East Riding Place Based Programmes and provider collaboration
- The Scarborough Acute Services Review
- Development of a Paediatric Surgery Operational Delivery Network

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 Q3 2018/19 risk rating.

2 The Humber, Coast and Vale Health and Care Partnership (HCAV HCP)

The key development in the HCAV HCP in the last 3 months is the decision to progress the development of an Integrated Care System (ICS) on the Partnership footprint, supported by 3 or 4 locality based Integrated Care Partnerships (ICPs).

As reported in the last paper relating to this BAF risk, 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. Wave 2 of the ICS sites in England was announced in May 2018 and a 3rd wave was expected to be during this year. Depending on the timing of any announcement the aim is to submit an application to be part of this next wave.

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.

In relation to the Integrated Care Partnerships, it has been concluded that one of these should be for the Hull and East Riding geography combined.

3 Hull and East Riding based partnership developments

A detailed summary of these plans and programmes was provided in the last report and they remain relevant. In the last 3 months, the following developments have occurred:

As a first step towards establishing the Hull and East Riding ICP, the CEOs of City Healthcare Partnership, Humber Foundation NHS Trust and this Trust have issued a letter of intent which sets out a commitment to work together, with other health and care partners in the patch, to form into an Integrated Care Partnership. A Board has been established to further this work, with the first meeting scheduled for 10 December.

The partners for this proto-ICP have already determined that improving the integration and sustainability of community paediatrics is the top priority. To this end a workshop took place on 19 October and an early win agreed was to have a fully integrated medical workforce across community and acute paediatrics, hosted by this Trust.

As part of the work being led by Dr Patmore to strengthen links between the Trust clinicians and the 5 GP groups in Hull, visits have taken place by HEY to each of the 5 groups and a 'Building Bridges' workshop is scheduled for 9 November.

In Hull, the Integrated Care Centre Steering Group is developing of integrated Congestive Obstructive Pulmonary Disease and Parkinson Disease pathways, based in the Centre, and HEY teams are closely involved in this work.

In East Riding, the Holderness Primary Care Home Project has launched, with 7 system partners participating. This project has chosen Diabetes prevention and care as its focus and again, HEY clinicians and managers are working closely in the development of these plans.

Finally, we have held an Executive to Executive meeting with Hull Clinical Commissioning Group and also a Board to Board with East Riding Clinical Commissioning Group.

4 The Humber Acute Services Review (HASR)

Progress since the last report:

The plan for the integrated Haematology Service is fully developed and currently passing through the NHSE assurance process for service change. It is anticipated that, following this, the changes will be implemented before the end of the calendar year.

Within Northern Lincolnshire and Goole Foundation NHS Trust, they are in the process of finalising their proposed 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.

Engagement and service review work has commenced in the six specialties that have

been identified as a priority for collaboration across the Humber geography, with a timeline that looks to have any proposals for new ways of working and/or service configuration, fully worked up, ready for any formal public consultation, by the end of March 2019. There is of course patient and public involvement in the development of these proposals prior to that stage.

The six specialties are: Oncology, Cardiology, Stroke, Neurology, Specialist Rehabilitation and Critical Care.

Wider engagement that just the Humber partners is taking place as appropriate, for example in Critical Care, Specialist Rehabilitation and on elements of Oncology and Cardiology.

5 The Scarborough Acute Services Review

This review is aiming to develop clinical models for the long term sustainability of acute services in Scarborough. The hospital services are challenged by a number of workforce shortages. HEY has been invited to participate in this review as a key partner and provider of services on the Scarborough site. Travel time mapping indicates that HEY hospitals are the next nearest site for 30% of the population currently services by Scarborough Hospital.

It is the intention to have some proposals to take forward by the end of December 2018.

6 Development of a Yorkshire and Humber Paediatric Surgery Operational Delivery Network (ODN)

Building on the work led by the Family and Women's Health Group to address the forecast long term sustainability issues in the Paediatric Surgery Service, the Trust is part of a successful bid to create a Yorkshire and Humber Paediatric Surgery ODN; one of only two in the country. This will involve working with Sheffield and Leeds Children's Hospitals and the Specialised Commissioners to develop collaborative solutions to the sustainability issues across the region.

***7* 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: the HCAV HCP, acute services sustainability and supporting

the development of the Hull and East Riding Place Based Programmes and provider collaboration.

In the last quarter, we have seen positive progress in the following areas:

- The strategy for the HCAV HCP to progress to an ICS
- Agreement to establish an ICP locally on the Hull and East Riding footprint
- Joint projects established with Hull and East Riding GPs
- Improved focus in the HASR and an agreed timeline.

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, is changed to 3 likelihood x 4 impact = 12 (reduced from likelihood 4 x impact 4=16), based progress outlined in the paper.
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

13 November 2018

Title:	BAF Risk 7.2 - Infrastructure
Responsible Director:	Lee Bond – Chief Financial Officer
Author:	Lee Bond – Chief Financial Officer

Purpose:	The purpose of the report is to update the Board on BAF risk 7.2 concerning the failure of capital infrastructure (buildings, IT, equipment) and the threat to service resilience and viability	
BAF Risk:	BAF 7.2	
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	✓
Summary Key of Issues:	In terms of the immediate risks posed by our critical infrastructure, Trust management are doing what they can to manage the risks. It is considered unlikely that we will have a failure of such magnitude in the latter half of the year that we will not be able to manage from the resources that we have available to us. However, it is also acknowledged that this risk is growing in terms of likelihood as the availability of funding becomes ever more restricted. At this point, whilst not ideal, the receipt of additional funding is helping manage these issues such that it is proposed that the risk rating be reduced to 12. (likelihood of 3 with a consequence of 4). The Board are asked to accept a reduction in the risk rating for the remainder of the financial year. The proposed rating would be 12. The Board are also asked to consider how best they can influence the debate at a national level concerning the existing NHS capital funding regime such that the issues we are facing are tackled on a more systematic and sustainable basis	

Recommendation:	The Board is asked to accept a reduction in the risk rating for the remainder of the financial year. The proposed rating would be 12.

Hull and East Yorkshire Hospitals NHS Trust

Tuesday 13th November 2018

Report to update the Board on BAF Risk 7.2

1. Background

The 2018/19 Board Assurance Framework (BAF) includes a specific risk relating to the failure of critical infrastructure within the Trust and the impact that could have on our ability to provide clinical services on a sustainable basis.

The Trust has a significant backlog maintenance burden associated with its asset base. In building and plant terms alone this is estimated at circa £60m.

In a commercial environment organisations are required to finance this type of investment from two sources: annual operating profits and depreciation budgets. This Trust has been making operating losses for a number of years now and as such the only cash available to finance the servicing of our asset infrastructure is via the depreciation budget, supplemented by ad-hoc loans and centrally (Department of Health) held allocations. Unfortunately this problem is compounded by the fact that the Trust has a number of significant loan repayment obligations which act as a pre commitment to the annual capital program. For 2019/20 it is anticipated that almost 50% of the available depreciation will be subsumed by existing loan obligations.

As a result of these factors the level of ''backlog'' facing the Trust is increasing and as such there is a growing risk that at we will see a material failure in our infrastructure which could have extremely significant consequences in the form of service provision. At the start of the year, this risk was graded at a potential score of 20 (probability of 4 and consequence of 5). This paper has been prepared to advise the Board of the work taken in year to manage this issue and to propose a revised risk rating for the remaining part of the year.

2. Management Action

Management action taken in year has revolved around a strategic, risk based, deployment of the capital program. The funding available to the Trust at the start of the year from internally generated funds totalled £9.46m, of this £1.8m was considered to be high risk as it was dependant on the Trust achieving a planned SOCI(revenue) surplus in 2018/19. The nett figure was therefore £7.66m. This has been supplemented with the receipt of £4.9m of monies related to fire improvement, £1.7m for a new Linear Accelerator, and will hopefully be bolstered by a further £3.6m in the next month or so. This latter allocation relates to the bonus sustainability funding (PSF) that the Trust received at the end of 2017/18 which we have applied to have converted to capital resource. If successful, that will bring the annual spend on backlog issues to approx £17.86m. The sum total of these monies is being deployed in managing the existing the entirety of the infrastructure risk. Principally these break down into three broad categories:-

i. Medical Equipment replacement. This issue is managed via a medical equipment group which works across the Health Groups to prioritise the Trusts most urgent areas of spend. The single biggest items of spend this year has been a replacement

MRI scanner with a value of just over £1.6m and a replacement Linear Accelerator costing £1.7m.

ii. Backlog Maintenance. There is a dedicated sum within the capital plan which will be used to manage the estate related issues (£3.2m). This is risk assessed and managed by the Director of EF&D and his teams. The Fire monies will be managed within this process to ensure that this risk is mitigated.

iii. IT replacement/development. A dedicated sum for IT system replacement exists. The main focus this year has been on the Cardiology system replacement, the deployment of the replacement Radiology system, and essential improvements to the core network infrastructure and further optimisation of the Lorenzo product. By the end of the financial year it is expected that the network at Castle Hill will have been completely renewed and upgraded as well as the first three floors and the overall server infrastructure for Hull Royal Infirmary.

Beyond this level, a further emergency capital application totalling a further £3.6m has also been submitted to the NHSI which, if successful, will bolster the equipment allocation with essential items of equipment which are urgently needed.

In addition to this a business case valued at circa £11m was been submitted to NHSI for the introduction of various energy management solutions. If successful this will also help mitigate the existing backlogs in these areas.

3. Current position and assessment of risk

The key risk in the immediate short term relates to urgent equipment replacements as a result of failure. Only this week a vital component in one of the Linear Accelerators failed which will cost £60k to replace. However, this risk is not confined to the cost of replacing items that have completely failed. we constantly live with equipment that is costing the organisation in terms of lost efficiency. At the November Capital Committee it was reported that the existing gamma Cameras are now operating at circa 30% capacity due to regular and sustained equipment downtime. Clearly this has a significant impact on our ability to push patients through their clinical pathways and causes considerable expense and inefficiency in terms of patients' treatment times. The cost of replacing our three cameras is estimated at just in excess of £4m.

Unfortunately the medical equipment allocation is fully committed this year and as such any failures on the remaining months of the financial year could be very problematic.

In order to mitigate this risk the £3.6m of funding (linked to the 17/18 bonus PSF) which we widely expect to receive has not been fully committed, and as such there is a small sum that remains available to cater for emergencies in the final two quarters.

It is considered unlikely that we will have a failure of such magnitude in the latter half of the year that we will not be able to manage from the resources that we have available to us. However, it is also acknowledged that this risk is growing in terms of likelihood as the availability of funding becomes ever more restricted.

5. Conclusion

In terms of the immediate risks posed by our critical infrastructure Trust management are doing what they can to manage the risks. At this point, whilst not ideal, the receipt of additional funding is helping manage these issues such that it is proposed that the risk rating be reduced to 12. (likelihood of 3 with a consequence of 4).

Clearly, as we move into 2019/20 this risk will have to be revisited as the available funding will diminish and as such the ability of the Trust to manage the entirety of the risk will also reduce.

6. Recommendation

The Board are asked to accept a reduction in the risk rating for the remainder of the financial year. The proposed rating would be 12.

The Board are also asked to consider how best they can influence the debate at a national level concerning the existing NHS capital funding regime such that the issues we are facing are tackled on a more systematic and sustainable basis

Lee Bond
Chief Financial Officer
8th November 2018

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
TRUST BOARD
13 NOVEMBER 2018

Title:	QUALITY REPORT NOVEMBER 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 • Safety Thermometer • Healthcare Associated Infections (HCAI) • Patient Experience Matters • Care Quality Commission • Learning from Deaths • Healthcare Safety Investigation Branch (HSIB) Maternity Investigations 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
NOVEMBER 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
- Safety Thermometer
- Healthcare Associated Infections (HCAI)
- Patient Experience Matters
- Care Quality Commission
- Learning from Deaths
- Healthcare Safety Investigation Branch (HSIB) Maternity Investigations

Areas of good practice are presented alongside those that require actions and improvement.

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
NOVEMBER 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
- Safety Thermometer
- Healthcare Associated Infections (HCAI)
- Patient Experience Matters
- Care Quality Commission
- Learning from Deaths
- Healthcare Safety Investigation Branch (HSIB) Maternity Investigations

Areas of good practice are presented alongside those that require actions and improvement.

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 September 2018 and October 2018, where possible. Any other known matters of relevance since then will be described, also.

2. PATIENT SAFETY

2.1 Never Events (NE) – W178482

The September 2018 Quality Report included information on a new Never Event in relation to 'Overdose of insulin due to abbreviations or incorrect device'. This was based on initial information, which indicated that there had been an overdose of insulin due to not using an insulin syringe [this is one of the very specific criterion required for this to be a Never vent]. On further investigation, it was identified that an insulin syringe was used, and that confusion arose related to a communication failure between the two staff members involved in administering the insulin. Whilst the patient was actually given a higher than required dose of insulin, the mistake was identified and corrected immediately. No apparent harm was caused to the patient and the incident was stepped down as both a Never Event and Serious Incident and is being treated as a standard incident. The two staff members involved have accepted their responsibilities for the error.

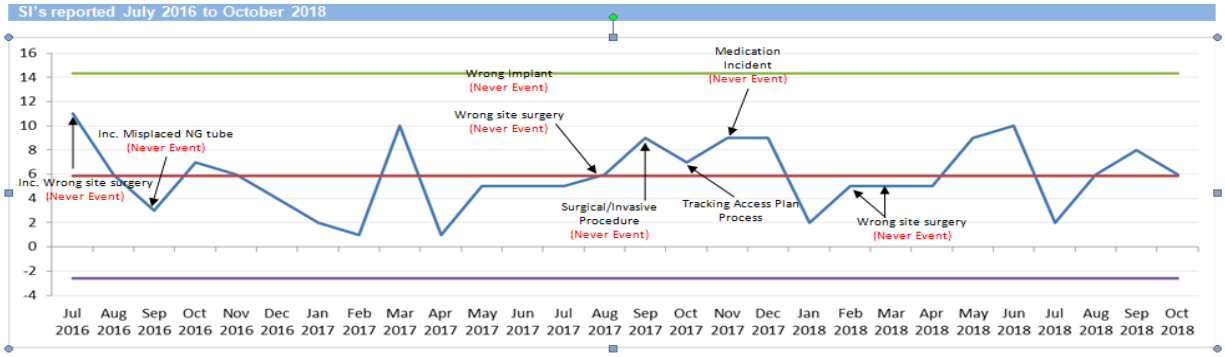
In response to this incident a corporate Quality & Safety Bulletin was issued. Also, the Trust was commended by each of its regulators and commissioners for the open and transparent dialogue and prompt reporting of this event in the first instance. As such, all stakeholders were in agreement to de-escalate this matter.

Work continues on the actions arising from the Never Events declared in 2017/18, and the Trust is finalising the arrangements for the ratification and introduction of the 'Stop the Line' policy.

2.2 Serious Incidents reporting rates

To date in 2018/19, the Trust has declared 46 Serious Incidents. The following graph shows the Serious Incident reporting rate, with Never Events highlighted specifically, and the Tracking Access Plan SI noted, also.

Graph 1: Serious Incident SPC chart



2.4 Serious Incidents declared in September and October 2018

The outcomes of all Serious Incident investigations are reported to the Trust Board's Quality Committee where more detailed discussions about each of them takes place.

A summary of the incidents declared during September and October is contained in the following tables and each of these is now under investigation. Anything of significance from them will be reported to the Quality Committee in due course and anything of undue concern will be escalated to the Trust Board as required.

The Trust declared 8 Serious Incidents in September 2018.

Table 1: Serious Incidents declared September 2018

Ref Number	Type of SI	Health Group
21571	Hospital acquired Pressure Ulcer	Surgery
21653	Treatment Delay – X-ray result not actioned	Medicine
21657	Treatment Delay – patient did not receive timely treatment	Medicine
21919	VTE – delay in treatment for DVT	Medicine
22249	Surgical/Invasive Procedure – incorrect lens inserted during eye surgery	Family &Women's
22824	Hospital acquired Pressure Ulcer	Surgery
22843	Environmental Incident – adverse effect of cleaning products on patients	Medicine
23064	Treatment Delay – patient did not receive timely treatment	Medicine

The Trust declared 6 Serious Incidents in October 2018.

Table 2: Serious Incidents declared October 2018

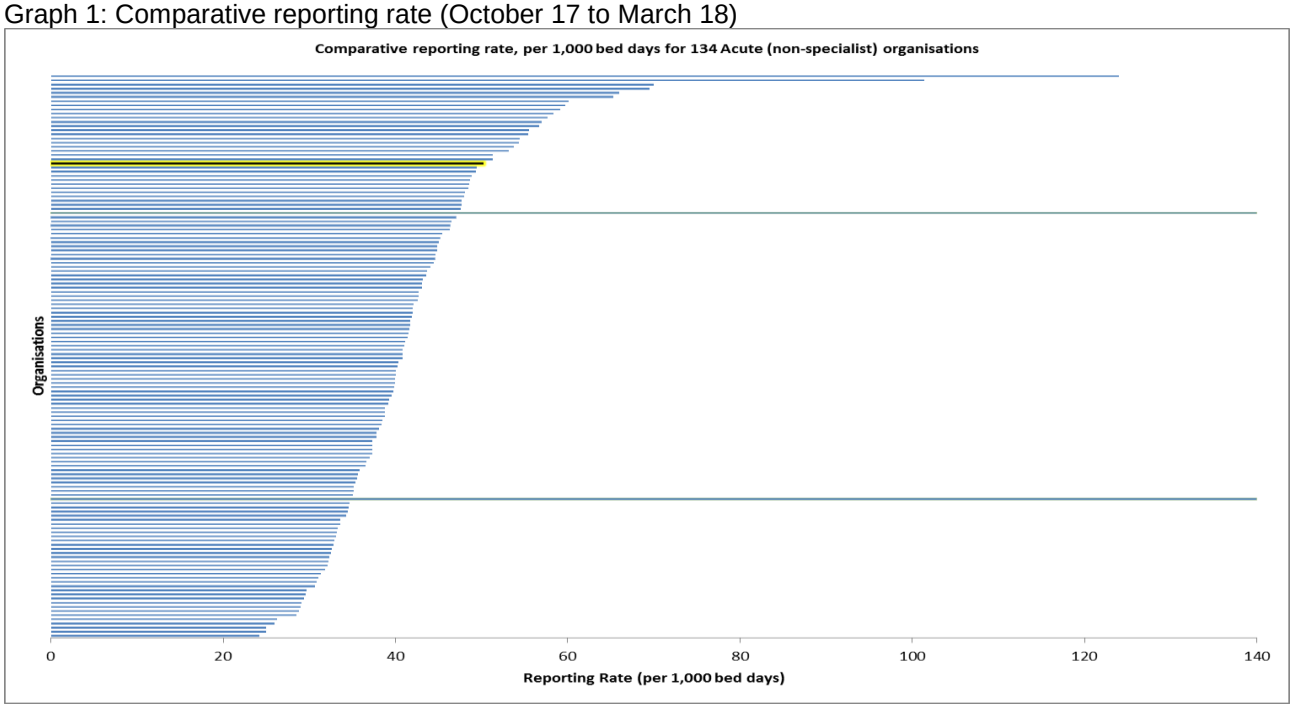
Ref Number	Type of SI	Health Group
24607	Maternity/Obstetric Incident – Twin pregnancy; twin 2 diagnosed with HIE	Family & Women's
25143	Sub-Optimal Care of the Deteriorating Patient – missed opportunities to post operatively identify and treat sepsis	Surgery
25148	Sub-Optimal Care of the Deteriorating Patient – missed opportunities to post operatively identify and treat sepsis	Surgery
25419	Treatment Delay – Patient did not receive timely blood transfusion	Medicine
25659	Treatment Delay – Patient was not referred for hysteroscopy in a timely manner	Clinical Support
26147	Maternity/Obstetric Incident – diabetic mother admitted to ICU with diabetic ketoacidosis	Family & Women's

2.5 National Reporting and Learning System (NRLS) Benchmarking Information

The latest NRLS report was received in September 2018. The report is produced every 6 months and the latest report provided details of incidents reported between 1st October 2017 and 31st March 2018.

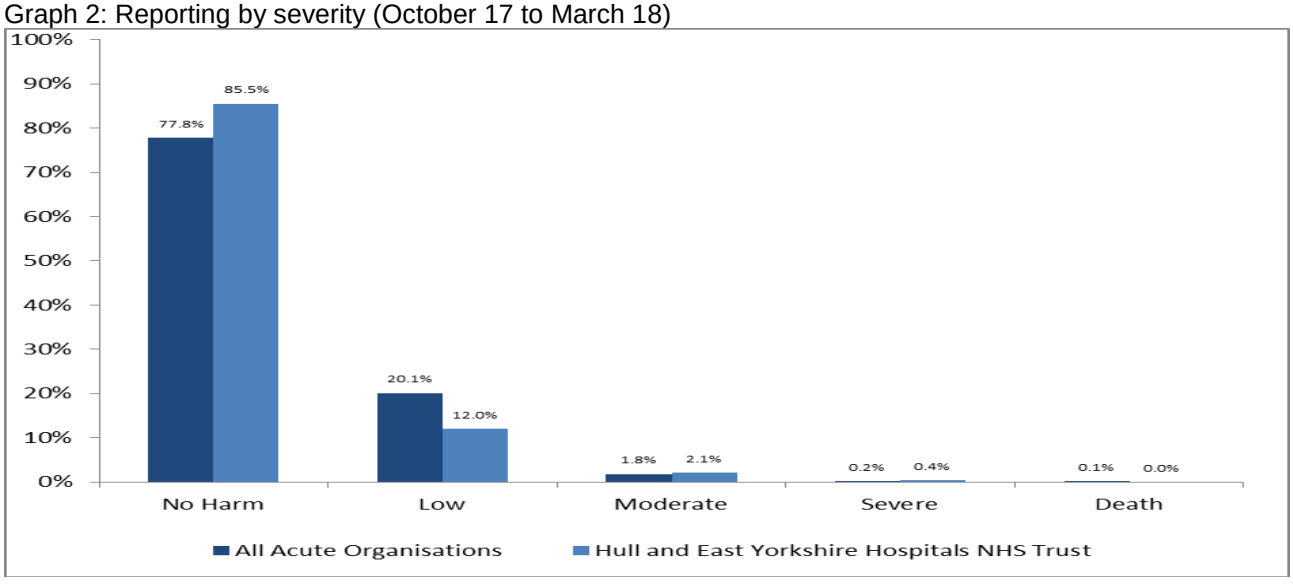
The median reporting rate for the cluster of Acute (non-specialist) organisations is 42.55 incidents per 1,000 bed days. This Trust reported 8,691 incidents in the reporting period, which equates to 51.29 incidents per 1,000 bed days. As shown as the highlighted green line on the chart below, the Trust is in the highest 25% of reporting organisations, which suggests the Trust has a positive reporting culture.

Graph 1: Comparative reporting rate (October 17 to March 18)



Graph 2 below gives positive assurance that the Trust is reporting the severity of incidents more or less in line with similar organisations (N.B. low and no harm categories tend to cancel one another out).

Graph 2: Reporting by severity (October 17 to March 18)



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 October 2018 are attached as **Appendix One**.

From the 898 in-patients surveyed on Friday 12th October, the results are as follows:

- **94.88%** of patients received 'harm free' care (none of the four harms either before coming into hospital or after coming into hospital)
- **2.0% [n=18]** 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 **98.0%.** This is positive overall performance against this indicator.
- VTE risk assessments reviewed on the day. Of the 898 patients, 66 did not require a VTE risk assessment. Of the remainder, 770/832 had a VTE risk assessment undertaken. This is **92.5**% compliance on the day. VTE incidence on the day of audit was **6** patients; **4** of which were with a pulmonary embolism and **2** were with a deep vein thrombosis.
- There were 7 new pressure ulcers on the census day, all at Grade 2. However, 27 patients had pre-hospital admission pressure ulcers (25 at Grade 2, 1 at Grade 3 and 1 at Grade 4). These have now been fed back to commissioners to manage. In addition, a health-economy wide group is now in place to look how best to manage and work to prevent the significant number of patients that come into hospital with pre-existing pressure damage. The Trust is a member of this group.
- There were **6** patient falls recorded within three days of the audit day, all of which resulted in No Harm.
- Patients with a catheter and a urinary tract infection were low in number at **7/169** patients with a catheter **(4.13%)**. 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 30th September 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)	19 (37% of threshold)
MRSA bacteraemia infections (post 48 hours)	Zero	**1 case reported October 5th 2018 (over threshold)**
MSSA bacteraemia	44	**33 (75% of threshold)**
Gram Negative Bacteraemia		
E.coli bacteraemia	73	**58 (79% 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*

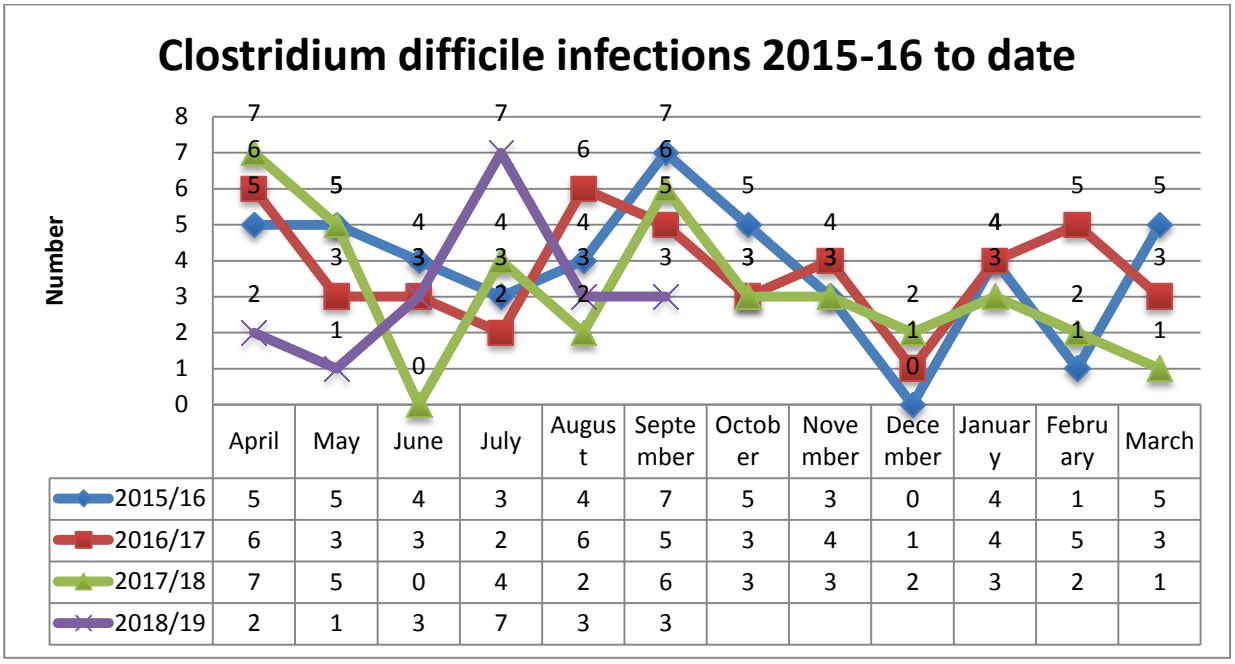
Clostridium difficile infection is a type of bacterial infection that can affect the digestive system. It most commonly affects people who have been treated with antibiotics. The symptoms of a *C.difficile* infection can range from mild to severe and include: diarrhoea, a high temperature (fever) and 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 onset 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 agreed locally with Commissioners.

At month six, the Trust reported 19 infections against an upper threshold of 52 (37% of threshold), which is positive performance. Three Trust onset *C. difficile* cases were reported during August 2018 and a further three during September 2018. From the 1st April 2018, a total of twelve cases are apportioned to the Medical Health Group, four to the Surgical Health Group and the remaining 3 to Clinical Support with no cases detected in the Families & Women's Health Group. Two further Trust reported cases relate to patients that have been detected previously with *C.difficile* infections that either prevail or have reoccurred. These are not required to be included in the numbers providing they are repeated on patients already known to be positive to this infection within the month of the original test. Anything beyond this timeframe counts as another/new case.

Antibiotic stewardship in the Trust continues to be managed very positively and this is scrutinised each month at the Infection Reduction Committee.

Organism	2018/19 Threshold	2018/19 Performance (Trust apportioned)	Lapses in practice / suboptimal practice cases
Post 72-hour *Clostridium difficile* infections	53 (45)	13 (25% of threshold)	All nineteen cases have been subject to RCA investigation. Of the nineteen cases, nine have been reviewed by Commissioners with eight deemed no lapses in practice. One case deemed a lapse in practice due to suboptimal antimicrobial prescribing. The remaining ten cases are awaiting final RCA meetings with consultants responsible for their care.

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



	April	May	June	July	August	September	October	November	December	January	February	March
2015/16	5	5	4	3	4	7	5	3	0	4	1	5
2016/17	6	3	3	2	6	5	3	4	1	4	5	3
2017/18	7	5	0	4	2	6	3	3	2	3	2	1
2018/19	2	1	3	7	3	3						

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.

The Trust reported one case of MRSA Bacteraemia on 5th October 2018. This infection relates to a patient with complex health needs following major colorectal surgery. The patient had been screened for MRSA multiple times previously, all of which were negative. However, the patient became unwell on the ward post-operatively and was showing signs of acute infection/sepsis. MRSA was discovered in the patient's blood cultures, nose, wound and Hickman Line (venous catheter).

The patient has responded well to antibiotic treatment and is recovering well overall. The Post Infection Review investigation is under way to try and determine how this infection occurred. The

findings from this will be reported in due course. As a precaution, all other patients on the ward at that time have been screened and there are no further cases and no cross infection.

Organism	2018/19 Threshold	2018/19 Performance (Trust apportioned)	Outcome of PIR Investigation / Final assignment
MRSA bacteraemia	Zero tolerance	Zero	**1 case reported October 5th 2018 (over threshold) Post Infection Review underway**

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.

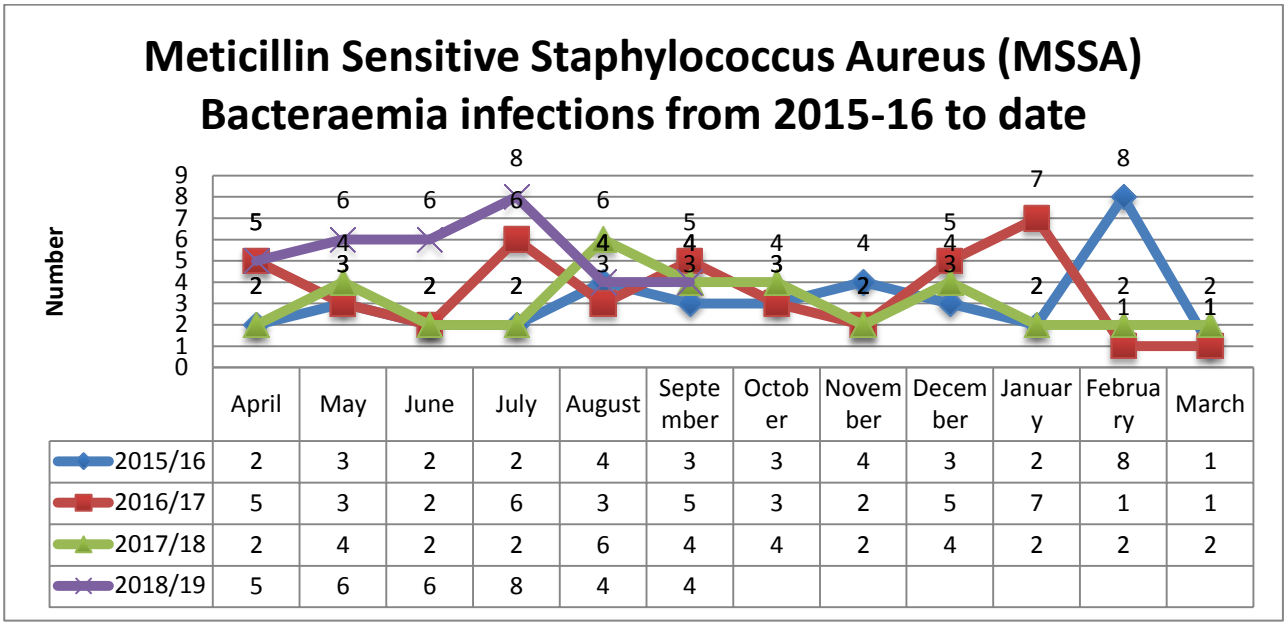
However, MSSA colonisation usually causes them no problems, but can cause an infection when it gets the opportunity to enter the body. This is more likely to happen in people who are already unwell. MSSA can cause local infections such as abscesses or boils and it can infect any wound that has caused 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. As can be seen from the following table, at month 6, the Trust is already at 75% of its upper threshold for this infection, a trend reported by Public Health England in quarterly reports for Yorkshire & the Humber. This is of moderate concern at this stage in the year.

Since August 2018, a reduction of MSSA bacteraemia cases has been noted in the Trust. The results of the Root Cause Analysis Investigations into each of these infections are summarised in the following table. There are points of learning for the Trust from these, which include the need for an improved and refreshed focus on vascular line management and care. A task group is in the process of being established to oversee this, led by Dr Moss, the Director of Infection Prevention and Control.

Organism	2018/19 Threshold	2018/19 Performance (Trust apportioned)	Outcome of RCA Investigation (avoidable/ unavoidable)
MSSA bacteraemia	44	33 (75% of threshold)	RCA investigations have been completed on 19 of the 33 reported cases. With the remaining fourteen undergoing continued RCA investigation. Outcomes of the RCA's have concluded that the 19 cases are preventable, linked to hospital acquired pneumonia, complex high risk surgery and IV device management. Actions to mitigate risks include improved line insertion and management standards and improved care pathways or patient with indwelling vascular devices.

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	6	8	4	4						

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.

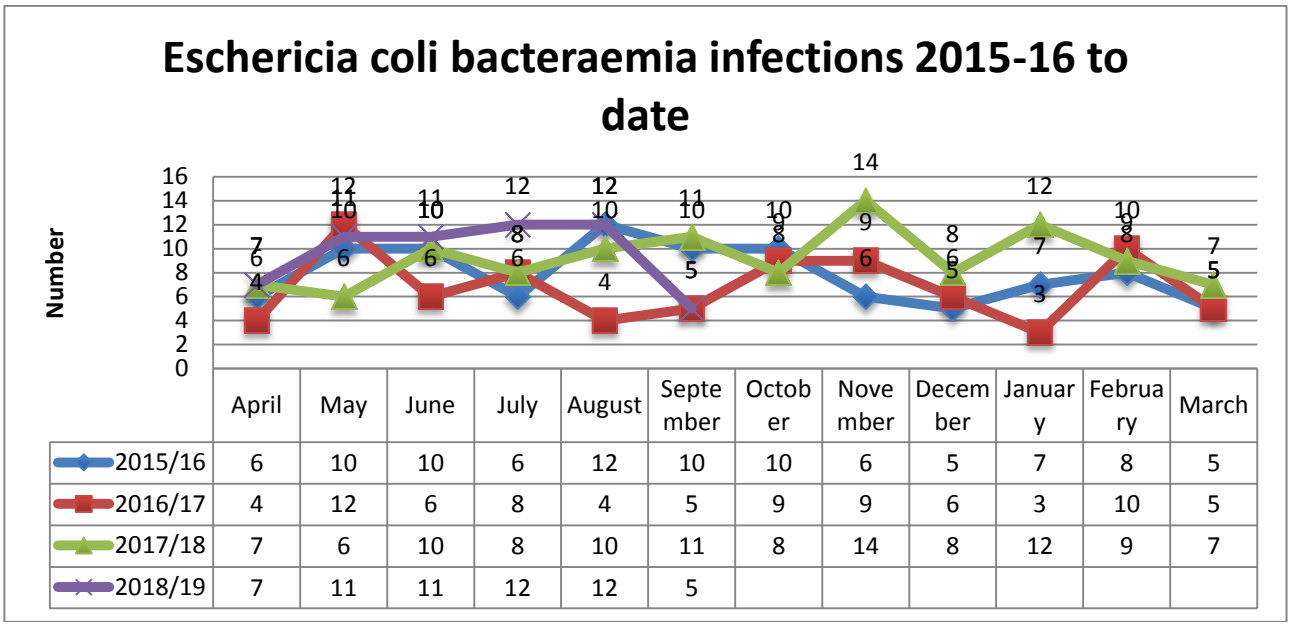
During 2018/19, Trusts are required by NHS Improvement to achieve a 10% reduction in *E. coli* bacteraemia cases. Achievement of reductions will be collaborative with joint working with commissioners, underpinned by joint action plans as required by NHS Improvement. The focus of attention is on the reduction of urinary tract infections, which are responsible for the largest burden of E.coli infections. The Trust, along with system partners, is part of an NHS Improvement collaborative to try and reduce the burden of these infections and this project is under way.

However, at September 2018, the Trust has reported a higher than expected 58 (79% of threshold). In order to understand the reasons for these more fully, all patients with *E.coli* blood stream infections between 1st November 2017 and 30th April 2018 were reviewed by an infectious diseases consultant, either at the bedside or through a case-note review. The findings of these are summarised in the following table.

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)	58 (79% of threshold)	Preventable =18 (not all Trust related) Possibly preventable = 13 (not all Trust related) Not preventable = 25	Fifty eight Trust apportioned cases are distributed across all Health Groups. The majority were within the Surgical Health Group (30 cases), 16 cases in the Medical HG, 3 cases detected in Families & Women's HG and the remaining 9 cases in Clinical Support HG. Review of cases suggests ongoing causes related to complex abdominal and urological surgery, biliary and urinary sepsis. A review of the 41 cases has identified 18 cases, which have been deemed preventable. A process is being adopted to ensure and embed the reporting of bacteraemia from laboratory to ward is robust and embedded within HG's.

On a more positive note, the number of cases of this infection recorded in September 2018 is lower than previous months.

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	11	12	12	5						

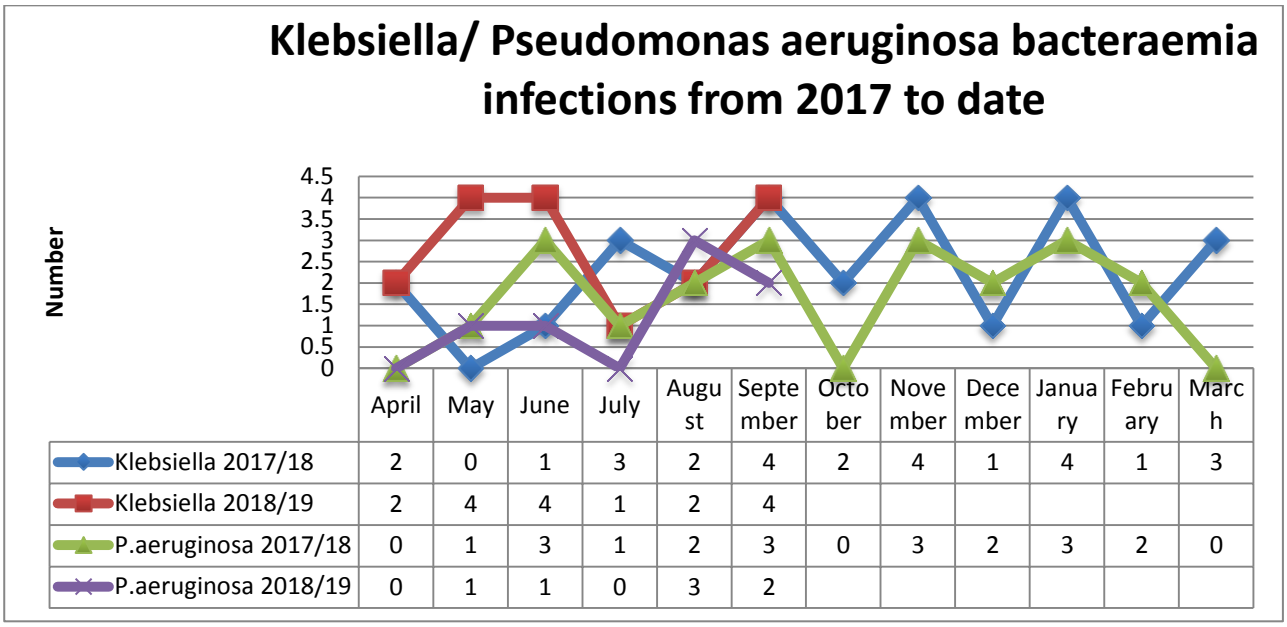
The long period of hot weather during the summer saw large number elderly patients (with or without urinary catheters) being admitted with signs and symptoms of dehydration, which is often a precursor to this infection. However, the main points to address here are the concerns over the high resistance rates to commonly-used antibiotics and, also, the learning around the care of patients with urinary catheters and indwelling vascular devices both in hospital and the community. All of these are areas of increased focus and actions in the coming months.

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	4	1	2	4						
P.aeruginosa 2017/18	0	1	3	1	2	3	0	3	2	3	2	0
P.aeruginosa 2018/19	0	1	1	0	3	2						

4.2 Infection Outbreaks

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

Ward H9 was affected by an outbreak of diarrhoea and vomiting, confirmed as Norovirus, initially affecting bays at the end of July 2018, which culminated in the ward been completely closed on the 3rd August 2018. Patients were affected but no staff. The ward was deep cleaned and reopened fully on the 10th August 2018. In addition, several bay closures due to diarrhoea and vomiting were experienced throughout August 2018 affecting wards H80, H8, H70 and H5 respectively. No causative organisms were detected from these and the closures were only for short periods. All patients have recovered satisfactorily.

4.2.1 Infection incident

A single case of Pseudomonas aeruginosa was reported in a neonate on the Neonatal Intensive Care Unit. The organism was detected in a blood culture and a sputum sample. The baby, one of twins, died subsequently from complications of extreme prematurity and overwhelming sepsis. In response to the case, water sampling was undertaken across the unit. Also, screening of other babies was undertaken and no additional cases were found. However, environmental samples identified pseudomonas in some hand wash basins and, also, the washing machine used to launder individual items of clothing and incubator covers. Isolates from the affected baby and the environmental swabs were sent to Public Health England for 'typing' and were determined as being distinguishable, i.e. no related or cross infection. A decision to remove and replace the existing washing machine with a machine suitable for use on an augmented care unit was made. Also,

enhanced cleaning in the unit has been undertaken and will continue. This includes ensuring that the cleaning of the drainage outlets in the wash hand basins is undertaken thoroughly to prevent biofilm build up. Ongoing monitoring of babies on the unit has taken place and weekly screening for Pseudomonas aeruginosa is in place for all babies. In addition, environmental sampling has been undertaken and widened to include the post natal wards. These areas will remain under enhanced surveillance for the time being by the estates and infection prevention teams.

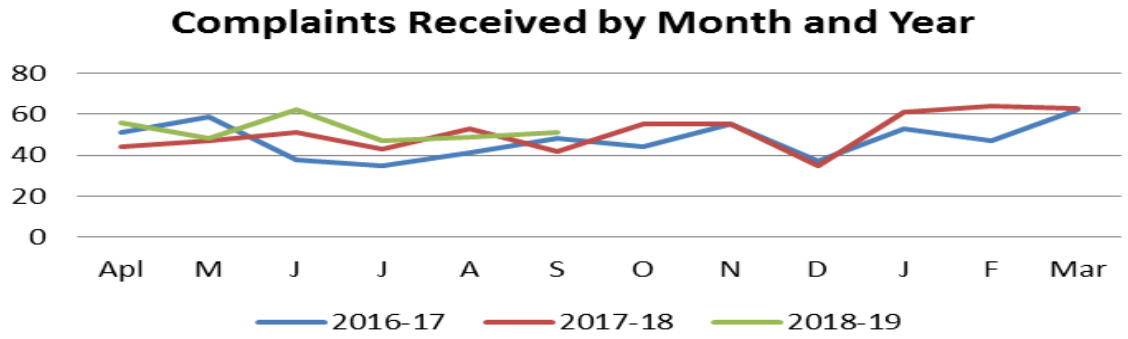
4.2.2 Influenza trends

There we no cases of patients with inflenza during August 2018. However, during September 2018 a single case of Influenza A was detected in an oncology patient who had presented with influenza-like symptoms in the oncology day unit. The patient was screened accordingly. Contacts of this patient were provided with appropriate prophylactic treatment.

The influenza vaccination campaign for 2018/19 is now under way.

5. PATIENT EXPERIENCE

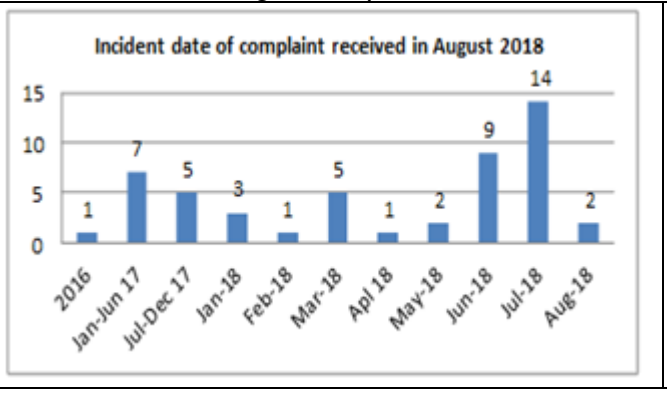
The following graph sets out comparative complaints data from 2016 to date. There were 50 new complaints recorded in August 2018 and 51 in September 2018. These figures show a reduction on the number of complaints received in August 2017 but a slight increase in September 2018 on the same period for the previous two years. 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.

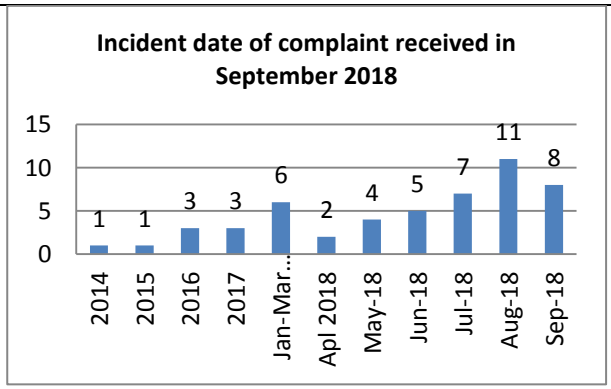


Complaints are graded on closure by a senior member of the Health Group using a rating of 1-4. 1 is low, 2 medium, 3 high and 4 a serious incident. Of the 96 complaints closed within August and September 2018, 12 were level 1 and 74 were level 2. 1 complaint was a level 3 and there were 3 at level 4. During this period, 6 complaints were not investigated as complaints as they were deescalated.

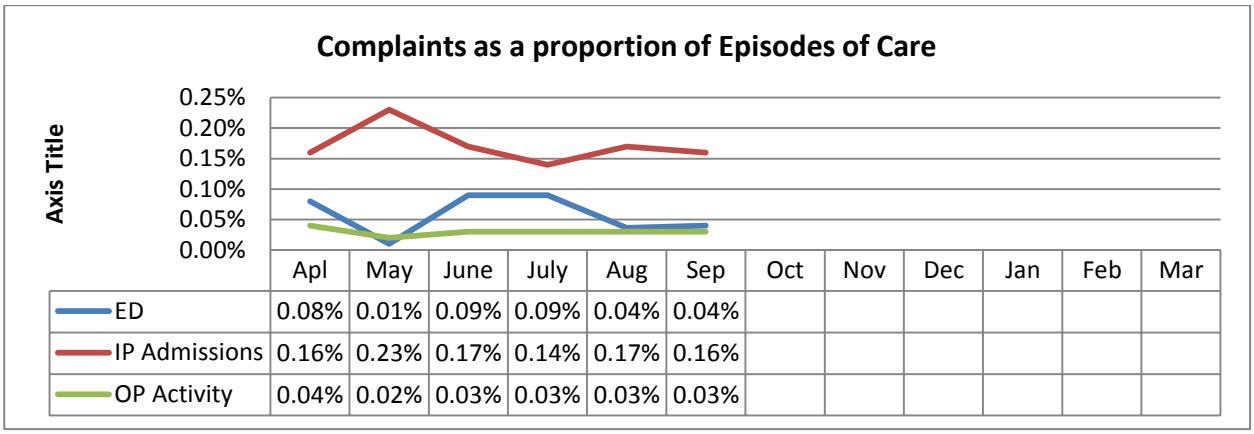
Complaints usually reflect activity in the previous three months. With regards to the complaints that were received during August and September 2018, the following tables show the period of time that they relate to as opposed to the time the complaint was lodged with the Trust. The NHS complaints guidance suggests that Trusts should only consider complaints within a 12-month time frame before being 'out of time'. However, the need to complain may not be apparent until sometime after the actual event. As such, the Trust takes a pragmatic approach to these.

Incident date relating to complaints





The following table shows the number of complaints received in relation to patient activity at the Trust since April 2018. As can be seen, these remain relatively low.



The following table indicates the number of complaints by subject area that were received for each Health Group during the months of August and September 2018.

Complaints Received by Health Group and Subject – August/September 2018

Complaints by Health Group and Subject (primary)	Month	Attitude	Care and Comfort	Communication	Delay, Waiting Times and Cancellations	Discharge	Safeguarding	Treatment	Total
Corporate Functions	Aug	1	0	0	0	0	0	0	**1**
	Sept	1	0	1	0	0	0	0	**2**
Clinical Support	Aug	0	0	0	0	1	0	3	**4**
	Sept	0	0	0	0	0	0	5	**5**
Family and Women's	Aug	0	0	1	2	1	0	5	**9**
	Sept	0	0	1	0	1	0	9	**11**
Medicine	Aug	2	5	1	0	3	0	10	**21**
	Sept	0	1	2	0	3	1	11	**18**
Surgery	Aug	0	0	1	1	1	1	11	**15**
	Sept	0	0	1	1	0	0	13	**15**
Totals:	Aug	**3**	**5**	**3**	**3**	**6**	**1**	**29**	**50**
	Sept	**1**	**1**	**5**	**1**	**4**	**1**	**38**	**51**

Complaints regarding 'treatment' remain the highest recorded category for both August and September. The Patient Experience Team continues to work with all Health Groups to highlight themes and trends and to ensure a timely response to complainants.

5.1.1 Examples of outcomes from complaints closed during August and September 2018:

- A new born screening test had suggested a diagnosis of congenital hypothyroidism (underactive thyroid) and, following further tests, the baby was prescribed medication to be given daily. The baby did not take the medication well and a more concentrated dose was prescribed in order that a smaller amount could be administered. The mother thought that the previous dose was an overdose and that the hospital had made a mistake.

  Outcome: The mother and father were invited to meet with the Consultant and Endocrine Specialist Nurse who explained the baby's diagnosis and treatment plan. The parents understood more fully what was expected and had the opportunity to ask additional questions. Suggestions were made by the Endocrine Specialist Nurse to support the family in administering the medication and contact details were provided if further help was required in the coming weeks.

- The patient's son raised concerns regarding his mother's surgery and subsequent care, following repair of a hiatus hernia. This had led to significant weight loss and concerns were raised both regarding the surgery and subsequent nutritional support from both Dietetics and ward teams.

  Outcome: Whilst no errors were identified in relation to the patient's surgery, the investigation found that the Trust failed to provide a high quality of care to the patient during her hospital admissions in respect of her nutritional support and to ensure that appropriate information and support were provided across local NHS services to avoid the extensive weight loss she experienced. Apologies were provided for the impact upon the patient's health. Several actions were identified across the Trust arising from this complaint, including additional training for Ward 14 and Ward 500 staff in relation to documentation around nutritional support and an alert placed on the patient's electronic record to notify staff of the increased risk of further weight loss and the importance of robust nutritional support during any future admissions.

- A patient expressed concern when his long-term cancer medication was discontinued and as a result, he believes his cancer recurred.

  Outcome: The patient attended a resolution meeting where he was assured that the treatment plan was the correct one for his condition at that time and that the recurrence of his disease was not linked to the change in his medications.

- A complex complaint was received from a husband about the care provided to his wife after childbirth in 2012. He felt that treatment may have contributed to her later cancer diagnosis and subsequent death. The gentleman was also concerned about several aspects of treatment and care at the end of his wife's life.

  Outcome: A resolution meeting was held and full explanations were given to the husband that his wife's treatment was the best in the circumstances but, regrettably, there was nothing that could be done to prevent her deterioration and death, which was due to her advanced and aggressive cancer. At the meeting, various aspects of care were discussed and apologies were provided that these were not explained fully to the patient's husband at the time.

- The wife and daughter of a patient expressed concern regarding care received by their relative on C31. This included the discharge of the patient from hospital when his family felt he had deteriorated, a lack of information regarding discharge medications, a delay in providing medication for delirium, clarification regarding a bed watch arranged for the patient and no consideration of hospice care rather than nursing home care for the patient.

  Outcome: A resolution meeting was held and full apologies were extended for poor communication and failure to follow discharge procedures in relation to the patient's medication. Treatment of the patient's delirium was also explained. It was noted that at that time, the patient was not deemed to be imminently terminally ill, therefore, the hospice was not appropriate. However, it is acknowledged that staff could have considered a referral for the future so that the patient and his family were known to the hospice during his end of life care.

  Discharge medications have been an issue in two out of the three complaints closed in September across the Clinical Support Health Group, therefore further work is being undertaken in this area.

5.1.2 Performance against the 40-working day complaint response standard

The standard is for 85% of complaints to be closed within 40 working days. In the month of August 88% of complaints were closed within this timescale and 87% in September.

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%	90%	88%	87%						

The following tables indicate performance by Health Group and the outcome of the complaint for the months of August and September 2018.

August 2018	N° Closed	Within 40 days	Upheld	Partly Upheld	Not Upheld	Not Investigated	Re-opened
Corporate Functions	0	0 (100%)	0	0	0	0	0
Clinical Support	7	7 (100%)	1	4	2	0	1
Family and Women's	10	9 (90%)	1	6	3	0	2
Medicine	11	9(82%)	6	4	0	1	4
Surgery	14	12(86%)	3	9	2	1	2
Totals:	42	37(88%)	11	23	7	1	9

September 2018	N° Closed	Within 40 days	Upheld	Partly Upheld	Not Upheld	Not Investigated	Re-opened
Corporate Functions	2	2 (100%)	0	0	0	0	0
Clinical Support	4	3 (75%)	1	2	0	1	0
Family and Women's	12	11 (92%)	2	6	2	2	1
Medicine	17	14 (82%)	6	8	2	3	1
Surgery	19	17 (89%)	2	15	1	1	2
Totals:	54	47 (87%)	11	31	3	7	4

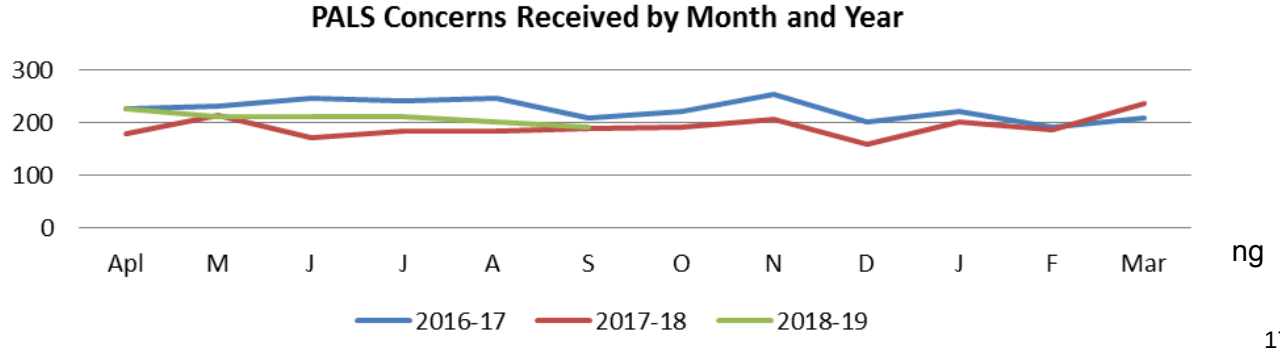
As can be seen from the previous tables, performance is variable across the Health Groups, with Clinical Support achieving 100% of complaints closed within 40 working days in the month of August but only 75% in September. The Medicine Health Group has achieved 82% in both months. Family and Women's and Surgery Health Groups met the standard in August and September. This will continue to be managed through the monthly performance and accountability meetings with Health Groups.

5.2 Patient Advice and Liaison Service (PALS)

In the month of August 2018, PALS received 203 concerns, 8 compliments and 46 general advice issues. September 2018 saw a small reduction in contacts with the PALS team with 190 concerns, 8 compliments and 6 regarding general advice. This information has been shared with the Health Groups in order that they can review and consider any actions that are necessary.

The number of general advice issues recorded by the PALS team has reduced due to the decision mid-August to no longer log 'signposting' enquiries onto the Datix system. An example of this would be a request for a CCG's contact details to raise concerns regarding a GP, or advice on directions to the hospital, etc. This enables the PALS team to concentrate and follow through on concerns that require a more urgent response.

The following graph illustrates that the number of concerns received by PALS has been steady over the last three months at around 200, similar to the number of contacts received for the same period in 2017.



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PALS by Health Group and Subject (primary)	Month	General Advice	Attitude	Care and Comfort	Communication	Delay, Waiting Times and Cancellations	Discharge	Environment	Hotel	Safeguarding	Treatment	Total
Corporate Functions	Aug	6	1	0	2	0	0	2	3	0	0	**14**
	Sept	5	0	0	4	1	0	1	0	0	0	**11**
Clinical Support	Aug	2	1	0	2	13	1	0	0	0	1	**20**
	Sept	1	2	1	2	6	2	0	0	0	1	**15**
Family and Women's	Aug	1	3	0	3	33	1	0	0	0	7	**48**
	Sept	1	5	0	6	31	0	0	0	0	6	**49**
Medicine	Aug	7	6	2	10	18	1	0	0	0	14	**58**
	Sept	3	7	1	4	17	6	1	1	0	13	**53**
Surgery	Aug	5	3	1	6	30	0	1	1	0	16	**63**
	Sept	7	3	0	4	35	1	1	0	0	11	**62**
Totals:	Aug	**21**	**14**	**3**	**23**	**94**	**3**	**3**	**4**	**0**	**38**	**203**
	Sept	**17**	**17**	**2**	**20**	**90**	**9**	**3**	**1**	**0**	**31**	**190**

5.2.1 Examples of outcomes from PALS contacts:

- The mother of a 29 year old patient had been trying to meet with the Consultant responsible for her daughter's treatment but had been unsuccessful and felt she was being ignored. There were also concerns relating to nursing care and attention, as the patient had experienced two falls on the ward. The patient had swelling on her brain and had suffered two strokes, so communication with her was difficult.

  Outcome – The PALS team contacted the Senior Matron, following which the Ward Sister met with the mother of the patient that same afternoon. They discussed the fall and nursing issues and the Ward Sister implemented supervision plans to further reduce the risk of falls with a 1:1 care assistant being put in place. The ward Registrar informed the patient and her mother of the MRI and lumber puncture results and provided reassurance. Both the patient and her mother felt a lot happier.

5.2.2 Compliments

- A patient that was expecting her first baby expressed her gratitude to Mr Biervliet, Consultant Gynaecologist and Obstetrician. She said that her treatment under his care had been exceptional. He had put her at ease and supported her partner and her throughout the pregnancy. "He gave excellent advice and guidance and I felt he genuinely cared and noticed how I was feeling. It's nice to have a doctor talk to your face rather than the computer screen. He has been a great help and I felt it should be recognised ….I couldn't have made decisions without him". The patient also extended her appreciation to all of the doctors/nurses/midwives she met as they had been very caring and professional.

- A gentleman who had been discharged from the Brocklehurst Diabetic Foot Clinic, following treatment for a toe ulcer, said that thanking the podiatrist he saw at his last appointment would in no way convey his full appreciation for the treatment he had received since being diagnosed in February 2018. "In these times of criticism, I want to highlight the fact that there are caring people who work hard to make the hospital experience, of whatever kind, as positive as possible. Over the 6 months, I have been treated by people who are enthusiastic, dedicated and willing to give support and help. All concerned were unfailingly cheerful, positive, sympathetic and above all, patient. It was reassuring to see such friendly, welcoming and familiar faces on my many visits to the clinic".

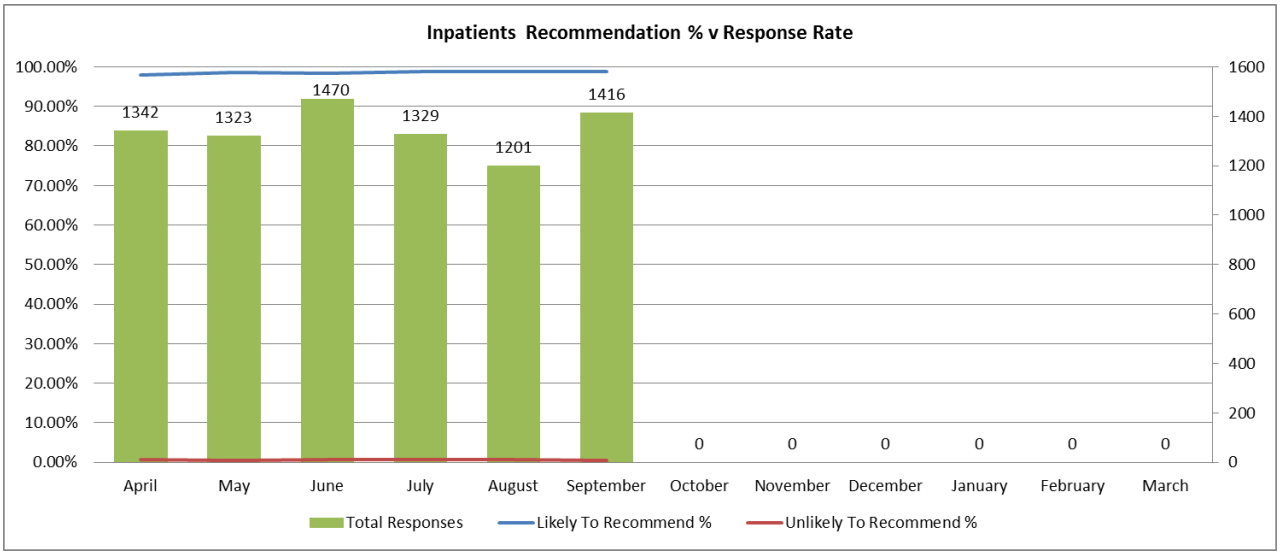
- A GP wrote to PALS to advise that his father had suffered a heart attack in August. At the time, he was a passenger in his sister's car, being driven back from his holiday. The episode took

place while on the M62, about 15 miles west of Hull. From the time it occurred, including his transfer to ED at HRI, then to CHH for an angioplasty and stent and onward to the ward to recover, took just over 6 hours. The patient's son said he was really impressed with both the speed of the service and the care shown to his father and the family. All staff (paramedics, the cleaner at HRI who helped the family with bags for his dad's clothes, staff in ED, staff on CMU and all clinicians) were kind and efficient. "My dad had a good couple of days when recovery looked possible and he enjoyed these and his interactions with the staff on the ward. Again, he was well cared for, and when he suddenly deteriorated on Wednesday 15 August, we were contacted so that his death could be peaceful and in accordance with his wishes. This was a world class service, and I am deeply grateful. I am so proud of the NHS and how it was able to help my dad when he most needed it. He was also a GP before he retired and I know he would have been proud too".

5.3 Friends and Family Test (FFT)

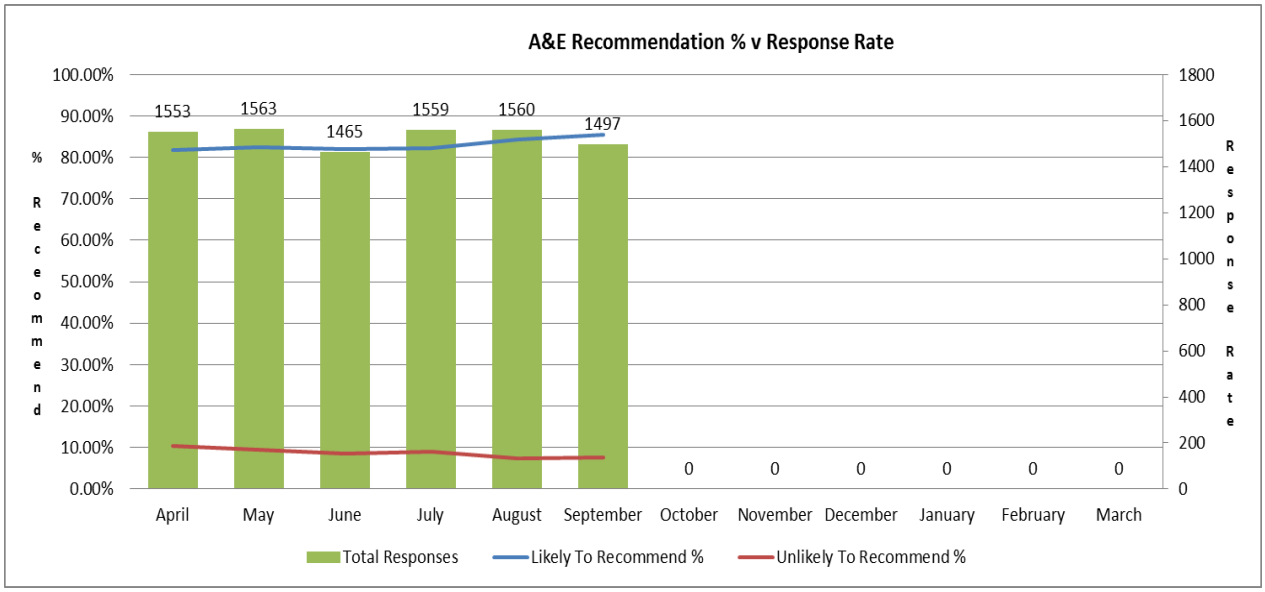
The Trust's Friends and Family test for all areas, including the Emergency Department, had a higher number of responses for September 2018 with 5,159, compared to August 2018 when 5,020 were received. The September 2018 inpatient results indicate that **98.80%** were extremely likely/likely to recommend the Trust to friends and family, which is above 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 Inpatient Summary – all areas



5.3.2 Friends and Family Emergency Department (ED)

1,560 patients who attended the Emergency Department in August 2018 responded to the Friends and Family Test with **84.36%** of patients giving positive feedback and **7.31%** negative feedback. 1,497 patients that attended the Emergency Department in September 2018 responded to the Friends and Family Test with **85.50%** of patients giving positive feedback and **7.62%** negative feedback. The remainder were neither positive nor negative.



5.4 Parliamentary and Health Service Ombudsman (PHSO)

The Trust currently has 9 cases with the PHSO. During the months of August and September one new investigation was opened and two cases were closed, both being partly upheld.

5.5 Adult Volunteers

Voluntary services are continuing to recruit new volunteers. This will enable the Patient Experience team to continue to support the wards and departments as well as providing an opportunity for members of the public to be involved in the hospital services. A Christmas lunch will be held for all the volunteers helping in the Trust to say thank you for their hard work and dedication throughout the year.

6. OTHER QUALITY UPDATES

6.1 Care Quality Commission (CQC) - Well-Led and Core Services Inspections

The CQC has undertaken two focus groups with staff. The programme for these is detailed in the table below. CQC has advised that these are not part of the formal inspection regime. The Trust has not received any feedback from them at this time.

Date and Location	Time	Staff group
Wednesday 31st October ***Hull Royal Infirmary Site*** Boardroom, Alderson House	9.30am – 10.30am	Band 5 – 6 therapy staff
	10.45am – 11.45am	Band 2 - 4 nursing staff
	12.00pm – 1.00pm	Middle managers
	Lunch break	
	1.30pm – 2.30pm	Band 5 - 6 nursing staff
	2.45pm – 3.45pm	Matrons
Monday 5th November ***Castle Hill Hospital Site*** Boardroom, Admin Building, (Between Entrance 1 and 2)	9.30am – 10.30am	Band 5 – 6 therapy staff
	10.45am – 11.45am	Band 2 - 4 nursing staff
	12.00pm – 1.00pm	Middle managers
	Lunch break	
	1.30pm – 2.30pm	Band 5 - 6 nursing staff
	2.45pm – 3.45pm	Matrons

6.2 Learning from Deaths
The Trust will be implementing a medical examiner system under the auspices of the Chief Medical Officer from April 2019. The medical examiner system is being introduced in England and Wales through an Act of Parliament to reform the death certification process following concerns raised after the Shipman crimes. Medical examiners will be senior doctors, specifically trained for this role, who will evaluate the cause of death proposed by the attending doctor on the basis of proportionate scrutiny of the medical records and an interview with the next of kin.

Initial pilots in Sheffield and Gloucester have revealed the following advantages:

- Accuracy of death certification improves
- Referrals to the coroner are more consistent and appropriate
- Rejection of the medical certificate of the cause of death by the Registrar is eliminated
- Input from relatives is assured.

Crucially, the medical examiner system has revealed two further advantages. The first is the independent provision of information relevant to clinical governance. This has resulted in raising concerns earlier in the system by identifying problems in care and quality more quickly. It is possible that the role could also identify 'avoidable deaths' in NHS hospitals and act as a measure of the quality of care. The second is ensuring that the bereaved receive explanations and answers to their questions from an authoritative and independent source. This also ensures that both complaints and compliments are heard and fed back to the system in a more systematic and consistent manner.

The Medical Examiner role will be implemented nationally in 2 stages. Stage 1 – the non-statutory phase from April 1st 2019. During stage 1, the Medical Examiner role will be funded by redirecting funds from cremation forms, although further directive from Department of Health is awaited on this point. It is not yet confirmed when stage 2 – the statutory phase, will be commenced but it is believed that it will be in two years.

An Associate CMO reporting to the CMO has been appointed to oversee the implementation of this process in this Trust.

6.3 Healthcare Safety Investigation Branch (HSIB) Maternity Investigations
Introduction and background to HSIB
HSIB is an organisation that was created in April 2017. It is funded by the Department of Health and is hosted by NHS Improvement, however, it operates independently. Also, HSIB is independent from regulatory bodies such as the Care Quality Commission (CQC).

The Healthcare Safety Investigation Branch (HSIB) was established by an expert advisory group following recommendations from a government inquiry into clinical incident investigations. The purpose is to conduct effective investigations, and by sharing learning, improve patient safety, raise standards, and support learning across the healthcare system in England.

6.3.1 Maternity investigations background
In November 2017, the Secretary of State for Health announced a new national maternity safety strategy. As part of this, the strategy called on HSIB to undertake approximately 1,000 independent maternity investigations and make recommendations in order to help improve maternity safety.

The HSIB wrote to this Trust in October 2018 to inform it that they will commence maternity investigations in Hull and East Yorkshire Hospitals NHS Trust from 3 December 2018.

6.3.2 What will HSIB investigate?
HSIB will undertake maternity investigations identified as Serious Incidents (SI), which meet the following criteria:

- All SI's in involving all 'term' babies (at least 37+0 completed weeks of gestation) that are born following labour and that have one of the following outcomes:
    - Intrapartum stillbirth: where the baby was thought to be alive at the start of labour but was born with no signs of life.
    - Early neonatal death: when the baby died within the first week of life (0-6) days of any cause.
    - Severe brain injury diagnosed in the first 7 days of life, when the baby:
        - Was diagnosed with grade III hypoxic ischaemic encephalopathy (HIE); or
        - Was therapeutically cooled (active cooling only); or
        - Had decreased central tone and was comatose and had seizures of any kind.
- Maternal Deaths**:** Direct or indirect maternal deaths in the perinatal period (during or within 42 days of the end of pregnancy). Coincidental maternal deaths will not be investigated.

There is an identified HSIB lead for the Trust and a meeting is being established in November to work through the practicalities of the new arrangements.

There are some concerns that this could result in some 'double-running' of SI investigations, which could result in different findings and different/conflicting recommendations, especially as HSIB has no contractual responsibility to commissioners, regulators or back to the Trust and, also, will be working to much longer timeframes than the Trust is allowed to. These matters will be discussed with HSIB and further detail or ongoing matters of concern will be provided in the next version of this report.

7. RECOMMENDATION

The Trust Board is requested to receive this report and:

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

Mike Wright
Chief Nurse

Makani Purva
Chief Medical Officer

November 2018

Appendix One: Safety Thermometer – October 2018

Hull and East Yorkshire Hospitals NHS Trust

Absence of harm from

Pressure ulcers + Falls + Urinary infections (in patients with catheters) + VTE = Harmfreecare

SAFETY THERMOMETER NEWSLETTER October 2018

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 12th October on both hospital sites. 898 patients were surveyed

94.88% 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.

2.0% (18) 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

98% 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 May 18 – October 18

	May 18	June 17	July 18	Aug 18	Sept 18	Oct 18
Harm Free Care %	93.5%	92.5%	95%	93.5%	94.2%	94.8%
Sample: Number of patients	874	864	844	878	833	898
Total Number of New Harm	16	20	22	14	23	18
NEW HARM FREE CARE %	98.1%	97.69%	97.39%	98.4%	97.24%	98%

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	6	0.67%	4	2	0

Total Number/Proportion of patients documented with a **VTE RISK ASSESSMENT not applicable**	66	7.3%	**% once not applicable patients removed**
Total Number/Proportion of patients documented with a **VTE RISK ASSESSMENT**	770	85.7%	92.5%
Total Number/Proportion of patients with **NO** documented **VTE RISK ASSESSMENT**	62	6.9%	7.5

Harm Descriptor: Pressure Ulcers	Number	%	Cat 2	Cat 3	Cat 4
Total Number/Proportion of **Pressure Ulcers**	33	3.67%	31	1	1
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.	27	3.01%	25	1	1
Total Number/Proportion of **Pressure Ulcers** that were classed as **NEW** A NEW pressure ulcer is defined as developing 72 hours since admission.	7	0.78%	7	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)	6	0.67%
Severity **No Harm**: fall occurred but with no harm to the patient	6	0.67%
Severity **Low Harm**: patient required first aid, minor treatment, extra observation or medication	0	0%
Severity **Moderate Harm**: longer stay in hospital	0	0.%
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	**169**	**18.82%**	
Total Number/Proportion of patients recorded with a Urinary Tract Infection with a urinary catheter insitu	**7**	**0.78%**	**4.13%**
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**	**0.22%**	**1.18%**
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	**5**	**0.56%**	**2.95%**

Next Classic SAFETY THERMOMETER DATA COLLECTION DAY IS:

Friday 9th November 2018

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
TRUST BOARD
13 NOVEMBER 2018

Title:	**LEARNING FROM DEATHS REPORT** **QUARTER 2 2018/19**
Responsible Director:	EXECUTIVE CHIEF MEDICAL OFFICER
Author:	Chris Johnson, Quality Safety Manager (Mortality Lead)

Purpose:	The purpose of this report is to provide the Board assurance of the Trusts continuing commitment to learning from patient mortality and improving quality.	
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: • Mortality • Thematic Analysis • Quality Improvement • Any other updates	

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

LEARNING FROM DEATHS REPORT
QUARTER 2
NOVEMBER 2018

EXECUTIVE SUMMARY

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

- Mortality
- Thematic Analysis
- Quality Improvement
- Any other updates

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

LEARNING FROM DEATHS REPORT
QUARTER 2
NOVEMBER 2018

PURPOSE OF THE REPORT

This report is to update and inform the Board of the Trusts continuing commitment to learning from patient mortality and improving quality.

All information within this report relates to the second financial quarter of 2018 (1st July to 30th September).

MORTALITY STATISTICS

During Quarter 2 of 2018 there were a total of 532 deaths that occurred within the Trust. This is 14 more deaths than Quarter 2 during the previous year.

Of these 532 deaths, the Trust undertook full Structured Judgement Reviews on 103 cases (19.3%). National recommendations state that trusts should aim to review around 10% of all deaths.

The following table illustrates the breakdown of cases into tier 1, tier 2 and Triumvirate escalation:

Number of cases receiving Tier 1 review in Q2	Number of cases requiring Tier 2 review in Q2	Number of cases escalated to Triumvirate in Q2	SJR Cases declared as a Serious Incident in Q2
103	8	4	1

Escalated Serious Incident Case

The case that was escalated to the Triumvirate for SI decision was relating to a patient who died after having elective surgery to repair a hernia. There were issues surrounding delays in recognising patient deterioration and missed opportunities to treat infection (Sepsis). The case has now be declared as a Serious Incident and be fully investigated.

THEMATIC ANALYSIS

The following themes are identified by undertaking analysis of the completed structured judgement reviews, in addition to the themes and trends templates that are currently rolling out across the Trust.

The table below provides a breakdown of patients receiving poor, adequate and excellent care, for each care phase:

Phase of Care	Percentage of cases reflecting excellent practice	Percentage of cases reflecting adequate practice	Percentage of cases reflecting poor practice
Initial	81.6%	11.6%	6.8%

Ongoing	65.1%	22.3%	12.6%
Procedural/Perioperative	91.27%	6.79%	1.94%
End of Life	71.86%	26.2%	1.94%
Overall	64.1%	23.3%	12.6%

The following provides details on the main themes that were identified from each phase of care.

Criteria - Excellent care: Cases that scored a 4 or 5
Poor Care: Cases that scored 1 or 2

Themes Identified from Initial Care (first 24 Hours)

Poor Practice: 7 out of 103 cases reflect poor practice, including:

- Not recognising infection / screening for sepsis.
- Delay in the administration of antibiotics

Excellent Practice: 83 out of 103 cases reflect excellent practice, including:

- Thorough management and treatment plans documented properly
- Prompt resuscitation delivered to patients with excellent communication with family members

Themes Identified from Ongoing Care

Poor Practice: 13 out of 103 cases reflect poor practice, including:

- Inadequate documentation within patient case-notes, including legible printing of attending doctor/consultant name and timed entries.
- Delay in recognition and escalation of patient deterioration.

Excellent Practice: 67 out of 103 cases reflect excellent practice, including:

- Good communication between multidisciplinary teams
- Good ongoing management of patient's best interest in relation to end of life care, including good palliative team input.

Themes Identified from Procedural Care/Perioperative Care Phase

Poor Practice: There were no themes relating to bad practice, however 2 out of 103 cases reflected issues surrounding:

- Delays in acquiring clotting factors (1 case).

Excellent Practice: 94 out of 103 cases reflect excellent practice, including:

- Excellent documentation and observations undertaken during theatre.

- Quick access to theatre and surgical procedure completed in good time.

Themes Identified from End of Life Care

Poor Practice: There were no themes relating to bad practice, however 2 out of 103 cases reflected issues surrounding:

- Missing Documentation, including missing ReSPECT form.

Excellent Practice: 74 out of 103 cases reflect excellent practice, including:

- Excellent ongoing communication with the family delivered in a compassionate manner.
- Ceiling of care recognised in good time with appropriate palliative care team referrals made.

Newly Emerging Theme

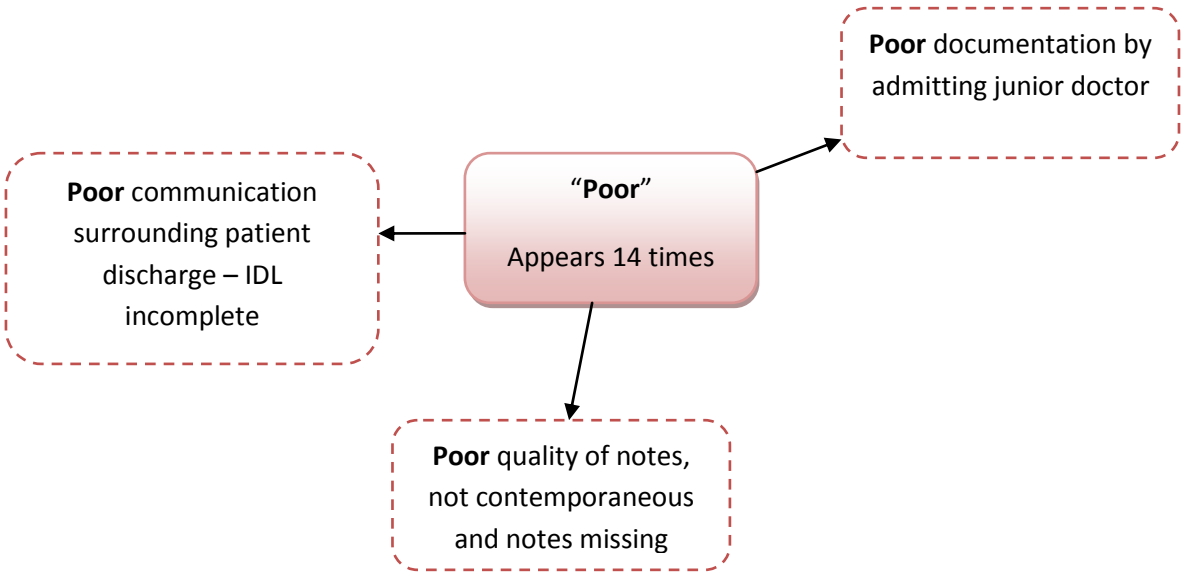
During Quarter 2 2018/19 a new theme emerged relating to the care of patients with Parkinson's disease. The main concerns identified are:

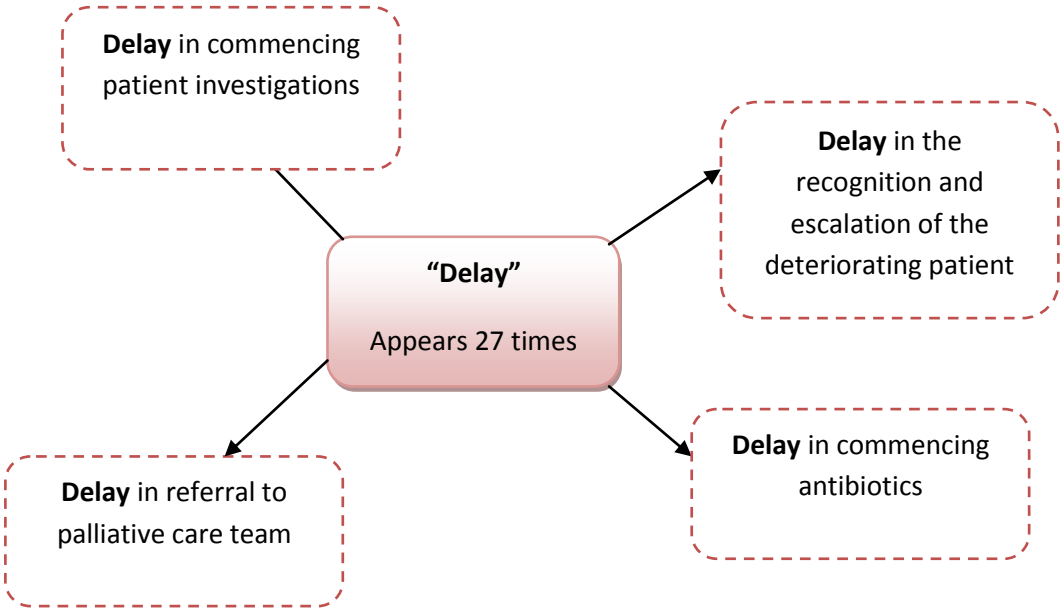
- The need to provide better education to ED staff on managing this patient type.
- No Parkinson's specialist review delivered (patient had swallowing problems).
- Missed dose of Parkinson's medication due to patient being nil-by-mouth.

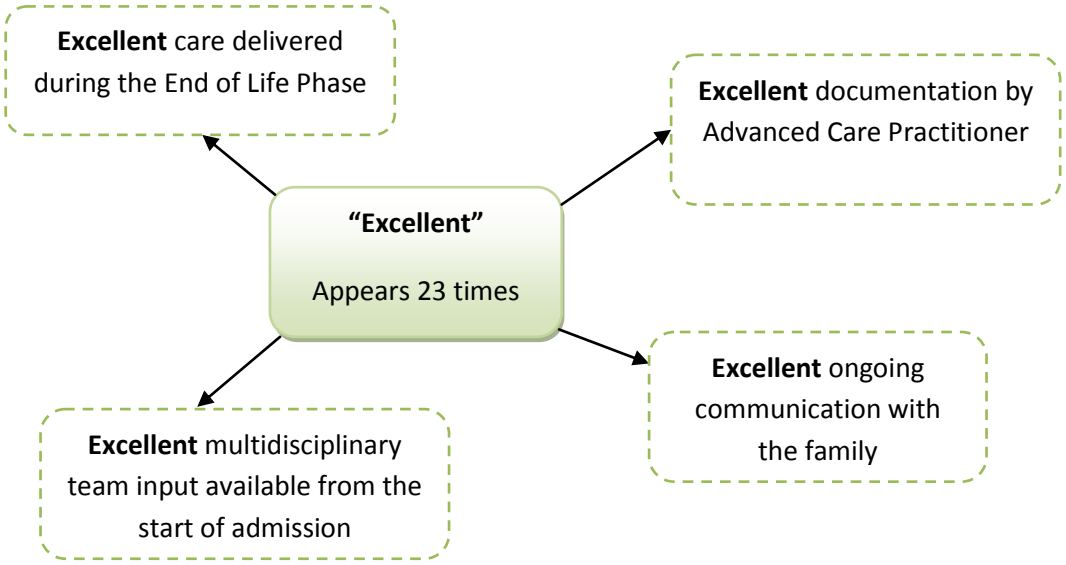
The Department of Medical Elderly recognised this theme and as a result a QIP (Quality Improvement Plan) is currently under development within the Speciality to identify key improvement work that will be undertaken in the future aimed at this patient cohort.

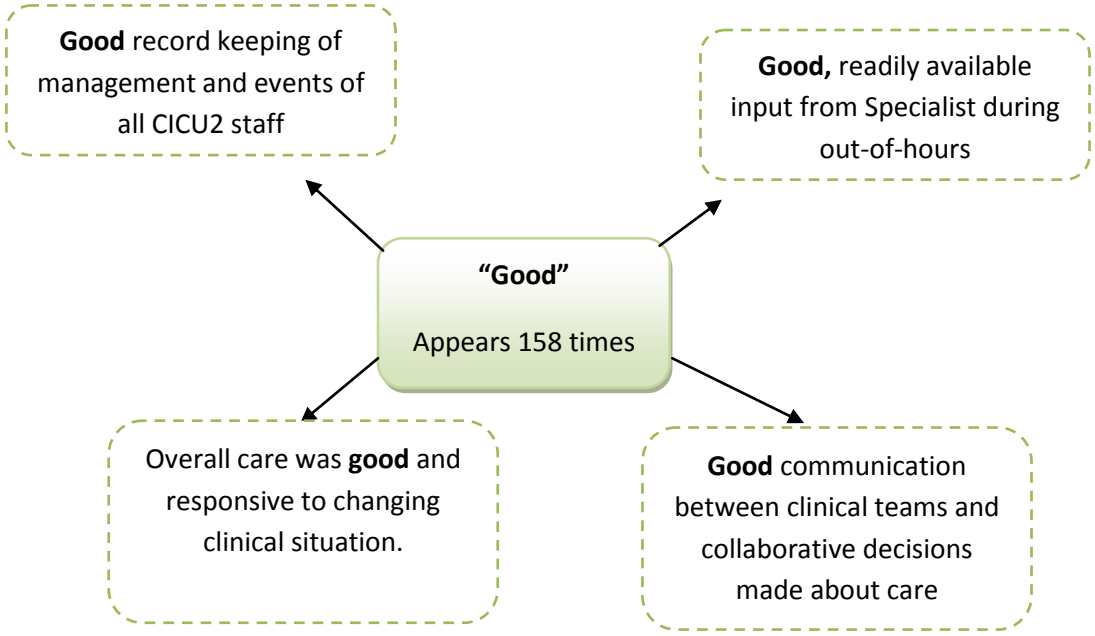
Text Analysis

Due to the nature of the free-text element of the SJR, analysis is very difficult. However, it can be undertaken to some extent via text analysis/data mining software that allows key words or phrases to be highlighted and given context. The analysis of free text is still under development; however the information below provides 4 recurring key words (Poor, Delay Excellent and Good) and gives some examples of context to their use:



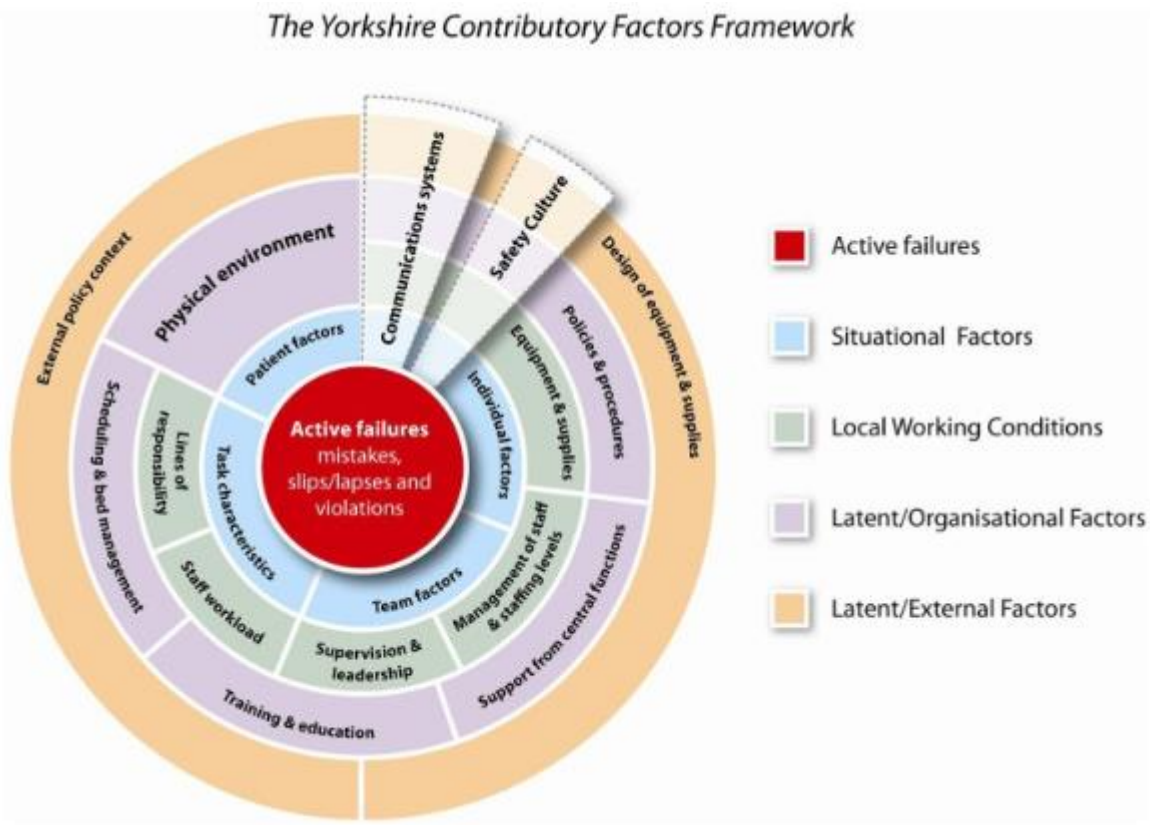

Delay in commencing patient investigations
Delay in the recognition and escalation of the deteriorating patient
"Delay"
Appears 27 times
Delay in referral to palliative care team
Delay in commencing antibiotics


Excellent care delivered during the End of Life Phase
Excellent documentation by Advanced Care Practitioner
"Excellent"
Appears 23 times
Excellent ongoing communication with the family
Excellent multidisciplinary team input available from the start of admission


Good record keeping of management and events of all CICU2 staff
Good, readily available input from Specialist during out-of-hours
"Good"
Appears 158 times
Overall care was **good** and responsive to changing clinical situation.
Good communication between clinical teams and collaborative decisions made about care

QUALITY IMPROVEMENT

The Trust has adopted the Yorkshire Contributory Factors Framework, which is a tool which has an evidence base for optimizing learning and addressing causes of patient safety incidents by helping clinicians, risk managers and patient safety officers identify contributory factors of patient safety incidents, which in turn can lead to well-informed quality improvement work. Incidents that occur in a hospital setting have been well studied and all contributory factors have been mapped.



Themes and trends are identified from not only patient mortality, but also from safety incidents and complaints.

Looking forward to Q3 2018/19, this framework will be implemented to help direct quality improvement work.

UPDATES

Surgery Mortality Steering Group

The second steering group took place in September 2018 and was well attended. The Triumvirate case was discussed and the group decided that escalation was definitely required.

Key discussions took place around the importance of delivering positive change as a result of mortality review and a subsequent plan was drawn up to be put into action by the group members.
The key discussions included:

- The importance of sharing learning and outcomes with the correct teams and via the proper channels.
- The importance of having Trust-wide, standardised M&M meetings that include formulation of traceable actions to implement positive change.
- The importance of capitalising learning from significant learning events, such as cases that required a Tier 2 SJR but did not trigger an SI. It was agreed that these cases will have a plethora of learning opportunity.

Themes and Trends Template Implementation

The themes and trends template has begun roll out across the Trust with 6 Specialities currently using the template within their M&M meetings. This template will allow for a structured and standardised method to be used to collect themes and trends and the sharing of good practice across the Trust.

E-Learning

The eLearning package went live in September 2018 and is available via the HEY247 web portal. A global email is to be circulated inviting potential reviewers to undertake the training which takes approximately 45 minutes to an hour to complete.

CONCLUSION

The Learning from Deaths model is now moving into the quality improvement phase. Themes and trends have been identified and focus is shifting onto the “so what” element. A number of projects are currently in the planning phase, some of which will implement the Yorkshire Contributory Factor Framework.

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

Makani Purva
Interim Chief Medical Officer

November 2018

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
TRUST BOARD
13th NOVEMBER 2018

Title:	NURSING AND MIDWIFERY (SAFE) STAFFING REPORT - NOVEMBER 2018
Responsible Director:	EXECUTIVE CHIEF NURSE
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 nursing and midwifery (safe) staffing levels	
BAF Risk:	BAF Risk 2: There is a risk that a lack of skilled and sufficient staff could compromise the quality and safety of clinical services 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	Y
Key Summary of Issues:	The structure of this report has been revised and information is provided in the report on the following topics: • Compliance with the national reporting requirements on this topic • Nursing and Midwifery Staffing Levels for inpatient areas • The use of the new Care Hours Per Patient Day (CHPPD) Metric • An overall 'professional staffing safety risk assessment' to help contextualise and summarise this information to make it more meaningful	

Recommendation:	The Trust Board is requested to: • Receive this report • Decide 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], NHS Improvement[3] and the Care Quality Commission.

This report now follows the required new format for reporting safer staffing metrics and uses the Care Hours Per Patient Day (CHPPD) methodology.

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 September 2018 (June/July 2018 position).

In February 2016, Lord Carter of Coles published his report into Operational Productivity and Performance within the NHS in England[5]. In this report, Lord Carter describes one of the obstacles to eliminating unwarranted variation in nursing and care staff distribution across and within the NHS provider sector as being due to the absence of a single means of consistently recording, reporting and monitoring staff deployment. This led to the development of benchmarks and indicators to enable comparison across peer trusts as well as wards and the introduction of the Care Hours per Patient Day (CHPPD) measure is in line with the second of Lord Carter's recommendations. CHPPD has since become the principal measure of nursing, midwifery and healthcare support staff deployment on inpatient wards. This replaces the 'planned versus actual' methodology used previously.

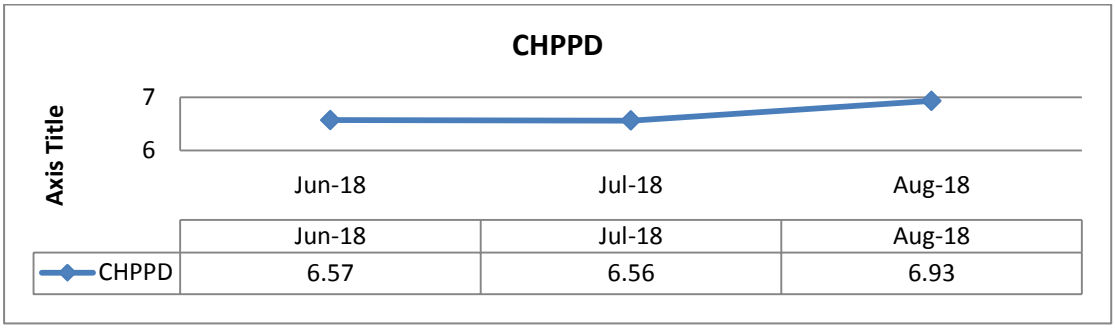
This report presents the 'safer staffing' positions for August and September 2018 using this revised approach. This report also confirms on-going compliance with the requirement to publish monthly planned and actual staffing levels for nursing, midwifery and care assistant staff.

[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
[2] NHS Improvement (June 2018) Care hours Per patient Day (CHPPD) Guidance for acute and acute specialist trusts
[4] When Trust Boards meet in public
[5] An independent report for the Department of Health by Lord Carter of Coles. Operational productivity and performance in English NHS acute hospitals: Unwarranted variations

3. CARE HOURS PER PATIENT DAY

Appendix Four provides the description of Care Hours Per Patient Day and its calculation/methodology.

NHS Improvement's Model Hospital Website provides comparison information pertaining to CHPPD and other associated quality metrics. However, trusts are not yet permitted to use these data or publish them until they are confirmed as being reliable. Therefore, for the time being, the Trust's trend analysis for reported CHPPD since the July 2018 publication date is provided in the following table.



	Jun-18	Jul-18	Aug-18
CHPPD	6.57	6.56	6.93

CHPPD provides just a number that needs to be considered alongside other qualitative and quantitative information, which is described in the next section. It is important not to reach conclusions by considering this number and its trends in isolation.

It is also important to add that further work is needed in the Trust to ensure that all appropriate and available staff are included in its CHPPD calculation. As an example, these data can include all care giving staff that work under the direction of a registered nurse or midwife for the totality of their shift on that ward. For this Trust, this means that it will be able to include staff such as patient discharge assistants, ward hygienists and nutritional apprentices. All of these will help to increase the CHPPD metric. Work is being undertaken to include these going forward.

4. PROFESSIONAL STAFFING SAFETY RISK ASSESSMENTS

As the Trust Board has been advised in previous editions of this report, there are many things to consider in determining whether a ward has safe staffing or not. These include, but not exclusively, the following factors:

- Establishment levels
- Vacancy rates, sickness and absence levels
- Patient acuity
- Skill mix (level of experience of the nursing/midwifery staff)
- Mitigation (other roles, additional support, other professionals, variable pay)
- Level of bed occupancy
- Care hours per patient day (CHPPD)
- Leadership – quality and consistency
- Team dynamics
- Ward systems and processes

It is important that all of these are considered in context alongside an over-arching professional judgement. Also, whilst patient harms such as avoidable hospital acquired pressure ulcers, falls etc. are of serious concern, for the purposes of safe staffing analysis, an assessment needs to be undertaken to establish whether any of

these harms are linked to staffing levels, either as a direct/related consequence or not.

In order to try and simplify this and set it all into context, the Chief Nurse, Deputy Chief Nurse and Nurse Directors have developed an overall 'Professional Staffing Safety Risk Assessment (after mitigation)'. The idea behind this is to identify any areas where patient care may be compromised or potentially compromised as a consequence of staffing levels. For example, a ward may have good staffing levels and yet still be seeing high levels of patient harm. Conversely, another ward may be carrying a lot of vacancies and have a high use of temporary staff but with no care quality concerns. As such, it is important not to make assumptions either way without considering the fuller picture for each ward.

Appendix One provides the Nursing Staffing Key metrics for August 2018.
Appendix Two is the same information for September 2018.
Appendix Three provides the Nurse Staffing Quality Indicators – September 2018

The following tables take all of these metrics into consideration and show the current positon of each inpatient area in relation safe staffing as determined and summarised by the Chief Nurse, Deputy Chief Nurse and Nurse Directors.

The Risk Ratings have been agreed as follows:

Risk Rating	Description
LOW	No staffing related quality concerns
MEDIUM	This could mean: • Although not triggering on quality issues, nursing staff vacancies are thought to be affecting/possibly affecting the quality of care being provided. • Ward is under review/watchful observation by the nurse director and senior matron. • Potential risks as a result of high bank/agency usage
HIGH	Serious quality concerns where there are evident links to staffing levels

4.1 Nursing and Midwifery Staffing Risk Assessments – September 2018
4.1.1 Medicine Health Group

Ward	Professional Staffing Safety Risk Assessment (after mitigation)	Rationale for risk assessment	Comments/Mitigation
AMU	**LOW**	No staffing related quality concerns	Staff support from H1 on rotation, support from nurse bank and agency. All beds staffed as assessment care level beds.
EAU	**MEDIUM**	Although not triggering on quality issues, nursing staff vacancies are thought to be affecting continuity of care. Under review.	1 RN from another health group, bank and agency utilised.
H1	**LOW**	No staffing related quality concerns	
H5/RHoB	**LOW**	No staffing related quality concerns	
H50	**LOW**	No staffing related quality concerns	
H500	**MEDIUM**	This ward requires a high presence from the Senior Matron the quality of care is under surveillance	Support gained from nurse bank and overtime and Senior Matron support
H70	**MEDIUM**	This ward requires a high presence from the Senior Matron to support the ward focus on quality concerns. Under surveillance	Actions under way looking at the overall functioning of this ward. Utilising some agency and bank. B6s and B7 staff providing weekend cover and Senior Matron support. Additional A/N's in post.
H8	**LOW**	No staffing related quality concerns	Additional non-registered staff in post.
H80	**MEDIUM**	1 red fundamental standards score although not thought to be related to staffing levels. Under surveillance.	Senior Matron supporting the ward. 2 RNs from other health group. An additional Band 6 RN from EAU to support the ward therefore increasing senior nurse cover.
PDU H9	**LOW**	No staffing related quality concerns	
H90	**LOW**	No staffing related quality concerns	Additional A/Ns in post.
H11	**MEDIUM**	No evidence of harm but the ward needs a lot of senior support. Under review	Recruitment of additional HCA's will be in post in August. Bank and agency utilised.
H110	**MEDIUM**	Not able to open additional HASU beds due to staffing levels.	Recruitment of additional HCA's will be in post in August. Bank and agency utilised.
CDU	**LOW**	No staffing related quality concerns	
C26	**LOW**	No staffing related quality concerns	2.2 WTE vacancies with high unavailability (maternity leave). Additional support obtained to cover maternity leave from nurse bank and from staff within cardiology.
C28/CMU	**LOW**	No staffing related quality concerns	

4.1.2 Surgery Health Group

Ward	Professional Staffing Safety Risk Assessment (after mitigation)	Rationale for risk rating	Actions
H4	**LOW**	No staffing related quality concerns	Using bank and agency plus support from H40. Recruitment plan to rotate new RN's with 12th floor
H40	**LOW**	No staffing related quality concerns	Maternity Leave and Vacancy, X2 international nurses starting Oct-18
H6	**LOW**	No staffing related quality concerns	Using bank and agency plus mutual support with H6. New starters due September 2018
H60	**LOW**	No staffing related quality concerns	
H7	**MEDIUM**	No staffing related quality concerns	New staff requiring supervision. 'Short term' agency staff in place.
H100	**LOW**	No staffing related quality concerns	Red fundamental standards for nutrition, although not related to staffing levels.
H12	**LOW**	No staffing related quality concerns	
H120	**LOW**	No staffing related quality concerns	
HICU	**LOW**	No staffing related quality concerns	
C9	**LOW**	No staffing related quality concerns	
C10	**LOW**	No staffing related quality concerns	
C11	**LOW**	No staffing related quality concerns	
C14	**LOW**	No staffing related quality concerns	'Short term' agency staff in place.
C15	**MEDIUM**	No staffing related quality concerns	4 WTE maternity leave, Ward Sister vacancy. SI Pressure Ulcer. Increasing service demands
C27	**LOW**	No staffing related quality concerns	
CICU	**MEDIUM**	Not triggering any quality concerns but under review	New staff requiring extended periods of supervision

4.1.3 Family and Women's Health Group

Ward	Professional Staffing Safety Risk Assessment (after mitigation)	Rationale for risk rating	Actions
C16	**LOW**	No staffing related quality concerns	Utilising bank and agency, overtime and excess hours to cover vacancies.
H130	**LOW**	No staffing related quality concerns	Staff in the children's wards are flexed according to patient need, so these should be considered collectively. Utilising overtime hours to cover across the 13th Floor and Acorn. Successful recruitment will lead to full establishment of registered nurses.
Cedar H30	**LOW**	No staffing related quality concerns	Utilising bank and agency on occasion.
Maple H31	**LOW**	No staffing related quality concerns	
Rowan H33	**LOW**	No staffing related quality concerns	
Acorn H34	**LOW**	No staffing related quality concerns	
H35	**LOW**	No staffing related quality concerns	Utilising bank and agency when required.
NICU	**LOW**	No staffing related quality concerns	Vacancies covered with Bank and overtime and flexing paediatric staff. Recent recruitment of registered nurses will fill majority of vacancies.
PAU	**LOW**	No staffing related quality concerns	
PHDU	**LOW**	No staffing related quality concerns	
Labour	**LOW**	No staffing related quality concerns	Midwife to birth ratio 1:32. Undertaking Birth rate plus results due in November 2018

4.1 4 Clinical Support Health Group

Ward	Professional Risk Assessment	Rationale for risk rating	Actions
C7	**LOW**	Not triggering any quality indicators and no staffing issues so deemed to be safely staffed	
C29	**LOW**	Not triggering any quality indicators and although supporting DME with a RN, deemed to be safely staffed	
C30	**LOW**	Despite 24.8% RN vacancies not triggering any quality indicators therefore deemed to be safely staffed	
C31	**MEDIUM**	This ward has 29.3% RN vacancies & 6.6% ML. Actions taken have mitigated the risk & no quality indicators are triggering currently; this continues to be closely monitored	Utilising bank and agency, support from other inpatient wards, 5 beds currently closed.
C32	**MEDIUM**	This ward has 4.7% RN vacancies & 5.6% ML; no quality indicators are triggering	Utilising bank and agency, support from other inpatient wards
C33	**MEDIUM**	This ward has 18.4% RN vacancies & high ML at 22.9%; the actions taken are supporting the ward and no quality indicators are triggering; this continues to be closely monitored	Utilising bank and agency, support from other inpatient wards and have over recruited to non-registered posts to support

5. RECRUITMENT AND RETENTION

Robust recruitment continues within a number of specialities through the development of bespoke advertising campaigns and rotational programmes.

112 newly qualified nurses commenced in post from the University of Hull in September 2018. These nurses have undertaken their induction and have now commenced their preceptorship on the wards. Over the next few months they will each get their NMC PIN numbers whereupon they can practise as fully-registered nurses. Until then, they are counted in the non-registered staffing numbers (but still within CHPPD).

The first 19 Registered Nursing Associates quality in May 2019.

Fifteen new Trainee Nursing Associates commenced their two-year programme in September 2018. In addition, fifteen student nursing apprentices started their programme in September 2018.

With regards to international recruitment, the Trust now has 27 nurses working as fully-registered nurses from the Philippines (having passed their OSCE's); a further six are due to undertake their OSCE's in November and a further 10 nurses have been deployed to the UK in the last two weeks and are preparing for their OSCE's.

The Trust has also developed a unique Health Care Support Worker Apprenticeship programme with Hull College and the University of Hull (Fifteen places). This is a

circa. two year programme aimed at 16-18 year olds that ultimately want to become registered nurses. The programme will provide the academic and practical underpinning to allow them to ultimately step into either traditional student nurse training or registered nursing apprenticeships at 18, subject to the attainment of the required academic qualifications (at BTEC equivalent). This is a way of getting these people into gainful health employment as soon as they leave school at 16.

These developments are all really positive news in terms of helping to secure the workforce of the future.

6. ENSURING SAFE STAFFING

The safety brief reviews continue and are completed six times each day. They are led by a Senior Matron with input from a Health Group Nurse Director (or Site Matron at nights and 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 nursing staffing safety briefs 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.

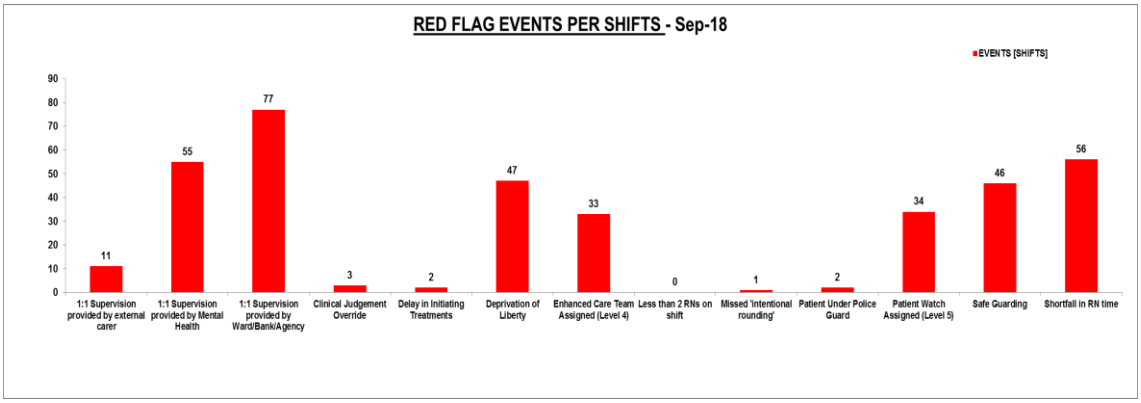
In addition, it is important to keep records of the on-the-day assessments of actual nursing staffing requirements and reported red flag events so that they can be used to inform future planning of ward nursing staff establishments or any other appropriate action(s).

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.
- 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 July 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.

Sep-18	RED FLAG TYPE	EVENTS [SHIFTS]	%
	1:1 Supervision provided by external carer	**11**	**3%**
	1:1 Supervision provided by Mental Health	**55**	**15%**
	1:1 Supervision provided by Ward/Bank/Agency	**77**	**21%**
	Clinical Judgement Override	**3**	**1%**
	Delay in Initiating Treatments	**2**	**1%**
	Deprivation of Liberty	**47**	**13%**
	Enhanced Care Team Assigned (Level 4)	**33**	**9%**
	Less than 2 RNs on shift	**0**	**0%**
	Missed 'intentional rounding'	**1**	**0%**
	Patient Under Police Guard	**2**	**1%**
	Patient Watch Assigned (Level 5)	**34**	**9%**
	Safe Guarding	**46**	**13%**
	Shortfall in RN time	**56**	**15%**
	TOTAL:	**367**	**100%**



As illustrated earlier, the most frequently reported red flag that requires extra nursing time is related to the requirement for 1:1 supervision of some sort for patients. As indicated in the previous Board Reports, this is being addressed through the implementation of the Enhanced Care Team (ECT), which is in the process of being established substantively following a successful trial.

8. ESTABLISHMENT LEVELS

The nursing and midwifery establishments are set and funded to good standards and are reviewed twice a year in line with national guidance. These were last reviewed in May 2018 and are next due to report in the new calendar year as part of the Trust's operational planning round.

9. RISK ASSESSMENT

The inability to recruit sufficient numbers of registered nurses in order to meet full establishment levels remains a concern to the Chief Nurse and senior nurses. Currently, this is a recorded risk at 16 (Likely 4 x Severity 4) until staffing levels stabilise more. Also, work is under way to move staff to cater for the additional winter ward (H10) that is due to open on 3rd December 2018. Managing the safer staffing risks is a daily occurrence for the senior nursing teams and this will continue as the Trust enters the winter period. However, this remains a constant challenge for the organisation.

10. SUMMARY

It is too early to determine if the use of CHPPD will have any significant impact on helping to determine whether staffing levels are safe or not, especially as there are so many other variables that need to be considered before reaching a conclusion. CHPPD is only a number and must be set into context alongside a lot of other data before it can be meaningful. This will be analysed over time as trends are determined and when comparisons can be made.

Also, NHS Improvement has issued revised guidance on how trusts are to publish workforce data from the next financial year onwards. 'Developing Workforce Safeguards[4]' sets out the future requirements for reporting staffing levels across a broader range of professional groups. The Chief Nurse is attending a briefing session in Birmingham on 11th November to understand the new requirements more fully. A further update on this will be provided in the next version of this report.

11. 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
September 2018

Appendix 1: Nurse Staffing Key Metrics – August 2018
Appendix 2: Nurse Staffing Key Metrics – September 2018
Appendix 3: Nurse Staffing Quality Indicators – September 2018
Appendix 4: CHPPD Description, Methodology, Benefits and Limitations

[4] October 2018 - NHS Improvement – Developing Workforce Safeguards: supporting providers to deliver high quality care through safe and effective staffing.

APPENDIX FOUR - CHPPD Description, Methodology, Benefits and Limitations

What is Care Hours Per Patient Day (CHPPD)?

CHPPD is a measure of workforce deployment that can be used at ward, service or aggregated to Trust level.

CHPPD is most useful at ward level where service leaders and managers can consider the workforce deployment over time, with comparable wards within a trust or at other trusts as part of a review of staff deployment and overall productivity. This measure should be used alongside clinical quality and safety outcomes measures to reduce unwarranted variation and support the delivery of high quality, efficient patient care.

How is CHPPD calculated?

The Trust is required to submit monthly returns for safe staffing as it has previously. However, these data are now submitted in a different format using the monthly aggregated average CHPPD for each ward.

CHPPD is calculated, as follows:

The total number of hours worked by both registered nurses/midwives and non-registered support staff over a 24 hour period (midnight to 23:59 hours) divided by the number of patients in beds at 23:59 hours each day.

This is then calculated and averaged across the month in question.

The guidance advises that the 23:59 census is not entirely representative of the total and fluctuating daily care activity, patient turnover or the peak bed occupancy on a given ward. However, it advises that what this does do is provide a reliable and consistent information collection point and a common basis on which productive comparisons can be made to measure, review and reduce variation at ward level within organisations and also within similar specialities across different trusts. As such, there are limitations to its use.

Which staff are included?

In addition to registered nurses, midwives and non-registered care staff, other clinical staff that provide patient care on a full shift basis under the supervision and direction of a registered nurse/midwife can now be included in the CHPPD numbers. This includes allied health professional staff providing they work the full shift on that ward, e.g. a physiotherapist working a shift on a stroke unit.

Further anticipated benefits of using CHPPD

The guidance advises further that using CHPPD provides:

- A single comparable figure that can simultaneously represent both staffing levels and patient requirements, unlike actual hours or patient requirements alone.
- Facilitates comparisons between wards within a trust and nationally, also
- As CHPPD is divided by the number of patients, the value does not increase due to the size of a ward and facilitates comparisons between wards of different sizes.
- It differentiates registered nurses and midwives from healthcare support workers to ensure skill mix is well described and that nurse to patient ratio is encompassed within staff deployment considerations.

- An opportunity to compare planned CHPPD from the roster compared to what staff are actually on duty on each given day.

The limitations of using CHPPD
There are a number of limitations/caveats with using CHPPD. These include:

- The overarching principle is that CHPPD needs to be taken into context alongside the fuller workforce and quality metrics and professional risk assessments in order to be meaningful. This is in order to be able to reach an informed conclusion as to whether nursing and care staffing levels present a quality risk or not.
- It does not account for the skill mix or experience levels of the staff on that ward. For example, a ward might not have the full number of staff it was expecting or requires but the skills and experience of the staff on duty might be able to compensate for that, at least in part.
- As the guidance itself states, 23:59 hrs is not fully representative of the patient activity that may have happened on a given ward during the day. This is particularly so in some elective wards.
- For this Trust, CHPPD does not yet include the additional roles that have been introduced on the wards from nursing establishment monies, e.g. the patient discharge assistants, ward hygienists and enhanced care team members. The aggregated hours for these staff are provided in **Appendices One and Two** at **Column H** so that they are at least declared at this stage. The Trust is making changes to the e-roster so that these staff will be included automatically in the CHPPD calculation in the future. The aim will be to try and achieve this for the next version of this report.

HEY NURSE STAFFING KEY METRICS DASHBOARD

Aug-18

KEY METRICS ROTA: 6th Aug - 2nd Sep 2018

HEALTH GROUP	WARD	SPECIALITY CODE	BEDS	PROFESSIONAL RISK ASSESSMENT	CARE HOURS PER PATIENT DAY [CHPPD] [hrs] PEER HOSPITALS - CHKS LIST									NURSING & MIDWIFERY VACANCIES [FINANCE LEDGER M5]						TEMPORARY STAFFING [2th Aug - 2nd Sep-18]				UNAVAILABILITY HEADROOM 21.6% EXCLUDES MATERNITY LEAVE								ROTA APPROVALS [42 days]		ADDITIONAL DUTIES			UNFILLED ROSTER [<20%]	HOURS BALANCES [4 WEEKS] [NET + /- 2%]	STAFF REDEPLOYMENT [INBOUND INC. 208 & ECT]		
					Other care staff not currently included in CHPPD HPW	Cumulative Count Over The Month of Patients at 23:59 Each Day	RN / RM	CARE STAFF	OVERALL	MODEL HOSPITAL PEER	VARIANCE AGAINST PEER	MODEL HOSPITAL NATIONAL	VARIANCE AGAINST NATIONAL	RN [WTE]	RN % [<10%]	NON -RN- [WTE]	NON - RN-% [<10%]	TOTAL VACANCY [WTE]	RN & NON RN- Est. [WTE]	TOTAL [10%]	BANK [%]	AGENCY [%]	BANK & AGENCY FILL RATE [80%]	TOTAL [21.6%]	SICK RN & AN [3.9%]	ANNUAL LEAVE [11-17%]	OTHER [< 1%]	STUDY DAY [<2.3%]	WORKING DAY [1%]	MAT LEAVE [<2.5%]	FULL [DAYS]	PARTIAL [DAYS]	TOTAL [WTE]	LEGITIMATE [WTE]	AVOIDABLE [WTE]	UNFILLED ROSTER [%]	HOURS BALANCE [%]	NET VARIANCE [HRS]	INBOUND [HRS]	OUTBOUND [HRS]
MEDICINE	ED	GENERAL MEDICINE	NA	LOW	NA	NA	NA	NA	NA	NA	NA	NA	NA	5.08	5.4%	-0.13	-0.6%	4.95	115.34	5.3%	5.1%	0.2%	91.5%	27.4%	5.2%	17.5%	0.0%	1.0%	0.3%	3.4%	53.0	51.0	0.3	0.2	0.1	17.7%	0.4%	88.5	88.5	0.0
	AMU	GENERAL MEDICINE	45	LOW	178.5	1027	5108.2	2978.8	7.9	7.55	0.35	7.31	0.59	10.39	23.5%	2.77	11.9%	13.16	67.57	9.5%	9.2%	0.3%	60.9%	31.7%	12.9%	15.2%	0.0%	1.8%	1.8%	0.0%	27.0	27.0	0.5	0.3	0.2	9.8%	0.7%	216.6	266.1	49.5
	H1	GENERAL MEDICINE	22	LOW	399.0	625	1669.5	1113.8	4.5	7.55	-3.05	7.31	-2.81	0.88	6.0%	1.50	18.9%	2.38	22.51	14.5%	14.1%	0.4%	64.5%	30.6%	3.5%	14.6%	0.0%	0.7%	3.3%	8.5%	21.0	20.0	0.3	0.3	0.0	10.1%	-1.9%	9.8	72.8	63.0
	EAU	GERIATRIC MEDICINE	21	MEDIUM	375.9	324	2025.0	1895.5	12.1	6.94	5.16	7.74	4.36	4.78	25.0%	-6.00	-45.6%	-1.22	32.27	6.3%	5.4%	0.9%	42.5%	31.2%	7.2%	13.7%	3.1%	0.8%	4.1%	2.3%	66.0	66.0	0.2	0.2	0.0	21.2%	0.9%	44.5	56.5	12.0
	H5 / RHOB	RESPIRATORY MEDICINE	26	LOW	220.5	623	2908.8	1706.0	7.4	6.74	0.66	6.38	1.02	3.71	15.0%	1.21	9.2%	4.92	37.84	9.9%	9.4%	0.5%	35.8%	27.1%	10.2%	16.2%	0.0%	0.7%	0.0%	0.0%	46.0	44.0	0.4	0.4	0.0	20.6%	1.2%	38.3	205.3	167.0
	H50	NEPHROLOGY	19	LOW	283.5	404	1749.1	1279.8	7.5	7.23	0.27	7.00	0.50	2.83	18.7%	-1.57	-18.6%	1.26	23.54	2.7%	2.4%	0.3%	35.9%	31.2%	2.8%	19.9%	0.0%	0.7%	0.6%	7.2%	44.0	44.0	0.1	0.1	0.0	15.7%	-1.5%	23.0	23.0	0.0
	H500	RESPIRATORY MEDICINE	24	MEDIUM	157.5	600	1549.5	1774.0	5.5	6.74	-1.24	6.38	-0.88	6.36	37.5%	-0.11	-0.9%	6.25	29.10	10.4%	8.8%	1.6%	46.7%	27.1%	5.6%	18.4%	0.0%	2.1%	1.0%	0.0%	27.0	16.0	0.2	0.2	0.0	16.2%	1.2%	82.3	103.5	21.3
	H70	GENERAL MEDICINE	30	MEDIUM	441.0	757	2159.0	2173.3	5.7	7.55	-1.85	7.31	-1.61	6.42	32.0%	-1.72	-14.1%	4.70	32.22	22.6%	17.1%	5.5%	64.9%	25.2%	10.5%	10.4%	2.8%	1.5%	0.0%	0.0%	13.0	13.0	2.6	1.1	1.5	18.4%	22.7%	459.8	465.8	6.0
	H8	GERIATRIC MEDICINE	27	LOW	220.5	871	1726.3	1985.4	4.3	6.94	-2.64	6.74	-2.44	3.7	22.3%	0.13	1.0%	3.83	29.78	8.3%	8.0%	0.3%	32.1%	28.1%	2.9%	17.9%	0.3%	0.4%	0.5%	6.1%	48.0	48.0	0.1	0.1	0.0	19.7%	-2.9%	36.5	36.5	0.0
	H80	GERIATRIC MEDICINE	27	MEDIUM	220.5	908	1628.0	2195.5	4.2	6.94	-2.74	6.74	-2.54	4.67	28.1%	-0.91	-6.9%	3.76	29.78	8.8%	7.1%	1.7%	40.4%	37.6%	10.8%	17.1%	0.0%	0.8%	6.3%	2.6%	47.0	47.0	0.2	0.2	0.0	17.3%	1.9%	62.0	68.0	6.0
	PDU H9	GERIATRIC MEDICINE	30	LOW	913.5	365	1526.5	2239.0	10.3	6.94	3.36	6.74	3.56	6.5	39.1%	-5.24	-39.8%	1.26	29.78	10.0%	6.7%	3.3%	72.6%	25.1%	4.1%	16.6%	1.0%	1.5%	1.9%	0.0%	16.0	12.0	0.5	0.3	0.2	13.1%	0.4%	167.0	173.0	6.0
	H90	GERIATRIC MEDICINE	29	LOW	252.0	820	1701.3	2043.9	4.6	6.94	-2.34	6.74	-2.14	4.75	28.6%	0.29	2.2%	5.04	29.78	10.6%	10.3%	0.3%	75.0%	30.0%	14.3%	13.9%	0.3%	0.3%	1.2%	0.0%	17.0	17.0	1.0	0.7	0.3	21.2%	1.5%	128.2	158.2	30.0
	H11	STROKE / NEUROLOGY	28	MEDIUM	126.0	849	1765.0	1972.3	4.4	7.55	-3.15	7.41	-3.01	5.09	22.6%	0.51	4.8%	5.60	33.16	13.5%	13.3%	0.2%	61.7%	33.8%	0.8%	16.6%	0.0%	0.5%	9.1%	6.8%	20.0	19.0	0.0	0.0	0.0	9.1%	-0.1%	-39.0	32.5	71.5
	H110	STROKE / NEUROLOGY	24	MEDIUM	252.0	551	1860.3	1843.8	6.7	7.55	-0.85	7.41	-0.71	7.78	34.6%	0.02	0.2%	7.80	33.64	11.9%	11.9%	0.0%	41.3%	39.0%	5.9%	14.8%	1.9%	3.7%	7.4%	5.3%	42.0	16.0	0.6	0.6	0.0	21.4%	5.2%	61.0	64.5	3.5
	CDU	CARDIOLOGY	9	LOW	0.0	112	1074.5	322.0	12.5	7.93	4.57	7.73	4.77	4	31.2%	0.15	5.1%	4.15	15.74	4.3%	4.3%	0.0%	20.7%	38.3%	11.1%	17.5%	0.0%	0.6%	0.0%	9.1%	20.0	19.0	0.1	0.1	0.0	15.2%	18.7%	0.0	0.0	0.0
	C26	CARDIOLOGY / CTS	26	LOW	236.5	839	2597.0	1072.7	4.4	8.46	-4.06	9.93	-5.53	3.51	13.6%	0.61	7.7%	4.12	33.73	4.6%	4.6%	0.0%	34.7%	36.7%	6.1%	14.2%	3.3%	0.9%	3.3%	8.9%	70.0	54.0	0.2	0.2	0.0	20.5%	0.4%	45.5	56.0	10.5
	C28 /CMU	CARDIOLOGY	27	LOW	277.2	631	4334.7	983.5	8.4	7.44	0.96	7.87	0.53	3.26	8.5%	0.37	3.9%	3.63	47.78	0.8%	0.8%	0.0%	27.9%	25.9%	3.1%	15.8%	0.0%	2.3%	2.5%	2.2%	54.0	47.0	0.0	0.0	0.0	11.3%	0.0%	-56.7	31.3	88.0
SURGERY	H4	NEUROSURGERY	28	LOW	157.5	637	2223.3	1617.8	6.0	8.39	-2.39	8.71	-2.71	5.08	23.3%	0.45	4.3%	5.53	32.28	17.4%	17.4%	0.0%	57.0%	30.6%	2.4%	17.0%	0.8%	2.7%	0.1%	7.6%	45.0	33.0	0.9	0.8	0.1	17.8%	-2.1%	110.0	115.0	5.0
	H40	NEUROSURGERY / TRAUMA	15	LOW	105.0	780	2354.8	1416.0	4.8	8.39	-3.59	8.71	-3.91	3.62	17.4%	-1.14	-10.3%	2.48	31.95	4.1%	3.6%	0.5%	29.0%	32.5%	7.9%	18.5%	1.0%	1.0%	1.4%	2.7%	59.0	40.0	0.6	0.5	0.1	11.2%	3.1%	102.3	113.3	11.0
	H6	GENERAL SURGERY	28	LOW	283.5	578	2308.0	1619.8	6.8	6.99	-0.19	7.26	-0.46	2.91	15.2%	1.13	10.6%	4.04	29.74	9.6%	8.7%	0.9%	56.1%	22.5%	1.5%	13.0%	0.0%	2.5%	1.8%	3.7%	63.0	63.0	0.1	0.1	0.0	9.3%	-1.5%	9.8	43.3	33.5
	H60	GENERAL SURGERY	28	LOW	126.0	732	2248.8	1766.5	5.5	6.99	-1.49	7.26	-1.76	2.2	11.5%	0.81	7.6%	3.01	29.74	10.4%	9.1%	1.3%	50.8%	27.8%	7.8%	15.1%	0.1%	0.5%	0.8%	3.5%	65.0	63.0	0.2	0.1	0.1	9.8%	-3.7%	28.3	33.8	5.5
	H7	VASCULAR SURGERY	30	MEDIUM	283.5	648	2533.8	1913.0	6.9	6.99	-0.09	7.26	-0.36	6.16	28.3%	1.09	8.3%	7.25	34.89	18.6%	13.0%	5.6%	63.4%	25.5%	2.3%	18.5%	0.0%	1.9%	2.8%	0.0%	62.0	62.0	0.5	0.4	0.1	14.1%	0.4%	-57.0	60.8	117.8
	H100	GASTROENTEROLOGY	27	LOW	239.4	808	2174.5	1787.5	4.9	6.63	-1.73	6.29	-1.39	3.09	16.2%	0.52	4.3%	3.61	31.23	15.8%	15.8%	0.0%	62.0%	28.2%	4.6%	20.3%	0.1%	0.5%	0.6%	2.1%	55.0	52.0	0.5	0.4	0.1	13.9%	1.6%	16.5	83.0	66.5
	H12	ORTHOPAEDIC	28	LOW	252.0	772	2473.5	1807.0	5.5	7.13	-1.63	7.25	-1.75	3.27	15.0%	-1.60	-12.2%	1.67	35.00	6.7%	6.7%	0.0%	64.3%	31.2%	5.4%	14.6%	0.0%	1.3%	7.2%	2.7%	40.0	40.0	0.0	0.0	0.0	11.8%	0.9%	-27.3	0.0	27.3
	H120	ORTHO / MAXFAX	22	LOW	283.5	568	2138.8	1808.5	6.9	7.13	-0.23	7.25	-0.35	2.14	12.9%	-0.65	-5.5%	1.49	28.42	11.0%	9.5%	1.5%	84.4%	25.6%	6.0%	15.8%	1.2%	0.5%	2.1%	0.0%	47.0	40.0	0.5	0.3	0.2	6.6%	1.0%	54.0	54.0	0.0
	HICU	CRITICAL CARE	22	LOW	252.0	350	10014.0	817.3	30.9	27.13	3.77	26.60	4.30	9.1	8.7%	-0.40	-5.5%	8.70	112.20	0.0%	0.0%	0.0%	-	35.5%	11.0%	18.1%	1.0%	0.9%	1.1%	3.4%	59.0	58.0	0.0	0.0	0.0	29.9%	2.7%	-315.5	0.0	315.5
	C9	ORTHOPAEDIC	35	LOW	252.0	813	2206.3	1707.5	4.8	7.13	-2.33	7.25	-2.45	2.57	11.8%	0.47	4.1%	3.04	33.39	6.5%	6.5%	0.0%	25.8%	29.4%	7.2%	15.3%	0.0%	0.7%	2.0%	4.2%	62.0	62.0	0.2	0.2	0.0	23.3%	0.4%	-90.0	44.5	134.5
	C10	GENERAL SURGERY	21	LOW	252.0	583	2256.1	1042.7	5.7	6.99	-1.29	7.26	-1.56	2.54	13.9%	1.03	13.2%	3.57	26.08	17.3%	16.8%	0.5%	62.9%	32.3%	5.0%	17.4%	0.3%	2.7%	4.3%	2.6%	48.0	47.0	0.8	0.8	0.0	12.4%	-0.7%	83.3	123.8	40.5
	C11	GENERAL SURGERY	22	LOW	252.0	592	2178.0	1137.8	5.6	6.99	-1.39	7.26	-1.66	2.43	13.3%	1.15	14.7%	3.58	26.08	8.1%	8.1%	0.0%	50.5%	21.6%	5.7%	15.7%	0.0%	0.2%	0.0%	0.0%	62.0	62.0	0.3	0.3	0.0	10.4%	0.5%	40.3	93.3	53.0
	C14	GENERAL SURGERY	27	LOW	252.0	602	2262.0	1039.8	5.5	6.99	-1.49	7.26	-1.76	3.52	17.3%	0.27	3.0%	3.79	29.38	2.8%	2.6%	0.2%	27.6%	24.0%	4.4%	14.4%	0.0%	1.6%	3.6%	0.0%	61.0	47.0	0.2	0.2	0.0	21.3%	2.9%	42.5	89.0	46.5
	C15	UROLOGY	26	MEDIUM	283.5	602	2448.0	1425.0	6.4	6.47	-0.07	6.67	-0.27	2.22	10.8%	0.09	0.7%	2.31	32.71	11.3%	10.7%	0.6%	74.4%	31.4%	3.8%	18.7%	0.4%	0.2%	0.3%	8.0%	55.0	46.0	0.3	0.3	0.0	8.1%	0.3%	24.0	68.5	44.5
	C27	CARDIOTHORACIC	26	LOW	283.2	622	2862.0	1060.8	6.3	8.46	-2.16	9.93	-3.63	1.14	4.8%	-0.66	-7.7%	0.48	32.22	1.4%	1.4%	0.0%	56.4%	23.0%	0.4%	14.9%	0.1%	1.5%	3.0%	3.1%	48.0	47.0	0.0	0.0	0.0	11.3%	0.1%	-31.8	0.0	31.8
	CICU	CRITICAL CARE	22	MEDIUM	157.5	408	9693.2	759.3	25.6	27.13	-1.53	26.60	-1.00	11.37	12.2%	1.17	15.5%	12.54	100.50	1.3%	1.3%	0.0%	62.3%	30.9%	4.6%	15.0%	0.3%	1.3%	2.8%	6.9%	62.0	59.0	0.0	0.0	0.0	19.0%	3.5%	132.5	206.5	74.0
FAMILY & WOMEN'S	C16	BREAST / ENT / PLASTIC	30	LOW	0.0	883	1823.0	1173.0	3.4	6.58	-3.18	9.03	-5.63	5.12	27.7%	0.87	7.8%	5.99	29.65	10.1%	8.5%	1.6%	99.2%	33.9%	2.5%	21.0%	0.2%	0.2%	0.3%	9.7%	44.0	40.0	0.1	0.1	0.0	0.0%	-0.6%	-83.0	45.0	128.0
	H130	PAEDIATRICS	20	LOW	205.8	253	2097.9	659.8	10.9	11.44	-0.54	12.20	-1.30	0.77	3.6%	2.11	40.4%	2.88	26.59	1.1%	1.1%	0.0%	116.5%	27.2%	3.2%	18.8%	0.0%	1.6%	0.7%	2.9%	53.0	52.0	0.2	0.2	0.0	30.2%	0.8%	22.0	33.0	11.0
	H30 CEDAR	GYNAECOLOGY	9	LOW	0.0	169	1428.8	478.0	11.3	8.02	3.28	7.70	3.60	0.14	1.9%	0.12	3.1%	0.26	11.33	4.6%	4.6%	0.0%	76.7%	32.2%	6.2%	13.8%	0.0%	0.3%	0.0%	11.9%	47.0	46.0	0.0	0.0	0.0	19.9%	-0.5%	-27.0	0.0	27.0
	H31 MAPLE	OBSTETRICS	20	LOW	0.0	462	2171.3	1401.5	7.7	10.11	-2.41	15.48	-7.78	0.55	1.19%	1.00	3.69%	1.55	73.34	1.3%	1.3%	0.0%	96.7%	29.1%	8.1%	13.1%	0.9%	1.2%	3.2%	2.6%	41.0	41.0	0.0	0.0	0.0	11.3%	-1.1%	0.0	0.0	0.0
	H33 ROWAN	OBSTETRICS	38	LOW	0.0	1191	3021.3	1608.5	3.9	10.11	-6.21	15.48	-11.58							1.3%	1.3%	0.0%	86.4%	19.4%	1.1%	13.4%	0.0%	0.6%	2.1%	2.2%	41.0	41.0	0.0	0.0	0.0	9.0%	-1.7%	12.0	12.0	0.0
	H34 ACORN	PAEDIATRIC SURGERY	20	LOW	0.0	236	2465.3	563.5	12.8	9.11	3.69	11.01	1.79	0.94	4.5%	-0.46	-8.8%	0.48	26.00	1.4%	1.4%	0.0%	84.7%	26.6%	0.8%	19.0%	0.8%	2.5%	2.6%	0.9%	33.0	-18.0	0.0	0.0	0.0	15.3%	-0.7%	-23.0	0.0	23.0
	H35	OPHTHALMOLOGY	12	LOW	285.6	233	1532.0	297.5	7.9	11.20	-3.30	10.70	-2.80	0.18	6.6%	1.74	64.2%	1.92	13.84	4.4%	1.1%	3.3%	99.3%	41.6%	11.4%	12.6%	0.7%	0.5%	0.1%	16.3%	73.0	73.0	0.1	0.1	0.0	16.2%	-2.7%	-131.0	11.0	142.0
	LABOUR	MATERNITY	16	LOW	369.5	299	5713.3	1468.0	24.0	10.11	13.89	15.48	8.52	-1.31	-9.6%	-2.11	-15.4%	-3.42	63.84	1.6%	1.6%	0.0%	102.8%	27.7%	4.3%	18.4%	1.5%	1.0%	0.7%	1.8%	40.0	40.0	0.1	0.0	0.1	4.4%	-8.2%	-12.0	72.1	84.1
	NEONATES	NEONATOLOGY	26	LOW	157.5	577	7703.3	542.0	14.3	13.26	1.04	12.98	1.32	3.4	5.3%	0.8	9.6%	4.20	74.51	2.9%	2.9%	0.0%	81.6%	30.1%	3.4%	19.3%	0.1%	1.1%	3.5%	2.7%	52.0	52.0	0.1	0.1	0.0	10.6%	-0.3%	34.0	34.0	0.0
	PAU	PAEDIATRICS	10	LOW	0.0	43	1161.5	0.0	27.0	11.44	15.56	12.20	14.80	1.08	10.3%	0	0.0%	1.08	10.44	7.2%	7.2%	0.0%	70.1%	32.8%	0.0%	21.9%	0.0%	2.4%	0.0%	8.5%	53.0	52.0	0.0	0.0	0.0	19.6%	4.6%	12.0	12.0	0.0
	PHDU	PAEDIATRICS	4	LOW	0.0	69	1615.0	65.0	24.3	11.44	12.86	12.20	12.10	0.53	4.6%	0	0.0%	0.53	11.66	1.5%	1.5%	0.0%	80.0%	24.8%	0.0%	16.6%	0.0%	1.1%	0.1%	7.0%	53.0	52.0	1.5	1.5	0.0	12.9%	-1.3%	-23.0	0.0	23.0
CLINICAL SUPPORT	C7	INFECTIOUS DISEASE	12	LOW	157.5	333	1450.5	897.3	7.1	7.76	-0.66	7.91	-0.81	-0.07	-0.9%	2.22	27.1%	2.15	20.22	14.4%	13.9%	0.5%	71.7%	29.8%	1.6%	27.3%	0.0%	0.2%	0.4%	0.3%	48.0	38.0	0.1	0.1	0.0	10.6%	-14.7%	34.5	34.5	0.0
	C29	REHABILITATION	15	LOW	147.0	662	1627.3	1663.0	5.0	7.69	-2.69	6.66	-1.66	-0.12	-0.8%	1.59	10.1%	1.47	28.89	1.0%	0.6%	0.4%	61.5%	22.4%	1.0%	16.1%	0.3%	2.6%	2.2%	0.2%	65.0	61.0	0.7	0.7	0.0	11.9%	2.5%	-45.0	11.0	56.0
	C30	CLINICAL ONCOLOGY	22	LOW	220.5	460	1713.9	1189.0	6.3	7.92	-1.62	7.14	-0.84	0.46	5.8%	0.31	3.9%	0.77	21.97	4.8%	4.4%	0.4%	40.1%	26.5%	3.1%	20.0%	0.0%	1.0%	0.1%	2.3%	55.0	54.0	0.2	0.2	0.0	9.2%	-8.4%	9.0	27.5	18.5
	C31	CLINICAL ONCOLOGY	27	MEDIUM	220.5	646	1671.9	1296.3	4.6	7.92	-3.32	7.14	-2.54	4.51	38.4%	0.13	1.1%	4.64	25.74	1.7%	0.9%	0.8%	20.4%	25.4%	3.9%	16.3%	0.0%	0.5%	0.1%	4.6%	34.0	34.0	1.2	1.2	0.0	12.0%	-0.5%	5.0	34.0	29.0
	C32	CLINICAL ONCOLOGY	22	MEDIUM	220.5	639	1664.5	1168.5	4.4	7.92	-3.52	7.14	-2.74	2.08	21.7%	0.07	0.7%	2.15	23.57	3.9%	3.0%	0.9%	36.9%	24.8%	5.5%	15.3%	0.0%	0.5%	0.1%	3.4%	58.0	53.0	0.2	0.2	0.0	8.4%	-2.3%	28.0	34.0	6.0
	C33	CLINICAL HAEMATOLOGY	28	MEDIUM	220.5	628	2496.9	1332.0	6.1	8.21	-2.11	7.23	-1.13	2.11	26.4%	-2.03	-25.4%	0.08	35.44	2.4%	2.1%	0.3%	29.2%	37.6%	6.2%	14.9%	0.0%	1.1%	1.6%	13.8%	54.0	53.0	0.6	0.5	0.1	17.6%	1.2%	34.3	69.3	35.0
WARD	WARD IN WHICH THERE IS NO MODEL HOSPITAL PEER OR NATIONAL COMPARATOR			TOTALS:	10473.6	28184	129114.9	66107.7	6.9	8.84	-3.54	9.25	-23.62	167.44	13.3%	1.97	0.4%	179.70	1786.40	7.2%	6.5%	0.7%	59.8%	29.4%	5.2%	16.6%	0.5%	1.2%	1.9%	4.1%	47.4	42.9	17.5	14.3	3.2	14.6%	0.5%	1335.6	3459.1	2123.6

HEY NURSE STAFFING KEY METRICS DASHBOARD

Sep-18

KEY METRICS ROTA: 3rd Sep - 30 Sep 2018

HEALTH GROUP	WARD	SPECIALITY CODE	BEDS	PROFESSIONAL RISK ASSESSMENT	CARE HOURS PER PATIENT DAY [CHPPD] [hrs] PEER HOSPITALS - CHKS LIST: Other care staff not currently included in CHPPD HPW	Cumulative Count Over The Month of Patients at 23:59 Each Day	RN / RM	CARE STAFF	OVERALL	MODEL HOSPITAL PEER	VARIANCE AGAINST PEER	MODEL HOSPITAL NATIONAL	VARIANCE AGAINST NATIONAL	NURSING & MIDWIFERY VACANCIES [FINANCE LEDGER M6]: RN [WTE]	RN % [<10%]	NON -RN- [WTE]	NON - RN-% [<10%]	TOTAL VACANCY [WTE]	RN & NON-RN- Est. [WTE]	TEMPORARY STAFFING [3rd Sep - 30th Sep-18]: TOTAL [10%]	BANK [%]	AGENCY [%]	BANK & AGENCY FILL RATE [80%]	UNAVAILABILITY HEADROOM 21.6% EXCLUDES MATERNITY LEAVE: TOTAL [21.6%]	SICK RN & AN [3.9%]	ANNUAL LEAVE [11-17%]	OTHER [< 1%]	STUDY DAY [<2.3%]	WORKING DAY [1%]	MAT LEAVE [<2.5%]	ROTA APPROVALS [42 days]: FULL [DAYS]	PARTIAL [DAYS]	ADDITIONAL DUTIES: TOTAL [WTE]	LEGITIMATE [WTE]	AVOIDABLE [WTE]	UNFILLED ROSTER [<20%]: UNFILLED ROSTER [%]	HOURS BALANCES [4 WEEKS] [NET + /- 2%]: HOURS BALANCE [%]	STAFF REDEPLOYMENT [INBOUND INC. 208 & ECT]: NET VARIANCE [HRS]	INBOUND [HRS]	OUTBOUND [HRS]
MEDICINE	ED	GENERAL MEDICINE	NA	LOW	NA	NA	NA	NA	NA	NA	NA	NA	NA	9.08	9.7%	1.87	8.5%	10.95	115.34	5.3%	4.8%	0.5%	90.1%	25.0%	3.7%	17.0%	0.1%	1.5%	0.1%	2.6%	49.0	47.0	0.2	0.0	0.2	14.8%	0.6%	79.0	79.0	0.0
	AMU	GENERAL MEDICINE	45	LOW	178.5	1062.0	5008.0	2961.7	7.5	7.55	-0.05	7.31	0.19	15.27	34.6%	-0.43	-1.8%	14.84	67.57	10.8%	9.4%	1.4%	69.8%	31.0%	10.2%	15.0%	0.0%	3.8%	1.8%	0.2%	39.0	39.0	0.3	0.1	0.2	8.1%	0.8%	269.0	277.5	8.5
	H1	GENERAL MEDICINE	22	LOW	399.0	595.0	1483.3	1089.0	4.3	7.55	-3.23	7.31	-2.99	0.88	6.0%	0.50	6.3%	1.38	22.51	7.7%	7.7%	0.0%	40.0%	30.4%	6.7%	11.8%	0.0%	3.6%	0.0%	8.3%	41.0	39.0	0.0	0.0	0.0	14.9%	-1.4%	13.8	55.8	42.0
	EAU	GERIATRIC MEDICINE	21	MEDIUM	375.9	571.0	2038.5	1738.0	6.6	6.94	-0.33	7.74	-1.13	4.78	25.0%	-4.92	-37.4%	-0.14	32.27	6.8%	5.4%	1.4%	54.2%	26.5%	1.1%	18.3%	3.3%	1.9%	1.9%	0.0%	60.0	59.0	0.0	0.0	0.0	17.7%	0.2%	-19.0	17.5	36.5
	H5 / RHOB	RESPIRATORY MEDICINE	26	LOW	220.5	1295.0	2808.0	1661.8	3.5	6.74	-3.29	6.38	-2.93	3.07	12.4%	0.44	3.3%	3.51	37.84	10.9%	9.3%	1.6%	40.0%	30.7%	9.7%	17.4%	0.0%	2.1%	1.5%	0.0%	47.0	44.0	0.5	0.2	0.3	15.9%	0.9%	62.5	105.0	42.5
	H50	NEPHROLOGY	19	LOW	283.5	558.0	1628.3	1221.8	5.1	7.23	-2.12	7.00	-1.89	1.83	12.1%	-0.77	-9.1%	1.06	23.54	1.7%	1.7%	0.0%	23.5%	32.5%	5.3%	16.0%	0.0%	1.1%	3.1%	7.0%	60.0	44.0	0.1	0.1	0.0	15.0%	-3.6%	11.5	54.0	42.5
	H500	RESPIRATORY MEDICINE	24	MEDIUM	157.5	704.0	1526.0	1753.5	4.7	6.74	-2.08	6.38	-1.72	6.36	37.5%	0.29	2.4%	6.65	29.10	11.4%	11.4%	0.0%	67.4%	22.7%	5.3%	15.5%	0.0%	1.4%	0.5%	0.0%	4.0	-1.0	0.5	0.2	0.3	10.4%	2.4%	44.5	61.5	17.0
	H70	GENERAL MEDICINE	30	MEDIUM	441.0	888.0	1997.0	2130.0	4.7	7.55	-2.90	7.31	-2.66	7.06	35.2%	-2.72	-22.4%	4.34	32.22	24.8%	20.9%	3.9%	72.0%	32.2%	13.6%	14.0%	3.2%	1.2%	0.0%	0.2%	5.0	5.0	1.9	0.7	1.2	17.5%	23.7%	307.3	314.8	7.5
	H8	GERIATRIC MEDICINE	27	LOW	220.5	787.0	1706.9	1906.9	4.6	6.94	-2.35	6.74	-2.15	3.70	22.3%	-1.51	-11.5%	2.19	29.78	5.4%	5.4%	0.0%	54.3%	26.6%	5.1%	11.1%	1.7%	1.2%	1.9%	5.6%	41.0	37.0	0.4	0.0	0.4	17.6%	0.7%	5.5	13.0	7.5
	H80	GERIATRIC MEDICINE	27	MEDIUM	220.5	788.0	1617.4	2078.8	4.7	6.94	-2.25	6.74	-2.05	4.03	24.3%	-2.04	-15.5%	1.99	29.78	8.7%	8.0%	0.7%	38.9%	29.2%	6.3%	14.3%	0.2%	2.0%	6.4%	0.0%	67.0	59.0	0.0	0.0	0.0	17.7%	4.9%	33.0	52.5	19.5
	PDU H9	GERIATRIC MEDICINE	30	LOW	913.5	877.0	1481.5	2096.0	4.1	6.94	-2.86	6.74	-2.66	6.46	38.9%	-5.07	-38.5%	1.39	29.78	10.0%	6.3%	3.7%	69.9%	27.2%	1.3%	13.7%	1.8%	3.3%	4.7%	2.4%	17.0	16.0	0.3	0.2	0.1	10.5%	0.3%	118.0	118.0	0.0
	H90	GERIATRIC MEDICINE	29	LOW	252.0	850.0	1616.5	1833.0	4.1	6.94	-2.88	6.74	-2.68	3.95	23.8%	-2.51	-19.1%	1.45	29.78	2.8%	2.5%	0.3%	53.3%	34.4%	13.0%	12.3%	2.3%	2.0%	4.8%	0.0%	32.0	32.0	0.8	0.8	0.0	19.7%	1.9%	12.5	45.0	32.5
	H11	STROKE / NEUROLOGY	28	MEDIUM	126.0	815.0	1663.0	1980.0	4.5	7.55	-3.08	7.41	-2.94	5.09	22.6%	-1.95	-18.3%	3.14	33.16	11.4%	11.4%	0.0%	45.1%	34.2%	5.7%	12.9%	0.5%	2.1%	6.4%	6.6%	18.0	13.0	0.1	0.1	0.0	16.1%	1.2%	25.0	71.0	46.0
	H110	STROKE / NEUROLOGY	24	MEDIUM	252.0	519.0	1816.8	1929.3	7.2	7.55	-0.33	7.41	-0.19	7.78	34.6%	-5.16	-46.4%	2.62	33.64	19.8%	19.7%	0.1%	56.4%	43.4%	7.6%	16.7%	0.5%	4.3%	9.2%	5.1%	39.0	12.0	1.3	0.7	0.6	14.9%	7.1%	195.0	216.0	21.0
	CDU	CARDIOLOGY	9	LOW	0.0	100.0	984.5	246.0	12.3	7.93	4.38	7.73	4.58	2.80	21.8%	0.15	5.0%	2.94	15.74	11.0%	11.0%	0.0%	64.7%	52.4%	16.9%	21.9%	0.0%	0.3%	4.3%	9.0%	33.0	28.0	0.0	0.0	0.0	12.4%	-0.1%	43.5	43.5	0.0
	C26	CARDIOLOGY / CTS	26	LOW	236.5	916.0	2717.0	1090.3	4.2	8.46	-4.30	9.93	-5.77	3.60	14.0%	-0.75	-9.5%	2.85	33.73	4.0%	4.0%	0.0%	73.7%	31.8%	2.9%	14.0%	0.8%	0.8%	4.2%	9.1%	34.0	11.0	0.0	0.0	0.0	2.3%	-0.9%	25.5	25.5	0.0
	C28 /CMU	CARDIOLOGY	27	LOW	277.2	690.0	4191.5	965.8	7.5	7.44	0.03	7.87	-0.40	2.35	6.2%	-1.63	-16.9%	0.73	47.78	3.3%	2.8%	0.5%	68.7%	30.9%	4.2%	17.5%	0.1%	3.0%	3.9%	2.2%	54.0	48.0	0.1	0.1	0.0	2.1%	0.0%	14.5	120.5	106.0
SURGERY	H4	NEUROSURGERY	28	LOW	157.5	746.0	2201.1	1512.1	5.0	8.39	-3.41	8.71	-3.73	6.08	27.8%	-3.55	-34.0%	2.53	32.28	16.5%	15.9%	0.6%	76.8%	34.5%	4.3%	14.6%	1.9%	2.6%	3.6%	7.5%	37.0	27.0	0.2	0.1	0.1	15.4%	-2.7%	98.3	109.3	11.0
	H40	NEUROSURGERY / TRAUMA	15	LOW	105.0	385.0	2293.3	1348.5	9.5	8.39	1.07	8.71	0.75	3.74	18.0%	-2.02	-18.2%	1.72	31.95	2.7%	1.0%	1.7%	46.2%	29.6%	4.0%	13.7%	0.7%	3.9%	5.2%	2.1%	34.0	32.0	0.1	0.1	0.0	11.8%	2.7%	22.5	45.0	22.5
	H6	GENERAL SURGERY	28	LOW	283.5	670.0	2271.0	1571.8	5.7	6.99	-1.25	7.26	-1.52	3.91	20.5%	1.13	10.6%	5.04	29.74	19.7%	17.9%	1.8%	74.6%	30.4%	1.5%	21.5%	0.0%	1.3%	2.4%	3.7%	60.0	55.0	0.2	0.2	0.0	8.5%	-2.0%	5.8	50.8	45.0
	H60	GENERAL SURGERY	28	LOW	126.0	781.0	2163.5	1726.0	5.0	6.99	-2.01	7.26	-2.28	2.20	11.5%	-1.19	-11.2%	1.01	29.74	14.8%	14.8%	0.0%	65.2%	34.7%	7.7%	16.3%	0.0%	1.4%	6.0%	3.3%	62.0	55.0	0.4	0.1	0.3	9.3%	-3.7%	-22.5	22.0	44.5
	H7	VASCULAR SURGERY	30	MEDIUM	283.5	781.0	2336.5	1895.8	5.4	6.99	-1.57	7.26	-1.84	6.16	28.3%	-0.91	-6.9%	5.25	34.89	16.8%	10.7%	6.1%	51.1%	30.5%	3.7%	14.3%	0.0%	1.7%	9.1%	1.7%	55.0	55.0	0.6	0.3	0.3	16.3%	0.1%	-33.0	57.5	90.5
	H100	GASTROENTEROLOGY	27	LOW	239.4	779.0	2090.8	1694.3	4.9	6.63	-1.77	6.29	-1.43	1.52	7.9%	3.47	28.6%	4.98	31.23	11.7%	11.6%	0.1%	59.2%	28.0%	4.4%	16.7%	0.2%	1.5%	3.0%	2.2%	66.0	54.0	0.4	0.2	0.2	11.4%	1.7%	14.5	47.0	32.5
	H12	ORTHOPAEDIC	28	LOW	252.0	726.0	2329.8	1865.0	5.8	7.13	-1.35	7.25	-1.47	3.27	15.0%	-0.92	-7.0%	2.35	35.00	4.7%	4.7%	0.0%	64.1%	32.1%	1.6%	16.8%	0.1%	2.0%	9.0%	2.6%	49.0	37.0	0.2	0.2	0.0	6.6%	1.0%	14.3	39.8	25.5
	H120	ORTHO / MAXFAX	22	LOW	283.5	560.0	2031.0	1636.2	6.6	7.13	-0.58	7.25	-0.70	-0.50	-3.0%	-0.65	-5.5%	-1.15	28.42	10.3%	9.7%	0.6%	70.3%	29.3%	5.3%	11.4%	0.2%	4.6%	7.8%	0.0%	53.0	37.0	0.3	0.2	0.1	5.7%	1.1%	31.3	37.3	6.0
	HICU	CRITICAL CARE	22	LOW	252.0	444.0	11095.8	944.5	27.1	27.13	-0.01	26.60	0.52	14.22	13.6%	-12.40	-169.4%	1.82	112.20	0.6%	0.0%	0.6%	19.8%	29.2%	6.4%	15.6%	0.3%	1.3%	2.3%	3.3%	59.0	55.0	0.0	0.0	0.0	17.0%	2.1%	-130.3	30.3	160.5
	C9	ORTHOPAEDIC	35	LOW	252.0	648.0	2191.2	1498.2	5.7	7.13	-1.44	7.25	-1.56	3.17	14.5%	1.47	12.7%	4.64	33.39	6.4%	6.4%	0.0%	28.7%	29.9%	6.7%	14.2%	0.1%	2.7%	2.8%	3.4%	55.0	55.0	0.0	0.0	0.0	21.1%	0.0%	-46.0	29.0	75.0
	C10	GENERAL SURGERY	21	LOW	252.0	561.0	2136.5	1153.0	5.9	6.99	-1.13	7.26	-1.40	2.54	13.9%	-1.97	-25.2%	0.57	26.08	21.0%	20.4%	0.6%	65.7%	32.7%	4.5%	21.3%	0.7%	1.7%	1.9%	2.6%	51.0	48.0	1.0	0.9	0.1	10.4%	0.9%	33.5	86.5	53.0
	C11	GENERAL SURGERY	22	LOW	252.0	562.0	2061.5	1067.5	5.6	6.99	-1.42	7.26	-1.69	3.14	17.2%	1.79	22.9%	4.93	26.08	11.5%	10.8%	0.7%	70.8%	28.3%	5.7%	15.6%	1.2%	3.0%	2.8%	0.0%	62.0	56.0	0.8	0.7	0.1	7.4%	-0.5%	80.5	105.5	25.0
	C14	GENERAL SURGERY	27	LOW	252.0	692.0	2235.3	1118.0	4.9	6.99	-2.14	7.26	-2.41	3.55	17.4%	0.11	1.2%	3.65	29.38	8.8%	6.4%	2.4%	61.4%	28.1%	3.4%	18.6%	0.1%	2.8%	3.2%	0.0%	67.0	56.0	0.4	0.3	0.1	16.0%	2.3%	92.3	104.3	12.0
	C15	UROLOGY	26	MEDIUM	283.5	569.0	2194.3	1413.5	6.3	6.47	-0.13	6.67	-0.33	2.54	12.3%	0.09	0.7%	2.62	32.71	13.7%	10.7%	3.0%	66.6%	31.6%	1.9%	19.1%	0.4%	1.7%	1.4%	7.1%	62.0	54.0	0.9	0.8	0.1	12.0%	2.4%	16.2	46.0	29.8
	C27	CARDIOTHORACIC	26	LOW	283.2	718.0	2792.7	1052.5	5.4	8.46	-3.10	9.93	-4.57	2.16	9.1%	-1.86	-21.6%	0.30	32.22	1.8%	1.8%	0.0%	64.9%	24.0%	2.5%	16.3%	0.0%	2.3%	2.7%	0.2%	40.0	38.0	0.0	0.0	0.0	9.5%	1.9%	-55.8	2.5	58.3
	CICU	CRITICAL CARE	22	MEDIUM	157.5	419.0	9834.2	725.8	25.2	27.13	-1.93	26.60	-1.40	12.84	13.8%	1.13	15.0%	13.97	100.50	3.4%	3.3%	0.1%	81.5%	33.1%	4.1%	16.6%	0.5%	2.9%	3.5%	5.5%	62.0	55.0	0.0	0.0	0.0	17.2%	1.7%	79.5	127.8	48.3
FAMILY & WOMEN'S	C16	BREAST / ENT / PLASTIC	30	LOW	0.0	384.0	1808.3	1060.8	7.5	6.58	0.89	9.03	-1.56	4.99	27.0%	0.03	0.3%	5.02	29.65	10.8%	10.4%	0.4%	93.5%	33.2%	3.2%	12.8%	0.0%	2.4%	3.3%	11.5%	40.0	38.0	0.3	0.2	0.1	2.0%	-0.5%	-47.6	19.0	66.6
	H130	PAEDIATRICS	20	LOW	205.8	308.0	2094.5	513.0	8.5	11.44	-2.97	12.20	-3.73	0.77	3.6%	2.11	40.5%	2.89	26.59	1.2%	1.2%	0.0%	105.3%	27.9%	3.6%	17.5%	0.0%	0.9%	3.0%	2.9%	52.0	46.0	0.0	0.0	0.0	35.1%	1.3%	25.5	36.5	11.0
	H30 CEDAR	GYNAECOLOGY	9	LOW	0.0	153.0	1389.9	400.0	11.7	8.02	3.68	7.70	4.00	1.18	15.8%	0.12	3.1%	1.30	11.33	6.2%	5.6%	0.6%	74.7%	31.5%	7.4%	11.3%	0.0%	1.7%	0.0%	11.1%	55.0	44.0	0.2	0.1	0.1	22.1%	-0.3%	-5.0	0.0	5.0
	H31 MAPLE	OBSTETRICS	20	LOW	0.0	394.0	2100.0	1380.0	8.8	10.11	-1.28	15.48	-6.65	0.23	0.50%	2.03	7.49%	2.26	73.34	0.4%	0.4%	0.0%	100.0%	26.3%	5.9%	11.5%	0.5%	2.5%	2.7%	3.2%	47.0	42.0	0.0	0.0	0.0	16.7%	-1.1%	0.0	0.0	0.0
	H33 ROWAN	OBSTETRICS	38	LOW	0.0	1178.0	2968.4	1600.0	3.9	10.11	-6.23	15.48	-11.60							0.7%	0.7%	0.0%	92.9%	27.3%	3.3%	17.1%	1.5%	1.7%	1.6%	2.1%	47.0	42.0	0.3	0.3	0.0	10.2%	-2.8%	30.0	42.0	12.0
	H34 ACORN	PAEDIATRIC SURGERY	20	LOW	0.0	226.0	2156.3	512.0	11.8	9.11	2.70	11.01	0.80	1.58	7.6%	-0.504	-9.7%	1.08	26.00	1.5%	1.5%	0.0%	91.8%	29.8%	4.3%	18.3%	0.0%	3.6%	3.6%	0.0%	49.0	-12.0	0.0	0.0	0.0	27.5%	-1.8%	-12.0	0.0	12.0
	H35	OPHTHALMOLOGY	12	LOW	285.6	218.0	1493.0	245.0	8.0	11.20	-3.23	10.70	-2.73	1.18	43.5%	1.74	64.2%	2.92	13.84	1.9%	1.2%	0.7%	44.2%	39.3%	6.9%	19.5%	1.2%	1.5%	0.1%	10.1%	62.0	61.0	0.2	0.2	0.0	24.6%	-1.7%	-106.0	0.0	106.0
	LABOUR	MATERNITY	16	LOW	369.5	321.0	5621.0	1412.5	21.9	10.11	11.80	15.48	6.43	-1.52	-11.1%	-2.107	-15.4%	-3.63	63.84	3.2%	3.2%	0.0%	89.2%	24.9%	4.5%	13.8%	1.8%	1.3%	1.7%	1.8%	32.0	32.0	0.6	0.4	0.2	7.1%	-8.9%	-38.5	54.0	92.5
	NEONATES	NEONATOLOGY	26	LOW	157.5	599.0	7455.9	349.0	13.0	13.26	-0.23	12.98	0.05	1.98	3.1%	0.71	9.6%	2.69	74.51	2.5%	2.5%	0.0%	90.1%	33.1%	6.8%	13.2%	0.0%	4.7%	5.7%	2.7%	38.0	33.0	0.1	0.0	0.1	15.3%	-0.5%	0.0	0.0	0.0
	PAU	PAEDIATRICS	10	LOW	0.0	57.0	1266.5	0.0	22.2	11.44	10.78	12.20	10.02	1.08	10.3%	0	0.0%	1.08	10.44	8.2%	8.2%	0.0%	74.8%	33.8%	1.6%	27.5%	0.0%	4.2%	0.5%	0.0%	52.0	47.0	0.0	0.0	0.0	5.0%	0.2%	-11.0	0.0	11.0
	PHDU	PAEDIATRICS	4	LOW	0.0	96.0	1607.5	148.1	18.3	11.44	6.85	12.20	6.09	0.53	4.6%	0	0.0%	0.53	11.66	0.7%	0.7%	0.0%	80.0%	25.1%	0.0%	14.4%	0.0%	3.1%	0.7%	6.9%	52.0	47.0	1.4	1.4	0.0	7.9%	-4.8%	11.0	11.0	0.0
CLINICAL SUPPORT	C7	INFECTIOUS DISEASE	12	LOW	157.5	316.0	1438.2	951.5	7.6	7.76	-0.20	7.91	-0.35	-0.07	-0.9%	1.22	14.9%	1.15	20.22	3.1%	2.6%	0.5%	42.2%	22.0%	2.3%	14.2%	0.0%	5.5%	0.0%	0.0%	55.0	54.0	0.0	0.0	0.0	5.5%	-13.5%	4.5	12.0	7.5
	C29	REHABILITATION	15	LOW	147.0	443.0	1525.5	1566.8	7.0	7.69	-0.71	6.66	0.32	-1.12	-7.1%	0.593	3.8%	-0.53	28.89	2.2%	2.2%	0.0%	37.3%	30.3%	4.8%	17.0%	0.0%	3.0%	3.7%	1.8%	52.0	45.0	0.0	0.0	0.0	12.3%	2.7%	-28.0	5.0	33.0
	C30	CLINICAL ONCOLOGY	22	LOW	220.5	607.0	1622.5	1187.2	4.6	7.92	-3.29	7.14	-2.51	0.46	5.8%	0.31	3.9%	0.77	21.97	8.1%	8.1%	0.0%	63.8%	26.4%	6.4%	16.3%	0.0%	2.6%	1.1%	0.0%	55.0	54.0	0.0	0.0	0.0	7.7%	-6.4%	16.7	27.7	11.0
	C31	CLINICAL ONCOLOGY	27	MEDIUM	220.5	604.0	1598.3	1308.8	4.8	7.92	-3.11	7.14	-2.33	4.63	39.4%	-0.667	-5.7%	3.96	25.74	8.7%	6.2%	2.5%	69.4%	29.4%	5.8%	15.8%	0.0%	2.2%	1.2%	4.4%	51.0	49.0	0.1	0.0	0.1	11.1%	0.2%	29.3	52.0	22.7
	C32	CLINICAL ONCOLOGY	22	MEDIUM	220.5	579.0	1656.4	1052.0	4.7	7.92	-3.24	7.14	-2.46	2.04	21.2%	-0.037	-0.4%	2.00	23.57	9.4%	7.2%	2.2%	60.6%	26.9%	5.3%	15.0%	0.4%	2.7%	0.0%	3.5%	54.0	54.0	0.3	0.2	0.1	7.1%	-3.2%	76.5	80.5	4.0
	C33	CLINICAL HAEMATOLOGY	28	MEDIUM	220.5	624.0	2259.3	1212.5	5.6	8.21	-2.65	7.23	-1.67	4.07	50.9%	-4.834	-60.5%	-0.77	35.44	3.2%	3.1%	0.1%	27.4%	40.2%	5.4%	16.9%	0.0%	2.3%	1.7%	13.9%	53.0	52.0	0.1	0.1	0.0	18.5%	1.3%	-5.9	43.1	49.0
WARD	WARD IN WHICH THERE IS NO MODEL HOSPITAL PEER OR NATIONAL COMPARATOR	TOTALS:			10473.6	29163.0	126604.1	63803.1	6.5	8.84	-40.27	9.25	-60.35	180.63	14.3%	-41.69	-8.2%	149.75	1786.40	7.8%	7.1%	0.8%	63.7%	30.7%	5.3%	15.9%	0.5%	2.4%	3.0%	3.6%	47.2	40.6	15.6	10.2	5.4	13.2%	0.2%	1381.5	2993.1	1611.6

HEY NURSE STAFFING QUALITY INDICATORS

Sep-18

HR METRICS

HEALTH GROUP	WARD	SPECIALITY	BEDS [ESTAB.]	STAFF APPRAISAL [85%]	STAFF RETENTION [90.7%]	OVERALL MAND. TRAINING [85%]	I.G. TRAINING [95%]	BLOOD TRANS. [85%]	FIRE TRAINING [85%]	RESUS TRAINING [85%]	TISSUE VIABILITY TRAINING [85%]
MEDICINE	ED	ACUTE MEDICINE	NA	78.0%	87.6%	89.0%	92.0%	94.0%	92.0%	71.0%	93.0%
	AMU	ACUTE MEDICINE	45	82.6%	91.5%	90.0%	91.0%	90.0%	84.0%	74.0%	99.0%
	H1	ACUTE MEDICINE	22	79.2%	97.2%	94.0%	96.0%	96.0%	92.0%	79.0%	100.0%
	EAU	ELDERLY MEDICINE	21	100.0%	86.9%	94.0%	94.0%	86.0%	92.0%	81.0%	100.0%
	H5 / RHOB	RESPIRATORY	26	91.9%	93.8%	93.0%	97.0%	87.0%	77.0%	82.0%	100.0%
	H50	RENAL MEDICINE	19	91.7%	88.9%	90.0%	100.0%	90.0%	95.0%	65.0%	100.0%
	H500	RESPIRATORY	24	72.0%	82.7%	90.0%	92.0%	76.0%	88.0%	80.0%	100.0%
	H70	ENDOCRINOLOGY	30	80.0%	96.8%	87.0%	83.0%	63.0%	80.0%	67.0%	100.0%
	H8	ELDERLY MEDICINE	27	97.0%	91.2%	82.0%	78.0%	88.0%	66.0%	81.0%	100.0%
	H80	ELDERLY MEDICINE	27	68.8%	92.9%	82.0%	79.0%	88.0%	59.0%	74.0%	100.0%
	H9	PDU	30								
	H90	ELDERLY MEDICINE	29	89.3%	96.7%	95.0%	94.0%	84.0%	94.0%	69.0%	100.0%
	H11	STROKE / NEURO	28	83.9%	90.4%	91.0%	97.0%	44.0%	81.0%	81.0%	100.0%
	H110	STROKE / NEURO	24	93.6%	85.3%	78.0%	86.0%	69.0%	78.0%	50.0%	97.0%
	CDU	CARDIOLOGY	9	60.0%	68.7%	88.0%	93.0%	93.0%	60.0%	67.0%	100.0%
	C26	CARDIOLOGY	26	78.4%	94.2%	90.0%	89.0%	97.0%	92.0%	65.0%	100.0%
	C28 /CMU	CARDIOLOGY	27	90.2%	87.1%	92.0%	84.0%	84.0%	92.0%	82.0%	100.0%
SURGERY	H4	NEURO SURGERY	28	73.3%	90.2%	74.0%	77.0%	77.0%	71.0%	60.0%	100.0%
	H40	NEURO / TRAUMA	15	82.4%	88.2%	83.0%	82.0%	73.0%	67.0%	79.0%	100.0%
	H6	ACUTE SURGERY	28	87.9%	91.3%	89.0%	87.0%	84.0%	74.0%	81.0%	100.0%
	H60	ACUTE SURGERY	28	100.0%	98.0%	81.0%	87.0%	87.0%	84.0%	81.0%	100.0%
	H7	VASCULAR SURGERY	30	82.4%	90.9%	87.0%	92.0%	74.0%	77.0%	62.0%	97.0%
	H100	GASTRO	24	71.0%	95.2%	83.0%	88.0%	85.0%	76.0%	76.0%	95.0%
	H12	ORTHOPAEDIC	28	100.0%	94.2%	88.0%	88.0%	98.0%	88.0%	84.0%	95.0%
	H120	ORTHO / MAXFAX	22	81.2%	94.7%	95.0%	91.0%	88.0%	94.0%	84.0%	100.0%
	HICU	CRITICAL CARE	22	74.4%	92.8%	85.0%	85.0%	86.0%	75.0%	75.0%	99.0%
	C9	ORTHOPAEDIC	35	94.4%	93.2%	93.0%	82.0%	92.0%	85.0%	79.0%	100.0%
	C10	COLORECTAL	21	62.5%	84.1%	75.0%	85.0%	73.0%	69.0%	69.0%	100.0%
	C11	COLORECTAL	22	92.0%	89.7%	91.0%	96.0%	96.0%	93.0%	93.0%	100.0%
	C14	UPPER GI	27	78.8%	94.1%	80.0%	85.0%	79.0%	70.0%	70.0%	100.0%
	C15	UROLOGY	26	78.6%	83.1%	80.0%	85.0%	73.0%	76.0%	73.0%	100.0%
	C27	CARDIOTHORACIC	26	92.7%	92.3%	95.0%	92.0%	79.0%	92.0%	77.0%	100.0%
	CICU	CRITICAL CARE	22	75.6%	86.9%	93.0%	89.0%	91.0%	93.0%	88.0%	100.0%
FAMILY & WOMEN'S	C16	ENT / BREAST	30	96.3%	85.9%	88.0%	89.0%	74.0%	85.0%	74.0%	100.0%
	H130	PAEDS	20	93.6%	87.4%	96.0%	97.0%	89.0%	97.0%	76.0%	91.0%
	H30 CEDAR	GYNAECOLOGY	9	88.9%	100.0%	92.0%	92.0%	100.0%	88.0%	79.0%	100.0%
	H31 MAPLE	MATERNITY	20	92.3%	95.1%	92.0%	95.0%	87.0%	88.0%	79.0%	99.0%
	H33 ROWAN	MATERNITY	38								
	H34 ACORN	PAEDS SURGERY	20	81.3%	87.6%	98.0%	94.0%	90.0%	97.0%	97.0%	88.0%
	H35	OPHTHALMOLOGY	12	83.3%	90.1%	96.0%	95.0%	84.0%	84.0%	79.0%	100.0%
	LABOUR	MATERNITY	16	75.3%	96.0%	87.0%	93.0%	92.0%	84.0%	80.0%	91.0%
	NEONATES	CRITICAL CARE	26	82.1%	83.1%	93.0%	95.0%	87.0%	88.0%	89.0%	95.0%
	PAU	PAEDS	10	85.7%	95.6%	92.0%	100.0%	100.0%	77.0%	85.0%	100.0%
	PHDU	CRITICAL CARE	4	92.9%	88.3%	95.0%	93.0%	92.0%	64.0%	100.0%	91.0%
CLINICAL SUPPORT	C7	INFECTIOUS DISEASE	19	90.5%	97.9%	90.0%	100.0%	95.0%	90.0%	80.0%	100.0%
	C29	REHABILITATION	15	93.1%	94.4%	91.0%	93.0%	83.0%	79.0%	76.0%	100.0%
	C30	ONCOLOGY	22	94.4%	75.2%	87.0%	80.0%	84.0%	92.0%	76.0%	100.0%
	C31	ONCOLOGY	27	75.0%	88.0%	80.0%	77.0%	92.0%	69.0%	81.0%	100.0%
	C32	ONCOLOGY	22	76.9%	95.6%	81.0%	88.0%	100.0%	72.0%	58.0%	95.0%
	C33	HAEMATOLOGY	28	80.6%	98.3%	86.0%	90.0%	90.0%	80.0%	70.0%	100.0%
TOTALS :				84.3%	90.6%	88.4%	89.7%	85.5%	82.1%	76.6%	98.4%

IN PATIENT FALLS WITH HARM

	MODERATE		SEVERE / DEATH		TOTALS	
	MONTH	YTD	MONTH	YTD	MONTH	YDT
ED					0	0
AMU					0	0
H1		1			0	1
EAU		1		5	0	6
H5 / RHOB					0	0
H50		1			0	1
H500					0	0
H70		1			0	1
H8	1	1			1	1
H80	1	1		2	1	3
H9		1		1	0	2
H90		1		2	0	3
H11		3			0	3
H110					0	0
CDU					0	0
C26		1		1	0	2
C28 /CMU					0	0
H4					0	0
H40			1	1	1	1
H6		1			0	1
H60					0	0
H7					0	0
H100					0	0
H12					0	0
H120					0	0
HICU					0	0
C9					0	0
C10					0	0
C11					0	0
C14					0	0
C15		1			0	1
C27					0	0
CICU					0	0
C16					0	0
H130					0	0
H30 CEDAR					0	0
H31 MAPLE					0	0
H33 ROWAN					0	0
H34 ACORN					0	0
H35					0	0
LABOUR					0	0
NEONATES					0	0
PAU					0	0
PHDU					0	0
C7					0	0
C29		1			0	1
C30					0	0
C31					0	0
C32					0	0
C33					0	0
TOTALS :	2	15	1	12	3	27

ADMITTED WITH & HOSPITAL ACQUIRED PRESSURE ULCERS [AVOIDABLE AND UNAVOIDABLE]

	MASD				GRADE 2				GRADE 3				GRADE 4				DEEP TISSUE INJURY				UNSTAGEABLE				DEVICE RELATED [TOTAL]	
	ADMITTED WITH		HOSPITAL ACQUIRED		ADMITTED WITH		HOSPITAL ACQUIRED		ADMITTED WITH		HOSPITAL ACQUIRED		ADMITTED WITH		HOSPITAL ACQUIRED		ADMITTED WITH		HOSPITAL ACQUIRED		ADMITTED WITH		HOSPITAL ACQUIRED			
	MONTH	YTD	MONTH	YTD	MONTH	YTD	MONTH	YDT	MONTH	YTD	MONTH	YDT	MONTH	YTD	MONTH	YTD	MONTH	YTD	MONTH	YDT	MONTH	YTD	MONTH	YDT	MONTH	YTD
ED					104	669		1	11	71			3	20			27	186		1	34	175				1
AMU					4	47			1	2				1			3	13	1	1	1	13				
H1						8																1			2	
EAU					11	58				2				1			5	21			1	16				
H5 / RHOB						4	1	4		1								1		1			1		1	2
H50					3	7		1										1		1		1				
H500					1	6		1										4				2				
H70						9	1	2										1				1	3			
H8							1	4									1	2		1			1			
H80					1	2		3												1			2			2
H9					1	3		2																		
H90					1	3	1	2						2				2	1	1						
H11					1	1	1	4												1						1
H110					2	7				3		1						1		2			1			1
CDU						1																				
C26						1		1										1		1			1			1
C28 /CMU						2		1													1	1				
H4					3	6		1		1											1	1	1	1		
H40						2	2	3												2		1			2	3
H6						2												2								
H60					1	4								1												
H7					2	19		4		1								3	1	4		9			1	4
H100						1		7												2						1
H12						3	1	2			1	1					1	3		1	1	3			1	2
H120					1	3		4											1	1			1	1	1	2
HICU					1	2	1	2										1	1	4		1	1			6
C9						3												1								
C10						2														2						
C11						1				2			1	1												
C14								2												1						1
C15						5			1	1								1	1	2		2				
C27																										
CICU					1	1		1												4			1			2
C16																										
H130																										
H30 CEDAR																										
H31 MAPLE																										
H33 ROWAN																										
H34 ACORN																										
H35					1	5		2						1												1
LABOUR																										
NEONATES							1	1																	1	1
PAU																										
PHDU																										
C7						2		1																		
C29								2															1			1
C30					7	19		3									1	4		1	3	6	1			1
C31						13											3	9		4	6	10				
C32					3	18								1						2						
C33					3	11		2									1	4				5				
TOTALS :	0	0	0	0	152	950	10	63	13	84	1	2	4	28	0	0	42	261	6	41	48	248	1	15	9	32

TOTALS

	ADMITTED WITH		HOSPITAL ACQUIRED		AVOIDABLE / REQUIRE RCA		
	MONTH	YTD	MONTH	YDT	MONTH	YDT	RCA Outstanding
ED	179	1121	0	2		3	
AMU	9	76	1	1	1		
H1	0	9	0	0			
EAU	17	98	0	0			
H5 / RHOB	0	6	1	6		5	
H50	3	9	0	2		1	
H500	1	12	0	1			
H70	0	11	1	5		2	2
H8	1	2	1	6	1	2	SUI/2018/15394
H80	1	2	0	6		2	
H9	1	3	0	2		2	
H90	1	7	2	3	1	1	
H11	1	1	1	5		2	1
H110	2	11	0	4			
CDU	0	1	0	0			
C26	0	2	0	3		2	
C28 /CMU	1	3	0	1			
H4	4	8	1	2	1	2	
H40	0	3	2	5	2	3	
H6	0	4	0	0			
H60	1	5	0	0			
H7	2	32	1	8	1	5	
H100	0	1	0	9		7	
H12	2	9	2	4		1	SUI/2018/21571
H120	1	3	1	6	1	1	
HICU	1	4	2	7	1	2	
C9	0	4	0	0			
C10	0	2	0	2			
C11	1	4	0	0			
C14	0	0	0	3			
C15	1	9	1	2			SUI/2018/22824
C27	0	0	0	0			
CICU	1	1	0	6			
C16	0	0	0	0			
H130	0	0	0	0			
H30 CEDAR	0	0	0	0			
H31 MAPLE	0	0	0	0			
H33 ROWAN	0	0	0	0			
H34 ACORN	0	0	0	0			
H35	1	6	0	2		1	
LABOUR	0	0	0	0			
NEONATES	0	0	1	1	1	1	
PAU	0	0	0	0			
PHDU	0	0	0	0			
C7	0	2	0	1			
C29	0	0	0	3		3	
C30	11	29	0	5		1	SUI/2018/20754
C31	9	32	0	4		1	
C32	3	19	0	2		2	
C33	4	20	0	2			
TOTALS :	259	1571	18	121	10	52	3

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

QUALITY COMMITTEE

Meeting Date:	24 September 2018	**Chair:**	Mr A Snowden	**Quorate (Y/N)**	**Y**

Key issues discussed:

- Serious Incidents – outcomes and recommendations discussed. The reporting process was commended by the Committee.
- Quality Improvement Programme – VTE, Humber Service Level Agreement and Nutrition where highlighted as areas of concern.
- WHO Checklist update – Theatre audits had taken place and the best performing theatre was day surgery.
- Tracking Access update was received. The plan was that all patients to be seen by the end of September 2018.
- Friends and Family test – Update received regarding staff survey. The Trust objective is to be in the top 20% of all Trusts.
- Maternity Services update – review of the maternity service, staffing, serious incidents and c-section performance
- Reports received for assurance – Integrated Performance Report – Operational Quality Committee Report – NICE Guidance compliance report.

Decisions made by the Committee:

Key Information Points to the Board:

- Serious incident reporting – the Committee assured that the process is robust and proactive and the quality of the reports meant that quality issues were being discussed appropriately.

Matters escalated to the Board for action:

Hull and East Yorkshire Hospitals NHS Trust

Quality Committee

Minutes of the meeting held 24 September 2018

Present:	Mr A Snowden	Vice Chair/Non-Executive Director (Chair until 10.30)
	Prof M Veysey	Non-Executive Director (Chair from 10.30)
	Mrs V Walker	Non-Executive Director
	Mr S Hall	Non-Executive Director
	Mr M Wright	Chief Nurse
	Dr M Purva	Interim Chief Medical Officer
	Mrs A Green	Lead Clinical Research Therapist
	Mr D Corral	Chief Pharmacist
	Mrs S Bates	Deputy Director of Quality Governance and Assurance
	Ms C Ramsay	Director of Corporate Affairs

In Attendance:	Mr S Nearney	Director of Workforce and OD (Item 5.4 only)
	Mrs J Cairns	Head of Midwifery (Item 4.4 only)
	Miss J Hingorani	Consultant Obstetrician and Gynaecologist (Item 4.4 only)
	Mrs R Thompson	Corporate Affairs Manager (Minutes)

No	Item	Action
1	**Apologies:** Mrs M Stern, Patient Representative – Chair of the Patient Council	
2	**Declarations of Interest** There were no declarations made.	
3	**Minutes of the meeting held 28 August 2018** The minutes were approved as an accurate record of the meeting.	
	3.1 Matters Arising Mrs Bates agreed to circulate the Nutrition Annual Report.	
	3.2 Action Tracking List Non-Clinical Quality Committee – Mr Wright agreed to raise any concerns from this meeting by exception only. The item to be removed from the tracker.	
4	**4.1 Serious Incidents Themes and Trends** Mrs Bates presented the report and advised that there had been no Never Events declared since March 2018, although a Serious Incident had been declared regarding the insertion of an incorrect lens due to a process not being failsafe. A review of the process was being carried out which was also causing issues nationally. Mr Wright also spoke of the Never Event declared that was de-escalated regarding an incorrect dosage of insulin. He added that the Trust had been commended by the Commissioners regarding its transparency and honesty when dealing with incidents. Staff were more willing to raise concerns and escalate issues when appropriate to do so.	

Mrs Bates advised that the Commissioners had signed off the Tracking Access Serious Incident and had complimented the Trust on how it had been handled.

Mrs Bates reported on a number of Serious Incidents the first one regarding a suicide attempt. There was a discussion regarding mental health support and Mr Wright advised that the Medical Director and Nurse Director for the Health Group were reviewing the Service Level Agreement with Humber Foundation Trust, the mental health provider.

Mrs Bates informed the Committee of another Serious Incident relating to poor communication in the MRI scanning department resulting in a trolley being pulled into the MRI scanner. Mrs Bates advised that an action plan was in place to ensure enhanced warnings were in place and further checks were being carried out regarding the security systems. Mr Hall asked if a failsafe locking mechanism could be put into place when the scanner was in use and Mrs Bates advised that this had been reviewed and was not possible.

Mrs Bates spoke about an elderly patient that had been moved inappropriately between sites but that there was no clear documentation of who made the decision. Medical records regarding this patient were poor. Mrs Bates advised that work was ongoing with the site team and doctors to ensure this did not happen in the future. Mr Snowden added that electronic tracking of patients would reduce the lack of information as seen in this case.

The next Serious Incident related to a patient that was thought to have an ankle fracture that was not followed up and had resulted in a tumour and amputation had followed. There was a discussion around X-Ray reporting and how the results are returned to the requesting consultant. Mr Wright added that he was reviewing what happens when the requesting consultant is not there, what happens to the results. He also mentioned pathology testing and how a patient had not been tracked following a test reviewing heart enzymes. More work was to be done around testing and reviewing tests in a timely way as well as putting fail safes into procedures. Mrs Walker added that accountability was key in all these instances.

Mrs Bates spoke of 2 maternal deaths, one was disappointing due to communication issues and the other related to MDT record keeping not being robust. Both Serious Incidents had recommendations in place following review.

Mr Wight advised that he was working with staff on ward 70 following a Serious Incident relating to an elderly patient who had suffered a pressure ulcer due to inappropriate care. The ward has a very challenging environment and a review was being carried out to understand the frustrations felt by staff.

Mrs Bates also reported that a patient had been inappropriately examined by a locum doctors and this case had been reported to the police and the GMC.

Mr Snowden commended the team and thanked Mrs Bates for the

comprehensive report which clearly highlighted the recommendations and learning. He added that he felt that the whole reporting culture had changed and was proactive rather than reactive. Mrs Bates thanked Mrs Daniel who wrote the report and added that having two dedicated Quality and Safety Managers working on Serious Incidents had helped the process become robust.

Mr Snowden noted that the Serious Incident Lessons Learned report was due in October 2018. Mrs Bates agreed to present this at the next meeting.

Resolved:
The Committee received and accepted the report.

4.2 Quality Improvement Programme (QIP)
Mrs Bates presented the report and advised that work was ongoing regarding VTE and this was being monitored at the Operational Quality Committee.

The children and young people SLA was now the responsibility of Mr Vize and Mrs Carr and work was ongoing to resolve. This was also being monitored through the Operational Quality Committee.

There was a discussion around consent and Mr Wright advised that the milestones would be reviewed and that the policy was up to date. Nutrition was being monitored through the fundamental standard work being carried out by the senior nursing team.

Mr Hall asked for more information around when an amber/green becomes a green etc. and Mrs Bates agreed to meet with him outside of the meeting to discuss the criteria further.

Resolved:
The Committee received and accepted the report.

4.3 WHO Checklist Update
Dr Purva presented the update and advised that 50 audits had been completed in August 2018. There were 10 theatres tested which included day surgery, cardiac, upper GI and main theatres at Hull Royal Infirmary.

Dr Purva advised that the safety team brief results were 98% compliant but more work was to be done regarding sign in as compliance was at 72%. Sign out of theatres was as 92%. Dr Purva reported that there was scope for improvement but the richness of the comments was valuable and sharing the best performing theatres was key.

The best performing theatre was day surgery at Hull Royal Infirmary and the lowest performing was upper GI/colorectal.

Dr Purva advised that the next steps would be to carry out the audits electronically using iPads to allow the Business Intelligence team to track progress, carry out ad hoc auditing and complete the roll out to interventional radiology.

Resolved:
The Committee received and accepted the report.

Prof. Veysey and Mr Nearney, joined the meeting at 10.20am

The agenda was taken out of order at this point

4.5 Tracking Access Update
Mr Wright updated the Committee and advised that there were only 81 patients requiring secondary clinical reviews left to process. He advised that these reviews were due to be completed by the end of September 2018. He reported that the levels of harm were low and that there were no significant issues raised.

The Commissioners had closed the serious incident and NHS Improvement had also cleared the incident.

Resolved:
The Committee received and accepted the update.

5.4 Friends and Family – Staff Survey Report
Mr Nearney attended the meeting to present the report which had been discussed at the Board in September 2018 and highlight the aspiration t be in the top 20% of Trust's.

There was a discussion around how members of staff talk about the organisation to external inspectors and that culturally staff did tend to highlight issues rather than good practice. Prof Veysey stated that staff engagement on key projects would encourage staff to talk positively about the Trust and the good work being done.

Mr Nearney spoke of the Pioneer Teams and how the projects were being reviewed as well as the Hospital Improvement Team transformational work that was ongoing.

Mrs Walker asked about bullying and harassment and staff behaviours. Mr Nearney advised that this was still an area of discussion and high on the Trust's workforce agenda. He added that culture, engagement and communication featured in the leadership programme and that there were avenues to speak up about any pockets of bad behaviour.

There was a discussion around managers being accused of bullying even though they might be just assertively managing their staff. Mr Nearney advised that there was more work to do in this area. The NHS as a whole was struggling with increased pressures and workloads but Mr Nearney reported that the Trust was still striving to be in the top 20%.

Resolved:
The Committee received and accepted the report.

Mr Nearney left the meeting at this point

Miss Hingorani and Mrs Cairns joined the meeting at 10.30am

4.4 Maternity Services Update
Mr Wright introduced Mrs Cairns and Miss Hingorani to the Committee and advised that there had been a number of Serious Incidents relating to maternity recently.

Mrs Cairns advised that perinatal review tools had been introduced to review all deaths and ensure that care was appropriate systematically. She advised that the tool ensures that all areas of care are robustly reviewed and that discrepancies had been found and re-training commenced were necessary.

Mrs Cairns added that care in the services was safe and appropriate with excellent governance processes in place. The Serious Incidents had been reviewed by the Health Service Investigation Board and the teams thanked for their honesty. There were no issues found with patient care.

Mrs Cairns reported that all still birth and neonatal losses were reviewed by multidisciplinary teams and escalated were necessary. Miss Hingorani added that the service used the national tool to assess each case in a structured way.

Mr Snowden asked what the service was doing regarding continuous improvement to ensure effective leadership and teamwork. Mrs Cairns reported that there had been behaviour issues around the labour ward with 2 members of staff being challenged. Staff were being held to account and bad behaviours were not accepted. Mrs Cairns also advised that August and September were the service's busiest months which could affect behaviours due to stress levels.

Mr Snowden asked about caesarean section performance and why the Trust had a performance of 18%. Mrs Cairns advised that more and more patients were requesting caesareans and although work was done to convince women to have natural births more women were requesting them and being successful, so supporting these births was necessary. She added that when midwives go to theatres it does take the midwife away from the ward which can impact on the resources of the department. The service was working with a tool (Birth Rate Plus) which reviews staffing levels to patient ratios on the labour ward.

Resolved:
The Committee received and accepted the update.

Mrs Cairns and Miss Hingorani left the meeting at this point

The agenda returned to order at this point

5.1 Integrated Performance Report
The Committee reviewed the Integrated Performance Report. There were no issues raised.

Resolved:
The Committee received and accepted the report.

5.2 Operational Quality Committee
Mr Wright presented the report and highlighted blood transfusion training,

VTE and mislabelling of specimens in Pathology as the key areas of concern. Work was ongoing to review these issues and would be reported through the Operational Quality Committee.

Resolved:
The Committee received and accepted the report.

5.3 NICE Compliance Report
Mrs Bates presented the compliance report and advised that robust systems were in place. She reported that the 'so what' question was being incorporated into the process and the reporting schedule was through the Operational Quality Committee and the Audit Committee.

Resolved:
The Committee received and accepted the report.

6 Board Assurance Framework
Mrs Thompson presented the updated report and asked the Committee for any comments regarding the current risk ratings. These could be sent to Ms Ramsay in preparation for the report being presented to the next meeting in October 2018.

There were no issues raised.

Resolved:
The Committee received and accepted the report.

7 Any Other Business
Mr Snowden commended Mrs Bates on the increased level of assurance that the Committee felt regarding the Serious Incident process as well as the increased level of quality of the reporting.

8 Chairman's Summary to the Board
Prof. Veysey agreed to summarise the minutes to the Board in November 2018.

9 Date and time of the next meeting:
Monday 29 October 2018, 9am – 11am, The Committee Room, Hull Royal Infirmary

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

QUALITY COMMITTEE

Meeting Date:	29 October 2018	**Chair:**	Mr A Snowden	**Quorate (Y/N)**	**Y**

Key issues discussed:

- Serious Incident Report – Mrs Bates updated the Committee regarding the current incident reports and the recommendations
- Getting it Right First Time – Mrs Kemp (Director of Operations) gave a presentation to the Committee

Decisions made by the Committee:

- Ms Ramsay, Mrs Bates and Dr Purva to review the Committee's role and responsibilities

Key Information Points to the Board:

- Mrs Bates informed the Committee that the Health Service Investigation Branch would be specialising in maternity Serious Incidents from 3rd December 2018

Matters escalated to the Board for action:

Hull and East Yorkshire Hospitals NHS Trust

Quality Committee
Held on 29 September 2018

Present:	Mr A Snowden	Non-Executive Director (Chair)
	Mrs V Walker	Non-Executive Director (Vice Chair)
	Mr S Hall	Non-Executive Director
	Dr M Purva	Interim Chief Medical Officer
	Ms C Ramsay	Director of Corporate Affairs
	Mrs S Bates	Deputy Director of Quality Governance and Assurance
	Mrs A Green	Lead Clinical Research Therapist
	Prof. J Jomeen	Associate Non-Executive Director
In Attendance:	Mr T Moran CB	Chairman
	Mrs M Stern	Chair of the Patient Council
	Mrs M Kemp	Director of Operations (Item 4.3 only)
	Mrs R Thompson	Minutes

No **Item** **Action**

1 Apologies:
Apologies were received from Prof. M Veysey, Non-Executive Director and Mr M Wright, Chief Nurse

2 Declarations of Interest
There were no declarations received.

3 Minutes of the meeting of 24 September 2018
The minutes were approved as an accurate record of the meeting.

3.1 Matters Arising
Mrs Bates agreed to meet with Mr Hall regarding the RAG ratings in the Quality Improvement Report.

3.2 Action Tracking List
The Committee reviewed the action tracking items.

3.3 Any other matters arising
There were no other matters arising.

3.4 Workplan 2018/19
Ms Ramsay advised that all papers that should have been received by the Committee had been received and that there were no requests for any changes to the workplan.

Mr Snowden asked that education and research appear on the workplan as part of the 'reducing avoidable harm' section. It was also asked that the R&D and Education leads be invited when these items were discussed.

4.1 Serious Incidents – Lessons Learned – Themes and Trends
Mrs Bates presented the report and highlighted that the Trust was reporting 50 Serious Incidents more than this time last year. She advised that there had been a peak in maternity incidents reported retrospectively which could account for some of the peak in reporting.

There were currently no Never Events although the Trust had seen 2 near misses relating to NG tubes and ophthalmology. Mrs Bates commended the teams on their prompt reporting.

Mrs Bates advised that a patient had been discharged to their home address instead of their care home. The Immediate Discharge Letters were being checked and procedures updated. More checks were being done in the discharge lounge.

There had been a pressure ulcer reported on ward 8 and a session with the Yorkshire Contributory Factors Framework had been undertaken. Mrs Bates advised that this framework went further than the Serious Incident investigations by using table top exercises. She reported that more work was to be done around tissue viability care and empower nurses to have the confidence to challenge others. She added that a number of patients had come into hospital with pressure ulcers acquired at home. Work was ongoing in the local health economy to review this.

The next incident related to a patient that had a legally complicated background which resulted in the pre-operation checks not being carried out properly. Mr Moran stated that it was important to get the correct information of the patient rather than accommodating delicate situations. Mrs Bated added that there had been a culture shift in theatres and they were now good reporters of incidents.

Mrs Bates reported that a patient attended ED and did not received the correct testing and assumptions were made about which department was carrying out care. No treatment path was identified. The patient deteriorated and died and although the patient may have died anyway, Mrs Bates advised that there were missed opportunities.

Mrs Walker requested that she had drawn up a model that reviewed patients when they were being transferred and looked at the appropriateness of the transition. Dr Purva added that a system change regarding clinical handover was required and this was being reviewed.

There was a detailed discussion around the quality of communication at handovers and pathway routes and it was agreed that Mrs Bates and Mrs Walker would meet to discuss patient journeys further and this would include Mrs Stern.

Michelle Kemp joined the meeting at 9.30am

4.3 Getting it Right First Time

Mrs Kemp attended the Committee and gave an update regarding the GIRFT national programme and the activity that was happening in the Trust.

She advised that the programme was all about benchmarking and standardisation where possible to take out variation and make services more efficient.

The process included visits from the national team to specific areas, with attendance from execs and the senior clinical teams. There was a data collection phase and then a benchmarking report with recommendations

and actions was produced.

Each GIRFT review had a clinical lead and there were 17 reviews ongoing in the Trust currently. The Trust had been given an exemplar rating for the way it was conducting the reviews although Mrs Kemp was keen to get project management support from the Hospital Improvement Team going forward.

Mrs Kemp advised that there was 4 main schemes ongoing and they were outpatients, litigation in surgical specialities, surgical site infections and veterans covenant.

There was a dedicated GIRFT Group that met monthly which produces reports for the Carter Group and Quality Improvement Programme.

Mrs Kemp highlighted examples of GIRFT such as umbilical care, endometrial ablation procedures, cardio and thoracic pathway redesign and circumcision and the new ways of working.

Mr Snowden asked if there was any overlaps with the transformation team and Mrs Kemp advised that the projects were very specific and clinically lead. Dr Purva agreed that the clinical engagement was much stronger around GIRFT as the Royal Colleges and NICE were also champions for the initiative.

Mrs Stern asked if patient experience was included in the GIRFT audits and Dr Purva advised that patient outcomes and satisfaction was part of the evidence base.

There was a discussion around the Outpatient Programme and Mrs Kemp advised that the Trust was running a workshop and inviting members of the public and staff for their input on the next steps.

Mr Hall asked if checks were in place to avoid double accounting and Mrs Kemp advised that any savings were credited to wherever the budget was and CRES plans adjusted accordingly.

Mr Corral asked about links with pharmacy and medicines and Mrs Kemp reported that there had not been any specific GIRFT programmes in the pharmacy area yet.

Mr Snowden asked that Mrs Kemp brought back an update to the Committee in 6 months which would include patient outcomes, changes to practice and any learning. **MK/RT**

Mrs Kemp left the meeting

The Committee returned to the Serious Incident section of the agenda

Mrs Bates spoke about an end of life patient that was transferred between wards with no oxygen. The nurse assumed the porter had switched on the oxygen and the porter had assumed the nurse had. Mrs Walker was concerned that a patient at end of life was being moved and Mrs Bates advised that it was in the patients best interest, but the patient died much

sooner than first anticipated.

There was a discussion around medical gases training and making sure all staff where aware of who should monitor oxygen.

Mrs Bates also reported that a patient had been sent home to their nursing home where they deteriorated and died due to a haemorrhage. The correct process had not been followed.

Mrs Walker requested further information around patient transfers and asked if there were any university students that could do a study in this area possibly interviewing staff and relatives of patients. Prof Jomeen agreed to speak with Mrs Walker outside of the meeting.

Mrs Bates reported another Serious Incident relating to the death of a woman and her baby who would not engage with the midwifery team. The midwives had tried to meet with the lady and her care in ED had been exemplary. Mrs Bates stated that the Trust could not have done more in this sad case.

The final Serious Incident was related to consent and had come into the Trust as a claim. There was discussion around good clinical practice regulations and policies being followed but Mrs Bates advised that the incident had occurred due to everyone else believing that someone else had carried out the procedure.

Mrs Bates informed the Committee that the Health Service Investigation Branch would be specialising in maternity Serious Incidents from 3rd December 2018. Mrs Bates expressed her concerns about this as the Trust would have very little involvement with these incidents. Ms Ramsay was also concerned regarding the Information Governance aspect of patient details and other governance processes.

Mr Moran suggested that if necessary he would speak to the relevant authorities on behalf of the Trust expressing the concerns raised.

Resolved:
The Committee received and accepted the report.

There was a discussion around the time taken to discuss the Serious Incident section of the agenda and Mr Snowden asked if this was a more appropriate use of the Committees time.

It was agreed that Ms Ramsay, Mrs Bates and Dr Purva would review the role of the committee and propose a way forward.

The Committee was called to a close due to time constraints.

Date and time of the next meeting:
Monday 29 October 2018, 9am – 11am, The Committee Room, Hull Royal Infirmary

Integrated Performance Report 2018/19

November 2018

September data

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

Integrated Performance Report - November 2018

RESPONSIVE

Description	Aggregate Position	Trend	Variation

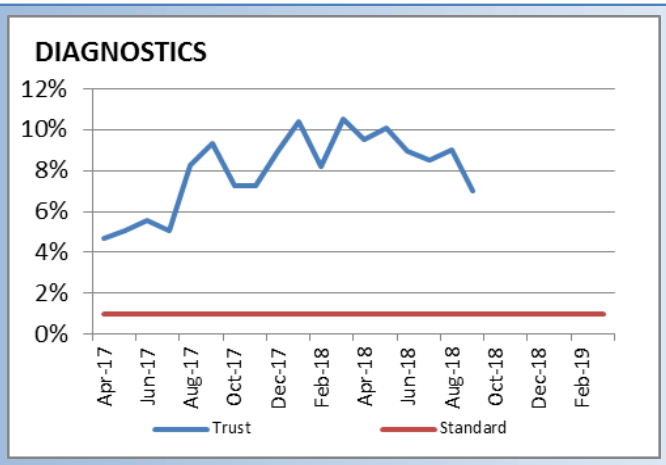
Diagnostic Waiting Times: 6 Weeks

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

The latest performance available is September 2018

Diagnostic waiting times has failed to achieve target during September with performance of 7.01%



Breaches in month were:

Magnetic Resonance Imaging	43
Computed Tomography	85
Non-obstetric ultrasound	6
DEXA Scan	1
Cardiology - echocardiography	13
Urodynamics - pressures & flows	21
Colonoscopy	283
Flexi sigmoidoscopy	6
Cystoscopy	74
Gastroscopy	40
TOTAL	**572**

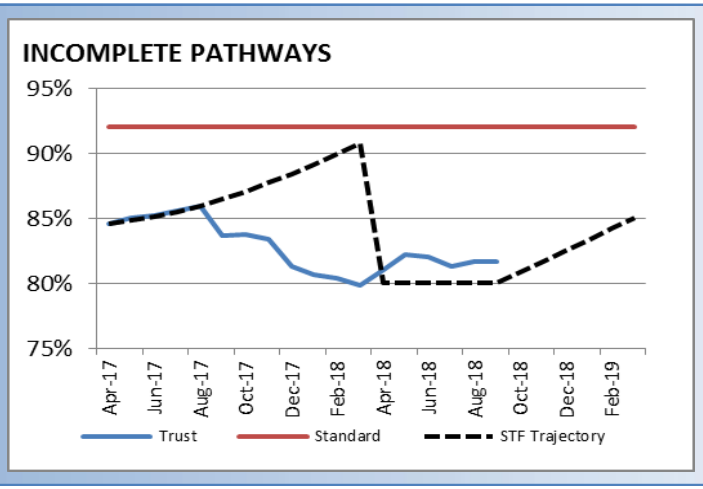
Referral to Treatment Incomplete pathway

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

The latest performance available is September 2018

The Trust achieved the September improvement trajectory of 80%

September performance was 81.65%. This failed to meet the national standard of 92%.



The RTT return is grouped in to 19 main specialties.

During the month there were 7 specialties that failed to meet the STF trajectory

RESPONSIVE

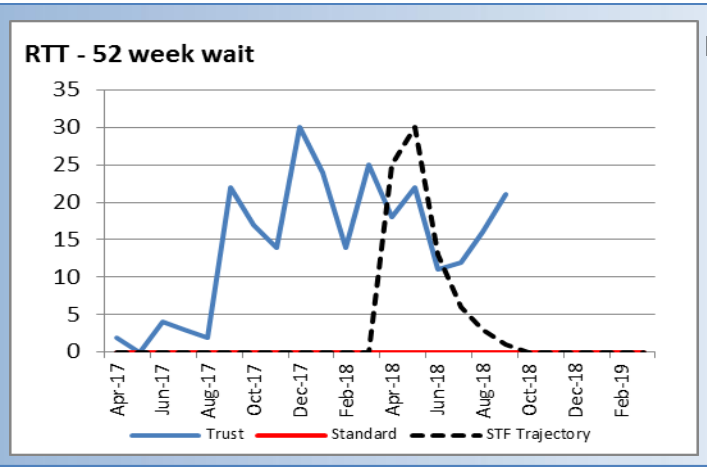
Description	Aggregate Position	Trend	Variation

Referral to Treatment Incomplete 52+ Week Waiters

The Trust aims to deliver zero 52+ week waiters

The Trust failed to achieve the September improvement trajectory of 1 breach with 21 breaches during September

The Trust failed to achieve the national standard of zero breaches.



Breaches in month were:

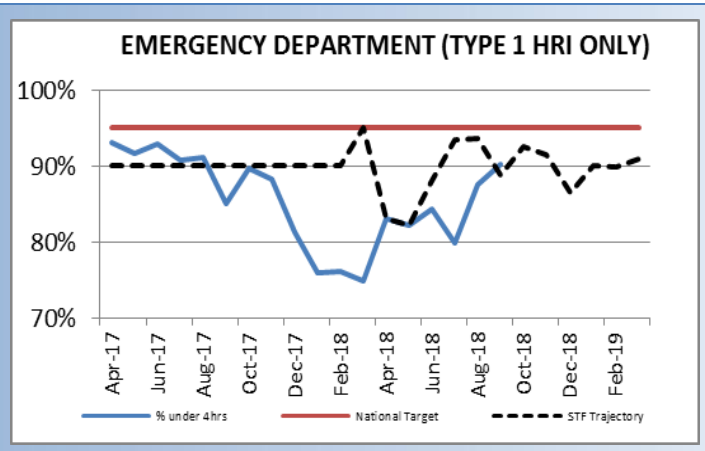
Cardiothoracic Surgery	3
Ear, Nose & Throat (ENT)	6
General Surgery	2
Gynaecology	2
Neurology	1
Neurosurgery	2
Ophthalmology	3
Oral Surgery	1
Urology	1
Grand Total	**21**

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 ED STF Improvement trajectory was revised 20th July 2018. Performance achieved the revised trajectory of 88.7% with performance of 90.1% for September.

This has failed to achieve the national 95% threshold.



Performance has increased 2.7% during September from the August position.

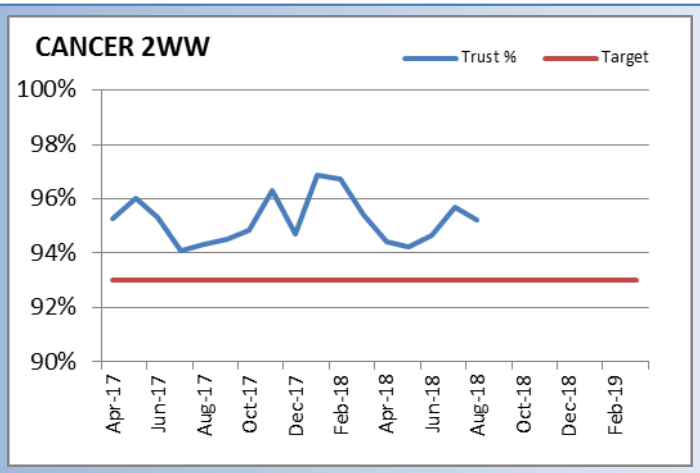
RESPONSIVE

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%.

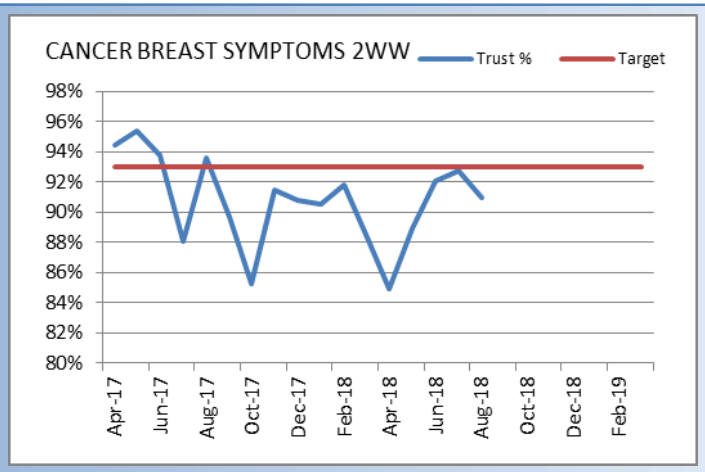
August performance achieved the 93% standard at 95.2%



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.

August performance failed to achieve the 93% standard at 91.0%



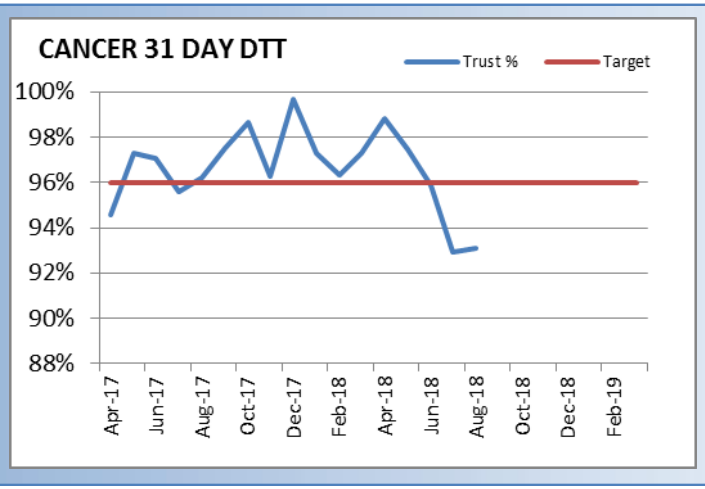
RESPONSIVE

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%.

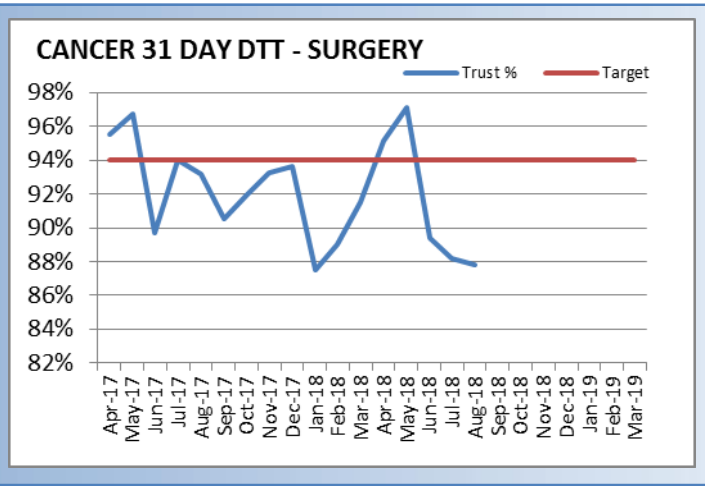
August performance failed to achieve the 96% standard at 93.1%



Cancer: 31 Day Subsequent Surgery Standard

All patients to receive first treatment for cancer subsequent radiotherapy within 31 days of decision to treat. Threshold of 94%.

August performance failed to achieve the 94% standard at 87.8%



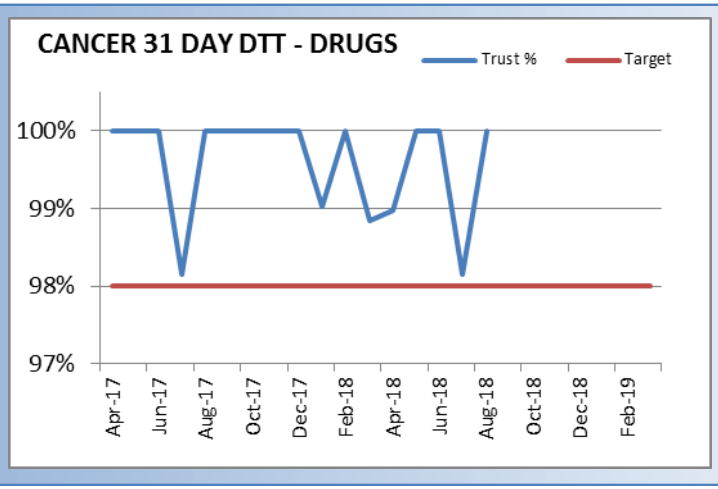
RESPONSIVE

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 of decision to treat. Threshold of 98%.

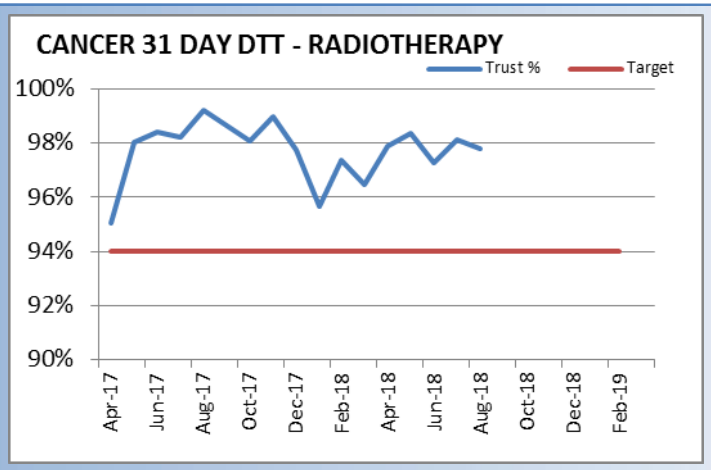
August performance achieved the 98% standard at 100%



Cancer: 31 Day Subsequent Radiotherapy Standard

All patients to receive first treatment for cancer subsequent radiotherapy within 31 days of decision to treat. Threshold of 94%.

August performance achieved the 94% standard at 97.8%



RESPONSIVE

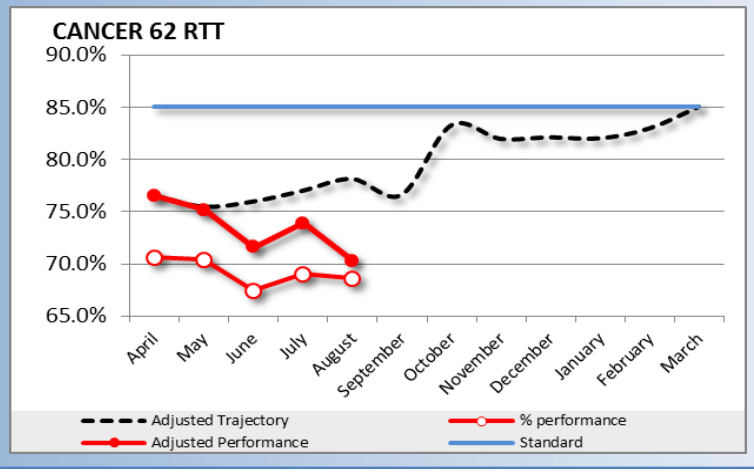
Description	Aggregate Position	Trend	Variation

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

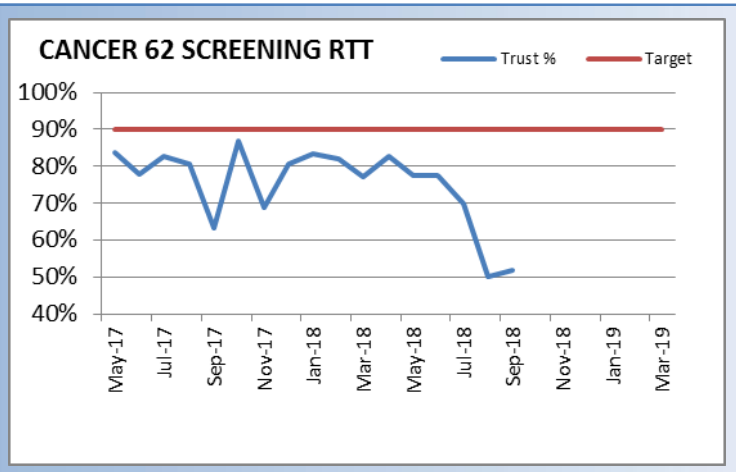
August adjusted performance failed to achieve the STF trajectory of 78.1% with performance of 70.3%



Cancer: 62 Day Screening Standard

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

August performance failed to achieve the 90% standard at 51.7%



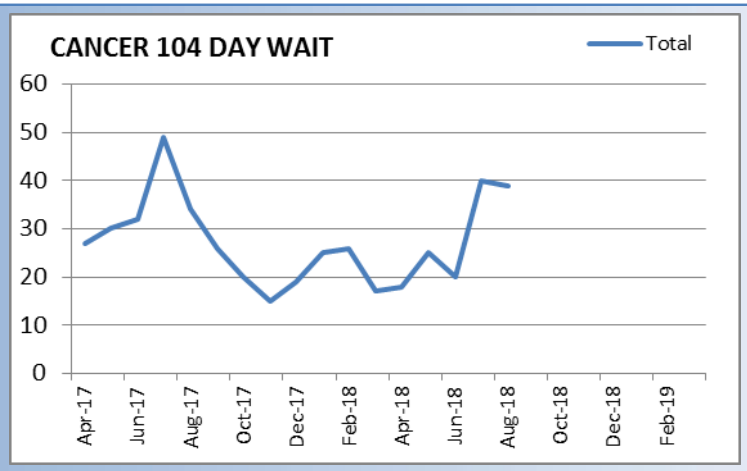
RESPONSIVE

Description	Aggregate Position	Trend	Variation

Cancer: 104 Day Waits

Cancer 104 Day Waits

There were 39 patients waiting 104 days or over at the end of August



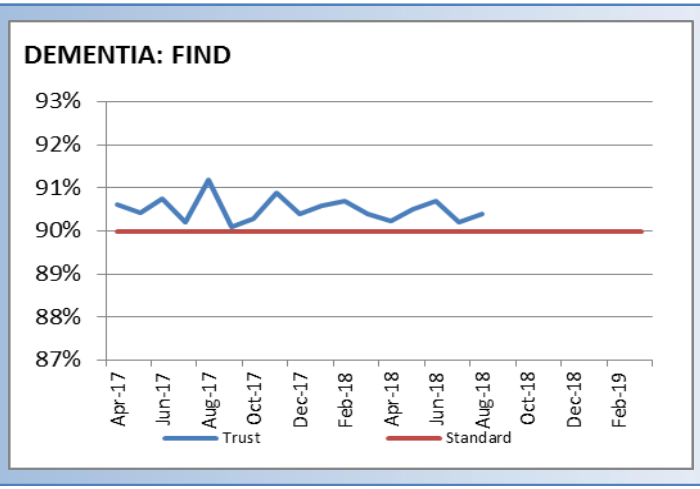
Dementia: Aged 75 and over emergency admission greater than 72 hours

% 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 August 2018.

The standard for this indicator is to achieve 90%.

Performance for August achieved this standard at 90.4%



RESPONSIVE

Description	Aggregate Position	Trend	Variation

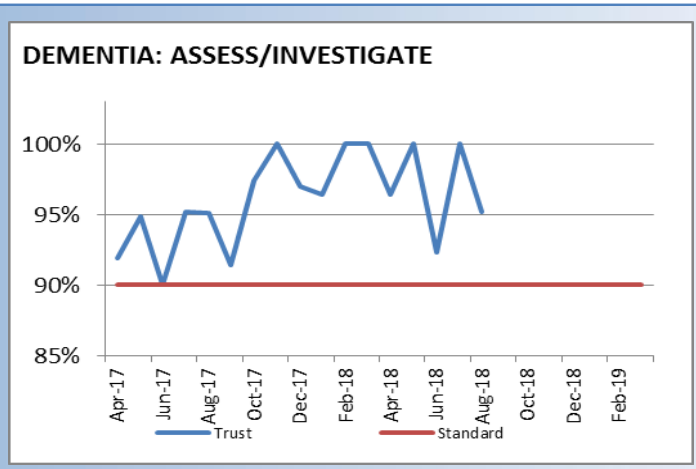
Dementia: Aged 75 and over emergency admission greater than 72 hours

% 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 August 2018

The standard for this indicator is to achieve 90%.

Performance for August achieved this standard at 95.2%



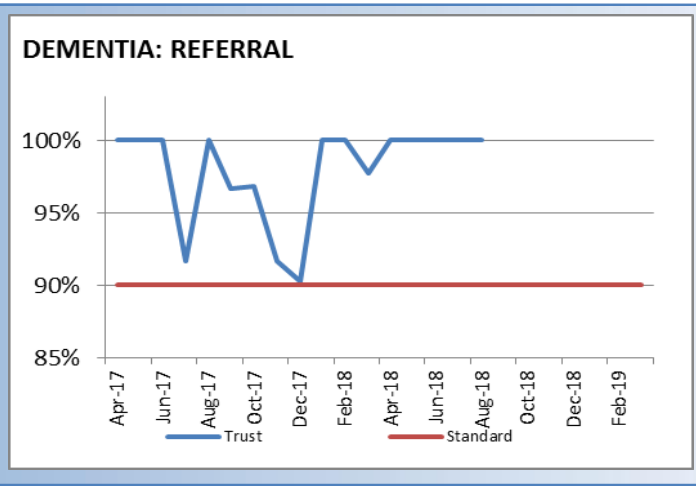
Dementia: Aged 75 and over emergency admission greater than 72 hours

% 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 August 2018.

The standard for this indicator is to achieve 90%.

Performance for August achieved this standard at 100%



SAFE

Description	Aggregate Position	Trend	Variation

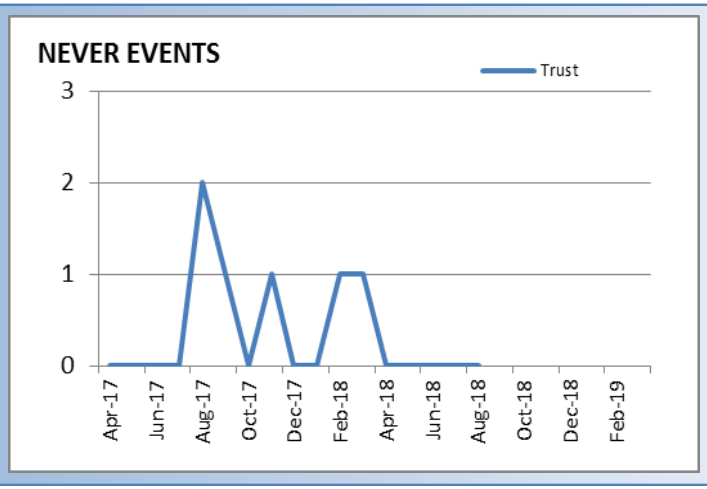
Occurrence of any Never Event

Occurrence of any Never Events

The latest available performance is August 2018

The Trust reported 6 Never Events in 2017-18

There were no cases reported during August 2018.



Further information is included in the Board Quality report

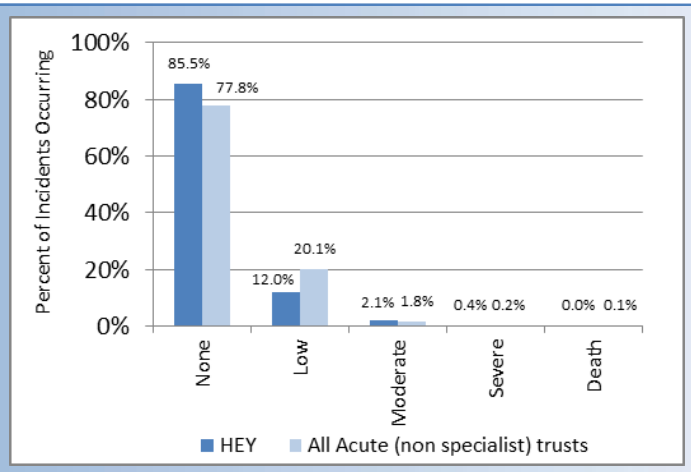
Potential under-reporting of patient safety incidents

Number of incidents reported per 1000 bed days

The latest data available for this indicator is October 2017 to March 2018 as reported by the National Reporting and Learning System (NRLS).

The Trust reported 8,691 incidents (rate of 51.29) during this period. This rates the Trust in the highest 25% of reporters

April to September position will be available in March 2019



Degree of Harm:

None 7,431
Low 1,041
Moderate 184
Severe 31
Death 4

SAFE

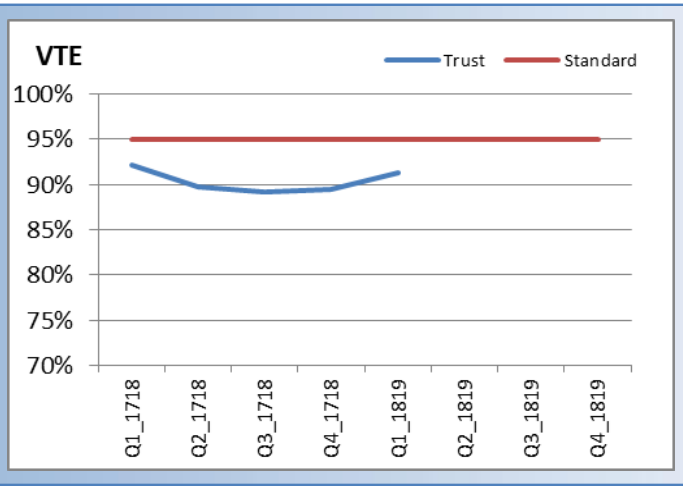
Description	Aggregate Position	Trend	Variation

VTE Risk Assessment

All patients should undergo VTE Risk

This measure is reported quarterly

The Trust is currently failing to achieve the 95% standard with performance of 91.31% for Q1 2018/19.

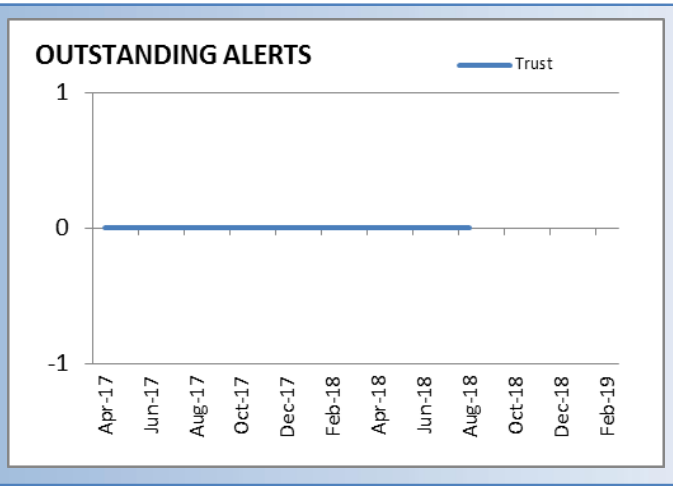


Patient Safety Alerts Outstanding

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

There have been zero outstanding alerts reported at month end for September 2018.

There have been no outstanding alerts year to date.



SAFE

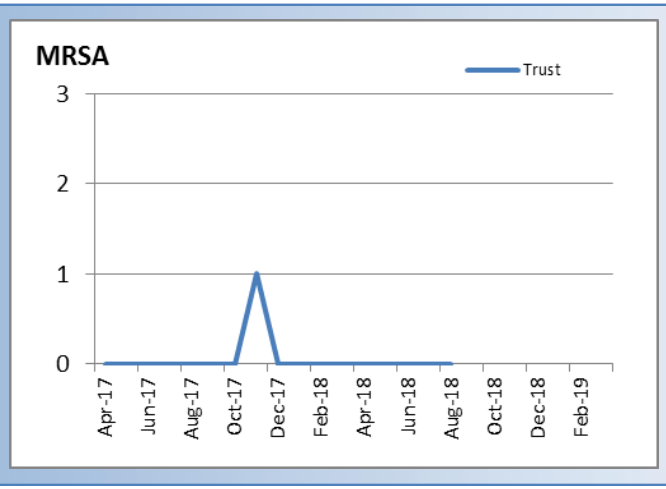
Description	Aggregate Position	Trend	Variation

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.



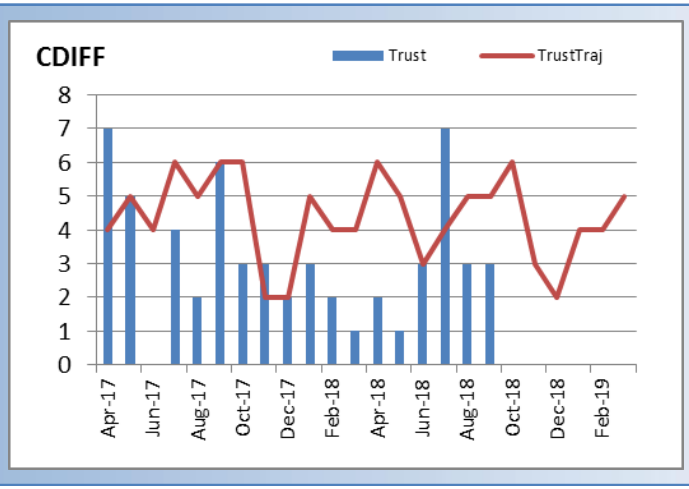
Further information is included in the Board Quality report

Clostridium Difficile

The Clostridium difficile target for 2018/19 is no more than 52 cases

There were 38 cases during 2017/18

There were 3 incidents reported during September which achieved the monthly trajectory of no more than 5 cases



Health Group Performance:

Clinical - 0
Family&Women - 0
Medicine - 2
Surgery - 1

Further information is included in the Board Quality report

SAFE

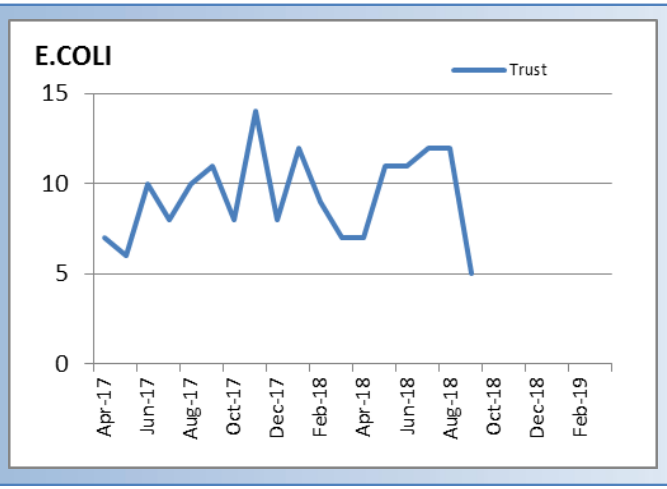
Description	Aggregate Position	Trend	Variation

Escherichia Coli

Number of incidence of E.coli bloodstream infections

There were 110 cases during 2017/18

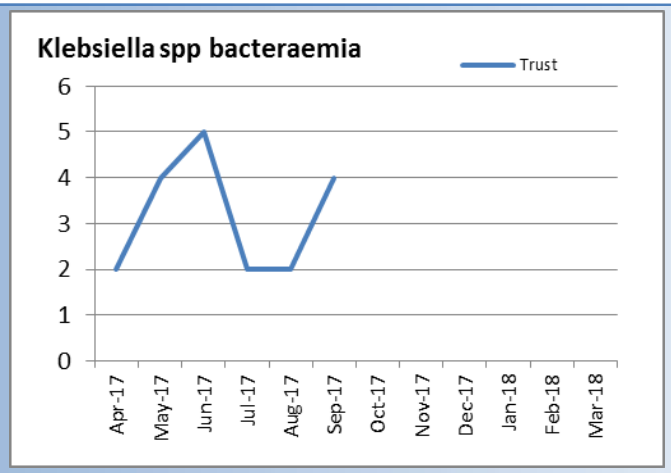
There were 5 incidents reported during September 2018.



Klebsiella spp bacteraemia

Number of incidence of Klebsiella spp bacteraemia

There have been 19 incidents reported year to date.



Integrated Performance Report - November 2018

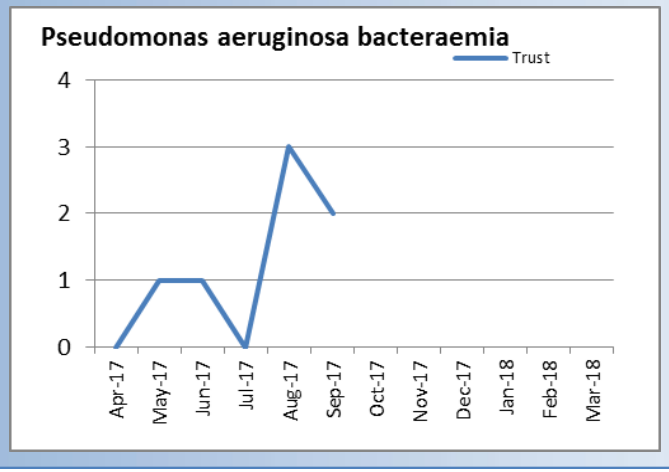
SAFE

Description	Aggregate Position	Trend	Variation

Pseudomonas aeruginosa bacteraemia

Number of incidence of Pseudomonas aeruginosa bacteraemia

There have been 2 incidences during September 2018.

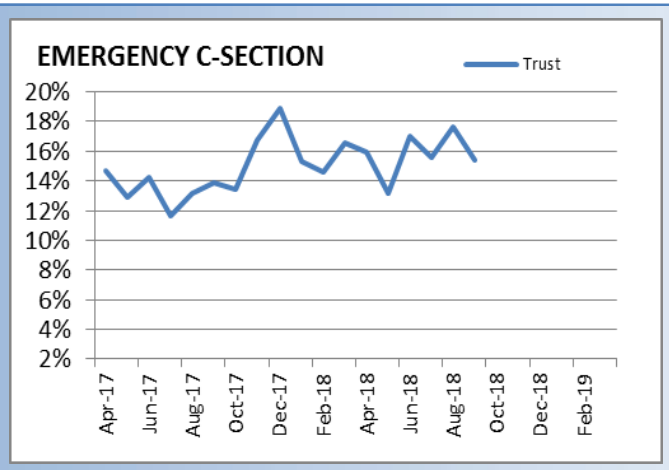


Emergency C-section rate

Maternity: Emergency C-section rate per month

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

Performance for September failed to achieve this standard at 15.4%



Further information is included in the Board Quality report

EFFECTIVE

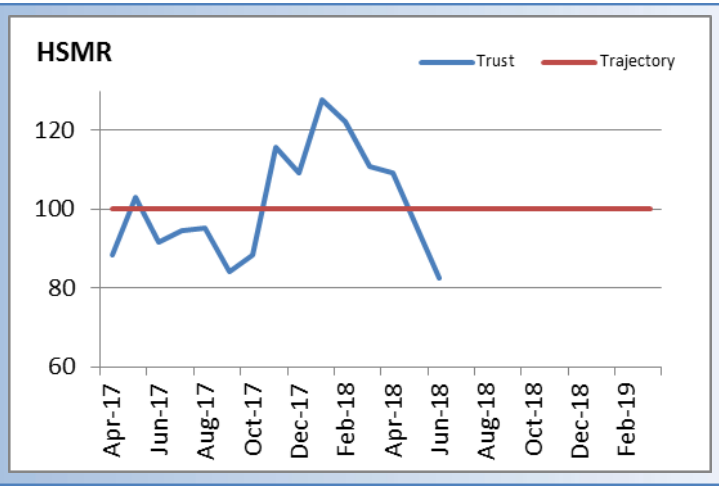
Description	Aggregate Position	Trend	Variation

HSMR

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

June 2018 is the latest available performance

The standard for HSMR is to achieve less than 100 and June 2018 achieved this at 82.6

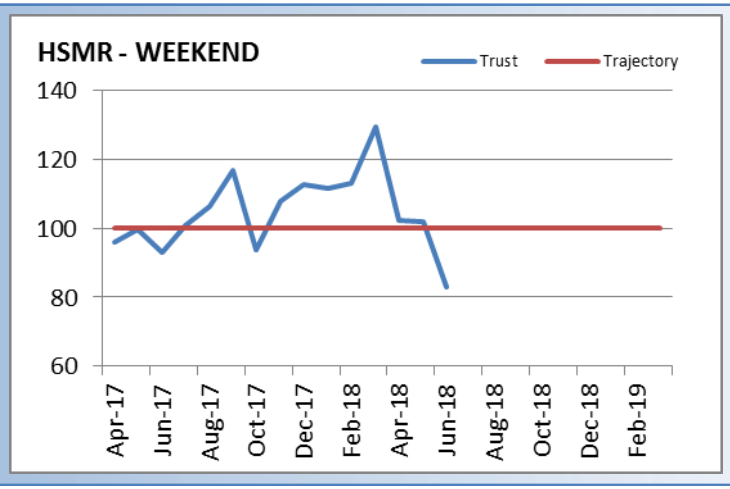


HSMR WEEKEND

Monthly Hospital Standardised Mortality Ratio for patients admitted at weekend

June 2018 is the latest available performance

The standard for HSMR at weekends is to achieve less than 100 and June 2018 achieved this at 82.8



Integrated Performance Report - November 2018

EFFECTIVE

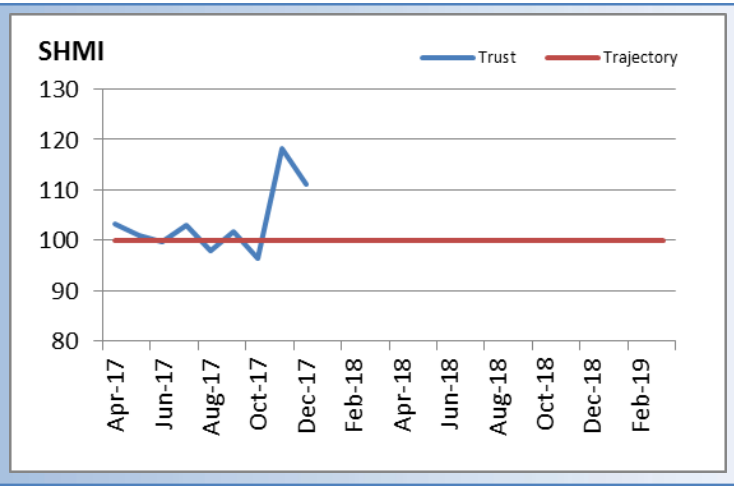
Description	Aggregate Position	Trend	Variation

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.

December 2017 is the latest published performance

The standard for SHMI is to achieve less than 100 and December 2017 failed to achieve this at 111.1

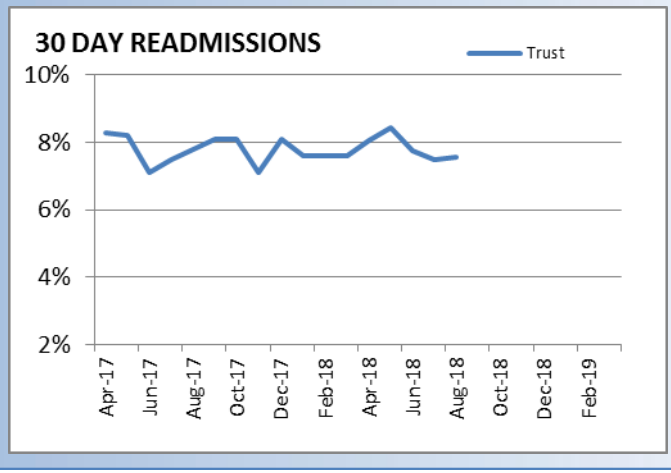


30 DAY READMISSIONS

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

The latest available performance is August 2018

The Trust should aim to achieve less than or equal to 2017/18 performance of 7.8%. The Trust achieved this measure with performance of 7.56%.



Integrated Performance Report - November 2018

CARING

Description	Aggregate Position	Trend	Variation

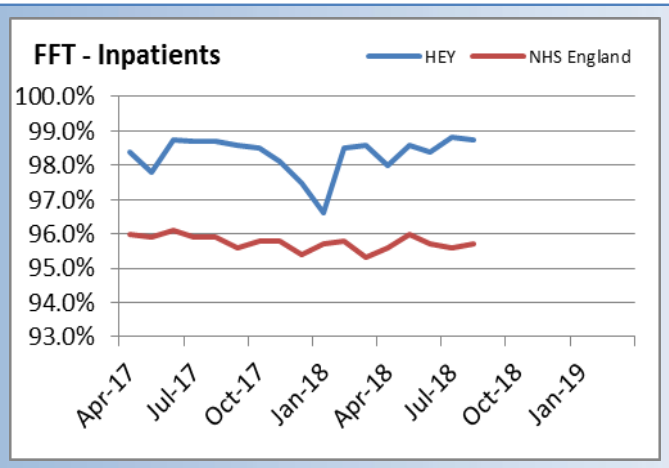
Inpatient Scores from Friends and Family Test - % positive

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

Performance for August was 98.75%

The latest published data for NHS England is August 2018.

September performance will be published on 8th November 2018.



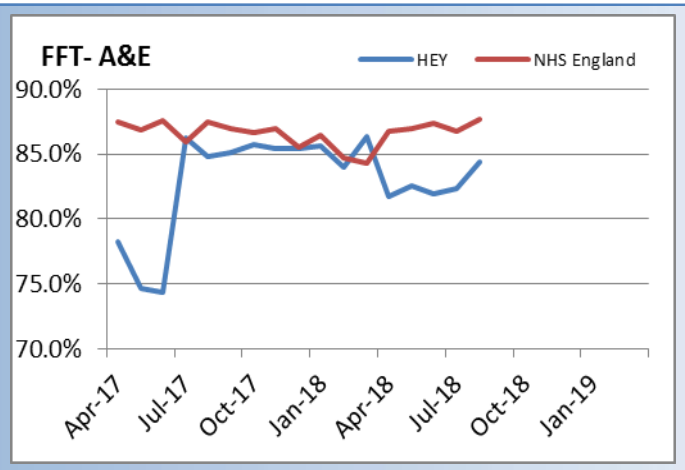
A&E Scores from Friends and Family Test - % positive

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

Performance for August was 84.36%

The latest published data for NHS England is August 2018.

September performance will be published on 8th November 2018



CARING

Description	Aggregate Position	Trend	Variation

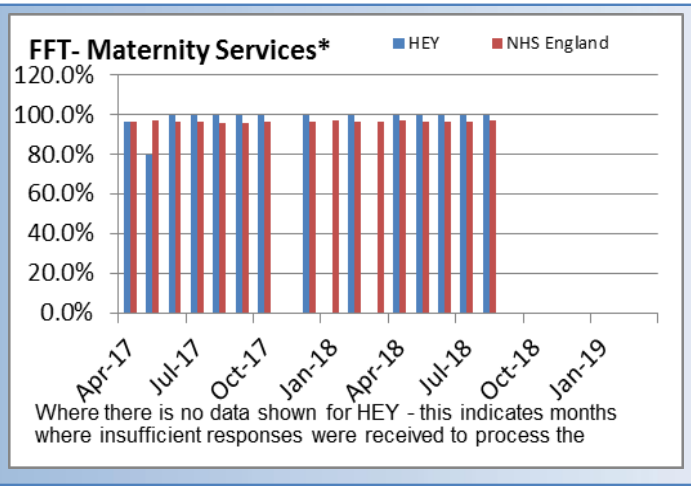
Maternity Scores from Friends and Family Test - % Positive

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

Performance for August was 100%

The latest published data for NHS England is August 2018.

September performance will be published on 8th November 2018



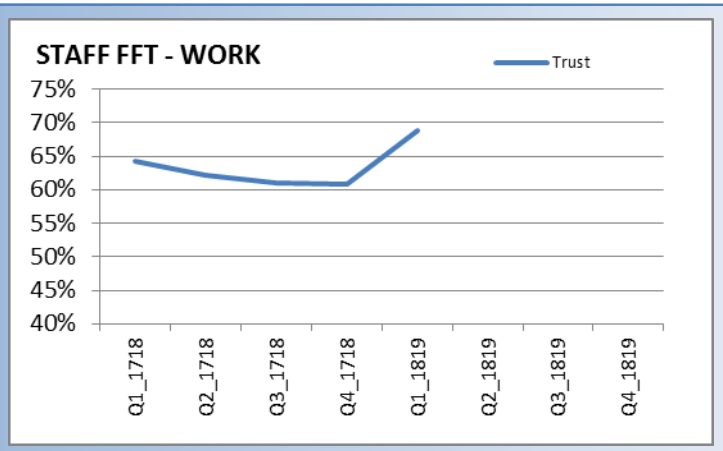
* Question relates to Birth Settings

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 Q1 shows 68.9% of surveyed staff would recommend the Trust as a place to work, this has improved from the Q4 position of 60.8%.

Q2 1819 performance will be published at the end of November.



Integrated Performance Report - November 2018

CARING

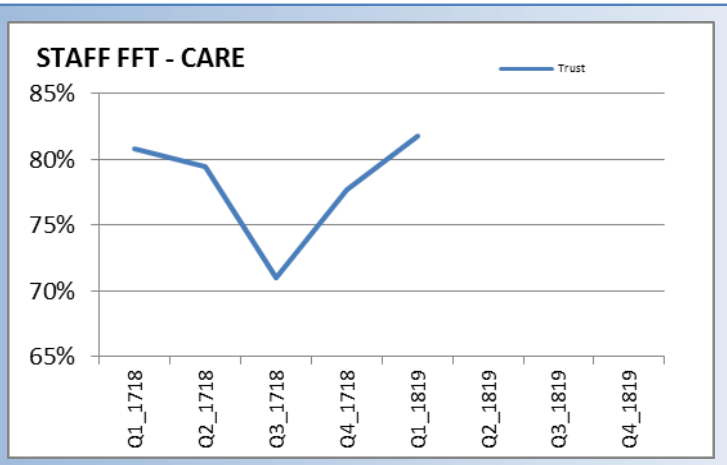
Description	Aggregate Position	Trend	Variation

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 Q1 shows 81.8% % of surveyed staff would recommend the Trust as a place to receive care/treatment, this has increased from the Q4 position of 77.7%.

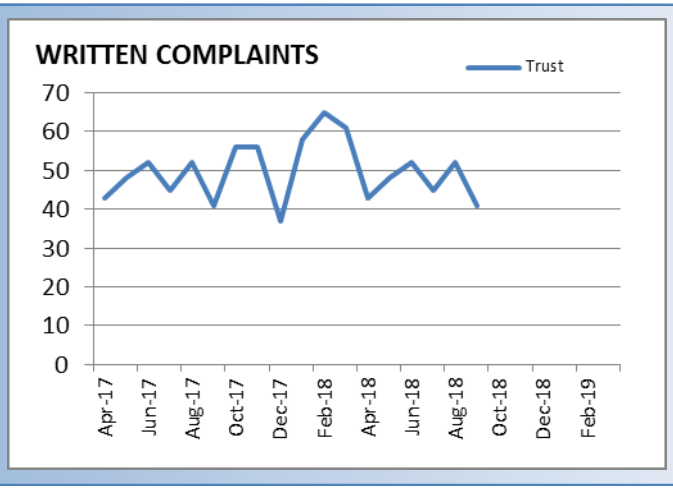
Q2 1819 performance will be published at the end of November



Written Complaints Rate

The number of complaints received by the Trust

The Trust received 41 complaints during September, this has increased from the August position of 52 complaints



There have been 281 complaints year to date

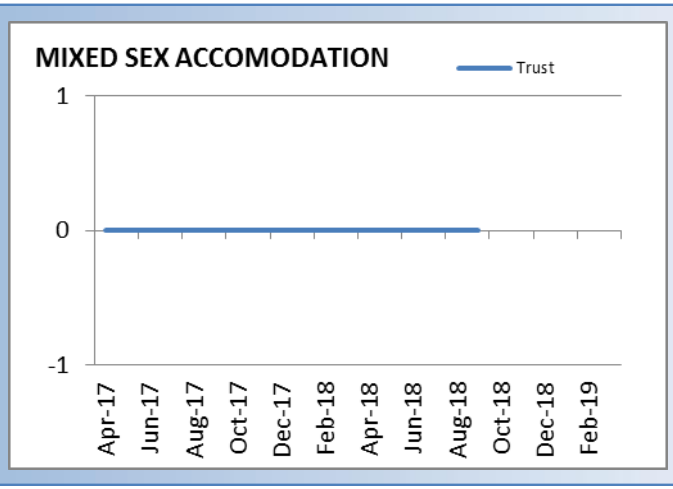
CARING

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 September 2018.

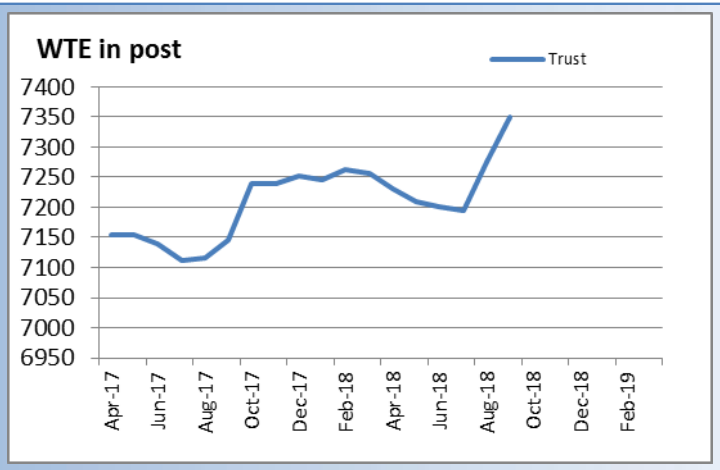


Description	Aggregate Position	Trend	Variation

WTEs in post

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

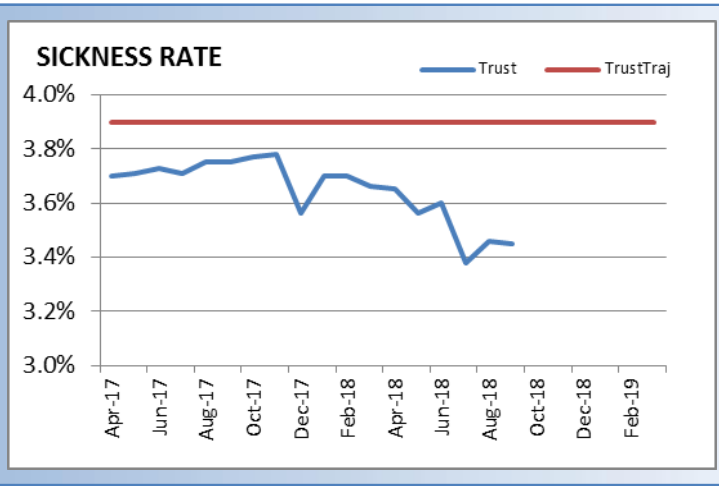
Trust level WTE position as at the end of September was 7350



Sickness Absence Rates

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

Performance for September achieved the standard of less than 3.9% with performance of 3.45%

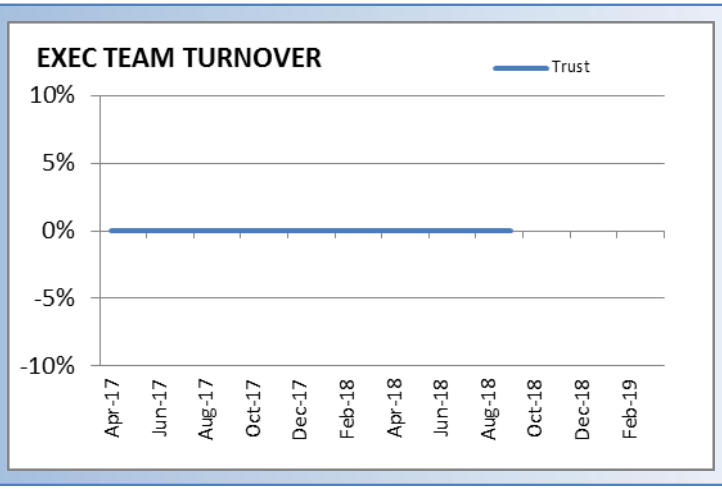


Description	Aggregate Position	Trend	Variation

Executive Team Turnover

Percentage turnover of the Trust Executive Team

Turnover has been 0% for the Executive team within the last 12 month period.

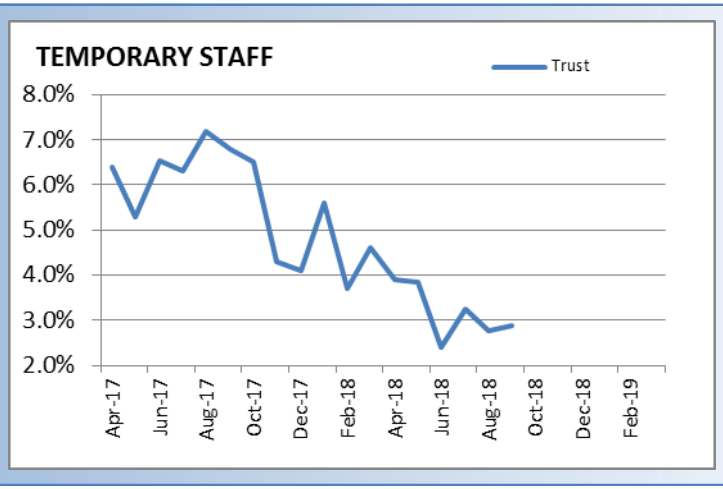


Proportion of Temporary Staff

% of the Trusts pay spend on temporary staff

Performance is measured on a year to date basis as at the month end

September performance was 2.89%



FINANCIAL SUMMARY: : 6 MONTHS TO 30th SEPTEMBER 2018

1. At the end of September, the Trust is reporting a SOCI deficit of £1.8m which is a shortfall of £0.6m against plan. The shortfall relates to the non delivery of the ED target for quarter 1 and therefore non receipt of Provider Sustainability Funding (PSF). In month the overall position was balanced despite significant issues being reported in 3 health groups. Quarter 2 ED target was delivered at system level and therefore Q2 PSF funding will be received.

2. In month the Trust has over performed against contract on its clinical activity by circa £0.9m. Elective activity and outpatient both improved by £0.2m with non elective increasing by £0.3m. Wet AMD continued to under trade and is now £0.5m below plan. The Trust still remains below the indicative AIC plan but the protection afforded by the contract has reduced to £0.4m.

3. The Trust is £0.1m above plan for CRES delivery at month 6 with £5.8m delivery against a target of £5.7m (102% delivery) with a £0.1m improvement in month. The monthly CRES requirement increases from month 7 onwards and currently the Trust is forecasting a shortfall of £3.2m against plan at year end (84% delivery). This includes the loss of the discount on CNST maternity but assumes that alternatives to the SPV scheme can be identified which is a significant risk at this time. The forecast is an improvement of £0.2m in month. The forecast assumes £8.1m delivery in final 6 months (excluding SPV) which is £2.3m more than delivery in first 6 months.

4. HG run rate positions are £1.3m overspent at month 6, an increase of £0.7m in month. This pressure was driven by increased medical staffing costs across all health groups with increased use of agency for consultants. There were also non pay pressures in Clinical Support Services. This is not sustainable for the organisation and health groups need to retain a grip on their financial positions to ensure the Trust stays within its financial plan.

5. Health Groups and Corporate budgets are forecasting that they will be £5.0m overspent at year end, an increase of £0.3m in month. The main shortfalls being CRES delivery at £3.2m and £1.0m cost of drugs not reimbursed under the AIC contract. There are a number of significant cost pressures being forecast relating to medical staffing, radiology outsourcing and MRI van hire but these are partially offset by expected vacancy levels. Income is currently expected to be £0.8m above plan (£3.9m above contract) but after allowing for full cost budget adjustments, principally for pass through drugs and devices, this leaves a £2.5m shortfall. Within this is a £2.6m under trade on planned elective and outpatient activity, some of which will be offset by a £1.6m gain in emergency. This is an improvement on month 5 and is driven by an expectation that elective activity will not under trade as much in the second half of the year.

6. The Trust still has a risk regarding the Trusts liability to staff employed by OCS who previously worked for the Trust. However latest guidance indicates that this will be funded as the contract stipulates that the staff are still paid in line with Agenda For Change.

7. Agency spend to the end of September is £5.3m which is above planned level of £4.1m by £1.2m, a deterioration of £0.3m in month. The variance is driven completely by agency medical staffing with the main variance relating to junior medical staff (£0.71m) but with Consultant cover increasing by £0.2m to £0.44m over plan in month. Overall staff budgets (excluding reserves) are above plan at month 6 by £0.5m an increase of £0.4m in month (£0.3m of agency).

8. The Trust can currently offset the forecast overspend by releasing the £2.5m CRES contingency reserve to reduce the CRES shortfall to £0.7m. The increasing monthly forecasts are becoming unsustainable and the Trusts ability to deal with the deterioration is severely limited. Health Groups need to maintain a tight grip on the financial position. The Trust will not be in a position to recover the Q1 ED PSF funding loss but is currently expecting to deliver remaining quarters.

9. Given the recent case regarding the use of Avastin for Wet AMD and potential for financial savings the Trust is assessing the impact on capacity and the clinical model.

10. The underlying run rate is currently forecast at £22.9m, reduced from the £25.6m reported at year end. This includes the non delivery of the SPV scheme and the loss of the discount for Maternity CNST.

11. The reported capital position at month 6 shows gross capital expenditure of £3.7m which is £1.4m below planned levels. This relates to IT expenditure and will not impact forecast position. The gross forecast is £28m which includes assumptions on receiving capital loan funding of £11.5m. This includes Fire (£4.9m) which has been agreed, Equipment (£3.6m) which has been submitted and Energy Business case which is now expected to be £3m in 18/19 with balance in 19/20. The Trust has received notification of Winter Capital Planning funding of £2m and £0.2m for Patient WI-FI. In addition the Trust is also expecting PDC funding totalling £1.9m in relation to the purchase of a Linear Accelerator (£1.7m) and Digital Slide scanners (£0.2m). All of these schemes are included within the £28m. The expected donation of £3m for the new research facility is now expected in 19/20 and has been removed from this years plan. The Trust is also seeking approval for CRL and CDEL for the use of its own cash reserves of £4.1m (£3.7m STF bonus form 17/18 and the £0.4m unspent depreciation from 17/18). If successful this will provide an additional £1.7m and will underwrite the £2.4m included in the original plan which was a risk due to potential loss of PSF.

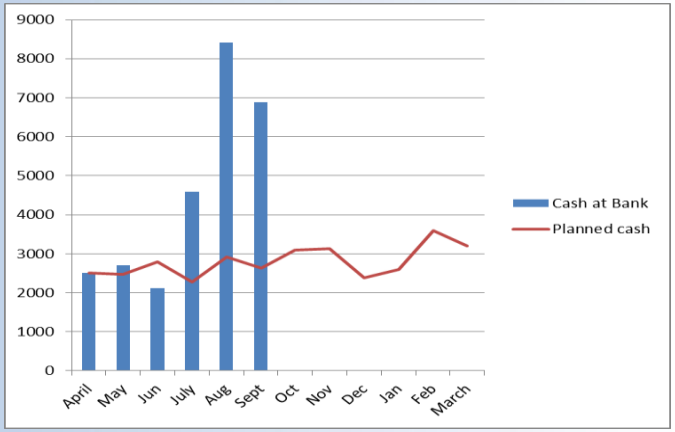
12. The Trusts liquidity position has been relatively stable so far this year and the latest modelling suggests that we may require support during the final quarter. This will become clearer when we understand in more detail the timing of the capital expenditure from the recent approvals. Work continues to improve the cash position by reducing the aged debtor position held by the Trust with a number of NHS bodies.

Description	Aggregate Position	Trend	Variation

Cash Balance

Cash on deposit <3 months deposit

At the end of September we had postive cash position of £6.9m, comprising of monies in the bank of £6.876m and £0.013m of petty cash floats. Despite the postive cash position we are significantly behind our payables payment target for NHS suppliers. NHS remains low and we'd like to see an improvement in payment performance to suppliers in the coming months and if cash allows. We are also looking at the aged debts for the Trust, monitoring the nett position for NHS bodies. Cash forecasting is now done at a more granular level which helps to predict future cashflows more accurately. During September some significant payments were paid for PDC and loans (£4.7m). Our short term loan of £4.177m will fall due for repayment should we receive the PSF funding (October & January).

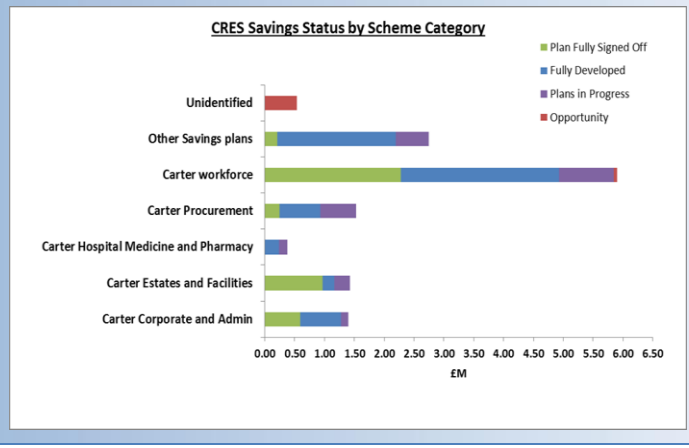


CRES Achievement Against Plan

Planned improvements in productivity and efficiency

At month 6 the Trust's planned level of savings is £5.7m, the actual savings to date is £5.84m thereby creating a £0.14m 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.



Description	Aggregate Position	Trend	Variation

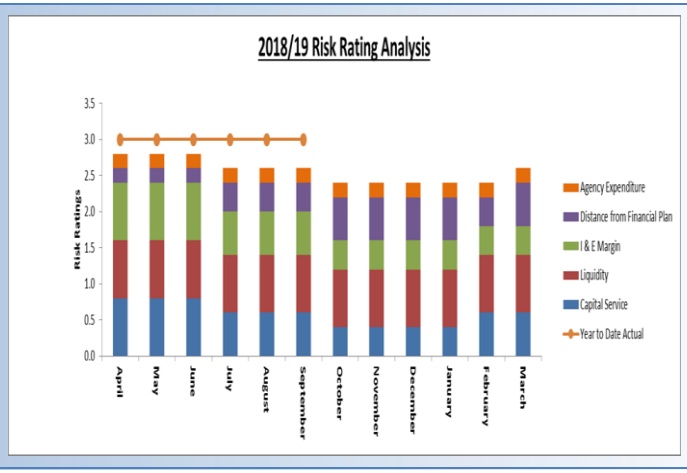
Risk Rating

Financial Sustainability Risk Rating

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

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 assess risk.
Risk ratings range from 1 to 4 with 1 being the best score and 4 the worst.

As at month 6 the Trust is reporting a YTD deficit of £1.8m against a planned position of £1.2 deficit. This has resulted in liquidity & Capital Servicing being rated as a 4, & I&E margin being rated as 3. The distance from plan & the agency metric being rated as 2, giving an overall risk rating of 3.

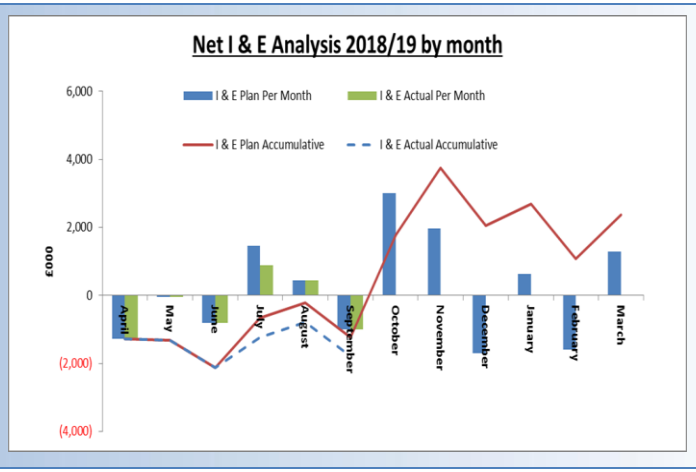


Income & Expenditure

Net income and Expenditure

The Net I & E analysis shows how the trust has performed in each month in terms of the overall performance against 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 6 the Trust has delivered a deficit of £1.8m against a planned deficit of £1.2m



Hull and East Yorkshire Hospitals NHS Trust

Trust Board

13 November 2018

Title:	**FINANCIAL PLANNING 2019/20**
Responsible Director:	Lee Bond – Chief Financial Officer
Author:	Lee Bond – Chief Financial Officer

Purpose:	This paper sets out an updated position with regard to the Trust's financial planning for 2019/20 and commences with a brief summary of the latest intelligence with regard to the longer term plan for the NHS.	
BAF Risk:	BAF 7.1 - Finance	
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	✓
Summary Key of Issues:	A five-year revenue budget settlement for the NHS from 2019/20 to 2023/24 has been announced which equates to an annual real-term growth rate over five years of 3.4%. As a result of this certainty, the NHS has been asked to develop a Long Term Plan which is expected to be published in early December 2018.	

Recommendation:	The Trust Board is asked to note the latest information on planning for 19/20 and the key timescales involved.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

FINANCIAL PLANNING 2019/20

1. INTRODUCTION

This paper sets out an updated position with regard to the Trust's financial planning for 2019/20 and commences with a brief summary of the latest intelligence with regard to the longer term plan for the NHS.

2. NATIONAL CONTEXT

A five-year revenue budget settlement for the NHS from 2019/20 to 2023/24 has been announced which equates to an annual real-term growth rate over five years of 3.4%. As a result of this certainty, the NHS has been asked to develop a Long Term Plan which is expected to be published in early December 2018.

The government and national NHS leaders have made clear that Integrated Care Systems (ICSs) are central to their plans for the future, and the longer term plan should set out a timeline for all STPs to become ICSs as soon as feasible. It should also commit to removing financial, regulatory and other barriers to the development of ICSs and work with local leaders to identify changes to the law that would help accelerate progress.

There is expected to be an overhaul of the policy framework for the NHS which seeks to:

- improve productivity and efficiency;
- eliminate provider deficits;
- reduce unwarranted variation in quality of care;
- incentivise systems to work together to redesign patient care;
- improve how we manage demand effectively; and
- make better use of capital investment.

The NHS is currently working to get back on track in delivering the access standards set out in the NHS Constitution, invest in mental health services and general practice, bring about further improvements in cancer care and outcomes and redesign urgent and emergency care services. The NHS is also seeking to further transform care by implementing the new care models described in the Forward View with the aim of integrating health and social care and improving population health. ICSs are seen as being the principal means of delivering this transformation.

The ambition to develop integrated care at scale and pace will require changes to the law to remove some of the barriers to progress. For example, ICSs should be established in law as NHS bodies, changes to the role of regulators will be required to achieve closer alignment with the emphasis being placed on system working and to enable the full merger of NHS England and NHS Improvement, and the law relating to procurement and mergers of NHS organisations will need to be reviewed.

3. DEVELOPMENTS TO DATE

Recent communication from NHSI/NHSE has emphasised the requirements for ICSs to develop and agree their strategic plans to improve quality and deliver sustainable balance – with longer terms plans to be developed for the next 5 years by Summer 2019. In the meantime, however, there is still a requirement for individual organisations to submit a one year plan for 2019/20 which will take into account a number of proposed changes to the financial architecture, as follows:

i) Payment Reforms 2019/20

The regulators have published their proposed updates to the National Tariff Payment System (NTPS) and the aim is to allow greater flexibility to support new ways of delivering care. The recent guidance and publication of the engagement tariffs earlier this month has highlighted that a one year tariff will be introduced with a number of changes; albeit the final proposals will be subject to statutory consultation.
As the Trust is committed to remaining in an Aligned Incentive Contract with local commissioners, the proposed tariff changes are largely academic for this type of contract however there will be a requirement to understand any resource shifts into tariffs to ensure financial flows are adjusted accordingly within the system. In addition, the Trust will continue with tariff based contracts with our other Commissioners.
The main changes outlined in the engagement tariff proposals include:

a) Blended Approach to Emergency Care

There is a proposal to introduce a 'blended' payment approach for emergency care. This would comprise a fixed amount, 80% of tariff proposed (linked to expected levels of activity) and a volume-related element (20%) that reflects actual levels of activity. This payment model would cover A&E attendances, non-elective admissions (excluding maternity and transfers) and, potentially, ambulatory emergency care. It would serve as the new 'default' reimbursement model, but would not stand in the way of local systems continuing to move faster towards population-orientated payment models. This proposed approach is designed to provide greater stability and would enable providers and commissioners to focus on how to use resources most efficiently and effectively to improve quality of care and health outcomes, while sharing both the responsibility for the resource consequences of increases in acute activity and the benefits of system-wide action to reduce growth in activity.
Under this approach, the marginal rate emergency tariff (MRET) and the 30-day readmission rule would be abolished as national rules, on a financially neutral basis between providers and commissioners. For the Trust, the values currently embedded within contracts are reductions of £3.5m for readmissions and £2m for MRET. Overall, therefore, there is over £5m adjustment to baselines expected although the detailed mechanics of this are still to be confirmed and whether this will all be transacted in 2019/20.

In addition, it is proposed that contracts would include a 'break glass' clause which applies when activity is significantly higher or lower than assumed and requires the emergency care payment elements of the contract to be reviewed and potentially renegotiated

b) Outpatients

It is recognised that the way outpatient activity is funded could be improved and the aim of the payment mechanism in the proposed tariff is to incentivise increased use of non-face-to-face (eg telemedicine) and non-consultant-led activity where clinically appropriate. The aim being to reduce incentives for unnecessary consultant-led face-to-face activity, help support lower unit cost of outpatient services and help the RTT standard by freeing up consultant time to deliver more first attendances.

c) Market Forces Factor

The market forces factor (MFF) estimates the unavoidable cost differences between healthcare providers, based on their geographical location. Each NHS provider is assigned an individual MFF value and these are used to adjust national prices and commissioner allocations. This has not been updated for almost 10 years and therefore these new tariff proposals refer to making adjustments to the MFF, to be phased in over a four year period.

The current MFF for the Trust is 1.0155 for 2018/19 with an amended MFF to be 1.0150 and will have an impact of a loss of £167k for the Trust. However as this is proposed to be introduced over 4 years, the MFF proposed for 2019/20 is 1.0154 (with 1.0153 in 2020/21 and 1.0151 for 2021/22). At circa £33k for 2019/20, the impact is immaterial.

d) Provider Impact Analysis of Proposed Tariffs

A report produced by NHSI analyses the potential impact of the proposed tariffs on providers/commissioners using 2016/17 data and this shows that Hull and East Yorkshire Hospitals NHS Trust would expect to experience an estimated £3.42m gain (0.98%) in tariff income if these proposals were implemented, assuming no change to activity levels and all services used national prices. This includes the loss from the revised MFF proposed for 2019/20. This 0.98% gain compares to an average (-0.14%) decrease experienced by the peer group, 'Teaching Trusts'. The main gains for the Trust are in ED and admissions associated with the nervous system, digestive system, ENT and Cardiac conditions. Reductions are noted in maternity services and skin conditions.

The provider impact analysis shared excludes any adjustments related to MRET and readmissions that was referenced in the blended approach to emergency care.

ii) Procurement

NHS Supply Chain is being reorganised and managed by a new organisation, Supply Chain Coordination Limited (SCCL). SCCL aims to increase NHS purchasing power and give providers access to lower procurement prices. The cost of SCCL in 2019/20 is estimated at £250m and the proposed approach to fund these costs is through a tariff adjustment totalling 0.4%.

Currently, NHS Supply Chain is funded through a mark-up on the prices it offers. The Department of Health and Social Care intends that SCCL costs will be funded using money allocated to the national tariff as Trust's will benefit from a reduction in direct costs through cheaper prices.

The estimated impact for HEYHT is a gain of £0.5m based on the calculation below but this is still being debated and is subject to a lot of risk.

	£m	
Estimated contribution to SCCL costs	2.4	
Savings from reduced margins (5%)	(1.4)	
Other savings from NHSI central reserves	(0.5)	
Savings from year 1 operating new model	(1.0)	(assumed savings of 1.7%)
Net gain to the Trust	**0.5**	

The expected gains from this will be built into the Trust's CRES plan for 2019/20.

iii) CQUINs

From 1 April 2019, the current CQUIN scheme will be significantly reduced in value with an offsetting increase in core prices. It will also be simplified, focussing on a small number of indicators aligned to key policy objectives drawn from the emerging Long Term Plan. The approach to the quality premium for 2019/20 is also under review to ensure that it aligns to the NHS strategic priorities and further details will be available in the December 2018 planning guidance. The current value of the CQUIN in current contracts is £11.7m and is embedded within baseline budgets.

4. CONTROL TOTALS

It has been recognised by the regulators that individual control totals are no longer the best way to manage provider finances. The national aim is to return to a position where breaking even is the norm for all organisations which will, in turn, negate the need for individual control totals. This will mean that provider and commissioner sustainability funds can be rolled into baseline resources.

This process will commence in 2019/20 but cannot be completely embedded until local systems can deliver financial balance. Therefore, 2019/20 will be a transitional year and the Trust will be set a one year, rebased, control total. It is expected that the Trust will receive its control total alongside the planning guidance in December and that this should take into account the impact of distributional effects from any policy/tariff changes referenced above – including MRET and MFF.

Individual control totals are expected to be shared in December, along with the detailed planning guidance. A crude assessment of the impact for the Trust is summarised below:

	Underlying deficit	**OR**	**2018/19 deficit**
Current Position	(£23m)		(£10m)
Less tariff gain	£3m		£3m
Less MRET/readmission gain	£5m		£5m
Potential Control Total	**(£15m)**		**(£2m)**

The approach to efficiency is still to be clarified as to the element that will be built into tariffs. In the meantime, the Trust is working on the assumption that there will be a requirement of at least 1.1% CRES.

5. CAPITAL PLANNING

The announcements regarding STP capital plans are now expected in spring 2019 and joint work is underway to update the STP's Estate's Strategy. A separate paper is to be prepared regarding the Trust approach to capital planning and the draft capital programme for 2019/20.

6. TIMETABLE

The planning guidance, with confirmation of the detailed expectations, will follow in December 2018 and recent communication from NHSE and NHSI has outlined the high level timetable as follows:

Timetable for Planning	**Date**
Publication of 2019/20 operational planning guidance & financial framework	Early December 2018
NHS Long Term Plan published	Late November/early December 2018
Publication of 2019/20 operational planning guidance & financial framework	Early December 2018
CCG allocations for 5 years Near final 2019/20 prices Technical guidance and templates Standard contract and dispute resolution CQUIN guidance Control totals for 2019/20	Mid December 2018
2019/20 Initial Plan submission – activity & efficiency focussed	**14th January 2019**
2019/20 National Tariff consultation	17th January 2019
Draft organisation operating plans	**12th February 2019**
Aggregate system operating plans &	**19th February 2019**

narrative	
Standard Contract Published	22nd February 2019
Contract Plan Alignment Submission	5th March 2019
National Tariff Published	11th March 2019
Deadline for 2019/20 contract signature	21st March 2019
Board Approval of 2019/20 budgets	**29th March 2019**
Final 2019/20 operating plan submission	**4th April 2019**
Aggregated 2019/20 System operating plan submission and narrative	**11th April 2019**
Capital Funding announcements	Spending Review 2019
Systems to submit 5-year plans signed off by all organisations	Summer 2019

The key date to note is the January submission and the focus on capacity and CRES. Further clarity is needed as the Trust will need to know what it can deliver and understand the expectations with regard to improvements in RTT and Cancer etc.

b) Board Sign off

As there is a requirement for the final Trust plans to be signed off by the Board by 29th March, based on the schedule of board meetings – this would be timely for the Trust Board Development meeting on 26th March 2019 and would need to be completed by 22nd March to allow for distribution of papers.

7. NEXT STEPS

In order to deliver the timetable referred to above, the Trust will be working with commissioning partners to ensure there is alignment on demand and capacity planning and are making progress on detailed, quality impact-assessed efficiency plans. Specifically, the following are key areas of detailed work:

- Capacity planning at specialty level – shared with commissioners.
- Demand modelling based on latest trends.
- Understanding opportunities for productivity in relation to the above demand and capacity analyses.
- Developing the CRES programme for 2019/20.

8. RECOMMENDATION

The Trust Board is asked to note the work required and the focus on year 1 (2019/20) up until the end of January, with a move into planning for years 2-5 in order to submit the longer term plans by Summer 2019.

As soon as there is clarity with regard to the requirements for CRES, capacity and funding, more detailed conversations will take place with commissioners to agree a joint approach.

Lee Bond
Chief Financial Officer
November 2018

Hull and East Yorkshire Hospitals NHS Trust

Performance and Finance Committee Meeting

Date 29 November 2018

Title:	Winter Plan
Responsible Director:	Jacqueline Myers
Author:	Alan Harper

Purpose:	To apprise the Trust Board of the arrangements for dealing with the additional pressures anticipated during the Winter Period.	
BAF Risk:	BAF 4 - Performance	
Strategic Goals:	Honest, caring and accountable culture	
	Valued, skilled and sufficient staff	
	High quality care	x
	Great local services	
	Great specialist services	
	Partnership and integrated services	
	Financial sustainability	
Summary Key of Issues:	The Winter Period, defined as December to April, brings a requirement for additional acute medical beds, which if we do not make plans to meet can result in overcrowding in the Emergency Department, long waits for vulnerable patients to be admitted, delays in patient pathways and large numbers of breaches of the emergency care standard. This plan sets our plans for dealing with this extra demand, taking into account the limited workforce available to support this. Risks to delivery are also noted.	

Recommendation:	The Trust Board is asked to approve the plan.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

DRAFT

TRUST WINTER PLAN

2018 / 19

1. PURPOSE

This plan sets out actions the Trust will take to manage increased emergency activity safely and efficiently during the winter months. The plan has been developed with Health Groups and Corporate Directorates and in consultation with local health partners.

As in previous years the Trust's Winter Plan, includes work undertaken within the Urgent and Emergency Care (UEC) Programme.

2. PLAN OBJECTIVES

The objective of the Winter Plan is to ensure the Trust:

- has appropriate resources and processes in place to cope with increased workload
- has appropriate escalation arrangements in place to cope with significant peaks in demand
- works effectively and efficiently with partner organisations
- continues to improve against Emergency Department (ED) performance indicators
- minimises the extent to which increases in emergency activity adversely affects cancer services and performance against other waiting time targets
- has appropriate arrangements in place for dealing with severe weather events, such as snow and flooding
- has appropriate arrangements in place for dealing with a severe seasonal influenza outbreak

During winter there is increased demand for acute medical and elderly care beds. A review of winter 2017/18 showed demand was not driven by increased ED attendances, but an increase in the percentage of attendances that converted into an admission. The Trust therefore bid for, and secured, capital resources for an additional medical ward on the HRI site. This will be in addition to the Medical Winter Ward (Ward H10); however it should be noted that major challenges to staff this remain and our plan for its use in 2018/19 is for 10 assessment/short stay beds to supplement the current Acute Medical Unit and Elderly Assessment Unit provision.

As a consequence of the increased medical bed capacity, the Medicine Health Group will aim to:

- contain medical activity and peaks in demand within the reconfigured medical bed base
- improve patient flow from ED
- reduce the number of medical outliers during winter

The Medical Health Group will develop Standard Operating Procedures to manage the flow of emergency patients through the Trust and meet surges in demand without negatively impacting ED performance or elective activity.

3. LEARNING FROM LAST WINTER

Hull and East Riding Health and Social Care Community carried out a system wide review of the response to and management of fluctuations in demand during winter 2017/18. The review identified what had gone well and what could have been done better.

Successful actions included:

- work to address frequent attenders and reduce the level of attendance, including the development of the mental health crisis pad, appear to have worked for the patient cohorts addressed
- increased social care staff (East Riding of Yorkshire Council)
- commissioning of social care positive step beds / step down beds
- commissioning of additional Home Care Rapid Response (Hull City Council)
- bi-weekly operational calls productive working relationship between YAS and HEYHT to manage ambulance turnaround at times of operational pressure

- flow model in HEYHT embedded which helped manage patient flow and safeguard patient safety during periods of extreme operational pressure

Areas for improvement included:

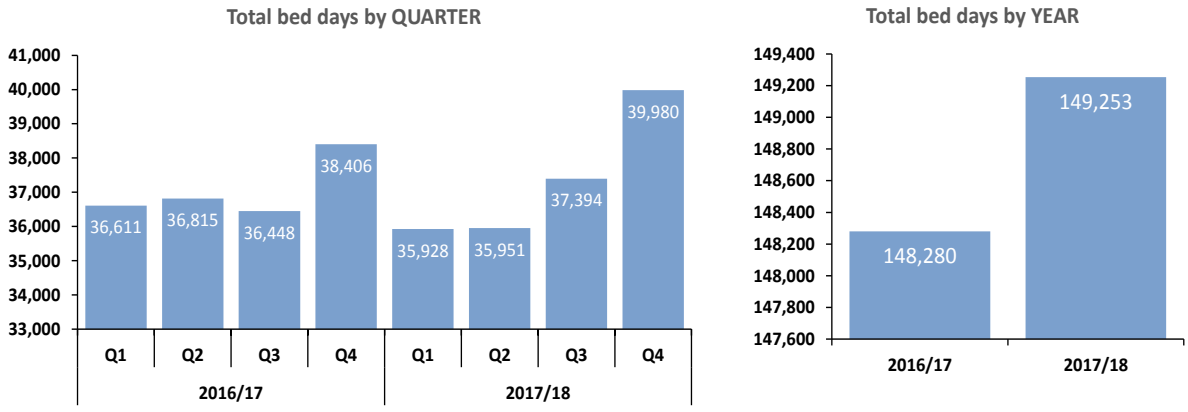
- increased infection control awareness and management within care homes
- need to enhance the hospital based mental health liaison team to increase capacity over the 24 hour period
- need to address exit block from ED
- lack of consistency of application / assessment of OPEL criteria to different services / organisations
- need to clarify what community bed base is required going forward
- potential of basing Hull City Council Brokerage Team members in HEYHT
- improving the partnership working and discharge planning for people with complex health and care needs

4. BED REQUIREMENTS FOR WINTER 2018 /19

During the winters of 2016/17 and 2017/18 there was insufficient capacity within the medical bed base to meet demand. This affected patient experience and care standards, operational delivery and achievement of targets negatively. Key findings from a review of the past two winters are summarised below.

4.1 Midday bed occupancy analysis 2016/17 – 2017/18

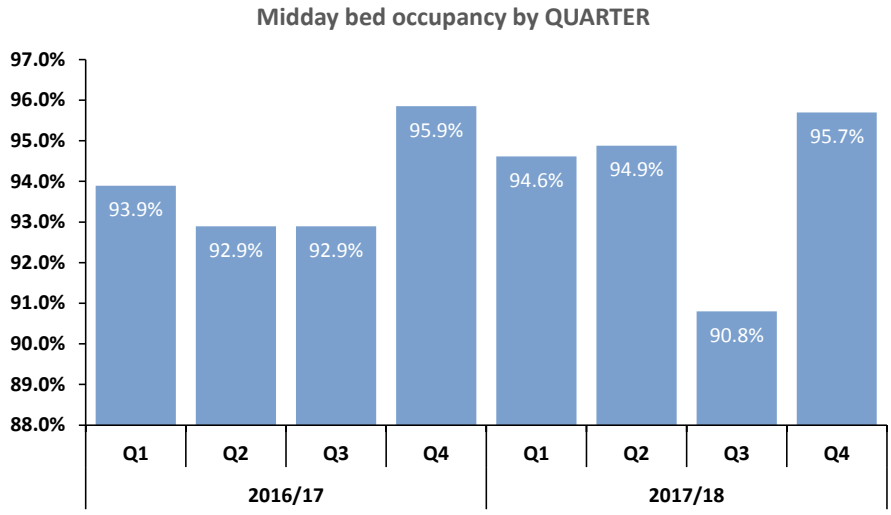
The following tables show the total number of medical patient bed days by quarter based on midday bed occupancy.
In 2016/17 a total of 148,280 bed days were utilised compared to 149,253 in 2017/18, an increase of 973 bed days (0.7%).



Total Medical bed days (midday bed occupancy) 2016/17-2017/18

4.2 Medical Wards bed occupancy rates (including AMU)

Based on midday bed occupancy the below table shows the bed occupancy rate for the medical wards.



Medical wards bed occupancy rates(midday occupancy) Apr 2016-Mar 2018

4.3 Medical Outlier Bed Days (midday, as a subset of overall activity)

An assessment was undertaken of the number of bed days per quarter in 2016/17 and2017/18 that medical patients occupied a bed in an outlying ward instead of on the specialty base ward (midday occupancy). This often results in a poor patient experience and exposes the patient to possible clinical risk as a consequence of disrupting their plan of care. The total number of medical outlier bed days was as follows:

- 2016/17 6,860
- 2017/18 9,180

This represented a 33.8% increase (2,320 bed days) in 2017/18 compared to 2016/17.

4.4 Review of winter 2017/18

The Trust's average bed occupancy rate for 2017/18 was 92% which is in excess of recommended rates, consequently the Trust experienced significant bed capacity pressures which impacted adversely on the quality of care and service delivered to patients, the delivery of services and the Trust's performance against key performance targets.

During the 2017/18 winter the Trust saw:

- a decrease in ED attendances, but an increase in the percentage of attendances that converted into an admission
- a decline in performance against the ED 4 hour waiting time threshold
- an increase in average length of stay
- a decline in Medicine's readmissions rate
- an increase of 26.1% in medical outlier bed days (midnight bed occupancy) compared to 2016/17
- an increase of 33.8% in medical outlier bed days (midday bed occupancy)

- an increase in the number of cancelled operations due to lack of beds (45.5% increase compared to 2016/17)

4.5 Bed modelling for 2018/19

2017/18 activity data was used to model bed requirements for 2018/19. This demonstrated:

- the realisation that the national ambition for a 25% reduction in the number of bed days for super-stranded patients would equate to a reduction of 11,395 bed days
- the Trust bed establishment of 1,129 (2018/19) is insufficient, even if the 25% reduction in super-stranded patient bed days is achieved
- the Medical bed base of 437 will be insufficient in each quarter during 2018 / 19

It was concluded an increase in medical beds was required in order for the Trust to manage the flow of emergency patients through the Trust and meet surges in demand, particularly during winter.

With the assistance of additional capital from the monies made available to the NHS to increase capacity for winter, the Trust is building a new facility to increase the bed capacity available on the HRI site, subject to the overall nurse staffing plan for the Trust being able to accommodate the requirements for this new ward.

H10 is being staffed by taking nurses and healthcare assistants from other wards, thus reducing their respective nursing staffing fill rates and Care Hours per Patient Day (CHPPD). This is not without risk to the host wards. H36 will need to be staffed through a combination of the Discharge Lounge establishment and variable (agency) pay. However, this is not without risk, also and may have to be staffed incrementally, nursing staffing levels permitting.

4.6 Impact of Infection

Incidence of infections that require patients to be isolated increases in the winter months: this includes norovirus, Respiratory Syncitial Virus (RSV), influenza, and other respiratory tract infections. This has caused a particular problem in paediatrics in past years due to the shortage of isolation facilities but will be monitored closely.

Forecasting the impact on our bed base is impossible to do accurately. It is not yet clear whether the incidence of influenza will be higher or lower than average, nor whether the vaccine will have significant protective effect. There is a plan for managing an increase in adult influenza cases.

5. PROPOSED WINTER PLAN ACTIONS for 2018/19

In order to respond to this increase requirement for beds, the Health Groups and Corporate Directorates have reviewed their winter plans and determined a set of actions to be implemented this coming winter and these are set out below:

5.1 Medicine Health Group

Additional acute medical beds 'The Winter Ward'

Ward H10 at Hull Royal Infirmary (HRI) will once again be used as a winter ward for the 4 month period, Monday 3 December 2018 to Friday 26 April 2019, providing an additional 27 beds.
The Medicine Health Group has worked with other Health Groups and Corporate Nursing to ensure that appropriate arrangements are in place prior to the additional ward opening. Medical cover will be provided by 3 junior doctors and 1 Consultant. Action is being taken to recruit locum junior doctors who have previously worked at the Trust. Consultant cover will be provided by existing members of staff on a rota basis. Plans have been agreed to create an experienced team of nurses for the ward, primarily through redeployment of existing members of staff from all 4 Health Groups. A Standard Operating Procedure is developed for the winter ward. It has been agreed for the coming winter, the ward will accept new patients directly from the Acute Medical and Ambulatory

Care Units. A Project Team has been established to oversee implementation and is meeting on a weekly basis.

New Clinical Decisions Unit (CDU) incorporating Patient Discharge Lounge
With the assistance of additional capital from the monies made available to the NHS to increase capacity for winter, the Trust is building a new facility to increase the bed capacity available on the HRI site, subject to the overall nurse staffing plan for the Trust being able to accommodate the requirements for this new ward. The intention is for this to become a year round part of the medicine bed base, however, there are a number of issues that mean this plan is not yet finalised, including the revenue funding and nurse staffing. The Surgery and Family and Women's Health Groups are undertaking a project to reconfigure the elective capacity at CHH with a view to securing a shift from inpatient to day case to secure year round provision and to release some nurse staffing budget to support the year round funding and where possible actual staffing for this new facility. This is a complex programme of work and therefore may not be fully delivered for 24 December, so they are concurrently looking at whether there are any short-term temporary changes they can enact for the winter period.

Ward H36 at HRI will be ready for operational use from Monday 24 December 2018. Located behind ED in a modular building, the new facility will comprise 28 beds and a seating area. The Medicine Health Group have developed a Standard Operating Policy for the use of this area as part of the medicine bed base and are intending to use it for the following patient groups:

- Discharge Lounge; up to 4 beds
- Clinical Decisions Unit, 6 beds
- Overnight stay for patients suitable for review the following morning, 4 beds

The remaining 14 beds will be used for other short stay/assessment capacity, at a later date, subject to staffing and the finalisation of the detailed Standard Operating Policy

Extended opening of Discharge Lounge until 10pm will also be provided as needed, providing staffing allows. This will need to be risk assessed on a daily basis as part of the nursing safety brief discussions.

The Clinical Support Health Group will support H10 and H36. The Health Group has been allocated £405k to support H10, including additional therapy and pharmacy input. This support will be fully provided 5 days per week, with a more limited service being provided at weekends as per current arrangements with other wards. Additional staffing will be provided in part through use of agency and overtime. The Health Group is reviewing support requirements for H36. Currently a further £44k (the balance of the winter reserve) has been allocated to fund this.

The Facilities Team has developed plans to set up and support H10 and H36 with catering, portering, transport and cleaning and £150k has been allocated to support this.

Acute Medicine
ACU will review opening times with a view to extended days, along with a review of patient pathways to support increased usage of ACU.
AMU will continue with the three zone medical model (two at weekends). Criteria for the ACU pathway has been reviewed and will ensure more patients are triaged appropriately from the emergency department. The APIC, count-down clocks and Board rounds are to continue. Additional ED / AMU transfer team to be in place 09.00 – 24.00.

Emergency Medicine
The EPIC / RAT, count-down clocks and Board rounds are to continue. Second triage nurse will be supported. The Integrated model in Emergency Care will continue to be supported by Nurse

Practitioners, Physiotherapists, Mental Health workers, ED medical / nursing staff & GP's. New Hospital Mental Health model has been in place since April 2018 providing an extended service. Additional qualified nurse staffing will be available in majors. Additional Patient Flow staff will be in ED 24 hours, 7 days a week.

Essential staffing and service support will be required and additional portering support will be necessary for the Emergency Department.
Emergency Department will have a 30 minute speciality response, along with no speciality GP patients attending ED unless acutely unwell.

DME / Frailty model
DME will hold outpatient clinics 3 times a week, with Rapid Access slots available. FIT will be provided 7 days a week, with extended hours to begin in November. Patient Discharge Assistants are available on all wards 7 days a week.

Respiratory Medicine
ARAS team to review extended working, evenings and weekends December - March, exact details to be confirmed in due course following recruitment end September. Three hot clinics per week will be undertaken from December.

Cardiology
Acute Devices and Interventional lists on Friday 21st, Monday 24th, Thursday 28th and Monday 31st December 2018. No elective procedures during 24th – 29th December but additional acute lists will be undertaken to maintain flow. All outpatient clinics will be follow up and RACP only between Christmas and New Year. An additional Consultant will therefore be available to support flow 27th, 28th and 31st December. Senior presence at HRI will also be provided Monday – Sunday.

Medicine medical staffing
Following discussion at EMC, it has been agreed current acute medical staffing rotas will be retained through the winter period. Although there are strategic ambitions to develop a self-sufficient Acute Physician rota and to implement new models of emergency assessment in some service areas (e.g. Gastroenterology and Neurology) these are not considered achievable in the short term. Specialist Physician input to the acute medical rota will therefore continue for the foreseeable future

Summary of Medicine Health Group Costs

MEDICINE HEALTH GROUP PLANS	
Ward H10 (medical, nursing and non-pay)	680
Ward H36 (medical, nursing and non-pay)	326
RMO4 20:00 – 08:00hrs 7 days (locum consultant)	65
ARAS 7 day service	36
Cardiology 7 day HRI presence	38
Band 3 PDA ward support	29
Band 3 ED Patient Flow Officer	7
Additional ED /AMU Portering staff	13
ED Majors Nursing	77

5.2 Surgery Health Group
The medical rotas will be in place with appropriate senior (Consultant and Registrar) cover. The specialties have a system and history of internal cover for sickness. Nursing rotas will be reviewed with senior leadership available across the period.
All surgical beds will remain open as the Health Group is able to staff them.

As required the Surgical Health Group will review all theatre, endoscopy and outpatient activity on a daily / weekly basis and amend plans as required to enable safe a trust wide response to pressures. Critical Care has a current maximum of 44 beds across sites. There are 22 in HRI and 22 in CHH. There are 30 beds in HOB areas.

In extremis the service would look to:

- staff the ICU beds to care for level 3 patients
- staff the HOBs to look after level 2 and Level 1+
- use 10 recovery spaces, utilising theatre monitors for level 3 or 2 patients

In these circumstances skills would be scarce and need supplementing with recovery nurses, HOB nurses and general nurses, backfilling HOBs. The skill mix would be diluted and risk would be raised.
The SHG will amend the requirements as necessary due to medical winter pressures. There will be a full staffing rota for senior decision making

Surgery Health Group made a bid for winter monies to support additional discharge support staff for the 6th floor general surgical unit (£45k) and to for the costs to make further overseas nursing appointments (£166k). Unfortunately, there was no flexibility to support these schemes once the winter plan priorities (Wards H10 and H36) and the pre commitments were funded.

5.3 Clinical Support Health Group
As in previous years Clinical Support will ensure support is in place throughout the winter to enable timely patient flow and discharge. Seven day a week radiology and pathology support to acute pathways is in place seven days throughout the year.

For the 2018/19 winter the Health Group has been allocated £405k to fund the following services:

Physiotherapy and OT	£123,653	To be used by both services to enhance support to the ground floor and support weekend working (H10)
Dietetics	£19,357	0.5 wte B6 to support ED / AMU and FIT
Pharmacy	£46,227 £32,262 £23,114	B7 to support IDL's on 5th floor B5 support for Discharge Lounge 0.5 wte B7 for H10 winter ward
SALT	£38,713	B6 to support B/H working, support ground floor and stroke service
Pathology	£32,262	B5 to support ED
Radiology	£38,713	B6 CT radiographer 6 month trial in CT/MRI/General utilising support workers (B2&3) to assist in prepping, transporting & comms with wards to increase flow and reduce lost slots. 6 months of 0.8 wte B2 CT, 1 wte B3 CT, 1 wte B2 MRI, 1 wte B2 General
Remaining	£50,800	To be used to fund sat/sun weekend enhancements to facilitate the above

5.4 Family and Women's Health Group
The Health Group will provide in-patient capacity for patients stepping down from the acute bed base at Hull Royal Infirmary. This will be available subject to elective workload on H30 and H35 at HRI.

The paediatric unit will manage peaks of acute demand by utilising paediatric medical and surgical capacity as needed, and will flex PHDU and NICU capacity in line with the usual network protocols in order to safely manage peaks of demand.

Due to the constraints on funding available, and the availability of additional registered nurses, the Health Group is not planning to open / staff H30 at weekends during the winter period. Opening

these beds at the weekend in response to extreme pressure may be considered as part of a Director led response, but would be subject to a safe plan being agreed and would potentially lead to an overspend and / or impact on elective work.

Ward C16 in the Centenary Unit will reduce its bed base by 10 beds in order to release nursing staff to support the Winter Ward. The specialties operating out of Centenary will prioritise the clinical workload in Breast, Plastics and ENT Head & Neck to best utilise the reduced bed base and manage the impact on elective throughput.

5.5 Patient Transport

Additional funding will be required for enhanced patient transport provision over the winter months to facilitate speedy discharge to support the YAS provision. Last winter the cost of additional transport was funded by CCGs and this remains the expectation this year.

5.6 Patient flow management arrangements

Key features of the patient flow management arrangements for this winter include:

- revised command and control arrangement – named Director of the Day for each Health Group to be forwarded to Head of Patient Placement for escalation of any issues
- allocated lead managers for zoned portions of the bed base
- twice daily meetings with ED team
- daily reporting of tomorrow's discharges at 16:30 each day
- weekly progress meeting to review 'stranded patients'
- Discharge Hub link with Social Services / Care Home Select regarding care home provision

The Trust is finalising arrangements for its full capacity protocol, which will be ready for implementation by the end of October 2018.

6. CHRISTMAS AND NEW YEAR PLANS

The Medicine Health Group has reviewed the staffing profiles for all its specialities, with the aim of bolstering consultant support in preparation for, and over, the bank holiday weekends. Many outpatient clinics scheduled for Friday 21st December, Thursday 27th December and Friday 28th December will be cancelled in order to release consultants to provide assessment unit and ward based senior decision making support which will help to expedite patient discharges. Urgent or cancer-related outpatient clinics will not be stood down.

In addition to this intervention, DME will benefit from having additional Consultant support on Christmas Day and New Year's Day; and Medicine will benefit from having a 4th and 5th RMO rota-ed to work both bank holiday weekends. Cardiology will also ensure that there are Consultants in reaching into CHH over the bank holiday period.

In the event of extreme pressures, alternative capacity will be sought within the organisation through the bed management process and protocols.

During the week leading up to Christmas additional ward rounds will be undertaken with the aim of achieving 80% occupancy by Christmas Eve.

Surgery plans to undertake as a minimum cancer, trauma / emergency and urgent cases from Christmas Eve until 8th January. The surgeons have been given until 1 October 2018 to plan their leave and theatre sessions for the period.

The Family and Women's Health Group and Clinical Support Health Group have plans in place for all services (including Breast, Plastics, ENT, Ophthalmology and Dermatology) to ensure

appropriate cover is available during this period. The medical staffing rotas will be reviewed to ensure all areas are covered to appropriate levels; and all usual emergency cover will be in place.

7. ESCALATION PLAN

7.1 Actions taken to deal with significant peaks in demand are set out in the Trust's Escalation Plan. In accordance with national guidance, the plan is based around 4 levels of escalation:

OPEL 1	**Steady State / Low Levels of Pressure**
OPEL 2	**Moderate Pressure**
OPEL 3	**Severe Pressure**
OPEL 4	**Extreme Pressure**

Examples of the actions to be taken in periods of extreme pressure (OPEL 4) include:

- establish Control Team, (consisting of Health Group Operations Director, Nurse Director, Medical Director and Operations Support within hours, and On-Call Director / Manager and Duty Matron out-of-hours) to command, control and coordinate tactical response to crisis through to de-escalation
- all clinical on call teams to attend the hospital for instructions from the Control Team
- all inpatients to be reviewed with a view to early discharge, which includes the possibility of reducing the threshold for discharge, where it is safe to do so
- initiate system leader's conference with directors from key partners to activate a community health and social care response

7.2 System Escalation Plan

The Hull and East Riding System Partners will undertake a daily assessment of the System pressure level utilising the same 4 level system. At levels 3 and 4 system leaders will be convened via conference call to agree the system response.

8. EMERGENCY PREPAREDNESS

8.1 Cold Weather Plan

The Trust has in place a Cold Weather Plan that sets out actions taken at the four Cold Weather Alert levels up to a major emergency. The approach is based on the established Heatwave Plan and is linked to the Met Office weather warning system, which has been in place for ten years.
This plan includes the support of Yorkshire 4x4 Response, managed by the Trust Transport Manager (HRI x608958), to transport key staff and patients when appropriate.

8.2 The Trust Seasonal and Pandemic Influenza Plan

The Trust Seasonal and Pandemic Influenza Plan was updated and signed off by the Trust Resilience Committee in 2018.

The Trust has a 'Flu Vaccination Plan and has a proven record in terms of achieving and exceeding national targets for the vaccination of staff.
Whilst the NHS England CQUIN target for 2018 / 19 is to vaccinate 75% of staff by the end of December 2018, NHS England has stated the ambition should be to achieve 100% flu vaccine

uptake by staff. The Trust has a robust plan in place to vaccinate staff and after vaccines were delivered late September, vaccinations commenced on 1st October. 'Drop in' clinics are open on both hospital sites, additional vaccinators within services are providing the jab and staff can book into OH clinics as well. The Trust has identified its high risk areas and Occupational Health is working with those managers to achieve 100% take up. Should there be a number of staff in high risk areas declining the vaccine, that leaves the service vulnerable, this will be escalated to the Chief Medical Officer, Chief Nurse and Director of Workforce and OD to decide whether those unvaccinated staff will be redeployed to other services, as per NHS England guidance.

8.3 Norovirus
The Trust has a well-established outbreak response, including the management of outbreaks of Norovirus (Winter Vomiting Bug), which has been shown to be effective in limiting the spread and timespan of outbreaks and therefore their impact on bed availability.
A protocol for health and social care assessments and discharges to care homes from wards closed for infection outbreaks, has been in place previously and will continue during 2018/19.

8.4 Business Continuity
Since 2015 there has been significant investment in both time and resource into the development of a structured approach to business continuity across the organisation. ISO 22301 standards have been adopted, resulting in the roll out of a business continuity system, based on best practice and in line with Civil Contingencies Act (2004) statutory requirements. Good progress has been made across the organisation and revised ISO compliant Business Impact Assessments (BIA'S) and Business Continuity Plans (BCPs) have been produced and uploaded onto the Trust intranet.

8.5 Major Incident Response
The Trust's Major Incident Plan was revised and updated in 2016.
Desktop training sessions are held regularly to ensure key members of staff are familiar with required action in the event of a major incident.
A multi-agency live major incident exercise was held in June 2017 to test the Trust's major incident response.
All members of the Trust Executive team have attended Strategic Leadership in Crisis training. This has been extended to Directors and 1st on call managers In excess of 60 staff received this training.

9. PARTNER ORGANISATIONS

9.1 System Pressure (winter) Plan 2018/19
Hull and East Riding Health and Social Care Community have developed a system wide plan, involving the following partners:

City Healthcare Partnership CIC
East Riding of Yorkshire Council
Hull and East Yorkshire Hospitals NHS Trust
Hull City Council
Humber NHS Foundation Trust
NHS East Riding of Yorkshire CCG
NHS Hull CCG
Yorkshire Ambulance Service – 999/111 Service
Patient routine transport services – YAS and TASL

The plan was agreed in August 2018 by the A & E Delivery Board and resubmitted to NHS England in September 2018.

The 2018/19 system plan builds upon the integrated work undertaken across the system over recent years and continues to support system redesign to modernise and simplify patient flows; including developing more flexible, responsive community based services (including the community bed base)

and proactive pathway management within all aspects of the hospital and community based system (both physical and mental health).

The A&E Delivery Board has stated appropriate clinical escalation systems and processes must be in place to enable services to be delivered that ensure:

- all patients admitted have a timely 'Decision to Admit' to ensure they do not need to remain in the ED for any longer than is clinically necessary
- patients are not cared for on hospital corridors
- escalations beds have the necessary staffing and equipment to ensure safe care
- 12 hour trolley waits in the ED never happen
- patients do not wait more than 15 minutes in ambulances before being handed over
- the hospital can manage increasing demand because of flu, norovirus, etc.

The Unplanned Care Delivery Group has agreed a number of projects that are expected to contribute towards improving ED performance, these include:

- ED primary care streaming
- Sub-Acute care- complex discharge planning / transfers of care
- early assessment of complex and non-complex patients for discharge planning to reduce length of stay
- appropriate out of hospital social care

In terms of the availability of appropriate out of hospital social care, Local Authorities will be undertaking a range of activities and actions, as core business, to respond to winter preparedness and manage escalation during the critical winter period. Actions include working with providers of care to ensure sufficiency and quality of supply as well as ensuring new tenders for domiciliary care take into account the need for rapid response and other initiatives that will ensure timely action to discharge from hospital and prevent admission where this is appropriate.

9.2 Delayed transfers of care

The system actively reviews and monitors delayed transfers of care. The HRI based Discharge Hub has a Cayder Board which helps teams involved in discharge monitor progress. The delayed transfer of care numbers are monitored on a twice daily basis at an operational level, with actions taken as required. Twice weekly there are operational calls to review all patients who have been on the medically fit list more than 3 days. Multi-disciplinary team meetings have been implemented; these are held once a week to consider more complex patients and ensure all organisations are clear where they need to put services in place. Local targets have been set including:

- No more than 22 patients at Hull and East Yorkshire Hospitals to be on the delayed transfers of care list (work in progress – WiPs)
- No patients who have been confirmed as medically fit still in an acute hospital bed greater than 7 days post decision

10. FINANCIAL IMPLICATIONS

The Trust has identified £2.1m to fund this year's Winter Plan, which includes a pre-commitment of £180k for costs incurred during the 2017/18 winter.

The table below summarises action and costs that will be incurred, assuming a start date of November 2018 – 26 April 2019 for H10 and 24 December 2018 – 26 April 2019 for H36. Costs after 31 March 2019 to be funded from the 2019/20 Winter monies.

ACTION (WINTER 2018/19)	**COST (£000)**
April / May 2018 winter costs	180

Care Home Select (pre commitment)	100
Ward H10 (medical, nursing and non-pay)	680
Ward H36 (medical, nursing and non-pay)	326
Clinical Support (actual costs for supporting H36 tbc)	449
Medicine other Winter plans	265
Infrastructure and Development (H10 & H36 Facilities costs)	150
TOTAL	**2150**

Last year additional patient transport was supported by CCGs (£64,734: 4 months)
Same level of provision for 2018/19: £72,480. This has been escalated to the CCGs for resolution.

At the end of October 2018, the government announced additional funding for adult social care, for use over the coming winter period. Hull and East Riding Local Authorities have each received an additional £1.4 million for 2018/19. They have not yet finalised how these monies will be spent; at time of writing as they are awaiting further guidance on any related expectations, but are involving the Trust in thinking through the options.

10. COMMUNICATION

Hull and East Riding Health and Social Care Community communications leads are working in close partnership to increase community awareness regarding alternatives to hospital based emergency care with the aim of changing behaviour in the long term. This year's Winter Communications Plan will include a creative targeted marketing / PR campaign and will involve proactive engagement with schools and the media.

As in previous years, a communication plan will be implemented to ensure all relevant members of staff are properly briefed regarding the service arrangements set out in the Winter Plan.

11. RISKS

A risk assessment has been undertaken to identify risks associated with the Winter Plan and is attached as appendix 1.

Jacqueline Myers
Director of Strategy and Planning
17 October 2018

APPENDIX 1

WINTER PLAN RISK REGISTER

Risk	***Pre Mitigation***			***Mitigating Action***	***Lead***	***Post Mitigation***		
	L	***I***	***Tot***			***L***	***I***	***Tot***
It will not be possible to deploy all of the additional staffing resources identified in the plan to staff H10	4	4	16	All options (planned redeployments, substantive appointments, interim appointments, bank, overtime and agency) will be used to ensure clinical staffing is deployed to required levels. Additional capacity will only be deployed as safe staffing levels allow Plans being developed. H10 additional staffing requirement remains uncertain	Medicine HG	4	4	16
It will not be possible to deploy all of the additional staffing resources identified in the plan to staff H36	4	4	16	All options (planned redeployments, substantive appointments, interim appointments, bank, overtime and agency) will be used to ensure clinical staffing is deployed to required levels. Additional capacity will only be deployed as safe staffing levels allow Plans being developed. H36 additional staffing requirement remains uncertain	Medicine HG	4	4	16
There is a failure to finalise senior medical staffing rotas	3	4	12	EMC has agreed that no major changes should be made to the acute medical rota over the winter period	Medicine HG	1	4	4
There will be insufficient acute medical beds for the numbers of patients requiring admission	3	4	12	Less likely than previous years as gap between predicted demand and capacity is smaller. Enhanced site management arrangements will deploy escalation plan responses and help from system partners as required	Medicine HG Surgery HG	2	3	6
Service capacity in community and support to discharge / transfer of care processes adversely affected by planned changes to service models	4	4	16	Plans for the provision of adequate levels of health and social care services through the winter period will be reviewed and endorsed by the A&E Delivery Board	CEO/COO	3	4	12
Emergency service capacity will be adversely affected by severe weather or by an outbreak of flu	3	4	12	Remedial actions will be taken in accordance with the Trust's agreed severe weather and flu outbreak plans	Medicine HG Surgery HG	3	3	9
Additional pressure during the winter may compromise already challenged nurse staffing levels	4	4	16	Managed through daily nursing safety briefing by Nurse Directors	Chief Nurse	2	4	8

Impact on planned levels of delivery of elective activity due to patients bedded outside of specialty area. Risk associated with delivery of agreed trajectories around elective care access standards eg 52ww, WLV control.	4	3	12	Managed through daily operational and capacity meetings and impact monitored through the weekly PandA meetings.	All HGs	3	3	9

Hull and East Yorkshire Hospitals NHS Trust

Performance and Finance Committee

Meeting Date:	24 September 2018	**Chair:**	Stuart Hall	**Quorate (Y/N)**	**Y**

Key issues discussed:

- Board Assurance Framework – performance risks to be highlighted at the Board
- Performance Report – ED has seen an improved performance but work still to do, 28 day cancellations, the HIP team have been working with teams
- Diagnostic performance was improving slowly
- Tracking access – to be completed with all patients seen by the end of September 2018
- RTT and Cancer – Recovery plans from the Health Groups discussed. More work was required to ensure robust plans were in place
- Variable pay and extra sessions were discussed – more analysis of extra sessions was requested
- Activity and Demand report was received – generally referrals were at an increased level at 2.5% higher than the same time period last year
- Finance – The Trust was £600k away from plan and had not received its SPF due to ED performance. The SPV process was on hold and was an issue for the Trust.
- CRES was at 83% of planned delivery
- The Procurement Strategy and new supply chain processes was discussed.
- CRES Planning for 2019/20 was presented. The Trust was waiting for system wide financial strategy before planning could commence.

Decisions made by the Committee:

Key Information Points to the Board:

Matters escalated to the Board for action:

- BAF risk 4 – Performance – Is the Board assured that mitigating action plans are in place

Hull and East Yorkshire Hospitals NHS Trust
Performance and Finance Committee
Minutes of the meeting held 24 September 2018

Present:	Mr S Hall	Non-Executive Director (Chair)
	Mr M Gore	Non-Executive Director
	Mrs T Christmas	Non-Executive Director (via speakerphone)
	Mr L Bond	Chief Financial Officer
	Mrs T Cope	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 R Thompson	Corporate Affairs Manager (Minutes)

No	Item	Action
1	**Apologies for absence** There were no apologies received.	
2	**Declarations of Interest** There were no declarations made.	
3	**Minutes of the meeting held on 29 August 2018** Item 9.1 – 2nd paragraph – the sentence should read, "he advised that there were new regulations in place stating that agency workers should not be paid over £100 per hour…"	**LB**
	Item 10.1 – 10th paragraph – sentence should read, "Mr Gore stressed that some of the plans had been missed by 10%..." Mr Bond to review this and highlight any issues.	
	Following these changes the minutes were approved as an accurate record of the meeting.	
4	**Matters arising from the minutes** Mrs Cope clarified that the waiting list size was correct in the last performance report.	
	The digital exemplar money had been agreed, Mr Bond would update the meeting in October 2018.	**LB**
5	**Action Tracking List** The Breast Service recovery plan to be received in October 2018	**TC**
	ED Task and Finish Group – June Leitch (Improvement Director) to be invited to the meeting in October 2018.	**RT**
	Mr Gore advised that there was no new information regarding Scan4Safety although the project continued.	
6	**Workplan 2018/19** Mr Hall presented the plan to the Committee. Mrs Thompson had issued the new Board and Committee dates and Mr Hall asked that the workplan was aligned to them going forward.	**RT**

There was also a request from the Non-Executive Directors to start the Performance and Finance meetings at 1.30pm and this was agreed. **RT**

7 Board Assurance Framework

Ms Ramsay presented the report which had been updated since the last Board discussion. She advised that the STP and Capital risks would be presented at the Board meeting in November 2018.

Mr Gore had comments to add to the document and agreed to email Ms Ramsay and Mr Hall outside of the meeting.

Mr Hall stated that it would be useful to cross refer to the document to the agenda items and discussion topics of the meeting.

8 8.1 Performance Report

Mrs Cope presented the report and advised that ED performance had improved and was at 92% but was concerned that the Trust would not hit the quarter target resulting in non-payment of the PSF. Mrs Cope advised that the teams were doing all they could to achieve the target.

Mr Hall asked why performance slipped and Mrs Cope advised that systems and processes were not yet embedded with all staff. She reported that Mrs Leitch (Improvement Director) had been in post for 3 weeks and was independently reviewing what needed to be done differently. Mrs Leitch to be invited to the meeting in October to give an update. **RT**

Mrs Cope advised that Ambulance handover performance was positive and was being sustained.

The 28 day standard was deteriorating and with significant challenges in August such as consultant annual leave and not having adequate anaesthetist cover resulting in cancelled lists. Mrs Cope advised that the Hospital Improvement Team was working with the teams to improve scheduling and governance processes and maximise theatre utilisation. Mr Bond added that there were some issues with internal dynamics following the introduction of the HIP team.

Mrs Cope reported that diagnostic performance was seeing slow and steady improvement and York was now referring patients directly to the Spire which was helping the backlog.

There was a recovery plan in place for colonoscopy. The areas of main concern were around capacity and planning.

She advised that the CT breaches were mainly in cardiology and there was a workforce recovery plan in place to address it.

Mrs Cope updated the Committee regarding the Tracking Access issue and advised that only 5 patients were now waiting and there was a commitment to see them by the end of September 2018 and then the incident would be signed off. The Trust's internal auditors would then review the processes to ensure they were robust.

The outpatient admin review was discussed and the work ongoing to identify staff training regarding clock stops and keeping the patient tracking list clean.

Resolved:
The Committee received and accepted the report.

The agenda was taken out of order at this point

8.3/8.4 RTT and Cancer Recovery
Mrs Cope gave the presentation which reviewed the local and regional position relating to RTT and cancer.

There was a discussion around what was driving the poor performance and Mrs Cope advised that the cancer performance was being driven by diagnostic issues and late referrals which was also having a negative impact on the waiting list. The Committee discussed diagnostic equipment and whether the Trust had the capacity to run new machines.

The Committee also discussed patients not attending their appointments and that more work needed to be done with GPs and the general public to raise awareness of urgent referrals.

52 week waits were reported and Mrs Cope advised that the majority of them were due to poor planning. Mrs Cope added that the information was available for all the Health Groups but planning was not being done far enough in advance.

Each of the Health Groups were developing recovery plans to bridge the gaps. Mrs Cope highlighted the areas of the plans that were not robust enough and would be re-worked. The plans would be linked to their activity and consultant job plans.

Mrs Cope presented a chart which showed which actions from individual Health Groups were fit for purpose. The Committee requested an update on progress at October's meeting.

The Gynaecology service had submitted their plan but overall was weak and needed more work. Urology had seen higher referrals and clinic utilisation had been impacted. The action plan required more work.

Mrs Cope advised that updates would be brought to the Committee once the plans had been revisited.

Resolved:
The Committee received the presentation and requested an update once the plans had been reviewed. **TC**

8.2 Super Stranded Patient Tracking Report
Mrs Cope presented the report which highlighted the Trusts baseline length of stay data and the improvements being made to reduce it.

Mrs Cope advised that the winter plan included improvements in length of stay and bed capacity and the action plan included internal and external actions. The teams were also reviewing the medically fit pathway to

ensure timely discharges. She added that although progress had been made there was more work to do.

Resolved:
The Committee received and accepted the report.

9.1 Variable Pay Report
Mr Nearney presented the report and advised that at month 5 the Trust had spent £13.1m year to date on variable pay. He reported that main areas of expenditure was the nurses and doctors pay.

A number of initiatives were in place such as apprenticeship schemes, standardised bank rates for doctors as well as a training programme with the Pakistan college.

Mr Bond expressed his concern regarding the extra sessions that had increased and Mr Evans agreed to review the Family and Women's increase to see where the issues were. This would be reported back to the Committee. **SE**

Resolved:
The Committee received and accepted the report.

10.1 Activity and Demand Report
Mrs Drury advised that at month 5 all referrals were 2.5% above last year which equated to 2350 referrals. Referrals from the south bank were 14% above last year and GP referrals were 1% below last year.

There was a discussion around 'other referrals' and what this meant. Mrs Drury advised that this meant consultant to consultant within the Trust.

GP referrals for urology were 27% higher than last year and discussions were ongoing with primary care to ensure protocols were in place for developing pathways and consistent processes.

Endocrinology referrals had trebled due to recent audits in general practice relating to patients receiving Alendronic Acid and referrals sent to the Trust for metabolic bone scans.

Trauma and orthopaedic referrals are increasing and work was ongoing with the Commissioners to review this increase.

Mrs Drury added that inpatient and day cases were lower than plan, outpatients had not changed, ED attendances were lower and overall non-elective was lower. Financially the Trust was benefitting from the block contract.

Mr Gore stated that gynaecology and paediatrics were behind on activity and income and that it would be interesting to review their medical spend and compare costs against income. **AD**

Resolved:
The Committee received and accepted the report.

11.1 Corporate Finance Report
Mr Bond presented the report and advised that the Trust remained £600k away from plan at month 5. The Trust had not received its 1st quarter Provider Sustainability Funding due to non-delivery of the ED target.

The Trust had under performed in month against the contract and was down on its clinical activity. The impact had been mitigated by the block contract in place.

Health Group run rates were £600k overspent at month 5 and agency costs for medical staff were slightly increased compared to last month.

There was still a risk regarding the Trust's liability to staff employed by OCS who had previously worked at the Trust.

Mr Bond also highlighted issues around outpatient and elective activity and the CNST maternity discount not being achieved. The SPV was also a major problem.

There was a discussion around changes in medical practice and moving away from specific drugs and how this could save the Trust money in Ophthalmology. Mr Bond advised that there were a number of options and much work to be done in this area.

Mr Bond also reported on the Trust's capital position and the pressure of spending the funding by the end of the year. The spending plans were in place with works planned for the winter months. Mr Gore asked about the fire risk. Mr Bond advised that plans were being put in place to manage this risk using all capital funding that had recently been received.

Resolved:
The Committee received and accepted the report.

11.2 CRES 2018/19
Mr Bond presented the item and advised that CRES was currently at 83% delivery of the required target.

12.1 Capital Resource Allocation Committee
Mr Bond presented the minutes to the committee. Mr Gore asked if there was any update regarding the land situation and Mr Bond advised that he had no further update and would chase East Riding Council for a response.

12.2 Unplanned Care Delivery Programme Update
The report was received for information.

11.4 Procurement Strategy Update
Mr Bond presented the update and advised of major changes to the supply chain which included the introduction of 9 category towers through which NHS aggregated buying power would be maximised. He reported that there would be no profit margins included in the pricing policies due to the concentration of suppliers allowing greater buying power to drive down costs. He added that the Trust would have to pay a fee to find the new arrangements.

Mrs Christmas was concerned that staff buy in was key as imposing the new pricing policy may have an adverse effect. Mr Bond advised that the transparency of the systems and audit trails would not allow this to happen.

Mr Bond agreed to present at the November meeting on the detail around the changes to the procurement process. **LB**

Resolved:
The Committee received and accepted the report.

11.3 CRES Planning
Mr Evans gave the presentation which reviewed the current financial situation and the issues around no tariff guidance being received and the possibility of the PSF funding for 2019/20 not being available. This was making CRES planning difficult.

Mr Evans advised that the Trust had delivered 2.5-3% CRES each year but was unclear what was expected going forward. He also spoke about the block contract that the Trust had been involved in since 2017 with the Commissioners and the inability to increase activity to achieve more money.

The other issue Mr Evans identified was the SPV and whether this was still an option.

Mr Evans advised that the next steps would be to review each Health Group and establishing a Use of Resources score for each one, review the run rates and ensure engagement with the Commissioners.

Mr Bond added that there was pressure in the system to establish a 10 year framework and that he was attending a meeting in Manchester where this would be discussed further with Finance Directors.

Mr Gore thought it would be useful to benchmark an outstanding organisation in this area. Mr Bond stated that focus on the model hospital would be key and would present this to the Committee along with productivity targets.

Mr Evans to present on Model Hospital at the November meeting. **LB**

The agenda returned to order at this point

13 Items delegated by the Board
There were no items discussed.

14 Any Other Business
Ms Ramsay requested that consideration be given to the performance risk on the Board Assurance Framework following the discussion held at the meeting. Mrs Cope advised that there would be more mitigating actions to add into the risk but did not necessarily translate into improvement.

Mr Hall asked the Committee members to complete their Committee effectiveness assessments and return them to Mrs Thompson by the end of September 2018.

15 Date and time of next meeting:
Monday 29 October 2018, 2pm – 5pm, The Committee Room, Hull Royal Infirmary

Hull and East Yorkshire Hospitals NHS Trust

Performance and Finance Committee

Meeting Date:	29 October 2018	**Chair:**	Stuart Hall	**Quorate (Y/N)**	**Y**

Key issues discussed:

- The Board Assurance Framework was reviewed
- Performance report – ED performance, tracking access and diagnostics were all discussed
- RTT and cancer performance was discussed as well as the Health Group planning process to recover the Trust's position
- Emergency Department update from Ms Leitch – the improvements that have been made, performance and medium term plans
- The operational planning process was set out
- Activity and demand was discussed, in particular referrals from the South Bank
- The Productivity report was reviewed and more information was requested around elderly care and trauma and orthopaedics
- The Finance and CRES reports were received with the current deficit position and CRES performance highlighted
- The financial planning process for 2019/20 was discussed
- The Committee received an update around the Trust's digital exemplar status

Decisions made by the Committee:

Key Information Points to the Board:

Matters escalated to the Board for action:

Hull and East Yorkshire Hospital NHS Trust
Performance and Finance
Minutes of the meeting held 29 October 2018

Present:	Mr S Hall	Non-Executive Director (Chair)
	Mrs T Christmas	Non-Executive Director
	Mr M Gore	Non-Executive Director
	Mrs E Ryabov	Chief Operating Officer
	Mr L Bond	Chief Financial Officer
	Ms C Ramsay	Director of Corporate Affairs
	Mrs A Drury	Deputy Director of Finance
In Attendance:	Mr T Moran	Chairman
	Mrs J Leitch	Improvement Director (Item 8.3 only)
	Mrs J Railton	Head of Strategic Planning (Item 8.4 only)
	Mrs RThompson	Corporate Affairs Manager (Minutes)

No	Item	Action
1	**Apologies:** Apologies were received from Mr S Nearney, Director of Workforce and OD	
2	**Declarations of Interest** There were no declarations of interest made.	
3	**Minutes of the meeting held 24 September 2018** The minutes were approved as an accurate record of the meeting.	
4	**Matters Arising** Mr Bond reported that there was no update regarding the land at Castle Hill Hospital.	
5	**Action Tracking List** The Breast Service and ENT updates were included in Mrs Ryabov's presentation to the Committee. Mrs Ryabov agreed to prepare an outpatient cancellations report and present to the November 2018 meeting.	**ER**
6	**Workplan** The workplan was reviewed by the Committee.	
7	**Board Assurance Framework** Ms Ramsay presented the report which highlighted the half year position on all risks. She advised that the Committee and Board were well sited on all performance risks and the finance risks had been updated. The BAF had been presented to the Audit Committee in the previous week to ensure it was being used effectively. Mr Hall stated that the Committee should use the BAF as a working document throughout the meeting and flag any points that impact the risks. There was a discussion around the performance risk BAF 4 and whether	

the risk rating of 16 was high enough due to STF incentive.

There was also a discussion around sustainability and BAF 5 and 6. These items to be raised at the Board for further discussion.

8 Performance

8.1 Performance Report

Mrs Ryabov presented the report and advised that September performance for ED as 90.1% against the 90% trajectory.

The 28 day standard had reported 5 breaches in month one of which was due to a clinical priority.

Diagnostic performance was improving due to York managing their own contract with Spire and outsourcing some of the work.

Mrs Ryabov updated the Committee regarding Tracking Access and advised that all patients had now been seen except 3 who were booked into the system. Internal Audit would be checking the new processes and procedures.

8.2 Elective Care Presentation

Mrs Ryabov gave the presentation to the Committee which specifically covered the RTT and cancer specialties. The Trust was overall 14% behind were it had expected to be regarding the RTT standard. Some of this had been as a result of the tracking access issues. Work was ongoing with the teams to ensure the access policy was being used appropriately.

There was a detailed discussion around the waiting list size and how patients could be managed differently such as non face to face clinics or holding patients on different lists.

Mr Bond asked about the increase in consultant to consultant referrals and Mrs Ryabov advised that it depended on the speciality but the main area of concern was persuading consultants to do outpatient activity.

Mrs Ryabov reported that the current ASI holding position was 14,000 and that the Trust had not made any inroads into the backlog. Mrs Ryabov also reported that NHS Improvement had written to the Trust regarding 52ww and there was an action plan in place to reduce the waiters to zero.

Mrs Ryabov advised that cancer performance was steadily improving apart from gynaecology due to lost operating capacity. She added that cancer performance also had challenges with diagnostic capacity.

There was a discussion around the Health Group planning process and associated costs. Mr Moran stated that the investment and effort should be focussed on ineffective practice/management, equipment and staffing. Mr Bond added that the cost of plans could be outweighed by performance delivery and all options should be explored.

Mrs Ryabov stated that the Health Groups were required to understand the risks involved with delivery of their plans and the executive team must be clear on what was expected of them.

Mr Gore expressed his concern that there were some recurring themes and material misuses of resources. He asked if the executive team were losing confidence in the Health Group's management of the plans. Mrs Ryabov advised that the Trust had never had the core capacity to delivery the activity and agreed that an analysis of outpatient activity in the most challenged areas should be undertaken.

There was a discussion around the Trust priorities and the operational plan going forward being realistic and honest.

Resolved:
The Committee received and accepted the presentation.

8.3 ED Performance Update
Ms Leitch gave a verbal update of the work ongoing in the Emergency Department and its current performance.

Peformance was currently above 90% and the system performance was at 95.5%. Ms Leitch spoke about clarifying roles and responsibilities in ED and running a GP streaming model which meant that clinicians aimed to see 1 – 4 patients per hour. She advised that the GP model was being implemented due to the stream of minor illnesses that patients were presenting in the Department.

The ambulatory care numbers were averaging between 29 and 30 patients per day with smaller numbers on a weekend. The Yorkshire Ambulance Service conversion rate was problematic with admissions at 65:35. Work was ongoing to improve this.

Ms Leitch also spoke about communications within the department and what was being done to improve morale such as the new "Tea on Terry" initiative.

Performance was still improving and discharge breaches were decreasing due to the work ongoing. The teams were now working towards a sustainable position.

Mr Gore asked about peak times when patient numbers increased and how the current performance would be sustained. Ms Leitch reported that supporting the GP model, introducing senior clinicians and front door redirecting were all key to ensure sustainability.

Mr Hall asked how does the Trust lessen the peaks and avoid breaches and Ms Leitch advised that management oversight and ownership was key.

Mr Bond asked about how the new facility building and the size of the assessment capacity would sit with the department and Ms Leitch said that it would give much more assessment capacity.

Resolved:
The Committee received the update and thanked Ms Leitch for her hard work.

8.4 Operational Plan
Mrs Railton attended the meeting to set out the planning process of the Operating Plan.

NHS England and NHS Improvement had written to the CCGs and NHS Trusts setting out their expectations for operational planning in 2019/20.

Mrs Railton advised that the initial plan would be submitted in January 2019 and would include improvements around productivity and efficiency and making better use of capital investment. Planning guidance had been received at the Executive Management Board in August 2018 and all Health Groups had received it to support their operational planning.

Health Group plans would need to include narratives around run rate and CRES and evidence to support them as well as vacancy recruitment plans.

Mrs Railton advised that the Health Group operational plans would need to be signed off by the Board in February 2019.

Mr Hall thanked Mrs Railton and stated that the level of challenge regarding the planning could not be underestimated. Mrs Railton added that reducing follow up, face to face appointments and changes to pathways was key but also posed risks to the organisation so a whole system approach was required.

Mrs Railton added that there were a number of digitally linked initiatives such as Scan4Safety that would be built into the plan.

Mr Gore asked about theatre productivity and Mrs Railton advised that work was ongoing reviewing theatre start and finish times, and appropriateness of the lists.

Mr Gore also asked about the Acute Services Review and Mrs Railton reported that individual pathways were being reviewed and out for consultation with York and North Lincolnshire Trusts.

Resolved:
The Committee received and accepted the report.

9.1 Variable Pay Report
The report was received for information.

10.1 Activity and Demand Report
Mrs Drury advised that overall referrals 4% up on last year's figure which equated to 5000 referrals.

The south bank referrals were also above last year by 16% and this equated to over 1000 referrals.

Mrs Drury advised that the majority of the variance related to the ongoing growth of 2 week waits with referrals at 15% above last year. Dermatology was also showing significant demand with referrals now coming to the Trust above private referrals.

Demand had decreased in Trauma, Orthopaedics, ENT, cardiology and

radiology.

The September contract position showed that elective was below plan and day cases were above plan mainly in cancer specialties. Oral surgery was lower but this was due to medical staffing vacancies.

Outpatient activity excluding clinical oncology was above plan. Mrs Drury advised that there had been a commissioning change by East Riding CCG and the take up of a new provider had not been as good as they first thought.

September had seen the best ED performance so far this year at 90%. Attendances were up by 400 and medical admissions were lower. The surgical non elective position continued to be challenging but the Trust was still benefitting from the aligned contract.

There was a discussion around consultant referral to referral and how patients were counted within the system. Mrs Ryabov advised that the patients were counted as a non-elective admissions.

Mr Gore requested that in the next report a deep dive be taken on the trauma and orthopaedics and elderly specialities as these were particularly challenged.

Mr Bond advised that he would share a report relating to the work ongoing in the orthopaedic department.

Resolved:
The Committee received and accepted the report.

10.2 Productivity Report
Mrs Drury presented the report which reviewed the last 4 years trend activity.

There was a discussion around how useful the report was but how it would be used by the executives. Mr Bond advised that it showed the specialties on negative pathways and highlighted the premium unit costs and these would be shared with the Health Group clinical teams.

Mr Bond agreed to share the report with the Health Groups for their comments.

Resolved:
The Committee received and accepted the report and Mr Bond agreed to share any comments from the Health Groups with the Committee. **LB**

11.1/11.2 Corporate Finance Report and CRES 2018/19
Mr Bond presented the report and advised that the Trust was £600k away from plan at the half year point. ED performance had been met in quarter 2, which meant that the Trust had received the PSF funding.

The Trust had over performance against contract on its clinical activity by £0.9m although was still below plan.

The Trust was forecasting 84% CRES delivery which included the loss of

the discount for CNST maternity.

The Heath Group run rate positions were £1.3m overspent at month 6 and the forecasted overspend at year was £5m.

Mr Bond advised that there were risks around the OCS cleaning contract and MRI van hire costs.

Agency spend was now £5.3m which was £1.2m above plan. This was due to medical agency staffing.

The underlying run rate is currently forecast at £22.9m and includes the non delivery of the SPV scheme and the loss of discout for Maternity CNST.

Mr Bond reported that the gross forecast for capital expenditure is £28m and expressed his concern around new items overtaking the backlog of capital projects for completion. Capital expenditure would be discussed at the next Board meeting.

The Trust's cash flow was relatively stable and work was ongoing to reduce the aged debtor position held by the Trust with a number of NHS bodies.

Resolved:
The Committee received and accepted the report.

11.3 Financial Plan
Mr Bond presented the report and advised that the regulators wanted to address the provider deficit by making funding available. He advised that discussions were ongoing regarding the control totals and where these should be set. An integrated care plan would also be developed with the local patch.

Mr Bond spoke about the new centralised supply chain and agreed to bring a report to the November 2018 meeting.

Mr Bond stated that demand and capacity was key and it was essential that the Trust had a clear understanding of the capacity issues and what it could deliver. A realistic plan was required and would be required for sign off 26 March 2019. Mr Moran asked for a confidence assessment of each part of the plan to be added to give the Board a sense of what is achievable.

Resolved:
The Committee received and accepted the report.

11.4 Lorenzo Digital Exemplar
Mr Bond presented the report and advised that the Trust was already utilising the money available from NHS Digital and had good recognition at regional level.

Mr Bond reported that Mr Simpson the Digital Director had handed in his notice which was a blow for the Trust and work was ongoing to replace him to ensure the good work was continued.

There was a discussion around funding and the impact of the wifi capability in the Tower Block. Mr Bond advised that money allocated had been spent on ensuring that the fire works had been completed and where compliant, therefore upgrading the networks would need to be funded from elsewhere.

Resolved:
The Committee received and accepted the report.

12 Other Items
The following items were received for information.

12.1 Capital Resource Allocation Committee Minutes
12.2 Unplanned Care Delivery Programme Update
12.3 Lord Carter of Coles Financial Savings Minutes

13 Items delegated by the Board
There were no items discussed.

14 Any Other Business
There was no other business discussed.

15 Date and time of the next meeting:
Monday 26 November 2018, 2pm – 5pm, The Committee Room, Hull Royal Infirmary

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
TRUST BOARD
13th NOVEMBER 2018

Title:	NATIONAL PATIENT SURVEY PROGRAMME
Responsible Director:	EXECUTIVE CHIEF NURSE
Author:	Mike Wright, Executive Chief Nurse

Purpose:	The purpose of this report is to provide information to the Trust Board in relation to the national patient survey programme that is managed and coordinated by the Care Quality Commission	
BAF Risk:	BAF Risk 2: There is a risk that a lack of skilled and sufficient staff could compromise the quality and safety of clinical services 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	Y
Key Summary of Issues:	The key issues in this report cover: • Background and Methodology • Most recent survey information • Conclusions and Next Steps	

Recommendation:	The Trust Board is requested to: • Receive this report • Decide if any further actions and/or information are required.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
NATIONAL PATIENT SURVEY PROGRAMME

1. BACKGROUND

The Trust is required to partake in the national patient survey programme, which is coordinated and reported on by the Care Quality Commission (CQC). This programme has been running since 2002 and the CQC considers this to be the single largest reliable source of evidence on peoples' experiences of care in acute, community and mental health sectors. The surveys are based on a robust and repeatable method that allows organisations to compare peoples' experiences of care between providers and, over time, to identify changes in quality and any outliers in performance in order to drive improvements where required.

This Trust uses the Picker company to undertake the surveys on its behalf. Picker do this for approx. 55% of NHS Acute Hospital Trusts and run similar programmes on improving quality in acute care of varying scales in Germany, Austria and Switzerland. Other trusts use different companies to administer their surveys for them. However, it is the full CQC report that counts once all of the Trusts' results have been collated and the national report for each survey has been published.

2. PROGRAMME AND METHODOLOGY

The programme and methodology for each survey is, as follows:

Survey	Date last undertaken	Frequency	Sample Size	Additional Information
Adult Inpatient Survey	July 2017 and published in June 2018	Annual	1,250	148 NHS England Trusts partook in the survey with more than 72,778 responses (41%). The survey included 67 questions. The response rate for HEY was 44%.
Emergency Department Survey	September 2018	Bi-annual	1,250	The last reported survey was in 2016. The survey includes patients who are aged 16+ at the time of attendance at ED. Report for the survey undertaken in September 2018 will be due 2019.
Maternity Survey	February 2018	Annual	350	Women were eligible if they had a live birth during the month of February, were over 16 years at the time of delivery and gave birth under the care of an NHS Trust (including home births). The survey included 82 questions. The national response rate was 36% and HEY received 35%. The national report has not yet been published but is expected soon.
Paediatric Inpatient Survey	2016	Bi-annual	1,250	Previously called the Children and Young People's Inpatient Survey. The last survey had 67 questions and a response rate of 26% in line with national returns. Next survey scheduled for January 2019 with publication expected late 2019. Dates yet to be confirmed.

Posters are displayed in the areas involved during the survey period to advise patients that they may receive a questionnaire in the post. The posters are provided by the CQC and cannot be amended, except to include contact details for the PALS team, should

the patient wish to advise that they would like to opt out of the survey. No patient has requested to opt out of any survey.

The sample of patients qualifying for the survey is selected at random by the Information Governance team at HEY and forwarded to the Survey Co-ordination Centre at the CQC who approves the selection. Checks are undertaken to ensure that the patient has not died and to exclude patients who meet sensitive criteria, e.g. attended ED due to a miscarriage, safeguarding, etc. The Trust is required to advise the CQC of any patients that are to be excluded during the selection period, with updated checks undertaken by the Trust throughout the process until the mailing of questionnaires commences. Each sample set needs to be approved by the Trust's Caldicott Guardian before submission to the survey.

Once the selection is approved, Picker sends the questionnaires out by post to patients and follows this up with reminders several times during the period to those who have not responded. Contact telephone numbers are supplied to patients who may require support in completing the questionnaires or need an interpreter. The questionnaire requests patients to complete a demographic form on age, gender, ethnicity, etc. to obtain information on diversity. This information is shared with the Diversity and Inclusion Committee at this Trust.

On conclusion of the survey, Trusts are provided with comparative data from other Trusts that use the same agent, i.e. Picker. However, the Trust has to wait for the full national CQC report to be published before it can publish the results. This often results in a significant time lag between the survey and its publication date.

Once received in the Trust, the information is distributed to the Chief Executive, Chief Nurse, Chief Medical Officer and the relevant Health Group senior teams and services. It is also shared with senior staff within the departments/areas surveyed as well as departments that may have an interest in the results, such as the Discharge Liaison team. As part of the contract, Picker provides the opportunity for two people to attend a regional workshop to discuss the results, share ideas and consider actions to improve patient experience. Picker also provides an individual service and will visit the Trust to go through the results with relevant staff. This was recently undertaken following the Maternity survey when the Nurse Director, Head of Midwifery, Matrons, Ward/Community Sisters and Patient Experience met with Picker and were able to go through the results in detail and discuss action planning.

3. HOW THE RESULTS ARE USED

The CQC will use the results from the survey in the regulation, monitoring and inspection of NHS Acute Trusts in England. Survey data is used within CQC Insights (CQC's performance database), which provides Inspectors with an assessment of how Trusts are performing. Survey data also forms a key source of evidence to support the judgements and inspection ratings published for Trusts.

Other organisations use the results in the following ways:

- NHS Trusts - Trusts, and commissioners, are expected to take action to improve services based on the results.
- NHS England and the Department of Health - Information collected nationally in a consistent way is essential to support public and Parliamentary accountability. The results are used by NHS England and the Department of Health and Social Care for performance assessment, improvement and regulatory purposes.
- NHS Improvement - NHS Improvement will use the results to inform quality and governance activities as part of its Oversight Model for NHS Trusts.

4. MOST RECENT SURVEY INFORMATION

This section provides the latest information available on each of the surveys that the Trust has participated in:

4.1 Adult Inpatient Survey (published June 2018):

Key Facts about the 537 inpatients who responded to the survey:

- 39% of patients were on a waiting list/planned in advance and 57% came as an emergency or urgent case.
- 67% had an operation or procedure during their stay
- 48% were male; 53% were female
- 5% were aged 16-39; 20% were aged 40-59; 22% were aged 60-69 and 53% were aged 70+

Your results were significantly better than the 'Picker Average' for the following questions:

Lower scores are better

	Trust	Average
4. A&E Department: not given enough privacy when being examined or treated	13 %	21 %
19+. Hospital: food was fair or poor	33 %	39 %
32. Care: staff did not always work well together	18 %	21 %
64. Discharge: not told who to contact if worried	17 %	20 %

Your results were significantly worse than the 'Picker average' for the following questions:

Lower scores are better

	Trust	Average
29. Nurses: sometimes, rarely or never enough on duty	51 %	40 %

The 2016 survey identified discharge to be an area that required improvement. As can be seen from the following tables, the actions undertaken have had a significant effect. This included a review of the discharge process and the introduction of staff specifically engaged to support patients who are clinically fit to leave hospital care.

The Trust has improved significantly on the following questions:

Lower scores are better

	2016	2017
3. A&E Department: not enough/too much information about treatment or condition	27 %	19 %
4. A&E Department: not given enough privacy when being examined or treated	20 %	13 %
23+. Doctors: did not always get clear answers to questions	37 %	28 %
34. Care: wanted to be more involved in decisions	50 %	41 %
35. Care: did not always have confidence in the decisions made	31 %	24 %
45+. Procedure: questions beforehand not fully answered	25 %	17 %
64. Discharge: not told who to contact if worried	23 %	17 %

The Trust has worsened significantly on the following questions:

Lower scores are better

2016	2017
The Trust has not worsened significantly on any questions this year	

4.2 Emergency Department Survey 2016 (Published October 2017)

The 2017 survey was undertaken following the opening of the new Emergency Care department at the hospital having undergone significant environmental improvements since the previous survey in 2012. This is reflected strongly in the report, which also demonstrated improvements in care and staff engagement.

The Trust has improved significantly on the following questions:

Lower scores are better

	2014	2016
Waiting: had to wait more than 2 hours to be examined	19 %	12 %
Waiting: overall, visit to emergency department more than 4 hours	46 %	33 %
Doctors/nurses: not enough time to discuss health or medical problems	38 %	21 %
Doctors/nurses: did not fully explain condition and treatment	40 %	22 %
Doctors/nurses: did not fully listen to patient	30 %	20 %
Doctors/nurses: did not fully discuss patient anxieties or fears	51 %	35 %
Doctors/nurses: did not have complete confidence and trust	31 %	19 %
Doctors/nurses: did not have an opportunity to talk to a doctor	46 %	34 %
Care: not enough information given on condition or treatment	31 %	16 %
Care: not enough privacy when being examined or treated	24 %	9 %
Care: not always able to get help from staff when needed	50 %	38 %
Care: wanted to be more involved in decisions	39 %	26 %
Care: not reassured by staff if distressed	54 %	41 %
Tests: patient not clearly told why they needed these tests	36 %	17 %
Hospital: emergency department not very or not at all clean	7 %	2 %
Hospital: felt threatened by other patients or visitors	14 %	7 %
Hospital: unable to get suitable refreshments	39 %	27 %
Leaving: not told who to contact if worried	32 %	21 %
Overall: not treated with respect or dignity	30 %	16 %
Overall: score 0-6	29 %	16 %

The Trust had not worsened significantly on any questions and was also not significantly worse than the 'Picker average' on any questions.

Your results were significantly better than the 'Picker average' for the following questions:

Lower scores are better

	Trust	Average
Waiting: overall, visit to emergency department more than 4 hours	33 %	38 %
Doctors/nurses: did not fully explain condition and treatment	22 %	30 %
Doctors/nurses: did not fully discuss patient anxieties or fears	35 %	41 %
Care: not enough privacy when being examined or treated	9 %	16 %
Care: wanted to be more involved in decisions	26 %	33 %
Tests: patient not clearly told why they needed these tests	17 %	24 %
Hospital: emergency department not very or not at all clean	2 %	4 %

The 2018 Emergency Care survey was undertaken in the month of September 2018 and the results are expected in 2019.

4.3 Maternity Survey 2017 (Published January 2018):

The results of the 2018 Maternity Survey are embargoed currently; therefore the results shown are for the previous survey undertaken in 2017. The national 2018 report is expected to be published by the CQC soon.

The Trust had not improved significantly in 2017 on any questions since 2015. On receipt of these results, the service has reviewed and revised its

approach and it is hoped that improvements will be seen when the 2018 survey results are published.

The Trust has worsened significantly on the following questions:

Lower scores are better

	2015	2017
B10. Antenatal Check-ups: Did not have enough time to ask questions	22 %	34 %
F11. Postnatal Care: Did not have confidence and trust in visiting midwives	18 %	28 %

Your results were significantly better than the 'Picker Average' for the following questions:

Lower scores are better

	Trust	Average
D9. Postnatal Hospital Care: Hospital room or ward not clean	1 %	4 %

Your results were significantly worse than the 'Picker Average' for the following questions:

Lower scores are better

	Trust	Average
B4+. Antenatal Care: Not given a choice of where to have baby	30 %	12 %
B6+. Antenatal Care: Not given enough information about where to have baby	55 %	40 %
B8+. Antenatal Check-ups: Saw preferred midwife most of the time	42 %	29 %
B9. Antenatal Check-ups: Midwives not always aware of the medical history	64 %	50 %
B10. Antenatal Check-ups: Did not have enough time to ask questions	34 %	23 %
C1+. Labour and Birth: Did not get appropriate advice and support from midwife or hospital	24 %	13 %
C14. Labour and Birth: Worried when left alone by midwives or doctors	31 %	22 %
D5+. Postnatal Hospital Care: Not always able to get help by a member of staff within a reasonable time	56 %	42 %
D6. Postnatal Hospital Care: Not given information or explanations needed	43 %	35 %
D8+. Postnatal Hospital Care: patient not having anyone close to able to stay as long as they wanted	49 %	28 %

4.4 Children and Young People's Survey 2016 (Published November 2017)

The Trust has improved significantly on the following questions:

Lower scores are better

	2014	2016
Staff did not fully explain to parent what would be done during the operation/procedure	16 %	6 %
Parent did not receive clear answers to questions before the operation or procedure	17 %	7 %

The Trust has worsened significantly on the following questions:

Lower scores are better

	2014	2016
Parent not able to stay overnight but wanted to	0 %	4 %

Your results were significantly better than the 'Picker average' for the following questions:

Lower scores are better

	Trust	Average
Staff did not fully talk to child about how they were going to care for them	7 %	13 %
Child not fully told what to do or who to talk to if they were worried when home	16 %	23 %

Your results were significantly worse than the 'Picker average' for the following questions:		
	Lower scores are better	
	Trust	Average
Planned admissions: not given choice of admission date	69 %	56 %
Staff did not play with child but parent would have liked this	34 %	24 %
Parents not able to prepare food in the hospital but wanted to	76 %	62 %
Parent did not receive written information but would have liked it	28 %	20 %

The next Children's and Young People's Inpatient Survey is scheduled for mid-January 2019 with the results being available in late 2019.

5. CONCLUSIONS

The national surveys are beneficial to the Trust in providing a consistent method of benchmarking itself against progress and, also, against other Acute Trusts of similar size.

As each survey is received, this is shared with the departments concerned to see where improvements are required and resources best used. It also gives an indication of where the CQC will focus its attention when visiting the Trust. It is unfortunate that the results of surveys take so long to coordinate and make available. This makes it difficult to analyse the information, implement change and see any improvement before the next survey is undertaken.

Also, there are opportunities to strengthen the governance arrangements with these surveys in terms of ensuring that, once published; each is reviewed at the Operational Quality Committee and the Quality Committee alongside any due action plans.

The Trust will continue to use Picker as it is agent to complete this work for the foreseeable future.

6. NEXT STEPS

To date, the programme has used an entirely paper-based methodology, with questionnaires mailed out to all sample members' postal addresses. As digital surveys and data collection methods have developed rapidly over the last five years, the Survey Co-ordination Centre wants to explore the potential to move part of the data collection online, using a mixed (digital and paper) methodology. It is hoped that by moving some or all of the data collection online could offer significant benefits in terms of:

- Cost reduction for NHS Trusts due to smaller volumes of printing and postage of paper questionnaires.
- Speed and flexibility of survey delivery, including scope to expand the frequency of some surveys, and explore larger sample sizes, allowing more granular reporting.

The CQC has already begun to pilot the use of mobile phone numbers and email addresses for delivering patient surveys, where Trusts have been recording this information for the majority of their patients. The findings from this early pilot work have shown some promising results, with the use of SMS reminders helping to increase responses from lesser-heard sub groups.

This Trust has collected patients' mobile telephone numbers for a number of years but has no system in place for the collection of email addresses. As communication is becoming more electronically driven, the Patient Administration department are reviewing how the collection of email addresses can best be achieved to benefit patients and are supportive of this request from the CQC.

7. RECOMMENDATIONS

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
November 2018

Hull and East Yorkshire Hospitals NHS Trust

Trust Board

Tuesday 13 November 2018

Title:	Freedom to Speak Up Guardian update
Responsible Director:	Carla Ramsay – Director of Corporate Affairs and Freedom to Speak Up Guardian
Author:	Carla Ramsay – Director of Corporate Affairs and Freedom to Speak Up Guardian

Purpose:	To provide a quarterly update from the Freedom to Speak Up Guardian	
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	
Summary of Key Issues:	The Trust Board receives a quarterly report from the Freedom to Speak Up Guardian on the issues being raised by staff and a 'read-across' of issues raised through other routes. The key concern raised by staff, consistent with previous quarters, is individual examples of poor behaviours between colleagues.	

Recommendation:	The Trust Board is asked to receive and accept this report, and to use the information contained in this report when the Trust Board looks at refreshing the People Strategy this financial year.

Hull and East Yorkshire Hospitals NHS Trust

Freedom to Speak Up Guardian Quarter 3 report

1. Purpose of the paper

To provide a quarterly update from the Freedom to Speak Up Guardian

2. Introduction

The National Guardian's Office requires Freedom to Speak Up Guardians to be able to report directly to the Trust's Board. This report provides a quarterly update on concerns raised by staff through the Trust's Freedom to Speak Up Guardian (FTSUG) and review of other concerns raised by staff.

There are a number of processes in place that allow staff to raise concerns. These include:

- Formal Whistleblowing Policy
- Staff Advice and Liaison Service (SALS)
- Anti-fraud service
- Through their line manager
- Freedom to Speak Up Guardian
- Through the Bullying and Harassment Policy or through a formal grievance

There are other routes as well as ways in which staff can receive support if they are experiencing difficulties at work. These are captured in Appendix 1.

In addition, professional organisations such as the Nursing and Midwifery Council and the General Medical Council (GMC) also issue guidance such as the GMC's *Raising and acting on concerns about Patient Safety* (2012), which sets out the GMC's expectations that all doctors will, whatever their role, take appropriate action to raise can act on concerns about patient care, dignity and safety.

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

3. Freedom to Speak Up Guardian

The Freedom to Speak Up Guardian reports on contacts received from members of staff to the Trust Board each quarter in the public board meeting.

1.1 Main activities in 2018

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

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

The FTSUG has continued to attend staff meetings to introduce the role, and also attended the induction training day for newly qualified midwives. The FTSUG writes a regular blog on speaking up, encouraging staff to report issues through any route with which they are comfortable, and reinforcing positive messages that speaking up makes a difference.

3.2 National Freedom to Speak Up Guardian

The National Freedom to Speak Up Guardian runs half-yearly national conferences, which all Guardians are required to attend. The most recent conference held in March 2018 shared practice from other Guardians.

The national guardian's office also requests data from each Trust Freedom to Speak Up Guardian. The National Guardian's Office published an annual report with all reported activity in 2017/18:

- 7,087 cases were raised to Freedom to Speak Up Guardians in NHS trusts and foundation trusts.
- More cases (2,223, 31% of the total) were raised by nurses than other professional groups.
- 3,206 (45%) cases included an element of bullying / harassment.
- 2,266 (32%) cases included an element of patient safety / quality.
- 1,254 (18%) cases were raised anonymously.
- 361 (5%) cases indicated detriment as a result of speaking up may have been involved.

6 NHS trusts either did not make a return or reported that they received no cases through their Freedom to Speak Up Guardian in all four quarters

In addition, the National Guardian's Office published a self-assessment tool and asked all Trust Boards to receive an assessment from their FTSUG in Spring/Summer 2018. This Trust's self-assessment was presented and accepted by the Trust Board in July 2018. This confirmed that the Trust had the FTSUG requirements in place and had identified some areas to develop the use of the role further. These are:

- Promoting the FTSUG and other routes for speaking up as part of the Trust's continued work on cultural development (professional behaviours) and patient safety ('Stop the Line')
- Promoting the FTSUG role within clinical areas and with Trust middle management tier
- Further development of feedback as to how speaking up makes a positive difference

It is noted that NHS Improvement's Compliance team is now taking stock of all Trusts' FTSUG self-assessments and requiring an update position in December 2018. The Trust has provided the July 2018 self-assessment and has been in dialogue with NHSI in this regard. It is a standard clause in the NHS contract that all NHS Trusts have in place a Freedom to Speak Up Guardian. In addition, the FTSUG is interview in all CQC well-led assessments, including the one received by the Trust in February 2018.

4.3 Freedom to Speak Up Guardian – Trust Contacts

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

The Trust's figures are as follows:

From 1 April 2017 – 31 March 2018, the FTSUG has been contacted as follows:

Route of contact	**Number of contacts**
Contacted via anti-bullying Tsar	5
Contacted directly by the member of staff	4
Requesting advice for a colleague	2
Contacted via SALS	3
Signposted by manager	1
Signposted by Occupational Health	1
Signposted by a FTSGU in another Trust	1
Total	**17**

The contacts with the FTSUG 1 April 2017 – 31 March 2018 have come from the following areas:

Quarter	**No. contacts**	**Service area**	**Health Group/ Corporate services**
Apr - June 2017	7	All individual services – no repeated issues - - one 'worry ward' as reported to Trust Board	6 - Medicine 0 - Clinical Support 1 – Surgery 5 – Corporate 3 – F&W 2 – Not specified
July - Sept 2017	1		
Oct – Dec 2017	8		
Jan – Mar 2018	1		
Total	**17**		

The following types of concern were raised 1 April 2017 – 31 March 2018:

Type of concern	**Number of contacts**
Concerns about bullying behaviour	7
Concerns about HR process involving the member of staff – concerns about fair treatment	3
Concern about patient safety	3
Concerns about workload	0
Concerns about inappropriate behaviour	1
Concerned about role within the Trust	1
Unspecified – contacted for general support	2
Totals	17

From 1 April 2018 – 30 September 2018, the FTSUG has been contacted as follows:

Route of contact	**Number of contacts**
Contacted via anti-bullying Tsar	0
Contacted directly by the member of staff	5
Requesting advice for a colleague	1
Contacted via SALS	0
Signposted by manager	0
Signposted by Occupational Health	0
Signposted by a FTSGU in another Trust	0
Total	**6**

The contacts with the 1 April 2018 – 30 September 2018 have come from the following areas:

Quarter	**No. contacts**	**Service area**	**Health Group/ Corporate services**
Apr - June 2018	3	All individual services – no repeated issues - -	1 - Medicine 1 - Clinical Support 1 – Surgery 2 – Corporate 0 – F&W 0 – Not specified 1 – external
July - Sept 2018	3		
Oct – Dec 2018			
Jan – Mar 2019			
Total			

The following types of concern were raised 1 April 2018 – 30 September 2018:

Type of concern	**Number of contacts**
Concerns about bullying behaviour	3
Concerns about HR process involving the member of staff – concerns about fair treatment	-
Concern about patient safety	-
Concerns about workload	-
Concerns about inappropriate behaviour	2
Concerned about role within the Trust	-
Unspecified – contacted for general support	1
Totals	6

In addition, the FTSUG has attended the most recent Midwives induction and Nursing induction to discuss and promote the role to staff teams:

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

The FTSUG now attends the Workforce Transformation Committee to feed in the FTSUG role and contacts in to the Trust's ongoing work on cultural development and delivery of the organisational development parts of the People Strategy.

4. 'Read across'

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

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

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

On this basis, the Guardian has reviewed the following:

- Each Quality report to the Trust Board from January 2017, including the ward dashboard as an appendix to the report
- Each nursing Safer Staffing report to the Trust Board from January 2017
- The detail of all whistleblowing cases – role and grade of staff member and department working in
- The detail of all SALS cases – concern, plus role and grade of staff member and department working in
- The headline National Staff Survey data and the quarterly cultural/staff friends and family test

4.1 Staff Advice and Liaison Service

One such source is the Staff Advice and Liaison Service (SALS). SALS was established in January 2015 as part of the Trust's approach to tackling a bullying culture. The SALS contacts per year are counted below.

Time period	No. contacts	Service area	Health Group/ Corporate services
Jan 15 - Mar 15	22	Radiology (6) A&E (5) Ophthalmology (5) Portering (4) Cardiology (3) ICU (3) Obstetrics (3) Therapies (4) Bank/pool (3) Orthopaedics (2) Others not specified or only raised once	30 - Medicine 30 - Clinical Support 26 – Surgery 25 – Corporate 28 – F&W All others not specified
Apr 15 - Mar 16	57		
Apr 16 – Mar 17	51		
April 17 – Mar 18	33		

The SALS contacts April 2017 – March 2018 principally related to the following:

Type of concern	Number of contacts
Concerns about bullying behaviour	17
Concerns about HR process involving the member of staff – concerns about fair	3

treatment	
Concern about patient safety	2
Concerns about workload	1
Concerns about inappropriate behaviour	0
Concerned about role within the Trust	0
Not specified – calling for general support	10
Totals	33

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

4.2 Whistleblowing

The Trust's *Raising Concerns at Work (Whistleblowing)* Policy is intended to assist staff who believe they have discovered malpractice or impropriety. The Trust's policy was reviewed in 2016 to take account of new NHS national guidance on whistleblowing, to reference the role of the Freedom to Speak Up Guardian and to reference junior doctors' rights to whistleblow to a third party. The Trust's policy is up to date against national NHS requirements as well as employment law requirements.

Since 2015, the following issues have been reported under the Whistleblowing policy or dealt with under the Whistleblowing policy. In order to protect the position of staff raising concerns, the following information does not provide specific details:

Date	Issue
January 2015	Concerns about a support service
February 2015	Concerns about patient care and bullying culture in a particular department
February 2015	Concerns raised through an exit interview about patient care and safety in a particular department
November 2015	Allegations of bullying and harassment against a particular member of staff
February 2016	Concerns about patient care and safety in a particular department
October 2016	Concerns about the clinical practice and conduct of a colleague
December 2016	Concerns about proper application of proper processes to staff recruitment
May 2017	Concerns passed on to the organisation by the Care Quality Commission
May 2017	Concerns about the clinical practice of a particular member of staff
September 2017	Anonymous contact regarding the recruitment of someone external to the Trust
October 2017	Concerns about quality of care in a particular clinical service
March 2018	Concerns about a particular third-party contract with the Trust

All of the above concerns are all formally investigated and the person or persons raising the concern receive a formal response if they have identified themselves. For completed cases, the Trust has followed its own policy in investigating and responding to the concerns raised and is monitoring should any member of staff raise a concern about suffering a detriment to their employment position as a result of blowing the whistle.

5.3 'Read across'

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

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

The Trust's Audit Committee has received regular updates on speaking up arrangements in the Trust, to receive assurance as to whether these are robust. At the moment recent presentation in October 2018, no gaps in assurance or control were identified.

There are some key messages, captured in the conclusion, which the Trust Board may wish to ensure are reflected in the updated People Strategy; it is through the workstreams for the People Strategy through which some of the longer-term issues raised by staff might be best improved, for example, support to teams with long-standing relationship issues, managers working in complex and stressful areas, and supporting staff with comprehensive support when they need to raise a concern, to allay the fears of doing so.

5. Conclusion

The Trust encourages staff to speak up about concerns at work and has put in place a number of mechanisms to help staff to do so. The Guardian is not aware of any reported issues in respect of a

member of staff who has suffered a detriment as a result of blowing the whistle; some staff have raised concerns about the way in which their line manager has responded to their concerns, which needs further work by the Trust. There are also staff who are concerned about raising concerns as they do not think their manager or the Trust will support their position.

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

- Those members of staff making direct contact with the Freedom to Speak Up Guardian have been isolated cases – in terms of each coming from a different part of the Trust and being individual cases
- Those cases are not coming from any of the same areas or concerns as any whistleblowing case
- Those cases are not coming from any of the wards flagged up in the Quality report to the Trust Board as areas of concern with one exception that has been briefed to the Trust Board previously
- Those cases are not coming from the areas with lower staff engagement scores from the most recent staff Friends and Family test but have fed in to a process by which some teams have been identified to participate in a new management development programme in the Trust ('What is it like to be managed by me?'
- There are routes through which the FTSUG can relay concerns formally in the organisation should a pattern or repeated issue emerge

6. Recommendation

The Trust Board is asked to receive and accept this report, and to use the information contained in this report when the Trust Board looks at refreshing the People Strategy this financial year.

Carla Ramsay
Director of Corporate Affairs
November 2018

Hull and East Yorkshire Hospitals NHS Trust

Trust Board

13 November 2018

Title:	Quarterly Report on Safe Working Hours
Responsible Director:	Makani Purva, Interim Chief Medical Officer
Author:	Nagarajan Muthukumar, Guardian of Safe Working Hours

Purpose:	The purpose of this report is to inform the Trust Board of the current position in relation to: • Guardian of Safe Working Hours appointment • Junior doctor working hours • Exception reports, where appropriate • Rota gaps • Locum usage • System-wide junior doctor issues, where appropriate	
BAF Risk:	BAF Risk 2 - Staffing	
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	
Summary Key of Issues:	The most common reason for submitting an exception report still appears to be related to rota gaps and understaffing which leads to overstaying beyond the contracted hours or missed educational and training opportunities. In a few instances the trainees appear to be staying over in the interest of patient care.	

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

QUARTERLY REPORT ON SAFE WORKING HOURS:
DOCTORS AND DENTISTS IN TRAINING 1 April – 30 September 2018

EXECUTIVE SUMMARY

The Guardian Report for this Trust Board Meeting covers 2 quarters from April 2018 to September 2018. This is mainly due to delay in obtaining the quantitative information and data that are provided by the administrative staff at the Medical Education centre and the Medical Staffing who were busy with preparing for the New Junior Doctor Rotation in August.

Exception Reporting patterns and responses

The most common reason for submitting an exception report still appears to be related to rota gaps and understaffing which leads to overstaying beyond the contracted hours or missed educational and training opportunities. In a few instances the trainees appear to be staying over in the interest of patient care

In the quarter of April to June 2018 the following were the number of episodes of exceptions reported trainees by Health Group

Clinical Support -6
Family and Women – 4
Medicine – 34
Surgery - 27
GP placement – 2

For the quarter of July to September 2018 the following were the number of episodes of exceptions reported trainees by Health Group

Clinical Support -17
Family and Women – 5
Medicine – 44
Surgery – 54

Actions taken to resolve issues identified

The Health Groups receive regular reports on the exception reports to identify trends and investigate any emerging patterns. Any reports that raise immediate safety concerns are looked at and flagged up to the health groups if needed by the supervisors or the Guardian.

Rota administrative support

Data about junior doctors needs to be captured in real time at department level and entered on to the e-rostering system as it happens. This is to allow service planning, to place trainees in the correct environment for their training and service, to capture where vacancies exist and where these have been filled. Particularly in those areas where rotas are large and/or complex, health groups need to be sure that the administrative support is adequate for the multiple tasks required. This will allow proactive management of potential staffing level shortfalls which could have implications in the delivery of patient care as well as highlighting instances were safe working hours have been breached. Currently even in those areas where e-roster is being used, real time entry of the overtime hours worked by trainees does not occur. Ultimately, the solution probably lies in ensuring that the electronic platforms used for e-roster and exception reporting are able to better communicate and capture this information.

Implementation of the new contract
All junior doctors are now on the 2016 Terms and Conditions of Service. Most of them received their work schedules on time.

Junior Doctor Forum
The Junior Doctor Forum is well-established. The attendance of trainees in this forum is variable although following the recent rotation the attendance has improved with trainees of different grades being represented in some meetings.
The minutes of the Forum are available on the junior doctor pages of Pattie, along with other items of interest to trainees.

Junior Doctors Mess: The current location of the junior doctors' mess at HRI is in the RMO residences. At the Trust Board Meeting in July 2018, it was suggested that there were plans to relocate the Junior Doctors Mess to the Tower Block to try and improve the conditions and morale of the junior doctors. This was welcomed by the Junior Doctors Forum. The support of the Trust Board on expediting this process would be much appreciated by the Junior Doctors and the Guardian.

Issues arising
In the short period the current Guardian has been in the post, it is obvious that the most common cause for the exception reports filed by junior doctors in training appears to be rota gaps either in the same tier or other tiers. This has led on occasions to some potential safety concern situations. There have been attempts by the Trust to fill these gaps by recruitment but this has been and still remains a challenge.

A recent Royal College of Physicians Report titled "Guidance on safe medical staffing" acknowledges the staff shortages in NHS. The report also mentions the following as possible causes for the current situation

- Modernising Medical Careers shortened the length of time that doctors spent in training, effectively reducing the number of trainees
- An increase in shift working led to lower staffing levels, especially out of hours
- Changes to immigration rules removed the ability to make good any shortfall in staffing by recruiting from outside the UK.
- Inadequate increases in medical student numbers

This is also compounded by the fact that there has been a well-documented downward trend in the number of doctors applying for substantive posts after completion of foundation training over the last few years.

Since the implementation of the 2016 Contract for junior doctors, there has been a gradual increase in the understanding of the purpose, scope, objectives and working of the exception reporting system both amongst the trainees as well as the educational supervisors. However, meeting the tight time schedule for addressing the reports remains a challenge. There have been some supervisors who have raised concerns regarding the time required to carry out this function.

Junior Doctors Mess
The current location of the junior doctors' mess at HRI is in the RMO residences. At the Trust Board Meeting in July 2018, it was suggested that there were plans to relocate the Junior Doctors Mess to the Tower Block to try and improve the conditions and morale of the junior doctors. This was welcomed by the Junior Doctors Forum. The support of the Trust Board on expediting this process would be much appreciated by the Junior Doctors and the Guardian.

Summary

Exception reporting seems to be a good early-warning system to indicate where there may be issues. At the current time there still is no system in place to robustly capture all instances were trainees have breached the safe working hours as required by the Junior Doctor Contract 2016. It is therefore not possible for the Guardian to provide assurance to the Trust Board that this aspect of the Junior Doctor Contract is fulfilled by the Trust.

Questions for consideration

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

N.Muthukumar
Consultant Trauma & Orthopaedic Surgeon
Guardian of Safe Working Hours

Encl:
Appendix 1 Board Report GSW 1 April - June 31 2018
Appendix 2 Board Report GSW 1 July - 30 Sept 2018

Hull and East Yorkshire Hospitals NHS Trust

QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING 1 April – 30 June 2018

1. PURPOSE OF THIS REPORT

Under the 2016 Terms and Conditions of Service, the Guardian of Safe Working Hours must report to the Board at least once per quarter. This report sets out data from April to June 2018 with reference to:

- Exception reports and monitoring
- Locum usage, both bank and agency
- Vacancy levels amongst trainees
- Work schedule reviews and fines

2. HIGH LEVEL DATA

Number of doctors / dentists in training (total):	516 (establishment) 408.5 (actual)
Number of doctors / dentists in training on 2016 TCS (total):	408.5
Amount of time available in job plan for guardian to do the role:	2 PAs / 8 hours per week
Admin support provided to the guardian (if any):	0.25 WTE
Amount of job-planned time for educational supervisors: varies between HGs)	0.25 PAs per trainee (max;

All trainees in the Trust are now on the 2016 terms and conditions of service (TCS) and have received their work schedules. An electronic exception reporting system is running well and all trainees and trainers have been given access and offered training on the system.

Trainees on the 2016 TCS are issued with a **work schedule**, which sets out the working pattern, rota template and pay, and also sets out the training which they can expect to receive during the placement. Health Education England has agreed a Code of Practice regarding the timescales by which trainees should receive this information.

Trainees submit an **exception report** if their work varies significantly and/or regularly from that set out in the work schedule. They can also submit an exception report if they do not get the expected training (e.g. they miss a scheduled clinic due to providing ward cover for an absent doctor).

Exception reports fall into the following four categories:

- Difference in educational opportunities or available support

- Difference in access to training due to service commitments
- Difference in the hours of work
- Difference in the pattern of work (including failure to achieve natural breaks)

Exception reports are discussed by the trainee and their educational or clinical supervisor and an outcome is agreed. This may be overtime payment or time off in lieu (for extra working hours). For educational differences or where regular hours adjustments are required, a work schedule review may be appropriate. Alternatively, both parties may agree that no action is required and the report is filed for data collection purposes.

Educational exceptions are copied to the Director of Medical Education for action if needed. Hours exceptions are copied to the Guardian of Safe Working Hours, who reviews the reports, ensures (if the data is available) that trainees are working safely, and has the power to issue fines to departments if trainees are breaching their safe working conditions.

The Guardian of Safe Working ensures that the Health Groups are kept updated about problems identified in their areas so that appropriate action can be taken by the departments to maintain patient and junior doctor safety.

The Guardian of Safe Working Hours is also responsible for producing this quarterly report to the Trust Board. The data for the report comes from the exception reports, and from systems held or created by the Trust, particularly Human Resources and payroll data.

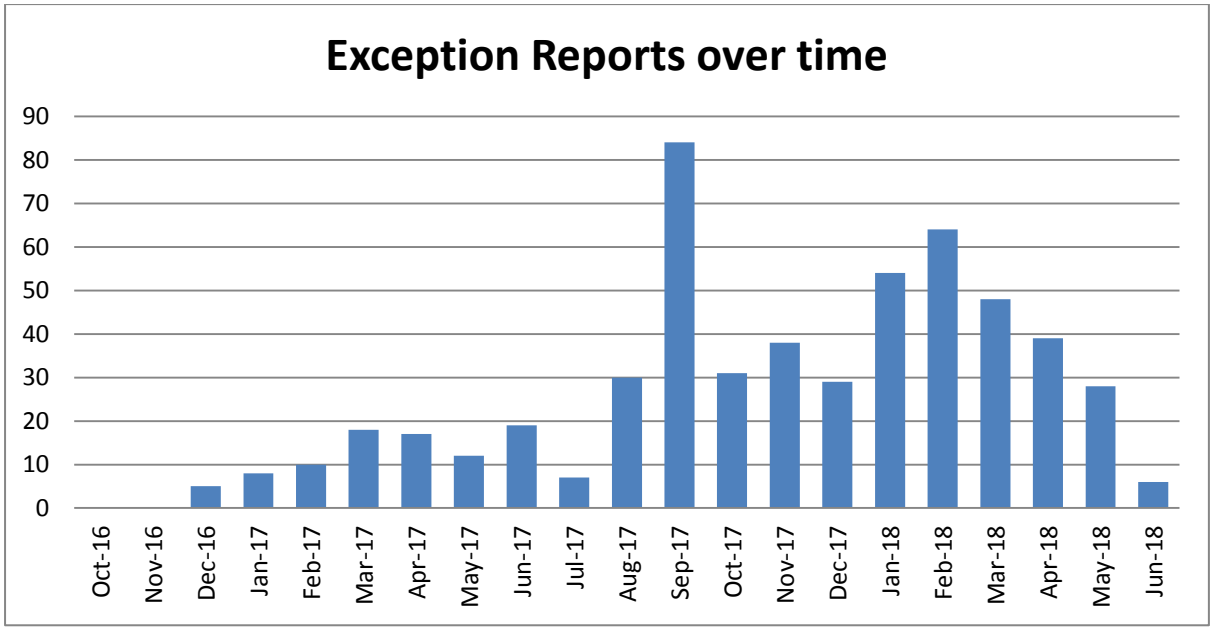
3. JUNIOR DOCTOR WORKING HOURS

The data in this section are presented according to a standard template which was produced by NHS Employers. At the request of HEE Yorkshire & the Humber, data will continue to be presented in this way to allow comparison to be made between Trusts across the region.

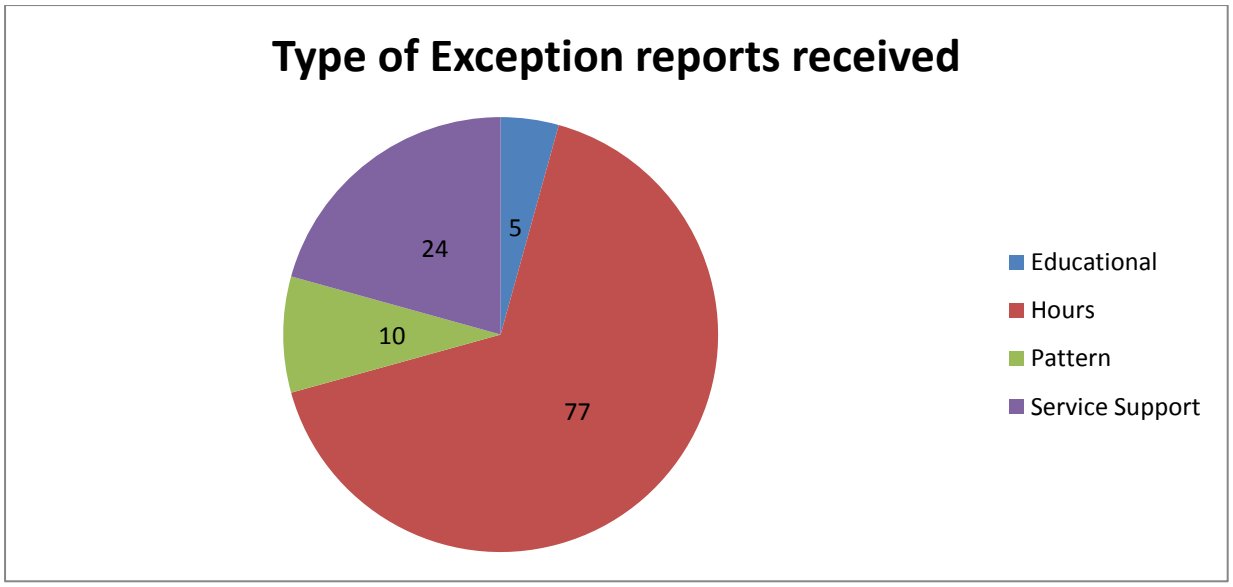
In all cases the data below is presented in relation to exception report EPISODES, since a single exception report may contain a number of episodes of concern.

There were 73 exception report episodes submitted between 1 April and 30 June 2018 and 43 carried forwards from the previous quarter. The number of reports has shown decreased towards the end of the academic year.

Exception reports over time



Types of exception reports received 1 April and 30 June 2018



Exception reports (episodes) by specialty 1 April – 30 June 2018

Specialty (Where exception ccurred)	No. exceptions carried over from last report	No. exceptions raised (episodes)	No. exceptions closed (episodes)	No.exceptions outstanding (episodes)
Accident & Emergency		2	2	0
Acute Surgery HRI	5	3	7	1
Acute-Elective Surgery CHH		3	3	
DME		14	14	
Endocrinology	7	8	13	2
ENT		1	1	
Gastroenterology	6	17	20	3
GP		2		2
Haematology		1	1	
Medicine Nights	4		3	1
Neonates	1			1
Oncology		5	5	
Paediatric A&E		2	2	
Paediatric Emergency Medicine	3	5	8	
Paediatrics		1	1	
Paediatric Surgery	2		2	
Plastic Surgery		1	1	
Respiratory		3		3
Rheumatology	2	2	1	3
Surgery Nights CHH	3			3
Trauma & Orthopaedics	2	1	3	
Upper GI Surgery	2	1	3	
Urology	2		2	
Vascular Surgery	4	1	5	

Exception reports (episodes) by grade 1 April – 30 June 2018

Grade	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
CT1	1			1
CT2		1	1	
F1	19	49	65	3
F2	10	5	10	5
SpR		1	1	
ST3	4	14	16	2
ST4	8	3	8	3
ST6	1			1

F1 doctors are the most likely to report problems, particularly regarding working hours. They have been on the contract longer than any other group of doctors and are most familiar with the exception reporting mechanism; indeed, none of them have ever worked under any other contract. Foundation 1 doctors are the most junior of the trainees, and are learning how to work, how to manage their time, and, in many cases in this early part of the year, are learning how to do things for the first time. They are ward-based, and often feel that they cannot leave until all the jobs are done. As a group, they report reluctance to hand over routine daytime jobs to colleagues covering later in the day. The importance of appropriate and safe handover, and how to do this practically, forms part of the discussions with educational supervisors.

We are seeing a gradual increase in exception reports from other grades, as time goes on and as they get used to the contract and the exception reporting mechanism. Numbers are small, however, and it is not possible to draw conclusions from these reports yet.

Exception reports (episodes) by rota 1 April – 30 June 2018

Rota	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
(2016) Rota 40 - Plastic Surgery SpR		1	1	
23 - Vascular Surgery F1 (inc. ENT/Uro)		6	6	
Rota 1 - A&E F2		1	1	
Rota 12 - Medical Oncology SpR		5	5	
Rota 124a - General Surgery (acute)		1	1	
Rota 124b General Surgery (Uro/ENT) SHO	5		2	3
Rota 134 - Orthopaedic F2	2	1	3	
Rota 14 - Medicine SHO blp 431	3		3	
Rota 18 - Medicine F1	4	10	11	3
Rota 23 - Vascular Surgery F1	4	1	5	
Rota 25 - Acute-Elective Surgery F1	6	7	12	1
Rota 2B - A&E SHO (non PEM)		1	1	
Rota 2C - A&E SHO (PEM)	3	7	10	
Rota 34 - ENT SpR	1		1	
Rota 4 - Medicine F1	2	24	25	1
Rota 5 - Medcine SHO (blp 215)	1			1
Rota 57 - Paediatric Neonates (SpR)	1			1
Rota 6 - RMO	9	4	8	5
Rota 60 - Paediatric F1	2	1	3	
Rota 8 - Onocology/Haematology SHO		1	1	
Wheeler Street Health Centre F2		2	2	

Exception reports (episodes) - response time 1 April - 30 June 2018

Grade	Addressed within 48hrs	Addressed within 7 days	Addressed in longer than 7 days	Notes for delayed reports	Still open	Notes for outstanding reports
CT1					1	
CT2					1	
F1	11	16	36		5	
F2	0	4	8		3	
SpR			1			
ST3	1	7	8		2	
ST4	1		7		3	
ST6					1	

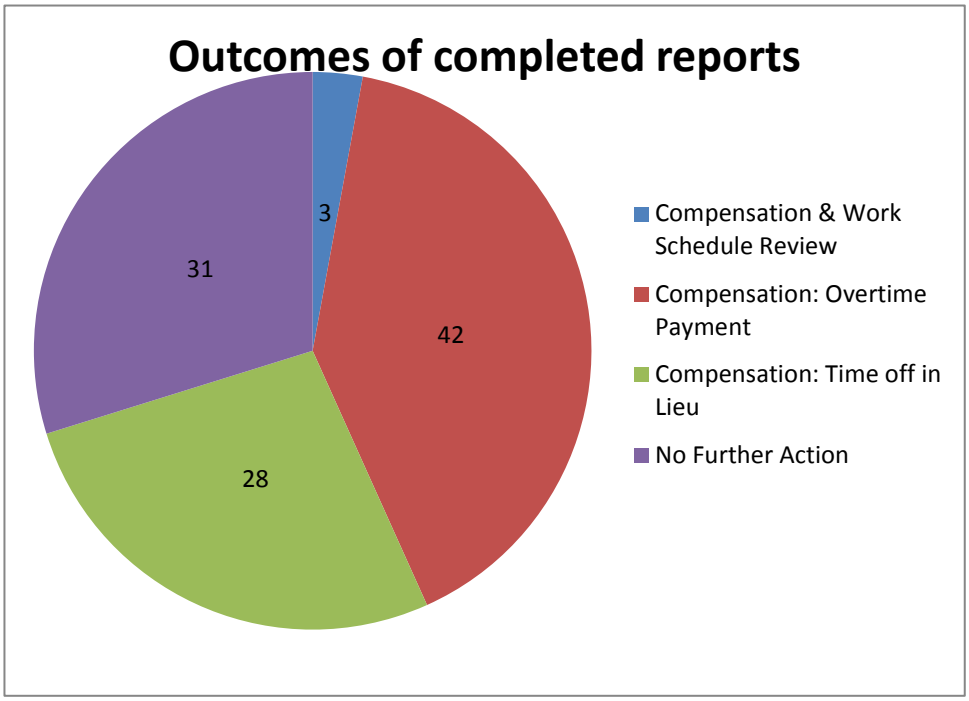
The 2016 TCS require that the trainer meets with the trainees to discuss an exception report within SEVEN days. This is a very difficult timescale to achieve, because of trainers and trainees often working on different shift patterns, but the timescale is there to ensure that safety concerns, including excessive working time, are addressed quickly.

Looking at response time by grade is not a particularly useful measure, but it is one that is requested by NHS employers. Of more use is response time by department, as this shows the areas either where trainers are not engaging in the exception reporting process, or where trainers and trainees are too busy to sit down and discuss or record the incidents.`

This is shown in the table below:

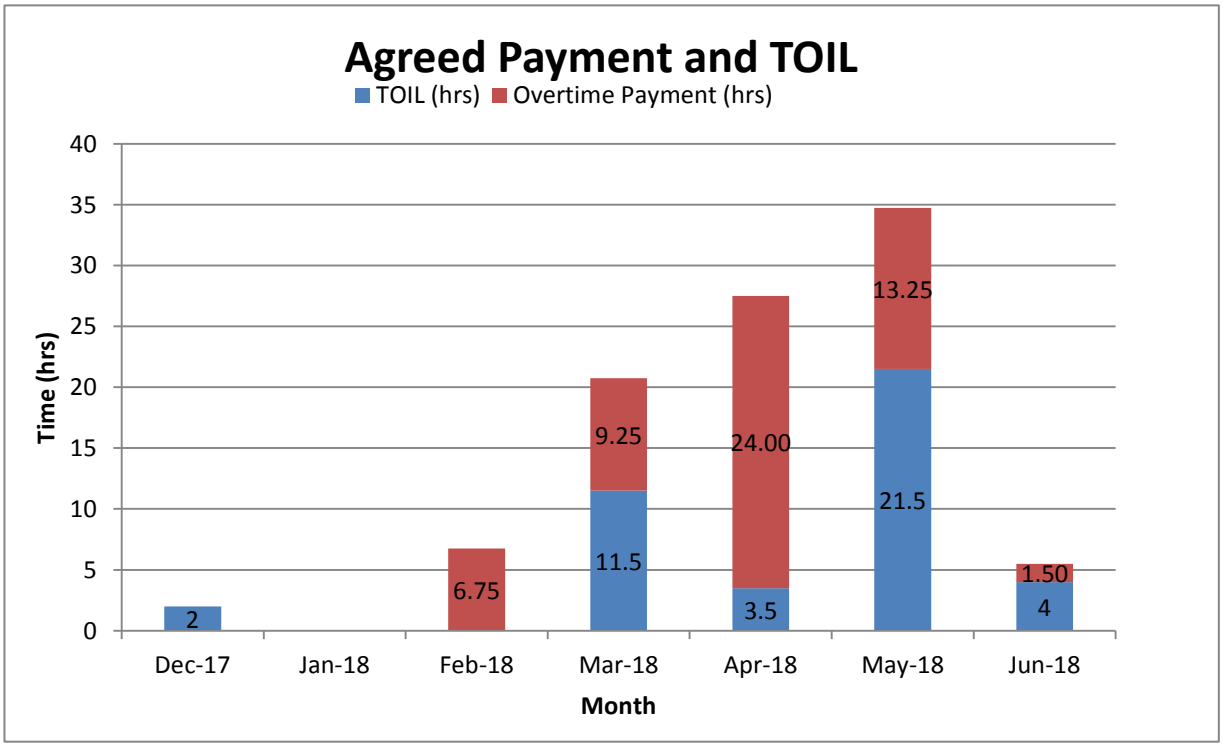
Department (base dept)	No of reports	Addressed within 48hrs	Addressed within 7 days	Addressed in longer than 7 days	Notes for delayed reports	Still open
Accident and Emergency	2		1	1		
Breast Surgery	4			4		
Colorectal Surgery	1					1
DME	12	2	3	4		3
Elderly Medicine	5		3	2		
Endocrinology	9			7		2
Endocrinology & Diabetes	6		6			
ENT	4	1				3
Gastroenterology	14	3		10		1
General Surgery	11	7		4		
GP Placement	2			2		
Haematology	1			1		
Neonates	1					1
Neurology / Stroke Medicine	1					1
Oncology	5	1	4			
Paediatric Emergency Medicine	10		3	7		
Paediatrics	3	1		2		
Plastic Surgery	1			1		
Respiratory Medicine	3			3		
Rheumatology	4			1	3	
Trauma & Orthopaedics	3		1	2		
Upper GI	4	1	1	2		
Upper GI Surgery	3			3		
Urology	2		2			
Vascular Surgery	5			5		

Outcomes of completed exception reports 1 April – 30 June 2018



This shows broadly similar proportions of time versus payment compared to the last quarter. The decision whether to pay or give time back (or to take no action) is a joint decision between the trainee and the educational supervisor.

Payment and TOIL trends by month



Trainees in psychiatry placements

The Trust has a number of Foundation trainees in psychiatry placements. These trainees are employed by this Trust, but have their placements in Humber Foundation Trust, who are responsible for the working hours, work patterns and training opportunities during the length of the placement. We have had to work collaboratively with colleagues in Humber FT to produce work schedules for these trainees.

Monitoring of trainees in GP placements

Historically, and nationwide, hours monitoring of Junior Doctors working out of the Trust on placement at local GP practices has never taken place. The posts were unbanded, as there was an expectation that trainees worked 40 hours Mon-Fri. Foundation trainees in GP placements are now on the 2016 TCS and are able to exception report. This change has required a significant amount of negotiation to confirm individual GP practice timetables so that work schedules can be issued. The Trust has now also worked with the training practices to agree a Memorandum of Understanding to ensure that any extra payments as a result of trainees working outside of their core hours is able to be repaid by the practice concerned.

There have been 2 episodes from general practice this quarter.

Hours Monitoring Exercises

No longer required as all Junior Doctors are now on the 2016 Terms and Conditions of Service.

Work schedule reviews

There are no current Work Schedule reviews taking place. However, as part of the preparation for the August rotation, Medical Staffing will be reviewing all rotas for compliance and making changes as per direction from each Health Group as required.

a) Locum bookings April to June 2018

i) Bank April to June 2018

The Trust currently has an informal medical bank in place which strives to fill as many shifts internally as it can. With the successful creation of a Nurse and Clerical Bank the Trust is looking at creation of a formal Medical Bank in line with the 2016 TCS. We are currently exploring a number of options internally and externally on the best way to support this work. The work on this project will be fed through to the Guardian by the Medical Staffing Operations Group.

The information in this table only covers shifts that have been booked by the Medical Staffing Team. There are a number of departments in the Trust that manage their own rotas and book their own bank cover for staffing gaps.

Locum Bookings (bank) by grade				
Grade	Number of shifts requested	Number of shifts Worked	Number of hours requested	Number of hours worked
F1*	223	0	2202.75	0.00
F2	335	70	3009.60	741.00
CT/ST-2/GPSTR	1970	148	18600.21	1538.75
ST3+	830	15	9095.88	175.50
TOTAL	**3358**	**233**	**32908.44**	**2455.25**

**due to F1 doctors only possessing Provisional Registration with the GMC we cannot employ F1 doctors on bank contracts.*

Locum Bookings (bank) by department				
Speciality	Number of shifts requested	Number of shifts Worked	Number of hours requested	Number of hours worked
Acute Medicine	368	13	3359.75	162.50
Anaesthetics	153	0	1352.75	0
Cardiology	116	0	1103.75	0

Chest Medicine	47	0	472.25	0
Colorectal	131	5	1789.00	49
CT Surgery	91	0	958.50	0
Elderly Medicine	531	43	4029.31	331.00
Endocrinology	16	0	150.50	0
ENT	74	23	762.50	270.00
Gastroenterology	27	0	208.00	0
General Surgery	183	0	1991.69	0
Haematology	46	0	517.00	0
Infectious Diseases	2	0	24.50	0
Neonatal Medicine	85	0	800.75	0
Neurology	111	0	927.25	0
Neurosurgery	74	0	826.00	0
Obstetrics & Gynaecology	42	0	435.00	0
OMFS	84	46	936.50	529.00
Oncology	244	7	2317.00	59.50
Ophthalmology	16	0	236.50	0
Orthopaedics	669	96	7068.45	1054.25
Paediatric Surgery	22	0	223.83	0
Paediatrics	59	0	462.50	0
Plastic Surgery	5	0	70.16	0
Plastics Surgery	28	0	421.00	0
Rheumatology	20	0	215.75	0
Stroke Medicine	1	0	8.50	0
Upper GI	8	0	87.00	0
Urology	31	0	387.00	0
Vascular Surgery	70	0	733.75	0
Winter Pressures	4	0	32.00	0
TOTAL	**3358**	**233**	**32908.44**	**2455.25**

Locum bookings (bank) by reason				
Reason	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Annual Leave	2	0	18	0
Compassionate/Special Leave	5	0	60	0
Extra Cover	157	17	1394	183.50
Maternity/Paternity Leave	21	0	223	0
Sickness	57	0	517.5	0
Study Leave	2	0	26	0
Vacancy	3114	216	30669.94	2271.75
TOTAL	**3358**	**233**	**32908.44**	**2455.25**

ii) Agency April to June 2018

Locum bookings (agency) by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
F1	223	135	2202.75	1369.75
F2	335	61	3009.6	611.00
CT/ GPSTR/ST-2	1970	748	18600.21	7684.25
ST3+	830	391	9095.88	4116.88
Total	**3358**	**1335**	**32908.44**	**13781.88**

Locum bookings (agency) by department				
Specialty	**Number of shifts requested**	**Number of shifts worked**	**Number of hours requested**	**Number of hours worked***
Acute Medicine	368	150	3359.75	1421.75
Anaesthetics	153	25	1352.75	187.50
Cardiology	116	7	1103.75	78.50
Chest Medicine	47	11	472.25	116.75
Colorectal	131	0	1789	0

CT Surgery	91	65	958.5	660
Elderly Medicine	531	136	4029.31	1214.75
Endocrinology	16	5	150.5	48.75
ENT	74	17	762.5	148
Gastroenterology	27	0	208	0
General Surgery	183	176	1991.69	1921.69
Haematology	46	0	517	0
Infectious Diseases	2	0	24.5	0
Neonatal Medicine	85	32	800.75	338.25
Neurology	111	3	927.25	34.50
Neurosurgery	74	50	826	548.50
Obstetrics & Gynaecology	42	40	435	428.50
OMFS	84	0	936.5	0
Oncology	244	93	2317	954
Ophthalmology	16	9	236.5	68.50
Orthopaedics	669	447	7068.45	4810.45
Paediatric Surgery	22	6	223.83	82.83
Paediatrics	59	1	462.5	12
Plastic Surgery	5	5	70.16	70.16
Plastics Surgery	28	0	421	0
Rheumatology	20	2	215.75	14.75
Stroke Medicine	1	1	8.5	8.5
Upper GI	8	0	87	0
Urology	31	1	387	12
Vascular Surgery	70	53	733.75	551.25
Winter Pressures	4	0	32	0
TOTAL	**3358**	**1335**	**32908.44**	**13731.88**

Locum bookings (agency) by reason				
Reason	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked

Annual Leave	2	0	18	0
Compassionate/Special Leave	5	3	60	36
Extra Cover	157	25	1394	275
Maternity/Paternity Leave	21	11	223	126
Sickness	57	18	517.5	194.50
Study Leave	2	0	26	0
Vacancy	3114	1278	30669.94	13150.38
Total	**3358**	**1335**	**32908.44**	**13781.88**

Please be aware that the above figures for Agency use show a high number of shifts booked due to a number of departments booking long term Agency staff to ensure that rota gaps are covered consistently. The Trust's difficulty in recruiting to certain departments within the Trust has required that they are having to rely heavily on the use of long term bookings to ensure that rota gaps are covered.

As the Trust's systems for data capture improve, both the available bank and agency information raise more questions, such as: What is the effect on departments if identified gaps are not able to be filled by bank or agency locums? It is also clear that more detailed information is required to identify the reasons behind the need for locum cover; for example sickness is not mentioned as a reason for seeking cover. This has probably been included in the catch-all term 'vacancy' but will need to be teased out in future.

iii) Emergency Department

The Emergency Department books its own bank doctors directly; these figures are currently reported slightly differently.

Locum Bookings (bank) by 1st April 2018 to 30th June 2018 AGENCY					
Speciality	Number of shifts requested	Number of shifts Worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
Emergency Medicine	550	378	550	4879.5	3478.5
Total					

Locum Bookings (bank) by 1st April 2018 to 30th June 2018 INTERNAL					
Speciality	Number of shifts requested	Number of shifts Worked	Number of shifts given to internals	Number of hours requested	Number of hours worked
Emergency Medicine	1422	699	872	6395.83	5193.33

b) Locum work carried out by trainees April to June 2018

This data is collected to help assess whether individual trainees are in breach of the WTR and the 2016 TCS, or at significant risk of breaching. HEE are particularly interested in the results in this section, but, as yet, the information is not fully available using the current systems. Further information is required about the trainee's rostered hours and the actual hours worked.

At present the data is collected in an aggregated form by department, rather than on a trainee by trainee basis. The table below represents the top 10 doctors that have worked the most extra hours and whether they have opted out of the EWTD.

Locums Worked By Trainees				
Base Speciality	**Grade**	**Number of hours worked**	**Number of hours rostered per week**	**Opted out of EWTD**
CT Surgery	F2	195.75	36:00	Yes
Neurology	CMT	174.25	46:45	Yes
General Surgery	ST4	348.5	46:45	No
Anaesthetics	ST7	177.5	46:30	Yes
Oncology	F1	65.5	45:45	Yes
Endocrinology	CMT	116.5	46:45	No
General Practice	F2	81	40:00	Yes
Upper GI	F1	62.75	47:15	Yes
Anaesthetics	ST4	86.75	24:07	no
Urology	F1	62	44:45	Yes

Please be aware that the above extra hours may not necessarily have been worked in the base speciality mentioned. Especially at F2 level, doctors are able to pick up shifts at their level across Health Groups due to the rotational nature of their posts with the Trust.

The rostered hours on all rotas are known to be within safe limits, but live, real-time information is required on, for example, late working, swapped shifts, and extra shifts worked for locum pay. E-roster is capable of recording this information, but this requires working patterns to be updated live and rotas to be locked down for analysis. The appointment of rota co-ordinators is in progress across the Trust as part of the roll-out of e-roster for medical staff, and entry of this data will be a key part of their role.

Trainee opt-out from the Working Time Regulations is collected systematically from new starters is recorded on ESR so that this information can be used live when trainees book shifts.

Historically, trainees at risk of breaching the Working Time Regulations by doing lots of extra shifts, even with an individual opt-out, have not been easy to police. The Medical Staffing team utilise e-Roster for the rotas covered by their team. The system has EWTD and 2016 T&Cs rota rules built in and it is clear to the team when a doctor offering extra hours will be at risk of breaking any of these rules. A doctor will not be allowed to book themselves in for extra hours if this risks breaking any of these rules however Medical Staffing are not responsible for overseeing booking extra hours for all rotas. In order for all departments to ensure that they are not booking doctors for extra hours against these rota rules, the full utilisation of e-Rostering for junior doctors' rotas is required.

Vacancies – table showing vacancies among medical training grades and by rota on 28th June 2018. Detailed below is a table indicating the rota establishment and WTE in post as of 28th June 2018 and Doctor in Training establishment as of 28th June 2018.

Hull East Yorkshire Hospitals NHS Trust - 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/ST	GPST	ST	**Total**	**% Post Filled 16.0**	**% 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	19	0	27	54	4	7	16	0	32	59	4	6	14	0	25	49	72.88%	83.05%
Breast Surgery	2	0	1	0	2	5	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	3	6	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	6	27	5	3	6	7	6	27	4	3	3	5	4.5	19.5	72.22%	72.22%
Emergency Medicine	0	12	8	5	13	38	0	12	7	5	6	30	0	12	4	3	6	25	90.00%	83.33%
Endocrinology	3	0	2	0	4	9	3	0	2	0	4	9	3	0	1	0	3	7	77.78%	77.78%
ENT	1	1	2	1	5	10	1	1	3	1	6	12	1	1	1	1	6	10	91.67%	83.33%
Gastroenterology	3	0	2	0	5	10	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	3	12	7	0	2	0	3	12	5	0	2	0	2.5	9.5	79.17%	79.17%
Neurology	2	2	4	0	5	13	2	2	4	0	6	14	2	2	4	0	6	14	100.00%	100.00%
Neurosurgery	1	1	2	0	4	8	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	7	9	1	1	0	0	7	9	1	1	0	0	5	7	77.78%	77.78%
Oral & Maxillofacial Surgery	0	0	10	0	2	12	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	6	9	0	0	4	0	7	11	0	0	3	0	7	10	90.91%	90.91%
Psychiatry	5	5	0	0	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	24	24	0	0	0	0	24	24	0	0	0	0	19.4	19.4	80.83%	80.83%
Renal Medicine	2	1	2	0	5	10	2	1	2	0	5	10	1	1	2	0	5	9	90.00%	90.00%
Respiratory Medicine	6	2	2	2	8	20	6	2	2	2	8	20	7	2	1	2	8	20	100.00%	100.00%
Rheumatology	0	0	1	3	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	9	18	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	3	12	7	0	2	0	3	12	6	0	1	0	3	10	83.33%	83.33%
Urology	1	3	2	0	3	9	1	3	2	0	6	12	1	3	2	0	5.5	11.5	95.45%	95.83%
Vascular Surgery	5	0	1	0	3	9	5	0	1	0	3	9	4	0	1	0	2	7	66.67%	77.78%
TOTAL	**70**	**83**	**120**	**33**	**210**	**516**	**71**	**94**	**126**	**36**	**251**	**578**	**63**	**76.5**	**97.5**	**28.5**	**208.9**	**474.4**	**79.74%**	**82.08%**

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

Hull East Yorkshire Hospitals NHS Trust - Junior Doctor Trainee Establishment eff. 28.06.2018

	Trainee Establishment						Trainee In Post						
Department	F1	F2	CT/ST1-	GPSTR	ST	**Total**	F1	F2	CT/ST1-	GPSTR	ST	**Total**	**% Filled**
Academic	0	5	0	0	0	5	0	5	0	0	0	**5**	**100.0%**
Acute Medicine	3	6	9	0	6	24	3	5	4.5	0	2.5	**15**	**62.5%**
Anaesthetics	4	4	19	0	27	54	4	4	12.5	0	21.9	**42.4**	**78.5%**
Breast Surgery	2	0	1	0	2	5	2	0	1	0	1	**4**	**80.0%**
Cardiology	2	1	4	1	9	17	1	1	4	0	7	**13**	**76.5%**
Cardiothroacic Surgery	0	3	0	0	3	6	0	1	0	0	3	**4**	**66.7%**
Chemical Pathology	0	0	0	0	2	2	0	0	0	0	2	**2**	**100.0%**
Dermatology	1	0	0	1	0	2	1	0	0	1	0	**2**	**100.0%**
Elderly Medicine	5	3	6	7	6	27	3	3	3	5	4.6	**18.6**	**68.9%**
Emergency Medicine	0	12	8	5	13	38	0	11	4	3	12.4	**30.4**	**80.0%**
Endocrinology	3	0	2	0	4	9	3	0	1	0	2	**6**	**66.7%**
ENT	1	1	2	1	5	10	1	1	1	1	4	**8**	**80.0%**
Gastroenterology	3	0	2	0	5	10	3	0	2	0	3	**8**	**80.0%**
General Practice	0	18	0	0	0	18	0	16	0	0	0	**16**	**88.9%**
General Surgery	0	1	0	0	0	1	0	1	0	0	0	**1**	**100.0%**
Haematology	1	0	2	0	3	6	1	0	2	0	3	**6**	**100.0%**
Histopathology	0	0	0	0	4	4	0	0	0	0	1	**1**	**25.0%**
HIV/GUM	0	1	0	0	0	1	0	1	0	0	0	**1**	**100.0%**
Infectious Diseases	2	0	2	0	4	8	2	0	0	0	2	**4**	**50.0%**
Lower GI Surgery	7	0	2	0	3	12	5	0	1	0	2.6	**8.6**	**71.7%**
Neurology	2	2	4	0	5	13	2	3	2	0	5	**12**	**92.3%**
Neurosurgery	1	1	2	0	4	8	1	1	2	0	4	**8**	**100.0%**
Obstetrics & Gynaecology	0	2	7	4	11	24	0	2	6	4	8.8	**20.8**	**86.7%**
Oncology	3	1	3	4	5	16	3	1	2	2	5	**13**	**81.3%**
Ophthalmology	1	1	0	0	7	9	1	1	0	0	4	**6**	**66.7%**
Oral & Maxillofacial Surgery	0	0	10	0	2	12	0	0	7	0	2	**9**	**75.0%**
Paediatric Emergency Medicine	0	0	7	0	0	7	0	0	5.5	0	0	**5.5**	**78.6%**
Paediatric Neonatal Medicine	0	0	7	0	7	14	0	0	4	0	7	**11**	**78.6%**
Paediatric Surgery	0	0	2	0	0	2	0	0	2	0	0	**2**	**100.0%**
Paediatrics	3	4	3	2	8	20	2	2	3	2	7.6	**16.6**	**83.0%**
Palliative Care	0	0	0	2	0	2	0	0	0	1.5	0	**1.5**	**75.0%**
Plastic Surgery	0	0	3	0	6	9	0	0	3	0	5	**8**	**88.9%**
Psychiatry	5	5	0	0	0	10	5	5	0	0	0	**10**	**100.0%**
Public Health Medicine	0	1	0	0	0	1	0	1	0	0	0	**1**	**100.0%**
Radiology	0	0	0	0	24	24	0	0	0	0	21	**21**	**87.5%**
Renal Medicine	2	1	2	0	5	10	1	1	2	0	3	**7**	**70.0%**
Respiratory Medicine	6	2	2	2	8	20	6	2	0	2	5	**15**	**75.0%**
Rheumatology	0	0	1	3	3	7	0	0	1	1	2.6	**4.6**	**65.7%**
Stroke Medicine	0	0	0	0	1	1	0	0	0	0	0	**0**	**0.0%**
Trauma & Orthopaedics	0	5	3	1	9	18	0	3.5	3	0	8	**14.5**	**80.6%**
Upper GI Surgery	7	0	2	0	3	12	6	0	2	0	2	**10**	**83.3%**
Urology	1	3	2	0	3	9	1	3	2	0	3	**9**	**100.0%**
Vascular Surgery	5	0	1	0	3	9	4	0	1	0	2	**7**	**77.8%**
TOTAL	**70**	**83**	**120**	**33**	**210**	**516**	**61**	**74.5**	**83.5**	**22.5**	**167**	**408.5**	**79.2%**

Combining the information about trainees (on the 2016 TCS) with the locally employed doctors (Trust doctors – not on the 2016 TCS) allows a much better picture of the effect of vacancies on the rotas overall. Most rotas are staffed with a mixture of Trust doctors and trainees, so concentrating on one group only gave a misleading picture of the difficulties some departments are having on filling their rotas and running the departments.

Gaps in Trust doctor numbers have an adverse effect on training. Usually, patient safety is maintained by moving doctors from shift to shift, or ward to ward, but this comes at the expense of training.

This information can be used to explain heavy locum usage in some specialties; these are usually the specialties with the biggest problem of rota gaps in one particular tier.

Hull and East Yorkshire Hospitals NHS Trust

QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING 1 July – 30 September 2018

1. PURPOSE OF THIS REPORT

Under the 2016 Terms and Conditions of Service, the Guardian of Safe Working Hours must report to the Board at least once per quarter. This report sets out data from July to September 2018 with reference to:

- Exception reports and monitoring
- Locum usage, both bank and agency
- Vacancy levels amongst trainees
- Work schedule reviews and fines

2. HIGH LEVEL DATA

Number of doctors / dentists in training (total):	555 (establishment) 489.1 (actual)
Number of doctors / dentists in training on 2016 TCS (total):	489.1
Amount of time available in job plan for guardian to do the role:	2 PAs / 8 hours per week
Admin support provided to the guardian (if any):	0.25 WTE
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee (max; varies between HGs)

All trainees in the Trust are now on the 2016 terms and conditions of service (TCS) and have received their work schedules. An electronic exception reporting system is running well and all trainees and trainers have been given access and offered training on the system.

Trainees on the 2016 TCS are issued with a **work schedule**, which sets out the working pattern, rota template and pay, and also sets out the training which they can expect to receive during the placement. Health Education England has agreed a Code of Practice regarding the timescales by which trainees should receive this information.

Trainees submit an **exception report** if their work varies significantly and/or regularly from that set out in the work schedule. They can also submit an exception report if they do not get the expected training (e.g. they miss a scheduled clinic due to providing ward cover for an absent doctor).

Exception reports fall into the following four categories:

- Difference in educational opportunities or available support

- Difference in access to training due to service commitments
- Difference in the hours of work
- Difference in the pattern of work (including failure to achieve natural breaks)

Exception reports are discussed by the trainee and their educational or clinical supervisor and an outcome is agreed. This may be overtime payment or time off in lieu (for extra working hours). For educational differences or where regular hour's adjustments are required, a work schedule review may be appropriate. Alternatively, both parties may agree that no action is required and the report is filed for data collection purposes.

Educational exceptions are copied to the Director of Medical Education for action if needed. Hours exceptions are copied to the Guardian of Safe Working Hours, who reviews the reports, ensures (if the data is available) that trainees are working safely, and has the power to issue fines to departments if trainees are breaching their safe working conditions.

The Guardian of Safe Working ensures that the Health Groups are kept updated about problems identified in their areas so that appropriate action can be taken by the departments to maintain patient and junior doctor safety.

The Guardian of Safe Working Hours is also responsible for producing this quarterly report to the Trust Board. The data for the report comes from the exception reports, and from systems held or created by the Trust, particularly Human Resources and payroll data.

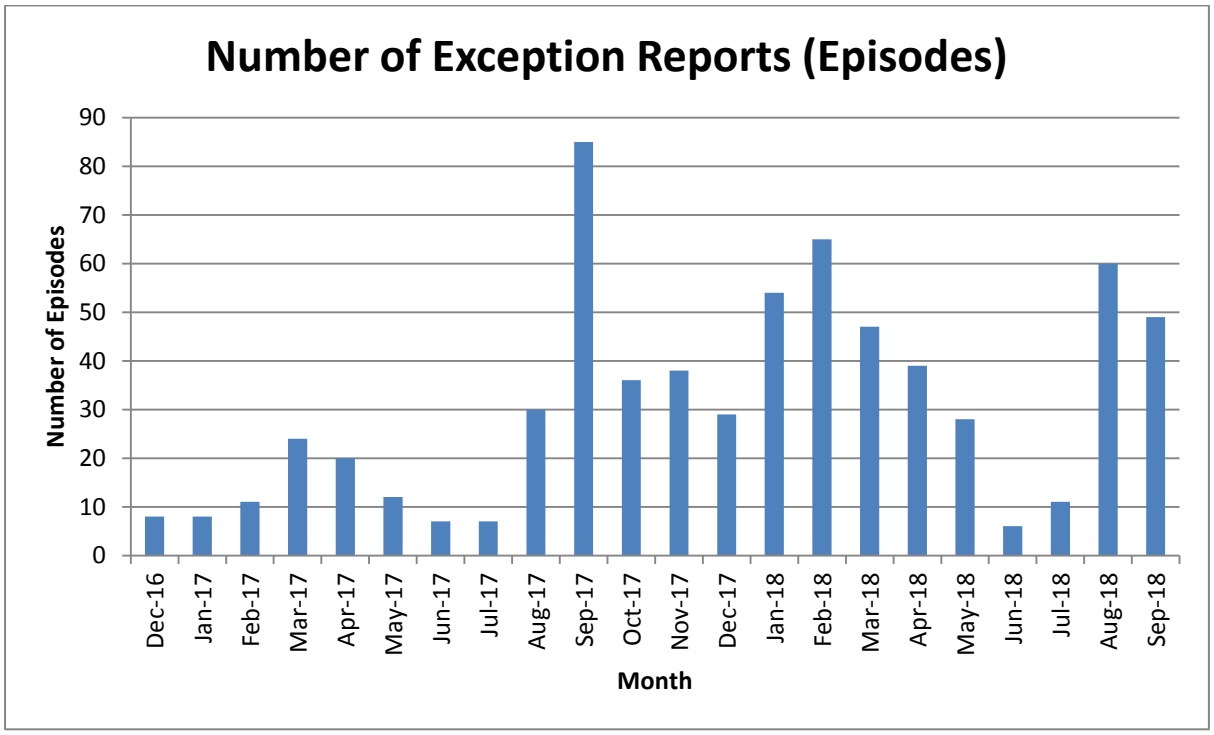
3. JUNIOR DOCTOR WORKING HOURS

The data in this section are presented according to a standard template which was produced by NHS Employers. At the request of HEE Yorkshire & the Humber, data will continue to be presented in this way to allow comparison to be made between Trusts across the region.

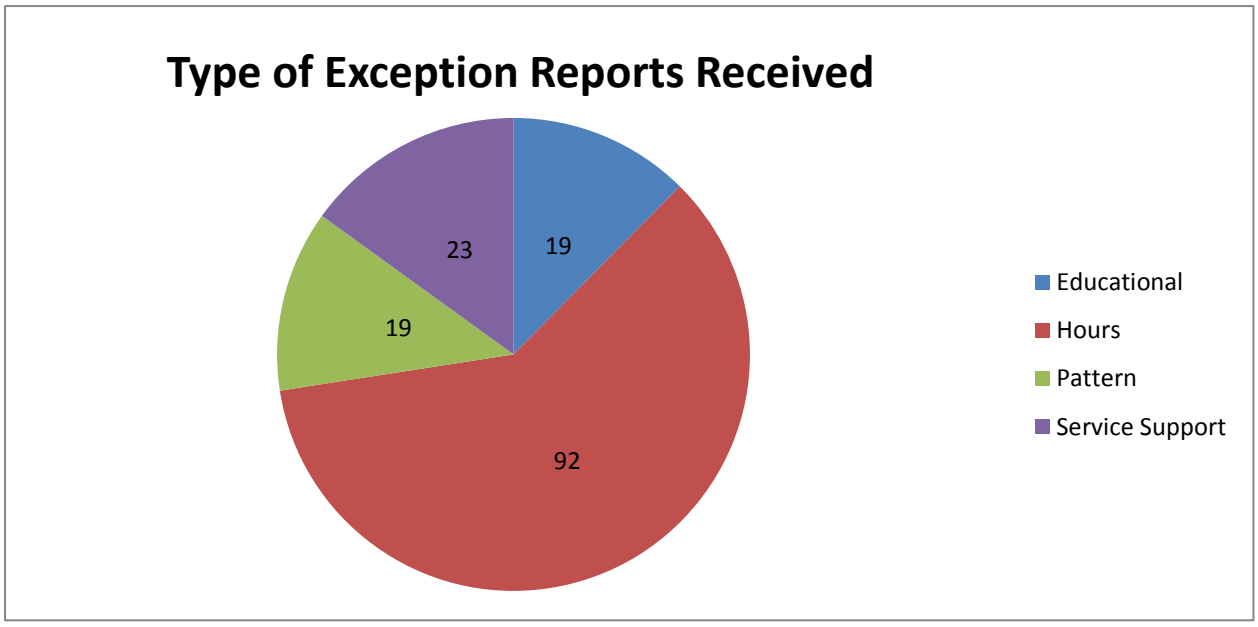
In all cases the data below is presented in relation to exception report EPISODES, since a single exception report may contain a number of episodes of concern.

There were 120 exception report episodes submitted between 1 July and 30 September 2018 and 33 carried forwards from the previous quarter.

Exception reports over time



Types of exception reports received 1 July – 30 September 2018



Exception reports (episodes) by specialty 1 July – 30 September 2018

Specialty (Where exception occurred)	No. exceptions carried over from last report	No. exceptions raised (episodes)	No. exceptions closed (episodes)	No.exceptions outstanding (episodes)
A&E	2		2	
Acute Medicine	2		2	
Acute Surgery HRI	1			1
Breast Surgery		2	2	
Cardiothoracic Surgery		1	1	
Colorectal Surgery	8	3	11	
Critical Care		1	1	
Elderly Medicine		16		16
Endocrinology	4	11	9	6
ENT		2		2
Gastroenterology	1	3		4
General Surgery		15	13	2
General Surgery / Vascular		16	10	6
Infectious Diseases		2	2	
Medical Oncology	5			5
Medicine Nights	1			1
Neurology		1	1	
Neurosurgery		1		1
Obs & Gynae		2	1	1
Oncology		14	1	13
Orthopaedic Surgery		7	2	5
Paediatric Emergency Medicine		4		4
Paediatrics		1		1
Plastic Surgery	2		2	
Respiratory		6		6

Rheumatology	5		2	3
Surgery nights CHH	3			3
Trauma & Orthopaedics		4	4	
Upper GI Surgery	2			2
Vascular Surgery	2	3	3	2

Exception reports (episodes) by grade 1 July – 30 September 2018

Grade	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
CT1	1	2		3
F1	13	95	51	57
F2	9	16	18	7
ST3	2	6	2	6
SpR	2		2	
ST4	5	2	5	2

F1 doctors are the most likely to report problems, particularly regarding working hours. They have been on the contract longer than any other group of doctors and are most familiar with the exception reporting mechanism; indeed, none of them have ever worked under any other contract. Foundation 1 doctors are the most junior of the trainees, and are learning how to work, how to manage their time, and, in many cases in this early part of the year, are learning how to do things for the first time. They are ward-based, and often feel that they cannot leave until all the jobs are done. As a group, they report reluctance to hand over routine daytime jobs to colleagues covering later in the day. The importance of appropriate and safe handover, and how to do this practically, forms part of the discussions with educational supervisors.

We are seeing a gradual increase in exception reports from other grades, as time goes on and as they get used to the contract and the exception reporting mechanism. Numbers are small, however, and it is not possible to draw conclusions from these reports yet.

Exception reports (episodes) by rota 1 July – 30 September 2018

Rota	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
(2016) Rota 40 - Plastic Surgery SpR	2		2	
23 - Vascular Surgery F1 (inc. ENT/Uro)		18	11	7
Rota 1 - A&E F2	2		2	
Rota 121 - Cardiothoracic Surgery SHO		1	1	
Rota 124b General Surgery (Uro/ENT) SHO	3	2		5
Rota 133 - Neurosurrgery (ENT) F2 & CT		1		1
Rota 134 - Orthopaedic F2	4	7	9	2
Rota 18 - Medicine F1		36	12	24
Rota 18B - Crit Care F1 (Aug 18)	1		1	
Rota 23 - Vascular Surgery F1	2		2	
Rota 25 - Acute-Elective Surgery F1	9	23	26	6
Rota 2C - A&E SHO (PEM)		4		4
Rota 4 - Medicine F1	1	21	2	20
Rota 5 - Medcine SHO (blp 215)		2	1	1
Rota 52 - O&G SpR		2	1	1
Rota 6 - RMO	9		6	3
Rota 60 - Paediatric F1		1		1
Rota 9 - Medicine SHO blp 575		2	2	

Exception reports (episodes) - response time 1 July - 30 September 2018

Grade	Addressed within 48hrs	Addressed within 7 days	Addressed in longer than 7 days	Notes for delayed reports	Still open	Notes for outstanding reports
CT1					3	
F1	10	6	35		57	
F2	2		16		7	
SpR			2			
ST3			2		6	
ST4		1	4		2	

The 2016 TCS require that the trainer meets with the trainees to discuss an exception report within SEVEN days. This is a very difficult timescale to achieve, because of trainers and trainees often working on different shift patterns, but the timescale is there to ensure that safety concerns, including excessive working time, are addressed quickly.

Looking at response time by grade is not a particularly useful measure, but it is one that is requested by NHS employers. Of more use is response time by department, as this shows the areas either where trainers are not engaging in the exception reporting process, or where trainers and trainees are too busy to sit down and discuss or record the incidents.`

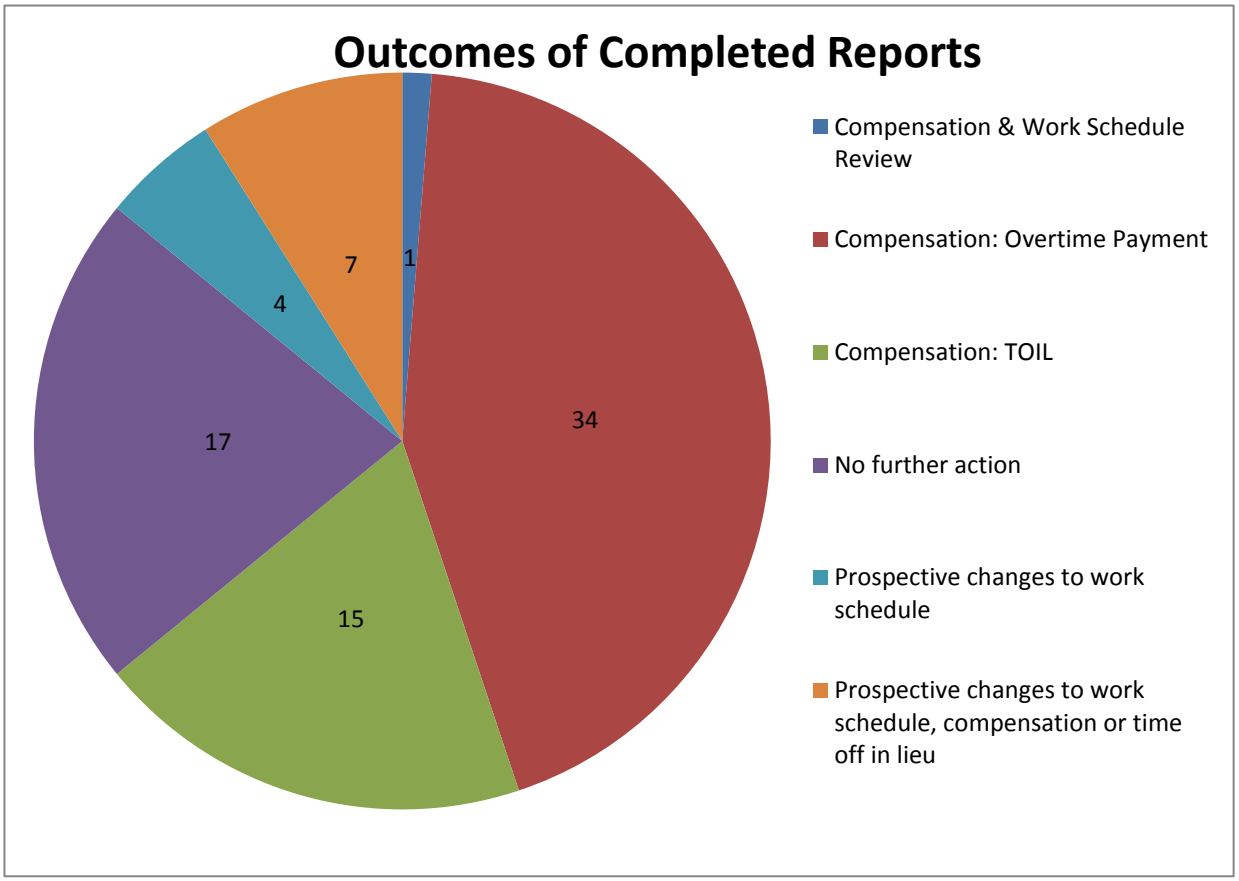
This is shown in the table below:

Department (base dept)	No of reports	Addressed within 48hrs	Addressed within 7 days	Addressed in longer than 7 days	Notes for delayed reports	Still open	Notes for outstanding reports
Accident and Emergency	2			2			
Acute Medicine	2		2				
Acute Surgery HRI	2		2				
Cardiothoracic Surgery	1	1					
Colorectal Surgery	9			8		1	

Endocrinology	4			4			
Endocrinology & Diabetes	11	2	2	1		6	
ENT	5				5		
Gastroenterology	4				4		
General Surgery	5	2		1		2	
General Surgery Breast	2		2				
General surgery /Lower GI	8			8			
General Surgery / Upper	2			2			
General Surgery / Vascular	19	2	1	8		8	
Elderly Medicine	16					16	
ICU / Anaesthetics	1		1				
Infectious Diseases	2			2			
Medical Oncology	19	1				18	
Neurology	1			1			
Neurology / Stroke Medicine	1					1	
Neurosurgery	1					1	
Obstetrics & Gynaecology	2			2			
Orthopaedic Surgery	7			5		2	
Paediatric Emergency Medicine	4			4			
Paediatrics	1					1	
Plastic Surgery	2			2			
Respiratory	6	5		1			
Rheumatology	5			2		3	
Trauma & Orthopaedics	4			4			

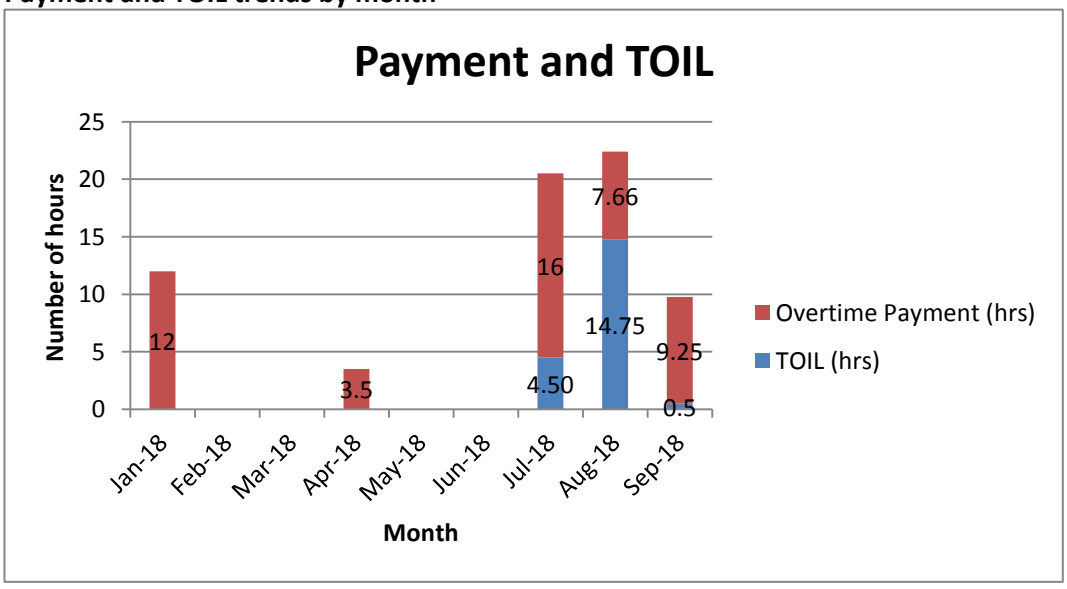
Urology	3			3			
Vascular Surgery	2			2			

Outcomes of completed exception reports 1 July – 30 September 2018



This shows broadly similar proportions of time versus payment compared to the last quarter. The decision whether to pay or give time back (or to take no action) is a joint decision between the trainee and the educational supervisor.

Payment and TOIL trends by month



Trainees in psychiatry placements

The Trust has a number of Foundation trainees in psychiatry placements. These trainees are employed by this Trust, but have their placements in Humber Foundation Trust, who are responsible for the working hours, work patterns and training opportunities during the length of the placement. We have had to work collaboratively with colleagues in Humber FT to produce work schedules for these trainees.

Monitoring of trainees in GP placements

Historically, and nationwide, hours monitoring of Junior Doctors working out of the Trust on placement at local GP practices has never taken place. The posts were unbanded, as there was an expectation that trainees worked 40 hours Mon-Fri. Foundation trainees in GP placements are now on the 2016 TCS and are able to exception report. This change has required a significant amount of negotiation to confirm individual GP practice timetables so that work schedules can be issued. The Trust has now also worked with the training practices to agree a Memorandum of Understanding to ensure that any extra payments as a result of trainees working outside of their core hours is able to be repaid by the practice concerned.

Hours Monitoring Exercises

No longer required as all Junior Doctors are now on the 2016 Terms and Conditions of Service.

Work schedule reviews

There are no current Work Schedule reviews taking place. However, as part of the preparation for the August rotation, Medical Staffing will be reviewing all rotas for compliance and making changes as per direction from each Health Group as required.

a) Locum bookings July to September 2018

i) Bank July to September 2018

The Trust currently has an informal medical bank in place which strives to fill as many shifts internally as it can.

The information in this table only covers shifts that have been booked by the Medical Staffing Team. There are a number of departments in the Trust that manage their own rotas and book their own bank cover for staffing gaps.

Locum Bookings (bank) by grade				
Grade	Number of shifts requested	Number of shifts Worked	Number of hours requested	Number of hours worked
F1*	104	0	990.17	0
F2	533	108	4434.75	822.50
CT/ST-2/GPSTR	1595	116	16109.49	1295.25
ST3+	954	55	9531.09	614.50
TOTAL	**3186**	**279**	**31065.5**	**2732.25**

**due to F1 doctors only possessing Provisional Registration with the GMC we cannot employ F1 doctors on bank contracts.*

Locum Bookings (bank) by department				
Speciality	Number of shifts requested	Number of shifts Worked	Number of hours requested	Number of hours worked
Acute Medicine	261	14	2611.39	107.00
Anaesthetics	109	0	935.5	0
Cardiology	69	0	659.25	0
Cardiothoracic Surgery	131	0	1115.75	0
Colorectal Surgery	158	47	1553	430.50
Elderly Medicine	316	0	2705.67	0
Endocrinology and Diabetes	9	0	60.25	0

ENT	82	26	613.34	162.50
Gastroenterology	22	1	198	8.00
General Surgery	220	0	2411.6	0
Haematology	16	0	328	0
Neurology	66	23	527.75	192.50
Neurosurgery	156	16	1635.51	169.50
Obstetrics & Gynaecology	13	0	156	0
OMFS	102	48	1200	636.50
Oncology	137	33	1427.18	246.00
Ophthalmology	40	0	291.5	0
Orthopaedics	854	53	8327.38	486.00
Paediatric Neonatal Medicine	94	0	929.5	0
Paediatric Surgery	26	4	275	74.00
Paediatrics	59	0	550.5	0
Plastic Surgery	27	7	370.75	138.00
Renal Medicine	1	0	12	0
Respiratory Medicine	52	3	484	36.75
Rheumatology	17	0	173.5	0
Upper GI	18	1	163.5	6.00
Urology	77	3	746	39.00
Vascular Surgery	54	0	603.68	0
TOTAL	**3186**	**279**	**31065.5**	**2732.25**

Locum bookings (bank) by reason				
Reason	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Annual Leave	3	0	36	0
Compassionate/Special Leave	5	0	58.5	0
Extra Cover	59	3	583.08	37.50
Maternity/Paternity Leave	12	0	138	0

Sickness	76	0	797.04	0
Study Leave	3	0	36	0
Vacancy	3028	276	29416.88	2694.75
TOTAL	**3186**	**279**	**31065.5**	**2732.25**

ii) Agency July to September 2018

Locum bookings (agency) by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
F1	104	51	990.17	516.67
F2	533	89	4434.75	780.25
CT/ GPSTR/ST-2	1595	788	16109.49	8323.34
ST3+	954	514	9531.09	4785.34
Total	**3186**	**1442**	**31065.5**	**14405.6**

Locum bookings (agency) by department				
Specialty	**Number of shifts requested**	**Number of shifts worked**	**Number of hours requested**	**Number of hours worked***
Acute Medicine	261	97	2611.39	1115.89
Anaesthetics	109	45	935.5	337.50
Cardiology	69	20	659.25	218.00
Cardiothoracic Surgery	131	68	1115.75	582.75
Colorectal Surgery	158	5	1553	56
Elderly Medicine	316	111	2705.67	974.92
Endocrinology and Diabetes	9	0	60.25	0
ENT	82	7	613.34	78.34
Gastroenterology	22	4	198	43.5
General Surgery	220	183	2411.6	1981.60
Haematology	16	0	328	0

Neurology	66	5	527.75	59.50
Neurosurgery	156	92	1635.51	1053.51
Obstetrics & Gynaecology	13	11	156	131.00
OMFS	102	0	1200	0
Oncology	137	26	1427.18	297.18
Ophthalmology	40	32	291.5	239.50
Orthopaedics	854	588	8327.38	5676.98
Paediatric Neonatal Medicine	94	23	929.5	245.00
Paediatric Surgery	26	2	275	43.00
Paediatrics	59	14	550.5	168.00
Plastic Surgery	27	2	370.75	24.00
Renal Medicine	1	1	12	12.00
Respiratory Medicine	52	13	484	145.75
Rheumatology	17	10	173.5	108.50
Upper GI	18	0	163.5	0
Urology	77	52	746	484.50
Vascular Surgery	54	31	603.68	328.68
TOTAL	**3186**	**1442**	**31065.5**	**14405.6**

Locum bookings (agency) by reason				
Reason	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Annual Leave	3	2	36	24
Compassionate/Special Leave	5	1	58.5	12
Extra Cover	59	17	583.08	186.68
Maternity/Paternity Leave	12	10	138	113.75
Sickness	76	40	797.04	469.29
Study Leave	3	3	36	36
Vacancy	3028	1369	29416.88	13563.88

Total	**3186**	**1442**	**31065.5**	**14405.6**

Please be aware that the above figures for Agency use show a high number of shifts booked due to a number of departments booking long term Agency staff to ensure that rota gaps are covered consistently. The Trust's difficulty in recruiting to certain departments within the Trust has required that they have to rely heavily on the use of long term bookings to ensure that rota gaps are covered.

As the Trust's systems for data capture improve, both the available bank and agency information raise more questions, such as: What is the effect on departments if identified gaps are not able to be filled by bank or agency locums? It is also clear that more detailed information is required to identify the reasons behind the need for locum cover; for example sickness is not mentioned as a reason for seeking cover. This has probably been included in the catch-all term 'vacancy' but will need to be teased out in future.

iii) Emergency Department

The Emergency Department books its own bank doctors directly; these figures are currently reported slightly differently.

Locum Bookings (bank) by 1st July 2018 to 30th September2018 AGENCY					
Speciality	Number of shifts requested	Number of shifts Worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
Emergency Medicine	534	456	534	5348.3	4702.3
Total					

Locum Bookings (bank) by 1st July 2018 to 30th September 2018 INTERNAL					
Speciality	Number of shifts requested	Number of shifts Worked	Number of shifts given to internals	Number of hours requested	Number of hours worked
Emergency Medicine	1256	601	722	10430.5	4375.6

b) Locum work carried out by trainees July to September 2018

This data is collected to help assess whether individual trainees are in breach of the WTR and the 2016 TCS, or at significant risk of breaching. HEE are particularly interested in the results in this section, but, as yet, the information is not fully available using the current systems. Further information is required about the trainee's rostered hours and the actual hours worked.

At present the data is collected in an aggregated form by department, rather than on a trainee by trainee basis. The table below represents the top 10 doctors that have worked the most extra hours and whether they have opted out of the EWTD.

Locums Worked By Trainees				
Base Speciality	**Grade**	**Number of hours worked**	**Number of hours rostered per week**	**Opted out of EWTD**
Neurology	ST3+	354.5	45:45	Yes
Acute Medicine	CT1	119.5	47:30	Yes
Cardiology	ST3+	100.5	45:00	Yes
Psychiatry	GPSTR	95.5	41:42	No
Anaesthetics	ST3+	90.5	46:30	Yes
Emergency Medicine	GPSTR	86	47:15	Yes
General Practice	F2	69.5	40:00	Yes
Paediatric Neonatal Medicine	ST3+	59	46:30	Yes
Upper GI Surgery	ST3+	54	46:45	No
Haematology	ST3+	48	44:00	No

Please be aware that the above extra hours may not necessarily have been worked in the base speciality mentioned. Especially at F2 level, doctors are able to pick up shifts at their level across Health Groups due to the rotational nature of their posts with the Trust.

The rostered hours on all rotas are known to be within safe limits, but live, real-time information is required on, for example, late working, swapped shifts, and extra shifts worked for locum pay. E-roster is capable of recording this information, but this requires working patterns to be updated live and rotas to be locked down for analysis. The appointment of rota co-ordinators is in progress across the Trust as part of the roll-out of e-roster for medical staff, and entry of this data will be a key part of their role.

Trainee opt-out from the Working Time Regulations is collected systematically from new starters is recorded on ESR so that this information can be used live when trainees book shifts.

Historically, trainees at risk of breaching the Working Time Regulations by doing lots of extra shifts, even with an individual opt-out, have not been easy to police. The Medical Staffing team utilise e-Roster for the rotas covered by their team. The system has EWTD and 2016 T&Cs rota rules built in and it is clear to the team when a doctor offering extra hours will be at risk of breaking any of these rules. A doctor will not be allowed to book themselves in for extra hours if this risks breaking any of these rules however Medical Staffing are not responsible for overseeing booking extra hours for all rotas. In order for all departments to ensure that they are not booking doctors for extra hours against these rota rules, the full utilisation of e-Rostering for junior doctors' rotas is required.

Vacancies – table showing vacancies among medical training grades and by rota on 7th September 2018. Detailed below is a table indicating the rota establishment and WTE in post as of 3rd October 2018 and Doctor in Training establishment as of 3rd October 2018.

Hull East Yorkshire Hospitals NHS Trust - Junior Doctor Rota Establishment after August, September October Rotations

	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	% Posts Filled 28.06.20	% Posts Filled 07.09.2018
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	5.5	8	0	4	20.5	77.08%	85.42%
Anaesthetics	4	4	15	0	28	51	4	7	16	0	32	59	4	3	16	0	23	46	83.05%	77.97%
Breast Surgery	2	0	1	0	2	5	2	0	1	0	2	5	2	0	0	0	1	3	80.00%	60.00%
Cardiology	2	1	4	1	9	17	2	1	4	1	12	20	2	4	7	4	16	33	94.12%	165.00%
Cardiothroacic Surgery	0	3	0	0	3	6	0	3	0	0	9	12	0	1	0	0	7	8	83.33%	66.67%
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	1	0	1	0	3	100.00%	150.00%
Elderly Medicine	5	3	6	6	6	26	5	3	6	7	6	27	5	3	6	6	5	25	72.22%	92.59%
Emergency Medicine	0	12	7	5	14	38	0	12	7	5	8	32	0	11	7	5	9	32	83.33%	100.00%
Endocrinology	3	0	2	0	4	9	3	0	2	0	4	9	3	0	2	0	2	7	77.78%	77.78%
ENT	1	1	2	1	4	9	1	1	3	1	6	12	1	1	2	1	6	11	83.33%	91.67%
Gastroenterology	3	0	2	0	5	10	3	0	2	0	5	10	3	0	2	0	4.6	9.6	90.00%	96.00%
General Practice	0	18	0	39	0	57	0	18	0	39	0	57	0	17	0	34	0	51	84.21%	89.47%
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	4	7	1	0	2	0	7	10	1	0	2	0	5.6	8.6	77.78%	86.00%
Histopathology	0	0	0	0	4	4	0	0	0	0	4	4	0	0	0	0	0	0	50.00%	0.00%
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	5	9	2	0	2	0	5	9	2	0	2	0	2	6	55.56%	66.67%
Lower GI Surgery	7	0	2	0	3	12	7	0	2	0	3	12	7	0	2	0	3	12	79.17%	100.00%
Neurology	2	2	4	0	5	13	2	2	4	0	6	14	2	2	4	0	6	14	100.00%	100.00%
Neurosurgery	1	1	2	0	4	8	1	1	6	0	11	19	1	1	2	0	10.8	14.8	78.95%	77.89%
Obstetrics & Gynaecology	0	2	7	4	11	24	0	2	7	4	11	24	0	2	7	4	10	23	95.65%	95.83%
Oncology	3	1	3	4	5	16	3	1	8	4	12	28	3	1	7	4	12	27	84.62%	96.43%
Ophthalmology	1	1	0	0	6	8	1	1	0	0	8	10	1	1	0	0	8	10	77.78%	100.00%
Oral & Maxillofacial Surgery	0	2	10	0	2	14	0	2	10	0	6	18	0	2	6	0	6	14	56.25%	77.78%
Paediatric Emergency Medicine	0	0	6	0	1	7	0	0	6	0	0	6	0	0	6	0	0	6	100.00%	100.00%
Paediatric Neonatal Medicine	0	0	7	0	7	14	0	0	7	0	7	14	0	0	3.6	0	6.5	10.1	82.14%	72.14%
Paediatric Surgery	0	0	2	0	0	2	0	0	2	0	4	6	0	0	2	0	1	3	66.67%	50.00%
Paediatrics	3	4	3	2	8	20	4	4	3	2	8	21	3	4	2	2	8	19	76.19%	90.48%
Palliative Care	0	0	0	2	0	2	0	0	0	2	0	2	0	0	0	2	0	2	75.00%	100.00%
Plastic Surgery	0	0	3	0	5	8	0	0	4	0	7	11	0	0	4	0	4.8	8.8	90.91%	80.00%
Psychiatry	5	5	0	4	0	14	5	5	0	4	0	14	5	5	0	3	0	13	100.00%	92.86%
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	24	24	0	0	0	0	24	24	0	0	0	0	20.8	20.8	80.83%	86.67%
Renal Medicine	2	1	2	0	5	10	2	1	2	0	5	10	2	1	2	0	4	9	90.00%	90.00%
Respiratory Medicine	6	2	2	2	8	20	6	2	2	2	8	20	6	2	2	2	8	20	100.00%	100.00%
Rheumatology	0	0	1	2	3	6	0	0	1	2	3	6	0	0	1	2	3	6	91.67%	100.00%
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	4	3	1	9	17	0	11	3	1	15	30	0	3	3	1	14	21	66.13%	70.00%
Upper GI Surgery	7	0	2	0	4	13	7	0	2	0	4	13	7	0	2	0	3.6	12.6	83.33%	96.92%
Urology	1	3	2	0	3	9	1	3	2	0	5	11	1	2	2	0	5	10	95.83%	90.91%
Vascular Surgery	5	0	1	0	3	9	5	0	1	0	6	12	5	0	1	0	3.8	9.8	77.78%	81.67%
TOTAL	**70**	**84**	**114**	**74**	**213**	**555**	**71**	**94**	**128**	**75**	**261**	**629**	**70**	**80.5**	**112.6**	**71**	**224.5**	**558.6**	**82.08%**	**88.81%**

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

Hull East Yorkshire Hospitals NHS Trust - Junior Doctor Trainee Establishment after August, September October Rotations

	Trainee Establishment						Trainee In Post						
Department	F1	F2	CT/ST1-	GPSTR	ST	Total	F1	F2	CT/ST1-	GPSTR	ST	Total	% Filled
Academic	0	5	0	0	0	5	0	5	0	0	0	5	100.0%
Acute Medicine	3	6	9	0	6	24	3	5.5	8.5	0	2	19	79.2%
Anaesthetics	4	4	15	0	28	51	4	3	15	0	22	44	86.3%
Breast Surgery	2	0	1	0	2	5	2	0	0	0	1	3	60.0%
Cardiology	2	1	4	1	9	17	2	1	5	1	9	18	105.9%
Cardiothroacic Surgery	0	3	0	0	3	6	0	1	0	0	3	4	66.7%
Chemical Pathology	0	0	0	0	2	2	0	0	0	0	1	1	50.0%
Dermatology	1	0	0	1	0	2	1	0	0	1	0	2	100.0%
Elderly Medicine	5	3	6	6	6	26	5	3	6	6	5	25	96.2%
Emergency Medicine	0	12	7	5	14	38	0	11	7	5	13	36	94.7%
Endocrinology	3	0	2	0	4	9	3	0	2	0	2	7	77.8%
ENT	1	1	2	1	4	9	1	0	2	1	4	8	88.9%
Gastroenterology	3	0	2	0	5	10	3	0	2	0	4.6	9.6	96.0%
General Practice	0	18	0	39	0	57	0	17	0	34	0	51	89.5%
General Surgery	0	1	0	0	0	1	0	1	0	0	0	1	100.0%
Haematology	1	0	2	0	4	7	1	0	2	0	3.6	6.6	94.3%
Histopathology	0	0	0	0	4	4	0	0	0	0	0	0	0.0%
HIV/GUM	0	1	0	0	0	1	0	1	0	0	0	1	100.0%
Infectious Diseases	2	0	2	0	5	9	2	0	2	0	2	6	66.7%
Lower GI Surgery	7	0	2	0	3	12	7	0	0	0	3	10	83.3%
Neurology	2	2	4	0	5	13	2	2	4	0	5	13	100.0%
Neurosurgery	1	1	2	0	4	8	1	1	1	0	3.8	6.8	85.0%
Obstetrics & Gynaecology	0	2	7	4	11	24	0	2	7	4	10	23	95.8%
Oncology	3	1	3	4	5	16	3	1	3	4	5	16	100.0%
Ophthalmology	1	1	0	0	6	8	1	0	0	0	6	7	87.5%
Oral & Maxillofacial Surgery	0	2	10	0	2	14	0	2	5	0	1	8	57.1%
Paediatric Emergency Medicine	0	0	6	0	1	7	0	0	6	0	0	6	85.7%
Paediatric Neonatal Medicine	0	0	7	0	7	14	0	0	3.6	0	6.5	10.1	72.1%
Paediatric Surgery	0	0	2	0	0	2	0	0	2	0	0	2	100.0%
Paediatrics	3	4	3	2	8	20	3	4	2	2	8	19	95.0%
Palliative Care	0	0	0	2	0	2	0	0	0	2	0	2	100.0%
Plastic Surgery	0	0	3	0	5	8	0	0	3	0	4.8	7.8	97.5%
Psychiatry	5	5	0	4	0	14	5	5	0	3	0	13	92.9%
Public Health Medicine	0	1	0	0	0	1	0	1	0	0	0	1	100.0%
Radiology	0	0	0	0	24	24	0	0	0	0	20.8	20.8	86.7%
Renal Medicine	2	1	2	0	5	10	2	1	2	0	4	9	90.0%
Respiratory Medicine	6	2	2	2	8	20	6	2	2	1	7	18	90.0%
Rheumatology	0	0	1	2	3	6	0	0	1	1	3	5	83.3%
Stroke Medicine	0	0	0	0	1	1	0	0	0	0	0	0	0.0%
Trauma & Orthopaedics	0	4	3	1	9	17	0	3	3	1	8	15	88.2%
Upper GI Surgery	7	0	2	0	4	13	7	0	2	0	3.6	12.6	96.9%
Urology	1	3	2	0	3	9	1	2	2	0	3	8	88.9%
Vascular Surgery	5	0	1	0	3	9	5	0	1	0	2.8	8.8	97.8%
TOTAL	**70**	**84**	**114**	**74**	**213**	**555**	**70**	**74.5**	**101.1**	**66**	**177.5**	**489.1**	**88.1%**

Combining the information about trainees (on the 2016 TCS) with the locally employed doctors (Trust doctors – not on the 2016 TCS) allows a much better picture of the effect of vacancies on the rotas overall. Most rotas are staffed with a mixture of Trust doctors and trainees, so concentrating on one group only gave a misleading picture of the difficulties some departments are having on filling their rotas and running the departments.

Gaps in Trust doctor numbers have an adverse effect on training. Usually, patient safety is maintained by moving doctors from shift to shift, or ward to ward, but this comes at the expense of training.

This information can be used to explain heavy locum usage in some specialties; these are usually the specialties with the biggest problem of rota gaps in one particular tier.

Hull and East Yorkshire Hospitals NHS Trust

Trust Board

13 November 2018

Title:	Health and Safety Annual Report
Responsible Director:	Mike Wright – Chief Nurse
Author:	Dave Bovill – Trust Safety Manager

Purpose:	The purpose of the report is to inform the Board of compliance against the key performance indicators relating to Health and Safety	
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	
Summary Key of Issues:		

Recommendation:	The Board is asked to receive and accept the contents of the report.

Safety Department Annual Report, 2017 / 2018.

Contents:

1. KPI's / Executive Summary

Key Performance Indicators (KPI's) – Monitored quarterly - and covering the following topics:

General Safety KPI's:

- **Number (and rate – No. / 7175 employees x 100) of RIDDOR reportable incidents.** This is selected as a reactive KPI because of the reliability of the reporting: these incidents are less likely to go un-reported that more minor incidents and near-misses. The target for RIDDOR reportable incidents should always be as few as possible, though an organisation as large and complex as HEYT would certainly alert the regulator (HSE) if no such incidents were reported.

- **Total staff slips, trips and falls incident rate (not just RIDDOR).** The justification for this choice of KPI is that it is the single biggest cause of staff injury. The target improvement here would be a steady decrease.

- **EL / PL Claims –** new, employee's / public liability claims received

- **Numbers of hazards identified by site quarterly inspections** by the Safety Team; a pro-active measure. We would want to see a reduction in the number of hazards identified in any given area upon subsequent inspections if the corrective actions have been taken. This will clearly take some time to give a more meaningful picture.

- **Staff accidents reported by severity**. Numbers of those classed as either severe or catastrophic. A good reporting culture in the organisation would have staff recording high numbers of near misses, no harm or minor harm incidents. For this reason, an increase in overall staff incidents should not necessarily be seen as a negative outcome. However, we would want to see low numbers of those incidents classed as major or catastrophic, as such incidents are unlikely to go unreported.

Executive Summary:

General RIDDOR Reportable Incidents:

- RIDDOR reportable incidents reported by the Safety Team have shown a decrease, with 18 (0.25 per 100 staff) incidents reported to the Health and Safety Executive for this year compared with 32 (0.44) incidents reported for the previous year. The year prior to that (2015/16) had 33.
- The commonest causes of RIDDOR incidents were for Moving handling and STF's.

Annual RIDDOR incidents by Health Group:

- Shows that Medicine was the Health Group with the most reported incidents for the past 12 months with a total of 5 (giving a rate of 0.42). This was a decrease of (6) when compared to the previous year (11).Clinical support had the lowest rate of RIDDORs, with (2) 0.12 per 100 staff

RIDDOR Reportable slip trip falls:

- Slip trip falls has shown a decrease of 50% (5) when compared to the previous year (10) with slips (3) trip (1) fall (1).

Staff non – RIDDOR reportable slip, trips and falls:

- The past twelve months has witnessed an increase from the previous year from 96 incidents to 102 incidents with Corporate (32) Surgery (24) and Family Women's Health (20).

Occupational Health RIDDOR reportable Incidents (Needle-sticks and blood borne virus exposures):

- When compared to the previous 12 months we have witnessed a slight a decrease of 2 (14 against 16). we have also witnessed no reported cases of Dermatitis for the second consecutive year.

Moving and Handling RIDDORs:

- When compared to the previous year (9), we have seen a slight decrease (8).

Employer's Liability Claims:

- The number of new *staff* claims against the Trust was 19 in 2017/18. Whilst this is a rise of five from the previous year, the overall pattern of a significant reduction since the 36 new staff claims made in 2014/15, is being maintained.

Timeliness of Reporting of incidents to the HSE:

- The reporting of incidents in accordance the RIDDOR Regulations 2013 is **within 15 days.** When compared to the previous year, we have seen an improvement in the timeliness of reporting of incidents to the HSE from (7) to (5) ,however, the overall number of reportable incidents is significantly lower for the past twelve months (18 against 32): (NB**:** This information does not include Occupational Health reportable incidents).

Quarterly Site Inspections:

- During 2016/17 there were seven quarterly inspections carried out across HRI and CHH with 3 at HRI and 4 at CHH. These inspections identified 38 defects at HRI and 41 defects at CHH. At the time of writing, we have witnessed the remedial action of 20 defects being acted upon at HRI and 38 at CHH. We anticipate that we will see further reductions in the number of defects found due to the ongoing remedial work.

Safety Focal Persons / M/H Link Trainers:

- As a result of the infrequency of available training for new Safety Focal Persons (SFP's) the Safety Department took charge of providing the training, since then we have witnessed an increase in the number of new SFP's (55) with further training dates for the upcoming 12 months. We have also trained a further 43 departmental moving and handling Link Trainers.

2. Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) 2013

General RIDDOR Reportable Incidents: totals and rates (per headcount x 100):

Table 1: Quarter 4

	FTE 7175				
	Quarter 3			Quarter 4	
Incident Category	Total	Rate		Total	Rate
Slip, trip or fall	1	0.01		1	0.01
Moving and handling	4	0.05		-	-
Struck by or against something	1	0.01		1	0.01
Contact with hot/cold object/liquid, machinery or electricity	-	-		-	-
Contact with sharp material or object, non-medical	-	-		-	-
Other Personal Accident	1	0.01		-	-
Contact with other medical sharps	-	-		-	-
Exposure to harmful agent e.g. radiation, substance, bio agent	1	0.01		-	-
Total	8 ▲			2 ▽	

We have witnessed a decrease o**f 6** incidents during quarter 4 when compared to quarter 3.

Table 2: Annual

	FTE 7175													
RIDDOR Apr 2017 - Mar 2018	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Total	Rate
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Slip- trip fall	2	-	-	1	-	-	-	-	1	1	-	-	5	0.06
Manual handling	3	-	1	-	-	-	3	1	-	-	-	-	8	0.11
Struck by or against something	-	-	-	-	-	-	-	1	-	-	1	-	2	0.02
Contact with hot/cold, object/liquid, electric or machinery	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Contact with sharp material or object non medical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other personal accident	-	-	1	-	-	-	-	1	-	-	-	-	1	0.01
Contact other medical sharps	-	-	-	-	-	-	-	-	-	-	-	-	1	0.01
Exposure to harmful agent e.g. radiation, substance, bio agent,	-	-	-	-	-	-	1	-	-	-	-	-	1	0.01
Total	5	-	2	1	-	-	4	3	1	1	1	-	18	
	7			1			8			2				

The annual total for reportable incidents shows a considerable decrease: **18** from the previous year (**32)**.

Table 3: Three Year Comparison

Incident Category	2015 - 2016 Total	2015 - 2016 Rate		2016 - 2017 Total	2016 - 2017 Rate		2017 - 2018 Total	2017 - 2018 Rate	
Slip, trip or fall	10	0.12	▼	10	0.12	-	5	0.06	▼
Moving and handling	5	0.06	▼	9	0.1	▲	8	0.11	▼
Struck by or against something	5	0.06	-	4	0.04	▼	2	0.02	▼
Contact with hot/cold object/liquid, machinery or electricity	-	-	-	1	0.01	▲	-	-	▼
Contact with sharp material or object, non-medical	1	0.01	-	1	0.01	-	-	-	▼
Other Personal Accident	6	0.07	▼	6	0.07	-	1	0.01	▼
Contact with other medical sharps	2	0.02	▼	-	-	▼	1	0.01	▲
Exposure to harmful agent e.g. radiation, substance, bio agent	4	0.04	▼	1	0.01	▼	1	0.01	-
Total	**33**		▼	**32**		▼	**18**		▼

We have witnessed a significant decrease of **14** incidents when compared to the previous year. The overall pattern over the last three years is showing a downturn in reportable incidents with this year being the most noticeable.

Table 4: Incidents by category:

	2015 - 2016	2016 - 2017	2017 -2018	Total
Slip- trip fall	10	10	5	**25**
Manual handling	5	9	8	**22**
Struck by or against something	5	4	2	**11**
Contact with hot/cold, object/liquid, electric or machinery	-	1	-	**1**
Contact with sharp material or object non medical	1	1	-	**2**
Other personal accident	6	6	1	**13**
Contact other medical sharps	2	-	1	**3**
Exposure to harmful agent e.g. radiation, substance, bio agent,	4	1	1	**6**
Total	**33**	**32**	**18**	**83**

Although we have witnessed a significant decrease with Slip trip falls this category remains to be the highest incident category with **25** over the past three years with Moving handling coming in second with **22.**

3. Annual RIDDOR incidents by Health Group:

RIDDOR incidents by HG

Table 5: Quarter 4

Health Group		FTE	Quarter 3	Rate		Quarter 4	Rate
	Clinical Support	1646	1	0.06	▼	-	-
	Family and Women's Health	1087	1	0.09	▼	-	-
	Surgery	1807	1	0.05	-	1	0.05
	Corporate Directorates	1450	2	0.13	-	1	0.06
	Medicine	1185	3	0.25	▼	-	-
Total:		**7175**	**8**		▼	**2**	

During quarter 4 we witnessed a decrease of (**6**) incidents when compared to quarter 3.

Table 6**:** Annual

Health Group		FTE	Q1	Rate		Q 2	Rate		Q 3	Rate		Q4	Rate	
	Clinical Support	1646	1	0.05	▼	-	-	▲	1	0.06	▼	-	-	▼
	Family and Women's Health	1087	1	0.07	-	1	0.07	-	1	0.09	▼	-	-	▼
	Surgery	1807	2	0.09	▼	-	-		1	0.05	-	1	0.05	-
	Corporate Directorates	1450	1	0.06	▼	-	-	▲	2	0.13	-	1	0.06	▼
	Medicine	1185	2	0.14	▼	-	-	▲	3	0.25	▼	-	-	▼
Total:		**7175**	**7**		▼	**1**		▲	**8**		▼	**2**		▼

Surgery (**4**) and Corporate (**4**) had the most reportable incidents for the year.

Table 7: Three Year Comparison

Health Group		FTE	2015 - 2016 Total	Rate		2016 - 2017 Total	Rate		2017 - 2018 Total	Rate	
	Clinical Support	1646	5	0.3	▲	2	0.12	▼	2	0.12	-
	Family and Women's Health	1087	3	0.27	▼	4	0.36	▲	3	0.27	-
	Surgery	1807	10	0.55	▼	6	0.33	▼	4	0.22	▼
	Corporate Directorates	1450	7	0.48	▼	9	0.62	▲	4	0.27	▼
	Medicine	1185	8	0.67	▼	11	0.92	▲	5	0.42	▼
Total:		**7175**	**33**		▼	**32**		▼	**18**		▼

Medicine (5) and Corporate (3) both show a significant decrease when compared to the previous two years.

4. RIDDOR Reportable slip trip falls:

RIDDOR Reportable slip trip falls:

Table 8: Quarter 4

FTE 7175	Quarter 3		Quarter 4
Incidents	1	▼	1
Rate	0.01		0.01

There was no change during quarter 4 when compared to quarter 3.

Table 9: Annual

FTE 7175	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Incidents	2	▼	1	▼	1	▲	1	▼
Rate	0.02		0.01		0.01		0.02	

Over the year we have witnessed a decrease in slip trip falls.

Table 10: Three Year Comparison

Date	2015 - 2016		2016 - 2017		2017 - 2018	
Incidents	10	▼	10	-	5	▼
Rate	0.13		0.13		0.6	

When compared to the previous 12 months there has been a significant decrease of (**5**) which equates to a **50%** decrease.

5. Non-RIDDOR reportable slip trip falls:

Non-reportable staff slips trip falls by HG:

Table 11: Quarter 4

		FTE 7175				
Health Group		Quarter 3		Rate	Quarter 4	Rate
	Clinical Support	2	▲	0.12	- ▼	-
	Family and Women's Health	6	▲	0.55	- ▼	-
	Surgery	5	▼	0.27	1 ▼	0.05
	Corporate Directorates	11	▲	0.75	1 ▼	0.06
	Medicine	3	▼	0.25	- ▼	-
Total:		**27**	▼		**2** ▼	

We have witnessed a significant decrease during quarter 4 (**2**) when compared to quarter 3 (**27**).

Table 12: Annual

Health Group		FTE	Q1		Rate	Q2		Rate	Q3		Rate	Q4		Rate
	Clinical Support	1646	3	-	0.18	1	▼	0.06	2	▲	0.12	-	▼	-
	Family and Women's Health	1087	6	▲	0.55	5	▼	0.45	6	▲	0.55	-	▼	-
	Surgery	1807	2	-	0.11	9	▲	0.49	5	▼	0.27	1	▼	0.05
	Corporate Directorates	1450	4	▼	0.27	8	▲	0.55	11	▲	0.75	1	▼	0.06
	Medicine	1185	4	▼	0.33	5	▲	0.42	3	▼	0.25	-	▼	-
Total:		**7175**	**19**		**-**	**28**	▲		**27**	▼		**2**	▼	

Corporate shows as having the highest score of (**24**) incidents over the past twelve months

Table 13: Two Year Comparison

FTE 7175			2016 - 2017		2017 - 2018		
Health Group		FTE	Total	Rate	Total		Rate
	Clinical Support	1646	12	0.72	10	▼	0.6
	Family and Women's Health	1087	20	1.83	20	-	1.83
	Surgery	1807	17	0.94	24	▲	1.32
	Corporate Directorates	1450	32	2.2	32	-	2.2
	Medicine	1185	15	1.26	16	▲	1.35
Total:		**7175**	**96**		**102**	▲	

We have witnessed a slight increase (**102**) over the past 12 months when compared to the previous year (**96**) with Corporate Directorate showing the overall highest group with (**32**).

As this is a newly added KPI, a three year comparison could not be made. This will be undertaken in future annual reports.

6. RIDDOR – reported by the Occupational Health Department:

RIDDOR – reported by Occupational Health – by category:

Table 14: Quarter 4

Incident by Category	FTE	Quarter 3		Rate	Quarter 4		Rate
Needle Stick Injuries	7175	4	▲	0.05	3	▼	0.04
Exposure To Blood Born Viruses		-	-	-	6	▲	0.08
Work Related Dermatitis		-	-	-	-	-	-
Total		**4**	▲		**9**	▲	

During quarter 4 we witnessed an increase of **5** incidents when compared to quarter 3.

Table 15: Annual

Incident by Category	FTE	Q1	Rate	Q2	Rate	Q3	Rate	Q4	Rate
Needle Stick Injuries	7175	-	-	-	-	4	0.05	3	0.04
Exposure To Blood Born Viruses		1	0.01	-	-	-	-	6	0.08
Work Related Dermatitis		-	-	-	-	-	-	-	-
Total		**1**		**0**		**4**		**9**	

We witnessed the most reportable incidents during quarter 4 **(9)** with a sharp increase with exposure to blood born viruses **(6)** and Needle sticks **(3)**.

Table 16: Three Year Comparison

Incident by Category	2015 - 2016		Rate	2016 - 2017		Rate	2017 - 2018		Rate
Needle Stick Injuries	5	▼	0.06	9	▲	0.12	7	▼	0.09
Exposure To Blood Born Viruses	6	▼	0.08	7	▼	0.09	7	▼	0.08
Work Related Dermatitis	2	▲	0.02	-	▼	-	-	-	
Total	**13**	▼		**16**	▲		**14**	▼	

When compared to the previous 12 months we have witnessed a slight decrease **(2)** as well as witnessing for the second consecutive year of no reportable cases of Dermatitis.

7. Timeliness of Reporting of incidents to the HSE:

The reporting of incidents in accordance to regulation 4.2 of the RIDDOR Regulations 2013 - **within 15 days** (**NB:** The following information does *not* include Occupational Health reportable incidents)

Timeliness of Reporting of incidents to the HSE during 2017 – 2018:

Table 17: Quarter 4 - FTE 7175

Reported	Reported on time	Reported late	Total
Quarter 4	2	-	**2**
Rate	0.02	-	

Quarter 4 shows that there were no late reporting of incidents to the HSE

Table 18: Annual

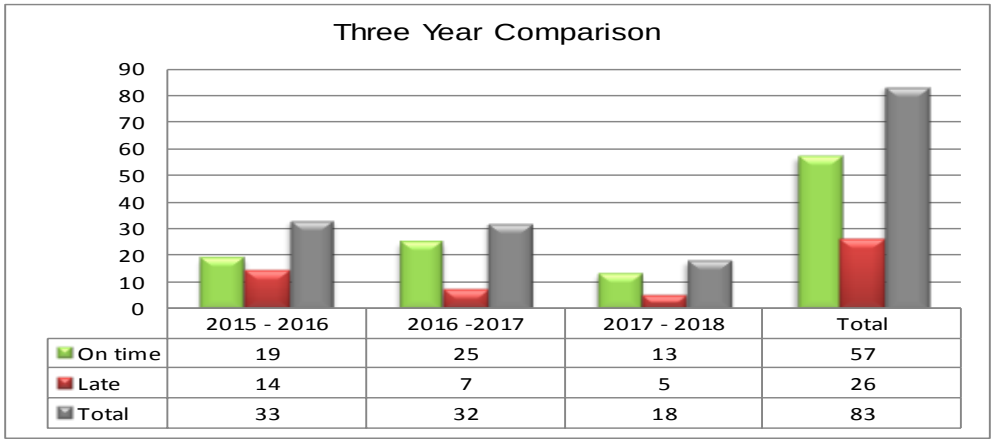
Reported	Reported on time	Reported late	Total
Quarter 1	4	3	**7**
Rate	0.04	0.03	
Quarter 2	1	-	**1**
Rate	0.01	-	
Quarter 3	6	2	**8**
Rate	0.08	0.02	
Quarter 4	2	-	**2**
Rate	0.02	-	
Total	**13**	**5**	**18**

On balance we have seen a decrease over the past twelve months for the late reporting of incidents.

Table 19: Three Year Comparison

Reported	Reported on time	Reported late	Total
20115 - 2016	19	14	**33**
2016 - 2017	25	7	**32**
2017 - 2018	13	5	**18**
Total	**57**	**26**	**83**

When compared to the previous year, we have seen an improvement in the timeliness of reporting of incidents to the HSE: the proportion of those reported late has reduced for the second consecutive year.



	2015 - 2016	2016 -2017	2017 - 2018	Total
On time	19	25	13	57
Late	14	7	5	26
Total	33	32	18	83

8. Quarterly Site Inspections:

Hull Royal Infirmary:

Table 21: Area inspected on a quarterly basis:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
2016 -2017	16	22	15	7	**60**
Area Inspected	Area 3	Area 1	Area 2	Area 3	
2017 -2018	7	26	5	-	**38**

When compared to the previous year (**60**) we have seen a decrease in the total number of defects found (**38**).

Table 22: Defects found at the HRI Estate, by quarter and severity

Defects found					
Risk rating	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
High	-	-	-	-	**-**
Moderate	6	26	4	-	**36**
Low	1	-	1	-	**2**
Very low	-	-	-	-	**-**
Overal total	**7**	**26**	**5**	**-**	**38**

Table 23:

Defects acted upon					
Risk rating	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
High	-	-	-	-	**-**
Moderate	-	12	-	-	**12**
Low	-	-	-	-	**-**
Very low	-	-	-	-	**-**
Overal total	**-**	**12**	**-**	**-**	**12**

When compared to the previous year, we have seen a decrease of defects identified at HRI (**38** from **60**) with **12** of the **38** defects being acted upon leaving a deficit of **26** defects

Castle Hill Hospital:

Table 24: Area inspected on a quarterly basis:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
2016 -2017	7	9	6	15	**37**
Area Inspected	Area 3	Area 1	Area 2	Area 3	
2017 -2018	15	10	2	14	**41**

When compared to the previous year (**37**), we have seen a slight increase (**41**) in the number of defects found.

Table 25: Defects found at the CHH Estate, by quarter and severity

Defects found					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
High	-	-	-	-	**-**
Moderate	14	10	1	13	**38**
Low	1	-	1	1	**3**
Very low	-	-	-	-	**-**
Overal total	**15**	**10**	**2**	**14**	**41**

Table 26:

Defects acted upon					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
High	-	-	-	-	**-**
Moderate	12	9	-	13	**34**
Low	1	-	1	1	**3**
Very low	-	-	-	-	**-**
Overal total	**13**	**9**	**1**	**14**	**37**

When compared to the previous year, we have seen a slight increase (**41** against **37**) however, **37** of these defects have already been acted upon leaving a deficit of just **4.**

9. Staff incidents reported by severity:

Table 27: Staff incident severity

Risk Rating	2016 - 2017		2017 - 2018		Total
No harm	224	-	127	▽	**351**
Minor	378	-	348	▽	**726**
Moderate	21	-	19	▽	**40**
Major	-	-	-	-	**-**
Catastrophic	-	-	-	-	**-**
Total:	**623**	-	**494**	▽	**1117**

As this is a newly added KPI, a three year comparison could not be made. This will be undertaken in future annual reports

10. Safety Focal Persons:

The Safety department identified a gap in the training of new Safety Focal Persons (SFP) and as a result have taken charge of providing the necessary training needed for staff to become an SFP.

The new revised training course has been reduce from its original 3 days to just 1 day thus reducing the time staff spend away from the workplace while still managing to maintain and keep all of the key elements and cores skills needed for a staff member to become an SFP.

Since advertising the new revised course there has been a keen interest from staff across the Trust with **55** staff who has since undertook the training course, delivered by the Safety Manager and Deputy Safety Manager, with excellent feedback received by the delegates.

11. Employers/Public Liability Claims – Analysis of Activity 2017/18

Summary of Activity 2017/18

In 2017/18 there were:

- 19 New EL claims and 5 new PL claims;
- 24 new potential non-clinical claims received, compared with 36 in the previous year, of which 18 had been reported as an incident previously;
- The most frequently occurring incident leading to claims continues to be slips/trips with 6 new potential claims received in year;
- 37 claims were closed in the year of which 19 were settled. The highest damages settlement related to a visitor who fell over concrete in the car park outside the tower block due to poor lighting sustaining fractures to both wrists (Damages £26,000, Total £26,158);
- Damages payments for claims closed in the year totalled £82,000 with costs in the sum of £205k;
- One claim defended at trial relating to a burn as a result of contact with the metal cover of a heat lamp whilst removing an empty food receptacle. It was held that injuries sustained as a result of obvious everyday risks that we all face in life will not be compensated.

Fig 1: Trend in Non Clinical Claims

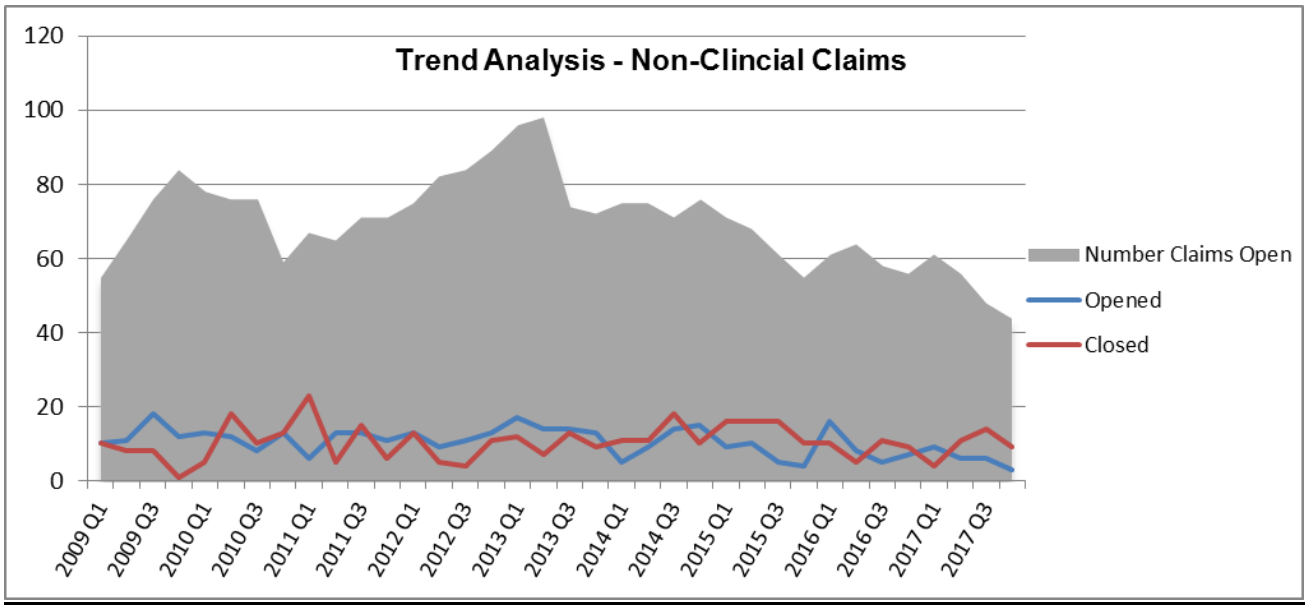


Table 1: Number of new claims by Type and HG

Type of Incident	Employers liability	Public liability	Total
Corporate Functions	8	1	9
Clinical Support - Health Group	1	0	1
Family and Women's Health - Health Group	2	2	4
Medicine - Health Group	5	1	6
Surgery - Health Group	3	1	4
Totals:	19	5	24

Table 2: Number of new claims by type of incident

Type of Incident	Employers Liability	Public Liability	Total
Employee - assault to	2	0	2
Employee - lifting; loading; unloading	4	0	4
Employee - occupational illness or disease	3	0	3
Employee - misuse of personal information	2	0	2
Employee - entrapment of hand	1	0	1
Employee - sharps injury	1	0	1
Employee - slip or trip	6	0	6
Public - defective tools or equipment	0	3	3
Public - infection; inhalation; irritation	0	1	1
Public - breach of confidentiality	0	1	1
Totals:	19	5	24

Table 3: Outcome of claims closed in 2017/18

Outcome	Employers liability	Public liability	Total
Closed as a result of notification from NHS Resolution	10	6	16
Settled	14	5	19
Claim withdrawn by Claimant	0	2	2
Totals:	24	13	37

Table 4: Number of outstanding non clinical claims as at 31 March 2018

Type of Incident	Employers Liability	Public Liability	Total
Employee - slip or trip	10	0	10
Employee - use of tools, machinery or equipment	4	0	4
Employee - lifting; loading; unloading	3	0	3
Employee - occupational illness or disease	3	0	3
Employee - assault to	2	0	2
Employee - misuse of personal information	2	0	2
Employee - injury during horse-play	1	0	1
Employee - scald	1	0	1
Employee - sharps injury	1	0	1
Employee - entrapment of hand	1	0	1
Public - disposal of fetal remains	0	8	8
Public - slip or trip	0	4	4
Public - defective tools or equipment	0	2	2
Public - infection; inhalation; irritation	0	1	1
Public - breach of confidentiality	0	1	1
Totals:	28	16	44

At 31 March 2018 there were 44 active non clinical claims open within the DATIX system. This is the lowest number of open claims for over 10 years.

Table 5: Summary of Claims closed as settled in 2017/18

Type	Specialty	Description	Damages	Total payments
Employers liability	Cardiothoracic Surgery	Fall as a result of slip on water leaking from faulty cooling system which had been reported causing back and neck pain.	£2,800	£11,925
Employers liability	Orthopaedics (Elective)	Exacerbated pre-existing injury to neck requiring pain injections when moved heavy trolley containing equipment. Root cause: inadequate risk assessment and reliance on Claimant to manage the risk.	£3,750	£11,969
Employers liability	Estates Operations (inc grounds and gardens)	Slipped on loose gravel in argyle street car park sustaining soft tissue injury to left knee.	£4,000	£13,011
Employers liability	Theatres	Sustained subluxation of left shoulder when transferring patient using patslide. Root cause: attempted to remove patslide from under patient when timing of team failed resulting in jarring motion and injury. No evidence of risk assessment or manual handling of individuals involved.	£7,500	£14,698
Employers liability	A and E	Sustained back injury causing pain in lower back and leg as a result of transporting patient via trolley down a slope between triage and majors. Root cause: absence of working brakes and/or locking wheels for steer mode when manoeuvring trolleys down slope.	£2,000	£8,421
Employers liability	Orthopaedics (Elective)	Needlestick injury to right ring finger from needle discarded on top of a dressings trolley.	£1,500	£6,251
Employers liability	Catering	Scald to left arm when food splashed on to arm when cellophane film removed from food container.	£1,250	£9,066
Employers liability	Catering	Claimant slipped on wet floor which had recently been cleaned by catering staff causing soft tissue injury to left ankle, leg and hand.	£1,750	£8,477
Employers liability	Estates Operations (inc grounds and gardens)	Slipped on loose gravel in car park sustaining contusion to head, grazes and soft tissue injuries to shoulder and hip. Root cause: loose chippings following repair of pot holes in car park.	£4,982	£13,031
Employers liability	Cardiology	Moving boxes of case notes with a colleague when box slipped out of hand and struck the back of her calf and caused soft tissue injury to arm and hand. Root cause: over-filling of boxes	£5,000	£15,614
Employers liability	Obstetrics	Table lowered in emergency theatre on to a bucket that was expelled from under the able causing the table to lowered further trapping the Claimants foot and causing soft tissue injury.	£2,500	£4,165
Employers liability	Theatres	Slipped on wet floor in the reception area sustaining fracture to 5th metatarsal and sprain to left foot and knee. Floor wet from access/egress in inclement weather.	£5,592	£7,502
Employers liability	Estates Operations (inc grounds and gardens)	Catering assistant tripped in pot hole in argyle street car park falling to the ground and sustaining fractures to ribs.	£1,000	£2,572
Employers liability	Acute Medicine	Fall to floor due to slip on plastic wallet resulting in jarring of hip and soft tissue injuries to knee and arm	£3,910	£5,578
Public liability	Diabetes and Endocrinology	Visitor fell in car park sustaining soft tissue injuries to knees, shoulder and exacerbation of a pre-existing injury to hip.	£4,500	£29,849
Public liability	Car Parking	Visitor fell over concrete in the car park outside the tower block due to poor lighting sustaining fractures to both wrists	£20,000	£26,158
Public liability	Estates Operations (inc grounds and gardens)	Patient slipped on an oil based substance in the day room, falling on to knee and sustaining soft tissue injury. The door was inspected as part of PPM Estates and identified as a potential cause.	£3,000	£5,428
Public liability	Estates Operations (inc grounds and gardens)	Trip over pole left in poorly lit area sustaining back injury.	£4,075	£7,140
Public liability	Urology	Patient sustained soft tissue injuries to right ribs and shoulder when chair gave way causing a fall to the ground	£2,920	£4,542

14. Moving and Handling

Key Activity – Annual Summary

The Moving and Handling Lead regularly liaises with the Critical Care and Surgery Clinical Nurse Educators, PDN's from various divisions, Specialist Nursing staff and with the University of Hull by attending meetings, leading and supporting training and attending moving and handling training sessions to assist and share knowledge. This has also ensured parity between theoretical and practical sessions, despite delivery by different teams.

Attending meetings with the Yorkshire Back Exchange has been problematic during the last 12 months due to prioritising work-load and the fact that dates of meetings are usually published with only a few weeks' notice, when other commitments have already been made by the moving and handling lead. The Moving and Handling lead was unable to attend the National Back Exchange Conference in Leicester due to cost implications.

The Moving and Handling Lead has spent much time rationalising lists of current link training staff. Historically (with no one in post for a considerable time,) the link trainer register had not been updated, leading to confusion as to areas covered. Existing link trainers also stated that they felt somewhat isolated and unsupported. A definitive list of all link trainers (currently 105 trust-wide) has been finalised and distributed, so that they are able to liaise with and support each other. This has forged tighter bonds and has been instrumental in standardising training and clinical practice. The link trainers are now more engaged in the training of staff and the risk assessment process within their areas (see appendix 1.)

Equipment Activity

The equipment procurement plan is to be discussed in July 2018. Historically, a budget of £50k has been used annually to replace moving and handling equipment deemed beyond repair or not fit for purpose. Due to financial restraint, it is currently unknown whether monies will be available for the period 18/19. This will be decided in finance meetings in June.

The moving and handling lead has visited all wards and departments to assess the need for new/replacement equipment. A request was also published on PATTIE asking ward or department who needed hoists, to contact the moving and handling lead. To date, no communication has been received from any ward or department. The assessment for new moving and handling equipment takes into account:

- Age of existing equipment
- Condition of current equipment
- Storage facilities
- Staff engagement in moving and handling training
- Patient acuity

During the past 12 months, the Moving and Handling Lead has also delivered equipment to several areas which previously had none. In most cases this has been for the following reasons:

1. Awareness of new equipment following equipment training
2. Changes to patient acuity
3. More elderly patients
4. Higher dependency of patients
5. Heavier patients

During this financial year, a business case was prepared by the moving and handling lead detailing the cost savings of swapping from Arjo-Huntleigh to Oxford Joerns hoists. Trials were undertaken in 2 areas of the trust with the Oxford Joerns hoist and it was generally well-received. Unfortunately, this was unable to be discussed further due to the need for the £50k budget to be spent. The Trust therefore continues to use Arjo-Huntleigh equipment. Unfortunately, the deal offered by Oxford Joerns has expired and discussion would need to be initiated again should a move to Oxford Joerns be considered.

Current budgetary arrangements prove difficult to manage as the £50k sum needs to be used when it is received. This results in there being no contingency budget available for areas that require new equipment due to change in patient acuity or extension of specialities into other areas. There is also no provision for equipment which breaks down and becomes uneconomic to repair. At the present time, should this occur, wards and departments are asked to wait up to 12 months for replacement equipment via the centralised budget.

The need to buy equipment as a one-off act also creates problems with the delivery of the new stock and collection of the old, to obtain a discount with Arjo Huntleigh. During this financial year, the delivery of new hoists was extremely problematic; due to the lack of available space, there was nowhere to deliver them to and nowhere to store the collectible items (which all need to be decontaminated and remain clean.)

A date was planned whereby the moving and handling lead would accompany the Arjo Huntleigh delivery personnel to deliver and pick up these items. The date was ignored by Arjo and 2 shipments of hoists were delivered to stores at HRI with no notification or communication. The moving and handling lead was then tasked with organising unpacking, removal from pallets (done by the moving and handling lead) and delivery to areas. The products to be collected are still on the wards and creating problems for staff. The problems due to the lack of available space will recur annually unless contingencies can be put in place to manage this. The ability to order and accept equipment as singular items *throughout* the year would remove this risk.

Training

Three Moving and Handling Link Trainer courses were held this year; despite 2017/18 being a very challenging year in terms of provision of resources and equipment. The three day course is held quarterly and is generally well-attended. In order to compensate for the loss of one course in the period 17/18, an extra course has been added to the 18/19 time-table and uptake has been very encouraging.

The final HRI Moving and Handling Link Trainer (3-day) course occurred at the Haughton Building April 25th-28th 2017 with 23 candidates. There was then a hiatus of 8 months, due to the closure of the Haughton Building. All essential moving and handling equipment was placed in storage and no alternative training venue was available. There was then a further delay as it was deemed unacceptable for the Trust moving and handling equipment to be stored in the new education and development training facility due to lack of space. The equipment was moved and stored 5 times within this period. At the time of writing this report, a metal container is being fitted out for equipment storage. The equipment is currently split between 2 areas, with the majority now being within the new Education and Development suite and some at another location. It is also worth noting that there has been a loss of some training equipment during this time for reasons unknown.

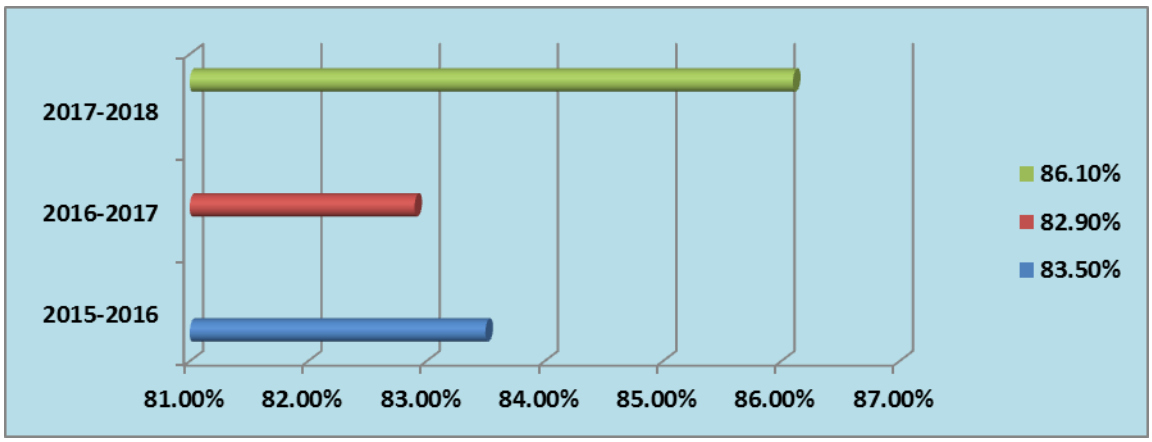
Due to the smaller training area within the new suite, class sizes have had to be reduced from 25-30 (Haughton) to 8-10 for safety. This however, is less than ideal and provision of space continues to be problematic. The lack of venue at HRI has also been difficult, as

clinical staff need to be released from HRI to travel to CHH for training and this is rarely achievable.

Forward Planning:
The three KPI's identified for reporting against in 2015-2016 continue to be significant for the period 2017 - 18. It is recognised that the KPI's detailed below will provide an indication on which areas to build future business plans, asset procurement and training needs.

Training Analysis:

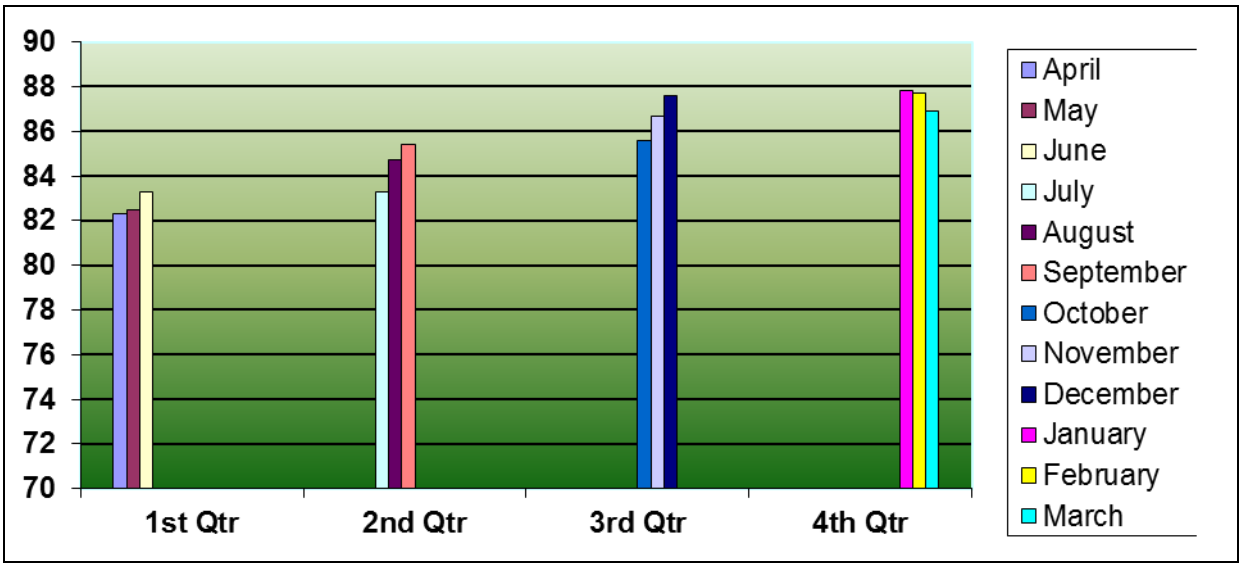
Figure 1. 2017-18 Annual Manual Handling Training Compliance (%) over 3 years. **



Training Compliance has risen overall by 3.2% throughout this year and now complies with the Trust target of 85%. This is thought to be for several reasons:

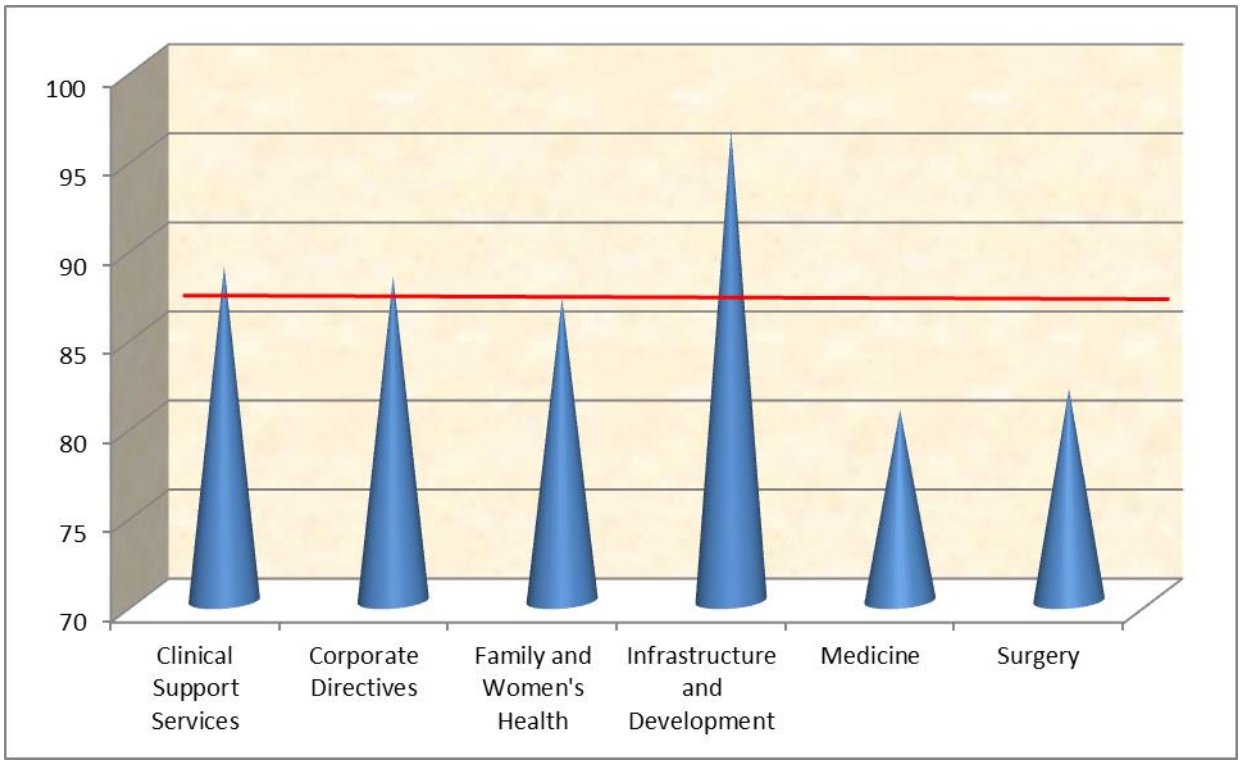
I. Rise in number of Link Trainers due to recommencing 3-day training session
II. Reduction of winter pressures leading to more training opportunities
III. Robust monitoring by Moving and Handling Lead

Figure 2. 2017-2018 Manual Handling Training Compliance (Percentage) by Quarter **



The 4th Quarter is seen to have the largest increase in compliance.

Figure 3. 2017-2018 Yearly Manual Handling Training Compliance[1] by Individual Health Group (Trust Compliance)**



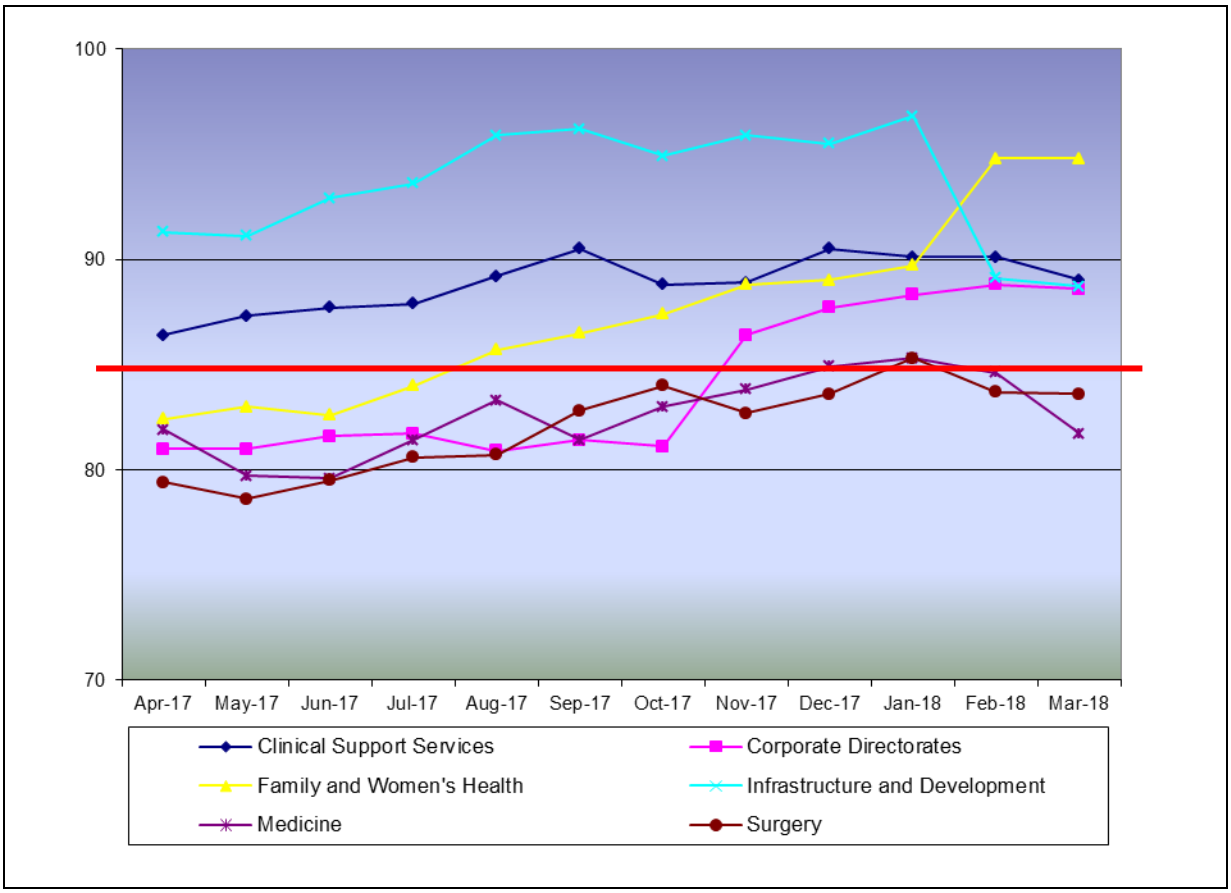
Of concern here, is that the three health groups with the lowest scores are patient-facing. The moving and handling lead provided training updates for staff at Suite 22 CHH but these were poorly attended. Feedback on reasons why training compliance is below the Trust compliance rate of 85% was received from staff with direct patient contact. Reasons given were:

- Poor staffing levels leaving no time for training
- Training needs 4 staff members and an empty bed – wards unable to provide this regularly
- Confusion as to what training was needed
- No Link Trainer available to deliver training
- Difficulty in commuting between sites (bus takes too long and finding a parking space is difficult)

(*Bus times from HRI to CHH are from 35 to 50 minutes. This means that a member of staff undergoing 1hr training will be commuting for 70-100 minutes. This needs to be factored into ward/dept shift and means that one hr training session would need nearly 3hrs allowing for this and is something that Dept Managers are unable to do.

[1] The Trust compliance target is 85%.

Figure 4. 2017-2018 Yearly Manual Handling Training Compliance: (Trend) by Individual Health Group (—Trust Compliance)**



Failure in compliance is most evident across the Surgery and Medicine Health Groups and these two health groups have managed to achieve compliance only once in the last financial year. Also noticeable, is the fact that both of these health groups saw further reduction in compliance during the fourth quarter. This is possibly symptomatic of an increase in patient activity during this time.

*** Caution should be taken in relation to the data captured in figures 1, 2, 3 and 4 when analysing the percentage on trained staff on each ward, as it is evident that many staff members maintain compliance by retaking on-line moving and handling training (E-Learning) and never attend face-to-face practical training (see Table 1 below as example.) This evidence was born out of the moving and handling lead obtaining teaching lists of individual areas and studying compliance of individual staff members. The moving and handling lead attended the Professional Education Committee meeting to alert them of this. In an effort to find ways to deter staff from doing this, the moving and handling lead met with the data analysts for Education and Development. From this time hence, a new system exists which (whilst not being a definitive solution to this problem,) might improve staff compliance: prior to taking any e-learning module in moving and handling, the candidate will be asked whether they have also completed a practical course AND the Clinical Safety Day in the last 3 years. They will be reminded to tick all 3 training boxes and it is hoped that this might act as an aide-memoir to enable candidates to become and remain compliant.*

The HEY 24/7 recording system previously had no surveillance mechanism in place alerting staff of their mandatory requirements. Unfortunately, this system can be ignored by staff who

may choose to repeat e-learning rather than engage with face-to-face training but it is hoped that it will give staff a greater understanding of their mandatory training obligations. **

The moving and handling lead also attended the Professional Education Committee meeting to discuss provision of Moving and Handling training for new starters. The moving and handling lead has raised concerns about the provision of training within the Trust; at present, new starters on to the nurse bank are given 3 hours of training. The majority of the inductees are university students – all of which have received the training very recently in university and are therefore simply repeating the session again which is inappropriate. New inductees to the Trust from elsewhere however, receive no practical training and are reliant on ward staff for this, irrespective of whether the existing ward staff are compliant. The HSE states:

'You should establish a planned training programme to make sure all staff identified as requiring it receive basic training, as well as updates when necessary. This should also cover new starters to ensure training takes place either before or as close to starting a new job as possible.'[2]

The Matron for Practice Development is in discussion with members of the directorate concerning this. No decision has been made at this present time.

[2] The Manual Handling Operations Regulation 1992; HSE. Pg 66, Guidance 4(3)(c) Section 70.

Incident Analysis:

Table 2. Manual Handling Incidents (all) – Annual Comparison

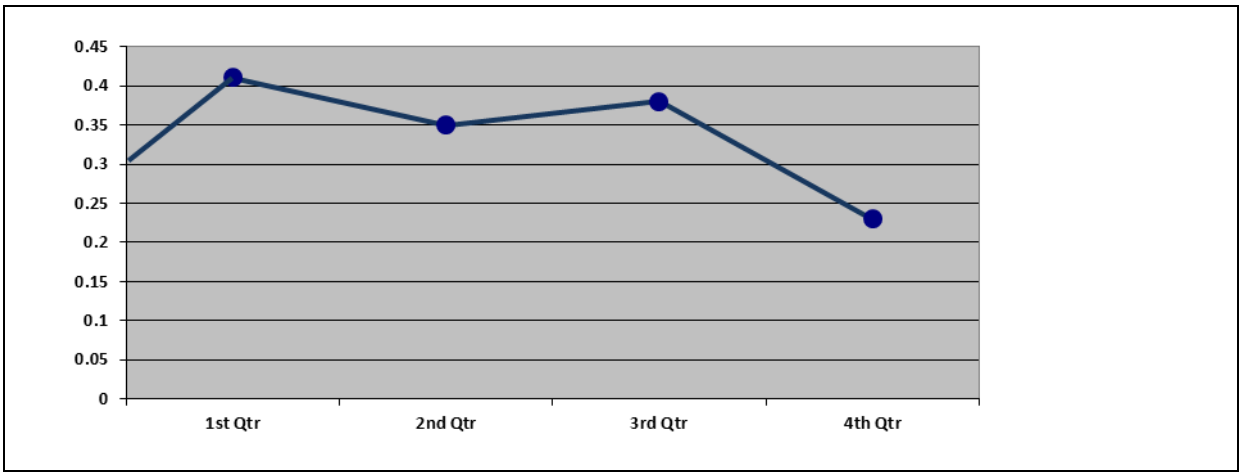
All Incidents by HG & Div Quarterly	2015/16	2016/17	Q4 16-17	Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	Total	Fin Yr Var	Qtr Var
Clinical Support - Health Group	**21**	**13**	**5**	**7**	**7**	**5**	**0**	**19**	**46.2%**	**-100.0%**
Imaging Division			1	2	1	3	0	6		**-100.0%**
Pathology Division			1	2	3	1	0	6		**-100.0%**
Specialist Service Division			1	1	2	0	0	3		
Therapy and Therapeutics Division			2	2	1	1	0	4		**-100.0%**
Corporate Functions	**22**	**15**	**5**	**3**	**6**	**9**	**5**	**23**	**53.3%**	**-44.4%**
Estates, Facilities and Development			**5**	**3**	**5**	**7**	**5**	**20**		**-28.6%**
Finance and Business (inc. Patient Admin)			0	0	1	0	0	1		
Operations Directorate			0	0	0	1	0	1		**-100.0%**
Quality Governance & Assurance Directorate			0	0	0	1	0	1		**-100.0%**
Family and Women's Health - Health Group	**11**	**13**	**4**	**2**	**2**	**6**	**1**	**11**	**-15.4%**	**-83.3%**
Children, Ophthalmology and Dermatology Division			0	0	0	0	0	0		
Division 2 - Women and Children's Division			3	1	1	3	1	6		**-66.7%**
F&WHG Division 1			1	0	0	3	0	3		**-100.0%**
Women's Services Division			0	1	1	0	0	2		
Medicine - Health Group	**40**	**30**	**11**	**9**	**7**	**7**	**3**	**26**	**-13.3%**	**-57.1%**
Elderly Medicine			1	3	2	0	0	5		
Emergency Medicine Division			3	3	0	5	2	10		**-60.0%**
General Medicine Division			4	0	2	2	0	4		**-100.0%**
Specialist Medicine Division			3	3	3	0	1	7		
Surgery - Health Group	**50**	**28**	**7**	**15**	**8**	**6**	**11**	**40**	**42.9%**	**83.3%**
Cardiovascular and Critical Care			0	0	0	0	0	0		
Digestive Diseases			2	3	2	3	2	10		**-33.3%**
Specialist Surgery			0	0	0	0	0	0		
Specialties Division			2	1	3	0	2	6		
Theatres			2	1	3	2	6	12		**200.0%**
Trauma			1	4	0	1	1	6		**0.0%**
Grand Total	**144**	**99**	**32**	**36**	**30**	**33**	**20**	**119**	**20.2%**	**-39.4%**

There has been an increase of moving and handling reported incidents in all health groups except ‘Family and Women’s Health’ and ‘Medicine.’

Table 3. Manual Handling Incidents (all) – Quarterly Rates shown as percentage of Staffing Figures

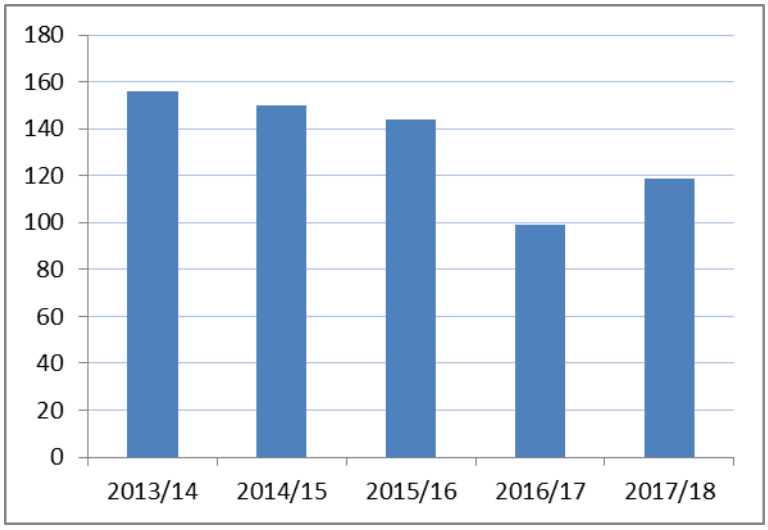
	No of incidents	Head Count	Incident Percentage Rate
Q1 17/18	36	8597	0.41
Q2 17/18	30	8560	0.35
Q3 17/18	33	8604	0.38
Q4 17/18	20	8660	0.23

Figure 5. Manual Handling Incidents (all) – Quarterly Percentage Rates shown as Trend



Overall, despite an increase in staff employed, the percentage rate of ALL manual handling incidents has reduced considerably over the last financial year.

Figure 6. Number of Manual Handling Incidents (all) annually - (Last 5 years)

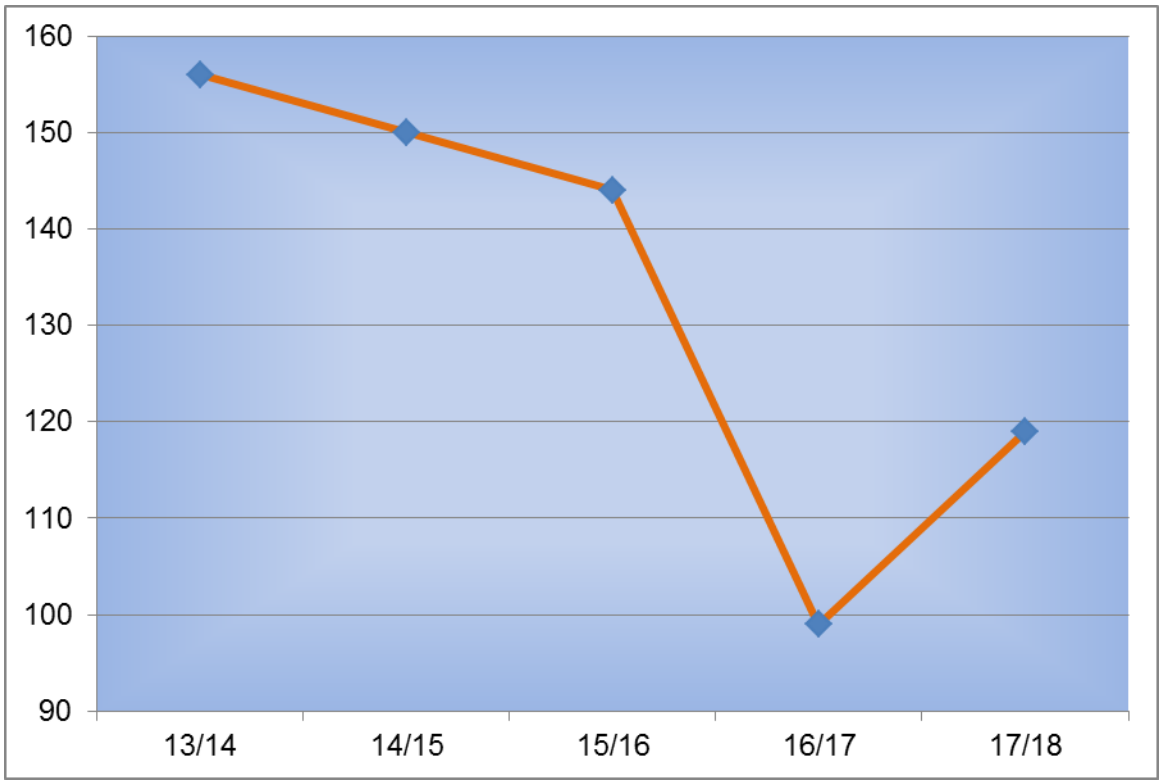


	No of Incidents	Variance
2013/14	156	N/A
2014/15	150	-3.8%
2015/16	144	-4.0%
2016/17	99	-31.3%
2017/18	119	20.2%
Grand Total	**668**	

There has been a 20.2% increase in the number of moving and handling incidents reported over the last 12 months in comparison to the previous year. The moving and handling lead has asked link trainers to encourage ALL staff to input every moving and handling incident and this, coupled with the 49 new link trainers now working within the Trust this financial year, is likely to have had an influence on figures.

Figure 9 (below) represents the trend of the overall reporting numbers for ALL incidents reported on Datix for the same period. This overall increase in M&H incidents will be monitored.

Figure 7. All reported incidents on Datix (Last 5 Years):



As can be seen, the increase in reporting between 16/17 and 17/18 whilst significant, in no way duplicates previous figures.

Table 4. Incident Reporting: ALL Moving and Handling - Related Incidents Recorded on Datix:

Year	No of Incidents	Change from previous year
2014/15	150	-3.8%
2015/16	144	-4.0%
2016/17	99	-31.3%
2017/18	119	+20.2%

Table 5. Incident Reporting: STAFF Moving and Handling - Related Incidents Recorded on Datix:

Year	No of Incidents	Change from previous year
2014/15	122	Nil
2015/16	96	-14.3%
2016/17	77	-19.8%
2017/18	86	+11.6%

Figure 11 shows an 11.6% rise in reported staff incidents. This could be attributed to raised awareness in staff, of the need to report ALL incidents.

Table 6. Incident Reporting: PUBLIC & PATIENT Moving and Handling - Related Incidents Recorded on Datix:

Year	No of Incidents	Percentage Change from previous year
2015/16	48	Unknown
2016/17	21	-43.75%
2017/18	35	+66.6%

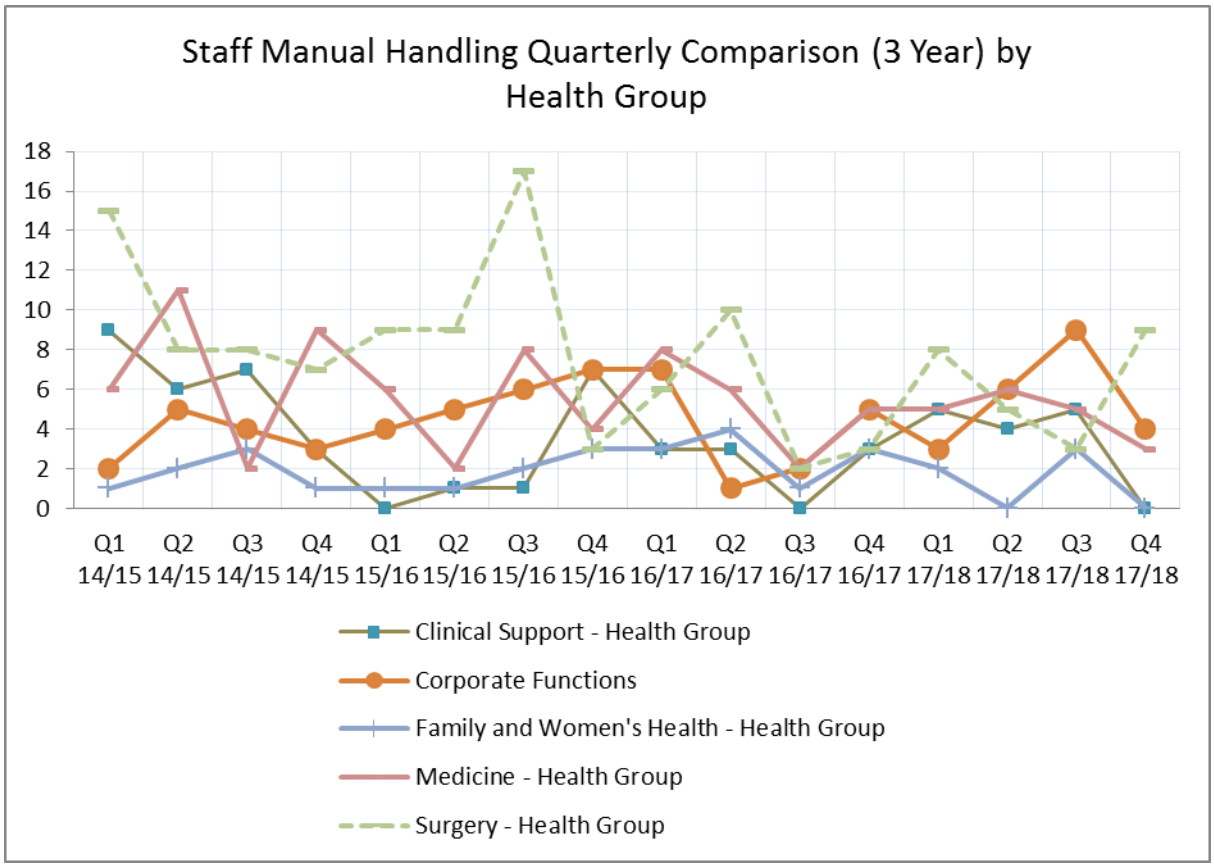
Table 6 shows a 66.6% increase in patient and public moving and handling related incidents.

Table 7. Moving and Handling Incidents Expressed as a Percentage of ALL reported incidents on Datix:

Year	Datix Numbers	Moving and handling reportable incidents as a percentage of all DATIX
2015/16	20034	0.23%
2016/17	19491	0.10%
2017/18	19609	0.17%

Overall, there appears to have been a significant increase in all moving and handling incidents reported throughout the Trust in 2017/18, compared to the previous year, but there is correlation between this and the number of ALL reported incidents. The higher number of incidents for the period 2015/16 is also duplicated in the higher number of moving and handling incidents for this period. Likewise, the lower number of DATIX reports in 2016/17 is reflected in reduced moving and handling figures for that period.

Figure 8. Four-Yearly Rates of Manual Handling Reporting for STAFF incidents by Health Group



This four-year comparison of moving and handling handling reporting, illustrates that health groups act independently of each other and that symmetry across all of these groups is rare. Significant though, is that all health groups (except surgery) experienced a reduction in reporting during the third/fourth quarter (17/18) when patient acuity and activity was at a high level. This is in direct contrast to the third/fourth quarter of the 16/17 period, when reporting rates increased across all health groups.

Moving and Handling KPI's

- MANUAL HANDLING RIDDOR REPORTABLE INCIDENTS. This is selected as a reactive KPI because of the reliability of the reporting: these incidents are less likely to go un-reported that more minor incidents and near-misses

- MANUAL HANDLING LINK TRAINERS

- PATIENT HANDLING ASSESSMENTS (Patient handling assessments are seen to be a key proactive control measure for the reduction of both the likelihood and severity of harm arising from clinical moving and handling. They are also used as a planning tool to identify whether the necessary equipment is available and provided during the patient's stay. A random sample of 50 ward based inpatient notes are audited each quarter to identify if patient handling assessments have been completed satisfactorily).

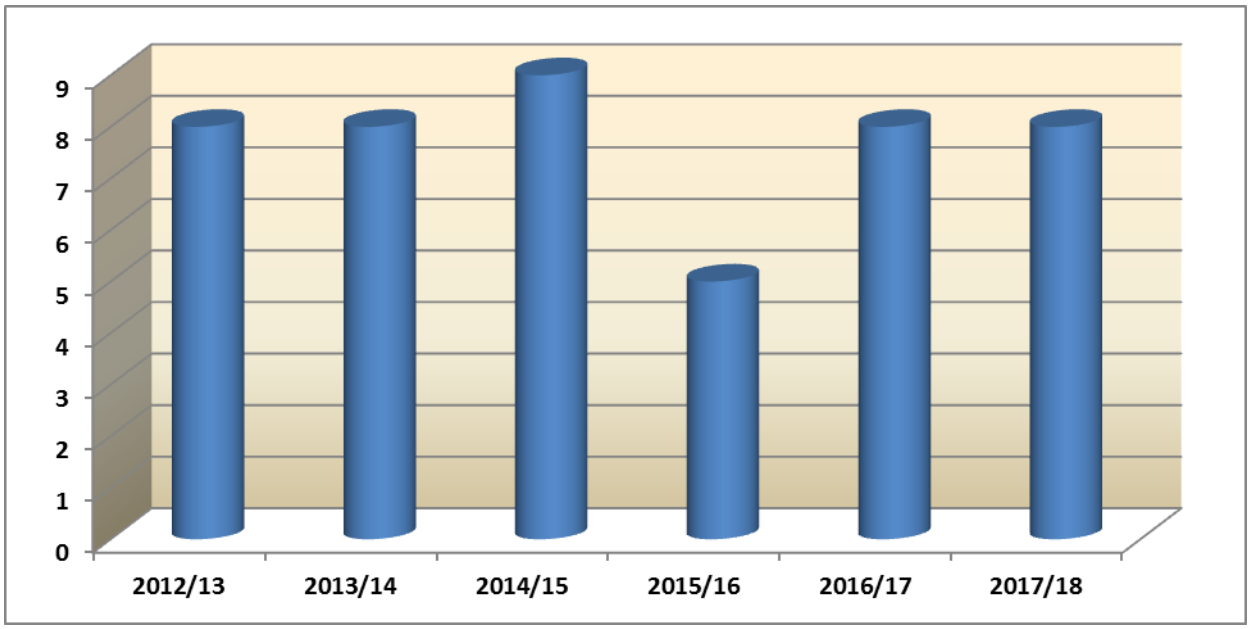
Progress against Moving and Handling KPI's:

KPI 1 – Manual Handling RIDDOR Reportable Incidents.

Target – 0
Actual - 8

RIDDOR reports are usually associated with incidents of a more serious nature, which impact directly on the health and well-being of the individual. However, these reports are quantifiable and comprehensive. They provide necessary material for detailed investigation and reflective practice. Despite the fact that RIDDOR reportable incidents are *reactive* (rather than proactive), these incidents are more likely to be reported; as such, they are a more reliable measure and indicator of risk and performance across all Health Groups, wards, departments and individual staff members.

Figure 9. Number of Yearly RIDDOR Reports Made by Trust in Last Six Years



Despite an increase in reporting of incidents related to Moving and Handling, the period 2017-2018 has seen no increase in Moving and Handling RIDDOR reportable incidents which remains at 8. The mean average for the last 5 years remains at 7.6. It is hoped that an increase in the number of Link Trainers will eventually help to reduce this rate. However, several factors may influence this:

- Increasingly ageing workforce (many NHS workers are now required to work up to the age of 67 before reaching pensionable age and the NHS Employers website states that one in three workers will be experiencing chronic ill-health by 2020[3].)

- Increasingly ageing population (with higher dependency and increasing comorbidity). The King's Fund states that from 2012 to 2032 the populations of 65-84 year olds and the over 85s are set to increase by 39 and 106 per cent respectively.[4]

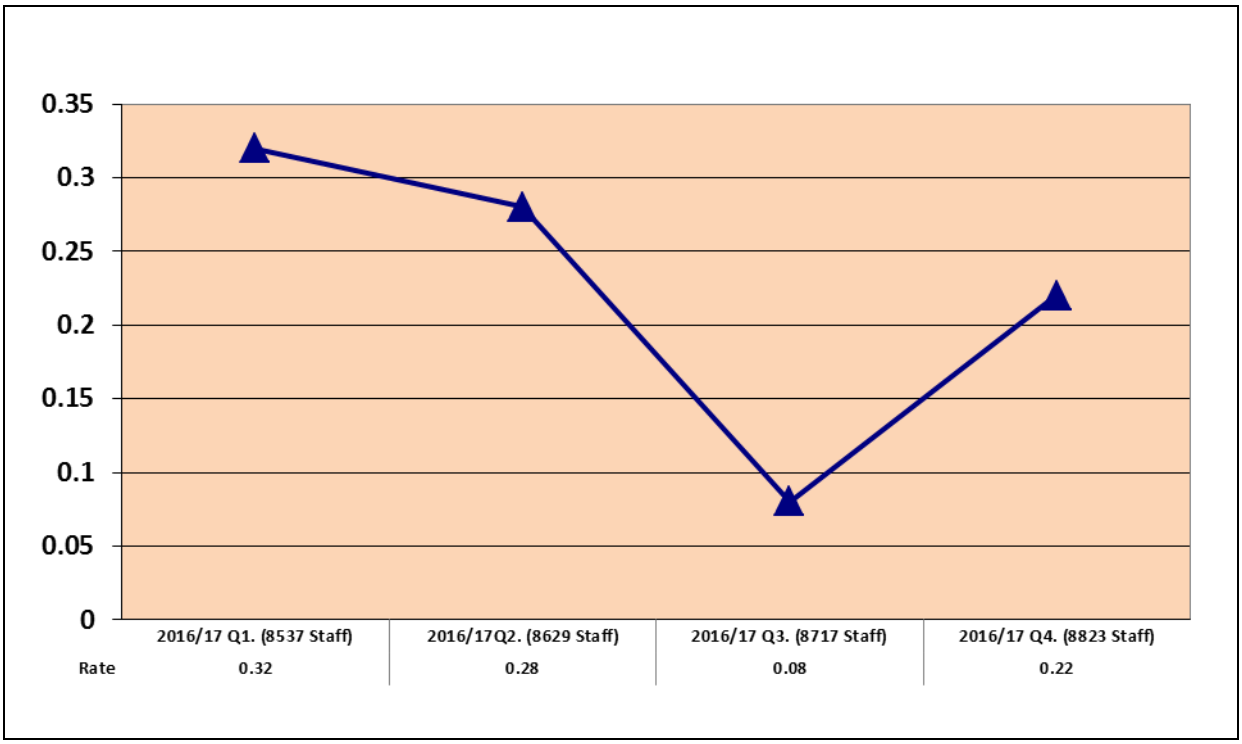
- Higher hospital admission rates (16.5 million Finished Admission Episodes (FAEs) were recorded in 2016-17. This is an increase of 1.8 per cent from the previous year and an increase of 27.5 per cent from 2006-07.)[5]

[3] http://www.nhsemployers.org/your-workforce/need-to-know/working-longer-group/working-longer-group-tools-and-resources/the-ageing-workforce-a-resource-for-managers/managing-an-ageing-workforce-the-key-issues
[4] https://www.kingsfund.org.uk/time-to-think-differently/trends/demography/ageing-population
[5] https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity/hospital-admitted-patient-care-activity-2016-17

- Increase in obese /bariatric patients. 25% of British adults are now classed as clinically obese (Royal College of Physicians, 2013) and this number is growing. Wang *et al* estimate that by 2020, 37 per cent of men and 34 per cent of women (aged 16+) will be obese. By 2035 they predict this will rise to 46 per cent of men and 40 per cent of women[6]

- Budgetary constraints on equipment purchase (consumables and non-consumables)

Figure 10. Rate of RIDDOR Reportable Incidents per 100 staff:



KPI 2 – Manual Handling Link Trainers

Target – 100% coverage in Key Areas

The moving and handling lead formulated a survey which was sent to the Link Trainers via the 'SurveyMonkey' website. The survey asked 10 questions about their role in the hope that more insight could be obtained concerning their individual experience. The anonymous results were gathered and processed in April 2018 but due to the low response, the confidence level would be skewed and figures would be of no use. Responses given to questions were beneficial however, and these will be acted upon in due course. Provision for bariatric patients and safety of staff during moving and handling has however, been a recurrent theme and this will be a priority for the moving and handling lead for 18/19.

Despite there being 104 Link Trainers in 73 different areas and specialities, there is an evident lack of moving and handling link trainers within the medical and surgical health

[6] Wang YC, McPherson K, Marsh T, Gortmaker SL, Brown M (2011). Research paper. 'Health and economic burden of the projected obesity trends in the USA and the UK'. *Lancet*, vol 378: pp 815-25

groups; most noticeably within the wards and departments of HRI tower block, where acuity is perhaps highest (see Table 7.) The moving and handling lead has attempted to rectify this by repeatedly asking C/N's and ward managers to nominate link trainers to access the three-day training; uptake however has been poor.

Due to the high number of link nurses and trainers needed in numerous other specialities (infection control, safety, diabetes, tissue viability, pain, etc) department managers have stated that they find it very difficult to cover all link staff requirements. The three-day training is also seen as onerous by ward/dept managers. Training was reduced from 5 days to 3 days (the minimum duration suggested by the National Back Exchange) and is difficult to complete within the time frame allowed.

Table 8: showing coverage of areas which have a Nominated Moving and Handling Link Trainer

Area which currently has no moving and handling link trainer

Area which currently has a link trainer

HRI			
A&E	AAU	X-Ray	DSU
AMU	MRI	Ward 35	Ward 35
Ward 1	Ward 500	Recovery	Ward 34 Acorn
Endoscopy	Physiotherapy	Ward 12	Ward 30 Cedar
ICU	GHDU	General Theatres	Ward 31 Maple
Recovery	Ward 4	Ward 40	Ward 32
Ward 5	Ward 50	Ward 6	Ward 33 Rowan
Ward 60	Ward 7	Ward 70	Gynae Theatres
Ward 8	Ward 80	Ward 9	Gynae Recovery
Ward 90	AMU	Ward 100	Labour/Delivery
Ward 11	Ward 110	OT	Ward 130E
Ward 130W	# Clinic	Estates	Porters
Cath Lab	Combined	CT Dept	Radiology
Cardiac Physiology	Mortuary Services	Neurophysiology	Nuclear Medicine
Ultrasound	General X Ray	Community	Gynae OPD
IVF & W&C OPD	ANC & ADU W&C	L&D W&C	Ophthalmic Pre-
Ophthalmic	Ophthalmic OPD	Paediatric OPD	Ward 200
EPAU/EGU Clinic	Medical OPD	Elderly OPD	SSMU
Ward 12	Ward 120	Transfusion	PAU/HDU
Histopathology			
CHH			
ENT/Breast	ENT/Breast	Plastics OPD	Endoscopy
Ward 16	Ward 8	Ward 9	Ward 10
Ward 11	Ward 32	Ward 14	Ward 15
Gen/Ortho theatres	Gen/Ortho	ICU 2	GU Recovery
ICU 1	Ward 26	Ward 27	Ward 28
Cardio theatres	Cardio recovery	G/U Theatres	Ward 16
Nuclear Med	Ward 20	Cardiac Cath Lab	GI Physiology
Ward 33	Ward 29	Ward 30	Ward 31
Ward 12	Cardiac Day Ward	Diabetes Centre	Cardiology OPD
Breast care Unit	Dermatology	Interventional	BWH/ERCH
DSU	Teacher Trainer	Pain Management	ECG
Oncology/Haem	Bowel Screening	Radiology	General OPD
SALS	MaxFax		

All clinical areas are expected to have access to a manual handling link trainer in order to provide on-going advice and support to staff and provide practical training updates. Some areas however, have had no link trainer for a significant period of time. The Clinical Nurse Educators and PDN's have proven to be invaluable in fulfilling this role but are not able to cover every area Although there are numerous sub-divided areas across the Trust, Table 8 shows the key areas that have been identified as requiring a manual handling link trainer and is the list that will be measured against. The assessment criteria will be broken down to show the following information;

a) A named link trainer is working within the department or one has been identified from a related area to provide support and training.
b) The nominated link trainer has attended the internal training course to give them the skills and knowledge to fulfil the role.
c) The nominated link trainer has attended an update within the last 12 months.
d) The nominated link trainer is active in their role and has provided support and training within the department as identified in the department TNA.

KPI 3 – Patient Handling Assessments

Target - 100% / Actual 100%
Trust policy states that all in-patients should be assessed for moving and handling need upon admission. Random samples of 50 ward-based in-patient notes are audited each quarter. This will identify whether patient handling assessments have been completed satisfactorily. 10 wards were visited in the past financial year, and 200 patients were randomly selected (50 per quarter).

Table 9: Areas of Audit

HRI			
A&E	AAU	Ward 12	Antenatal Day Unit
AMU	MRI	Day Surgery	Ward 500
Ward 1	MOPD	Ortho OPD	Acorn Ward
Endoscopy	Ultrasound	Ward 31	Ward 30 Cedar
GHDU	Ward 4	Ward 40	Ward 32
Ward 5	Ward 50	Ward 6	Ward 33
Ward 60	Ward 7	Ward 70	ICU
Ward 8	Ward 80	Ward 9	Ward 11
Ward 90	AMU	Ward 100	Ward 110
Labour/Delivery	Ward 130E	Ward 130W	Ward 34
Ward 35	Ophthalmic Day	Ophthalmic OPD	Ward 120
CHH			
Ward 32	Recovery	ICU 2	Ward 6/7
Ward 16	Ward 8	Ward 9	Ward 10
Ward 11	Endoscopy	Ward 14	Ward 15
Ward 16	Ward 33	Ward 31	Ward 30
ICU 1	Ward 26	Ward 27	Ward 28
Ward 29			

It was decided to reduce the areas suitable for audits by removing the areas with transitory patients (such as XRay, Theatres, etc.) There is a risk that a single patient could be audited twice; both on wards and in departments they are visiting temporarily for procedures.

General rates were as follows (non-ward specific)

Figure 11. Percentage of Patients Who Were Not Assessed for Mobility as Per Policy

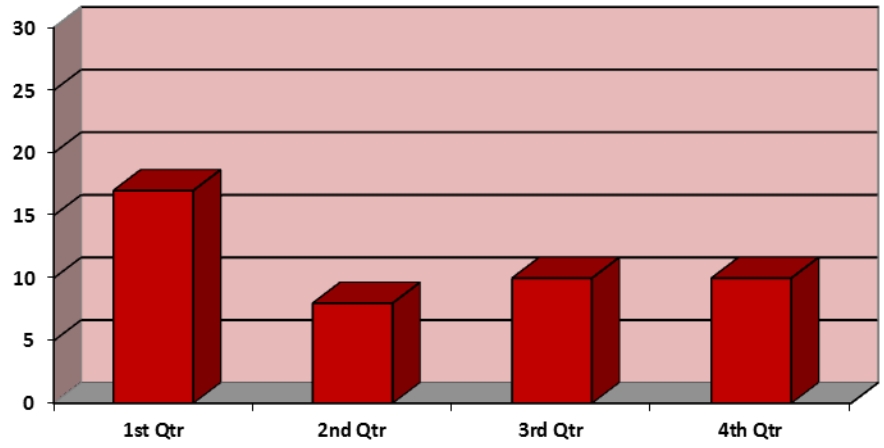
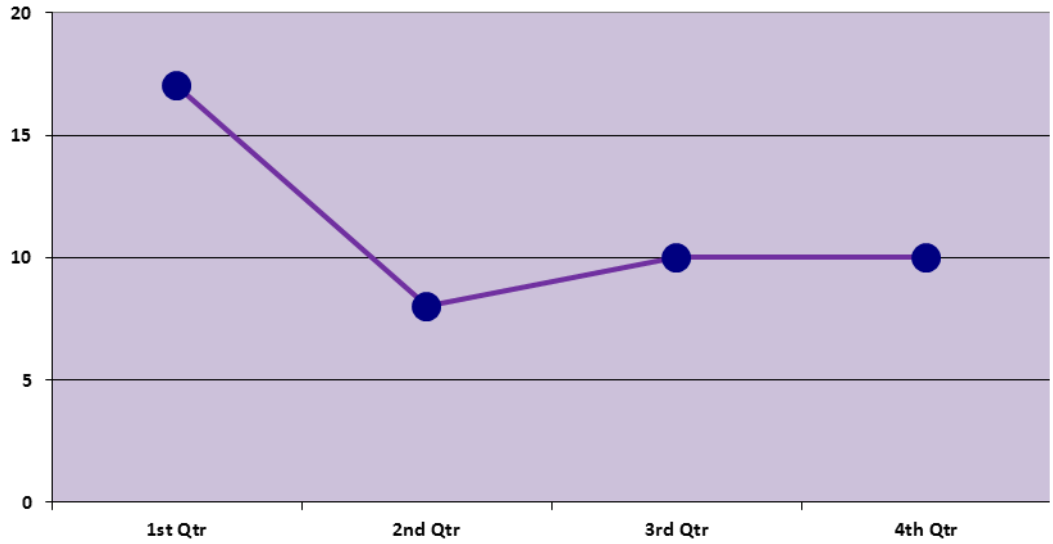


Figure 12. Percentage of In-Patients Not Assessed for Mobility as Per Policy (Expressed as Trend Line)



There is a visible increase in rates between 3rd and 4th Quarter. This could be as a result of increased admission rates. It was also noted that some patients do not undergo assessment during the weekend, when physiotherapists are at reduced numbers.

Figure 13. Percentage of Dependent Patients without Moving and Handling Action Plan Performed on Admission

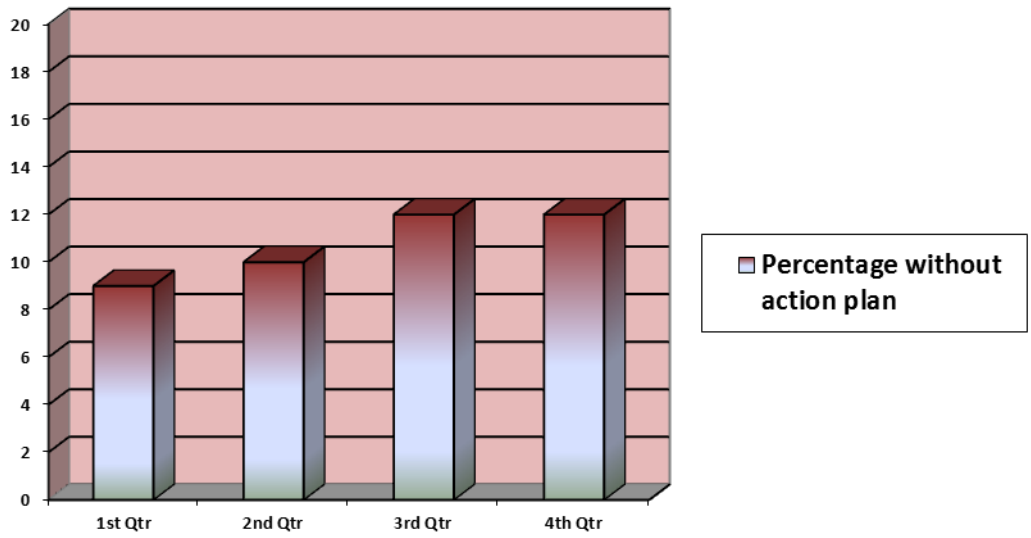


Figure 14. Percentage of Dependent Patients without Moving and Handling Action Plan Performed on Admission Expressed as a Trend

Despite a rise in initial assessment, there was no change in the third and fourth quarter

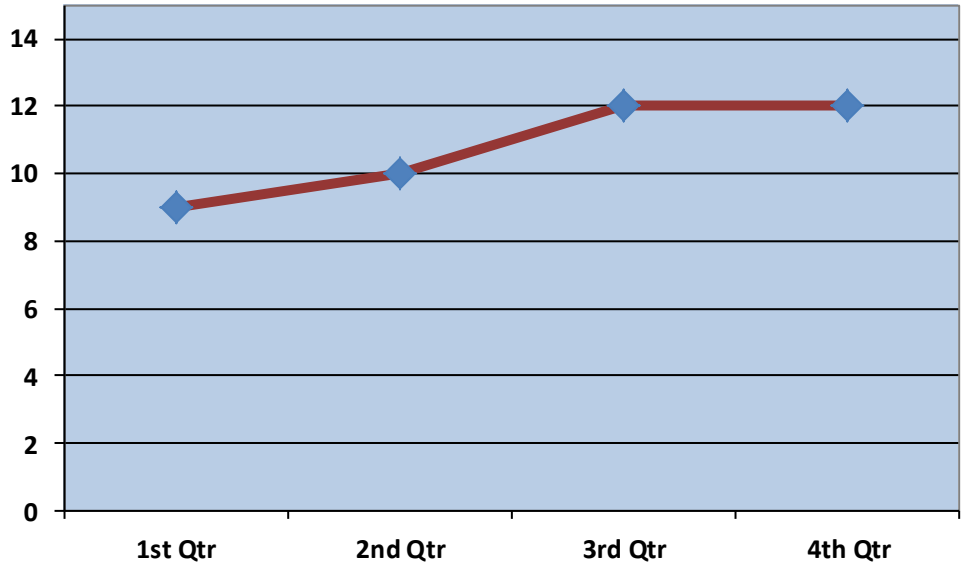


Figure 15. Percentage of Patients not Undergoing DAILY Moving and Handling Action Plans

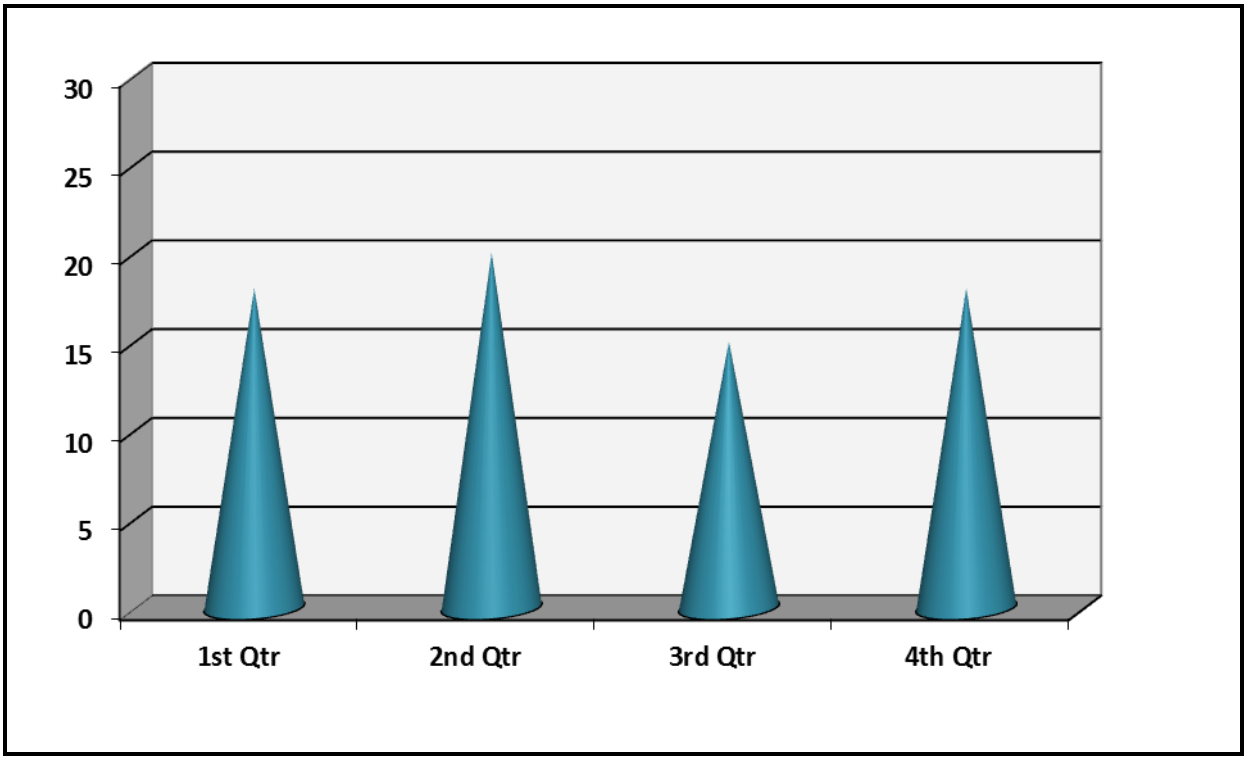
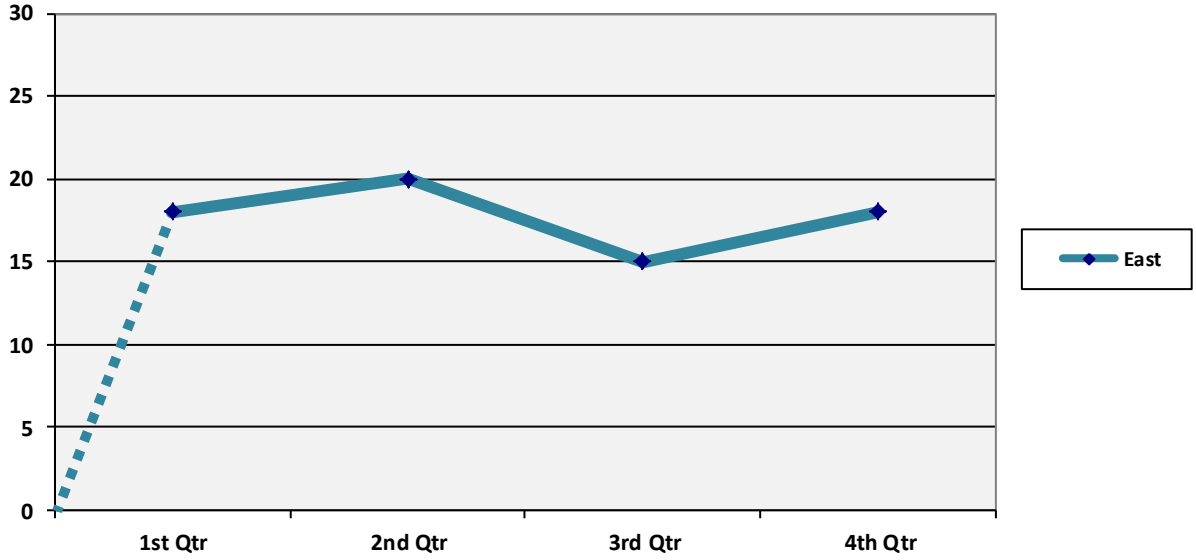


Figure 16. Percentage of Patients not Undergoing DAILY Moving and Handling Action Plans Expressed as Trend



There was a definite decrease in the number of daily mobility assessments completed in Nursing Care-plans between second and third quarter. However, this appears to be reversing, as more assessments are now being carried out. The Moving and Handling Lead is to ask all Link Trainers to monitor this during their 'time-out' and to reiterate the importance of completing these daily. Staff however, are finding this difficult to achieve due to work-load and need to prioritise clinical duties.

Despite informing the Link Trainers of the need to replace damaged or ineffective lateral transfer boards, the audits carried out throughout the year have highlighted that many

departments and wards are *still* using substandard lateral transfer boards. One audit revealed that staff are using furniture polish on their board in an effort to restore the glide coating.

Ward audits have also once again highlighted a lack of commitment in using slide-sheets by several wards and departments. The preferred supplier has stated that the original predicted figures of use continue to fall very short of actual use. Reasons for this are mostly financial but staff admit that time is also an issue. The Trust historically orders 100x100cm slide-sheets from Banana/GB UK. Two sheets should be used per patient but in some areas where slide sheets are available, only one is used. The moving and handling lead has been asked to source single full-length slide sheets in an effort to make insertion and removal easier. The emergency department has also raised concern about the use of slide sheets due to the number of patients who are admitted into the department, as there is no budgetary increase to absorb this. Most patients therefore, are still transferred using sheet and board which is less than ideal.

13. Objectives / Priorities for 2017/18

- Increase the number of properly trained Safety Focal Persons and Moving and Handling Link Trainers within the organisation.
- Reduce the likelihood and / or severity of 'major' incidents which could have the potential to cause multiple casualties and damage to the Trust. This will involve working with colleagues from related teams to audit current arrangements and (a) seek assurance where it exists and (b) suggest preventive measures where assurance is inadequate.
- Build upon the successes seen in the reduction of Employer's Liability Claims made against the Trust: this can be achieved by (a) preventive, pro-active measures generally, and (b) investigations that enable realistic defence for the Trust along with lesson learning to reduce the likelihood and quantum of future claims.
- Increase activity in the prevention of slip hazards, including close working with cleaning services, (Safety are already involved in the steering group for the cleaning services tender).
- Review the adequacy of the Trust's management arrangements in the area of work-related stress: this hazard is a stated priority for the HSE in the coming year.
- Ensure adequate or improved quality of training for M&H Link Trainers through the utilization of training facilities and equipment. Following the closure of the training facilities at the Haughton Building and the opening of the new facility at CHH, we need to ensure that hands-on training with equipment is maintained. This will hopefully include using facilities at HRI (possibly 'winter' wards / Clinical Skills).
- Continued efforts to maintain and improve performance towards the KPI targets described at the beginning of this report.

Hull and East Yorkshire Hospitals NHS Trust

Trust Board

13 November 2018

Title:	Standing Orders
Responsible Director:	Director of Corporate Affairs – Carla Ramsay
Author:	Director of Corporate Affairs – Carla Ramsay

Purpose:	To approve those matters 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	✓
Summary of Key Issues:	Following an internal audit on the Trust's claims management processes, a recommendation for an amendment to Standing Order 8.4 regarding signatures and authorising decisions on behalf of the Trust. The Trust's seal has been used, for review by the Trust Board.	

Recommendation:	The Trust Board is requested to: • Approve the amendment to the Trust's Standing Orders for the operational management of claims documents • Authorise the use of the Trust's seal

Hull and East Yorkshire Hospitals NHS Trust

Trust Board

Standing Orders November 2018

1 Purpose of the Report

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

2 Claims Management and Standing Orders

The Trust's internal audit service recently completed an internal audit in to the Trust's claims management processes, which gave substantial assurance that the Trust has robust processes in place to manage litigation.

One of the recommendations made and accepted by the management team is:
The Trust's Corporate Governance Manual states that the Chief Finance Officer is the delegated officer with authority to manage payments relating to claims. Operationally theClaims Manager is authorising payments made/court documents etc.

In operational terms, all claims are managed through the Trust's insurers, NHS Resolution, in close liaison with the Trust's claims team. Payments relating to the Liability to Third Parties that are not covered by the Trust's insurance excess are forwarded to the Chief Financial Officer for authorisation.

The note from the internal auditor above relates to clinical claims. The payments are managed in accordance with the Trust's insurance and excess with NHS Resolution. The point raised by the internal auditors is in relation to the preparation of court documents by the Trust, which includes defences, orders, schedules of loss and list of documents. This can include admission of liability on recommendation by the Trust's insurers.

The Trust's Standing Order 8.4 regarding signature of documents currently states:
Where any document will be a necessary step in legal proceedings on behalf of the Trust, it shall, unless any enactment otherwise requires or authorises, be signed by the Chief Executive, any Executive Director or Director of Corporate Affairs.

Under Civil Procedure Rules, such enactment and authorisation for the Trust's Claims Manager to sign documents in relation to the Trust's management of claims already exists:
'Statements of Truth' (which is the declaration at the end of each court document) can be signed by a '….manager or other officer of the company or corporation.' and 'In a larger company with specialist claims, insurance or legal departments the statement may be signed by the manager of such a department if he or she is responsible for handling the claim or managing the staff handling it.'

By default this includes authority to recommend and authorise offers of settlement because these are implicit in Response to Letter of Claim/Defences i.e. when admission of liability is made it is implicit that an offer of settlement will follow at some point, which is assessed and payment made by the Trust's insurers.

Under the Civil Procedure Rules, as the manager of a department responsible for handling claims, the Trust's Claims Manager is duly authorised to sign documents on the behalf of the

Trust, as the member of staff with the most detailed knowledge of each claims case. Whilst this authorisation therefore already exists, to clarify the point raised by the internal auditors, the Trust Board is recommended to approve an additional sentence to Standing Order 8.4 as follows: *Under Civil Procedure Rules, the Trust's Claim Manager is authorised to sign documents on behalf of the Trust as they relate to claims being managed by the Trust's insurers; this includes defences, orders, schedules of loss, list of documents and Statements of Truth. In the absence of the Trust's Claims Manager, the signature of such documents continues to be reserved to the Chief Executive, any Executive Director or Director of Corporate Affairs*

3 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
2018/13	Hull and East Yorkshire Hospitals NHS Trust and Hull Maternity Development Limited	17 September 2018	Chris Long – Chief Executive and Lee Bond – Chief Financial Officer a

4 Recommendations

The Trust Board is requested to:

- Approve the amendment to the Trust's Standing Orders 8.4 for the operational management of signature of document relating to claims to be delegated to the Trust's Claims Manager, as authorised by Civil Procedure Rules
- Authorise the use of the Trust's seal

Carla Ramsay
Director of Corporate Affairs
November 2018

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

CHARITABLE FUNDS COMMITTEE

Meeting Date:	29 October 2018	**Chair:**	Mr A Snowden	**Quorate (Y/N)**	Y

Key issues discussed:

- Project Director Report
- Financial report for the year to date as at 31 August 2018 was received
- Fund balances and spending plans
- Legacies update
- Update on investments; Brown Shipley investments disinvested and transferred to COIF
- Internal Audit report – 5 recommendations made which have been actioned
- Received the Annual Accounts, Annual Report, Letter of Representation and Annual Governance Report (ISA 260)

Decisions made by the Committee:

- Agreed funding requests for general charitable funds
- Formally approved the Annual Accounts, Annual Report, Letter of Representation and Annual Governance Report (ISA 260)

Key Information Points to the Board:

- Internal audit report provided significant assurance in respect of procedures in place to effectively manage charitable funds
- External Auditors anticipated issuing an unqualified audit opinion
- Legacies received after 1 October 2018 are now directed to WISHH Charity
- The Board to receive the Hey Charity Annual Accounts for information

Matters escalated to the Board for action:

Nothing to escalate, key issues discussed captured above

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
TRUST BOARD - 13 NOVEMBER 2018

Title:	DIRECTOR OF INFECTION PREVENTION AND CONTROL - ANNUAL REPORT (DIPC) 2017/18
Responsible Director:	Dr Peter Moss, Director of Infection Prevention and Control Mike Wright, Executive Chief Nurse – Executive Lead
Author:	Dr Peter Moss, Director of Infection Prevention and Control Mrs Greta Johnson, Lead Nurse - Infection Prevention and Control

Purpose	The purpose of this report is to provide the annual report of the Trust's Director of Infection Prevention and Control (DIPC) for 2017/18. This report is required by the Code of Practice for the Prevention and Control of Healthcare Associated Infection contained in the Health and Social Care Act 2008. Information and assurance are provided to the Trust Board in relation to matters relating to infections alongside ongoing risks and challenges.	
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 pertaining to: • The Trust's Infection Control Arrangements and facilities • Committee and Assurance structures • Surveillance of Healthcare Associated Infections • Outbreaks and resistant organisms • Antimicrobial stewardship • Water Safety, Cleaning Services, Inspections and Audits • Risks and recommendations	

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

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

DIRECTOR OF INFECTION PREVENTION AND CONTROL (DIPC)

ANNUAL REPORT 2017-18

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

DIRECTOR OF INFECTION PREVENTION AND CONTROL (DIPC)

ANNUAL REPORT 2017-18

1 PURPOSE OF THE REPORT

This report provides an overview of the work done in accordance with the Infection Prevention and Control Strategy during the financial year 2017-18. It is a record of the Trust's activity and achievements in preventing healthcare associated infection, and in managing infectious diseases more generally. It also describes areas where improvement is needed.

2 BACKGROUND

This report is required by the Code of Practice for the Prevention and Control of Healthcare Associated Infection contained in the Health and Social Care Act 2008.

3 INFECTION CONTROL ARRANGEMENTS

Dr Peter Moss, as **Director of Infection Prevention and Control**, is responsible for leading and managing the Trust's Infection Prevention and Control (IPC) strategy. Kevin Phillips, Chief Medical Officer, has executive responsibility for infection prevention and control. The Trust does not currently have an **Infection Control Doctor**. Expert advice on the microbiological aspects of infection control is provided by Dr Debbie Wearmouth (HEY Consultant Microbiologist), and Dr Neil Todd (York FT Consultant microbiologist). The **Lead Nurse for the Department of Infection** is responsible for the infection prevention & control team and Infectious Diseases specialist nurse teams.

The **Infection Reduction Committee (IRC**) meets monthly, under the chairmanship of the DIPC. The IRC is a performance management and assurance committee, responsible for holding the Health Groups and Directorates to account for their performance in preventing and managing infectious diseases, and providing information and assurance to the Trust Board that all issues relating to infection prevention and control governance are being managed safely and effectively. The Committee is a forum for the Health Groups to demonstrate their compliance with Trust and national policies and procedures, and to share good practice. Attendance by the senior HG representatives has been good, and most meetings are quorate.

The **Infection Prevention and Control Committee (IPCC)** meet bimonthly. According to the Terms of Reference this committee should be chaired by the Infection Control Doctor; in the absence of anyone in this role it is chaired variously by the Lead IPC nurse or the DIPC. The IPCC is an expert advisory body, with the core role of providing advice to the Trust Board and Health Groups on issues pertaining to infection management (including the structure and governance of the infection prevention and control team). The Committee has representation from each Health Group, from the IPC team, from the Department of Infection, from Occupational Health, from the Facilities Directorate, from the Sterilisation and Decontamination Unit, and from Pharmacy. It reports to the Infection Reduction Committee. The IPCC has responsibility for guiding Infection Prevention and Control activity within the Trust, interpreting external guidance and instruction, and providing the Chief Executive with relevant information and advice. It also advises the Trust on its statutory requirements in relation to Infection Prevention and Control and the decontamination of medical and surgical equipment.

The **clinical IPC team** is composed of the Infection Prevention and Control Doctor, specialist Infection Prevention and Control nurses, and supporting secretarial and

administrative staff. The nursing team is managed by the Lead Nurse for the Department of Infection and for the period covered by this report consisted of 3.5 WTE band 7 and 2 WTE band 5 IPC Nurses, supported by a secretary and a part-time administrative assistant. The national recommendation is for 1 nurse per 250 acute beds (as part of a fully supported team); 83% of English NHS Trusts achieve this figure. During 2017/18, an IPCT vision and strategy was launched with support from Human Resources, the strategy enabled the service to be redefined in terms of team structure, vision and goals to provide a cohesive and responsive service. Continuing to delivering an effective IPC responsive service had been a challenge towards the end of the financial year, during the recruitment period but support from the Consultant Microbiologist, Infectious Diseases Consultants, Corporate Nursing team and site team enabled a safe responsive service to continue. There is currently no system analyst, data manager, or epidemiological support for the team.

The **Department of Infection clinical team** includes 7 full time consultant Infectious Disease physicians, 1 Consultant Microbiologist, Specialist Nurses in HIV (2), viral hepatitis (4), sepsis (2), and Outpatient Antibiotic Therapy (2), as well as a team of ward-based nurses managing the infectious disease ward at Castle Hill Hospital. Although we were fortunate to recruit a consultant microbiologist (in a national shortage specialty) during 2017, there is still a lack of resilience in this area. The Trust previously had 5 microbiologists, and although changes in technology and working practices mean that this number is no longer required, the service needs at least 2 WTE to make sure that laboratory clinical work and infection control support is adequately covered. Discussion is ongoing in the Clinical Support Health Group as to how this is best achieved.

4 OTHER RELEVANT COMMITTEES

The Trust has specific committees responsible for decontamination and for water safety. These committees have representation on the IPCC, and report to IRC. There have been concerns about poor attendance at some meetings over the past year, and consultant microbiology vacancies have made it difficult to provide adequate clinical support for these functions. The chair of the Water Safety Committee, which is a mandatory institution, continued to be poorly supported by some Health Groups, despite the nomination of specific attendees by the HGs. However water safety issues are reviewed regularly by IRC and this does not represent an actual risk to the safety of staff or patients in the organisation.
The Trust's designated Board level **Decontamination Lead** (as required by the Health and Social Care Act) is the Director of Estates, Facilities & Development.

5 THE WIDER INFECTION PREVENTION TEAM

In addition to the core clinical IPC team (DIPC, Infection Control Doctor, IPC nurses, etc.) an increasing number of other clinicians are being recruited to support the Trust's efforts.
The Infection Prevention and Control Link Practitioners act as a resource for good infection prevention practice within their clinical areas. Study days, which are facilitated by the Infection Prevention and Control Team, are held twice a year to disseminate new information and guidance. The Link Practitioners are then supported by the Infection Prevention and Control Team to be proactive in implementing this guidance within their workplace.
Access to infection prevention and control information can also be obtained from the Trust Pattie page and via the Trust's global email address Ask Infection, facilitated by the Infectious Diseases consultants in the first instance, with support available from the IPC team as required.

6 SURVEILLANCE OF HEALTHCARE ASSOCIATED INFECTION

Public Health England Fingertips data

PHE now produce regularly-updated information on a variety of IPC parameters, benchmarking NHS Trusts against other organisations in England

(https://fingertips.phe.org.uk/profile/amr-local-indicators/data). The huge amount of information available can be grouped in various ways: the appendices contain spine plots of the performance of HEY against all other acute NHS trusts in England in NHS AMR/HAI initiatives (Appendix 1), in overall performance on all HAI targets (Appendix 2), and in antimicrobial prescribing (Appendix 3). These data, which are a mixture of 2016-17 and 2017-18 (depending on availability of information) show that against the 11 NHS initiative targets, HEY has performed at or better than the benchmark in all cases. For the wider range of HAI targets the Trust generally falls between the 25th and 75th centile, but was a significant negative outlier for Trust-attributed MSSA BSI (for 2016-17; comparative data for 2017-18 is not yet available). Performance was excellent for the antimicrobial prescribing targets: the Trust was better than the benchmark value in all criteria, and was a significant (positive) outlier in some areas.

i. Meticillin resistant *Staphylococcus aureus* (MRSA) bloodstream infection (BSI)
The Trust has achieved a year on year reduction in cases of MRSA BSI since reporting 102 cases in 2005-6 when mandatory surveillance was introduced. Up until 2013 NHS trusts were set progressively decreasing maximum thresholds for MRSA BSI by the Department of Health, and the Trust met its target for 2011-12 (8 cases against a threshold of 9), and 2012-13 (6 cases against a threshold of 7).

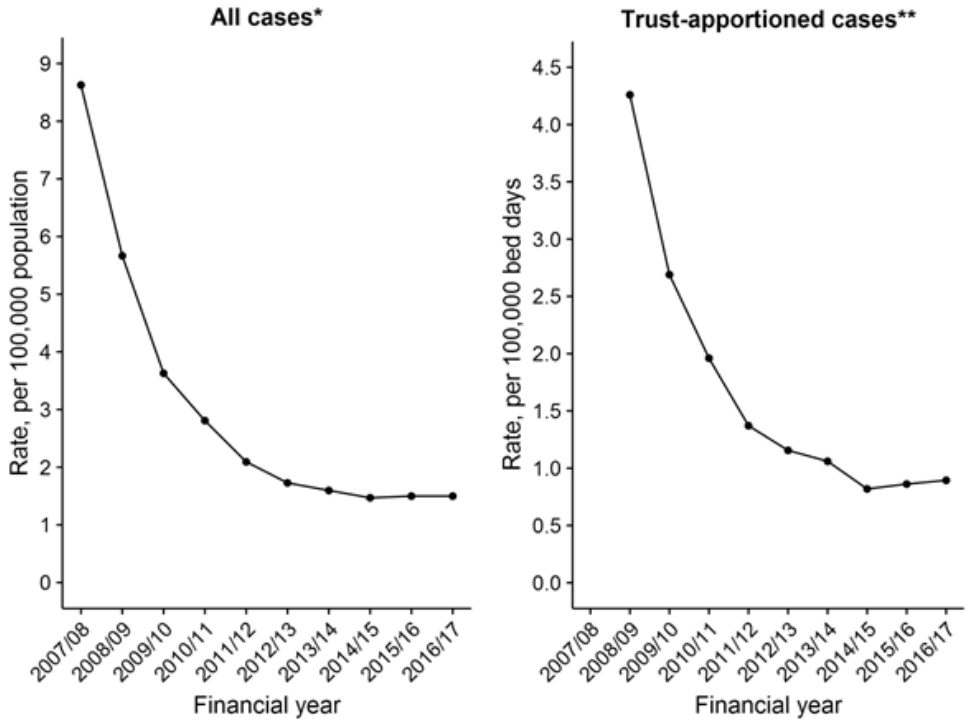


Figure 1. MRSA BSI rates in England 2007-2017 (red line indicates introduction of universal screening)

For 2013-14 the Department of Health moved away from a fixed numerical target in favour of a policy of 'zero tolerance of avoidable infection'. It was accepted, at least *in camera*, that there would continue to be small numbers of infections seen, and that the national aim was to reach an 'irreducible minimum'. National figures support this contention (Figure 1). The numbers of total and Trust-attributed MRSA BSI diagnosed in the Trust for the last 5 years are shown in Table 1.

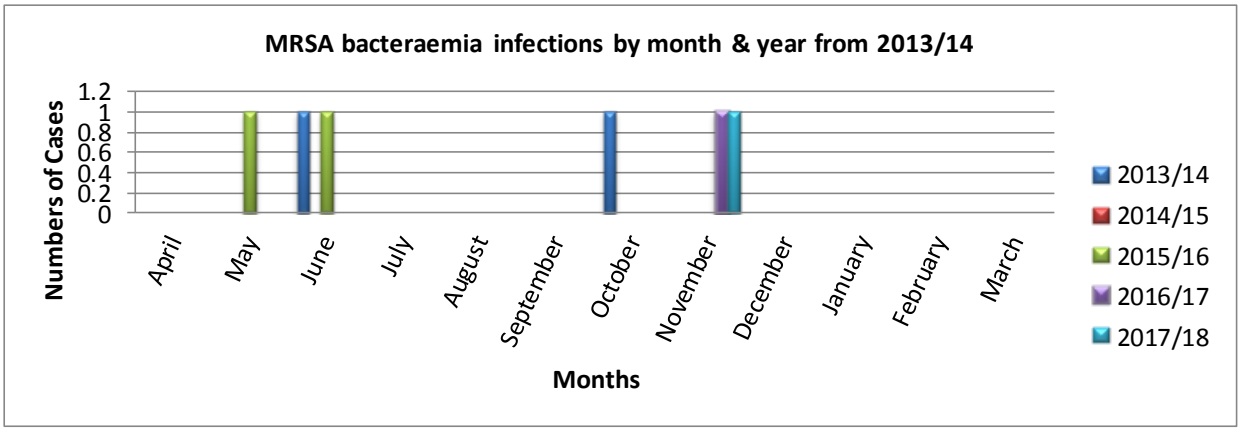


Table 1. MRSA bloodstream infection diagnosed in HEYHT 2013-18

In November 2017, a Trust apportioned MRSA bacteraemia case was reported in an oncology patient. This was a complex case having received care at Northern Lincolnshire & Goole NHS Foundation Trust (NLAG). Post infection review (PIR) investigation highlighted poor compliance with screening on transfer to HEY, prudent central line care and associated documentation. Patient had a bone marrow biopsy at NLAG prior to transfer and although there was no signs and/or symptoms of infection due to advanced lymphoma the area was swabbed as adequate healing had not being achieved (small sinus evident) – this swab cultured MRSA. Although extremely rare, it is likely that MRSA was seeded via this site, but without assurance regarding other possible sources difficult to conclude. Case determined as hospital apportioned and assigned to HEY.

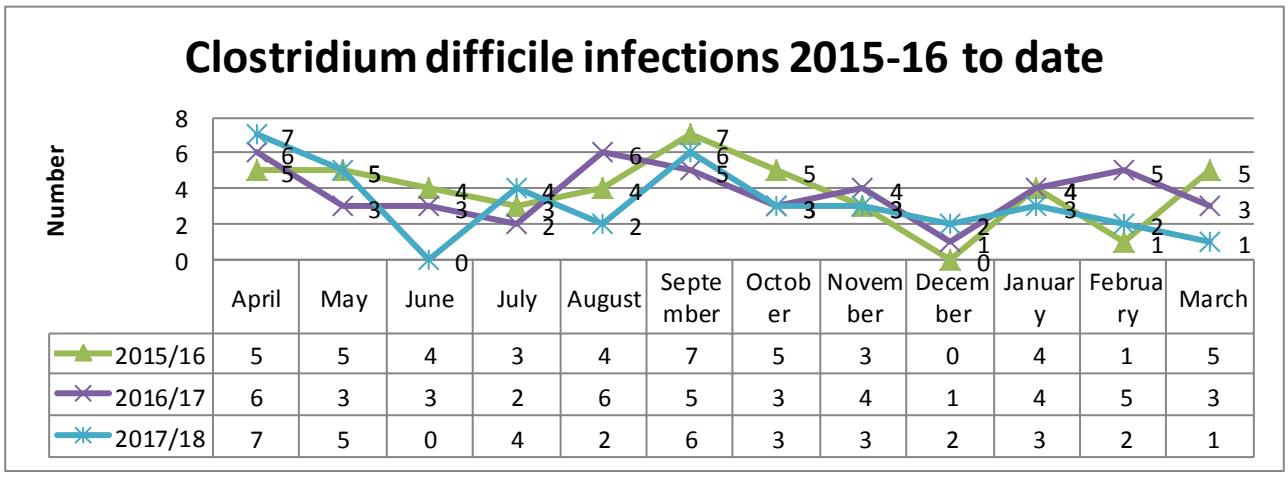
Among other measures to try to reduce the number of MRSA BSI, the Department of Health in 2010 mandated that all patients admitted to hospital in England must be screened for MRSA skin colonisation. This has proved difficult to implement in practice, and the efficacy of such universal screening (as opposed to testing patients at higher risk) has always been debated. In 2014 the DH Expert Advisory Group on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) reviewed the available evidence, and recommended that all Trusts move from a policy of universal screening to one of selective screening of high risk patients. However many Trusts have been reluctant to make this change for fear of a reversal in the downward trend in MRSA BSI, and only one organisation in Yorkshire has fully implemented the ARHAI recommendation. On the advice of previous ICDs HEY continues to attempt universal screening for MRSA colonisation, but this policy is now under review and the DIPC will be presenting an options appraisal to the Executive Team in July 2018.

ii *Clostridium difficile* Associated Diarrhoea (CDAD)

The Trust has participated in the mandatory surveillance of *Clostridium difficile* since 2004. In 2011-12 the Trust performed particularly poorly in preventing hospital acquired CDAD infection. In this period there were 105 cases of CDAD attributed to the Trust, against a maximum threshold of 60 set by the Department of Health. Following a number of interventions the number of cases in 2012-13 fell to 58, and the Trust has maintained a steady improvement in performance since then (*Figure 2*). In 2017-18 there were 38 cases reported, against a threshold of 52. National benchmarking from 2016-17 (the latest available) shows that for all acute Trusts in England HEY is exactly on the 50th centile for cases of CDAD per 100 000 bed days.

From 2015-16 there was an opportunity for cases of CDAD for which the commissioners agreed that there had been no lapses of care (and the infection was therefore unavoidable) would be highlighted and removed from any financial penalty, although still included in the

total. The Trust agreed a very strict definition with the commissioners, whereby any deviation from Trust or national guidance (even if not necessarily contributory to the development of infection) was classed as a lapse of care. Despite that over 84% of the reported cases in 2017-18 were agreed to have been unavoidable through a robust consultation process with the IPC representatives of the commissioners. The continuing reduction in the number of Trust-attributed cases is a reflection of improved infection control processes on the general wards, and dramatically improved antibiotic prescribing practices across the Trust.



	April	May	June	July	August	September	October	November	December	January	February	March
2015/16	5	5	4	3	4	7	5	3	0	4	1	5
2016/17	6	3	3	2	6	5	3	4	1	4	5	3
2017/18	7	5	0	4	2	6	3	3	2	3	2	1

Table 2. CDAD infection diagnosed in HEYHT 2013-18

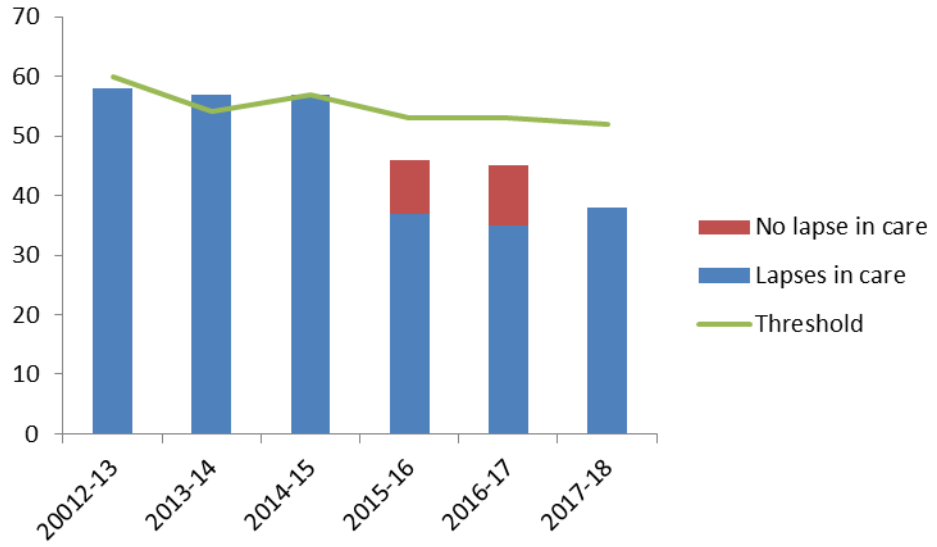


Table 3. Annual reported number of Trust-attributed C difficile infections 2011 – 2017

All cases of CDAD infection are subject to a Root Cause Analysis (RCA). The RCA process is led by the senior clinicians (medical and nursing) involved with the care of the patient, and supported by the IPC team. Summary outcomes are presented to the IRC. In most cases there were no significant failures of care apparent that had led to the development of CDAD. The main areas that were identified for improvement were timely isolation of patients with diarrhoea, delay in submitting a faecal sample, and completion of stool charts.

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 are reducing the number of days to identify hospital onset healthcare associated cases from 3 days to 2 days following admission and adding a prior healthcare exposure element for community onset cases. *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. A threshold for Trust apportioned cases has been set by NHS Improvement at 52 for 2018/19 but a stretch target of 45 has been locally agreed with Commissioners.

Meticillin sensitive *Staphylococcus aureus* (MSSA) BSI

National data show that the general reduction in MRSA bloodstream infection has not been mirrored by a fall in MSSA BSI. This is of concern as the two organisms have similar epidemiology and pathogenesis. The Department of Health therefore introduced mandatory surveillance of MSSA bacteraemia from January 2011.

Benchmarking for MSSA infections is less developed than for MRSA, and the balance between healthcare-associated and other infection less clear. Root cause analysis of MSSA BSI cases are completed and reported via the IRC. There have been year to year fluctuations, but no significant change up or down in the rate of MSSA BSI at HEY, and it remains the one major HAI indicator for which we are significantly worse than the national benchmark (Figure 4).

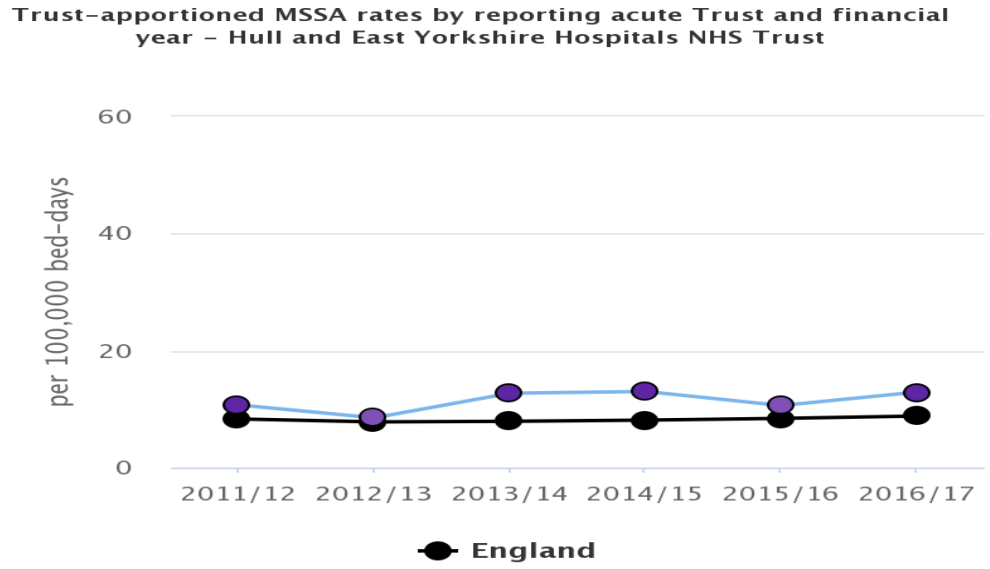
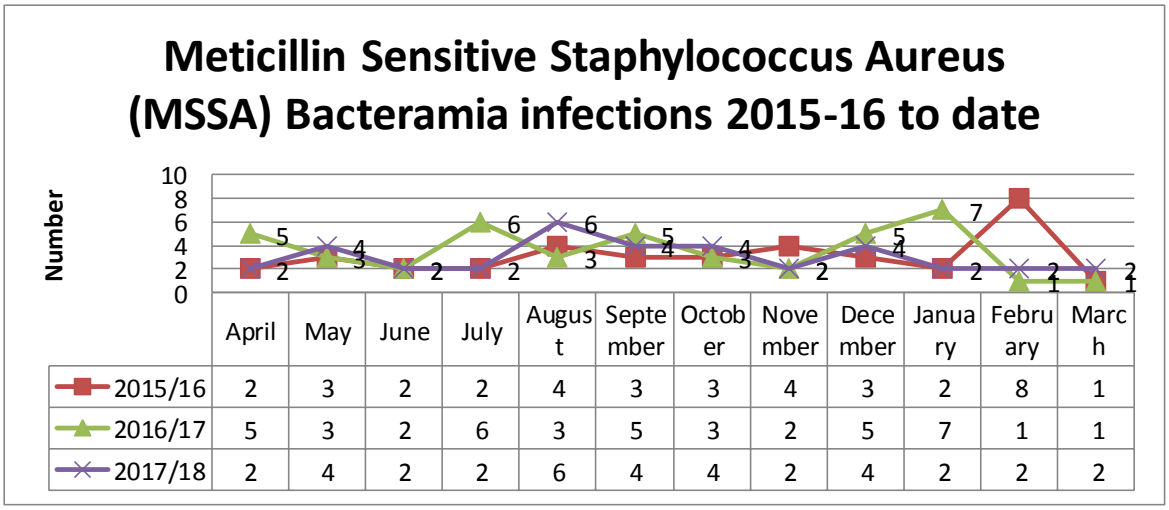


Figure 4. MSSA BSI benchmark data from PHE Fingertips



	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

Table 5. MSSA bloodstream infection diagnosed in HEYHT 2015-18

The reasons for the relatively high rate of MSSA BSI remain unclear. We are still seeing cases of MSSA bacteraemia associated with poor intravascular line insertion and care: these are less frequent than in the past, but should be completely avoidable. Other cases associated with intravenous drug use and chronic ulcers are more difficult to address, but further work is needed to investigate why such a high proportion of our overall MSSA BSI cases are hospital-apportioned.

Escherichia coli bacteraemia

Mandatory surveillance of *E coli* bacteraemia was introduced in 2011. This organism is the commonest cause of bacteraemia in hospital (40 500 cases reported in 2016-17), and numbers are increasing year on year. There is also a steady increase in the proportion of these organisms which produce Extended Spectrum Beta Lactamase (ESBL), an enzyme which makes them highly antibiotic-resistant. These facts have led PHE, NHSI, and ARHAI to focus on reducing the rate of Gram negative bacteraemia, and especially blood stream infection due to *E coli*. The Department of Health has announced a formal intention to reduce the incidence of *E coli* bacteraemia by 50% by 2020 (although it has been widely questioned whether this is a realistic ambition).

National benchmark data show a total of 41,060 cases of E. coli bacteraemia were reported by NHS Trusts in England between 1 April 2017 and 31 March 2018. Of the 41,060 E. coli cases, 7,704 (18.8%) were hospital-onset. National benchmark data show that HEY is marginally above the national mean rate of hospital-attributed E coli BSI (24/100 000 bed days, compared to a mean of 22.4 in 2016-17) (Figure y). There has been a slow but steady reduction in the numbers of E coli BSI. The HEY figure for 2017-18 is 33.7/100 000 bed days.

The majority of *E coli* BSI diagnosed in HEY are the cause of admission rather than being hospital-acquired (usually related to urine or gall bladder infections), and are therefore considered as 'non-attributable' to the Trust. However a proportion of *E coli* bloodstream infections are acquired in hospital, associated with urinary catheters, wound infections, vascular devices, and ventilator-associated pneumonia. Even for the 'community-attributable' bacteraemia the situation is not as straightforward as it may seem, as infections developing in the community may be related to a previous admission to hospital. Although surveillance of cases is reported, it is difficult to determine which infections were potentially avoidable without robust investigation (which is difficult given the large number of cases).

For a 6 month period during the second half of 2017-18 one of the Infectious Diseases consultants carried out bedside and case note review of all patients with trust-attributed E coli BSI. The work involved was significant, and this is not sustainable as ongoing practice, but it is hoped that information from the data collected (which are currently being analysed) will allow more targeted interventions in future.

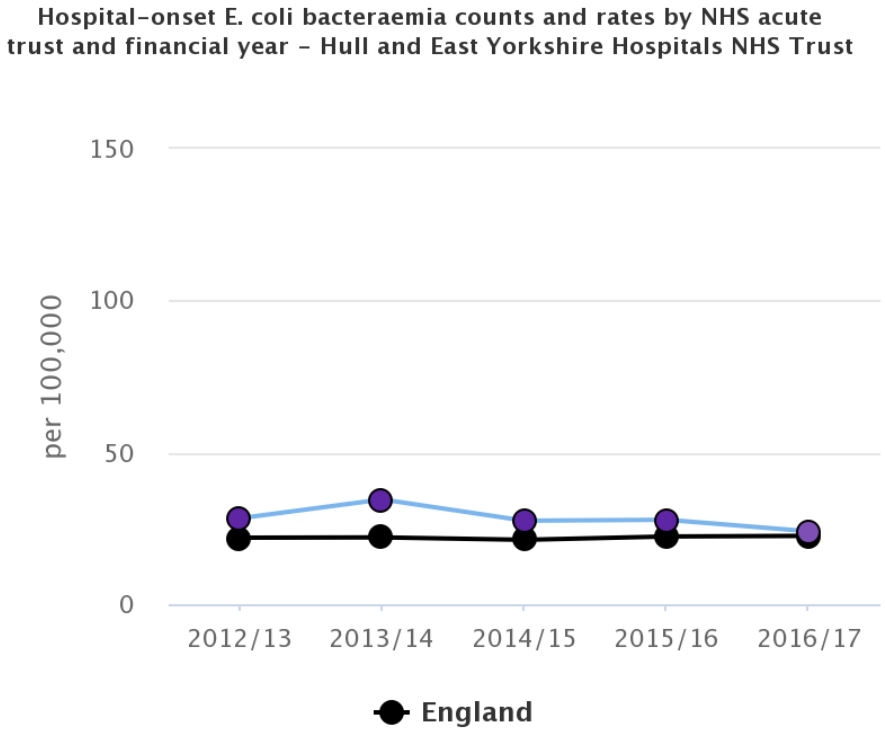
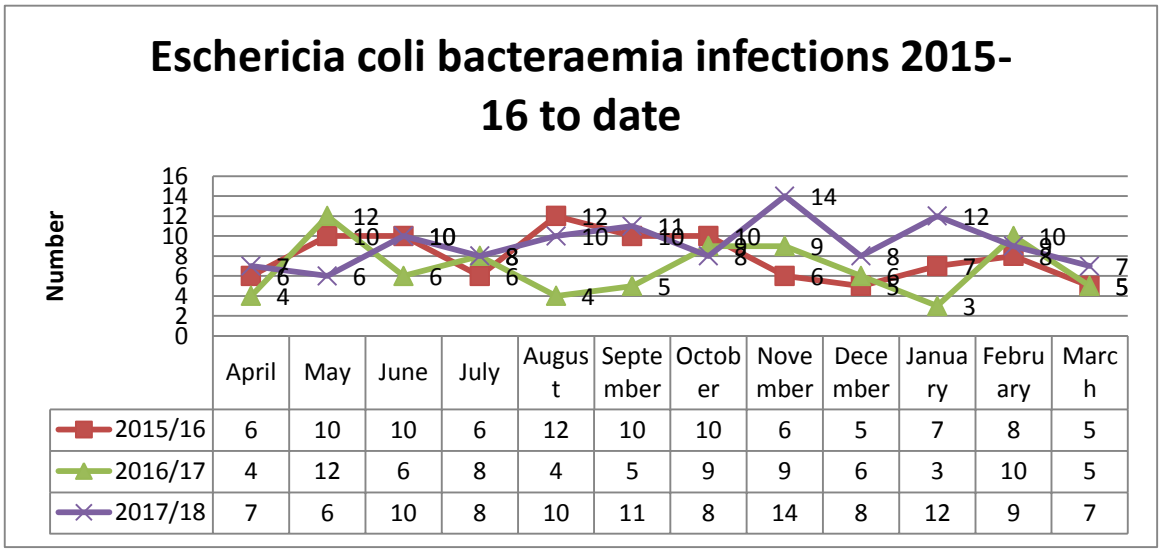


Figure 6. E. coli BSI benchmarking data from PHE Fingertips



	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

Table 5. E. coli bloodstream infection diagnosed in HEYHT 2015-18

Surgical Site Surveillance
The Trust continues to participate in both mandatory and voluntary surveillance of surgical site infection: in 2017/18 this included orthopaedic surveillance (knee replacements). This was undertaken during January to March 2018, because of reduced numbers surveyed due to the curtailing of elective surgery, instigated by NHS England as part of national winter planning measures, the surveillance continued for a further 3 months (April –June 2018). The Trust awaits the results of the completed orthopaedic surveillance for 2017/18. Early indications suggest a reduction if post-operative wound infections, and remaining below the national average as reported by Public Health England.

7 OUTBREAKS AND RESISTANT ORGANISMS

The Trust's policy on outbreaks and incidents of infection has been followed by the IPC team. Incident and Outbreak Control Group meetings have been held where necessary to support clinical areas in determining whether an incident or outbreak is occurring, ensuring patients are cared for, and seeking to prevent further cases.

Norovirus
The majority of Incident/Outbreak Control meetings were called because of Norovirus, facilitated by liaison following bed meetings which were attended by members of the Infection Prevention & Control Team. The overall number of Norovirus cases locally and nationally over the year was below nationally expected numbers and the local situation was in line with national epidemiology.

During 2017/18, outbreaks of diarrhoea & vomiting, mainly affecting medical elderly wards were reported. The majority of these were identified as being caused by Norovirus. In accordance with national guidance hospital outbreaks of Norovirus were managed with partial restrictions but some complete ward closures were necessary, as in keeping with trends associated with 2016/17.

All areas affected by Norovirus were closed and cleaned in full accordance with IPC guidance. Opportunities to review existing policies, procedures and communication strategies with internal and external partners continued throughout 2017/18 with the development of a discharge policy, to facilitate safe discharge from affected wards.
Carbapenemase producing Enterobacteriaceae (CPE)

Infections with multi-drug resistant Gram negative bacteria are becoming increasingly common in Britain, and there have been a number of healthcare associated outbreaks (including some in other acute trusts in Yorkshire). As yet Hull and East Yorkshire Hospitals NHS Trust has had only a handful of infected or colonized patients, all of whom have brought the organism in from elsewhere. There have been no cases of local transmission. The Trust has implemented the national toolkit on prevention and management of CPE and during 2016-17 met the requirements of the toolkit e.g. identifying and screening at risk patients.

Multi-drug resistant Acinetobacter
HEY has been relatively spared from highly drug resistant Gram negative bacteria compared to many parts of England. In December 2017 a patient was repatriated from an Intensive Care Unit (ICU) in Nairobi to HRI (following a serious traffic accident). He was found to have bloodstream infection with two separate highly resistant organisms: MDR *Acinetobacter baumanii* and *Candida auris* (see below). The Acinetobacter was resistant to all but one antimicrobial agent, despite which he was eventually cured of this infection. Unfortunately two other patients being managed on the same ICU at HRI became colonised with the same organism, highlighting some failures in infection control procedures. Learning from the incident included prudent assessment of patients prior to acceptance, isolation, irrespective

of known organisms/ infections of patients, prompt screening and appropriate use of personal protective equipment in addition to scrupulous hand hygiene.

Candida auris

The first British case of infection with *C auris*, a highly resistant fungal pathogen, was reported in 2013. Since then more than 20 trusts in England have reported cases of patients colonised or infected with *C auris*, including over 30 bloodstream infections. There have been 3 large nosocomial outbreaks in English hospitals, and once patient to patient spread has occurred it has been very difficult to eradicate the organism. One London hospital had to close its ICU for several weeks following an outbreak. The first patient to be diagnosed with *C auris* in HEY (see above) was successfully treated with anti-fungal drugs, and no secondary cases have been identified following deep cleaning with hydrogen peroxide vapours (HPV) of the ICU.

Invasive Group A Streptococcus (IGAS)

During September 2017, a number of patients were admitted with IGAS and managed as inpatients. This was the second incident of this type, with a previous cluster noted in March 2017. Public Health England were investigating an increase in infections amongst people who inject drugs in the local community and across Yorkshire, with a number of incident meetings held to coordinate both secondary and primary care responses and actions. The incident provided the opportunity to address possible inequalities experienced by this group of often difficult to reach patients.

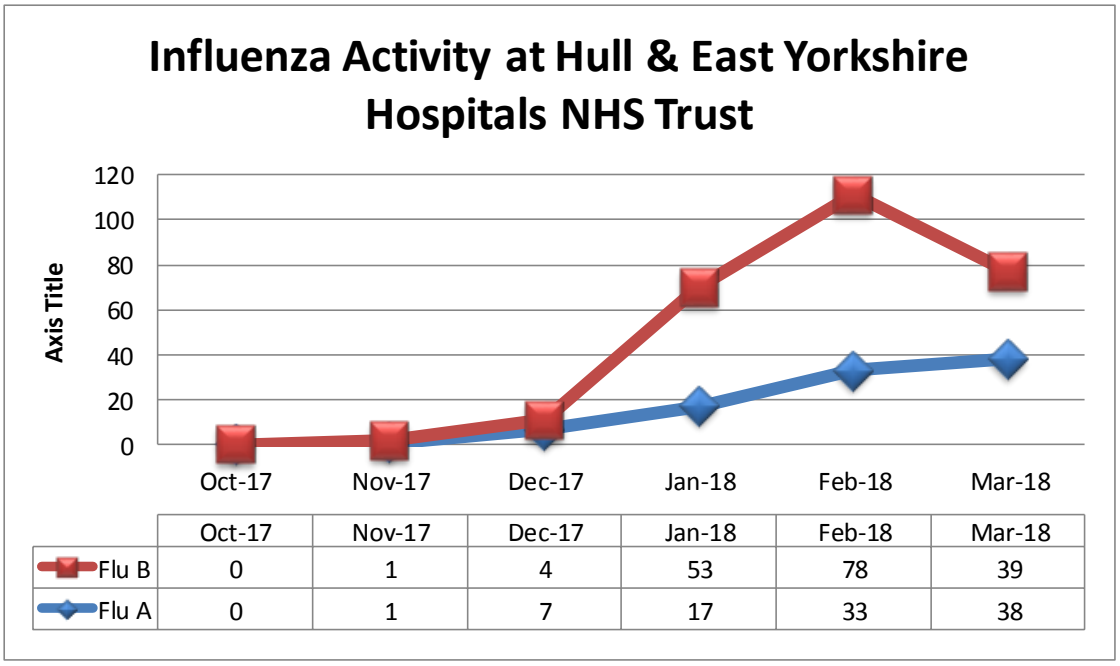
Influenza

Nationally an increase in influenza was noted during December 2017 and January 2018 and this was demonstrated across Yorkshire & the Humber with a number of secondary care providers affected by admissions of flu like illness.

Cases of Influenza in patients admitted to the Trust were first noted during November 2017, with just 2 cases reported, this increased to 11 cases in December 2017. These cases represented normal seasonal flu activity with more cases of Influenza A noted which was expected. Patients were screened, isolated, treated and managed appropriately.

During January 2018, a shift occurred with a significant number of Influenza B cases reported, occurring mainly in younger patients, some ‘at risk’ who had not been previously vaccinated. Seventy cases of Influenza were reported during January 2018 with 73% of cases detected as Influenza B. During January 2018 no hospital apportioned cases were reported with the majority of cases detected on and/or shortly after admission, in addition 2 deaths associated with Influenza occurred in patients with multiple comorbidities nursed in ICU. From January 2018, the Trust were required to report Influenza data to NHS Improvement on a daily basis including number of inpatients with Influenza nursed in ICU settings, inpatients in other clinical areas with Influenza and the number of reported cases in the previous 24hour period.

During February and March 2018 the Trust continued to experience increased incidence of Influenza, with the largest peak occurring in February 2018 with a total number of Influenza cases reported as 111. Influenza B continued to dominate with 70% of the 111 cases reported as Influenza B. Increased compliance with screening across the Trust may also account for some of the increase. During March 2018, 77 cases of Influenza were reported by the Trust, mainly in patients presenting in ED/HAAU with respiratory infection/ flu like illness. In total 38 cases of Flu A and 39 cases of Flu B were detected, there were 3 deaths noted associated with flu in patients with multiple comorbidities. Cases amongst inpatients admitted with respiratory infections continued although in reduced numbers during April and May 2018 with Influenza A dominating.



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

Table 6. Represents influenza activity at the Trust since October 2017 until the end of March 2018

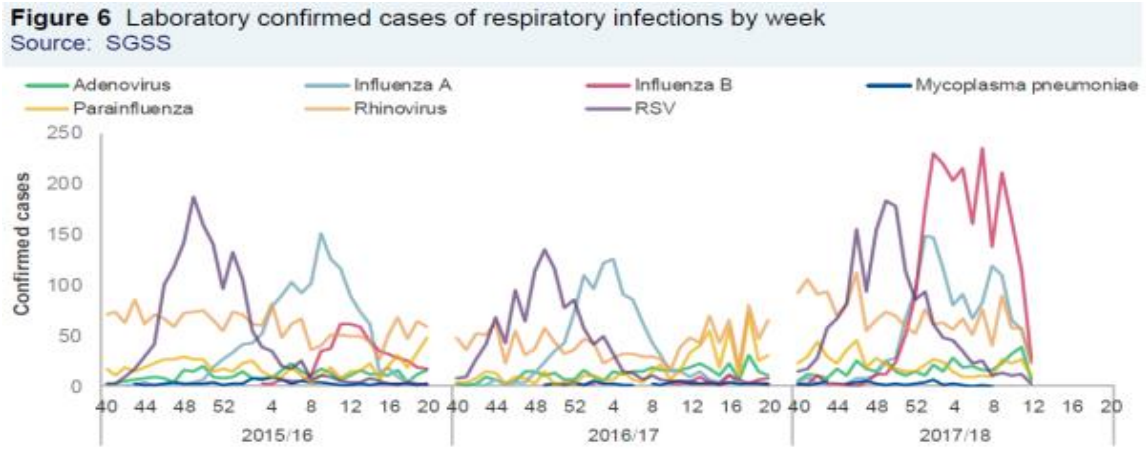


Table 7. Chart 2 represents activity of respiratory infections including Influenza A & B across the Yorkshire & Humber region (PHE Field Epidemiology Service)

8 ISOLATION FACILITIES

There have been, for many years, concerns about the Trust's isolation facilities. Like many other NHS trusts with older estate there is a general shortage of single rooms suitable for isolating patients with potentially contagious conditions. This is a long-standing issue, and there is no simple solution. However more pressing concern has surrounded the specialist Infectious Diseases ward at Castle Hill Hospital, which was itself left isolated by the move of other departments to HRI, and was the only clinical area left in the southern part of the CHH site.

During 2017-18 there was a £1.7 million refurbishment of ward C7 to create a new isolation ward. The new unit, which opened in May 2018, has 12 single rooms with *en suite* facilities. Six of the rooms have anterooms and negative pressure airflow to allow effective isolation of patients with highly infectious airborne pathogens. One of these also has facilities for the

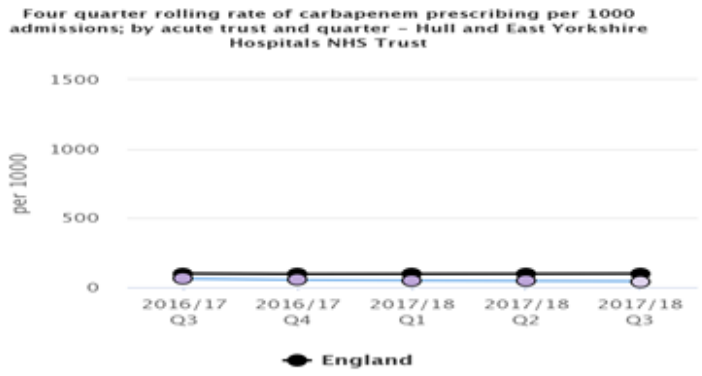
use of full personal protective equipment for 'contact' infections such as Ebola virus disease. This means that the Trust can safely assess patients at risk of having highly contagious conditions before transferring confirmed cases to one of the two national isolation facilities. It also means that we can manage several patients at once with conditions requiring long term isolation, for example multidrug resistant tuberculosis.

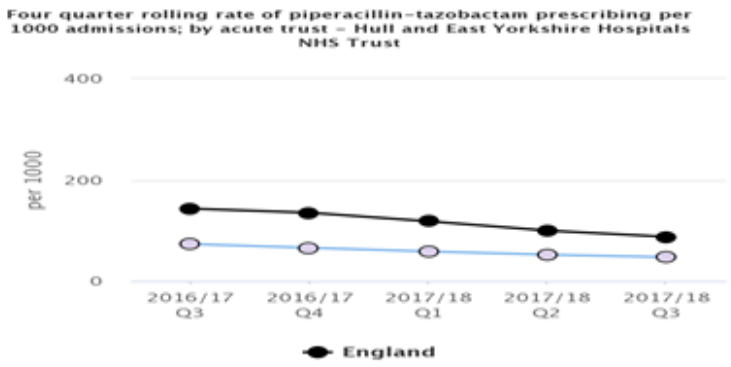
There remain concerns about the organisation's ability to isolate children, especially those with airborne infections. There have been, and will continue to be, cases of hospital transmitted influenza and respiratory syncytial virus (RSV) until more suitable facilities for isolating children with these infections are provided.

Following a number of reported outbreaks on the Neonatal Intensive Care Unit over the last 2-3 years which cited the environment as being a contributory factor, the financial year 2017/18 provided the opportunity to address areas of concern. The intensive care bedded area, the 'red room' was redesigned to accommodate neonates with an infection in a dedicated cubicle and create space between incubators. In addition hand hygiene basins were replaced and repositioned to ensure compliance with hand hygiene and reduce the risks associated with water borne infections e.g. Pseudomonas aeruginosa and Legionella. Improved storage was also installed to reduce contamination in the clinical environment. Concerns remain regarding the clinical space afforded in the 'blue room' with a recommendation from the Department of Infection for this to be addressed as soon as is practicable given the tertiary nature of this level 3 unit.

9 ANTIMICROBIAL STEWARDSHIP

Increasing emphasis is being placed nationally on the importance of antimicrobial stewardship as part of infection prevention and control strategy. This is useful in reducing the development of *C difficile* infection, but is even more important in limiting the emergence of bacterial resistance. The Trust has for many years had a good record in antimicrobial stewardship. In 2016-17 CQUIN targets for reduction in the use of the broad spectrum antibiotics Meropenem and Piperacillin/Tazobactam were achieved, even though we started from low baseline usage compared to national average. The Trust did not achieve the overall antibiotic usage reduction target required by the CQUIN (this is in part due to technical issues with the way in which 'amount' of antibiotic is recorded).





The Antibiotic Control Advisory Team (ACAT), under the leadership of Dr Gavin Barlow, continues to work on improving antibiotic usage within the Trust. Advice on the use of antibiotics is included in consultants' mandatory training day. In addition to an innovative antibiotic formulary (promoting less use of broad spectrum agents) ACAT has produced guidelines on empiric antibiotic prescribing, prescribing in patients at high risk of *C difficile*, antibiotic 'streamlining', and surgical antibiotic prophylaxis. All this guidance is available both in hard copy and on the intranet. ACAT meets regularly to review antibiotic usage, and reports to IRC. Regular audits of the quality of antimicrobial prescribing are carried out by Pharmacy staff; these are presented at IRC and any areas requiring improvement are highlighted to Health Groups. This process is supported by the dedicated antimicrobial prescribing section of the drug chart, which makes it more difficult to inadvertently overprescribe antibiotics. These (and other) measures have led to an objectively measured improvement in the quality of prescribing, and an increased diversity of antibiotics used. RCA for CDAD have also shown a considerable reduction in cases which could be attributed to poor antibiotic prescribing.

10 DECONTAMINATION

The Trust Decontamination Committee meets quarterly and covers decontamination in Sterile Services, Endoscopy, decontamination of medical devices and patient equipment and environmental cleaning. The Trust endoscopy users, sterile services department and theatre report into this group. This committee reports to the Infection Reduction Committee. During 2017/18 improved attendance from respective Health Groups was noted, but needs to be embedded and sustained.

Central Sterile Services Department (CSSD) has been audited and meets the requirements of disinfection, assembly, packing, moist heat and gas plasma sterilisation of theatre trays and procedure packs and supplementary instruments in accordance with ISO 13485:2003 and ISO 9001:2008. For moist heat and gas plasma sterilisation of theatre trays, procedure packs and supplementary instruments in accordance with Medical Devices Directive 93/42/EEC Annex V, Article 12 (Sterility Aspects Only).

During 2017/18 the opportunity to create links and support for CSSD and theatres, in respect to surgical instrumentation, by the Infection Prevention and Control team has been a priority and by year end is embedded.

During 2017/18 incidents regarding IPC have occurred in CSSD and theatres and these have been reported promptly and investigated in conjunction with the IPCT, with associated actions and learning identified and implemented.

11 WATER SAFETY

The Water Safety Group (WSG) continues to work to raise awareness of water safety issues throughout the Trust and continues to take steps to improve arrangements for water safety and governance. During 2017/18 attendance at the WSG from respective Health Groups was noted, better and continued clinical representation is needed to effectively assess and respond to risks to patient safety and translate the work of the WSG to the clinical environment.

Flushing on both Trust sites is now firmly established, with improved compliance now seen. In an effort to reduce the associated administration and data storage burden the Estates department initiated a successful trial of a software based solution to record flushing. This will improve the ease with which clinical staff can record flushing in real time. The new system creates compliance reports but will also escalate non-compliance through a pre-determined electronic cascade system.

Any positive water samples culturing both Legionella and/or Pseudomonas are reported by Public Health England to both the Estates team and key members of the Infection Prevention and Control Team with prompt action to reduce risks to patients.

12 CLEANING SERVICES

Hull and East Yorkshire Hospitals NHS Trust has a responsibility to provide and maintain a clean and appropriate environment for healthcare. With a higher profile on improving cleanliness in hospitals this is now a key element of how each hospitals performance is judged and it is assessed in a number of ways which feature in the Care Quality Commission's (CQC) Essential Standards of Quality and Safety.

MITIE provides cleaning services for Hull and East Yorkshire Hospitals NHS Trust and the contract is currently in the 11th year and managed and monitored by the Trust's Facilities department.

During 2017/18 the Trust decided to tender for the cleaning services contract, basing the tender on an output specification rather than a traditional input specification. A traditional 'input' specification will set out in detail the exact services to be performed by the contractor in a prescriptive manner, whereas an 'output' specification aligned to the national specifications for cleanliness in the NHS: a framework for setting and measuring performance, define what is to be delivered, but not how it will be delivered. The infection prevention and control team along with senior nursing teams, Facilities, Health & Safety and Finance worked in collaboration to define the Trust requirements to inform the tender. Following a lengthy tendering process a decision was made to award the tender to OCS and during March 2017, mobilisation commenced with OCS, supported by MITIE during their de-mobilisation phase.

Standards of cleanliness were maintained during the transition with ongoing monitoring from both Facilities and the infection prevention and control team.

13 PLACE INSPECTIONS

The annual Patient Led Assessment of the Environment (PLACE) inspection of the Trust sites this year achieved an overall score of 97.32% for cleanliness at HRI and 98.54% at CHH, an improvement from 2016 scores.

14 TRAINING AND EDUCATION

Education and training are essential to the strategy to limit healthcare associated infections (HCAI) in the Trust. They form part of every staff job description, and an integral part of the appraisal process.

Infection prevention & control education forms part of the mandatory induction programme for all staff. Additionally infection prevention and control is included in junior doctor orientation and as part of the consultants' mandatory training programme. Staff attendance at mandatory infection control updates is recorded centrally.

The infection prevention and control team conduct ad hoc education sessions to staff groups.

15 OTHER ACHIEVEMENTS IN 2017-18

The Trust has always worked in collaboration with commissioners and other partners in reducing avoidable infections. Although some national targets and CQUINs divide healthcare associated infections into 'acute-attributed' and 'community-attributed' these are artificial distinctions. Many infections diagnosed in the community have their origins in hospital, and vice versa. It is therefore essential that a 'whole system' approach is taken to tackling healthcare associated infections. The Trust continues to meet regularly with partners in a number of forums, and it has been agreed that the current successful collaborative review process for *C difficile* has been extended to other HCAIs.

The lack of consultant microbiologists, although it has caused problems in some areas, has allowed a change in the way clinical infection advice is provided. Significant laboratory results (such as positive blood cultures) are now often followed up by a bedside visit from an ID physician, rather than being phoned to the ward: this has resulted in very positive feedback from some clinical teams. Regular infection in reach ward rounds now take place in a number of areas (e.g. orthopaedics, vascular surgery, diabetes, neurosurgery, cardiology/cardiothoracic), in addition to the specific visits requested through 'Ask Infection'.

16 OTHER RISKS IN 2017-18

During 2017/18, a number of incidences have occurred involving the identification of Tuberculosis (TB) in inpatients, resulting in contact tracing of both staff and patients. The infection prevention and control team have worked closely with the community TB nursing team, infectious diseases consultants, respiratory consultants and Public Health England to reduce ongoing risks to patients and staff. These incidences have provided the opportunity to reinforce the importance of appropriate isolation of 'at risk' patients, use of appropriate personal protective equipment (PPE) e.g. FFP3 facemasks and also communication of cases and incidents to local commissioners.

17 EXTERNAL INSPECTIONS

From the 7th until 9th February 2018 Care Quality Commission audited of both Hull Royal Infirmary and Castle Hill Hospital. The inspection focused on the well led domain and rated the organisation overall as requires improvement. Although Hull Royal Infirmary's rating remained at requires improvement, Castle Hill Hospital's rating improved to good. Although the inspection did not focus on infection prevention and control, wards and departments visited were noted to be visibly clean and tidy, and ward cleanliness scores displayed in public corridors.

18 KEY POINTS AND RECOMMENDATIONS

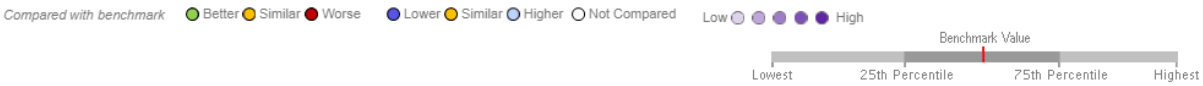
- Internal and external reviews have confirmed that in the Trust has appropriate systems and processes in place for the prevention and control of healthcare associated infection.
- Performance against mandatory local and national targets has been satisfactory.
- The Trust has a strong antimicrobial stewardship programme, and there has been documented improvement in antimicrobial prescribing.

- There have been significant improvements in some specific aspects of infection prevention and control (e.g. management of *C difficile*, clinical engagement in root cause analysis, completion of ward level audits and increased partnership working).
- There are further developments required in the Trust estate and facilities for managing patients with infections, due to a limited number of single rooms, lack of facilities to isolate highly infectious adult patients (although this concern is ameliorated with the refurbishment of ward C7), and inadequate isolation facilities in paediatrics. Solutions to these estate issues are being considered as part of a wider Trust strategy.
- Additional resource will be required (clinical and administrative) to support the necessary level of surveillance of blood stream infections within the Trust, with a risk of failing to take action to prevent avoidable infections.
- There is a need to reintroduce dedicated antibiotic ward rounds, previously demonstrated to improve antimicrobial prescribing and stewardship.

The Board is asked to accept this report as assurance that the Trust is meeting its requirements on infection prevention and control as specified in the Health and Social Care Act (2008). It should also note that there are areas of vulnerability highlighted in this report, which if not addressed may lead to a failure to meet these requirements in future.

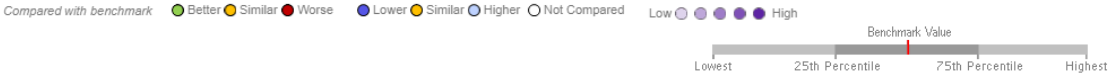
Peter Moss
Director of Infection Prevention and Control
October 2018

Appendix 1. Fingertips NHS AMR/HCAI initiatives benchmarking data



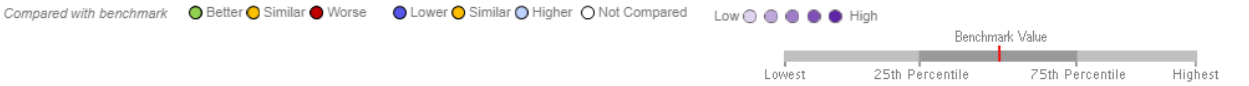
Indicator	Period	Hull and East Yorkshire Hospitals		England			
		Count	Value	Value	Lowest	Range	Highest
Four quarter rolling rate of total antibiotic prescribing per 1000 admissions; by acute trust	2017/18 Q3	668,544	4,310	4885	1,702		9,732
Four quarter rolling rate of piperacillin-tazobactam prescribing per 1000 admissions; by acute trust	2017/18 Q3	7,334	47.3	88.0	6.8		229.6
Four quarter rolling rate of carbapenem prescribing per 1000 admissions; by acute trust and quarter	2017/18 Q3	6,867	44.3	100.5	15.2		842.7
Proportion of total antibiotic prescribing from the "Access" category of the WHO Essential Medicines List AWaRe index	2017/18 Q3	96,646	55.6%	47.6%	20.0%		73.7%
Defined daily dose of antibiotics dispensed by Acute Trusts pharmacies to all inpatients and outpatients per 1000 admissions	2016/17	670,743	4,370.0	4677.3	1,741.2		10,055.1
Defined daily dose of piperacillin/tazobactam dispensed by Acute Trusts pharmacies to all inpatients and outpatients per 1000 admissions	2016/17	10,103	65.8	134.8	2.4		362.3
Defined daily dose of carbapenems dispensed by Acute Trusts pharmacies to all inpatients and outpatients per 1000 admissions	2016/17	8,237	53.7	96.4	3.3		1,073.1
Percentage of antibiotic prescriptions with evidence of review within 72 hours; by quarter	2017/18 Q3	-	*	91.0%	-	*Insufficient number of values for a spine chart*	-
Trust-apportioned C. difficile rates by reporting acute Trust and financial year	2016/17	45	13.2	13.2	0.0		82.7
Hospital-onset E. coli bacteraemia counts and rates by NHS acute trust and financial year	2016/17	82	24.0	22.5	0.0		47.7
Percentage of frontline healthcare workers vaccinated with the seasonal influenza vaccine by NHS Acute Trust <65% 65% to 75% ≥75%	2016/17	5,448	78.4%	67.3%	31.0%		86.9%

Appendix 1. Fingertips HCAI benchmarking data



Indicator	Period	Hull and East Yorkshire Hospitals		England			
		Count	Value	Value	Lowest	Range	Highest
All C. difficile rates by reporting acute Trust and financial year	2016/17	99	29.0	36.7	0.0		147.5
Trust-apportioned C. difficile rates by reporting acute Trust and financial year	2016/17	45	13.2	13.2	0.0		82.7
All MRSA bacteraemia rates by reporting acute Trust and financial year	2016/17	3	0.9	2.4	0.0		8.6
Trust-assigned MRSA rates by reporting acute Trust and financial year	2016/17	1	0.3	0.9	0.0		4.4
CCG-assigned MRSA counts by reporting acute Trust and financial year	2016/17	0	0	232	-	-	-
Third party-assigned MRSA counts by reporting acute Trust and financial year	2016/17	2	2	276	-	-	-
All MSSA bacteraemia rates by reporting acute Trust and financial year	2016/17	142	41.6	32.8	81.5		0.0
Trust-apportioned MSSA rates by reporting acute Trust and financial year	2016/17	44	12.9	8.8	0.0		28.3
All E. coli bacteraemia rates by reporting acute Trust and financial year	2016/17	433	126.8	115.9	0.0		183.2
Hospital-onset E. coli bacteraemia counts and rates by NHS acute trust and financial year	2016/17	82	24.0	22.5	0.0		47.7
Blood culture sets per 1,000 bed-days performed by reporting acute Trust and quarter	2017/18 Q3	5,306	62.0	63.5	0.0		223.9
C. difficile toxin tests per 1,000 bed-days carried out by reporting acute Trust and quarter	2017/18 Q3	1,124	13.1	13.8	0.0		64.0
Surgical Site Infection Hip Prosthesis by acute NHS Trust and financial year	2016/17	2	1.8	0.6	0.0		2.9
Surgical Site Infection Knee Prosthesis by acute NHS Trust and financial year	2016/17	-	*	0.6	0.0		3.1
Counts and 12-month rolling rates of trust-apportioned C. difficile infection, by reporting acute trust and month	Feb 2018	2	12.0	13.5	0.0		99.8
Counts and 12-month rolling rates of all MRSA bacteraemia cases by acute trust and month	Feb 2018	0	0.9	2.5	0.0		10.8
Counts and 12-month rolling rates of trust-assigned MRSA bacteraemia cases by reporting acute trust and month	Feb 2018	0	0.3	0.9	0.0		5.7
Counts and 12-month rolling rates of CCG-assigned MRSA bacteraemia cases, by reporting acute trust and month	Feb 2018	0	0.3	0.7	0.0		5.5
Counts and 12-month rolling rates of third-party-assigned MRSA bacteraemia cases by reporting acute trust and month	Feb 2018	0	0.3	0.8	0.0		6.0
Counts and 12-month rolling rates of trust-apportioned MSSA bacteraemia cases by reporting acute trust and month	Feb 2018	2	10.5	9.1	0.0		27.3
Counts and 12-month rolling rates of E. coli bacteraemia cases, by reporting acute trust and month	Feb 2018	36	132.6	118.6	0.0		189.7
Counts and 12-month rolling rates of E. coli hospital-onset cases by reporting acute trust and month	Feb 2018	9	33.1	22.4	0.0		68.1
Counts and 12-month rolling rates of community-onset E. coli bacteraemia cases, by reporting acute trust and month	Feb 2018	27	99.6	96.2	0.0		167.9
Counts and 12-month rolling rates of Klebsiella spp. bacteraemia cases, by reporting acute trust and month	Feb 2018	6	26.4	27.8	0.0		69.2
Counts and 12-month rolling rates of Klebsiella spp. hospital-onset cases by reporting acute trust and month	Feb 2018	1	8.6	8.2	0.0		53.3
Counts and 12-month rolling rates of community-onset Klebsiella spp. bacteraemia cases, by reporting acute trust and month	Feb 2018	5	17.8	19.6	0.0		38.3
Counts and 12-month rolling rates of P. aeruginosa bacteraemia cases, by reporting acute trust and month	Feb 2018	3	12.9	12.6	0.0		36.9
Counts and 12-month rolling rates of P. aeruginosa hospital-onset cases by reporting acute trust and month	Feb 2018	2	6.6	4.7	0.0		23.3
Counts and 12-month rolling rates of community-onset P. aeruginosa bacteraemia cases, by reporting acute trust and month	Feb 2018	1	6.3	7.9	0.0		16.0
Completion of risk factor information, E. coli by NHS Acute Trust	Feb 2018	0	0.0	54.7	0.0		100.0
Known risk factor information, E. coli, by NHS Acute Trust	Feb 2018	-	-	69.9	0.0		100.0
Completion of antibiotic information, E. coli by NHS Acute Trust	Feb 2018	0	0.0	49.6	0.0		100.0
Known antibiotic information, E. coli, by NHS Acute Trust	Feb 2018	-	-	65.5	0.0		100.0

Appendix 3. Fingertips Antimicrobial prescribing data



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Defined daily dose of antibiotics dispensed by Acute Trusts pharmacies to all inpatients and outpatients per 1000 occupied bed-days	2016/17	670,743	1,974.9	2092.6	820.8		4,665.6
Defined daily dose of piperacillin/tazobactam dispensed by Acute Trusts pharmacies to all inpatients and outpatients per 1000 occupied bed-days	2016/17	10,103	29.7	60.3	3.4		151.8
Defined daily dose of carbapenems dispensed by Acute Trusts pharmacies to all inpatients and outpatients per 1000 occupied bed-days	2016/17	8,237	24.3	43.1	2.8		419.6

Hull and East Yorkshire Hospitals NHS Trust
General Purposes Charity

Trustees' Report & Annual Accounts

2017-18

Hull and East Yorkshire Hospitals NHS Trust General Purposes Charity
Finance Department - Suite 18
Gate 3
Castle Hill Hospital
HU16 5JQ

Charity Registration Number: 1052035

Hull and East Yorkshire Hospitals NHS Trust General Purposes Charity

Contents

Hull and East Yorkshire Hospitals NHS Trust General Purposes Charity

Foreword

The Trustees present the Annual Report together with the Financial Statements for the year ended 31 March 2018 for the Hull and East Yorkshire Hospitals NHS Trust General Purposes Charity.

The Charity's annual report and accounts for the year ended 31 March 2018 have been prepared in accordance with part VI of the Charities Act 2011 and the Charities (Accounts & Reports) Regulations 2008

TRUSTEES' REPORT

Reference and Administration

Charity Name and Registration Number

Hull and East Yorkshire Hospitals NHS Trust General Purposes Charity
Registration number 1052035

Trustees

The Trustee of the charity and the Trust Fund is Hull and East Yorkshire Hospitals NHS Trust. The responsibility for carrying out the duties of the Trustee is delegated by the Trust's Board to a Committee which for the year 2017/2018 included:

Mr A Snowden	Vice Chairman and Non-Executive Director
Mrs V Walker	Non-Executive Director
Mr L Bond	Chief Financial Officer

Day to Day Management

The operational management of the charity is undertaken by the Finance department of the NHS Trust and includes a dedicated Charitable Funds Officer.

Principal Office

The principal office of the Charity is:

Finance Department - Suite 18
Gate 3
Castle Hill Hospital
HU16 5JQ

Investment Managers

Brown Shipley
10 Wellington Place
Leeds
LS1 4AP

COIF Charities Deposit Fund
Senator House
85 Queen Victoria Street
London
EC4V 4ET

Auditor

Grant Thornton UK LLP
Chartered Accountants
Statutory Auditor
2 Broadfield Court
Sheffield
S8 0XF

Legal Advisor

Eversheds LLP
Central Square South
Orchards Street
Newcastle Upon Tyne
NE1 3XX

Banker

National Westminster Bank PLC
34 King Edward Street
Hull
HU1 3YN

Structure, Governance and Management

The Trust registered its umbrella charity on the 6th December 2000. These accounts have been prepared in accordance with the charity's governing document, and the Statement of Recommended Practice - Charities SORP (FRS102) effective 1 January 2015.

Trustee Appointments

The Trust Board of Hull and East Yorkshire Hospitals and therefore the Charitable Trustees are appointed as follows:

- The Chairman and Non Executive Directors are appointed by the NHS Trust Development Authority

- The Chief Executive is appointed by the Chairman and the Non Executive Directors.

- The Executive Directors are appointed by the Chairman, the Non Executive Directors and the Chief Executive.

Induction and Training of Trustees

The Committee has adopted an induction policy for newly appointed Trustees.

Management

Acting for the Corporate Trustee, the Charitable Funds Committee, is responsible for the overall management of the Charitable Fund. The Committee is required to control, manage and monitor the use of the Charity's resources and monitor the receipt of income, together with ensuring 'best practice' is followed in the conduct of all its affairs, fulfilling all of its legal responsibilities.

Fund Raising Policy

The Charitable Funds Committee have in place a fund raising policy.
Fundraising is carried out according to the legal requirements and best practice guidance set out in the Charities Act, the Institute of Fundraising's "Fundraising Code of Practice", and other regulatory guidance.

Risk Management

The Trustees plan to meet on a quarterly basis to review the financial position and other business relating to the Charitable Trust. One of the purposes of these meetings is to identify and manage any risks to which the Charity may become exposed. They are also an integral part of the risk management process, together with the provision of the investment policy and other various procedures which are in place. Regular reports are provided to the Trustees to enable them to review the overall performance and the investment objectives of the Trust. The Trustees are satisfied that they are fulfilling their obligations in respect of managing risk.

Related Parties

The Charity is a registered charity established by the Hull and East Yorkshire Hospitals NHS Trust. It is the purpose of the Charity to utilise it's income to benefit activities carried out by the NHS, in particular those of the Hull and East Yorkshire Hospitals NHS Trust, to whom it had an outstanding creditor of £150,679 (note 13) at 31st March 2018.

Hull and East Yorkshire Hospitals NHS Trust General Purposes Charity

Objectives and activities

The Trustees shall hold the Trust Fund upon trust, to apply the income at their discretion and so far as may be permissible, the capital, for any charitable purpose or purposes, relating to the National Health Services and in particular, wholly or mainly in connection with the work of the hospitals under the control of the Hull and East Yorkshire Hospitals NHS Trust.

To meet this object, the charity has the aim and objective of actively encouraging appropriate spending of charitable funds. The Trustees are presented with a list of all fund balances, with the movement in the fund since the previous meeting, for review, comment or action at each meeting of the Charitable Funds Committee.

The Charity derives it's income from donations from the public, legacies and staff fundraising.

Grant making Policies

The Trustees have adopted a grant making policy which states that all grants are made in accordance with the Trust's Standing Orders, Standing Financial Instructions, and the Charity's expenditure guidelines. Expenditure from designated funds up to £10,000 is authorised by the Fund holder and expenditure in excess of £10,000 must also be authorised by two members of the Charitable Funds Committee. Bids for General Funds are presented to the Trustees at their meetings and are approved subject to there being sufficient funds and the Trustees considering the bid to be a suitable use of Charitable Funds. At each Charitable Funds meeting the Trustees receive for review a report detailing all expenditure over £100. All grants are paid to the Hull And East Yorkshire Hospitals NHS Trust in order to enhance patient and staff care. The Charity pays a fee for its admin services but does not ordinarily incur any costs relating to fundraising or generating donations.

During the year, the Charity continued to support a wide range of charitable, health related activities which benefited patients and staff by enhancing the provision made by the NHS. For example additional medical equipment was purchased, and staff and patient facilities improved

The Trustees seek to reduce the overall level of funds by encouraging expenditure, particularly as funds that remain unspent will be exposed to the risks inherent in the equity markets.

Financial Review

Financial position

The Key financial indicators are as follows:

The Funds are valued at £1,825,000; an increase in the year of £319,000.
The increase is mainly due to lower committed spend.

With interest rates exceptionally low, and likely to remain so, returns on cash and bonds at historic lows and the premiums for accepting the volatility on equity so attractive for those willing to adopt a medium term investment horizon, given the choice between bonds and equities, we place our cross in the box of risk assets for the six months to come.

Incoming resources totalled £848,000, and resources expended totalled £530,000.
Income of the Charitable Trust exceeded expenditure by £319,000.

Reserves

The Charitable Funds Trustees will actively encourage appropriate spending of charitable funds. At present there are 240 funds with balances ranging from £1.00 to £250,000, all of which are monitored by individual fund managers (at ward & departmental level) and by Trustees. For individual funds in excess of £5,000, spending plans must be submitted to the Trustees for approval on an annual basis. The Trustees are presented with a list of all fund balances for review, comment or action at each Charitable Funds meeting. Only individual fund managers who are saving up for a specific piece of equipment / event and who have notified the Trustees, are allowed to accumulate funds and such expenditure is invested in accordance with Charity Commission guidelines. Funds cannot overspend, however only realised gains and losses are taken into consideration when calculating the amount available to spend.

Incoming Resources

Donations legacies and other income totalled £848,000 for the year.

The most significant donations were £250,000 towards the cost of a Helipad at the Hull Royal infirmary site and a legacy of £96,000 that will be used primarily by the Opthalmology and Cardiothoracic services.

Resources Expended

Resources expended totalled £530,000.
Some of the significant items of expenditure are listed below:

£22,088 - Landscaping at the teenage and young adult cancer unit
£16,000 - An Ultrasound System
£13,690 -Visitor chairs and seating at the Queen Centre
£13,391 - Additional wheelchairs for use at the Hull Royal Infirmary site
£11,434 - Patient ventilators
£10,475 - Bed Tables to enhance patient experience in the Cardiac unit

Investment Policy

The objectives of the investment policy are that the Funds held on Trust are to be managed with an objective of a balanced return of interest and capital growth, and that Funds are to be managed to a medium level of risk.

The Ethical Investment policy is integral to the Trusts Investment policy, and reflects the fact that Trustees do not wish to invest in companies connected with the tobacco industry.

Plans for future periods

The Trustees plan to continue with their current strategy of actively encouraging the appropriate spending of Charitable Funds, monitoring spending, and ensuring the best return from investments.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST GENERAL PURPOSES CHARITY

Statement of Trustees' Responsibilities

The trustees are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and regulations.

The Charities Act 2011 requires the trustees to prepare financial statements for each financial year. The trustees have to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law), including FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland .The trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of the affairs of the charity and of the incoming resources and application of resources of the charity for that period. In preparing these financial statements, the trustees are required to:

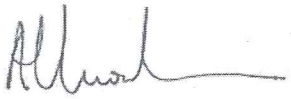
* select suitable accounting policies and then apply them consistently;
* observe the methods and principles in the Charities SORP (FRS102);
* make judgments and estimates that are reasonable and prudent;
* state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
* prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The trustees are responsible for keeping proper accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provision of the trust deed. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees confirm that they have met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements set out on pages 14 to 24 attached have been compiled from and are in accordance with the financial records maintained by the trustees.
The accounts have been prepared in accordance with the Charities SORP (FRS102) effective 1 January 2015.

By Order of the Trustees

Signed:



Andrew Snowden
Chair of the Charitable funds Committee
29 October 2018

Lee Bond
Chief Financial Officer
29 October 2018

Independent auditor's report to the corporate trustee of Hull and East Yorkshire Hospitals NHS Trust General Purposes Charity

Opinion

We have audited the financial statements of Hull and East Yorkshire Hospitals NHS Trust General Purposes Charity (the 'charity') for the year ended 31 March 2018 which comprise the Statement of Financial Activities, the Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102; 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2018 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We have been appointed as auditor under section 149 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act. We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Who we are reporting to

This report is made solely to the charity's corporate trustee, as a body, in accordance with Section 154 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the corporate trustee those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and its trustee as a body, for our audit work, for this report, or for the opinions we have formed.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the corporate trustee's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the corporate trustee has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charity's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The corporate trustee is responsible for the other information. The other information comprises the information included in the Trustees' Report, set out on pages 4 to 11 other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees' Report is inconsistent in any material respect with the financial statements; or
- the charity has not kept sufficient accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of the corporate trustee for the financial statements

As explained more fully in the Statement of Trustee's Responsibilities set out on page 11, the corporate trustee is responsible for the preparation of the financial statements which give a true and fair view, and for such internal control as the trustee determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the corporate trustee is responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the corporate trustee either intends to liquidate the charity or to cease operations, or has no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Grant Thornton UK LLP

Grant Thornton UK LLP
Statutory Auditor, Chartered Accountants
2 Broadfield Court
Sheffield
S8 0XF

05-Nov-18

Grant Thornton UK LLP is eligible to act as an auditor in terms of section 1212

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST GENERAL PURPOSES CHARITY

Statement of Financial Activities for the year ended 31 March 2018

	Note	Unrestricted Funds £000	Restricted Funds £000	**2017-18 Total Funds £000**	2016-17 Total Funds £000
Income					
Income from:					
Donations		212	388	**600**	696
Legacies		125	76	**201**	40
Investment income	8.3	41		**41**	47
Other income	2	6	0	**6**	0
Total income		**384**	**464**	**848**	783
Expenditure on:					
Costs of generating funds					
Investment management costs		15	0	**15**	14
Charitable activities					
Grant making	3.1	333	122	**455**	989
Management costs					
Management and administration	4	60	0	**60**	58
Total expenditure	5	**408**	**122**	**530**	1,061
Net gain (losses) on investments		1	0	**1**	184
Net income/(expenditure)	6	**(23)**	**342**	**319**	(94)
Fund balances brought forward at 1 April		1,086	420	**1,506**	1,600
Fund balances carried forward at 31 March 2018		**1,063**	**762**	**1,825**	1,506

The notes at pages 16 to 24 form part of this account.

Charity Registration Number :- 1052035

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST GENERAL PURPOSES CHARITY

Balance Sheet as at 31 March 2018

	Notes	Unrestricted Funds £000	Restricted Funds £000	**Total at 31 March 2018 £000**	Total at 31 March 2017 £000
Fixed Assets					
Investments	8.1, 8.2	1,292	381	**1,673**	1,646
Total Fixed Assets		1,292	381	**1,673**	1,646
Current Assets					
Debtors	9	7	-	**7**	29
Cash at bank and in hand		(85)	381	**296**	482
Total Current Assets		(78)	381	**303**	511
Creditors: Amounts falling due within one year	10	(151)	-	**(151)**	**(651)**
Net Current Assets/(Liabilities)		**(229)**	**381**	**152**	**(140)**
Total Assets less Current Liabilities		1,063	762	**1,825**	**1,506**
Total Net Assets		**1,063**	**762**	**1,825**	1,506
Funds of the Charity					
Restricted income funds	11.2	-	762	**762**	420
Unrestricted income funds		1,063	-	**1,063**	1,086
Total Charity Funds		**1,063**	**762**	**1,825**	1,506

The notes at pages 16 to 24 form part of this account.

The financial statements were approved and authorised by the board of Trustees on 29 October 2018

Registered Charity number 1052035

29 October 2018

Notes to the Accounts

1 Accounting Policies

1.1 Accounting Convention

The financial statements have been prepared under the historic cost convention, as modified for the revaluation of certain investments, and in accordance with applicable United Kingdom accounting standards and policies for the NHS approved by the Secretary of State and The Statement of Recommeneded Practice (Charities SORP FRS102) effective 1 January 2015.

1.2 Income

a) All income is included in full in the Statement of Financial Activities as soon as the following three factors can be met:

i) entitlement - arises when a particular resource is receivable or the charity's right becomes legally enforceable;

ii) certainty - when there is reasonable certainty that the incoming resource will be received;

iii) measurement - when the monetary value of the incoming resources can be measured with sufficient reliability.

b) Gifts in kind

i) Assets given for distribution by the funds are included in the Statement of Financial Activities only when distributed.

ii) Assets given for use by the funds (e.g. property for its own occupation) are included in the Statement of Financial Activities as income when receivable.

iii) Gifts made in kind but on trust for conversion into cash and subsequent application by the funds are included in the accounting period in which the gift is sold.

In all cases the amount at which gifts in kind are brought into account is either a reasonable estimate of their value to the funds or the amount actually realised. The basis of the valuation is disclosed in the annual report.

c) Legacies

Legacies are accounted for as income once the receipt of the legacy becomes reasonably certain. This will be once confirmation has been received from the representatives of the estates that payment of the legacy will be made or property transferred and once all conditions attached to the legacy have been fulfilled.

Accounting Policies - continued

1.3 Expenditure

The Funds held on Trust account is prepared in accordance with the accruals concept. A liability (and consequently, expenditure) is recognised in the accounts when there is a legal or constructive obligation, capable of reliable measurement, arising from a past event.

Expenditure is split into two main categories being the costs of investment management costs and the actual costs of charitable activities. A grant is any payment which is made voluntarily to any institution or to an individual in order to further the charities' objectives, without receiving goods or services in return.

Costs of activities in the furtherance of charitable activities is expenditure incurred on the provision of services or goods. Support costs are an integral and material part of the costs of activities in the furtherance of charitable activities and/or expenditure incurred in paying grants. Management and administrative expenditure includes direct and indirect. costs. Direct costs include those of external and internal audit and legal advice for trustees, the indirect costs include office and communication costs.

1.4 Structure of funds

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified in the accounts as a restricted fund.
Other funds are classified as unrestricted funds.
The major funds held within these categories are disclosed in note 11.

1.5 Fixed Assets

The Charitable Trust had no tangible or intangible Fixed Assets during the financial year 2017/2018.

1.6 Investment Fixed Assets

Investment fixed assets are shown at market value. Quoted stocks and shares are included in the balance sheet at mid-market price, ex-dividend.

1.7 Realised gains and losses

Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or date of purchase if later). Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or date of purchase if later).

Accounting Policies - continued

1.8 Change in the Basis of Accounting

There has been no change in the basis of accounting during the year.

1.9 Prior Year Adjustments

There has been no change to the accounts of prior years.

1.10 Pooling Scheme

An official pooling scheme is operated for investments relating to all funds.

The scheme was registered with the Charity Commission on 09/06/2000.

2. Details of other income

	Unrestricted Funds £000	Restricted Funds £000	**Total 2018 Funds £000**	Total 2017 Funds £000
Total other income	**6**	**0**	**6**	0

3. Details of Expenditure - Grants 3.1

Grant making	Unrestricted Funds £000	Restricted Funds £000	**Total 2018 Funds £000**	Total 2017 Funds £000
Patients welfare and amenities	248	92	**340**	707
Staff welfare and amenities	68	17	**85**	254
Research	2	15	**17**	16
Miscellaneous	15	(2)	**13**	12
	333	**122**	**455**	989

Total expenditure of £455k includes £151k of commitments not yet paid.

Grants made to institutions 3.2

Name of recipient	**Aggregate amount paid 2018 £000**	Aggregate amount paid 2017 £000
Hull and East Yorkshire Hospitals NHS Trust	455	989
	455	989

Grants paid to individuals 3.3

Total number of grants made to individuals: 0	**Aggregate amount paid 2018 £000**	Aggregate amount paid 2017 £000
Amounts paid to individuals	0	0
	0	0

4. Analysis of Management and Administration Costs

	Unrestricted Funds	Restricted Funds	**Total 2018 Funds**	Total 2017 Funds
	£000	£000	**£000**	£000
Audit fee	8	0	**8**	4
Bought -in services from NHS	52	0	**52**	54
Miscellaneous	0	0	**0**	0
	60	**0**	**60**	58
Investment management cost	15	0	**15**	14
	75	0	**75**	72

The Charity has no employees and pays a management fee to Hull and East Yorkshire Hospitals NHS Trust to cover all staffing and administration costs provided to the Charity. Costs are allocated to each fund on the bases of fund size.

5. Analysis of Total Expenditure

	Costs of Activities for Charitable Objectives	Management and Administration	**Total 2018**	Total 2017
	£000	£000	**£000**	£000
Auditor's remuneration:				
Audit fee	0	8	**8**	14
Bought-in services from NHS	0	52	**52**	58
Other	455	0	**455**	989
	455	**60**	**515**	1,061

6. Changes in Resources Available for Charity Use

	Unrestricted Funds	Restricted Funds	**Total 2018 Funds**	Total 2017 Funds
	£000	£000	**£000**	£000
Net movement in funds for the year	(23)	342	**319**	(94)
Net movement in funds available for future activities	**(23)**	**342**	**319**	(94)

7. Fixed Assets

The Charitable Trust owned no tangible fixed assets during 2017/18 (2016/17: Nil).

8.Analysis of Fixed Asset Investments

8.1 Fixed Asset Investments:

	2018 £000	2017 £000
Market value at 31 March - Opening	**1,646**	1,434
Less: Disposals at carrying value	**(252)**	(396)
Add: Acquisitions at cost	**248**	429
Income less fees and withdrawals	**57**	29
Net/(loss) gain on revaluation	**(26)**	150
Market value at 31 March - Closing	**1,673**	1,646
Historic cost at 31 March	**1,699**	1,496

The investments are held primarily to provide an investment return for the charity. Two portfolio managers are used to manage the charity's investments; Brown Shipley, which buys listed stocks and shares on behalf of the charity, and CCLA, which buys units of an investment fund. In this respect, the stocks and shares held are direct investments and the investment fund holding is an indirect investment.

Within the COIF Investment portfolio, the main account held has been valued at £303,513 which consists of 21,343.94 units held. (Market value as at 31/3/2018)

8.2 Market value at 31 March :

	2018 Total £000	2017 Total £000
Investments listed on Stock Exchange	**1,071**	1,108
Investments in a Common Investment Fund	**534**	415
Cash held as part of the investment portfolios	**68**	123
	1,673	1,646

All investments were held within the UK

8.3 Total gross income from investments

	2017-18 Total £000	2016-17 Total £000
Investments listed on Stock Exchange	**26**	35
Investments in a Common Investment Fund	**15**	12
	41	47

Analysis of Debtors

9. Debtors

Amounts falling due within one year:	**31 March 2018** **£000**	31 March 2017 £000
Trade debtors	7	29
Other debtors	**0**	0
Total debtors	**7**	29

All debtors are due in one year.

Analysis of Creditors

10. Creditors

Amounts falling due within one year:	**31 March 2018** **£000**	31 March 2017 £000
Loans and overdrafts		
Trade creditors & accruals	0	10
Amounts due to associated undertakings	151	641
Total creditors	**151**	651

All creditors are due in one year.

11. Analysis of Funds

11.1 Endowment Funds

The Charitable Trust had no endowment funds during the year 2017/18

11.2 Restricted Funds

	Balance 31 March 2017 £000	Income £000	Expenditure £000	**Balance 31 March 2018 £000**
Material funds (list individually)				
A Helipad	0	250	0	**250**
B Kidney Research	51	0	(10)	**41**
C Special Care Baby Unit	49	5	(5)	**49**
D Clinical Haematology	28	27	(46)	**9**
E ME Cowen Cardiothoracic	22	1	0	**23**
Others (87 funds)	270	181	(61)	**390**
Total	420	464	(122)	**762**

Restricted income comes from donations and legacies that the donor has imposed spending restrictions as to what their donation/legacy can be spent on. These donations are held separately form general donations to ensure the restrictions on the expenditure can be met.

Details of material funds - restricted

11.3	**Name of fund**	**Description of the nature and purpose of each fund**
A	Helipad	Patient
B	Kidney Research	Research & Development
C	Special Care Baby Unit	Patient
D	Clinical Haematology	Research & Development
E	ME Cowen Cardiothoracic	Research & Development

12. Contingencies

The Charitable Trust had no contingencies at the Balance Sheet date.

13. Trustee and connected Persons Transactions

There were no payments of Trustee's expenses or remuneration paid in the financial year 2017/18.

Details of transactions with trustees or connected persons

Name of party involved, a description of the transaction and a description of the nature of the relationship	**Amount 2017-18 £**	Amount 2016-17 £
Grants to Hull and East Yorkshire Hospitals NHS Trust	454,759	989,000
Amounts owed to Hull and East Yorkshire Hospitals NHS Trust (included within creditors).	150,679	641,000
Amounts due from Hull and East Yorkshire Hospitals NHS Trust (included within debtors).	0	0

14. Connected Organisations

Name, nature of connection, description of activities undertaken and details of any qualifications expressed by their auditors	2017-18		2016-17	
	Turnover of Connected Organisation £000	Net Profit/ (Loss) for the Connected Organisation £000	Turnover of Connected Organisation £000	Net Profit/ (Loss) for the Connected Organisation £000
Hull and East Yorkshire Hospitals NHS Trust - Grants to support training, staff welfare & research	**579,846**	**(7,540)**	561,128	2,688

The figures in the table above are taken from the audited accounts of the Hull and East Yorkshire Hospitals NHS Trust. These accounts were unqualified.

15. Future Legacies

The Charity is not aware of any large legacies bequeathed to the Trust at the year end date but not yet paid over.

16. Related Party Transactions

During the year none of the Trustees or members of the key management staff or parties related to them has undertaken any material transactions with the Hull and East Yorkshire NHS General Charitable Trust.

The charitable trust has made revenue and capital payments to the Hull and East Yorkshire NHS Trust where the Trustees are also members of the Trust Board.

17. Post Balance Sheet Event

A new charity, The Hull and East Yorkshire Hospitals Health Charity (number:1162414) was created in May 2015 with the intention to enhance future fundraising efforts for the Trust. The charity is also known as WISHH - Working Independently to Support HEY Hospitals. It is expected to channel all new donations and legacies through this Charity from late 2018.

Hull and East Yorkshire Hospitals NHS Trust

Trust Board

13 November 2018

Title:	Brexit Risk Assessment
Responsible Director:	Director of Corporate Affairs – Carla Ramsay
Author:	Director of Corporate Affairs – Carla Ramsay

Purpose:	To provide an overview of issues relating to the United Kingdom's exit from the European Union on 29 March 2019 and the risks these issues might raise for this Trust.	
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	✓
Summary of Key Issues:	The United Kingdom's exit from the European Union ('Brexit') raises issues for the Trust in the following areas: • Workforce • Safety standards • Research and Development • Supplies	

Recommendation:	The Trust Board is requested to receive this overview of risk issues relating to Brexit and determine what further action is needed at this stage.

Hull and East Yorkshire Hospitals NHS Trust

Trust Board

'Brexit' Risk Assessment

1 Purpose of the Report

To provide an overview of issues relating to the United Kingdom's exit from the European Union on 29 March 2019 and the risks these issues might raise for this Trust.

2 United Kingdom Exit from the European Union ('Brexit')

On current timescales, the United Kingdom will exit from its membership of the European Union on 29 March 2019. At present, the Government is negotiating a 'deal' on Brexit; until the details of this deal are known and accepted by the UK and European Parliaments, it is hard to determine risks to individual NHS Trusts with any specificity. However, this report provides an overview of the main issues that will affect the Trust following Brexit and the implications of these from a deal/no deal Brexit.

3 Areas affected

Brexit raises initial issues for the Trust in the following areas:

- Workforce
- Safety standards
- Research and Development
- Supplies

There will be more areas to consider once the details of a deal, or in the case of no deal, with the European Union are confirmed, as well as new examples in the above areas not yet considered.

The Department for Exiting the European Union (DExEu) has started to publish technical notes on various aspects of Brexit in a 'no deal' scenario in each of these areas. The notes currently cover:

- Applying for EU-funded programmes
- Driving and transport
- Farming and fishing
- Handling civil legal cases
- Importing and exporting
- Labelling products and making them safe
- Meeting business regulations
- Money and tax
- Personal data and consumer rights
- Protecting the environment
- Regulating energy
- Regulating medicines and medical equipment
- Regulating veterinary medicines
- Sanctions
- Satellites and space
- Seafaring
- State aid
- Studying in the UK or the EU

- Travelling between the UK and the EU
- Workplace rights

These are all available here:
https://www.gov.uk/government/collections/how-to-prepare-if-the-uk-leaves-the-eu-with-no-deal

This paper refers to these technical notices for specific areas of potential risk. The notices most directly affecting the Trust all envisage continuing the same standards and frameworks, at least in the short-term – for example, there will be no changes to food labelling and food composition and the Government's stated position is to maintain high standards in such areas. However, in the case of a 'no deal' Brexit, the Government envisages UK bodies taking on the role of EU organisations for regulation and safety standards and will require legislative changes to achieve in a very short timescale.

The Government is not requiring the NHS to lower standards or change practice but NHS Trusts will need to work differently in the fields of regulation particularly in the case of a 'no deal' Brexit.

3.1 Workforce

3.1.1 Workforce figures

The UK will remain a full member and all EU policy and law will continue to apply until the moment the UK formally leaves the UK on 29 March 2019. The rights of EU citizens working in the NHS will be unaffected until the date of leaving the EU, as the Free Movement Directive allows European Economic Area citizens and their dependants to live, work and study in any country within the EEA[1] and NHS employers can continue as before to recruit staff from EU countries.

In June 2017, there were approximately 144,000 EU nationals working in health and social care organisations across England; 80,000 in adult social care, 58,000 in the NHS, and 6,000 in independent health organisations.

The Trust's workforce figures at June 2017 and October 2018 are attached at Appendix 1.

In Appendix 1, tables 2.1 and 2.2 highlight that at June 2017, the Trust employed 92.57 WTE (99 headcount) Registered Nurses from EEA countries. This equates to 4.4% of the Registered Nursing workforce. 43.60 WTE (48 headcount) of the Trust's Consultants are EEA Nationals and this equates to 11% of the Consultant workforce.

This compares with the October 2018 data, where 71.31 WTE (81 headcount) Registered Nurses are from EEA countries. This equates to 3.4% of the Registered Nursing workforce. 39.88 WTE (46 headcount) of the Trust's Consultants are EEA Nationals and this equates to 9.73% of the Consultant Workforce.

Table 3.2 shows that in the last 14 months, a number of staff have moved in to the 3-5 years' service bracket; and some in to the over 5 years bracket – for those staff with longer service, they will be more eligible for protections during the Brexit transition period in relation to continued EU workers' rights. The number of staff with shorter length of service, and the ability

[1] The EEA covers all the 27 countries of the EU, as well as Iceland, Norway and Lichtenstein. Swiss nationals also have equivalent rights to those of EEA nationals. Reference in this document to EEA taken to include Switzerland.

of the Trust to recruit new starters from EU countries, is most likely to be more difficult as the window for qualifying for settled status becomes shorter after 30 March 2019. Tables 5-8 do not highlight any particular pattern in the number of EU staff leaving or starting with the Trust; EU staff are still willing to join the Trust but as noted above, the overall proportion of staff from EU countries is at present lower than 14 months ago.

3.1.2 EU Workers' rights

In June 2018, the Home Office published a EU Settlement Scheme: Statement of Intent. This outlined the timescales for which EU citizens would continue to be able to gain settled status and permanent citizenship in the UK. The proposal as published maintains EU workers' ability to retain freedom of movement including in to the UK up to 29 March 2019 and the ability of any EU worker in the UK, including those arrive after the date of Brexit, being able to gain settled status up to the end of the Brexit transition period to 30 December 2020.

The Home Office document is found here:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/718237/EU_Settlement_Scheme_SOI_June_2018.pdf

The following information is taken from a briefing note published by NHS Employers to explain the Statement of Intent proposals:

1. How will the outcome of the EU referendum affect our current staff from the EU?
When the UK leaves the EU on 29 March 2019, the UK and the EU negotiating parties have agreed that EU citizens who arrive in the UK before the end of the implementation period on 31 December 2020 will be able to continue to live and work here as they can now.
Free movement will no longer apply after 30 December 2020 and EU citizens will be required to apply for either settled status or pre-settled status via the Home Office EU settlement scheme.

Details of the EU settlement scheme [were] made available on 21 June 2018. Citizens of the Republic of Ireland will be unaffected and permitted to remain in the UK due to existing arrangements between the UK and the Republic of Ireland outside the EU freedom of movement.

2. Which of my EU staff will be eligible for settled status?
There are three eligibility requirements for EU citizens applying for settled status. They must:

- *be an EU national or dependant*
- *have continuously lived in the UK for five years or more by 31 December 2020*
- *have no serious or persistent criminal background.*

EU citizens who arrive in the UK before 31 December 2020 but have not been living continuously in the UK for five years will be able to apply for pre-settled status before switching to settled status once they have been in the UK for five years. The second application will be free of charge.

7. We have a shortage of qualified healthcare professionals and have planned a recruitment trip to an EU country in the next few months, shall we still proceed with our recruitment?
The UK remains a member of the EU until March 2019, and the rights of EU citizens to live and work in the UK are currently unaffected until 30 December 2020. Therefore, existing plans to recruit and employ individuals from within the EU currently remain unchanged.

The briefing note and further detail can be found here:
https://www.nhsemployers.org/your-workforce/need-to-know/brexit-and-the-nhs-eu-workforce/frequently-asked-questions

3.1.3 European employment law in the UK
The Government's position, including in the event of a no-deal Brexit, is that the powers from EU Directives including employment law have been brought in to UK law through existing legislation and through the EU (Withdrawal) Act 2018. UK workers will continue to be entitled to the same rights as come from EU Directives under UK law. There are no proposals to change employment laws due to Brexit in the short term.

These continued rights include:

- Transfer of Undertakings (Protection of Employment) (TUPE)
- Family leave entitlements, including maternity and parental leave
- Health and safety of workers rights deriving from EU Directives
- Prevention and the need to remedy discrimination and harassment in the workplace on the basis of sex, age, disability, sexual orientation, religion or belief, race of ethnic origin
- Protections for agency workers
- Protections for workers posted to the UK from EU states
- Employment protection of part-time, fixed-term and young workers
- Consultation rights for workers including collective redundancies
- Legislation relating to insolvency

On this basis, the rights of current and future Trust employees will be unchanged; there is no risk to current policies and procedures on this basis or any potential disadvantage in terms of recruitment and retention. There is no indication if this may or may not change in the long term.

3.1.4 Recruitment and qualifications
Currently recruitment from the EEA for unfilled NHS jobs is quicker than for non-EEA nationals, as EEA rules enable mutual recognition of professional qualifications for a range of healthcare professions. This could change if these rules are no longer applied, but the UK could instead decide to fast track 'shortage' professions in the same way as currently happens for non-EEA citizens.

The vote to leave the EU risks making staffing shortages in the NHS worse, and this would impact across the care sector. EEA staff provide a vital source of skills and expertise plugging gaps left by the underfunding of training places in recent years. According to the BMA currently around 6.6% of doctors working in the UK (approximately 10,000) received their primary medical qualification in another EEA state.

On 1 August 2018, the European Commission published a Notice on the recognition of professional qualifications post Brexit. This gives notice that mutual recognition of UK

qualifications will end on 29 March 2019. At present, professionals obtaining a qualification in one EU member state can rely on current EU Directives for recognition of that qualification in another member state. In addition, there is automatic recognition of qualifications for a limited number of professions, such as doctors, general care nurses, dental practitioners, veterinary surgeons, pharmacists or architects. The Directive sets out harmonised minimum training requirements or professional experience conditions that the person must meet for successful recognition, but compensatory measures are not allowed.

From 29 March 2019, qualifications obtained in the UK will be 'third country' qualifications and subject to the national policies and rules of each member state for recognition. This means that training and qualifications gained in the UK will be subject to individual assessment by, for example, an EU worker's home country for recognition in the future. Whilst UK qualifications have high standing internationally, it is not known whether this will be seen negatively by future applicants for training places at the Trust, for example.

From 29 March 2019, the Government will need to publish guidance on the recognition of EU Member States qualifications for UK employment and the requirements for checks for regulated professions. This guidance has not yet been published.

3.1.5 Summary of potential risks in workforce

- Risk that numbers of EU staff leave the Trust and the UK
- Risk that the recruitment process takes longer for all recruits and be more expensive to the individuals and the Trust (i.e. new visa requirements)
- Risk that EU nationals will no longer find the UK an attractive place to work due to increased visa requirements and no longer benefitting from EU rights of freedom of movement vs. taking a job in an EEC member state
- Risk to mutual recognition of qualifications and timescales for putting in place an alternative framework including ability to register new workers into regulated professions

3.2 Safety Standards

The UK is a member of a number of European bodies that regulate or provide safety standards across EU member states, reducing duplication of effort and cost across the board.

Some of these organisations are not based on EU membership nor are constructs of the European Commission or part of EU regulation. The UK can therefore press for continued memberships of these bodies, which include some of the international products and standards setting that relate, for example, to the British Standards Institute (BSI). The UK's participation in the ISO for international standards-setting will be unchanged by Brexit.

In the DExEU notices in the case of a 'no deal' Brexit, there are some specific scenarios that will impact on the Trust.

The following are direct copies of DExEU texts and are given as examples. These are not an exhaustive list of all the 'no deal' notices that will affect the Trust but it is hard to undertake a risk assessment without yet knowing if the Trust will be working in a deal or no deal situation.

Medicines

If there's no deal, the UK's participation in the European regulatory network would cease. The MHRA would take on the functions currently undertaken by the EU for medicines on the UK market. This would require changes to UK law, via the Human Medicines Regulations 2012

(HMRs). The MHRA is planning a public consultation in early autumn on some of the key proposed legislative changes.

Detailed information on manufacturer batch testing and certification can be found in the separate technical notice on this subject.

Medical Devices
The UK will recognise medical devices approved for the EU market and CE-marked. Should this change in future adequate time will be provided for businesses to implement any changed new requirements.

The UK will comply with all key elements of the Medical Devices Regulation (MDR) and the in vitro diagnostic Regulations (IVDR), which will apply in the EU from May 2020 and 2022 respectively.

Formal UK presence at EU committees in respect of devices will cease.

Clinical Trials
The 2004 Regulations will remain in force, modified using powers under the EU (Withdrawal) Act (EUWA) to make sure they still work in the UK after exit.
The new EU Clinical Trials Regulation (CTR) 536/2014 will not be in force in the EU at the time that the UK exits the EU and so will not be incorporated into UK law on Exit day under the terms of EUWA.

However, we'll align where possible with the CTR without delay when it does come into force in the EU, subject to usual parliamentary approvals. This alignment will happen after 29 March 2019 so it's not addressed in this guidance.

Implications
The EU (Withdrawal) Act will ensure that existing EU rules are converted into UK law at the moment of exit, with changes where necessary to make sure the rules work in the UK. Where this is needed, we'll give adequate time for business to implement any new requirements.

Additionally, where possible, we'll be making use of the information we already have to complete administrative tasks for continuity of work and licences.

There are a number of changes where a UK approach will be required. Some of these are set out below. Other areas and further detail on some of the areas included here will be covered by consultation in the early autumn.

Quality and safety of organs, tissues and cells
If there's no deal, the EU Organ Directives and EU Tissues and Cells Directives would no longer apply to the UK. UK law already implements the EU directives, so the safety standards would not change. The UK would, however, become a 'third country' and the law would be amended under the EU (Withdrawal) Act to reflect this change.

UK licensed establishments working in this area, such as hospitals, stem cell laboratories, tissue banks and fertility clinics would continue to work to the same quality and safety standards as they did before exit but some would need new written agreements with relevant EU establishments. UK licensed establishments that import or export tissues or cells from EEA establishments would need to make written agreements with

those EEA establishments to continue importing or exporting these products post-exit. However, this will for the most part be a minimum burden on industry.

For example, UK licensed establishments that already hold an import licence to import tissues and cells from third countries will be able to use their existing written agreements with third country organisations as a template.

Environmental Law
The EU Withdrawal Act 2018 will ensure all existing EU environmental law continues to operate in UK law, providing businesses and stakeholders with certainty as we leave the EU.

The UK government and devolved administrations will amend current legislation to correct references to EU legislation, transfer powers from EU institutions to domestic institutions and ensure we meet international agreement obligations.

There are also long notes of Marketing Authorisations of medicines, and for submitting safety information on medicines, all of which revert to the MHRA in the case of a 'no deal Brexit.

Specific risks:

- Short-notice changes to regulatory bodies and their capacity to take on increased roles and remits
- Duplication of effort to satisfy new UK as well as existing EU regulation
- Loss of membership of EU safety bodies and regulatory bodies – no longer part of European best practice

3.3 Research and Development
The Government has committed to the continued receipt of European funding relating to Research and Development in the Withdrawal Bill 2018, effective until the end of the EU transition period of 30 December 2020. It is not yet clear what will happen after that – this will be one of the details in the Brexit deal. The technical notices published by DExEU also give guidance on how to continue to apply for European funds up to the end of the transition period to 30 December 2020.

However, as seen this week in the press, the EU is potentially scaling back on the ability of the UK to receive EU funds that run past 2020.

The UK has a well-established framework for research regulation and it is not anticipated that this will change in the short-term due to Brexit.

However, there is uncertainty about continued R&D funding and the decisions that might be taken by the wider R&D community in the EU, for example, pharmaceutical companies and research companies who work with the NHS. A lot of this will depend on how accessible and how open individual NHS Trusts and their partner organisations, such as Universities, remain to funding sources for research post-Brexit. This is particularly important when the impact of the loss of European funding streams becomes clearer.

Specific risks:

- Unknown financial impact of Brexit after the transition period ends in December 2020
- Unknown/unquantified impact on the Trust and the University as yet

3.4 Supplies

In the DExEU technical notices in the case of a 'no deal' Brexit, an area without specific detail are the effects of Brexit on imports; the UK imports a great number of its medications and NHS supplies from the EU. On 23 August 2018, the Department of Health and Social Care published a letter that NHS Trusts should not stockpile supplies, particularly pharmaceutical products, as the Department is planning a nationwide programme relating to this.

All NHS Trusts have received a further letter instructing them to review the robustness of their own supply chain and take action as appropriate. The Trust's Procurement team is currently assessing which elements of the supply chain are covered by the actions being taken at national level with large volume suppliers, and undertaking a risk assessment on other suppliers not on the Government's list of assessed suppliers. This is a significant piece of work for all Trusts to undertake, which will place a reciprocal burden on suppliers for information who are also awaiting specific information on a deal/no deal as to whether additional checks or delays will be encountered with imports, for example.

A specific example to the type of supply-chain risk caused by Brexit to the Trust may be the supply of nuclear isotopes used by the nuclear medicine department. These materials have a half-life and start to decay during the import process (coming from countries such as France); any increased or routine delays at borders will render these isotopes less effective or useless in scanning, and effect the Trust's ability to scan and diagnose patients, including cancers and heart disease.

Specific risks:

- Understanding of Government action to maintain supplies of high-volume products post-Brexit
- Unknown deal/no deal and border arrangements post-Brexit
- Risk assessment in process to other elements of the Trust supply chain – risk in the process of being quantified if possible

4 Recommendations

The Trust Board is requested to receive this overview of risk issues relating to Brexit and determine what further action is needed at this stage.

Carla Ramsay
Director of Corporate Affairs
November 2018

APPENDIX 1 – WORKFORCE DATA EEA NATIONALS

EEA Nationals by Staff Category

Table 1.1 EEA Nationals by Staff Category at June 2017

Staff CATEGORY	WTE	Headcount	% of Workforce (WTE)
Clinical	148.56	169	3.2
Medical & Dental	91.20	109	9.6
Non-Clinical	16.13	19	0.9
Grand Total	255.89	297	3.6

3.6% of the Trust's total workforce is from EEA countries. 9.6% of the Trust's total Medical and Dental Workforce comes from EEA countries.

Table 1.2 EEA Nationals by Staff Category at October 2018

Staff CATEGORY	WTE	Headcount	% of Workforce (WTE)
Clinical	138.15	167	2.90
Medical & Dental	83.55	103	8.32
Non-Clinical	17.5	20	1.11
Grand Total	239.20	290	3.25

3.25% of the Trust's total workforce is from EEA countries. 8.32% of the Trust's total Medical and Dental Workforce is from EEA countries.

EEA Nationals by Staff Category and Staff Group

Table 2.1 EEA Nationals by Staff Category and Staff Group at June 2017

Staff CATEGORY	Reporting Staff group	WTE	Headcount
Clinical	Allied Health Professionals	17.32	20
	Healthcare Scientists	9.00	9
	Other ST&T	11.79	14
	Registered Nursing, Midwifery and Health visiting staff	92.57	99
	Support to Clinical Staff	17.88	27
Clinical Total		**148.56**	**169**
Medical & Dental	Consultant	43.60	48
	CT/ST	30.60	41
	F1/F2	15.00	17
	Other Career Grade	2.00	3
Medical & Dental Total		**91.20**	**109**
Non-Clinical	NHS Infrastructure support	16.13	19
Non-Clinical Total		**16.13**	**19**
Grand Total		**255.89**	**297**

The Trust employs 92.57 WTE (99 headcount) Registered Nurse from EEA countries. This equates to 4.4% of the Registered Nursing workforce. 43.60 WTE (48 headcount) of the Trust's Consultants are EEA Nationals and this equates to 11% of the Consultant workforce.

Table 2.2 EEA Nationals by Staff Category and Staff Group at October 2018

Staff CATEGORY	Reporting Staff group	WTE	Headcount
Clinical	Allied Health Professionals	23.54	27
	Healthcare Scientists	10.0	10
	Other ST&T	13.20	18
	Registered Nursing, Midwifery and Health visiting staff	71.31	81
	Support to Clinical Staff	20.09	31
Clinical Total		**138.15**	**167**
Medical & Dental	Consultant	39.88	46
	Junior Doctors	41.68	54
	Other Career Grade	2.00	3
Medical & Dental Total		**83.55**	**103**
Non-Clinical	NHS Infrastructure support	17.50	20
Non-Clinical Total		**17.50**	**20**
Grand Total		**239.20**	**290**

The Trust employs 71.31 WTE (81 headcount) Registered Nurse from EEA countries. This equates to 3.4% of the Registered Nursing workforce. 39.88 WTE (46 headcount) of the Trust's Consultants are EEA Nationals and this equates to 9.73% of the Consultant Workforce.

EEA Staff with length of Trust Employment by Health Group

Table 3.1 – EEA Staff with length of Trust Employment by Health Group at June 2017

	Service for Residency					
	<3 years		3-5 years		Over 5 years	
Health Group	Headcount	WTE	Headcount	WTE	Headcount	WTE
Family & Women's Health	22	16.24	-	-	10	9.48
Clinical Support Services	36	30.52	10	8.90	23	20.51
Surgery	71	65.41	7	6.00	17	15.97
Medicine	58	53.08	4	2.00	12	10.85
Corporate Directorates	16	9.20	-	-	4	2.67
Estates, Facilities and Development	3	2.49	-	-	4	2.57
Grand Total	**206**	**176.93**	**21**	**16.90**	**70**	**62.05**

The table shows the number of EEA staff who may be affected by changes to immigration rules by health group, highlighting numbers who may currently qualify for permanent residency (over 5 years Trust employment) or qualify during the next 2 years (3-5 years Trust employment) - assuming they have not already applied for or already have residence status. This highlights that Surgery (95 headcount/87.38 WTE), Medicine (74 headcount/65.93 WTE) followed by Clinical Support Services (69 headcount/59.93 WTE) would be the three areas within the Trust most impacted by any changes.

Table 3.2 – EEA Staff with length of Trust Employment by Health Group at October 2018

	Service for Residency					
	<3 years		3-5 years		Over 5 years	
Health Group	Headcount	WTE	Headcount	WTE	Headcount	WTE
Family & Women's Health	18	10.68	7	6.64	9	8.48
Clinical Support Services	34	29.91	12	10.80	32	26.72
Surgery	27	26.00	27	22.60	20	18.52
Medicine	36	29.22	23	20.32	12	9.61
Corporate Directorates	19	9.80	3	1.20	3	2.35
Estates, Facilities and Development	3	2.40	1	0.90	4	3.05
Grand Total	**137**	**108.0**	**73**	**62.46**	**80**	**68.73**

This table shows that in the last 14 months, a number of staff have moved in to the 3-5 year service bracket; and some in to the over 5 years bracket – for those staff with longer service, they will be more eligible for protections during the Brexit transition period in relation to continued EU workers' rights. The number of staff with shorter length of service, and the ability of the Trust to recruit new

starters from EU countries, is most likely to be more difficult as the window for qualifying for settled status becomes shorter after 30 March 2019.

Table 4 - Q3 (October-December 2016) Leavers and Joiners Information

	All Staff (Headcount)	UK Nationals (Headcount)	EEA Nationals (Headcount)	Neither UK or EEA Nationals (headcount)
Number of Leavers	296	259	21	16
Number of Joiners	382	343	20	19
Net Leavers/Joiners (+/-)	86	84	-1	3

Table 5 – Q4 (January-March 2017) Leavers and Joiners Information

	All Staff (Headcount)	UK Nationals (Headcount)	EEA Nationals (Headcount)	Neither UK or EEA Nationals (headcount)
Number of Leavers	252	212	14	26
Number of Joiners	341	296	19	26
Net Leavers/Joiners (+/-)	89	84	5	0

Table 6 – Q1 (Apr – Jun 18) Leavers and Joiners Information

	All Staff (Headcount)	UK Nationals (Headcount)	EEA Nationals (Headcount)	Neither UK or EEA Nationals (headcount)
Number of Leavers	236	207	11	18
Number of Joiners	237	208	9	20
Net Leavers/Joiners (+/-)	1	1	-2	2

Table 7 – Q2 (Jul – Sep 18) Leavers and Joiners Information

	All Staff (Headcount)	UK Nationals (Headcount)	EEA Nationals (Headcount)	Neither UK or EEA Nationals (headcount)
Number of Leavers	446	362	22	62
Number of Joiners	600	460	28	112
Net Leavers/Joiners (+/-)	154	98	6	50