

**Hull University Teaching Hospitals NHS Trust
Minutes of the Trust Board
Held on 10 March 2020**

Present:	Mr T Moran CB	Chairman
	Mr S Hall	Vice Chair
	Mr M Gore	Non-Executive Director
	Mr T Curry	Non-Executive Director
	Mr C Long	Chief Executive Officer
	Mr L Bond	Chief Financial Officer
	Mrs T Cope	Chief Operating Officer
	Dr M Purva	Chief Medical Officer
	Mrs B Geary	Chief Nurse

In Attendance:	Ms J Myers	Director of Strategy and Planning
	Ms C Ramsay	Director of Corporate Affairs
	Mrs M Stern	Patient Representative
	Ms S Bennett	Interim Senior Site Matron (Item 8.1)
	Ms S Thorpe	Site Matron (Item 8.1)
	Mr S Knopp	Site Matron (Item 8.1)
	Mrs R Thompson	Corporate Affairs Manager (Minutes)

No	Item	Action
1	<p>Apologies: Apologies were received by Mrs T Christmas, Non-Executive Director, Prof M Veysey, Non-Executive Director and Mr S Nearney, Director of Workforce and OD</p>	
2	<p>Declarations of Interest 2.1 Changes to Directors' interests since the last meeting Mr Moran advised that he has been appointed as Chairman of Northern Lincolnshire and Goole NHS Foundation Trust.</p> <p>2.2 To consider any conflicts of interest arising from this agenda There were no conflicts raised.</p>	
3	<p>Minutes of the last meeting held on 28 January 2020 Item 11.5 – 3rd paragraph – it was agreed that e-Rostering progress would be monitored through the new Workforce, Education and Culture Committee and not the Performance and Finance Committee.</p> <p>Item 8.2 – 2nd paragraph – Mrs Geary gave assurance that safe nursing staffing levels continue to be reviewed through the Safety Brief meetings.</p> <p>Mrs Geary confirmed – Geary was missing from the minutes</p> <p>Following these changes the minutes were approved as an accurate record of the meeting.</p>	
4	<p>Matters Arising There were no matters arising.</p>	

4.1 Action Tracker

The Board reviewed the tracker and agreed that item 1 relating to lay representatives should be moved to the May 2020 meeting.

4.2 Board Reporting Framework 2017/2020

Ms Ramsay presented the item and advised that the 20/21 Framework would be circulated to the Board in April 2020 to give the Board time to review it before approval at the May 2020 meeting.

She reported that the Nurse Staffing Report was not on the agenda due to it now being received first at the Workforce, Education and Culture Committee (WEC) and the timings of meetings mean the next report is due at the April WECC and for the next public Board meeting in May 2020.

4.3 Board Development Framework 2017/19

Ms Ramsay presented the item and advised that the topics identified for the March Board Development session were BAF 4 and BAF 7.1/7.2 and 7.3. There was also a stakeholder survey feedback session.

Ms Ramsay, Mr Long and Mr Moran would review the forward plan and Board members were invited to highlight any areas they thought should be reviewed in 20/21.

Mr Gore suggested that his Productivity report should be included and Mr Bond advised that this would be presented to the Performance and Finance Committee in March 2020.

5 Chair's Opening Remarks

Mr Moran noted that Prof. Jomeen had now left the University for a new role in Australia and wanted to record his thanks for her significant efforts in creating a closer relationship between the Trust and the University of Hull. Prof Jomeen had left the Trust on 29 February 2020.

Mr Moran advised that Mr Gore was also leaving the Trust and the end of his term on 31 March 2020. Along with Mr Hall he was one of our longest serving NEDs. He thanked him, on behalf of the Board, for his more than 5 years of commitment to the Trust. He stated that Mr Gore had always been focussed on the interests of patients and the efficient use of our resources.

Mr Moran reported that the CQC had visited the Trust last week as part of their inspection and wanted to thank all staff for making them feel welcome.

Mr Moran referred to the emergence of Covid-19 and advised that the Board would receive a presentation later in the meeting relating to ensure colleagues were fully up to date with our local planning and preparedness for dealing with cases.

The Staff Survey had shown that the Trust had some areas of good progress and some areas that needed more work. He advised that the Trust was better than the national average for the first time relating to bullying and harassment and was very welcome progress. On behalf of the Board he thanked all staff for this great result.

Mr Moran mentioned that it had been International Women's Day at the weekend and he recognised the impact and importance that we celebrate it.

The agenda was taken out of order at this point

8 Great Staff

8.1 Frontline staff – Site Team

Ms Bennett, Ms Thorpe and Mr Knopp attended the Board. Ms Bennett advised that the team had a wealth of experience as well as being supportive to one another. Ms Bennett highlighted the responsibilities of the Team which included co-ordinating patients, chairing bed meetings, reviewing capacity plans and implementing out of hours plans.

Mr Knopp spoke about flow through the hospital and how important it was. He advised that ensuring timely discharges matter for patient safety. He reported that patients on wards were encouraged to get moving and out of bed as 10 days in hospital for someone over the age of 80 could result in 10 years of aging. He advised that long waits for speciality reviews and delayed transfers of care could result in harm for the patient.

Ms Thorpe spoke of the Site Team at night and how they provide support on issues such as patients with mental health issues waiting for a review, infection control problems, flow from the Emergency Department and patients waiting to be discharged.

There was a discussion around earlier discharges being made available and the pressures on discharge medicines. Mr Knopp advised that the Team was working towards dealing with tomorrow's issues today.

Mr Hall asked what the team thought their key issues were currently and Ms Bennett advised as follows: that the Trust was not out of winter pressures, Covid-19, lodging patients and the knock on effect on staff morale. She added that the main priority for the team was to ensure patients were safe.

Mr Moran asked how the team would rate the Trust against its mission statement and the team gave a score of 8. Ms Thorpe advised that all staff give 100% but increased staffing levels and more investment in ambulatory care would go some way to help in the most pressurised areas.

Mr Moran thanked the team and asked them to contact Board members if they needed any help. Ms Myers wanted to compliment the team on the work they were doing in and out of hours; she stated that they did a fantastic job under great pressure.

Resolved:

The Board received and accepted the update from the Site Team.

9 Great Care

9.1 Patient Story

Mrs Stern presented her story to the Board and advised that she had a rare connective tissue disorder that created complications when receiving other treatments.

Mrs Stern spoke of the excellent care she had received from clinical staff and as part of a MDT meeting set up to review her care plan and accommodate the issues around her condition for a recent surgery. She added that due to

the plan being put into place it meant that there were no other injuries sustained during her treatment and did not have to be re-admitted to hospital.

Mrs Stern suggested that patients could help write protocols for surgery when there are underlying health conditions that need to be taken into account to avoid re-admissions, particularly for rare conditions. Mr Moran welcomed this and Mrs Geary suggested this be taken to the Patient Experience Group for further review.

Dr Purva added that work was ongoing in other areas with academic leaders working with patients.

Mrs Stern added that the Trust did not shout loudly enough about its good practice and innovations. She added that wards should share their successes.

Mr Moran requested an update regarding patients working with clinicians and how this was being progressed at a future meeting. **BG**

Resolved:

The Board thanked Mrs Stern for her contribution.

The agenda returned to order at this point

6 Chief Executive Briefing

Mr Long presented the report and advised that the Trust was experiencing a complex time due to Covid-19 and the teams were doing an excellent job to keep control of the situation.

He also reported that attached to his report was an outcome paper following the Trust's trip to India to further establish a programme of workforce development and research. A steering group had been established to consolidate plans across the organisations.

Mr Long also presented the Standing Orders paper which was also appended to his report highlighting the use of the Trust seal. The Board approved the use of the seal as set out in the paper.

Mr Gore highlighted the Balanced Scorecard and noted the progress made around mandatory training and appraisals.

Resolved:

The Board received and accepted the report and appendices and approved the use of the Trust seal.

6.3 Covid-19 Update

Ms Myers gave a presentation relating to the planning and preparedness for handling increased pressure arising from the impact Covid-19. She advised that the Trust now had a pod for patients and staff to visit in line with the national requirement at the front of the hospital to avoid people walking into the hospital. The Trust is designated as the area's specialist infection diseases provider and is the admitting centre for Covid-19 across the Humber, Coast and Vale.

There have been 319 cases to date in the UK and 4 confirmed deaths.

City Health Care Partnership were providing a service to test suspect cases and were based at Castle Hill Hospital. Arrangements were being put into place to process samples locally with both HUTH and York making plans to expand their capacity.

Ms Myers advised that Gold Command had been established with daily meetings as well as tactical groups put into place. There was a Trust level daily call which connected services, the Site Team and the on-call manager.

Ms Myers advised that the Trust was identifying the issues and responding in a timely manner. Work was ongoing with Northern Lincolnshire and Goole NHS Foundation Trust and York Teaching Hospital NHS Foundation Trust as the next phase for admitting patients with the virus.

A tactical workforce group had been established to determine the needs of staff and whether staff should work from home or whether meetings should be held over the phone rather than face to face. Ms Myers added that the majority of staff were patient-facing so would not be able to work from home.

Communications to staff and patients was clear with signage, posters, emails and screen savers all being used.

There was a discussion around the implications of the virus and what the future would hold regarding its containment. Mr Moran asked that our preparedness planning included resilience plans for those leading our planning and response and our duty of care to those staff with underlying health conditions which may put them at a greater risk.

Resolved:

The Board received and accepted the presentation.

6.4 Humber, Coast and Vale Health and Care Partnership – Integrated Care System

Mr Long presented the report and asked the Board to formally support the Humber, Coast and Vale Health and Care Partnership's application for Integrated Care System status.

Resolved:

The Board received and supported the application for Integrated Care System status.

7 Governance

7.1 Report and Escalation from the Performance and Finance

Mr Curry reported that the Committee was focussing on ED performance and the ED team had given a presentation to the February meeting to highlight the issues and would be attending in March to give an update.

Mr Curry also advised that the Committee was reviewing patient flow, diagnostics and the Trust's CRES target. Mr Moran advised that he would be attending Performance and Finance in March 2020, and also the Quality Committee, and was keen to confirm that it was a usual occurrence and he was not targeting the meeting for any specific reason other than his usual practice of twice yearly observations.

Mr Gore asked if invoicing the local authority for delayed transfer of care was appropriate and Mrs Cope stated that it could be counter intuitive to partnership working. She advised that daily system calls were taking place and the A&E Delivery Board were monitoring the situation. Mr Long added that invoicing would be seen as a negative act with partners who are carefully managing their financial positions.

Mr Bond asked about the new Workforce, Education and Culture Committee and whether the Terms of Reference had been mapped to the Performance and Finance Committee's. Ms Ramsay advised that Performance and Finance Committee would be reviewing their Terms of Reference in March 2020 and then the mapping exercise would take place. The Workforce, Education and Culture Committee would review its work plan at its April 2020 Committee accordingly.

Mrs Cope advised that an external company had visited the Trust to validate the Patient Tracking List (PTL). She advised that the Trust had been commended on its accuracy and had the lowest number of validation issues.

Mr Bond updated the Board regarding the month 11 finance figures and advised that the Trust was reporting a £9.2m surplus which was in line with plan.

The Health Group positions had deteriorated against forecast but were in line with expectations. Mr Bond advised that the Trust was still forecasting a positive year end position.

Mr Bond reported that the Trust had to spend £20m in capital before year end which meant an increase in orders and deliveries over the next 3 weeks. He assured the Board that this in line with the expected use of capital funds.

Resolved:

The Board received and accepted the report.

7.2 Report and Escalation from the Quality Committee

Mr Hall presented the report and advised that the Quality Committee was reviewing harm and in particular patient safety in light of the ED performance.

The Quality Committee were also monitoring the Quality Improvement Plan and how it was meeting its delivery schedule and whether the right criteria for each QIP were appropriate.

Mr Gore expressed his concern regarding ENT performance and it was agreed that Ms Ramsay and Prof Veysey would discuss how this would be followed up in the Quality Committee.

CR/MV

Resolved:

The Board received and accepted the report.

7.3 Report and Escalation Workforce Committee

Mr Moran presented the report and advised that it was the first meeting of the new Committee. He advised that once item had been agreed to escalate to the Board for attention: that trainee GPs will be spending 1 year in the Trust instead of 2 from August 2021 and asked if this had been discussed at national level. Dr Purva advised that it had and she was working with the

team to ensure rota implications were monitored. Mr Bond had contacted Health Education England to request early sight of their workforce modelling.

Mr Moran highlighted that a report had been discussed at the Committee relating to the leadership programmes being carried out within the Trust and the serious investment in staff development.

The Staff Survey was also presented to the Committee as was the Terms of Reference. Mr Moran advised that work was ongoing with Performance and Finance to ensure both Terms of Reference were mapped correctly and duties were being discharged appropriately between the two committees.

Resolved:

The Board received and accepted the report.

10 Great Future

Board Assurance Risk 3 – High Quality Care

Mrs Geary gave a presentation which highlighted the progress against the risk of not being able to deliver good quality of care.

She gave positive assurance such as the work on Safety, updated Datix forms and how there had been a reduction in harm levels across reported incidents.

Further assurance required relating to the number of Never Events reported, work on the WHO checklist and a number of Quality Improvement Plans that were being worked through. She advised that any QIPs on which that the Quality Committee provided further assurance has brought about invitations to QIP leads to attend the next meeting to provide further insight.

Mrs Geary advised that completion of the Matron's Handbook was an improving position.

Mrs Geary summarised some key elements of feedback from the most recent CQC visit.

Having considered our progress and remaining issues Mrs Geary recommended that the current risk rating should remain unchanged.

Mr Gore stated that Serious Incidents were increasing and asked for assurance around this metric. Dr Purva advised that statistically the Trust was within the upper and lower control limits of the SPC chart and reviewing trends and whether the Trust was an outlier was important. She added that the teams reviewed the harm data and incidents with serious or moderate harm had seen a decrease.

Mr Bond asked about mortality and morbidity meetings and outcomes and how these were not highlighted in the Board Assurance Framework. Dr Purva advised that the meetings took place every month and discussions relating to structured judgement reviews, learning from deaths and reviewing near misses took place. Mrs Geary added that any escalation from the Mortality and Morbidity Committee would be received by the Operational Quality Committee. Mr Bond suggested that this be reflected in the Board Assurance Framework.

Mr Moran suggested that Mortality and Morbidity be added to the Board Development Plan to enable a more detailed discussion.

CR

Resolved:

The Board received and accepted the presentation.

11.1 Operating Plan 2020/21 Update

Ms Myers updated the Board regarding the Operating Plan for 2020/21. She advised that she had circulated a detailed note to all Board members relating to the guidance.

Ms Myers reported that the Cancer faster diagnosis guidance had been set at 70% for 2020/21 and that the Trust was already achieving this. There was also targets around Same Day Emergency Care that were being worked up.

The guidance also had standards for the number of acute beds and bed occupancy, the financial recovery fund (£86m) and an emphasis on system performance. Mr Bond added that the plans for the system resulted in a £144m deficit so there was a significant gap to recover.

Confirm and challenge meetings with the Health Groups had taken place to review how the requirements would be met in 2020/21. The Trust was also reviewing 2023/24 as part of the longer term strategy and where investments should be made.

Mr Moran asked when the Board would approve what the corporate priorities were and Ms Myers advised that these were included in the Trust Strategy implementation plans. Mr Moran suggested using time at the Board Development in March to review the priorities further.

JM

The Operating Plan would be approved at an extra-ordinary Trust Board meeting in April 2020.

Resolved:

The Board received and accepted the update.

11.2 Gender Pay Gap Report

Ms Ramsay presented the report and advised that it was a national requirement for the Board to approve the content.

Ms Ramsay advised that the reasons for the pay gaps were the same as last year but the gap has narrowed. The Trust operates under the Agenda for Change rules and this ensures that the framework for pay is equal on appointment for all staff coming under Agenda for Change terms and conditions. The reasons for the gaps are around women taking more time away from work during their careers and more women working part time. The other difference is in Clinical Excellence Awards, and women are less likely to recommend themselves for Clinical Excellence Awards.

Ms Ramsay advised that the report would be scrutinised by the Workforce, Education and Culture Committee in the future.

Mr Moran was keen to understand the gap further as the Trust was an outlier nationally. He asked the Workforce, Education and Culture committee to review this in more detail.

Resolved:

The Board approved the report and asked the Workforce, Education and Culture Committee to review the issues further.

SN

11.3 Contract for External Auditors

The Board received the contract detailing the new External Auditor appointment for approval. Mr Gore expressed his concern regarding the inflated costs but understood the market conditions relating to external audit.

Resolved:

The Board approved the awarding of the external contract to Mazars LLP on the terms outlined in the paper.

12 Reports to the Board

12.1 Performance and Finance Minutes 27 January 2020/25 February 2020

The minutes were received by the Board.

12.2 Quality Minutes 27 January 2020/24 February 2020

The minutes were received by the Board.

12.3 Workforce, Education and Culture Minutes 28 February 2020

The minutes were received by the Board.

12.4 Integrated Performance Report

The report was received by the Board.

12.5 Quality Report including Transition of Deprivation of Liberty Safeguards to Liberty Protection Safeguards (LPS)

The report and appendix was received by the Board.

12.6 Learning from Deaths

The report was received by the Board.

13 Chairman's Summary of the Meeting

Mr Moran summarised the meeting highlighting the Site Team presentation and how 10 days in hospital for the over 80s could add 10 years to their life, Mrs Stern's item and how the Trust does not share good practice well, Covid-19 and the Trust's well managed response and the Operating Plan timescales.

There were positive messages within the staff survey results but with more work to do, a disappointing Gender Pay Gap assessment and the establishment and start of the new Workforce, Education and Culture Committee.

14 Any Other Business

There was no other business discussed.

15 Any Questions from Members of the Public

There were no questions asked by members of the public.

16 Date and time of the next meeting:

Monday 27 April 2020, The Committee Room, Hull Royal Infirmary
(extraordinary meeting for the Wave 4 Capital Business Case and Trust
Financial Accounts)

**Hull University Teaching Hospitals NHS Trust
Trust Board Action Tracking List (March 2020)**

Actions arising from Board meetings

Action NO	PAPER	ACTION	LEAD	TARGET DATE	NEW DATE	STATUS/ COMMENT
January 2020						
Jan 2020	Trust Board Constitutional Matters	NHS trust to have a body of trained lay representatives to be able to undertake Consultant appointment panels – to be discussed	CL	March 2020		Update
November 2019						
Nov 2019	7 Day Services Report	Trust benchmarking information to be presented to the Board	MP	May 2020		
	Trust Strategy Implementation	Summary arrow to be added to show whether standards were improving or not	JM	Nov 2020		Next report presentation due
COMPLETED						
Jan 2020	Board Reporting Framework	Operational Guidance to be circulated to the Board	JM	January 2020		Completed
Nov 2019	Nursing and Midwifery Report	Red Flag trend analysis to be added to the next report	BG	January 2020		Added to report
		Mrs Christmas to discuss the safeguarding Red Flags with Ms Rudston	TC	TBC		Completed

Actions referred to other Committees

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

Hull University Teaching Hospitals NHS Trust

**Trust Board
Tuesday 14 April 2020**

Title:	Standing Orders and Governance
Responsible Director:	Director of Corporate Affairs – Carla Ramsay
Author:	Director of Corporate Affairs – Carla Ramsay

Purpose:	<p>1) To confirm the current arrangements for Trust Board and Board Committee meetings during the Covid-19 Pandemic</p> <p>2) To receive and approve the Terms of Reference for a new Trust Board sub-committee and approve associated changes to Trust Standing Orders for the formation of the COVID-19 Ethics and Clinical Prioritisation Policy Committee (ECPPC)</p> <p>3) To receive and accept the summary notes from the COVID-19 Ethics and Clinical Prioritisation Policy Committee (ECPPC) meetings that have taken place since 31 March 2020</p> <p>4) To receive decisions made virtually by the Trust Board between Trust Board meeting dates</p>	
BAF Risk:	N/A	
Strategic Goals:	Honest, caring and accountable culture	✓
	Valued, skilled and sufficient workforce	
	High quality care	
	Great clinical services	
	Partnership and integrated services	
	Research and Innovation	
Summary of Key Issues:	<p>NHS Trusts received national guidance on 27 March 2020 to support changes to public Trust Board and Board Committee arrangements in light of the Covid-19 pandemic. This paper proposes an approach to Trust Board governance to take full account of the current situation.</p>	

Recommendation:	<p>The Trust Board is requested to:</p> <ul style="list-style-type: none"> • Confirm the short-term arrangements to Trust Board and Board Committee meetings until 9 June 2020 • Approve amendments to be made to the Trust’s Standing Orders to include appropriate reference to the new COVID-19 Ethics and Clinical Prioritisation Policy Committee (ECPPC) to be established as a sub-committee to the Trust Board • Ask for the Audit Committee to review these temporary arrangements from the point of view of maintaining sound corporate governance within the Trust • Receive and accept the decision taken virtually by email on Contract recommendation paper for the provision of Health Trust Europe Total Workforce Solutions Framework Agreement HEY/19/131/A and HEY/19/131/B
------------------------	--

Hull University Teaching Hospitals NHS Trust

Trust Board

Standing Orders and Governance Tuesday 14 April 2020

1 Purpose of the Report

The purpose of this report is:

- 1) To confirm the current arrangements for Trust Board and Board Committee meetings during the Covid-19 Pandemic
- 2) To receive and approve the Terms of Reference for a new Trust Board sub-committee and approve associated changes to Trust Standing Orders for the formation of the COVID-19 Ethics and Clinical Prioritisation Policy Committee (ECPPC)
- 3) To receive and accept the summary notes from the COVID-19 Ethics and Clinical Prioritisation Policy Committee (ECPPC) meetings that have taken place since 31 March 2020
- 4) To receive decisions made virtually by the Trust Board between Trust Board meeting dates

2 Background

There is currently a world-wide pandemic due to novel coronavirus (Covid-19). This is already having a significant impact on delivery of NHS services nationally; locally, the Trust has put in place a command structure and a detailed surge plan to manage the impact of Covid-19 patients alongside other acute and emergent patients.

The Trust Board, prompted by the Chairman, anticipated in mid-March 2020 that this would have a significant impact on the management capacity and operational capacity of the organisation. This was further developed by a letter circulated by NHS England/Improvement to all Trust Board Chairs and Chief Executives on 27 March 2020.

This paper confirms the temporary arrangements being put in place to release management and operational capacity as well as continue to meet the Trust Board's statutory requirements during this time. It is intended that this paper is published on the Trust's website as part of the Board's approach to public accountability and transparency on its governance arrangements and how it continues to discharge its duties.

3 Temporary changes to meeting arrangements

3.1 Trust Board and Board Committees

The Trust Board of any NHS Trust is required to meet regularly in public; there is no other further definition in law as to frequency or other arrangements. The Trust Board can meet in private to discuss matters that are confidential or where publicity of such matters which would be prejudicial to public interest. The Trust Board can form any Committees and Sub-Committees as it requires in order to discharge its duties, and must have an Audit Committee, Charitable Funds Committee and Remuneration Committee. There is no statute as to how frequently these Committees must meet.

Anticipating the need to release as much management and operational capacity back in to the organisation, the Chairman has proposed the following principles to be applied for the next three months:

- That the Board meets virtually either by telephone or video conference every month
- That the Board considers only urgent business in the following four areas:

- Our patient impacts – the quality and safety issues and relevant priorities and CQC requirements, key risks arising and decisions required of the Board;
- Our people – resilience, safe staffing, absences; relevant priorities, key risks arising and decisions required of the Board;
- Our money – what financial impacts and risks are arising, relevant priorities, decisions required of the board; and
- Covid-19 preparedness, planning and operational management - to ensure other issues not captured above are reported.
- That these Board meetings are held without the public in attendance, as physical meetings are not being held during this time and attendance at public meetings is not considered essential business under Governmental social distancing guidance. Questions from the public are invited in advance, and that a public record from each meeting will be created and published on the Trust's website.
- Papers discussed at the Board will be published unless they contain highly sensitive information which, exceptionally, in the judgement of the Board may otherwise undermine public confidence inappropriately.
- That meetings of the Board's Committees are stood down during this period, with the exception of the Audit Committee.

A letter was circulated by the Chief Operating Officer of NHS England & NHS Improvement (NHS E/I) on 28 March 2020 that confirmed this approach as appropriate; the letter suggested that Board Committees including the Audit Committee are slimmed down or delayed, and that the Board should consider keeping Quality Committee meetings in the schedule. After internal discussion, it is proposed that by the Trust Board meeting monthly during this period, including consideration of patient safety and quality as one of four key areas, it would be most appropriate that the full Board remain apprised on patient safety and quality during this time. Maintaining a separate Quality Committee would not add more value to this position, and take up management time that is sought to be released.

The Audit Committee provides a vital scrutiny function and an objectivity to changing governance arrangements as well as to areas of risk at a time where national and local processes are changing rapidly. On this basis, the Trust will maintain its Audit Committee meetings during this time. The letter from NHS E/I has given more flexibility on statutory duties to be met at this time of the year, such as the annual accounts and annual report timescales. The Audit Committee retains a critical role in the scrutiny and recommendation of these requirements while the letter from NHSE/I has offered a longer timescale of one month for both elements, it has not removed the requirement to produce them largely to the level of detail that would normally be required. For this reason also, the Audit Committee meetings will remain in the schedule as planned so as to maintain the Board's ability to meet its statutory duties to adjusted national timescales.

3.2 Covid-19 capacity, preparation and operational management

Trust Chief Executives received a letter from NHS E/I on 18 March 2020 containing mandatory requirements to create clinical capacity in order to manage the anticipated increase in patients due to Covid-19. This included elements such as postponing all elective procedures and non-urgent outpatient appointments, and adopting new ways of working such as video and telephone appointments. This letter outlined the type of surge capacity that Trusts should plan to create and required trusts to risk stratify the effect this would have.

There is new national guidance, including NICE guidance, on the management of patient groups and patient care in light of Covid-19, such as critical care.

The Trust has implemented the relevant elements of the NHSE/I letter and already had in place an operational command structure to manage its Covid-19 preparations including drawing up, implementing and maintaining a surge plan with all related elements, such as staff redeployment and application of relevant national clinical guidelines.

All Trusts are encouraged to form an Ethics Committee to take organisational policy decisions relating to treatment and ability to care for patients in light of anticipated numbers of acutely unwell patients with Covid-19. The Trust has formed a COVID-19 Ethics and Clinical Prioritisation Policy Committee (ECPPC), the terms of reference of which are appended to this document, which held its first meeting on 31 March 2020. It is chaired by a Non-Executive Director and has a membership of clinical expertise, governance input and external/patient and staff welfare focus. It is constituted as a short-term sub-committee of this Trust Board.

The Trust Board is therefore recommended to receive and approve the Terms of Reference for a new Trust Board sub-committee and associated changes to Trust Standing Orders for the formation of the COVID-19 Ethics and Clinical Prioritisation Policy Committee (ECPPC). The Terms of Reference are attached at Appendix 1, which detail the specific purposes the Committee is undertaking on behalf the Trust.

The summary notes from the two meetings held to date are also circulated with this paper and all available notes will come to each monthly Trust Board meeting during this period of time.

3.3 Virtual Decision Making

The Trust Board has considered some time-sensitive business via email prior to this Board meeting, with a view that the consensus decision taken by Board members is recorded at the next available Board meeting. This ensures that the monthly Trust Board meetings can focus on urgent business requiring discussion during this time, whilst maintaining appropriate Board-required business through using a virtual route and in doing so observing requirements of the scheme of delegation and providing an audit trail.

The Board has taken a decision on the following:

Approval was received for the contract recommendation paper for the provision of Health Trust Europe Total Workforce Solutions Framework Agreement HEY/19/131/A and HEY/19/131/B.

The Trust had previously signed up to the Framework agreement to provide managed and collaborative bank solutions and direct engagement. This solution allows the Trust to engage temporary staff via a “direct engagement”.

The initial contract period was for 12 months with up to 36 months extension available. The Board agreed to take up the first 12 months of the 36 month available extension.

4. Conclusion

The Trust has put in place required governance and operational management requirements of for Covid-19 preparations. The Trust Board is asked to temporarily change some ways of working to accommodate these requirements at the same time as continuing to discharge its urgent and statutory duties during this time.

5. Recommendations

The Trust Board is requested to:

- Confirm the short-term arrangements to Trust Board and Board Committee meetings until 9 June 2020
- Approve amendments to be made to the Trust's Standing Orders to include appropriate reference to the new COVID-19 Ethics and Clinical Prioritisation Policy Committee (ECPPC) to be established as a sub-committee to the Trust Board
- Ask for the Audit Committee to review these temporary arrangements from the point of view of maintaining sound corporate governance within the Trust
- Receive and accept the decision taken virtually by email on the contract recommendation paper for the provision of Health Trust Europe Total Workforce Solutions Framework Agreement HEY/19/131/A and HEY/19/131/B.

Carla Ramsay

Director of Corporate Affairs

April 2020

Appendix 1

Hull University Teaching Hospitals NHS Trust

COVID-19 Ethics and Clinical Prioritisation Policy Committee (ECPPC)

1. Formation of this Committee

The COVID-19 pandemic is currently escalating in the United Kingdom. Experience elsewhere and now in the UK has demonstrated that this may rapidly outstrip the capacity of healthcare services even with a significant expansion in provision and suspension of other activities. This constitutes a Major Incident situation which will likely be prolonged and the impact of the disease will also reduce capacity as healthcare workers are affected.

The aim of this committee will be to help guide service leaders and clinicians on ethical issues and clinical prioritisation during this challenging period. The intention is to promote the highest standards of ethical and clinically responsible conduct, monitor compliance with organisational conduct with this regard and identify good practice and opportunity for improvement.

The authority of the ECPPC is derived from being a new sub-committee of the Trust Board. It will formally report to each Trust Board meeting to record decisions and issues arising. In exceptional circumstances it will escalate any significant matters that the ECPPC deems of such importance and urgency the same day.

2. Role of the Committee

2.1 Committee Objectives

- Make recommendations on the ethical and optimal use of healthcare resources in the context of the current COVID-19 pandemic
- Agree guidance for Specialty Panels and service leaders to develop their own plans for which patients should be offered:
 - Hospital admission
 - Diagnostics
 - Procedures and operations
 - Escalation to ICU
- Agree guidance for when there should be a consideration of withdrawal of care from selected patients, providing an ethical framework to decision-making reflecting surges and increasing pressures on resources
- Agree guidance on when patients should undergo a “Do not attempt resuscitation” discussion or decision
- Design a system for supporting clinicians at the time of making these difficult decisions
- Design a system for reviewing the process and outcomes when difficult decisions have been made
- Rapidly review and circulate national guidance as this becomes available, taking local decisions on behalf of the Trust as to how to apply new guidance
- Endorse and circulate good practice already in use that provides valuable guidance to clinicians on clinical prioritisation based on clinical need
- Provide a point of escalation if required in urgent need by a Specialty Panel is conflicted in respect of applying Trust decisions or new national guidance

2.2 Specialty Panels

Specialty panels are being formed to make specific resource and prioritisation decisions on:

- Surgical patients

- ICU/ventilation
- Emergency care and acute admission

These panels will be operational and will meet on an as-and-when basis (the Three Wise Men approach) or per their Terms of Reference (the Surgical Resource Allocation Panel).

This Committee will cascade guidance and information on Trust-wide decision-making for use by the Specialty Panels. The Specialty Panels can escalate issues requiring a Trust-wide or organisational policy decision up, for rapid response.

A member of this Committee will be a member of the Specialty Panel in order to feed in the views of the Committee for consistency in decision-making across the Trust as well as to provide support to the Specialty Panels, recognising the significant emotional burden that this Panel will be undertaking on behalf of the Trust.

3. Membership

The membership will be:

Non-Executive Director of the Trust

Chief Medical Officer and/or Associate Chief Medical Officer

Chief Nurse or Deputy Chief Nurse

The Specialty Panel Chairs or nominated representative from the Panel

Director of Corporate Governance and/or Deputy Director of Quality Governance and Assurance
Chaplaincy

Clinical Commissioning Group representative

4. Chair of the group

The chair of the group shall be the Non-Executive Director; in their absence, the Chair is to nominate a meeting chair.

5. Quorum

It is anticipated that all members will be present at all meetings, however a meeting will be considered quorate with the minimum presence of a chair or nominated meeting chair, one of the Chief Medical Officer/Associate Chief Medical Officer/Chief Nurse/Deputy Chief Nurse, one panel representative and a governance representative

6. Meetings

The Committee shall meet weekly and meetings stepped down if not needed. A meeting will be held as soon as possible following establishment.

Urgent meetings can be convened through the chair at any time.

Meetings will be held remotely and may involve the use of telephone, and electronic messaging and conferencing facilities. Patient identifiable material will not be disclosed directly to the committee unless necessary and if so will be circulated to the necessary members securely following Information Governance protocols.

7. Attendance at meetings

Other stakeholders and employees will be invited to attend by the chair as required.

8. Notice of meetings

Meetings of the Committee shall be called at the request of the chair. Notice of each meeting, including an agenda and supporting papers shall be forwarded to each member of the Group not less than 1 working day before the date of the meeting.

9. Agenda and action points

The agenda and action points of all meetings of the Committee/Group shall be produced in the standard agreed format of the Trust and kept by the Committee administrative support. Where significant difference of opinion is expressed in the meeting about a key decision the dissenting voice opinion shall also be recorded if the member requests it. If, exceptionally, a member of the ECPPC has a serious concern with either the conduct of the Committee or of the outcome agreed by the Committee the member has the right to raise it directly with the Chief Executive or, in their absence, the Chair of the Trust Board.

The decisions of the Committee and agreed guidance will be published by the administrative support on Pattie as well as cascaded to the Specialty Panels and to the Trust's Gold Command circulation.

The decisions made by the Committee will be reported to the next available Trust Board meeting.

10. Reporting arrangements

The proceedings/minutes of each meeting of the Committee/Group shall be shared with Gold Command and be circulated to members of the Trust's Executive Management Committee as well as to the Trust Board no less than monthly as set out above in section 1. The absence of any meetings should also be reported formally

11. Authority

The Group is authorised by the Trust Board through the Executive team to plan and deliver actions within its terms of reference. It is authorised to seek any information it requires from any employee, and all employees are required to co-operate with any request made by the Committee.

Date terms of reference agreed by Committee:

Date terms of reference approved by the meeting to which this Committee reports:

Date terms of reference due for review:

Hull University Teaching Hospitals NHS Trust
Trust Board
Tuesday 14 April 2020

Title:	Our Patient Impacts
Responsible Director:	Chief Nurse – Beverley Geary
Author:	Chief Nurse - Beverley Geary

Purpose:	<p>The purpose of the report is to apprise the Board of the key issues in relation to in managing the Trusts response to the national Covid-19 pandemic, specifically:</p> <p>Our Patients - Impact</p> <ul style="list-style-type: none"> • Quality and safety issues and risks • CQC must dos • Decisions required of the Board 	
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 clinical services	Y
	Partnership and integrated services	Y
	Research and Innovation	
	Financial sustainability	
Summary of Key Issues:	<p>The Trust has established a Covid-19 Ethics and Clinical Prioritisation Policy Committee (ECPPC), full details of which are contained in the Standing Orders paper on today’s agenda. The ECPPC Committee will be maintaining oversight of quality and risks issues between Trust Board that have resulted from changes in clinical activity and capacity due to Covid-19 surge planning.</p> <p>The CQC issued the Trust with a regulation 29a Warning Notice with regard to the service. The CQC stated that <i>significant improvements were required in relation to the Child Sexual Assault Assessment Service (CSAAS) following the inspection in January 2020.</i> The Trust has taken immediate action and is currently taking further action to improve this through a robust action plan.</p> <p>There were a number of issues raised following the CQC unannounced core service inspection in March 2020 including receipt of a Section 31 letter, which has been responded to. The Trust is awaiting the formal draft report from the CQC for factual accuracy checking.</p> <p>A number of compliance actions remain open from previous inspections; actions continue to be taken by the services to address these.</p> <p>The paper outlines some changes to quality governance processes during the pandemic.</p> <p>There are no decisions required of the Board at this stage.</p>	
Recommendation:	<p>The Trust Board is recommended to:</p> <ul style="list-style-type: none"> • Receive and accept the updates provided in this report 	

Hull University Teaching Hospitals NHS Trust
Trust Board
Our Patient Impacts

1. Purpose of this report

The purpose of the report is to apprise the Board of the key issues in relation to our patients and managing quality and safety risks as part of the Trusts response during the national Covid-19 pandemic.

2. Quality and Safety Issues and Risks

2.1 Background and summary of actions to date on clinical services

For the last seven weeks the Trust has been proactively planning, preparing and managing its response to the Covid-19 outbreak. Gold Command business continuity arrangements were immediately put in place to lead and manage overall plans, priorities and actions. All non-essential activity has stopped per national directives. Trust-wide, specific Health Group and Directorate surge plans have been developed and the high level information of the nurse and medical staffing plans are documented in the People Impacts paper on today's agenda.

In order to avoid unnecessary burden on the Health Groups and front line teams; temporary processes have been put into place for management of SI's and complaints. In addition, the CQC have amended their processes to support provider services, this impact upon assessment cycle. These changes are outlined in this paper.

2.2 COVID-19 Ethics and Clinical Prioritisation Policy Committee (ECPPC)

The Trust has established a Covid-19 Ethics and Clinical Prioritisation Policy Committee (ECPPC), full details of which are contained in the Standing Orders paper on today's agenda. The ECPPC Committee will be maintaining oversight of quality and risks issues between Trust Board that have resulted from changes in clinical activity and capacity due to Covid-19 surge planning.

Specifically, the ECPPC will be receiving Quality Impact Assessments that provide insight in to the effect of enacting national directives for Covid-19 capacity planning, such as postponing elective activity for three months, and the effect of changes in theatre and anaesthetic availability on cancer pathways.

An overview of these Quality Impact Assessments will be included in this paper to the May Board so that the full Board is sighted on what has changed and any risks associated in doing so. These will form an alternative to a Board Assurance Framework during Covid-19; the Board will receive a proposed BAF along normal principles for 2020-21 also at the May 2020 Trust Board.

2.3 Temporary Changes to Quality Governance Processes during the pandemic

In order to meet our obligations to patients regarding patient safety and patient experience, but within an organisation that will have less clinical capacity to input in to processes as would be the norm, some temporary changes have been made to the Trust's Serious Incident investigation pathway and within the Trust's Patient Experience team for complaints management, which are summarised below.

2.3.1 Management of Serious Incidents

The Trust has revised its processes for the declaration and management of Serious Incidents (SIs) as a result of the Covid-19 pandemic. The revised process will be as follows (in line with new guidance from the Clinical Commissioning Group):

- Declaration of SIs will follow normal processes however, reporting deadlines will be relaxed on initial reporting within 2 days. We will continue to work towards the

timescales for declaration and investigation as set out in current policy, however, the CCG will be flexible with timescales if required

- For each newly declared SI, the 72 hour report will be produced within 5 days and include a review of immediate actions to mitigate risks of recurrence
- On-going and newly declared SIs will be assessed by the organisation to determine how the SI can be investigated, in light of probable restrictions in relation to availability of staff to provide information and input to the investigation

All currently open SIs have been reviewed and a risk stratification exercise conducted. This determines the risk to being able to complete an SI as well as the level of harm caused to the patient and therefore the urgency of investigation completion. For new SIs, the Deputy Director of Quality Governance will undertake an assessment as to the level of investigation required and possible. The Deputy Director of Quality Governance will chair all SIs with possible exceptions of Never Events, with the approval process for completed SIs to be done virtually by either the Chief Nurse or the Chief Medical Officer.

All SIs will continue to have senior clinical oversight.

2.3.2 Patient Experience

As of 31st March 2020 a streamlined complaints process began.

New complaints will be classified as follows:

1 LOW	PALS and non-complex complaints	Simple, non-complex issues: <ul style="list-style-type: none"> • Delayed, cancelled appointment • Event resulting in minor harm i.e cut/strain • Loss of property • Lack of cleanliness • Transport problems • Single failure to meet care needs • Medical records missing
2 MODERATE	Formal Written Complaint received	Several issues relating to short episode of care service: <ul style="list-style-type: none"> • Event resulting in moderate harm i.e fracture • Delayed discharge • Miscommunication/misinformation • Medical errors • Incorrect treatment • Staff attitude or communication • Failure to meet care needs
3 HIGH	Formal Written complaint MP letters	Multiple issues relating to a longer period of care or resulting in significant harm , often involving more than one organisation or individual. Or multiple issues relating to serious failure, causing serious harm: <ul style="list-style-type: none"> • event resulting in serious harm i.e damage to internal organ • events resulting in serious harm or death • gross professional misconduct • abuse or neglect • criminal offence (e.g. assault)

The complainant will be offered a verbal response to Class 1 and Class 2 complaints and any duty of candour responses that arise from the investigation. Class 2 responses will be provided a written response on request but advised that a longer timescale may need to be applied. All Class 3 complaints will be sent a written response. All actions from complaints and PALS will be recorded and monitored each week; themes will be sent to the Health Groups.

All data will continue to be inputted into Datix so that full, detailed reporting can be reinstated per previous processes when appropriate.

No resolution meetings will be offered for the period of the Covid-19 pandemic in line with our visiting restrictions and national social distancing requirements; the standard acknowledgement letter will highlight this.

3. CQC Must Dos

3.1 CQC Inspection

The unannounced Trust CQC core service inspection took place on 3-5th March 2020.

The CQC inspection was scheduled to take place in three elements; unannounced core service inspection, announced well-led review and the NHSI use of resources assessment. The core service inspection took place between 3-5 March 2020, with the Use of Resources assessment originally scheduled in mid-March 2020 and the well-led element scheduled in early April 2020. The Use of Resources and well-led inspections were subsequently postponed. A recent call with the with the CQC inspection manager confirmed that the core services element of the inspection is being taken through the CQC's Quality Assurance Process and the inspection team is awaiting further guidance from the national team regarding the Use of Resources and Well-led elements. A Ratings Approval Meeting will take place on 15th May 2020; this will include the Trust's core service inspection findings. By this time, the CQC team hopes to have clarity on the plans for the Well Led and Use of Resources elements of the review.

Following the core services review, the Trust received a letter under Section 31 of the Health and Social Care Act 2012, requiring urgent assurance regarding the Paediatric Emergency Department. This was responded to by the deadline set and there has been no further action by the CQC in this area.

A number of compliance actions remain open from previous inspections; action continues to be taken by the services to address these but has not been as timely as would have been expected in some areas.

3.2 Sexual Assault Referral Centre (SARC) Inspection

On the 29th and 30th January 2020, the CQC visited the Trust (HUTH) to assess the Child Sexual Assault Assessment Service (CSAAS).

The CQC issued the Trust with a regulation 29a Warning Notice with regard to the service. The CQC stated that *significant improvements were required in relation to the Child Sexual Assault Assessment Service (CSAAS) following the inspection in January 2020*. The Trust has taken immediate action and is currently taking further action to improve this through a robust action plan.

The Trust provided a formal response to the CQC in line with the stated deadline. The Trust has since received the draft report for factual accuracy and has submitted comments. The Trust awaits the final report.

4. Decisions required of the Trust Board

There are no decisions required of the Board at this stage.

5, Recommendation

The Trust Board is recommended to receive and accept the updates provided in this report.

Beverley Geary

Chief Nurse

April 2020

**Hull University Teaching Hospitals NHS Trust
Trust Board
Tuesday 14 April 2020**

Title:	Our People
Responsible Director:	Director of Workforce and Organisational Development – Simon Nearney Chief Nurse – Beverley Geary Chief Medical Officer – Dr Makani Purva
Author:	Director of Workforce and Organisational Development – Simon Nearney

Purpose:	The purpose of the report is to apprise the Board of the key issues in relation to our workforce in managing the Trusts response to the national Covid-19 pandemic.	
BAF Risk:	Goal 1 – Organisational Culture, Staff Engagement Goal 2 – Valued, skilled and sufficient staff	
Strategic Goals:	Honest, caring and accountable culture	✓
	Valued, skilled and sufficient staff	✓
	High quality care	✓
	Great local services	✓
	Great specialist services	✓
	Partnership and integrated services	✓
	Financial sustainability	✓
Summary of key issues:	<p>Workforce redeployment plans have been developed and are being implemented to support and strengthen priority areas such as the Emergency Department, Infectious Diseases, Intensive Care and the medical wards.</p> <p>The Trust has also implemented several initiatives to ensure staff feel informed, safe and supported, which are highlighted in the report.</p> <p>There are some challenges and risks which are also detailed in the report.</p>	

Recommendation:	The Trust Board are requested to receive and accept the content of the report and feedback their views.
-----------------	---

Hull University Teaching Hospitals NHS Trust
Trust Board
Tuesday 14 April 2020

Our People

1. Purpose

The purpose of the report is to apprise the Board of the key issues in relation to our workforce in managing the Trust's response to the national Covid-19 pandemic.

2. Background

For the last seven weeks the Trust has been proactively planning, preparing and managing its response to the Covid-19 outbreak. Gold Command business continuity arrangements were immediately put in place to lead and manage overall plans, priorities and actions. All non-essential activity has stopped per national directives. Trust-wide, specific Health Group and Directorate surge plans have been developed including staff redeployment plans, and refresher training has commenced. All Trust trade unions have been briefed on the ward changes and high level plans moving doctors, nurses, Professionals Allied to Health (AHPs) and support staff from surgical, outpatient and community teams to support priority areas such as ED, Infectious Diseases, ICU and medical wards ready for the surge of Covid-19 patient activity have been put in place. Trade unions will be kept informed every two weeks on progress, issues and risks.

The Trust has responded well and continues to respond to daily instruction and guidance from the HM Government, Department of Health and Social Care and NHS England/Improvement. Communication across the Trust is key; it was agreed to send two communications to all staff on a daily basis to keep staff informed, quickly and effectively. The first is a clinical briefing on key matters such as Personal Protection Equipment (PPE), use of PPE and new national clinical guidance, and the second is a workforce briefing to cover all staff-related matters.

The Trust put in place, very early, a seven-day staff advice line to help and support with guidance, questions and/or concerns. The helpdesk is delivered by the HR service with support from a specialist nurse team for more complex clinical matters. The advice line is supported by dedicated Covid-19 information pages on Pattie which has staff FAQ's relating to symptoms, managing self-isolation, underlying medical conditions, 'shielding', sickness, pay and other terms and conditions. The Trust has also implemented childcare provision for staff children in view of school closures, staff accommodation, relaxed parking restrictions. From 1st April 2020 free staff car parking was put in place; from 6th April 2020 free meals and drinks. From the end of March 2020, a comprehensive 24 hour / 7 days per week staff support package which includes assistance from Occupational Health, Chaplaincy service, Training, HR and OD service and our in-house Psychology Service.

It is vital in these unprecedented, challenging and changing times that the Trust does all it can to lead, communicate and support staff and that management teams remain connected to the frontline; we remain 'one team' that is agile and focussed on responding to the growing number of Covid-19 patients entering the hospital for care and treatment.

3. Staff Redeployment Plans

In accordance with national guidance the Trust has developed and is implementing its staff redeployment plans. Many surgical wards have already been changed to medical and Covid-19 wards. The majority of staff have selflessly stepped forward and stepped up and it certainly makes you extremely proud to be a member of Team HUTH. We have a multi-skilled and talented workforce and these skills with some refresher training (where needed) are being utilised to care and treat Covid-19 patients.

3.1 Medical Redeployment Plan

Plans for the safe redeployment of the medical workforce have been developed together with training to ensure services are provided across Hull Royal Infirmary and Castle Hill. Variation in staff skill mix, staff availability and acute activity requirements have been taken into consideration for developing the redeployment plan.

Surgical specialities have allocated staff, at both consultant and senior trainee levels to support ED, ICU and medical wards. Changes in working patterns are being managed through new rosters and local support mechanisms have been developed as a priority to support staff working under stressful circumstances.

The Medical Education Team in agreement with Health Education England have organised junior doctors' redeployment. The process of skills identification, discussion, release, HEE notification, induction, supervision and movement has been used on all junior doctor redeployments. There was a focus on backfilling rota gaps, covering for vulnerable trainees, and ensuring ED, AMU, medical and later acute surgery rotas were filled. This was done by moving trainees from teaching roles, general practice, research, and non-clinical leadership roles into front line services. 76 junior doctors have been redeployed and rotas have been rewritten affecting every department of the Trust.

Staff will bring many transferable skills with them into new clinical areas and training programmes have been developed to provide context-specific competence within the new clinical settings. Medical Refresher Training for surgical staff being redeployed within medical wards and Critical Care Refresher for all Anaesthetists and medical staff who are likely to be working in critical care settings have been designed and delivered. All training will be completed by mid-April 2020.

3.2 Nursing, AHP and Pharmacy Redeployment Plan

All nurses (registered and unregistered) have been informed that it is highly likely that they will be expected to change their areas of work as part of the patient surge.

A detailed plan has been drawn up and Senior Matrons are communicating the changes to individual staff members. The plan was signed off at Gold Command and the Corporate Nursing Team is managing the transition.

The NMC has developed an emergency register in collaboration with Health Education England and the Council of Deans. Third years nursing students are invited to volunteer for an extended placement initially then to become part of the Emergency Nursing Register. They will be paid as Band 4 staff (nursing associate level) for the duration of their Emergency Registration. We have 76 third year student volunteers and will be placing these in areas based on their experience, capability and request where possible. All students will have individual risk assessments to ensure they are placed in an appropriate and supported environment. We continue to work with the University of Hull to ensure all students will have mentors and clinical supervision throughout this period.

HEE is working with partners to look at national job descriptions and roles for second year student nurses to explore their possible contribution during the pandemic. This work is on-going but early indications are that they will be asked to volunteer to undertake support worker roles.

Weekly dial in meetings are on-going with the Chief Nurse of NHSE/I and Chief Nurse of HEE.

3.3 AHP and Pharmacy Redeployment Plan

Staff are being prioritised to cover key areas and up-skilled in certain procedures to increase capacity and patient flow. Renal and Paediatric dieticians are being up-skilled to work on ICU and the service has implemented a six-day rota. 20 Physiotherapists have been up-skilled to work on respiratory wards. Pharmacy is redeploying its staff to ensure those key areas are supported and more pharmacists are being trained to work with critical care services. Pharmacy has appointed an additional person to focus solely on drug supplies and medical gases.

3.4 Corporate Directorates Redeployment Plan

Health Group Bronze management teams have already begun redeploying support staff to support their priority areas and reviewing current staffing within larger corporate services to strengthen front-line response. Administrative staff are being upskilled to work in Patient Administration Services. Critical care nurses unable to work on the frontline are being utilised to strengthen the Bereavement service; other nurses unable to work on the frontline are being utilised in the HR Helpdesk, advice line and staff testing appointments team to support staff. Other support staff from Corporate Directorates are being identified and buddied with frontline services and two generic job descriptions (administrative and

portering/housekeeping) have been developed and staff will be deployed to take on these roles at times of surge.

4. Key Risks

The redeployment and refresher training plans are progressing well, however the key staff risks are that some staff do not want to change role or ward/team. We have some staff who are extremely anxious about the change involved and some staff who do not want to change their current working pattern from day shifts to include evenings, nights and weekends. These matters are being worked through sensitively by the respective manager, supported by HR, but the bottom line is that the NHS has to provide 24/7 services to treat and care for our patients during this national crisis.

HM Government with effect from Wednesday 1st April 2020 allowed Trusts to increase its Covid-19 testing capacity for staff. The Trust has implemented a drive-through testing process at Castle Hill Hospital and is able to offer testing to Trust staff as well as to staff in system partners particularly Yorkshire Ambulance Service, Humber Teaching NHS Foundation Trust and City Health Care Partnership.

In addition to the Trust increasing its critical care and medical beds for Covid-19 patients, HM Government is building the Nightingale Hospital in Harrogate. If this additional bed capacity is required, staff from this Trust will be requested to work from this new temporary hospital. This will present a further challenge for the Trust and will need to be reviewed at that specific time based upon staff availability and patient demand within our Trust.

5. Current Staff Absences

The HR team provide daily workforce statistics on current staff absences. As at Monday 6th April, 2020 the Trust had 1006 staff self-isolating, of which 123 staff are able to work from home and in addition had 190 pregnant staff self-isolating and had a further 257 staff off sick with other conditions, not Covid-19 related. The total absence rate was 15.14%. The Trust's usual absence rate is on average 3.5%. For information, in accordance with the Government's policy on social distancing the Trust has approximately 200 staff working from home. All staff are adhering to social distancing principles where possible including our on-site restaurants.

6. Resilience

Gold, Silver and Bronze command structure arrangements meet daily and are working well. The Executive management team meet daily for 30 minutes and have moved to working 5 days in any 7. Health Group management teams and Directorates have also moved to working seven-day working, so there is greater managerial presence across both sites 7 days per week as well as Gold, silver and bronze command support in place each day.

As the pandemic will be with us for some months to come, the Trust is still allowing staff to take their annual leave, as its important staff can rest and recuperate. Managers are aware of predicted surge demands and are managing their services and staff leave accordingly. The Trust is also actively promoting staff to take their rest breaks during the working day. A lot of staff have cancelled their annual leave due to the social distancing measures that have been introduced across the country.

7. Recommendations

The Trust Board are requested to receive and accept the content of the report and feedback their views.

Simon Nearney
Director of Workforce and OD

Beverley Geary
Chief Nurse

Dr Makani Purva
Chief Medical Officer

Trust Board 14 April 2020 – Finance Update 2019/20 & 2020/21

1. Purpose of Paper

To update the Board on the 2019/20 year-end financial position and on the planning arrangements for 2020/21 in light of the Covid19 pandemic.

2. 2019/20 Outturn: Revenue: The Trust is reporting the successful delivery of its control total - £10.4m surplus which includes £8.9m provider sustainability funding. This is subject to external audit

The position assumes £1.7m of funding to offset the additional costs of Covid19 in the period to 31 March. This is expected to be confirmed by NHSIE on the 16th April before the submission of the accounts on the 27th April 2020.

The position includes an additional £4.5m of non-recurrent income from system partners. The underlying position remains challenging due to the receipt of non-recurrent income received and the level of non-recurrent savings in the CRES programme. The underlying deficit stands at circa £9.0m.

3. 2019/20 Outturn: Capital: The Capital Programme for 2019/20 totalled £35.4m and was funded through a combination of depreciation, charitable donations, PDC and loan funding.

The reported capital expenditure position at the year- end shows that this was delivered, with gross capital expenditure of £35.4m.

4. 2020/21 Financial Planning – Revenue: As previously reported to the Board, the operational planning process for 2020/21 has been suspended and a system of block contracts will run until the end of July 2020 at least. In this period Trusts will be provided with a guaranteed minimum income level based on income received from Commissioners in 2019/20 uplifted for inflation and with no expectation of efficiency savings or new developments/growth. There will then be further top up payments where that income does not cover the Trust's underlying cost base.

	£m per month
Monthly cost	(54.5)
Block Income	£48.5
HEE Income	£2.1
Other Income	£2.1
Shortfall	(1.8)

The Trust has been informed of its base block monthly contract payments for clinical activity of £48.5m. Trusts will receive two months' worth of cash in April in order to protect liquidity and support the supply chain. Monthly payments in May and June will ensure the Trusts' cash flow for the first 4 months remains robust.

The Trust has modelled its expected income and expenditure position as summarised in the table.

Other income includes private patient income, car parking, catering, R&D and rental income. These income flows will all be at risk due to the pandemic. It is expected that any shortfall in these areas will be charged to the national COVID 19 fund.

Based on the latest figures, the Trust will need to receive a further top-up payment of £1.8m plus any shortfall on other income in each month.

The Trust is awaiting further guidance from NHSIE on how these additional top ups will be made and is in discussion with NHSIE regarding their value.

The Trust can also claim for additional and reasonable costs on a monthly basis against COVID 19. To date the Trust has submitted a claim for £1.7m of additional revenue and £3.2m of capital funding.

5. 2020/21 Financial Planning – Capital: A new approach to capital funding is being introduced in 2020/21, the main purpose of which is the allocation of a capital envelope for each STP/ICS. The system level spending envelope for each ICS/STP will be notified shortly as will guidance as to what the funds comprise and how they should be administered.

Capital requirements agreed as part of COVID-19 costs will be funded on top of these envelopes.

6. 2020/21 Financing Arrangements: It has been confirmed that historic interim working capital loans and interim capital loans will be written off in 2020/21 through a debt for equity swap whereby loan funding will be replaced by public dividend capital (PDC). Provisional adjustments were made to the Trust's 2020/21 control total at the end of January 2020. Further refinements are now required as capital loans are included in the latest announcement.

For HUTH this means that £10.7m of capital loans and £24.6m of revenue loans will be written off. The resultant impact is that loan interest payments will reduce by £0.39m but the PDC dividend will increase by £1.25m. This £0.8m cost pressure is expected to be offset by a further adjustment to the Trust's control total. It is also widely expected that the PDC dividend rate will be revised nationally so these figures are subject to further change.

The capital loan write off means that there is potentially an additional £0.7m of capital funding available as previously the repayment of the loan principal was a charge against the capital programme.

7. Recommendations: The Trust Board is asked to note the successful delivery of the 2019/20 financial plan with delivery of a £10.4m surplus control total and a capital programme totalling £35.4m. The process of preparing Annual Accounts and External Audit has now commenced.

The Trust Board is also asked to note the changes to the operating plan guidance for 2020/21 with revised arrangements being put in place for the first 4 months to enable the NHS to deal with the Covid19 crisis. Final plans are still being agreed with NHSIE but it is expected that the Trust will break-even in this period.

Lee Bond

Chief Finance Officer

09 April 2020