

# Hull University Teaching Hospitals NHS Trust

## Trust Board Meeting Held In Public

Tuesday 12 May 2020

10.00 am – 11.40 am

### Held via video conference

Appointment details issued by Carla Ramsay, Trust Secretary

### Agenda

- |          |  |          |  |
|----------|--|----------|--|
| <b>1</b> | <b>Apologies and welcome</b>                                       | verbal   | Terry Moran - Chair                                  |
| <b>2</b> | <b>Declarations of Interest</b>                                    | verbal   | Terry Moran - Chair                                  |
|          | 2.1 Changes to Directors' interests since the last meeting         |          |  |
|          | 2.2 To consider any conflicts of interest arising from this agenda | verbal   | Terry Moran - Chair                                  |
| <b>3</b> | <b>Minutes of the previous meeting</b>                             |          |  |
|          | 3.1 Minutes of the meeting held 14 April 2020                      | attached | Terry Moran - Chair                                  |
| <b>4</b> | <b>Matters Arising</b>   |          |  |
|          | 4.1 Action Tracker   | attached | Carla Ramsay – Director of Corporate Affairs         |
|          | 4.2 Any other matters arising                                      | verbal   | Terry Moran - Chair                                  |
| <b>5</b> | <b>Standing Orders and Governance</b>                              |          |  |
|          | 5.1 Trust Board Governance   | attached | Carla Ramsay – Director of Corporate Affairs         |
|          | 5.2 Board Assurance Framework 2019-20                              | attached | Carla Ramsay – Director of Corporate Affairs         |
|          | 5.3 Draft Board Assurance Framework 2020-21                        | attached | Carla Ramsay – Director of Corporate Affairs         |
| <b>6</b> | <b>Our Patient Impacts</b>   |          |  |
|          | 6.1 Performance Summary  | attached | Teresa Cope – Chief Operating Officer                |
|          | 6.2 Planning the next phase  | attached | Jacqueline Myers – Director of Strategy and Planning |
|          | 6.3 Quality Governance Summary                                     | attached | Beverley Geary – Chief Nurse                         |
|          | 6.4 Covid-19 on Mortality  | attached | Makani Purva – Chief Medical Officer                 |
| <b>7</b> | <b>Our People Impacts</b>  |          |  |
|          | 7.1 Staff Overview   | attached | Simon Nearney – Director of Workforce and OD         |
| <b>8</b> | <b>Our Finance Impacts</b>   |          |  |
|          | 8.1 Finance Summary  | attached | Lee Bond – Chief Financial Officer                   |



**Hull University Teaching Hospitals NHS Trust  
Minutes of the Trust Board Meeting  
Held by telephone conference 14 April 2020 at 10am**

<b>Present:</b>	Mr T Moran CB	Chairman
	Mr S Hall	Vice-Chair
	Mr T Curry	Non-Executive Director
	Mrs T Christmas	Non-Executive Director
	Mr M Robson	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
<b>In Attendance:</b>	Mrs L Jackson	Associate Non-Executive Director
	Ms C Ramsay	Director of Corporate Affairs
	Ms J Myers	Director of Strategy and Planning
	Mr S Nearney	Director of Workforce and Organisational Development
	Mrs R Thompson	Corporate Affairs Manager (Minutes)

<b>No</b>	<b>Item</b>	<b>Action</b>
<b>1</b>	<b>Apologies</b> Apologies were received from Prof. U Mcleod, Non-Executive Director and Prof M Veysey, Non-Executive Director	
<b>2</b>	<b>Declarations of Interest</b> <b>2.1 Changes to Directors' interests since the last meeting</b> Ms Jackson advised that she was Vice Chair of North Lincolnshire and Goole NHS FT  Mr Robson advised that he was a Non-Executive Director of Hull Truck Theatre  Ms Myers advised that her husband had retired from York Teaching Hospital NHS Foundation Trust  Ms Ramsay advised that her partner who works for the Environment Agency had become her civil partner.  <b>2.2 To consider any conflicts of interest arising from this agenda</b> There were no declarations made.	
<b>3</b>	<b>Minutes of the previous meeting held on 10 March 2020 – Parts 1 and 2</b> Both sets of minutes were approved as accurate records of the meeting.	
<b>4</b>	<b>Matters Arising</b> <b>4.1 Action Tracker</b> It was agreed that the item relating to lay representatives being used would be deferred until July 2020 although work was ongoing.	

#### **4.2 Any other matters arising**

Ms Ramsay advised she would update the work plan to ensure the Trust Strategy review date was correct.

**CR**

Mr Bond asked if the work regarding the Performance and Finance and Workforce, Education and Culture Committee terms of reference had been completed. Ms Ramsay advised that this had not been completed due to the Committees being stood down. Mr Moran suggested that the work be undertaken outside of formal meetings and if possible agreed by email.

**CR**

### **5 Standing Orders and Governance**

Ms Ramsay presented the paper and highlighted the new interim governance arrangements over the next 3 months, due to the Covid-19 pandemic, and would be reviewed no later than June 2020. She advised that work was ongoing to make the Trust Board meeting in May a public meeting via technology. As a stand-in measure members of the public had been advised (via the website) that questions could be submitted in advance of today's meeting.

The Covid-19 Ethics and Clinical Prioritisation Policy Committee had been established and the Terms of Reference presented to the Board. The Trust Board also received the minutes from the first two meetings. Mr Bond asked when specialty teams were meeting and Mrs Cope advised that the surgical prioritisation panel meets at least twice weekly.

Mrs Christmas advised that she had discussed with the Audit Chair at North Lincolnshire and Goole NHS Foundation Trust and both Chairs were content that both Trusts' are taking a similar approach to audit and had shared each Trust's Terms of Reference.

Mr Moran advised that one decision had been made outside of the Board meeting by email and that was to approve the contract extension relating to Europe Total Workforce Solutions and which needed to be formally recorded.

#### **Resolved:**

The Board:

- confirmed the current arrangements for Trust Board and Board Committee meetings during the Covid-19 Pandemic;
- received and approved the Terms of Reference for the Ethical Clinical Prioritisation Policy Committee;
- received and accepted the notes from the Covid-19 Ethics and Clinical Prioritisation Policy Committee (ECPCC) meetings that have taken place since 31 March 2020;
- formally recorded the approval by email previously of the contract extension paper as outlined in the paper.

### **6 Our Patient Impacts**

Mrs Geary presented the paper and advised that the Serious Incident investigation process had been changed to support staff during the pandemic but assured the Board that full clinical oversight was still being maintained.

Mrs Geary updated the Board regarding the CQC inspection that was due

to take place and advised that it was still unsure when this would recommence. She updated the Board regarding the issues raised from the core service inspections, which were specifically related to the paediatric emergency department, and have been addressed with the CQC.

Mrs Geary also updated the Board regarding the CQC letter received relating to the Child Sexual Assault Assessment unit and advised that a response had been prepared and sent to the CQC. Another visit would be scheduled.

Mrs Geary reported a new Never Event had been declared by the Trust (a retained foreign object) and an investigation was ongoing.

Mrs Cope updated the Board regarding performance and advised that ED was 83.63% in March 2020. Cancer performance was provisionally at 67.8% for 62 day and 81% for diagnostics. No urgent cancer patient treatments had been stood down and were being dated appropriately. RTT was at 64% and the waiting list stood at 53,700 which was a reduction overall, but there had been an increase in 52 week waits to circa 90 in March (position to be validated). The Trust was forecasting 300 for April. Discussions had started regarding which areas could start to step up activity.

Mrs Jackson asked what activity would be stepped down during the Trust's surge plan and Mrs Cope advised that cancer procedures would continue through levels 1, 2 and 3. Mr Robson asked if the Trust should be doing more regarding 2 week wait referrals and Mrs Cope advised that she was having regular calls with primary care leads regarding referrals and that there is capacity for the referrals being received. Mr Moran expressed his concern that patients were not accessing services due to the Covid-19 situation and wished to see communications to the public assuring them that the hospital was still open to treat non-Covid-19 patients.

Mrs Cope assured the Board that clinical harm reviews were ongoing regarding the 52 week waits and other long waits.

Mr Moran stated that he would be prepared to reinstate the Quality Committee should the Trust need to. Mr Long added that the Trust was also working with the community to take a wider view of other harms. Dr Purva added that she would work with primary care to review Mortality and Morbidity issues and report her findings to the Board.

**Resolved:**

The Board received and accepted the report.

**7 Our People**

Mr Nearney presented the report, which highlighted the Covid-19 command structure, Health Group surge plans, communications and support for staff and the Trust's redeployment plan.

Staff testing was now underway with an appointment based drive-through facility at Castle Hill Hospital. Mr Nearney added that Humber NHS FT, City Health Care Partnership and Yorkshire Ambulance Service staff also had access to this facility.

Staff had been identified to go and work at the new Nightingale Hospital should the need arise, although there was a risk that it would impact the local plan if staff were redeployed.

Absence levels were higher than usual (3.5%) at around 15%.

Mr Nearney spoke of staff resilience and advised that the Executive Team and representatives from the Command structure were now working 5 days over 7 to ensure leadership was in place each day including weekends. He also advised that meetings were now virtual to ensure social distancing was maintained.

Mr Long advised that staff were being encouraged to take annual leave where possible but this would be kept under review should pressures significantly change.

Mrs Geary gave assurance to the Board that despite staff sickness the Trust was operating with safe staffing levels in line with NHS guidelines. A number of volunteers, students and retired staff had been employed to help during the pandemic.

Mr Hall advised that the daily email to staff from Mr Nearney about the actions taken across so many important issues affecting staff had provided considerable assurance and was very welcome.

Mr Moran asked about the national reports relating to BME staff and Dr Purva advised that the Trust was aware of the issue and reviewing what actions to take at the present time. Mr Long added that during his visits to wards this issue had not been raised but would continue to monitor staff concerns carefully.

**Resolved:**

The Board received and accepted the report.

**8 Our Money**

Mr Bond presented the item and reported that the Trust had achieved a £10.4m surplus, with £8.9m being Provider Support Funding (PSF). He added that the whole of the Humber Coast and Vale area including the Trust had achieved their control totals.

The Trust had received £1.7m so far for Covid-19 funding and had requested £3.2m for Covid-19 capital funding.

In respect of the 2019-20 financial plan, Mr Bond reported that the Trust had achieved its plan. The Trust's capital funding for 2019/20 had been spent as planned. The Trust's underlying financial position has improved but remained at circa £9m.

Mr Bond advised that work was ongoing regarding the financial planning for 2020/21 which would be finalised once the pandemic surge was over. Work was also ongoing regarding year-end accounts.

Mr Bond highlighted the risks during and after the current Covid-19 situation. He advised that during it the main pressure was to ensure the right level of top-up was being received and to monitor the cost base

carefully. Post-surge, the key issue would be the Trust's efficiency requirement and careful monitoring of income and the Trust's cost base. Another risk will be the requirement to operate finances as a Humber Coast and Vale system, which would come with new challenges.

Mr Bond advised that fraud during the pandemic was a risk but the Trust was working closely with its Internal Auditors as well as payroll and HR services to ensure any concerns are picked up. Mr Bond had concerns around potential theft but believed both these areas were being managed well.

The new hospital planning was ongoing and a business case was being developed. Mr Bond advised that progress on this work would likely be delayed due to the current situation.

Mr Bond advised that a capital plan for 2020/21 had been submitted to NHS I/E.

Mr Moran congratulated Mr Bond and colleagues on the significant achievement of delivering a strong financial outcome.

**Resolved:**

The Board received and accepted the report.

**9 Covid-19**

Ms Myers gave the presentation to the Board and highlighted the current situation in the Trust. She reported on the numbers of confirmed cases, numbers of patients tested and bed occupancy.

Ms Myers presented the forecasted demand and the different scenarios being factored into this.

Ms Myers advised that the Trust's Surge Plan was now complete and in place, with staff being trained in alternative skills to support re-deployment. The hospital had been re-organised into Covid-19 and non-Covid-19 capacity.

Work was ongoing with community partners and Ms Myers advised that delayed transfers of care were low. There was also additional capacity due to fewer people attending the hospital.

Inpatient testing was now available and the Trust had the capacity to carry out 200 tests per day. The next step was to test cohorts of staff in key areas.

PPE was available and daily stock checks were taking place. The national guidance relating to PPE was being followed.

Ms Myers advised that recovery planning was also underway as the backlog of cancelled activity was building, but that a flexible plan would need to be in place due to the changing nature of the situation.

Mr Long thanked the executive team for their hard work and gave Ms Myers and Mrs Cope credit for their leadership and guidance during the pandemic. Mr Moran added his own sincere thanks stating that the work

over recent weeks had delivered considerable assurance.

**Resolved:**

The Board received and accepted the report.

**10 Consideration of any questions from the public submitted in advance**

There were no questions submitted to the Board.

**11 Chairman's Summary**

Mr Moran stated that during this challenging time he was confident with the people working at the Trust and the leadership being shown. He thanked the Board and staff sincerely for their work during this difficult time.

**12 Any Other Business**

There was no other business discussed.

**13 Date and time of the next meeting:**

Tuesday 12 May 2020, 10am – 12pm, to be held virtually

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

**Actions arising from Board meetings**

Action NO	PAPER	ACTION	LEAD	TARGET DATE	NEW DATE	STATUS/ COMMENT
<b>April 2020</b>						
April 2020	Matters Arising	Trust Strategy review date to be updated on the workplan	CR	June 2020		
		PAF and WECC TORs to be reviewed	CR	July 2020		
<b>January 2020</b>						
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	July 2020		
<b>November 2019</b>						
Nov 2019	7 Day Services Report	Trust benchmarking information to be presented to the Board	MP	July 2020		
	Trust Strategy Implementation	Summary arrow to be added to show whether standards were improving or not	JM	Nov 2020		Next report presentation due
<b>COMPLETED</b>						

**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 12 May 2020**

<b>Title:</b>	Trust Board Governance
<b>Responsible Director:</b>	Director of Corporate Affairs – Carla Ramsay
<b>Author:</b>	Director of Corporate Affairs – Carla Ramsay

<b>Purpose:</b>	To provide an update on the Trust Board and Committee meetings further to the paper received at the April 2020 Trust Board	
<b>BAF Risk:</b>	N/A	
<b>Strategic Goals:</b>	Honest, caring and accountable culture	✓
	Valued, skilled and sufficient workforce	
	High quality care	
	Great clinical services	
	Partnership and integrated services	
	Research and Innovation	
	Financial sustainability	
<b>Summary of Key Issues:</b>	<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.</p> <p>Following the implementation of this, this paper makes further proposals now that the Trust Board is six weeks in to this new way of working.</p> <ul style="list-style-type: none"> <li>• It proposes that the Board Committee structure is put back in to place, but that Board and Committee agendas and forward workplans are carefully reviewed so as to remain focussed on key issues, and to recognise that the Trust’s full management capacity and business as usual is not yet restored.</li> <li>• The paper also asks the Board to recognise that Committees may not hold the full number of meetings during the course of this year per their current terms of reference but It also acknowledges the mitigation put in place around this</li> <li>• The paper also acknowledges that members of the public and staff are able to attend Board meetings again through the use of technology</li> </ul>	

<b>Recommendation:</b>	<p>The Trust Board is requested to:</p> <ul style="list-style-type: none"> <li>• Receive and accept this paper for briefing purposes</li> </ul>
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# Hull University Teaching Hospitals NHS Trust

## Trust Board

### Standing Orders and Governance

Tuesday 12 May 2020

#### **1. Purpose of the Report**

The purpose of this paper is to provide an update on the Trust Board and Committee meetings further to the paper received at the April 2020 Trust Board.

#### **2. Background**

The Trust Board received a Standing Orders and Governance paper at its April 2020 meeting, in which the Trust Board's response to a national letter of guidance was outlined. At that point in time, the Trust Board stood down its supporting Committee meetings, with issues reverting back up to the Trust Board, with the exception of the Audit Committee, which continued its cycle of meetings. The Trust Board also supported the formation of a Covid-19 Ethics and Clinical Prioritisation Policy Committee as a Board sub-committee. A schedule of monthly Board meetings from April – June 2020 was put in place to consider urgent business and issues of assurance. The April 2020 meeting was not able to admit members of the public due to social distancing measures, and in order to maintain social distancing between Board members, the meeting was held over telephone conference. The main suite of reports and a summary of the minutes were published on the Trust's website to maintain transparency of discussions with the public.

These arrangements have been under constant review in the six week period of implementation; this paper makes proposals to further develop these arrangements at this point in time.

#### **3. Revisions to temporary changes to meeting arrangements**

##### **3.1 Trust Board meetings**

The Trust Board of any NHS Trust is required to meet regularly in public; these are meetings that members of the public, including members of staff, may attend. At the moment, the Trust cannot arrange a meeting within a physical space but is trialling use of video-conferencing at today's meeting, to which members of the public and staff have been able to request access. On this basis, a Part 1 meeting (a meeting the public is able to attend) is convened and meeting details sent to interested parties by request. This will be reviewed post-meeting to see if this was successful. Part 1 board papers will be published per standard practice.

##### **3.2 Trust Board Committees**

The Chairman proposed in a note to all Board members on 4 May 2020 that the Trust Board's Committee meetings are restored, as well as Board development. This is being enacted for the meetings scheduled in May 2020 onwards. The Committees are asked to use the first meeting to prioritise its workplan, agree the focus and level of reporting and ensure that best use of time and resources are made. This is to take the positives from the last 6 weeks of leaner working as well as to reflect that the Trust's management capacity is still stretched between Covid-19 service delivery, service recovery planning and safe delivery of core services (clinical and non-clinical).

The Quality Committee and the Performance and Finance Committee are required by their terms of reference to meet 12 times per year. The March and April meetings of both Committees were stood down and it is not proposed to catch up these meetings; the mitigation for this is the increased frequency of Board meetings, through which the urgent issues normally considered by these Committees were briefed to the full Board instead.

**4. Conclusion**

In this rapidly-changing time, these arrangements put back in place elements of the Trust's governance structure to support the delivery of Trust Board duties and maintain the level of accountability between the Executive team to the Trust Board and the Trust Board to the public.

This will remain under review and any further changes brought to a subsequent Board meeting in order to acknowledge publically.

**5. Recommendation**

The Trust Board is requested to receive and accept this paper for briefing purposes.

**Carla Ramsay**

Director of Corporate Affairs

May 2020

# Hull University Teaching Hospitals NHS Trust

## Trust Board

Tuesday 12 May 2020

<b>Title:</b>	Board Assurance Framework – Quarter Four and Year End Position 2019/20	
<b>Responsible Director:</b>	Carla Ramsay – Director of Corporate Affairs	
<b>Author:</b>	Carla Ramsay – Director of Corporate Affairs Rebecca Thompson - Corporate Affairs Manager	
<b>Purpose:</b>	The purpose of this report is to present the 2019-20 Board Assurance Framework and recommend the Quarter 4 risk ratings in each risk area for approval by the Board.	
<b>BAF Risk:</b>	N/A	
<b>Strategic Goals:</b>	Honest, caring and accountable culture	✓
	Valued, skilled and sufficient staff	✓
	High quality care	✓
	Great clinical services	✓
	Partnership and integrated services	✓
	Research and Innovation	✓
	Financial sustainability	✓
<b>Summary of Key Issues:</b>	<p>Each year, the Trust Board determines the key risks against the achievement of the Trust's strategic objectives.</p> <p>Discussions were held at the Board Development session in March 2019 to frame the risks for 2019-20 and the Board approved a 2019-20 Board Assurance Framework at its meeting in May 2019.</p> <p>The Trust Board has reviewed the assurance received and assurance still required and agreed ratings for each quarter, as detailed in the Board Assurance Framework. The Trust Board has received a specific update on each BAF risk area throughout the financial year as well.</p> <p>A set of quarter 4 ratings are suggested, for review and approval. In summary, of the 9 BAF risk areas, one has met its target rating (7.1, risk of meeting the 19-20 financial plan) and four risk areas are proposed to reduce their risk rating (BAF 1 on staff culture, BAF 4 on improvements in performance delivery, 7.2 on underlying financial position and 7.3 on capital funding).</p>	
<b>Recommendation:</b>	<p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> <li>Review the BAF and the risk ratings recommended for the Quarter 4 positions.</li> <li>Agree the risk ratings for each area for the Quarter 4 2019/20.</li> </ul>	

# Hull University Teaching Hospitals NHS Trust

## Trust Board

### Board Assurance Framework – Quarter 4 and Year End Position 2019/20

#### 1. Purpose of this report

The purpose of this report is to present the 2019-20 Board Assurance Framework proposed quarter 4 risk positions for each area to the Trust Board for approval. The Board is asked to note that the report covers 11 ½ months up until the Coronavirus pandemic planning requirements came in mid-March 2020. The report has taken into account discussions from the Performance and Finance and Quality Committees held in January and February 2020 and the Board meeting in March 2020 and highlights positive assurance and any gaps in assurance discussed at the meetings.

#### 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 from 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 successfully put in place a new approach to hold more frequent Board discussions framed more around the Trust's strategic objectives and risks to their achievement. This will continue in 2019-20 and was outlined in a report received by the Trust Board at its meeting in November 2019.

Page 1 of the Board Assurance Framework 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) 2019-20

##### 3.1 Focus on Committee Input

The Trust Board approved the 2019-20 BAF at its meeting in May 2019. The full BAF is attached.

The positive assurance and gaps in assurance fed back to date by the Performance and Finance Committee and Quality Committee have been captured in the attached version of the BAF.

At the request of the Performance and Finance Committee a round of meetings with Executive leads have been held and the updates are included in the attached BAF.

The proposed year end risks are highlighted in the BAF at appendix 1.

In respect of BAF 1, the Trust Board is asked to consider the year end position with a view to reducing the risk to 5 (impact = catastrophic) x 2 (likelihood = unlikely) = 10. The reduction is due to the improving staff engagement position which has been seen in the Staff Survey results presented to the Workforce, Education and Culture Committee in February 2020. Work was ongoing regarding the leadership programmes in the Trust and the investment in staff being made.

BAF 2 has been updated with the national issue of recruiting to Radiology posts and the actions being taken by the Trust. The update also includes the establishment of the new Workforce, Education and Culture Committee. At the Workforce, Education and Culture Committee it was reported that trainee GPs will be spending 1 year in the Trust instead of 2 from August 2021 and the implications to the rotas was

being reviewed. It is recommended that this risk rating will remain at 5 (impact = catastrophic) x 3 (likelihood = possible) = 15.

BAF 3 – A presentation was received at the March 2020 Board regarding the risk. Both positive assurance and gaps in assurance were discussed. Challenge around the Mortality and Morbidity meetings was raised and assurance was given that the meetings took place every month with representation from each of the Health Groups. The Mortality and Morbidity meetings reviewed structured judgement reviews, near misses and any learning from deaths.

A number of areas in the Quality Improvement Plan were showing good progress but there was still work to do in areas such as the deteriorating patient and nutrition and hydration. Serious incidents were still within SPC control limits but a number of Never Events had been declared throughout the year. It is recommended that the risk rating remain at 4 (impact = major) x 3 (likelihood = possible) = 12.

BAF 4 – Up until mid-March there were a number of positive improvements being made regarding performance. The Trust was holding its position regarding zero 52 week waits, the new cancer 28 day standard was performing well, the Trust had received PTL validation from an external company and had been commended on its accuracy, additional CT and MRI capacity had been put into place and backlogs were reducing as planned in a number of areas, so there was a range of positive assurance that the Trust's operational teams were delivering against the plans that were detailed to the Performance and Finance Committee in November 2019. It was reported at the February 2020 Performance and Finance Committee that ED performance (system wide) to date was 82.62%. Although ED performance was not on track, a number of improvements such as a streaming service and an increased primary care workforce had been established. It is proposed that the risk rating be reduced to 4 (impact = major) x 3 (likelihood = possible) = 12 to acknowledge the positive improvements that had been seen throughout the year. This reduces the risk rating by some degree but not to the target rating to acknowledge that not all areas were on track for improvement (ED performance). It is noteworthy that this positive progress, particularly on diagnostic capacity, backlogs and 52-week breaches, was only interrupted in the last two weeks of the month due to the sudden Covid-19 capacity requirements mandated nationally and not due to lack of delivery or progress being made by operational teams.

BAF 5 – Work has been ongoing throughout the year regarding the partnership work with the Humber Coast and Vale and the Humber Acute Services Review. New care models had been reviewed although progress had been protracted. A detailed briefing paper was brought to the January 2020 Trust Board in this regard. It is recommended that the risk rating remains the same at 3 (impact = moderate) x 4 (likelihood = likely) = 12 for the year end position.

BAF 6 – The Research and Innovation Strategy was presented to the November 2019 Board meeting and the BAF was updated following the presentation. There have been no specific updates to report that impact on the BAF during quarter 4 and this risk will be scrutinised in more detail at the Workforce, Education and Culture Committee. It is recommended that the risk rating would remain at 3 (impact = moderate) x 4 (likelihood = likely) = 12.

BAF 7.1 - The Trust reported achievement of its financial plan at the April 2020 Board meeting. This resulted in a surplus of £10.4m which included £8.9m of provider sustainability funding. Whilst there was still a challenge around the level of CRES achieved in 2019/20, the required elements of the financial plan were achieved. It is proposed that the risk rating should be reduced to 5 (impact = catastrophic) x 3 (likelihood = possible) = 15, which is the risk's target rating.

BAF 7.2 - the underlying position remained challenging throughout the year due to the receipt of non-recurrent income received and the level of non-recurrent savings in the CRES programme. However, the underlying financial position of the Trust was improved by circa £10m, therefore it is proposed that the risk reduces to 5 (impact = catastrophic) x 2 (likelihood = unlikely) = 10.

BAF 7.3 - 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. The risk, however, was specifically regarding capital funding availability to address key infrastructure risks and backlog

maintenance, so whilst there was growth in-year in the capital plan and it was delivered in full, only some elements were available to address key infrastructure risks and backlog maintenance. It is therefore recommended that this risk should reduce to 5 (impact = catastrophic) x 3 (likelihood = possible) = 15, so has reduced to some degree, but not met its target risk rating as the full risk has not been able to be addressed.

### 3.2 Corporate Risk Register

An element included in the BAF is the corporate risk register. The updated Corporate Risk Register is reviewed monthly by the Executive Management Committee at operational level. There are currently 24 risks on the corporate risk register. Of these 24 risks, 20 map to risk areas on the BAF, as follows:

BAF 1 staff culture = 0 corporate risks  
BAF 2 sufficient staff = 8 corporate risks (pension risk shared with BAF 7.1)  
BAF 3 quality of care = 4 corporate risks  
BAF 4 performance = 4 corporate risks  
BAF 5 partnership working = 0 corporate risks  
BAF 6 research and innovation = 0 corporate risks  
BAF 7.1 financial plan = 2 corporate risks (pension risk shared with BAF 2)  
BAF 7.2 financial sustainability = 0 corporate risks  
BAF 7.3 capital funding and infrastructure = 2 corporate risks

The 4 risks that do not map to a specific area on the BAF are the four Trust-wide risks relating to Emergency Planning and Preparedness.

The number of corporate risks relating to staff, quality of care and performance have remained static in the last 2 months so represent the key areas of 'burden' of risk identified for the organisation.

However, the corporate risk register is in the process of being updated with 7 corporate risks identified for the Covid-19 pandemic, to which at least one further risk is being added. This will move the risk management burden to be shared across Covid-19 specific risks alongside staff, quality of care and performance risks, which feels more reflective of the risk landscape in the Trust at present.

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.

## 4. Recommendations

The Trust Board is asked to:

- Review the BAF and the risk ratings recommended for the Quarter 4 positions.
- Agree the risk ratings for each area for the Quarter 4 2019/20.

**Carla Ramsay**  
Director of Corporate Affairs

**Rebecca Thompson**  
Corporate Affairs Manager

May 2020

<p><b>PEOPLE</b>  <i>Honest, caring and accountable culture</i>  <i>Valued, skilled and sufficient staff</i>  <i>Research and innovation</i></p> <p>Strategic risks:  Staff do not come on the journey of improvement – measured in staff engagement and staff FFT scores</p> <p>Work on medical engagement and leadership fails to increase staff engagement and satisfaction</p> <p>Lack of affordable five-year plan for ‘sufficient’ and ‘skilled’ staff</p> <p>Trust does not capitalise on opportunities brought by the name change and growing partnership with the University, missing opportunities for staff and patients</p>	<p><b>FINANCE</b>  <i>Financial sustainability</i></p> <p>Strategic risks:  Failure to deliver 2019-20 financial plan and associated increase in regulatory attention</p> <p>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</p>
<p><b>INFRASTRUCTURE</b>  <i>High quality care</i>  <i>Financial sustainability</i></p> <p>Strategic risks:  Growing risk of failure of critical infrastructure (buildings, IT, equipment) that threatens service resilience and/or viability</p> <p>Lack of sufficient capital and revenue funds for investment to match growth, wear and tear, to support service reconfiguration, to replace equipment</p> <p>Linked to three-year financial recovery plan – risk that capital requirements cannot be met and pose an increased risk to financial recovery</p>	<p><b>PATIENTS</b>  <i>High quality care</i>  <i>Great clinical services</i></p> <p>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</p>
<p><b>PARTNERS</b>  <i>Partnership and integrated services</i></p> <p>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 in initial ratings</p>	

**BOARD ASSURANCE FRAMEWORK 2019-20 AS APPROVED BY THE MAY 2019 TRUST BOARD AND REVIEWED BY PERFORMANCE AND FINANCE AND QUALITY COMMITTEES UP TO FEBRUARY 2020**

**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		2019/20 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	<p><i>Principal Risk:</i> There is a risk that staff engagement does not continue to improve</p> <p>The Trust has set a target to increase its engagement score to above the national average and be an employer of choice</p> <p>There is a risk that the Trust's ambition for improvement and for continuous learning is not credible to staff, to want to go on a journey to outstanding with the organisation</p> <p><i>What could prevent the Trust from achieving this goal?</i></p> <p>Risk that staff do not continue to support the Trust's open and honest reporting culture</p> <p>Failure to act on new issues and themes from the quarterly staff barometer survey would risk achievement</p>	None	<p><b>5 (impact)</b></p> <p><b>3 (likelihood)</b></p> <p><b>= 15</b></p>	<p>Refreshed People Strategy focusses on staff culture and engagement – wide consultation on the refresh</p> <p>Workforce Transformation Committee oversees delivery of the People Strategy, including staff engagement and cultural development</p> <p>Engagement of Unions via JNCC and LNC on staff survey action plan</p> <p>Board Development Plan includes development of unitary board and leaders by example</p> <p>Leadership Development Programme commenced April 2017 to develop managers to become leaders able to engage, develop and inspire staff – continues in 2019 with additional cohorts</p> <p>Integrated approach to Quality Improvement</p> <p>Trust acknowledged by commissioners and regulator to be open and honest regarding patient safety and</p>	<p>Action to address identified areas of poor behaviours, as determined by consistently low staff engagements scores in some areas</p> <p>Continuous examples and feed back to staff as to how speaking up makes a difference</p> <p>Medical engagement needs to be a journey of improvement – this could be more planned</p>	15	15	15	10	5 x 1 = 5	<p><b>Positive assurance</b></p> <p>Trust Board time-out – 2 days of board development mirroring the Remarkable People management training being rolled out in the trust – taking on the role of leading cultural development and leading by example</p> <p>Staff survey results – maintaining staff engagement score with plans in place to further engage and improve</p> <p>Trust launched a BME and LGBT Network over 12 months ago</p> <p>Work is underway regarding the Medical Leadership Programme</p> <p>Staff Survey Results</p> <p>The Trust scored well for staff morale, staff engagement and the Trust was better than the national average for the first time relating to bullying and harassment. This downward trend was welcome progress.</p> <p><b>Further assurance required</b></p> <p>Engagement of medical workforce in Trust strategy and objectives; feeling empowered in to lead teams to make improvement</p> <p>Staff survey – The quality of staff appraisals to be reviewed.</p>

	<p>Risk that some staff continue not to engage</p> <p>Risk that some staff do not acknowledge their role in valuing their colleagues</p> <p>Risk that some staff or putting patient safety first</p>		<p>staffing numbers</p> <p>Regular reports to the Trust Board on the People Strategy</p> <p>New Workforce, Education and Culture Committee established</p>		
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**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		2019/20 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	<p><i>Principal risk:</i> The Trust does not effectively manage its risks around staffing levels, both quantitative and quality of staff, across the Trust</p> <p>Work on medical engagement and leadership fails to increase staff engagement and satisfaction</p> <p>Lack of affordable five-year plan for 'sufficient' and 'skilled' staff</p> <p><i>What could prevent the Trust from achieving this goal?</i> Failure to put robust and creative solutions in place to meet each specific need.</p> <p>Failure to analyse available data on turnover, exit interviews, etc, to inform retention plans</p>	<p>F&amp;WHG: anaesthetic cover for under-two's out of hours</p> <p>SHG: registered nurse vacancies</p> <p>Medicine HG: Risk that patient experience is compromised due to an inability to recruit and retain sufficient nursing staff across the HG</p> <p>F&amp;WHG – inability to access dietetic review of paediatric patients – staffing</p> <p>Medicine HG: multiple junior doctor vacancies</p> <p>F&amp;WHG: Shortage of Breast pathologists</p> <p>F&amp;WHG: Delays in Ophthalmology follow-up service due to capacity</p>	<p><b>5 (impact)</b></p> <p><b>3 (likelihood)</b></p> <p><b>= 15</b></p>	<p>Refreshed People Strategy articulates changing workforce requirements</p> <p>New Workforce Monitoring requirements at Trust Board level</p> <p>Workforce Transformation Committee – staying ahead of the game with meeting changing workforce requirements, international recruitment and new roles</p> <p>Increased resources in to recruitment: Overseas recruitment and University recruitment plans in 19-20; Remarkable People, Extraordinary Place campaign – targeted recruitment to specific staff groups/roles</p> <p>Golden Hearts – annual awards and monthly Moments of Magic – valued staff</p> <p>Health Group Workforce Plans in place and held to account at monthly performance management meetings on progress to attract and recruit suitable staff and reduce agency spend</p>	<p>Need clarity as to what 'sufficient' and 'skilled' staffing looks like and how this is measured:</p> <p>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</p> <p>Unknown impact of taxation rule changes on pension annual allowances in relation to the availability of staff to work additional hours</p> <p>'Sufficient' staff and service developments in order to deliver seven-day services in line with national requirements</p> <p>Linked with BAF 6 – empowering staff to innovate</p> <p>Need to build in <i>Developing Workforce Safeguards</i> for visibility at Trust Board on safe staffing across the Trust and staffing metrics</p>	15	15	15	15	5 x 2 = 10	<p><b>Positive assurance</b></p> <p>Nursing training and investment in new roles – over 150 graduate adult branch nurses recruited to start in September 2019; first take of qualified nursing associates in June 2019 and new take of trainees; projection on filling vacancies on track for next 3 years</p> <p>The November 2019 Nursing and Midwifery report to the Board highlighted that the Trust has successfully appointed 129 adult branch nurses, 20 midwives, 5 child branch and 10 ODPs.</p> <p>In addition the Trust currently has 51 Trainee Nurse Associates, 22 Student Nurse Apprentices and 23 Health Care Support Worker Apprentices completing their training programmes, throughout 20/21.</p> <p>8 junior doctors on two-year MTI started from July 2019 from partnership with Pakistan</p> <p>The Trust's current sickness absence rate is 3.64% which is lower than the national average of 4.29%. Trust Board November 2019</p> <p><u>Radiology</u></p> <p>The vacancy factor in Radiology is reflected across the country with a national shortage of qualified Radiographers, resulting in increased competition to recruit newly qualified staff.</p> <p>Action taken: A relocation package is in place and is proving to be a Successful recruitment tool. Overseas recruitment is ongoing and the department has recently appointed 2 qualified Radiographers through this route. Career pathway progression programme band 5-6. Extended and new roles such as Consultant Sonographers and Radiographers and reporting Radiographers have been recruited too. The department encourages and supports post graduate education and research. The department 'grows their own' by encouraging learning and development for non-registered staff, promoting opportunities for career advancement. Newly qualified staff commence in MRI and CT rather than General to develop their skills and this approach is attractive to new graduates. 'Refer a Friend Scheme' for Therapy Radiographers at</p>

			F&WHG Capacity of intra-vitreous injection service		<p>Improvement in environment and training to junior doctors so that the Trust is a destination of choice during and following completion of training</p> <p>Nursing safety brief several times daily to ensure safe staffing numbers on each day</p> <p>Employment of additional junior doctor staff to fill junior doctor gaps</p> <p>Regular reports to the Trust Board from the Guardian of Safe Working</p> <p>New Workforce, Education and Culture Committee established</p>						<p>bands 5 and 6 level A range of flexible working options are available for staff to develop a better work-life balance. Recruitment days are undertaken with Universities.</p> <hr/> <p><b>Further assurance required</b> Understanding of local impact through pension taxation changes as well as national action to mitigate risk</p> <p>Overall unavailability of Registered and Un-registered Nurses had risen in September 2019 – Does this increase the level of risk?</p> <p>Trainee GPs will be spending 1 year in the Trust instead of 2 from August 2021 and the implications to the rotas</p>
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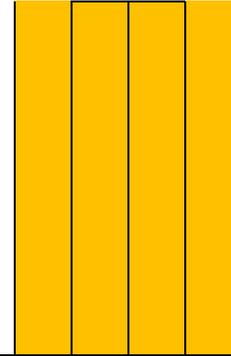
**Risk Appetite**

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		2019/20 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	<p><i>Principal risk:</i> There is a risk that the Trust is not able to make progress in continuously improving the quality of patient care and reach its long-term aim of an 'outstanding' rating</p> <p><i>What could prevent the Trust from achieving this goal?</i></p> <p>That the Trust does not develop its learning culture</p> <p>That the Trust does not set out clear expectations on patient safety and quality improvement</p> <p>Lack of progress against Quality Improvement Plan</p> <p>That Quality Improvement Plan is not designed around moving to good and outstanding</p> <p>That the Trust is too insular to know what outstanding looks like</p> <p>That the Trust does not increase its public, patient</p>	<p>CCSHG: lack of compliance with blood transfusion competency assessments</p> <p>CCSHG: Pathology results reviewed by requesting clinicians</p> <p>Corporate: RESPECT form-embedding process</p> <p>CCSHG: Risk to patient safety involving discharge medicines</p>	<p><b>4 (impact)</b></p> <p><b>3 (likelihood)</b></p> <p><b>= 12</b></p>	<p>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</p> <p>Trust has an integrated approach to quality improvement</p> <p>The Trust has put in place all requirements to date on Learning from Deaths</p> <p>The Trust regularly monitors quality and safety data to understand quality of care and where further response is required –</p> <p>Fundamental standards in nursing care on wards are being adapted for Outpatients. Will be monitored at the Trust Board and Quality Committee</p> <p>Opportunities to move to good and outstanding care identified</p> <p>Participation in the "Moving to Good" Programme</p>	<p>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</p> <p>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)</p>	12	12	12	12	4 x 2 = 8	<p><b>Positive assurance</b></p> <p>Stop the Line campaign was launched in September 2019 to coincide with the first World Safety Day on 17<sup>th</sup> September 2019; safety champions and a new safety governance structure being put in place</p> <p>New Datix form being used for Mortality and Morbidity review methodology. Medics finding it easier to use.</p> <p>Number of incidents reported remains in the control limits (SPC)</p> <p>Outpatient QIP performance remains positive and all other QIPs seeing progress – exceptions noted below</p> <p>An update was received at the March 2020 Board that the Mortality and Morbidity meetings took place every month and discussions relating to structured judgement reviews, learning from deaths and reviewing near misses took place at these meetings. Any escalation from the Mortality and Morbidity Committee would be received by the Operational Quality Committee.</p> <p><b>Further assurance required</b></p> <p>Further development of organisational learning from SIs including Never Events</p> <p>Quality concerns raised by NHSI team visiting ED in July 2019 – quick timescale on actions required</p> <p>A new Never Event relating to wrong site surgery declared in December 2019</p> <p>The following projects may pose a potential risk to the overall achievement of the plan (Quality Report to the Quality Committee in December 2019);</p> <ul style="list-style-type: none"> <li>• QIP06 Deteriorating Patient</li> <li>• QIP22 Nutrition and Hydration</li> <li>• QIP23 – Dementia</li> <li>• QIP39 – Outpatient Services</li> <li>• QIP48 Mental Health</li> </ul> <p>The Intensive Support Team had been invited to review the upper and lower GI pathways.</p>

and stakeholder  
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 CLINICAL 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		2019/20 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	<p><i>Principal risk:</i> There is a risk that the Trust does not meet contractual performance requirements for ED, RTT, diagnostic and 62-day cancer waiting times in 19-20 with an associated risk of poor patient experience and impact on other areas of performance, such as follow-up backlog</p> <p><i>What could prevent the Trust from achieving this goal?</i></p> <p>ED performance did improve following a period of intensive support and improvement focus but performance requires a Recovery and Improvement Plan to meet contractual requirements</p> <p>In all waiting time areas, diagnostic capacity is a specific limiting</p>	<p>Cancer and Clinical Support HG: risk of diagnostic capacity vs. continued increases in demand</p> <p>ECHG: crowding (space) in ED leading to inefficient patient flows and delays impacting 4 hour target</p> <p>Corporate: pensions</p> <p>Corporate: availability of pressure relieving mattresses</p>	<p><b>4 (impact)</b></p> <p><b>4 (likelihood)</b></p> <p><b>= 16</b></p>	<p>Assessment per HG and service as to what performance improvement is projected for 2019-20</p> <p>Further improvement and embedding in ED as well as with wards and other services to improve patient flow and ownership of issues</p> <p>Capacity and demand work in all pathways</p> <p>Plan to review medical base ward capacity to meet demand</p> <p>Further work on flow and bed availability, including working to EDD and work on Safer</p> <p>Validation of the follow-up backlog, implementing harm reviews if necessary, and plans to bring down backlog</p> <p>Extra PAF Nov 19 to review RTT, cancer and CRES</p> <p>Weekly Performance monitoring of all</p>	<p>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</p> <p>Need to innovate with partners to meet increasing demands, patient acuity and complexity and social needs that affect the care and discharge planning for hospital patients</p>	16	16	16	12	4 x 2 = 8	<p><b>Positive assurance</b></p> <p>Detailed understanding of ED performance and contributing factors, as well as current position with regulator – shared understanding</p> <p>52 week wait zero return performance holding at the end of September 2019</p> <p>Additional endoscopy capacity in place from September 2019 with improvement trajectory</p> <p>Clinical harm reviews in place for patients over 52 weeks, cancer 104 days and 28 day breaches and urgent ops cancelled for 2<sup>nd</sup> time.</p> <p>Weekly reviews of all standards via Performance and Activity</p> <p>Weekly system wide oncology meeting – cancer IST linked for support</p> <p>Ground floor transformation added to additional CT/MRI in Q4</p> <p>November 2019 – Extra Ordinary PAF Positive assurance around the HG plans particularly in 52 Week Waits and ongoing work to clear waiting time backlogs, and make reductions in RTT waiting times</p> <p>Online GP service Push Doctor had been established in the ED.</p> <p>The new Cancer metric (28 day) was performing well at 81% against the national standard of 90%.</p> <p>North of England Commissioning Support had visited the Trust to validate the P.T.L. She advised that the Trust had been commended on its accuracy of the P.T.L</p>

		<p>factor of being able to reduce waiting times, reduce backlogs and maintain sustainable list sizes; this is compounded by staffing and capital issues</p> <p>A focus on 62-day cancer targets has brought about improvements and a continued focus is required to make further gains</p> <p>Deliverability of performance trajectories in 19-20</p>			<p>operational standards</p> <p>Oncology – additional resourcing with forward plan and revised Trust clinical model agreed across network</p> <p>Clinical harm review process for any patient waiting longer than NHS Constitutional Standards in specific areas.</p>							<p><b>Further assurance required</b></p> <p>Management of follow-up backlogs – capacity vs demand as well as affordability</p> <p>Improvement in ED performance relating to detailed understanding of Trust Board on this issue; 90% target for end Sept 19 risks non-achievement</p> <p>Downturn in cancer performance in Q2 as well as increases in demand – to review in more detail in Nov 19 extra PAF meeting</p> <p>Understanding of pensions issue on ability to meet activity plan</p> <p>Improved Cancer performance Q3 compared to Q2</p> <p>Coding challenge with Specialist Commissioners requires further feedback</p> <p>November 2019 – Extra Ordinary PAF- Risk overview</p> <ul style="list-style-type: none"> <li>• Impact on support to NLAG in a number of specialties</li> <li>• Late IHTs (cancer) and IPTs (52 weeks) impacting on delivery</li> <li>• Improvement required in 6 week diagnostic waits</li> <li>• Stabilisation of Clinical Admin hubs</li> <li>• Increase in 2ww Cancer referrals</li> <li>• Impact of Lung Health Check programme – January 2020</li> <li>• Winter</li> </ul> <p>The Performance and Finance Committee raised concerns regarding performance, particularly in ED in the January 2020 meeting, escalated to January 2020 Trust Board. It was agreed that the risk remain the same for quarter 3 but would be increased in quarter 4 should performance not improve sufficiently.</p>
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**Risk Appetite**

A range of plans are being put in place to further manage these issues in to 2019-20. 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 – 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		2019/20 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	<p>Principal risk: That the Humber, Coast and Vale Health and Care Partnership (HCAV HCP) does not develop and deliver credible and effective plans to improve the health and care for its population and meet the expectations of the NHS Long Term Plan. In particular the expectations in relation to integration and transformation of care for our patients rely on effective partnership working</p> <p>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</p> <p>The effectiveness of STP delivery, of which the Trust is one part</p>	None	<p><b>3 (impact)</b></p> <p><b>4 (likelihood)</b></p> <p><b>= 12</b></p>	<p>The Trust has 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). Trust Execs lead two of the four Cancer Alliance Programmes. New Humber Cancer Delivery Board formed, starting Oct 19, chaired by HUTH CEO.</p> <p>The Trust is playing a key role in the Humber Acute Review (CEO and DOSP)</p> <p>The Trust is playing a key role in the STP workforce workstream (DOWOD)</p> <p>The Trust has a seat on the Hull Place Board (CEO). The Trust is participating in the East Riding Place Based initiatives</p> <p>The Trust has established a Provider Collaborative, to make progress between provider organisations around the integration agenda.</p> <p>The HCP has been accepted into the ICS Accelerator Programme, which is a 15 week programme starting Sept 19, to</p>	<p>Understanding if the risks in other trusts or STP partners will impact on the Trust being able to deliver its strategy</p> <p>Risk of being an accountable organisation without being to influence all aspects that would bring success for our patients</p>	12	12	12	12	4 x 1 = 4	<p><b>Positive assurance</b></p> <p>Detailed review of risk at Trust Board September 2019 – agreed to maintain the risk rating based on the assurance of the Trust's participation and role within key work streams and the governance structure, as well as the STP's acceptance in to the national accelerator programme. To be reviewed again in March 2020.</p> <p>Good progress in being made against the commitments in the new Trust Strategy (Report to the Board November 2019)</p> <p><b>Further assurance required</b></p> <p>Outputs of the Humber Acute Services Review</p> <p>Agreement and delivery of new care models has been limited and progress remains slow – however, this situation is not unique to the HCAV HCP;</p>

address the requirements of the system maturity matrix, with a view to achieving ICS status in March 2020

Formal CEO Board for the Primary Care Networks formed and a quarterly clinical meeting with a work programme to improve services for frail, older people, the provision of community paediatrics and diversionary pathways away from ED

Further work planned on key areas of focus:

- A Stakeholder Survey will be commissioned, with a view to acquiring actionable intelligence on how the Trust is perceived by partners
- HUTH will develop working relationships with the Primary Care Networks, assigning a lead senior relationship manager to each and co-ordinating Trust offers of support.

HUTH will provide training to our senior clinical and operational managers on our goals as partners, expectations and permissions, building on the results of the planned survey

**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 is 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 – RESEARCH AND INNOVATION

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		2019/20 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	Chief Executive Chief Medical Officer	<p><i>Principal risk:</i> There is a risk that the Trust does not develop and deliver ambitious research and innovation goals and secure good national rankings in key areas.</p> <p><i>What could prevent the Trust from achieving this goal?</i></p> <p>Scale of ambition vs. deliverability</p> <p>Current research capacity and capability may be a rate-limiting factor</p> <p>Increased competition for research funding</p>	None	<p><b>3 (impact)</b></p> <p><b>4 (likelihood)</b></p> <p>= 12</p>	<p>Strengthened partnership with the University of Hull</p> <p>Secured name change to represent full trust status as a recruitment and research support strategy</p> <p>Actions against Strategic Goals within Trust Strategy for Research and Innovation in place</p>	<p>Being able to unlock the potential, creativity and innovation from the workforce</p> <p>Financial ambitions for research vs. financial reality and balance of risk between failure to pump prime research capacity and capability and being able to deliver the Trust's ambitions against this strategic goal</p>	12	12	12	12	3 x 2 = 6	<p><b>Positive assurance</b> Detailed update to Trust Board Nov 19</p> <p>Building a solid platform for increasing research awareness through the development of research performance dashboards involving patient and the public in research 'co-design' and implementation of engagement initiatives such as the Patient Research Experience Survey</p> <p>Aligning 'research relevant' specialties to reduce silo working and form cluster arrangements for delivery of multi-morbidity research programmes</p> <p>Providing institutional support for the operational and strategic development of the Hull Health Trials Unit</p> <p>Embedding the UoH as our core academic partner through initiatives to enhance capability and capacity such as PhD Scholarships</p> <p>Building on our utilisation of regional and national network memberships to exploit research and innovation opportunities</p> <p>Commencing international research collaborations (India)</p>



## GOAL 7 – 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		2019/20 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	<p><i>Principal risk:</i> There is a risk that the Trust does not achieve its financial plan for 2019-20</p> <p><i>What could prevent the Trust from achieving this goal?</i></p> <p>Planning and achieving an acceptable amount of CRES</p> <p>Failure by Health Groups and corporate services to work within their budgets and increase the risk to the Trust's underlying deficit</p>	Corporate: Pensions	<p><b>5 (impact)</b></p> <p><b>4 (likelihood)</b></p> <p><b>= 20</b></p>	<p>Weekly Productivity and Efficiency Board (PEB) in place; outputs monitored by Performance and Finance Committee</p> <p>HG held to account on financial and performance delivery at monthly Performance reviews; HGs hold own performance meetings</p> <p>Use of NHSI benchmarking and Carter metrics to determine further CRES opportunities</p> <p>Extra PAF Nov 19 to review RTT, cancer and CRES</p> <p>Five-year STP plan required for Nov 19</p> <p>Working with commissioning colleagues and NHSI/E to agree a recovery plan for 19/20. Monthly meetings taking place to review progress.</p> <p>Ongoing management of Trust cash balances to ensure no liquidity issues.</p>	<p>Assurance over grip and control of cost base; underlying run-rates increasing pressures</p> <p>Managing concerns around senior doctor availability and the limited ability of the Trust to control this national position</p> <p>Accurate forecasting and control</p> <p>Grip and control of locum and agency spend</p> <p>Delivery of recurrent CRES</p>	20	20	20	15	5 x 3 = 15	<p><b>Positive assurance</b></p> <p>Financial Plan delivered to M12</p> <p>BAF 7.1 to be discussed at the Board Development Session in March 2020 with a view to reducing the risk rating in quarter 4 should the Trust meet its Control Total</p> <p>It was reported at the March 2020 Board meeting that at month 11 the Trust was still forecasting achievement of the financial plan. Health Group positions had deteriorated a little affecting underlying financial health but were still in line with expectations.</p> <p>Year-end position confirmed at the April 2020 that the Trust's financial plan has been met</p> <p><b>Further assurance required</b></p> <p>HG plans had deteriorated by £1m in M9.</p> <p>Trying to get to £4.3. Stretch targets set, now trying to see what HGs are doing to achieve</p> <p>Secured £1m (circa) to support LHC and Acute capacity investments</p> <p>Potentially £3m available from commissioner colleagues, dependant on commissioner positions. Increasingly a system perspective.</p> <p>Gap still to find – high risk</p> <p>CRES – Health groups to identify £0.5m additional CRES (November 2019 Finance Report to PAF)</p> <p>Further assurance was required around managing and pulling back the Health Group financial positions.</p>

**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.

## GOAL 7 – 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		2019/20 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	<p><i>Principal risk:</i> There is a risk that the Trust does not plan or make progress against addressing its underlying financial position over the next 3 years, including this year</p> <p><i>What could prevent the Trust from achieving this goal?</i></p> <p>Lack of achievement of sufficient recurrent CRES</p> <p>Failure by Health Groups and corporate services to work within their budgets so as not to further increase the Trust's underlying deficit</p> <p>Failure to put in place 2-3 credible year plan to address the underlying deficit position</p>	None	5 (impact)  4 (likelihood)  = 20	<p>Health Group budgets revisited for 2019-20 and right-sized, depending on activity requirements and underlying recurrent pressures. Theoretically, the risk is now centred on CRES, managing to budget and reliable forecasting</p> <p>Use of NHSI benchmarking and Carter metrics to determine further CRES opportunities</p> <p>Feedback received from NHSI/E on the 5 year operating plan submission, meeting in the diary to work up with CCG colleagues in November 2019</p> <p>HGs asked for recovery plans against deterioration in run rates reported in year (FVHG and Surgery)</p>	<p>Assurance over grip and control of cost base; underlying run-rates increasing pressures</p> <p>Managing concerns around senior doctor availability and the limited ability of the Trust to control this national position</p> <p>Plan to address underlying financial position over 2-3 years</p> <p>Ability of local health economy to stem demand for services</p> <p>Accurate forecasting and control</p> <p>Ability to deliver a 2-3 year plan to tackle underlying financial position relies on system-level control and contribution</p>	20	20	20	10	5 x 1 = 5	<p><b>Positive assurance</b> Trust has met new five-year STP financial plan submission requirements, which include projections for Trust financial balance</p> <p>BAF 7.2 to be discussed at the Board Development Session in March 2020</p> <hr/> <p><b>Further assurance required</b> Five year financial plan completed which demonstrates continued improvement in underlying financial health of Trust. Now need to focus on delivery.</p> <p>Further assurance was required around the Health Group management of finances in quarter 4.</p>

### Risk Appetite

The Board has an appetite to discuss a long-term financial plan to address the underlying financial position and to understand the risks that form part of the underlying issues as well as potential solutions. This is becoming an increasing priority.

## 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		2019/20 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 7.3	Chief Financial Officer	<p><i>Principal risk:</i> There is a risk of failure of critical infrastructure (buildings, IT, equipment) that threatens service resilience and/or viability</p> <p><i>What could prevent the Trust from achieving this goal?</i></p> <p>Lack of sufficient capital and revenue funds for investment to match growth, wear and tear, to support service reconfiguration, to replace equipment; capital funding is not available against the Trust's critical priority areas but is available in others, making the capital position look more manageable than operational reality</p>	None	<p><b>5 (impact)</b></p> <p><b>4 (likelihood)</b></p> <p><b>= 20</b></p>	<p>Risk assessed as part of the capital programme</p> <p>Comprehensive maintenance programme in place and backlog maintenance requirements being updated</p> <p>Ability of Capital Resource Allocation Committee to divert funds</p> <p>Service-level business continuity plans</p> <p>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</p> <p>Applied to convert bonus PSF received in 2018-19 to capital</p>	<p>Insufficient funds to manage the totality of risk at the current time</p> <p>Programme enables the Trust to run on a day-to-day basis but is not addressing the root causes sufficiently – the level of risk increases as the Trust manages 'as is'</p> <p>Ability to respond and fully mitigate against operational impact if an element of critical infrastructure should fail – can be significant in respect of impact and harder to mitigate</p>	20	20	20	15	5 x 2 = 10	<p><b>Positive assurance</b></p> <p>Some capital funding brought forward from £19.3m STP capital funding in to 2019-20; will not resolve full range of issues but is welcome additional capacity and facilities</p> <p>Extra capital funding received from NHS E/I - additional capital to support increased capacity and emergency care performance this winter</p> <p>There has been notification of funding for replacing imaging kit which is being worked through.</p> <p>BAF 7.3 to be discussed at the Board Development Session in March 2020</p> <p><b>Further assurance required</b></p> <p>The reported capital expenditure at month 6 shows £4.8m against a plan of £6.4m. The main areas of variance relate to medical equipment and this is due to slippage against the profile and does not impact the forecast.</p> <p>The reported capital position at month 7 shows gross capital expenditure of £5.5m compared with plan of £7.8m. The main areas of variance relate to slippage on IT, buildings maintenance and the radio-pharmacy development. The forecast position for capital expenditure is £28.1m. This is £1.5m above the submitted plans in July due to the inclusion of notified winter capital.</p>

### 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 University Teaching Hospitals NHS Trust**

**Trust Board**

**Tuesday 12 May 2020**

<b>Title:</b>	Board Assurance Framework 2020-21
<b>Responsible Director:</b>	Carla Ramsay – Director of Corporate Affairs
<b>Author:</b>	Carla Ramsay – Director of Corporate Affairs

<b>Purpose:</b>	The purpose of this report is to present a draft Board Assurance Framework for 2020-21, for review, amendment and approval by the Trust Board.	
<b>BAF Risk:</b>	N/A	
<b>Strategic Goals:</b>	Honest, caring and accountable culture	✓
	Valued, skilled and sufficient staff	✓
	High quality care	✓
	Great clinical services	✓
	Partnership and integrated services	✓
	Research and Innovation	✓
	Financial sustainability	✓
<b>Summary of Key Issues:</b>	<p>Each year, the Trust Board determines the key risks against the achievement of the Trust’s strategic objectives.</p> <p>The Board Assurance Framework for 2020-21 is set in the context of the Covid-19 pandemic; in strategy terms, the way that the pandemic has affected business as usual will affect the progress that the Trust will be able to make towards its strategic objectives this year but this will not be the totality of what affects the Trust’s ability to make progress on its strategic objectives.</p>	

<b>Recommendation:</b>	The Trust Board is asked to review, amend and approve the Board Assurance Framework for 2020-21
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# Hull University Teaching Hospitals NHS Trust

## Trust Board

### Board Assurance Framework

#### 1. Purpose of this report

The purpose of this report is to present a draft Board Assurance Framework for 2020-21, for review, amendment and approval by the Trust Board.

#### 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 from 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.

Page 1 of the Board Assurance Framework 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.

The Board's approach to the BAF was reviewed by the internal auditors in 2019-20 and gave an opinion of 'substantial assurance', the highest level of assurance, for the way in which the BAF was constructed and used by the Board and its Committees. There was one recommendation to further develop the BAF, which was to put timescales on any identified gaps in controls for resolution. This has been built in to the attached BAF for 2020-21.

#### 3. Board Assurance Framework (BAF) 2020-21

Each year, the Trust Board determines the key risks against the achievement of the Trust's strategic objectives.

The Board Assurance Framework for 2020-21 is set in the context of the Covid-19 pandemic; in strategy terms, the way that the pandemic has affected business as usual will affect the progress that the Trust will be able to make towards its strategic objectives this year.

The impact of Covid-19 will affect the return to more business as usual; there are many positive aspects from Covid-19 that the Trust will seek to continue, which are part of the controls and positive assurance captured on the initial risks in the draft BAF – the impact on the Trust being able to make progress on its strategic objectives will have been positively impacted, as well as adversely impacted, by Covid-19, and the attached BAF seeks to reflect this.

Covid-19 will also not be the totality of what affects the Trust's ability to make progress on its strategic objectives; consideration of this has also been captured in the attached draft BAF.

#### 3.2 Corporate Risk Register

An element included in the BAF is the corporate risk register. The updated Corporate Risk Register is reviewed monthly by the Executive Management Committee at operational level. There are currently 24 risks on the corporate risk register. Of these 24 risks, 20 map to risk areas on the BAF, as follows:

BAF 1 staff culture = 0 corporate risks

BAF 2 sufficient staff = 8 corporate risks (pension risk shared with BAF 7.1)

BAF 3 quality of care = 4 corporate risks  
BAF 4 performance = 4 corporate risks  
BAF 5 partnership working = 0 corporate risks  
BAF 6 research and innovation = 0 corporate risks  
BAF 7.1 financial plan= 2 corporate risks (pension risk shared with BAF 2)  
BAF 7.2 financial sustainability = 0 corporate risks  
BAF 7.3 capital funding and infrastructure = 2 corporate risks

The 4 risks that do not map to a specific area on the BAF are the four Trust-wide risks relating to Emergency Planning and Preparedness. .

The number of corporate risks relating to staff, quality of care and performance have remained static in the last 2 months so represent the key areas of 'burden' of risk identified for the organisation.

However, the corporate risk register is in the process of being updated with 7 corporate risks identified for the Covid-19 pandemic, to which at least one further risk is being added. This will move the risk management burden to be shared across Covid-19 specific risks alongside staff, quality of care and performance risks, which feels more reflective of the risk landscape in the Trust at present.

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.

#### **4. Recommendations**

The Trust Board is asked to review, amend and approve the Board Assurance Framework for 2020-21

**Carla Ramsay**

Director of Corporate Affairs

May 2020

<p><b>PEOPLE</b>  <i>Honest, caring and accountable culture</i>  <i>Valued, skilled and sufficient staff</i>  <i>Research and innovation</i></p> <p>Strategic risks:  Staff do not come on the journey of improvement – measured in staff engagement and staff FFT scores</p> <p>Work on medical engagement and leadership fails to increase staff engagement and satisfaction</p> <p>Lack of affordable five-year plan for ‘sufficient’ and ‘skilled’ staff</p> <p>Trust does not capitalise on opportunities brought by the name change and growing partnership with the University, missing opportunities for staff and patients</p>	<p style="text-align: right;"><b>FINANCE</b>  <i>Financial sustainability</i></p> <p style="text-align: right;">Strategic risks:  Failure to deliver annual financial plan and associated increase in regulatory attention</p> <p style="text-align: right;">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</p>	
<p><b>INFRASTRUCTURE</b>  <i>High quality care</i>  <i>Financial sustainability</i></p> <p>Strategic risks:  Growing risk of failure of critical infrastructure (buildings, IT, equipment) that threatens service resilience and/or viability</p> <p>Lack of sufficient capital and revenue funds for investment to match growth, wear and tear, to support service reconfiguration, to replace equipment</p> <p>Linked to three-year financial recovery plan – risk that capital requirements cannot be met and pose an increased risk to financial recovery</p>	<p style="text-align: center;"><b>PATIENTS</b>  <i>High quality care</i>  <i>Great clinical services</i></p> <p>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</p>	<p style="text-align: right;"><b>PARTNERS</b>  <i>Partnership and integrated services</i></p> <p style="text-align: right;">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 in initial ratings</p>

**BOARD ASSURANCE FRAMEWORK 2020-21 – Draft as presented to the Trust Board 12 May 2020**

**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		2020/21 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	<p>From the Trust's strategy: <i>One of our key priorities is the creation of a positive working culture, because we know that investing in our staff's development, and supporting and caring for them, will enable them to deliver great care; with commitment, compassion and courage.</i></p> <p><i>Principal Risk:</i> There is a risk the Trust does not make progress towards further improving a positive working culture this year</p> <p><i>What could prevent the Trust from achieving this goal?</i></p> <p>Risk that Covid-19 impacts on staff morale, or staff energy to be on a journey of improvement when working in the reality of a pandemic, +/- working in different teams or settings through redeployment</p>	None	<b>4 (impact major) x 3 likelihood possible = 12</b>	<p>Refreshed People Strategy focusses on: leadership capacity and capability, empowering staff to lead improvement, equality, diversity and inclusion, employee engagement, communication and recognition</p> <p>Workforce Transformation Committee oversees delivery of the People Strategy, including staff engagement and cultural development; Workforce, Education and Culture Committee set up to seek assurance on progress being made</p> <p>Engagement of Unions via JNCC and LNC on staff survey and associated action plan</p> <p>Board Development Plan will include development of unitary board and leaders by example</p> <p>Leadership Development Programme commenced April 2017 to develop managers to become leaders able to engage, develop and inspire staff – continues in 2019 with additional cohorts</p> <p>Integrated approach to</p>	<p>Action to address identified areas of poor behaviours, as determined by consistently low staff engagements scores in some areas – to be tasked to WECC and Workforce Transformation Committee for service plans to be agreed by close Q2</p> <p>Consideration of a plan specifically for medical engagement – this needs to be planned by end Q2</p>					<b>4 major x 1 rare = 4</b>	<p><b>Positive assurance</b> Covid-19 has led to daily communications and updates to all staff – level of staff communication has increased positively and can take lessons from this when returning more to business as usual</p> <hr/> <p><b>Further assurance required</b> Timing and ability to be able to return to specific work on staff engagement, leadership development and other activities that have been impacted by Covid-18 and whether Q2 is a realistic timescale for this</p> <p>Understanding impact on staff morale, impact of staff moves and redeployment on training and development and bringing organisation on journey of improvement during a sustained period of managing Covid-19</p>

	<p>Failure to act on new issues and themes from the quarterly staff barometer survey would risk achievement</p> <p>Risk that some staff continue not to engage</p> <p>Risk that some staff do not acknowledge their role in valuing their colleagues</p>		<p>Quality Improvement</p> <p>Trust acknowledged by commissioners and regulator to be open and honest regarding patient safety and staffing numbers</p> <p>Regular reports to the Trust Board on the People Strategy</p> <p>Significant staff support put in place for Covid-19 including 24/7 psychological first aid support</p> <p>Daily messages to staff on Covid-19 activity, Trust Surge plan, PPE, staff support, staff testing</p>				
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**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. Additional communications and staff welfare have been brought in during Covid-19, from which positive lessons can be taken, linked to this level of risk appetite – resolutions have been put in place quickly before risks in staff numbers or engagement occurred with Covid-19.

## 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		2020/21 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	<p>From the Trust's Strategy: <i>We will become the employer of choice locally and in the NHS regionally, with staff choosing to start and continue their careers with us. We will also increasingly attract staff to our posts from across the UK and wider world.</i></p> <p><i>Principal risk:</i> The Trust does not effectively manage its risks around staffing levels, both quantitative and quality of staff, across the Trust</p> <p>Lack of affordable five-year plan for 'sufficient' and 'skilled' staff to meet demand</p> <p><i>What could prevent the Trust from achieving this goal?</i> National and international shortages</p> <p>Impact of Brexit on availability of EU workers</p> <p>Costs of supporting overseas recruitment</p> <p>Impact on staff health and availability due to</p>	<p>F&amp;WHG: anaesthetic cover for under-two's out of hours</p> <p>SHG: registered nurse vacancies</p> <p>Medicine HG: Risk that patient experience is compromised due to an inability to recruit and retain sufficient nursing staff across the HG</p> <p>F&amp;WHG – inability to access dietetic review of paediatric patients – staffing</p> <p>Medicine HG: multiple junior doctor vacancies</p> <p>F&amp;WHG: Shortage of Breast pathologists</p> <p>F&amp;WHG: Delays in Ophthalmology follow-up service due to capacity</p> <p>F&amp;WHG</p>	<p><b>4 (impact major)</b></p> <p><b>3 (likelihood possible)</b></p> <p>= 12</p>	<p>Refreshed People Strategy articulates changing workforce requirements</p> <p>New Workforce Monitoring requirements at Trust Board level</p> <p>Workforce Transformation Committee and WECC assurance – staying ahead to meet changing workforce requirements, international recruitment and new roles</p> <p>Increased resources in to recruitment: Overseas recruitment and University recruitment plans in 19-20; Remarkable People, Extraordinary Place campaign – targeted recruitment to specific staff groups/roles</p> <p>Golden Hearts – annual awards and monthly Moments of Magic – valued staff</p> <p>Health Group Workforce Plans in place and held to account at monthly performance management meetings on progress to attract and recruit suitable staff and reduce agency spend</p> <p>Improvement in</p>	<p>Need to build in <i>Developing Workforce Safeguards</i> for visibility at Trust Board on safe staffing across the Trust and staffing metrics – to be completed by close Q2</p>					4 x1 = 4	<p><b>Positive assurance</b> Recruitment was in a positive position prior to Covid-19; Covid-19 brought in ability to recruit retired staff and qualifying students quickly</p> <hr/> <p><b>Further assurance required</b></p>

		Covid-19 including long-term trauma and burn-out	Capacity of intra-vitreous injection service		<p>environment and training to junior doctors so that the Trust is a destination of choice during and following completion of training</p> <p>Nursing safety brief several times daily to ensure safe staffing numbers on each day</p> <p>Employment of additional junior doctor staff to fill junior doctor gaps</p> <p>Regular reports to the Trust Board from the Guardian of Safe Working</p> <p>Particular focus and investment in staff support during Covid-19 including mental health support</p> <p>Covid-19 redeployment undertaken with support of HGs and undertaken in a planned way</p>					
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**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. This was built in to the financial plan in 2018-19 and was carefully managed in 2019-20, which saw an increase in agency spend in order to maintain staffing numbers. 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 has shown some agility and willingness to invest as part of this risk appetite but as a carefully managed financial position.

### 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		2020/21 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	<p>Taken from the Trust's strategy: <i>The Trust has a well embedded approach to monitoring and improving the fundamental standards of nursing and midwifery care in its inpatient and outpatient areas</i></p> <p><i>Principal risk:</i> There is a risk that the Trust is not able to make progress in continuously improving the quality of patient care and reach its long-term aim of an 'outstanding' rating</p> <p><i>What could prevent the Trust from achieving this goal?</i></p> <p>That the Trust does not develop its patient safety culture</p> <p>That Quality Improvement Plan is not designed around moving to good and outstanding</p> <p>That the Trust is too insular to know what outstanding looks like</p> <p>That the Trust</p>	<p>CCSHG: lack of compliance with blood transfusion competency assessments</p> <p>CCSHG: Pathology results reviewed by requesting clinicians</p> <p>Corporate: RESPECT form-embedding process</p> <p>CCSHG: Risk to patient safety involving discharge medicines</p>	<p><b>4 (impact = major)</b></p> <p><b>4 – likely = 16</b></p>	<p>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</p> <p>Trust has an integrated approach to quality improvement</p> <p>The Trust has put in place all requirements to date on Learning from Deaths framework over the last 3 years</p> <p>The Trust regularly monitors quality and safety data to understand quality of care and where further response is required –</p> <p>Fundamental standards in nursing care on wards are being adapted for Outpatients. Will be monitored at the Trust Board and Quality Committee</p> <p>Participation in the "Moving to Good" Programme</p>	<p>Need to complete gap analysis against the national Patient Safety Strategy and implement a trust-wide action plan – by end Q2</p> <p>Need to complete an updated Patient and Public Engagement plan and governance structure by end Q2</p> <p>Need to assess impact on patient safety and clinical harm due to Covid-19 service delivery and service changes – by end Q1</p>					4 x 2 = 8	<p><b>Positive assurance</b></p> <p>Covid-19 has required temporarily cessation to some activities such as routine meetings; there is an opportunity to refresh the governance structure around patient safety and high quality care to continue in a lean, patient-focussed way</p> <hr/> <p><b>Further assurance required</b></p> <p>Outcome of risk assessments/quality impact assessments on changes to patient pathways and delays to patient care in case these flag risks to patient harm</p>

	does not increase its public, patient and stakeholder engagement, detailed in a strategy									
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**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 CLINICAL 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		2020/21 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	<p>Taken from the Trust's strategy: <i>The Trust is the only local provider of secondary emergency and elective healthcare services for a population of 600,000. These people rely on us to provide timely, accessible, appropriate care and look after them and their families at times of great vulnerability and stress.</i></p> <p><i>Principal risk:</i> There is a risk to access to Trust services due to the impact of Covid-19 1- There has been a deterioration in the Trust's performance on a number of key standards as a result of the organisation responding to Covid-19 2- There is a level of uncertainty regarding the scale and pace of recovery that is possible and the impact of national guidance 3- 2020-21 planning guidance is not expected until end May 2020</p> <p><i>What could prevent the Trust from</i></p>	<p>Cancer and Clinical Support HG: risk of diagnostic capacity vs. continued increases in demand</p> <p>ECHG: crowding (space) in ED leading to inefficient patient flows and delays impacting 4 hour target</p> <p>Corporate: pensions</p> <p>Corporate: availability of pressure relieving mattresses</p>	<p><b>4 (impact = major)</b></p> <p><b>4 (likelihood = likely)</b></p> <p><b>= 16</b></p>	<p>Quality Impact Assessments being undertaken on changes in service delivery due to Covid-19</p> <p>Assessment per HG and service for Covid-19 recovery plans</p> <p>Clinical harm reviews being undertaken on patients waiting longer than 52-weeks, on 104 day cancer waits, urgent operations cancelled for the second time, patients not re-booking within 28 days of cancellation and cancellations due to Covid-19</p> <p>Partnership working during Covid-19 and revised national guidance and emergency legislation reduced significantly Delayed Transfers of Care and hospital patients waiting packages of care</p> <p>Clinical triage of all new referrals to ensure patients/GPs receive advice and guidance and diagnostics where available whilst awaiting first appointment</p> <p>Impacts on waiting lists due to Covid-19 measured and published weekly</p> <p>Capacity and demand work in all pathways</p>	<p>National guidance awaited on post-pandemic recovery and service re-instatement – may not be able to deliver same levels of activity or take out costs of previous forms of delivery – guidance expected and plans to be formulated in Q1 - all clinical areas will need to be reconfigured to comply with current national guidance on Covid-19 and this will impact on efficiency and productivity of services</p>					4 x 2 = 8	<p><b>Positive assurance</b> New ways of service delivery adopted due to Covid-19, resulting in more efficient ways of working and ability to step activity back up in different ways, such as clinical triage of all new referrals, increased availability of advice and guidance, telephone consultations – ability to maintain these more efficient ways of working. This includes work with partners on hospital discharge processes and use of Urgent Care Centres as alternatives to ED</p> <p><b>Further assurance required</b> Results of Quality Impact Assessments and service plans to determine impact on waiting lists; realistic recovery times may be protracted and adding to already large waiting list</p> <p>Further work required on ED performance in anticipation of patient numbers rising once more, as well as managing an ED split between Covid-19 and non-Covid-19 areas safely</p>

		<p><i>achieving this goal?</i></p> <p>ED performance did improve following a period of intensive support and improvement focus but performance requires a Recovery and Improvement Plan to meet contractual requirements</p> <p>In all waiting time areas, diagnostic capacity is a specific limiting factor of being able to reduce waiting times, reduce backlogs and maintain sustainable list sizes; this is compounded by staffing and capital issues</p> <p>Ability to step back up activity following Covid-19 surge has rate-limiting factors on PPE and critical care capacity, as well as staff availability and patient availability</p>			<p>Plan to review medical base ward capacity to meet demand</p> <p>Restoration command structure in place</p>							
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**Risk Appetite**

A range of plans are being put in place to further manage these issues in to 2019-20. 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 – 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		2020/21 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	<p>Taken from the Trust strategy: <i>In our strategy we have made a powerful commitment to work in a collaborative and proactive way, at all levels, to foster positive relationships with our partners and more closely integrate our services with other providers in primary, community and mental health and social care</i></p> <p><i>Principal risk:</i> That the Humber, Coast and Vale Health and Care Integrated Care Partnership is not able to collectively make progress on developing and delivering integration due to Covid-19 recovery; momentum on work previously in progress could be lost</p> <p><i>What could prevent the Trust from achieving this goal?</i></p>	None	<p><b>3 (impact = moderate)</b></p> <p><b>3 (likelihood = possible)</b></p> <p><b>= 9</b></p>	<p>The Trust has key leadership roles in the current ICS governance structure – this has a breadth and depth of span and senior leaders from HUTH involved in all key groups, chairing many</p> <p>HUTH taking role in continued partnership work and asking for momentum on acute service reviews to be picked back up as soon as possible</p>	<p>Updated ICS framework for post-Covid-19 surge recovery to avoid duplication of work as well as to reflect ICS priorities on planning and delivery that have been interrupted by Covid-19 – timescales will be per ICS but likely to be concluded in Q2</p>					3 x 1 = 3	<p><u>Positive assurance</u></p> <hr/> <p><u>Further assurance required</u></p>

### 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 ICS developments and the way in which this delivers better quality care across the local health economy

## GOAL 6 – RESEARCH AND INNOVATION

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		2020/21 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	Chief Executive Chief Medical Officer	<p>Taken from Trust strategy: <i>Our purpose in developing a new long term goal of 'great research and innovation' is to demonstrably improve the lives of the population we serve, by establishing the Trust as a nationally recognised research centre of excellence, with a culture of innovation</i></p> <p><i>Principal risk:</i> There is a risk that the Trust does not develop make progress in developing its research capability, capacity and partnerships</p> <p><i>What could prevent the Trust from achieving this goal?</i></p> <p>Scale of ambition vs. deliverability</p> <p>Current research capacity and capability may be a rate-limiting factor</p> <p>Unknown impact of Covid-19 on partner organisation and</p>	None	<p><b>3 (impact = moderate)</b></p> <p><b>4 (likely)</b></p> <p><b>= 12</b></p>	<p>Strengthened partnership with the University of Hull</p> <p>Trust investment in last 12 months in research capability including jointly funded posts and projects</p> <p>Actions against Strategic Goals within Trust Strategy for Research and Innovation in place – detailed plan in place with milestones and risk assessment</p> <p>Further development of partnership with Sri Ramachandra, India and joint research conference and projects</p>	<p>Understanding impact of Covid-19 in the short- and long-term on Trust's strategy as well as key partners – likely to understand position by close Q3</p>					3 x 2 = 6	<p><u>Positive assurance</u></p> <hr/> <p><u>Further assurance required</u></p>



## GOAL 7 – 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		2020/21 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	<p>Taken from the Trust Strategy: <i>The last 3 years have been a time of significant financial constraint; in the NHS as a whole, for our commissioners and also for the Trust. As at the end of 2018/19, the Trust is carrying a recurrent deficit of circa 5% of its operating budget. The NHS Long Term Plan sets out an approach to returning NHS providers to surplus over the next 5 years; we would expect to achieve a return to surplus early in the 5 year period and go on to sustain this.</i></p> <p><i>Principal risk:</i> There is a risk that the Trust does not achieve its financial plan for 2020-21</p> <p><i>What could prevent the Trust from achieving this goal?</i></p> <p>Planning and achieving an acceptable amount of CRES – the Trust may have to consider greater efficiencies/activity delivery rather than</p>	Corporate: Pensions	<p><b>4 (impact = major)</b></p> <p><b>4 (likelihood = possible)</b></p> <p><b>= 13</b></p>	<p>HG held to account on financial and performance delivery at monthly Performance reviews; HGs hold own performance meetings</p> <p>Use of NHSI benchmarking and Carter metrics to determine further CRES opportunities</p> <p>Extra PAF Nov 19 to review RTT, cancer and CRES</p> <p>Five-year STP plan required for Nov 19</p> <p>Working with commissioning colleagues and NHSI/E to agree a recovery plan for 19/20. Monthly meetings taking place to review progress.</p> <p>Ongoing management of Trust cash balances to ensure no liquidity issues.</p> <p>Recovery planning already started – plans being put in place per service and across the Trust in Q1</p>	<p>Assurance over grip and control of cost base; underlying run-rates increasing pressures</p> <p>Accurate forecasting and control</p> <p>Grip and control of locum and agency spend</p> <p>Delivery of recurrent CRES</p> <p>All above controls need to be addressed by end Q1</p>					4 x 2 = 8	<p><u>Positive assurance</u></p> <hr/> <p><u>Further assurance required</u></p>

	<p>cash-releasing schemes</p> <p>Impact of underlying deficit of any unplanned overspends</p> <p>Ensuring Covid-19 block contract funding and cost recovery meet needs; unknown plan post M4 as yet</p> <p>Impact of post-Covid-19 national planning requirements</p> <p>Controls linked with post-Covid-19 service and activity recovery – may not be able to return to normally contracted levels of activity in short-term</p>									
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**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.

## GOAL 7 – 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		2020/21 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	<p>Taken from the Trust Strategy: <i>The last 3 years have been a time of significant financial constraint; in the NHS as a whole, for our commissioners and also for the Trust. As at the end of 2018/19, the Trust is carrying a recurrent deficit of circa 5% of its operating budget. The NHS Long Term Plan sets out an approach to returning NHS providers to surplus over the next 5 years; we would expect to achieve a return to surplus early in the 5 year period and go on to sustain this.</i></p> <p><i>Principal risk:</i> There is a risk that the Trust does not plan or make progress against addressing its underlying financial position over the next 3 years, including this year (year 2)</p> <p><i>What could prevent the Trust from achieving this goal?</i></p> <p>Lack of achievement of sufficient recurrent</p>	None	<p><b>4 (impact = major)</b></p> <p><b>4 (likely)</b></p> <p><b>= 16</b></p>	<p>Robust financial planning processes in place</p> <p>Covid-19 recovery planning already commenced</p> <p>Covid-19 funding available nationally – should not increase underlying deficit</p>	<p>Need to update longer term financial plan – planning assumptions may change as well as ability of ICS to be able to meet all financial pressures of system</p> <p>Ability to deliver a 2-3 year plan to tackle underlying financial position relies on system-level control and contribution</p>					4 x 1 = 4	<p><u>Positive assurance</u></p> <hr/> <p><u>Further assurance required</u></p>



## 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		2020/21 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 7.3	Chief Financial Officer	<p><i>Principal risk:</i> There is a risk of failure of critical infrastructure (buildings, IT, equipment) that threatens service resilience and/or viability</p> <p><i>What could prevent the Trust from achieving this goal?</i></p> <p>Lack of sufficient capital and revenue funds for investment to match growth, wear and tear, to support service reconfiguration, to replace equipment; capital funding is not available against the Trust's critical priority areas but is available in others, making the capital position look more manageable than operational reality</p>	None	<p><b>5 (impact)</b></p> <p><b>4 (likelihood)</b></p> <p><b>= 20</b></p>	<p>Risk assessed as part of the capital programme</p> <p>Comprehensive maintenance programme in place and backlog maintenance requirements being updated</p> <p>Ability of Capital Resource Allocation Committee to divert funds</p> <p>Service-level business continuity plans</p> <p>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</p> <p>Business case for Wave 4 STP capital funding being completed Q1 2020-21; part of the balance accessed in 2019-20 for ground floor capacity and will enable some infrastructure risks in 2020-21 to be addressed</p> <p>Combined Heat and Power Plant capital funding sourced in 2019-20 – CHP being commissioned in 20-21</p>	Insufficient funds to manage the totality of risk at the current time – unable to address internally					5 x 1 = 10	<p><u>Positive assurance</u></p> <hr/> <p><u>Further assurance required</u></p>

**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

**Weekly Scorecard**
**19/20 Avg.**  
 (where appropriate)

Group	Measure	Notes	Baseline	16 Mar	23 Mar	30 Mar	06 Apr	13 Apr	20 Apr	27 Apr	Trend (7/52)
RF	GP referrals (Volume)	GP or GP with Special Interest	3,690	1,733	868	667	428	476	601	635	
RF	GP referrals (Rate)	GP Referrals / OP Referrals	55%	51%	48%	42%	38%	38%	39%	38%	
RF	A&G Requests	Referrals to A&G Team	207	291	319	329	269	234	313	291	
RF	2ww Referrals	All referrals as 2ww priority from a GP	371	282	187	138	122	153	154	230	
RF	2ww seen within 14 days	Cancer Performance	93%	91%	88%	77%	79%	77%	93%	87%	
ED	4hr Performance	Type 1	70%	77%	83%	73%	86%	89%	91%	90%	
ED	Number of attendances	Type 1	2,644	1,815	1,359	1,361	1,386	1,466	1,659	1,750	
ED	4hr Performance	Type 1&3 combined	81%	86%	88%	81%	91%	92%	93%	93%	
ED	Number of attendances	Type 1&3 combined	4,188	3,033	1,924	1,894	2,040	2,108	2,315	2,393	
OP	New outpatient attendances	All mediums	5,001	4,145	2,382	2,144	1,812	1,882	2,326	2,362	
OP	Follow up outpatient attendances	All mediums	10,573	8,729	5,989	5,786	5,214	4,535	6,409	6,639	
OP	2ww Appointment attendances	Appointment Priority of 2ww	439	433	388	231	189	158	183	311	
OP	62 day RTT Cancer Performance		67%	69%	71%	63%	74%	58%	56%	54%	
OP	31 day DTT Cancer Performance		93%	96%	98%	99%	99%	96%	95%	94%	
OP	Number of hospital cancellations	Due to COVID-19	-	2,418	6,557	6,726	4,321	3,028	3,653	2,701	
OP	Number of patient cancellations	Due to COVID-19	-	578	1,031	694	366	185	184	198	
OP	Rate % OP hospital cancellations (all)	Hosp Cancel / Hosp Cancel + Patient Cancel + DNA + Attend	10%	24%	46%	50%	46%	41%	39%	33%	
OP	Rate % OP patient cancellations (all)	Pat Cancel / Hosp Cancel + Pat Cancel + DNA + Attend	12%	16%	14%	10%	7%	6%	5%	5%	

**Weekly Scorecard**
**19/20 Avg.**  
 (where appropriate)

Group	Measure	Notes	Baseline	16 Mar	23 Mar	30 Mar	06 Apr	13 Apr	20 Apr	27 Apr	Trend (7/52)
IP	Elective admissions		1,661	1,281	815	754	622	546	621	646	
IP	Emergency admissions		1,010	781	582	614	550	585	659	673	
IP	Elective cancellations	Due to COVID-19	-	1,746	1,544	310	108	34	36	61	
RT	RTT list size	Against baseline March 19	52,808	55,659	55,557	55,163	52,660	52,445	52,086	52,205	
RT	Follow up backlog (over 3 months)	Against baseline March 19	18,761	18,849	20,438	22,056	23,686	23,358	23,178	23,398	
RT	ASI / Holding	Against baseline March 19	16,357	16,605	20,857	26,021	31,031	31,807	32,477	32,933	
RT	52 week breaches <u>YTD</u>	Against baseline 2018/19	2							88	
RR	Total number swabbed		-	219	262	321	394	553	768	922	
RR	Total number confirmed		-	9	24	77	107	118	123	103	
BD	Current inpatients as at 08:00 Monday		-	1,073	828	688	654	465	587	598	
BD	Total G&A Open	Based on yesterday's Monday vs previous Monday	-	-	1,005	990	1,008	1,010	1,010	1,010	
BD	Total G&A Occupied	Based on yesterday's Monday vs previous Monday	-	-	597	559	523	519	530	527	
BD	Total Crit Care Open	Based on yesterday's Monday vs previous Monday	-	-	44	44	64	70	70	70	
BD	Total Crit Care Occupied	Based on yesterday's Monday vs previous Monday	-	-	24	25	24	21	22	32	
BD	G&A Bed Occupancy Rate	Based on yesterday's Monday vs previous Monday	-	-	59%	56%	52%	51%	52%	52%	
BD	CC Bed Occupancy Rate	Based on yesterday's Monday vs previous Monday	-	-	55%	57%	38%	30%	31%	46%	
BD	Trust Bed Occupancy Rate	Based on yesterday's Monday vs previous Monday	-	-	59%	56%	51%	50%	51%	52%	
DG	Diagnostics Over 6 weeks		1,075	1,634	2,169	2,799	3,760	5,814	7,019	7,460	

## Hull University Teaching Hospitals NHS Trust

### Trust Board

**Tuesday 12 May 2020**

Title:	Our Patients - Performance Summary	
Responsible Director:	Teresa Cope - Chief Operating Officer	
Author:	Teresa Cope - Chief Operating Officer	
Purpose:	The purpose of this paper to provide an Executive Summary of Performance for March 2020 against national standards and the Trust's Operating Plan trajectories for 19/20.	
BAF Risk:	BAF 4 – Performance	
Strategic Goals:	Honest, caring and accountable culture	
	Valued, skilled and sufficient staff	
	High quality care	X
	Great local services	X
	Great specialist services	X
	Partnership and integrated services	
	Financial sustainability	
Key Summary of Issues:	<p>Performance against a number of standards has been impacted by the Covid-19 pandemic and the decision to cease all routine out-patient, diagnostic and elective activity in accordance with national guidance in mid-March 2020.</p> <p>The Trust achieved its Waiting List Volume target at the end of March.</p> <p>The Trust reported 85 x 52 week breaches for 19/20. 83 of these were reported in March 2020 solely due to the cancellation of routine activity for Covid-19.</p> <p>Breaches against the 6 week diagnostic standard increased to 20% in March, due to the cancellation of routine activity for Covid-19.</p> <p>The Trust achieved the Cancer Faster Diagnostic Standard in both February and March 2020.</p> <p>Performance against the 62-day Cancer Standard was 66.5% for February and is anticipated to be 68% for March.</p> <p>Performance against the ED standard was 81.6% for March and 89% for April (month to date).</p>	
Recommendation	That the Trust Board receives and accepts the content of this paper and indicates whether any further assurance is required.	

# Performance Report - Executive Summary

April 2020

## 1. Purpose

The purpose of this paper to provide an Executive Summary on Performance for March 2020 against the national standards and the Trust's Operating Plan trajectories for 19/20.

Performance against all 'responsiveness' indicators is monitored by the Performance and Activity Meetings, chaired by the Chief Operating Officer. All Health Groups are required to outline the key reasons for failure of each of the above standards and/or PSF trajectory, and to outline the agreed actions required to address underperformance against each standard, and further to identify and agree recovery timelines for improvement of performance to the required level.

On the 11<sup>th</sup> March 2020, the Trust moved into Incident Command status to respond to the Covid-19 Pandemic. This required the Trust, in accordance with national guidance, to take a number of actions to prepare for receiving high volumes of patients with suspected and confirmed coronavirus. This included ceasing all routine out-patient, diagnostic and elective activity. In addition other restrictions were placed on other activity and diagnostics tests which are Aerosol Generating Procedures (AGPs).

## 2. Unplanned Care

### 2.1 ED Performance

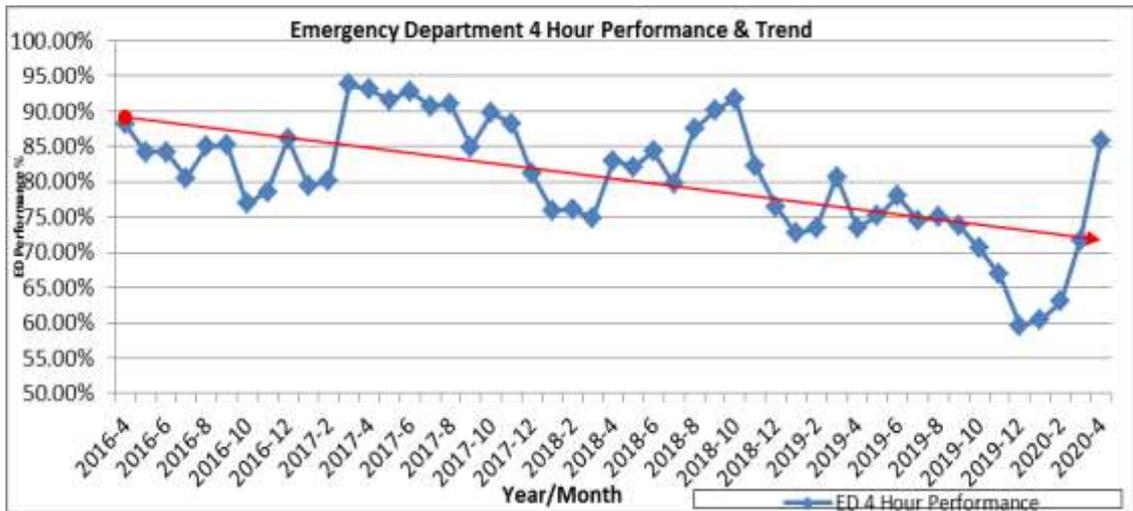
In response to Covid 19, the ED department has been reconfigured into 'Hot' and 'Cold' areas to create physical separation of patients with suspected and confirmed coronavirus from other patients. The Emergency Care Area (ECA) has now become a separate Majors area for Non Covid patient (Cold Majors), whilst ECA have moved into the Fractured Clinic. Fracture clinic has relocated to the 1<sup>st</sup> Floor of the HRI.

2.1.1 ED performance for March 2020 was 81.6% (combined), a 6% improvement on February's performance. Activity was 25% down on contracted levels of activity during the month, predominantly in the Emergency Care and Primary Care Areas of the ED, which is thought to be directly related to the pandemic.

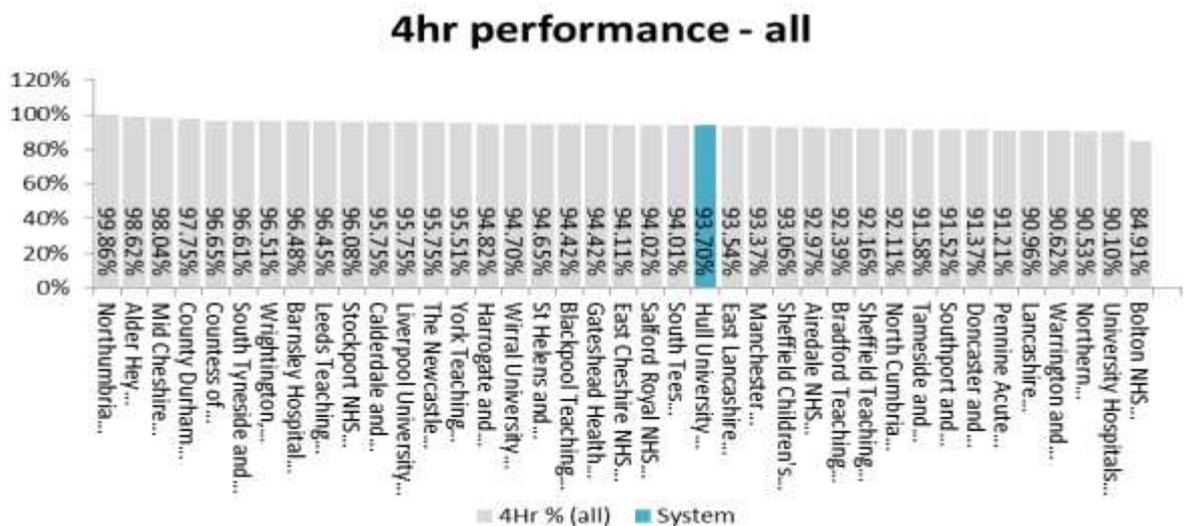
As at 23<sup>rd</sup> April 2020, performance for the month of April had further improved to 89% (combined) with average daily departs n=204, which is significantly less than the usual average daily departs of n=380-390. The graphs below shows the performance trend for Type 1 ED performance and our regional and national ranking for combined ED Performance for week ending 23<sup>rd</sup> April 2020 respectively.

2.1.2 The Trust continues to report Zero 12 hour trolley waits, and has reported Zero 12 hour trolley breaches for all of 2019/20.

2.1.3 There has been a reduction in the number of ambulance conveyances to ED during March with 45% of conveyances handed over within the 15 minute standard and an average handover time of 23 minutes which is an Improvement on the previous months performance.



4hr performance weekly rank (all Types)	
National	Region
51/123	22/44



### 3. Planned Care

#### 3.1 RTT and Waiting List Volume

- 3.1.1 The Trust reported a position of 65.36% against the planned trajectory of 85% for March.
- 3.1.2 The 2019/20 requirement was for the Trust to have no more patients on the RTT list than at the March 2019 baseline which was 53,083. This was achieved with the end of March 2020, reported as 52,785.
- 3.1.3 The Trust continues to accept all clinically appropriate referrals into the Trust and all specialties have established clinical triaging processes to review all referrals and assess whether patients are required to be seen urgently. Where possible, specialties have established virtual clinics to maintain activity. It is evident that, in response to the pandemic, a number of new ways of working have been put in place. All have appropriate impact assessments

in place, are all appropriately recorded on the Clinical system and are being monitored and evaluated by Health Group Board. Despite these arrangements, at the end of April 2020, there has been an increase in ASI / Holding of 14,000 on the baseline as at 31 January 2020 and an increase of 4,500 follow-ups over 3 months.

The Optimise (Outpatient Improvement) Board is re-established from May (after being stood down in March and April) and will continue and support the Health Groups to evaluate and make longer term changes to processes which support non face to face appointments.

- 3.1.4 At the end of March the Trust's clearance rate was 32.6 weeks which is significantly above the recommended clearance rate of 12 weeks or less for sustainability and delivery of the 92% standard. This was highlighted in the external report undertaken by the North East Commissioning Support (NECS) Unit in February 2020 which identified that the Trust had a 'commendable validation strategy' and high data quality with only a 5% opportunity for Waiting List Volume reduction. The report however confirmed that capacity constraints across a number of high volume specialities was the key reason the Trust was unsuccessful in sustainably delivering the 92% RTT standard.

Further work on validation and data quality has continued in the background and the latest update identified the validation opportunity has reduced to less than 3% indicating further improvements to data quality.

### 3.2 52-week position

- 3.2.1 Up until the 16<sup>th</sup> March 2020, the Trust had report two 52-week breaches for 19/20 and was not expecting to have any further breaches in March 2020. All patients who would breach 52 weeks at the end of March had been dated for their treatment. However, given the national requirement to cancel routine activity, a number of cases were cancelled, following clinical review, for the remainder of March. Therefore the total number of 52 week breaches for March increased to 83, giving a total of 85 breaches for the year.

The specialties with the highest volume of 52 week breaches were ENT (n=38), Gynaecology (n=10) and Plastic Surgery (n=11). Harm Reviews are being undertaken on all breaches and these will be reported into the Risk Management Committee.

## **4. Diagnostics**

- 4.1 Performance against the diagnostic standard deteriorated in March to 20% of patients not scanned/scoped within the 6 week standard. The highest number of breaches have been in CT (n=640), Endoscopy (n=840) and MRI (n=293). The reason for the increase in breaches is predominantly due to national guidance issued regarding Covid-19, which required all Endoscopy and CT Colonoscopy work to cease for all patients other than emergencies, as these are aerosol-generating procedures.

## **5. Cancer Standards**

- 5.1 The Trust has continued to undertake Cancer activity since the Covid-19 Pandemic was declared. There have been a number of revisions to clinical pathways in line with the national guidance that has been received by the

Trust. All changes to the tumour site pathways have been subject to Impact assessments and shared with the Trust's newly established Covid-19 Risk Management Committee as well as the Cancer Performance and Activity Meeting, which has continued to meet. The Colorectal pathway has been particularly impacted in light of the national guidance on Endoscopy and CT Colonoscopy (see section 4).

- 5.2 The Trust achieved the 2 week wait (2 WW) standard in February 2020 and performance against the 2 WW Breast Symptomatic standard was significantly improved on previous months, achieving 92% against the 93% standard. Since the 'lock down' measures were put in place in mid-March, there has been a 60% reduction in 2 week wait referrals (compared with baseline).
- 5.3 Performance against 62 day standard was 66.5% for February 2020 and performance for March 2020 is expected to be circa 68%. There were 42 breaches of the standard in February 2020, of which one third were late Inter Hospital Transfers.
- 5.4 The Trust achieved 81% Faster Diagnosis Standard in February 2020, against the target of 75% and 77% in March 2020

## **6. Conclusion**

During the reporting period, there has been a significant reduction in the number of emergency attendances and admissions to hospital, via all pathways. This consequently has had a positive impact on performance against the 4 hour ED standard and bed occupancy levels. The Trust has operated consistently at OPEL 1 during this time.

The number of 2 WW referrals to the Trust since national 'Lock Down' measures were put in place has reduced by 60% and the overall size of the cancer PTL has reduced by 32%. There have been changes to all tumour site pathways as a result of national guidance, the most notable of which was the colorectal cancer pathway which requires patients to have either an endoscopy or CT colonoscopy for diagnosis. Both these tests were only able to be performed as emergencies under strict criteria as they are aerosol generating procedures.

Further national guidance received on 29<sup>th</sup> April 2020 requested that NHS Trusts plan to resume some further non-Covid-19 urgent work including diagnostics activity. Plans for resuming activity are currently being prepared.

## **7. Recommendation**

That the Trust Board receives and accepts the content of this paper and indicates whether any further assurance is required.

**Teresa Cope**

Chief Operating Officer

1 May 2020

**Hull University Teaching Hospitals NHS Trust**

**Trust Board**

**12 May 2020**

Title:	Our Patient Impacts: Planning the next phase response to Covid 19 and maximising the safe delivery of non-Covid 19 clinical activity	
Responsible Director:	Jacqueline Myers, Director of Strategy and Planning	
Author:	Jacqueline Myers, Director of Strategy and Planning	
Purpose:	The purpose of this document to apprise the Trust Board on the latest position in relation to Covid 19 and the arrangements for the next phase response to Covid 19 including the planning for limited reinstatement of the elective activity paused during delivery of the Surge Plan.	
BAF Risk:	BAF 4: Impact on service delivery and performance	
Strategic Goals:	Honest, caring and accountable culture	
	Valued, skilled and sufficient staff	X
	High quality care	X
	Great local services	X
	Great specialist services	X
	Partnership and integrated services	
	Financial sustainability	
Key Summary of Issues:	<ul style="list-style-type: none"> <li>• The initial peak of Covid 19 cases within the Trust has passed and in line with the rest of the country was considerably lower than initially forecast</li> <li>• The Trust is on with developing its next phase Covid 19 response, including resuming some elective activity</li> <li>• The Trust has already agreed its approach to achieving a better physical separation of Covid and non Covid patients for the longer term – this can be implemented in June</li> <li>• Elective activity levels are likely to remain significantly limited due to a range of factors</li> </ul>	
Recommendation	That the Trust Board receives and accepts the content of this paper and indicates whether any further assurance is required.	

# Hull University Teaching Hospitals NHS Trust

## Trust Board

### Planning the next phase response to Covid 19 and maximising the safe delivery of non-Covid 19 clinical activity

#### 1 Purpose

The purpose of this document to apprise the Trust Board on the latest position in relation to Covid 19 and the arrangements for the next phase response to Covid 19 including the planning for limited reinstatement of the elective activity paused during delivery of the Surge Plan.

#### 2 Update on Covid 19 activity in the Trust as at 4 May 2020

Within the Trust, Covid Activity appears to have peaked in the general inpatient bed base on 21 April 2020, with 110 confirmed Covid 19 inpatient cases. It is early to state but it looks likely that critical care demand peaked on 2 May with 20 confirmed cases. This later peak for critical care is to be expected because of the longer length of stay for these patients.

The Trust has maintained sufficient capacity to care for these patients throughout the last six weeks.

As previously advised, the Trust developed a 3 stage surge plan to respond to Covid 19. The activity levels we have seen have meant that the Trust was able to limit the deployment of the surge plan to stage 1 only.

#### 3 Non-Covid activity during the surge

NHS Acute Trusts received instruction from NHS England, on 17 March 2020, to cancel all non-urgent routine elective work.

In response to this, the Trust established arrangements to ensure urgent cases within the elective pathways were identified and resources were allocated, through a clinically led process, to ensure the most urgent cases were treated.

As a result of the Trust's staged approach to Covid 19, we have been able treat all of the cases referred for prioritisation and undertake a limited number of cases referred from a neighbouring Trust, due to their critical care capacity being under pressure.

As the length of time that restrictions have been in place increases, however, larger numbers of cases are likely to become time critical.

#### 4 Planning for the next phase of Covid and non-Covid response

##### 4.1 Use of the bed base

It is now clear that rather than experiencing a short but intense peak of Covid 19 hospital admissions, we can expect a prolonged period of relatively small levels of activity. To give a sense of scale; we were initially asked to plan a peak of over 800 inpatients of which 195 would be requiring critical care (hence the construction of the Nightingale Hospitals).

Based on the actual trends of activity, we are now forecasting the need for around 80 beds for Covid 19, of which around 15 will need critical care (including non-invasive respiratory support).

This requires us to again reconfigure the hospital bed base, to optimise the disposition of Covid versus non-Covid activities. The smaller volume of Covid admissions also presents the opportunity to better physically isolate the Covid facilities and by extension, provide areas of the Trust that are better protected from Covid and so can more safely admit patients for non-Covid related care.

To this end the Trust has agreed a next phase configuration plan that locates both the receiving area for suspected Covid cases and the beds for the care of confirmed Covid cases, in the new ward block to the rear of the Tower Block at HRI. This facility is expected to be complete and ready for use by the middle of June 2020.

The Trust has also implemented screening for Covid 19 for all admissions.

#### 4.2 **Planning assumptions for the remainder of 2020/21**

The advent of the Covid 19 epidemic has made development and deployment of an activity plan extremely difficult as there are many more uncertainties in play, in particular:

- The impact of changes to the current public health measures on future Covid 19 infection rates
- The timing and extent of recurrent demand for the rest of our services – will this return to pre-Covid levels and if so when?
- The extent to which the suppressed demand as a result of the epidemic will present and when

In response to this, the Trust has led an exercise within the Humber, Coast and Vale Integrated Care System (ICS) to agree a working set of planning assumptions for our next phase plan. This is important because we can then work together to ensure parity of access.

#### 4.3 **Evaluating innovation and transformation and resetting operating models**

As part of the next phase planning, we are undertaking an evaluation of practice changes we have instituted as part of the surge plan and determining whether we should cease, maintain or even extend them. Examples of such changes include the combining of assessment units and a step change increase in virtual and telephone clinics.

In addition we will be using the opportunity of the reconfiguration to ensure we reset some elements of our operating models, for example targeting a maximum 90% occupancy in our acute beds and maximising daycase operating.

#### 4.4 **Resumption of non-urgent elective activity**

NHS Acute Trusts received further guidance on 29 April 2020 from NHS England asking them to begin to resume elective activity. The letter notes the many on-going constraints that will limit the extent to which this can be achieved and is clear that plans will need to be developed and delivered locally, taking account of the circumstances on the ground.

Within the Trust we have remained agile in relation to the deployment of our workforce, however the impact of maintaining a Covid and non-Covid Emergency Department, general and critical care bed base, together with the continued higher staff absence rates, as a result of staff appropriately shielding or self-isolating, mean that we will not be in a position to reinstate pre-Covid levels of elective sessions.

In addition, the personal protective equipment (PPE) and infection control regimes currently in place will significantly reduce the productivity of elective sessions where procedures are being undertaken.

## **5 Next steps**

The Trust will conclude an exercise to re-plan its activity for 20/21, taking into account the issues outlined above and including the following elements:

1. A new set of planning assumptions, agreed at ICS level
2. A revised bed model and bed configuration
3. A revised staff deployment plan
4. A revised surge plan to respond to any further peaks in Covid demand
5. A revised activity plan
6. An expanded clinical prioritisation process to include diagnostics and outpatients
7. A revised financial plan

We would expect to conclude this work in time to fully implement by the end of June 2020.

In the meantime we are reviewing our arrangements on a weekly basis to maximise the amount of non-Covid work we undertake, within the existing surge plan and the available PPE.

## **6 Recommendation**

That the Trust Board receives and accepts the content of the paper and indicates whether any further assurance is required

**Jacqueline Myers**

Director of Strategy and Planning  
May 2020

## Hull University Teaching Hospitals NHS Trust

### Trust Board

**Tuesday 12 May 2020**

Title:	Our Patient Impacts: Quality Governance Update Report
Responsible Director:	Beverley Geary - Chief Nurse
Author:	Beverley Geary - Chief Nurse

Purpose:	<p>The purpose of the report is to apprise the Board of the key issues in relation to:</p> <ul style="list-style-type: none"> <li>• Quality Improvement Programme</li> <li>• Risk Management</li> <li>• Care Quality Commission</li> </ul>	
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 2019-20 Quality Improvement Programme is currently under review and a close down report will be submitted to Quality Committee alongside the draft programme for 2020-21 for approval.</p> <p>Two Never Events (retained foreign object) have been declared in April 2020.</p> <p>1 recent Never Event has been de-escalated by Commissioners.</p> <p>The Trust awaits the draft CQC report in relation to the core service inspection carried out in March 2020.</p> <p>An increase in healthcare-associated infections (HCAIs) has been reported in March but numbers have settled in April 2020.</p> <p>Significant work has been undertaken to ensure safe staffing levels as part of the Covid-19 surge plan. This is on-going for phase 2/recovery.</p>	
Recommendation:	<p>The Trust Board is recommended to:</p> <ul style="list-style-type: none"> <li>• Receive and accept the updates provided in this report</li> </ul>	

**Hull University Teaching Hospitals NHS Trust  
Trust Board  
Quality Governance Update Report**

### **1. Purpose of this report**

The purpose of the report is to apprise the Board of the key issues in relation to quality governance matters.

### **2. Quality Improvement Programme**

Each year the Trust develops a Quality Improvement Programme, detailing quality and safety priorities derived from CQC inspections, thematic reviews and external influences. In 2019-20 a range of projects were developed including Mental Health, Outpatients and Medication on Discharge. A full assessment is currently being carried out to determine the success of each project and to ascertain if all aims and objectives have been met. A full close down report will be submitted in due course to the Quality Committee for approval and next steps.

The 2020-21 programme is currently in development; with projects in draft including: Improving Infection Prevention and Control, Falls Prevention, Care of Patients with Dementia and Care of Patients with Mental Ill Health and Learning Disabilities. Outcomes, aims and targets are being developed with project leads and the full programme will be submitted to Quality Committee for final approval.

### **3. Risk Management**

#### **3.1 Never Events and Serious Incidents**

During April 2020, two Never Events have been declared. Both are retained foreign object incidents. The Chief Nurse is the Panel Chair for both incidents and the investigations have commenced.

Two further Serious Incidents were declared in April 2020. These were:

- A fall resulting in subarachnoid haemorrhage
- Dermatology Lost to Follow Up (oncology incident)

Including the two Never Events and two Serious Incidents declared in April 2020, the organisation currently has 26 ongoing SIs. All SI's have been declared appropriately and are currently under investigation. The Serious Incident Committee has been stepped back up following two meetings being deferred due to Covid-19.

Never Event (ref 2019-27512, wrong-site surgery) declared on 19th December 2019 was de-escalated following a meeting with commissioners. This is now being classed as incomplete surgery incident. The Trust awaits written confirmation of this.

#### **3.2 Incident Reporting**

The number of incidents reported since the declaration of the Covid-19 pandemic has been monitored closely to determine whether the number of incidents being declared has changed (increased or decreased as a result of new pressures). The total number of incidents during March and April 2020 has decreased, however when reviewed against the number of patient bed days the numbers remain at expected levels. The types of incidents and levels of harm also remain with expected levels. Of note, pressure ulcer incidents are being reported for Covid-19 positive patients requiring specific medical interventions where this places patients in particular postures/positions. Further analysis is being undertaken on this.

In light of the Covid-19 response, staff were reporting pressure damage to themselves from using PPE. A Datix form has now been developed for staff to report this specifically. A communication plan to ensure staff are aware of this has been commenced and analysis and escalation will continue as required.

In addition, Covid-19 specific incidents have been tracked through the Datix system. The number of incidents reported is approximately 20 per week in the month of April 2020. Detailed analysis is being undertaken; as a brief overview, the majority of incidents have been reported as infection control issues relating to the transfer of patients without test results, risks of exposure from patient to staff and staff using PPE inappropriately.

#### **4. Care Quality Committee**

The CQC are due to hold a Quality Assurance Meeting on 15th May 2020. Following this meeting, the Trust anticipates that a draft report for the core service element of the inspection will be received for factual accuracy checking. A further update will be given to the Board on receipt of the draft report.

Section 29a Letter - Child Sexual Assault Assessment Service (CSAAS):

As part of its response to the CQC's letter regarding the Trust's CSAAS service, the Trust submitted its action plan and a forensic inspection has now been carried out by the police. The CQC are currently exploring way to gain assurance that the required changes have been made and are embedded.

Section 31 Letter – paediatric Emergency Department staffing

As part of its response to the CQC's letter regarding the Trust's paediatric Emergency Department staffing, the Trust submitted its action plan and regular information updates. However, due to Covid-19 changes in service delivery. much of the action plan is on hold or no longer relevant. A revised plan will be developed monitored through the Quality Committee.

#### **5. Infection Reduction**

During Quarter 4, a further Trust apportioned MRSA bacteraemia case was reported. In total, three Trust apportioned cases have been investigated in 2019-20, one deemed avoidable and two unavoidable. A community case was deemed Trust apportioned in November 20219 and deemed avoidable.

The Trust reported 62 MSSA bacteraemia cases at year end with 18 reported in Quarter 4, which is an increase in the number of cases reported for the same time period in 2018/19. All Trust apportioned cases are investigated using a root cause analysis (RCA) process. Themes will be identified and actions planned to address these.

At year end 19-20, 44 healthcare associated *Clostridium difficile* cases and 14 community onset healthcare were reported. To date all cases have been investigated and tabled at the commissioner-led HCAI review group.

Gram negative bacteraemia: *Escherichia coli* (*E.coli*), Klebsiella species and *Pseudomonas aeruginosa*. The Trust is required to report all cases of these bacteraemia to Public Health England (PHE). To date, 120 *E.coli* bacteraemia have been reported (112 in 2018/19), 43 Klebsiella (34 in 2018/19) and 22 *Pseudomonas aeruginosa* (13 in 2018/19). Any differences should be treated with caution due to small numbers and natural variation.

Influenza activity continued during January–March 2020, with mainly Influenza A resulting in patient admissions. During February-March 2020 a reduction in cases was noted.

Norovirus activity continued during January and February 2020, with fewer outbreaks reported in March 2020, affecting mainly medical and medical elderly wards.

The Trust reported the first two cases of Covid-19 detected in the United Kingdom on the 31<sup>st</sup> January 2020, with further cases identified throughout February and March 2020 with

Trust pandemic preparation and plans enacted from the 11<sup>th</sup> March 2020. Work is constant and on-going to address the pandemic.

## 6. Safeguarding Children

6.1 The CSAAS service continues to provide its service as usual during the pandemic.

Changes seen as a result of Covid-19 are as follows:

A decrease in the number safeguarding children referrals is believed to be as a result of the reduction in service user contacts occurring across the Trust. In addition to cancelled routine appointments and surgery there has been a decrease in the number of children being brought to the Emergency Department. This would normally have a direct impact on the safeguarding activity for children who access the service.

An increase in the number of safeguarding unborn referrals: there has been a change in service delivery for maternity services and changes in communication pathways with children social care and social workers.

A decrease in the number of requests for Child Protection (Section 47) medicals across all categories of harm: this is thought to be related to changes in the community due to the COVID-19 lockdown, e.g. children not being in education and being less visible to professionals and/or engaging in less risk taking behaviors

### 6.2 Safeguarding Adults

The Trust reported the following number of concerns and categories for March and April 2019 and 2020:

Month	Concerns	Categories
March 2019	58 concerns raised, 15 of which were deemed as not required. Therefore 43 were approved and submitted to the local authority.	Financial Institutional Neglect Physical
March 2020	40 concerns raised, 10 of which were deemed as not required. Therefore 30 were approved and submitted to the local authority.	Domestic abuse Financial Neglect Physical Psychological Self-neglect
April 2019	46 concerns raised, 6 of which were deemed as not required. Therefore 40 were approved and submitted to the local authority.	Financial Neglect Physical Psychological Institutional
April 2020	34 concerns raised, 7 of which were deemed as not required. Therefore 27 were approved and submitted to the local authority.	Domestic abuse Financial Modern Slavery Neglect Physical Self-neglect

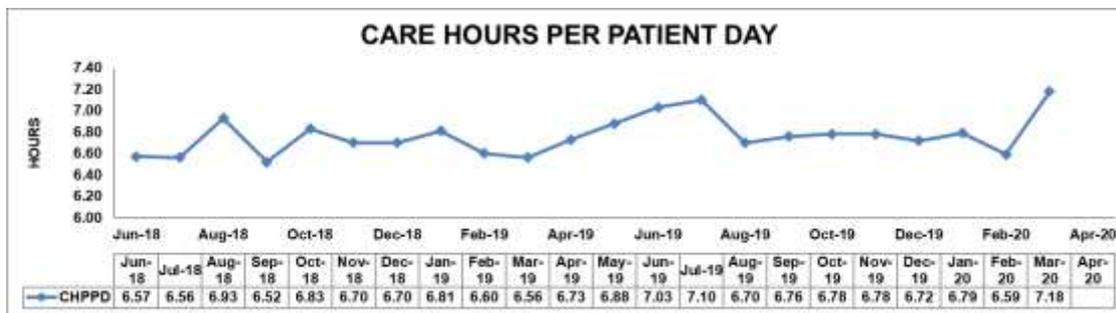
### 6.3 Domestic Violence

Domestic Abuse calls and contacts to national call centres is being reported as significantly higher than prior to the Coronavirus lockdown. This is not the case for the local perspective during March and the first half of April 2020. The local Domestic Abuse services reported a fall in contacts until the middle of April, at which point the figures started to resume the normal expected numbers of calls.

## 7. Nurse Staffing

### 7.1 Care Hours Per Patient Day (CHPPD)

As illustrated below the CHPPD for March (7.18) has increased in comparison to previous months. On initial analysis this can be related to the significant reduction in the number of patients that have accessed services in the Trust throughout this period whilst staffing numbers in clinical areas have been able to be maintained.



### 7.2 COVID-19 Nurse Staff Re-deployment

A comprehensive review of all aspects of the Trusts surge plan was undertaken by the Senior Nursing Team to identify the staff numbers and associated skill mix required to support effective operationalisation of the surge plan.

A redeployment template was generated identifying the following fields:

- Health Group
- Staffing Group and Band
- Skill Set (e.g. previous ICU experience)
- Clinical update required
- Redeployment Decision
- OPEL deployment phase
- Agreed redeployment area

Following the completion of this review, nursing staff were assigned to work in surge areas such as the Emergency Department and critical care.

A total of **1086** Nurses and Midwives from non-ward areas were assessed and reviewed as part of the redeployment process.

In response to COVID-19 the Trust established a Return to HUTH campaign in accordance with national guidance, as well as receiving contacts through the national campaign. To date 69 applications have been processed, 40 applicants have been successful of which 21 have commenced employment with HUTH on a 3-month temporary basis and 19 are currently being pursued.

### 7.3 Staff Absence

Nursing and Midwifery absence is monitored daily through the workforce HR report. Although maternity absence is relatively static, there is a slight increase due to COVID-19 related guidance for pregnant staff. Currently, 240 (8.65%) Registered Nurses and Midwives are absent due to Covid-19 related issues. When combined with maternity leave and non-Covid-19 sickness related absence, this equates to 15.67%. It is envisaged that the total absence will remain significantly higher than the Trust's 3.9% target for the foreseeable future as staff adhere to guidance in relation to shielding and isolation.

A number of clinical areas have been significantly reduced or closed due to reduced elective and non-elective activity. Staff from these wards/departments have been utilised to

support the COVID-19 positive areas and fill workforce gaps where staff are unavailable due to COVID-19 related absence.

#### **5. Recommendation**

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

**Beverley Geary**

Chief Nurse

May 2020

**Hull University Teaching Hospitals NHS Trust**

**Trust Board**

**Tuesday 12 May 2020**

<b>Title:</b>	Our Patient Impacts - of COVID-19 on mortality
<b>Responsible Director:</b>	Dr Makani Purva – Chief Medical Officer
<b>Author:</b>	Dr Makani Purva – Chief Medical Officer

<b>Purpose:</b>	The purpose of this report is to present current analysis on local population mortality figures and the impact of COVID-19	
<b>BAF Risk:</b>	N/A	
<b>Strategic Goals:</b>	Honest, caring and accountable culture	
	Valued, skilled and sufficient staff	
	High quality care	✓
	Great clinical services	
	Partnership and integrated services	
	Research and Innovation	
	Financial sustainability	
<b>Summary of Key Issues:</b>	<p>Analysis of current mortality figures has been undertaken to understand the impact of COVID-19; early analysis has not shown an increase in mortality figures however the reasons contributing to this are contained in the paper.</p> <p>The current factors affecting mortality and mitigating actions being taken around the Trust's patient population are contained in a table within the paper, to provide assurance that the Trust is sighted on the multi-factorial issues that would affect mortality and there are plans in place to mitigate impact on patients.</p>	

<b>Recommendation:</b>	The Trust Board is asked to receive and accept this update for briefing and assurance purposes
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# Hull University Teaching Hospitals NHS Trust

## Trust Board

### Impact of COVID-19 on Mortality

#### 1. Aim

The aim of this report is to present the impact of the COVID-19 pandemic on mortality locally and to provide the board assurance that safe and effective care has been provided to Trust patients during these challenging times.

#### 2. Introduction

The COVID-19 pandemic has to date (5 May 2020) directly caused 32,375 deaths in the UK. The aim of this report is to use the currently available data to study the impact of the pandemic on mortality locally. Aside from the direct deaths caused to patients by infection with COVID-19, there is a possibility that the pandemic has or will result in excess deaths due to reasons other than the infection itself; these indirect deaths need to be minimised to avert a second healthcare crisis.

#### 3. Data

##### 3.1 Regional mortality

Between 1 March and 17 April 2020, the East Eiding of Yorkshire had an age-standardised mortality rate (ASMR) for all deaths of 138 per 100,000. Hull had an ASMR for all deaths of 175 per 100,000 and 158 per 100,000 with direct COVID-19 deaths removed. In 2017 Hull had an ASMR of 1,346 per 100,000 equating to a mean of 155 per 100,000 over a 6 week period. This suggests that there has been no significant increase in mortality in our highest risk population in the short term, other than in those infected with COVID-19.

The following table compares ASMR between Hull and 7 other areas with similar rates of recorded cases of COVID-19.

Sex	Geography type	Area code	Area name	All causes				COVID-19			
				Deaths	Rate	Lower CI	Upper CI	Deaths	Rate	Lower CI	Upper CI
Persons	Unitary Authority	E06000010	Kingston upon Hull, City of	340	175.1	156.3	194.0	32	16.7	11.3	23.6
Persons	Unitary Authority	E06000021	Stoke-on-Trent	372	177.0	158.8	195.2	45	21.2	15.4	28.4
Persons	Unitary Authority	E06000038	Reading	219	197.2	170.9	223.5	57	51.5	38.9	66.8
Persons	Unitary Authority	E06000045	Southampton	287	157.4	139.1	175.7	61	33.1	25.3	42.6
Persons	Metropolitan District	E08000008	Tameside	411	213.9	193.0	234.9	105	54.2	43.7	64.7
Persons	London Borough	E09000021	Kingston upon Thames	241	178.4	155.7	201.1	57	42.9	32.4	55.7
Persons	Metropolitan District	E08000017	Doncaster	465	159.3	144.7	173.9	58	19.4	14.7	25.1
Persons	Unitary Authority	E06000055	Bedford	231	142.4	124.0	160.8	51	31.8	23.6	41.8

Hull has a significantly lower COVID-19 related mortality than 5 of these 7 areas. There is however no significant difference in overall mortality.

## 3.2 Hospital mortality

Crude Mortality Analysis comparing last 4 weeks against similar periods over the previous 3 years  
Includes Elective and Non-Elective Spells

Yr	Period	All Spells including Covid-19 Positive		cluding Covid-19 Posit		Covid-19 Positive Only		
		Spells	Deaths	Spells	Deaths	Spells	Deaths	Crude Mortality
2020	Latest 4 Wks 30/03/20 to 26/04/20	6,021	238	5,757	162	264	76	28.8%
2019	2019 01/04/19 to 28/04/19	11,852	185	11,852	185	-	-	-
2018	2018 02/04/18 to 29/04/18	12,280	183	12,280	183	-	-	-
2017	2017 03/04/17 to 30/04/17	11,571	161	11,571	161	-	-	-

When compared with the same 4 week period for the last 3 years and the direct COVID-19 deaths are removed from the analysis, the absolute number of deaths is no different to previous years.

## 4. Analysis and Risks

Despite the higher than average levels of background comorbidity and social deprivation seen in the Hull population, there is some evidence that the number of deaths linked directly to COVID-19 is significantly lower than seen in populations with a similar incidence of infection. Potential explanations could be that we have a more capable system of ensuring that patients who are too frail to likely benefit from inpatient care are receiving their care in the community, where they may not have had access to testing and so may not be classified as a COVID-19 death. Despite this lower COVID-19 mortality, there is no difference in all-cause mortality with the other regional comparisons. Whilst potential explanations include undiagnosed community COVID-19 deaths or even indirect mortality due to other medical conditions, it is well known that the background all-cause mortality in Hull is amongst the highest in the country and there is no apparent increase when compared with previous years.

The absolute number of non-COVID-19 deaths in hospital is no different to preceding years and there is certainly no evidence of a short term mortality concern. Morbidity issues remain. Stroke, diabetes and cardiovascular disease are significant areas of risk. The number of strokes admitted March-April has decreased from 149 to 97 and TIA referrals from 165 to 102. Underreported diabetes complications and untreated diabetes patients in the community are likely to increase diabetic foot and associated long term organ damage which can translate into long term morbidity concerns for the local population.

There have been dramatic changes in the way healthcare services have been delivered in HUTH during the pandemic. Each factor is associated with benefits, risks, a potential impact on mortality and has mitigating factors put in place to address it. The following table summarises these factors which are helpful when interpreting the in hospital mortality.

Factors	Benefits	Risks	Impact on Mortality statistics			Mitigation
			Mortality numbers	Number of spells	Ratio	
Patients presenting with COVID-19 infection	Capacity created specifically for COVID-19 patients	Critically ill patients may overwhelm capacity Reduced capacity for treating acute and critical patients with non-COVID-19 disease. Staff contracting COVID-19 and becoming unfit for work.	Increased related to the direct effect of COVID-19 May increase related to the indirect effects.	Increased COVID-19 patients Significant decrease in other patient groups.	Likely to increase due to a combination of increased mortality and decreased spells.	Trust level surge planning. Service level prioritisation planning. Decision Care Framework was developed. PPE and infection control policies.
Reduction in planned services	Reduce the risk of COVID-19 transmission at the hospital Free up capacity for COVID-19 patients Build resilience to staff absences	Patient harm due to non COVID-19 disease	May increase (hospital and community) if indirect harm to patients from non-COVID-19 disease – this will have a greater delayed effect than in short term Small reduction due to reduced complications from treatment	Dramatic reduction of inpatient and outpatient spells.	Likely to increase due mainly to the reduction in spells	Service level prioritisation planning Remote consultations include video consultations
Reduction in referrals from primary care	Capacity created to focus on patients known to the trust who are at direct or indirect risk	Patients unknown to the Trust are at risk of harm due to non COVID-19 disease	May increase (hospital and community) if indirect harm to patients from non-COVID-19 disease – this will have a greater delayed effect than in	Dramatic reduction of inpatient and outpatient spells.	Likely to increase due mainly to the reduction in spells	Each service has been encouraged to support GPs in prioritising referrals to minimise risk. Services have been encouraged to engage

			short term Small reduction due to reduced complications from treatment			with advice and guidance to support this further on a patient level basis.
Reduction in health seeking behaviour in the population	Capacity created to focus on patients known to the trust who are at direct or indirect risk	Patients unknown to the Trust are at risk of harm due to non COVID-19 disease	May increase (hospital and community) if indirect harm to patients from non-COVID-19 disease – this will have a greater delayed effect than in short term Small reduction due to reduced complications from treatment	Reduction of inpatient and outpatient spells.	Likely to increase due mainly to the reduction in spells	Services have been encouraged to contact known patients most at risk and offer them services. Public medical campaign to encourage appropriate healthcare seeking for acute conditions.

## **5. Mitigation**

In terms of mitigation, the Trust was proactive in developing a robust surge plan. Whilst this was not fully tested by the peak, it is conceivable that this allowed a focus of high quality care and decision making in patients presenting with suspected COVID-19 infection and also freed the resources to allow specific services to continue to provide priority services for at risk patients with other diseases. The latter was realised through clinically led individual service level bespoke phased prioritisation plans. This process supported by guidance from the newly formed Ethics and Clinical Policy Prioritisation Committee and then later with national guidance. This process aimed to fully mitigate the acute risks of indirect harm to patients with non-COVID disease.

Other mitigation initiatives used have included remote technologies to contact potentially at risk groups of patients, exploitation of the advice and guidance system in conjunction with the development of new information resources for GPs and ED teams and the use of “Cold sites” such as the Spire hospital to provide much needed dialysis access procedures to patients who would have otherwise needed inpatient care, despite being at dramatically increased risk of COVID-19 related mortality.

The service and health group level clinical governance activities are recommencing especially with regard to morbidity and mortality analysis at a patient level. These findings will be escalated through the new COVID-19 Morbidity and Mortality Working Group and the COVID-19 Risk Management Committee. This will form a robust crucible for capturing harm and rapidly moving to mitigate future risk.

## **6. Conclusion**

The first peak of the COVID-19 pandemic has seen relatively few cases diagnosed in our inpatient population and as such to date the Trust has been spared the numbers seen elsewhere. The challenge ahead is to initiate recovery planning which takes into account a possible second surge whilst also planning for the seasonal influenza and increased demand for acute services later in the year.

## **7. Recommendation**

The Trust Board is asked to receive and accept this update for briefing and assurance purposes

**Dr Makani Purva**  
Chief Medical Officer  
May 2020

## Hull University Teaching Hospitals NHS Trust

### Trust Board

12<sup>th</sup> May 2020

<b>Title:</b>	Our People Impacts - Overview
<b>Responsible Director:</b>	Simon Nearney - Director of Workforce and Organisational Development
<b>Author:</b>	Simon Nearney - Director of Workforce and Organisational Development

<b>Purpose:</b>	The purpose of the report is to apprise the Board on staff absence, vacancy levels and wellbeing and support arrangements in place for our workforce during the pandemic.	
<b>BAF Risk:</b>	Goal 1 – Organisational Culture, Staff Engagement Goal 2 – Valued, skilled and sufficient staff	
<b>Strategic Goals:</b>	Honest, caring and accountable culture	✓
	Valued, skilled and sufficient staff	✓
	High quality care	✓
	Great clinical services	✓
	Partnership and integrated services	✓
	Research and Innovation	✓
	Financial sustainability	✓
<b>Key Summary of Issues:</b>	<p>Staff absence for the financial year 2019-20 was 3.67% which was below the Trust target of 3.9% and national average of 4.29%.</p> <p>Covid-19 specific absence is high and a breakdown of figures is contained in the paper.</p> <p>Staff vacancy level overall is positive at 4.4%.</p> <p>The Trust's staff wellbeing and support programme is comprehensive and recognised as good practice by Unison.</p>	

<b>Recommendation:</b>	The Trust Board is requested to receive and accept the report and indicate if any further assurance is required.
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# Hull University Teaching Hospitals NHS Trust

## Trust Board

### Our People Impacts

#### 1. Purpose

The purpose of the report is to apprise the Board on staff absence, vacancy levels and wellbeing and support arrangements in place for our workforce during the pandemic.

#### 2. Background

For the last 2 months the Trust has been proactively managing its response to the Covid-19 pandemic. Robust surge plans were developed and deployed which included staff redeployment and refresher training. The initial peak surge has now likely passed; as of Monday 4<sup>th</sup> May, for the 12<sup>th</sup> consecutive day, the number of Covid-19 positive inpatients has reduced. Clearly, whilst moving in the right direction, the Trust continues to advise its staff to follow social distancing and good hygiene measures and remains ready to respond should a second surge occur.

The Trust continues to treat and care for Covid-19 patients, but as part of our restoration and recovery plan has now turned its attention to increasing its elective activity as soon as possible. Communication across the Trust remains vital to keep staff informed and engaged and therefore the daily briefing on clinical and workforce matters continues which has been well received by staff. The Trust also continues to meet virtually with trade unions.

#### 3. Staff Absence

The total staff absence for the financial year 2019-20 was 3.67%. This is excluding Covid-19 absence. The Trust attendance target for attendance was 96.1% (sickness not to be greater than 3.9%).

Since the start of the Covid-19 pandemic the Trust has seen 2,589 individual staff members who have been absent due to Covid-19. The Trust currently has 699 staff absent due to Covid-19 which is 7.15% of the workforce. Total absence including maternity leave and all other reasons for absence is 12.27%. The peak of Covid-19 staff absence was on the 7<sup>th</sup> April, 2020 which saw 1,087 staff absent with Covid-19 related absence. 1,890 staff have returned to work after a period of self-isolation.

It should be noted that the Trust, to reduce the spread of infection, request staff to self-isolate if they have mild symptoms as well as Covid-19 symptoms and seek staff testing. Self-isolation is extended to 10 days in the Trust.

#### 4. Staff Vacancies

The Trusts overall vacancy position as at 31<sup>st</sup> March, 2020 is as follows:

Staff Group	Establishment WTE	Staff in Post WTE	Vacancies WTE	Vacancy Rate %
Healthcare Scientists	328.09	283.55	44.54	13.6%
Medical & Dental - Consultants	470.74	433.60	37.14	7.9%
Medical & Dental - SAS	63.81	54.47	9.34	14.6%
Medical & Dental – Trainee Grades	602.23	621.71	-19.48	-3.2%
NHS Infrastructure	2108.61	1957.19	151.42	7.2%
Other Scientific Staff	291.54	281.22	10.32	3.5%
Other Support to clinical staff	628.10	676.40	-48.30	-7.7%
Registered AHP	465.51	455.09	10.42	2.2%
Registered Nursing	2329.57	2198.24	131.33	5.6%
Unregistered Nursing	782.28	755.13	27.15	3.5%
Trust Total	8070.48	7716.60	353.88	4.4%

Overall the Trust vacancy position is 4.4% and is 2.4% in Medical & Dental and 5.6% in Registered Nursing. Other Support to clinical staff is showing as being over established, however this is offsetting vacancies in Healthcare Scientists and Registered AHPs. Whilst our vacancy position remains in a positive position the Trust's recruitment plans have been somewhat interrupted.

25 registered nurses were expected in March and April, 2020, but the staff could not travel due to Government lockdown and severe restrictions on international travel. Nurse associate and nurse apprentice programmes have been placed on hold pending the pandemic so may cause future delays with regard to course completion. Later this month a review of recruitment plans will be undertaken and a full assessment made.

#### Recruitment of third year nurse students

The Trust has offered 125 final year nurse students a Band 4 post within the Trust. This was achieved by working in partnership with Health Education England and Higher Education Institutions. 122 have commenced with the Trust.

A number of these students had already secured a post with the Trust and were due to commence as part of the autumn recruitment campaign. These students have been deployed in the areas where they've secured a position. Current second year nurse students may also be offered a Health Care Assistant role if required.

#### Recruitment of fifth year medical students

The Trust agreed with HEE to take 43 medical students as part of its Covid-19 workforce plan. 32 newly qualified doctors (FY1 level) have commenced with the Trust.

#### Return to work campaigns

There have been two return to work campaigns to assist the Trust in recruiting staff - the HUTH Return to Work and the National Bring Back Staff campaign.

The HUTH programme had 612 people apply. 125 people have been successful, 39 staff have commenced in a range of posts including registered nursing, midwifery, physiotherapist, catering, porters, administration and 1 locum Consultant. A further 86 are going through the employment check stage.

The national programme has had 40 people apply. 8 applications have only just been submitted pending interview, 7 have commenced employment in nursing, midwifery and physio and 2 are going through the employment check stage.

### **Temporary workforce**

The Trust has continued to use its bank staff for all staffing groups at the same level as normal business and have been calling on these staff first to maintain staffing levels.

The use of agency staff has dropped by approximately 60 shifts per week. The number of agency nursing and midwifery shifts has reduced from an average of 88 to 68 and for medical staff from 122 to 112. The remaining reduction is due to not using agency ODPs. Clearly there remains a supply of agency staff should services require them and NHS Professionals have offered their agency staff if required.

### **Volunteering**

There has been an overwhelming response in the volunteering sector with many offers of help. In addition to our own staff volunteering to help where required, the Trust has 344 regular volunteers with 23 currently undertaking duties and tasks related to our Covid-19 response. The NHS national Covid-19 Response for volunteers generated 70 from our local area, but none of these have been needed to date. Many volunteers needed to 'shield' due to underlying health conditions and age, but hope to return.

## **5. Staff Wellbeing and Support Arrangements**

The Staff Psychosocial Support Team was created week commencing 16<sup>th</sup> March 2020 and is a collaborative effort of our Psychological Services, Pastoral and Spiritual Care, Occupational Health and Organisational Development (OD) Teams.

The service commenced to ensure our people received the right support to assist them through traumatic and difficult situations. The service is also built upon the work the Psychological Services Team had begun around a response for staff in case of a Major Incident. The Psychosocial Staff Support Service is working to the Covid-19 Trauma Response Working Group rapid guidance and the recent guidance issued by the British Psychological Society. Each service uses 4 different levels (appendix 1) to understand how our staff are presenting; who is appropriate to support them and what level of intervention might be required.

#### **Successes:**

- Quick turnaround of service provision. We had local provision of staff support line 2 weeks in advance of national offer.
- Move of drop in centres to dining rooms has increased visibility and availability of level 1 and 2 support. Using treats and freebies helps us to start an easy dialogue and create an atmosphere where it is easy to talk and ask for help. Private talking spaces are also available for those that need it.
- Collaborative working between all teams has been outstanding with all bringing their appropriate knowledge, skills and experience to the service.
- Psychological First Aid – virtual and face to face training for teams and individuals allows a wider spread of skills and supports a culture where it's ok to ask for help.
- Alone Together Project – Supporting those feeling isolated with online clubs and chat.
- Wobble Room/Escape Space support and kits (DIY in local rooms) have been popular with over 30 requests for the kits to set up their own room. The first 3 were delivered on 1 May 2020 with a further 30 to be delivered by 8 May 2020.
- Planning in place for post Covid-19 working in collaboration with CCGs for staff services and referral pathways.

Concerns:

- Managing transition of teams providing the staff support services back into their “original work roles” alongside maintaining a service. Focus on understanding how long and at what level service provision needs to continue within HUTH.
- On-going capacity to staff services such as Drop in, phone line and training provision during a transition back to “normal” service provision.
- Post Covid-19 support for staff and in particular supporting managers with staff who are recovering both physically and mentally from Covid-19 or its impacts.

The table below describes services on offer alongside activity and support needed:

<b>Type of service</b>	<b>Current Availability</b>	<b>Number of contacts to 04/05/20</b>
Internal 24/7 Staff Support Telephone Line: 01482 461227	08:30-16:30 Clinical Psychologist 16:30-08:30 Chaplaincy Team Weekend cover: Chaplaincy Team	69 calls received
Email: <a href="mailto:staff.support@hey.nhs.uk">staff.support@hey.nhs.uk</a>	24/7 and emails picked up by clinical psychologist on phone line shift. These are dealt with or signposted to appropriate support or services	88 emails
Staff Support Drop in Centres	Daily alternating between CHH Dining Room and HRI Dining room tower block.	105 attendances
Visit to Wards/Departments affected by Covid-19 by OH Nurses, Psychologists & Head of OH	When requested by senior managers / Ward Sister Weekly to Ward 7 2-3 times per week – OH and Psychology ICU staff sessions with Psychologists Weekly Treat bags are dropped off to Covid-19 wards on both sites and used to check in and identify any concerns. Medicine HG has allocated a senior nurse to complete welfare checks on wards.	Weekly and as requested.
Psychological First Aid Training	On request face to face (using safe social distancing) or virtually via video conferencing.	14 teams trained (Total of 65 attendees)
Burnout and Compassion Fatigue Bitesize training (New 04/05/20)		N/A
Wobble Room/Escape Space Kits – We have quiet spaces but not close enough to clinical spaces. This resource allows teams to use their own room but still benefit from a place to escape to.	Boxes contain personal care items, psychological wellbeing resources, mindfulness resources including colouring and exercises. Posters for the room and door plus practical help e.g. tissue viability hand care  Boxes funded by WISHH.	3 delivered (ICU x2 CHH& HRI and Ward 16) 30 more to be delivered by 08/05/20
Pattie Resources – based within Covid-19 Workforce section	Access via Workforce Covid-19 button on home page of Pattie. Resources are based in staff support section on side bar.	N/A

Type of service	Current Availability	Number of contacts to 04/05/20
Printed resources including posters and psychological first aid postcards.	Coverage at both sites and wards/departments. I am OK postcards and business cards use at all the drop in centres.	N/A
External Resources	3 month trial 24/7 telephone counselling. National Wellbeing Apps e.g. Free Headspace access. National NHS COVID-19 Support Line	N/A

## 6. Conclusion

Staff vacancy levels within the Trust has been improving for the last 2 years plus which is excellent, but the Trust will need to review its future recruitment plans and supply in the short term to ensure the organisation continues its positive trajectory. Staff absence, excluding Covid-19 related for 2019/20 was below the Trust target set and compares favourably with other Trusts nationally. Covid-19 related absence since March, 2020 is high. Possible reasons for this is that the Trust implemented robust reporting arrangements which operate 7 days per week, so data compared to other Trusts is accurate, HUTH has moved away from national guidance and requests staff with mild symptoms to self-isolate and not to return until the 11<sup>th</sup> day unless the staff test is negative. Self-isolation is also difficult to manage.

The staff wellbeing and support arrangements are outstanding and these are in addition to the practical support provided to staff around accommodation if required, childcare, staff meals, drinks and free car parking. Feedback received from staff has been excellent. Unison have requested HUTH to share their work on staff support, management of PPE and innovation with regard to a partnership with a local tailor to make surgical gowns in the face of a national shortage, to enable others to learn from our practice.

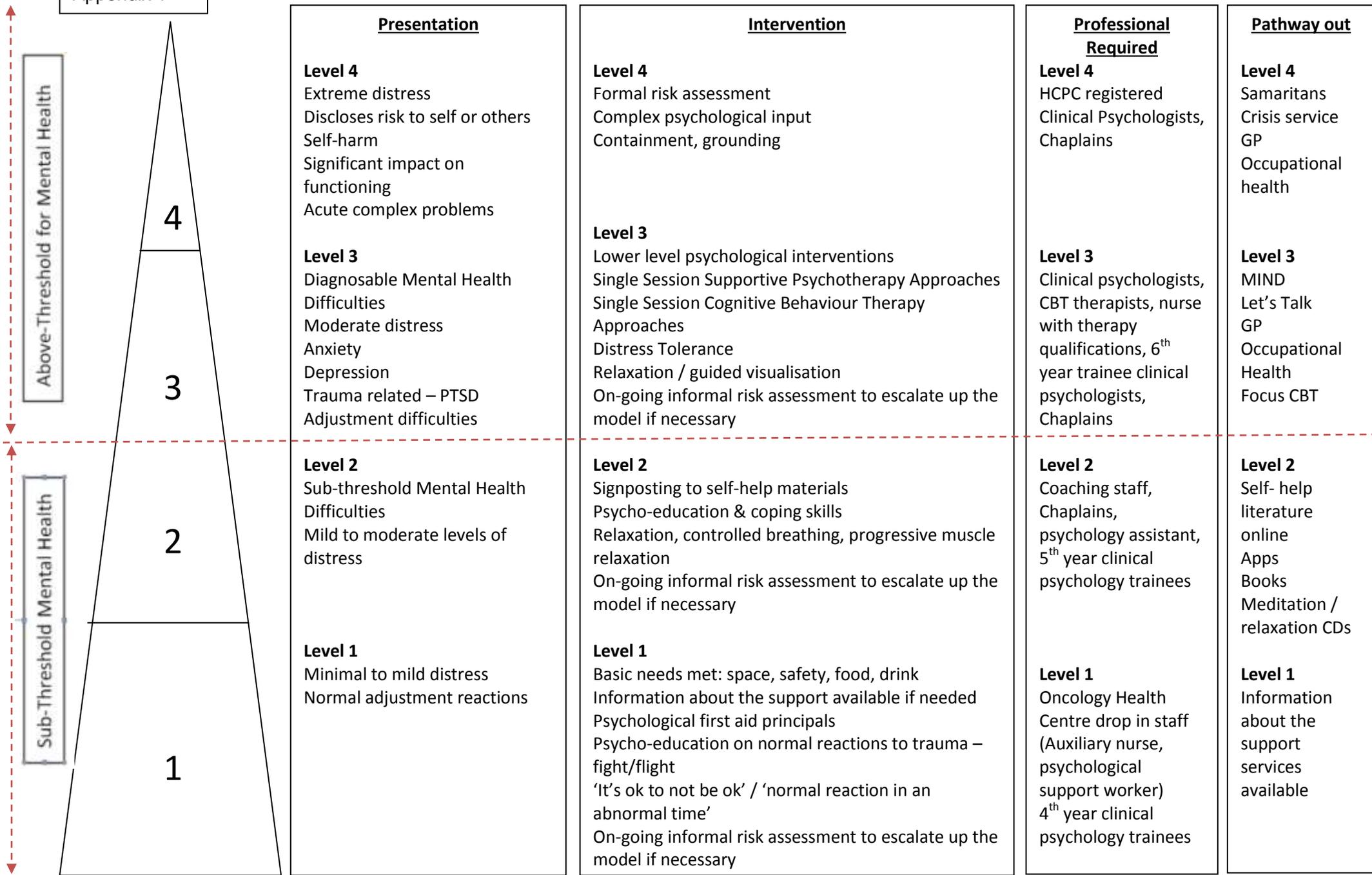
## 7. Recommendations

The Trust Board is requested to receive and accept the report and indicate if any further assurance is required.

**Simon Nearney**

Director of Workforce and Organisational Development  
May 2020

Appendix 1



# Hull University Teaching Hospitals NHS Trust

## Trust Board 12 May 2020

### Our Finance Impacts

#### 1. Purpose of Paper

To build on the information provided to the Board at its last meeting (14 April 2020) and on the developing arrangements for 2020/21.

#### 2. 2019/20: Accounts

In line with national guidance the Trust submitted its draft 2019/20 financial accounts on 27 April 2020. The External Audit process is now underway.

£1.7m of funding to offset additional costs of Covid-19 IN 2019/20 has been confirmed by NHSI/E.

#### 3. 2020/21: Revenue

The Trust has received a financial plan from NHSI/E for the first four months of the year (ending 31 July 2020). The NHSI plan assumes the Trust will break even during the 4 month period. The Trust has modelled its expectations against the plan and identified a potential shortfall of £0.58m per month, which is split as follows:

	<u>£m</u>	
Depreciation	0.147	Principally due to high fixed asset spend in Q4 19/20
CNST	0.081	Incorrect figures used by NHSI
Other Income	0.100	Non recurrent donated income
Other	<u>0.250</u>	
TOTAL	<u>0.578</u>	

Work is ongoing with NHSI/E to refine our joint understanding of the planning assumptions and to agree a final plan. For the purposes of M1 reporting, we will report against the NHSI/E plan.

The letter from Simon Stevens dated 29 April 2020 regarding the Second Phase of the NHS response to Covid-19 has set in train a process for planning the ramp-up of non-Covid activities as quickly as possible. Further guidance relating to the remainder of the 2020/21 financial year both in terms of operational requirements and supporting financial framework is expected in the next couple of weeks.

From a cash perspective, the Trust continues to receive block income payments on a monthly basis from local commissioners with top-up payments totalling almost £1m per month from NHSI/E. At the current time the Trust has no liquidity concerns.

In-line with guidance received from NHSI/E following publication of the Cabinet Office Procurement Policy Note (PPN 02/20 20 April 2020), we are looking at how we can improve the effectiveness of our internal invoice authorisation processes with a view to accelerating the speed by which invoices are paid. At this point, it is unlikely that we will reach the stated aim of payment of all invoices within 7 days of receipt of goods and service, however, we will continue to monitor progress and we will increase our compliance with the Public Sector Payment policy.

#### 4. 2020/21 COVID-19

The Trust has implemented systems to capture, report and claim back Covid related expenditure (capital and revenue). The issue of most concern is the supply of PPE to our wards and departments. The Trust is performing well in this regard but we are

having to source PPE directly from market rather than rely on NHS Supply Chain or the various other externally co-ordinated mechanisms that have been introduced in the wake of the pandemic. A new national initiative is being introduced which will stop local sourcing of PPE in favour of a nationally coordinated approach (with the exception of small-scale local contracts). At this time it is not possible to assess how effective this national approach will be.

From a financial perspective this is leading to significant financial pressure for the NHS. The table below illustrates the impact across a small number of key consumable items since the start of the pandemic.

<b>Item</b>	<b>Estimated Annual Price Increase</b>	<b>% Increase</b>
Sterile Gowns	£0.9m	358%
Masks	£3.4m	1400%
Gloves	£0.3m	196%
Non-Sterile Gowns/Coveralls	£0.6m	132%

The Trust has not yet had any problems with its Covid costs being reclaimed from NHSI/E, however, there are some concerns about capital expenditure (for equipment in scarce supply) whereby the Trust have procured outside of a national process and recently published guidance suggests this might be at risk. The Trust is currently working this through (current estimate of exposure is £0.36m) which had been ordered prior to the latest guidance on scarce equipment and can hopefully still be recovered.

#### **5. 2020/21 Capital**

Capital allocations for each ICS are currently being agreed across the country. A process to confirm Trust allocations has been launched with a completion date set for the end of May 2020. The Board will receive a full assessment of the outcome of this process in June.

Discussions are underway within the Trust as to how we can best meet the ongoing requirements to manage Covid-19 patients alongside non Covid-19 patients. An emerging clinical consensus concerns the use of the new facilities including those currently under construction (wards 36, 37 & 38) at the rear of the HRI site as a dedicated Covid-19 facility and a revised model for the management of acute patients on the ground floor at HRI. This work is part of the Trust's planning for the next phase but it could have significant capital implications for which the Trust will need funding. Timing is key in this regard as we would want to ensure that any building works could be completed before the onset of winter.

#### **6. 2020/21 Fraud Risk**

Further to a discussion at last month's Board and subsequent discussions at Audit Committee, a specific exercise is being commissioned from the Trusts' Internal Auditors and Counter Fraud specialists to assess our control environment and provide assurance regarding our exposure to fraud in light of the Covid-19 pandemic. This work will be completed in the first quarter of 2020/21.

#### **7. Recommendation**

The Board is asked to receive and accept the contents of the paper and the progress that is underway within the Trust.

**Lee Bond**

Chief Financial Officer, 5<sup>th</sup> May 2020

**ATTENTION: RETURN TO: ALDERSON HOUSE RECEPTION  
ONCE SIGNED FOR FORMAL DISTRIBUTION**

PAPERS FOR APPROVAL

Date Rec:	Details	Value (+ VAT)	Sent to/Date	PAF Approval (Y/N)	Approved Date	Reasons for Retention	Forwarded to/ Date
27/4/20	CONTRACT EXTENSION RECOMMENDATION PAPER FOR THE PROVISION OF FULLY MANAGED AUTOMATED LABORATORY SERVICE INCLUDING THE PROVISION OF PATHOLOGY ANALYSERS, CONSUMABLES AND ALL HEY/11/070	£4,567,520.70 VARIABLE EX VAT	LB 1/5/20				

On completion of approval please return Alderson House Reception

Action for signature

Up to £100,000 – Chief Executive or Chief Financial officer £500k in SFI's  
 £100,000 - £1,000,000 – Chief Executive or Chief Financial Officer & Chairman  
 £500k - £1,000,000 in SFI's  
 £1,000,000 - £3,000,000 – Performance & Finance Committee  
 Ok correct with SFI's  
 Over £3,000,000 – Approved by Trust Board (signed by CEO on behalf of Trust Board)  
 OK correct with SFI's

(Ref:2889 )

Circulation

Original – Originator  
 cc: P'OM/CH  
 Carla Ramsay (over £1,000,000)  
 Approvals file



Meeting Trust Board

Date 12<sup>th</sup> May 2020

Title:	The provision of a fully managed automated laboratory service including the provision of pathology analysers, consumables and all support.
Responsible Director:	Jonathan Wood
Author:	Marcus Raw – Senior Contracts Manager

Purpose:	The purpose of this paper is to seek approval of the Trust Board to extend a contract with Beckman Coulter UK Ltd for the provision of a fully managed automated laboratory service including the provision of pathology analysers, consumables and all support.	
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:	This is an official contract extension recommendation following a compliant tender process undertaken utilising the Public Contracts Regulations restricted procedure.	

Recommendation:	The Trust Board are requested to approve the extension of this contract with Beckman Coulter for the provision of a fully managed automated laboratory service including the provision of pathology analysers, consumables and all support.
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**CONTRACT EXTENSION RECOMMENDATION PAPER FOR THE PROVISION  
OF FULLY MANAGED AUTOMATED LABORATORY SERVICE INCLUDING  
THE PROVISION OF PATHOLOGY ANALYSERS, CONSUMABLES AND ALL  
SUPPORT**

**COMPLIANT CONTRACT RECOMMENDATION**

Status:	<b>Official Contract Extension</b>
Trust Reference:	<b>HEY/11/070</b>
Type:	<b>Contract Extension</b>
Original Contract Term:	<b>84 months with an option to extend for up to 36 months</b>
Original Period of Contract:	<b>(01/06/2013 - 31/05/2020)</b>
Periods of official extension period remaining:	<b>36 Months</b>
Period and dates of this official extension period being recommended:	<b><u>36 Months (01/06/2020 – 31/06/2023)</u></b>
Health Group:	<b>Clinical Support</b>
Division:	<b>Pathology</b>
Department:	<b>Blood Sciences (Biochemistry)</b>
Original Procurement Process Used:	<b>OJEU Restricted Tender</b>
Total Contract Extension Value (Ex. VAT):	<b>£4,567,520.70 Variable</b>
Cost Centre:	<b>121320, 121373</b>
Terms and Conditions which apply:	<b>NHS Terms and Conditions for the Provision of Services 2010</b>
G.D.P.R. Applicable:	<b>Yes</b>
Procedure Compliant with Trust SFI's:	<b>Yes</b>

**1. PURPOSE**

- 1.1 The purpose of this paper is to seek approval of the Chief Executive / Chief Finance Officer and Trust Board to extend the contract for the provision of a fully managed automated laboratory service including the provision of pathology analysers, consumables and all support with Beckman Coulter (UK) Limited for a period of 36 months from 1<sup>st</sup> June 2020 to 31<sup>st</sup> May 2023.

**2. BACKGROUND**

- 2.1 The Trust currently has a contract for these services with Beckman Coulter (UK) Limited, following a previous tender exercise under EU Regulations which included the option for an extension.
- 2.2 In the original tender exercise:
- 20 companies expressed and interest
  - 4 companies were shortlisted – and provided a bid

2.3 The award to Beckman Coulter (UK) Limited was the following:

- Lowest annual and whole life costs.
- Lowest cost-per-quality-point score.

### 3. EXTENSION RECOMMENDATION

3.1 A recommendation to extend this contract is being made for the following reasons:

- The performance of the contractor has been good during the current contract and this is expected to continue.
- During the contract extension it has been agreed that objective performance measures (monitored previously in quarterly contract review meetings) shall be formalised and used in order to objectively assess performance of the contractor:

**a) Urgent and Emergency Care Turn-a-round Times (TAT).**

**b) Analytical Test Times**

**c) Service and Support.**

**d) (Service) Performance Specifications.**

3.2 Beckman Coulter (UK) Limited has agreed that any authorised extension will continue to be at the originally tendered terms and pricing structure that has been held from April 2013 - and include the third party contracts novated into the Managed Service since June 2013.

This contract allows for an annual RPI inflation increase – capped at 2.0%.

## HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST

### 4. FINANCIAL IMPLICATIONS

#### 4.1 CURRENT COSTS FOR EXISTING CONTRACT

Current cost exclusive of VAT per annum:	<u>£1,522,506.90</u>
Current cost inclusive of VAT per annum:	<u>£1,827,008.20</u>
Current contract end date:	<u>31/05/2020</u>
<i>Comments</i>	

#### 4.2 PROPOSED EXTENSION COSTS

Proposed cost exclusive of VAT per annum:	<u>£1,522,506.90 – Year 1</u>
	<u>£1,552,957.00 – Year 2</u>
	<u>£1,584,016.10 – Year 3</u>
Proposed cost inclusive of VAT per annum:	<u>£1,827,008.20 – Year 1</u>
	<u>£1,863,548.30 – Year 2</u>
	<u>£1,900,819.20 – Year 3</u>
Proposed contract extension start date:	<u>01/06/2020</u>
Duration of extension:	<u>36 months</u>
Value of total contract extension including VAT:	<u>£5,591,375.70 – this figures is based on year one spend remaining consistent through the life of the contract</u>
<i>Comments:</i>	
Annual prices are subject to a 2% RPI increase – capped at 2.0%	

#### 4.3 FUNDING DETAILS

Source of Funding:	<u>Revenue</u>
Cost Centre:	<u>121320</u>
Expense Code:	<u>712200</u>

HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST

Financial Implications approved by:

Lisa Moon

## HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST

### 5. HEALTH GROUP EXTENSION RECOMMENDATION

5.1 The following colleagues from the Clinical Support Health Group were directly involved in the recommendation of this extension:

- Alison Eyre – Acting Head of Pathology
- Lisa Moon – Finance Manager
- Mark Hajjawi – Acting Blood Sciences Manager

### 6. RECOMMENDATION

6.1 The Chief Executive / Chief Finance Officer and Trust Board are requested to approve the extension of this contract with Beckman Coulter (UK) Limited for a further 36 months from 1<sup>st</sup> June 2020 to 31<sup>st</sup> May 2023.

**Jonathan Wood**  
**Director of Operations**

#### Procurement Department comments

This recommendation is compliant with Trust Standing Orders, Standing Financial instructions and EU Regulations.

Procurement Department additional comments: None

**HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST**

**Before submission to anyone Contracts team to delete the boxes that do not apply, based on total estimated contract value to be signed off**

**Please indicate approval or rejection of this paper by signing in the appropriate box below.**

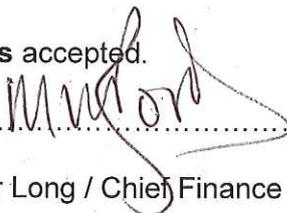
**Scheme of Delegation as per Section D Point 9.12 of Corporate Policy 105 – Standing Orders, Reservations and Delegation of Powers and Standing Financial Instructions (February 2017)**

**Total estimated contract value above £3,000,000.00 (Inc. of VAT) - Trust Board Approval Required**

**Contract title:** The Provision of a fully managed automated laboratory service including the provision of pathology analysers, consumables and all support.

**Contract ref:** HEY/11/070

The above recommendation **is** accepted.

Signed: .....  ..... Date: 1/5/20 .....

Chief Executive – Christopher Long / Chief Finance Officer – Lee Bond

Signed: ..... Date: .....

Trust Board

HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST

**Total estimated contract value above £3,000,000.00 (Inc. of VAT) - Trust Board Approval Required**

**Contract title:** The Provision of a fully managed automated laboratory service including the provision of pathology analysers, consumables and all support.

**Contract ref:** HEY/11/070

The above recommendation **is not** accepted.

Signed: ..... Date: .....

Chief Executive – Christopher Long / Chief Finance Officer – Lee Bond

Signed: ..... Date: .....

Trust Board

**Reasons for rejection of recommendation:**

<b>Contracts Ref:</b>	HEY/11/070	<b>Supplier Ref:</b>	N/A
<b>Contracts Contact:</b>	MR	<b>Date submitted for approved:</b>	17/03/20

