

Hull University Teaching Hospitals NHS Trust

Trust Board Meeting Held In Public

Thursday 18 June 2020

2.00pm – 4.30pm

Held via video conference

Appointment details issued by Carla Ramsay, Trust Secretary

Agenda

- | | | | |
|-----------|--|-----------|--|
| 1 | Apologies and welcome | verbal | Terry Moran - Chair |
| 2 | Declarations of Interest | 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 |
| 3 | Minutes of the previous meeting | | |
| | 3.1 Minutes of the meeting held 12 May 2020 | attached | Terry Moran - Chair |
| 4 | Matters Arising | | |
| | 4.1 Action Tracker | attached | Carla Ramsay – Director of Corporate Affairs |
| | 4.2 Any other matters arising | verbal | Terry Moran – Chair |
| 5 | Audited Accounts 2019/20 | | |
| | 5.1 Annual Accounts 2019/20 | to follow | Chief Financial Officer |
| | 5.2 Letter of Representation | to follow | Chief Financial Officer |
| | 5.3 Annual Report | attached | Director of Corporate Affairs |
| | 5.4 NHS Improvement Self-Assessments | attached | Director of Corporate Affairs |
| 6 | Our Patient Impacts | | |
| | 6.1 Performance Summary | attached | Teresa Cope – Chief Operating Officer |
| | 6.2 Covid-19 Recovery Planning | attached | Jacqueline Myers – Director of Strategy and Planning |
| | 6.3 Quality Summary | attached | Beverley Geary – Chief Nurse |
| 7 | Our People Impacts | | |
| | 7.1 Staff Overview | attached | Carla Ramsay – Director of Corporate Affairs |
| 8 | Our Finance Impacts | | |
| | 8.1 Finance Summary Report | attached | Lee Bond – Chief Financial Officer |
| | 8.2 Capital Plan 2020/21 | attached | Lee Bond – Chief Financial Officer |
| 9 | Questions from the public relating to today's agenda | verbal | Terry Moran – Chair |
| 10 | Chairman's Summary of the Meeting | verbal | Terry Moran – Chair |
| 11 | Any Other Business | verbal | Terry Moran – Chair |

12 Date and time of the next meeting:

Tuesday 14 July 2020,
10.00am – 12.00pm

Video-conference

Attendance 2020/21

Name	14/4	12/5	18/6	14/7	8/9	10/11	TBC	TBC	Total
T Moran	✓	✓							2/2
S Hall	✓	✓							2/2
T Christmas	✓	✓							2/2
M Veysey	Apols	✓							1/2
T Curry	✓	✓							2/2
U MacLeod	Apols	Apols							0/2
M Robson	✓	✓							2/2
L Jackson	✓	✓							2/2
C Long	✓	✓							2/2
L Bond	✓	✓							2/2
T Cope	✓	✓							2/2
M Purva	✓	✓							2/2
B Geary	✓	✓							2/2
J Myers	✓	✓							2/2
S Nearney	✓	✓							2/2
C Ramsay	✓	✓							2/2

Hull University Teaching Hospitals NHS Trust

Trust Board in Public Minutes of the meeting held on 12 May 2020 via Webex

Present:	Mr T Moran CB	Chairman
	Mr S Hall	Vice Chair
	Mrs T Christmas	Non-Executive Director
	Mr M Robson	Non-Executive Director
	Prof M Veysey	Non-Executive Director
	Mr T Curry	Non-Executive Director
	Mrs L Jackson	Associate Non-Executive Director
	Mr C Long	Chief Executive Officer
	Mrs T Cope	Chief Operating Officer
	Mrs B Geary	Chief Nurse
	Dr M Purva	Chief Medical Officer
	Mr L Bond	Chief Financial Officer
In Attendance:	Ms C Ramsay	Director of Corporate Affairs
	Ms J Myers	Director of Strategy and Planning
	Mr S Nearney	Director of Workforce and OD
	Mrs R Thompson	Corporate Affairs Manager (Minutes)

No	Item	Action
1	Apologies and welcome Apologies were received by Prof U Macleod, Non-Executive Director Mr Moran opened the meeting and welcomed the Board, staff and members of the public to the video conference. He reported that it was International Nurses Day and paid tribute to all nurses, sincerely thanking them for all that they do. He encouraged all attendees to 'shine a light' at 8.30pm to show appreciation for their work. Mr Moran advised that the Board meeting items had been modified to ensure that urgent business only was discussed in light of the Covid-19 situation. He added that the agenda would cover the Trust's response to Covid-19 and the plans for the recovery of services in the coming months.	
2	Declarations of Interest 2.1 Changes to Directors' interests since the last meeting Mr Hall reported that his role of Associate Non-Executive Director at Northern Lincolnshire and Goole NHSs Foundation Trust had been confirmed. 2.2 To consider any conflicts of interest arising from this agenda There were no declarations made.	
3	Minutes of the meeting held 14 April 2020 The minutes were approved as an accurate record of the meeting.	
4	Matters Arising Mr Bond asked for an update regarding the Child Sexual Assault Unit following the recent CQC visit. Mrs Geary advised that an updated action plan had been submitted to the CQC and the Trust was awaiting their	

response on how assurance would be gained without a visit. Mrs Geary added that the Police forensic inspection had been carried out and the unit was compliant.

4.1 Action Tracker

All items on the tracker were not yet due an update.

4.2 Any other matters arising

There were no other matters discussed.

5 Standing Orders and Governance

5.1 Trust Board Governance

Ms Ramsay presented the report and advised that the Board Committees would be re-introduced in May and would focus on urgent matters only. The Committees would also map out their work schedules for the coming year to incorporate the Covid-19 situation.

Ms Ramsay advised that each committee may not meet their allocated amount of meetings for the 2020/21 year, as required in their terms of reference, but risks would be mitigated. She added that the use of technology would carry on to ensure that the social distancing rules were followed.

Resolved:

The Board received and approved the recommendations set out in the report.

5.2 Board Assurance Framework 2019-20

Ms Ramsay presented the year-end report which highlighted the recommended risk ratings. Some ratings had seen a reduction due to the mitigating actions in place and the risk not materialising to the level first thought. Ms Ramsay added that the report only covered 11 ½ months of the year before the Covid-19 pandemic started.

The risks being reduced related to BAF risk 1 (staff culture), 4 (constitutional standards), 7.1, 7.2 (finance) and 7.3 (capital).

There was a discussion around BAF 5 (Partnerships) and Mr Bond asked for clarity around the impact rating of 3. Ms Myers advised that the risk should stay at the same rating due to some elements of Trust Strategy being achieved around partnerships, but some areas were still showing slow progress due to outside influences.

Resolved:

The Board approved the year-end Board Assurance Framework and the risk ratings recommended.

5.3 Draft Board Assurance Framework 2020/21

Ms Ramsay presented the report and advised that the long term strategic goals had remained unchanged and had crafted a risk in each area for 2020/21. The report had been challenging due to the Covid-19 situation and asked the Board to consider the report in principle but take more reflective time to review the risks further.

Mr Long stated that the current situation was too uncertain to completely

sign off the document and it should be kept as work in progress for the coming months.

Resolved:

Mr Moran asked that the Board reflect on the report and give any comments to Ms Ramsay in the next two weeks. An updated version to be presented to the June 2020 Board Development meeting.

CR

6 Our Patient Impacts

6.1 Performance Summary

Mrs Cope presented the report and advised that the Emergency Department performance was improving and was 89% at the end of April 2020.

Ambulance handover times had also improved. All Trusts had seen a reduction in ED attendances and therefore performance had improved across the Country.

Outpatients had seen a reduction of 50% but the Trust had managed to maintain follow up activity of 66%. A number of innovations had been initiated since the lock down was announced and Mrs Cope wanted to keep up the exceptional work and make it part of normal practice. The Trust would also be working with GPs to review future referrals to ensure that capacity is used as effectively as possible.

The Trust's waiting list had been validated by an external company who had commended the data quality on it.

52 week waits had increased due to the cancellation of routine procedures. There had been 274 breaches in April and could possibly rise to 700 in May 2020. All patients were being assessed for harm and the impact of this would be discussed at the new Risk Management Committee and the Ethical Clinical Priority Policy Committee.

Mrs Jackson stated that the majority of the 52 week waits were across 6 specialities and asked if the focus would be on these 6 to reduce the numbers. Mrs Cope advised that the backlogs relating to Ophthalmology and ENT would be the main focus and a deep dive of both would be presented to the Performance and Finance Committee for scrutiny.

Mr Bond asked for clarity around patients who had been waiting 52 weeks or more and whether sicker patients would be prioritised. Mrs Cope assured him that all patients would be assessed by clinical appropriateness and the urgent cases would be seen first as part of the clinical harm review process. Patients were also being checked to make sure they remained clinically relevant.

Breaches against the 6 week diagnostic standard increased to 20% in March, due to the cancellation of routine activity because of Covid-19 planning and preparations.

The Trust achieved the Cancer Faster Diagnostic Standard in both February and March 2020. Performance against the 62-day Cancer Standard was 66.5% for February and is anticipated to be 68% for March.

Prof. Veysey asked about the learning in the Emergency Department with numbers of patients being lower. Mrs Cope advised that performance had

improved nationally and breaches were now mainly due to diagnostic capacity. There were no breaches due to doctors first seen or availability of beds.

Resolved:

The Board received and accepted the report.

6.2 Planning for the next phase

Ms Myers presented the report and advised that planning for the next phase of the Covid-19 pandemic had begun and the plan would be in place from the end of June to March 2021. She added that the change of pace was fast and uncertain which was proving challenging.

To date the Trust had followed the first phase of the plan which had taken into account any surge/peak of patients into the hospital. The peak numbers had been seen on 4th May and had now stabilised both in the bed base and critical care. The surge plan was a 3 phase plan but the Trust had only needed to utilise phase 1. The full plan of 800 beds and 195 critical care beds (utilising the Nightingale Hospital) had not been necessary.

The next phase of the plan would be to reconfigure the rest of the bed base and start to introduce more non-elective and elective activity. Work would be built up during the course of the year, taking into account winter planning and working with the Humber Coast and Vale partnership to capture pathway innovation and any new ways of working.

Ms Myers assured the Board that the recovery plan included working safely and co-existing with Covid-19 and supporting the social distancing rules. She added that further national planning guidance was expected from NHS/E.

Workforce plans were being developed to ensure staff could return to normal duties and work was ongoing with the Health Groups to review services and activity timescales. Ms Myers advised that it was important to look at different ways of working and ensure the Trust had the right amount of PPE to support the stepped up activity. A revised plan would be presented to the Trust Board in June 2020.

JM

Mr Moran thanked Ms Myers for her work on the complex and challenging planning process.

Resolved:

The Board received and accepted the report.

6.3 Quality Governance Summary

Mrs Geary advised that the Quality Improvement Plan was being reviewed for the year end and the priorities for 2020/21 being developed. Areas such as Infection prevention and control, mental health and dementia would be included in the 2020/21 Quality Improvement Plan.

A Risk Management committee had been established in April 2020 and was meeting fortnightly. The Serious Incident Committee was to be re-instated and was meeting this week.

Two Never Events had been declared in April 2020 relating to retained

foreign objects. These were being reviewed by the Commissioners and the CQC. Mr Robson asked about the Never Event process and Mr Hall advised that he was the NED representative on the Never Event panel which reported to the Quality Committee. The Quality Committee then escalated any Never Events to the Board. Prof Veysey added that the Trust had declared 7 Never Events in the last 12 months.

Mrs Geary had spoken with the CQC and it was expected that the Trust's overall assessment and outcome report would be received in the next two months.

The Section 31 letter received at the time of the CQC inspection was being reviewed due to the changes in the service relating to the Covid-19 pandemic. A revised action plan would be presented to the Quality Committee in May 2020.

Mrs Geary presented staffing levels and advised that the increases were due to the low number of patients in the hospital. Staff deployment was now in phase 2 of the plan.

The Fundamental Standards had been reviewed in light of the Covid-19 pandemic and a new Covid standard had been added. An update would be presented to the Board in June 2020.

Resolved:

The Board received and accepted the report.

6.4 Covid-19 on Mortality

Dr Puva presented the report which highlighted the impact of Covid-19 on the Trust's mortality figures. Dr Purva added that the Trust was doing well nationally relating to Covid-19 mortality. When the Covid-19 figures were removed the mortality numbers were similar to previous years.

Dr Purva advised that 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 bespoke and 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.

Mr Moran asked if Dr Purva was satisfied that reasons for death appropriately recorded Covid-19 when certifying deaths. Dr Purva advised that she recognised that there was always a risk cases may be missed and had already engaged with the Coroner to check they were being captured correctly. Although at this stage she had no reason to think we were missing any such cases.

Resolved:

The Board received and accepted the report.

7 Our People Impacts

7.1 Staff Overview

Mr Nearney presented the report to the Board and advised that during 2019/20 the Trust had recorded sickness rates of 3.67% which was below the national target. There were currently 658 members of staff off with Covid-19 related sickness which related to 6.73% of the workforce. Mr Nearney reported that the high rate was due to the organisation moving away from the national guidance and asking staff to isolate for 10 days rather than 7. Staff were also asked to isolated if they had mild symptoms.

Vacancy rates were currently at 3.44% with medics at 2.4% and nurses at 5.6%. Due to the pandemic there would be no international recruitment this year and a review of the University intake was taking place.

Mr Nearney spoke of the staff well-being initiatives and how Unison had commended the Trust on ensuring staff were being supported and cared for. Mr Moran thanked Mr Nearney and his team for the fantastic initiatives put into place to support staff.

Mr Hall asked if there had been any increasing in the number of people wanting to join the Trust and Mr Nearney advised that the Trust was still recruiting as normal and that the correct skills and experience were still required.

Mr Bond asked for clarity around staff vacancies and Mr Nearney agreed to bring more detail in his next report to the Board.

SN

Resolved:

The Board received and accepted the report.

8 Our Finance Impacts

8.1 Finance Summary

Mr Bond presented the report and advised that the 2019/20 annual audit was underway.

The Trust had received the 2020/21 financial plan from NHS I/E. Mr Bond reported that month 1 had showed a break even against the budget allocated.

The Trust had identified £2.5m costs relating to Covid-19 and this was being validated. He reported that some of the costs had been absorbed due to the

underspend in non-pay due to low activity levels.

Mr Bond expressed his concern around the new NHS I/E requirement for Trusts to pay their bills within 7 days, although he stated that the processes had been put into place to do this.

Mr Bond also reported that the biggest risk to the Trust was the PPE price increase due to having to buy it on the market rather than through the NHS Supply Chain. Mrs Jackson asked if the Trust would get financial support during the Covid-19 pandemic for PPE and Mr Bond advised that the Trust had been asked to absorb the costs where possible. Mrs Cope expressed her concern around the NHS Supply Chain and the PPE stocks situation and whether questions were being asked nationally. Mr Bond advised that he was discussing the matter at the Northern Supply Chain Board meeting later that day.

The ICS Capital Programme was being finalised with all Trust's getting the majority of capital funds required. Mr Bond advised that the Trust would be accelerating its IT Network replacement and bring forward the works to November/December 2020.

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.

Mr Bond added that a disclosure was being prepared relating to the value of donations received from companies and was proving to be challenging.

Resolved:

The Board received and accepted the report.

9 Contract extension recommendation paper for the provision of fully managed automated laboratory service including the provision of pathology analysers, consumables and all support.

Resolved:

The Board received and approved the contract extension paper.

10 Questions from the public relating to today's agenda

Three questions were asked from members of staff:

- Will homeworking and video conferencing for meetings carry on once the pandemic is over?
- What are the plans for re-instating clinical activity?
- A specific question relating to PPE

It was agreed that links to feedback would be included on the Trust website to respond to the questions.

11 Chairman's Summary of the Meeting

Mr Moran thanked all colleagues and reminded staff to 'shine a light' for

nursing staff at 8:30pm that evening.

12 Any Other Business

Mr Long advised that the Channel Five 'A&E After Dark' TV programme would be broadcast in June 2020.

13 Date and time of the next meeting:

Thursday 18 June 2020, 2pm – 4.30pm – Video Conference

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

Actions arising from Board meetings

Action NO	PAPER	ACTION	LEAD	TARGET DATE	NEW DATE	STATUS/ COMMENT
May 2020						
May 2020	Board Assurance Framework	Updated BAF to be discussed at the Board Development Session in June 2020	CR	June 2020		Board Development Session
	Covid-19 Report	PPE update	JM	June 2020		In Covid-19 updated report
	Our People	Clarification around staff vacancies	SN	June 2020		In Our People updated report
April 2020						
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		
January 2020						
Jan 2020	Trust Board Constitutional Matters	NHS trust to have a body of trained lay representatives to be able to undertake Consultant appointment panels – to be discussed	CL	July 2020		
November 2019						
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
COMPLETED						

Actions referred to other Committees

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

Hull University Teaching Hospitals NHS Trust

Trust Board

Thursday 18 June 2020

Title:	Trust Annual Report 2019-20
Responsible Director:	Carla Ramsay – Director of Corporate Affairs
Author:	Carla Ramsay – Director of Corporate Affairs

Purpose:	To present the final draft content of the Trust's Annual Report for approval	
BAF Risk:	N/A	
Strategic Goals:	Honest, caring and accountable culture	✓
	Valued, skilled and sufficient staff	
	High quality care	
	Great local services	
	Great specialist services	
	Partnership and integrated services	
	Financial sustainability	✓
Summary of Key Issues:	<p>The Trust has prepared its annual report in line with Department of Health and Social Care requirements, including updated requirements for 2019-20.</p> <p>The current draft is version 1.5, and is attached. Once approved, a version for publication is prepared, including corporate style and photographs. The Board is asked to approve the content and disclosures today.</p> <p>Versions 1.1 – 1.5 have been circulated to the Trust's external auditors and any points of feedback incorporated in to the next draft. There are no outstanding issues as of the circulation of this report, but any subsequent points were briefed to the Audit Committee meeting shortly before this meeting. Draft 1.1 was circulated to Audit Committee members and version 1.4 circulated to the Executive team for review.</p> <p>There were no issues of non-compliance with annual report DHSC requirements to draw to the attention of the Audit Committee and all relevant disclosures are made, none of which are flagged up as items of concern. The annual accounts and audit letters being received at today's meeting form the appendices to the report when approved.</p> <p>The Chief Executive is attending the Audit Committee meeting to present the Annual Governance Statement, which includes a review of significant issues managed during 2019-20 and a forward look at the significant issues being carried in to this financial year. In a requirement started last year, the Chief Executive has to give a positive statement as to whether the issues highlighted present any significant issues of internal control; the Chief Executive confirms in this year's Annual Governance statement that these do not.</p>	

Recommendation:	Providing it has been recommended by today's Audit Committee, the Board is asked to approve the annual report content.
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**Hull University Teaching Hospitals NHS Trust
Annual Report and Accounts
2019/20**

Other Formats

This document can also be made available in various languages and different formats including Braille, audio tape and large print.

For more information you can contact Rebecca Thompson:

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- Eliminating Mixed-Sex Accommodation Statement
- Modern Slavery 2019-20 Statement
- Great Future

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Appendix 1

Auditors' Report

Appendix 2

PERFORMANCE REPORT

This section of our Annual Report provides information about the Trust including its vision and values, the services that we provide and who we provide those services to. It also contains an overview of the challenges we face and how we are addressing them.

Statement from the Chief Executive

Great staff, great care, great future

I do not believe I have known a financial year to end so differently to the start. On 1 April 2019, our organisation was one month in to using its new organisational name, Hull University Teaching Hospitals NHS Trust, and was looking forward to making progress on the delivery of our strategic objectives, particularly on supporting and developing our staff to improve our patients care, extend our research partnerships internationally and deliver a capital funding plan to develop the ground floor of Hull Royal Infirmary for acute patient care.

The year ended with our hospital reconfiguring our wards, outpatient services, staff teams and inpatient care due to the global Coronavirus pandemic (Covid-19).

I have never been more proud to work for the NHS; the resilience and dedication demonstrated by our staff is second-to-none and reinforces to me that our vision of *great staff, great care, great future*, has never been so apt, as it is guiding everything we do.

It is hard to reflect on the whole year while we are coming out of the first surge of Covid-19 patients; we are already taking stock of our services and the way these have been reconfigured, seeking to provide assurance to the public that we remain open and available to them for all of their hospital care needs. An area of focus throughout the year has been the Trust's performance against the four-hour Emergency Department standard, as we have not done as well for our patients as we should have against this requirement. Until mid-March 2020, we had only two patients waiting more than 52 weeks for treatment and were on track to ensure our waiting list had not grown in size. Throughout the whole year, I am pleased to report that we have been able to maintain key quality standards: within our Trust, no patient waited more than 12 hours for emergency inpatient admission and we maintained our wards as single-sex accommodation throughout the year. However, while our waiting times in cancer waiting times and for diagnostic tests have been improved, these have been too variable and are not consistently meeting the required standards, and for this, along with our Emergency Department performance, I apologise to our patients who have been waiting longer for their care and treatment.

We have been making progress on delivering improvements in the areas highlighted by the Care Quality Commission (CQC) in their previous inspections of the Trust. The Care Quality Commission commenced an inspection of the Trust in March 2020, however two elements of the inspection were not completed before inspection activities were put on hold nationally; we await formal feedback from the CQC on their findings on the inspection activity that was undertaken and will implement actions to address any requirements identified. Whilst the requirement has been postponed nationally, our Trust is going to produce a set of Quality Accounts for 2019-20, which will be available on our website by 30 June 2020, and will provide a detailed review of quality of care in the Trust during the year.

Whilst the Trust met its financial requirements for 2019-20, the underlying financial position of the organisation remains an issue. Coming into this financial year it was assessed that the organisation had a recurrent deficit totalling £24.6m; this has been reduced to circa £9m at year-end and represents an improved position. The challenge remains to address this over the next two years, in line with the NHS Long Term Plan requirements, as part of an Integrated Care System financial planning process.

Our Golden Hearts awards in 2019 demonstrated to me once again that we have remarkable staff working in our organisation. Each year, it is so difficult to be part of the panel process to determine winners and runners up; the stories behind each of the awards nominations are all so excellent and show the incredible dedication of our staff and the gratitude of our patients.

I am grateful for the opportunity to add my personal thanks for the hard work of our staff during another challenging year. We face an unprecedented time for the NHS coming in to 2020-21 and I cannot thank our staff enough for their great care for all of our patients.

Chris Long
Chief Executive
DATE

Purpose and activities of the Trust

1. Introduction

On 1 March 2019, *Hull and East Yorkshire Hospitals NHS Trust* changed its name to *Hull University Teaching Hospitals NHS Trust* through Statutory Instrument. The Trust requested this name change to more accurately reflect the status of the Trust and has already brought about benefits in recruitment to a number of departments and disciplines.

Hull University Teaching Hospitals NHS Trust is a large acute NHS Trust situated in Kingston upon Hull and the East Riding of Yorkshire. The Trust was established in October 1999 through the merger of the former Royal Hull Hospitals and East Yorkshire Hospitals NHS Trusts. We employ just over 7,000 whole time equivalent staff, have an annual income of circa £630 million and we have two main hospital sites: Hull Royal Infirmary and Castle Hill Hospital and some support sites predominantly in Hull. Outpatient services are also delivered from locations across the local health economy area.

2. Services provided

We provide a full range of urgent and planned general hospital services, covering the major medical and surgical specialties, routine and specialist diagnostic services and other clinical support services. These secondary care services are provided to a catchment population of approximately 600,000 in the Hull and East Riding of Yorkshire area.

The Trust also provides specialist and tertiary services to a catchment population of between 1.05 million and 1.25 million extending from Scarborough in North Yorkshire to Grimsby and Scunthorpe in North East and North Lincolnshire respectively. The only major services not provided locally are transplant surgery, major burns and some specialist paediatric services. The Trust is designated as a Cancer Centre, Cardiac Centre, Vascular Centre and a Major Trauma Centre. The Trust is a university teaching hospital and a partner in the Hull York Medical School.

In 2019/20 we provided the following services:

- We assessed over 130,000 people who attended our Emergency Department at Hull Royal Infirmary
- We had over 700,000 attendances at our outpatient clinics
- We admitted over 150,000 patients to our wards and over 10,000 patients attended our wards for a planned review following treatment

The Trust is structured in five Health Groups (Medicine, Surgery, Cancer and Clinical Support, Family and Women's Health and Emergency Care) through which our clinical services are delivered. The Health Groups are supported by Corporate Services (Estates, Facilities and Development, Planning, Finance, Human Resources including Education and Development, Quality Governance, Corporate Governance, Information Management and Technology).

3. Vision, values and goals of the Trust

The vision of the Trust is '*Great Staff, Great Care, Great Future*'. We believe that by developing an innovative, skilled and caring workforce, we can deliver great care to our patients and a great future for our employees, our Trust and our community.

Last year, the Trust Board signed off a refreshed Trust strategy for 2019-2023, which included an updated set of strategic goals:

- Honest, caring and accountable culture
- Valued, skilled and sufficient workforce
- High quality care
- Great clinical services
- Partnership and integrated services

- Research and innovation
- Financial sustainability.

We have a set of organisational values – *Care, Honesty, Accountability* – developed in conjunction with our staff and these form the basis of a Staff Charter which sets out the behaviours staff expect from each other and what staff can expect from the Trust in return.

As noted above, we have a Trust Strategy (2019-24), which describes our long-term aims as an organisation. Supporting this over-arching strategy, we have some specific strategies, which will help us develop and deliver our aims over the next few years:

- People Strategy 2019-2022
- Estate Strategy 2017-2022
- Digital Strategy 2018-2023
- Sustainable Healthcare Strategy
- Arts Strategy

All of these documents are published on our website.

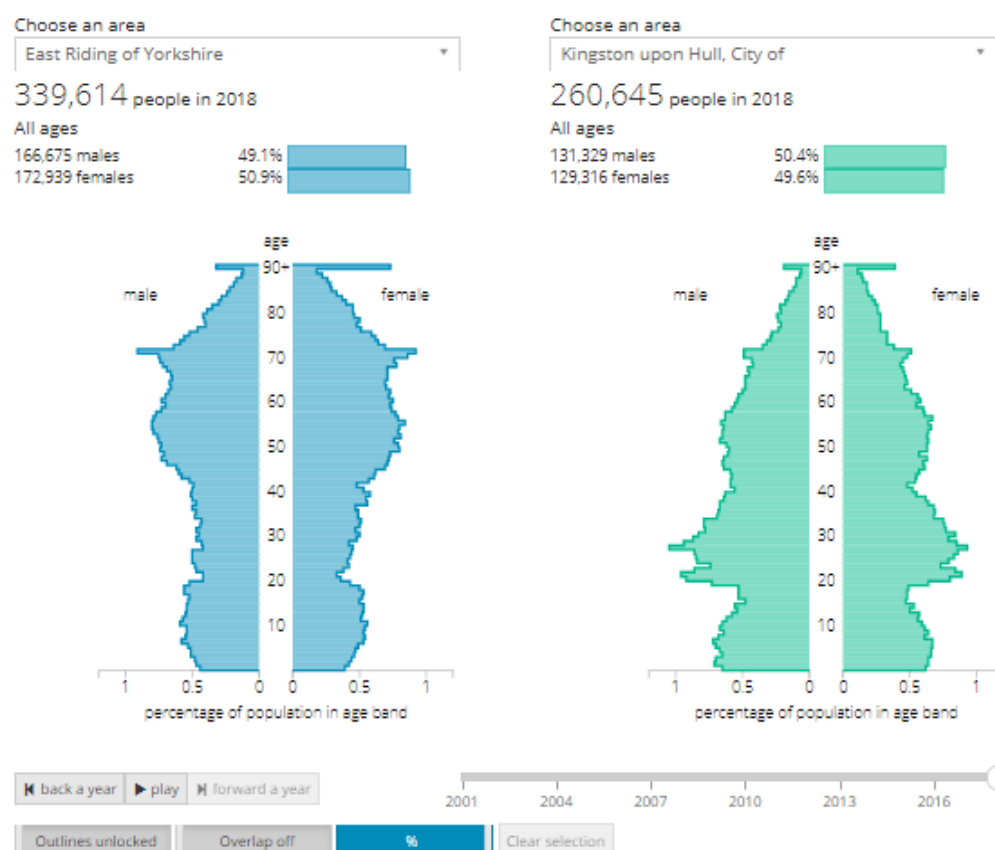
3. Our catchment population

The local health system served by the Trust centres on the City of Kingston Upon Hull, its suburbs and the surrounding East Riding of Yorkshire, a rural area containing a number of market towns.

Hull is a geographically compact city of circa 260,645 people (2018). It was identified as the 4th most deprived local authority in England in 2019. The health of people in Hull is generally worse than the England average, with life expectancy for both men and women being lower than the England average. 28% (14,430) of children in Hull live in low income families and the health and wellbeing of children is worse than the England average.

The East Riding of Yorkshire is a predominantly rural area, populated by 339,614 people (2018). The geography of the East Riding makes it difficult for some people to access services. The health of people living in the county and their life expectancy is better than the England average. 12.2% (6,370) of children live in low income families and the health and wellbeing of children is better than the England average.

The age profiles for the two Local Authorities are very different. Hull has a higher proportion of residents aged 20-39 years, while the East Riding has twice the number of people aged 50 years and over compared to Hull.



Source: Office for National Statistics, National Records of Scotland, Northern Ireland Statistics and Research Agency - Population Estimates

People are living longer, many with multiple and complex needs, and with higher expectations of their health and social care services. Within the next 20 years, the number of people aged 80 years and over in Hull and the East Riding is expected to increase from 33,000 to 55,300. Births are predicted to decline slightly.

Whilst the ethnicity of the two populations is predominantly white, Hull has a higher percentage of residents who are either South Asian, Black, mixed race, Chinese or other origin.

Although the two local authority areas are very different in their patient populations, health profiles, geographical landscape and distribution, common themes have emerged in respect to addressing health inequalities, prevention and management of long term conditions. The higher incidence of deprivation in Hull and the ageing and increasing population of the East Riding requires the Trust to tailor its services to meet the needs of these two very different patient populations.

In order to address these challenges, the Trust is working as a key partner within the Humber, Coast and Vale Health and Care Partnership (HCAV HCP), along with Clinical Commissioning Groups (CCGs) and other health and care providers with the aim of achieving Integrated Care System (ICS) status in 2020, underpinned by Integrated Care Partnerships (ICPs) covering North Yorkshire and York; Hull and the East Riding of Yorkshire; North East Lincolnshire and North Lincolnshire.

The Humber Coast and Vale vision for 2021 is for a system that supports everyone to manage their own care better, reduces dependence on hospitals, and uses resources more efficiently. In order to realise this vision, the HCP's key area of focus is the development of new arrangements for the integration of care delivery, specifically between primary, community and social care, and between in-hospital and out-of-hospital care in each locality and ICP.

The Trust's role in delivering this plan is to work openly and collaboratively with partners to support the development of new models of care and the closer integration of health and social care services. The Trust is also supporting two reviews of acute or secondary care, one across the Humber region and one across the York and Scarborough areas. The Trust is working closely with local partners on the Humber Acute Services Review to identify opportunities for collaboration and joint working, in particular with colleagues from Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLAG).

Key issues and risks that could affect the Trust in delivering its objectives

This section of the annual report sets out the background to the issues under the headings of the Trust's refreshed key strategic goals, the risk that they posed and the action taken.

Honest, caring and accountable culture

The Trust has seen performance in national staff surveys improve significantly since 2014. The challenge has been to move into the top 20% of organisations nationally overall. There are many good areas of performance in the national staff survey 2019. Improvements have once again been made to issues of bullying and harassment, staff engagement and safety culture. Morale of HUTH staff was above the national average. Work to improve the health and wellbeing of staff and quality of appraisals is well underway

There continues to be a strong focus on enabling managers and leaders to shift from good performance to outstanding performance and a culture of excellence. Staff continue to report feeling undervalued by the organisation, they describe being short-staffed and unable to deliver the care they aspire to, while communication from managers, despite improving, remains poor.

The Trust focussed on the detailed findings of the national staff survey and the quarterly cultural surveys as part of the new People Strategy approved during this financial year, providing our organisation with a refreshed strategy for our staff from 2019-2022

Valued, skilled and sufficient staff

The Trust's financial position was challenging throughout 2019-20 with pressure on pay budgets with an increase in agency spending noted for the year. The Trust continues to balance the need to recruit to vacancies and use agency staff where absolutely necessary to maintain safe, high quality, accessible services. Throughout the year, the Trust Board continued to report against the mandated requirements in relation to nursing and midwifery staff and fill rates for inpatient areas. The Trust reported careful management of nursing staff numbers and fill-rates and as seen in previous years, there was a gradual turnover of nursing staff numbers until an injection of new nursing staff through the September graduating class. During 2019/20, the Trust saw the benefit of the previous year's investment of over £1m in new routes into nursing, with the first cohorts of Nursing Associates completing training and continued investment investing in posts for these individuals post-registration, as well as continuing nursing apprentices and Health Care Support Work Apprenticeships. The Trust continues to invest in Advanced Care Practitioners and Physicians Associates, both trainees and qualified staff. To manage this risk on a day-to-day basis, the Trust has a robust system for managing nurse staffing risks in order to keep patients safe, which has been quoted as exemplar practice to other organisations.

The Trust would recruit from the newly qualifying nurses in September each year; the recruitment process for September 2020 had already commenced prior to year-end. Part of the Covid-19 preparations being put in place as the financial year closed was to consider the emergency powers put in place by emergency Covid-19 legislation, including the recruitment of final-year nursing and medical student. 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 (as at 10 May 2020)

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. This will impact on recruitment later in the 2020-21 year. In addition, the Trust has agreed with Health Education England to take 43 medical students as part of its Covid-19 workforce plan. Of these, 32 newly qualified doctors (FY1 level) have commenced with the Trust in April 2020. This will also need to be mapped through to normal intake and rotation periods.

High Quality Care

The Trust was partly inspected during 2019/20 by the Care Quality Commission. The Care Quality Commission commenced an inspection of the Trust in March 2020 and consisted unannounced inspections to four core services: medicine, surgery, the emergency department and critical care. Due to the COVID-19 pandemic, the CQC and NHS Improvement have suspended the well-led and the use of resources assessments. The Trust has not received the report from the core services inspection as yet. It is a key aim of the Trust to move its Care Quality Commission rating to 'Good' overall as soon as possible, as the rating impacts on the confidence of patients in the services we deliver and on staff morale.

Against its suite of core patient quality and safety indicators within the Single Operating Framework, against which all hospital Trusts report, the Trust has delivered on 5 out of 10 'safe' standards and 2 out of the 5 'effective' standards for which there is a reported year-end position. Further detail on all Single Operating Framework requirements are contained in this annual report. The Trust undertakes a robust audit and feedback programme on fundamental standards of nursing care throughout the year, and has reported improvements in quality of nursing standards across the Trust. This programme has also identified particular areas on which the Trust needs to make further improvement, which is action planned and monitored accordingly. The Trust declared 8 Never Events during the financial year, which contrasts to the previous year, in which zero Never Events were reported. Each Never Event has been subject to a full investigation, which are summarised to the Trust Board and reviewed in more detail by the Quality Committee.

Great Clinical Services

2019-20 was the third year of an Aligned Incentive Contract (AIC) with Hull and East Riding Clinical Commissioning Groups. This approach has marked a fundamental change from an organisational-based Payment by Results (PbR) contract to a system contract with shared risk, shared opportunity and shared vision. It provides all parties with a common goal: the effective management of patient pathways irrespective of organisational boundaries.

The Trust is required to work towards the mandated waiting times within the NHS Constitution, based on trajectories of improvement agreed with its local commissioners. The Trust's plans in 2019/20 included some reconfiguration of the medical bed base in order to provide better patient flow in acute medical pathways. The Trust's 18-week and cancer performance is more adversely affected by increases in referrals and increases in volumes of related diagnostics, which are capacity constraints in being able to provide all care within the target responsiveness times.

The Trust recognises that changes are needed to the way in which clinical services are configured, delivered and resourced. In 2018-19 the Trust was successful in its bid for Wave 4 capital investment to improve the urgent and emergency care pathways within the Hull Royal Infirmary through the reconfiguration of accommodation and the procurement of additional diagnostic equipment, including MRI and CT and the Trust was able to bring forward a number of elements of this work in to 2019-20, which should impact positively on patient flow in 2020-21.

Partnership and Integrated Services

In 2019-20, the Trust continued worked as a key partner within the Humber Coast and Vale Health and Care Partnership (HCP). The Trust is a member of and sends representation to the following:

- HCP Executive Board
- Hull Place-Based Board
- East Riding Place-Based Board
- The Hull and East Riding Provider Collaborative
- Hospital Partnership Board (with the Trust as the Chair of this Board)
- Cancer Alliance Board (Trust Directors lead two of the four Alliance work programmes)
- The Local Maternity System, (chaired by the Trust Chief Nurse)
- Digital Technology Workstream (with the Trust as the Chair of this Board)
- Estates Workstream
- Workforce Workstream
- Finance Technical Working Group

During 2019-20, in response to the formation of the Primary Care Networks (PCNs), the Trust allocated a link manager to each of the 11 PCNs for whom HUTH is the lead provider of secondary care. A number of these Trust representatives have been invited to join PCN Boards.

The Trust is jointly leading a Humber Acute Services Review within the HCP together with Northern Lincolnshire and Goole NHS Foundation Trust and the four Humber Clinical Commissioning Groups

The Trust has identified a risk to its strategic objective 'Partnership and Integration' related to the collective ability of the HCP to shape service reconfiguration in a way that meets the financial, quality and planning objectives as published in Humber Coast and Vale Sustainability and Transformation Plan. Increasingly, national funding allocations are being made through the HCP. The Trust, together with the partner organisations, needs to provide capacity and leadership to the HCP in order to achieve the system-wide goals which impact upon the Trust.

Research and Innovation

The Research and Innovation Strategy 2018-23 was approved by the Trust Board in July 2018. The strategy will be delivered through three key priority themes:

1. *A Research Aware Organisation*
2. *Positive, Proactive Partnerships*
3. *Reputation through Research*

Achievements in 2019-20 have been to:

- Generate institutional research awareness through metrics. The development of performance dashboards available on the staff intranet provide all staff with access to interactive, visually appealing reports that give real-time data intelligence for planning and forecasting purposes.
- Focus on involving Patient Research Ambassadors (PRAs) in co-design and review (via Trans-Humber Consumer Research Panel – hosted by HUTH).
- Achieve the Yorkshire and Humber target in the Patient Research Experience Survey 2019
- Put in place cluster arrangements (clinical Synergies) for multi-morbidity research: Diabetes + Renal, ICU + Infectious Diseases, Cardiology + Interventional Cardiology + Cardiothoracic Surgery.
- Achieve 'Provisional' accreditation status for the Hull Hospital Trial Unit (HHTU) confirmed by UKCRC. Full accreditation expected within 3 years.

- Currently sponsoring multiple NIHR grants with delegated management to HHTU.
- Consistently achieving $\geq 80\%$ of closed studies recruiting to time and target, ranked 3rd in Y&H for commercial recruitment. Attracting commercial work with new companies (paediatrics) and preferred site status with AbbVie (Oncology) and Novo Nordisk (Diabetes)
- 4 PhD Scholarships awarded in conjunction with University of Hull (2 Allied Health Professionals)
- 6 areas and individuals supported with protected time or methodological support following the award of 'Research Support Funding' from the Trust, the University of Hull and the Hull/York Medical School
- 2 R&D Funded Clinical Research Fellows appointed (Renal and Cardiothoracic Surgery)
- 4 further Clinical Research Fellows (funded from NIHR RCF or other external sources – 2 in Orthopaedics, 1 in Gastroenterology (IBD)), 1 in Renal).
- Lead Research Nurse appointed October 2019.
- Vascular AHP leading an NIHR grant.
- Secured 1 NIHR Senior Investigator Award (Prof Chetter, Vascular Surgery)
- Secured multiple Academic Clinical Fellows (ACFs) in key clinical and academic areas for appointment in 2020
- Developed an international research and innovation partnership with the Sri Ramachandra Institute in India, leading to a successful first joint conference in early 2020

The Trust will need to work within its resources. Nationally, there is a reduction in Clinical Research Network funding in 2020/21. The Trust is also having to manage a lack of capacity in support services (pharmacy, imaging, labs) to allow increased research volume and range.

Financial sustainability

The Trust is reporting an unadjusted deficit on the face of its Statement of Comprehensive Income for the year totalling £1m. Three adjustments are made to this figure to reflect technical accounting issues across the NHS. These are as follows:

- i. £11.7m impairment to the Trusts fixed asset base following a full site valuation exercise at 31 March 2020,
- ii. Removal of PSF income received in year but relating to 2019/20 totalling £0.6m.
- iii. £0.3m relating to donated assets received in year.

After allowing for these technical adjustments the Trust is reporting an adjusted financial surplus of £10.5m, which is in line with the Control Total set for the organisation at the start of the year.

This surplus includes £11.0m of Provider Sustainability and MRET Funding received in year and £1.7m of income to fund the additional costs of Covid-19 in the period to 31 March

The organisation's underlying financial health remains challenging with a recurrent deficit estimated at circa £9.0m. This reflects a continued reliance on non-recurrent income from commissioning partners and an inability to deliver recurrent cost savings across the organisation.

In terms of its own efficiency, the Trust continues to work through the recommendations of the Lord Carter Efficiency Review in addition to pursuing its own analysis of opportunities for increasing productivity and reducing cost. A steering group oversees this work, which also includes a number of regional collaborative opportunities. The Trust has participated in a number of Getting It Right First Time reviews and continues to work with the Operational Productivity directorate at NHS Improvement to identify and realise further areas for improvement.

The Trust invested £35.4m in capital expenditure in the period. This was funded through a combination of depreciation, charitable donations, public dividend capital and loan funding. This

programme reflects a significant investment in replacement infrastructure: in terms of medical equipment, backlog maintenance of our physical estate and essential digital infrastructure works including the continued replacement of the Trusts digital network.

Looking to the immediate future the Covid-19 Pandemic has significantly impacted on the Trust's ability to provide cost effective clinical services with reductions in productivity and capacity becoming more pronounced as the pandemic extends. The Trust will continue to work with system partners to develop services in line with emerging national planning guidance and will operate a financial system that delivers in line with national expectation.

Given the impact of Covid-19 it is highly unlikely that the organisation's strategic objective of returning to a recurrent financial balance within two years will be achieved.

Performance Summary

The year-end performance against the Trust's key 'responsiveness' indicators met the required standards for the following areas*:

- 12 hour trolley breaches
- Delayed Transfers of Care
- Cancer: 2 week wait Referral to Seen
- Cancer: 31-day Subsequent Drug cancer standard
- Cancer: 31-day Subsequent Radiotherapy cancer standard
- Stroke 60 minutes target
- Stroke Care
- Dementia: Aged 75 and over emergency admission greater than 72 hours

The year-end performance against the Trust's key 'responsiveness' indicators did not meet the required standards for the following areas*:

- 95% 4-hour Emergency Care Standard;
- Cancer: Symptomatic Breast 2 week wait Referral to Seen
- Cancer: 31-day Standard
- Cancer: 31 day Subsequent Surgery standard;
- Cancer: 62 day Referral to Treatment standard;
- Cancer: 62 day Screening Referral to Treatment standard;
- RTT Incomplete standard;
- 52 week breach standard;
- Patients not treated within 28 days of last minute cancellation standard;
- Diagnostic 6 week wait standard

(*Cancer data available up to February 2020 at the time of writing)

The year-end performance against the Trust's key 'safe' indicators met the required standards for the following areas:

- Potential under-reporting of patient safety incidents
- Patient safety alerts outstanding
- Mixed sex accommodations breaches
- *clostridium difficile* cases
- Escherichia coli cases

The year-end performance against the Trust's key 'safe' indicators did not meet the required standards for the following areas:

- Venous Thromboembolism (VTE) risk assessment
- Year-end position for emergency caesarean sections
- MRSA bacteraemia – 3 cases reported in 2010/20. The standard states to have zero cases

- Never Events

The year-end performance against the Trust's key 'effective' indicators met the required standards for the following areas:

- Hospital Standardised Mortality Rate (HSMR) at year-end
- Hospital Standardised Mortality Rate (HSMR) weekends at year-end
- 30 day re-admissions

The year-end performance against the Trust's key 'safe' indicators did not meet the required standards for the following area:

- Standardised Hospital Mortality Index (SHMI) at year-end

The year-end performance against the Trust's key 'caring' indicators met the required standards for the following areas:

- Inpatient Friends and Family test scores above the NHS England average
- Maternity Friends and Family test scores above the NHS England average

The year-end performance against the Trust's key 'caring' indicators did not meet the required standards for the following areas:

- Year-end Friends and Family test score above the NHS England average for A&E

There is more detailed analysis against performance further on in this annual report.

Chris Long
Chief Executive
DATE

PERFORMANCE ANALYSIS

This section of the Annual Report sets out our most important performance measures and tells you how we did against them in 2019-20.

GREAT STAFF

NHS Staff Survey Results 2019

In the previous national staff surveys 10 key themes were identified. This has been increased to 11 in the 2019 survey, with Team Working the new theme, as follows:

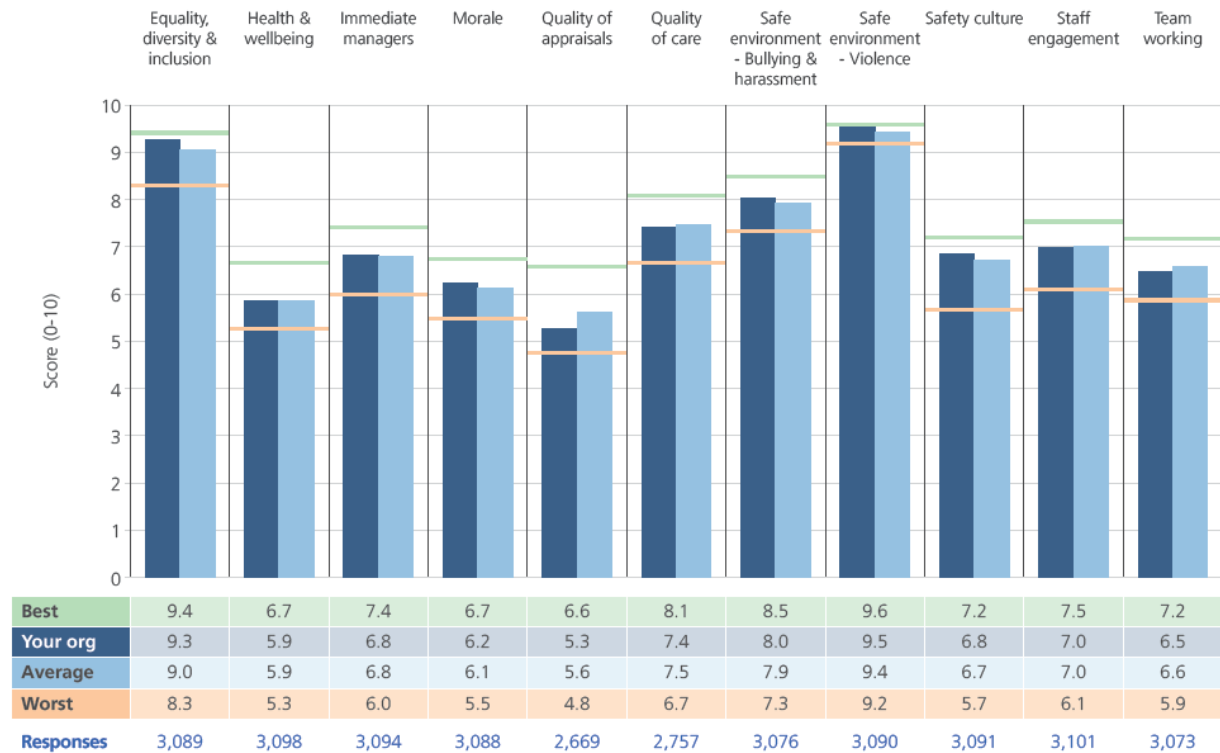
1. Staff Engagement
2. Safety Culture
3. Equality, Diversity and Inclusion
4. Health and Wellbeing
5. Immediate Managers
6. Morale
7. Quality of Appraisals
8. Quality of Care
9. Safe Environment – Bullying
10. Safe Environment – Violence
11. Team working

For each of the key themes organisations receive a score out of ten.

Capita has advised that where we can see our percentage scores for individual questions then only a shift of three or more percent represents a significant change from the previous year.

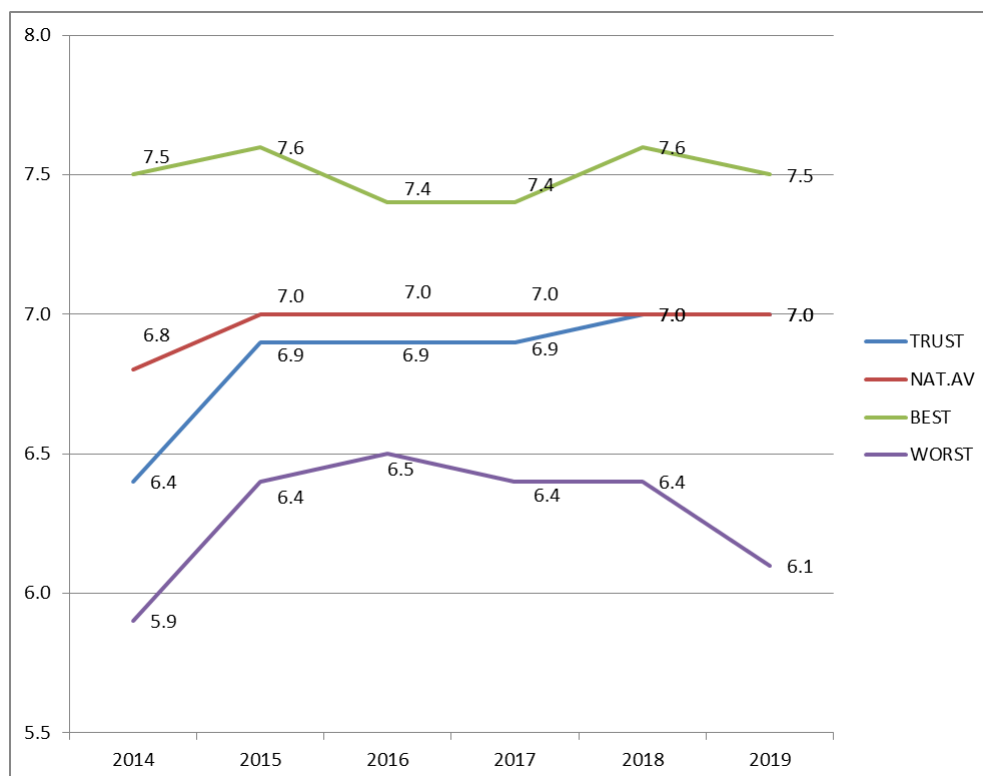
Key Themes

Overall the Trust is better than or equal to the national average for eight of the eleven key themes in the National Staff Survey. Quality of Care, Team Working and Quality of Appraisals are worse scores than the national average. The following section of the report provides the Trust's performance compared with the national average, best score in the NHS and worst score in the NHS for each of the eleven key themes. Trend data is visible for all indicators except Morale, which is calculated from a new set of questions in the survey.



i) Staff engagement

This is a key indicator for the Trust which aspires to be in the top 20% of organisations in 2020 for staff engagement. The Trust has sustained performance in terms of engagement, while both the best and worst scores in the country have deteriorated.

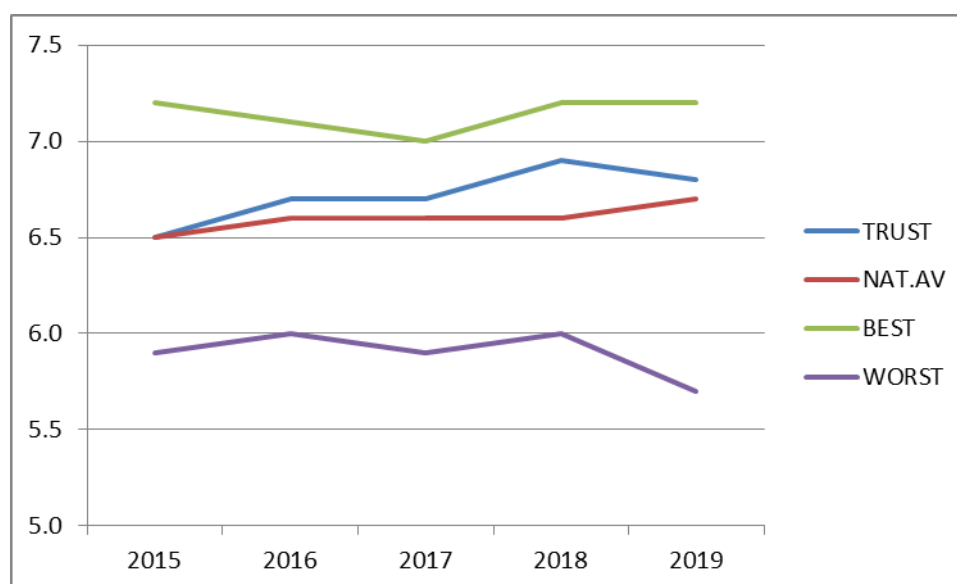


For the nine component questions the Trust has seen no significant change. As in previous years, the lowest scoring question is staff saying they are able to make improvements happen.

Question	2018	2019	Diff
I look forward to going to work	61.1	58.8	-2
I am enthusiastic about my job	75.2	75.0	0
Time passes quickly when I am working	77.3	76.5	-1
There are frequent opportunities for me to show initiative in my role	72.7	72.9	0
I am able to make suggestions to improve the work of my team/department	73.4	73.4	0
I am able to make improvements happen in my area of work	56.6	54.7	-2
Care of patients / service users is my organisation's top priority	74.3	74.7	0
I would recommend my organisation as a place to work	62.6	62.7	0
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	70.1	70.3	0
OVERALL SCORE FOR ENGAGEMENT	7.0	7.0	0

ii) Safety Culture

While the Trust remains ahead of the national average for Safety Culture our score has deteriorated while the national average has improved.

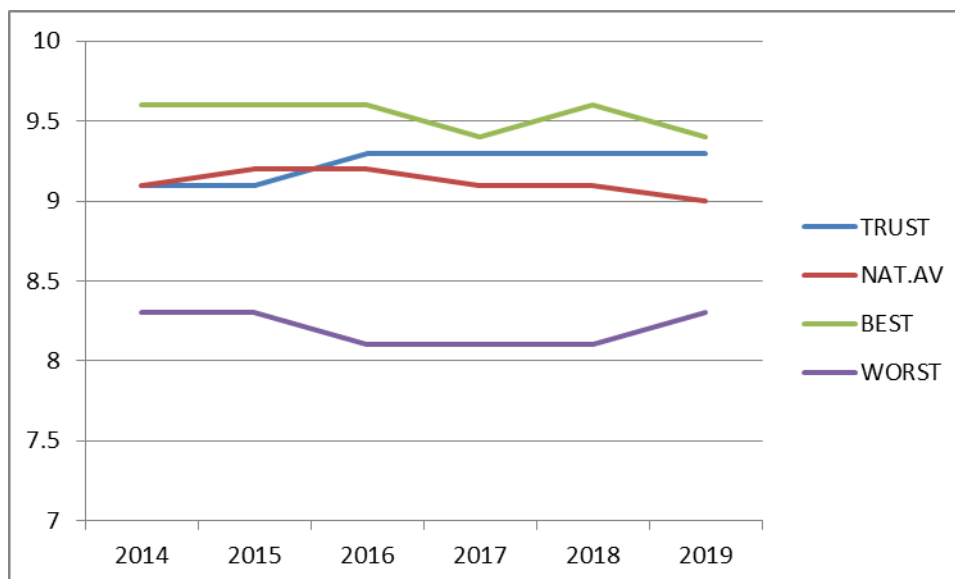


Six questions comprise this theme in the survey.

Question (%)	2018	2019	Diff
My organisation treats staff who are involved in an error, near miss or incident fairly	58.5	59.0	0
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again	75.0	74.8	0
We are given feedback about changes made in response to reported errors, near misses and incidents	68.8	67.4	-1
I would feel secure raising concerns about unsafe clinical practice	72.1	73.4	1
I am confident that my organisation would address my concern	62.0	60.7	-1
My organisation acts on concerns raised by patients / service users	72.3	71.5	-1

iii) Equality, diversity and inclusion

For Equality, Diversity and Inclusion the Trust's performance has remained static since the 2017 survey. For the theme as a whole however, the Trust is performing better than the national average, and almost as well as the best performing trusts in the country.



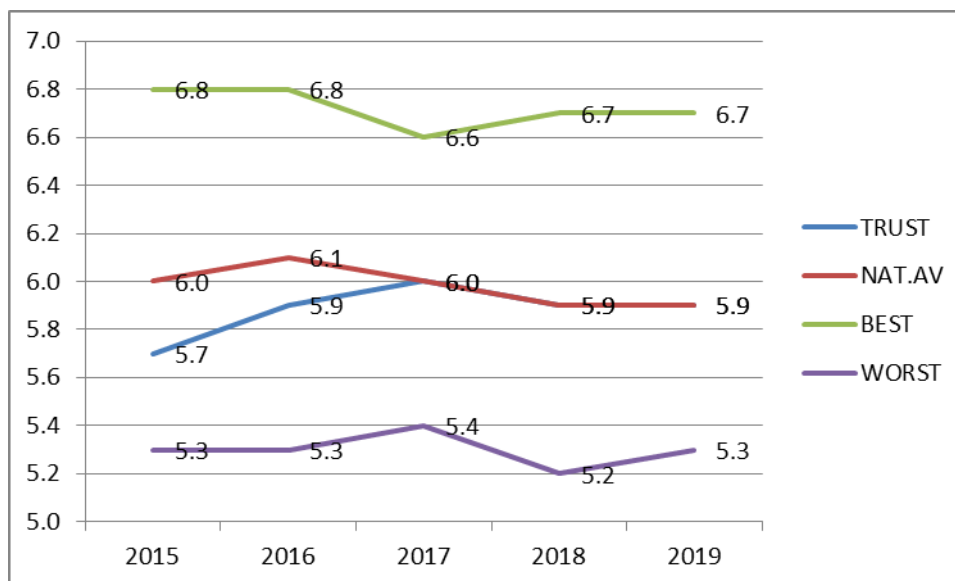
Four questions comprise this theme in the survey.

Question (%)	2018	2019	Diff
Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	88.7	87.5	-1
In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public? (low score is better)	4.1	4.1	0
In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues? (low score is better)	7.0	6.4	0
Has your employer made adequate adjustment(s) to enable you to carry out your work?	74.8	73.3	-1

All Health Groups are performing around the Trust average for this theme, however in Emergency Care staff do report greater incidences of discrimination from the public and service users than in other areas.

iv) Health and wellbeing

For the Health and Wellbeing theme the Trust is performing at the level of the national average.

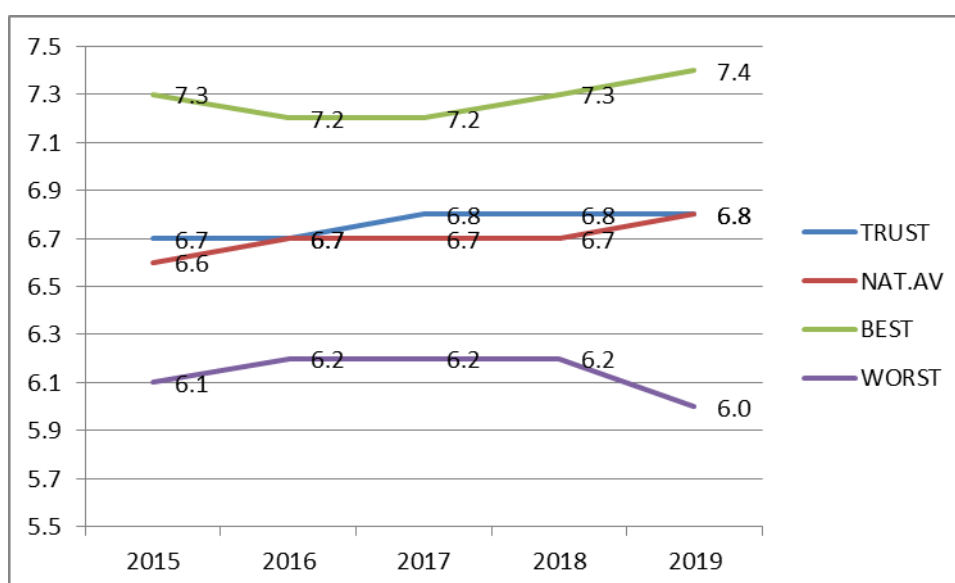


Five questions make up this theme in the survey.

Question (%)	2018	2019	Diff
The opportunities for flexible working patterns	52.9	52.3	0
Does your organisation take positive action on health and well-being?	27.0	27.5	0
In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? (low score is better)	28.5	28.2	0
During the last 12 months have you felt unwell as a result of work related stress? (low score is better)	39.1	40.4	-1
In the last three months have you ever come to work despite not feeling well enough to perform your duties? (low score is better)	54.3	56.5	-2

v) Immediate Managers

The Trust score has remained the same and due to an improving national picture we are performing at the level of the national average.



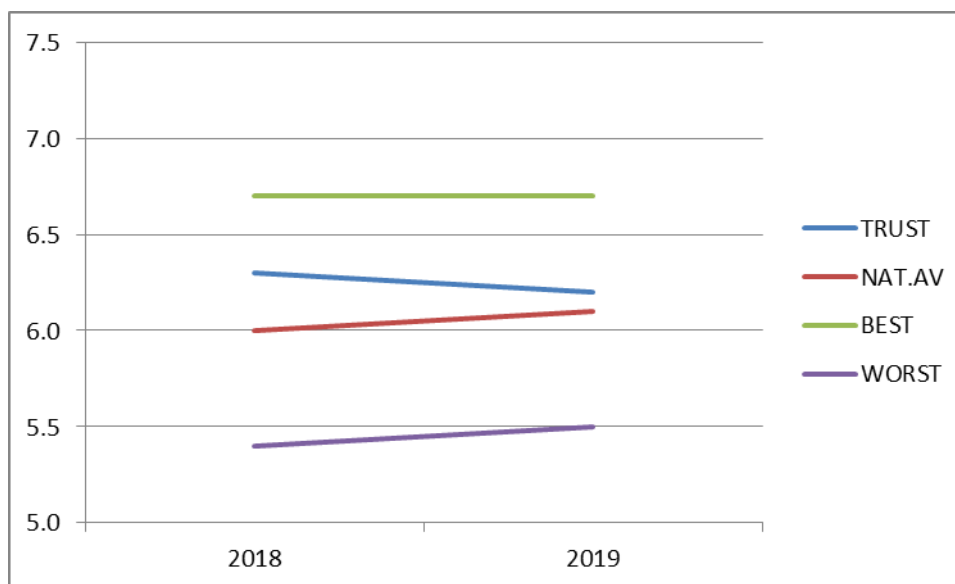
Six questions comprise this theme in the survey.

Question (%)	2018	2019	Diff
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The support I get from my immediate manager*	68.5	68.8	0
My immediate manager gives me clear feedback on my work	60.8	60.2	0
My immediate manager asks for my opinion before making decisions that affect my work	54.2	54.6	0
My immediate manager takes a positive interest in my health and well-being	67.4	67.7	1
My immediate manager values my work	71.3	70.1	-1
My manager supported me to receive this training, learning or development	58.9	57.0	-2

vi) Morale

2019 is the second year that a theme for morale has featured in the staff survey. The Trust is ahead of the national average for this theme although our score has deteriorated slightly.

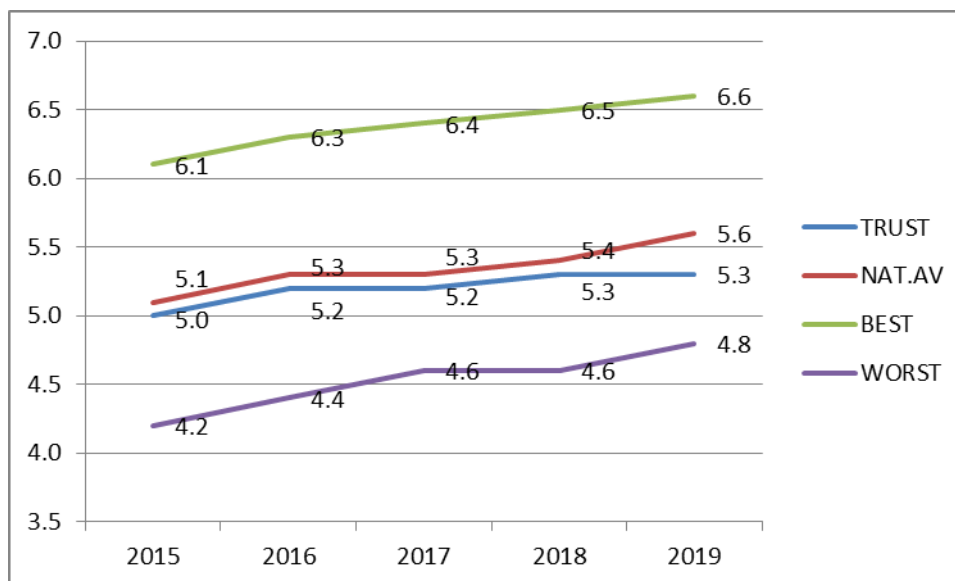


Nine questions comprise this theme in the survey.

Question (%)	2018	2019	Diff
I am involved in deciding on changes introduced that affect my work area / team / department	53.2	51.9	-1
I receive the respect I deserve from my colleagues at work*	68.8	67.7	-1
I have unrealistic time pressures	23.8	24.3	0
I have a choice in deciding how to do my work	56.6	55.3	-1
Relationships at work are strained	43.2	42.0	-1
My immediate manager encourages me at work *	67.6	67.7	0
I often think about leaving this organisation (low score is better)	26.0	26.4	0
I will probably look for a job at a new organisation in the next 12 months (low score is better)	15.0	17.1	-2
As soon as I can find another job, I will leave this organisation (low score is better)	10.0	12.3	-2

vii) Quality of appraisals

Overall the trust is behind the national average for this theme.

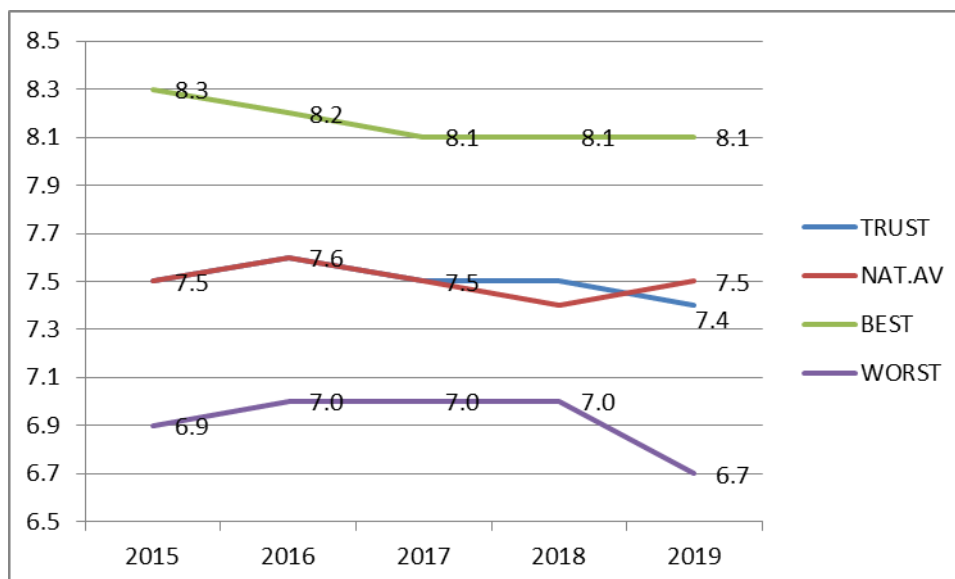


Four questions comprise this theme in the survey.

Question (%)	2018	2019	Diff
It helped me to improve how I do my job	23.2	22.8	0
It helped me agree clear objectives for my work	37.1	36.0	-1
It left me feeling that my work is valued by my organisation*	30.4	28.4	-2
The values of my organisation were discussed as part of the appraisal process*	33.4	31.6	-2

viii) Quality of Care

For the theme of Quality of Care the Trust is performing slightly below the national average.



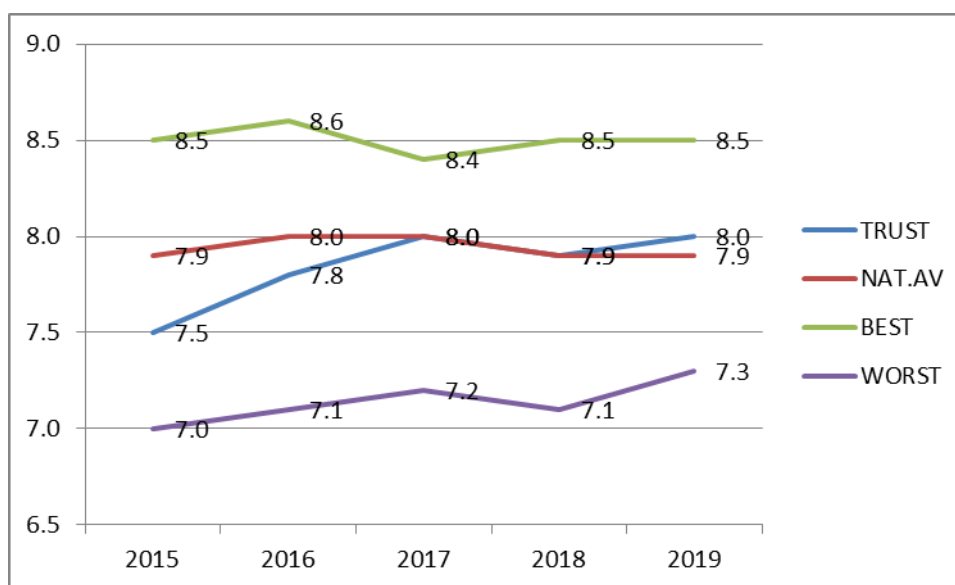
Three questions comprise this theme in the survey.

Question (%)	2018	2017	Diff
I am satisfied with the quality of care I give to patients / service users	81.5	79.7	-2
I feel that my role makes a difference to patients / service users*	88.8	88.1	-1
I am able to deliver the care I aspire to	68.1	67.3	-1

ix) Bullying and harassment

For the theme of bullying and harassment the Trust is performing better than the national average for the first time since we began analysing and benchmarking the national staff survey this data.

The Trust is closer to the best performing trusts in the country than the worst.

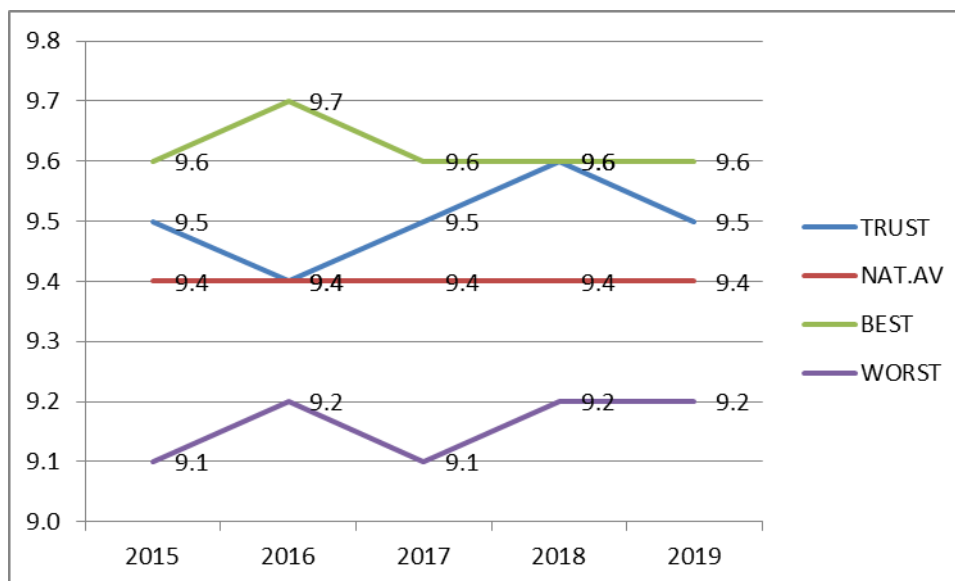


Three questions comprise this theme in the survey and for all indicators a low score is better than a high score. The Trust saw improvements against all three indicators, while nationally the picture deteriorated.

Question (%)	2018	2019	Diff
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?	26.3	25.7	1
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?*	15.5	13.5	2
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?*	22.1	20.4	2

x) Violence

For the theme of violence the Trust is performing almost as well as the best organisations in the country, although the overall score for this theme has deteriorated slightly in the last 12 months.



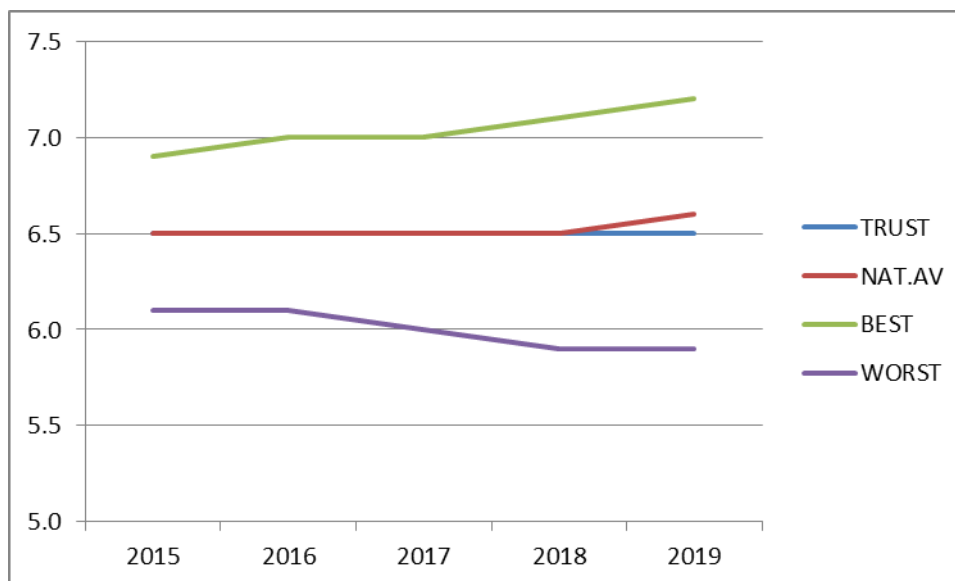
Three questions comprise this theme in the survey and for all indicators a low score is better than a high score.

Question (%)	2018	2019	Diff
In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?	11.7	11.9	0
In the last 12 months how many times have you personally experienced physical violence at work from managers?	0.5	0.5	0
In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	1.2	1.4	0

xi) Team working

Team working is a new theme introduced to the staff survey for the first time in 2019. There is strong evidence that teams, which have agreed objectives and which meet regularly to discuss their issues and performance against their objectives have more motivated and engaged staff. Evidence also suggests that these teams provide better and safer care.

Trend data is available for the Trust as the questions which make up this new theme are not themselves new to the survey. Overall the Trust is below the national average with performance static for the past five years.



Only two questions contribute to the Team Working theme:

Question (%)	2018	2019	Diff
The team I work in has a set of shared objectives	72.1	72.7	1
The team I work in often meets to discuss the teams effectiveness	56.6	56.1	-1

The Staff Survey results have been shared across the organisation and have been split per Health Group and service (where more than 10 staff completed the survey). Each team has been asked to draw up an action plan specific to their area to make improvements where their team score is below the Trust's average score. The responses to the staff survey are monitored monthly at the Performance and Accountability meetings with the Executive team and the Trust Board Workforce, Education and Culture Committee maintains oversight of the delivery of the People Strategy and how this is linked to improving organisational culture, as measured by the Staff Survey and quarter staff morale questionnaires.

Freedom to Speak Up Guardian

Since 2017, all Trust have been required to have a Freedom to Speak Up Guardian in place, as a member of staff who colleagues can talk to if they are concerned about speaking up about poor practice or behaviours. Since taking up the role, the Trust's Freedom of Speak Up Guardian has supported 71 members of staff (15 in 2017-18; 27 in 2018-19; 29 in 2019-20) and teams to raise their concerns about staff or patient welfare. As with the Staff Advice and Liaison Service, the Freedom to Speak Up Guardian helps to signpost and give advice on raising concerns, to be addressed by the Trust or within a team. The Freedom to Speak Up Guardian reports directly to the Trust Board on their work on a quarterly basis. The Freedom to Speak Up Guardian has reported on the types of concerns being raised through this role and through the Staff Advice and Liaison Service so that the Trust Board is sighted on the issues being raised up in the organisation. In the main, the issues raised are about poor communications and behaviours between team members or between a manager and a supervisee. The Freedom to Speak Up Guardian signposts staff to health and well-being support in a lot of her responses to staff to ensure each individual knows that speaking up issues can affect their health and that a number of sources of support are available.

Health, Wellbeing and Safety at Work

A key improvement area for the Trust since 2014 has been staff reporting issues of bullying and harassment. This work has also been enhanced with the development of the Equality and Inclusion Strategy and the adoption of the Workforce Race Equality Standard (WRES), which seek to ensure no member of the workforce is disadvantaged based on the ethnic background, gender, sexual orientation, disability or age. Whilst national reporting on the WRES has been

delayed for the 2019-20 data, the Trust continues to work on equality, diversity and inclusion through the People Strategy and supporting committee structure.

Over time the Trust has seen its performance improve against these indicators. As noted in the Staff Survey section, the Trust has seen a reduction of staff reporting they have experienced bullying and harassment to below the national average for the first time in 5 years.

The Trust has worked hard on its well-being offer to staff and launched Up!, the new branding for staff health and well-being in March 2020. Staff support is crucial and has increased even more during the Covid-19 pandemic, including 24/7 psychological first aid support, a range of mental well-being support, as well as practical support to staff including free meals, car parking and childcare.

Guardian of Safe Working

The Trust has in place a Guardian of Safe Working, to support and safeguard the working conditions for doctors in training (junior doctors). The Guardian of Safe Working monitors compliance with rotas and availability of training and support opportunities, as well as encouraging staff to exception report where they have worked additional hours or have queries about their rosters. The Guardian of Safe Working reports directly to the Trust Board on the quarterly basis.

The Guardian of Safe Working noted that the most common reason for submitting an exception report during the year appears to be related to staying beyond the contracted hours or support to educational and training opportunities. The Guardian of Safe Working has provided updates to the Trust Board on actions taken to address these issues, which include meeting with senior clinicians and education supervisors within specialties to plan improvements.

During the year, an updated Junior Doctor mess was created to provide better space for rest and recuperation, which has been warmly welcomed by our colleagues. In addition, senior staff attended the Junior Doctors' Forum by invitation to engage in the issues that would make a positive difference to junior doctors' experiences in the Trust. This year, invitations have been extended to the Chief Executive and Director of Workforce and Organisational Development. In addition, the Freedom to Speak Up Guardian has attended to introduce herself and her role, and provide assurance that speaking up is supported in the Trust.

Staff Support during Covid-19

The Staff Psychosocial Support Team was created week commencing 16th 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 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.

Workforce Equality

The Trust believes in fairness and equity and above all values diversity in all of our dealings, both as a provider of health services and employer of people. The Trust's Equality, Diversity and Inclusion Strategy, which feeds into the Trust's People Strategy 2019 to 2024, supports this vision by demonstrating our commitment to meeting the needs and wishes of local people and our staff, and the duties placed upon us by the Public Sector Equality Duty which was created by the Equality Act 2010.

In line with the Public Sector Equality Duty, the Trust is required to annually report on how large the pay gap is between their male and female employees via the Gender Pay Gap Report; the differences between the experience and treatment of White and BAME staff via the Workforce Race Equality Standard; and the differences between workplace experiences between Disabled and Non-Disabled staff via the Workforce Disability Equality Standard.

As at 31 March 2019, the Trust's mean gender pay gap is 29.04% (i.e. this means that women's average earnings are 29.04 less than men's). The median gender pay gap is 18.18% (i.e. this means that women's average median earnings are 18.18% less than men's). Further details on the Trust's Gender Pay Gap Report can be found in full in this report and also on the Trust's website

The Workforce Race Equality Standard report covering the period 1 April 2018 to 31 March 2019 showed a number of positive steps towards closing the gap between the experiences of White and BME staff in the Trust. Further details can be found in last year's annual report and also on the Trust's website.

In 2019, the Trust published its first Workforce Disability Equality Standard (WDES). The WDES is a set of ten specific measures which enables NHS organisations to compare the workplace experiences of Disabled and non-disabled staff. Further details can be found on the Trust's website.

Whilst the requirements of the general duty of the Equality Act 2010 remain in force, due to COVID-19, The Equality and Human Rights Commission has suspended Public Sector Equality Duty reporting obligations in England for 2020, meaning there is a **delayed** submission of the NHS Workforce Race Equality Standard (WRES) or the NHS Workforce Disability Equality Standard (WDES) this year. The Trust continues to be committed to the equality, diversity and inclusion agenda and ensuring that the principles of equality and inclusion are in all that we do

and will be publishing its data and analysis for the WRES and WDES for the new submission date later in 2020, and will be available from the Trust's website in due course.

Trade Union Facility Time

The Trade Union (Facility Time Publication Requirements) Regulations 2017 requires employers, including NHS Trusts, to report annually a range of data in relation to their usage and spend on trade union facility time.

The Government has confirmed that, due to the pressures faced by COVID-19, the deadline for reporting on trade union facilities time (time off from an individual's job to carry out a trade union role) will be extended from 31 July 2020 until 30 September 2020. This will cover the reporting period 1 April 2019 to 31 March 2020.

Whilst therefore not detailed in this Annual Report, the Trust will ensure it publishes its report separately by the revised national reporting deadline on the Trust's website and via the Government portal to enable it to be placed on the Gov.UK website.

Modern Slavery Statement

Following the introduction of the Modern Slavery Act in 2015, businesses are required to produce and publish on their website an annual modern statement within six months of the end of the financial year. This should set out the steps they have taken to identify and address their modern slavery risks, not only in their own business but also in supply chains.

In April 2020 the Government produced guidance, advising that businesses which need to delay the publication of their modern slavery statement by up to 6 months due to COVID-19 related pressures will not be penalised. On this basis, given current workloads and priorities associated with COVID-19, the Trust will delay publication until later in the year. The Statement, which will provide detail from 1 April 2019 to 31 March 2020, and Action Plan will be published on the Trust's website by 30 September 2020.

Golden Hearts nominations

The Trust celebrates its great staff each year through a staff awards scheme called the Golden Hearts. An extensive process to receive and review staff nominations in a number of categories is undertaken and a celebration event held where winners receive their awards.

The ninth annual Golden Hearts awards ceremony took place on 7th June 2019 to celebrate teams and individuals who go the extra mile for their patients, colleagues and services. Held at the Hilton Hotel, Hull, more than 400 people attended to see 15 awards given out to our very worthy winners.

The full list of 2019 Golden Hearts winners is as follows:

Award	Winner
Making it Better	HEY Baby Team
Great Leader	Lindsey Harding, Head of HR Advisory Service
Moments of Magic	Jenny Wilson, Nurse Auxiliary, Ward 5
Lifetime Achievement	David Haire, Project Director, Fundraising
Team Spirit	Renal, Dietetic Team
University Partnership Working	Respiratory Palliative Care Research Partnership
Lessons Learned	Karen Harrison, Tissue Viability

Apprentice of the Year	Andrew Eagle, Grounds and Gardens Team
Outstanding Team of the Year: Non-Clinical	Radiotherapy Physics Team
Outstanding Team of the Year: Clinical	Kidney Transplant Team
Outstanding Individual: Medical	Kamrudeen Mohammed – Consultant Diabetes and Endocrinology
Outstanding Individual: Nursing/Midwifery	Chloe Tennyson, Staff Nurse, Paediatric Outpatients
Outstanding Individual: Scientific, Therapeutic & Technical	Julie Randall, Pharmacy
Outstanding Individual: Non-Clinical	Stuart Cutts and Tania Hicks
Health Group Award	Clinical Support Services

Further information about our staff is set out in the Remuneration and Staff section of this Annual Report.

GREAT CARE

The Trust uses a number of performance indicators to measure the quality of care that it provides to its patients. The Trust sets its own quality and safety priorities, following consultation with stakeholders and these are published in the Trust's Quality Accounts. In addition, the Trust Development Authority (now NHS Improvement) has a number of mandated indicators which cover patient safety, infection control, clinical effectiveness, maternity, patient experience and NHS Constitution standards.

A number of performance standards in March 2020 were significantly affected by Covid-19 and the steps that

Quality Accounts 2019/20

Each year the Trust publishes its Quality Accounts. These contain the details of the quality and safety priorities for 2018/19 and how we performed against them. The Quality Accounts are published on NHS Choices webpage and also on the Trust's website. The Quality Accounts are published by 30 June and this Annual Report should be read in conjunction with the Quality Accounts.

Patient Safety

Domain	Indicator	Standard	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	2019/20
Safe	Occurrence of any Never Event	0	0	1	2	1	1	0	0	0	2	0	1	0	8
	Potential under-reporting of patient safety incidents (reported 6 months)	reduction	50.75						33.56						42.15
	VTE Risk Assessment	95%			92.63%			92.29%			92.12%			not yet published	92.35%
	Patient Safety Alerts Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MRSA Bacteraemias	0	0	0	1	0	1	0	0	0	0	0	0	1	3
	Clostridium Difficile	<=80 (19/20)	3	3	3	0	2	5	6	3	3	4	5	7	44
	Emergency C-section rate	<=12.1%	16.30%	18.50%	14.60%	17.70%	14.70%	20.20%	19.90%	16.80%	16.80%	19.60%	15.50%	14.50%	17.09%
	Stroke - % of patients spending at least 90% of their time on a Stroke Ward	≥80%	83.87%	88.73%	75.90%	80.22%	86.67%	86.96%	81.25%	85.29%	84.34%	83.53%	85.96%	72.73%	82.73%
	Stroke - % of patients admitted to a Stroke Ward within 4 hours via A&E	≥90%	77.60%	76.00%	81.50%	72.90%	82.00%	79.20%	78.00%	82.70%	69.00%	78.60%	71.10%	75.70%	77.00%
	Stroke - TIA Service: % of high risk patients treated within 24 hours	≥75%	100.00%	100.00%	100.00%	77.80%	100.00%	100.00%	100.00%	100.00%	100.00%	not yet published	not yet published	not yet published	96.80%
	Stroke - TIA Service: % of low-moderate risk patients receiving specialist assessment and brain scan within 7 days	≥95%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	not yet published	not yet published	not yet published	100.00%

The Trust has reported 8 Never Events this year; zero were reported last financial year. A full investigation has taken place for each incident. Whilst each incident was unrelated, there has been an issue with compliance with the Trust's safer surgical checklist policy, as measured through regular audits. The Trust invited a peer visit from NHS Improvement to look at the Trust's implementation of the safer surgical checklist and welcomes the insight provided by this team. The Trust has implemented more robust measures on its safer surgical checklist training, audit and policy.

The Trust was below the threshold for *clostridium difficile* cases and further information on infection prevention and control is given below. The Trust has maintained its position in responding to patient safety alerts throughout the year, as well as meeting three out of four stroke measures. The fourth measure is indicative of an issue that the Trust needs to address, around acute patient flow.

Areas where further improvements are required: The Trust continues to work on its compliance with Venous Thromboembolism Episode (VTE – a blood clot) risk assessments and acknowledges that compliance needs to reach the required standard in this area. The Trust is also reviewing its emergency Caesarean Section rate – the Trust has set a stretch target to below 12.1% against a national standard to be below 15%.

MRSA: please see infection prevention and control section below.

Infection Prevention and Control

CAI means Community Acquired Infection, i.e. an infection that originated outside of the organisation but required joint investigation and treatment by the Trust

Figures in red for 2019-20 indicate that the Trust's threshold was exceeded; green figures that the Trust remained under threshold

MRSA bacteraemia				
	2016/17	2017/18	2018/19	2019/20
Totals	2	1	4 (+2 CAI)	3 (+3 CAI)

Threshold for 2019/20 = 0

Clostridium difficile				
	2016/17	2017/18	2018/19	2019/20
Totals	45	38	32	34

Threshold for 2019/20 = 80

MSSA Bacteraemia				
	2016/17	2017/18	2018/19	2019/20
Totals	35	36	60	62

2019/20 threshold - there are no national thresholds for this infection but for 2019/20 there is a locally agreed CCG stretch target of 50 cases

E.coli Bacteraemia				
	2016/17	2017/18	2018/19	2019/20
Totals	81	110	112	120

Monitoring only – no threshold set

Klebsiella bacteraemia				
	2016/17	2017/18	2018/19	2019/20
Totals	-	28	33	44

Monitoring only – no threshold set

Pseudomonas Aeruginosa Bacteraemia				
	2016/17	2017/18	2018/19	2019/20
Totals	20	20	13	24

Monitoring only – no threshold set

In respect of MRSA, three Trust apportioned cases have been investigated, one deemed avoidable and two unavoidable. A further community apportioned case was deemed Trust apportioned in November 2021 and deemed avoidable. Lessons learned from avoidable cases are shared with the Health Group where the infection originated.

There were 62 Trust apportioned MSSA bacteraemia cases by year end with 18 reported in Quarter 4, an increase in number of cases reported for the same time period 2018/19. All Trust apportioned cases are investigated using a root cause analysis (RCA) process. Of the first 43 reported cases investigated, it was identified that 43% were linked to catheter use with the remainder mixed trends including pneumonia, surgical site infections, skin and soft tissue infections (pressure sores/leg ulcers), urinary tract infections, possible contaminant and some cases unknown source. Ongoing work around catheter usage continues with some cases being managed by other teams outside of the Trust. Updated bundles, competency training and education are part of this ongoing work.

34 hospital-onset healthcare associated *Clostridium difficile* cases and 14 community onset healthcare associated cases were reported. All 58 cases have been investigated using a root

cause analysis (RCA) process and tabled at a commissioner led HCAI review group. To date, of the cases tabled, 5 lapses in practice have been identified. These are fed back to the Health Group for lessons learned.

For the financial year 2019-20, PHE and NHS England require a year on year reduction in *E.coli* bacteraemia cases. In addition, NHS Trusts continue to report cases of bloodstream infections due to *Klebsiella* species and *Pseudomonas aeruginosa*. This is to support the government initiative to reduce Gram-negative bloodstream infections by delivering a 25% reduction by the financial year 2021-2022 with the full 50% by 2023-2024.

The focus of attention is on the reduction of urinary tract infections, which are responsible for the largest burden of *E.coli* infections. The Trust, along with system partners, across Hull and East Riding are involved in a number of projects to try and reduce the burden of these infections including prudent assessment of patients with suspected urinary tract infections and less reliance on inaccurate diagnostic tools.

In respect of the Trust's figures, 120 *E.coli* bacteraemia cases have been reported (112 in 2018/19), 43 *Klebsiella* (34 in 2018/19) and twenty four *Pseudomonas aeruginosa* (13 in 2018/19). Any differences should be treated with caution due to small numbers and natural variation. The Infection Prevention and Control team to monitor and review patient environments and identify any 'hot spot' areas for more preventative measures that could be taken.

In addition, Antimicrobial Resistance Commissioning for Quality Improvements (CQUINs) for 2019/20 are focusing on the improving the management of lower Urinary Tract Infection in older people (CQUIN 1a) both from a diagnostic and antibiotic treatment perspective. The main drivers are concerns over the high resistance rates to commonly-used antibiotics and, also, the learning around the care of patients with urinary catheters and indwelling vascular devices both in hospital and the community. The reviews of cases in 2019-20 suggest ongoing causes related to complex abdominal and urological surgery, biliary and urinary sepsis. Ongoing review of cases continues by the Infection Prevention and Control team, with those deemed possibly preventable or preventable requiring a Root Cause Analysis by the Health Group for cases related to urinary tract infections and delay in treatment.

Influenza activity in 2019-20 was mostly seen in during January–March 2020, with mainly Influenza A resulting in inpatient 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.

Novel Coronavirus 19 (Covid-19)

As at 31 March 2020, the Trust was part of the national NHS response to testing and treating patients with Covid-19. The Trust is reporting its figures through daily sit-rep nationally and these figures are published daily. The Trust has published its Surge and preparation plans and providing daily updates to all staff. This will be analysed in full in the 2020-21 annual report; current information can be found on the Trust's website. At present there is no NHS contractual monitoring or measurement of Covid-19, which applies to the above infection prevention and control areas. It is anticipated that this will change during the course of 2020-21 and therefore included in full in the next annual report.

Covid-19 preparation

The Trust has put in place a full surge plan, which was published to all staff on 7 April 2020 and made available to the public and the media at the same time. Within this, the Trust stood up a full incident command structure in early March 2020 to respond to national requirements on all NHS Trusts: all non-urgent elective activity was stood down by the end of March 2020, all

outpatient appointment activity was reviewed, maintained or postponed, with telephone and video conference appointments put in place where possible. The Trust's inpatient wards including critical care were fully reconfigured to have Covid-19 screening and Covid-19 positive patient wards, and Covid-19 negative wards. In addition, the Trust's Emergency Department was reconfigured into Covid-19 and non-Covid-19 areas. Patient visiting was suspended on 25 March 2020 apart from exceptional circumstances. Staff were rapidly retrained and redeployed in to key clinical areas in anticipation of a surge of Covid-19 patients, as well as putting in place a clinical prioritisation process to accommodate those patients still requiring urgent surgery, including cancer-related surgery. This was all commenced in March 2020 and completed by mid-April 2020. The Trust built upon its existing infection prevention and control practices around cohorting patients, adapting its Personal and Protective Equipment guidelines to all staff as new national guidance was issued, and reviewing all patient areas, such as waiting rooms, to maintain social distancing. The Trust's figures are shared nationally each day with Public Health England and monitors patient and staff testing rates. The Trust is a full partner of the Local Resilience Forum, which is ensuring all NHS Trusts have all appropriate measures in place and support each other, such as mutual aid on PPE and staff testing capacity.

Effectiveness

Single Oversight Framework (SOF) indicators 2019/20:

Domain	Indicator	Standard	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	2019/20
Effective	HSMR	< 100	87.5	93.5	86.4	83.4	81	96.7	85.9	100.4	100.7	99.7	not yet published	not yet published	91.8
	HSMR Weekend	< 100	108.2	72.7	91.3	114.9	72.2	77.1	90.6	120.7	89.7	117.6	not yet published	not yet published	96.2
	SHMI	< 100	101.7	107.3	101.7	106.4	98.1	105.5	106.2	not yet published	not yet published	not yet published	not yet published	not yet published	105.1
	Theatre Utilisation	90%	89.0%	87.9%	89.5%	84.0%	80.5%	86.6%	87.0%	89.0%	81.7%	87.7%	86.6%	69.8%	86.3%
	30 Day Readmissions	<=7.9%	8.5%	8.8%	7.9%	7.9%	8.2%	8.2%	8.5%	8.3%	8.5%	8.2%	7.4%	not yet published	8.2%

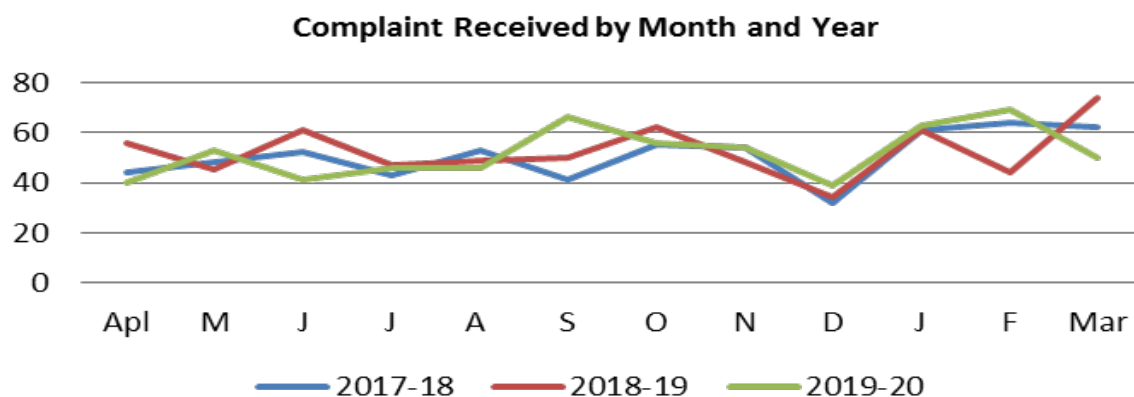
The Trust has in place a Mortality and Morbidity Committee, which is a multi-agency Committee across the Trust's Health Groups and including primary care colleagues.. The Committee undertakes more detailed analysis of the factor affecting mortality, and is making good progress against the requirements of the National Quality Board Learning from Deaths framework – at present the Trust is meeting all national requirements with this framework and the results of the Learning from Deaths reviews are reviewed at the Mortality and Morbidity Committee. The Committee has also received a deep dive in to the 30 days readmission figures to understand if particular clinical conditions were contributing to the slightly elevated figure recorded. This provided valuable insight in to the most common conditions with which patients were readmitted and whether these were avoidable.

Patient experience

Single Oversight Framework (SOF) indicators 2019/20:

Domain	Indicator	Standard	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	2019/20
Caring	Inpatient Scores from Friends and Family Test - % positive	-	97.83%	98.46%	97.97%	98.10%	98.62%	97.23%	97.69%	98.00%	99.23%	99.05%	98.31%	not yet published	98.23%
	A&E Scores from Friends and Family Test - % positive	-	80.98%	81.64%	83.53%	81.11%	81.09%	81.34%	79.04%	78.89%	78.20%	77.19%	78.22%	not yet published	80.11%
	Maternity Scores from Friends and Family Test - % Positive	-	100%	100%	98%	100%	100%	85.71%	100%	100%	100%	97%	100%	not yet published	98.00%
	Staff Surveys: FFT recommend the Trust as a place to work	-			68.5%			68.3%			62.7%			not yet published	66.50%
	Staff Surveys: FFT recommend the Trust as a place for care/treatment	-			81.6%			82.3%			70.3%			not yet published	78.10%
	Written Complaints Rate	Reduction	34	51	42	47	43	58	54	54	45	60	63	not yet published	551
	Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Complaints



Complaints by Health Group and Subject (primary)	Advice	Attitude	Care and Comfort	Communication	Delays, Waiting times and Cancellations	Discharge	Environment	Hotel	Safeguarding	Special Needs	Treatment	Total
Corporate Functions	0	1	0	3	1	0	0	0	0	0	0	5
Clinical Support	0	3	7	4	2	2	0	0	2	0	22	42
Emergency & Acute	0	3	3	3	5	1	0	1	0	0	49	65
Family & Women's	0	6	6	11	9	1	1	0	1	1	82	118
Medicine	2	9	45	11	9	17	0	3	4	0	85	185
Surgery	1	9	13	20	17	12	0	0	3	0	133	208
Totals:	3	31	74	52	43	33	1	4	10	1	371	623

This graph sets out comparative complaints data from 2017-18 to date. During the period 1 April 2019 to 31 March 2020, the Surgery Health Group (HG) received 208 complaints (33.3%), Medicine HG 185 (29.6%), Family and Women's HG 118 (19%), Emergency HG 65 (10.4%) and Cancer and Clinical Support HG 42 (6.7%) complaints. Five complaints were received for non-HG areas. The decrease in March 2020 is as a result of Covid-19 when a reduced number of complaints were received.

Complaints are not always reflective of activity in the month received and can often be about episodes of care several months, or even years previously.

In 2019/20, 606 formal complaints were closed. The Trust aims to close complaints within 40 working days and in 2019/20 67% of complaints were closed within this timescale. This is below the Trust's target of 85%. The Patient Experience team are working closely with the Health Groups to improve the closure of complaints in a timely manner. Treatment - not satisfied with plan remains the highest area for complaints (113), with outcome of surgery (72), outcome of treatment (59), diagnosis incorrect (46) and diagnosis delay (25) being the top five sub-subjects within treatment complaints.

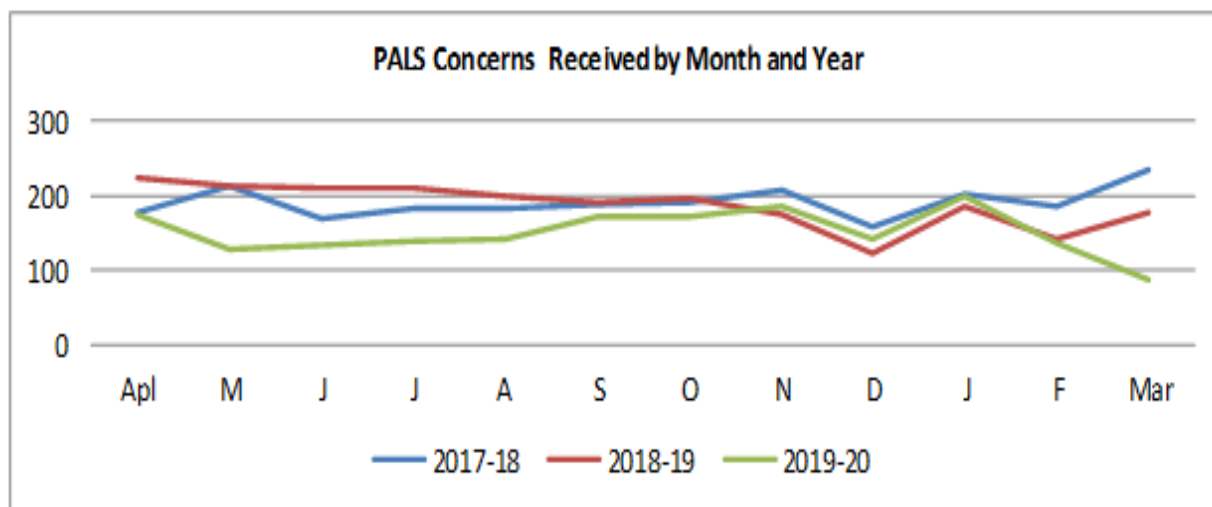
10 complaints were not investigated as the complainant had requested that it not be progressed, or the complaint was escalated for a serious incident investigation or de-escalated to PALS. 77 complaints were not upheld, 411 partly upheld and 108 upheld.

In respect of Covid-19 impact, complaints received after 23 March 2020, were held centrally for investigation to allow clinical staff to prioritise clinical duties initially. These complaints have been given a timescale of 60 working days and the Patient Experience Team will provide support as required.

Complaints closed within 40 working days 2018/19 (whole Trust):

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
77.5%	77.5%	81.6%	58.5%	72.5%	70.7%	76%	64%	56%	50%	60%	68%

Patient Advice and Liaison Service (PALS)



PALS by Type	2017/18	2018/19	2019/20
Comments and suggestions	27	15	21
Compliments	328	150	142
Concerns	2297	2253	1813
General Advice	805	467	296
Totals:	3457	2885	2273

The total number of concerns, compliments, comments and general advice contacts received by the PALS team for April 2019 – March 2020 was 2273, a decrease of 21% from the previous financial year. The lower figure in March 2020 can be attributed to Covid-19 when activity at the Trust and patient queries significantly reduced.

The PALS team is working closely with all Health Groups to close concerns within 5 working days. PALS has moved the electronic recording of cases to DATIXweb, which will allow a more robust reporting system. The team will be working with Health Groups to develop this aspect in the coming months. This will allow the triangulation of PALS, Complaints and Incidents down to specific ward/department level and enable theme and trends to be identified quickly.

Top 3 areas of concerns raised were:

Waiting time for an outpatient appointment, including follow-up appointment.

- Not satisfied with the treatment plan
- Unprofessional or inappropriate behaviour by staff

Compliments during 2019/20 were received for the following Health Groups:

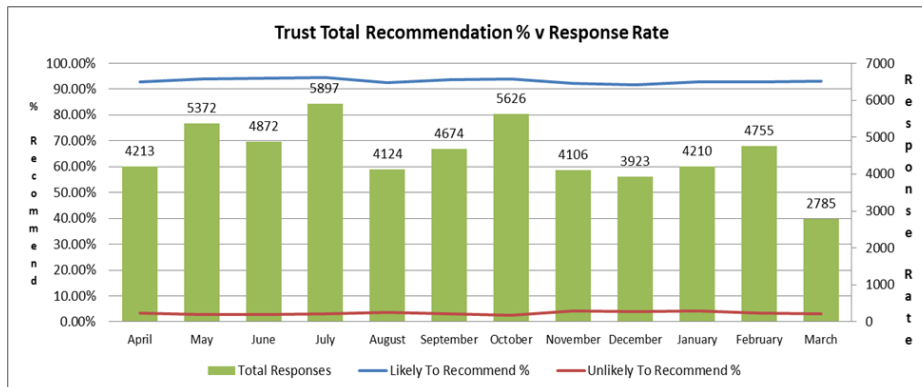
Clinical Support - 13; Emergency Medicine – 26; Family and Women's – 44; Medicine – 18; Surgery – 41

In addition to the compliments received by PALS, the Intensive Care Unit forwarded 25 letters of thank you for care provided by the nursing and medical teams

Parliamentary and Health Service Ombudsman

If the complainant remains dissatisfied with the response they receive, they can ask the Parliamentary and Health Service Ombudsman to independently review their complaint. During 2019/20 there were 3 new cases from a complaint referred to the PHSO, of which, 1 was not upheld and 2 were partially upheld.

Friends and Family Test (FFT)



In the last 12 months the Trust has received 54,557 pieces of feedback. Results are classified as Likely, Unlikely or Don't Know in respect of whether the individual would recommend the Trust's service to their friends and family. 93.28% of patients have said that they would be likely to recommend HUTH if they needed to receive care in the future and 3.33% of patients indicated they would be unlikely to recommend HUTH.

The Patient Experience team is in the process of re-launching the 'You Said We Did' feedback boards to inform patients how feedback is used to improve patient services.

Volunteer Services

Currently there are 461 volunteers at HUTH: 282 Adult volunteers and 179 Young Health Champions on the young volunteer programme across both sites. The Patient Experience Team is in the process of recruiting another 102 volunteers. The broad range of activities carried out by volunteers in the hospital is recognised by frontline staff and patients with volunteers having gifted 17,705 hours since April 2019.

The added value that volunteers bring into the organisation opportunities have been provided for the public to volunteer in departments other than clinical areas.

Patient Experience has been working to ensure the recruitment process is clearer and quicker for volunteers whilst remaining safe and that core principles of the Lampard enquiry (2015) are upheld when recruiting.

Each volunteer has access to the Trust's education website to complete mandatory training including Safeguarding, Information Governance and fire training before the recruitment process is complete. A volunteer induction is held monthly for new recruits, which volunteers must attend before actively volunteering. This gives assurance to the volunteer and the departments. The induction includes a presentation from the Infection Control Team and the Dining Companion Educators. The Voluntary Service Team has reviewed the new national learning hub for volunteering, which enables volunteers to gain a national certificate in volunteering. This is supported by Health Education England and covers the majority of mandatory training already on offer at the Trust. This will be reviewed further to consider the benefits for volunteers at HUTH.

Responsive

Single Oversight Framework (SOF) indicators 2019/20:

Domain	Indicator	Standard	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	2019/20
Responsive	Diagnostic Waiting Times: 6 Weeks	<=1%	4.59%	7.65%	8.71%	9.05%	11.22%	10.05%	9.23%	9.79%	10.71%	12.90%	11.54%	20.26%	10.56%
	Referral to Treatment Incomplete pathway	92%	76.16%	76.83%	75.75%	75.18%	73.13%	72.13%	71.14%	69.98%	69.66%	68.35%	68.14%	65.36%	
	Referral to Treatment Incomplete 52+ Week Waiters	0	0	0	0	0	0	0	0	1	0	1	0	86	
	Proportion of patients not treated within 28 days of last minute cancellation	0	4	4	0	0	0	0	0	2	2	1	5	2	
	A&E Waiting Times	95%	73.5%	75.2%	78.0%	74.5%	75.1%	73.9%	70.6%	66.9%	59.6%	60.4%	63.0%	71.7%	70.32%
	Ambulance turn around - number over 30 mins	0	786	754	741	922	893	812	1098	1294	1843	1515	1025	672	
	Ambulance turn around - number over 60 mins	0	129	133	185	174	197	249	357	422	813	671	384	193	
	Stranded Patients (21 days)	< 77 (Mar 20)	120	122	121	112	117	119	118	115	111	130	122	126	
	Two Week Wait Standard	>=93%	95.25%	94.15%	93.61%	92.85%	94.27%	93.20%	93.07%	89.50%	93.16%	90.80%	94.73%	not yet published	93.15%
	Breast Symptom Two Week Wait Standard	>=93%	82.14%	80.65%	84.14%	84.77%	88.00%	93.40%	91.91%	72.29%	79.08%	75.00%	91.67%	not yet published	83.82%
	31 Day Standard	>=96%	94.55%	92.26%	89.68%	90.74%	91.47%	90.83%	91.84%	90.12%	94.94%	89.13%	97.38%	not yet published	91.97%
	31 Day Subsequent Drug Standard	>=98%	100.00%	100.00%	100.00%	96.55%	100.00%	100.00%	100.00%	98.31%	100.00%	98.97%	100.00%	not yet published	99.39%
	31 Day Subsequent Radiotherapy Standard	>=94%	97.91%	98.90%	98.36%	98.73%	98.08%	98.70%	97.99%	100.00%	98.96%	96.60%	95.24%	not yet published	98.11%
	31 Day Subsequent Surgery Standard	>=94%	84.81%	80.26%	74.65%	87.69%	73.24%	83.33%	74.58%	83.82%	81.48%	72.88%	83.05%	not yet published	80.03%
	Cancer: 62 Day Standard	>=85%	73.05%	68.90%	63.89%	69.33%	65.91%	78.00%	73.50%	67.96%	68.20%	60.47%	67.07%	not yet published	63.96%
	Cancer: 62 Day Screening Standard	>=90%	76.60%	58.06%	76.12%	55.32%	69.64%	71.43%	68.97%	80.00%	70.00%	43.04%	39.66%	not yet published	66.80%
	Cancer 104 Day Waits	0	19	15	34	24	31	37	39	26	48	32	31	not yet published	
	Dementia: >=75 years Emergency Admission LOS >72 hours - Find	90%	90.1%	89.9%	90.2%	90.6%	90.3%	90.2%	90.3%	90.5%	90.0%	90.1%	90.1%	90.1%	90.2%
	Dementia: >=75 years Emergency Admission LOS >72 hours - Assess/Investigate	90%	100.0%	95.6%	97.5%	100.0%	100.0%	100.0%	100.0%	98.0%	98.4%	100.0%	100.0%	100.0%	99.1%
	Dementia: >=75 years Emergency Admission LOS >72 hours - Referral	90%	100.0%	97.6%	94.6%	100.0%	100.0%	97.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.2%

The Trust's position on 'responsive' was adversely affected in March 2020, following national directives to cancel elective procedures and outpatient clinics in order to create capacity for Covid-19 patients. Until this point, the Trust was on track to maintain 52-week breaches at two for the year, to maintain its waiting list volume to the required figure, to achieve the 2 week-wait standard for the year and achieve 2 out of 31-day cancer standards. Where the March 2020 data are already available, the data demonstrate the significant impact that these cancellations had on the performance the Trust was previously able to achieve.

Throughout the year, the Trust was not meeting the Emergency Department four-hour or ambulance handover targets, which had become the area of specific focus for the Trust Board. The Trust has not met the diagnostic waiting standard throughout the year and the reasons for this have been subject to detailed analysis and recovery planning.

The 18-week referral to treatment (RTT) pathway is reported against the NHS Constitutional Standard of 92% and the Trust's position remained as expected throughout the year, given that the Trust was not commissioned for the significant additional volumes of activity that reaching a waiting list position of 92% would have entailed. This will be impacted negatively by the Covid-19 measures on clinical activity and the Trust will need to put in place significant recovery planning following the anticipated surge in Covid-19 patients in order to mitigate any risk in patient harm due to longer waits for treatment.

Care Quality Commission Inspection

The Trust was inspected during 2019/20 by the Care Quality Commission. The Care Quality Commission undertook an inspection of the Trust's core services in March 2020 but due to Covid-19, was not able to complete the scheduled Use of Resource of Well-led assessments. The report from the unannounced core service inspections has not yet been received and therefore the Trust's current ratings are from the last inspection in February 2018 as follows:

	Safe	Effective	Caring	Responsive	Well-led
Overall domain for the Trust	Requires Improvement	Good	Good	Requires Improvement	Good
Overall Trust rating	Requires Improvement				

In response to previous inspections, the Trust incorporated new Quality Improvement Plan, to make progress against the areas identified by the CQC inspections and other quality improvement issues. The Trust puts in place an updated Quality Improvement Plan each year, which puts in place a project plan of improvement in particular areas of care and delivery; a significant amount of time and effort goes in to making improvements against the Quality Improvement Plan projects.

The projects from the 2019/20 Quality Improvement Plan was:

- Medicine Optimisation
- Deteriorating Patient
- Pressure Ulcers
- Nutrition
- Dementia
- Patient Experience
- Outpatients
- Acute Kidney Injury
- Mental Health

There has been a number of significant achievements in the delivery of the Quality Improvement Plan and there is good evidence that improvements and actions have been completed in relation to the CQC actions for Mental Health, Medicine Optimisation, Outpatients, Patient Experience and Dementia, however as these have not been formally re-assessed these could still remain a risk for the Trust. There continues to be a number of projects which have been unable to evidence a significant increase in performance despite completion of milestones, including some aspects of Nutrition, Dementia and Deteriorating Patient however these have remained high on the Trust's agenda and in particular for Deteriorating Patient and Nutrition, assurance has been received from the leads that progress was made via presentation to the January 2020 Quality Committee.

The Trust is currently setting its priorities for the QIP for 2020/21; this will need to take account of organisational capacity due to Covid-19 and any specific areas of improvement raised through the CQC's core service inspections once the report has been received.

A more detailed analysis of the Quality Improvement Plan is routinely contained in the Trust's Quality Accounts 2019/20, which will be available on the Trust's website by 30 June 2020.

Financial performance and organisational health

The financial position at year-end is summarised in the section above, and financial governance detailed further on in this report.

Other performance

Sustainable development

As an NHS organisation, and one that spends public funds, we have an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of rising cost of natural resources. Demonstrating that we consider the social and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met.

In order to fulfil our responsibilities for the role we play, the Trust has the following sustainability mission statement located in our sustainable healthcare strategy:

Sustainability in Healthcare is changing, not only do we have a responsibility as a provider organisation but as part of the wider NHS we have a huge part to play in the delivery of the nation's sustainability goals.

The NHS touches the lives and impacts the carbon foot print of almost every individual in the country. Consequently, we are reviewing how services are delivered now and in the future. The Trust continues to support an NHS that is working to reduce carbon emissions, minimising waste and pollution, making the best use of scarce resources. We need to build resilience to the effects of a changing climate and nurturing our communities. Working towards vertical integration of healthcare services, in partnership with our contractors and suppliers to ensure they to embrace our ethos.

Reporting on our performance is paramount to inform and educate us on the areas where our focus should be. It also provides us an opportunity to increase awareness in services that may not realise the contributions they can make. The Trust has been recognised nationally and was honoured to receive a certificate for 'Excellence in sustainability reporting' awarded by the Sustainable Development Unit (SDU), NHS Improvement and the Health Finance Managers Association (HFMA).

As a part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. It is our aim to meet this target by reducing our carbon emissions 28% by 2020 using 2013 as the baseline year.

One of the ways in which an organisation can embed sustainability is through the use of an SDMP. An update to our SDMP is required because it has not been approved by the board in the last 12 months.

We completed the Sustainable Development Assessment Tool (SDAT) tool during 2019/20 and are awaiting internal review prior to submission. The assessment proved useful to identify areas of potential improvement as well as good work that was previously not captured. An example of this was the work in recruitment team and requests from applicants for information on the Trust's work towards reducing its impact on the environment.

Our organisation evaluates the environmental and socio-economic opportunities during our procurement process, requesting and reviewing details from suppliers for environmental and

carbon management systems, including external certifications and strategies, as part of the decision-making process.

As an organisation that acknowledges its responsibility towards creating a sustainable future. We help to achieve that goal by running awareness campaigns that promote the benefits of sustainability to our staff.

Adaptation

Climate change brings new challenges to our business both in direct effects to the healthcare estates, but also to patient health. Examples of recent years include the effects of heat waves, extreme temperatures and prolonged periods of cold, floods, droughts etc. The organisation has identified the need for the development of a board-approved plan for future climate change risks affecting our area.

Green space and biodiversity

Currently the organisation does not have a formal approach to unlock the opportunity and benefits of natural capital within a healthcare environment in supporting the health and wellbeing of patient, staff and the community and to protect biodiversity.

Energy

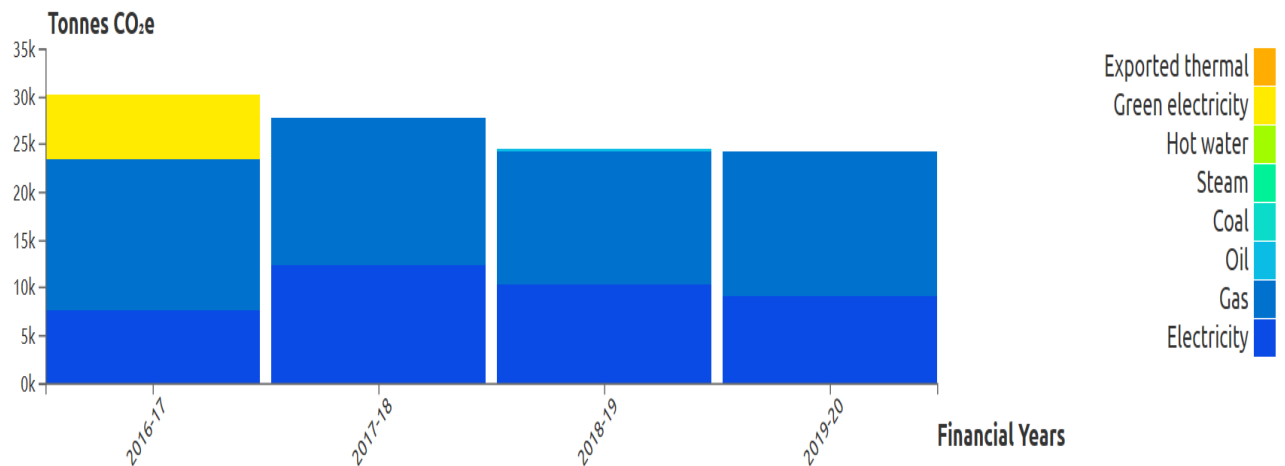
Energy consumption in kWh

	2016-17	2017-18	2018-19	2019-20
Electricity Consumed	14,635,689	27,497,952	29,045,520	28,530,717
Gas Consumed	75,731,540	72,563,655	67,254,657	72,996,079
Oil Consumed	298,298	258,110	633,914	0
Coal Consumed	0	0	0	0
Steam Consumed	0	0	0	0
Hot Water Consumed	0	0	0	0
Green electricity	12,978,818	0	0	0
Total	103,644,345	100,319,717	96,934,091	101,526,796

The Trust has spent £6,108,590 on energy in 2019/20, an increase of £568,417. This increase was due in part to the increase consumption and increases in the unit cost of the energy purchased.

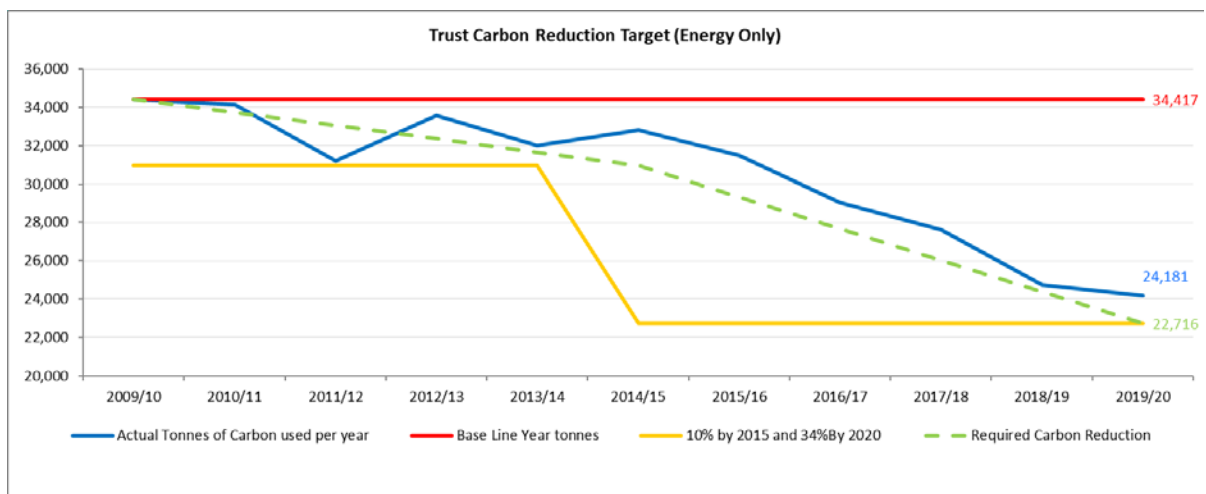
The significant increase seen in the consumption of gas was due to the low temperatures during 2019/20. The degree day records show 19/20 was just over 7% colder than 18/19 returning closer to the average after the notable warm year experienced in 18/19. The increase in gas consumption was in line with that predicted for the Trust heating requirements combined with the CHP returning to increased operating hours from the reduction seen the previous year.

Carbon Emissions



The Trust has reduced our emissions to 24,181 tonnes. Though this remains above our target it shows a positive trend in line with the return to an increased heating demand following the warm year and hence reduced gas demand experienced in 18/19.

A number of schemes to reduce the Trusts emissions have been implemented during the year but have not yet come on line. These include two new Combined Heat and Power (CHP) plants one 100kWe unit the other a large 1.5MWe plant to replace an aging 700kWe plant. These are scheduled to come on line early in 20/21.



Water

	2016-17	2017-18	2018-19	2019-20
Water volume (m³)	325,211	303,304	316,929	348,674
Waste water volume (m³)	260,169	242,643	252,366	278,939
Water and sewage cost (£)	690,421	655,861	656,471	750,431

The water consumption at the Trust has increased in the last year, the majority of this increase was due to leakage experienced on both of the Trust main sites. The Estates teams have worked hard on locating and repairing leaks and to minimise future leakage the Trust continues to invest in replacing the ageing water mains on the Castle Hill Hospital site. The CHH site has now reduced its water base line to the lowest rate seen and due to monitoring leaks that do occur are repaired more quickly than previously. There is work ongoing at the HRI and new monitoring equipment installed to locate leakage or inappropriate usage to replicate the work carried out on the CHH site.

Waste

Waste in tonnes

	2016-17	2017-18	2018-19	2019-20
Waste recycling weight	1,599	1,745	1,641	1,615
Other recovery weight	25	11	27	127
Incineration disposal weight	1,190	1,165	1,078	1,208
Landfill disposal weight	86	102	87	45
Total	2,900	3,023	2,833	2,995

There has been an increase in the amount of waste sent to incineration in the last year due to segregation and increased generation of healthcare waste. This increase was identified during the year and in response the Trust has put in place a waste team to audit all areas, provide training, support and advice. Numerous areas could improve segregation that would not only reduce the cost to the Trust but also improve the volume of waste able to be recycled while minimising the burden on the countries incineration facility. This team started late in the financial year so had little impact on the figures.

Due to issues with incineration capacity and movement of healthcare waste the volume figures are accurate to the best of our ability but may be subject to change following updated returns received after this report has been submitted.

Emergency Preparedness, Resilience and Response

2019-20 Emergency Preparedness, Resilience and Response Annual Assessment

Details of the 2019-20 EPRR annual assessment were received by the Trust Board in January 2020; this submission was delayed one month past the 31 October 2019 deadline in order to undertake further audit work to check consistency of the Trust's self-assessment position. This was accepted by NHS England, which oversees this work. The assessment is used by NHS England to seek assurance the NHS is prepared to respond to an emergency and has resilience in relation to the continuing provision of safe patient care.

A total of 64 EPRR standards are applicable to the Trust as an acute provider. In 2018/19 the Trust's self-assessment found that it was not fully compliant with 5 of the standards, resulting in an overall assessment of 'substantially compliant'. This was endorsed by the subsequent NHSE/I confirm and challenge process.

In 2019/20, the Trust's self-assessment against nationally revised standards is that overall the Trust is 'partially compliant'. Of the 64 standards, the Trust is fully compliant with 50 standards, partially compliant with 13 standards and non-compliant with 1 standard.

The draft assessment was reviewed in a workshop with peers from Yorkshire and Humber Trusts and the Regional NHSE&I EPRR Team. They are content with our assessment and action plan to address the 14 standards with which the Trust does not fully comply.

The results of the Trust assessment and action plan were reviewed by a Board Committee and submitted November 2019. These were subsequently received by the next available Trust Board meeting in January 2020. The Action Plan is monitored by the Trust Resilience Committee and reported quarterly at the Non Clinical Quality Committee.

The Trust's assessment is published on its website.

Data Quality

NHS number and general practice code validity

The Trust submitted records during the past year to the Secondary Users service for inclusion in the Hospital Episode Statistics, which are included in the latest published data. The percentage of records in the published data:

- Which included the patient's valid NHS number was:

99.86% for admitted patient care;
99.95% for outpatient care; and
99.07% for accident and emergency care.

- Which included the patient's valid General Medical Practice Code was:

100% for admitted patient care;
100% for outpatient care; and
100% for accident and emergency care

The Trust meets required standards in this domain.

Information Governance Toolkit – Data Protection and Security Toolkit

The Information Governance Toolkit (IG Toolkit) was replaced by a new Data Protection and Security Toolkit for 2018-19. This has moved the focus of information governance scrutiny in NHS organisations towards best practice in data and systems' security.

The Trust submitted its first position against these standards by the end of March 2019. A further return, originally due on 31 March 2020 for this financial year, has been delayed to 30 September 2020 by NHS Digital, due to organisational capacity for Covid-19.

The Trust's position in 2019-20 is that most standards are fully met, with an improvement plan to meet all standards as soon as possible.

The Trust's work on the Data Security and Protection toolkit was also subject to review by the Trust's internal auditors. The internal auditors reviewed a number of standards within three of the nine domains of the toolkit and found that the Trust's self-assessment position was

consistent with the evidence gathered to support these positions in all but two areas. The Trust has agreed actions to address these areas.

Clinical Coding Error Rate

The Trust was not subject to an external clinical coding audit during 2019/20. The recommendations below are drawn from speciality audits performed throughout 2019/20.

Recommendation	Priority	Progress Update	Status
R1 – Engagement should be encouraged with clinicians across all specialities with examples of good and bad coding to highlight where any problems are occurring and why, and the impact this has on coding outcomes.	High	The number of validation sessions has increased. In addition to previous areas; Vascular, Oral Surgery and Paediatric Surgery have been keen to be involved in validations.	Improved, on going
R2 - Achieve Mandatory level in all internal speciality audits.	High	An on-going audit and spot check programme is in place. Internal audits have shown a requirement for on-going training, a need for coders to spend more time reading documentation and better documentation.	Programme complete 2019/20. New programme to commence April 2020.
R3 – Ensure coders are maintaining standards and receive regular audit/spot check feedback.	Medium	Regular post audit/spot check feedback.	Feedback complete 2019/20
R4 – Ensure documentation is consistent and adequate for coding purposes.	Medium	Reviewed through audits and spot checks and when identified by individual coders. Some areas still to investigate and remedy.	On-going
R5 – Streamline coding processes to allow more time to review documentation	Medium	Continually assessing viability of electronic sources over case notes. Changes made where practicable.	On-going.

An NHS England audit was undertaken in 2019/20 looking at 2018/19 data with the scores as follows

Primary Diagnosis correct	Secondary Diagnosis correct	Primary procedure correct	Secondary procedure correct
96.3%	94.5%	100%	94.5%

ELIMINATING MIXED-SEX ACCOMMODATION (EMSA)

DECLARATION OF COMPLIANCE 2019/20

Hull University Teaching Hospitals NHS Trust is able to confirm that mixed sex accommodation has been virtually eliminated in all of its hospitals.

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. Hull University Teaching Hospitals NHS Trust is committed to providing every patient with same gender accommodation to help safeguard their privacy and dignity when they are often at their most vulnerable.

The Trust is able to confirm that mixed gender accommodation has been virtually eliminated in the Trust. Apart from a few exceptions for clinically justifiable reasons, patients who are admitted to any of our hospitals will only share the room where they sleep with people of the same gender. In addition, same gender toilets and bathing facilities will be as close to their bed area as possible.

Wards within the Trust are grouped according to their clinical specialties. This allows patients with similar conditions to be cared for in one area with staff that are experienced in this type of care. This means that men and women may be on the same ward but will not share sleeping, bathing or toilet facilities.

There are some exceptions to this. Sharing with people of the opposite gender will happen sometimes. This will only happen by exception and will be based on clinical need in areas such as intensive/critical care units, emergency care areas and some high observation bays. In these instances, every effort will be made to rectify the situation as soon as is reasonably practicable and staff will take extra care to ensure that the privacy and dignity of patients and service users is maintained.

How well are we doing in meeting these standards?

The Trust has made physical changes to many inpatient accommodation areas to provide privacy screening/partitioning and additional toilet and bathing facilities. Toilet and bathroom signage has also been improved and this work continues. New ward accommodation that has been built in the last 12 months has maintained single-sex standards.

The Trust is required to report any breaches of the Eliminating Mixed Sex Accommodation (EMSA) standards to its commissioners. The Trust can be subject to a financial penalty of £250 for each of these breaches. In 2019/20, there were no breaches of these standards.

The Trust has not received any contacts through its Patient Advice and Liaison Service (PALS) or any formal complaints relating to mixed sex accommodation concerns during 2019/20.

INFORMATION FOR PATIENTS AND SERVICE USERS

‘Same gender-accommodation’ means:

- The **room where your bed is** will only have patients of the same gender as you, and;
- Your **toilet and bathroom** will be just for your gender, and will be close to your bed area

It is possible that there will be both male and female patients on the ward but, apart from a few exceptions for clinically-justifiable reasons such as in intensive care or high dependency areas, they will not share your sleeping area. You may have to cross a ward corridor to reach your bathroom, but you will not have to walk through sleeping areas that are designated for people of the opposite gender to you.

You may share some communal space, such as day rooms or dining rooms, and it is very likely that you will see both men and women patients as you move around the hospital (e.g. on your way to X-ray or the operating theatre).

Also, it is most likely that visitors of the opposite gender will come into the room where your bed is, and this may include patients visiting one other.

It is almost certain that both male and female nurses, doctors and other staff will come into your bed space/area.

If you need help to use the toilet or take a bath that requires special equipment to help secure your care and safety (e.g. you need a hoist or special bath), then you may be taken to a “unisex” bathroom used by both men and women, but a member of staff will be with you, and other patients will not be in the bathroom at the same time as you.

The NHS and Hull University Teaching Hospitals NHS Trust will not turn patients away just because a “right-gender” bed is not immediately available for them. The patient’s clinical need(s) will always take precedence.

What do I do if I think I am in mixed sex accommodation?

If you think you are in mixed accommodation and shouldn’t be then please speak with the nurse in charge of the ward or area. This will be taken extremely seriously by staff and action will be taken to explain the reasons behind this and assurance will be provided that you will be moved to a same gender area/bay as soon as is reasonably practicable.

The Trust also wants to know about your experiences. Please contact the Patient Advice and Liaison Service (PALS) on telephone **01482 623065** or via email at: pals.hey@hey.nhs.uk if you have any comments or concerns about single gender accommodation. Thank you.

Signed:

Terry Moran CB
Chairman

Chris Long
Chief Executive

DATE

GREAT FUTURE

2019-20 has been another positive year for the HUTH Improvement Programme (HIP). The benefits from the various programmes have been:

- **OPTimise - Outpatient Programme**
Comprised of the End-to-End Services Review and Outpatients Pathway review, this programme looks at all aspects of our service from the systems and technology we use to the way and where we have conversations about our patients' health. It has delivered:
 - The successful transition of 750 staff into the Clinical Administration Service (CAS) and its Hub structure in December 2019. CAS processes, staffing and structures are delivering safer, more reliable care at cost savings – securing our services into the future
 - The End-to-End Services Review delivered £240k in savings with £310k recurrent annual savings year on year
 - Outpatients Pathways improvements increased productivity saving £34.8k and created £187.1k in cost avoidance
 - Clinical validation and nurse led clinics released 60 sessions of clinic capacity enabling an 11% reduction in patients who are overdue for review, saving an additional £21k
- **Unplanned Care Delivery Programme**
Part of the Hull and East Riding A&E Delivery Board, HUTH contributes to a number of programmes aimed at improving Urgent and Emergency Care through close partnership working and by improving our ED 4 hour performance. The HIP team have provided the programme management as well as project management leading the SAFER project – reducing delays for patients in adult inpatient wards (excluding maternity).
- **Getting It Right The First Time (GIRFT)**
Supporting our Chief Medical Officer, the HIP Team have provided project management support for this clinical programme ensuring there is good governance and oversight of the specialty programmes.
- **Improvement Capability & Capacity**
 - The HIP team outlined a 3-year development programme to increase our improvement capability and capacity informed directly by our *Trust Strategy* and our *People Strategy*. Through this programme and the wider strategic programme of cultural change activity, the staff engagement score for the organisation has steadily improved and is now above the national average.
 - Staff access development and learn *The Hull Improvement Approach* through HIP supported delivery of improvement programmes led by front line staff, through our expanded skills development programme, through our self-service offering on Pattie and through our developing community of expert practice.
 - We work closely with the Hull York Medical School training our future doctors and with partners in Health Education England.
 - We train individuals, teams, and support our Leadership Development Programme, training more than 480 staff to use *The Hull Improvement Approach* over the last 5 years.

Supported by members of the HIP Team, the Trust received the following awards:

- 2019 BAME Clinical Champion Award – Miss Uma Rajesh
- 2019 BAME Ground-breaking Researcher Award – Prof. Shaji Sebastian

The Trust was shortlisted for the following awards:

- 2019 BAME Compassionate Leader Award – CEO Chris Long

- 2019 BAME Inspiring Diversity & Inclusion Lead Award – Louise Beedle
- 2019 BAME Health & Wellbeing Advocate Award – Melanie Lee
- 2019 Clinical Champion Award – Dr Raghuram Lakshminarayan

This national recognition of the Trust's work to improve patient care is always welcome and an opportunity to network and learn further from others.

In 2020-21 the improvement programmes are:

- OPTimise - Outpatient Programme
- Unplanned Care Delivery Programme
- Hospital Improvement Programme
- Getting It Right The First Time (GIRFT)
- Improvement Capability & Capacity
- Family & Women's Health Group Theatres Improvement Project

Chris Long
Chief Executive
DATE

ACCOUNTABILITY REPORT

Corporate Governance Report

Directors Report

The Chairman of the Trust during 2019/20 was Mr Terry Moran CB, and the Chief Executive was Mr Chris Long.

The Trust Board comprises the Chairman, six voting Non-Executive Directors and five voting Executive Directors. The five Executive Directors with voting rights are the Chief Executive, Chief Nurse, Chief Financial Officer, Chief Medical Officer and the Chief Operating Officer. Three other Directors attended the Trust Board throughout 2018/19 but they do not have voting rights. These were the Director of Strategy and Planning, the Director of Workforce and the Director of Corporate Affairs. Four Board members have a clinically-related background. These are the Chief Nurse, the Chief Medical Officer and two Non-Executive Directors (a Consultant Gastroenterologist (also a professor in this speciality) and the Dean of the School of Health and Social Care at the University of Hull (also a professor of midwifery). Due to the resignation of one of the Non-Executive Directors after becoming the portfolio holder for adult services at East Riding of Yorkshire Council, the Associate Non-Executive Director who had been appointed to the Trust from 1 April 2019 for a period of two years was successfully appointed as a substantive Non-Executive Director in September 2019.

Terms of Office of Non-Executive Directors

The Non-Executive Directors were appointed to the Board by NHS Improvement. Non-Executive Directors can be appointed for a maximum of 3 terms (up to 9 years). There is one exception: as the Trust is an NHS organisation with a significant teaching commitment, the University of Hull appoints one of the Trust's Non-Executive Directors. This post-holder left their position at the University of Hull and the Non-Executive role on 28 February 2020 due to a career development opportunity overseas. This Non-Executive role was vacant for the month of March 2020.

Terms of office – Non-Executive Directors

Name	Position	Current Term Commenced	Term Ends
Mr T Moran	Chairman	September 2018	March 2022
Mr M Gore	Non-Executive Director	July 2017	March 2020
Mr S Hall	Non-Executive Director	July 2017	September 2019
Mrs V Walker	Non-Executive Director	July 2017	September 2019
Mrs T Christmas	Non-Executive Director	September 2019	September 2021
Prof. M Veysey	Non-Executive Director	April 2018	March 2022
Prof. Julie Jomeen	Non-Executive Director (University of Hull nominated)	January 2019 Resigned Feb 2020	December 2020
Mr T Curry	Associate Non-Executive Director Non-Executive Director	April 2019 October 2019	September 2019 September 2021

The biographies of the Chairman and the Chief Executive together with other Board members are set out below.

Chairman and Non-Executive Directors

	<p>Terry Moran CB – Chair</p> <p>Terry was appointed as Chairman to the Trust on 1 April 2017. Terry retired in March 2013 following a 36-year career in the Civil Service. His most recent appointment was as Second Permanent Secretary at the Department for Work and Pensions.</p> <p>He joined the civil service in 1977 straight from school as a clerical assistant and spent his first 12 years working in local offices in Yorkshire and London. The remainder of his career saw</p>
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	<p>him move into senior regional and national roles including advising successive governments on policy changes and operations. This included the positions of Chief Operating Officer for the Department of Work and Pensions, Chief Executive of the Pension, Disability and Carers Service, Chief Executive of The Pension Service, Chief Executive of the Disability and Carers Service, Director, Jobcentre Plus, North West Region and Director, Benefits Agency, Yorkshire and Humber Region</p> <p>He successfully completed the Advanced Management Programme at Harvard Business School in 2005.</p> <p>He was previously Chair of Trustees at Together for Short Lives and a Trustee on the national Board of Victim Support, Chair of the Diversity Council from 2005-2008, and a Trustee on the Board of the Social Care Institute for Excellence. He has previous service as an NHS Non-Executive Director, with 18 months' service at Mid Yorkshire Hospitals Trust.</p> <p>He was appointed a Companion of the Order of the Bath (CB) in HM The Queen's Birthday Honours List 2007.</p>
	<p>Vanessa Walker – Non-Executive Director and Vice Chair from 1 January 2019 – resigned 30 September 2019</p> <p>Vanessa was appointed in July 2015. She was previously a Non-Executive Director with Humber NHS Foundation Trust. Vanessa has more than 30 years' experience working across the NHS, civil services and local government. She has a strong track record of leading strategic change programmes designed to improve organisational culture and performance. Vanessa is an elected member of East Riding of Yorkshire Council. Vanessa took on the Vice Chair role on 1 January 2019.</p>
	<p>Martin Gore – Non-Executive Director</p> <p>Martin was appointed in January 2015. His previous role was at the Humberside Probation Trust as a Director of Corporate Services. He is a qualified accountant. He brings with him more than 25 years' experience of working at board level and in senior finance roles, as well as extensive experience of the private sector.</p>
	<p>Stuart Hall – Non-Executive Director and Vice Chair from 1 October 2019</p> <p>Stuart was appointed in January 2015. He spent a large part of his career working with FTSE 100 company, Santander. A fellow of the Chartered Institute of Bankers, Stuart is experienced in a range of areas from governance and HR to strategy development, and a Director of a Community Interest Company specialising in vocational training and end of life care.</p>
	<p>Tracey Christmas – Non-Executive Director</p> <p>Tracey was appointed in July 2015. Tracey has extensive knowledge of both the public and private sectors, predominantly in finance and corporate services roles. Tracey is a Finance Business Partner for the Ministry of Justice/National Offender Management Service working within the Yorkshire Region at HMP Full Sutton and HMP Hatfield. She is also a past president of the ACCA Women's Society and International Assembly UK Representative, and is currently an elected representative for Yorkshire and the North East on the ACCA's Strategy Implementation Committee. Tracey has previously served as a Non-Executive Director of Eastern Hull NHS Primary Care Trust.</p>
	<p>Martin Veysey – Non-Executive Director</p> <p>Martin joined as Associate Non-Executive Director in September 2017 and became Non-Executive Director in April 2018. Martin is a Professor of Gastroenterology at the University of Hull, and holds an Honorary Consultant Gastroenterologist appointment at York Teaching Hospitals NHS Foundation Trust. He has over 25 years' experience in healthcare and higher education both in the UK and, more recently, in Australia. In February 2017, Martin joined The Hull York Medical School as Programme Director of the MBBS. His research interests include medical education, molecular nutrition and luminal gastrointestinal disease.</p>
	<p>Julie Jomeen – Associate Non-Executive Director April – December 2018; Non-Executive Director from 1 January 2019 – resigned 28 February 2020</p> <p>Julie is Professor of Midwifery and Dean of the Faculty of Health Sciences at the University of Hull. She holds the University Non-Executive seat on the Trust Board effective from 1 March 2019 (at the date of the Trust's name change). A key focus of Julie's academic work is on</p>

	issues of perinatal mental health and psychological health in childbearing women. Julie's research profile covers national and international collaborations including serviced development work and practitioner training initiatives. Julie is passionate about research roles and capacity-building in organisations.
	<p>Tony Curry - Associate Non-Executive Director April – September 2019; Non-Executive Director from October 2019</p> <p>Tony was appointed in April 2019 and has held senior appointments in higher education, financial services and manufacturing and also as a director with PricewaterhouseCoopers. He has over 40 years' information technology experience working in the UK and internationally. Over the past decade he has had a particular focus on strategy and transformation programmes which exploit the advances in mobile and self-service technologies.</p>

Executive Directors

	<p>Chris Long – Chief Executive Officer</p> <p>Chris has a wealth of NHS experience, including four years with the former Scarborough and North East Yorkshire Hospitals NHS Trust as Executive Director of Operations and, more recently, seven years as Chief Executive of Hull Teaching Primary Care Trust (PCT) between 2006 and 2013. Prior to joining the NHS, Chris spent 12 years in the Army, and before joining Hull and East Yorkshire Hospitals NHS Trust in 2014, he worked as the Area Director for NHS England's Locality Team in Yorkshire and the Humber.</p>
	<p>Lee Bond – Chief Financial Officer</p> <p>Lee was appointed in March 2013. Prior to this he was a Director of Business Delivery within the Trust and before that Director of Finance at Central Manchester University Hospitals NHS Foundation Trust. His previous Director of Finance posts include Sherwood Forest Hospitals NHS FT and Sheffield Children's NHS FT.</p>
	<p>Makini Purva –Chief Medical Officer</p> <p>Dr Makani Purva took up the substantive post of Chief Medical Officer on 1 July 2019; Dr Purva was interim Chief Medical Officer from August 2018. She is a Consultant Anaesthetist at the Trust, specialising in Obstetrics. She is the former Director of Simulation at the Hull Institute of Learning and Simulation. She has a particular interest in supporting innovation, and is assisting with the Trust's international recruitment strategy, as well as taking a lead role in developing the Trust's relationship with the Sri Ramachandra Medical Institute in India.</p>
	<p>Beverley Geary – Chief Nurse</p> <p>Beverley has been a nurse for over 30 years and joined the Trust on 1 March 2019. She has worked in a number of acute providers across the region working predominately in medical specialities. She also has experience in education and mental health. Some of her senior nursing roles have included quality governance and patient experience leads. Most recently Beverley was Chief Nurse and Director of Infection and Control at York Teaching Hospitals NHS Foundation Trust.</p>
	<p>Teresa Cope – Chief Operating Officer</p> <p>Teresa was appointed in April 2018 as job share with Ellen Ryabov and joined the Trust from Humber NHS Foundation Trust where she had been Chief Operating Officer for the previous 3 years. Teresa has worked within the NHS for 25 years and started her career as a Diagnostic Radiographer in 1993 before taking up a number of senior management roles in Acute, Mental Health and Community Services provider organisations. Teresa has also worked in commissioning organisations and was previously Director of Commissioning for Nottingham City CCG and Programme Director for Urgent Care for the South Nottinghamshire system leading system wide Improvement in Urgent and Emergency Care. Teresa obtained her MSc in 2001 and completed a Senior Executive Management programme with Ashridge Business School in 2012.</p>

In attendance at Trust Board Meetings

	<p>Jacqueline Myers – Director of Strategy and Planning (non-voting)</p> <p>Jacqueline was appointed in July 2013 as Director of Strategy and Planning. She was</p>
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	previously Director of Planning at Leeds Teaching Hospitals NHS Trust and prior to this held the posts of Divisional General Manager and the Lead Cancer Manager. She has also held a range of general management and strategic positions at University College London Hospitals Foundation Trust and Guys and St Thomas's Foundation Trust. She is a Trustee of St Leonard's Hospice in York.
	Simon Nearney – Director of Workforce and Organisational Development (non-voting) Simon joined the Trust in September 2012 from his previous post as Director of Human Resources at Leicestershire County Council and took up post as Director of Workforce and Organisational Development in July 2015. Simon has held several senior HR and Organisational Development management roles in large public sector organisations. Simon has a track record of transforming services, leading major organisational change programmes and improving the customer experience.
	Carla Ramsay – Director of Corporate Affairs (non-voting) Carla was appointed in December 2016. She worked previously as Head of Quality in NHS Yorkshire and Humber Commissioning Support and has held previous Board Secretary roles within NHS commissioning and in further education. She started her NHS management career at the Trust and has held operational management posts in medicine and surgery previously. She is a Trustee and Honorary Treasurer to two local charities.

Statement of Directors' Responsibilities

Name	Job Title	Key areas of responsibility
Chris Long	Chief Executive	<ul style="list-style-type: none"> Accountable Officer
Lee Bond	Chief Financial Officer	<ul style="list-style-type: none"> Financial management Estates, Facilities and Development Information Management and Technology (IM&T)
Beverley Geary	Chief Nurse	<ul style="list-style-type: none"> Professional lead for nursing and midwifery Patient experience Safeguarding Quality governance and assurance
Makani Purva	Chief Medical Officer	<ul style="list-style-type: none"> Professional lead for medical staff
Teresa Cope	Chief Operating Officer	<ul style="list-style-type: none"> Performance Clinical Service delivery
Jacqueline Myers	Director of Strategy and Planning	<ul style="list-style-type: none"> Operational and business planning Trust Strategy Improvement
Simon Nearney	Director of Workforce and Organisational Development	<ul style="list-style-type: none"> Human resources (policy and HR delivery) Organisational development
Carla Ramsay	Director of Corporate Affairs	<ul style="list-style-type: none"> Trust Secretary Corporate governance Freedom to Speak Up Guardian

Statement of Non-Executive Directors' roles

Name	Committee Membership	Other Trust Roles
Terry Moran CB	Remuneration (Chair)	NED Champion for Emergency Planning
Stuart Hall	Remuneration Quality	NED lead for STP Vice Chair from 1 October 2019

	Performance and Finance (Chair until 30 September 2019)	
Martin Gore	Remuneration Audit Performance and Finance	NED champion for efficiencies, procurement and variable pay
Tracey Christmas	Remuneration Audit (Chair) Performance and Finance	Transition from children's to adult services champion NED Speaking Up/Whistleblowing champion NED Champion for Safeguarding from 1 October 2019
Vanessa Walker (Left post 30 September 2019)	Remuneration Quality Charitable Funds	NED Champion for End of Life Care NED Champion for Safeguarding Vice Chair until 30 September 2019
Martin Veysey	Remuneration Quality (Chair)	NED Champion for learning from deaths
Tony Curry	Remuneration Performance and Finance (Chair after 1 October 2019)	Digital champion
Julie Jomeen (Left post 28 February 2020)	Remuneration Quality Committee Workforce, Education and Culture Committee (Chair)	NED nominated by the University of Hull

Trust Board meetings

The Trust Board met on 7 occasions during 2019/20, including an extraordinary Trust Board meeting in May 2019 to approve the annual report and accounts. A record of attendance of kept for each Board meeting and the table below sets out the attendance of Board members during the year.

Trust Board Attendance 2018/19

	2019/20							
Name	14/5	24/5	30/7	10/9	12/11	28/1	10/3	Total
T Moran	✓	✓	✓	✓	✓	x	✓	6/7
S Hall	✓	x	✓	✓	✓	✓	✓	6/7
V Walker	✓	✓	x	✓	-	-	-	3/4
T Christmas	✓	✓	✓	✓	✓	✓	x	6/7
M Gore	✓	x	✓	✓	✓	✓	✓	6/7
C Long	x	✓	✓	✓	✓	✓	✓	6/7
L Bond	✓	✓	✓	✓	✓	✓	✓	7/7
T Cope	Deputy	✓	Deputy	✓	✓	✓	✓	5/7
M Purva	✓	x	✓	✓	✓	✓	✓	6/7
M Veysey	✓	x	✓	✓	✓	x	x	4/7
B Geary	✓	✓	✓	✓	✓	✓	✓	7/7
J Jomeen	✓	✓	✓	x	✓	✓	✓	6/7
T Curry	✓	✓	✓	x	✓	✓	✓	6/7
J Myers	✓	✓	x	✓	✓	✓	✓	6/7
S Nearney	✓	x	✓	✓	✓	✓	x	5/7
C Ramsay	✓	✓	✓	x	✓	✓	✓	6/7

*Apologies submitted; Deputy Chief Operating Officer in attendance with acting status

Board Committees

The Trust Board has established a number of committees to support it in discharging its responsibilities. These are an Audit Committee, Quality Committee, Performance and Finance Committee and a Remuneration Committee. A new Workforce, Education and Culture Committee was established in February 2020. The Trust also has a constituted Charitable Funds Committee. The Audit and Remuneration Committees are statutory requirements and the work of the committees is detailed below. Further detail on the work of the Quality Committee and Performance and Finance Committee can be found in the Annual Governance Statement within this annual report.

Audit Committee

The Audit Committee comprises of 3 Non-Executive Directors. Other individuals attend the meeting but are not members of the committee. These are Internal Audit (RSM), External Audit (Grant Thornton), the Chief Financial Officer, the deputy Director of Finance, the Director of Corporate Affairs and the Deputy Director of Quality Governance and Assurance.

The Audit Committee provides assurance on the Trust's systems of internal control, integrated governance and risk management. A tracking system of agreed actions is in place and the internal auditors follow up recommendations to provide assurance to the Audit Committee that the issues raised have been addressed. There were 5 meetings of the Audit Committee in 2019/20 which included 1 extra ordinary meeting to consider the Annual Accounts and Report. All meetings were quorate.

Members	Attendance
T Christmas (Chair)	5/5
M Gore	4/5
M Veysey	4/5

The Committee reviewed relevant disclosure statements in particular the draft Governance Statement, financial Accounts and the Quality Accounts.

The internal audit programme for 2019/20 was informed by the Trust's own risk and assurance framework, discussion with a wide range of officers and the broader context of the NHS. It was developed around the Trust's strategic objectives and its business-critical systems and was risk based. A draft Director of Audit Opinion and Annual Report 2019/20 gave an overall opinion of

positive assurance with an amber/green rating, which is that the Trust has an adequate and effective framework for risk management, governance and internal control and that the internal auditors' work has identified further enhancements that can be made.

The Trust's internal auditors finalised the 13 planned internal audit reports for the Trust, seven of which resulted in positive assurance opinions (one substantial assurance; and six reasonable assurance); three reports resulted in negative assurance opinions (partial assurance), one report resulted in a split opinion (substantial and partial assurance); and two audits were advisory whereby no opinion is given. The key findings, recommendations and agreed management actions have all been and accepted by the Audit Committee from all internal audit reports.

In 2019-20, the internal audit receiving substantial assurance was the Board Assurance Framework, with the six reasonable assurance opinions being given to Financial Management, Risk Management, Payroll, Incident Management Deep Dive Review, Recruitment and Retention and Follow Up to internal audit actions Phase 2.

Partial assurance was given to safeguarding adults, group governance, and follow up to internal audit actions phase 1.

The split assurance of partial and substantial assurance was given to e-rostering and the use of temporary staffing, with substantial assurance on the use of agency staffing in theatres

Minutes and other updates from the work of the Quality Committee and Remuneration Committees were considered by the Audit Committee, as well as routine receipt of the minutes from all other Trust Board Committees, which contributed to the overall view of governance and internal control. No concerns of gaps in the Trust's internal control framework were identified through this review work.

Work to prevent or counter fraud continued and reports were received throughout the year. The Committee reviewed the Board Assurance Framework processes as well as other documents in respect of risk. These included losses and special payments, debts, the Trust's Registers of Declared Interests and for Gifts, Hospitality and Sponsorship, legal fees, credit card expenditure and Trust Board expenses. The Audit Committee also regularly reviewed the Trust's Speaking Up arrangements, including whistleblowing and the Freedom to Speak Up Guardian, as well as other ways the Trust supports staff to raise concerns.

Remuneration Committee

The Board's Remuneration and Terms of Service Committee is responsible for setting the pay and conditions for the voting Executive Directors (Chiefs) and the Directors who report to the Chief Executive/Chairman. The Remuneration Committee met 4 times during 2019/20. The Committee was quorate at all meetings. Membership of the Committee comprises the Trust Chairman and all Non-Executive Directors. The Chief Executive, Director of Workforce and Organisational Development, the Associate Non-Executive Director and Director of Corporate Affairs also attend the Committee. Non-Executive Director members' attendance is detailed below:

Members	Attendance
T Moran	4/4
M Gore	2/4
S Hall	4/4
V Walker	1/1
T Christmas	4/4
M Veysey	2/4
J Jomeen	0/3
T Curry	2/3

The Trust complies with current NHS Improvement guidance on pay for Very Senior Managers. Executive Directors are employed on contracts of service and are substantive employees of the Trust. Their contracts are open ended and can be terminated by the Trust by up to 6 months' notice. The new VSM guidance issued in 2015 and updated in 2017 requires NHS Trusts to include in relevant remuneration package an element of earn-back pay i.e. a requirement to meet agreed performance objectives. The Chief Executive Officer, the Chief Medical Officer and the Chief Financial Officer have this requirement built in to their remuneration packages as their salary packages fall in to this guidance. Other Executive Directors in post during the year did not have a component of performance related pay as their salary agreements pre-date this guidance or fall below the salary threshold where this is applied.

Key items discussed by the Committee during the year included annual performance reviews for Executive Directors, information on the top earners in the Trust, sector salary benchmarking, changes in pension thresholds and public sector pension changes affecting NHS staff. A summary of the Remuneration Committee is received in the closed session of the Trust Board as well as summary of issues of internal control considered by the Committee received every 6 months at the Audit Committee.

Details of the remuneration, including salary and pension entitlements of the Directors is set out in the Accounts appended to this report.

Details of company Directorships which may conflict with management responsibilities

None of the Trust Board hold company directorships that may conflict with management responsibilities. The Trust publishes the declared interests of its Trust Board members on its website, in the 'About Us' section.

Personal Data related incidents

The Trust has Information Governance arrangements in place to ensure that information is handled in a secure and confidential manner. It covers personal information relating to service users and employees and corporate information, for example finance and accounting records.

The Information Governance Data Security and Protection Toolkit (DSP Toolkit) is part of the Department of Health and Social Care's commitment to ensuring the highest standards of information governance. It allows organisations to measure their compliance against legislation and central guidance and helps identify any areas of partial or non-compliance. It remains Department of Health and Social Care policy that all organisations that process NHS patient information provide assurance, via the DSP Toolkit and is fundamental to the data protection and data security both within the organisations and between organisations.

The Information Governance Assurance Statement is a required element of the DSP Toolkit and is re-affirmed by the annual submission to demonstrate the organisation has robust and effective systems in place to meet statutory obligations on data protection and data security.

The Trust's Data Security and Protection Toolkit Assessment for 2018/2019 was published as: Standards Not Fully Met (Plan Agreed), and The DSP Toolkit was audited and assessed as achieving Substantial Assurance. Due to the National COVID-19 Pandemic Response, NHS Digital has announced that the 2019/2020 DSP Toolkit Assessment submission deadline has been extended to 30th September 2020.

The Trust is required to score all Information Governance Data Security and Protection Breaches using the DSP Incident Reporting Guidelines and Assessment Scoring Grid. Any breach that is scored above the threshold is required to be reported via the DSP Toolkit Incident Reporting Tool which sends an automatic notification to the ICO and also to the NHS Digital Data Security Centre where appropriate. The Information Governance Data Security and

Protection Breaches requiring reporting to the ICO via the DSP Toolkit during 2019/2020 are detailed below:

The Trust has reported 11 Data Security and Protection Breaches in 2019/20 to the ICO as classified in the DSP Toolkit Incident Reporting Guidelines. The ICO closed 10 cases, two made recommendations of further actions to be taken by the Trust, and 8 required no further action. The outcome of one case awaited. None have resulted in regulatory action being taken against the Trust.

Date	Incident Description	ICO Response	Nature of Incident	People Affected	Subjects Informed
June 2019	Patient discharged home with another patient's discharge paper work, discovered by patient and collected by staff member and shredded.	The ICO review determined no further action is required	Disclosed in error	2	Verbally and letter
June 2019	A Hospice shop received some patient level documentation in the post sent from the Trust, which should have been sent to the Hospice the patient was discharged to. The documentation was returned to the Trust by secure method.	The ICO review determined no further action is required	Disclosed in error	1	Verbally and letter
July 2019	Patient 1 received, opened and read letter addressed to Patient 2. Patient 1 had moved house and the wrong patient record had been amended.	The ICO review determined no further action is required	Disclosed in error	2	Verbally and letter
July 2019	Member of staff had bike stolen including Meeting documentation containing patient identifiable information.	The ICO recommendations provided are being implemented	Lost or stolen paperwork	5	Verbally
July 2019	Junior medical staff had their bag stolen which contained a ward handover sheet with brief patient identifiable details for approximately 27 inpatients	The ICO recommendations provided are being implemented	Lost or stolen paperwork	27	Not applicable in this case
July 2019	Staff member posted x-ray image onto social media.	The ICO review determined no further action is required	Unauthorised Access/ Disclosure	1	No patient identifiable data was released
July 2019	PT1 and PT2 both suffered stillbirths. PT1 went home some of PT2 notes including postnatal record and demographics.	The ICO review determined no further action is required	Disclosed in error	2	Verbally and letter
January 2020	Mother noted that in her discharge notes another baby's postnatal discharge summary was enclosed in the documents and her baby's discharge summary was missing.	The ICO review determined no further action is required	Disclosed in error	2	Verbally and letter
January 2020	A gentleman had been e-mailed a cytology report for a person unknown to him.	The ICO review determined no further action is	Disclosed in error	1	Verbally and letter

		required			
January 2020	A trainee sent out a list of patient data to a non-Trust or non-NHS address on the request of a Trust Grade Doctor. The original 2 email addresses provided were Gmail address and both addresses were proved to be inaccurately written.	Reported to ICO and awaiting a response	Disclosed in error	20	To be confirmed
February 2020	The patient notes sent to a solicitor who had requested them also contained notes for 2 other patients.	The ICO review determined no further action is required	Disclosed in error	2	Verbally and letter

Incidents are scored using the DSP incident Reporting Guidelines and Assessment Grid and reported via the DSP Toolkit. The criteria include all reported incidents, including low scoring incidents that would have been previously excluded from the total numbers. The table below provides details for each category.

All Trust IG Incidents 2019/20 (including incidents reported to the ICO)	Number
Disclosed in Error	50
Lost or Stolen Hardware	0
Lost or Stolen Paperwork	65
Non-secure disposal paperwork	2
Other	245
Unauthorised Access / Disclosure	28
Total	390

'Other' Category would include: Personal information found by staff on Trust site, incorrect information or documentation found in patient's records, mis-filing of information, Information left insecurely on Trust site.

The Trust's Caldicott Guardian takes an active role in reviewing issues including incidents involving medical records, such as inappropriate access to medical records. The Caldicott Guardian is a key part of the information governance structure, together with the Trust's Senior Information Risk Officer (SIRO) and Data Protection Officer (DPO), who review Incidents Requiring Investigation, having taken advice from the Trust's operational level Information Risk Owners (HIROs), to ensure that investigation processes have been robust and outcomes clearly identified.

Directors' disclosure

Each Director knows of no information which would be relevant to the auditors for the purposes of their audit report and of which the auditors are not aware, and has taken all the steps that he/she ought to have taken to make himself/herself aware of any such information and to establish that the auditors are aware of it.

Statement of Accountable Officer's responsibilities

The Accounting Officer has overall responsibility for the financial statements. The statements are prepared through the Chief Financial Officer's office. The Audit Committee is updated on the progress in preparing the Accounts. The Chief Financial Officer prepared a report to the Audit Committee in April 2020 to discuss and review the Trust's status as a going concern. The Audit

Committee approved the Chief Financial Officer's recommendation that the Accounts should be prepared on a going concern basis.

As Accounting Officer I confirm that, as far as I am aware, there are no relevant Audit information of which the Trust's auditors are unaware and I have taken all the steps that I should take to make myself aware of any relevant audit information and to establish that the Trust's auditors are aware of that information.

I confirm that the annual report and accounts as a whole is fair balanced and understandable and that I take personal responsibility for the annual report and accounts and the judgements required for determining that it is fair, balanced and understandable.

Chris Long
Chief Executive
DATE

Annual Governance Statement

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust *Accountable Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Hull University Teaching Hospitals NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Hull University Teaching Hospitals NHS Trust for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust Board sets the Risk Management Policy for the organisation. This was reviewed and updated in April 2017 and was subject to an internal audit in December 2019, resulting in positive assurance.

This Policy describes the organisation's approach to risk and risk management. It defines the leadership roles within the Trust for risk management. In addition, staff across the Trust receive risk management training, in order to identify and report risks. The Trust has a well-established process for entering risks on to its risk register and the regular review of risks, which is described below. The Trust also strengthened its approach to escalating risks at corporate level and the way in which this informs the strategic risk managed by the Trust Board. This is also described in more detail below.

The risk and control framework

The system of internal control is designed to manage risk to a reasonable level. All risks that are entered on the Trust risk management system are assigned an initial, current and target risk rating. Controls are identified to mitigate the level of risk and where there are gaps in the controls, action plans are developed. Risks are identified and reviewed on an ongoing basis across Health Groups and corporate services. Risks are identified from a number of different sources, including day to day operational working practices and trends arising from incidents, complaints and regulatory compliance. Line managers are responsible for on-going investigation and assessment of risks.

At Trust Board level, the Board assesses its performance and discusses associated risks at each meeting, through the presentation of the Integrated Performance Report, which includes all NHS Improvement Single Operating Framework metrics. An exception report on these measures is discussed in more detail at the Board's Performance and Finance Committee and the more detailed quality issues at the Board's Quality Committee. The positive assurance and gaps in assurance are captured in the Board Assurance Framework, reviewed regularly by the Trust Board and its committees. During the year, the organisation undertook a self-assessment against the well-lead key lines of enquiry for the Care Quality Commission including NHS Improvement requirements. Furthermore the Trust Board undertook and agreed as self-assessment against the (formerly) Monitor (now NHS Improvement) licence

requirements, which are now mirrored for non-Foundation Trusts, and did not report any principal risks to compliance with these requirements.

There is a mechanism for Health Groups and corporate services to escalate risks. New high level risks are notified to the Health Group triumvirates or corporate service management teams to be dealt with immediately whilst lower level risks are discussed at the Health Group/Corporate team meetings. The Executive Management Committee reviews the highest rated risks and agrees which of these form corporate risks for the Corporate Risk Register, which is taken in to account in the Board Assurance Framework. These come via recommendation from the regular review of high-rated operational risks by the Trust Operational Quality Committee (clinical risks) and the Non-Clinical Quality Committee, recognising that risks from across the Trust have the ability to impact directly on patient care and on maintaining the Trust's statutory compliance.

There are a number of mechanisms in place, which are designed to prevent or minimise the potential of risks occurring. The Trust's incident reporting system records near misses as well as actual incidents. Lessons from Serious Incidents are discussed at Health Group Governance meetings and across the Trust through a Lessons Shared newsletter, cascaded through the Trust's Team Brief mechanism. The Quality Committee maintain board-level oversight of serious incident issues and lessons learned. Root Cause Analysis training is provided staff involved in Serious Incidents investigations. The Trust's Mortality Committee has overseen the formulation and implementation of a new Learning from Deaths policy, which includes a two-tier clinical case note review to identify patient deaths that have any flags for failure or impacts of care that could have been avoided. The Trust has developed a themes and trends report from this, reported to the Trust Board and the Quality Committee on a quarterly basis. The Quality Committee has also kept oversight of compliance with the national guidance requirements on Learning from Deaths and is satisfied that the Trust has made sufficient progress towards requirements to date.

The Trust's updated intranet site contains information to support staff in managing risks across the scope of the Trust's business. The Trust's formal communication systems (e-news, intranet, team brief cascade) are used to remind staff of their responsibilities such as reporting incidents and concerns, and sharing learning when specific initiatives or incidents have occurred. These communications include the conclusion of anti-fraud investigations and the consequences arising from information governance incidents investigations (SIRIs) during the year.

A fundamental nursing standards audit process is in place, which audits practice on each ward and is aligned to the Care Quality Commission's Key Lines of Enquiry. This gives a rating to each ward and identifies areas of potential risk; each area of risk identified requires an action plan from the ward sister/manager to address. The ward-level reporting also takes in to account issues arising from complaints and patient experience, staffing numbers and types of reported incidents. These data are published with each public Trust Board papers, to provide a risk overview of each ward.

A framework is in place for managing and controlling risks to data security. There is a Senior Information Risk Owner at Board level and a network of information risk owners across the organisation. Information Governance training is a mandatory requirement for all staff to complete. The Trust has submitted its position against the new Data Security and Protection toolkit in March 2019 with the next submission due in September 2020. The Trust's internal auditors undertook an internal audit last year of 4 domains of information governance standards against the Data Security and Protection toolkit requirements and gave an assurance rating of significant assurance at the end of 2018-19. The internal auditors reviewed a further 3 domains this year and found that the Trust's self-assessment could be substantiated in the main, with only two areas of inconsistency. The Audit Committee and the Trust Board are keeping oversight of the Trust's risk position in relation to systems security and systems resilience.

The Trust continues to review current systems and processes to ensure that it can demonstrate the best standards in research governance and delivery. The Trust adheres to national Health Research Authority (HRA) systems to manage the studies in proportion to risk; a full update on compliance, successes and risks in research was received by the Trust Board in November 2019.

The Trust Board reviewed its governance framework at the end of March 2020 as a result of several letters received by all NHS Trusts during the month as a result of the national Covid-19 pandemic. The effects of these will be seen more from April 2020 onwards, and did not affect the system of internal control within the Trust, however had an immediate impact on the Trust's service delivery and ability to treat patients within NHS Constitutional standards. These do not reflect a lack of internal control but do represent risk areas requiring detailed assessment and mitigation in the first part of 2020-21.

Risk assessment

All risks are categorised using the same risk matrix and framework based on the likelihood of the risk occurring and the severity of impact, with the highest risk having a score of 25 (almost certain and catastrophic) and the lowest risk of 1 (rare and negligible). The Trust uses a web based incident reporting and risk management system (Datix) and has a 'bottom up' approach to identifying risks.

1 - Each Health Group and corporate service area identify and enter risks on to their own operational risk registers; risks are required to be managed and mitigated at local level as far as possible

2 – the high-rated operational risks from each area are reviewed by the Trust's two operational risk management committees: the Operational Quality Committee reviews clinical risks and the Non-Clinical Quality Committee reviews non-clinical risks. The Committees escalate any high-rated risk that they feel cannot be managed within an individual health group or corporate service and represent a corporate risk across the organisation.

3 – the Trust's Executive Management Committee review the recommendations from the operational risk committees and agree what represent the Trust's corporate risk register

4 – The corporate risk register is considered as an appendix to the Board Assurance Framework, which details the key risk areas that could prevent the Trust from achieving its strategic aims. This consideration of corporate risk helps the Trust Board identify the corporate risk burden being carried by the Trust and whether this impacts on achieving the Trust's strategic goals.

There were 244 operational risks on the risk register at the end of March 2020, as follows:

Risks by HG and Current Severity	Low Risk	Moderate Risk	High Risk	Total
Corporate Functions	4	22	25	51
Clinical Support - Health Group	5	25	16	46
Emergency Medicine - Health Group	1	6	2	9
Family and Women's Health - Health Group	7	51	18	76
Medicine - Health Group	3	13	2	18
Surgery - Health Group	3	19	13	35
Trust wide COVID-19 Risk	0	1	6	7
Trust wide risk managed by Falls prevention committee	0	1	0	1
Trust wide risk managed by Outpatients Committee	0	1	0	1
Total	23	139	74	244

This compares with 33 low risks, 111 moderate and 53 risks rated as high, and a total 197 risks at the end of March 2019. The Trust has maintained its approach to the regular review of risks at Health Group and corporate service level, to critically appraise what remains a risk in the organisation and to better capture actions being taken to mitigate the risks faced by the organisation. The increase in high-rated risks and consistent number of moderate risks, and a slightly higher volume of low risks, is indicative of an active risk management process in respect of reviewing and identifying new risks. It is notable that 7 of the risks identified related specifically to Covid-19, demonstrating that risk management around Covid-19 was part of the Trust's pandemic planning from the outset, in March 2020. The increase in high-rated risks also reflects a growing level of risk in infrastructure and service delivery issues identified in clinical services, which will need active risk mitigation to manage.

The risks that could threaten achievement of the Trust's strategic objectives are set out in the Board Assurance Framework, which is reviewed by the Trust Board throughout the year. It is also reviewed by the Trust Board Committees at each meeting in relation to the risks linked with that Committee's terms of reference and also by the Audit Committee as a governance mechanism. The Board Assurance Framework includes an assessment of the source and level of assurance received as well as gaps in assurance. Any increase or decrease in a risk score is agreed by the whole Board. There were nine risks on the Board Assurance Framework at the start of 2019/20 against Trust's seven strategic aims from the Trust Strategy. The highest-rated risks at the end of 2019/20 on the Board Assurance Framework all related to the Trust's finances, and were the ability of the Trust to meet its financial plan, to address its underlying financial deficit and to implement a capital plan that met critical infrastructure needs.

At the end of the year, whilst all risks areas on the Board Assurance Framework received some positive assurance throughout the year, 1 risk area received made sufficient progress to reach its target risk rating, which was the Trust's ability to meet its financial plan in 2019-20. Four other risks reduced their risk ratings due to positive assurance received during the year. There were 9 risk areas on the Board Assurance Framework for 2019-20. In the context of these being risks against five-year strategic goals, this rate of progress can be expected to some extent, as the Trust will only be able to mitigate some aspects of each risk within one year. As part of this strategic approach to risk management through the Board Assurance Framework, the Trust Board includes its approach to risk appetite in the Board Assurance Framework. In addition, the Trust Board has chosen at least one Board Assurance Framework topic for a deep dive discussion at public Board meetings throughout the year, meaning that each risk on the Board Assurance Framework has received detailed, strategic discussion by the Trust Board, which has informed the assurance requirements for future reports and the Trust Board and Committee cycle of business.

As noted above, the Trust Board has received positive assurance against the Board Assurance Framework risks and the Trust has a number of controls in place to address the risks identified in the Board Assurance Framework. A Quality Improvement Programme was developed following the comprehensive CQC inspection in May 2015 and was further developed following the CQC inspection in 2016 and visit in 2017 (published February 2018). During 2019-20, this has been subject to monthly review and scrutiny by the Quality Committee and reported to the Trust Board periodically. Representatives from key QIP projects have been invited to the Quality Committee to provide further assurance on the progress being made to improve the quality of care for patients.

The Trust has a People Strategy in place, which was updated in 2019 for the period 2019-2022. The People Strategy provides the blueprint for the Trust's assessment of its short-, medium- and long-term workforce plans and organisational development requirements, as the Trust plans not only to fill workforce numbers, but to continuously improve the working environment and culture of the Trust, as part of retention. The People Strategy has seven strands that cover all aspects of short- and long-term planning and cultural development, with an emphasis on staff engagement as a key measure of success. The Trust's People Strategy and Workforce Development Plan detail the Trust's approach to tackling staffing and skills shortages, and good progress, including increases in staffing figures in some key areas, has been seen in 2019/20, as well as the Trust investing in new roles such as nursing associate training posts, nursing apprentices, Physicians Associates and Advanced Care Practitioners. The Trust has undertaken international recruitment for nursing staff, with 60 nurses joining the Trust through this route, and also brought on board a new medical trainee partnership with the College of Surgeons in Pakistan. The Trust continues its work on staff engagement and developing staff culture around the values identified by our staff around two years ago. The People Strategy, and the work strands underneath it, are included on the Board Assurance Framework and the level of corporate risk relates to workforce. The Trust Board receives regular updates on nursing staffing and People Strategy updates including workforce metrics received at the Board assure the Board that the Trust has staffing processes in place that are safe, sustainable and effective. The Trust complies with the *Developing Workforce Safeguards* recommendations using existing staffing data to make an assessment of staffing levels in each health group and against vacancies, which are reviewed annually as part of operational planning for capacity and demand in respect of clinical services and the staffing requirements that make up an effective service. Workforce metrics are received and reviewed on behalf of the Trust Board by the Performance and Finance Committee and the Trust is working towards embedding the additional requirements of the *Developing Workforce Safeguards* through the Trust Board and Board Committees in 2019-20. Nurse staffing is rebased twice yearly against safe staffing levels and reported to the Trust Board. Safer nursing staffing is reported to every public Trust Board meeting. Performance and Finance Committee examine variable pay in detail to understand short-term workforce pressures, recruitment plans and current vacancy levels.

The trust is fully compliant with the registration requirements of the Care Quality Commission.

The trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months as required by the 'Managing Conflicts of Interest in the NHS' guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

The Performance and Finance Committee have Board-level oversight of the economic, efficient and effective use of resources. This is discharged through the monthly review of performance against budget and against financial plan, progress towards identifying and achieving cash-releasing efficiency savings, income against plan, performance and activity delivery against plan, cash management and budgetary management. The Performance and Finance Committee reports to the Trust Board, including escalation of any areas of concern. Further detail on the work of the Performance and Finance Committee is contained in the 'review of effectiveness' section below.

Information governance and data quality

The Trust has reported 11 Serious Incidents Requiring Reporting (SIRIs) in 2019/20 to the Information Commissioner's Office (ICO) as incidents classified as Level 2 breaches in the Information Governance Incident Reporting Tool. The ICO has closed 10 of these 11 cases, with no further action required in 8 cases and recommendations in 2 cases. One awaits a conclusion from the ICO. The ICO did not take any regulatory action against the Trust during the year.

Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

The Trust compiles data in accordance with national requirements. The Trust submitted records during 2019/20 to the Secondary Users service for inclusion in the Hospital Episode Statistics and achieved the percentage of record standards required. These are detailed further in the annual report and in the Quality Accounts. With the implementation of the new electronic patient record in 2015, the Trust has undertaken continued testing on data quality to ensure the Trust is able to meet data quality standards required, including waiting time and elective data. The Trust gained independent assurance on its data quality through its internal audit programme in the last three financial years as well as building in and putting in place additional internal data quality reports to test the accuracy of data produced.

The Trust has a number of measures in place to provide assurance on the quality and accuracy of elective waiting time data. These include:

- Business Intelligence data quality reports
- Fortnightly Operational Data Quality Meetings with Health Group and Corporate representatives
- External assurance from both NHS Improvement in 2016 to the reporting and management of elective pathways and the refresh of processes that followed this assurance, and external assurance in 2017/18 from MBI Health Group as to the internal processes and validity of the Trust's PTL (Patient Tracking List) with significant assurance around data quality
- In January 2020, the Trust was provided a peer review by an external NHS body in, which found that the data quality on the Trust's waiting list (the PTL) was robust and that the Trust had an accurate waiting list to work from
- Quarterly internal audits on compliance with the Trust's Access Policy by the Performance Team
- Monthly data checks on the RTT data submission prior to upload to UNIFY2

- Monthly checks on Data Completeness for non-admitted and admitted pathways within the tolerances of 80 – 120%
- Mandatory E-Learning for administrative staff on Referral to Treatment rules using the NHS Improvement e-learning modules

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, the Quality Committee and the Performance and Finance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Trust Board is accountable for all aspects of the performance of the Trust. The Trust Board met in public on seven occasions during 2019/20 and was quorate at all meetings. The attendance of each individual Board member is set out in this Annual Report and on each Trust Board agenda. The Trust Board works towards an annual work plan including statutory and mandatory requirements. Arrangements for the discharge of statutory functions by the Trust Board have been checked for irregularities and were found to be legally compliant.

The Board has six committees which support it in discharging its responsibilities. In addition to the statutory requirement for an Audit Committee and a Remuneration and Terms of Service Committee, the Board has a Performance and Finance Committee and a Quality Committee. In February 2020, it established a Workforce, Education and Culture Committee. A Charitable Funds Committee is in place for the management of funds held on trust. All Board committees are chaired by a Non-Executive Director and have Non-Executive Director majority membership. An attendance record is kept for the Board and each of its committees.

The Audit Committee met five times during 2019/20, which is the required number as set by its Terms of Reference and was quorate for all meetings. Its work plan for 2019/20 was received at its first meeting of the financial year and was also reviewed at each meeting during the year to ensure it remained relevant and current. The first part of the Audit Committee agenda is comprised of standing items which include a review of the minutes from the Trust Board's Committees for any governance or internal control issues that require further examination by the Audit Committee. There are standing agenda sections for the internal auditor including anti-fraud, followed by the external auditor. Other agenda items are scheduled at regular intervals during the year and these include the preparation and submission of the Annual Accounts and Quality Accounts, Going Concern status, review of the Board Assurance Framework, Board members' expenses, use of Trust's credit cards, legal fees, off payroll expenses, effectiveness of clinical audit, claims management, losses and special payments register and debts above £50,000. The Audit Committee also received an internal audit report on the Board Assurance Framework, which provided substantial assurance. The Audit Committee chair fed back to the Board key issues following each meeting. These included internal audit reports giving partial assurance. One technical breach of standing orders was reported to the Trust Board, which was the waiver of NHS fees for an overseas patients in exceptional circumstances. This did not represent a gap in internal control, but rather robust recognition of a technical breach and robust reporting. The Audit Committee has not escalated any serious gaps in control during the year.

The Performance and Finance Committee met on 11 occasions in line with its Terms of Reference and was quorate at all meetings. The focus of each meeting was on the detailed Integrated Performance exception report, specifically the Trust's underlying performance

against the key NHS Constitution standards and the Trust's financial plan, which are standing agenda items discussed at each meeting. Other key issues during the year included the delivery of the Trust's Cash Releasing Efficiency Savings. Other substantive agenda items have also been the financial position of the Trust, particularly the financial performance of the Trust's health groups and their contribution to the Trust's underlying run-rate issues. The Committee has also monitored capital expenditure in line with plan, agency spend and impact of vacancies, cash reserves, and the Trust's performance and risk management under the new Aligned Incentives Contract with local commissioners, compared with Payment By Results. The Non-Executive Chair of the meeting provided a briefing to the Board each meeting on these areas.

The Quality Committee met on 11 occasions in line with its Terms of Reference. Key issues discussed related to assurance and learning points from Serious Incident investigations, the Quality Improvement Programme linked with the outcome from the previous Care Quality Commission comprehensive inspection, compliance with the *Learning from Deaths* national requirements and incident reporting. The Committee received annual reports relating to claims, serious incidents and safeguarding. The Quality Committee has focussed on lessons learned and supporting the development of a learning culture and safety culture, particularly following Serious Incident Investigations. In the last quarter of the year, particular focus was given to the Quality Improvement Plan, inviting teams to provide further assurance on particular QIP projects, and start the process of identifying quality improvements for next financial year. Each meeting also received a report from the Operational Quality Committee, which included any points of escalation to the Quality Committee. The Board was advised of any escalation issues following each meeting by the Non-Executive Quality Committee Chair.

The Remuneration Committee met four times during 2019/20, which includes additional meetings for detailed discussions on pension changes nationally. The Committee was quorate for all meetings. Agenda items included annual performance reviews, information on the top earners in the Trust, sector salary benchmarking information, and changes to public sector pensions impacting on Trust staff. A summary of the Remuneration Committee is received in the closed session of the Trust Board.

The Board has previously agreed a framework for Board Development and has chosen to invest additional Trust Board time in development. The Trust Board held six development sessions during the year. The Board Development Framework and work plan are now published with every public Trust Board agenda and papers for openness and transparency of the topics and development time of the Trust Board.

The Board had a time-out in July 2019 for team-building and board development. Further development sessions has covered a range of topics, including progress against the People Strategy; Trust cultural development; partnership working; long-term capital and estates planning. In addition, a discussion topic on at least one Board Assurance Framework area has been received at each public board during the year to have a more detailed, risk-based and strategic discussion on key long-term issues facing the trust, in the public realm.

Quality governance arrangements are in place, managed through a team of Quality Assurance specialists, which include clinical audit (delivering an annual clinical audit plan), operational and corporate risk management (with support provided in to each Health Group and corporate services from a central team), compliance (including CQC, ward standards and support to safeguarding), claims and safety. The Trust has in place a Trust-wide Quality Improvement Plan, which has detailed projects to improve quality of care in identified areas within the Trust. These are identified through internal compliance and quality checks, internal audit reports, CQC inspection reports and other internal processes. The Quality Improvement Plan has a governance and project management structure in place, which feeds up to the Trust Board Quality Committee and provides assurance to the Trust Board. The Trust's quality governance arrangements culminate annually in the formulation, approval and publication of the Trust's

Quality Accounts. The Quality Accounts signed off in June 2019 (relating to 2018-19) are reviewed by the Audit Committee, the Quality Committee and the external auditors. The external auditors, engaged to conduct a limited assurance review of the Quality Accounts, concluded that the 2018/19 Quality Accounts were prepared in a way that was consistent with guidance and with Trust sources of information.

A Quality Report is received at each Board meeting. The report is divided into sections, which set out patient safety matters, healthcare associated infections, patient experience matters, incident reporting including Serious Incidents and Never Events, levels of harm caused to patients and actions being taken. On a quarterly basis, the report includes the Trust's position on the classic Patient Safety Thermometer and the Trust's Fundamental Standards audit. The report is written so as to account publically for the quality and safety of the Trust's services, including a monthly ward-by-ward read-across of patient safety reporting. The Trust Board also received a Nursing and Midwifery staffing report at each public Trust Board meeting, to report on the Trust's fill rates (number of nurses in post and hours of care delivery compared with planned levels) and the Trust's plans in nursing recruitment. I am pleased that the significant efforts from the Trust have paid off in nursing recruitment during this year but there are still shortage areas in nursing and midwifery to manage. This year has also seen a continuation of some gaps in doctors' rotas, which have required additional spend to maintain safe services during the year. This has had a direct impact on the Trust's financial position this year.

In 2019-20, the Trust declared eight Never Events, having declared zero in the previous financial year. This is a significant concern for the Trust and requires further work on the Trust's safety culture. Actions taken already include a new training regime and policy on safer surgical checklists and a new audit tool, which measures compliance with standard checks and provides feedback across theatre teams. The senior team of the organisation have supported a 'Stop the Line' policy to empower any member of staff to speak up if they see something wrong that could cause harm, and the Trust aims to improve even further this safety culture in the forthcoming year.

Review of the effectiveness of risk management and internal control

The effectiveness of risk management and internal control has been determined through a number of mechanisms.

The internal audit programme for 2019/20 was informed by the Trust's own risk and assurance framework, a discussion with a wide range of officers and the broader context of the NHS. It was developed around the Trust's strategic objectives and its business critical systems and was risk based. The Director of Internal Audit Opinion and Annual Report 2019/20 gave an overall opinion of positive assurance, which stated that the Trust has an adequate and effective framework for risk management, governance and internal control, with opportunities to make further enhancements to this. This maintains the position from last year.

The Trust's Board Assurance Framework was reviewed by the Trust's internal auditors, who provided an opinion of substantial assurance that the Board Assurance Framework was appropriately structured to meet the needs of an NHS Trust, met all requirements to relevant guidance and was monitored and reviewed regularly by the Trust Board.

No critical actions were identified for those audits that received partial assurance. Partial assurance was given to safeguarding adults, group governance, and follow up to internal audit actions phase 1. The internal audit receiving substantial assurance was the Board Assurance Framework, with the six reasonable assurance opinions being given to Financial Management, Risk Management, Payroll, Incident Management Deep Dive Review, Recruitment and Retention and Follow Up to internal audit actions Phase 2. There was a split assurance of partial and substantial assurance was given to e-rostering and the use of temporary staffing, with substantial assurance on the use of agency staffing in theatres

This maintains a high balance of positive assurance as seen last year in respect of internal audit.

The Audit Committee, comprising Non-Executive Directors, gives independent assurance to the Board. It receives all audit reports from internal and external auditors and monitors progress against agreed recommendations. Where gaps in control are identified management action is agreed.

The Trust's performance against the Emergency Department 4 hour wait target has resulted in continued external scrutiny. The Trust concluded a transformational programme in the Emergency Department in 2017-18, overseen by the Urgent and Emergency Care Board. However the Trust has continued to see unacceptable variability in performance during 2019-20, partly associated with the need to improve flow in to medical beds in the hospital. This will need to be subject of particular review by the Trust in 2020-21.

The Trust did not meet the national 18 week referral to treatment (RTT - incomplete pathway) standard or the 62-day cancer targets in 2019-20. The Trust maintained 31-day cancer performance against most targets. The Trust did not meet the 1% tolerance in six-week waiting times for diagnostic tests in any month of the year but showed improvement in particular modalities within the year. The Trust saw only two breaches of the 52-week standard until March 2020 and the effect of national directives on Covid-19 capacity. Likewise, the Trust was on track to achieve its waiting list size and reductions in follow-up backlogs, but these have also been put back due to capacity requirements.

The Trust has continued to strive for improvement by embedding efficient and effective mechanisms for managing risks. Clearly defined processes are in place to ensure the Trust is continually working towards improvement in quality of care. This is regularly assessed through the clinical audit programme, nursing fundamental standard reviews, multi-disciplinary clinical reviews as well as internal ad-hoc reviews against the CQC's Key Lines of Enquiry as required. The Trust through its Quality Improvement Programme put in place arrangements to deliver improvements identified through previous CQC inspections and by partners and stakeholders via reviews of the Trust's Quality Accounts, Serious Incidents, claims and complaints. The Quality Improvement Plan has a project management set up to monitor progress, reporting up in the organisation to Trust Board level.

The Trust has committed to engaging regularly with key stakeholders and partners, including regular meetings with the CQC and NHS Improvement. During these meetings all parties will continue to monitor progress in an environment of openness and honesty. In particular, the Trust has supported the move of the Humber Coast and Vale Strategic Transformation Partnership to an Integrated Care System as close to 1 April 2020 as possible, providing significant capacity and support to the various workstreams and underpinning projects.

The Trust has maintained the national average for staff engagement, which is a marked improvement from 5 years ago, and is now able to aspire to be in the top 20% of organisations for staff engagement. The Trust has made particular improvements in the score for staff reporting they are subject to bullying behaviours, which is a pleasing achievement. As part of our refreshed Trust strategy, with a focus on culture and a new goal on research and innovation, we must continue to engage our staff and unlock their potential and innovative ideas, and make further improvements for our Trust, as well as this being a critical part of improving our organisation's culture further.

Health and Safety of Staff

The Trust's excellent record with the Health and Safety regulator, the HSE, continued in 2019/20, with again no enforcement activity recorded against the Trust.

Reportable Incidents: The Trust's Safety Team reported 10 incidents to the HSE under the requirements of the RIDDOR regulations in 2019/20. This is a dramatic decrease from the previous year (which was 27) and is the lowest total on record. Manual handling RIDDOR injuries decreased from nine to four in 2019/20. Similarly, reportable slips, trips and falls injuries reduced from 10 to just one.

The incidence of less serious cases of slips, trips and falls (non-RIDDOR reportable incidents) has decreased in 2019/20 with 47 compared to 54 the year before and 102 the year before that;

In terms of timeliness of reporting to the HSE, just one of the 10 incidents were reported after the 15 day target: a significant reduction from previous years;

The Trust's Occupational Health Team reported six incidents to HSE, again a big reduction from the previous year (20). These comprised five needle-sticks and one case of other exposure to blood borne viruses. There were no reported cases of work-related dermatitis for the fourth year running.

Claims: The number of new staff claims against the Trust was 10 in 2019/20. This is a reduction of four compared with the previous year.

Link Staff: Following increasing the available training for new departmental Safety Link Staff and Moving and Handling Link Trainers, the Trust has increased these numbers by 31 and 35 respectively. These staff volunteer to be the 'eyes and ears' for safety in their work areas, and so are given extra training to fulfil this important role.

Key areas of safety management focus in 2019/20 included working at height and slips, trips and falls prevention. In the area of manual handling, additional training is also now being provided on induction, increasing practical knowledge and skills for new starters.

Covid-19

The Trust received several letters of national requirements in March 2020, as the UK faced a pandemic situation. This required the Trust to cancel elective appointments, create a surge plan for ward and intensive care capacity and a staff redeployment plan, all with rapid turnaround. The Trust was no longer able to hold meetings in public and had to review its governance arrangements, the results of which were implemented in the Trust from 24 March 2020 as follows:

- That the Board meets virtually either by telephone or video conference every month, an increase in frequency from bi-monthly
- That the Board considers only urgent business in the following four areas:
 - Our patient impacts – the quality and safety issues and relevant priorities and CQC requirements, key risks arising and decisions required of the Board;
 - Our people – resilience, safe staffing, absences; relevant priorities, key risks arising and decisions required of the Board;
 - Our money – what financial impacts and risks are arising, relevant priorities, decisions required of the board; and
 - Covid-19 preparedness, planning and operational management - to ensure other issues not captured above are reported.
- That these Board meetings are held without the public in attendance, as physical meetings are not being held during this time and attendance at public meetings is not considered essential business under Governmental social distancing guidance. Questions from the public are invited in advance, and that a public record from each meeting will be created and published on the Trust's website. If technology allows, the public will be invited to attend meetings if this can be facilitated electronically

- Papers discussed at the Board will be published unless they contain highly sensitive information which, exceptionally, in the judgement of the Board may otherwise undermine public confidence inappropriately.
- Meetings of the Board's Committees are stood down during this period, with the exception of the Audit Committee – all Board Committee business other than the Audit Committee business therefore reverts to the full Trust Board to discharge

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

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

The Trust has already implemented the relevant elements of the NHSE/I letter and already had in place an operational command structure to manage its Covid-19 preparations including drawing up, implementing and maintaining a surge plan with all related elements, such as staff redeployment and application of relevant national clinical guidelines. The Trust is also working through the financial implications of Covid-19, both for revenue and capital, including short-notice capital bids for infrastructure works to support long-term management of Covid-19 patients, which will be captured in the 2020-21 annual report.

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

Significant issues

Having reviewed the areas of risk I consider that the following are significant issues:

- Covid-19 – the impact on the Trust's governance arrangements, the impact on Trust waiting lists and delivery of clinical services, the surge capacity required and the capacity to plan and delivery service recovery
- The Trust did not meet all of the NHS Constitution standards, many of which will be impacted by Covid-19 arrangements in 2020-21, and take significant resource to recover
- Prior to this, the Trust's performance against the Emergency Department four-hour target was not acceptable and will require significant support to make and sustain improvement
- Addressing the Trust's underlying financial position as part of a system financial plan, which will be constrained by commissioner affordability and the ability to make further financial savings
- Securing capital funding to address all critical and long-term infrastructure requirements
- The outcome of the partial Care Quality Commission inspection and the ability of the Trust to move to a 'good' overall rating in the short-term
- The Trust's patient safety culture requires further development and embedding in all clinical areas
- The pace and scale of challenge from the Humber Acute Service Review programme

The Trust Board acknowledges that 2020-21 will be one of the most, if not the most, challenging year that staff will experience. The need to recover during and post-Covid-19 will be a particular challenge, and the risk to patient harm is currently being assessed. The resilience of our staff is being particularly tested and we seek to maintain the highest standards of care we can, for as many patients as we can, in 2020-21.

Conclusion

This annual governance statement has identified the following significant internal control issues:

- The Trust did not meet all NHS Constitutional waiting time standards in 2019-20 and will need to carefully and quickly risk assess the new and unanticipated impact of Covid-19 on Trust capacity and **access to** patient care
- The Trust will need to make sustained improvement in Emergency Department performance
- The Trust met its financial plan in 2019-20 but must make further progress towards addressing the underlying financial position within a system financial plan
- Our staff are our a key priority in all areas of success: we must continue to improve our staff engagement, empower staff to make improvements in their own areas and feel part of an organisation that is striving for continuous improvement with a foundation on patient safety
- The Trust is awaiting the results of a partial Care Quality Commission inspection and may not be able to move to a 'good' rating in the short term

Signed



Accountable Officer: Mr Chris Long

Organisation: Hull University Teaching Hospitals NHS Trust

DATE

Remuneration and staff report

This section of the Annual Report sets out the Trust's remuneration policy for directors and senior managers, reports on how that policy has been implemented and sets out the amounts awarded to directors and senior managers.

HULL UNIVERSITY TEACHING HOSPITALS NHS
TRUST 2019/20

REMUNERATION TABLE - ANNUAL REPORT

<i>This table has been subject to audit</i>										
Name and title	Current year 2019/20					Prior Year: 2018/19				
	(a)	(b)	(c)	(d)		(a)	(b)	(c)	(d)	
	Salary (bands of £5,000) £000	Expense payment s (taxable) total to nearest £100 £'s	Performan ce pay and bonuses £000	All pension - related benefits (bands of £2,500) £000	TOTAL (a to d) (bands of £5,000) £000	Salary (bands of £5,000) £000	Expense payment s (taxable) total to nearest £100 £'s	Performan ce pay and bonuses £000	All pension - related benefits (bands of £2,500) £000	TOTAL (a to d) (bands of £5,000) £000
Terry Moran: Chairman	35-40				35-40	35-40				35-40
Tracey Christmas: Non Executive Director	5-10				5-10	5-10				5-10
Martin Gore: Non Executive Director (left 31/03/2020)	5-10				5-10	5-10	-	-	-	5-10
Stuart Hall: Non Executive Director	5-10				5-10	5-10	-	-	-	5-10
Antony Curry: Non Executive Director (started 01/04/2019)	5-10				5-10	-	-	-	-	-
Vanessa Walker: Non Executive Director (left 30/09/2019)	0-5				0-5	5-10	-	-	-	5-10
Martin Veysey: Non Executive Director	5-10				5-10	5-10	-	-	-	5-10
Julie Jomeen: Non Executive Director (left 29/02/2020)	5-10				5-10	5-10	-	-	-	5-10
Chris Long: Chief Executive Officer	190- 195			0.00	190- 195	180- 185	-	-	0	180-185
Lee Bond: Chief Financial Officer	155- 160			0-2.5	160- 165	145- 150	-	-	0	145-150

Teresa Cope: Chief Operating Officer	145-150			125-127.5	270-275		80-85	-	-	162.5-165	245-250
Makani Purva: Chief Medical Officer	195-200			80-82.5	275-280		130-135	-	-	142.5-145	275-280
Beverley Geary: Chief Nurse (started 01/03/19)	145-150			77.5-80	225-230		10-15	-	-	62.5-65	70-75
Jacqueline Myers: Director of Strategy and Planning	115-120			75-77.5	190-195		115-120	-	-	32.5-35	150-155
Simon Nearney: Director of Workforce & Organisational Development	125-130			15-17.5	145-150		130-135	-	-	47.5-50	175-180
Carla Ramsay: Director of Corporate Affairs	70-75			12.5-15	80-85		50-55	-	-	25-27.5	80-85

Notes:

Lee Bond re-joined the pension scheme on 01/09/2019.

Simon Nearney re-joined the pension scheme on 01/05/2019.

In 2019-29, 0 exit packages were agreed and 0 compulsory redundancies were made. .
There were no payments to past directors.

HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST 2019/20
REMUNERATION REPORT PENSIONS TABLE - ANNUAL REPORT
This table is subject to audit

NAME	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31/03/2020 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31/03/2020 (bands of £5,000)	{e} CETV at 01/04/19 (£000)	(f) Real increase in CETV (£000)	(g) CETV at 31/03/20 (£000)
Long, Chris	0	0	0	0	0	0	0
Bond, Lee	0 - 2.5	0	50-55	115-120	880	24	924
Myers, Jacqueline	2.5 - 5	5 - 7.5	35-40	80-85	557	79	649
Nearney, Simon	0 - 2.5	0 - 2.5	15-20	0	175	23	202
Ramsay, Carla	0 - 2.5	0 - 2.5	10-15	0	115	13	130
Purva, Makani	5 - 7.5	2.5 - 5	45-50	90-95	735	98	850
Cope, Teresa	5 - 7.5	10 - 12.5	45-50	115-120	705	120	842
Geary, Beverley	2.5 - 5	5 - 7.5	45-50	135-140	864	94	979

Notes

Lee Bond re-joined the pension scheme on 01/09/2019.

Simon Nearney re-joined the pension scheme on 01/05/2019.

PAY MULTIPLES – FAIR-PAY DISCLOSURES

These figures have been subject to audit

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid Board Director in their organisation and the median remuneration of the organisation's workforce.

	19/20	18/19	17/18
Median Salary	30,112	28,860	26,575
Multiple	6.6	6.4	8.2
Highest paid Director at 31.3.2020	197,477	185,436	216,970
Change in pay multiple	2.07%	-21.33%	1.80%
Change in highest paid Director pay	6.49%	-14.53%	1.12%
Change in median average pay	4.34%	8.64%	-0.67%
Highest paid employee	290,499	321,820	251,755

The Trust's highest paid Board Director in 2019-20 was the Chief Medical Officer. The banded remuneration of the highest paid Board Director in Hull University Teaching Hospitals in the financial year 2019-20 was £195,000 to £200,000, the midpoint of which is £197,500 (2018/19: £180,000-£185,000, the midpoint of which is £182,500). This was 6.6 times (2018/19: 6.4 times) the median remuneration of the workforce, which was £30,112 (2018/19 - £28,860).

The median level of remuneration has increased by 4.34 % and the remuneration of the highest paid Director has increased by 6.49%, the combination of these two factors has culminated in an increase in the pay multiple from 6.4 to 6.6. The median salary has increased primarily as a result of the 3 year NHS pay deal introduced in April 2018. The remuneration of the highest paid Director is higher than in the previous year because 2019-20 was the first complete year for the current Chief Medical Officer, having commenced the role on 1st August 2018.

In 2019-2020, 12 employees received remuneration in excess of the highest paid Board Director. The remuneration for those employees was in the range of £200,000 to £295,000 (2018/19 - £185,000 to £325,000). All 12 employees paid more than the highest paid Director are Senior Medical Consultants.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Staff report

These figures have been subject to audit

Number of Senior Managers by Band

Senior Manager is defined as any employee whose post is coded to a national occupational code as a 'senior manager' and who reports directly to a Director. This does not include Trust Board members, who are detailed below.

Band	WTE
Band 8b	15
Band 8c	8
Band 8d	6
VSM	11

Staff Composition

Trust Total

Gender	Headcount	%
Male	2238	24
Female	7285	76

Executive Director Grade (voting and non-voting Directors)

Gender	Headcount	%
Male	3	37.5
Female	5	62.5

Sickness Absence Data

As per the General Accounting Manual, Trusts can use the link to the data already submitted in month 12 to NHS Digital.

The Trust's Sickness Absence data for 2019-20 are available here: [NHS Sickness Absence Rates](#).

STAFF COSTS 2019-20

These figures are subject to audit

	Permanent	Other	2019/20 Total	2018/19 Total
	£000	£000	£000	£000
Salaries and wages	298,487	-	298,487	280,468
Social security costs	28,298	-	28,298	26,945
Apprenticeship levy	1,459	-	1,459	1,371
Employer's contributions to NHS pensions *	48,336	-	48,336	32,012
Pension cost - other	144	-	144	8
Temporary staff (including agency)	-	11,297	11,297	11,621
Total gross staff costs	376,724	11,297	388,021	352,425

Of which

Costs capitalised as part of assets	1,321	1,305
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* The increase in employer's contribution to NHS pensions reflects the additional 6.3% for which there is a corresponding entry on income.

Average number of employees (WTE Basis)

These figures are subject to audit

	Permanent Number	Other Number	2019/20 Total Number	2018/19 Total Number
Medical and Dental	1,084	148	1,232	1,152
Ambulance staff	0	0	0	0
Administration and Estates	1,557	18	1,575	1,496
Healthcare assistants and other support staff	512	55	567	602
Nursing, Midwifery and Health Visiting staff	2,936	93	3,029	2,997
Nursing, Midwifery and Health Visiting learners	30	0	30	16
Scientific, Therapeutic and Technical staff	1,021	38	1,059	1,001
Healthcare science staff	432	0	432	433
Other	-	-	-	-
Total average numbers	7,572	352	7,924	7,697

Staff Policies Applied during the Financial Year: 1 April 2019 - 31 March 2020

As part of the Trust's People Strategy 2019 to 2024, we continue to be committed to transforming the Trust's HR service provision and people management culture, to deliver great staff, great care, great future, which will enable us to achieve our strategic objectives.

In line with the People Strategy, the Trust's HR service provision continues to modernise and streamline practices, using new technology, service transformation and reform. As part of this, HR policies are continually reviewed to ensure they are in line with current legislation and national terms and conditions.

Following the review and update of the Agenda for Change Terms and Conditions published in April 2019, a number of Trust policies needed to be reviewed, particularly family friendly policies.

The changes to the Agenda for Change Terms and Conditions included the provision of enhanced shared parental pay for staff, which led to a major review and rewrite of the Trust's Shared Parental Leave Policy and supporting documents. The enhanced shared parental pay is favourable for staff and brings it in line with enhanced maternity pay.

A number of Trust policies which support the health and wellbeing of staff have also been updated over the past year, including supporting staff who have alcohol and substance issues, support for staff dealing with critical incidents and staff who require special leave.

1. Employee Service Centre

The Employee Service Centre, which launched in March 2017, has continued to provide a 'one stop shop' for all employees offering first line support on Recruitment, HR, Payroll and many other related topics.

Since 1 April 2019, the Helpdesk has received over 26,000 queries via telephone calls or e-mails, which is an increase of 11,000 over the past year. Through the first line support provided by the Helpdesk, 80% of these queries were resolved immediately. This has freed up valuable time for the HR Advisory, Medical Staffing and Payroll teams, who would previously have dealt with many of these queries, allowing them to concentrate on more value-added work within their specialities.

The Medical Staffing service continues to evolve and develop.

The 2016 Medical & Dental Junior Doctors contract, which encompassed major changes including significant changes to all of the Trust's rota patterns, was successfully delivered by the team by the August 2019 deadline.

The team has also played a pivotal role in supporting the Trust's equality, diversity and inclusion agenda for Medical and Dental staff including:

- The benefits of providing flexible working options for Doctors in Training are well documented and the Trust has therefore set up a quarterly forum for those doctors already working and those considering working less than full-time. The forums, run in partnership with the BMA, have been supported by a number of speakers covering impact on pay, pensions and rotas. The Medical Staffing Team have identified a Less Than Full-Time Champion to support existing doctors and those returning to training or returning from, for example, family friendly leave.
- Following funding received from Health Education England, the Trust has appointed to the role of SuppoRRT Champion for a 3 year period. This role is to provide advice and guidance to medical trainees who are returning to work after a lengthy period of absence (for example maternity leave) as well as supporting trainers with this process.

- From August 2019 Medical and Dental staff returning to the Trust following a period of family friendly leave are provided with 3 paid supernumerary days (funded by Health Education England) to support their return to work.

After discussions with the Chief Medical Officer and due to the Trust's International Partnership with the College of Physicians and Surgeons of Pakistan, the Trust now has a process to sponsor internationally appointed doctors in support of their GMC registration. This means that the Trust can streamline the recruitment of specialist doctors from overseas into hard to fill departments within the Trust.

The Employee Service Centre continues to be a valued resource to the Trust. It has been key in supporting the Trust in its efforts against COVID-19. The current service delivery has evolved to offer a Sickness Recording Line for all staff to report any symptoms or issues relating to the pandemic. This has proved a key one stop shop for staff to call in sick, discuss self-isolation, to arrange a test, reporting back fit for work. The opening hours have been expanded to 7am to 7pm Monday - Friday and 8am - 4pm Saturday - Sunday.

2. Recruitment and Retention

Ensuring the values of new employees align with organisational values and behaviours is a key component of building a diverse workforce.

The Trust currently holds Disability Confident Employer Status which aims to help employers make the most of the opportunities provided by employing disabled people.

Non-medical recruitment processes continue to improve. Time taken to recruit for these groups has reduced by just under 1 month since the introduction of the electronic recruitment system (TRAC) in 2016. The average time to recruit was 50.9 days in December 2019, a decrease of more than a day on 2018 figures.

There remains a focus on continuing to streamline recruitment processes for both Agenda for Change and medical recruitment, to ensure all processes remain efficient, effective and safe.

2.1 EEA Staff – EU Exit

Over the last year the Trust has continued to prepare for the UK's departure from the EU.

With the uncertainty of whether the UK would leave with a deal or not, the Trust had to plan for every scenario.

Risk assessments covering a number of possible eventualities, from delayed overseas recruitment to transport issues due to delays at European entry points, were undertaken for each Health Group/Directorate within the Trust. Following this, full workforce contingency plans were developed to ensure safe services for patients could continue to be provided.

In addition to this, communicating with Trust staff, particularly EEA staff, was a priority. The Trust proactively used different medium to reach out to EEA staff to reassure them of the work going on to continue to support them. This included sharing information on the changes to the ways in which they could continue to live in the UK following the UK's exit from the EU. Details of the EU Settlement Scheme were shared, an intranet page was developed and updated and EEA staff received regular updates from their Health Groups/Directorates.

Following the UK's departure from the EU on the 31 January 2020, the UK has entered into a period of transition until 31 December 2020. Whilst during the transition period there is little change, the Trust continues to proactively engage with staff, providing reassurance and information on the EU Settlement Scheme and other important updates.

2.2 Medical Revalidation and Appraisal

In February 2020, the Trust took part in a Higher Level Responsible Officer Quality Review by NHS England and NHS Improvement in relation to Medical Revalidation and Appraisal.

Medical revalidation is the process by which the GMC confirms the continuation of a doctor's licence to practise in the UK. Its purpose is to provide greater assurance to patients and the public, employers and other healthcare professionals that licensed doctors are up-to-date, fit to practise and is a key component of a range of measures designed to improve the quality of care for patients.

Revalidation is based on a local evaluation of doctors' practice through appraisal with a senior doctor in the organisation who makes a recommendation about the doctor's fitness to practise to the GMC. This is based on the outcome of the doctor's annual appraisals over the course of five years, combined with information drawn from the organisational clinical governance systems. Revalidation also enables early identification of doctors whose practice needs attention, allowing for more effective intervention.

Following this review, the Trust received a positive outcome and was congratulated on the 2018/19 appraisal participation rate of 93.4% for its prescribed connections, as well as the policies and processes currently in place. Credit was also given to the Revalidation Team, which consists of the team of Medical Appraisers and the System Admin Team responsible for the day-to-day management of local processes and procedures.

2.3 Nurse and Staff Bank and e-Rostering

A key focus of the Trust's People Strategy is the modernisation of practices using new technology. Reviewing systems and processes and the way our employees (staff and managers) work effectively with and within them assists service transformation and continuous improvement. Improvements to how we utilise our staffing resource directly impacts on better patient care. Over the last year for the Nurse/Staff Bank and e-Rostering teams successful initiatives include;

- The e-Rostering team commenced a project to implement the e-Rostering (electronic roster) system to all remaining clinical services. Working with areas to get the best out of the system to meet staffing requirement, this significant increase in the number of live rosters (from 269 to 300) by the end of the financial year supports efficient use of the Trust's staffing resource. This also included e-Timesheet link up for each new area, thus reducing paper transactions, saving time and money for service areas and payroll.
- The team, in conjunction with the Operational Nursing team, commenced a piece of work using the Insight system (rostering based management information system) to focus on areas which need increased attention on efficient staff rostering practices. This enabled the team to work with 5 different wards per month to look at key metrics and devise plans for improvement. This included full and comprehensive roster reviews.
- A suite of reports and dashboards were developed and embedded within the services. These provide managers with live information to help them manage their services, for example to identify future rota gaps, enabling them to highlight required changes on an ongoing basis.
- Direct booking was enabled using the EmployeeOnline system. This enables Pool staff and Bank workers to directly book shifts to support wards and services with vacant duties. This has delivered multiple benefits. For staff it gives greater flexibility (as it allows them to book shifts as far in advance as they are able to commit and at short notice based on their availability) and greater control (it allows them to check bookings and that their hours of work are being paid directly). For managers it allows them to have better oversight of the cover already booked. This has reduced the volume of calls to the central line, enabling the Bank team to focus on improving other aspects of the service.
- e-Timesheet link up and the phasing out of paper timesheets has commenced for Pool and Bank workers. This is delivering a number of efficiencies across the Bank and Payroll teams.

- Work has commenced to prepare the organisation for Agency Direct bookings. This enables the Trust to send specific approved vacant duties to a set of Agencies simultaneously for them to book available workers into. This has created a fairer process but has also released capacity within the Nurse and Staff Bank team to enable focussed searches to be made to cover crucial shifts.
- Improving the efficiency and timeliness of the recruitment and selection processes for Bank Healthcare Assistant posts. This includes the introduction of assessment days for short-listed candidates (as opposed to traditional interviews which, given the significant number of applicants involved were resource intensive as they took time over a number of days) and streamlining induction arrangements.

The improvements to processes within the teams will allow the opportunity to look at how the service can continue to evolve to better support patient care.

2.4 Dying to Work

In February 2020 the Trust and Staff Side colleagues signed the TUC's Dying to Work Charter, providing protection to over 9,000 staff.

The TUC's campaign calls for additional employment protection for terminally ill workers. Current legislation provides little protection for these employees, and some are dismissed from their jobs in the final months of their lives.

Signing the charter is voluntary, but doing so shows a real commitment by the Trust to staff members with a terminal diagnosis. The Trust is committed to treating these staff with dignity, respect and compassion, setting out an agreed way of supporting, protecting and guiding them throughout their employment following diagnosis. Ultimately it will ensure that the Trust's employees are able to make the decision that is right for them and their family.

The signing ceremony was the culmination of months of partnership working between Unison and Human Resources. The Trust's commitment, designed to encourage a compassionate approach to dealing with a terminal diagnosis, is supported by guidance, frequently asked questions and a bespoke training package for staff and managers.

As our Director of Workforce said on the TUC website: "At Hull University Teaching Hospitals NHS Trust our staff provide amazing acts of care and kindness every day to our patients and it is absolutely right that we as an employer pledge to support our people particularly at times when staff really need us."

3. Reserve Forces Training and Mobilisation

The Trust continues to take steps to embed the Armed Forces Covenant, which aims to support positive outcomes for the Armed Forces community.

A holder of the Silver Award under the Employer Recognition Scheme for its work supporting the Armed Forces, as well as Veteran Aware Accreditation in recognition of its commitment to improve NHS care for veterans, reservist and members of the Armed Forces, the Trust has also signed up to the Step into Health scheme. Through this, members of the Armed Forces community can connect to NHS organisations to set up training opportunities, clinical and general work placements, insight days and receive application support. The programme provides a dedicated pathway into a career in the NHS. The Trust has benefited from a number of successful appointments from the scheme, gaining benefit from the transferable skills that the Armed Forces community bring and their compatibility with NHS roles.

There are Armed Forces Champions within the Trust who proactively advocate and support defence through the provision of information regarding relevant internal policies and external services including Citizens Advice and the Veterans Gateway. This information is promoted to reservists and veterans who currently work for, or who wish to work for, the Trust.

Representatives from the Trust meet regularly with the Army Medical Services Reserve Recruitment to help co-ordinate recruitment sessions within the Trust. The Trust has been able to offer work placements to several Veterans/Transitioning Armed Forces members and regularly shares good practise with other Trusts.

The Trust has supportive policies in place for staff who are reservists, alongside a number of e-learning packages which help staff understand the specialised needs of current and ex-Armed Forces personnel, whether a patient or an employee.

The Trust is working collaboratively with local CCGs and councils to develop health pathways for veterans, linking in with external agencies and support networks, for example Defence Medical Welfare, Hull4Heros and the Veterans Hub to share best working practice. This includes ongoing work to develop and implement a process for identifying veterans on admission, with the aim of improving patient outcomes, facilitating early discharge and, as part of the discharge process, signposting veterans to locally available support (e.g. military charities, rehabilitation services, veterans' mental health services).

The Trust was 1 of 3 organisations shortlisted for the Heropreneurs Awards 2019 in the Large Employer of the Year category.

4. Health and Wellbeing

The Trust takes seriously its responsibility to provide a wellbeing programme for staff, but at the same time, it is also important that we encourage staff to take responsibility to look after themselves and each other.

The Trust has developed and implemented a new Health and Wellbeing Programme, which was launched at a series of Health and Wellbeing Fairs for staff. This incorporates a number of new initiatives as well as repeating initiatives that had previously proved popular with staff.

Moving forward, the mental wellbeing agenda will remain a key focus for the Trust. This includes delivery of a 'Train the Trainers' programme for stress management and mental wellbeing, the pending launch of a new Mental Wellbeing Policy, in addition to the delivery of a number of courses designed to support staff mental wellbeing led by our Education and Development team.

A range of new initiatives to improve physical activity have been launched in the last 12 months including a HUTH running club (HUTH Harriers), a lunchtime walking club, a gardening club, subsidised pilates and yoga sessions for staff. All have been well received and attended by staff. A book club is imminent. These complement the existing football team and the staff discount offered by the local council at its leisure facilities and gyms.

Established initiatives including the Trust's meditation, salsa and mindfulness programmes, choir, football team and staff lottery continue to remain popular.

The Trust holds a number of popular annual events for staff, for example an 'It's a Knockout' tournament, which this year was won by the Estates and Development team (and will be hotly contested in future years!) and a Family Fun Day (held in July 2019 this was attended by almost 2000 staff and their families).

Supporting its proactive health and wellbeing culture for staff, the Trust offers a flu vaccination programme, health checks for staff, a FAST Track Physiotherapy Service, and Rapid Access to Counselling. These are in addition to the Rapid Access scheme, introduced in 2019 that allows staff to access an out-patient appointment or hospital admission for treatment following a referral from their GP by utilising late cancellation or difficult to fill appointment slots.

A number of Benefits Fairs have been held across the year at which local retailers, businesses and in-house teams talked to staff about NHS staff benefits. From discounts in restaurants to cut price cars, work-based exercise groups and everything in-between, there was something to grab everyone's interest.

The Trust's Occupational Health Department is key in supporting staff health and wellbeing. The department is an accredited member of the Safe Effective Quality Occupational Health Service (SEQOHS), which is a stand-alone scheme managed by the Royal College of Physicians of London, open to all providers of Occupational Health Services in the public and private sector. It is the formal recognition that an Occupational Health Service provider has demonstrated that it is competent to deliver a range of services.

5. Equality, Diversity and Inclusion

Whilst the requirements of the general duty of the Equality Act 2010 remain in force, due to COVID-19, the Equality and Human Rights Commission has suspended Public Sector Equality Duty reporting obligations in England for 2020, meaning there is no submission of the NHS Workforce Race Equality Standard (WRES) or the NHS Workforce Disability Equality Standard (WDES) this year.

Equality, Inclusion and Diversity is one of the key strategic workforce themes within the Trust's People Strategy 2019-2024 and states "we will continue to develop an organisational culture that encourages every member of staff, whatever their role or background to succeed. A Trust where our staff work hard to make a difference for patients, where staff access opportunities to learn, develop and grow and work in a positive environment free from discrimination."

The following provides an overview of work undertaken over the last year to support this principle.

5.1 Equality, Diversity and Human Rights Training

In 2017 the Trust agreed that Equality Training would become a part of the suite of mandatory and statutory training. As at 31 March 2020, 96.7% of staff were compliant with the requirement to complete this training.

5.2 Training and Awareness Sessions

The Education and Development Team have delivered a number of sessions linked to raising awareness of Learning Disabilities, Autism and Mental Health at Work. In addition to this, the Chair of the Trust's Diversity and Inclusion Steering Group worked with Humberside Police to deliver a number of Hate Crime Awareness sessions.

5.3 Blogs and Personal Experiences

One of the Trust's patient representatives is a key member of the Diversity and Inclusion Steering Group and regularly shares her experiences of living with an "invisible health condition". These experiences are also shared wider via blogs on the Trust's intranet.

5.4 Gender Pay Reporting

New regulations that took effect on 31 March 2017 (Equality Act 2010 [Specific Duties and Public Authorities] Regulations 2017) required all public sector organisations in England employing 250 or more staff to publish gender pay gap information.

The Trust's overarching Gender Pay Gap Report for 2019, the third since the regulations were introduced, has been published.

Gender pay gap calculations are based on ordinary pay which includes; basic pay, allowances (including shift premiums), extra amounts for on-call, pay for leave but excludes; overtime, expenses, payments into salary sacrifice schemes and Pensions.

In summary, the Trust's mean gender pay gap is 29.04% (i.e. this means that women's average earnings are 29.04 less than men's). The median gender pay gap is 18.18% (i.e. this means that women's average median earnings are 18.18% less than men's).

The mean and median gender pay gap can be explained by the fact that while men make up only 23.66% of the workforce, there are a disproportionate number of males, 39.49% in the highest paid quartile, predominantly medical staff.

The mean gender pay gap for the whole economy (according to the October 2018 Office for National Statistics Annual Survey of Hours and Earnings figures) is 16.2%, while the Trust's mean gender pay gap is 29.04% in favour of males. The median gender pay gap for the whole economy is 17.3%, compared to the Trust average of 18.18%.

Medical staff pay has a strong impact on the mean and median data. If Medical staff were excluded from the data above the mean (average) hourly pay gap is 3.29% or £0.48, and the median (mid-point) hourly pay is -0.23% or -£0.03. Nationally the Consultant workforce is predominately male.

The gender pay gap calculations are based on pay excluding the value of payments made into salary sacrifice schemes (even though employees opt into the schemes voluntarily, as they provide a benefit in kind). Payment into these schemes reduces the basic salary and hourly rate of pay.

The Trust operates a number of salary sacrifice schemes. Given 79.11% of those who pay into salary sacrifice schemes are female staff (compared to 20.89% of male staff) this has a significant impact on the Trust's gender pay gap data, including the mean and median female averages and also where females fall in pay quartiles (i.e. they might otherwise fall into a higher quartile).

Exacerbating the Trust's gender pay gap data particularly in the Lower Middle and Upper Middle quartiles and thus mean and median pay gap data has been the introduction of an additional high value salary sacrifice scheme during this reporting period. This enables staff to save money on Home Electronics. This has proven popular amongst staff. Of the 898 staff who pay into the scheme, 84.63% (760) are female. This is on top of the existing high values schemes which again more female staff pay into (Family Car Lease 76.14% and Childcare Vouchers 71.01% of female staff respectively). 124 staff pay into 2 of the high value schemes, 5 staff pay into three of the high value schemes.

Based on the Trust's overall gender split (76.34% female and 23.66% male), there is no significant gender pay gap in the lower, lower middle and upper middle quartiles. There are a disproportionate number of males, 39.49%, in the upper quartile compared to 60.51% being female. There is a mean gender pay gap of 24.31% and £8.09 in the upper quartile.

Within the Medical staff group there is a disproportionate gender split (35.56% females and 64.44% male). In the Upper Quartile for Medical staff the split is 34.30% female and 65.70% male. Medical staff account for the majority of the Trust's highest earners.

The Trust has a split of 58.90% full time and 41.10% part time staff. 92.39% of part time staff are female. The majority of part time staff are in the lower quartiles (58.39% are in the lower and lower middle).

Only 27.97% of staff in the upper quartile are part time. This is disproportionate when compared with the Trust wide figure of 41.10% of staff being part time. 88.91% of these are female staff.

The mean gender bonus gap is 37.43% when long service awards are excluded from the data, rising to 78.69% when they are included in line with national guidance.

The median gender bonus gap is 33.33% (£3,016 per year) when long service awards are excluded from the data, rising to 99.45% when they are included. This is an improvement from 36.67% (£3,314.89) in the 2018 reporting period.

The proportion of male employees receiving a bonus is 6.61% excluding long service awards (7.30% when included) and the proportion of female employees receiving a bonus is 0.65% excluding long service awards (2.12% when included).

This year the Trust has two types of bonus that meet reporting requirements – Long Service Awards (for staff who have achieved 25 years substantive service within the NHS which is a token gift to the value of £50 to recognise staffs contribution and commitment) and Clinical Excellence Awards (CEAs - which are awarded based on the performance of Consultant Medical staff subject to national and local eligibility criteria in recognition of excellent practice over and above contractual requirements).

The Trust's gender bonus data is significantly distorted by the Trust's Long Service Award scheme as, given the gender makeup of our workforce, more females receive an award. Calculations have therefore been made both including and excluding this data. Including long service awards, the median bonus pay for females is £50. Excluding long service awards, the median bonus pay for females is £6,032.00. This compares to £9,048.00 for males (the figure is the same inclusive or exclusive of the long service award).

The gender split for bonus pay is 48.42% female and 51.58% male, however as 87.27% of female bonus pay is the £50 long service award, this results negatively on mean bonus pay. There has been a significant increase in female staff numbers receiving long service awards during this reporting period (an increase from 47 in 2018 to 96 in 2019, compared to an increase in eligible male staff from 7 in 2018 to 14 in 2019), as two long service award ceremonies were held. This has resulted in an increase in the mean bonus pay gap compared to the 2018 reporting period.

If long services awards are excluded, the mean bonus pay gap reduces from 78.69% (£10,128.97) to 37.43% (£5,323.61) and the median bonus pay gap reduces from 99.45% (£8,998.00) to 33.33% (£3,016.00).

Nationally agreed changes to the local Clinical Excellence Awards scheme effective from 1 April 2018 will gradually impact on the Trust Gender Pay Gap data, commencing with this, the 2019 Gender Pay Gap report, as awards are made retrospectively. This is evident in the small 3.34% improvement this year in the median bonus pay gap (excluding long service awards).

CEA and Discretionary points account for 61.40% of all bonuses awarded.

The difference in bonus pay is also driven by the payment of higher (accumulated) bonuses for Consultant Medical staff where there is a greater proportion of men.

A greater number of the Trust's female Consultants work flexibly on a part-time basis (6.98% male, 25.86% female). This distorts both the mean and median bonus pay as CEA bonus payments are pro-rated for part-time employees. This part-time split is broadly reflected in those with CEAs (3.01% of male CEAs are for part-time Consultants, 23.81% of female CEAs are for part-time Consultants).

Summary of Results

The Trust is committed to ensuring all staff are treated and rewarded fairly irrespective of gender.

The Trust is using the workforce gender pay gap figures to help understand the underlying causes for its gender pay gap and to identify suitable steps to minimise it.

Some elements of the Trust's gender pay gap have a historical/national context which will take a period of time to resolve.

The Trust gender pay gap data for the period including 31 March 2019, which shows the difference in average pay between men and women in the workforce, reflects that the Trust has a majority of men in higher-paid roles, predominantly medical staff.

The mean and median hourly pay gap percentages across the health sector and bonus pay gap are significantly affected by the presence of the Medical Consultant body – due to both their high base wage and the historical differences in bonuses awarded under the Clinical Excellence Awards scheme.

This year's gender pay data has been particularly impacted by the introduction of the Trust's Home Electronics salary sacrifice scheme, and the large increase in female staff numbers receiving a long service award.

The Trust's mean gender pay gap at 29.04% has reduced since the 2018 report (30.74%) but remains higher than the average national figure of 16.2%. The Trust's median gender pay gap at 18.18% is above the national average of 17.3%. Excluding medical and dental staff these figures would be 3.29% and -0.23% respectively, an improvement on the 2018 reporting period (2018 data; 3.61% and 0.32%). The overall NHS gender pay gap is 23%.

Whilst the impact of the new CEAs is not reflected in the overall CEA bonus gap data (due to the historically awarded CEAs that consultants are still in receipt of), analysis of those who have achieved a new style local CEA for the first time suggest positive changes in addressing the bonus pay gap for future years. Notably, when it came to applying, of those eligible, a slightly higher percentage of females applied compared to males. In addition the percentage of applications resulting in a successful new CEA award was higher for female medical staff.

Actions to address the gender pay gap will be taken within the context of the Trust's People Strategy 2019-22 and programme plan.

The full Gender Pay Gap Report for 2019 is available on the Trust's internet.

5.5 Gender Pay Gap in Medicine

In April 2018 the Department of Health and Social Care commissioned an independent review to advise on action to improve gender equality in the NHS. The interim update from the Gender Pay Gap in Medicine Review (published 29 March 2019) has found that the continued dominance of men in senior medical positions is one of the main causes of the gender pay gap in medicine. The update includes; that the gender pay gap for doctors is 17% based on their total pay, women are not yet represented in equal proportions in senior medical grades, two-thirds of doctors in training grades are women, but within consultant grades this drops to under half, women are over-represented in lower paid specialties, but under-represented in the highest paid specialties. The final national report is due imminently.

5.6 Race Equality

The NHS Workforce Race Equality Standard (WRES) was commissioned in 2015 to ensure employees from Black, Asian Minority Ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

The outcomes from the Trust's last WRES return have been actively shared with, and reviewed through, the Trust's BAME Leadership Network. The Trust can demonstrate some

improvements against a number of the WRES indicators including the role of Chief Medical Officer, which is a Trust Board appointment, being a BAME colleague.

Since the Trust's previous submission, there has been an increase of 123 BAME employees, which has resulted in some positive movement in the number of BAME staff achieving higher bands in the clinical workforce (non-medical) group albeit further work is still required.

The number of BAME staff being shortlisted has increased, which has resulted in an increase in the likelihood of BAME staff being appointed following shortlisting. BAME staff also continue to be less likely to enter into the formal disciplinary process than White staff and are more likely to access non-mandatory training and CPD than White staff.

5.7 BAME (Black, Asian Minority Ethnic) Leadership Network

In October 2019 the Trust ran its first BAME Leadership Summit with over 45 colleagues across a wide range of professions attending. The aim of the event was to support, encourage and explore opportunities for BAME colleagues both personally and professionally.

The summit, attended by the Trust's Chief Executive, Chris Long, provided an opportunity to re-energise the Trust's BAME Leadership Network and shape priorities for the future. Bo Escritt, National Diversity Lead, attended as a guest speaker sharing her experiences as a BAME colleague developing BAME Networks across the NHS.

Actions that have taken place since the BAME Leadership Summit include:

- Reviewing and re-designing the Trust's in-house leadership development programmes to ensure HUTH leaders role model compassionate and inclusive leadership. The new content, which was piloted in November 2019 with a group of senior managers, has had excellent feedback. Work continues to ensure that inclusion is at the core of all of the Trust's internal leadership programmes.
- The Executive Team received feedback of the lived experiences of BAME colleagues within the Trust. The purpose was to raise awareness of the challenges and obtain support to build upon the excellent feedback received during the BAME Leadership Summit.
- Reviewed and updated the BAME pages on the Trust's intranet to provide an overview of the BAME Summit, provide updated information on the leadership and Development opportunities available.
- Held the first of 2 BAME Network meetings to build upon the feedback from the BAME Summit and shape the purpose and key objectives of the network going forward.

Success at the National BAME Awards

It was a successful night for the Trust at the National BAME Awards ceremony held in London. Six staff were shortlisted of which two went on to win awards for Clinical Champion of the Year and Groundbreaking Researcher.

5.8 Celebrating Diversity Through Food

In April 2019 the Trust's second World Food Event was held, in which a number of staff joined together to celebrate their heritage through their love of food. The World Food Event enabled staff to try dishes they had never sampled before. It also provided an opportunity for the sharing of recipes whilst socialising with staff from a wide and diverse range of cultures. A great time was had by all.

The Eid al Adha Celebrations (also called the "Festival of the Sacrifice") is the second of two Islamic holidays celebrated worldwide each year. For 2019 the Communication and Catering teams worked together to acknowledge and raise the awareness of this key period of celebration. The Catering team created a special menu to mark the occasion and the Communications team developed branded flyers to go out to all staff. The Lottery Committee also provided funding to purchase Eid banners and decorations for the restaurants.

5.9 Hull Pride

In 2019 Hull University Teaching Hospitals NHS Trust was once again a key contributor to the Hull Pride Celebrations in Hull city centre.

5.10 Differently Abled

The Trust was a key contributor to the Differently Abled Event held at the Bonus Arena in Hull. The event was designed primarily to provide people with Learning Disabilities and Autism and their families/carers with an opportunity to meet people from local services both clinical and non-clinical. Staff from the Trust's Emergency Department, Paediatric Epilepsy Team, Audiology and Safeguarding Adults Teams represented the Trust at this event. The feedback received from Trust staff who attended was that it provided an opportunity to network with colleagues from other services that they had not previously been aware of. This in turn supported their own development and enabled them to signpost their patients to appropriate help within the community.

5.11 Job Matching Training

To ensure that job roles are evaluated (banded) fairly and equitably, in partnership with Trade Union colleagues, within the organisation, the Trust adheres to the national NHS Job Evaluation Scheme. This scheme ensures consistency and compliance with the National Agenda for Change Agreement, with particular reference to compliance with current equal pay legislation.

In June 2019 the Trust hosted a 2 day Job Matching training course, commissioned from NHS Employers which was attended both by staff internal to the Trust and from external NHS organisations. Following this, the Trust has a further 7 employees (4 management representatives and 3 staff side representatives) who are trained job matchers.

6. Remuneration Policies

The majority of staff are covered by national terms and conditions for employment, including remuneration. For those staff covered by Agenda for Change, the Consultants contract and the junior doctors contract, recruitment and remuneration is undertaken in accordance with these national requirements.

The remuneration for Executive Directors and those reporting directly to the Chief Executive is set by the Remuneration Committee, with terms of reference set through the Scheme of Delegation in Standing Orders. The work of the Remuneration Committee in 2018/19 is set out within this annual report. A summary of the Remuneration Committee minutes is received by the Trust Board.

The remuneration for Very Senior Managers who do not fall under the Remuneration Committee or national terms and conditions is set by the Pay, Terms and Conditions Group, with agreed terms of reference, and who oversee the application of the Trust's Very Senior Managers contracts, terms and conditions. The minutes of the Pay, Terms and Conditions Group are received for information by the Remuneration Committee.

The Trust has in place relevant policies for the processes of recruitment and remuneration of all staff.

Consultancy Fees 2019-20

Description	Supplier	£	Percentage
Pathology Collaborative	York Teaching Hospital NHS FT	74,882	100%
		<u>74,882</u>	100%

Off payroll engagements

From time to time the Trust uses the services of individuals who are self-employed or who trade through a personal services company. At 31 March 2020 the Trust received services from 3 such individuals. These 3 individuals charged an equivalent daily rate of £245 or more and had been engaged by the Trust for more than 6 months. Those engagements are set out in the table below.

The Trust requested assurances and issued contracts for service to individuals in May 2018, sought assurances on tax and indemnity and assessed these against the Trust's obligations. These 3 individuals have a formal contract for service which is clear on the Trust's expectations in relation to paying tax in the UK and sets out the Trust's right to receive assurances that taxes have been paid appropriately.

	Number
Number of existing engagements at 31 March 2020	3
Of which, the number which have existed:	
For less than 1 year at the time of reporting	0
For between 1 and 2 years at the time of reporting	0
For between 2 and 3 years at the time of reporting	0
For between 3 and 4 years at the time of reporting	2
For 4 years or more at the time of reporting	1

There have been 0 new engagements during the 2019/20 financial year.

No Board members were engaged on an off-payroll basis during 2018/19

The Trust adopts best practice with corporate governance norms and codes: it is compliant with all NHS staffing employment requirements, including relevant disclosures in this annual report. The Trust follows all required national terms and conditions of employment, with good relationships with the Local Negotiating Committee and Joint Negotiating Committee for local terms and conditions; this annual report details the workforce position, the staffing policies applied as well as best governance practice adopted: with the trust aiming to further increase staff engagement and staff satisfaction, which in turn impact positively in patient care, this is best governance practice in respect of not just applying with the letter of guidance, specifically the UK Code of Governance, but the spirit of it – to be a good employer, to care for staff and use resources wisely.

The Trust takes seriously its corporate governance role to be a good steward of public funds, and this annual report details many ways in which these are discharged: detail on financial management and disclosure of financial risks being taken in to next financial year, reporting

senior salaries and pension benefits in full and changes between this year and the pay gap in the organisation; the detail on the work of the Trust Board to manage delivery of the Trust's strategy and related risk through its Board Assurance Framework; that the Board and its Committees have met the requisite numbers of time, been quorate and considered the wide range of business required to be good stewards of public funds and be open and accountable as to how these duties have been discharged. Specifically, the above sections on Corporate Governance, remuneration and staffing figures show that the Trust is a growing organisation, managing short- and long-term risks and, as captured in the Annual Governance Statement. The Trust's internal auditors have returned an opinion of 'substantial' assurance, in that the Trust has good systems of internal control in place, in line with corporate governance norms and codes, as well as national NHS governance requirements, to discharge its duties.

Chris Long
Chief Executive
DATE

Appendix 1 – annual accounts

Appendix 2 – Audit report

Hull University Teaching Hospitals NHS Trust

Trust Board

Thursday 18 June 2020

Title:	NHS Improvement Self-Assessments 2019-20
Responsible Director:	Carla Ramsay – Director of Corporate Affairs
Author:	Carla Ramsay – Director of Corporate Affairs

Purpose:	The purpose of this report is to present two self-assessments required by NHS Improvement and supporting evidence to the Trust Board for review and approval	
BAF Risk:	N/A	
Strategic Goals:	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	
Summary of Key Issues:	<p>Each year, The Trust Board is required to provide two self-assessment declarations covering 2019-20; this is a requirement from NHS Improvement and mirrors the self-assessment process and standards that applied previously to NHS Foundation Trusts. With the merger of NHS regulators, these self-assessments apply the same requirements across the acute provider sector. These require Trust Board review and approval.</p> <p>The Board is able to declare compliance against all requirements in these two self-assessments, which cover corporate governance and assurance processes within the organisation.</p>	
Recommendation:	The Trust Board is asked to approve the two attached self-assessments covering 2019-20.	

Hull University Teaching Hospitals NHS Trust

NHS Improvement Self-Assessments 2019-20

1. Purpose of this report

The purpose of the report is to present two self-certification templates and an assessment of supporting evidence to enable the Trust to self-certify against NHS improvement requirements that have just been brought in for year-end 2018/19.

2. Background

Monitor, when it was the regulator of NHS Foundation Trusts, put in place a self-assessment process against the Monitor licence conditions. Although NHS trusts are exempt from needing the provider licence, directions from the Secretary of State require the NHS Improvement to ensure that NHS trusts comply with conditions equivalent to the licence as it deems appropriate.

As stated by NHS Improvement:

[The Trust is subject to] the Single Oversight Framework, which bases its oversight on the NHS provider licence. NHS trusts are therefore legally subject to the equivalent of certain provider licence conditions (including Condition G6 and Condition FT4) and must self-certify under these licence provisions.

All Trusts are required to complete two self-certifications and have these confirmed by their Trust Boards. Both are being completed and presented to the Board today. There may be a spot-check audit completed by NHS Improvement during the financial year. The Trust is also required to publish one of the self-certification declarations, however for openness and transparency, the Trust has always published both and will do the same this year.

3. Self-Assessments Requirements

The Trust needs to self-certify the following after the financial year-end that:

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

The template declarations are included at Appendix 2 and Appendix 3.

The Director of Corporate Affairs has reviewed these requirements and the Trust's evidence against these and recommends that the Trust Board is able to self-certify as meeting the requirements of both self-certifications.

3.1 Condition G6

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

NHS licence

Attached at Appendix 1 is a review of the Trust's position against the Monitor provider licence. Some of these requirements are specific to NHS Foundation Trusts and reference the previous Monitor regime; where this is the case, the spirit and equivalent requirements in non-Foundation Trusts have been applied in the Trust's evidence.

The Trust meets all the requirements of the licence.

NHS Acts

For all its NHS services, the Trust has in place the NHS Standard Contract. This requires the Trust to act in accordance with relevant NHS Acts in the delivery of its services. These safeguard the public to receive NHS services free of charge at the point of delivery (except for charges agreed by Parliament, such as NHS prescription charges) and also require the

Trust to act in accordance with relevant legislation (safeguarding, mental capacity act requirements, mental health act requirements, etc) and be subject to NHS regulatory requirements, including CQC registration requirements. These requirements are embedded in the daily delivery of the Trust.

Through delivery of services via the NHS Standard Contract, the Trust is compliant with relevant NHS Acts. The Trust is not currently under notice by its commissioners or regulators of any significant breach of contractual requirements relating to a specific NHS act.

NHS Constitution

The Trust is required to have regard of the NHS Constitution in the delivery of NHS services. This is designed to ensure equity of service access to all patients, and that providers must strive to deliver high quality services and provide value for money to the taxpayer. The Trust is able to demonstrate it has regard of the NHS Constitution and that it is continually working to further improve quality and efficiency.

The NHS Constitution consists of two rights and a number of pledges around NHS care. The Trust has published its performance data with every set of Board papers during 2019/20 against these rights and pledges and the Board holds the Trust to account during the year on delivery.

More broadly, the Trust is expected to report against the Single Oversight Framework, which includes the NHS Constitution rights and pledges. The Trust Board receives this information each meeting through the Integrated Performance Report, which includes all Single Oversight Framework data requirements, and the Trust's year-to-date performance in all areas. A more detailed exception report is received and explored in more depth each month at the Performance and Finance Committee.

As reported to the Board and Performance and Finance Committee, the Single Oversight Framework data 2019-20 show that Trust has not consistently met some of the waiting time standards that are included as rights to NHS patients in the NHS Constitution, specifically the 18-weeks Referral to Treatment standard, the ED four-hour standard, the diagnostic waiting times standard and the cancer 31- and 62 day standards.. The reasons for this have been detailed during Trust Board and Performance and Finance Committee meetings during the year.

The requirement is that the Trust has *taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (Condition G6(3))*

Whilst the Trust has not met the full suite of Constitutional targets, the Trust has complied with this requirement to take all precautions necessary: it has built its reporting framework around giving visibility of all NHS Constitution requirements and the broader suite of Single Oversight Framework requirements to the Trust Board to provide an accurate and honest account of meeting its requirements and obligations, and has enacted this throughout the year.

Condition FT4

- The provider has complied with required governance arrangements (Condition FT4(8))

Condition FT4 is a more detailed governance self-certification for NHS Trusts. The attached appendix self-certification confirms that the Trust can confirm it meets all standards, with supporting information included, for Trust Board review and confirmation.

4. RECOMMENDATION

The Trust Board is recommended to review and approve the self-certification for GC6 and FT4 and to approve publication of the same by 30 June 2020

Carla Ramsay

Director of Corporate Affairs
June 2020

Appendix 1 - Actions to ensure compliance with the Monitor licence

Condition	Action	Evidence	Completed	Party responsible
G1 provision of information	Monitor will request information from time to time which must be accurate, complete and not misleading.	All requests for documents and information submitted as required to regulators – e.g. evidence to CQC, information to support NHS Improvement discussions	Per request	Executive Team
G2 publication of information	As directed by Monitor the Trust must publish information	<p>The Trust has published all required information on its website:</p> <ul style="list-style-type: none"> • Trust Board papers • Annual Reports • Quality Accounts • Modern Slavery Statement • Eliminating Mixed Sex Accommodation Statement • Safer Staffing • Public Sector Equality Duty, Workforce Race Equality Standard and Workforce Disability Equality Standard • Gender Pay Gap data • Publication Scheme • CQC rating and link to report • Freedom of Information Request guidance 	Per requirement	Director of Corporate Affairs
G3 payment of fees	Trust must pay Monitor fee as required within 28 days of it becoming payable	Trust not required to pay a Monitor fee as it is not an NHS Foundation Trust however the Trust has paid all relevant fees as an acute Trust: CQC fees, NHS Litigation Authority contributions, registration costs with external agencies	Per invoice	Chief Nurse Director of Corporate Affairs

Condition	Action	Evidence	Completed	Party responsible
G4 Fit and proper person	All those with the title of Director or equivalent shall complete the fit and proper person test and a register will be kept. This includes the Governors. This will be updated on an annual basis as part of the year end process.	Fit and Proper Persons Test updated and presented to the Trust Board May 2019 – no issues raised As a non-FT, the Trust does not have any Governors	May 2019	Director of Corporate Affairs / Trust Board
G4 Fit and proper person	Term to be added to all Directors' employment contracts to state that a Director will have their employment as a Director summary terminated in the event of not being able to satisfy the fit and proper person test. This should be extended to those considered to be equivalent to a director, but not using the title.	Clause included in the updated Very Senior Manager contracts, agreed by the Remuneration Committee in April 2016; contract applicable to the most senior tier of trust management (not just Executive Directors)	April 2016	Director of Workforce and Organisational Development
G5 Monitor guidance	When Monitor releases guidance, the Trust is required to comply with that guidance or explain why it cannot comply. On the release of guidance a review will be undertaken and if there are any areas where the Trust cannot comply they will be reported to the Board. Where necessary a statement will be sent from the Board to Monitor to explain why the Trust is not complying with the guidance.	The Trust has applied this to NHS Improvement guidance and, before this, to Trust Development Authority guidance No issues raised with compliance to date; most recent changes have been use of the Single Oversight Framework, which form the basis of the Trust's Integrated Performance Report, reviewed and published at each Trust Board meeting, and used on a monthly basis by Performance and Finance Committee	As per any new guidance	Director of Corporate Affairs / Trust Board

Condition	Action	Evidence	Completed	Party responsible
G6 System for compliance	<p>The Trust is required to take reasonable precautions against the risk of failure to complying with the licence and the conditions imposed under the NHS acts and required to have regard to the NHS Constitution</p> <p>No later than 2 months from the end of the financial year, the Trust must prepare and submit to Monitor a certificate to the effect that the Trust during the previous financial year has complied with the conditions in the licence.</p> <p>Trust must publish each certificate within 1 month of submission to Monitor in such a manner as would bring to the attention of anyone who may be interested.</p>	<p>The Trust's Annual Governance Statement identifies risks to compliance with the NHS Contracts it has in place and to NHS Constitution rights</p> <p>The Trust will complete and publish its annual report including annual financial statements by end June 2020</p>	May 2019	Director of Corporate Affairs
G7 Registration with the CQC	Trust must at all times be registered with the CQC	The Trust has remained registered with the CQC at all times	In place	Chief Medical Officer
G7 Registration with the CQC	Trust to advise Monitor if the Trust does not maintain the CQC registration - the Trust must notify Monitor within 7 days	Not applicable – Trust has retained registration		
G8 Patient eligibility and selection criteria	<p>Set transparent eligibility and selection criteria and apply those criteria in a transparent way to persons who, having a choice of person from whom to receive health care services.</p> <p>Publish the criteria in such a manner as will make them accessible to those that are interested.</p>	The Trust has the standard NHS Contract in place for all NHS services; patient choice arrangements are managed via local commissioners. The Trust provides a service to all patients referred under the NHS Contracts in place with commissioners. The Trust makes appointments available via Choose and Book at the point of choice and referral.	In place	<p>Director of Corporate Affairs</p> <p>Chief Operating Officer</p>

Condition	Action	Evidence	Completed	Party responsible
G9 Application of Continuity of Services	Condition applies whenever the trust is subject to a contractual or other legally enforceable obligation to provide a service which is a Commissioner Requested Service	The Trust has Commissioner Requested Services included in contracts with local commissioners	In place	Chief Financial Officer
G9 Application of Continuity of Services	The Trust shall give Monitor not less than 28 days' notice of the expiry of any contractual obligation pursuant to which it is required to provide a Commissioner Requested Service to which no extension or renewal has been agreed.	The Trust would inform NHS Improvement if this were enacted – no such action taken for 19-20 contracts	If required	Chief Financial Officer
G9 Application of Continuity of Services	The Trust shall make available free of charge to any person a statement in writing setting out the description and quality of service which it is under a contractual or other legally enforceable obligation to provide as a Commissioner Requested Service (CRS).	The Trust publishes bi-monthly such statements through its Trust Board papers, and also through publications such as the Quality Accounts, all of which are available free of charge on line. The Trust has in place the NHS Standard Contract, including description of service and quality standards, in place for all NHS services provided	In place	Director of Corporate Affairs / Trust Board
G9 Application of Continuity of Services	Within 28 days of a change to the description or quantity of services which the Trust is under a contractual obligation to provide as Commissioner Requested Services, the Trust shall provide to Monitor in writing a notice setting out the description and quantity of all services it is obliged to provide as CRS.	The Trust would inform NHS Improvement if this were enacted	In place	Chief Financial Officer

Condition	Action	Evidence	Completed	Party responsible
P1 Recording of information	<p>If required by Monitor the trust shall obtain, record and maintain sufficient information about the cost which it expends in the course of providing services for the purpose of the NHS and other relevant information.</p> <p>The Trust will establish, maintain and apply such systems and methods for the obtaining, recording and maintaining of such information about those costs and other relevant information.</p>	<p>The Trust publishes its accounts annually, which are subject to audit. The Trust can provide more detailed information on expenditure on request (and has done, for example, for commissioners).</p> <p>The Trust has in place relevant systems to upload and provide information to NHS Digital, used by commissioners and regulators.</p>	In place	Chief Financial Officer
P1 Recording of information	The Trust is required to use the cost allocation methodology and procedures relating to other relevant information set out in the Approved Guidance.	The Trust is compliant with relevant guidance, for example, application of PbR and new HRG+ requirements	In place	Chief Financial Officer
P1 Recording of information	If the Trust sub contracts to the extent allowed by Monitor the Trust shall ensure the sub-contractors obtains, records and maintains information about the costs which it expends in the course of providing services as a sub-contractor, and establishes, maintains and applies systems and methods for the obtaining, recording and maintaining of information. The sub-contractor will supply that information to Monitor as required within a timely manner.	The Trust has relevant processes in place for the sub-contracting it undertakes (i.e. using elective capacity in the private sector). The Trust, as a non-FT, does not submit this information to Monitor or NHS Improvement but provides information as required	In place	Chief Operating Officer Chief Financial Officer
P1 Recording of information	The Trust will keep the information for not less than six years	All relevant Trust information available for more than six years – the Trust applies NHS Records Management Guidance to document and information retention	In place	Director of Corporate Affairs
P2 Provision of information	As G1 The Trust will supply Monitor with information as required.	Will do as and when required	In place	Chief Financial Officer

Condition	Action	Evidence	Completed	Party responsible
P3 Assurance report on submissions to Monitor	<p>If Monitor requires the Trust to provide an assurance report in relation to a submission of information under P2 or by a third party.</p> <p>An Assurance Report must be completed by a person approved by Monitor or qualified to act as an auditor.</p>	Will do as and when required	In place	Chief Financial Officer
P4 Compliance with the National Tariff	The Trust shall only provide healthcare services for the purpose of the NHS at prices which comply with, or are determined in accordance with, the national tariff published by Monitor.	The Trust's contract management arrangements in place with local and specialised commissioners and the Trust's audited accounts confirm this is in place	In place	Chief Financial Officer
P5 Constructive engagement concerning local tariff modifications	The Trust is required to engage constructively with Commissioners, with a view to reaching agreement as provided in section 124 of 2012 Act (around price).	In place – local tariff agreed as part of NHS contracts in place	In place	Chief Financial Officer
C1 The right of patients to make choices	<p>The Trust shall ensure that at every point where a patient has a choice under the NHS Constitution or a choice of provider conferred locally by commissioners, the patient is notified of that choice and told where they can find that information.</p> <p>The information provided must not be misleading. The information cannot prejudice any patient.</p> <p>Note: The Trust is strictly prevented from offering or giving gifts, benefits in kind or pecuniary or other advantage to clinicians, other health professionals, Commissioners or their administrative or other staff as inducement to refer patients to commissioned services.</p>	<p>Choice is primarily lead by commissioners and choice is offered at the point of referral – the Trust is in receipt of the referrals after choice has been made</p> <p>The Trust includes information on the NHS Constitution on its website and information on choice in information provided to patients following receipt of referral also.</p> <p>The Trust's Access Policy includes information of enactment of choice.</p>	In place	Chief Operating Officer

Condition	Action	Evidence	Completed	Party responsible
C2 Competition oversight	The Trust shall not enter into any agreement or arrangement that prevents or distort competition in the provision of healthcare.	No such arrangements in place; NHS Standard Contract in place for all NHS services		Trust Board
IC1 Provision of Integrated Care	<p>The Trust shall not do anything that would be regarded as against the interests of people who use healthcare services.</p> <p>The Trust shall aim to achieve the objectives as follows:</p> <ul style="list-style-type: none"> - Improving the quality of health care services - Reduce inequalities between persons with respect to their ability to access services and the outcomes achieved for them. 	<p>The Trust has in place a Quality Improvement Plan to make specific improvements in services across the Trust</p> <p>The Trust complies with the Public Sector Equality Duty in respect of access to services</p>	In place	<p>Chief Medical Officer</p> <p>Chief Operating Officer</p>
CoS1 Continuing provision of Commissioner Requested Services	<p>The Trust is not allowed to materially alter the specification or means of provision of any CRS services except:</p> <ul style="list-style-type: none"> • By agreement in writing from the Commissioner • If required to do so by, or in accordance with its terms of authorisation. 	NHS Standard Contract in place, including clauses as to how amendments to the contract are made in agreement with commissioners	In place	Chief Financial Officer
CoS2 Restriction on the disposal of assets	<p>Keep an asset register up to date which shall list every relevant asset used by the Trust.</p> <p>The Trust shall not dispose of or relinquish control over any relevant asset except with consent of Monitor.</p> <p>The Trust will supply Monitor with a copy of the register if requested.</p>	<p>[Assets taken as Estates in this context]</p> <p>The Trust would inform commissioners and NHS Improvement if any action on estates were being taken that would prevent the continuation of an NHS services</p>	In place	Chief Financial Officer

Condition	Action	Evidence	Completed	Party responsible
CoS3 Standards of corporate governance and financial management	Trust is required at all times to maintain, adopt and apply systems and standards of corporate governance and of risk management which reasonably would be regarded as: Suitable for a provider of the CRS provided by the Trust Providing reasonable safeguards against the risk of the Trust being able to carry on as a going concern	Audit Committee and Trust Board have oversight of governance. Audit Committee and Trust Board signed off preparation of accounts on a going concern basis Trust Board has oversight and sign-off of Annual Governance Statement, confirming adequate governance arrangements are in place Head of Internal Audit Opinion gave a positive assurance opinion for 19-20 year-end position	April 2020	Chief Executive
CoS3 Standards of corporate governance and financial management	The Trust shall have regard to: Guidance from Monitor Trust rating using risk rating methodology Desirability of that rating being not less than the level regarded by Monitor as acceptable	The Trust has regard for NHS Improvement requirements and publishes its risk rating based on this methodology with each set of Trust Board papers, including explanatory notes	Bi-monthly	Chief Financial Officer
CoS4 Undertaking from the ultimate controller	The Trust shall procure from each company or other person which the trust knows or reasonably ought to know is at any time its ultimate controller	Not applicable		

Condition	Action	Evidence	Completed	Party responsible
CoS5 Risk pool levy	The Trust shall pay to Monitor any sums required to be paid in consequence of any requirement imposed on providers, including sums payable by way of levy imposed and any interest payable. If no date given then within 28 days	Will be managed in line with the NHS standard contract, if applicable		Chief Financial Officer
CoS6 co-operation in the event of financial stress	<p>If Monitor gives notice in writing to the Trust that it is concerned about the ability of the Trust to carry on as a going concern,</p> <p>The Trust shall: Provide information as Monitor my director to commissioners and to such other persons as Monitor may direct Allow such persons as Monitor may appoint to enter premises Cooperate with such persons</p>	<p>Such information exists and can be provided to NHS Improvement if such a concern was raised</p> <p>The Trust has a requirement under the NHS Standard contract to allow commissioners and regulators access to the Trust if significant concerns were formally raised</p>	<p>April 2020</p> <p>In place</p>	<p>Chief Financial Officer</p> <p>Chief Executive</p>
CoS7 Availability of resources	<p>The Trust will at all times act in a manner calculated to secure the required resources</p> <p>Trust not later than 2 months after the year end shall submit to Monitor a certificate as to the availability of the required resources for the period of 12 months commencing on the date of the certificated using one of the following statements:</p> <p>After making enquires the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.</p>	<p>Going concern review submitted and accepted by the Audit Committee April 2020</p> <p>Draft annual accounts shared with Audit Committee members in April 2020 and audited accounts shared June 2020</p> <p>On track for review and acceptance by Trust Board members by 25 June 2020 deadline</p> <p>Annual report includes annual governance statement, including use of resources and anticipated risks to service delivery and resources</p>	June 2020	Chief Executive / Trust Board

	<p>or</p> <p>after making enquires the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) and distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in the certificate. However, they would like to draw attention to the following factors which may cast doubt on the ability of the Licensee to provide CRS.</p> <p>or</p> <p>In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.</p> <p>The Trust shall submit to Monitor with that certificate a statement of the main factors which the Director of the Trust have taken into account in issuing that certificate.</p> <p>The certificate must be approved by a resolution of the BoD and signed by a Director the Trust pursuant to that resolution.</p> <p>Trust must tell Monitor immediately the Directors become aware of circumstances that cause them to no longer have the reasonable expectation referred</p>			
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Condition	Action	Evidence	Completed	Party responsible
FT1 Information to update the register of NHSFT	<p>Trust must supply to Monitor or make sure they are available to Monitor the following:</p> <p>Current version of the Constitution Most recent published accounts and auditor report on them Most recent annual report</p> <p>Amended Constitutions must be supplied within 28 days</p> <p>Comply with any Direction given by Monitor</p> <p>When submitting documents to Monitor Trust must provide a short written statement describing the document and specifying its electronic format and advising that the document is being sent for the purpose of updating the register.</p>	<p>No such equivalent exists for non-Foundation Trust</p> <p>The Trust publishes its annual report and accounts shortly after approval – this includes description of the Trust, its use of resources and audit opinion</p> <p>The Trust has published its key strategy documents</p> <p>The Trust publishes monthly performance, quality and financial information via Trust Board papers</p>	In place	Trust Board
FT2 Payment to Monitor	Not applicable – equivalent requirements noted and evidenced above			
FT3 provision of information to advisory panel	Trust must comply with any request from Monitor	The Trust complies with requests from regulators (NHS Improvement, CQC) as and when received	In place	Chief Executive

Condition	Action	Evidence	Completed	Party responsible
FT4 NHSFT governance arrangements	<p>Trust will apply the principles, systems and standards of good corporate governance</p> <p>The Trust will have regard to such guidance as Monitor may issue.</p> <p>Comply with the following conditions - Trust will establish and implement:</p> <ul style="list-style-type: none"> • An effective Board and committee structure • Clear responsibilities for its Boards and committees reporting to the Board and for staff reporting to the Board and those committees. • Have clear lines of accountabilities throughout the organisation <p>The Trust shall establish and effectively implement systems and processes to:</p> <ul style="list-style-type: none"> • Ensure compliance with the duty to operate efficiently, economically and effectively • For timely and effective scrutiny and oversight by the Board of the Trust's operations. • Ensure compliance with health care standards binding on the trust including but not restricted to standards specified by the SoS, the CQC and NHS Commissioning Board and statutory regulators of health care professionals • To identify and manage material risks to compliance. 	<p>The Trust's Annual Governance Statement and Annual Report set out the Trusts' governance structure, which includes a Board and committee structure that meets statutory and good governance requirements, clear reporting lines up to the Trust Board through Standing Orders, and a triumvirate system for Health Group management, with Executive oversight of Health Groups and corporate services</p> <p>The Trust has Standing Orders, Standing Financial Instructions and other relevant policies, such as the Business Interests policy and financial management policies</p> <p>The Trust meets regularly and has a supporting committee structure in place for the scrutiny and management of quality in services, performance and financial oversight and accountability</p> <p>The Trust has in place policies and processes for financial management, deployment and management of human resources, which are subject to scrutiny by the Trust's internal and external auditors</p>	In place	Chief Executive/ Trust Board

	<ul style="list-style-type: none"> • To generate and monitor delivery of business plans. • To ensure compliance with all applicable legal requirements • To obtain and disseminate accurate, comprehensive, timely and up to date info for BoD and Committee decision making • For effective financial decision-making, management and control <p>The Trust shall submit to Monitor within 3 months of the year end:</p> <ul style="list-style-type: none"> • A corporate governance statement by and on behalf of its Board confirming compliance with this condition as at the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this condition in the next financial year and any action it proposed to take to manage such risks. • If required by Monitor a statement from the External Auditors will be included. 	<p>The Trust updated its Risk Policy in April 2017 to include a more robust 'ward to board' process for the management or organisational risk</p> <p>The Trust has in place a process to generate and monitor business plans, whether these are the annual operational plan for the organisation, individual business cases for capital or revenue equipment, a rolling capital programme or Trust strategies.</p> <p>The Trust's monitoring of quality and finance includes compliance with legal and regulatory requirements</p> <p>The Board and Committee timings are set in advance to receive the most current data available</p> <p>The Trust will have completed and published its annual report, including its annual governance statement and assessment of risks for the coming financial year by the end of June 2020, and will publish this to be available to the public, stakeholders and regulators</p>		
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Worksheet "G6 & CoS7"

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)

- 1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Confirmed OK

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature _____

Name Terry Moran CB

Capacity Chairman

Date 18 June 2020

Signature _____

Name Chris Long

Capacity Chief Executive

Date 18 June 2020

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

A

Worksheet "FT4 declaration"

Corporate Governance Statement (FTs and NHS trusts)

The Board are required to respond 'Confirmed' or 'Not confirmed' to the following statements, setting out any risks and mitigating actions planned for each one

1	Corporate Governance Statement	Response	Risks and Mitigating actions	
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	The Trust Board has regard for good governance principles - it has adopted model Standing Orders, it has all statutory governance requirements in place and is subject to internal and external audit on the robustness of its arrangements	Please complete Risks and Mitigating actions
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	The Trust Board reports at each meeting against the requirements of the Single Oversight Framework and takes account of new guidance	Please complete Risks and Mitigating actions
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed	The Trust has a well-established committee structure to support the Trust Board. There is a reporting process from Trust Board Committees to the Trust Board and 'ward to board' flows on quality and risk management. There is an established senior management tier, which reports up to Trust Board level.	Please complete Risks and Mitigating actions
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	Confirmed	See also self-certification for G6. The Trust has sufficient skills and capacity at Board level to undertake financial decision making, management and control. The Trust Board receives timely information on the Trust's business operations and levels of performance across waiting times, finance and quality. Effective financial decision-making includes an annual position statement scrutinised by the Trust's Audit and Assurance Committee and Trust Board, on its going concern status. The Trust Board has a well-established Committee structure for more detailed review and scrutiny of financial reporting and other aspects of Trust performance. The Trust Board reviews and signs off the Trust strategies and annual operational plan. The Board Reporting Framework is structured around the Trust Board's legal requirements.	Please complete Risks and Mitigating actions
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	Confirmed	The Trust Board has mix of clinical, quality and performance expertise to provide leadership across the organisation and to take account of all Board accountabilities in relation to quality (a). The Trust Board receives data at each meeting, from the preceding month or two months, on finance, performance and quality, which is subject to more detailed scrutiny by Board Committees as well as the Trust Board (b). There are specific reports monthly providing timely and accurate data on quality of care, using a variety of sources (c), which enable the Board to take an accurate, timely and accurate account of quality of care, and other reports throughout the year, which provide more comprehensive oversight of quality (for example, the Guardian of Safe Working quarterly reports) (d). The Trust Board concerns itself with quality of care at each Trust Board meeting including starting the substantive agenda with patient stories, and through its committee structure, Trust Board members walk the floor regularly and speak with staff and patients about their experiences. The Trust Board receives intelligence on staff and patient experience through a number of routes during the year - annual staff survey, quarterly staff barometer, monthly Friends and Family test, monthly Patient Experience reporting (e) and (f). There is a focus on strategic risk through the Board Assurance Framework.	Please complete Risks and Mitigating actions
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Confirmed	The Trust Board receives data on staffing figures regularly. The Trust reports at each meeting on nursing staff fill-rates and receives regular updates on the Trust's People Strategy. The Performance and Finance Committee review more detailed staffing information including medical staffing.	Please complete Risks and Mitigating actions

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Signature

Name Terry Moun CB, Chairman

Name Chris Long, Chief Executive

Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.

A

Please Respond

Hull University Teaching Hospitals NHS Trust

Trust Board

June 2020

Title:	Our Patient Impacts - 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 of Key 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. Whilst some activity has been able to resume during May, following further national guidance issued on the 29th April, there remain significant restrictions on some activity as well as capacity and workforce challenges which continues to impact on performance.</p> <p>The Trust continues to meet its Waiting List Volume target.</p> <p>The Trust reported 364 x 52 week breaches during April due to the cancellation of routine activity for Covid-19 and has further increased to 635 at the end of May.</p> <p>Breaches against the 6 week diagnostic standard increased to 80% in April, due to the cancellation of routine activity for Covid-19.</p> <p>The Trust achieved the Cancer Faster Diagnostic Standard in March but has not achieved the target in April due to significant restrictions on diagnostic testing.</p> <p>Performance against the 62-day Cancer Standard was 69% for February and is anticipated to be 67% for April.</p> <p>Performance against the ED standard was 89.5% for April and 93% for May.</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

June 2020

1. Purpose

The purpose of this paper to provide an Executive Summary on Performance for April/ May 2020 against the national standards. It should be noted that Operating Plan trajectories for 20/21 have not yet been set as national planning guidance for Phase 3 (August 2020 – March 2021) is not expected until the end of June.

Performance against all 'responsiveness' indicators is monitored by the Performance and Activity Meetings, chaired by the Chief Operating Officer, which have continued to meet during the period the Trust has been responding to the Covid-19 pandemic.

The Impact of Covid-19 on key performance standards is monitored weekly and is shown at Appendix 1.

2. Unplanned Care

2.1 ED Performance

In response to Covid-19, the Emergency 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-19 patients (Cold Majors), whilst the Emergency Care Area has moved into the Fracture Clinic. The Fracture Clinic has relocated to the first floor of Hull Royal Infirmary.

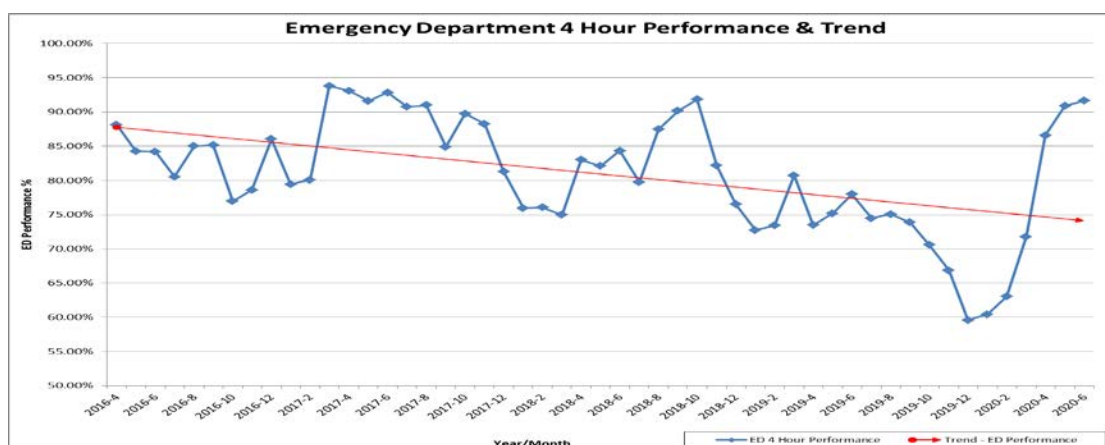
- 2.1.1 ED performance for April 2020 was 89.5% (combined), an 8% improvement on March's performance. Performance for May was 93% (combined).

The average daily departs through April was n=215 however the average daily departs started to increase during the second half of April and has continued throughout May. May averaged 267 departs overall and this has continued to raise throughout early June.

- 2.1.2 The reduction in patient attendances, increased senior medical presence in ED and improved bed availability has reduced the number of overall breaches. Breach analysis undertaken over recent weeks has identified that access to diagnostics (particularly CT Scanning) and timeliness of speciality reviews are now the main reasons for breaches of the 4 hour standard. Consequently additional metrics have been put in place, agreed across Health Groups to reduce the number of breaches. These are monitored by the Emergency Performance and Flow Performance meeting.

- 2.1.3 The Trust continues to report zero 12 hour trolley waits.

- 2.1.4 Ambulance Handover Time for April was an average of 17 minutes against the 15 minute standard.



2.1.5 The Trust monitors the overall time that patients spend within the Emergency Department as this is a key quality metric recommended by Getting it Right First Time (GIRFT) and the Royal College of Emergency Medicine. The table below shows how, over the last 3 months the number of patients in the ED for greater than 6 hours and great than 12 hours has reduced. This is attributed to reduced attendances to the ED, increased workforce resource in ED and increased bed availability resulting in a significant reduction in lodging within the ED.

	Feb	Mar	Apr	May
Performance Type 1	63.10%	67.00%	86.60%	90.90%
All Types	75.40%	75.60%	89.30%	93.10%
Patients in dept > 6hrs	2356	1431	379	279
>6hrs %	22%	16%	5.80%	3.40%
Patients in dept >12hrs	315	159	9	1
>12hrs %	2.90%	1.80%	0.10%	0%

3. Planned Care

3.1 RTT and Waiting List Volume

3.1.1 The Trust reported an RTT performance position of 57.52% for April. The requirement was to have no more patients on the RTT list than at the January 2020 baseline which was 53,808. The April position was 52,216 (variance -592 against baseline).

3.1.2 At the end of April, the Trust's clearance rate was 39.7 weeks (the IST recommends a clearance rate of 12 weeks or less for sustainability and delivery of the 92% standard). There are continued challenges in meeting a sustainable list size; the issue for RTT sustainability is the significant numbers in excess of the sustainable list size for first outpatient appointment and the impact of the Covid-19 pandemic.

The Trust continues to accept all clinically appropriate referrals into the Trust and all specialities have clinical triage processes in place to review all referrals. This

is supported by Advice and Guidance services in the majority of specialties. 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.

3.2 52 week position

- 3.2.1 Up until the 16th March 2020, the Trust had reported two 52 week breaches for 19/20 and was not expecting to have any further breaches in March 2020. However, following the national requirement to cancel routine activity, a number of cases were cancelled, following clinical review, for the remainder of March and April. Therefore the total number of 52 week breaches as at the end of April has risen to 364. This is expected to increase further to 635 at end of May. The specialties with the highest volume of 52 week breaches were ENT (n=274), Gynaecology (n=103) and Plastic Surgery (n=194). Harm Reviews are undertaken on all breaches and these are reported into the Performance and Activity Meeting and the Trust Risk Management Committee.

4. Diagnostics

- 4.1 Performance against the diagnostic 6 week standard deteriorated significantly during April with only 18.8% of patients having their diagnostic test within 6 weeks. This was as a result national guidance issued in March which stipulated only emergency endoscopy and emergency CT Colonoscopy activity could be undertaken combined with the cancellation of routine diagnostic tests. In early May, further guidance was received which allowed some endoscopy work to be reinstated, albeit with a number of restrictions in place which has significantly reduced the capacity and productivity of the service. In addition the Endoscopy services has experienced workforce challenges as a number of clinicians have been redeployed to other areas of the Trust to support the response to the pandemic and not able to fully return to the Endoscopy service.

5. Cancer Standards

- 5.1 The Trust has continued to undertake cancer activity since the 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 Covid-19 Risk Management Committee as well as the Cancer Performance and Activity Meeting, which has continued to meet.
- 5.2 The Trust saw a 65% reduction overall in 2 week wait (2WW) referrals during April, however the numbers of referrals have increased during May.
- 5.3 The Trust achieved the 2WW standard in March 2020 and April 2020. Performance against the 2WW Breast Symptomatic standard was 92% against the 93% standard in April and 80% in May.
- 5.4 Performance against 62 day standard was 69.6% for March, which was a small improvement on February and provisional performance for April is 67%. An inability to undertake the diagnostics phase of the pathway is the primary sources of the breaches against the 62 day standard.

- 5.5 The Trust achieved 77% in the Faster Diagnosis Standard in March, against the target of 75%, however this reduced to 67% for April due to the restrictions in place regarding a number of diagnostics test, notably endoscopy and CT Colonscopy.

6. Best Practice - Elective Care Standards

- 6.1 In response to Covid-19, the National Hospital Care Cell developed some good practice guidance on the management of elective waiting lists in collaboration with the Elective Care Intensive Support Team to help secondary care providers manage referrals, waiting lists and clinical review processes. An assessment against each of the best practice recommendations has been made which has been considered via the Performance and Activity meeting and the Executive Team.
- 6.2 There are 28 standards across 15 themes/areas. The Trust demonstrates good compliance against these standards with comprehensive reporting and oversight mechanisms in place pre-Covid-19 and, during Covid19, capturing any changes that have been implemented as a result of the pandemic. There were 4 standards where additional work was identified to further improve compliance and provide additional assurance.

The Action Plan is at Appendix 2.

- 6.2.1 A review of Trust Standard Weekly reports has been undertaken by the Head of Performance and Chief Operating Officer to ensure that all services and Health Groups have the relevant reports to ensure effective weekly monitoring of their PTLs.
- 6.2.2 The Terms of Reference for the existing Data Quality meeting have been reviewed to ensure they meet the requirements of the best practice guidance and the arrangements put in place during Covid-19.
- 6.2.3 Additional functionality has been added to Lorenzo from 18th May to allow surgical prioritisation to be recorded in Lorenzo for all patients by the end of May. This will aid review of PTL, support clinical prioritisation processes and standardise documentation.
- 6.2.4 Differing approaches to assessing harm for overdue follow-ups have been considered in an ICS-wide Clinical Harm Review workshop at the end of April. A revised approach of undertaking harm reviews for patients experiencing delays in their follow-up of 25% over their specified follow-up period is being scoped and will be considered by the Operational Quality Committee during June.

7. Conclusion and Recommendations

The full impact of the Covid-19 pandemic has been seen during April 2020. Whilst some activity was permitted to resume from May 2020, workforce availability, PPE, and new Infection Prevention and Control requirements all mean that only a proportion of the usual activity levels is able to be undertaken.

The Trust continues to prioritise cancer and urgent patients and continues to work with the Spire Hospital to use Independent sector capacity under the current national contracting arrangements.

Management of current performance continues to be managed weekly with phase 2 restorations and recovery overseen by the existing command structure.

Teresa Cope

Chief Operating Officer

June 2020

Post-Covid 19 - Elective Care Recovery

PURPOSE: To outline the Key Actions following the IST guidance document for Trust's to operationally manage the Elective Care Recovery

RAG Status Key:

D - Delivered

O - On track to deliver to timescale

OA - Off track but additional actions in place that give assurance it will come back on track

Off - Off track with additional actions in place but no assurance it will come back on track

S - Off track with no additional actions in place

REF	CRITICAL ELEMENTS	RISKS / KEY PRINCIPLES	MITIGATING ACTIONS	RESPONSIBLE PERSON	REPORTING COMMITTEE	HUTH ACTIONS	START DATE	DEADLINE	COMPLETION DATE	RAG STATUS	ACTIONS UPDATE @19/5/20
1.0	Operational Management of Risk: New Referrals - ASI	<ul style="list-style-type: none"> If referrals on an ASI list are not clinically reviewed in a timely way (within 48hrs), any that need expediting or changing may be missed, causing a delay to care. Referrals that remain on an ASI list, with no action recorded against them, for a period of 180 days (six months) will no longer appear on the worklist and risk being lost to oversight with no record of the referral through normal means. 	<ul style="list-style-type: none"> Existing expectations are that trusts manage ASIs by either manually entering into their PAS or where this is not technically possible ensuring local reporting is in place to safeguard records of any pathways ahead of them expiring within e-RS 	Clinical Administration Service	PandA	<p>All patients on the ASI are automatically loaded into the PTL and form part of the waiting list volume.</p> <p>Referrals on the ASI work list at 174 days are flagged on a report and are re-deferred so they do not expire at 180 days. There is a fail-safe report available to monitor this.</p> <p>There is also a national report produced for all Trusts to cover this for expired referrals</p>	19/05/2020	19/05/2020	19/05/2020	D	In place pre-Covid-19
2.0	Referral Assessment Services and other ERS work lists	<ul style="list-style-type: none"> The 180 day expiry is also applicable to any other or subsequent worklists within e-RS e.g. Clinical Assessment Services (CAS) and where patient cancellations and/or DNAs have led to an inactive period of more than 180 days. 	<ul style="list-style-type: none"> Existing expectations are that trusts manage ASIs by either manually entering into their PAS or where this is not technically possible ensuring local reporting is in place to safeguard records of any pathways ahead of them expiring within e-RS 	Clinical Administration Service	PandA	174 file covers patients on AFB work list. Patients who have cancelled will have a pathway already generated in Lorenzo so will not expire from the PTL.	19/05/2020	19/05/2020	19/05/2020	D	In place pre-Covid-19
3.0	Planned waiting lists – patients awaiting an admission or diagnostic test scheduled to be delivered at clinically appropriate time in the future.	<ul style="list-style-type: none"> Many trusts experienced challenges in recording the necessary dataset for planned pathways prior to the current epidemic. Patients reaching their due date during the incident period may not be (a) scheduled for admission; (b) risk assessed at point of deferral. Waiting list may be significantly out of date at the start of recovery phase and require significant validation and risk stratification. Planned waiting lists often contain vulnerable patients /clinically sensitive to delays of their procedure e.g. ophthalmology pathway, cancer surveillance. 	<ul style="list-style-type: none"> Trusts to monitor their planned lists and assess those approaching or having exceeded their planned due date for the risk of clinical harm in the event of further deferral. 	Operations Directors	PandA	<p>SOP issued 27th March 2020 to cover Planned patients. All to have clinical review and risk stratification. If clinically the review period can be extended that GAD date to be changed.</p> <p>BI report in place to manage overdue Planned inpatients.</p>	18/03/2020	19/05/2020	27/03/2020	D	Implemented as Covid-19 response
3.1			<ul style="list-style-type: none"> Trusts to ensure all patients on a planned list have a 'due date/to treat by date'. 	Performance / BI	PandA	All access plans have the GAD as mandatory on Lorenzo	19/05/2020	19/05/2020	19/05/2020	D	In place pre-Covid-19
4.0	Follow-up outpatient waiting lists – patients awaiting an outpatient appointment scheduled to take place at a clinically appropriate time in the future (may be post treatment follow-up or regular outpatient attendance e.g. for chronic conditions).	<ul style="list-style-type: none"> Many trusts experienced challenges in recording the necessary dataset for planned pathways prior to the current epidemic. – e.g. lack of due dates; in some cases inability to report on or maintain a follow-up WL at all. Many trusts manage follow-up OP activity at least in part through 'direct booking' to a slot <6 weeks in the future. Where these slots are not available, these will default to a FU WL where in operation but otherwise are of significant risk of loss to follow-up. Where routine OP slots are not available for RTT active/pre-treatment patients throughout the incident period these will fall into the same category as those requiring a FU WL. 	<ul style="list-style-type: none"> Trusts to monitor OP follow-up lists and assess those approaching or having exceeded their clinically appropriate due date for the risk of clinical harm in the event of further deferral. 	Operations Directors	PandA	Monitoring process in place grouped into length of wait overdue. Health Groups have processes in place to assess patients who are overdue. Requirement to consider implementing formal Clinical Risk Assessment to assess for harm	19/05/2020			O	Discussed at clinical harm review group through ICS
4.1			<ul style="list-style-type: none"> The is a significant additional risk in trusts where FU OP waiting lists are not operational. 	Performance / BI	PandA	BI report in place	19/05/2020	19/05/2020	19/05/2020	D	In place pre-Covid-19
4.2			<ul style="list-style-type: none"> OP activity that cannot be directly booked will have no specific 'holding pen' and will not be independently reportable (future guidance on ERS usage to follow). Trust's in this situation should ensure highly accurate and consistent PTL tracking comments are held to ensure these pathways remain visible. 	Clinical Administration Service	PandA	Tracking process in place. Weekly monitoring of any patient >14 weeks on iMECS with no tracking comment	19/05/2020	19/05/2020	19/05/2020	D	In place pre-Covid-19

REF	CRITICAL ELEMENTS	RISKS / KEY PRINCIPLES	MITIGATING ACTIONS	RESPONSIBLE PERSON	REPORTING COMMITTEE	HUTH ACTIONS	START DATE	DEADLINE	COMPLETION DATE	RAG STATUS	ACTIONS UPDATE @19/5/20
5.0	Active monitoring/surveillance pathways – patients where a clinical decision has been made to monitor in secondary care ahead of treatment.	<ul style="list-style-type: none"> Many trusts are not in a position to specifically report on active monitoring patients and rely on direct booking of perspective diagnostic or OP activity; where this is subsequently deferred it may present a risk that these are lost to follow-up. 	<ul style="list-style-type: none"> Existing expectations surrounding patients on active monitoring dictate a clearly described plan of monitoring arrangements which will be described in a clinic letter. Trusts should endeavour to hold and maintain a record of all patients on active monitoring pathways for effective clinical management during and reconciliation post this incident. DNA recording should continue as normal. Retrospective reporting on DNAs should allow for reconciliation. 	Operations Directors	PandA	Clinic letters are transcribed with the outcome of attendances. Monitoring in place for transcription outstanding. Fail-safe report in place to ensure all outcomes from clinic are actioned "Outpatient follow up not actioned" monitored via DQ group and Hub Dashboard	19/05/2020	19/05/2020	19/05/2020	D	In place pre-Covid-19
5.1				Performance / BI	PandA	Trust strategy that all patients at any point of their pathway are on an appropriate access plan to mitigate any risk of lost to follow up. Fail-safe reports in place	19/05/2020	19/05/2020	19/05/2020	D	In place pre-Covid-19
6.0				Clinical Administration Service	PandA	BI report in place to see any clinic encounter that has not been cashed up	19/05/2020	19/05/2020	19/05/2020	D	In place pre-Covid-19
6.1				Performance / BI	PandA	BI report in place to review DNA rates. DNA rates average is 8.4% and since Covid this has reduced to 6%	19/05/2020	19/05/2020	19/05/2020	D	In place pre-Covid-19
7.0	Cancellations & deferrals – hospital or patient initiated.	<ul style="list-style-type: none"> DNAs shortly prior to or throughout the incident period may be inappropriately recorded and the necessary follow-up/rebooking action not taken. Risks to the integrity and accuracy of PTL lists throughout the incident period where accurate information is not maintained. 	<ul style="list-style-type: none"> Where patients choose to defer their admission or other elements of their pathway, there is a risk that this information is inaccurately recorded. It is unlikely that trusts will be in a position to reschedule appointments or admissions that are cancelled in the usual way presenting an issue with accurately identifying and recording these cases. 	Performance / Clinical Administration Service	PandA	RTT guidance issued that pathway should remain active and no reason to stop clock due to Covid-19. Clock stops for March and April have been reviewed to ensure if any had been stopped incorrectly are rectified.	19/05/2020	19/05/2020	19/05/2020	D	Implemented as Covid-19 response
8.0	Un-outcome activity – activity completed shortly prior to or throughout the incident period where the outcome is not appropriately recorded.	<ul style="list-style-type: none"> Where appropriate administrative activity recording processes are not maintained, there is a risk that outcomes and/or clinical decisions and next steps go unrecorded resulting in difficulties escalating or prioritising next events. 	<ul style="list-style-type: none"> To avoid mass validation after the event, trusts should continue to maintain high standards of data completeness relating to any elective activity undertaken throughout the period. 	Clinical Administration Service	PandA	BI report in place to see any clinic encounter that has not been cashed up. BI report in place for inpatient activity not actioned	19/05/2020	19/05/2020	19/05/2020	D	In place pre-Covid-19
9.0	RTT PTL Meeting: Each service should have a weekly RTT PTL meeting	Focus of meeting should be to: 1) Identify high risk patients and prioritise them for treatment as capacity comes online 2) Ensure patients are not lost	Review of all queues of patients. Understand capacity constraints. Consider pre-operative arrangements	Operations Directors	PandA	Review suite of reports that are issued to services weekly. Consider any changes required. Review reports to consider high risk patients.	19/05/2020			O	Reports distributed weekly - provide a list and then check whether it covers every element required
10.0	Cancer PTL Meeting:	Capacity constraints at all stages of the pathway means that clinical review of patients to identify high risk patients is critical. Risk stratification of patients will be required at initial assessment, diagnostic work up and treatment stages of the pathway to prevent clinical harm wherever possible and to prioritise capacity as it comes online.	Split PTL into wait groups. Initial assessment. Diagnostic work up. Treatment plans	Lead Cancer Manager	PandA	Weekly meeting in place with exception report provided to Cancer PandA meeting fortnightly	19/05/2020	19/05/2020	19/05/2020	D	In place pre-Covid-19
11.0			Recording information and decisions Take actions, seek updates and review actions from the last meeting	Operations Directors	TRAP / PandA / TCG	PandA, TCG and TRAP meetings in place and action log taken with escalation processes to PandA and risk management committee	19/05/2020	19/05/2020	19/05/2020	D	Meetings and records in place and maintained

REF	CRITICAL ELEMENTS	RISKS / KEY PRINCIPLES	MITIGATING ACTIONS	RESPONSIBLE PERSON	REPORTING COMMITTEE	HUTH ACTIONS	START DATE	DEADLINE	COMPLETION DATE	RAG STATUS	ACTIONS UPDATE @19/5/20
11.1	Surgical Prioritisation	Using Royal College of Surgeons guidelines across the Trust - assign surgical priority to patients waiting for surgery	Any discussion/decisions should be recorded on the relevant systems (PAS/Cancer system etc)	Performance / CAS / Hdigital	PandA	Lorenzo functionality will be in live w/c 18.5.20. Backlog of all patients currently on waiting lists to be sent through to Performance / CAS from each Health Group to update Lorenzo. New process to be implemented to capture when decision to treat is made - either on paper add to waiting list form - and forward view of using CDC form BI report to be developed to have oversight of surgical prioritisation and	19/05/2020	19/06/2020		O	Surgery current waiting list in main complete. 3 x HGs to review via PandA
12.0	Clinical Harm Reviews	Clinical harm reviews should be completed for all 62-day cancer patients when they reach 104 days (not at the point they receive treatment) and for RTT patients over 52 weeks.		Operations Directors	PandA / Operational Quality Committee	Harm review process revised and implemented in light of Covid - 20th April. This covers: 52 weeks RTT 104 day - confirmed Cancers 28 day cancelled op booking breaches Urgent cancelled ops second time	19/05/2020	19/05/2020	19/05/2020	D	In place pre-Covid-19 and revised in response to Covid-19
12.1	Clinical Risk Assessments	In addition to clinical harm reviews and in line with clinical prioritisation, providers and commissioners should seek to implement clinical risk assessments at key points of the pathway that are potentially at a higher risk of harm (in part due cancellations). Pathways for review would need to be agreed locally and be in line with the longest waiting patients by sub-specialty.	Suggested areas of focus for prioritisation; • Referrals with no appointment booked, (and/or booked) over x weeks • Pathways that have a diagnostic result that has not been acted upon (and/or delayed follow up) in x weeks • Patients with a DTA however no future TCI (and/or TCI) over x weeks • For 2ww referral patients, no clinical intervention by day 28	Operations Directors	PandA	For consideration to include clinical risk assessments as part of harm review process for a wider cohort of patients. To also include outpatient follow up backlog using a %age overdue. Combined report to cover all clinical risks to be reviewed as part of the Information stock-take noted in 9.0	19/05/2020			O	Stock-take of all reports to ensure they cover all elements of clinical risk assessment groups
13.0	Validation of Waiting Lists	All active waiting list entries should be routinely validated to ensure all clinical and administrative events have been captured and represent an accurate view of the patient's clinical interventions and wait time.	• Very long waiters – these pathways may need review to ascertain if the procedure is still needed/ appropriate • Patient choice – patients may have chosen to reschedule their procedure to a more convenient time in the future which may result in their condition worsening • Patients who have been treated elsewhere, or • Patients at the pre-diagnosis stage whose symptoms may have resolved themselves	Operations Directors	PandA	Waiting list processes including clinical validation realigned in Covid response and issued 27th March 2020. Review marked for 3months to check for any changes to national guidance. Validation embedded as business as usual.	19/05/2020	19/05/2020	19/05/2020	D	In place
14.0			Recovery steering group: Oversight for entire programme. Sign off (via submitted papers) of all critical decisions relating the recovery effort	Director of Strategy & Planning	Recovery Planning Group	Recovery planning group in place. Operational oversight of recovery plans including all streams. Reporting to Exec Committee	19/05/2020	19/05/2020	19/05/2020	D	
14.1			Waiting list action group Corporate PTL meeting scrutinising key KPIs relating to long waiters and capturing thematic issues across the trust. Also review of recovery plans	Chief Operating Officer	PandA	In place with PandA meetings	19/05/2020	19/05/2020	19/05/2020	D	In place with PandA

REF	CRITICAL ELEMENTS	RISKS / KEY PRINCIPLES	MITIGATING ACTIONS	RESPONSIBLE PERSON	REPORTING COMMITTEE	HUTH ACTIONS	START DATE	DEADLINE	COMPLETION DATE	RAG STATUS	ACTIONS UPDATE @19/5/20
14.2	Elective governance arrangements supporting recovery	Principle: The elective governance structure exists to support the organisational goal of treating or discharging patients as quickly as is clinically appropriate. Where this is not possible due to constraints such as capacity, the governance provides mechanisms for identifying risk and escalating actions and information relating to the mitigation of risk.	Data quality and data validation group Monitoring validation progress, setting clinical validation priority, triaging requests for development of additional reports for pathway management; also, any technical considerations relating to the construction of the waiting lists	Head of Performance	PandA	Review Terms of Reference and membership of current DQ Meeting. Add Operational representative and review post-Covid workplan	19/05/2020			O	To consider through PandA / CAS
14.3			Clinical harm review group Agreeing clinical harm parameters based on clinical pathway and urgency Monitoring clinical harm review process and escalating thematic issues Declaring instances of clinical harm and expediting treatment as needed	Chief Medical Officer	Operational Quality Committee	In place. Escalate any items to Trust Board	19/05/2020	19/05/2020	19/05/2020	D	In place pre-Covid
14.4			Theatre review group Agreeing clinical harm review requirements based on clinical pathway and urgency Monitoring clinical review process and escalating thematic issues Declaring instances of clinical harm and expediting treatment as needed	Deputy Chief Operating Officer / Surgery Clinical Director	TRAP	In place with Theatre Control Meeting and Theatre Resource Allocation Panel	19/05/2020	19/05/2020	19/05/2020	D	In place pre-Covid-19 and revised in response to Covid-19
14.5			Demand and capacity group Leading the active demand and capacity analysis and planning and highlighting any deficits in workforce or physical space for escalation to the oversight group for review Monitoring additional recruitment required as part of the recovery programme	Chief Operating Officer / Director of Planning & Strategy	Recovery Planning Group	Phase 2 and Phase 3 Recovery Group in place	19/05/2020	19/05/2020	19/05/2020	D	In place in response to Covid-19
14.6			Communications group Single point of contact for all external requests for information Highlighting successes both internally and externally	Allison Coggan / Alex Lazenby	Silver Command	In place through Silver Command structure. GP comms in place through CCG links	19/05/2020	19/05/2020	19/05/2020	D	In place pre-Covid-19 and revised in response to Covid-19
15.0	Clinical review stratification criteria and KPIs for recovery	Principles: A lack of business as usual elective management measures necessitates the need for clinical review of key cohorts of patients, supported by the development of key performance indicators to trigger the review of these cohorts. The findings from these clinical reviews should inform decisions for individual pathways and grouped cohorts as part of the elective governance arrangements.	Key Performance Indicators suggested:- Outpatients - ASIs, median wait, undated patients Diagnostics - Median, unreported, unreviewed tests Inpatients - Median and undated patients Pathway - WLV trend, long waits, clearance times	Head of Performance	PandA	Suite of reports currently available to monitor elective care. All reports to be reviewed with either changes, merges or archive	19/05/2020			O	To consider through PandA

HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST

TRUST BOARD

18 JUNE 2020

Title:	Covid 19 Recovery Planning	
Responsible Director:	Jacqueline Myers, Director of Strategy and Planning	
Author:	Jacqueline Myers, Director of Strategy and Planning	
Purpose:	The purpose of this document to provide the Trust Board with a further update on the arrangements for the next phase response to Covid 19 and the revision of its operating plan for the remainder of 2020/21	
BAF Risk:		
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"> NHS England has shared some information on the approach to planning but the definitive guidance is still outstanding and expected imminently at time of writing The Trust has set out an approach to recasting its operating plan for the remainder 20/21 and is progressing this work Elective activity levels are likely to remain significantly limited due to a range of factors 	
Recommendation	That the Trust Board notes 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 provide the Trust Board with a further update on the arrangements for the next phase response to Covid 19 and the revision of its operating plan for the remainder of 2020/21

2 Update on Covid 19 activity in the Trust as at 10 June 2020

Within the Trust, Covid Activity peaked in the general inpatient bed base on 21 April 2020, with 110 confirmed Covid 19 inpatient cases and critical care demand peaked on 2 May with 20 confirmed cases. This later peak for critical care was 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 peak in activity

As at 11 June 2020, the Trust had 38 confirmed inpatient cases of Covid-19, of which 2 were in critical care.

2.1 Further developments in the Covid -19 response

Since the last update provided to Trust Board, the Trust has implemented a number of further initiatives to strengthen its response to Covid-19 and comply with new government guidance. These include:

- Enhanced support and protection measures for Black, Asian and Minority Ethnic staff
- A programme of anti-body testing for staff
- A package of measures to further reduce the risk of transmission between staff

2.2 Reinstating 'business as usual' functions

The Trust has commenced a process of stepping down the command structure for the response to Covid-19 and transferring its on-going management into normal business. A Covid-19 Steering Group will pick up any remaining Trust wide workstreams.

3 Planning for the next phase of Covid and non-Covid response

3.1 National guidance

At time of writing, NHS England has not issued the planning guidance for the period termed 'Phase 3' of the Covid Response; August 2020 – March 2021. This is anticipated imminently.

As reported last month, in the meantime, the Trust has launched an internal recovery planning process, which is working to produce the following outputs:

1. A new set of planning assumptions, agreed at ICS level (complete)
2. A revised bed model and bed configuration
3. A revised activity plan

4. A revised staff deployment plan
5. A revised surge plan to respond to any further peaks in Covid demand
6. An expanded clinical prioritisation process to include diagnostics and outpatients
7. A revised financial plan

Similarly; system recovery planning has been commenced by the Humber, Coast and Vale Integrated Care System (HCAV ICS), with the planned output being system plans for the North Yorkshire and York and Humber sub-systems, addressing all aspects of the health and care system. HUTH is co-ordinating the acute sector input into the Humber plan, working closely with colleagues from NLAG.

3.1 Revised bed model and configuration

Using the demand assumptions agreed across acute partners in our ICS, we have re-run the Trust bed model and produced a revised forecast of beds needed for the remaining months of 2020/21, for non-elective beds.

Using this and working with the Health Groups, we have now agreed the next phase configuration of the Trust beds. This achieves a number of objectives including:

- Returning the acute general surgery and orthopaedic trauma services to the HRI site
- In turn supporting the creating of elective only surgery wards at CHH which are a safer environment patients being admitted for planned procedures
- Allowing the emergency department to return the Majors and Emergency Care Departments to their pre-Covid functions
- Provide an empty floor in the Tower Block for a number of months so the network upgrade work can conclude
- Provide capacity within the Tower Block for Winter/a 2nd peak of Covid activity.
- A reduced elective bed-base, taking into account the Health Groups' elective inpatient activity forecasts for the remainder of the year and the staffing constraints we are facing.

The operational teams are currently through an implementation plan, which allows the first 3 of these objectives to be achieved in the next few weeks, through some temporary ward moves in the Tower Block.

Work is progressing on wards H37 and 38 are they expected to be available in July 2020. Further work is needed on H36 to make it suitable for the assessment of suspected Covid 19 patients; we have submitted a capital bid to fund this. There is a plan to establish the combined hot majors/suspected Covid facility in the Tower Block, on a temporary basis, until this work can be effected.

3.2 Revised activity plan

The Health Groups have submitted draft activity plans for the remainder of the year, based on their understanding of the capacity they have available to them.

These plans are now being triangulated with the workforce plans and the draft capacity plans for diagnostics and theatres.

The Trust's activity plans include continued use of the Independent Sector for daycase surgery and some outpatients and diagnostics. The national contract

between the NHS and a range of independent sector hospitals and been extended to run until the end of August 2020 and a further contract is anticipated for the remainder of 2020/21.

Once the triangulation of the plans is completed, a forecast of the impact on the active waiting list and by extension, waiting times performance will be made.

3.3 Revised staff deployment plan

A revised workforce plan is being drafted for all key staff groups, which aligns to the revised bed configuration model, ED configuration, anticipated acute demand for diagnostics, therapies and surgery and to fulfil our draft elective activity plan.

These plans are necessarily taking into account the higher than usual rates of staff absence as a result of Covid-19.

3.4 Revised surge plan

Now that the next phase bed configuration is agreed, this work will now be commenced, in tandem with the Winter bed plan for 2020/21.

3.5 Approach to clinical prioritisation

The Health Groups are reviewing their patient tracking lists, identifying the clinical prioritisation of the patients waiting for treatment and estimating, on a percentage basis, the priority of the patients waiting to be seen. The Trust will use these data to assess the clinical risk for our waiting patients and consider whether we need to reallocate capacity between specialties. It is understood that to support this process, the Royal Colleges are developing further guidance on clinical prioritisation.

We are also working with the other acute providers within the ICS to consider how working together may offer opportunities to mitigate clinical risk.

3.6 Revised financial plan

A financial updated is provided in a separate paper; it is expected that further guidance on financial flows will be incorporated into the Planning Guidance.

3.6.1 Access to Covid-19 related capital

It has been indicated that this will form part of the Phase 3 Planning Guidance and bids will be submitted alongside system plans.

4 Next steps

The Trust is aiming to finalise its plan by the end of June, subject to the impact of response to any requirements set out of the Phase 3 Planning Guidance, once it has been received.

Elements of the plan will be implemented within June and July 2020, to allow more elective work to be undertaken and to return acute pathways and capacity to HRI.

5 Recommendation

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

Jacqueline Myers
Director of Strategy and Planning

Hull University Teaching Hospitals NHS Trust

Trust Board

Thursday 18 June 2020

Title:	Our Patient Impacts - Quality Summary
Responsible Director:	Beverley Geary, Chief Nurse
Author:	Kate Southgate, Acting Deputy Director of Quality Governance and Assurance

Purpose:	To provide assurance to the Trust Board on the progress being made against key clinical quality indicators including: Never Events and Serious Incidents; Incidents; Duty of Candour; Health and Safety; Clinical Audit; Claims, CQC and the Quality Improvement Programme.	
BAF Risk:	BAF 3 – Quality of Care	
Strategic Goals:	Honest, caring and accountable culture	
	Valued, skilled and sufficient staff	
	High quality care	X
	Great clinical services	
	Partnership and integrated services	
	Research and Innovation	
	Financial sustainability	
Summary of Key Issues:	<p>The report contains all key Quality metrics for the month alongside a focus update on SI themes; an exception being raised through a new trend in incidents and Serious Incidents is a focus on harm, particularly from falls. These exceptions are detailed in the report to provide background briefing.</p> <p>The final report on the inspection of the Child Sexual Assault Assessment Service (Anlabby Suite) has been received from the CQC, and the Trust has met all requirements previously notified to the Trust through a Section 31 letter.</p> <p>The draft report from the CQC comprehensive inspection has been received for factual accuracy.</p>	

Recommendation:	It is recommended that the Trust Board receives this report for information and assurance
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QUALITY REPORT

LEAD: Beverley Geary, Chief Nurse

PURPOSE OF THE REPORT

The purpose of this report is to provide information and assurance to the Trust Board and Quality Committee in relation to matters relating to quality governance indicators.

ITEMS FOR ESCALATION IN MONTH (MAY 2020)

Safe:

- The investigations into the two retained foreign objects are on-going.
- The Trust's commissioners have accepted the Trust's request to downgrade Never Event 27512 from Never Event status – this will remain a Serious Incident
- During May 2020, 9 serious incidents were declared
- A new focus on patient falls is being put in place as a result of recent Serious Incidents, and a focus is being brought on the levels of harm from incidents reports, following a very recent increase seen in moderate and above harm reports

RISKS TO DELIVERY

- During 2020/21 two retained foreign objects were declared as never events; subsequently a request has been submitted to commissioners to re-classify as Serious Incidents based on the definition within national guidance. Discussions are on-going.
- An increase in falls with harm has been identified in SI themes. A detailed piece of work has commenced to target high risk; high incidence areas.

Included in this month's report:

	SAFE	<ul style="list-style-type: none"> • Never Events and Serious Incidents • Incident Reporting Rates and NRLS • Duty of Candour • Falls • Pressure Ulcers
	WELL-LED	<ul style="list-style-type: none"> • CQC

SAFE

SERIOUS INCIDENTS

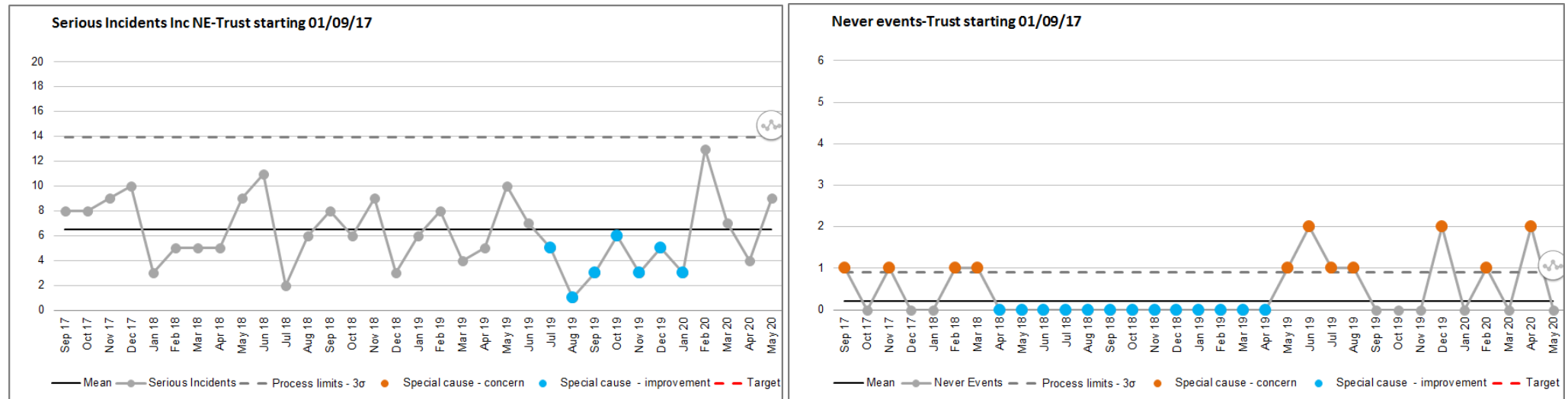
AREAS FOR ESCALATION

Declaration of 9 serious incidents within the month: these relate to two medication cases, two delayed diagnosis/treatment, one obstetric case and three in-hospital falls resulting in harm. The Trust Serious Incident Committee held in May 2020 identified a possible emerging theme in relation to an increase of in-hospital falls resulting in significant harm. Members of the Trusts Fall's Prevention Committee attended the June 2020 Serious Incident Committee to discuss these findings and to determine actions and next steps.

The Never Event chart will be amended for future reports to reflect that SI 27512 has been re-categorised from a Never Event (Wrong Site Surgery). It will remain a Serious Incident and the investigation, learning and action plan will be delivered and monitored through the SI Committee.

KEY UPDATES IN MONTH

The chart below indicates the trend in Never Events and Serious Incidents.



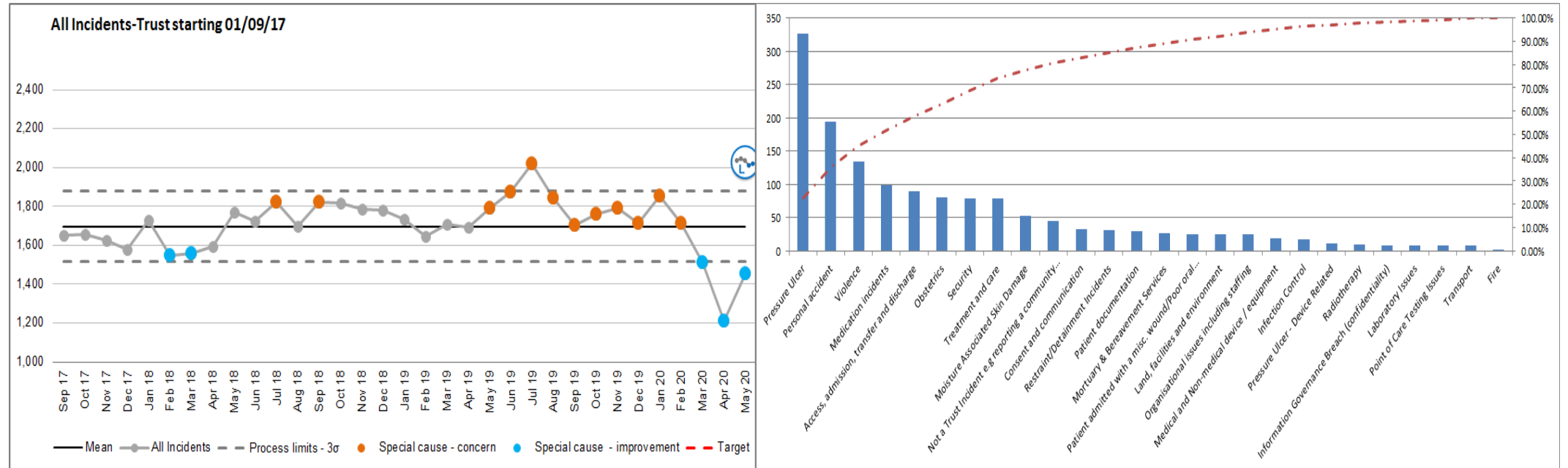
INCIDENT REPORTING RATES

AREAS FOR ESCALATION

Overall the volume of incidents being reporting has decreased since the start of March 2020. This follows the pattern in the reduction of admissions to the Trust since March 2020. However, there is starting to be an increase in moderate harm and above incidents per 1000 bed days.

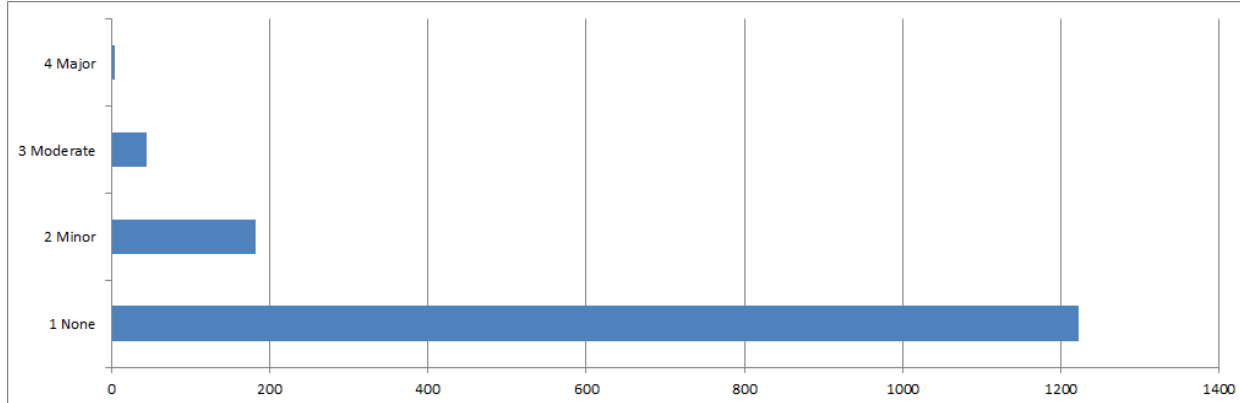
KEY UPDATES IN MONTH

Incident Reporting Rates:

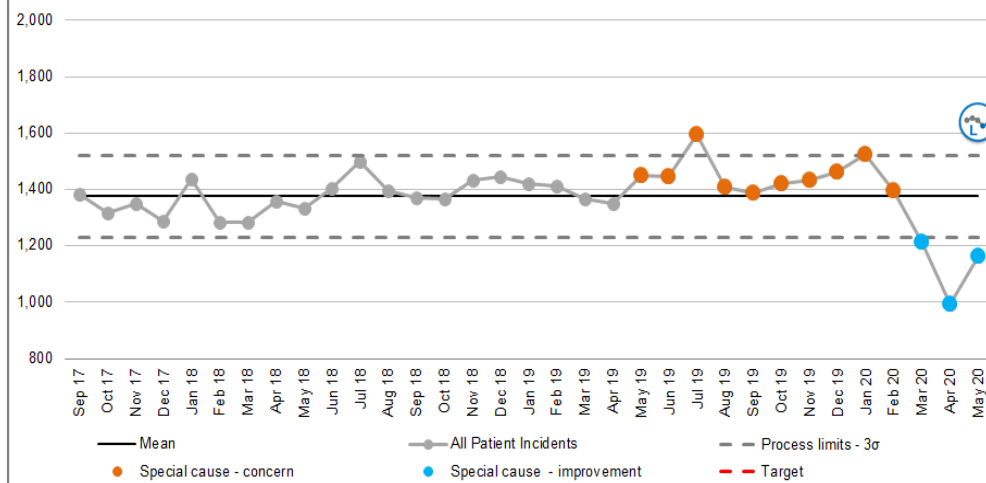


INCIDENT REPORTING RATES

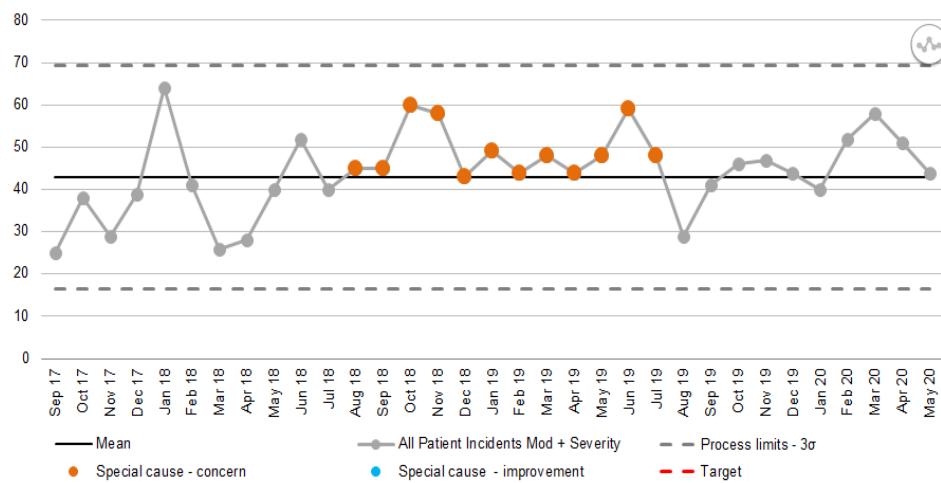
Incidents by severity



All Patient Incidents -Trust starting 01/09/17

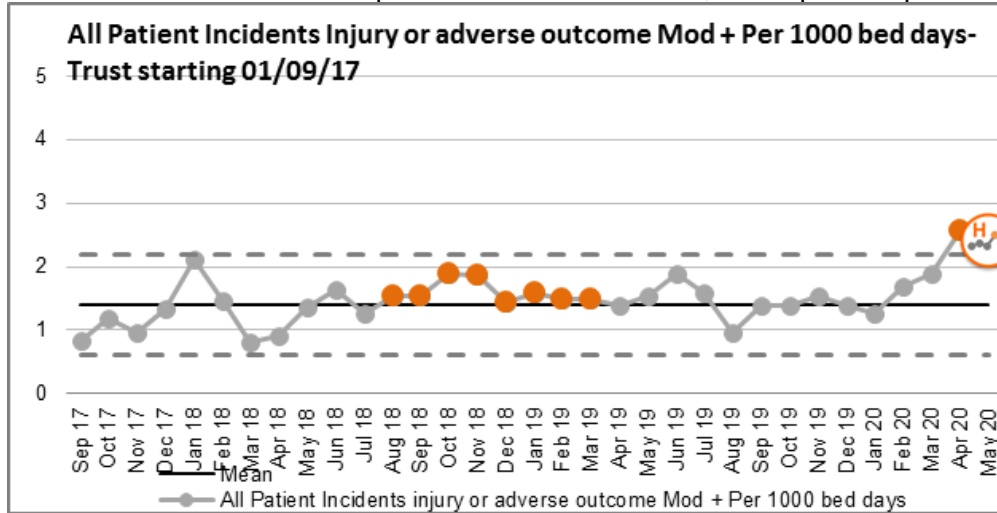


All Patient Incidents Mod + Severity -Trust starting 01/09/17



INCIDENT REPORTING RATES

There is starting to be an increase in moderate harm and above incidents per 1000 bed days; this will be a topic of particular focus through Operational Quality Committee with Health Groups to understand this rise, the impact on patients and the mitigation that needs to be put in place.



There has been a drop in incident reporting since March 2020, however, the types of incidents reported remain much the same for non-Covid-19 related incidents. There is starting to be an increase in moderate harm and above incidents per 1000 bed days, which is going to be the focus of detailed follow-up.

RISKS TO DELIVERY

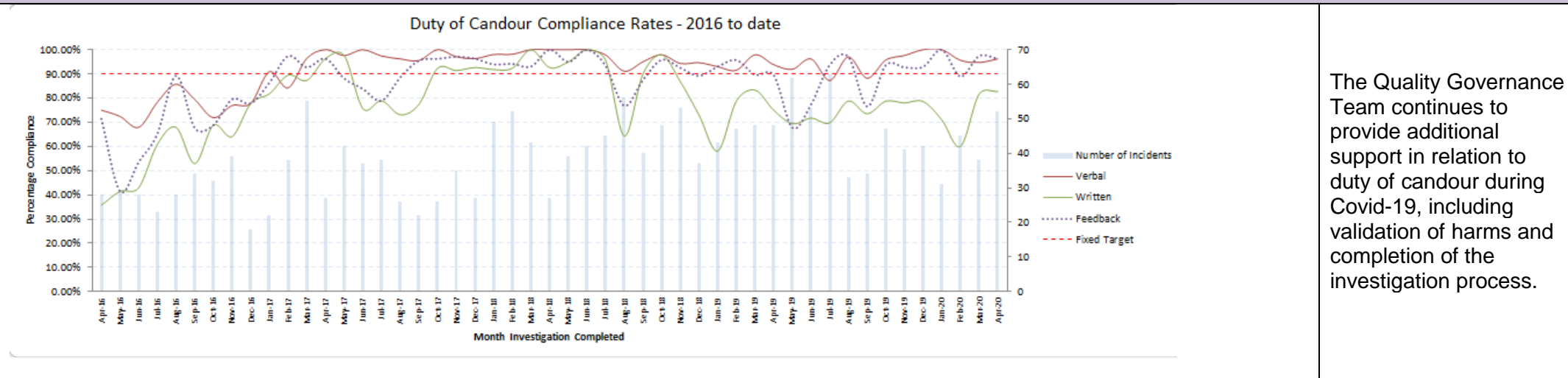
A decrease in reporting rates but increase in harm has been acknowledged.

DUTY OF CANDOUR

AREAS FOR ESCALATION

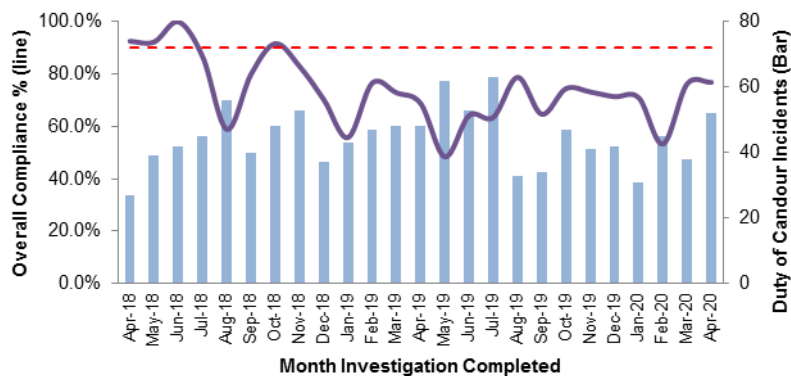
Overall positive increase in compliance noted.

KEY UPDATES IN MONTH

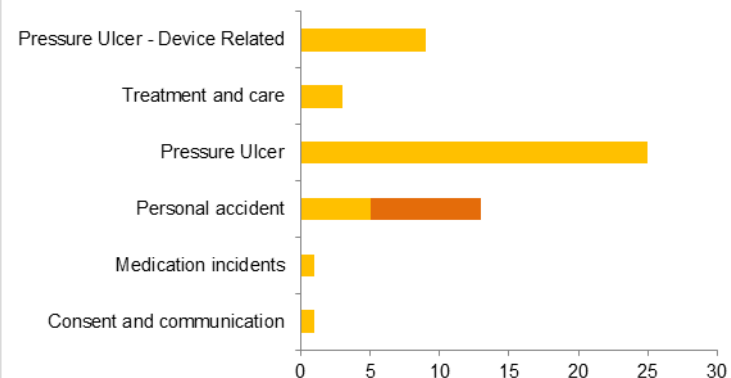


Duty of Candour compliance shown above with overall compliance and types of duty of candour incidents investigated shown below – date remains one month behind to the time lag for completion of Duty of Candour.

Overall compliance for completed Duty of Candour incidents



Duty of Candour incident categories/severity



RISKS TO DELIVERY
No areas of risk identified, however, the Quality Governance Team continue to monitor the duty of candour process.

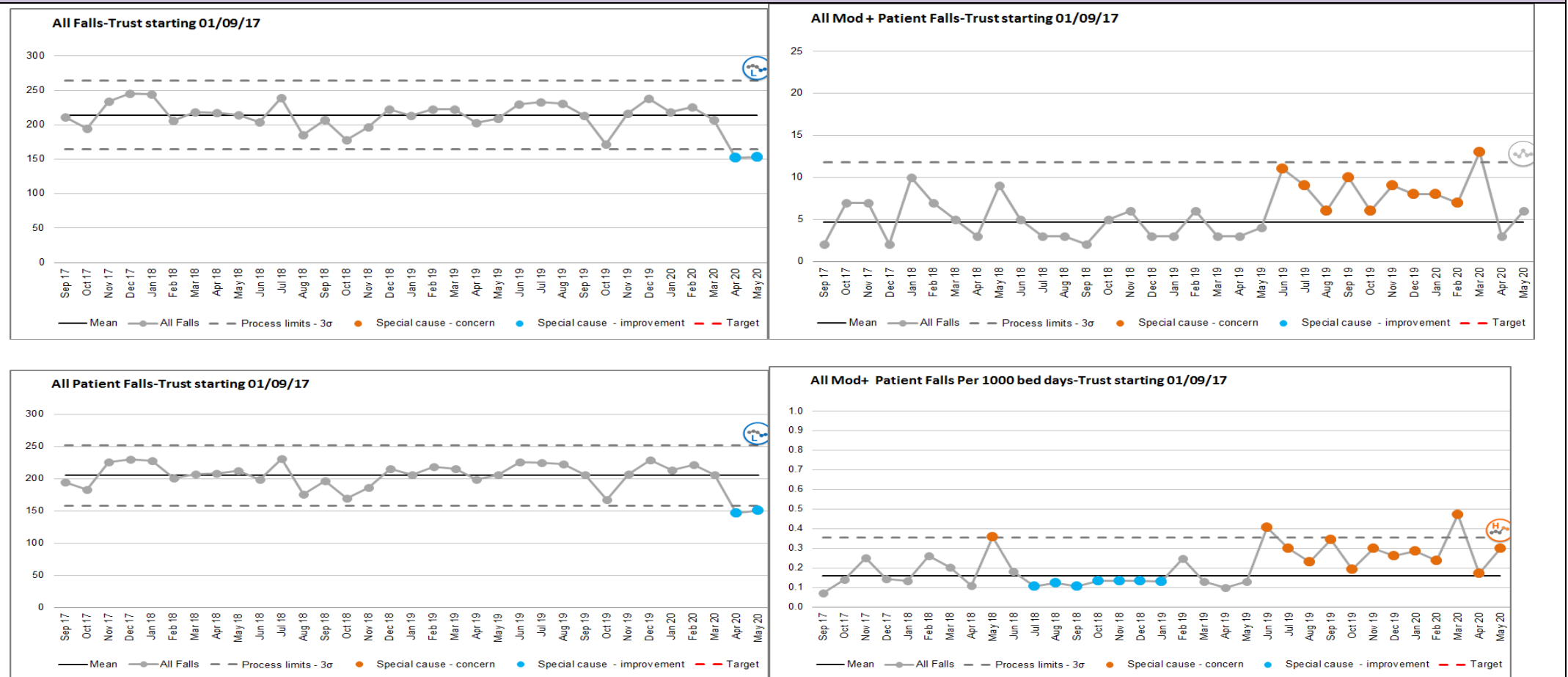
SAFE

FALLS

AREAS FOR ESCALATION

A potential theme of falls resulting in harm was discussed at the June 2020 Serious Incident Committee. An improvement project has been discussed with high risk high incidence areas to be targeted. Preliminary project meetings are planned.

KEY UPDATES IN MONTH



RISKS TO DELIVERY
Falls will be subject to an improvement project due to the potential emerging theme. This improvement project will identify overall risks as well as actions specific to an area to mitigate any clinical risk particular to an area.

SAFE

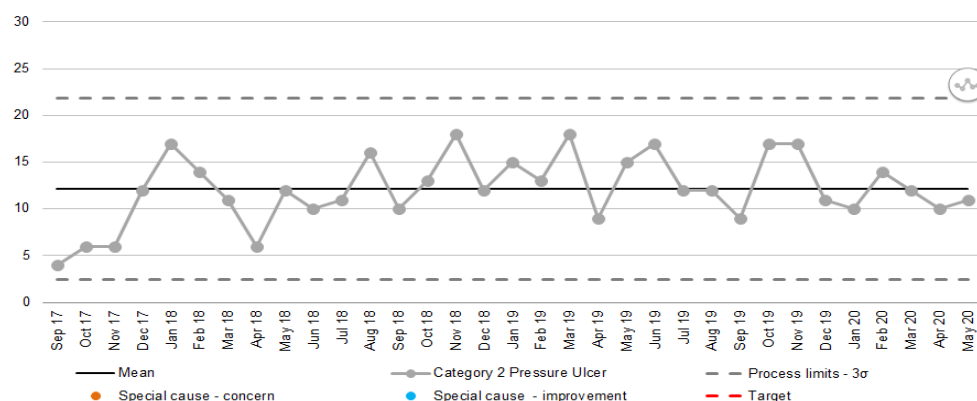
PRESSURE ULCERS

AREAS FOR ESCALATION

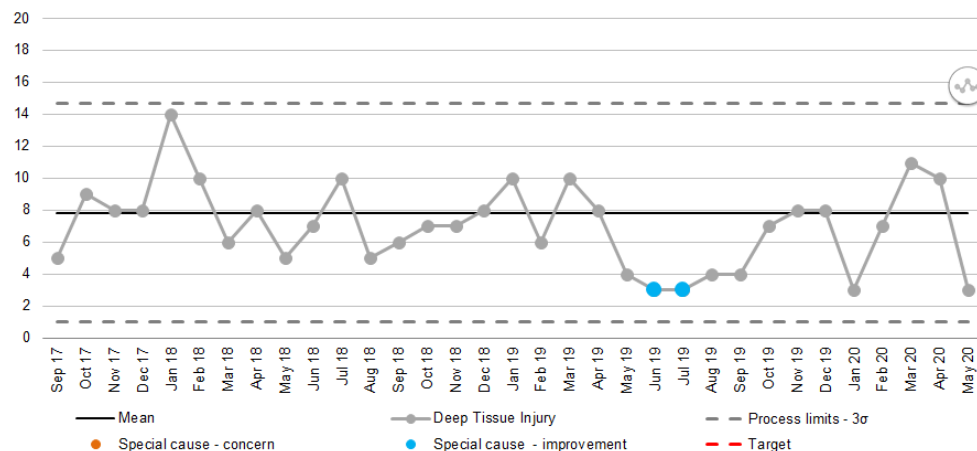
No Category 3 or 4 Pressure Ulcers declared since February 2020. However, SUI/2020/4538 (un-stageable pressure ulcer) was declared in March 2020.

KEY UPDATES IN MONTH

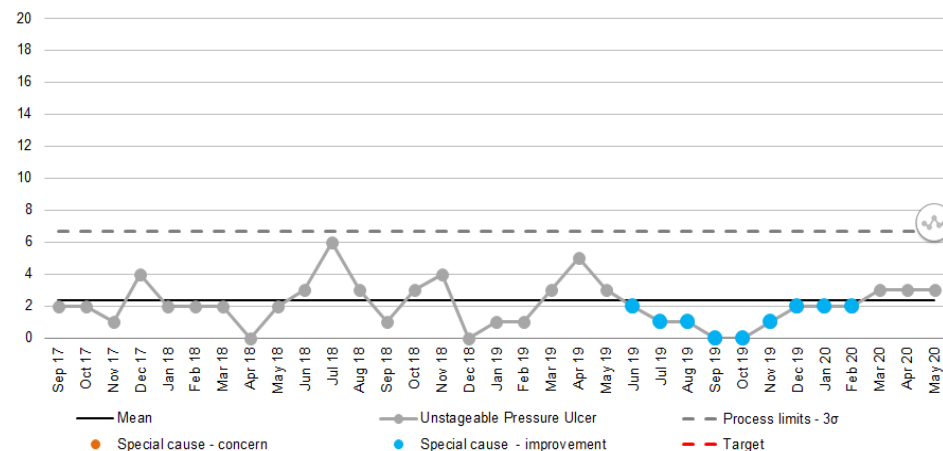
Category 2 Pressure Ulcer Hospital Acquired-Trust starting 01/09/17



Deep Tissue Injury-Trust starting 01/09/17



Unstageable Pressure Ulcer-Trust starting 01/09/17



RISKS TO DELIVERY
No new risks have been identified; this continues to be monitored closely by the Corporate Nursing team as well as Quality Governance team

WELL-LED

KEY UPDATES

Care Quality Commission:

Inspection Preparation:

Child Sexual Assault Assessment Service (Anlaby Suite)

The Trust has provided an updated action plan to the CQC in response to the Sexual Assault Assessment Service (SARC) inspection and Section 29a warning notice. The lead inspector requested evidence against the closed actions with photographs to demonstrate the changes and to provide assurance that these were on-going and embedded. A desk top review was undertaken in April and May and all evidence was reviewed. The final report was received 10th June 2020 from the CQC, which stated that all areas are compliant and assurance had been provided that the Trust has addressed all issued raised in the Section 29a letter. In addition, it stated that the Trust has also provided evidence of improvements that have been made to the service. The Trust has no comments to make on the content of the report, therefore this will be published shortly on the CQC's website.

Comprehensive Inspection

The Trust has received the draft report from the CQC and is currently undertaking the factual accuracy review of the main report and the evidence appendix. Further feedback will be provided following receipt of the final report.

External visits/review:

At the time of writing this report there are:

- 6 visits open from 2017/18, all with overdue actions, 9 visits open from 2018/19, some with overdue actions, 9 visits open during 2020/21, some have action plans in place and some are awaiting final reports

All open and planned external agency visits are managed with the nominated visit lead and the Health Group. Monthly reports are provided to the Health Groups for information and action. Due to the Covid-19 pandemic all external agency visits have been suspended. Therefore, the Trust will not receive any visits or inspections until restrictions set into place by Public Health England have been lifted and normal business resumes.

A request has been sent to the Health groups in order to establish any risks and to close down the outstanding open actions.

Quality Improvement Plan:

The overall performance report was presented to the May 2020 Quality Committee, which concluded that a significant amount of work has been undertaken to deliver the aims of the projects in 2019-20. This is linked to the achievement of the targets set out at the initiation of the QIP and also addressing a number of historic CQC actions. The mental health project was fully delivered and all of the other projects were partially delivered with good progress made in most areas.

The new and revised QIP will be submitted to Quality Committee in detail; delivery will be monitored through the Operational Quality Committee and assurance and exceptions reported up to the Quality Committee.

The draft 2020/21 QIP has commenced following approval of the projects at the Quality Committee. The following projects have been considered; further may be added following the receipt of the final CQC Comprehensive Inspection report:

- End of life care
- Improvements in the Patient Experience of patients with Mental Health issues

- Improving the care of patients with Dementia
- Patient experience
- Infection Prevention and Control
- Reducing falls with harm
- Reducing skin damage (tissue viability)

RISKS TO DELIVERY

Most projects within the QIP demonstrated improvements; the delay in the new QIP is as a result of capacity relating to Covid-19 however, detail will be finalised shortly.

Hull University Teaching Hospitals NHS Trust

Trust Board

18th June 2020

Title:	Our People
Responsible Director:	Simon Nearney - Director of Workforce and Organisational Development
Author:	Simon Nearney - Director of Workforce and Organisational Development

Purpose:	The purpose of the report is to provide the Board with an overview of the key people issues during the Covid-19 pandemic and as the Trust resumes clinical activity.	
BAF Risk:	Goal 1 – Organisational Culture, Staff Engagement Goal 2 – Valued, skilled and sufficient staff	
Strategic Goals:	Honest, caring and accountable culture	✓
	Valued, skilled and sufficient staff	✓
	High quality care	✓
	Great clinical services	✓
	Partnership and integrated services	✓
	Research and Innovation	✓
	Financial sustainability	✓
Key Summary of Issues:	The Trust staff vacancy rate is currently 4.51%. Staff vacancy is currently 9.82 % including Covid-19 related. The staff wellbeing and support arrangements are working well as is Covid-19 staff testing and the BAME leadership network.	

Recommendation:	The Trust Board are requested to note the content of the report and provide any feedback.
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Hull University Teaching Hospitals NHS Trust

Trust Board

18th June 2020

Our People

1. Purpose

The purpose of the report is to provide the Board with an overview of the key people issues during the Covid-19 pandemic and as the Trust resumes clinical activity.

2. Background

For the last 4 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 peak surge has now past and whilst the Trust continues to treat and care for Covid-19 patients, the Trust has begun to implement its restoration and recovery plans.

Communication across the Trust remains vital to keep staff informed and engaged every step of the way and therefore the daily briefing on clinical and workforce matters continues which is well received by staff. The Trust also continues to request that all staff clinical and non-clinical practise social distancing and good hygiene measures to ensure staff are as safe as possible. The Trust also continues to meet virtually with trade unions to keep them informed of activity, workforce plans and redeployment.

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 3,000 individual staff members who have been absent due to Covid-19. The Trust currently has 519 staff absent due to Covid-19 which is 5.26% of the workforce. Total absence including maternity leave and all other reasons for absence is 9.82%. This is a reduction from 12.27% as at the last Board meeting (12th May, 2020). Further information is detailed in Appendix 1.

Staff absence usually runs at 3.6%, so whilst absence is reducing the Trust is still appropriately 5.5% above its norm which means available workforce is a key challenge to resuming services.

4. Staff Testing

The Trust has implemented two staff test programmes and are supporting the National NHS Test and Trace Scheme. The two tests are:

Covid-19 Test

This is the antigen testing facility and has been operating since April, 2020. From 1st April to 31st May 2020, 2065 staff have been tested. 1667 (80.73%) have tested negative and 398 (19.27%) have tested positive. The Trust also tests staff from CHCP, Yorkshire Ambulance Service, Humber FT, CCG's, care homes and other smaller providers. The process to be tested is very simple. Once a staff member experiences Covid symptoms (a new repetitive cough, a high temperature and/or change to the senses of taste and smell) they book a test by telephoning the ESC Helpdesk and have a test that day or the next. Results of the test are typically available within 24 hours. The Trust also offers staff the opportunity to be testing if they have mild symptoms such as a headache or a sore throat. We believe HUTH is the only Trust offering this service for mild symptoms.

Antibody Test

The Trust commenced antibody testing on 3rd June, 2020. Currently 1700 staff have been tested for antibodies. BAME staff were tested first as a priority and then all staff will be offered a test which is being rolled out alphabetically by staff surname, so demand can be managed sensibly. Test results should be returned within 7 days and if positive, would show that the staff member is likely to have had coronavirus and have anti-bodies within their symptom. That is not to say that the staff member would be resistant to future coronavirus infection – research is still being undertaken in this regard.

Test and Trace

The NHS Test and Trace programme launched on Friday 5th June 2020. If a staff member tests positive for Covid-19 (as outlined above), the Trust is responsible for ensuring all work related 'contacts' are identified and those staff members instructed to self-isolate for 14 days. The Trust Test and Trace operation is managed through the ESC Helpdesk and the nurses supporting the testing process.

The definition of a 'contact' is specifically defined as:

A person who has been close to someone who has tested positive for coronavirus (COVID-19) anytime from 2 days before the person was symptomatic up to 7 days from the onset of symptoms. Specific criteria is as follows:

- sexual partners or people who spend significant time in the same household as a person who has tested positive for COVID-19;
- a person who has had face-to-face contact (within 1 metre), with someone who has tested positive for COVID-19, including: being coughed on, having a face-to-face conversation, or having skin-to-skin physical contact, or any contact within 1 metre for 1 minute or longer without face-to-face contact;
- a person who has been between 1 and 2 metres from someone who has tested positive for COVID-19 for more than 15 minutes; or
- a person who has travelled in a small vehicle or on a plane near someone who has tested positive for COVID

The use of PPE negates the 'contact' meaning even if one of the above criteria were to be applicable, if either party wore PPE, there would be no requirement for the non-symptomatic staff member to self-isolate.

For the first week of implementation 17 staff have been instructed to self-isolate.

5. Staff Vacancies

The Trusts overall vacancy position as at 31st May, 2020 is as follows:

Staff Group	Establishment WTE	Staff in Post WTE	Vacancies WTE	Vacancy Rate %
Healthcare Scientists	347.74	281.75	65.99	18.98%
Medical & Dental - Consultants	477.94	441.12	36.82	7.70%
Medical & Dental - SAS	63.8	47.37	16.43	25.76%
Medical & Dental – Trainee Grades	639.55	665.02	-25.47	-3.98%
NHS Infrastructure	2048.58	1974.66	73.92	3.61%
Other Scientific Staff	291.37	282.31	9.06	3.11%
Other Support to clinical staff	745.28	688.74	56.54	7.59%
Registered AHP	483.3	457.99	25.31	5.24%
Registered Nursing	2369.96	2294.95	75.01	3.17%
Unregistered Nursing	798.33	759.34	38.99	4.88%
Trust Total	8265.85	7893.25	372.60	4.51%

Overall the Trust vacancy position is 4.51% and is 2.4% in Medical & Dental and 3.2% in Registered Nursing. Trainee Grades for Medical Dental staff are showing as being over established, however this is due to 43 5th year medical students which have been employed as part of the Trusts Covid-19 workforce plan. Whilst our vacancy position remains in a positive position the Trusts recruitment plans have been somewhat interrupted and recent recruitment may be temporary, for example staff recruited under 'return to practice' initiatives.

An additional 25 registered nurses were expected in March and April, 2020, but the staff could not travel due to the Government lockdown and no international travel. Nurse associate and nurse apprentice programmes have been placed on hold pending the pandemic so may cause future delays with regard to graduation.

Recruitment of 3rd and 2nd year nurse students

122 third year student nurses are currently working for the Trust in Health Care Support Worker roles (band 4). Some of these staff will leave the Trust as they complete their studies, but we have a further 30 students that are currently finishing their programme elsewhere who will be commencing employment with us in September / October, 2020.

75 second year nurse students are commencing employment with the Trust during the month of June, 2020 in a Health Care Support Worker (band 3) role with a further 45 due to commence in July 2020. This will enable those students to fulfil their placement hours and complete their second year whilst providing much needed support to treat and care for patients. These students will return to University in September to complete their MSc degree.

Recruitment of 5th year medical students

The Trust has employed 48 medical students as part of its Covid-19 workforce plan.

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.

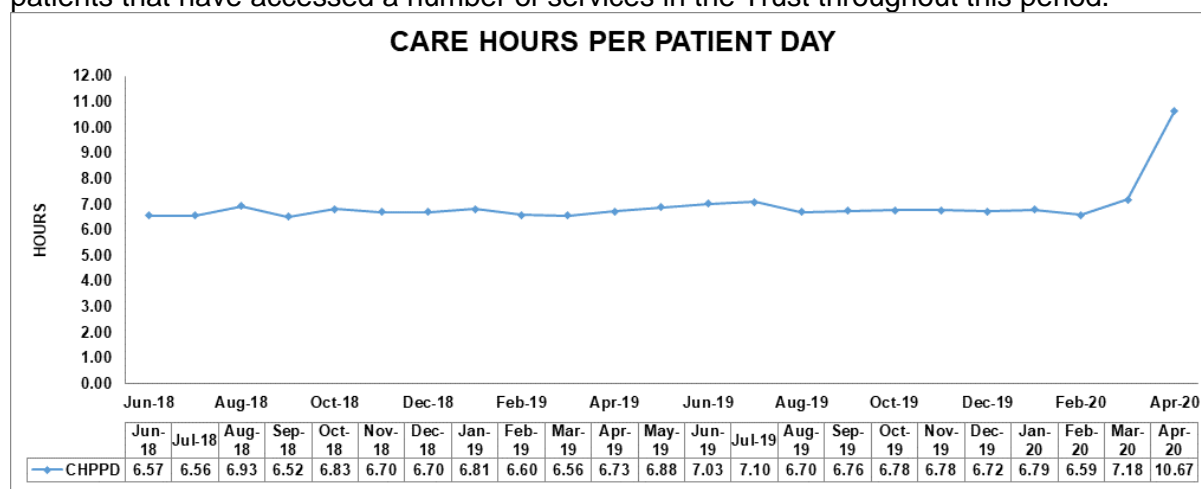
The HUTH programme recruited 36 bank staff and employed 17 contracted staff and the national programme yielded 5 bank staff and employed 2 contracted staff.

In addition there has also been a National Bring Back Staff campaign into care homes. HUTH is currently liaising with organisations across the ICS to ensure these staff are recruited and deployed to care homes as soon as possible. The applications are currently with NHSE/I.

6. Care Hours per Patient Days

Care Hours Per Patient Day (CHPPD)

As illustrated below the CHPPD for April (10.67) has significantly 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 a number of services in the Trust throughout this period.



A full nurse staffing report will be presented at the next Workforce, Education and Culture Committee on 8th July, 2020.

7. BAME Network Meetings and Actions

BAME network usually meets monthly, however during the pandemic switched to meeting fortnightly, virtually from the 5th May, 2020. These meetings have been facilitated by the Chief Executive, Chief Medical Officer and Director of Workforce and OD.

The purpose of the BAME Network meetings have been to listen to key issues and concerns raised by BAME staff during Covid-19 and to understand what action needs to be taken in order to support this group. There have been approximately 40 – 50 participants at each meeting.

Actions in response to discussions within the meeting include:

- A risk assessment tool has been developed and launched specifically for BAME staff. This tool was developed primarily by the task and finish group which included members of the BAME network such as the Chair and Deputy Chairs, along with other senior medical clinicians within the Trust. This was then shared with the Health Groups and the Executive Team.
The risk assessment consists of two parts. Part 1 is the Individual Risk Assessment that scores both demographic and comorbidity risk factors to provide a total score. The total score then allows the categorisation of risk – minor, moderate or major. Part 2 provides supporting guidance for line managers on how they should provide reasonable adjustments.
- A panel to support Black, Asian and Minority Ethnic Staff for the duration of Covid-19 has been introduced. This panel will be led by the Trusts Freedom To Speak Up Guardian and will support BAME staff who have concerns about the support that they are receiving from line managers. This may include circumstances where an employee disagrees with decision-making related to their work and their safety. This panel will also consist of the Chair and Deputy Chairs from the BAME Network. The Panel will consider the perspectives of the BAME employee and the line Managers involved, along with support from the HR Business Partners. The panel will have exploratory conversations with the parties involved, providing advice and recommendations. This panel is a supportive process that will aim to support all parties to reach an outcome that is safe, fair and appropriate.
- Managers across the organisation have received communications outlining their role and responsibility in supporting BAME colleagues and mitigating risk. The communications emphasise that managers should proactively approach their BAME staff and complete a robust risk assessment, discussing their concerns compassionately.

Future meetings will be chaired by our new Chair of the BAME Network – Mr Dumbor Ngaage (Cardiothoracic surgeon).

8. National Staff Survey plan for 2020

The National Staff Survey will be distributed to all NHS staff during October and November. The Trust has commissioned Capita to run the survey for us. We will be running a full census survey, offering every member of staff the opportunity to give their feedback.

The format of the survey is being reviewed at a national level and we anticipate that it will be amended to reflect the unique circumstances which staff have experienced in 2020.

9. Staff Support Arrangements

Ensuring staff had every means of support available to them has been a priority for the Trust ever since the Covid-19 pandemic began. Cognisant that the emotional impact of the pandemic would be significant for staff we understood from the very outset that providing additional support would be an important means of maintaining morale, improving engagement and delivering on our duty of care for the workforce.

From 19th March we committed to providing free childcare for staff, using local provider First Steps Sports. The organisation provides for children aged 4-16-years-old and offered us a 50% discount on its normal rate. First Steps Sports identified four locations close to Castle Hill Hospital and Hull Royal Infirmary where they would be able to run sessions for children.

This facility remains open to staff and currently we have committed to continuing with it until the start of the school holidays, at least. The company has confirmed that around 40 places per day are being booked by NHS staff.

In addition from 19th April we began providing nursery care for staff who needed help with children under 4-years-old. A number of local providers came to us to offer spaces to staff and this is also ongoing until the summer holidays at which point we will review our position.

Nationally, NHS staff car parking charges were removed on the 25th March, with the government pledging to pay for these while the pandemic remained a concern. The Trust had relaxed the rules around parking a week previously.

From 21st March staff could take advantage of an arrangement we negotiated with our key partner the University of Hull and book accommodation in the on-site halls of residence. This was initially managed internally however eventually a national booking service superseded our local arrangements. This service remains open to any member of staff who wishes to isolate away from their family to keep them safe and enable the staff member to come in to work.

From 6th April we enhanced this support to include free meals for staff. Wards and Departments, including contracted support staff (ie domestics, waste team and volunteers, social services) have access to a daily free meal per person. In areas where kitchens are provided staff can order a choice of hot meals from the patient menu and in other areas this has been a sandwich and choice of other cold snacks. The services has been enhanced by provision and distribution of donated food, including bread, milk, confectionary, and microwaveable snacks.

The feedback from staff to all of these services has been unanimously positive and while all arrangements will need to be reviewed in the future discontinuing any support service will need to be carefully managed and communicated.

10. Staff Wellbeing and Support Arrangements

The Staff Psychosocial Support Team was created week commencing 16th 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. This service is changing as we move from our more intense phase of Covid-19 into the recovery phase. The 24/7 helpline will be in place until 31st August 2020, along with the staff support email address. Drop in centres have now finished and have been superseded by bookable 1:1's and group reflection sessions for teams. Psychological First Aid Training continues along with other topics such as compassion fatigue and recognising trauma. These are being delivered by the staff support MDT.

Over the last 10 weeks we have received 93 calls, 549 emails, 111 people have accessed Psychological First Aid Training and had 332 people attend our drop in centres. The team has also completed bespoke staff support sessions and reflective practice sessions on request in areas such as ICU and other Covid-19 ward areas. A full thematic analysis is underway to ensure that we can keep continuing to provide the right support that is needed. An additional Clinical Psychologist will be appointed for a 12 month period to provide on-going Covid-19 specific staff support.

Great Leaders has begun to offer "Management Clinics" for leaders need a reflective space to support their leadership through Covid-19 and beyond. They are a mix of action learning and with access to experts to help sort through practice problems. Three sessions have been held so far

with up to 10 people in attendance via WebEx. Hot Topic experts have been from Human Resources and the Trusts Freedom To Speak Up Guardian) and future sessions will have an Occupational Health expert. More hot topic sessions are in the pipeline along with restarting a refreshed Great Leaders Bitesize programme online.

11. 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 medium term to ensure the organisation continues its positive trajectory. The joint work with our BAME leadership network has been extremely positive and the Chief Executive's blog regarding George Floyd and the movement to eradicate social and racial injustice was very well received by staff.

Staff absence for self-isolation will continue to cause the Trust difficulties in providing services and resuming more clinical activity and this will be further compounded by the new Test and Trace programme.

The staff wellbeing and support arrangements are outstanding and these are in addition to the practical support provided to staff.

12. Recommendations

The Trust Board are requested to note the content of the report and provide any feedback.

Officer to contact:

Simon Nearney

Director of Workforce and Organisational Development

HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST

BOARD OF DIRECTORS: THURSDAY 18th JUNE

2020/21 MONTH 2 FINANCIAL POSITION

1. Purpose of Paper

To inform the Board on the month 2 reported financial position and update on the level of expenditure committed in managing Covid19.

2. Background

The NHSE&I normal operating planning system has been suspended for the first four months of 20/21 and Trusts are being monitored against a plan based on historical levels of expenditure (based on an average of months 8-10 spend in 2019/20). A series of block and top-up payments are being made to enable the Trust to achieve a month on month breakeven position.

This report shows the actual month 2 position compared to this revised national reporting target. There will be a more detailed report presented to Performance and Finance Committee on 29th June 20. This will include a detailed update on the Costs incurred in dealing with Covid19.

3. Month 2 Reported Position

The table in appendix 1 shows the month 2 reported position against the NHSI plan with a high-level commentary on the variance. The in-month position was a small surplus of £25k, with £2.3m of additional costs related to covid19 being offset by savings from reduced activity.

4. Income

The reported position assumes that the Trust will receive a further £0.3m to reach a breakeven position. This is known as 'true up' income and is expected from NHSE&I via the agreed national process. This is expected to be paid on 15th June 20.

The Trust has seen a reduction in income across health group budgets with the main shortfalls being in Car parking (-£293k), Catering (-£200k) and private patients (-£55k). This is in line with expectations given the reduction in clinical activity along with the free staff car parking and the free staff meals on offer during April and May.

5. Expenditure

In the first 2 months the Trust has spent £4.7m on managing the impact of the Covid19 virus. There has been a small reduction in spend in month 2. Non-pay spend has reduced with a large element of PPE now being bought through national procurement. Conversely, pay expenditure increased with the starting of new aspirant nurses and doctors. The split by Health Group is shown in the next table: A full explanation of the costs and categories the expenditure fall into will be provided at the next Performance and Finance Committee.

	Pay	Non-Pay	TOTAL
	£000	£000	£000
Surgery	17	203	220
Medicine	464	192	656
Emergency	3	0	3
Clinical Support	562	603	1,165
F&W	46	18	64
Estates	11	356	367
Corporate	708	1,554	2,262
TOTAL	1,811	2,926	4,737

- The above costs have been offset by underspends against the plan due to reduced clinical activity with £3.0m less being spent on theatre implants and other consumables, £1.0m less being spent on Wet AMD drugs and £0.7m on other drugs. There have also been reductions in training expenditure (-£0.3m) and establishment expenses (-£0.4m)
- Pay budgets, excluding covid costs, are also below the average spend in 19/20 month 8-10 (adjusted for inflation) with spend on Consultants being £0.6m below the average monthly spend. This reflects the reduction in additional waiting lists and reduced agency costs. Junior Doctor costs are also £0.2m below the average.
- Overall the month 2 variances, pre and post Covid pressures, are summarised below:

	Pay	Non-Pay	Income	TOTAL
	£'000s	£'000s	£'000s	£'000s
Variance pre-covid	499	5182	-1264	4,417
Covid pressures	(1,811)	(2,926)		(4,737)
TOTAL	-1312	2256	-1264	-320
True-up			320	320
NET POSITION	-1312	2256	-944	0

Covid costs of £4.7m have broadly been offset by underspends of £4.4m – the bulk of the underspend being in non-pay as expected due to the lower levels of clinical activity and the fact that the majority of the pay costs are fixed.

6. 2020/21 Capital

The reported capital position at month 2 shows gross capital expenditure of £2,010k. The main areas of expenditure relate to Capital COVID (£827k) and backlog maintenance (£675k).

The forecast position for capital expenditure (incl PFI/IFRIC12 impact) is £47.9m; this includes assumptions on the Trust receiving PDC allocations relating to Urgent & Emergency care Business Case (£10.5m); Backlog Maintenance (£4.9m) and Capital Covid (£2.6m). The Trust is also expecting the final receipt from the sale of land at CHH (£3m); this is expected in Q2.

The Trust has submitted the latest capital plan to NHSI and it is within the overall envelope agreed at ICS level and we are not anticipating any issues with this.

7. Next Steps

The Trust is awaiting updated guidance on how the financial system will operate from August 20 to March 21. This additional guidance is expected by the 18th June 20 and a more detailed update will be provided to Performance & Finance Committee on the 29th June 20.

8. Summary

The Trust is working within the revised guidelines produced by NHSE&I for the first 4 months of the financial year. The expectation is that the Trust will break-even each month during that period with additional top-up funding received from the centre to offset any excess costs of dealing with the outbreak.

For month 2 the Trust incurred costs of £4.7m in dealing with the pandemic but this was largely offset by reduced expenditure due to the lower levels of activity. The Trust also saw reduced income levels in some areas. A top up of £320k is required to break-even and this has been reported to NHSE&I.

Stephen Evans

Deputy Director of Finance
June 2020

APPENDIX 1

Financial Year 2021 Month 2

	Month 2 Budget £000	Month 2 Actual £000	Variance £000	Comments
Nhs Contract Income (Blocks and central top up)	98,114	98,112	(2)	Additional True-up income. Slight reduction (£15k) from Month 1
Additional True-up income (to deliver balance)		320	320	
Education + Training Income	3,267	3,280	13	
Other Income	477	460	(17)	
Total Income	101,858	102,172	314	
Surgery	(22,818)	(20,465)	2,353	Lower activity offsetting Covid pressures.
Medicine	(13,441)	(13,232)	209	
Emergency Care Health Group	(2,847)	(2,667)	180	Covid pressures £1,165k.
Clinical Support Services	(16,302)	(16,908)	(606)	
Clinical Support Services- pass through drugs	(9,306)	(9,107)	199	Lower activity levels, incl Wet AMD drugs. Covid costs £2.6m plus income shortfalls due to Covid (car parking/catering) £0.5m
Family + Womens Health	(13,742)	(11,609)	2,133	
Corporate Directorates	(17,985)	(21,059)	(3,074)	Central estimate for unprocessed invoices
Other Operating Expenditure	(1,275)	(1,292)	(17)	
Reserves	302	(1,116)	(1,418)	
Total Operating Expenditure	(97,414)	(97,455)	(41)	
EBITDA	4,444	4,717	273	
Total Non Operating Expenditure	(4,446)	(4,793)	(347)	Depreciation above last years spend.
Net Surplus/Deficit	(2)	(76)	(74)	
Donated Asset Adjustment	0	76	76	
Adjusted Financial Performance Surplus/(Deficit)	(2)	0	2	

Hull University Teaching Hospitals NHS Trust

Trust Board Meeting

18th June 2020

Title:	Trust Capital Plan 2020/21
Responsible Director:	Lee Bond - Chief Financial Officer
Author:	Alison Drury, Deputy Director of Finance, Contracting and Planning Sam Graves, Head of Finance: Capital

Purpose:	The purpose of this paper is to present the 2020/21 Capital Programme to the Trust Board for approval.	
BAF Risk:	7.3 Risk due to failure of critical infrastructure	
Strategic Goals:	Honest, caring and accountable culture	
	Valued, skilled and sufficient staff	
	High quality care	
	Great local services	
	Great specialist services	
	Partnership and integrated services	
	Financial sustainability	✓
Summary of Key Issues:	<ul style="list-style-type: none"> The Trust has developed a draft capital programme totalling £46.1m, which is in line with the expected capital allocation at ICS level. Capital commitments related to Covid-19 are currently reflected at £2.5m although 3 further bids, totalling £5.6m, have been submitted to NHSIE for consideration The key risks factored in to the capital programme for 2020-21 are detailed in the paper, as well as details of those capital elements that remain outside of the capital funding available to the Trust 	

Recommendation:	The Trust Board is asked to approve the Capital Programme for 2020/21
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Hull University Teaching Hospitals NHS Trust

Capital Plan 2020/21

1. Capital Programme - background

The Trust has developed a Capital Programme for 2020/21. This is based on assessments received and reviewed at the Trust's Capital Resource & Allocation Committee (CRAC). The latest draft capital programme was considered at its last meeting (3 June 2020) and was approved subject to Trust Board approval.

The Trust is required to work within a capital framework that is set at ICS level. A process has been undertaken to ensure that the capital programmes developed by individual organisations within the ICS remain within an aggregate ICS sum total. This process has now concluded and whilst we are still awaiting final confirmation, it is widely expected that this is a formality and should not prevent the Trust from approving the plan and beginning what is the biggest annual capital programme the Trust has undertaken in the last 10 years.

2. Capital Funding 2020/21

A new approach to capital funding has been introduced in 2020/21, the central characteristic of which is the creation of a capital envelope for each ICS. The system level spending envelope for each ICS has been calculated nationally and combines internal sources of funding (depreciation and historic cash surpluses) with an element for backlog maintenance and any pre-agreed loan commitments. The output of this is a capital allocation for the Humber Coast and Vale Integrated Care System (HC&V ICS) of circa £61m. In addition to this, Covid-19 capital, Wave 4 STP monies, Diagnostic & Digital capital, and any capital realised through land sales or donations need to be added.

For HC&V this £61m allocation represented roughly 85% of the capital that was requested by the ICS in March 2020 through the national planning process. As such, a process to review and reduce the program by circa £10m has taken place in order to be able to submit a balanced plan to NHSIE.

3. HUTH Capital Programme

The following table sets out at a summary level the anticipated source and applications of capital for 2020/21. This also shows whether the source of funding is the Trust's internally generated funds or items expected to be funded externally. A detailed breakdown of the capital programme can be found at Appendix 1.

	£m	£m	£m
Resources:	Internal	External	Total
Depreciation & ICS Adj	16.0		16.0
SOCI Surplus 18/19	8.5		8.5
SOCI Surplus 19/20	5.0		5.0
Land Sale	3.0		3.0
Donated Assets		0.4	0.4
PDC (unapproved) (Theatres/CHP/Boilers)		4.9	4.9
PDC (approved) HSLI/Changing Places/STP Fees		0.6	0.6
PDC - STP Wave 4 - UEC		10.2	10.2
COVID -19 Capital		2.5	2.5
	32.5	18.6	51.1
Less Required Financing Commitments:			
Loan Repayments	(1.3)		(1.3)
PFI/Finance Lease Liabilities	(3.7)		(3.7)
Subtotal Capital Resources Available	27.5	18.6	46.1
Capital Programme:			
PDC (unapproved) (Theatres/CHP/Boilers)		4.9	4.9
PDC (approved) HSLI/Changing Places/STP Fees		0.6	0.6
PDC - STP Wave 4 - UEC		10.2	10.2
COVID -19 Capital		2.5	2.5
Backlog Maintenance & Compliance	2.6		2.6
IM&T	4.8		4.8
Medical & Scientific Equipment	4.6		4.6
Matched funding (Brocklehurst/Robotic/Digestive Suite)	9.7		9.7
Ward 37 FYE	1.4		1.4
Rehab/C29 reserve	1.0		1.0
Other incl reserve, spend to save & precommitments	3.5	0.4	3.8
Total Capital Programme	27.5	18.6	46.1

3.1 Source of Funds

The capital programme will be predominantly funded through depreciation with some additional schemes funded from charitable donations and pre-notified PDC funding. The sale of surplus land at CHH has contributed £3m towards the capital programme for 2020/21.

The Trust has included within its overall capital allocation an amount of £4.93m which requires emergency capital funding (that is, whilst we have capital cover (CDEL) we do not have the cash and must therefore apply for cash funding in order to spend the money in the way we want).

Finally, the Trust is expecting to receive funding of approximately £2.5m for Covid-19 related items, the biggest of these being £1.6m for the fit-out of Ward 38. A further 3 applications totalling £5.6m have been submitted for approval, which consist of the conversion of ward 36 & assessment areas, oxygen infrastructure, and cancer day unit) but these are not currently reflected in this capital programme as NHSIE Regional Teams are currently working with Government on the next stage of the response to the Covid-19 pandemic (see section 4). It is likely that further capital bids will be submitted against Covid-19.

3.2 Application of Funds

The Trust has a pre-commitment on its depreciation funding as it must first service existing long term debt commitments (a combination of long term loans and PFI contracts). This is expected to cost £5.0m in 2020/21. Note this excludes any impact of the lease transition to IFRS 16 as this has now been delayed until 2021/2022.

It is also worth noting that this program looks to utilise the remainder of the surplus funds generated by the Trust over the past couple of years. Last year the Trust spent £9m of its residual surplus from 2018/19 on the following schemes:

- Energy scheme funding	£2.0m
- IT network infrastructure	£2.0m
- Additional Medical Equipment replacement	£2.7m
- Ward 37 contribution	£1.3m
- Robot equipment shortfall	£0.94m

The plan for the current year adds to this. The most notable elements of this will see the Trust progress a number of capital developments which are part funded with generous support of external benefactors. The twin theatre robotic surgery facility and the cyclotron facility will both be completed in year and we are planning to make significant progress with the Diabetes and Digestive Diseases schemes (the former having just received final planning permission).

£10.5m has been included in the program to reflect the major works that are expected to take place in year following approval of the Final Business Case for the Wave 4 STP capital case for Urgent and Emergency Care at HRI. It is anticipated that this case will be presented to Board in July 2020 with onward submission to NHSIE shortly after.

The capital programme includes £2.5m funding related to Covid-19 pressures, predominantly related to Ward 38 and medical equipment. The Trust has received prior approval for £1.6m and retrospective claims are being made each month as each element of the residual £0.9m is delivered. The process has just been updated and now all capital expenditure relating to Covid-19 requires prior approval before orders are committed. It is anticipated that the ICS will be given a capital allocation relating to the next phase of Covid-19 planning. It is not clear as yet how the prioritisation process at ICS level will work or the timescales involved.

In line with previous years, the decision making process for allocating scarce capital resource across the competing demands of the Trust's digital infrastructure, its medical equipment infrastructure and the burgeoning physical infrastructure (backlog maintenance) is almost impossible. As a starting point, a block allocation of £2m-£3m was provided to each of these priority areas and from there adjustments have been made in arriving at the agreed capital programme for the year.

From a digital perspective, the programme looks to complete the network infrastructure works at HRI, with essential investments into software upgrades (Windows 10) and the Lorenzo e-prescribing system requiring significant investment. The capital programme will also see innovations such as the deployment of the NHS mail system and extensions to our video conferencing capabilities. A programme totalling £4.8m has been produced by the Trust's Digital Board and is funded via this capital programme.

A further £4.6m is earmarked for medical equipment. Within this allocation there is £1.6m for the enabling works associated with 2 MRI scanners and 1 CT scanner that were purchased in 2019/20 via the national diagnostic programme. It is our intention to pursue this allocation again in 2020/21 in order to recover the enabling costs, however due to the inherent risks in this process the costs have been built into the plan. The

remaining elements of the allocation will need to be prioritised by the Trust's Equipment Management Group.

In terms of backlog maintenance, a proposed budget of £7.6m has been set. This includes £2.6m as a baseline against which essential items of backlog will have to be delivered. In addition, £4.9m has been notionally allocated for 3 specific cases:

- i. Replacement of the theatre ventilation plant at HRI
- ii. Replacement of the hot water tanks at HRI
- iii. Installation of a Combined Heat & Power plant (CHP) at CHH

The theatre ventilation works are an essential precursor to a larger multi-year programme to refurbish the operating theatres at HRI and a detailed case describing this programme has been requested from the Estates service. Equally, a business case to support the installation of a CHP at Castle Hill has also been requested. Based on work done previously, it is expected that this case will generate significant carbon improvements and will yield a sizeable revenue gain enabling it to pay back in approximately 2 years.

Due to the Trust's cash limitations, capital applications will have to be made to NHSIE for the cash to deliver on these aspirations. The Trust has, by virtue of the ICS planning process, secured the capital cover (CDEL) required for undertaking this work, it now just needs the actual cash resource to make them happen. There is a degree of risk in this process so early completion of the relevant cases is sought.

Finally, there are a number of smaller allocations such as an annual spend to save budget, a non-medical equipment budget and a larger amount designed to cover any slippage from 2019/20 which make up the balance of the plan.

4. Covid-19 Capital

The NHSE/I Regional Teams are currently working with HM Government on the next stage of the response to the Covid-19 pandemic within the framework of needing to ensure appropriate infection control arrangements and workforce availability etc. The requirement for additional capital resources for the remainder of this year and beyond will be a key feature of these discussions. The message from the centre is that the prioritisation of additional capital to support future Covid-19 preparations will need to be a key feature of the plans being developed by each system/ICS as part of the Phase 3 planning process.

5. Risk

The programme as laid out is an extremely ambitious one with major developments taking place across both sites whilst still wrestling with Covid-19 and the challenges that an ageing estate presents. Each area of the plan will require detailed management and there is a real challenge in terms of overall coordination to ensure that we are able to deliver this without unduly impacting on our ability to deliver clinical services. At this point we are confident that this can be achieved.

Key to the success of this will be receiving timely approvals for those elements that require external approvals. As mentioned previously, it is anticipated that each ICS will be allocated a system budget for Covid-19-related preparations and therefore HUTH will need to work with its partner organisations to prioritise the aggregated set of proposals in accordance with the overall ICS Phase 3 strategy. Whilst this process is being established, it is unlikely that additional capital will be approved for any individual organisation and as such timing of decision-making may become a risk, particularly as some of the works the Trust is planning to do at HRI require space for decanting services, and space will become a premium the longer time is waited as the Trust gets closer to "business as usual" at HRI.

Given the scale of the backlogs relating to equipment replacement (circa £20m+), IT infrastructure, and investment in the estate to achieve condition B (£63m over 3 years), there are always risks associated with breakdown and failure impacting on service provision. This is something that the Trust has been managing for a number of years and will continue to monitor on a monthly basis through the Capital Resource Allocation Committee. This overall risk is articulated in the Trust's Board Assurance Framework due to its impact on the long-term strategic goal of financial sustainability.

6. Conclusion

The principles and risks built in to the capital programme for 2020/21 are set out above. The Trust Board is asked to note the requirement to secure external funding approval for 3 elements of the backlog maintenance programme. In addition, the Trust will also aim to recover funding for the element of enabling works to support the installation of the replacement of 2 MRI and 1 CT scanners.

7. Recommendation

The Trust Board is asked to approve the Capital Programme for 2020/21.

Lee Bond
Chief Financial Officer
10th June 2020

CATEGORY	2020/21 Total £000	2021/22 Total £000	2022/23 Total £000	2023/24 Total £000	2024/25 Total £000
Sources of Funding					
Depreciation & RICS Depreciation	16,000	16,200	16,400	16,600	16,600
Land Sale receipts	3,000				
Charitable Funds (General)	350	100	100	100	100
STP - Urgent & Emergency Care (approved loan £352k)	352				
STP - Urgent & Emergency Care (PDC extra needed £510)	10,187	8,354			
PDC Approved - Changing Places	35				
PDC Approved - HSLI	200				
HRI Tower Block Fees PDC		1,000	1,000	1,000	
Theatre Upgrade PDC	3,000	7,000	4,000		
Network PDC	2,000				
ICS adjustments - from PDC not agreed	-1,675				
Diagnostic Enabling PDC	1,600				
COVID 19 - ICU Bed Expansion & ward 37	1,630				
COVID Other	900				
PSF Bonus 2018/19	130				
SOCI Surplus 19/20	5,000				
Matched Funding from 18/19	8,366	3,000			
Less Capital Loan Repayments Existing Loans (inc Fire)	-1,260	-1,260	-1,260	-1,260	-1,260
Less Capital Element of Finance Lease	-56	-56	-56	-56	-56
Less Capital Element of IFRIC/PFI	-3,648	-4,046	-4,337	-4,546	-4,556
TOTAL	46,111	30,292	15,847	11,838	10,828
Corporate Developments:					
Depreciation Funded RICS (Leave for Rev to Cap)	850	850	850	850	850
SOCI Surplus 1920 Acute bed base	1,350				
SOCI Surplus 1920 Ward 29 and Rehab	1,000				
STP - Urgent & Emergency Care	10,539	8,354	0	0	
HRI Tower Block Fees PDC	0	1,000	1,000	1,000	
Theatre Upgrade Vent Plant PDC	0	7,000	4,000		
Impacs Upgrade Radiology Disc space					
COVID 19 - Capital costs other	900				
COVID 19 - ICU Bed Expansion & ward 37	1,630				
Lung Health Check precommitment	150				
MRI 19/20 pre commitment	200				
Daisy VAT	160				
Matched Funding: Brocklehurst Building	5,369				
Matched Funding: Robotic Suite & Robot	1,186				
Matched Funding: Digestive Suite	2,987	3,000			
Matched Funding: Bone Scanner	150				
	26,471	20,204	5,850	1,850	850
Buildings Maintenance and Compliance:					
Buildings Maintenance and Compliance	2,675	2,500	2,500	2,500	2,500
Vent plant	1,825				
CHP @ CHH	2,100				
HRI water tank and boiler	1,000				
	7,600	2,500	2,500	2,500	2,500
IM&T:					
IT Network Servers/System Replacement	4,800	2,500	2,500	2,500	2,500
HSLI PDC Funding	200				
	5,000	2,500	2,500	2,500	2,500
Medical and Scientific Equipment:					
Planned Equipment Replacements	4,583	2,500	2,500	2,500	2,500
	4,583	2,500	2,500	2,500	2,500
Other Allocations:					
Feasibility Work	50	50	50	50	50
Other/Spend to Save	300	300	300	300	300
Reserves & precommitments from 19/20	1,457	1,838	1,747	1,738	1,728
Non Medical Equipment	300	300	300	300	300
Charitable Funds (General)	350	100	100	100	100
PFI Lifecycle	1,719	2,463	2,703	2,790	2,800
	4,176	5,051	5,200	5,278	5,278
TOTAL	47,830	32,755	18,550	14,628	13,628
Less IFRS Impact of PFI/IFRIC 12 Schemes	-1,719	-2,463	-2,703	-2,790	-2,800
REVISED TOTAL	46,111	30,292	15,847	11,838	10,828
UNDER (-) OR OVER (+) COMMITMENT	0	0	0	0	0