

Hull University Teaching Hospitals NHS Trust

Trust Board Meeting Held In Public

Tuesday 8 December 2020

10.00 am – 12.00 pm

Held via video conference

Appointment details issued by Rebecca Thompson, Corporate Affairs Manager

*Items marked * are for information only and will not be discussed unless agreed with the Chairman at the start of the meeting.*

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 10 November 2020 | attached | Terry Moran - Chair |
| 4 | Matters Arising | | |
| | 4.1 Action Tracker | attached | Rebecca Thompson – Corporate Affairs Manager |
| | 4.2 Any other matters arising | verbal | Terry Moran – Chair |
| 5 | Patient Story | presentation | Makani Purva – Chief Medical Officer |
| 6 | Standing Orders and Governance | | |
| | 6.1 CEO Report and Covid Update | attached/verbal | Chris Long – Chief Executive |
| | 6.2 Board Assurance Framework | attached | Rebecca Thompson – Corporate Affairs Manager |
| 7 | Our Patient Impacts | | |
| | 7.1 Performance Summary | attached | Ellen Ryabov – Interim Chief Operating Officer |
| | 7.2 Quality Governance Summary | attached | Beverley Geary – Chief Nurse |
| | 7.2.1 Minutes and Summary from the Quality Committee | attached | Julie Bolus – Chair of Quality Committee |
| | 7.3 Covid-19 Preparedness and Planning | attached | Ellen Ryabov – Interim Chief Operating Officer |

	7.4 Minutes and Summary from the Ethics Committee	attached	Stuart Hall – Chair of the Committee
8	Our People Impacts		
	8.1 Staff Overview	attached	Simon Nearney – Director of Workforce and OD
9	Our Finance Impacts		
	9.1 Finance Summary	attached	Steve Evans – Deputy Director of Finance
10	Questions from the public relating to today's agenda	verbal	Terry Moran – Chair
11	Chairman's Summary of the Meeting	verbal	Terry Moran – Chair
12	Any Other Business	verbal	Terry Moran – Chair
13	Date and time of the next meeting:		
	Tuesday 12 January 2021		
	10am – 12pm via Webex		

Attendance 2020/21

Name	14/4	12/5	18/6	14/7	8/9	10/11	8/12	12/1	9/3	Total
T Moran	✓	✓	✓	✓	✓	✓				6/6
S Hall	✓	✓	Apols	✓	✓	✓				5/6
T Christmas	✓	✓	✓	✓	✓	✓				6/6
M Veysey	Apols	✓	✓	✓	✓	✓				5/6
T Curry	✓	✓	✓	✓	✓	✓				6/6
U MacLeod	Apols	Apols	✓	✓	Apols	✓				3/6
M Robson	✓	✓	✓	✓	✓	✓				6/6
L Jackson	✓	✓	✓	✓	✓	✓				6/6
C Long	✓	✓	✓	✓	✓	✓				6/6
L Bond	✓	✓	✓	✓	✓	✓				6/6
T Cope	✓	✓	✓	✓	✓	✓				6/6
M Purva	✓	✓	✓	✓	✓	✓				6/6
B Geary	✓	✓	✓	✓	✓	✓				6/6
J Myers	✓	✓	✓	✓	✓	✓				6/6
S Nearney	✓	✓	Apols	✓	✓	✓				5/6
C Ramsay	✓	✓	✓	✓	Apols	-				4/5

Hull University Teaching Hospitals Trust

Minutes of the Trust Board held in public

10 November 2020

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

In Attendance:	Mr S Nearney	Director of Workforce and OD
	Ms J Myers	Director of Strategy and Planning
	Mrs R Thompson	Corporate Affairs Manager (Minutes)

No	Item	Action
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- 1 Apologies and welcome:**
There were no apologies received.

Mr Moran referred to the extraordinary pressures on the trust as it dealt with the second wave of covid-19 infections. He thanked executive colleagues and all staff who were working around the clock to ensure patients were cared for and safe.

2 Declarations of Interest

2.1 Changes to Directors' interests since the last meeting.

Mr Bond advised that he had been appointed as Chief Finance Officer at Northern Lincolnshire and Goole NHS Foundation Trust as well as retaining his role of Chief Financial Officer at HUTH.

2.2 To consider any conflicts of interest arising from this agenda.

There were no conflicts of interest raised.

Mr Moran stated that it was Prof Veysey's last Board meeting and offered sincere thanks for his Non-Executive work and as the Chair of the Quality Committee. Mr Moran advised that a replacement NED had been appointed and would be communicated once the final employment checks had been completed.

Mr Moran also advised that it was Mrs Cope's last Board meeting. He stated that Mrs Cope had been an exceptional Chief Operating Officer and the Trust would miss her very much.

3 Minutes of the previous meeting held 8 September 2020

The minutes were approved as an accurate record of the meeting.

4.1 Action Tracker

Mrs Thompson reported that she had updated the Board Development Framework and would present it at a future meeting following a discussion with the Chair.

4.2 Any other matters arising

Mr Bond asked for clarity around the additional fridges in the mortuary and Ms Myers advised that they had already been installed. Ms Myers agreed to check if there were any implications relating to other building works associated with the mortuary.

5 Standing Orders and Governance

5.1 Trust Board and Committee Governance

Mr Moran presented the report which proposed interim governance arrangements to focus on priority areas for assurance whilst also reducing the burden on senior colleagues to release time to focus on the pandemic. He set out which meetings would remain and which meetings would be stood down over the next 2/3 months. He advised that there had been no guidance received yet from NHS I/E but that a national major incident had been declared as a result of rising Covid-19 infections and previously easements had been identified.

He advised that the Board would be held monthly and would cover the 4 key areas of impact on our patients, our staff, our finances and our Covid-19 planning and preparation.. The new governance arrangements would be reviewed no later than 1st February 2021 or sooner if a Board member requested that. In addition Quality Committee and Audit Committee would continue and NEDs would meet weekly with the Mr Long to be briefed on key issues and progress.

Resolved:

The Board received and agreed to adopt the interim governance arrangements.

5.2 Chief Executive Report

Mr Long presented his report to the Board for information.

He updated the Board regarding the Covid-19 impact and advised that as of that morning there were 140 patients with Covid in the Hospital and 16 patients in intensive care. The Trust had seen a large increase over the last week. He added that there had been 6 deaths the day before.

Mr Long reported that the prevalence figures in the local area had grown significantly and that the original planning figures in place for the second wave had nearly been reached. The Trust was now basing its planning figures on a peak of 450 patients which would seriously impact all other services.

Mr Curry asked about the Nightingale facility and when this would be used. Mr Long advised that it was not in use at the moment and that where possible ICU patients would be cared for in our hospitals. He was not aware of any definite plan to open the Harrogate facility because of the challenges staffing would bring for all neighbouring trusts who were experience high absence rates as a result of sickness and/or isolation requirements.

Mr Hall asked about cessation of activity and wanted assurance that the process of risk stratification would take place. Mr Long assured the Board that the risk protocol would be adopted and the Trust was looking to preserve priority 1 and 2 patient pathways. Risk assessments would be carried out on a patient by patient basis as before.

Prof Veysey asked about the staff impact and Mr Long advised that the Trust had 632 staff off absent and this was being compounded by Track and Trace requirements advising about the need to self-isolate. This figure included Covid, maternity and normal sickness.

Resolved:

The Board received and accepted the update.

5.3 Board Assurance Framework

Mrs Thompson presented the report and advised that she had added the proposed quarter 2 risk ratings. She had also updated the BAF following the Committees held in October 2020. None of the risk ratings had changed from the previous quarter.

Mr Curry asked about BAF 7.3 capital planning and asked if the risk should change due to the high degree of expenditure for the rest of the year. Mr Bond advised that the risk had been lowered due to the plans in place and the Trust's ability to spend the money allocated in this year. He advised that the risk would be managed carefully.

Mr Robson asked if the target risks for the year should be reviewed in light of the current situation and Mr Moran agreed that they should.

Mrs Christmas asked about BAF 2 staffing and advised that the Audit Committee had also discussed issues around staff capacity. Mr Nearney advised that the overall vacancy rate for the Trust was reducing and the long term plan was to reduce vacancies further.

Mr Bond added that the risks on the BAF were long term and any short term, immediate risks would be reviewed on the Corporate Risk Register.

Resolved:

The Board received and approved the quarter 2 ratings.

5.4 Standing Orders

The Standing Orders Report was received by the Board. It included the use of the Trust Seal and an update to the Scheme of Delegation.

Resolved:

The Board received the report, approved the use of the seal and amendment to the Scheme of Delegation.

6 Our Patient Impacts

6.1 Performance Summary

Mrs Cope updated the Board and advised that in September all services had been fully restored and the Theatre timetable was back to business as usual. The Trust did not meet all of the requirements of the Phase 3 planning letter from the Centre.

Mrs Cope reported that since the beginning of October the Trust was coming under increasing pressure due to Covid patient numbers and work had been ongoing to ensure this did not impact on the elective programme. Unfortunately due to the increasing numbers in Covid patients in November, 65 elective cases had been cancelled so far.

ED Performance had deteriorated even though the Trust was seeing lower numbers than other years. Issues were around swabbing patients and the general flow through the hospital. Performance was at 50% for October 2020.

There were 4 specialities that were being reviewed as they accounted for 40% of the high waiting list volumes. These were ENT, Cardiology, Ophthalmology and Plastics. Discussions were ongoing with the CCGs to see if the independent sector could be utilised.

The number of 52 week breaches reported as at the end of September was 5800 which is an increase of 1401 on August's position.

The Diagnostic standard was continuing to improve and the Trust was attempting to protect the pathways throughout the second wave.

From July, 2WW referrals returned to the levels seen pre-covid, however during September and October, the weekly 2WW referrals were higher than the pre-covid baseline levels. The Trust was struggling with capacity at the front end.

Performance against 62 day standard was 71.3% for August, with 37 patients treated outside of the 62 days. The Trust continues to achieve the Faster Diagnostic Standard, achieving 79.6% for August and provisional performance of 76.3% for September.

Mrs Cope added that during the second wave the standards would be impacted significantly.

Mr Hall asked how the Trust could gain help from the wider system (including Primary Care) and how Advice and Guidance requests could be utilised further. Mrs Cope advised that messages were being communicated to patients and medical staff to use alternatives where possible, that Advice and Guidance was being utilised and that virtual clinics were running if possible.

Mrs Cope reported that there had been a strong level of system response in the first wave and help from the front end such as 111 and the Unplanned Treatment Centres were key.

Resolved:

The Board received and accepted the report.

6.2 Quality Governance Summary

Mrs Geary presented the summary and advised that the Trust had reported the highest number of Serious Incidents in the last 18 months, with 11 being declared in September. There had been an increase in Serious Incidents relating to the ED and increases in radiology and test results. She added

that there had also been an increase in the Ophthalmology Service and the Health Group had put a plan into place to address this. The Medical Director had also presented to the Quality Committee in October outlining recovery plans.

Mrs Geary reported that the Trust met with the CQC on a monthly basis and that the Board Assurance Framework relating to Infection Control was still a live document. An infection control gap analysis had been carried out and had provided assurance that patients in the ED were social distancing, staff were following protocols and treatments were safe.

Mrs Geary advised that the action plan from the CQC inspection earlier in the year was being delivered and was monitored at the Quality Committee for assurance purposes.

Prof Veysey added that Mr Vize would be attending the Quality Committee to discuss the ENT service and elective capacity.

Mr Moran asked that future Board meetings included the Quality minutes and summary report.

The Committee discussed staff tiredness contributing to increasing absences and Ms Myers advised that staff were giving more than 100% in most cases and there was a concern over winter pressures.

Mrs Cope spoke about the issues around ENT and Ophthalmology and the capacity constraints. She added that some patients were too frightened to come to the hospital. Work was ongoing to create and protect green services and to encourage patients to only come to the hospital if it was necessary.

Mr Hall congratulated the Trust on there being no Never Events since April and asked if the increased level of Serious Incidents should be reflected in the BAF. Mrs Geary advised that the BAF was reviewed by the Quality Committee and if any themes or trends emerged these would be added. Dr Purva added that the rise in Serious Incidents had Covid related blocks and the Trust was considering declaring these as a cluster. It was agreed that the Quality Committee would review this.

Mr Moran stated that the Quality Committee would not be stepped down and would continue to focus on key issues for assurance in relation to safety and quality.

Resolved:

The board received and accepted the report.

6.2.1 Quality Improvement Programme

Mrs Geary presented the QIP which had been updated. She advised that it is monitored quarterly by the Quality Committee.

Resolved:

The Board received and accepted the report.

6.3 Covid-19 Preparedness and Planning

Ms Myers updated the Board regarding Covid planning and advised that the

Trust had confirmed 140 Covid patients and had 16 patients in intensive care.

Ms Myers advised that the Gold and Silver command structures had been stood back up with daily meetings and situation report detailing staff absence, deaths and patient numbers.

Ms Myers spoke of the Covid response plan and how this was being regularly updated to cope with the increasing second peak. The Trust saw 110 Covid patients in the first peak and was now planning to manage 450 patients in the second peak. She added that there had been an excellent response from clinical leads.

Ms Myers advised that the staff re-deployment plan was in place and capital works were ongoing. Wards 36/37 and 38 were now operational.

Ms Myers reported that the Covid Vaccination Programme Planning had commenced and that Mrs Geary was leading it. She added that HUTH was the hub for the Humber Coast and Vale area and would be in a position to go live by 1st December 2020 should a vaccine be available at that time.

The Theatre Resource Allocation Panel had been stood up and would report to the Ethics Committee.

Mr Hall asked about the oxygen provision and the ability to get supply to wards, the planned testing and current levels. Ms Myers advised that the supplier was based in Hull and the Trust had detailed knowledge of tanks, usage and pressure readings. Oxygen levels were being reported at Gold Command every day for assurance.

Prof Macleod asked how cancer would be managed in the second wave and whether delayed diagnoses would result in excess deaths. Ms Myers advised that clinically urgent and cancer patients would be the last services to be stood down and that work was ongoing with the wider health system to mitigate the risks so that no such risk materialised. Dr Purva assured the Board the Primary and Secondary Care Group was reviewing cancer delays and discussing how Primary care follow ups could take some pressure off the hospitals.

Mrs Cope added that endoscopy would not be stood down in the second wave and would be protected as much as possible. Discussions were ongoing with health partners around how mutual aid was triggered and what this looked like.

Mr Moran asked about PPE and whether there were stock issues. Ms Myers advised that there were no issues and the Trust had significant stocks in place.

Resolved:

The Board received and accepted the report.

7 Our People Impacts

7.1 Staff Overview

Mr Nearney presented the report and advised that there were currently 632 staff out of the Trust which equated to an absence rate of 11.39%. In

normal circumstances the Trust had an absence rate of around 3.69%.

Mr Nearney advised that testing for staff was continuing and messages around social distancing, wearing PPE and not having face to face meetings were being communicated to staff.

The staff vacancy position was healthy at 3.1% and a number of international nurses would be starting with the Trust in October and November 2020. The Trust had a turnover rate of less than 3%.

Mr Nearney reported that the Trust had administered 5000 flu vaccinations which equated to 63%. He added that by the end of November the vast majority of staff would have been vaccinated.

The national Staff Survey had been launched and closed on the 26th November 2020. 32% of staff had completed it so far. The national average was 36% take up rate.

Mr Nearney advised that a number of staff support initiatives were ongoing which included the Occupational Health Team, Organisational Development Team, Psychology Services, Pastoral Services and support groups. Mr Moran added that this resource should not only be regarded as services for staff but also for senior colleagues too.

Mr Long spoke of symptomatic staff testing and how this could result in losing more staff but would reduce the risk to patients. Mrs Jackson added that staff testing negative would be able to return to work.

Resolved:

The Board received and accepted the report.

8 Our Finance Impacts

8.1 Finance Summary

Mr Bond presented the Finance update and advised that at the end of month 6 the Trust was in a break even position. He advised that the excess Covid costs had been offset by the elective downturn and top up funds from the Centre.

Mr Bond reported that the plan was set for the second half of the year and the Trust would have no top up facility or Covid allocation and the assumptions were based on a national R rate of less than 1.

The £6m deficit plan included an accrual for unused annual leave and loss of private patient income. The annual leave accrual meant that doctors would be paid for up to 3 days owing. It was not clear whether funding would be available for this. The £6m deficit plan had been submitted to the Centre.

Mr Bond reported that all system providers had submitted their plans. The ICS was working through the risks and reviewing the £8.9m gap. Mrs Cope added that it was important to get the level of support required for the recovery process and closely work with health partners. Mr Bond advised that there was a big challenge for next year to focus on recovery.

The Board discussed their risk appetite around recruitment and securing

independent sector help to aid recovery and the level of investment required to do this. Mr Moran added that if there was an opportunity to plan for the future now through investment, proposals should be presented to the Board for review and a judgement made in relation to any associated financial risk.

Resolved:

The Board received the report and retrospectively approved the Financial Plan.

9 Items to be approved by the Board

9.1 Ethics Committee Terms of Reference

The Terms of Reference were presented to the Board.

Resolved:

The Terms of Reference were received and approved by the Board.

9.2 Audit Committee Terms of Reference

The Terms of Reference were presented to the Board. There had been no changes made and they had been received at the October 2020 Audit Committee.

Resolved:

The Terms of Reference were received and approved by the Board.

9.3 Quality Accounts

The Quality Accounts were presented in draft to the Board. Mrs Geary advised that the final sign off would need to be before 15 December 2020 when they would be published. Prof Veysey advised that the Quality Committee would receive them on 30th November 2020.

Resolved:

The Board received the draft Quality Accounts and delegated responsibility to the Quality Committee to approve the final version for publication.

9.4 Clinical Negligence Scheme for Trusts – Maternity Services

Mrs Geary presented the report which provided evidence to the Board that cases were being reviewed using the Perinatal Mortality Review Tool. The Board was asked to note and accept the report.

Mr Moran stated that Jan Cairns Head of Midwifery was retiring after 42 years with the NHS and wanted to mark her considerable contribution to public service and specifically the Trust where she had shown great leadership which had impacted positively on patients and was a fantastic achievement. Mr Moran wanted to record his thanks on behalf of the Board for her service to the NHS as a permanent record in the minutes.

Resolved:

The Board received and noted the report.

9.5 Modern Slavery Statement

Mr Nearney presented the statement and advised that it was a legal requirement for the Trust to have it in place. He advised that the Trust was compliant and had processes in place in all areas including procurement, finance and HR. All staff received training through their Safeguarding

mandatory training.

Resolved:

The Board received and approved the statement.

10 Reports for noting by the Board

10.1 Emergency preparedness, resilience and response (EPRR) annual assurance 2020/21

The report was noted and accepted by the Board.

10.2 Freedom to Speak Up Guardian

The report was received and noted by the Board.

11 Questions from the public relating to today's agenda

There were no questions received.

12 Chairman's summary of the meeting

Mr Moran stated that the Trust was under pressure, it was likely that the pressure would increase and how important it was to look after each other and reiterated his thanks for the efforts made by everyone.

13 Any Other Business

Mr Moran advised that the Patient Experience videos would be re-instated at the next Board meeting as they gave context to the discussions.

Mr Moran added that the Staff Golden Heart Awards Ceremony had been cancelled but that the Awards would still be given to staff for their outstanding work and achievements.

14 Date and time of the next meeting:

Tuesday 8 December 2020, 10am – 12pm via Webex

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

Actions arising from Board meetings

Action NO	PAPER	ACTION	LEAD	TARGET DATE	NEW DATE	STATUS/ COMMENT
November 2020						
COMPLETED						
01.09	Board Development Framework	12 month rolling programme to be established	RT	Nov 2020		

Actions referred to other Committees

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

Hull University Teaching Hospitals NHS Trust

Trust Board

8 December 2020

Title:	Chief Executive Report
Responsible Director:	Chief Executive – Chris Long
Author:	Chief Executive – Chris Long

Purpose:	Inform the Board of key news items during the previous month and excellent staff performance.	
BAF Risk:	N/A	
Strategic Goals:	Honest, caring and accountable culture	✓
	Valued, skilled and sufficient staff	
	High quality care	
	Great clinical services	
	Partnership and integrated services	
	Research and Innovation	
	Financial sustainability	
Key Summary of Issues:	Covid-19 November summary, HC&V principles, Exec Friday Forum	

Recommendation:	That the board note significant news items for the Trust and media performance.
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Hull University Teaching Hospitals NHS Trust

Chief Executive's Report

Trust Board 8 December 2020

1. Key messages from November 2020

Covid-19 update

November was our most challenging month of the pandemic to date, and once again I would like to pay tribute to everyone at the Trust for rising to this challenge and ensuring we continue to deliver excellent care to all of our patients. We have not only maintained a lot of our ordinary activity, we've changed the use of several wards, dealt with infection control challenges and managed a high number of admissions through the Emergency Department. Well done to everyone.

November has also been a very sad period for our Trust, marking the point at which we saw our 300th death from Covid-19. Tragically, that figure, at the time of writing was 368. Nothing brings the gravity of this situation more to light than this figure, which we must remember represents 368 families and scores of loved ones who have suffered a devastating loss.

One of those deaths was our own Nicola Diles, who was diagnosed with Covid-19 and died in our Intensive Care Unit at Hull Royal Infirmary on 15.11.2020. Nicola joined the trust on a permanent basis in 2016 and worked as an admin assistant supporting the dietetic team based at Castle Hill Hospital. Prior to that she worked in a variety of agency administration roles across the trust. We know she was a highly valued member of the team and we are very grateful for her years of service to the people of Hull and East Yorkshire.

I would also like to acknowledge the passing of a former Trust employee, Dr John Gosnold, who was an A&E consultant at Hull Royal Infirmary from 1975-2001. Dr Gosnold also died with Covid-19 in our hospitals during November. Many staff will remember him as an inspirational and larger than life character and he was a stalwart of the Hull Medical Golfing Society.

I would like to send my sincere condolences to both Nicola and John's families and to everyone who has suffered the loss of a loved one. They will never be forgotten.

Rescheduled activity

Despite our very best efforts we did have to reschedule some patient appointments and operations last month. This is a decision which is never taken lightly and one which was entirely due to the large increase in patients with Covid-19 being admitted to our hospitals.

We know this will impact on patients and we are really sorry that we are having to do this. We apologise to every person affected by this decision and assure them that we will seek to resume all of our services as soon as possible.

Thank you for bearing with us through these difficult times, the toughest any of us have ever experienced in the NHS.

Flu vaccinations

Once again our flu vaccination team has excelled themselves, with the best response and uptake rate in the North of England. We have, at the time of writing, vaccinated 82% of staff involved in direct patient care which is a phenomenal achievement. Congratulations and thanks to our Occupational Health team who leads this effort as well as everyone else who supported them to achieve this.

Message from the Humber, Coast and Vale Health and Care Partnership

The Clinical and Professional Group for the Humber, Coast and Vale Health and Care Partnership meets weekly to provide a forum for key clinical and professional leaders to shape system-wide priorities. Following their meeting on Friday 13th November, the group issued a message from Clinical Lead Dr Nigel Wells to all clinical and professional colleagues working within the Humber, Coast and Vale system.

The message included a set of principles, actions and impacts to guide clinicians through our response as a system to Covid. You can [read these in full here](#).

Executive Friday Forum

The revamped and virtual Team Brief has enabled many more staff to attend our, now, weekly sessions with the Executive team. All staff are invited to dial in to the sessions to hear updates from the Exec team, and post questions to us via the chat function.

Although we were forced to cancel last week due to networking issues we saw over 240 staff log in at the end of October and a further 120 at the subsequent session; far more than were able to attend at our 'in person' lecture theatre events. I'm also pleased that many of our medical and dental workforce are now able to join us and I'd like to thank everyone for taking the time to engage with the sessions.

3. Media activity

The media interest in all things Covid-19 continues unabated.

Key highlights from November include the press conference we hosted, attended by the main local broadcasters and printed publications, to outline our plans for the second wave. Then Chief Operating Officer Teresa Cope, Chief Medical Officer Dr Makani Purva and Professor Russell Patmore used the event to reassure the public, underline the need for the public to adhere to Government restrictions under the Tier system and apologise for those affected by the cancellation of some elective services.

BBC Look North filmed a live broadcast from outside Hull Royal Infirmary after filming in our ICU to support the local authority's public health messages as Hull was revealed as having the highest infection rate in the country. The feedback from staff and the public for this report was extremely positive.

We launched Dr Robert Goddard's Touched by Covid campaign to allow staff a further opportunity to share their experience of working through a pandemic and marked the retirement of our Head of Midwifery Janet Cairns.

Social media continues to be a major engagement tool for us and we secured a 599,059 "reach" with our posts across our five Facebook pages.

We have used our Facebook and Twitter pages to communicate key changes, such as restrictions to visiting during the second national lockdown, as well as the use of traditional press releases shared with the media. We have supported our partners to help reduce the city's infection rate by sharing and supplementing public health messages. We have also used the Facebook pages to underline our zero tolerance approach to abuse of our staff, following an increase in the problem. One single post on the Hull Royal page was shared more than 700 times, reaching 80,000 people.

Reach for Facebook pages in November:

Hull Royal Infirmary: 193,115

Hull Jobs: 19,566

Women and Children's Hospital: 123,529

Castle Hill Hospital: 167,887

Hull University Teaching Hospitals: 94,962

Twitter

Followers 8,555 (increase of 242)

Impressions doubled on the previous month to 461,000

Press releases

Seven press releases were issued to the media

'National Elf Service' seeks to help sick children and older people this Christmas

<https://www.hey.nhs.uk/news/2020/11/25/national-elf-service-seeks-to-help-sick-children-and-older-people-this-christmas/>

Hull Hospitals reach 300 COVID-19 deaths milestone

<https://www.hey.nhs.uk/news/2020/11/19/hull-hospitals-reach-300-covid-19-deaths-milestone/>

Statement from Chief Executive Chris Long regarding the third death of a member of staff

<https://www.hey.nhs.uk/news/2020/11/16/statement-from-chief-executive-chris-long-regarding-the-third-death-of-a-member-of-staff/>

Hospital visiting stopped at HRI and Castle Hill

<https://www.hey.nhs.uk/news/2020/11/13/hospital-visiting-stopped-at-hri-and-castle-hill/>

Some routine surgery and outpatients appointments to be rescheduled

<https://www.hey.nhs.uk/news/2020/11/12/some-routine-surgery-and-outpatients-appointments-postponed/>

Keeping women and their babies safe during Covid-19

<https://www.hey.nhs.uk/news/2020/11/05/how-we-keeping-women-and-their-babies-safe-during-covid-19/>

Head of Midwifery retired after 42 years

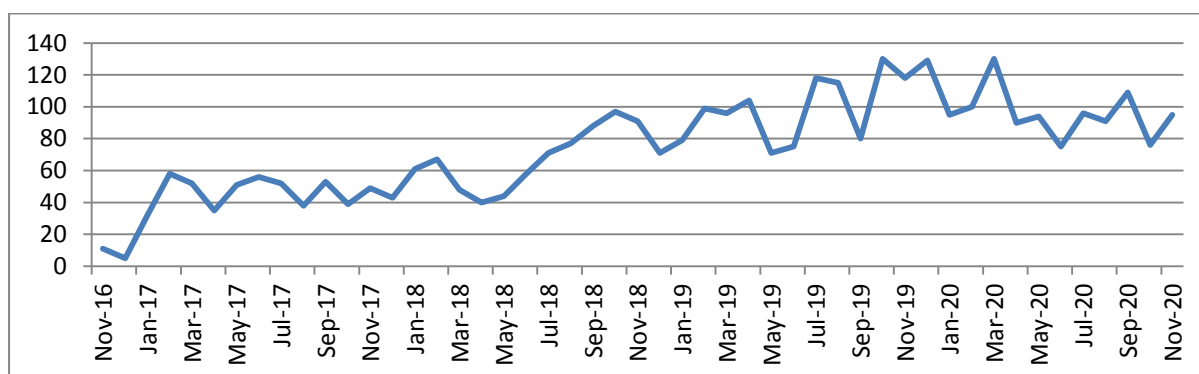
<https://www.hey.nhs.uk/news/2020/11/03/our-head-of-midwifery-retires-after-42-years-of-dedication-to-the-nhs/>

3. Moments of Magic

Moments of Magic nominations enable staff and patients to post examples of great care and compassion as well as the efforts of individuals and teams which go above and beyond the call of duty. They illustrate our values at work and remind us that our workforce is made up from thousands of Remarkable People.

[Please visit the intranet to read the most recent nominations.](#)

Number of Moments of Magic submitted by month Nov 2016 - Nov 2020:



Hull University Teaching Hospitals NHS Trust

Trust Board

Tuesday 8 December 2020

Title:	Board Assurance Framework 2020-21
Responsible Director:	
Author:	Rebecca Thompson – Corporate Affairs Manager

Purpose:	The purpose of this report is to present the Board Assurance Framework to the Trust Board for review and to discuss any gaps in assurance or positive assurance that may have an impact on the current risk ratings.	
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 determines the key risks against the achievement of the Trust's strategic objectives.</p> <p>The Board Assurance Framework for 2020-21 is set in the context of the Covid-19 pandemic; in strategy terms, the way that the pandemic has affected business as usual will affect the progress that the Trust will be able to make towards its strategic objectives this year but this will not be the totality of what affects the Trust's ability to make progress on its strategic objectives.</p> <p>The Trust Board approved the Board Assurance Framework at its meeting in July 2020.</p>	

Recommendation:	<p>The Board is asked to review the BAF, to be aware of the assurance and control needs identified, to inform current and future discussions of these areas for this financial year.</p> <p>The Board is also asked to review the year-end target risk ratings taking into account the impact of Covid-19.</p>
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Hull University Teaching Hospitals NHS Trust

Board Assurance Framework

1. Purpose of this report

The purpose of this report is to present the Board Assurance Framework to the Board for review and to discuss any gaps in assurance or positive assurance that may impact the current risk ratings.

2. Background

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

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

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

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

3. Quarter 2 Board Assurance Framework

As part of the process for signing off the first quarter Board Assurance Framework, each of the strategic objectives have been considered in a number of Trust forums. The Q1 risk ratings were approved by the Board at the September 2020 Board meeting. The Q2 risk ratings approved by the Board are highlighted below and in the BAF itself.

The following section provided a summary of the discussions and sources of assurance relating to each strategic objective.

BAF 1 Honest Caring and Accountable Culture

Principal Risk: There is a risk the Trust does not make progress towards further improving a positive working culture this year. The BAME network is now established with events in the diary. There are capacity issues due to staff absences which were increasing due to Covid-19.

Risk rating at the start of the year = 12

Q1 risk rating = 12

Q2 risk rating = 12

Year-end target risk rating = 4

BAF 2 Valued, Skilled and Sufficient Staff

Principal Risk: The Trust does not effectively manage its risks around staffing levels, both quantitative and quality of staff, across the Trust

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

There are risks around staff availability and staff absence due to Covid-19.

The Staff Psychosocial Support service which is a partnership of our Psychological Services, Pastoral and Spiritual Care, Occupational Health and Organisational Development teams continue to support staff at whatever level of intervention is required.

Overall vacancies were reducing and the long term plan was in place to reduce them further.

Risk rating at the start of the year = 12

Q1 risk rating = 12

Q2 risk rating = 12

Year end target risk rating = 4

BAF 3 High Quality Care

Principal Risk: There is a risk that the Trust is not able to make progress in continuously improving the quality of patient care and reach its long-term aim of an 'outstanding' rating

The Quality Committee had received a deep dive into Ophthalmology and had received assurance that plans were in place to address the backlog. Risk protocols were in place to ensure priority 1 and 2 patients were seen.

Other key areas with high volume backlogs would be scrutinised by the Quality Committee.

There had been no Never Events declared since April 2020. There had been a number of Serious Incidents linked to Covid-19 and the Trust was deciding whether to declare these as a cluster rather than individual incidents.

Risk rating at the start of the year = 16

Q1 risk rating = 16

Q2 risk rating = 16

Year-end target risk rating = 8

BAF 4 Great Clinical Services

Principal Risk: There is a risk to access to Trust services due to the impact of Covid-19

1- There has been a deterioration in the Trust's performance on a number of key standards as a result of the organisation responding to Covid-19

2- There is a level of uncertainty regarding the scale and pace of recovery that is possible and the impact of national guidance

3- Planning guidance being released in stages across the year

Due to the rise in Covid-19 cases a number of elective cases had been cancelled. The Trust was trying to minimise the impact of Covid on the elective programme.

ED performance had deteriorated due to swabbing patients and general flow through the hospital.

ENT, Cardiology, Ophthalmology and Plastics specialities were being reviewed as they had the largest waiting lists and backlogs.

Cancer performance and 52 week waits would be impacted by the second wave of Covid-19.

Risk rating at the start of the year = 20

Q1 risk rating = 20

Q2 risk rating = 20

Year-end target risk rating = 8

BAF 5 Partnership and Integrated Services

Principal Risk: That the Humber, Coast and Vale Health and Care Integrated Care System is not able to collectively make progress on developing and delivering integration due to Covid-19 recovery; momentum on work previously in progress could be lost

The Trust is working closely with local partners to identify joint working arrangements. HUTH/NLAG are reviewing service models to improve services across the Humber region. There are further developments regarding Frailty pathways, Community Paediatrics and the Outpatient Transformation programme.

HUTH is the Covid vaccination hub for the Humber Coast and Vale area and would be in a position to go live by 1st December 2020.

Risk rating at the start of the year = 9

Q1 risk rating = 9

Q2 risk rating = 9

Year-end target risk rating = 3

BAF 6 Research and Innovation

Principal Risk: There is a risk that the Trust does not develop make progress in developing its research capability, capacity and partnerships

An update was received at the September Quality Committee. The Trust is taking part in the Covid vaccination trail with 1200 participants included so far.

The Trust was working closely with the Humber Coast and Vale to identify mutual benefits across the system.

Concern was raised regarding the reduced research time that Junior Doctors and Research Fellows had due to the pandemic and clinical responsibilities.

Risk rating at the start of the year = 12

Q1 risk rating = 12

Q2 risk rating = 12

Year-end target risk rating = 6

BAF 7.1 Financial Sustainability

Principal Risk: There is a risk that the Trust does not achieve its financial plan for 2020-21

The financial planning guidance had been received for month 7 onwards. The Trust had maintained its break even position in month.

The financial plan was set for the second half of the year and the Trust would have no top up facility or Covid allocation as long as the national R rate was less than 1.

All members of the ICS had submitted their plans and were working through the risks and reviewing the £8.9m gap.

Risk rating at the start of the year = 12

Q1 risk rating = 12

Q2 risk rating = 12

Year-end risk rating = 8

BAF 7.2 Underlying Financial Position

Principal Risk: There is a risk that the Trust does not plan or make progress against addressing its underlying financial position over the next 3 years, including this year (year 2)

NHS Finance details future performance being measured at a system (ICS) Level. As this is an evolving picture it is unclear how this will impact on the Trust's underlying position.

Risk rating at start of the year = 16

Q1 risk rating = 16

Q2 risk rating = 16

Year-end risk rating = 4

BAF 7.3 Capital Planning

Principal Risk: There is a risk of failure of critical infrastructure (buildings, IT, equipment) that threatens service resilience and/or viability

The Trust Board discussed the risk relating to capital planning and asked if the risk should change due to the high degree of expenditure for the rest of the year. However the risk had been lowered due to the robust plans in place and the Trusts ability to spend the money allocated in this year. The risk would be managed carefully.

Risk rating at start of the year = 12

Q1 risk rating = 9

Q2 risk rating = 9

Year-end risk rating = 8

3.2 Corporate Risk Register

An element included in the BAF is the corporate risk register. The updated Corporate Risk Register is reviewed monthly by the Executive Management Committee at operational level. There are currently 16 risks on the corporate risk register.

BAF 1 staff culture = 0 corporate risks

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

BAF 3 quality of care = 2 corporate risks

BAF 4 performance = 2 corporate risks

BAF 5 partnership working = 0 corporate risks

BAF 6 research and innovation = 0 corporate risks

BAF 7.1 financial plan = 1 corporate risk (pension risk shared with BAF 2)

BAF 7.2 financial sustainability = 0 corporate risks

BAF 7.3 capital funding and infrastructure = 0 corporate risks

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

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

The corporate risk register contains one over-arching corporate risk about the Covid-19 pandemic, which was originally detailed in to 8 operational, Trust-wide risks underneath this. This is being regularly reviewed by the Covid-19 Command structure, and two risks recently closed and the risk ratings revised for a number of these underpinning risks. The Covid-19 corporate risk does not map to one singular BAF area and is an over-arching risk management situation for the whole Trust.

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

4. Recommendation

The Trust Board is asked to review the BAF, to be aware of the assurance and control needs identified, to inform current and future discussions of these areas for this financial year.

The Board is also asked to review the year-end target risk ratings taking into account the impact of Covid-19.

Rebecca Thompson

Corporate Affairs Manager

December 2020

<p>PEOPLE <i>Honest, caring and accountable culture</i> <i>Valued, skilled and sufficient staff</i> <i>Research and innovation</i></p> <p>Strategic risks: Staff do not come on the journey of improvement – measured in staff engagement and staff FFT scores</p> <p>Work on medical engagement and leadership fails to increase staff engagement and satisfaction</p> <p>Lack of affordable five-year plan for ‘sufficient’ and ‘skilled’ staff</p> <p>Trust does not capitalise on opportunities brought by the name change and growing partnership with the University, missing opportunities for staff and patients</p>	<p>FINANCE <i>Financial sustainability</i></p> <p>Strategic risks: Failure to deliver annual financial plan and associated increase in regulatory attention</p> <p>That the Trust is not able to formulate and implement a three-year financial recovery plan to leads to financial sustainability, and that this failure impacts negatively on patient care</p>
<p>INFRASTRUCTURE <i>High quality care</i> <i>Financial sustainability</i></p> <p>Strategic risks: Growing risk of failure of critical infrastructure (buildings, IT, equipment) that threatens service resilience and/or viability</p> <p>Lack of sufficient capital and revenue funds for investment to match growth, wear and tear, to support service reconfiguration, to replace equipment</p> <p>Linked to three-year financial recovery plan – risk that capital requirements cannot be met and pose an increased risk to financial recovery</p>	<p>PATIENTS <i>High quality care</i> <i>Great clinical services</i></p> <p>Strategic risks: Failure to continuously improve quality Failure to embed a safety culture Failure to address waiting time standards and deliver required trajectories – increased risk of patient harm and poorer patient and staff experience</p>
<p>PARTNERS <i>Partnership and integrated services</i></p> <p>Strategic risks: Risks posed by changes in population base for services Lack of pace in acute service/pathway reviews and agreement on partnership working Risk of lack of credible and effective STP plans to improve services in the local area within the resources available, and a lack of influence by the Trust in these plans STP rated in lowest quartile by regulator in initial ratings</p>	

BOARD ASSURANCE FRAMEWORK 2020-21 – Version updated 21 September 2020 following the September Board meeting

GOAL 1 – HONEST, CARING AND ACCOUNTABLE CULTURE

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2020/21 risk ratings				Target risk rating (Imp x likelihood)	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (mitigate gaps in controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
1	Chief Executive	<p>From the Trust's strategy: <i>One of our key priorities is the creation of a positive working culture, because we know that investing in our staff's development, and supporting and caring for them, will enable them to deliver great care; with commitment, compassion and courage.</i></p> <p><i>Principal Risk:</i> There is a risk the Trust does not make progress towards further improving a positive working culture this year</p> <p><i>What could prevent the Trust from achieving this goal?</i></p> <p>Risk that Covid-19 impacts on staff morale, or staff energy to be on a journey of improvement when working in the reality of a pandemic, +/- working in different teams or settings through redeployment</p> <p>Failure to act on</p>	None	4 (impact major) x 3 likelihood possible = 12	<p>Establishment of the Workforce, Education and Culture Committee to provide Board-level oversight and accountability for key elements of the People Strategy</p> <p>Refreshed People Strategy focusses on: leadership capacity and capability, empowering staff to lead improvement, equality, diversity and inclusion, employee engagement, communication and recognition</p> <p>Workforce Transformation Committee oversees delivery of the People Strategy, including staff engagement and cultural development; Workforce, Education and Culture Committee set up to seek assurance on progress being made</p> <p>Engagement of Unions via JNCC and LNC on staff survey and associated action plan</p> <p>Board Development Plan will include development of unitary board and leaders by example</p> <p>Leadership Development Programme commenced April 2017 to develop managers to</p>	<p>Action to address identified areas of poor behaviours, as determined by consistently low staff engagements scores in some areas – to be tasked to WECC and Workforce Transformation Committee for service plans to be agreed by close Q2</p> <p>Consideration of a plan specifically for medical engagement – suggest timescale of end Q2</p> <p>Need to undertake workforce engagement and transformation as part of Humber Acute Services Review – timescales per HASR progress</p>	12	12			4 major x 1 rare = 4	<p>Positive assurance Covid-19 has led to daily/regular communications and updates to all staff – level of staff communication has increased positively and can take lessons from this when returning more to business as usual</p> <p>Detailed papers to Trust Board on staffing picture including additional psychological support, access to additional support, risk assessments and support to BAME Leadership Network</p> <p>At the WEC Committee in August the 2020 Staff Survey results showed that the Trust is above average in the following themes: equality, diversity and inclusion, morale, safe environment – bullying & harassment, violence and safety culture.</p> <p>Further assurance required Timing and ability to be able to return to specific work on staff engagement, leadership development and other activities that have been impacted by Covid-19 and whether Q2 is a realistic timescale for this</p> <p>Understanding impact on staff morale, impact of staff moves and redeployment on training and development and bringing organisation on journey of improvement during a sustained period of managing Covid-19</p> <p>Understanding of impact on staff morale and engagement if/when central financial support for Covid-19 staff support is ended</p>

		<p>new issues and themes from the quarterly staff barometer survey would risk achievement</p> <p>Risk that some staff continue not to engage</p> <p>Risk that some staff do not acknowledge their role in valuing their colleagues</p>		<p>become leaders able to engage, develop and inspire staff – continued in 2019 with additional cohorts; 2020 virtual programme being developed, using learning from previous programmes</p> <p>Trust acknowledged by commissioners and regulator to be open and honest regarding patient safety and staffing numbers</p> <p>Regular reports to the Trust Board on the People Strategy</p> <p>Significant staff support put in place for Covid-19 including 24/7 psychological first aid support</p> <p>Daily/regular messages to staff on Covid-19 activity, Trust Surge plan, PPE, staff support, staff testing</p> <p>Board-level leadership in HASR and maintaining momentum on progress</p> <p>Covid-19 reflection piece – gain insights from staff on successes that should be maintained following Covid-19 surge activity</p>					
<p><u>Risk Appetite</u></p> <p>The Trust has been managing and mitigating the level of risk posed by staff culture since 2014, and has been on a journey of improvement on staff engagement. There needs to be a renewed focus on staff culture to bring about a new level of improvement. The appetite for risk is high, insofar as the Trust has worked in a high-risk environment regarding staff culture, which has been mitigated over time as a result of acknowledging the poor staff culture in 2014 and putting a robust plan in place to engage with staff ever since. The Trust wants to mitigate this to a lower-level risk in respect of the impact that poor engagement and poor behaviours have; the Trust is not prepared to take risks with staff culture where this jeopardises patient care or staff welfare. Additional communications and staff welfare have been brought in during Covid-19, from which positive lessons can be taken, linked to this level of risk appetite – resolutions have been put in place quickly before risks in staff numbers or engagement occurred with Covid-19.</p>									

GOAL 2 – VALUED, SKILLED AND SUFFICIENT STAFF

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2020/21 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (gaps in controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 2	Director of Workforce and Organisational Development Support from Chief Medical Officer and Chief Nurse	From the Trust's Strategy: <i>We will become the employer of choice locally and in the NHS regionally, with staff choosing to start and continue their careers with us. We will also increasingly attract staff to our posts from across the UK and wider world.</i> <i>Principal risk:</i> The Trust does not effectively manage its risks around staffing levels, both quantitative and quality of staff, across the Trust Lack of affordable five-year plan for 'sufficient' and 'skilled' staff to meet demand <i>What could prevent the Trust from achieving this goal?</i> National and international shortages Impact of Brexit on availability of EU workers Costs of supporting overseas recruitment Impact on staff health and	F&WHG: anaesthetic cover for under-two's out of hours SHG: registered nurse vacancies Medicine HG: Risk that patient experience is compromised due to an inability to recruit and retain sufficient nursing staff across the HG F&WHG – inability to access dietetic review of paediatric patients – staffing Medicine HG: multiple junior doctor vacancies F&WHG: Shortage of Breast pathologists F&WHG: Delays in Ophthalmology follow-up service due to capacity F&WHG	4 (impact major) 3 (likelihood possible) = 12	Refreshed People Strategy articulates changing workforce requirements Workforce Transformation Committee and WECC assurance – staying ahead to meet changing workforce requirements, international recruitment and the introduction of new roles (such as Nurse Associate, qualified ACP posts etc) Remarkable People, Extraordinary Place campaign – targeted recruitment to specific staff groups/roles Review of international recruitment needs for 2020-21 Golden Hearts – annual awards and monthly Moments of Magic – valued staff Health Group Workforce Plans in place and held to account at monthly performance management meetings on progress to attract and recruit suitable staff and reduce agency spend Improvement in environment and training to junior doctors so that the Trust is a destination of	Need to build in <i>Developing Workforce Safeguards</i> for visibility at Trust Board on safe staffing across the Trust and staffing metrics – to be completed by close Q2 Understand impact of Covid-19 on education and training, future timelines for trainees, as well as building up organisational capacity for education, training and supervision – undertake assessment through WECC by end Q3	12	12			4 x1 = 4	Positive assurance Recruitment was in a positive position prior to Covid-19; Covid-19 brought in ability to recruit retired staff and qualifying students quickly Staffing levels subject to daily review during pandemic; risk assessments and support put in place for all staff, staff supported by testing, working from home and ability to shield without affecting pay There are plans to restart virtually the 'Great Leaders' Be Remarkable and Bitesize programmes in October 2020 Introduction of 'virtual classrooms' to ensure medical education can continue during the pressurised Winter months A number of staff support services have been established to help staff through the second wave. These include Psychological, pastoral and occupational health services. Overall vacancies are reducing in line with the long term plan. Further assurance required Absence remains 1% above 5 year average due to staff needing to self isolate and have tests due to Covid 19 like symptoms. Board Development Session to review: <ul style="list-style-type: none"> staff availability and staff absence should there be a second wave of Covid-19 Staff morale following environment changes due to the updated Capital plan

GOAL 3 – HIGH, QUALITY CARE

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2020/21 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (gaps in controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 3	Chief Medical Officer Chief Nurse	<p>Taken from the Trust's strategy: <i>The Trust has a well embedded approach to monitoring and improving the fundamental standards of nursing and midwifery care in its inpatient and outpatient areas</i></p> <p><i>Principal risk:</i> There is a risk that the Trust is not able to make progress in continuously improving the quality of patient care and reach its long-term aim of an 'outstanding' rating</p> <p><i>What could prevent the Trust from achieving this goal?</i></p> <p>That the Trust does not develop its patient safety culture</p> <p>That Quality Improvement Plan is not designed around moving to good and outstanding</p> <p>That the Trust is too insular to know what outstanding looks like</p> <p>That the Trust</p>	<p>F&WHG – The Breast service reliant on one Pathologist due to long term sickness.</p> <p>Corporate: Time being taken to embed new clinical admin hubs</p>	<p>4 (impact = major)</p> <p>4 – likely = 16</p>	<p>New Quality Improvement Plan (QIP) being put in place for 2020-21, focussing on key quality priorities, using project management methodology to set realistic goals to improve. The QIP will run throughout the financial year and monthly updates will be provided to the Quality Committee for confirm and challenge.</p> <p>New CQC action plan being put in place following publication of the partial inspection in June 2020; this will pick up on all 'should do' areas from the CQC, with each HG tasked with setting an action plan to address key points in their own areas</p> <p>Midwifery services have a robust plan to achieve the ambition in Better Births this is overseen at organisational and LMS level</p> <p>The Trust has put in place all requirements to date on Learning from Deaths framework over the last 3 years</p> <p>The Trust regularly monitors quality and safety data to understand quality of care and where further</p>	<p>Need to complete gap analysis against the national Patient Safety Strategy and implement a trust-wide action plan – by end Q2</p> <p>Need to complete an updated Patient and Public Engagement plan and governance structure by end Q2</p> <p>Need to assess impact on patient safety and clinical harm due to Covid-19 service delivery and service changes – by end Q1</p> <p>Need to look at Board-level reporting on patient outcomes – by end Q3</p>	16	16			4 x 2 = 8	<p>Positive assurance</p> <p>Covid-19 has required temporarily cessation to some activities such as routine meetings; there is an opportunity to refresh the governance structure around patient safety and high quality care to continue in a lean, patient-focussed way</p> <p>Monthly update to the Trust Board on quality of care, monitored for Covid-19 as well as usual service delivery – no escalating risks on quality of care to report</p> <p>The Trust has undertaken a self-assessment against the NHSE Infection, Prevention and Control Board Assurance Framework. The CQC have reviewed the intelligence and have confirmed that the Trust has effective infection prevention and control measures in place in response to COVID and that the Trust continues to ensure that the health needs of patients and staff are met.</p> <p>2 Never Events declared in April 2020 (relating to Robinson drains) had been downgraded and were now being investigated as serious incidents.</p> <p>No Never Events declared since April 2020.</p> <p>Further assurance required</p> <p>Outcome of risk assessments/quality impact assessments on changes to patient pathways and delays to patient care in case these flag risks to patient harm</p> <p>The Trust has seen a slight increase in falls overall. In July 2020, agreement was made to re-focus the purpose of the Falls Prevention Committee. Focus Groups are to be introduced; primarily these will be set up in Elderly Medicine, and Oncology, where the highest numbers of falls are reported. The Elderly Medicine Group will focus on the link between falls and patients with Dementia or Delirium.</p> <p>Review of Ophthalmology eye injection service at the next Quality Committee – Backlog issues.</p> <p>A cluster of Serious Incidents relating to Covid-19 had been declared. The Trust was deciding whether to declare these as a cluster or individually.</p>

[illegible]

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

GOAL 4 – GREAT CLINICAL SERVICES

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2020/21 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (gaps in controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 4	Chief Operating Officer	<p>Taken from the Trust's strategy: <i>The Trust is the only local provider of secondary emergency and elective healthcare services for a population of 600,000. These people rely on us to provide timely, accessible, appropriate care and look after them and their families at times of great vulnerability and stress.</i></p> <p><i>Principal risk:</i> There is a risk to access to Trust services due to the impact of Covid-19 1- There has been a deterioration in the Trust's performance on a number of key standards as a result of the organisation responding to Covid-19</p>	<p>F&WHG – Ophthalmology experiencing significant delays in meeting outpatient appointments</p> <p>F&WHG – Capacity for vitreal injections is limited.</p>	<p>4 (impact = major)</p> <p>5 (likelihood = almost certain)</p> <p>= 20</p>	<p>Quality Impact Assessments being undertaken on changes in service delivery due to Covid-19</p> <p>Assessment per HG and service for Covid-19 recovery plans</p> <p>Clinical harm reviews process updated; service recovery plans require clinical review and prioritisation of all current patients on an open pathway; this includes reviews of harm if triggered</p> <p>Partnership working during Covid-19 and revised national guidance and emergency legislation reduced significantly Delayed Transfers of Care and hospital patients waiting packages of care</p> <p>Clinical triage of all new referrals to ensure patients/GPs receive advice and guidance</p>		20	20			4 x 2 = 8	<p>Positive assurance</p> <p>New ways of service delivery adopted due to Covid-19, resulting in more efficient ways of working and ability to step activity back up in different ways, such as clinical triage of all new referrals, increased availability of advice and guidance, telephone consultations – ability to maintain these more efficient ways of working. This includes work with partners on hospital discharge processes and use of Urgent Care Centres as alternatives to ED</p> <p>Detailed briefing shared with Trust Board Development in July 2020 – Board fully sighted on waiting list position, recovery position, national requirements (as currently published) and the partnership working underway for service restoration</p> <p>COO and CMO meeting monthly with the Medical Directors to discuss ED performance and clinical engagement</p> <p>The Adopt and Adapt work for diagnostics is being progressed with the COO at HUTH being the SRO lead across HCV</p> <p>The triaging of the referrals in the RAS is working well for services.</p> <p>Positive engagement from all services to maintain and increase different ways of working across outpatient services</p> <p>Primary Care Collaborative Group had been established to review non-Covid harm</p>

		<p>2- There is a level of uncertainty regarding the scale and pace of recovery that is possible and the impact of national guidance</p> <p>3- Planning guidance being released in stages across the year</p> <p>What could prevent the Trust from achieving this goal?</p> <p>ED performance did improve following a period of intensive support and improvement focus but performance requires a Recovery and Improvement Plan to meet contractual requirements</p> <p>In all waiting time areas, diagnostic capacity is a specific limiting factor of being able to reduce waiting times, reduce backlogs and maintain sustainable list sizes; this is compounded by staffing and capital issues</p> <p>Ability to step back up activity following Covid-19 surge has rate-limiting factors on PPE and critical care capacity, as well as staff availability and patient availability</p>			<p>and diagnostics where available whilst awaiting first appointment</p> <p>Impacts on waiting lists due to Covid-19 measured and published weekly</p> <p>Capacity and demand work in all pathways</p> <p>Plan to review medical base ward capacity to meet demand</p> <p>Restoration command structure in place</p>						<p>Further assurance required</p> <p>Results of Quality Impact Assessments and service plans to determine impact on waiting lists; realistic recovery times may be protracted and adding to already large waiting list</p> <p>Further work required on ED performance as patient numbers start to rise again – new weekly meeting in place between Health Group Medical Directors</p> <p>Following receipt of the Phase 3 planning letter there are risks around the performance expectations set out.</p> <p>Diagnostic performance is improving in July 2020, but there are still issues around endoscopy.</p> <p>Operating plan not meeting the national ask.</p> <p>Waiting list forecast March 2021 – 66000 52 week wait forecast March 2021 – 16500</p> <p>ENT, Cardiology, Ophthalmology and Plastics were being reviewed due to them accounting for 40% of the backlog/waiting list issues.</p> <p>Cancer and 52 week performance is being impacted by the second wave of Covid-19.</p>
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Risk Appetite

A range of plans were put in place to further manage these issues in to 2019-20. The Trust wants to decrease waiting times as the particular concern in this is the anxiety and concern caused to patients having to wait. This concern has increased significantly in light of actions required during the Covid-19 first surge. Whilst there is an opportunity to use technology to a greater extent and make pathways more efficient, the Trust will need to consider how to make improvements in waiting times without compromising quality of care; this will need to fit in to the resource envelope when the financial plan for the year is confirmed. There is an appetite to take risks if this would improve quality of care and use resources more efficiently; this will require innovation as well as consideration of pathway change, some of which may need to be bigger schemes. This will require risk-sharing across system partners, which is yet to strongly emerge in practice.

GOAL 5 – PARTNERSHIP AND INTEGRATED SERVICES

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2020/21 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (gaps in controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 5	Director of Strategy and Planning	<p>Taken from the Trust strategy: <i>In our strategy we have made a powerful commitment to work in a collaborative and proactive way, at all levels, to foster positive relationships with our partners and more closely integrate our services with other providers in primary, community and mental health and social care</i></p> <p><i>Principal risk:</i> That the Humber, Coast and Vale Health and Care Integrated Care System is not able to collectively make progress on developing and delivering integration due to Covid-19 recovery; momentum on work previously in progress could be lost</p> <p><i>What could prevent the Trust from achieving this goal?</i></p>	None	<p>3 (impact = moderate)</p> <p>3 (likelihood = possible)</p> <p>= 9</p>	<p>The Trust has key leadership roles in the current ICS governance structure – this has a breadth and depth of span and senior leaders from HUTH involved in all key groups, chairing many</p> <p>HUTH taking role in continued partnership work and asking for momentum on acute service reviews to be picked back up as soon as possible</p> <p>Undertaken detailed stakeholder feedback survey, and formulating action plan following Board discussion</p> <p>Recent discussions and plans on Humber Acute Services Review</p>	<p>Updated ICS framework for post-Covid-19 surge recovery to avoid duplication of work as well as to reflect ICS priorities on planning and delivery that have been interrupted by Covid-19 – timescales will be per ICS but likely to be concluded in Q3</p> <p>Ongoing discussions on accountability framework at ICS level, the statutory duties of each ICS member organisation and the governance structures underpinning these – require continued discussion in 2020-21</p>	9	9			3 x 1 = 3	<p>Positive assurance</p> <p>Output of Humber Acute Services Review Interim Clinical Plan will move forward partnership working</p> <p>ICS status and new meetings bringing together acute providers to work more collaboratively</p> <p>HUTH/NLAG reviewing service models to improve services across the Humber region</p> <p>HUTH is the Covid vaccination hub for the HC&V area and would be in a position to go live by 1st December 2020.</p> <p>Further assurance required</p>

Risk Appetite

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

GOAL 6 – RESEARCH AND INNOVATION												
BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2020/21 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (gaps in controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 6	Chief Executive Chief Medical Officer	<p>Taken from Trust strategy: <i>Our purpose in developing a new long term goal of 'great research and innovation' is to demonstrably improve the lives of the population we serve, by establishing the Trust as a nationally recognised research centre of excellence, with a culture of innovation</i></p> <p><i>Principal risk:</i> There is a risk that the Trust does not develop make progress in developing its research capability, capacity and partnerships</p> <p><i>What could prevent the Trust from achieving this goal?</i></p> <p>Scale of ambition vs. deliverability</p> <p>Current research capacity and capability may be a rate-limiting factor</p> <p>Unknown impact of Covid-19 on partner organisation and</p>	None	<p>3 (impact = moderate)</p> <p>4 (likely)</p> <p>= 12</p>	<p>Strengthened partnership with the University of Hull</p> <p>Trust investment in last 12 months in research capability including jointly funded posts and projects</p> <p>Actions against Strategic Goals within Trust Strategy for Research and Innovation in place – detailed plan in place with milestones and risk assessment</p> <p>Further development of partnership with Sri Ramachandra, India and joint research conference and projects</p>	<p>Understanding impact of Covid-19 in the short- and long-term on Trust's strategy as well as key partners – likely to understand position by close Q3</p> <p>Understanding relationship and impact on clinical quality and patient outcomes with Trust's R&I and clinical audit activities – to have framework for updating/reporting at high level by end Q3</p>	12	12			3 x 2 = 6	<p>Positive assurance Trust taking part in Covid vaccination trial</p> <p>Trust working with HC&V to identify mutual benefits across the system</p> <p>Further assurance required Junior Doctors and Research Fellows research time impacted due to Covid and clinical responsibilities</p>

		research funding availability Recovery of Trust research staff redeployed during Covid-19 into front-line roles back in to research work								
<p>Risk Appetite As stated above, the Trust needs to balance the risk of investment in R&I capacity and capability against competing priorities, with its organisational reputation and the benefits that being a research-strong organisation will bring, in relation to funding, clinical service development and recruitment of high-calibre staff; there is an appetite to innovate in this area and go on a journey of development</p>										

GOAL 7 – FINANCIAL SUSTAINABILITY

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2020/21 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (gaps in controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 7.1	Chief Financial Officer	<p>Taken from the Trust Strategy: <i>The last 3 years have been a time of significant financial constraint; in the NHS as a whole, for our commissioners and also for the Trust. As at the end of 2018/19, the Trust is carrying a recurrent deficit of circa 5% of its operating budget. The NHS Long Term Plan sets out an approach to returning NHS providers to surplus over the next 5 years; we would expect to achieve a return to surplus early in the 5 year period and go on to sustain this.</i></p> <p><i>Principal risk:</i> There is a risk that the Trust does not achieve its financial plan for 2020-21</p> <p><i>What could prevent the Trust from achieving this goal?</i></p> <p>Inability of Trust to restrict Covid related expenditure to within nationally prescribed expectations</p> <p>Inability of Trust to</p>	Corporate: Pensions	<p>4 (impact = major</p> <p>3 (likelihood = possible)</p> <p>= 12</p>	<p>HG held to account on financial and performance delivery at monthly Performance reviews; HGs hold own performance meetings</p> <p>Ongoing management of Trust cash balances to ensure no liquidity issues.</p> <p>Process in place to agree level of activity planned for remainder of year. Cannot be concluded until financial envelope known</p> <p>Monthly analysis and interrogation of Covid and non-Covid spend using established accounting processes and develop better understanding of the cost base</p> <p>Review of income generating activities taking place with assumption of charging for all relevant services (except staff car parking) from early September</p>	<p>Need to see financial plan from Centre to be able to frame the degree of risk and action required to achieve</p> <p>Assurance over grip and control of cost base; underlying run-rates increasing pressures</p> <p>Accurate forecasting and control</p> <p>Grip and control of locum and agency spend</p> <p>Delivery of recurrent CRES</p> <p>All above controls need to be addressed by end Q1</p>	12	12			4 x 2 = 8	<p>Positive assurance</p> <p>Monthly block contract arrangement and access to Covid-19 funding reported to Trust Board; Trust continues to monitor capacity and demand, income and cashflow in detail</p> <p>Achieved revised plan for first quarter of the year</p> <p>Financial planning guidance received for month 7 onwards</p> <p>Trust has maintained its break even position in Month 8</p> <p>Further assurance required</p> <p>Provider shares of the ICS Covid and growth allocations are still to be determined.</p> <p>ICS plans had been submitted. The risks were being reviewed. The ICS had a £8.9m gap to be addressed.</p>

		<p>generate income from non-clinical activities to pre-Covid levels</p> <p>Trust's desire to deliver activity levels above planned levels will generate a level of cost that is not covered by the nationally calculated plan for the period</p> <p>Prospective financial plan for periods (07-12) required excessive levels of cost reduction in order to meet plan</p>								
<p><u>Risk Appetite</u> The Trust is willing to review any CRES proposal and has a robust Quality Impact Assessment in place to understand any change posed to quality and safety as a result of a new CRES scheme. The Trust will not put in significant CRES schemes that would compromise patient safety. The aim of any CRES scheme is to maintain or ideally improve quality.</p>										

GOAL 7 – FINANCIAL SUSTAINABILITY

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2020/21 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (gaps in controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 7.2	Chief Financial Officer	<p>Taken from the Trust Strategy: <i>The last 3 years have been a time of significant financial constraint; in the NHS as a whole, for our commissioners and also for the Trust. As at the end of 2018/19, the Trust is carrying a recurrent deficit of circa 5% of its operating budget. The NHS Long Term Plan sets out an approach to returning NHS providers to surplus over the next 5 years; we would expect to achieve a return to surplus early in the 5 year period and go on to sustain this.</i></p> <p><i>Principal risk:</i> There is a risk that the Trust does not plan or make progress against addressing its underlying financial position over the next 3 years, including this year (year 2)</p> <p><i>What could prevent the Trust from achieving this goal?</i></p> <p>Lack of achievement of sufficient recurrent</p>	None	<p>4 (impact = major)</p> <p>4 (likely)</p> <p>= 16</p>	<p>Robust financial planning processes in place</p> <p>Covid-19 recovery planning already commenced</p> <p>Covid-19 funding available nationally, on a non-recurrent basis. Unclear what recurrent impact of Covid will be both in terms of income and expenditure</p>	<p>Need to update longer term financial plan – planning assumptions may change as well as ability of ICS to be able to meet all financial pressures of system</p> <p>Ability to deliver a 2-3 year plan to tackle underlying financial position relies on system-level control and contribution</p> <p>Need to agree a process to ensure resources are transferred appropriately between Trusts as a result of the developing acute service reviews</p>	16	16			4 x 1 = 4	<p><u>Positive assurance</u></p> <p><u>Further assurance required</u> Emerging direction of travel for NHS Finance sees performance being measured at a system (ICS) level. It is not clear just how this evolving picture will impact on the Trusts underlying position.</p>

GOAL7 – FINANCIAL SUSTAINABILITY

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2020/21 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (gaps in controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 7.3	Chief Financial Officer	<p><i>Principal risk:</i> There is a risk of failure of critical infrastructure (buildings, IT, equipment) that threatens service resilience and/or viability</p> <p><i>What could prevent the Trust from achieving this goal?</i></p> <p>Lack of sufficient capital and revenue funds for investment to match growth, wear and tear, to support service reconfiguration, to replace equipment; capital funding is not available against the Trust's critical priority areas but is available in others, making the capital position look more manageable than operational reality</p>	None	<p>4 (impact)</p> <p>3 (likelihood)</p> <p>Possible = 12</p>	<p>Risk assessed as part of the capital programme</p> <p>Comprehensive maintenance programme in place and backlog maintenance requirements being updated</p> <p>Ability of Capital Resource Allocation Committee to divert funds</p> <p>Service-level business continuity plans</p> <p>Equipment Management Group in place with delegated budget from Capital Resource Allocation Committee to manage equipment replacement and equipment failure requirements – managing critical and urgent equipment replacement in 18-19</p> <p>Business case for Wave 4 STP capital completed. This will enable some infrastructure risks in 2020-21 to be addressed</p> <p>Combined Heat and Power Plant capital funding sourced in 2019-20 – CHP being commissioned in 20-21</p> <p>Critical infrastructure funding of £6m received to help reduce</p>	Insufficient funds to manage the totality of risk at the current time – unable to address internally	9	9			4 x 2 = 8	<p>Positive assurance</p> <p>Increased capital plan for 2020-21, successfully application for additional capital funding to address some long-term infrastructure needs</p> <p>The Capital Resource Allocation Committee were informed that the Government has announced an additional £600m capital to address high risk critical infrastructure backlogs. This funding is to improve estates resilience and is expected to deliver maximum reduction in reported critical infrastructure risks (CIR). The HCAV's proportion of this bid is £14.9m for critical care infrastructure, with HUTH's proportion being £6.2m.</p> <p>HCAV Urgent and Emergency Care Business Case Update has progressed to NHSEI and DHSC for evaluation.</p> <p>Difference to the original plan (£18.6m) discussed at the Trust Board meeting in September 2020. Works have started although the MOU is yet to be received.</p> <p>Further assurance required</p> <p>Building works for the updated Capital programme and the impact on services and staff.</p>

Board Assurance Framework 2020-21

Trust Board topics mapped to Board Development and public Trust Board meetings as development or deep dive topics

BAF 1: There is a risk the Trust does not make progress towards further improving a positive working culture this year

To be discussed:

November 2020 Board Development

February 2021 Board Development (Board leadership and strategy development)

BAF 2: The Trust does not effectively manage its risks around staffing levels, both quantitative and quality of staff, across the Trust; lack of affordable five-year plan for 'sufficient' and 'skilled' staff to meet demand

To be discussed:

November 2020 Trust Board and October 2020 Board Development

June 2021 Board Development

BAF 3: There is a risk that the Trust is not able to make progress in continuously improving the quality of patient care and reach its long-term aim of an 'outstanding' rating

To be discussed:

September 2020 Board Development

April 2021 Board Development

BAF 4: There is a risk to access to Trust services due to the impact of Covid-19

1- There has been a deterioration in the Trust's performance on a number of key standards as a result of the organisation responding to Covid-19

2- There is a level of uncertainty regarding the scale and pace of recovery that is possible and the impact of national guidance

3- Planning guidance being released in stages across the year

Discussed:

12 July 2020 public Trust Board meeting and June 2020 Board Development

To be discussed – will be included in Performance report to each public Trust Board meeting

Detailed update to be brought November 2020 and March 2021 Trust Board

April 2021 Board Development

BAF 5: That the Humber, Coast and Vale Health and Care Integrated Care System is not able to collectively make progress on developing and delivering integration due to Covid-19 recovery; momentum on work previously in progress could be lost

To be discussed:

November 2020 Board Development

August 2021 Board Development

BAF 6: There is a risk that the Trust does not develop make progress in developing its research capability, capacity and partnerships

Update brought: to June 2020 Quality Committee – to be shared with Trust Board membership

To be discussed: January 2021 Trust Board

February 2021 Board Development

BAF 7.1: There is a risk that the Trust does not achieve its financial plan for 2020-21

To be discussed:

Reported at each public Trust Board meeting

February 2021 Board Development

Detailed update to be brought to March 2021 Trust Board

BAF 7.2: There is a risk that the Trust does not plan or make progress against addressing its underlying financial position over the next 3 years, including this year (year 2)

To be discussed:

November 2020 Board Development

BAF 7.3: There is a risk of failure of critical infrastructure (buildings, IT, equipment) that threatens service resilience and/or viability

To be discussed: January 2020 Board Development.

April 2021 Board Development

Hull University Teaching Hospitals NHS Trust

Trust Board

December 2020

Title:	Our Patients - Performance Summary	
Responsible Director:	Teresa Cope - Chief Operating Officer Ellen Ryabov – Interim Chief Operating Officer	
Author:	Teresa Cope - Chief Operating Officer	
Purpose:	The purpose of this paper to provide an Executive Summary of Performance for October 2020 against national standards.	
BAF Risk:	BAF 4 – Performance	
Strategic Goals:	Honest, caring and accountable culture	
	Valued, skilled and sufficient staff	
	High quality care	X
	Great local services	X
	Great specialist services	X
	Partnership and integrated services	
	Financial sustainability	
Key Summary of Issues:	<p>The has been general deterioration across a number of the Unplanned Care Standards during October when compared with September. ED Performance for the month of October was 79.7% (combined).</p> <p>There has been general improvement across the majority of the Planned Care standards during October when compared with September with Improvements in RTT and Diagnostic performance and reductions in the ASI and Holding, Follow-up Backlogs and with the Trust meeting its Waiting List Volume (WLV) trajectory. The number of 52 weeks breaches has continued to increase during October, however the number of breaches recorded at the end October was less than had been forecast as part of the Phase 3 plan submission</p> <p>There was a deterioration of the Cancer 62 day performance for September due to sustained increased referrals into the service seen since July 2020 and capacity constraints, particularly in the breast pathway and endoscopy. The Faster Diagnostic Standard continues to be achieved.</p> <p>During the later part of October, the Trust saw a rapid increase in the number of covid admissions to hospital and subsequently surpassed the peak number of admissions that it saw during the first surge. Consequently this led to significant pressures across the urgent and emergency pathway and a reduction of the planned care programme to enable the conversion of elective wards to covid wards and mobilisation of the Covid surge staffing redeployment plan.</p>	

Recommendation	That the Trust Board receives and accepts the content of this paper and indicates whether any further assurance is required.
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Performance Report - Executive Summary

December 2020

1. Purpose

The purpose of this paper is to provide an executive summary on performance for October 2020 against the national standards. Performance against all 'responsiveness' indicators is monitored by Performance and Activity Meetings, chaired by the Chief Operating Officer. A Summary of Key Performance Standards is shown at Appendix 1.

2. Phase 3 Planning

The national guidance on Phase 3 planning was issued in August and set out the expectations for the NHS to return to 'near normal' levels of non covid health services. In summary those expectations were;

- **Day Case and Electives:** That for September, Trusts should deliver 80% of last year's activity rising to 90% in October.
- **Diagnostics:** That Trusts (and system's) achieve 90% of last year's activity for MRI, CT and Endoscopy with a goal of reaching 100% by October 2020.
- **Outpatients:** That Trusts deliver 100% of last year activity for first outpatient attendances and follow-ups from September and for the remainder of the year.

The Trust plans identified that for the period September to March the Trust would deliver 83% electives against the 90% requirement; 88% for diagnostics against the 100% target and 92% Outpatient activity against the 100% target.

The October, ordinary electives achieved 74% against the 83% local phase 3 plan and for Outpatients, the Trust achieved 87% against the 92% local phase 3 plan.

During October, the number of Covid admissions began to increase rapidly and by early November the Trust had surpassed the peak number of covid admissions that it had seen during the 1st surge in April/ May. Full incident command arrangements were reinstated during October in response and Trusts surge plans have been revised twice during November to respond to the increasing community infection rates and the anticipated impact that this will have on hospital services. Consequently, there has been an impact on the elective programme during later part of October and throughout November.

A more detailed update on covid will be provided in the separate update to the Board.

Unplanned Care

- 2.1 There was general deterioration across a number of Unplanned Care Indicators during October. ED performance for October 2020 was 79.7% (combined), a 4.5% reduction on performance for September 2020. Type 1 ED attendances for October

were 16.5% below the levels of attendances for the same period last year, however there was an increase of 540 attends on the number seen for September.

2.2 For October, 45% of ambulance handover were achieved within the 15 minute standard which is a 13% deterioration on September's performance. There were 171 occasions during the month where ambulance handover exceeded 60 minutes. This equates to 4.8% of all conveyances, which is a deterioration from the 1% of conveyances with a handover time exceeding 60 minutes seen in September. Flow throughout the Emergency Department has been compromised throughout October as the department responded to increasing numbers of suspected and confirmed covid admissions and increased length of time in the ED waiting for covid results before patients can be placed in the appropriate environment and pathway within the hospital.

3.3 The Trust continues to report Zero 12 hour trolley waits.

3.4 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. For October, 17.3% of patients spent longer than 6 hours in the ED, a deterioration of 6% on the previous month. However the median time between arrival in ED and treatment has remained broadly static over the 4 months at around 60 minutes. Overall length of stay in the ED is monitored via the Emergency Department and Flow Performance and Activity meeting.

3. Planned Care

3.1 There was a general improvement across the majority of planned care indicators during October. The Trust reported an RTT performance position of 50% for October, an improvement of 4% on the previous month. The waiting list volume at the end of September was 58176 which is achieving against the revised phase 3 trajectory. The average wait for a first OPD appointment in October was 18 weeks against a 7 week standard, however this represents a 5 week improvement on the position reported at the end of September.

3.2 Four specialties account for 40% of the Trust's waiting list volumes; ENT, Cardiology, Ophthalmology and Plastics and therefore focussed solutions have been put in place for these specialties including outsourcing of activity to Independent Sector providers and additional internal activity.

3.3 ASI and Holding at the end of October was 23,427 which is an improvement of 3000 on September's position. 50% of the ASI and Holding are the 4 specialities listed above in 3.2. The Referral Assessment Services (RAS) continue to operate effectively across all specialties with 15% (n=1213) of referrals rejected or converted to Advice and Guidance during October. 23% of all out-patient were conducted as non face to face appointments during October, which is a 13% deterioration on the position reported for September. Further work is being undertaken with Health

Groups to understand why the number of non face to face appointments is declining and ensuring that robust plans are in place to undertake non face to face appointments where possible and clinically appropriate. The Trust has reduced its follow-up backlog over 3 months by just over 1000 during October.

- 3.3 The Trust has fully embedded surgical prioritisation using the Royal College of Surgeons guidelines which is used to prioritise access to theatre capacity via a weekly Theatre Control Meeting. The number of 52 week breaches reported as at the end of October was 6820 which is an increase of 1020 on September's position, however this below the forecast level of breaches submitted as part of the phase 3 trajectory. 42% of the breaches are on admitted pathway and 58% on non admitted pathways. The Trust continues to maximise the 75% allocation of Independent Sector capacity as part of the national contract and continues to commission additional activity with other Independent Sector providers to mitigate the current position.

4. Diagnostics

- 4.1 Performance against the diagnostic 6 week standard was 34.2% (against the 1% standard) which is a 5.6% improvement on September's position. Endoscopy continues to be the greatest challenged modality with 52% of all diagnostic breaches are within this Service. The Trust has contributed to the Adopt and Adapt programme of work across the Humber Coast and Value ICS to accelerate recovery across Endoscopy, MRI and CT and has been awarded £1.16m of capital investment which has been used to fund additional videoscopes for ENT, Endobronchial Ultrasound Bronchoscopy (EBUS) equipment for respiratory and additional Endoscopy equipment.

5. Cancer Standards

- 5.1 From July, 2WW referrals returned to the levels seen pre-covid, however during September and October, the weekly 2WW referrals are higher than the pre-covid baseline levels. Overall the number on the Cancer PTL stood at 1459 at the end of September which is an increase of 227 on August's position, reflecting the high referral rates that have been seen since July 2020.
- 5.2 The Trust did not achieve the 2WW standard for September with 74% of patients seen within 14 days against the 93% standard. The standard was achieved in all tumour sites except Skin (91%) Colorectal (68.4%) and Breast (28.4%). Non compliance against the standard in lower GI was due to reduced capacity for endoscopy and non compliance against the standard for Breast is due to increased demand and reduced clinic capacity due to social distancing requirements. The Chief Operating Officer has undertaken a deep dive specialty review meeting with the breast service and a case to draw down immediate additional investment into the service has been put forward to the Executive Team. This follows the approval of the business case to 'right size' the breast service which was approved by the Executive Management Committee earlier in the year.

5.3 Performance against 62 day standard was 61.2% for September, a deterioration of 10% on the previous months performance. The deterioration is attributed to the general increase demand, delays at the front end of the breast pathway and ongoing challenges with endoscopy capacity impacting the upper and lower GI pathway. The Trust continues to achieve the Faster Diagnostic Standard, achieving 77.5% for September.



















6. Conclusion.

During October, the Trust continued to recover from the Impact of ceasing planned activity during Covid -19. Restoration continued to be managed via the weekly Covid Steering Group and the Trust had actively been engaged within the national Adopt and Adapt Programmes across diagnostics, OPDs and Theatre. Progress continued to be made against the majority of the planned care indicators and in line with our phase 3 plan submission.





















However during the later part of October, the Trust saw a rapid increase in the number of covid admissions to hospital and subsequently surpassed the peak number of admissions that was seen during the first surge. Consequently this led to significant pressures across the urgent and emergency pathway and a reduction of the planned care programme to enable the conversion of elective (green) wards to covid (red) wards and enable the mobilisation of the Covid surge staffing redeployment plan.

Teresa Cope
21st November 2020

Weekly Scorecard
19/20 Avg.
 (where appropriate)

Group	Measure	Notes	Baseline	05 Oct	12 Oct	19 Oct	26 Oct	02 Nov	09 Nov	16 Nov	Trend (7/52)
RF	GP referrals (Volume)	GP or GP with Special Interest	2,398	1,696	1,686	1,679	1,671	1,469	1,538	1,452	
RF	GP referrals (Rate)	GP Referrals / OP Referrals	55%	50%	49%	50%	53%	50%	50%	51%	
RF	A&G Requests	Referrals to A&G Team	207	536	538	519	505	534	520	422	
RF	2ww Referrals	All referrals as 2ww priority from a GP	371	430	448	473	398	412	406	428	
RF	2ww seen within 14 days	Cancer Performance	93%	73%	78%	70%	82%	74%	73%	69%	
ED	4hr Performance	Type 1	70%	72%	80%	69%	63%	65%	66%	68%	
ED	Number of attendances	Type 1	2,644	2,302	2,215	2,259	2,085	2,143	2,031	1,918	
ED	4hr Performance	Type 1&3 combined	81%	82%	87%	81%	76%	77%	77%	78%	
ED	Number of attendances	Type 1&3 combined	4,188	3,648	3,503	3,611	3,239	3,232	3,034	2,846	
OP	New outpatient attendances	All mediums	5,001	4,272	4,254	4,386	3,694	4,365	4,253	3,998	
OP	Follow up outpatient attendances	All mediums	10,573	10,532	10,775	10,384	9,190	10,602	10,031	9,086	
OP	2ww Appointment attendances	Appointment Priority of 2ww	439	476	427	522	485	573	427	471	
OP	62 day RTT Cancer Performance		67%	57%	62%	70%	52%	65%	56%	69%	
OP	31 day DTT Cancer Performance		93%	91%	92%	89%	93%	91%	92%	94%	
OP	Number of hospital cancellations	Due to COVID-19	-	75	88	53	96	109	516	1,189	
OP	Number of patient cancellations	Due to COVID-19	-	123	139	149	140	336	491	526	
OP	Rate % OP hospital cancellations (all)	Hosp Cancel / Hosp Cancel + Patient Cancel + DNA + Attend	10%	9%	10%	9%	10%	9%	12%	18%	
OP	Rate % OP patient cancellations (all)	Patient Cancel / Hosp Cancel + Pat Cancel + DNA + Attend	12%	7%	7%	7%	8%	8%	9%	8%	

Weekly Scorecard
19/20 Avg.
(where appropriate)

Group	Measure	Notes	Baseline	05 Oct	12 Oct	19 Oct	26 Oct	02 Nov	09 Nov	16 Nov	Trend (7/52)
IP	Elective admissions		1,661	1,364	1,443	1,472	1,276	1,379	1,270	991	
IP	Emergency admissions		1,010	881	860	861	790	848	810	817	
IP	Elective cancellations	Due to COVID-19	-	10	10	14	37	87	513	337	
RT	RTT list size	Against baseline March 19	52,808	59,612	59,163	59,276	59,098	59,138	59,491	59,719	
RT	Follow up backlog (over 3 months)	Against baseline March 19	18,761	34,044	33,284	33,284	33,195	31,712	32,212	34,079	
RT	ASI / Holding	Against baseline March 19	16,357	26,074	25,283	24,892	25,542	23,409	23,995	25,096	
RT	52 week breaches (Unvalidated)	Against baseline 2018/19	2	6,402	6,553	6,753	6,949	7,140	7,309	7,745	
RR	Total number swabbed		-	2,347	2,659	2,691	2,846	2,837	2,634	2,464	
RR	Total number confirmed		-	26	45	88	140	227	269	226	
BD	Current inpatients as at 08:00 Monday		-	955	934	925	937	867	903	843	
BD	Total G&A Open	Based on yesterday's Monday vs previous Monday	-	972	989	982	1,009	1,009	1,017	1,010	
BD	Total G&A Occupied	Based on yesterday's Monday vs previous Monday	-	851	863	783	802	804	738	745	
BD	Total Crit Care Open	Based on yesterday's Monday vs previous Monday	-	70	70	70	70	67	67	67	
BD	Total Crit Care Occupied	Based on yesterday's Monday vs previous Monday	-	29	29	31	35	37	35	40	
BD	G&A Bed Occupancy Rate	Based on yesterday's Monday vs previous Monday	-	88%	87%	80%	79%	80%	73%	74%	
BD	CC Bed Occupancy Rate	Based on yesterday's Monday vs previous Monday	-	41%	41%	44%	50%	55%	52%	60%	
BD	Trust Bed Occupancy Rate	Based on yesterday's Monday vs previous Monday	-	84%	84%	77%	78%	78%	71%	73%	
DG	Diagnostics Over 6 weeks		1,075	3,894	3,798	3,753	3,660	3,630	3,682	3,734	
IP	Medical Beds Avg LoS (Trimmed)		3.8	4.4	3.5	4.2	4.4	3.9	3.8	3.5	
CN	Cancer 62 Day PTL (104+ days)		128	94	89	86	91	88	83	84	

HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST QUALITY REPORT

PREPARED FOR THE TRUST BOARD

December 2020

Title:	Quality Report: Patient Impacts
Responsible Director:	Beverley Geary, Chief Nurse
Author:	Jo Ledger, Deputy Chief Nurse Kate Southgate, Acting Deputy Director of Quality Governance and Assurance

Purpose:	<p>The purpose of this report is to provide information and assurance to the Trust Board to matters relating to quality governance and patient safety including:</p> <ul style="list-style-type: none"> • Nursing Quality Review • Risk Management • Patient Safety • Patient Experience • Well-led domain 	
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 Key of Issues:	<p>This report provides information on key quality indicators.</p> <p>Exceptions are noted in more detail in the report in relation to:</p> <ul style="list-style-type: none"> • Introduction of the Covid fundamental standards • Nursing quality operational plans and processes • There have been 0 Trust apportioned MRSA bacteraemia between 1st April and 30th October 2020. There have been 4 Trust apportioned MSSA bacteraemia cases reported in October (31 year to date). A deep dive has identified that 42% of cases were linked to peripheral vascular devices. In October, 5 Hospital onset healthcare associated (HOHA) <i>Clostridium difficile</i> cases were reported along with two community onset healthcare associated cases (COHA). During October 2020, nine Trust apportioned E.coli bacteraemia. The trends and sources of infection are identified to be biliary, urinary and respiratory. 3 Trust apportioned Klebsiella bacteraemia cases were reported in October (12 year to date) and one pseudomonas aeruginosa bacteraemia case. 8 Serious Incidents were declared in October 2020 • In October 2020, the numbers of moderate and above incidents per 1,000 bed days had decreased from July 2020 numbers • The Trust has had zero grade 4 or grade 3 pressure damage in 	

	<p>October 2020 however there has been an increase in reported Deep Tissue Injury (DTI = n9) and Category 2 (C2 = n12).</p> <ul style="list-style-type: none"> • 54 complaints were opened in October 2020 and 171 PALS were received within October 2020. • 3,315 inpatient friends and family response were received in October, of which 98.87% of patients gave positive feedback. 1,372 patients who attend ED responded with 82.07% giving positive feedback. • NHS Resolution relaunched Year 3 of the scheme on 27 October 2020.
Recommendation:	<p>The Committee is asked to receive the report as assurance on the quality of care being provided in the Trust and that mechanisms are in place to record exceptions and mitigate risks.</p>

HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST TRUST BOARD

Quality Governance Update Report

1. PURPOSE OF THIS REPORT

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

2. NURSING QUALITY REVIEW PROCESS

As in wave one of the pandemic a decision has been made by the senior nursing team to step down the core fundamental standards whilst the Trust is in a state of escalation, in response to COVID -19. In order to ensure quality of care and to continue the monitoring and operational processes, with regards to quality, adaptations were made to existing nursing assurance processes during wave 1 and reintroduced during wave 2 of the COVID -19 pandemic.

2.1 Covid Fundamental Standards

To ensure all aspects of quality are reviewed, specifically relating to COVID – 19 the Senior Nursing Team have developed and introduced a fundamental standard which reviews the following areas:

- Infection Control with a specific focus on PPE and Hand Hygiene
- Staff Knowledge in relation to COVID and required processes.
- Staff and Patient Experience

The results were obtained through the completion of the standard during July, August, September and October 2020 . The results are reported through the Nursing, Patient Experience, Effectiveness and Safety (PEES) meeting which is attended by all of the Nurse Directors and relevant leads. Areas of non-compliance are identified, discussed with the clinical teams and action plans developed to support improvement in practice.

In order to support the clinical areas that are nursing COVID patients and enhance the quality of care provided to this patient group, the Senior Nursing Team have developed and introduced a Core Care plan and specific `Intentional Rounding` document which is underpinned by the evidence provided by the British Thoracic Society et al (2020)¹.

2.2 Operational Processes

From an operational perspective a daily safety huddle is held with all senior matrons, PDM`s and Nurse Directors, in order to provide a forum for the delivery of any key messages and the identification of any issues that require escalation through the Trusts Command Structure. In addition the Senior Nursing Team hold a team brief three times a week for all ward sisters/charge nurses to delivery key messages with regards to the Trusts Surge plan, staff redeployment and any issues pertaining to COVID -19, particularly in relation to staff training and any quality issues/concerns.

In summary, the above processes have been implemented to provide assurance to the Senior Nursing Team with regards to the quality of care specifically relating to COVID – 19. This is further supported by the introduction of a robust `Ward to Board` communication strategy, to ensure all key messages are delivered across all nursing teams within the Trust.

3. RISK MANAGEMENT

3.1 Never Events and Serious Incidents

During October 2020 there were 0 Never Events and 8 Serious Incidents declared. The Duty of Candour process has been initiated in all cases.

The incidents were:

- A patient had a stroke following surgery
- A patient spent more than 12 hours in ED.

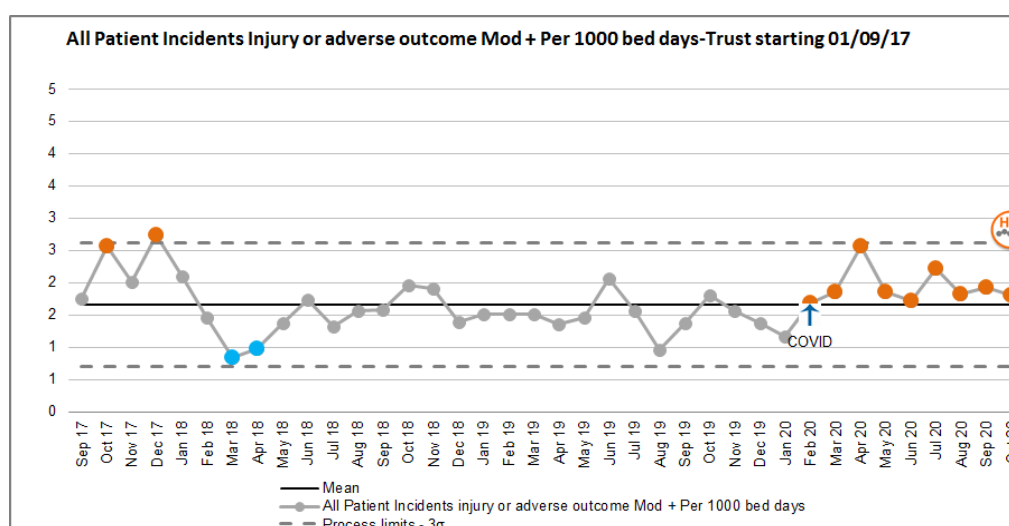
- There is a potential delay in diagnosis of a primary cancer.
- A Maternity incident
- A patient deterioration during a procedure in theatre
- A patient had an unwitnessed fall sustaining a fractured neck of femur.
- A baby death occurred following premature delivery.
- A treatment delay

Themes and trends are routinely reviewed at the SI Committee. SI's with potential links to the Covid-19 Pandemic were discussed. Potential SI's relating to Endoscopy will be investigated by the Health Group with the support of staff nominated by the CMO with a report on their findings to be shared at the December SI Committee. Discussions were held at the recent SI Committee to ensure that clinical representation on SI Panels was maintained during Covid wave 2. Mitigation plans are in place.

3.2 Incident Reporting

In October 2020, the numbers of moderate and above incidents per 1,000 bed days had decreased from July 2020 numbers. Numbers are in line with control limits as per Figure 1.

Figure 1: All patient incidents, injury or adverse outcome – Moderate and above per 1,000 bed days



Within month, 2 major level incidents were reported in the Emergency Care HG, a fractured neck of femur and a delayed cancer diagnosis.

3 majors were reported within Medicine HG, all Falls one of which has been declared as an SI. 3 majors were reported in Clinical Support HG and medication incident and 2 x delayed diagnosis. One major was declared in Surgery in relation to the management of a drain. One major in Family and Women's relating to an ovarian torsion.

4. PATIENT SAFETY

4.1 Healthcare Associated Infections

MRSA

No Trust apportioned MRSA bacteraemia cases have been reported from the 1st April 2020 until the 31st October 2020. On the 22nd June 2020, a community apportioned case was reported and investigated via a Post Infection Review; the PIR remains with the Commissioners for review and outcome decision.

MSSA

There have been 4 Trust apportioned MSSA bacteraemia cases reported during October 2020 (31 this year to date). These represent a mixture of causes including deep seated infections, skin and soft tissue infections, ventilator association pneumonia and also still some device related cases which remain the focus of the IPC teams attention for 2020/21. A review of MSSA bacteraemia cases by the IPCT up to and including August 2020 identified that 42% were associated with vascular devices. In the coming months a change in the type of cannula used will be introduced.

Clostridium difficile

During October 2020, 5 Hospital onset healthcare associated (HOHA) *Clostridium difficile* cases were reported along with 2 community onset healthcare associated cases (COHA) which is being investigated by the Trust using a root cause analysis (RCA) process. By the end of October 2020, there have been 27 HOHA cases reported and 13 COHA cases.

E.coli bacteraemia

During October 2020, 9 Trust apportioned E.coli bacteraemia were reported, this is a reduction in reported cases. Each case is subject to a review by the IPCT and if lapses in practice are identified then a RCA is required. The same trends and sources of infection continue to be identified; these being biliary, urinary and respiratory. By the end of October 2020, there have been 58 Trust apportioned cases.

Klebsiella bacteraemia

3 Trust apportioned Klebsiella bacteraemia cases were reported during October 2020. The same trends and sources of infection continue to be identified, being biliary, urinary, respiratory and intra-abdominal. By the end of October 2020, there have been 12 Trust apportioned cases.

Pseudomonas aeruginosa bacteraemia

1 Pseudomonas aeruginosa bacteraemia case was reported during October 2020 and associated with intra-abdominal sepsis and aspiration pneumonia.

Additional areas of note

Two bay closures (H80/H90) reported due to diarrhoea / vomiting during October 2020, no causative organism was found.

No further colonised cases identified on NICU during October 2020. Incident meetings are still held and twice weekly screening continues. TechCare products were delivered and are ready to use on the unit but a delay has occurred due to whilst we await written user guidance – the product use is slightly different to what was piloted previously.

During October 2020, 476 patients were screened positive for COVID-19; the vast majority of these patients were screened with a decision to admit. This increase in cases has posed a significant pressure on patient flow. No outbreaks and/or clusters of COVID-19 were reported during October 2020.

On the 15th October 2020, NHS England published an updated IPC BAF. As a Trust we had already developed our own based upon the latest guidance COVID-19: Guidance for the remobilisation of services within health and care settings: Infection prevention and control recommendations which were published in August 2020. A gap analysis is being undertaken to capture any additional actions and processes but early indications suggest the existing BAF reflects the majority of changes/ requirements.

An outbreak was declared on H90 on 2nd November 2020 of COVID-19 affecting predominantly patients but also staff to a lesser degree. 30 patients screened positive during the course of the outbreak. 130 staff were screened, 18 tested positive representing a positivity rate of 14%. Of those 18 positive 3 were asymptomatic. Lessons learnt included earlier escalation and stricter control measures

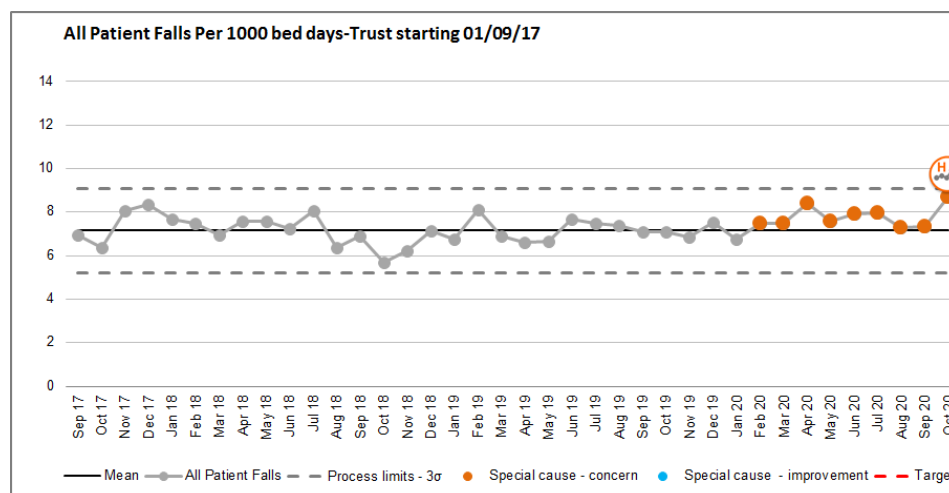
by the IPCT and the management of confused wandering patients who subsequently screened positive after admission.

4.2 Falls

There has been an increase in the overall number of falls per 1000 bed days in October which is mirrored by an increase in the severity of harm of falls reported (fig 2)

September	October
Minor – 29	Minor – 50
Moderate – 1	Moderate - 1
Major – 5	Major - 6

Figure 2: All patient falls per 1,000 bed days



Of note Family and Women's Health Group showed a slight increase, this was attributed to a frequent faller on C16.

7 patient falls resulted in moderate or above harm in October, 5 of these were reported in Medicine Health Group. Although there was no trend in regards to the location, all 5 patients had a diagnosis of dementia with a degree of cognitive impairment. This data will be shared at the next dementia patient QIP meeting and will be considered as part of the framework currently being developed.

4.3 Pressure Damage

The Trust has had zero grade 4 or grade 3 pressure damage in October 2020 however there has been an increase in reported Deep Tissue Injury (DTI = n9) and Category 2 (C2 = n12).

There have been 3 unstageable pressure ulcers reported; all occurred from pressure to the skin following the use of a medical device. Of the total number of pressure ulcer reported (n = 23), 8 were flagged as a device related pressure ulcer (DRPU). Following changes to the reporting guidance by NHSi the Trust continues to monitor skin injuries caused by moisture. October 2020 has seen an increase in reported incidents (MASD – n28).

5. PATIENT EXPERIENCE

54 complaints were opened in October 2020, the majority of which (32) were linked to treatment and care received. The numbers received remain below the figures recorded for the same time period in 2018-19 and 2019-20. Of the complaints that were closed in October 2020, 20 (71%) were closed within the 40 day target.

171 PALS were received within October 2020. The primary subjects were : patients not satisfied with care plan, waiting times in outpatients and communication issues.

3,315 inpatient friends and family response were received in October, of which 98.87% of patients gave positive feedback. 1,372 patients who attend ED responded with 82.07% giving positive feedback

5.2 Volunteers

The Voluntary Services department has been successful in gaining funding of £20,000 from the winter volunteering programme 2020/2021 NHS England and NHS Improvements the funding is to be used to help with the winter pressures in the trust with volunteers. The Voluntary Service team have been working alongside the Facilities team to enable volunteers to continue in their Way-finder's roles. There are 30 volunteers in the Way-finder's role across both sites covering the main reception areas, Women and Children's Hospital, Eye Hospital, Oncology, Cardiology, Centenary Centre and all main corridors.

6.0 Safeguarding

The Safeguarding Team have implemented 'virtual wards' for several safeguarding domains; Deprivation of Liberty Safeguards (patients been detained under), Learning Disabilities and Safeguarding Adults. A further virtual ward is being established for patient detained under Mental Health Act. These virtual wards allow the Safeguarding Adults Team to have a real time view of all patients highlighted under those headings and enable liaison with the ward with regards to support and professional enquiry. This will help improve assessment, documentation, working within legal frameworks and information sharing with partners. This will also improve discharge planning and complex care planning with the wider team where required as often patients within these groups sustain a higher length of stay in an acute hospital bed due to delays in activating communication and proactive planning for transfer of care.

The Safeguarding team are continuing to work as normal business and review/process referrals, undertake safeguarding/LEDER/Domestic Homicide and SCR/SAR investigations, attend case conferences/strategy meetings as well as supporting health groups with additional complaints and HR investigations as agreed with Health group service leads during the second COVID-19 phase.

7. WELL-LED

7.1 NHS Resolution Re-launches Maternity Incentive Scheme

NHS Resolution launched its "Maternity Incentive Scheme" in 2018 to support the Department of Health's Maternity Safety Strategy and to generally seek to improve the delivery of safer maternity and neonatal care. It seeks to do this by financially rewarding Trusts that achieve ten "safety actions" that were agreed with its Collaborative Advisory Group, made up of various organisations, including the Royal College of Obstetricians & Gynaecologists, the Royal College of Midwives and the Care Quality Commission. NHS Resolution has recently relaunched its conditions and guidance for Year 3 of the scheme.

NHS Resolution relaunched Year 3 of the scheme on 27 October 2020. These are some of the key points to note in relation to the updated conditions and guidance that it has published as part of the relaunch:

- NHS Resolution has retained the same safety actions that applied in Year 2, but with some adjustments to the technical guidance for some of them. In particular:
- Changes have been made to account for the impact of the Covid-19 pandemic. For example, under safety action 3 (the need to demonstrate that the Trust has transitional care services to support the recommendations made in the Avoiding Term Admissions into Neonatal Unit Programmes) the conditions require a review of term admissions to the neonatal unit during the "Covid-19 period" (i.e. 1 March 2020 – 31 August 2020) in order to identify the impact of the pandemic. Under safety action 5 (the need to demonstrate an effective system of midwifery workforce planning to the required standard) the conditions require Trust to have plans to flexibly adjust the midwife-to-woman ratio if needed due to the pandemic. Under safety action 8

(the need to evidence that at least 90% of each maternity unit staff group has attended a maternity emergencies training session since December 2019) the conditions confirm that the required training can be provided digitally/remotely, but that there should be training specifically relating to the provision of care during the pandemic.

- Safety action 10 now requires Trusts to have reported all qualifying cases not only to NHS Resolution's Early Notification ("EN") Scheme (as was the case in Year 2), but also to the Healthcare Safety Investigation Branch ("HSIB"). It also requires Trusts to be assured that, in qualifying cases that have occurred between 1 October 2020 and 31 March 2021, the families have received information on the role of the EN Scheme and HSIB and that the Duty of Candour has been complied with. These are new requirements that have been introduced for the first time in the Year 3 scheme conditions.
- NHS Resolution has stipulated additional requirements for the declaration form that Trusts have to submit in order to be eligible for payment under the scheme. Whereas previously the declaration form had to be signed only once by the Trust Chief Executive in order to confirm that the evidence provided to the scheme demonstrated that the safety actions had been achieved and to confirm that the declaration form had been discussed with the commissioner(s) of the Trust's maternity services, the Trust Chief Executive is now required to sign the form three times in order to verify not only those two requirements, but also that there are no reports from 2019/20 or 2020/21 relating to the provision of maternity services that may subsequently provide information that conflicts with the declaration (e.g. CQC or HSIB investigation reports). The scheme conditions for Year 3 also state that NHS Resolution may ask Trusts to reconfirm if they consider themselves to have achieved the ten safety actions if any concerns arise either before or after the results of the scheme are announced. Trusts may be required to repay any funding received under the scheme, and they may also be required to review submissions made to the scheme in previous years, if they turn out to be "non-compliant".

7.2 Care Quality Commission

The Trust met with the CQC on Monday 02 November 2020 to discuss the Trust's response to the emergency department monitoring framework. The Trust provided a full update against all of the specific KLOEs and talked through any questions raised by the CQC. The CQC confirmed that assurance was received from the Trust and that HUTH was responding well to the challenges presented by the pandemic and the emergency department is supported by the Executive Team.

8. RECOMMENDATION

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

Hull University Teaching Hospitals NHS Trust

Committee Summary Report to the Board

Meeting: Quality Committee

Meeting Date:	27 November 2020	Chair:	Martin Veysey	Quorate (Y/N)	Y
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Key items discussed where actions initiated:

- Covid and Non-Covid harms – two case studies were presented, one relating to endoscopy and one relating to pregnant women and partner visiting rights.
- The Committee discussed services of concern such as ENT, Plastics, Cardiology and Ophthalmology. Colin Vize had already attended the meeting to assure members that plans were in place to address the eye injection service backlog. A Plastics deep dive would take place at the December meeting.
- Quality Report – the committee reviewed infection rates (Covid and non-Covid), serious incidents, deep tissue injuries due to devices and Covid patients, maternity incentive scheme and falls.
- Pregnant women and partner visiting rights was discussed. Mrs Geary outlined what was expected of the Trust. The Trust had an amber rating in this area.
- WHO Checklist – 92% compliance was reported.
- The Committee approved the Quality Accounts
- An Ethics Committee update was received – a pro-forma referral document for staff to refer ethical matters would be developed.
- A Covid vaccination update was received – the Trust had plans in place to deliver the vaccinations within the timeframe.

Key decisions made:

- Deep dives into the following services: ENT, Plastics and Cardiology.
- The Quality Accounts were approved.

Risk and assurance matters to be received by the Board:

- The Committee were assured that the endoscopy service had not been stood down in the second wave of the pandemic.

Matters to be escalated to the Board:

**Hull University Teaching Hospitals NHS Trust
Minutes of the Quality Committee
Held on 30 November 2020**

Present:	Prof M Veysey	Chair
	Mr S Hall	Vice-Chair
	Mrs L Jackson	Associate Non-Executive Director
	Dr M Purva	Chief Medical Officer
	Mrs B Geary	Chief Nurse
	Mr D Corral	Chief Pharmacist
	Mrs A Green	Lead Clinical Research Therapist
	Mrs K Southgate	Deputy Director of Quality Governance

In attendance:	Mrs J Bolus	Non-Executive Director (from 1/12/20)
	Mrs R Thompson	Corporate Affairs Manager (Minutes)

No	Item	Action
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1 Apologies:

Apologies were received from Prof U Macleod, Non-Executive Director and Mrs M Stern, Patient Representative

Prof Veysey introduce Mrs Julie Bolus as a new Non-Executive Director and advised that she would take over as Chair of the Quality Committee from 1st December 2020. Mrs Bolus advised that she had been a nurse director until 5 years ago and had held NED roles since then.

2 Declarations of interest

There were no declarations of interest made.

3 3.1 Minutes of the meeting held 26 October 2020

The minutes were approved as an accurate record of the meeting.

3.2 Matters Arising

Mrs Geary clarified that there had been 2 cases of C Difficile in October but 22 in total to date.

Mrs Geary updated the Committee regarding the ward found with Legionella. She advised that the works had been undertaken and the ward had re-opened.

3.3 Action Tracking List

The Committee discussed the risk rated complaints and it was agreed that the item would be removed from the Tracker. Mrs Bolus and Mrs Geary would discuss the item outside of the Committee and decide on a realistic timeframe for the item to be presented.

3.4 Any Other Matters Arising

Dr Purva advised that the ENT backlog report would not be received at this meeting but would be factored into a future meeting.

3.5 Workplan

The workplan was received by the Committee.

3.6 Board Assurance Framework

The Committee received the BAF and Prof Veysey advised that BAF 3, high quality care was the Committee's key area for review.

Mrs Jackson observed that the year-end targets were ambitious as they had been set before the pandemic and that they would be more difficult to achieve.

Mrs Green added that BAF 6 also fell under the Committee's remit and that the Trust had done very well regarding Covid research although other types of research had been stopped due to the pandemic.

Resolved:

The Committee received and accepted the report.

4.1 Covid and Non-Covid Harms

Dr Purva presented the item and advised that due to the pandemic services such as stroke and cancer had seen a drop in referrals. The report highlighted a case study where an endoscopy patient with suspected cancer had been discharged without an endoscopy and had subsequently died. This had happened in the first wave of the pandemic and Dr Purva assured the Committee that endoscopy had not been stepped down in the second wave.

Post-meeting note: it has been clarified since the meeting the patient is undergoing treatment and is alive; the discussion at the meeting focussed on the potential for an even poorer outcome and the need to be clear through the investigation process what impact this delay might or might not have had on the patient's outcome.

The second case study was around pregnant mothers and the visiting rules for partners when attending scans etc. Dr Purva advised that a patient experience video would be shared with the Board relating to visiting rules and although patients were not happy with the arrangements they understood why the restrictions were in place. Visiting had now been reinstated.

There was a discussion around the endoscopy case study and Mrs Jackson asked if the Trust was up to date with its 2 week waits. Dr Purva advised that there was still work to do as the Covid rota for clinicians was preventing 7 day working in the endoscopy unit. There was also a large demand on the diagnostic services. Dr Purva suggested that addressing the backlogs in services should be a standing item on the Quality Committee agenda.

Mr Hall asked about Patient Knows Best and that the endoscopy patient had paid for a private endoscopy. Dr Purva advised that not all patients knew what was best and education, class and mental health issues could mean that some patients were more at risk than others.

Prof Veysey asked if there had been an increase in complaints due to partners not being able to visit and Mrs Geary advised that there had not been many formal complaints but verbal concerns had been raised. She added that a number of things had been put into place such as mobile devices on every ward to allow patients to Facetime their partners.

Resolved:

The Committee received and accepted the report.

4.2 Covid - Areas of Concern

Prof Veysey asked about other services/areas that were of concern and would warrant a deep dive by the Committee.

Dr Purva advised that the Mortality and Morbidity Committee and the Operational Quality Committee were reviewing Covid mortality and its impact. She added that reports on the backlogs should be a standing item on this agenda. She suggested that the 4 key areas with the greatest issues should be tackled first. These areas were Ophthalmology (the Committee had carried out a deep dive in October 2020), Plastics, Cardiology and ENT. Mrs Jackson suggested asking each of these specialities, what is the backlog and how do they plan to right size their service.

Dr Purva suggested that the Committee review Plastics in December 2020 as they had a clear plan on how they were addressing their issues. Dr Purva stated that it would also be useful to invite Ellen Ryabov (the new interim COO) to the meeting.

Mr Hall stated that it would be very useful to have a deep dive of the Plastics Service. He did suggest that even though PAF was not meeting at the moment, the discussion should be quality driven and focus on the patients and what harm is being caused. Dr Purva added that reviewing the Friends and Family feedback from patients would also be useful. Dr Purva agreed to meet with Mrs Bolus after the meeting to discuss the deep dive further and what the request would look like.

Mr Hall asked whether the Trust was experiencing 12 hour trolley breaches and Dr Purva advised that the Trust had come close, but had not reported any to date. She added that testing capacity, testing turnaround times and lack of bed capacity were much bigger issues. Mrs Geary advised that the number of nurses was increasing with the additional non-registered workforce and rapid testing was being introduced for all staff and patients.

Resolved:

The Committee agreed to review Plastics, Cardiology and ENT as the next 3 areas of concern.

5.1 Quality Report

Mrs Geary presented the report and advised that there had been no MRSA cases this year but there had been 9 cases of E-Coli. A look back exercise was being carried out to identify any themes. The learning from the Covid outbreak on the 9th Floor was also being reviewed. There had been two cases of D&V resulting in 2 bay closures but no positive organisms were found.

Mrs Geary advised that as of this morning's sitrep there were 145 Covid patients with 40 suspected cases.

The Trust had declared 8 Serious Incidents in October and the Duty of Candour process had been initiated. A look back exercise, reviewing Serious Incidents linked to Covid had taken place and the majority of them related to patients being moved between wards. The ward moves had also

been a factor in the increase in falls in month.

The Trust has reported zero category 3 or 4 pressure ulcer injuries in October 2020, however there has been an increase in reported Deep Tissue Injury (DTI = n9) and Category 2 (C2 = n12). These were attributed to Covid patients wearing devices and being in the prone position. This was a national issue.

There had been a decrease in volunteers due to the pandemic. A CQC update would be presented at the December 2020 Board.

The maternity incentive scheme had been presented to the Board in November 2020 and all areas were compliant.

Mr Hall asked about the Falls information and highlighted that the SPC chart showed 9 consecutive months of the data being over the control limits. Mrs Southgate advised that the Quality Improvement Programme would be presented to the Committee in December which reviewed falls and Mrs Geary also offered to circulate a presentation which she had received from the Falls Nurse Specialist.

BG

Resolved:

The Committee received and accepted the report.

5.2 Access for birth partners and other supporters of pregnant women in maternity services

Mrs Geary presented the report and advised that during the first wave of the pandemic all NHS Trusts had been closed to visitors, with very few exceptions. She reported that this had resulted in access for birth partners to join expectant mothers for scans and being at the birth being demanded.

Ruth May, the Chief Nursing Officer for England wants Trusts to look at compassionate visiting and provide a sitrep as to where access is granted. Mrs Geary advised that the Trust was currently rated at amber with an action plan in place to improve access.

Resolved:

The Committee received and accepted the report.

5.3 World Health Organisation Checklist

Dr Purva presented the report and advised that it captured the audits taken on a regular basis relating to the team briefing, sign in and sign out. She reported that there was a high level of compliance and clinicians/surgeons were leading and taking greater ownership of the checklist. Dr Purva did add that due to less theatres being in operation this could have an impact on the figures.

Mr Hall commended the improvement and the 92% compliance. He added that good practice should form part of the learning as well as negative issues.

Prof Veysey asked if there could be clarity around the numbers of clinicians and whether the concerns related to 1 surgeon 4 times or 4 different surgeons. Dr Purva agreed to review this.

Resolved:

The Committee received and accepted the report.

5.4 Quality Accounts

Mrs Southgate presented the final version of the Quality Accounts for sign off. The Trust Board had delegated responsibility for authorising the Quality Accounts to the Quality Committee at its November meeting.

Mrs Southgate advised that the Quality Accounts had been sent out to Stakeholders for their comments and had thanked the Trust for the work they had done during the pandemic. The quality priorities were included and there was a new process for managing the Quality Improvement Programme projects.

Prof Veysey commended the document and highlighted the positive quality trends within it.

Resolved:

The Committee received and approved the Quality Accounts.

6 Any Other Business**6.1 Operational Quality Committee**

The summary was received by the Committee.

6.2 Ethics Committee

Mr Hall updated the Committee and advised that the Ethics Committee had met on Friday 27th November and work was ongoing to produce a pro-forma so that staff could raise any ethical concerns. There was a general discussion around patient priority ranking and how patients could move within rankings and a discussion around resource utilisation. Mr Hall advised that the minutes would be received at the next Board meeting in December 2020.

Mrs Geary updated the Committee regarding the Covid vaccination and advised that the Trust would be one of the first to get it. She reported that a detailed plan was in place to vaccinate all staff within the 6 week timeframe. She added that the Trust would also be setting up the Vaccination Operation Centre.

Mr Hall thanked Prof Veysey on behalf of the Committee for his candid and considerate chairing of the Quality Committee. He wished him luck in his new venture.

7 Chairman's summary to the Board

Mrs Bolus agreed to summarise the meeting to the Board.

8 Date and time of the next meeting:

Monday 21 December 2020, 10am – 12pm
Via Webex

HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST

TRUST BOARD

8 DECEMBER 2020

Title:	Covid Preparedness Report	
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 briefing on the arrangements for the next phase response to Covid 19.	
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"> • The Trust appears to have passed its second peak of Covid 19 inpatient cases • Efforts to recover the impact of the 2nd peak of activity on elective activity, particularly urgent and cancer cases have commenced 	
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

Update on the arrangements to respond to Covid 19

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.

2 Update on Covid 19 activity in the Trust as at 1 December 2020

Within the Trust, the first peak of Covid 19 activity in the general inpatient bed base occurred on 21 April 2020, with 110 confirmed Covid 19 inpatient cases; 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.

On 16 November 2020, Covid 19 inpatient numbers peaked at 183, with critical care inpatient numbers peaking at 20 on 24 November 2020.

As at 1 December 2020, the Trust has 162 confirmed inpatient cases of Covid-19, 15 of which are in critical care.

3 Command and control arrangements

As reported last month, The Trust has daily (7 days per week) Gold Command meetings, which are chaired by a member of the Executive Team. These are supported by daily Silver (operational) command meetings and corporate management and administrative support is being provided, to ensure that any national directives are reviewed upon receipt and acted upon as required.

The Trust has a Covid dashboard that reports key metrics in relation to patients, staff, testing and PPE on a daily basis. We also receive daily public health and regional critical care utilisation intelligence. We have added a suite of elective waiting time metrics to the daily dashboard to ensure visibility of the impact of the Covid 19 response on urgent elective waiting times.

4 Covid Response plan update

- 4.1 The revised surge plan outlined in the last report was utilised to good effect during November and ensured to retained adequate capacity in all of our non-elective bed bases. Following the occurrence of the peak in activity we have rapidly stepped Covid 19 capacity back down to ensure we have the correct disposition of 'red' confirmed Covid and 'green' confirmed non Covid non-elective capacity. As at 1 December 2 wards have changed their used back from Covid to non Covid use in the Tower Block and plans are in development to return one of the surgical wards at Castle Hill Hospital to elective surgery use, assuming Covid demand continues to wane.

The Humber area has been placed into Tier 3 of the local Covid 19 public health restrictions, meaning that we can have reasonable confidence that the prevalence of Covid 19 within our local community will continue reduce until the 23 – 27 December period when there is national plan to allow up to 3 households to mix.

The Trust will maintain a surge plan ready to respond to any further peak in Covid 19 admissions as a result of the Christmas period arrangements.

4.2 Staff deployment plan update.

The workforce plan for all key staff groups, which aligns to the revised bed configuration model has worked well over the last month, despite the higher prevalence of Covid 19 locally resulting in a steep increase in Covid related staff absence. The deployment of each stage of the surge plan and associated staff redeployment plan is handled by Silver Command with oversight by Gold Command, ensuring we have enough headroom at each stage.

5 Delivery of capital plans

The Acute Medical and Elderly Assessment Units remain in temporary accommodation pending the completion of the capital works on the ground floor; this is not impeding the delivery of the surge or winter plan. The first 2 phases of the work are on track to be complete by the 2nd week of December. This will enable the AMU to move back down to the ground floor and increase the Medicine bed base by 8 beds, thereby completing the provision of additional beds for Winter as per the Trust Winter Plan.

The final phase of the ground floor works, the creation of a new elderly assessment area, is due to complete in March 2021.

The works to create a new 30 bedded critical care unit at HRI, on the site of the RMO Block have commenced, and are due to complete in March 2021.

The outstanding 'Wave 4' capital schemes, including the new front entrance to the Tower Block and the creation of a new paediatric department are due to commence on site imminently.

6 The Covid Vaccination Programme

The Trust has been asked to act as the Hub for the Humber, Coast and Vale area for the Covid mass vaccination programme. The Chief Nurse, Beverley Geary is leading this work. Arrangements are in place to commence the vaccination of NHS staff and the elderly and vulnerable population, from 7 December 2020, subject to one or more of the vaccinations in development securing a licence.

5 Delivery of elective work and recovery planning

5.1 Approach to clinical prioritisation

The Health Groups have continued to review their patient tracking lists, identifying the clinical prioritisation of the patients waiting for treatment and ensuring patients of the higher risk categories continue to be booked. The Theatre Resource Allocation Panel has been stepped back up to facilitate this process.

A Humber, Coast and Vale Clinical Prioritisation Panel has been established to facilitate collaborative working and mutual aid between hospital Trust in the system to maximise the number of elective patients we treat, with a focus on the most clinically urgent cases.

The Trust is also working with the other acute providers within the Humber, Coast and Vale Integrated Care System to consider how working together may offer opportunities to mitigate clinical risk and also with primary care and the voluntary sector, to ensure oversight and support is provided in the community to lower priority patients, who are experiencing long waits for treatment.

5.2 Revised activity plan

Revised elective activity plans were agreed for the remainder of the year, based on their understanding of the capacity available to the Trust for this work and the constraints on productivity imposed by the Covid 19 related enhanced infection control measures. These plans are being performance managed via the 'PANDA' group.

It should be noted, however, that during November, the Trust has regrettably had to curtail a significant amount elective work, including urgent and cancer cases, to release workforce to support the response to Covid 19 and it is anticipated there will be a further surge of Covid 19. There has not been a blanket cancellation of routine electives and the Trust worked to maintain elective activity where possible, including moving some additional work to the independent sector.

As reported above, concerted efforts are now being made to maximise the restoration of elective activity volumes, whilst continuing to manage levels of Covid 19 inpatient activity which are 50% higher than in the first peak.

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 is being terminated on 24 December 2020. The framework for award of local contracts was released on 27 November and the Trust is moving rapidly to place such a contract to secure continued access to capacity within the independent sector. This work is funded centrally until 31 March 2021.

6 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

Committee Summary Report to the Board

Meeting: Ethics Committee

Meeting Date:	27 November 2020	Chair:	Stuart Hall	Quorate (Y/N)	Y
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Key items discussed where actions initiated:

- A pro-forma to be developed to help staff refer ethical matters to the Committee.
- Prioritisation of patients – patients should not change priority unless their condition changes
- Discussion around reduced Cancer referrals. Other specialities such as Stroke and Cardiology had also seen reductions.
- The Committee also discussed resource implications.

Key decisions made:

- A referral document to be developed so that staff can refer matters to the Committee. Key members will then decide whether the item should be discussed as an ethical matter or whether it should be dismissed as an operational issue.

Risk and assurance matters to be received by the Board:

Matters to be escalated to the Board:

**Hull University Teaching Hospitals NHS Trust
Ethics Committee Minutes
Held on 27 November 2020**

Present:	Stuart Hall (SH)	Chair
	Makani Purva (MP)	Chief Medical Officer
	Dan Carradice (DCa)	Associate Chief Medical Officer
	Dan Roper (DR)	Chair – Hull CCG
	Sunil Bhandari (SB)	Consultant Nephrologist, Renal
	Gavin Anderson (GA)	Consultant Physician, Chest Medicine
	Anda Samson (AS)	Consultant, Infectious Diseases
	William Townend (WT)	Consultant, ED
	Paul Renwick (PR)	Consultant, Vascular Surgery

In attendance: Rebecca Thompson (RT) Corporate Affairs Manager (Minutes)

No	Item	Action
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1 Apologies:

Apologies were received from Ian Smith, Consultant Anaesthetist, ICU, Kate Southgate, Deputy Director of Quality Governance and Assurance, Beverley Geary, Chief Nurse, Michelle Kemp, Deputy Chief Operating Officer and Teresa Cope, Chief Operating Officer

2 Focus – Future Meetings

SH introduced the meeting and advised that due to the level of Covid infections being reported in the hospital it was important to seek assurance that ethical matters were being highlighted. He added that the Committee would not only discuss Covid patients but non-Covid patients within the growing waiting lists. SH wanted to focus on 3 areas: resource implications, provision of cancer services and the ethical implications of moving patients between priority 2 and 3.

SH advised that he wanted staff to come forward if they had an ethical issue and the Committee would discuss it and offer a position statement based on the outcome of the discussion. Any matter should have a clearly defined ethical premise, detailing a balance of risks and benefits. SH suggested he develop a pro-forma to assist staff referring ethical matters to the Committee. SH with input from MP and DCa would have the final say if the matter was discussed at the Committee or pushed back as an operational issue.

The Committee would also ask if any ethical ramifications had been considered by the Theatre Resource Allocation Panel.

3 Prioritisation of Patients

MP advised that services were reviewing backlogs to make the best use of opportunities to manage priority 2 patients. She added that there was not enough capacity to manage them all and the Theatre Resource Allocation Panel (TRAP) had been re-instated to review the issues. MP added that patients waiting 3 months could develop complications and would then need to be re-prioritised and become more urgent. MP advised that priority 4 patients who had been waiting longer than 52 weeks were also being reviewed and as many as possible being seen.

The Committee discussed issues such as different treatments for patients

and the risks and benefits of this, bed capacity and the ethical issues around changing patient priorities. PR advised that unless a patient's condition changes they should stay in the same priority.

DCa added that reviewing patients in the same category also had its issues, especially multiple lists with high risk patients. MP advised that clinical prioritisation principles should still be carried out.

Recommendation by the Committee: No patient should change priority unless their condition changes.

4 Cancer Services

GA advised that there had been a drop off of cancer referrals from Primary Care and in the Lung Service in particular, referrals had halved. The Committee discussed how patients could be encouraged to present to Primary Care and how Primary Care could treat patients if appropriate. DCa advised that some of these patients would be covered by the TRAP.

GA advised that it was important that patients were seen as soon as possible and through the FIT testing and Covid safe areas many patients were getting their appropriate treatment. MP added that managing the demand was an ethical dilemma not only in Cancer services but other areas where the patients could come to harm as a result of waiting for treatment. DCa added that a robust organisational response was required for Cancer, Stroke, Cardiology and other urgent services.

DR advised that in the first wave of the pandemic NHS I/E had provided guidance on what GPs could and could not do. Since then there has been no further guidance only to clinically prioritise. DR added that capacity was stretched in primary care due to Flu vaccinations and would be further stretched by the Covid vaccination programme.

AS stated that there were capacity issues everywhere in the Trust and was concerned about the 1400 Priority 2 patients and how the Trust ensured ethical clinical prioritisation. WT added that he was concerned around the equity of access and how it is worse for some patients than others.

MP reported that in 6 months there will be a number of patients who will come to harm due to the current backlogs and that it was important to have robust ethical conversations to ensure the Trust could defend the decisions made.

SH stated that it was important not to stray into operational matters and clinical prioritisation.

The Committee discussed the referral form to be developed following the meeting and DCa suggested that it should be clear what is being referred and the ethical points highlighted.

5 Resource implications

DCa advised that the Trust had limited resources and even with clinical prioritisation and allocation principles there will be a number of patients that will come to harm.

AS added that access was a real ethical crux and new ways of working such

as attend anywhere, virtual clinics and telephone conversations were not suitable or available for every patient.

6 Next Steps

SH advised that he would circulate a referral document to MP and DCa for their comments before opening it up to the wider Committee.

Once referrals were received by the Committee SH, MP and DCa would determine whether they would be discussed as an ethical issue or dismissed as an operational issue.

7 Date and time of the next meeting:

16 February 2021, 4pm – 5pm
Via Webex

Hull University Teaching Hospitals NHS Trust

Trust Board

8 December 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.	
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 3%. Staff absence overall is currently 10.52% which includes Covid-19 related, other absences and maternity leave. The Trust flu programme continues at pace. 7,000 staff have been vaccinated, staff wellbeing and support arrangements continue to work well and Asymptomatic staff testing (Lateral Flow) is being rolled out.	

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

Trust Board

8 December 2020

Our People

1. Purpose

The purpose of the report is to provide the Board with an overview of the key people issues.

2. Background

The Trust went into national lockdown on 5th November which helped our local position as Hull in October had the highest Covid-19 community infection rates in the UK. Since the last Board meeting our Covid-19 inpatient numbers peaked at 183 on the 16th November and staff absence peaked at 1020 also on the 16th November. The Trust surge plan has been implemented and Command structures are managing operations day to day. Some elective activity has been stood down and staff have been redeployed to support medical wards, ICU and ED. The Trust has been battling the pandemic for over 10 months and this is having an impact upon our staff. The national lockdown will end on 2nd December. Hull and the East Riding of Yorkshire region will be in Tier 3 - very high risk category.

3. Key Issues

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%).

The Trust currently has 504 staff absent due to Covid-19 which is 4.99% of the workforce. Total absence including maternity leave and all other reasons for absence is 10.52%. This is a slight increase from 10.14% as at the last Board meeting (10th November 2020).

Staff absence usually runs at 3.6%, so the Trust is well above its normal absence levels which means staffing is a significant risk to the provision of services.

4. Staff Testing

PCR Test

The Trust continues to test staff and family members for Covid-19 via a drive through facility which has been in operation since April 2020. Between April-November, we have tested 8691 HUTH staff or family members, 1008 (11.6%) of which were positive.

During November 2532 HUTH staff or family members were tested. 374 HUTH staff or family members tested positive. The positivity rate for November was 15%.

The Trust also tests a small number of staff from CHCP, Yorkshire Ambulance Service, Humber FT and others, which are additional to the figures above.

Asymptomatic Staff Test (Lateral Flow)

Patient facing staff are being asked to test themselves for Covid-19 twice weekly effective from Monday 30th November, 2020. This will enable the Trust to identify staff who have no symptoms, but who might be positive and should be self-isolating. Staff will receive 25 testing kits, enough to last 12 weeks. Staff will test themselves the night before their shift, allowing 30 minutes for the result. Clear instructions and training is being provided and advice is available through the ESC Helpdesk. As at 1st December over 4000 test kits had been distributed to staff.

Test and Trace

The NHS Test and Trace programme launched on Friday 5th June 2020. If a staff member tests positive for Covid-19, 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 nursing team attached to the ESC Helpdesk. To date the Trust has requested 625 staff to self-isolate as a result of a 'contact' within their workplace. In August the figure was 8, which increased to 32 in September, 192 in October and 236 in November.

5. Staff Vacancies

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

Staff Group	Establishment WTE	Staff in Post WTE	Temp Workforce WTE	Vacancies WTE	Vacancy Rate %
Additional Clinical Services	1457.5	1387.1	40.0	30.4	2.1%
Add Prof Scientific and Technical	351.0	294.8	4.5	51.7	14.7%
Administrative and Clerical Staff	1557.9	1555.3	10.0	-7.4	0.0%
Allied Health Professionals	482.2	457.8	18.0	6.4	1.3%
Estates and Ancillary	574.3	533.4	7.0	33.9	5.9%
Healthcare Scientists	303.2	290.5	6.7	6.0	2.0%
Medical & Dental - Consultant	488.5	440.4	21.9	26.2	5.4%
Medical & Dental - SAS	65.7	53.6	0.0	12.1	18.4%
Medical & Dental – Trainee Grades	665.6	669.1	6.8	-10.3	0.0%
Nursing and Midwifery Registered	2387.6	2222.3	61.6	103.7	4.3%
Trust Total	8333.5	7904.2	176.5	252.8	3.0%

Overall the Trust vacancy position is 3%. The Consultant vacancy rate is 5.4%. Whilst our vacancy situation remains in a healthy position the Trusts recruitment plans during this calendar year have been somewhat interrupted, but recruitment and retention remains a key priority.

Registered Nurse and Midwifery

The vacancy rate for Registered Nursing and Midwifery is currently 4.3% across the organisation.

There are currently 59 Trainee Nurse Associates (TNA) employed by the Trust in a range of specialities. The Trust has successfully trained and developed 28 Registered Nurse Associates over the past 2 years who are now part of the registered nursing workforce.

The Trust has 33 Student Nurse Apprentices in training. In addition, the Trust has 21 Health Care Support Worker apprentices. In partnership with Hull College and the University of Hull, recruitment processes have commenced in order to appoint a further 12 Health Care Support Worker apprentices to begin their programme in January 2021.

The Trust has recruited 103 international nurses since the beginning of 2018 with an attrition rate of 3% overall.

Prior to Covid-19 the Trust was pursuing a further 25 international nurses, 11 of this cohort have now successfully passed their OSCE; the remaining 14 are due to take their OSCE on the 6th January 2021. In order to support the Trusts winter plan and surge capacity for Covid-19 funding was approved to recruit a further 23 international nurses (21 for Medicine and 2 for Ophthalmology theatres) these individuals have now commenced employment with the Trust and are due to sit

their OSCE exams at the beginning of February 2021. Finally 10 theatre nurses will be recruited to support and improve the current 52 week position across surgical specialities.

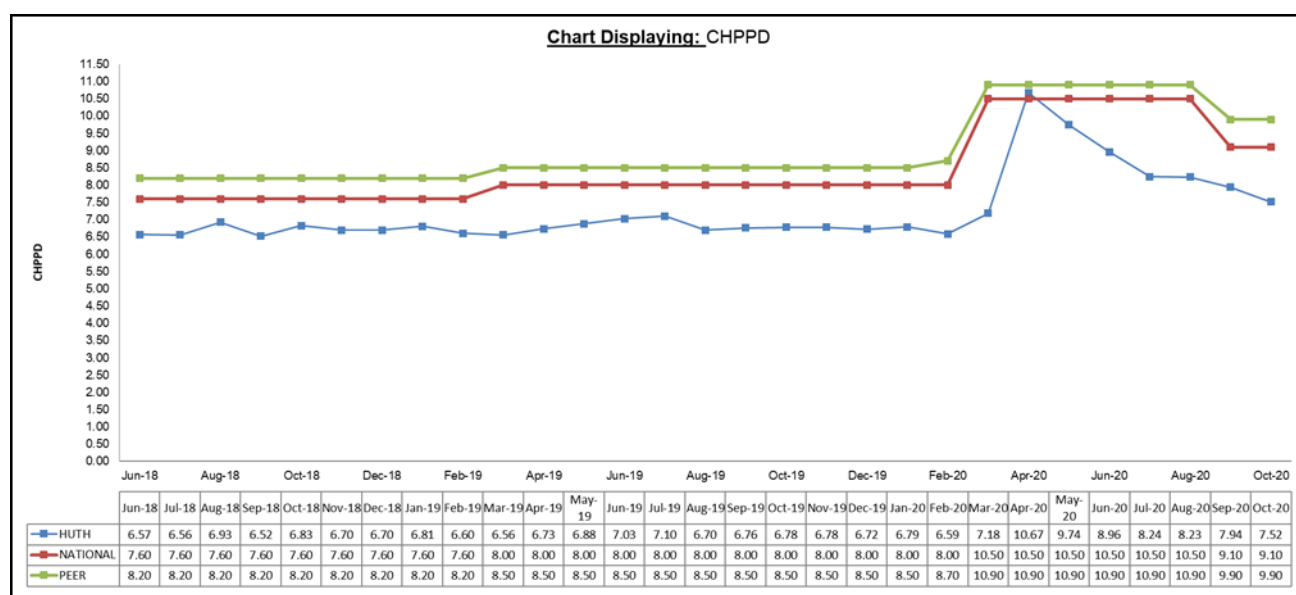
In addition, there are currently 10 non-registered overseas staff employed at the Trust who currently work in unregistered nursing roles, but are qualified and will be supported to complete their OSCE and become a registered nurse.

The University of Hull is holding a virtual open event on the 15th December 2020, which the Trust will be attending to discuss careers in HUTH. There will then be a number of online interviews offered for the students to sign up to as part of the open event. The interviews will be carried out virtually during January 2021 with the Practice Development Matrons (PDM) and nursing teams. The PDM's are working closely with Education & Development and the marketing team to host a HUTH virtual open day where pre-registration nursing students from universities such as Lincoln, Leeds, York, Nottingham who are due to qualify in September 2021, will be invited to the virtual event and offered the opportunity to join the Trust and see 'Our Promise'.

6. Care Hours per Patient Days

Care Hours Per Patient Day (CHPPD)

As illustrated below the CHPPD for October 2020 is 7.52, this has reduced from 7.94 from the previous month. Initial analysis indicates that this is related to an increase in patient activity during October, particularly non-elective and high levels of Covid-19 staff related absence.



7. Staff Flu Campaign

The Trust has a Board agreed action plan which commenced in October 2020. Despite some difficulties in vaccines being delivered, the Trusts Occupational Health section and volunteer vaccinators have worked tirelessly to ensure staff are vaccinated. As at 29th November the Trust has vaccinated 7,000 staff of which 82% are frontline healthcare staff.

8. Covid-19 Vaccination programme.

HUTH has been designated the Lead Agency to deliver the ICS Covid-19 vaccination programme. Led by Beverley Geary, Chief Nurse a population and health and care staff vaccine programme and plan is being developed. The Pfizer vaccine is expected to be with Trusts in December with the Oxford vaccine following in January 2021. All Trusts have been requested to have a workforce plan to vaccinate their own staff commencing December. This Trust has a robust plan.

9. National Staff Survey

The National Staff Survey was launched in September to understand the current levels of staff engagement as well as other key indicators. It closed on 27th November 2020. 3,384 staff (38%)

completed the survey. Last year we completed 37%. The national average response rate was 45%. We are below the national average, but during the time of the survey Hull was at the epicentre of the current pandemic.

10. Staff Support Arrangements

The Staff Psychosocial Support service which is a partnership of our Psychological Services, Pastoral and Spiritual Care, Occupational Health and Organisational Development teams continues to support staff at whatever level of intervention is required. Health and wellbeing of our staff throughout the pandemic has and will always be a priority. Additional services available this time has been personal coaching alongside virtual drop in sessions and the creation of staff support groups for those affected by Covid-19. We are also in the process of recruiting a clinical psychologist specifically to support staff on a permanent basis.

As part of the NHS People Plan one of the key actions has been to introduce the requirement for every member of staff to have a health and wellbeing conversation. Whilst we encourage this currently through our appraisal and track if people are happy with their wellbeing, a new more structured approach is being piloted and evaluated in December. This will support both managers and staff to feel safe to talk about both physical and mental wellbeing in the workplace.

New Great Leaders Management Clinics have been created to ensure we are also supporting our leaders effectively. These range from “supporting the supporters” session which are less structured safe reflective spaces to more structured sessions such as “leading remote teams”.

The Trust has also received funding to implement Schwartz Round in their virtual shorter format called “Team Time”. This will initially be for 6 months, with the option for us to extend and become a fully accredited Schwartz Round organisation. The steering group is being convened and the Executive sponsor is Chief Nurse, Beverley Geary. Facilitators will be training during December with the first Team Time session expected to take place in January 2021.

In addition the Trust has reintroduced free meals and refreshments for staff and provide accommodation for staff who have to work late and travel or need to be away from their household to continue in their role. The Trust continues to provide free parking.

11. Education and Development

Introducing Virtual Classrooms. (The Big Blue Button)

In response to the current and perhaps future climate, Education and Development have successfully introduced a virtual classroom which is incorporated into the current learning platform, www.hey247.net. Many colleagues throughout the organisation have and are being assisted to develop meaningful and educationally appropriate content to deliver using this approach. So far 85 educators have been trained in how to be an effective virtual classroom teacher, this group includes many clinicians from a range of professions and many subject specialists.

The introduction of the virtual classroom has allowed essential clinical and non-clinical skills content to be delivered safely, with the added benefit of delegates being able to engage with the facilitator and fellow delegates. Essentially this is considered face to face delivery but delivered securely over the internet.

The Big Blue Button is a virtual classroom developed by teachers, tutors and education specialists. It is developed with the delegate in mind and is considered to be more user friendly than other platforms currently available.

The Big Blue Button is already integrated into HUTH’s learning platform and is easy to access for our staff and external delegates. As it is already integrated any sessions which are accessed are automatically included in training records and are immediately visible for staff and managers.

Feedback from delegates and facilitators is very positive.

12. Communication and engagement

The HUTH communications team is leading on communications for the vaccination programme across Humber Coast and Vale. A weekly stakeholder briefing for all HC&V staff and stakeholders is being prepared along with a media campaign for the vaccine roll out. This will focus initially on the workforce before widening its remit to the public, from January.

In light of the present situation we have decided to postpone the announcement of our Golden Heart winners until the Trust is under less pressure. This is likely to be the New Year when we anticipate it being easier to meet the winners in person and give them their trophies and certificates. The longer term plan is for there to be an event for all of those who were shortlisted later in 2021. This was a difficult decision to take but on balance it feels like the appropriate action to take in order that the teams and individuals receive the reward and recognition they deserve.

13. Conclusion

During the pandemic the Trust has focussed on the health and wellbeing of our people as well as recruitment plans and our equality and inclusion programme. The Trust has tried to ensure 'staff experience' is also maintained which has been a challenge considering the pressure the Trust has been under and staff being redeployed to ensure patients are safe and cared for as best as possible. Since the last Board meeting the Trust has also focussed on the flu vaccination for staff to enable us to switch our vaccination resource to the Covid-19 vaccine which will commence this month. Our staff continue to work incredibly hard and show their dedication to our patients and their families on a daily basis.

14. Recommendations

The Trust Board is requested to note the content of the report and provide any feedback.

Officer to contact:

Simon Nearney
Director of Workforce and OD

TRUST BOARD: TUESDAY 8th DECEMBER

FINANCE UPDATE – MONTH 7

1. Purpose of Paper

To inform the Trust Board on the month 7 reported financial position and update on the level of expenditure committed in managing Covid19.

2. Background

NHSEI have split financial reporting for 2020/21 into 2 periods. The first 6 months was supported by a 'true-up' system to enable Trusts to claim additional income to support costs and report a break-even position. For the second 6 months Trusts have been given a fixed financial envelope to work within within.

The Trust reported a break-even position for the first 6 months with 'true-up' income of £10.6m. Final confirmation of £6.6m of this income is still awaited.

For the second six months the Trust submitted a plan deficit of £6.0m based on shortfalls on other income (eg Car parking, catering, private patients) and the expected need to account for an annual leave provision at year end due to the potential difficulty of staff being take to take all their in year due to Covid19. The Trust has had no official feedback on the submitted plan.

3. Month 7 Reported Position

At month 7 the Trust has reported an in-month deficit of £0.52m, which is £0.18m better than the submitted plan of £0.7m deficit. The improvement was driven by reduced expenditure on general supplies and services. Most other budgets were close to plan.

The Trust spent £0.7m on dealing with Covid19 including £0.2m on testing costs for the virus. £0.2m was on additional PPE not sourced through national contracts, £0.1m was on additional cleaning and linen costs and £0.1m on additional variable staffing costs to cover additional sickness costs. The level of spend is greatly reduced from that incurred in the first 6 months as majority of PPE is bought through national frameworks and the aspirant nurses and doctors have either moved into substantive posts or have returned to educational establishments. Costs of covering agreed medical rotas are expected to increase over the winter period due to Covid19 but are within the funding envelope the Trust has been given to cover Covid19.

The Trust is currently working up the costs required to implement the vaccination programme across the Trust and the wider ICS. The costs of this are expected to be fully funded through NHSEI but actual funding flows are still being developed.

The Trust is currently forecasting that it will deliver its revised financial plan of a £6m deficit for the six month period to March 2021.

4. Capital

The reported capital position at month 7 shows gross capital expenditure of £14.6m. The main areas of expenditure relate to Capital COVID (£2.6m), Backlog maintenance (£1.5m); Expansion of Acute bed base (£2.2m) and Robotic Scheme (£1.5m).

The forecast position for capital expenditure (incl PFI/IFRIC12 impact) is £59.6m; this includes assumptions on the Trust receiving PDC allocations relating to Backlog Maintenance (£4.9m); Capital Covid (£2.6m); ED UEC (£4.3m); Critical Infrastructure (£5.9m); ICU (£3m); Radiotherapy CTs (£1.2m) and Adopt & Adapt (£1.2m). In addition the Trust has also recently been notified of additional PDC relating to Oxygen (£0.4m) and is expecting funding for Digital Aspirant (£2.5m). The Trust is waiting for confirmation of these allocations. We are confident these allocations will be spent by 31 March 2020 and the forecast reflects this.

The Trust has also recently had approval of the Urgent & Emergency care Business Case (£10.5m), however due to delays in approval and to ensure an accurate forecast is included the Trust has continued to reflect slippage of £6m into 21/22. In addition the Trust has slipped £2m associated with the Brocklehurst scheme and the Digestive Suite scheme. These schemes were funded from internal resources and this cash funding has been slipped to 21/22.

The Trust is expecting the Trusts CDEL to be reduced by £2.1m as a result of changes agreed at ICS level – this is also reflected in the Trust's forecast position.

5. Cash

The Trust's liquidity position remains relatively healthy with a cash balance of £75.4m, slightly lower than last month although there is top up funding still outstanding from months 5 & 6. The large balance continues to be driven mainly from the payment of the 2 months of contract income during April. The forecast cash position assumes that there are 12 block payments in the year and therefore that the current cash gain from an additional block payment is neutralised by year-end. Indicative forecasts suggest a cash balance of circa £23m by year- end but this is heavily dependent on the timings of payments associated with the capital programme and the activity levels/Covid admissions for the remainder of the year.

6. Summary

The Trust has reported a deficit of £0.52m at month 7, which is £0.18m better than the submitted plan. It is forecasting that it will achieve its financial plan for the 6 month period to March 21.

Stephen Evans

Deputy Director of Finance

December 2020