Hull University Teaching Hospitals NHS Trust

Trust Board Meeting Held In Public

Tuesday 9 February 2021
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 12 January 2021	attached	Terry Moran – Chair
	3.2 Board Reporting Framework	attached	Rebecca Thompson – Corporate Affairs Manager
	3.3 Board Development Framework	attached	
4	**Matters Arising**		
	4.1 Catering Improvements update	attached	Makani Purva – Chief Medical Officer
	4.2 Action Tracker	attached	Rebecca Thompson – Corporate Affairs Manager
	4.3 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 Governance update	attached	Terry Moran - Chair
	6.3 Board Assurance Framework	attached	Rebecca Thompson – Corporate Affairs Manager
	6.4 Audit Committee Summary	attached	Tracey Christmas – Audit Chair
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 Summary from the Quality Committee	attached	Julie Bolus – Chair of Quality Committee
	7.3 Covid-19 Preparedness and Planning	attached	Michelle Kemp – Director of Strategy and Planning
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	Lee Bond – Chief Financial Officer
	9.2 Digital Aspirant Programme	attached	Lee Bond – Chief Financial Officer
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 9 March 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	9/2	9/3	Total
T Moran	✓	✓	✓	✓	✓	✓	✓	✓			8/8
S Hall	✓	✓	Apols	✓	✓	✓	✓	✓			7/8
T Christmas	✓	✓	✓	✓	✓	✓	✓	Apols			7/8
M Veysey	Apols	✓	✓	✓	✓	✓	-	-			5/6
T Curry	✓	✓	✓	✓	✓	✓	✓	✓			8/8
U MacLeod	Apols	Apols	✓	✓	Apols	✓	Apols	✓			4/8
M Robson	✓	✓	✓	✓	✓	✓	✓	✓			8/8
L Jackson	✓	✓	✓	✓	✓	✓	✓	✓			8/8
C Long	✓	✓	✓	✓	✓	✓	✓	✓			8/8
L Bond	✓	✓	✓	✓	✓	✓	Apols	✓			7/8
T Cope	✓	✓	✓	✓	✓	✓	-	-			6/6
M Purva	✓	✓	✓	✓	✓	✓	✓	✓			8/8
B Geary	✓	✓	✓	✓	✓	✓	✓	✓			8/8
J Myers	✓	✓	✓	✓	✓	✓	Apols	✓			7/8
S Nearney	✓	✓	Apols	✓	✓	✓	✓	✓			7/8
C Ramsay	✓	✓	✓	✓	Apols	-	-	-			4/5
E Ryabov	-	-	-	-	-	-	✓	✓			2/2
J Bolus	-	-	-	-	-	-	✓	✓			2/2
M Kemp	-	-	-	-	-	-	-	✓			1/1

Hull University Teaching Hospitals NHS Trust
Minutes of the Trust Board
Held on 12 January 2021 by Webex

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

No	Item	Action
1	**Apologies:** Apologies were received from Mrs T Christmas, Non-Executive Director. Mr Moran opened the meeting by thanking all staff across the Trust. He spoke of the significant pressure both locally and nationally and how the efforts by everyone whether involved in delivering direct patient care or not was extraordinary and humbling. He thanked all staff sincerely and stated that the efforts being made should not be underestimated and to be mindful of their impact on individuals' well-being. Mr Moran welcomed Mrs Kemp to her first meeting as Interim Director of Strategy and Planning. Mr Moran added that the revised governance arrangements that were due to end at the end of January 2021, would be discussed later in the month and any decision made would be ratified at the next Board meeting.	
2	**Declarations of Interest** **2.1 Changes to Directors' interests since the last meeting** There were no declarations made. **2.2 To consider any conflicts of interest arising from this agenda** There were no declarations made.	
3	**Minutes of the previous meeting** **3.1 Minutes of the meeting held 8 December 2020** **Item 7.1 Performance – paragraph 8** – Dr Purva clarified that it was the GIRFT Lead and it was not a formal visit. **Item 9 – Our Finance Impacts** – Mr Bond asked that paragraph 4 be re-worded to read the following:	

"Mr Evans highlighted the Elective Incentive Scheme and how Trusts could be penalised for their reductions in activity. He advised that it is widely expected that the operation of the Elective Incentive Scheme will be reduced in terms of impact as a result of the increasing incidence of the pandemic. This is being negotiated at a national level. At this point no provision for this has been made in the accounts."

The Board agreed this wording.

Following these changes the minutes were approved as an accurate record of the meeting.

3.2 Board Reporting Framework
The Board Reporting Framework was received by the Board with no comment.

3.3 Board Development Framework
The Board Development Framework had been updated and was presented to the Board and approved.

4 Matters Arising

4.1 Action Tracker
The Board Development Framework had been updated and presented to the Board.

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

5 Patient Story

Dr Purva introduced the item and reported that the patients in the video were sharing their experiences of the hospital food on Christmas Day. Both patients had given consent to have the video shown. Unfortunately due to technical issues the video was unable to be shown, but would be shared with the Board papers on the website.

Mr Woods agreed to provide a summary of the key points in the feedback. He explained that there were different menu choices for the two patients as one was on an Orthopaedic ward and the other was on an Elderly ward. Mr Woods advised that the catering team was reviewing patient choices and engaging with the dieticians and wards to ensure food was nutritious and of the highest standard possible.

Patient feedback was taken on board and a new menu with increased choices was being developed. The new menu included vegan and fish options as well as an increased choice of dessert.

Mr Moran asked that the video be uploaded to the Trust's website and a short paper detailing any improvements be presented at the next Board meeting. **RT/NW**

There was a discussion around how much money was allocated per patient and also the distribution of food at both sites differing. Mr Woods advised that the maximum spent per patient per day was £4.50 and was in line with other Trusts. The distribution of food differed because at

HRI, the busier site, there were more complex issues to ensure service was consistent.

6 Standing Orders and Governance

6.1 CEO Report and Covid-19 Update

Mr Long updated the Board regarding Covid-19 and advised that the Trust had 231 confirmed Covid-19 patients and 55 suspected awaiting test results. The figures were the highest the hospital had seen since the pandemic began. There were 14 patients in ICU and 14 patients on intensive support. Mr Long confirmed that the Trust had sufficient Oxygen supplies and this was always closely monitored.

Mr Long reported that there had been 548 deaths since the pandemic started and more than 300 people since November 2020. The Trust had not yet seen much of the new variant of the disease, but Mr Long expected it to reach the Trust towards the end of January 2021. Staff were responding brilliantly and were offering the best possible service to patients.

593 staff were off sick due to Covid, either with Covid or self-isolating or shielding and the total staff sickness was 1155 (11.5%).

Mr Long advised that the roll out of vaccinations was proceeding well and Mrs Geary was leading on behalf of the Humber Coast and Vale Partnership.

Mrs Bolus asked if there was anything the Board could do in relation to occupancy rates and sickness levels and Mr Long replied that staff were getting on with the work, even under unprecedented pressures and the wider healthcare system was working to ease some of the challenges being faced.

Prof Macleod asked when students would be vaccinated and Mrs Geary agreed to pick this up as part of her report.

Mr Hall asked about the testing of OCS staff and Zara Ridge advised that they were on the vaccination programme.

Resolved:

The Board received and accepted the report.

6.2 Board Assurance Framework

Mr Moran presented the BAF and advised that the Quarter 3 ratings had been proposed for review by the Board. Mrs Bolus added that the Quality Committee had reviewed BAF 3 and 6 in detail in its December 2020 meeting.

Mr Bond asked the Board to consider reducing BAF 7.1 to the proposed end of year rating (8) as it was likely that the Trust would hit its financial target. None of the other risk ratings had changed from Quarter 2.

Resolved:
The Board received the report and approved the proposed BAF risk ratings apart from BAF 7.1 which the Board agreed to reduce to 8 (4 impact) x (2 likelihood).

7 Our Patient Impacts

7.1 Performance Summary

Mrs Ryabov presented the report and advised that Covid-19 was having a significant impact on urgent work and work to reduce the backlogs. Compounding the issues was the high volume of patients coming into the hospital and the number of staff off work due to Covid-19. Mrs Ryabov added that the Phase 3 plan was in place and was being reviewed regularly.

ED performance was at 77.7% for November and patients were spending longer in ED due to flow into the Covid-19 and non-Covid-19 pathways. Planned care performance was similar to October and part of the Phase 3 planning was to focus on Priority 1 patients and as many Priority 2 patients as possible. Also day cases were continuing where possible and this included the eye surgery. ENT and Plastics had very long backlogs and increased referrals so work was ongoing to review these areas. Work was also on-going with system partners to look at any Community provision available.

Mr Bond added that he was working with Mrs Ryabov to review how the independent sector could be commissioned to support the Trust and associated costs.

Mr Curry asked what were the factors contributing to the ENT and Plastics issues and what was the Trust's response. Mrs Ryabov advised that capacity in both areas was insufficient to manage the number of referrals being made. A piece of work was being carried out to review throughput. There had also been an increase in cancer referrals.

Mrs Ryabov added that Ophthalmology and Plastics were working through their backlogs and had recently seen a reduction in the number of referrals.

Mr Robson asked about diagnostics and Mrs Ryabov advised that there was work to be done on the pathways. The demand was increasing and the Trust did not have enough capacity due to the availability of skilled staff.

Mr Hall asked about the Independent Sector work and if there was any reluctance to access the private sector. Mrs Ryabov advised that the Trust had a good working relationship with the Spire and work was on-going with the South Bank to expand as much as possible and review out of hours work.

There was a discussion around the Plastics team who had presented at the Quality Committee in December 2020 and Mrs Jackson informed the Board that members of the team had been redeployed to help with the Covid-19 wards. Mrs Ryabov advised that the rota for the team was being reviewed and the service was concentrating on Priority 2 and 52 week waits.

Resolved:
The Board received and accepted the report.

7.2 Quality Governance Summary
Mrs Geary presented the Quality Report and advised that there had been changes made to the nursing quality processes, there had been a reduction in falls and although there had been 7 serious incidents and that the Duty of Candour process had been initiated in each case.

There had been no Grade 4 pressure ulcers and 1 Grade 3. There had been an increase in device related skin damage for staff due to masks and the proning of patients.

There had been an increase in complaints in November 2020.

Mrs Geary advised that the process for screening patients for Covid-19 had been on day 5 and day 7 but that Public Health England were now expecting the Trust to screen on day 3. More details about the impact of this would be presented to the Quality Committee in January 2021.

The vaccination programme was on-going and the guidance regarding the second dose had changed to ensure more people were given the vaccine soonest. The programme was now focussing on front line staff and health and social care workers. Mrs Geary thanked the team for their fantastic work. Board colleagues congratulated MRs Geary and the wider team for the tremendous work being done.

Prof Macleod asked about the University Students and when they would be receiving their vaccinations. Mrs Geary advised that they were being booked in now.

The agenda was taken out of order at this point.

7.2.2 Minutes and Summary from the Quality Committee
The minutes and summary from the Quality Committee were presented. Dr Purva advised that there were harm reviews being undertaken on all 52 week breaches. The Service was focussing on Priority 2 cases and any 104 day waits.

7.3 Covid-19 Preparedness and Planning
Mrs Kemp presented the paper and reported that overall the Trust was managing well in its response to the pandemic and was working through the ongoing challenges.

Mrs Kemp advised that the command and control structure that was in place was robust and met at least 3 days per week but could flex up and down as necessary. The Trust had also introduced an elective recovery group to review services. Mrs Kemp thanked the information team for their support in the command structure.

Mrs Kemp reported that outstanding clinical leadership and a clear surge plan had been establsihed. Teams had also worked up ‘super surge’ and worst case scenario plans. She added that the workforce

position and beds allocated to Covid-19 were under constant review and she highlighted the good engagement with partners.

Mr Long added that the Trust was also maintaining its ability to manage the work arising from major trauma and cancer patients, and these would not be compromised.

Resolved:
The Board received and accepted the report.

8 Our People Impacts

8.1 Staff Overview

Mr Nearney presented the report and highlighted staff sickness as a challenge.

The vacancy position was healthy although there were still some key medical posts that needed to be filled.

Work was on-going to recruit students and 150 interviews had been set up with the University of Hull.

86% of all front line staff had now received their Flu vaccination. Mr Robson asked if the Trust counted any staff that had their vaccinations at their own GP Practice and Mr Nearney advised that yes staff were encouraged to let the Trust know.

Mr Nearney advised that every Friday the Executive Team gave a virtual Team Brief session which was proving very popular with all staff.

Resolved:
The Board received and accepted the report.

9 Our Finance Impacts

9.1 Finance Summary

Mr Bond presented the Finance report for Month 8 and advised that the first 6 months of the year the Trust broke even and the second 6 months was forecasting a £6m deficit. In Month 8 the Trust was reporting a £900k deficit. The Trust was slightly down on catering and car parking income and Covid-19 costs were increasing.

Mr Bond advised that the Trust was working up the costs related to the vaccination programme across the Trust and the wider ICS. The costs of this will be fully funded through NHSEI.

Mr Bond advised that the Trust was forecasting a year-end deficit of £5.5m which was £500k better than plan. The finance teams across the patch were working to close the £3m gap across the ICS.

The Capital expenditure was £19m to date and there was a further £42m to spend in the rest of the year. Mr Bond was confident that the Capital Plan would be achieved.

Mr Bond spoke of the financial planning for 2021/22 and suggested that the planning timetables might slip due to the 3rd wave of the pandemic and block arrangements may be extended.

Mr Robson commended the finance teams for their work and asked if the penalties for not achieving activity had been removed. Mr Bond advised that the Centre would review months 7 and 8 but he was confident that there would be no negative adjustments irrespective of that issue.

Mr Hall asked about the audit requirements and whether the Trust would have a robust External Audit Opinion at the end of the year. Mr Bond was confident that they would be able to offer an opinion with the exception to stock taking, which clinical staff did not have the capacity to do at the present time.

Resolved:
The Board received and accepted the report.

9.2 Pathology Services Business Case – Joint Collaboration Hull and York
Mr Bond presented the Business Case to the Board and advised that it was to bring together the two pathology services to achieve greater economies of scale and become a larger centre of excellence.

Mr Bond detailed how the laboratories would work and advised that York would host as they had an arms-length management company, which could mean VAT savings. Governance of the venture would be shared jointly.

Once the Business Case was approved, it would mean that a management Board would be created. The programme would run from a go live date in July 2021 to 2025.

Mr Hall (the lead NED for the Pathology programme) commended the paper and advised that it would help with staff shortages and align tests for the regions avoiding duplication of efforts. It will be more economical and streamlined.

Mr Curry asked about transitional costs and Mr Bond advised that they would not be significant.

Mrs Bolus asked about the handover and if there were any risks and Mr Bond advised that the governance was being developed to ensure a smooth transition.

Resolved:
The Board received and accepted the report.

10 Board Reports

10.1 Guardian of Safe Working Hours
Dr Purva presented the report and advised that there had been 127 exception reports received and were broken down into Health Groups. There were 2 key themes relating to the use of e-Rostering and lack of Phlebotomy.

Dr Purva advised that the roll out of e-Rostering was on-going and Dr Carradice was developing a business case to review the Phlebotomy situation and provide a long term solution.

Resolved:
The Board received and accepted the report.

10.2 Learning from Deaths – Mortality/Morbidity
Dr Purva presented the report which highlighted the Covid-19 mortality and the impact it was having on non-Covid-19 mortality.

Dr Purva advised that Gold and Silver Command were reviewing Covid-19 deaths. Dr Purva highlighted peaks in April and November 2020 which showed the 1st and 2nd wave of the pandemic.

Dr Purva reported that there had been a steep rise in mortality in the Community in the 1st wave, but in the second surge this had not been repeated. This suggested that Community mortality had stabilised and this reflected the significant amount of work being done at the end of life decision making process.

Dr Purva reassured the Board that back in April patients that had died after testing positive for Covid-19 stood at 27% and the national peak was close to 40%.

Following the review of deaths the Infection Control Team had reviewed red, amber and green Covid-19 pathways and a task and finish group was reviewing unnecessary patient movement. Dr Purva added that the more testing carried out on patients and staff the more asymptomatic cases were picked up.

Mrs Bolus asked about pre-op testing and Dr Purva advised that capacity was tight but discussions with Primary Care were on-going to address this. She added that the vaccination roll out was key and patients needing operations could be prioritised to be vaccinated.

Resolved:
The Board received and accepted the report.

7.2.1 Ockenden Report
Mr Moran introduced the report which was in response to a letter sent by NHSEI following the publication of interim report of an independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust. All Trusts were asked to assess their services against a number of immediate and essential actions to confirm compliance against them. Non-Executive Directors had previously met ahead of the deadline for the work to be reported before Christmas and today was to formally sign-off the urgent work undertaken.

Mrs Geary advised that the Board report included the letter of compliance that had been submitted to NHSEI and the Local Midwifery System on 21.12.20 as well as the assurance assessment tool.

Mrs Geary advised that the regional midwives had set up a meeting to discuss the findings of the Ockenden Report.

Mr Bond raised concerns regarding the resource implications and how they would be managed. Mr Moran advised that this was also the case nationally and that no assurance was given about further funds being made available for the impact of this work.

Resolved:
The Board received the report and formally approved the steps being taken to ensure compliance.

10.3 Maternity Incentive Scheme: CNST
Mrs Geary presented the report that highlighted 10 safety actions that the Trust should be compliant with.

Mrs Geary advised that the Trust had achieved or partially achieved all of the actions except safety action 6 which related to Ultra sonographer capacity and training.

The submission date had been put back due to the pandemic and it was hoped that safety action 6 would be compliant before the submission was due in July 2021.

10.3.1 PMRT Report
The report was received as an appendix to the Maternity Incentive Scheme : CNST.

10.3.2 Birthrate Plus Update
The report was received as an appendix to the Maternity Incentive Scheme : CNST.

10.4 Benchmark Report – MBRRACE Perinatal Mortality Surveillance Tool Standards
The report was received as an appendix to the Maternity Incentive Scheme : CNST.

Resolved:
The Board received the reports and noted the Trust's compliance against the standards.

11 Questions from the public relating to today's agenda
There were no questions asked by members of the public.

12 Chairman's Summary of the Meeting
Mr Moran again thanked all staff and their teams for the work they were doing in the current challenging times. He stated that it was a privilege to be associated with the Trust and the efforts it continued to make in difficult times.

13 Any Other Business
There was no other business discussed.

14 Date and time of the next meeting:
Tuesday 9 February 2021 – 10am – 12pm via Webex

Trust Board Annual Cycle of Business 2020 – 2021 - 2022			2020								2021								2022						
Focus	**Item**	**Frequency**	**Apr**	**May**	**Jun**	**Jun Ex**	**July**	**Sept**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**May**	**May Ex**	**Jul**	**Sept**	**Nov**	**Jan**	**Mar**	**May**	**May Ex**	**Jul**	**Sept**	**Nov**
Opening Items	Declarations of Interest	Every Meeting	x	x	x		x	x	x	x	x	x	x	x		x	x	x	x	x	x		x	x	x
	Minutes of the last meeting	Every Meeting	x	x	x		x	x	x	x	x	x	x	x		x	x	x	x	x	x		x	x	x
	Action Tracker	Every Meeting	x	x	x		x	x	x	x	x	x	x	x		x	x	x	x	x	x		x	x	x
	Board Reporting Framework 2020-2021-2022	Every Meeting	x	x	x		x	x	x	x	x	x	x	x		x	x	x	x	x	x		x	x	x
	Board Development Framework 2017-2021	Every Meeting	x	x	x		x	x	x	x	x	x	x	x		x	x	x	x	x	x		x	x	x
	Chair's Opening Remarks	Every Meeting	x	x	x		x	x	x	x	x	x	x	x		x	x	x	x	x	x		x	x	x
	Chief Executive Briefing	Every Meeting	x	x	x		x	x	x	x	x	x	x	x		x	x	x	x	x	x		x	x	x
	Patient Story	Every Meeting	x	x	x		x	x	x	x	x	x	x	x		x	x	x	x	x	x		x	x	x
	Staff Experience (Frontline staff team in attendance)	Every Meeting	x	x	x				x	x	x	x	x	x		x	x	x	x	x	x		x	x	x
	Board Assurance Framework	Quarterly		x			x		x	x	x	x		x		x		x	x		x		x		x
Our Patient Impacts	Performance Report	Every Meeting	x	x	x		x	x	x	x	x	x	x	x		x	x	x	x	x	x		x	x	x
	Quality Report	Every Meeting	x	x	x		x	x	x	x	x	x	x	x		x	x	x	x	x	x		x	x	x
	Covid-19 Recovery Report	Every Meeting		x	x		x	x	x	x	x	x	x	x		x	x	x	x	x	x		x	x	x
	Minutes and Escalation from the Performance and Finance Committee	Every Meeting					x																		
	Escalation from Ethical Clinical Policy Prioritisation Committee	As required	x				x																		
	Minutes and Escalation from the Quality Committee	Every Meeting					x																		
Our People Impacts	Staff Overview Report (Including Nurse Staffing)	Every Meeting	x	x	x		x	x	x	x	x	x	x	x		x	x	x	x	x	x		x	x	x
	Minutes and Escalation from the Workforce, Education and Culture Committee	Every Meeting					x	x	x		x		x	x		x	x	x	x	x	x		x	x	x
Our Finance Impacts	Finance Report (including Statement of Comprehensive Income)	Every Meeting	x	x	x		x	x	x	x	x	x	x	x		x	x	x	x	x	x		x	x	x
Items for Approval	Freedom to Speak Up Guardian	Quarterly					x		x					x		x		x	x		x		x		x
	Guardian of Safe Working Hours	Quarterly					x		x		x			x		x		x	x		x		x		x
	Quality Accounts	Annually						x	x					x							x				
	Statement of elimination of mixed sex accommodation	Annually				x									x							x			
	Annual Accounts	Annually				x									x							x			
	Going Concern Review	Annually				x									x							x			
	Audit Letter	Annually				x									x							x			
	Annual Report	Annually				x									x							x			
	Workforce Race Equality Standards	Annually						x						x							x				
	Workforce Disability Equality Standards	Annually						x						x							x				
	Modern Slavery	Annually						x						x							x				
	Emergency Preparedness Statement of Assurance	Annually						x									x							x	
	NHS Resolution Maternity Incentive Scheme	Six-Monthly						x			x					x			x				x		
	Business Cases	As required					x																		
	Self-Certification and Statement	Annually			x									x							x				
Reports to the Board	Nursing and Midwifery Report (included in Staff Overview Report)	Every Meeting	x	x	x		x	x	x	x	x		x	x		x	x	x	x	x	x		x	x	x
	Fundamental Standards	Six-Monthly						x					x				x			x				x	
	National Patient Survey	Annually							x									x							x
	National Staff Survey	Annually											x							x					
	Gender Pay Gap	Annually											x							x					
	Digital Exemplar	Annually							x									x							x
	Scan for Safety	Annually							x									x							x
	Fit and Proper Person Report	Annually					x							x							x				
Strategy and Planning	Operating Framework	As required						x			x								x						
	5 Year Plan	Annually									x								x						
	Trust Strategy Refresh	As required																							
	Operational Planning	Annually									x		x						x	x					
	Financial Planning	Annually			x								x	x						x	x				
	Capital Planning	Annually			x								x	x						x	x				
	Winter Planning	Annually							x										x						x
	Equality, Diversity and Inclusion Strategy	Every 3 Years											x												
	Assurance against Equalities Objectives	Annually						x									x							x	
	People Strategy	Every 3 Years																			x				
	IM&T Strategy	Every 3 Years												x											
	Research and Innovation Strategy	Every 3 Years											x												
	Trust Strategy Implementation Update	Every 6 Months							x				x				x			x				x	
	Estates Strategy inc. Sustainability and backlog maintenance	Annually			x								x	x						x	x				
Governance	Standing Orders	As required	x	x			x	x																	
	Safeguarding Annual Reports	Annually						x								x							x		
	Learning from Deaths Report/Mortality and Morbidity	Quarterly		x	x				x		x			x		x		x	x		x		x		x
	Information Governance Update	Six-Monthly				x					x				x				x			x			
	Health and Safety Annual Report	Annually						x								x							x		
	Director of Infection Prevention and Control Annual Report	Annually						x								x							x		
	Quality Improvement Programme	Six-Monthly			x									x					x		x				
	Responsible Officer Report	Annually						x									x							x	
	Seven Day Working Assurance Framework	Six-Monthly							x				x				x			x				x	
	Preparation for EU Exit	As required			x			x	x																
	Developing Workforce Safeguards	Six-Monthly						x					x				x			x				x	
	Review of Director's Interests (Inc Fit and Proper Persons)	Annually					x							x							x				
	Cultural Transformation	Six-Montly						x					x				x			x				x	
	Board Calendar of Meetings	As required						x												x					
	Review of Board Effectiveness	Annually						x									x							x	

Hull University Teaching Hospitals NHS Trust
Board Development Programme 2020-21
Overarching aims:
• The Board to be focussed on the Vision, Values and Goals of the Trust in all that it does
• To provide strategic direction and leadership for the Trust to be rated as 'outstanding' by 2021-22

Board Development Dates 2021	Strategy Refresh	Honest, caring and accountable culture	Valued, skilled and sufficient workforce	High quality care	Great Clinical Sevices	Great specialist services (until March 19)	Partnership and integrated services	Research and Innovation (from March 19)	Financial Sustainability
09-Feb-21			Reforming of the NHS - How we can actively shape what the new world looks like.		**Area 4 BAF 4**: There is a risk that the Trust does not meet contractual performance requirements for ED, RTT, diagnostic and 62-day cancer waiting times in 19-20 with an associated risk of poor patient experience and impact on other areas of performance, such as follow-up backlog				**Area 4 BAF 7:1**: There is a risk that the Trust does not achieve its financial plan for 2019-20
13-Apr-21				**Area 4 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			**Area 4 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		
08-Jun-21	Strategic drivers/balanced scorecare review		**Area 2 BAF 2**: The Trust does not effectively manage its risks around staffing levels, both quantitative and quality of staff, across the Trust					**Area 4 BAF6**: There is a risk that the Trust does not develop and deliver ambitious research and innovation goals and secure good national rankings in key areas.	
10-Aug-21		**Area 1 BAF 1:** Board Leadership and Strategy Development							**Area 2 BAF 7.3**: Estates/Tower Block update

12-Oct-21					**Area 4 BAF 4**: There is a risk that the Trust does not meet contractual performance requirements for ED, RTT, diagnostic and 62-day cancer waiting times in 20-21 with an associated risk of poor patient experience and impact on other areas of performance, such as follow-up backlog				
14-Dec-21				**Area 4 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					**Area 4 BAF 7:1**: There is a risk that the Trust does not achieve its financial plan for 2020/21

plan and capital requirements

Other topics to consider:
Board leadership and cultural development
Workforce data reporting
Strategic drivers/factors Deep Dive
IT Strategy/roadmap and cyber security
Estates/Tower Block update
Research, innovation, partnerships
Commercial strategy
Efficiencies and Productivity
HSJ Patient Safety Awards/ Trust award nominations and profile

Strategy Refresh	Honest, caring and accountable culture	Valued, skilled and sufficient workforce	High quality care	Great clinical services	Partnership and Integrated Services	Research and Innovation	Financial Sustainability

	BAF1 : There is a risk that staff engagement does not continue to improve The Trust has set a target to increase its engagement score to above the national average and be an employer of choice There is a risk that the Trust's ambition for improvement and for continuous learning is not credible to staff, to want to go on a journey to outstanding with the organisation What could prevent the Trust from achieving this goal? Risk that staff do not continue to support the Trust's open and honest reporting culture Failure to act on new issues and themes from the quarterly staff barometer survey would risk achievement Risk that some staff continue not to engage	BAF 2: The Trust does not effectively manage its risks around staffing levels, both quantitative and quality of staff, across the Trust Work on medical engagement and leadership fails to increase staff engagement and satisfaction Lack of affordable five-year plan for 'sufficient' and 'skilled' staff What could prevent the Trust from achieving this goal? Failure to put robust and creative solutions in place to meet each specific need. Failure to analyse available data on turnover, exit interviews, etc, to inform retention plans	BAF 3: 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 What could prevent the Trust from achieving this goal? That the Trust does not develop its learning culture That the Trust does not set out clear expectations on patient safety and quality improvement Lack of progress against Quality Improvement Plan That Quality Improvement Plan is not designed around moving to good and outstanding That the Trust is too insular to know what outstanding looks like That the Trust does not increase its public, patient and stakeholder engagement, detailed in a strategy	BAF 4: There is a risk that the Trust does not meet contractual performance requirements for ED, RTT, diagnostic and 62-day cancer waiting times in 19-20 with an associated risk of poor patient experience and impact on other areas of performance, such as follow-up backlog What could prevent the Trust from achieving this goal? 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 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 A focus on 62-day cancer targets has brought about improvements and a continued focus is required to	BAF 5: Principal risk: That the Humber, Coast and Vale STP does not develop and deliver credible and effective plans to improve the health and care for its population within the resources available and that the Trust is not able to influence this. In particular, that the lack of a mature partnership both at local 'place' and across the STP will hamper the quality of care and services the Trust is able to provide, as it will slow progress in the development of integrated services and access to transformation funds. What could prevent the Trust from achieving this goal? The Trust being enabled, and taking the opportunities to lead as a system partner in the STP The effectiveness of STP delivery, of which the Trust is one part	BAF 6:Principal risk: There is a risk that the Trust does not develop and deliver ambitious research and innovation goals and secure good national rankings in key areas. What could prevent the Trust from achieving this goal? Scale of ambition vs. deliverability Current research capacity and capability may be a rate-limiting factor Increased competition for research funding What could prevent the Trust from achieving this goal? The Trust being enabled, and taking the opportunities to lead as a system partner in the STP	BAF 7.1: There is a risk that the Trust does not achieve its financial plan for 2019-20 What could prevent the Trust from achieving this goal? Planning and achieving an acceptable amount of CRES Failure by Health Groups and corporate services to work within their budgets and increase the risk to the Trust's underlying deficit BAF 7.2 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 What could prevent the Trust from achieving this goal? Lack of achievement of sufficient recurrent CRES Failure by Health Groups and corporate services to work within their budgets
	Risk that some staff do not acknowledge their role in valuing their colleagues Risk that some staff or putting patient safety first						Failure to put in place 2-3 credible year plan to address the underlying deficit position BAF 7.3 Principal risk: There is a risk of failure of critical infrastructure (buildings, IT, equipment) that threatens service resilience and/or viability What could prevent the Trust from achieving this goal? Lack of sufficient capital and revenue funds for investment to match growth, wear and tear, to support service reconfiguration, to replace equipment; 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

Principles for the Board Development Framework 2017 onwards

Key framework areas for development *(The Healthy NHS Board 2013, NHS Leadership Academy)* looks at both the roles and building blocks for a healthy board.
With the blue segment highlight the core roles and the crimson segments defining the building blocks of high-performing Trust Boards.

Overarching aim:

- The Board to be focussed on the Vision, Values and Goals of the Trust in all that it does
- To provide strategic direction and leadership for the Trust to be rated as 'outstanding' by 2021-22

Area 1 – High Performing Board

- Do we understand what a high performing board looks like?
- Is there a clear alignment and a shared view on the Trust Board's common purpose?
- Is there an understanding the impact the Trust Board has on the success of the organisation?
- Do we use the skills and strengths we bring in service of the Trust's purpose?
- How can we stop any deterioration in our conversations and ensure we continually improve them?
- How can we build further resilience, trust and honesty into our relationships?
- Does the Trust Board understand the trajectory that it is on and the journey needed to move from its current position to an outstanding-rated Trust?
- What is required in Trust Board leadership to contribute to an 'outstanding'-rated Trust?

Our recent cultural survey (Barrett Values) gave us a clear blueprint of the culture that our staff desire. This is also embedded within our Trust Values and Staff Charter defining the behaviours we expect from everyone in order to have a culture that delivers outstanding patient care

- Is this reflected at Trust Board level? Do Trust Board members act as consistent role-models for these values and behaviours?
- What else is needed at Trust Board level in respect of behaviours? Towards each other? To other staff in the organisation?

Area 2 – Strategy Development

Strategy refresh commenced

- Outcome: for the Trust Board to have shared understanding and ownership of the Trust's strategy and supporting strategic plans, and oversee delivery of these, to be rated 'outstanding' by 2021-22
- What is the role of the Trust in the communities it serves? What is the Trust Board's role in public engagement?
- How does the Trust Board discharge its public accountability?
- To link this to Area 4 (exceptions and knowledge development) as needed

Area 3 – Looking Outward/Board education

Providing opportunity for Board development using external visits and external speakers, to provide additional knowledge, openness to challenge and support for the Board's development and trajectory

- Outcome: to provide opportunities for Board knowledge development as well as opportunities for the Board to be constructively challenged and underlying working assumptions to be challenged
- To provide an external focus to the Board not just for development but also to address the inward-facing perception reported by the Board itself as well as by the CQC

Area 4 – Deep Dive and exceptions

Internal exceptions that require Board discussion and knowledge development and ownership of issues, as they relate to the Trust's vision and delivery of the strategic goals

- Outcome: Board to challenge internal exceptions
- Board to confirm its risk appetite against achievement of the strategic goals and the over-arching aim of becoming high-performing Trust Board and 'outstanding' rated organisation by 2021-22

Hull University Teaching Hospitals NHS Trust

Trust Board Meeting

Independent Review of NHS Hospital Food

1. Purpose of the report

The Patient Meals Catering Services team received feedback from two patients in December 2020, this feedback followed on from the Hospital Food Review which made several recommendations for Trusts to consider and implement.
The paper details the current status of Hull University Teaching Hospitals against the recommendations and gives insight as to what changes have occurred or will be occurring in the future in relation to the quality of food and service of patient meals.

2. Introduction

- Independent Review of NHS Hospital Food documentation published in October 2020.
- Poor feedback was provided from two patients; the feedback highlighted areas of improvement and allowed the Trust to reflect on the changes to service due to amended operating procedures during the pandemic.
- Providers of Patient Meals amended choices accordingly during the pandemic and operated at a reduced range; this has reverted back to business as usual which includes the availability of choice.
- Patient menus within the Trust had not been reviewed for 12 months, the catering department were undergoing a review of patient choices and benchmarking against the British Dietetics Association Food and Hydration Digest alongside recommendations from the Hospital Food Review.

3. Trust Catering Review

Detailed relevant information

3.1 Hospital Food Review

Between September 2019 and March 2020 an independent review of Hospital Food was conducted, the findings varied due to the complexity of how each Trust operate and provide Patient Meals. Hull University Teaching Hospitals Trust operates with a Cook Freeze system with many meals provided by an external supplier (Tillery Valley Foods) with specialist products produced on site at Castle Hill Hospital within the Patient Meals department.

The recommendations and internal overview of actions from the review are summarised in appendix 1.

3.2 Patient Meals - Menu

The catering department operates a standard 2-week menu cycles alongside alternative diet menus to meet the needs of all patients. The menus are reviewed annually and benchmarked against general uptake of items, nutritional values, quality and cost.

More recent changes throughout 2019/2020 noted the regular level 7 diet with “Easy to Chew” items included on all standard menus, an increase of gluten free and vegan choices also appeared more frequently within standard daily menus but was not available 7 days a week.

The daily choices on the existing menus are as follows:

Lunch:
Soup or juice.
Choice of 3 hot main courses.
Choice of 2 sandwiches.
Salad.
2 vegetables.
2 carbohydrates.
2 hot desserts, fruit or ice cream.

Evening Meal:
Choice of 2 hot main courses.
Choice of 2 sandwiches.
1 Salad.
2 vegetables.
2 carbohydrates.
2 hot desserts, 2 fruit choices, cheese and biscuits, yoghurt or ice cream.

From Monday 8th February 2021 the menu will consist of the following choices on a 1-week menu cycle, the menu will allow greater choice on both lunch and evening meal service and covers a wider range of dietary requirements:

Lunch:
Soup or juice.
Choice of 4 hot main courses,
Choice of 4 sandwiches.
A choice of 4 salads.
3 different vegetables.
3 different carbohydrates.
3 or 2 hot desserts, high protein mousse, 2 fruit choices, cheese and biscuits, yoghurt or ice cream.

Evening Meal:
Soup or juice.
Choice of 4 hot main courses,
Choice of 4 sandwiches.
A choice of 4 salads.
3 different vegetables.
3 different carbohydrates.
3 or 2 hot desserts, high protein mousse, 2 fruit choices, cheese and biscuits, yoghurt or ice cream.

The above changes to the menu allows for increased choices on preference and dietary requirements. The choices will always include Easy to Chew, Vegan and Gluten Free as a standard.

The new menu has been reviewed by three external patients, dietetics and speech and language therapists. All feedback has been considered and included as part of the menu choice and design. New menu example is included (appendix 2).

3.3 Quality

The quality of the meal service can be improved providing staff follow procedures for storing, cooking, serving food items safely are followed and have good team working skills including effective communication. This will allow for a streamlined efficient and high quality service with little interruption or risk to patients and staff.

Service – Best Practices

A meal service works best when two ward based staff alongside the catering assistant serve the meals (breakfast, lunch and evening meal). In addition to the service of meals designated staff need to be available to assist with any patient feeding requirements. This is often achieved by having a ward operate "protective meal times".

Rotating the service starting point is known to improve patients experience of meal services and choice in areas that may not offer individual menus (admission wards, Elderly Care wards).

Cooking

Correct reheating of patient meals is crucial to ensure the quality does not deteriorate, a standard practice within the Trust is to use regeneration ovens at ward level. These are pre-programmed with cooking cycles to ensure safe cooking is achieved and assists to maintain quality. On occasions items may require additional cooking times which can alter the quality of a product, vegetables are an area of further development and the catering management team are currently reviewing the cooking times and changes will be introduced accordingly.

The Ward Catering Assistants receive training on these practices throughout the year and have safe systems of work and operating procedures that are followed.

4. Financial Implication/Risk assessment

- Additional costs incurred for the addition of soup on the evening menu, the cost will be minimal and in turn should note a reduction of powdered fortified instant soups provided at ward level.
- There is a risk of not meeting patient's nutritional requirements if actions are not adhered to and this can be detrimental to recovery and could contribute to future re-admittance.
- The reputation of the Trust can be improved through patient's real experiences, a positive stay within the Trust will offer assurances to the public through word of mouth, friends and family feedback and other routes of measuring standards.

6. Recommendation

The Board are requested to endorse the recommendations given within the Hospital Food Review and agree that the actions within form part of the Nutritional Steer Group agenda, any escalations to future Board meetings can be preliminary agreed at this committee.

Neil Woods
Trust Catering Services Manager
1st February 2021

Checklist for Trust Catering Managers and Chief Executives – Hospital Catering Review

Action	Status	Actions/Comments
Appropriate person nominated at board level to champion food, including safety and nutrition	unknown	To be raised through Estates, Facilities and Development committee and Nutritional Steering Group.
Food must be a standing item on board agendas and trusts should each have an up-to-date food and drink strategy	Not Achieved	Food and drink strategy works are ongoing. Previously sitting with Head of Dietetics and Trust Catering Manager. Neil Woods will review this with the interim head/deputy of Dietetics and at the future Nutritional steering Group meeting.
The same food served to patients should be regularly offered in staff/visitor restaurants (with divergence justified needs	Achieved	Meals within both retail and patients are purchased through same suppliers and some choices do cross over between both Retail and Patients.
Accountability for the entire food service operation rom "farm to fork" in food services should sit within catering teams.	Achieved	Compliance is met through HACCP and food safety measures. Audits completed by East Riding and Hull City Council Environmental Health.
Patient food should be adaptable and patient focused with consideration of dietary need and patient preference	Achieved	Patient choices have been adapted to meet the patient needs across both sites. The catering team work closely with ward staff, dietician and speech and language therapists to ensure specific choices meet the needs of patients. The meals are checked for quality/choice and appropriateness as part of Patient Led Assessment of the Care Environment (PLACE).
All Hospital catering services to phase in the use of attractive ceramic crockery	Achieved	Crockery is available through NHS supply chain. A variety is currently used within HUTH – some areas have plain, some have NHS logo with a blue pattern and on wards with clinical needs they have full covered hard wearing crockery for use with patients that may have dementia.

Communal dining, away from a patient's bed, should be encouraged whenever possible	Achieved	Wards that have dining room facilities do encourage patients to dine in these areas.
Ensuring hydration through access to water 24/7 as well as suitable beverages such as tea, coffee (including decaffeinated) or fruit infusion for all patients, staff and visitors	Achieved	Beverages are available 24/7 in all areas. Routinely for patients, drinks are offered at least 7 times per day by staff and fresh water/juice is replenished at least twice a day. Some ward areas have a beverage bay for access by patients, visitors and staff.
Understand and achieve a buying solution that endorses buying British where possible and where it provided demonstrable local social and economic value and environmental benefits	Achieved	Working in partnership with NHS Supply Chain Food.
Caterers must aim to reduce their carbon footprint	Not Achieved	Partnership working with suppliers is ongoing and future work and investment will be required.
Caterers must measure food waste and strive to reduce it	Achieved	The team measure food waste at each meal service and have a target of 4% or below in the current financial year. The aim for 2021/2022 will be to further reduce the percentage of waste to 3% or below. The waste in 2018/2019 was 13% .
Hospitals and Caterers should foster closer links with the community, recognising the hospitals role as an anchor institution in the community, looking for ways in which to donate or repurpose surplus food safely, for example via food banks or working with homeless charities	Achieved/Not applicable	It would be difficult for the hot food items already assigned to wards to be repurposed other than to encourage patients who are dining to consume these items. Chilled food items could be utilised throughout the evening and following day providing they are not beyond the use by day and have been stored correctly. The department does not operate with large volumes of waste that can be sent to food banks or other services but should this change the option will be explored.

Hospitals should engage with other organisations, such as local catering colleagues or their local sustainable food city to share best practice and amplify their impact	Not Achieved	This will be explored in the future by the Catering Team.
Every hospital must have an active membership of the helpful professional associations, for example BDA and HCA	Achieved	Dietitians are members of the BDA (British Dietetics Association) and Catering Managers are members of the HCA (Hospital Caterers Association)
Good catering relies on clarity of budgeting – catering teams' budgets should be ring-fenced	Unknown	Budgets are reviewed annually, unable to confirm is the budget is ring-fenced. Catering Management to explore this with EF&D financial team.
Constant effort will be devoted to engaging all catering staff in common mission to do a good job	Achieved	The team are always striving to provide the best service. Engagement between ward staff, dieticians, speech and language therapists and catering is excellent and the aim for all is to ensure patients receive the best possible nutrition and service when in our hospitals.
Catering staff must be well treated to ensure they enjoy their jobs.	Achieved	The catering teams in both Patient and Retail services are valued like all other Trust staff. Where possible staff are assigned to the same working area to ensure consistency and to form a working relationship with colleagues in the area.
Good and inspiring training at all levels (from in-service nutrition for doctors, to food safety essential for all involved in food provision including ward staff and volunteers) should be normal practice	Achieved	Training is provided to all catering staff as a departmental mandatory training requirement. All other staff and volunteers can access training through HEY 24/7
Consideration should be given to adapting mealtimes to prevent long gaps between services	Achieved	Meal times are spaced appropriately, Breakfast service is between 07:30-09:00, lunch service commences 11:50-12:00 and evening meal service commences 16:50-17:00. Snacks and beverages are served periodically throughout the day and evening.

Out of hours menu 24/7 that includes hot meal and cold snack provisions for patients, staff and visitors including special diets and children's options	Partially Achieved	Elements of this are available at present but it does not have a large range of diet meals. Patients access out of hours meals through the zonal kitchens or chilled/ambient provisions at ward level. Staff and visitors access 24/7 meals through vending facilities.
All hospitals should aspire to achieve 5 star under the Food Standards Agency Food Hygiene Rating Scheme and maintain a minimum of 4 stars	Achieved	Most areas have received a rating of 5 but some areas have a 4. Details of this are raised at the EF&D Risk and Compliance Committee. Funding may need to be ring-fenced to ensure maintenance of kitchens is achieved in the future.
Soup and sandwiches must not be served as the only meal choice in inpatient settings due to the inability of this option to meet the requirements of nutritional vulnerable hospital patients. An alternative hot option must always be available	Achieved	The patients menu currently have suitable options that meet the needs of all patients, lunch always has the option of 3 hot main courses and the evening menu has 2 hot main choices. The future menu will have 4 hot choices at both lunch and evening which will further increase patient choice.
Minimum of two high quality snacks offered to patients between meals (one in the evening) to support additional nutritional requirements; and must include those for healthier eating, higher energy, vegetarian, east to chew, vegan, cultural, special and modified texture diets. Healthier snack options for different diets must also be available for staff and visitors	Partially Achieved	Snacks are available for patients but these do not cover special dietary requirements. Future work and investment is required to achieve this fully. Snacks including healthier options and some specialist items are available for staff and visitors within the retail outlets and vending.
Poor-quality products should not be in use in hospital settings, for example whisk-and-serve non-nutritious soups	Achieved	All soups, shakes and other items that are not provided as part of the routine meal service are checked by Catering and Dieticians to ensure they meet the minimum requirements of patients in relation to nutrition. If the need for soups and shakes is required these are all higher calorie and protein options.

Hull University Teaching Hospitals - Patient Meals

Regular Menu Level 7 - Tuesday Lunch		
Name:		
Ward:		
Bed Number:		
Tick your choices below	Standard or Larger Portion (please circle)	Diet Coding
Starter - Please select up to 1 choice from this section		
	Cream of Potato & Leek Soup	V GF ↗
	Fruit Juice	♥ V GF VG
Main Courses - Please select up to 1 choice from this section and if you would like Gravy with your main course.		
	Sliced Roast Turkey in Gravy	♥ EC GF
	Fish in Cheese & Chive Sauce	EC GF
	Vegetable Goulash with a Herb Dumpling	V VG ↗
	Tomato Omelette	♥ EC V GF
	Ham Sandwich White	
	Egg Mayonnaise Sandwich White	V
	Tuna Mayonnaise Sandwich Brown	
	Cheese Sandwich Brown	V
	Chicken Salad	♥ GF
	Salmon Mousse Salad	♥ GF
	Grated Cheese Salad	♥ V GF
	Cottage Cheese Salad	♥ V GF
	Gravy	V GF VG
Carbohydrates - please select up to 2 choices from this section to accompany your main meal, salad or sandwich		
	Mashed Potatoes	♥ EC V GF VG
	Roast Potatoes	V GF VG ↗
	Boiled Rice	♥ V GF VG
Vegetables - please select up to 2 choices from this section to accompany your main meal, salad or sandwich		
	Garden Peas	♥ V GF VG
	Mashed Carrot & Swede	♥ EC V GF VG
	Cauliflower	♥ EC V GF VG
Dessert - please select 1 choice from this section and if you would like Custard sauce with your dessert.		
	Red Cherry Pie	V VG ↗
	Sago Pudding	EC V GF
	Lemon Mousse	EC V GF ↗
	Live Thick & Creamy Yoghurt	EC V GF
	Cheese & Biscuits	V
	Fresh Pear	♥ V GF VG
	Fruit Cocktail & Ice Cream	♥ V GF
	Ice Cream	EC V GF
	Custard Sauce	V GF
Diet Coding		
Easy Chew EC	Gluten Free GF	Higher Energy ↗
Vegan VG	Healthier Option ♥	Vegetarian V
Further allergen information is available for all menu items; please contact a member of the ward team for more information.		

Regular Menu Level 7 - Tuesday Evening Meal		
Name:		
Ward:		
Bed Number:		
Tick your choices below	Standard or Larger Portion (please circle)	Diet Coding
Starter - Please select up to 1 choice from this section		
	Minted Pea Soup	V GF ↗
Main Courses - Please select up to 1 choice from this section and if you would like Gravy with your main course.		
	Corned Beef & Baked Bean Hash	♥ GF
	Fish in Batter	
	Broccoli & Cauliflower Burger	♥ V VG
	Plain Omelette	♥ EC V GF
	Coronation Chicken Sandwich White	
	Cheese Sandwich White	V
	Corned Beef Sandwich Brown	
	Egg Mayonnaise Sandwich Brown	V
	Chicken Salad	♥ GF
	Salmon Mousse Salad	♥ GF
	Grated Cheese Salad	♥ V GF
	Cottage Cheese Salad	♥ V GF
	Gravy	V GF VG
Carbohydrates - please select up to 2 choices from this section to accompany your main meal, salad or sandwich		
	Mashed Potatoes	♥ EC V GF VG
	Chipped Potatoes	V GF VG ↗
	Boiled Rice	♥ V GF VG
Vegetables - please select up to 2 choices from this section to accompany your main meal, salad or sandwich		
	Sliced Carrots	♥ EC V GF VG
	Country Vegetables	♥ EC V GF VG
	Mushy Peas	EC V GF VG
Dessert - please select 1 choice from this section and if you would like Custard sauce with your dessert.		
	Apple Crumble	V VG ↗
	Rice Pudding	EC V GF
	Chocolate Mousse	EC V GF ↗
	Live Thick & Creamy Yoghurt	EC V GF
	Cheese & Biscuits	V
	Fresh Orange	♥ V GF VG
	Pineapple & Ice Cream	♥ V GF
	Ice Cream	EC V GF
	Custard Sauce	V GF
Diet Coding		
Easy Chew EC	Gluten Free GF	Higher Energy ↗
Vegan VG	Healthier Option ♥	Vegetarian V
Further allergen information is available for all menu items; please contact a member of the ward team for more information.		

Hull University Teaching Hospitals NHS Trust
Trust Board Action Tracking List (February 2021)

Actions arising from Board meetings

Action NO	PAPER	ACTION	LEAD	TARGET DATE	NEW DATE	STATUS/ COMMENT
January 2020						
01.01	Patient Story	Update regarding catering improvements to be received	NW	February 2020		
COMPLETED						
03.12	Board Development Framework	Updated Board Development Framework to be presented to the Board	TM/RT	January 2020		Completed

Actions referred to other Committees

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

Hull University Teaching Hospitals NHS Trust

Trust Board

9 February 2021

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 update, SIREN study, interferon Beta	

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

Hull University Teaching Hospitals NHS Trust

Chief Executive's Report

Trust Board 9 February 2021

1. Key messages from January 2021

Covid update

January has been a very difficult and challenging month for our staff and our local population. We saw the number of Covid inpatients peak at 267 last month, which is the highest number we have reached during the pandemic. Furthermore, and tragically, 201 patients died in our hospitals during January. The total number of deaths at HUTH due to Covid has surpassed 700.

Our thoughts are with the loved ones of those who have died and also with our staff. We know it is incredibly emotional for staff who are caring for and treating patients with Covid and we have been offering them access to support services throughout the pandemic. Once again I would like to thank them on behalf of the board and pay tribute to their dedication and hard work in such a difficult working environment.

SIREN study

I would also like to thank all of those staff in our hospitals who participated in the SIREN study, which has discovered that people are protected from catching Covid-19 again for at least five months after contracting the virus.

Hundreds of our colleagues at Hull University Teaching Hospitals NHS Trust took part in the SIREN study, undertaken by Public Health England (PHE). In its first report PHE has revealed:

- Antibodies from past Covid-19 infection provide people who have already had the virus with 83 per cent protection against reinfection for at least five months;
- Reinfections were rare with just 44 potential reinfections in the study of 6,614 people who had antibodies after contracting the virus earlier

Early evidence does also suggest a small number with antibodies may still be able to carry and transmit Covid-19, underlining the need for people to follow national guidance to stay at home and the rules of "hands, face, space" whether they have had the infection or not.

Hull patient becomes first in the world to take part in Covid-19 trial

Our participation in the fight against Covid also saw a patient at Hull Royal become the first in the world to take part in a global aimed at preventing the most severe forms of Covid 19.

Iuliana-Alexandra Constantin, 34, became the first patient in the world to take part in the Phase 3 trial of inhaled Interferon Beta after she was taken to Hull Royal Infirmary this week with the virus. Admitted to Ward 38, one of the hospital's specialist units caring for patients with Covid 19, Iuliana-Alexandra was given a nebulizer to breathe in the medication as a mist after agreeing to take part in the trial, led by researchers at the University of Southampton.

The drug is designed to boost the lungs' antiviral defences, enabling patients to recover faster and fight off a more severe form of the disease. Patients will be shown how to administer the once-a-day therapy themselves at home, allowing them continue the treatment after they are discharged from hospital.

Our Trust took part in the Phase 2 trial, involving around 100 people, during the first wave of the pandemic and we are now playing a major role in Phase 3 by recruiting the first patient to the next phase of the trial.

First anniversary
At the end of January we marked one year since the very first Covid patients in the UK were diagnosed by our Infectious Diseases (ID) team on ward 7 at Castle Hill Hospital. This event, inevitably attracted a lot of attention from the media.

I would like to thank the ID team not only for their continuing work to help care for and treat our Covid patients but also for their patience in telling their story repeatedly to local, regional and national media organisations.

3. Media activity

There were a total of 70 articles and broadcasts relating to HUTH in December.

- 35 positive (50%)
- 28 factual (40%)
- 3 negative (4%)
- 4 neutral (6%)

Reactive media statements issued in January
6.1.21 500 deaths milestone reached – statement from Chris Long
6.1.21 Covid – how is the trust coping – statement from Michelle Kemp
22.1.21 Covid situation update – statement from Dr Makani Purva

4 news releases issued from the Communications Office this month (click on links to read full story):

8 January – 'Don't put off your appointment; you're in safe hands'
11 January - Four new Changing Places improve hospitals' disabled facilities
13 January - Hull patient becomes first in world to take part in Covid-19 trial
14 January – Hull plays role in study into Covid-19 immunity after contracting the virus

Social media
Facebook
Total "reach" for Facebook posts on all Trust pages in January – 326,362

- Hull Women and Children's Hospital – 79,466
- Castle Hill Hospital – 79,022
- HEY Jobs page – 3,036
- Hull Royal Infirmary – 106,376
- Hull University Teaching Hospitals NHS Trust – 58,462

Twitter @HullHospitals

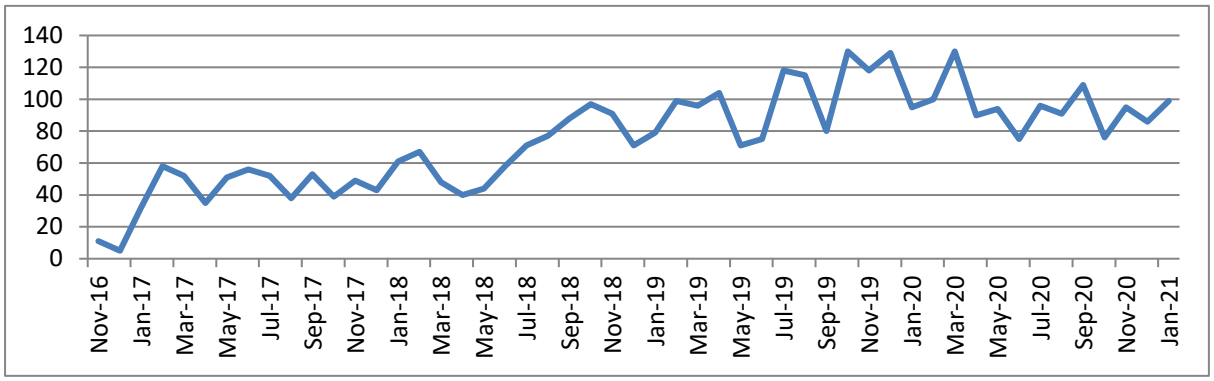
- 339,000 impressions (272,100 impressions in December)
- 8,791 followers

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

9 February 2021

Title:	Governance Update
Responsible Director:	Terry Moran, Chair, Chris Long, CEO
Author:	Rebecca Thompson, Corporate Affairs Manager

Purpose:	The purpose of the report is to seek approval for the modifications to the governance arrangements in February 2021.	
BAF Risk:		
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 Key of Issues:	Interim Governance arrangements approved at the Board meeting on 10 November 2020 to be extended until 28 February 2021 with one additional measure to stand-up the Performance and Finance Committee being stood up from February 2021. Interim Governance will be reviewed no later than 28 February 2021 to determine Governance requirements effective from 1 March 2021.	

Recommendation:	The Board is asked to approve the proposed governance arrangements 1st to 28th February 2021.

Hull University Teaching Hospitals NHS Trust

Trust Board

Governance Arrangements Update – February 2021

1. Purpose of the Report

The purpose of the report is to seek approval from the Board for the slightly modified approach to governance during February 2021.

2. Governance for February 2021

Following discussions at both the Executive Team meeting and the CEO/NED meeting it has been proposed that the interim governance arrangements in place and approved at the Trust Board on 10 November 2020 be extended to 28th February 2021. This is with the exception of the Performance and Finance Committee which will be stood up from February 2021. This has been decided due to the operational pressures the Trust is facing in the third wave of the pandemic.

This means that the following meetings will go ahead and all others will be stood down:
Trust Board (monthly)
Quality Committee (monthly)
CEO/NED Meeting (weekly)
Performance and Finance Committee (monthly)
Ethics Committee (as required)

A short Workforce, Education and Culture Committee has been arranged to discuss support for staff and any staffing issues.

These arrangements will be formally reviewed again no later than 28th February 2021.

3. Recommendation

The Board is asked to approve the proposed governance arrangements 1st to 28th February 2021 and the need to review again no later than 28th February 2021.

Rebecca Thompson
Corporate Affairs Manager
February 2021

Hull University Teaching Hospitals NHS Trust

Trust Board

February 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 Quality Committee 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:	Each year, the Trust Board determines the key risks against the achievement of the Trust's strategic objectives. The Board Assurance Framework for 2020-21 is set in the context of the Covid-19 pandemic; in strategy terms, the way that the pandemic has affected business as usual will affect the progress that the Trust will be able to make towards its strategic objectives this year but this will not be the totality of what affects the Trust's ability to make progress on its strategic objectives. The Trust Board approved the Board Assurance Framework at its meeting in July 2020.	

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.

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 Trust 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 form the Corporate Risk Register, which is reviewed and agreed by the Executive Management Committee. This provides the opportunity to link corporate-level risks where they impact on the strategy and achievement of the Trust's over-arching goals.

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 3 Board Assurance Framework

As part of the process for signing off the third quarter Board Assurance Framework, each of the strategic objectives have been considered. The Board agreed the following Q3 risk ratings at its meeting in January 2021.

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.
Overall the Trust vacancy position is 3%, recruitment and retention remains a key priority.

Risk rating at the start of the year = 12
Q1 risk rating = 12
Q2 risk rating = 12
Q3 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.

Health and wellbeing programme to be piloted and evaluated in December 20, Great Leaders management support clinics introduced and the Trust has also received funding to implement Schwartz Round in their virtual shorter format called "Team Time".

Risk rating at the start of the year = 12
Q1 risk rating = 12
Q2 risk rating = 12
Q3 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 received an update from the Plastics Service and this had highlighted a substantial increase in referrals which was compounded by capacity issues. ENT would be the next service to attend the Quality Committee for review.

Covid Fundamental Standard audits had been introduced and were showing positive results.

There have been 0 Trust apportioned MRSA bacteraemia between 1st April and 30th October 2020.

During October 2020 there were 0 Never Events and 8 Serious Incidents declared.

Risk rating at the start of the year = 16
Q1 risk rating = 16
Q2 risk rating = 16
Q3 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. Recovery planning was ongoing.

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. Ophthalmology and Plastics had both presented to the Quality Committee regarding patient harm.

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

During the latter 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.

Risk rating at the start of the year = 20
Q1 risk rating = 20
Q2 risk rating = 20
Q3 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 has successfully commenced the vaccination programme.

Risk rating at the start of the year = 9
Q1 risk rating = 9
Q2 risk rating = 9
Q3 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

HUTH has managed a successful portfolio of Covid 19 studies that provide access to potentially life preserving or life-extending treatment not otherwise available to the patient can continue with appropriate safeguards. This achievement has been formally recognised by the Clinical Director of the Yorkshire and Humber CRN.

HUTH represents the Hull City Region Vaccine Hub and is one of 6 hubs in Yorkshire and Humber. To date HUTH has received £116,000 dedicated Vaccine Task Force funding to support the delivery of covid-19 vaccine trials.

HUTH will continue to provide equitable access for patients and staff to both Urgent Public Health Research and non-COVID-19 research where it is possible and safe to do so.

The Quality Committee discussed reducing the risk rating due to the work that has been carried out, but it was agreed that a further review in March 2021 would give a fuller picture of research work against the targets.

Risk rating at the start of the year = 12
Q1 risk rating = 12
Q2 risk rating = 12
Q3 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 Trust reported a break-even position for the first 6 months with 'true-up' income of £10.6m.

For the second half of the year the Trust has submitted a plan deficit of £6m 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.

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.

Due to the financial situation and the forecast to achieve the plan at year end, the Board agreed to reduce the risk rating to 8.

Risk rating at the start of the year = 12
Q1 risk rating = 12
Q2 risk rating = 12
Q3 risk rating = 8
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
Q3 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 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 is £59.6m and this includes assumptions on the Trust receiving PDC allocations for such items as backlog maintenance, ED Urgent and Emergency Care business case and critical infrastructure. To date the Finance Teams were confident that the allocations would be spent by 31 March 2021.

Risk rating at start of the year = 12
Q1 risk rating = 9
Q2 risk rating = 9
Q3 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
BAF 3 quality of care = 2 corporate risks
BAF 4 performance = 3 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
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.

Rebecca Thompson
Corporate Affairs Manager

February 2021

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

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

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

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

Trust does not capitalise on opportunities brought by the name change and growing partnership with the University, missing opportunities for staff and patients

FINANCE
Financial sustainability

Strategic risks:
Failure to deliver annual financial plan and associated increase in regulatory attention

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

PATIENTS
High quality care
Great clinical services

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

INFRASTRUCTURE
High quality care
Financial sustainability

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

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

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

PARTNERS
Partnership and integrated services

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

BOARD ASSURANCE FRAMEWORK 2020-21 – Version updated 29 December 2020

GOAL 1 – HONEST, CARING AND ACCOUNTABLE CULTURE

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2020/21 risk ratings				Target risk rating (Imp x likelihood)	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (mitigate gaps in controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
1	Chief Executive	From the Trust's strategy: *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.* *Principal Risk*: There is a risk the Trust does not make progress towards further improving a positive working culture this year *What could prevent the Trust from achieving this goal?* 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 Failure to act on	None	**4 (impact major) x 3 likelihood possible = 12**	Establishment of the Workforce, Education and Culture Committee to provide Board-level oversight and accountability for key elements of the People Strategy Refreshed People Strategy focusses on: leadership capacity and capability, empowering staff to lead improvement, equality, diversity and inclusion, employee engagement, communication and recognition 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 Engagement of Unions via JNCC and LNC on staff survey and associated action plan Board Development Plan will include development of unitary board and leaders by example Leadership Development Programme commenced April 2017 to develop managers to	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 Consideration of a plan specifically for medical engagement – suggest timescale of end Q2 Need to undertake workforce engagement and transformation as part of Humber Acute Services Review – timescales per HASR progress	**12**	**12**	**12**		**4 major x 1 rare = 4**	**<u>Positive assurance</u>** 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 Detailed papers to Trust Board on staffing picture including additional psychological support, access to additional support, risk assessments and support to BAME Leadership Network 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. Trust vacancy position 3% excluding Covid. **<u>Further assurance required</u>** 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 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 Understanding of impact on staff morale and engagement if/when central financial support for Covid-19 staff support is ended

		new issues and themes from the quarterly staff barometer survey would risk achievement Risk that some staff continue not to engage Risk that some staff do not acknowledge their role in valuing their colleagues			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 Trust acknowledged by commissioners and regulator to be open and honest regarding patient safety and staffing numbers Regular reports to the Trust Board on the People Strategy Significant staff support put in place for Covid-19 including 24/7 psychological first aid support Daily/regular messages to staff on Covid-19 activity, Trust Surge plan, PPE, staff support, staff testing Board-level leadership in HASR and maintaining momentum on progress Covid-19 reflection piece – gain insights from staff on successes that should be maintained following Covid-19 surge activity					

Risk Appetite

The Trust has been managing and mitigating the level of risk posed by staff culture since 2014, and has been on a journey of improvement on staff engagement. There needs to be a renewed focus on staff culture to bring about a new level of improvement. The appetite for risk is high, insofar as the Trust has worked in a high-risk environment regarding staff culture, which has been mitigated over time as a result of acknowledging the poor staff culture in 2014 and putting a robust plan in place to engage with staff ever since. The Trust wants to mitigate this to a lower-level risk in respect of the impact that poor engagement and poor behaviours have; the Trust is not prepared to take risks with staff culture where this jeopardises patient care or staff welfare. Additional communications and staff welfare have been brought in during Covid-19, from which positive lessons can be taken, linked to this level of risk appetite – resolutions have been put in place quickly before risks in staff numbers or engagement occurred with Covid-19.

GOAL 2 – VALUED, SKILLED AND SUFFICIENT STAFF

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2020/21 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (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: *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.* *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 *What could prevent the Trust from achieving this goal*? 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 *Developing Workforce Safeguards* 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**	**12**		4 x1 = 4	**<u>Positive assurance</u>** 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. Health and wellbeing programme commencing in December 2020, Great Leaders support clinics introduced. Schwartz rounds introduced. **<u>Further assurance required</u>** 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: • 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

		availability due to Covid-19 including long-term trauma and burn-out Productivity decreases due to Covid-19 could place more demands on staff	Capacity of intra-vitreal injection service		choice during and following completion of training Nursing safety brief several times daily to ensure safe staffing numbers on each day Employment of additional junior doctor staff to fill junior doctor gaps Regular reports to the Trust Board from the Guardian of Safe Working Particular focus and investment in staff support during Covid-19 including mental health support Covid-19 redeployment undertaken with support of HGs and undertaken in a planned way					

Risk Appetite

There is a link between patient safety and finances; the Trust draws a 'red line' as compromising quality of care and has built in to the financial plan in 2018-19 and was carefully managed in 2019-20, which saw an increase in agency spend in order to maintain staffing numbers but also investment in new posts and new ways of entering nursing. The Trust needs to reduce the risk to its financial sustainability posed by quality and patient safety but without compromising the Trust's position on patient safety. The Trust is putting a plan in place to encompass new clinical training roles and build these in to workforce plans, so is demonstrating a good appetite to adapt and change to further mitigate this risk. The Trust has shown some agility and willingness to invest as part of this risk appetite but as a carefully managed financial position.

GOAL 3 – HIGH, QUALITY CARE

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2020/21 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (gaps in controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 3	Chief Medical Officer Chief Nurse	Taken from the Trust's strategy: *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* *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 *What could prevent the Trust from achieving this goal?* That the Trust does not develop its patient safety culture That Quality Improvement Plan is not designed around moving to good and outstanding That the Trust is too insular to know what outstanding looks like That the Trust	F&WHG – The Breast service reliant on one Pathologist due to long term sickness. Corporate: Time being taken to embed new clinical admin hubs	**4 (impact = major)** **4 – likely = 16**	New Quality Improvement Plan (QIP)I 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. 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 Midwifery services have a robust plan to achieve the ambition in Better Births this is overseen at organisational and LMS level The Trust has put in place all requirements to date on Learning from Deaths framework over the last 3 years The Trust regularly monitors quality and safety data to understand quality of care and where further	Need to complete gap analysis against the national Patient Safety Strategy and implement a trust-wide action plan – by end Q2 Need to complete an updated Patient and Public Engagement plan and governance structure by end Q2 Need to assess impact on patient safety and clinical harm due to Covid-19 service delivery and service changes – by end Q1 Need to look at Board-level reporting on patient outcomes – by end Q3	**16**	**16**	**16**		4 x 2 = 8	**<u>Positive assurance</u>** 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 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 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. 2 Never Events declared in April 2020 (relating to Robinson drains) had been downgraded and were now being investigated as serious incidents. No Never Events declared since April 2020. Covid Fundamental standards audits had commenced. **<u>Further assurance required</u>** 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 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. Review of Ophthalmology eye injection service at the next Quality Committee – Backlog issues. 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. Plastics Service highlighted an increase in cancer

		does not increase its public, patient and stakeholder engagement, detailed in a strategy The impact on harm due to longer waiting times, delayed activity and less capacity from Covid-19 is not carefully managed. Capacity of organisation potentially compromised to be able to make Trust-wide improvements in quality of care			response is required Fundamental standards in nursing care on wards are being adapted for Outpatients. Will be monitored at the Trust Board and Quality Committee Participation in the "Moving to Good" Programme Close relationship with commissioners on clinical quality and improvement; have identified areas of partnership working on post-pandemic harm and patient waiting list management Regarding Falls - A monthly escalation report has been requested from each Health Group which will highlight to the Committee any increase/decrease in falls per ward, narrative around themes and trends, and any areas of concern and actions taken.					referrals and capacity issues impacting performance. Harm reviews had not been carried out due to capacity.

Risk Appetite

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

GOAL 4 – GREAT CLINICAL SERVICES

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2020/21 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (gaps in controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 4	Chief Operating Officer	Taken from the Trust's strategy: *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.* *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	F&WHG – Ophthalmology experiencing significant delays in meeting outpatient appointments F&WHG – Capacity for vitreal injections is limited. Clinical Support - Insufficient capacity in Radiology to accommodate increasing demand	**4 (impact = major)** **5 (likelihood = almost certain)** **= 20**	Quality Impact Assessments being undertaken on changes in service delivery due to Covid-19 Assessment per HG and service for Covid-19 recovery plans 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 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 Clinical triage of all new referrals to ensure patients/GPs receive advice and guidance and diagnostics where available whilst awaiting first appointment		**20**	**20**	**20**		4 x 2 = 8	**<u>Positive assurance</u>** 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 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 COO and CMO meeting monthly with the Medical Directors to discuss ED performance and clinical engagement The Adopt and Adapt work for diagnostics is being progressed with the COO at HUTH being the SRO lead across HCV The triaging of the referrals in the RAS is working well for services. Positive engagement from all services to maintain and increase different ways of working across outpatient services Primary Care Collaborative Group had been established to review non-Covid harm The rapid increase in Covid admissions has impacted on urgent and emergency care 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.

		possible and the impact of national guidance 3- Planning guidance being released in stages across the year What could prevent the Trust from achieving this goal? 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 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 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			Impacts on waiting lists due to Covid-19 measured and published weekly Capacity and demand work in all pathways Plan to review medical base ward capacity to meet demand Restoration command structure in place						**Further assurance required** 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 Further work required on ED performance as patient numbers start to rise again – new weekly meeting in place between Health Group Medical Directors Following receipt of the Phase 3 planning letter there are risks around the performance expectations set out. Diagnostic performance is improving in July 2020, but there are still issues around endoscopy. Operating plan not meeting the national ask. Waiting list forecast March 2021 – 66000 52 week wait forecast March 2021 – 16500 ENT, Cardiology, Ophthalmology and Plastics were being reviewed due to them accounting for 40% of the backlog/waiting list issues. Cancer and 52 week performance is being impacted by the second wave of Covid-19.

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	Taken from the Trust strategy: *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* *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 *What could prevent the Trust from achieving this goal?*	None	**3 (impact = moderate)** **3 (likelihood = possible)** **= 9**	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 HUTH taking role in continued partnership work and asking for momentum on acute service reviews to be picked back up as soon as possible Undertaken detailed stakeholder feedback survey, and formulating action plan following Board discussion Recent discussions and plans on Humber Acute Services Review	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 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	**9**	**9**	**9**		3 x 1 = 3	**Positive assurance** Output of Humber Acute Services Review Interim Clinical Plan will move forward partnership working ICS status and new meetings bringing together acute providers to work more collaboratively HUTH/NLAG reviewing service models to improve services across the Humber region HUTH is the Covid vaccination hub for the HC&V area and would be in a position to go live by 1st December 2020. Covid vaccination programme commenced. **Further assurance required**

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

GOAL 6 – RESEARCH AND INNOVATION

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2020/21 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (gaps in controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 6	Chief Executive Chief Medical Officer	Taken from Trust strategy: *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* *Principal risk:* There is a risk that the Trust does not develop make progress in developing its research capability, capacity and partnerships *What could prevent the Trust from achieving this goal?* Scale of ambition vs. deliverability Current research capacity and capability may be a rate-limiting factor Unknown impact of Covid-19 on partner organisation and	None	**3 (impact = moderate)** **4 (likely)** **= 12**	Strengthened partnership with the University of Hull Trust investment in last 12 months in research capability including jointly funded posts and projects Actions against Strategic Goals within Trust Strategy for Research and Innovation in place – detailed plan in place with milestones and risk assessment Further development of partnership with Sri Ramachandra, India and joint research conference and projects	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 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	**12**	**12**	**12**		3 x 2 = 6	**Positive assurance** Trust taking part in Covid vaccination trial Trust working with HC&V to identify mutual benefits across the system Successful portfolio of Covid studies managed in 2020 HUTH Hull City Region Vaccine Hub. Funding received to support the delivery of the vaccine trials Non Covid research to commence where possible and safe to do so **Further assurance required** Junior Doctors and Research Fellows research time impacted due to Covid and clinical responsibilities

		research funding availability Recovery of Trust research staff redeployed during Covid-19 into front-line roles back in to research work									

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

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	Taken from the Trust Strategy: *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.* *Principal risk:* There is a risk that the Trust does not achieve its financial plan for 2020-21 *What could prevent the Trust from achieving this goal?* Inability of Trust to restrict Covid related expenditure to within nationally prescribed expectations Inability of Trust to	Corporate: Pensions	**4 (impact = major** **3 (likelihood = possible)** **= 12**	HG held to account on financial and performance delivery at monthly Performance reviews; HGs hold own performance meetings Ongoing management of Trust cash balances to ensure no liquidity issues. Process in place to agree level of activity planned for remainder of year. Cannot be concluded until financial envelope known Monthly analysis and interrogation of Covid and non-Covid spend using established accounting processes and develop better understanding of the cost base Review of income generating activities taking place with assumption of charging for all relevant services (except staff car parking) from early September	Need to see financial plan from Centre to be able to frame the degree of risk and action required to achieve Assurance over grip and control of cost base; underlying run-rates increasing pressures Accurate forecasting and control Grip and control of locum and agency spend Delivery of recurrent CRES All above controls need to be addressed by end Q1	**12**	**12**	**8**		4 x 2 = 8	**<u>Positive assurance</u>** 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 Achieved revised plan for first quarter of the year Financial planning guidance received for month 7 onwards Trust has maintained its break even position in Month 8 Trust has submitted a plan deficit of £6m based on shortfalls on other income such as car parking. The month 7 in month deficit of £0.52m was an improvement to the planned £0.7m Due to the financial situation and the forecast to deliver the year end plan, the Trust Board agreed to reduce the risk to 8 (4x2). **<u>Further assurance required</u>** Provider shares of the ICS Covid and growth allocations are still to be determined. ICS plans had been submitted. The risks were being reviewed. The ICS had a £8.9m gap to be addressed.

		generate income from non-clinical activities to pre-Covid levels 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 Prospective financial plan for periods (07-12) required excessive levels of cost reduction in order to meet plan									

Risk Appetite

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

GOAL 7 – FINANCIAL SUSTAINABILITY

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		2020/21 risk ratings				Target risk rating	Effectiveness of mitigation as detailed to the Trust Board or one of its Committees
					What is being done to manage the risk? (gaps in controls)	What controls are still needed or not working effectively?	Q1	Q2	Q3	Q4		
BAF 7.2	Chief Financial Officer	Taken from the Trust Strategy: *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.* *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) *What could prevent the Trust from achieving this goal?* Lack of achievement of sufficient recurrent	None	**4 (impact = major)** **4 (likely)** **= 16**	Robust financial planning processes in place Covid-19 recovery planning already commenced 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	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 Ability to deliver a 2-3 year plan to tackle underlying financial position relies on system-level control and contribution Need to agree a process to ensure resources are transferred appropriately between Trusts as a result of the developing acute service reviews	**16**	**16**	**16**		4 x 1 = 4	**Positive assurance** **Further assurance required** 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.

		CRES or make efficiencies Unknown impact of Covid-19 finances and recovery planning National guidance not yet released for system financial planning during and post Covid-19								

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

GOAL7 – FINANCIAL SUSTAINABILITY

BAF Risk Ref:	Accountable Chief / Director. Responsible Committee	Principal Risk & what could prevent the Trust from achieving this goal?	Corporate risks on Risk Register that relate to this risk	Initial Risk Rating (no controls)	Mitigating Actions		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	*Principal risk:* There is a risk of failure of critical infrastructure (buildings, IT, equipment) that threatens service resilience and/or viability *What could prevent the Trust from achieving this goal?* Lack of sufficient capital and revenue funds for investment to match growth, wear and tear, to support service reconfiguration, to replace equipment; 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	None	**4 (impact)** **3 (likelihood) Possible = 12**	Risk assessed as part of the capital programme Comprehensive maintenance programme in place and backlog maintenance requirements being updated Ability of Capital Resource Allocation Committee to divert funds Service-level business continuity plans Equipment Management Group in place with delegated budget from Capital Resource Allocation Committee to manage equipment replacement and equipment failure requirements – managing critical and urgent equipment replacement in 18-19 Business case for Wave 4 STP capital completed. This will enable some infrastructure risks in 2020-21 to be addressed Combined Heat and Power Plant capital funding sourced in 2019-20 – CHP being commissioned in 20-21 Critical infrastructure funding of £6m received to help reduce	Insufficient funds to manage the totality of risk at the current time – unable to address internally	**9**	**9**	**9**		4 x 2 = 8	**Positive assurance** Increased capital plan for 2020-21, successfully application for additional capital funding to address some long-term infrastructure needs 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. HCaV Urgent and Emergency Care Business Case Update has progressed to NHSEI and DHSC for evaluation. 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. Finance teams are confident that the Trust will spend the capital allocations by 31 March 2021. **Further assurance required** Building works for the updated Capital programme and the impact on services and staff.

					backlog.					

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

Hull University Teaching Hospitals NHS Trust

Audit Committee Summary Report to the Board

Meeting Date:	26 January 2021	**Chair:**	Mrs T Christmas	**Quorate (Y/N)**	**Y**

Key items discussed where actions initiated:

- Clinical Audit progress update was received. Covid had impacted on progress but many audits had been completed despite the pandemic.
- Internal Audit gave a progress update against their plan. They also presented a completed audit relating to Deprivation of Liberty and Consent procedures which had been given reasonable assurance (positive).
- The Committee received and update from Counter Fraud. Work had begun on comparing the ABPI pharmaceutical declarations against Trust declarations.
- External Audit outlined their 2021/22 plan to the Committee and highlighted the restrictions due to the pandemic.
- Credit card expenditure and Directors' expenses reports were received and there were no issues raised.
- Overdue debts were discussed and assurance was given that these would be cleared by year end.
- The Gifts and Hospitality/Declaration registers were presented, there were no issues raised.
- Legal fees were presented for quarters 1, 2 and 3. The new tender for legal work to be undertaken once the new Director of Quality Governance is in place.
- The effectiveness review of the Committee was presented and all members had given positive responses to the questionnaire.

Key decisions made:

Risk and assurance matters to be received by the Board:

Matters to be escalated to the Board:

Hull University Teaching Hospitals NHS Trust

Trust Board

9 February 2021

Title:	Our Patients - Performance Summary	
Responsible Director:	Ellen Ryabov - Chief Operating Officer	
Author:	Ellen Ryabov - Chief Operating Officer Louise Topliss – Assistant Director of Operations (Operational Performance)	
Purpose:	The purpose of this paper to provide an Executive Summary of Performance for December 2020 against expected 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:	• Operational performance has remained challenged in the month of December • Delivery of our key constitutional standards have seen marginal improvement when compared to that seen in the previous month • Revised Phase 3 Recovery Plan is in the final stages of construction • Plans for Q1 recovery and the longer term strategy to deliver improvements in operational recovery are underway	
Recommendation	That the Trust Board receives and accepts the content of this paper and indicates whether any further assurance is required.	

Performance Report - Executive Summary

9 February 2021

1. Purpose

This paper provides an executive summary of actual delivery towards key performance standards for the month of December 2020 as compared to planned national standards.

Performance attainment against all key 'responsiveness' indicators is monitored at the Performance and Activity Meetings, chaired by the Chief Operating Officer. A Summary of Key Performance Standards achieved in month, and trend data for the previous eleven months is provided for information in ***Appendix 1.***

2. Summary of Key Performance Issues in Month

The operational performance of the Trust remained challenging during the month of December 2020 and this position has continued throughout January 2021.

As a result of the third Covid surge, pressure impacting delivery of our key constitutional standards has continued. Whilst there has been marginal improvement in some areas, the overall operational performance within the Trust has not improved significantly this month, when compared to that seen in the previous month.

The current focus for the operational teams is to ensure that we:

- safely accommodate our urgent and emergency patient flows from point of arrival
- have sufficient resources to operate on all P1 and P2 surgical cases
- safely accommodate and manage all cancer cases in a timely manner
- deliver a significant reduction in the number of long waiting patients

Patient flow issues within the urgent and emergency care pathway continued in the month of December and the number of patient transfers delays increased which have resulted in acute pressure on beds, both for Covid and Non-Covid cases.

Discussions with our system partners have continued throughout December and into January. Work has commenced secure sufficient capacity provision across the system, firstly to enable safe and timely discharge and to ensure that acute beds are readily available at point of need.

Additional capacity in community has been provided, however this has not enabled sufficient discharge numbers to ensure that we do not exceed the maximum number of transfer delays previously agreed at a system level.

The number of theatre sessions dropped in December, whilst some reduction is expected as a result of the holiday period we remain significantly below our normal operating capacity. The reason for this is the large volume of theatre staff currently deployed into other roles within the Trust. Cancellation numbers were lower in December, but have increased significantly in January as a result of the 3rd Covid surge. This is impacting our ability to provide sufficient inpatient capacity, resulting in the decrease in activity planned for inpatients as outlined in section 3 below.

The significant shortfalls in capacity for breast cancer as seen in October has not yet improved, and work continues to realign theatre and inpatient capacity to address this shortfall, including potential use of the Independent Sector.

The 2 week wait position deteriorated from 81.3% to 76.2% month on month, whilst the cancer 62 day position for November has seen some improvement in month, equating to an overall improvement of +7.7%. This improvement is encouraging given that this was delivered during the third Covid surge. Actual performance for 62 day cancer standard in November was 69.9%.

The 52 week position remains of significant concern, and in December the number of patients waiting in excess of 52 weeks reached 9356 (currently at 11044 at the end of January). We have forecast that this number could reach circa 14K by the end of March, albeit that we do now expect our year end forecast position to improve as a result of the increased activity planned through to the end of March 2021.

The current position on 52 week waits by Health Group, with an overview of the top 10 specialties by point of delivery is outlined in table 1 below:

	52 WEEK WAITS - BY POINT OF DELIVERY @ 31 JAN 21					
HEALTH GROUP	**First Activity**	**Subsequent**	**Day Case**	**Elective**	**Grand Total**	**% Split**
CLINICAL SUPPORT SERVICES	29	7	81	5	122	1.10%
FAMILY & WOMENS HEALTH	4825	113	1889	347	7174	64.96%
MEDICINE	388	219	138	11	756	6.85%
SURGERY	459	58	1785	690	2992	27.09%
	5701	**397**	**3893**	**1053**	**11044**	**100.00%**

		52 WEEK WAITS - BY POINT OF DELIVERY @ 31 JAN 21					
	SPECIALTY TOP 10	**First Activity**	**Subsequent**	**Day Case**	**Elective**	**Grand Total**	**% Split**
Family & Women HG	ENT	2543	27	467	58	3095	33.58%
	Plastic surgery	687	13	728	5	1433	15.55%
	Ophthalmology	999	30	213	3	1245	13.51%
	Gynaecology (including oncology)	124	24	343	190	681	7.39%
	Dermatology	346	10	4		360	3.91%
	Breast surgery	55	4	115	70	244	2.65%
Medicine HG	Cardiology	282	185	110	9	586	6.36%
Surgery HG	Oral surgery	64	5	569	1	639	6.93%
	Urology	27	6	366	82	481	5.22%
	Trauma & orthopaedics	41	7	162	243	453	4.91%
		5168	**311**	**3077**	**661**	**9217**	**100.00%**

Summary Total % Top 10	**90.65%**	**78.34%**	**79.04%**	**62.77%**	**83.46%**

As can be seen from the above, Family & Women's Health account for 65% of the long waiting patients, with the majority awaiting a first outpatient slot. This is then followed by the Surgical Health Group, having responsibility for 27% of those patients waiting in excess of 52 weeks, the majority of whom are awaiting either day case or inpatient treatments.

The recovery plan focus is on the top 10 specialties, which account for over 83% of the total numbers waiting, with first outpatients being the single greatest pressure on service delivery at this time.

3. Phase 3 Recovery Planning

As outlined in the January Trust Board Performance report the national guidance on Phase 3 planning was issued in August 2020 and set out the expectations for the NHS to return to 'near normal' levels of non Covid health services by the end of March 2021.

It is now clear that delivery of "near normal" levels of activity are not yet being delivered and at this stage within HUTH, we are unlikely to see a return to those levels of activity delivered in 2019/20, the last full year of "normal workload".

It is also clear that all points of service delivery have been significantly impacted by the most recent 3rd Covid surge and given that the current surge is not yet over, delivery of the elective recovery plan remains at significant risk.

The main challenge to any potential return to "near normal" levels is the direct impact resulting from the redeployment of both theatre and outpatient staff. Redeployment of staff continues to be required to meet the ongoing needs of our wards and intensive care bedded areas to support and care for the significantly increased number of Covid patients.

The Trust plans, originally set out in October have now been fully revised and are based on what we now believe can be delivered both in house, and with additional support externally. Further minor adjustments are planned to include all activity that will be completed in the Independent Sector as part of the National Contract. In addition, we have identified further activity that will be delivered as part of an in-sourcing project which will move us further towards delivery of activity in line with the original plans.

It is possible that this plan could improve, or indeed deteriorate depending on the current Covid numbers and whether or not we see a 4th Covid wave. The Trust plans are being managed through our Elective Recovery Group and monitored via Performance and Activity meetings.

The most recent adjustments to the Phase 3 Plan have identified the following activity improvements/decreases in the period 1 January 21 through to 31 March 2021:

- Increase (excess over original plan) in total outpatient activity of 8142 cases
- Increase (excess over original plan) in total day case activity of 426 cases
- Decrease (remaining gap over original plan) in total inpatient activity of 1165 cases

A breakdown of this activity shift by "point of delivery" (POD) is provided in ***Appendix 2.***

Main risks which continue to impact the delivery of HUTH planned elective recovery programme

- Covid capacity requiring continued use of > 200 beds to accommodate 3rd Covid surge
- Workforce redeployment > 100 theatre staff to accommodate above
- Workforce sickness absence potential to increase
- Critical care capacity/workforce
- High Observation Bed capacity/workforce
- Covid outbreaks on elective wards resulting in a further reduction in available bed

4. Conclusion.

The Trust has continued to admit an increasing number of Covid patients throughout December and into January 2021.

The result of the ongoing pandemic is that we are experiencing significant and continued pressures on our urgent and emergency care pathways, which when combined with our normal winter pressures has, and will continue, to reduce our ability to fully recover our elective planned care programme.

We will continue to complete as much work as we can on the elective care programme and in particular to benefit from the opportunity of maximising outpatient and day case capacity which places less pressure on our inpatient beds, on both the HRI and CHH sites.

5. Recommendation

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

Ellen Ryabov
3rd February 2021

APPENDIX 1

1. Operational Performance – Emergency Department

PaF Key Performance Indicators | Emergency Department

Period: Last 12 Months (Calendar) — 01/01/20 - 31/12/20

Emergency Department	Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
ED: Attendances Type 1		10,922	10,332	8,819	6,476	8,289	9,133	9,788	10,213	9,880	9,779	8,646	8,604
ED: Breaches - Type 1		4,322	3,818	2,496	870	754	1,147	1,433	1,486	2,221	2,748	2,905	2,758
ED: Standard Performance Type 1	95%	60.4%	63.0%	71.7%	86.6%	90.9%	87.4%	85.4%	85.4%	77.5%	71.9%	66.4%	67.9%
ED: Attendances Type 1 & 3		20,510	19,129	15,244	9,150	11,822	13,583	15,412	16,748	16,253	15,515	13,033	13,269
ED: Breaches - Type 1&3		4,346	3,872	2,536	870	754	1,148	1,434	1,507	2,238	2,763	2,908	2,766
ED: Standard Performance Type 1 & 3	95%	78.8%	79.8%	83.4%	90.5%	93.6%	91.5%	90.7%	91.0%	86.2%	82.2%	77.7%	76.9%
ED: % of attendees assessed within 30 minutes of arrival		83.2%	84.6%	88.8%	94.1%	96.6%	94.3%	95.9%	95.6%	93.4%	89.6%	84.1%	89.3%
ED: % of attendees seen by doctor within 60 minutes		32.6%	38.1%	51.1%	80.8%	70.4%	62.7%	55.5%	54.3%	49.0%	50.0%	46.9%	57.6%
ED % patients waiting over 6 hours in the departments		23.5%	21.9%	16.2%	5.8%	3.4%	54.0%	6.0%	5.7%	11.3%	17.3%	21.7%	19.8%
ED: Median time between arrival and treatment (minutes)		113	98	65	25	36	47	57	59	62	64	68	54
ED: % of patients who Left Without Being Seen		7.0%	7.3%	5.1%	2.7%	3.4%	4.4%	5.2%	4.1%	4.4%	4.3%	4.4%	4.1%
ED 12 hour trolley waits	0	0	0	0	0	0	0	0	0	0	0	0	0
ED: % of ED attendances subsequently admitted		26.5%	25.1%	25.6%	28.7%	26.6%	26.6%	26.3%	25.9%	24.9%	25.8%	28.0%	26.3%

2. Operational Performance – Unplanned Care

PaF Key Performance Indicators | Unplanned Care

Period: Last 12 Months (Calendar) — 01/01/20 - 31/12/20

Unplanned Care	Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Ambulance handovers waiting 15-30 minutes		1,045	997	980	917	1,062	1,084	978	1,019	968	1,049	837	847
Ambulance handovers waiting 30-60 minutes	0	844	641	479	210	156	196	158	227	279	493	601	396
Ambulance handovers waiting >60 minutes	0	671	384	193	19	9	10	1	11	33	171	304	199
Non Elective Admissions		5,913	5,258	4,719	3,726	4,302	4,741	5,062	5,087	4,986	4,829	4,496	4,407
Patients with LOS 0 Days (Elective & Non-Elective)		1,556	1,365	1,254	807	1,029	1,138	1,235	1,355	1,282	1,292	1,072	1,129
Patients with a LoS >= 7 Midnights (Elective & Non-Elective)		393	381	297	188	241	323	297	301	330	321	311	348
Stranded Patients at End of Month 14 days		216	212	206	115	103	133	146	137	155	163	172	180
Average Bed Days Occupied by Stranded Patients		48	48	46	55	51	47	55	55	55	52	50	47
Stranded Patients at End of Month 21 days		130	122	126	72	57	74	82	78	91	100	93	89
Average Bed Days Occupied by Super Stranded Patients		84	84	81	106	97	94	100	97	93	86	92	96
Delayed Transfers of Care - Acute Hospitals	1.6%	2.0%	2.2%										
Emergency readmissions within 30 days	8.1%	8.2%	7.4%	6.7%	9.6%	9.5%	8.8%	9.3%	10.0%	7.5%	6.7%	7.3%	8.4%

3. Operational Performance – Cancer

PaF Key Performance Indicators | Cancer Performance

Period: 01/01/20 - 31/12/20 (Last 12 Months (Calendar))

Cancer	Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Cancer 2 week (all cancers)	93%	90.8%	94.7%	93.9%	93.1%	95.4%	92.3%	87.6%	85.0%	73.8%	81.3%	76.2%
Cancer 2 week (breast symptoms)	93%	75.0%	91.7%	91.8%	80.6%	51.2%	43.9%	59.7%	16.0%	9.7%	5.4%	6.6%
Cancer 31 day wait from diagnosis to first treatment	96%	89.1%	97.4%	95.3%	97.3%	94.0%	90.9%	88.8%	92.4%	93.4%	91.7%	92.5%
Cancer 31 day wait for second or subsequent treatment - surgery	94%	72.9%	83.1%	87.5%	86.5%	91.9%	81.1%	81.4%	88.2%	85.1%	80.0%	95.6%
Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.4%	100.0%	100.0%
Cancer 31 day wait for second or subsequent treatment - Radiotherapy	94%	96.6%	95.2%	99.1%	95.5%	97.8%	98.1%	98.6%	100.0%	99.1%	99.3%	99.2%
Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	60.5%	67.1%	69.5%	70.8%	56.4%	70.6%	68.9%	71.3%	61.2%	62.2%	69.9%
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	90%	43.0%	39.7%	59.0%	59.4%	40.0%	0.0%	16.7%	0.0%	66.7%	88.9%	71.8%
Cancer 28 Day Wait - Faster Diagnosis Standard	75%	79.5%	86.2%	85.5%	71.8%	84.5%	83.9%	82.7%	80.1%	77.5%	80.9%	78.8%

***one month behind due to national reporting timetable*

4. Operational Performance – 18 weeks RTT

PaF Key Performance Indicators | 18 Weeks Referral to Treatment

Period: Last 12 Months (Calendar) — 01/01/20 - 31/12/20

18 Weeks Referral To Treatment	Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Diagnostics: Patients waiting <6 weeks from referral to test	1%	12.9%	11.5%	20.3%	71.3%	72.5%	55.4%	43.6%	36.8%	39.7%	34.2%	34.8%	40.8%
RTT Incomplete Pathways % performance	92%	68.4%	68.1%	65.4%	57.7%	49.9%	40.5%	35.2%	40.6%	46.0%	49.9%	51.8%	50.4%
RTT Total Waiting List	58,515	52,808	52,997	52,785	52,216	52,746	52,794	55,545	56,560	58,032	58,176	58,697	59,443
RTT 36+ Week Waiters		3,177	2,868	4,056	5,962	7,969	10,202	12,925	15,233	16,519	18,242	19,803	19,094
RTT 52+ Week Waiters	0	01	00	86	364	909	1,886	3,307	4,399	5,800	6,820	8,022	9,356
Number of patients on Admitted Pathway		10,965	10,860	10,932	11,213	10,808	11,101	11,892	12,191	12,477	12,241	12,674	13,393
Number of patients on Non Admitted Pathway		41,843	42,137	41,853	41,003	41,938	41,693	43,653	44,369	45,555	45,935	46,023	46,050
Mean Week Waiting Time - Incomplete Pathways		11.19	11.13	11.29	14.69	18.03	20.69	22.92	24.99	23.13	18.04	16.00	17.00
e-Referrals Service Rejected Requests and Referrals Returned by RAS				10.8%	25.0%	14.8%	15.9%	13.4%	13.0%	13.5%	14.7%	15.7%	14.7%
Advice & Guidance Volume		1,190	1,162	1,398	1,334	1,440	1,934	2,208	1,987	2,214	2,313	2,336	2,164

5. Operational Performance – Planned Care

PaF Key Performance Indicators | Planned Care

Period: Last 12 Months (Calendar) — 01/01/20 - 31/12/20

Planned Care	Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Outpatients: All Referral Types		19,223	16,766	13,991	6,240	8,008	10,561	13,249	12,716	13,908	14,405	12,848	12,859
Outpatients: Consultant to Consultant Referrals		4,445	3,954	3,352	1,899	1,850	2,235	2,784	2,705	3,319	3,439	3,126	3,192
Outpatients: GP Referrals		9,870	8,158	6,815	2,463	3,561	5,537	6,747	6,396	6,603	7,270	6,652	6,528
Outpatients: Other Referrals		2,516	2,361	1,971	808	972	1,085	1,681	1,637	1,913	1,750	1,602	1,678
Outpatients: 1st Attendances		19,748	18,664	15,808	7,432	8,943	12,511	15,434	14,835	17,882	18,122	17,840	19,718
Outpatients: Follow Up Attendances		47,433	42,434	38,131	23,822	27,284	33,456	36,713	33,024	40,266	44,510	39,327	37,037
Outpatients: 1st to FU Ratio		2.20	2.10	2.30	3.20	301.00	2.60	2.40	2.20	2.30	2.50	2.20	1.90
Outpatients: DNA rates		8.3%	8.0%	8.6%	6.2%	5.4%	6.1%	7.1%	8.2%	8.4%	8.4%	9.1%	8.5%
Outpatients: Hospital Cancelled Outpatient Appointments %		6,511	7,373	22,520	26,524	11,098	7,636	6,836	6,081	7,335	7,537	11,389	8,416
Outpatients: Patient Cancelled Outpatient Appointments %		8,770	9,036	11,198	3,627	1,799	1,961	3,029	3,744	5,440	5,939	6,708	5,418
Outpatients: Cancelled Clinics < 6 weeks notice		638	656	2,643	5,709	3,022	2,638	3,153	2,268	2,248	2,687	3,080	3,002
Elective Admissions		1,381	1,229	1,006	304	384	571	754	790	950	1,027	637	582
Day Case Admissions		6,597	6,040	4,996	2,406	2,406	2,919	3,448	3,347	4,370	5,018	4,221	4,032
Theatres: Utilisation of planned sessions	85%	88.3%	86.7%	70.7%	26.9%	37.7%	36.0%	43.2%	50.6%	62.6%	61.4%	66.1%	63.3%
Theatres: number of sessions held		1,264	1,135	1,004	355	491	520	627	747	978	1,182	797	619
Theatres: Cancelled Sessions (due to leave, staffing etc)		134	110	51	22	0	0	0	0	10	4	0	0
Cancelled op 28 day breaches number		1	5	2	0	2	6	5	2	6	2	1	6
Cancelled Operations number		49	66	61	9	14	20	27	35	52	74	46	34
Cancelled Operations % of FFCEs (quarterly)	0.8%			0.8%			18.6%			13.1%			0.0%
Cancelled op 28 day breaches % (quarterly)	5%			5.1%			0.5%			0.7%			0.0%

Emergency Dept

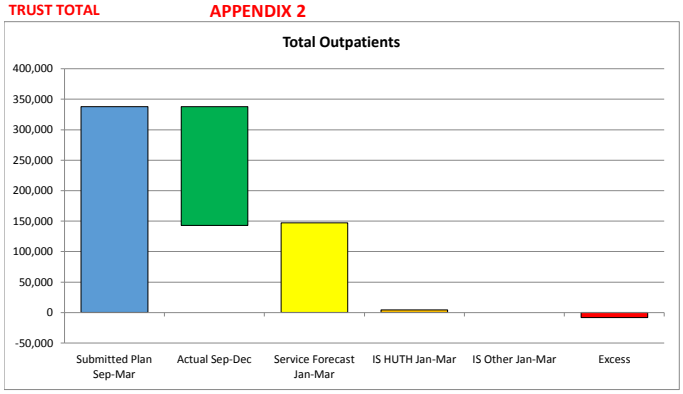
Unplanned Care

Cancer

18 weeks RTT

TRUST TOTAL

APPENDIX 2



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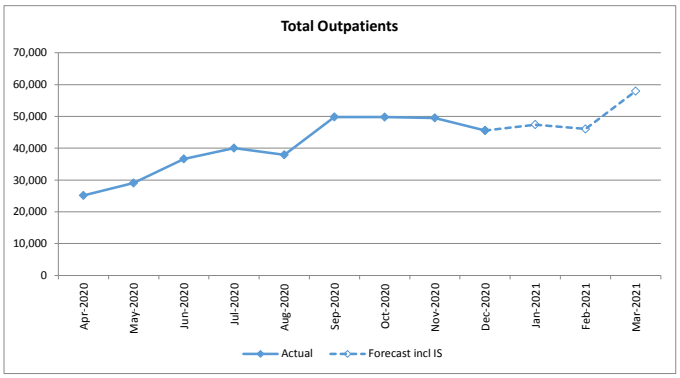

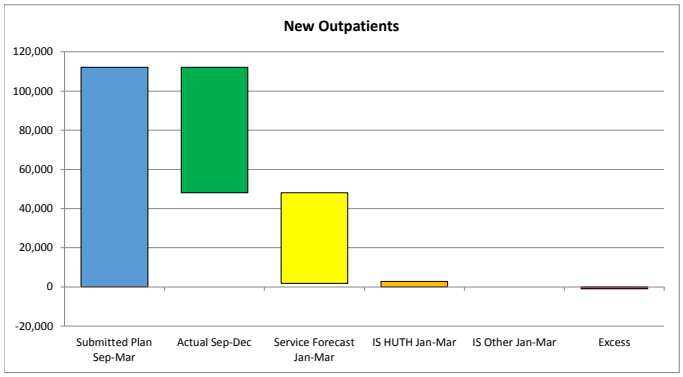

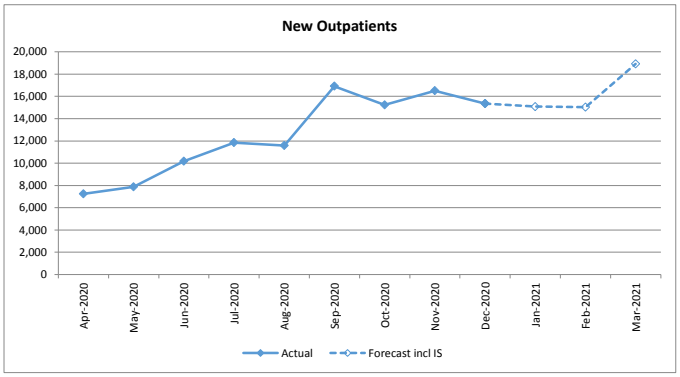

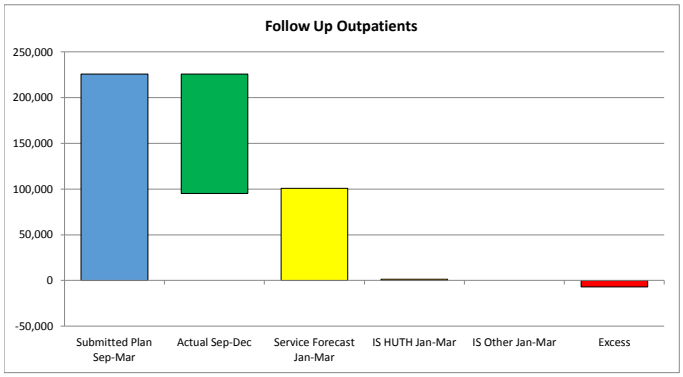

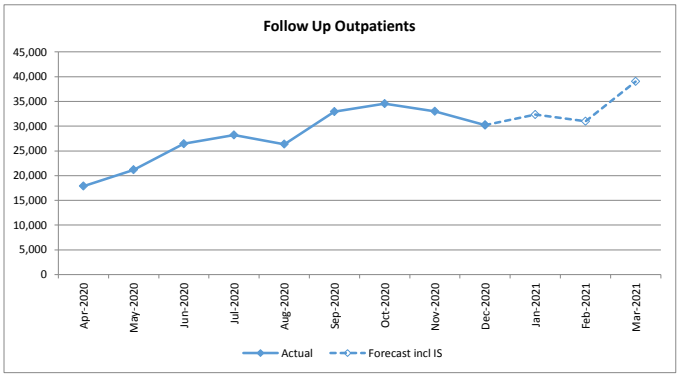

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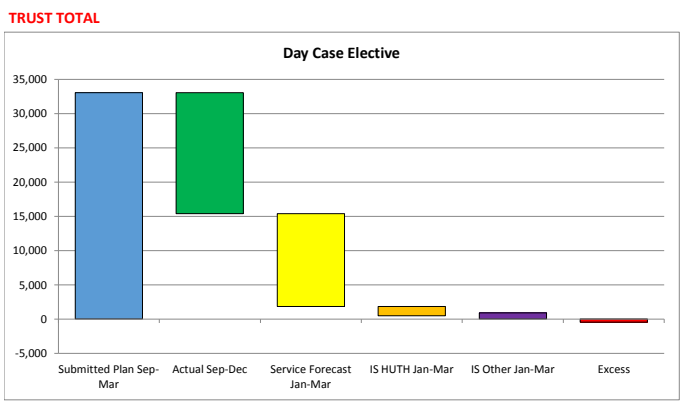

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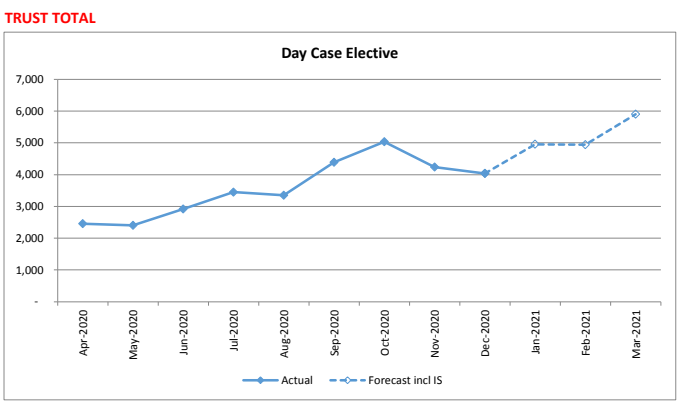
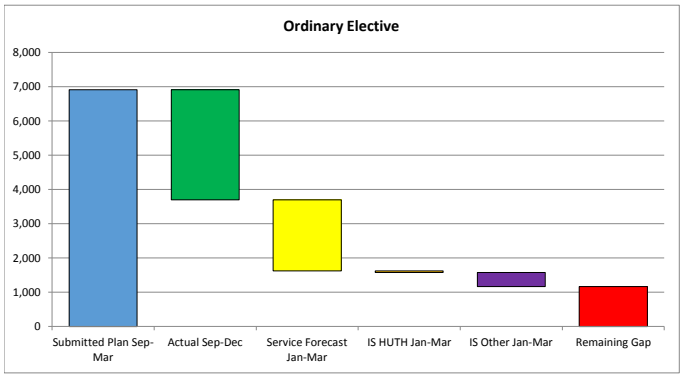
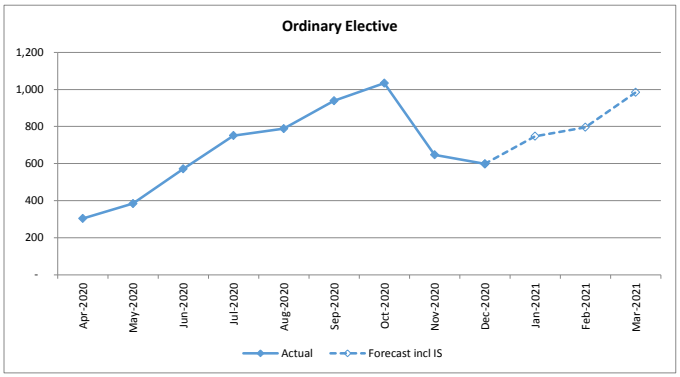






HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST
QUALITY REPORT

PREPARED FOR THE TRUST BOARD
February 2021

Title:	Quality Report: Patient Impacts
Responsible Director:	Beverley Geary - Chief Nurse
Author:	Kate Southgate, Deputy Director of Quality Governance

Purpose:	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: • 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:	This report provides information on key quality indicators. Exceptions are noted in more detail in the report in relation to: • There have been 0 Trust apportioned MRSA bacteraemia to date • There have been 6 Trust apportioned MSSA bacteraemia cases reported in December • During December 2020, 5 Hospital onset healthcare associated *Clostridium difficile* cases were reported along with 2 community onset healthcare associated cases • During December 2020, 7 Trust apportioned E.coli bacteraemia were reported. • 5 Trust apportioned Klebsiella bacteraemia cases were reported during December 2020. • 2 Pseudomonas aeruginosa bacteraemia cases were reported during December 2020 • There were 11 serious incidents declared in December 2020. • The numbers of moderate and above incidents saw an increase above the control limits. It is noted however that moderate and above incidents per 1,000 bed days remains in line with expected levels.	

	• The Trust had zero grade 4 pressure damage in December 2020. • In December 2020 there was an increase in the overall numbers of falls per 1,000 bed days • 27 Complaints were received; 42 complaints were closed with 26 closed within 40 days • The action plan developed following the publication of the Kirkup report was revisited and all actions remain closed.
Recommendation:	The Committee is asked to receive the report as assurance on the quality of care being delivered in the Trust and that mechanisms are in place to record exceptions and mitigate risks.

HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST
TRUST BOARD

Patient Impacts

1. PURPOSE OF THIS REPORT

The purpose of the report is to apprise the Board of the key issues in relation to quality governance, patient safety and regulatory matters.

2. RISK MANAGEMENT

2.1 Never Events and Serious Incidents

In December 2020 0 Never Events were reported, 11 Serious Incidents were declared. The Duty of Candour process has been initiated in all cases.

They were:

- A patient fall.
- A patient sustained a fall as a result of climbing off the trolley
- Medical Device Malfunction of Stryker Neurovascular device
- Medical Device. Involving Transobturator Tape insertion,
- Treatment delay of an Ophthalmology patient
- Pressure Ulcer
- Treatment Delay
- A CTPA was requested but not performed resulting in a saddle embolus
- Delayed Diagnosis (The service was only providing urgent and two week wait endoscopies).
- Delayed Diagnosis The original histology results were revised
- Wrong Diagnosis

Themes and trends from Serious Incident and Near misses are routinely reviewed at the SI Committee. Trend analysis is undertaken and reported to the appropriate committee, most recently; ophthalmology incidents and a maternity thematic review.

2.2 Incident Reporting

Of note in month is the increase above control limits of moderate and above patient safety incidents per 1,000 bed days.

In the Emergency Care Health Group, 4 moderate incidents were reported with no common theme and zero major and catastrophic.

In the Clinical Support Health Group, 3 moderate incidents and one major was declared. The major incident relates to a delayed diagnose resulting in emergency admittance to a High Dependency Unit. This was escalated and declared as an SI. No themes were identified in the moderate incidents declared. Zero catastrophic incidents were declared.

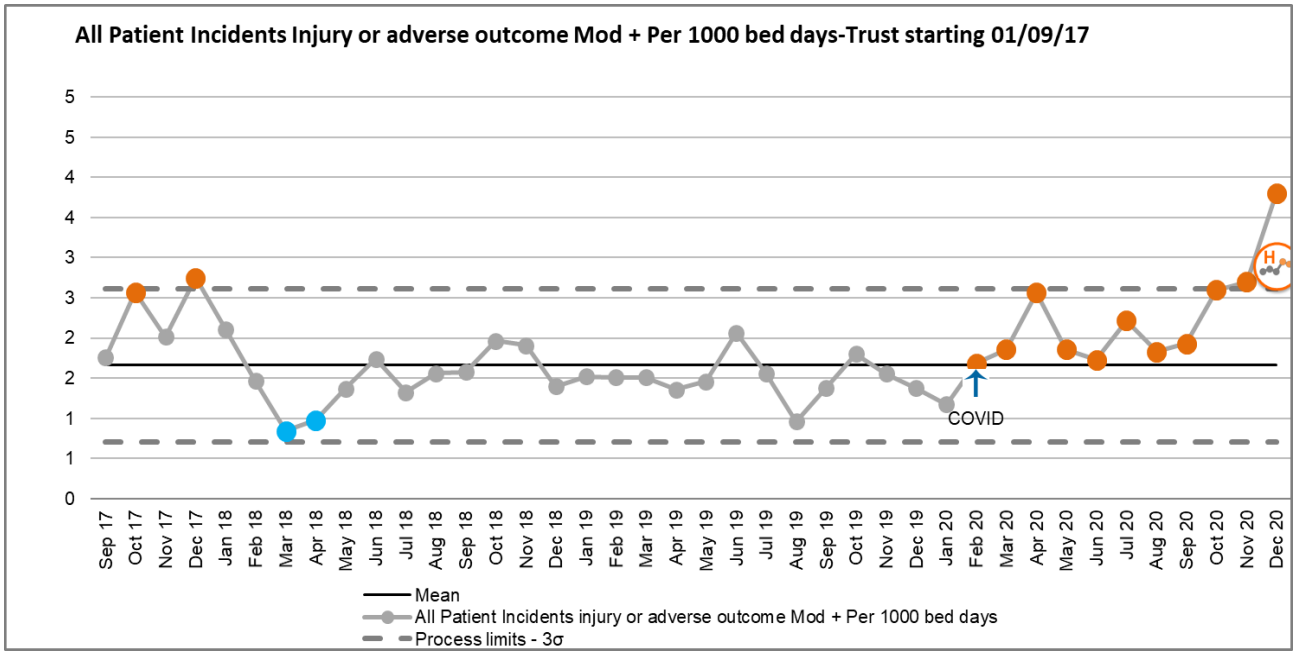
In Medicine Health Group, 30 moderate incidents were declared, 5 majors and 0 catastrophic. 21 out of the 30 moderate incidents are pressure ulcers. No clear themes were identified in terms of location of incidents; however, DME remains the highest reported speciality.
Device related incidents due to CPAP / NIV masks are attributed to the increase to 3 device related pressure ulcers reported. The major incidents are: inappropriate transfer of a patient, a fall on H5 which is being reviewed as a potential SI, a negative pressure wound therapy incident on C28 currently being

reviewed as a potential SI, a fall on H80 which is not for declaration as an SI due to it being unavoidable and a fall on EAU which has been declared as an SI.

In Surgery Health Group, 10 moderate incidents reported, 0 majors and catastrophic incidents were declared. There was an increase in month of moderate incidents, 16 out of the 24 were skin damage incidents (pressure ulcers and device related pressure damage.)

In Family and Women's Health Group, there were no majors or catastrophic incidents occurred. 15 moderate incidents were reported of which 4 were declared as SIs, (3 in gynaecology oncology and one obstetric incident)

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



3. PATIENT SAFETY

3.1 Healthcare Associated Infections

MRSA

No Trust apportioned MRSA bacteraemia cases have been reported from the 1st April 2020 until the 31st December 2020. On the 22nd June 2020, a community apportioned case was reported and investigated via a Post Infection Review.

MSSA

By the end of December 2020, 43 Trust apportioned MSSA bacteraemia cases have been reported. These represent a mixture of causes including deep seated infections, skin and soft tissue infections, ventilator association pneumonia, often secondary to COVID-19 infections and also still some device related cases

A previous review of MSSA bacteraemia cases by the IPCT up to and including August 2020 identified that 42% were associated with vascular devices. A further review of MSSA bacteraemia cases will be completed in January 2021 to assess causation and identify any mitigations and lessons learnt. IPCT and Supplies continue plans to change the type of cannula used by the Trust along with the products to

support insertion of cannulas. Increase in COVID-19 activity and challenges with regards supply chain have resulted in delays but it is hoped plans will be back on track by 31st March 2021.

Clostridium difficile
During December 2020, 5 Hospital onset healthcare associated) *Clostridium difficile* cases were reported along with 2 community onset healthcare associated cases. By the end of December 2020, there have been 33 HOHA cases reported and 17 COHA cases against a combined threshold of 80 cases. All Trust apportioned cases are investigated using a root cause analysis (RCA) process.

E.coli bacteraemia
During December 2020, 7 Trust apportioned E.coli bacteraemia were reported, demonstrating an ongoing 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, being biliary, urinary and respiratory. By the end of December 2020, there have been 64 Trust apportioned cases.

Klebsiella bacteraemia
Trust apportioned Klebsiella bacteraemia cases were reported during December 2020. 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, being biliary, urinary, respiratory and intra-abdominal. By the end of December 2020, there have been 21 Trust apportioned cases

Pseudomonas aeruginosa bacteraemia
2 Pseudomonas aeruginosa bacteraemia cases were reported during December 2020 and are associated with severe pneumonia & multi organ failure (not COVID-19) and 1 associated with biliary sepsis in a patient who developed COVID-19 during the course of their admission. By the end of December 2020, there have been 16 Trust apportioned cases.

Additional information
To date there have been a number of bay closures due to D&V but no full ward closures and norovirus as a causative organism has not been reported. During bay closures and increase in faecal sampling, incidental findings of Clostridium difficile cases have been reported.

On the 20th December 2020, Public Health England published information on a new emerging strain of COVID-19 (VUI – 202012/01) affecting Southern England, mainly Kent. This was later followed by a CAS alert published on the 24th December 2020 advising of two emerging COVID-19 variants – Kent and South Africa. Any patients returning from South Africa in the preceding two weeks, developing symptoms or contacts of a returning traveller who develop symptoms will be required to have a PCR screen and if they test positive, a further risk assessment and discussion with your local/ regional specialist infectious diseases centre would be required for further management. Ward C7 is a Specialist Infectious Disease Centres who would accept such patients as needed.

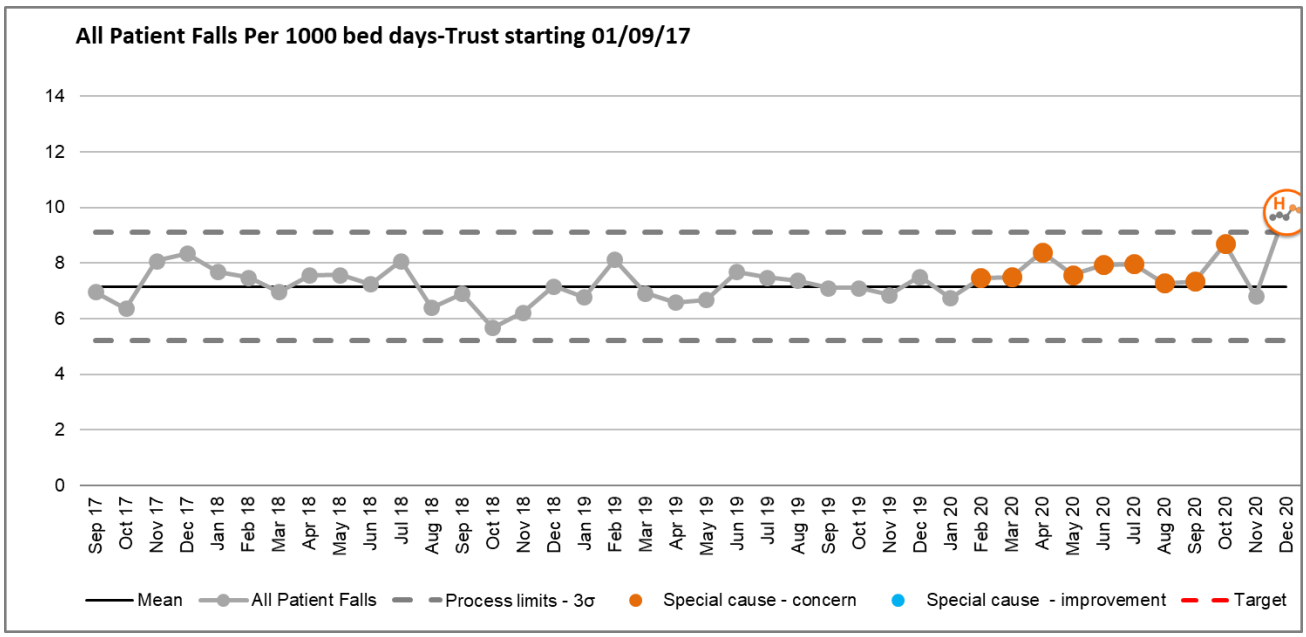
3.2 Falls

Medicine, Surgery and Emergency Care Health Groups have all shown increases in falls reported in December 2020. In the Emergency Care Health Group, this is being attributed to patients being within the department for a longer time period than normal. Medicine continues to reporter higher numbers in the DME speciality and there has also been an increase in the numbers in the Acute speciality. This has been attributed to the triage documentation that did not include a falls assessment. This is being reviewed and rectified. In Surgery the increase was noted on one of the surgical covid wards which is currently under review by the Nurse Director. 7 falls with a severity of moderate or above were reported in month of which 3 were fractured neck of femurs. These were all reported to Medicine Health Group.

One of which has been declared as an SI. The others remain under review. 2 patients fractured their shoulders and these investigations are ongoing.

	September	October	November	December
Minor	29	50	32	46
Moderate	1	1	1	3
Major	5	6	2	3
Catastrophic	0	0	0	0

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



3.3 Pressure Damage

The Trust has had 0 grade 4 pressure damage in December 2020. The Trust continues to see pressure ulcers and skin related injuries being reported as the highest number of incidents Trust wide. The Trust reported 46 pressure ulcers (Category 2 and above), 9 device related pressure ulcers (Category 2 and above) and 14 moisture associated skin damage.

Pressure Ulcers (PU) – incidents of hospital acquired and community acquired PU's have escalating during December. This mirrors the increased acuity of the patients. Supplies of our high specification air mattresses are in extreme demand which are being met following the recent £250k investment. Areas which have the clinical photography function within Nerve Centre are able to request rapid digital Tissue Viability support for their patients (all CHH wards and 11th floor at HRI). Delays for staff accessing this for their patients at HRI continues as roll out of the digital technology is paused due to the pandemic.

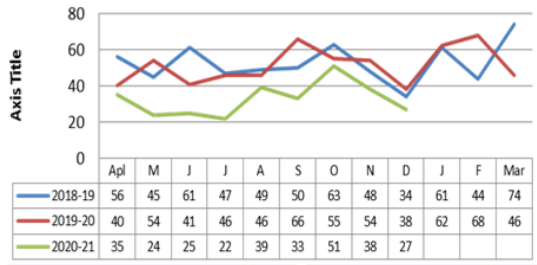
Device Related Pressure Ulcers (DRPU) – incidents decreased during December. The devices causing the injuries included O2 delivery face masks (NIV, CPAP) and catheter tubing. There were limited lessons to be learned around the O2 delivery systems due to the acuity of the patient respiratory needs due to Covid diagnosis.

4. PATIENT EXPERIENCE

In December 27 complaints were received; 42 complaints were closed with 26 closed within 40 days (62%). Of the 26, 5 complaints were upheld, 21 partly upheld and 16 not upheld. The main complaint was regarding treatment (Diagnosis delay (3) and Treatment not satisfied with plan (3)). There are currently 64 cases open and 21 have been opened more than 40 days. The central team are supporting MHG with the investigation of some complaints due to the pressures on the HG at present with the pandemic

Complaints by Health Group and Subject (primary)	Advice	Attitude	Care and Comfort	Communication/ Delays	Waiting times and Cancellations	Discharge	Environment	Hotel	Safeguarding	Special Needs	Treatment	Total
Corporate Functions	0	0	0	0	0	0	0	0	0	0	0	0
Clinical Support	0	0	0	2	0	0	0	0	0	0	1	3
Emergency & Acute	0	0	0	0	0	0	0	0	0	0	1	1
Family & Women's	0	0	0	0	2	0	0	0	0	0	2	4
Medicine	0	0	0	3	0	1	0	0	0	0	4	8
Surgery	0	0	1	1	3	1	0	0	1	0	4	11
Totals:	0	0	1	6	5	2	0	0	1	0	12	27

Currently open	complex or needs clinical input	under investigation - no problems anticipated	ready for closing in the next 3 days
12/1/2021 64 cases logged. **2** new complaints waiting to be logged	**21** cases have been opened for more than 40 days and a further **3 are expected to exceed 40 days**	**56** cases under investigation and no problems anticipated (note **16** cases have been **received in last 7 days**	**6** cases are in draft or ready for signature.



Dec-20	N° Closed	Within 40 days	Upheld	Partly Upheld	Not Upheld	Not Inv	Re-opened	Dis-satisfy
Corporate Functions	0	0 (100%)	0	0	0	0	0	0
Clinical Support	4	3 (75%)	0	2	2	0	0	0
Emergency Medicine	8	7 (87.5%)	2	4	2	1	1	1
Family and Women's	14	5 (36%)	1	10	3	0	1	1
Medicine	7	5 (71%)	2	2	3	1	1	1
Surgery	9	6 (66%)	0	3	6	2	0	0
Totals:	42	26 (62%)	5	21	16	4	3	3
Comparisons with latest information available from NHS Digital - 2019/20								
HUTH 2019/20	598		18%	69%	13%			
National 2019/20	110,060		31.0%	32.9%	36.1%			

Complaints by Location - Top (5)	
Ward 110 Stroke Unit	2
Ward 12 HRI	2
Ward 8 HRI	2
Ward 14 CHH	1
Ward 15 CHH	1
Totals	8

Vulnerabilities	
Cognitive Impairment	1
Mental Health	1
Sensory Impairment	2
Total	4

5. WELL-LED

5.1 CQC engagement

Members of the Executive team met in month with the CQC regional team. The update was that the CQC are continuing to have virtual oversight meetings to gain assurance around quality and safety of the services delivered. Their main focus is on the following 3 areas:

1. IPC
2. ED
3. Maternity services.

The ID and ED teams have both had meetings with the CQC in recent month to seek assurance around the IPC BAF and the Patient First initiative respectively with no actions required following these. Monthly engagement meetings will continue with the option to undertake inspections where there are concerns about services and assurance cannot be provided through documentary evidence.

5.2 Maternity Services
As a result of the work undertaken to provide assurance around maternity services in the light of the Ockenden report; a review of the action plan that was developed to address the recommendations from the Kirkup report in 2015 has been undertaken. A review and report was presented to Quality Committee with all actions achieved.

6. RECOMMENDATION

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

Kate Southgate
Deputy Director of Quality Governance
January 2021

HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST

PREPARED FOR THE QUALITY COMMITTEE
January 2021

Title:	Benchmarking against the 2015 Kirkup Report - HUTH 2021 Position
Responsible Director:	Beverley Geary, Chief Nurse
Author:	Beverley Geary, Chief Nurse Lorraine Cooper Head of Midwifery

Purpose:	The purpose of this report is to provide information and assurance to the Trust Board in relation to a recent self-assessment against the 2015 Kirkup Report.	
BAF Risk:	BAF 3 – Quality of Care	
Strategic Goals:	Honest, caring and accountable culture	Y
	Valued, skilled and sufficient staff	Y
	High quality care	Y
	Great clinical services	Y
	Partnership and integrated services	Y
	Research and Innovation	Y
	Financial sustainability	Y
Key summary of Issues:	The maternity service has revisited the 2015/2016 Action Plan submitted to the Trust Board for assurance following the failings at Morecambe Bay NHS Foundation Trust in 2015. Following the recent publication - Ockenden Report 2020, HUTH maternity service have revisited the original Kirkup self-assessment and would like to provide an updated position to the Board for assurance.	
Recommendation:	The Committee is asked to receive and accepted this report as assurance that the maternity service has made significant changes to the service in response to the original recommendations within the Kirkup Report 2015.	

Morecambe Bay Report (Kirkup, 2015)
Updated Action Plan Hull University Teaching Hospital
January 2021

Lorraine Cooper: Head of Midwifery
Jane Allen: Clinical Director
Jayne Gregory: Clinical Governance Midwife

Introduction

A review of actions generated from the Morecambe Bay report has been undertaken by the Head of Midwifery, Clinical Director and Clinical Governance Midwife in January 2021.

Five years have passed since the report was first published and the maternity services developed an initial action plan in response to the report which has been reviewed and updated to reflect changes and developments during the last five years.

Brief Summary of the Report

The Morecambe Bay Investigation was established by the Secretary of State for Health in September 2013 following concerns over serious incidents in the maternity department at Furness General Hospital (FGH) including the deaths of mothers and babies.

This Report details a distressing chain of events that began with serious failures of clinical care in the maternity unit at Furness General Hospital, part of what became the University Hospitals of Morecambe Bay NHS Foundation Trust. The result was avoidable harm to mothers and babies, including tragic and unnecessary deaths. What followed was a pattern of failure to recognise the nature and severity of the problem, with, in some cases, denial that any problem existed, and a series of missed opportunities to intervene that involved almost every level of the NHS. Had any of those opportunities been taken, the sequence of failures of care and unnecessary deaths could have been broken.

Key Messages

The Morecambe Bay report concluded the maternity unit at Furness General Hospital (FGH) was dysfunctional and that serious failures of clinical care led to unnecessary deaths of mothers and babies with serious problems in 5 main areas;

1. Clinical competence of a proportion of staff fell significantly below the standard for a safe, effective service. Essential knowledge was lacking, guidelines not followed and warning signs in pregnancy were sometimes not recognised or acted on appropriately.
2. Poor working relationships between midwives, obstetricians and paediatricians. There was a ‘them and us’ culture and poor communication hampered clinical care.
3. Midwifery care became strongly influenced by a small number of dominant midwives whose ‘over-zealous’ pursuit of natural childbirth ‘at any cost’ led at times to unsafe care.
4. Failures of risk assessment and care planning resulted in inappropriate and unsafe care.
5. There was a grossly deficient response from unit clinicians to serious incidents with repeated failure to investigate properly and learn lessons.

Recommendations

The report made 44 recommendations for the University of Morecambe Bay Trust and wider aimed at ensuring the failings are properly recognised and acted upon. The recommendations are far reaching, with **18** aimed at Trusts and **26** for the wider NHS and other organisations.

2015 Benchmarking Exercise

In April 2015 the maternity services undertook a self-assessment / benchmarking exercise against the recommendations – see Appendix 1. Each one of the recommendations was reviewed and assurance can be provided to the committee that Hull University Teaching Hospitals NHS Trust is providing a safe, effective and efficient service. Evidence can be provided for each of the recommendations to ensure that the service is currently working within the expectations of the recommendations.

The service acknowledges the work that has been undertaken for 2015-2020 and has recently undertaken a further benchmarking in January 2021 in light of the Ockenden 2020 publication.

Service Priorities 2021

- Full Implementation of the Saving Babies Lives Care Bundle Version Two
- Implement recommendations and share wider learning following Ockenden Publication
- Implement 10 key recommendation from MBRRACE-UK Report
- Achieve full compliance against the ten maternity safety standards set out in the Clinical Negligence Scheme for Trust – Year Three.
- Implement the new national Perinatal Quality Surveillance Model
- Continue to work collaboratively with the Maternity Voices Partnership ensuring women's voices are key to any service developments.

The Committee is asked to receive and accepted this report as assurance that the maternity service has made significant changes to the service in response to the original recommendations within the Kirkup Report 2015.

Appendix 1

	Action - Kirkup Report 2015	Outcome Measure	date	Rag rating	HUTH position 2015/2016	HUH position 2021
1	The Trust should formally admit the extent and nature of the problems that have previously occurred and should apologise to those patients and relatives affected	Monthly governance/ DATIX reports	2016		The service can evidence that all feedback is provided to families following serious incident investigations and the service has been compliant with Duty of Candour since November 2014 Evidence –(1) Monitoring sheets within SI investigation folders and Letters to families (2) Duty of Candour Spreadsheet which monitors all Duty of Candour incidents with the Family and Women's Health Group. **CLOSED**	Families currently receive feedback in accordance with the serious incident investigations framework. Duty of Candour is reviewed by Tier 2 Datix reviewers and managed by the Quality and Assurance team. A monthly Quality and assurance report is produced to ensure compliance with the DOC framework and presented monthly at the Health Group Governance Meetings.
2	The Trust should review the skills knowledge competencies and professional duties of care of all obstetric, paediatric, midwifery and nursing staff and other staff caring for critically ill patients in anaesthetics intensive and high dependency care against all relevant guidance	Minutes of annual review Individual staff personal records	2016		Skill mix review Neonatal Intensive Care Unit (NICU) 2014 complete– Register of competencies for midwifery staff- including post op care compliance; MDT Yorkshire Maternity Emergency Training (YMET) training in place. On site Intensive care Outreach service and Level 3 ICU facility with suitably trained staff – Evidence (1) Training records. **CLOSED**	Mandated MDT training is organised/ integrated within a planned programme; this is resourced within job plans and midwife establishment of Hull maternity service. As part of the response to the Covid pandemic the last full day PROMPT course was completed on the 13/03/2020, after which dates all face to face teaching was cancelled. A reduced face to face PROMPT course was re-commenced on the 18/06/2020. This is a half-day session covering Maternal Resuscitation, Neonatal Resuscitation, and Maternal collapse and post-partum haemorrhage (PPH) scenarios. Other theory content is now undertaken as online learning on the K2 programme until the service can reinstate a full day sessions. A number of on-ward emergency simulations were undertaken as part of the planning, revised procedures and testing of systems & processes during the pandemic including PPH, maternal collapse, eclampsia, neonatal resuscitation including an MDT of staff from all areas. Current overall compliance with MDT training is at 80% with a plan to achieve full compliance by May 2021.
3	The Trust should draw up plans to	Individual staff	2016	Green	This is not applicable as our services are all in one unit	This is not applicable as our services are

	deliver training for staff identified as a result of the review of maternity, neonatal services	personal records/appraisals Cross site working			however the Maternity service has a robust training (agreed regionally) programme for all maternity staff in place – Evidence (1) available Yorkshire Maternity Emergency Training – (YMET) **CLOSED**	all in one unit however the Maternity service has a robust training (agreed regionally) programme for all maternity staff in place – Evidence (1) available Yorkshire Maternity Emergency Training – (YMET) **CLOSED**
4	The Trust should identify requirements for continued professional development including revalidation	Individual staff personal records/appraisals	2016		Confident staff supported by midwifery supervision has plans in place for CPD – Supervisor of Midwives is representative on the Trust wide group to prepare for revalidation for nursing and midwifery (it is in place for medical staff). **CLOSED**	Supervision of Midwives has been replaced with an Employee led model of supervision (A- EQUIPP) the trust currently has 12 Professional Midwifery Advocates who provide 1:1 and group restorative supervision to midwifery and medical staff. The A-EQUIP model as you all know supports a continuous improvement process that aims to build personal and professional resilience of midwives, enhance quality of care for women and babies and support preparedness for appraisal and professional revalidation. The restorative function has been shown to have a positive impact on the immediate wellbeing of staff helping them to feel valued. Revalidation is supported through the line management structure. The Trust has in place a revalidation co coordinator. The revalidation process is supported through the HEY247 portal staff can access this and update reflections and learning accounts (Evidence SOP.HEY 247 NMC Register)
5	The Trust should identify measures that promotes multidisciplinary (MDT) working	Skills Drill documentation and attendance log	2016		Weekly Obstetric MDT meeting/ YMET MDT training for high risk interventions/monthly audit and perinatal mortality meetings; risk management meetings; Labour Ward Forum - all multi-disciplinary, including representation at each meeting by a Supervisor of Midwives. Handover of care on Labour and Delivery Suite – multidisciplinary. Evidence – (1) Governance structure (2) Evidence of notes from these formal meetings. **CLOSED**	Yearly audit plan continues to inform learning. Perinatal Mortality meetings are held on a monthly basis cases are escalated from maternity case reviews and cases from HSIB investigations as well as cases of interest to inform learning these are presented. Neonatal and maternity service work collaboratively and all admissions to the Neonatal Intensive Care Unit [NICU] are audited through the ATAIN program and 6 mthly audits produced and presented at Board level. Evidence ATAIN report / Audit plan / PMRT minutes. All maternity SI cases which meet the HSIB reporting

						criteria have been submitted to HSIB – these are generally reported within 72 hours. We have continued to report all cases to HSIB during the response to the Covid pandemic – with HSIB selecting cases of confirmed diagnosis HIE Grade 2 or above for full investigation. A process will be developed and implemented with effect from 1 February 2021 which ensures that all maternity SIs are reported to the Trust Board and LMS Board on a monthly basis.
6	The Trust should draw up a protocol for risk assessment in maternity service	Review of Guideline	2016		Guideline in place for risk assessment for Midwifery Led Care (MLC)/ Consultant Led Care (CLC) and transfer between both. Guidelines meetings supported and led by Supervisor of Midwives. Evidence – (1) Maternity Risk Management Strategy and Trust Guidelines/ audit of guidelines. **CLOSED**	Every woman risk assessed as a complex pregnancy has a named consultant and the risk assessments are reviewed appropriately. The Trust will submit monthly data set out in 'Implementing a revised perinatal quality surveillance model' 'Appendix – 2' via obstetric speciality governance, the Family and Women's Health Group Board and the Trust Board.
7	The Trust should audit maternity and paediatric services to ensure they follow risk assessment protocols on place of delivery/ transfers and management of care	Ongoing audit	2016		The maternity and paediatric services has an agreed yearly audit plan which is monitored through to completion Evidence – (1) Audit programme (2) Monthly Audit and Perinatal Mortality Meetings – audits are presented and discussed in a learning environment. Outcome forms are agreed and completed. This meeting was reformatted from January 2015 with clear input from Radiology (screening) and Neonatologists, Obstetrics and Gynaecology colleagues. There is a clearer emphasis on learning lessons from audit, incidents, claims and complaints. (3) Newsletter – clear evidence of lessons learnt from audits (4) Updates at ward level from managers to staff on learning points/actions from audits. **CLOSED**	A multidisciplinary maternity case review meeting is held weekly, this meeting shares lessons learnt and actions are fed back to teams via a 1:1 reflections and a weekly ' learning together' flyer. Cases are escalated from maternity case review meetings and presented at the monthly Perinatal Mortality meetings and learning is disseminated. PROMPT training is multidisciplinary.
8	The Trust should develop a recruitment and retention strategy aimed at achieving a balanced sustainable workforce with the explicit skills and experience		2016		Turnover rates not a concern 6.58 % Trust average 8.7% (31 March 2015) Evidence – available via Human Resource reporting tools **CLOSED**	Hull University Teaching Hospital maternity services undertook the Birthrate Plus® In June 2018 a recognised tool based upon an understanding of the total midwifery time required to care for women. The report identified that the maternity service required 187.18WTE midwives to provide midwifery care. The current midwifery establishment is 180.3WTE

						and the staffing report for midwifery proposed a role for B3 Maternity Support Workers to support midwifery staffing in community and postnatal ward settings. Currently the service in collaboration with the Local Maternity System [LMS] is working on plans to develop this role and to ensure a robust training and education package is in place with support from local colleges.
9	The Trust should identify an approach to developing better joint working between its main hospital sites, including the development and operation of common policies, systems and standards				Not applicable because the service is provided from one Trust site which includes hospital and home births from the same midwifery team. The midwifery team work within approved Trust guidelines. **CLOSED**	Not applicable because the service is provided from one Trust site which includes hospital and home births from the same midwifery team. The midwifery team work within approved Trust guidelines.
10	The Trust should seek to forge links with other Trusts for learning / mentoring secondment	Evidence of Co-production	2016		Not applicable but not averse to supporting this initiative for professional development. Prospective Supervisors of Midwives will access other neighbouring Trusts for mentoring and professional support during the preparation of Supervisor of Midwives programme. **CLOSED**	HUTH Midwifery, Obstetric and neonatal team are active members of the Local Maternity System [LMS] for Humber Coast and Vale. HUTH have active membership on the Maternity Voice Partnership [MVP] and the Yorkshire and the Humber Clinical network and Maternal and Neonatal Health Quality Improvement Programme. Members act as a conduit for shared learning between Trusts. The LMS members have an established Patient safety lead that links with all specialist leads to improve safety on a regional and National level care.
11	Identify and implement a programme to raise awareness of incident reporting, including requirements, benefits and processes	PMRT/Governance/ meetings	2016		Formal governance structure with an established feedback loop. On a monthly basis each speciality formally reviews all reported incidents establishing facts, lessons to be learnt and actions required. These meetings are documented and the findings are fed back to the staff through monthly speciality governance meetings and via the monthly divisional reports. Notes from monthly speciality Datix meetings. Notes from speciality Governance meetings which the Datix meetings feed into Doctors Induction Programme – incident reporting is covered with each new starter. A bi monthly clinical governance 'newsflash' is provided or all staff to update on themes from Datix reports and lessons learnt. Lessons learnt are provided in the Labour Ward Newsletter and on	HUTH have a safety Champion structure is in place which included Neonatal, Maternity and Board Level Executive Champion. They contribute to implementation of local safety improvement plan ensuring appropriate links to the board level safety champion. The Board Level champion ensures that HUTH shares local learning with Humber Coast and vale Local Maternity System and is engaged with maternity services in designing and delivering the Maternity transformation plan and neonatal critical

					the Obstetric rota system. **CLOSED**	
12	The Trust should review structures processes and staff involved in investigating incidents carrying out RCAs reporting results and disseminating learning from incidents identifying any residual conflicts of interests and requirements for additional training - Self Assessment	PMRT/Governance/ meetings	2016		Confident the service has a robust system in place; however there is an acknowledgement that more can be done around implementing lessons learned. Evidence (1) Feedback from Commissioners Action Required (1) could do better around disseminating lessons learned – This is a Trust wide priority in the newly published Quality Accounts 2015/16**. CLOSED**	HUTH has a midwifery clinical lead and will identify an obstetric lead as required. HUTH has a robust weekly maternity case review process of which themes and trends are shared via power point presentation. Safety concerns identified through Maternity case reviews / maternity safety email and maternity safety champion structure / internal or external investigations complaints perinatal mortality reviews and Datix are reported into Speciality Governance process and appropriate escalation of safety issues to Health Group Governance formal governance structure with an established feedback loop. On a monthly basis each speciality formally reviews all reported incidents establishing facts, lessons to be learnt and actions required. These meetings are documented and the findings are fed back to the staff through monthly speciality governance meetings and via the monthly divisional reports. Labour ward newsletters, monthly safety champions meetings, Datix monthly report, MCR monthly report and record keeping audit.
13	Trust should review the structures, processes and staff involved in responding to complaints	Weekly complaints meeting/ Governance meetings	2016		Process in place for responding to complaints and confident the service operates an unbiased process of complaint/ PALS investigation. Evidence Monitoring via weekly Management /Business Team Meeting. **CLOSED**	Complaint themes and trends are feedback to staff on a 1:1 basis and via monthly meetings and department specific newsletters. Complaint feedback is a standard agenda item at speciality governance meetings and health governance report.
14	Trust to review arrangement for clinical leadership in obstetrics, paediatrics and midwifery to ensure the right people are in place with appropriate skills and support	Governance meetings	2016		New obstetric lead has just been appointed to give seamless a replacement of outgoing post holder. Lead has previous experience in another large trust and clear escalation pathway through Clinical Director and Medical Director established. Review of performance through annual appraisal to give clinical assurance. Triumvirate model in place at Health Group Director level/ Divisional level (Including Head of Midwifery), ward level and Supervisor of Midwives Team. Evidence - Quality of service – no increase in complaints claims PALS; results of Friends &Family	HUTH have a clinical Director and a clinical lead for labour ward. The serviced has 12 Professional Midwifery Advocates to support the national A-Equip model of supervision. The service supports a weekly MCR review of clinical cases and a monthly Perinatal Mortality meeting. Review of performance through annual appraisal to give clinical assurance. PROMPT training is multidisciplinary and compliance is monitored through the

					favourable; Maternity Dashboard no red flags. Clinical lead now in post and has communicated with Clinical Governance midwife to establish governance processes and initiate joint working. This will ensure quality and safety within the obstetric and midwifery services is a multidisciplinary approach to guideline development, MDT discussions and governance /escalation processes. Supervisors of Midwives support women with regards to choices in child birth. **CLOSED**	fortnightly CNST meetings.
15	The Trust should continue to prioritise the work commenced in response to the review of governance systems already carried out , including clinical governance, so that the board has adequate assurance of the quality of care provided by the trust' s services	Governance meetings	2016		Not applicable – effective governance systems in place at Health Group level. Clinical Governance Midwife and Obstetric Clinical Lead and Supervisor of Midwives work in partnership with Quality Safety Manager and Corporate Compliance Team to maintain quality of the service. **CLOSED**	HUTH in response to the Ockenden Report 2020 has agreed a formal process of escalation for maternity SIs. The Health Group, clinical Governance Midwife, Clinical Lead and Maternity Safety Champions work in partnership with the Quality Safety Manager, Nurse Director and Corporate Compliance Team to give assurance and maintain quality.
16	As part of the governance systems work, the trust should ensure that middle managers senior managers and NEDs have requisite clarity over roles and responsibilities relation to quality and provide adequate training and guidance.	Safety Champion Meetings	2016		1) Induction for Managers – meeting with Governance (2) Job Description (3) Close team working with Governance team (4) Clear Governance structure within Family and Women's Health Group. New NED with responsibility for this service. **CLOSED**	HUTH in response to the Ockenden Report has appointed a Non-Executive Director to oversee maternity services. HUTH is compliant with the seven immediate actions and has submitted written confirmation to the National team. HUTH have a safety Champion structure is in place which included Neonatal, Maternity and Board Level Executive Champion. They contribute to implementation of local safety improvement plan ensuring appropriate links to the board level safety champion
17	The Trust should identify options to improve the physical environment		2016		current facility is fit for purpose Action Required (1) improvement planned for development of a new Midwifery Led Unit (MLU) to support choice of place of birth **CLOSED**	HUTH opened the Fatima Allam Birth Centre in 2017 and supports many women in their birth choices. The Alongside Midwifery Led Care Centre supported over 700 women in 2020. HUTH have made changes to the physical environment within the High Risk Obstetric Unit in response to a recent staff survey. The Labour ward Matrons office is now centrally located to allow visibility and access to all staff groups. The service has developed a business case to expand the ground floor Antenatal service in response to

						feedback from the CQC. The paper explores the use of the IVF facility once notice has been served to the Trust for IVF to vacate the current location and move to a purpose built facility. HUTH maternity services next steps are to consider how to support a triage service and increase scanning capacity to support full implementation of the Saving Babies Lives Care Bundle Version 2.

Appendix 2

Full list of Recommendations for the University Hospitals of Morecambe Bay NHS Foundation Trust:

1. The University Hospitals of Morecambe Bay NHS Foundation Trust should formally admit the extent and nature of the problems that have previously occurred, and should apologise to those patients and relatives affected, not only for the avoidable damage caused but also for the length of time it has taken to bring them to light and the previous failures to act. This should begin immediately with the response to this Report.

2. The University Hospitals of Morecambe Bay NHS Foundation Trust should review the skills, knowledge, competencies and professional duties of care of all obstetric, paediatric, midwifery and neonatal nursing staff, and other staff caring for critically ill patients in anaesthetics and intensive and high dependency care, against all relevant guidance from professional and regulatory bodies. This review should be completed by June 2015, and identify requirements for additional training, development and, where necessary, a period of experience elsewhere.

3. The University Hospitals of Morecambe Bay NHS Foundation Trust should draw up plans to deliver the training and development of staff identified as a result of the review of maternity, neonatal and other staff, and should identify opportunities to broaden staff experience in other units, including by secondment and by supernumerary practice. These should be in place in time for June 2015.

4. Following completion of additional training or experience where necessary, the University Hospitals of Morecambe Bay NHS Foundation Trust should identify requirements for continuing professional development of staff and link this explicitly with professional requirements including revalidation. This should be completed by September 2015.

5. The University Hospitals of Morecambe Bay NHS Foundation Trust should identify and develop measures that will promote effective multidisciplinary team-working, in particular between paediatricians, obstetricians, midwives and neonatal staff. These measures should include, but not be limited to, joint training sessions, clinical, policy and management meetings and staff development activities. Attendance at designated events must be compulsory within terms of employment. These measures should be identified by April 2015 and begun by June 2015.

6. The University Hospitals of Morecambe Bay NHS Foundation Trust should draw up a protocol for risk assessment in maternity services, setting out clearly: who should be offered the option of delivery at Furness General Hospital and who should not; who will carry out this assessment against which criteria; and how this will be discussed with pregnant women and families. The protocol should involve all relevant staff groups, including midwives, paediatricians, obstetricians and those in the receiving units within the region. The Trust should ensure that individual decisions on delivery are clearly recorded as part of the plan of care, including what risk factors may trigger escalation of care, and that all Trust staff are aware that they should not vary decisions without a documented risk assessment. This should be completed by June 2015.

7. The University Hospitals of Morecambe Bay NHS Foundation Trust should audit the operation of maternity and paediatric services, to ensure that they follow risk assessment protocols on place of delivery, transfers and management of care, and that effective

multidisciplinary care operates without inflexible demarcations between professional groups. This should be in place by September 2015.

8. The University Hospitals of Morecambe Bay NHS Foundation Trust should identify a recruitment and retention strategy aimed at achieving a balanced and sustainable workforce with the requisite skills and experience. This should include, but not be limited to, seeking links with one or more other centre(s) to encourage development of specialist and/or academic practice whilst offering opportunities in generalist practice in the Trust; in addition, opportunities for flexible working to maximise the advantages of close proximity to South Lakeland should be sought. Development of the strategy should be completed by January 2016.

9. The University Hospitals of Morecambe Bay NHS Foundation Trust should identify an approach to developing better joint working between its main hospital sites, including the development and operation of common policies, systems and standards. Whilst we do not believe that the introduction of extensive split-site responsibilities for clinical staff will do much other than lead to time wasted in travelling, we do consider that, as part of this approach, flexibility should be built into working responsibilities to provide temporary solutions to short-term staffing problems. This approach should be begun by September 2015.

10. The University Hospitals of Morecambe Bay NHS Foundation Trust should seek to forge links with a partner Trust, so that both can benefit from opportunities for learning, mentoring, secondment, staff development and sharing approaches to problems. This arrangement is promoted and sometimes facilitated by Monitor as ‘buddying’ and we endorse the approach under these circumstances. This could involve the same centre identified as part of the recruitment and retention strategy. If a suitable partner is forthcoming, this arrangement should be begun by September 2015

11. The University Hospitals of Morecambe Bay NHS Foundation Trust should identify and implement a programme to raise awareness of incident reporting, including requirements, benefits and processes. The Trust should also review its policy of openness and honesty CHAPTER EIGHT: Conclusions and recommendations in line with the duty of candour of professional staff, and incorporate into the programme compliance with the refreshed policy. This should be begun with maternity staff by April 2015 and rolled out to other staff by April 2016.

12. The University Hospitals of Morecambe Bay NHS Foundation Trust should review the structures, processes and staff involved in investigating incidents, carrying out root cause analyses, reporting results and disseminating learning from incidents, identifying any residual conflicts of interest and requirements for additional training. The Trust should ensure that robust documentation is used, based on a recognised system, and that Board reports include details of how services have been improved in response. The review should include the provision of appropriate arrangements for staff debriefing and support following a serious incident. This should be begun with maternity units by April 2015 and rolled out across the Trust by April 2016.

13. The University Hospitals of Morecambe Bay NHS Foundation Trust should review the structures, processes and staff involved in responding to complaints, and introduce measures to promote the use of complaints as a source of improvement and reduce defensive ‘closed’ responses to complainants. The Trust should increase public and patient involvement in resolving complaints, in the case of maternity services through the Maternity Services Liaison Committee. This should be completed, and the improvements demonstrated at an open Board meeting, by December 2015.

14. The University Hospitals of Morecambe Bay NHS Foundation Trust should review arrangements for clinical leadership in obstetrics, paediatrics and midwifery, to ensure that the right people are in place with appropriate skills and support. The Trust has implemented change at executive level, but this needs to be carried through to the levels below. All staff with defined responsibilities for clinical leadership should show evidence of attendance at appropriate training and development events. This review should be commenced by April 2015.

15. The University Hospitals of Morecambe Bay NHS Foundation Trust should continue to prioritise the work commenced in response to the review of governance systems already carried out, including clinical governance, so that the Board has adequate assurance of the quality of care provided by the Trust's services. This work is already underway with the facilitation of Monitor, and we would not seek to vary or add to it, which would serve only to detract from implementation. We do, however, recommend that a full audit of implementation be undertaken before this is signed off as completed.

16. As part of the governance systems work, we consider that the University Hospitals of Morecambe Bay NHS Foundation Trust should ensure that middle managers, senior managers and non-executives have the requisite clarity over roles and responsibilities in relation to quality, and it should provide appropriate guidance and where necessary training. This should be completed by December 2015.

17. The University Hospitals of Morecambe Bay NHS Foundation Trust should identify options, with a view to implementation as soon as practicable, to improve the physical environment of the delivery suite at Furness General Hospital, including particularly access to operating theatres, an improved ability to observe and respond to all women in labour and en suite facilities; arrangements for post-operative care of women also need to be reviewed. Plans should be in place by December 2015 and completed by December 2017.

18. All of the previous recommendations should be implemented with the involvement of Clinical Commissioning Groups, and where necessary, the Care Quality Commission and Monitor. In the particular circumstances surrounding the University Hospitals of Morecambe Bay NHS Foundation Trust, NHS England should oversee the process, provide the necessary support, and ensure that all parties remain committed to the outcome, through an agreed plan with the Care Quality Commission, Monitor and the Clinical Commissioning Groups.

Recommendations for the wider system:

2. *Professional regulatory body should review the findings of the report with a view to investigating further the conduct of registrants involved* – **Action by GMC, NMC**

3. *There should be a national review of the provision of maternity care and paediatrics in challenging circumstances* – **Action by CQC, RCOG, RCM, RCPCH and NICE**

4. *NHS England should consider the wisdom of extending the review of requirements to sustain safe provision to other services* – **Action by NHS England**

5. *A review should be carried out of the opportunities and challenges facing smaller maternity units to assist them in promoting their services and the benefits to larger units linking with them* – **Action by HEE, RCOG, RCPCH, RCM**

6. *Clear standards should be drawn up for incident reporting and investigation in maternity services –* ***Action by CQC, NHS England, DH***

7. *The investigation commends the introduction of the duty of candour for all NHS professionals and recommends it be extended to include the involvement of patients and relatives in the investigation of serious incidents –* **Action by CQC, NHS England**

8. *A duty should be placed on all NHS boards to report openly the findings of any external investigation into clinical services , governance or other aspects of the operations of the Trust , including prompt notification of relevant external bodies such as CQC and Monitor –* **Action CQC, DH**

9. *The review commends the introduction of a clear national policy on whistleblowing –* Currently a Trust policy in place. **Action by DH**

10. *Professional regulatory bodies should clarify and reinforce the duty of professional staff to report concerns about clinical services -* ***Action by GMC, NMC and Professional Standards Authority for Health & Social Care***

11. *Clear national standards should be drawn up setting out the professional duties and expectations of clinical leads at all levels* ***Action by NHS England, CQC, GMC, NMC***

12. *National standard should be drawn up setting out the responsibilities for clinical quality of other managers –* ***Action by NHS England, CQC and all Trusts once agreed***

13. *A national protocol should be drawn up setting out the duties of all trust s and their staff in relation to inquests –* **Action by NHS England and CQC**

14. *A fundamental review of the NHS complaints system.* This will be a national review but we are confident of our investigation/ complaints process – we need to improve on the response times though. **Action by DH, NHS England, CQC and PHSO**

15. *An urgent response is required to the Kings Fund review (Midwifery regulation in the United Kingdom) with effective reform of the system –* ***Action by DH, NHS England and NMC – Please note - The Maternity service at HEY undertook a local review of the Kings Fund***

16. *CQC and Monitor should draw up a memorandum of understanding specifying roles, relationships and communication –* ***Action by Monitor, CQC, DH***

17. *A memorandum of understanding should be drawn up between CQC and PHSO –* ***Action by CQC PHSO***

18. *NHS England should draw up a protocol that clearly sets out the responsibilities for all parts of the oversight system –* ***Action by CQC, NHS England, Monitor DH***

19. *DH to assess how it carries out impact assessments of new policies to identify risks as well as the resources and time required* ***Action by DH***

20. *An explicit protocol should be drawn up setting out how such processes should be managed in future – must include secure retention of electronic and paper documents* – **Action by DH**

21. *Recording systems should be reviewed with plans to improve systematic recording of perinatal deaths* ***Action by NHS England***

22. *There should be a mechanism to scrutinise perinatal deaths and maternal deaths independently, to identify patient safety concerns and to provide early warning signs of adverse trends* – **Action by DH**

23. *Given that the systematic review of deaths by medical examiners should be in place, as above, this system should be extended to stillbirths as well as neonatal deaths –* ***Action DH***

24. *Guidance should be drawn up setting out an appropriate framework for external reviews and professional responsibilities in undertaking them –* ***Action by Academy of Medical Royal Colleges (AMRC), Royal College of Nursing (RCN), RCM***

25. *All external reviews of suspected service failures should be registered with CQC and Monitor –* ***Action CQC and Monitor***

26. *The importance of a focus on "Quality First" should be re-emphasised nationally and locally –* ***Action by NHS England and DH***

27. *There is a need for a more effective investigation format –* ***Action DH***

Hull University Teaching Hospitals NHS Trust

Quality Committee Summary Report to the Board

Meeting Date:	25 January 2021	**Chair:**	Julie Bolus	**Quorate (Y/N)**	**Y**

Key items discussed where actions initiated:

- Board Assurance Framework – discussion around the Committee's approach to the BAF and a meeting to be set up with the new Director of Quality Governance and Mrs Bolus.
- Learning from Deaths Report – death statistics and the impact of Covid was reviewed by the Committee
- Quality Report – Infection rates, serious incidents, falls performance, Ockenden compliance and vaccination rates were discussed.
- Maternity Serious incidents – a look back thematic review was received.
- Kirkup Benchmarking report was received for assurance. A review of maternity services was being undertaken against the recommendations.
- A Quality Improvement Programme update was received. A number of the projects had been impacted by the pandemic. There would be a future focus on priority projects.

Key decisions made:

Risk and assurance matters to be received by the Board:

Opportunities included:

- the standardisation of Cancer pathways relating to receiving images
- alignment of Committee workplans,
- CQC focus areas.

Risk areas:

- under-investment in estates,
- access to the vaccine
- increased staff sickness.
- Increase in falls
- Complaints – turnaround times slipping due to complexity and workload

Matters to be escalated to the Board:

HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST

TRUST BOARD

9 February 2021

Title:	Covid Preparedness Report	
Responsible Director:	Michelle Kemp, Director of Strategy and Planning	
Author:	Michelle Kemp, Director of Strategy and Planning	
Purpose:	The purpose of this document to provide the Trust Board with an update on the organisation's ongoing response to the Covid 19 pandemic and the developing recovery programme.	
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	X
	Financial sustainability	
Key Summary of Issues:	• The Trust remains in wave 3 of the covid pandemic, demonstrated by sustained demand for inpatient care and treatment for patients with covid illness. • A Trust level Elective Recovery Group has been established to develop and implement a programme to support delivery of agreed recovery objectives.	
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 Trust's response to the covid 19 pandemic

1 Purpose

This report provides an update on the Trust's ongoing response to the Covid 19 pandemic.

2 Update on Covid 19 activity in the Trust as at 2 February 2021

The first period of national lockdown started on 23 March 2020 and ended on 15 May 2020. The peak experienced by the Trust as part of the first wave of the pandemic occurred on 21 April 2020, with 110 confirmed Covid 19 inpatient cases. Critical care case numbers peaked 11 days later on 2 May with 20 confirmed cases.

National lockdown period 2 started on 5th November and ended on 3 December 2020. The second wave peak occurred on 16 November 2020, with Covid 19 inpatient numbers reaching 183. Critical care inpatient numbers reached their wave 2 peak 8 days later at 20 patients on 24 November 2020.

At the end of the second period of national lockdown on 3 December 2020, the Trust had 152 confirmed inpatient cases of Covid-19, and 15 of these patients were in critical care.

During January 2021, the Trust entered the third wave of the pandemic and saw a rapid increase in the volume of patients with covid illness, the wave 3 peak for HUTH (to date) was reached on 25th January, with 267 confirmed cases with 14 patients in critical care and a further 13 patients receiving higher acuity respiratory care. The position as at 2 February is that we have 211 patients with confirmed covid illness, 12 of these are in ICU and a further 14 patients are receiving respiratory HDU level care.

The Trust is delivering a sustained response to the third wave of Covid 19 activity and as part of this; a significant proportion of inpatient beds on both sites continues to be in use for the care of patients with covid illness.

The pandemic surge plan has been refreshed and continues to be used flexibly to achieve the best possible balance between provision of covid and non-covid bed capacity across the two hospital sites. We continue to work with system partners across Hull and East Riding on a daily basis to progress hospital discharges to community and social care provider settings.

The HUTH critical care team has been receiving patients as part of the national critical care decompression transfer system and continues to contribute as part of the regional critical care network. Between 22 January and 2 February, HUTH received and cared for 6 patients under this arrangement.

The third national lockdown has been in place since 5 January 2021 and this is expected to be reviewed towards the end of February 2021.

3 Command structure

The Trust's command structure remains in place and includes regular Gold, Silver and Bronze Command meetings. This structure is operating well and benefits from the support of the Incident Co-ordination Centre (ICC) team as part of the Trust's EPRR function as well as comprehensive information dashboards, support from the planning and communication teams and there is a streamlined system for the dissemination of and response to regional and national guidance. 7 day cover arrangements are in place for Gold and Silver command and these support the existing senior leadership on call arrangements.

4 Recovery planning

The Trust's ability to deliver its usual volume of elective activity has been impaired by several factors since the start of the pandemic back in March 2020. These include the need for conversion of surgical beds for covid capacity and the redeployment of surgical and perioperative staff as part of the pandemic surge and response plan.

To mitigate the impact on elective delivery, the Trust has been actively working with Independent Sector Providers (ISPs) since April 2020 as part of a national policy initiative to support elective delivery during the pandemic response. For Q4 we have a comprehensive programme of additional ISP capacity in place secured via this initiative.

A Trust level Elective Recovery Group (ERG) has been established and is responsible for the development and implementation of a range of work streams intended to deliver an agreed set of recovery objectives. The objectives closely reflect our clinical prioritisation system as well as addressing our longest elective waits. Current monitoring is against the national Phase 3 activity plans submitted in September 2020. New planning guidance for 2021/22 is expected later in the year.

The ERG works closely with the operational and performance leadership teams to support ongoing cohesion as we work towards our recovery objectives.

5 The Covid Vaccination Programme

The Trust continues to operate the Vaccination Hub for the Humber, Coast and Vale area for the Covid mass vaccination programme on a 7 day basis. The Chief Nursing Officer continues to lead this work.

6 Recommendation

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

Michelle Kemp
Director of Strategy and Planning

Hull University Teaching Hospitals NHS Trust

Trust Board

9th February 2021

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 9.5% which includes Covid-19 related, other absences and maternity leave. The Trust flu programme has continued at pace. 7,396 staff have been vaccinated and staff wellbeing and support arrangements continue to work well. The staff Covid-19 vaccine has also been rolled out at pace and 7,724 staff have received their 1st dose of the vaccine.	

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

Hull University Teaching Hospitals NHS Trust

Trust Board

9th February 2021

Our People

1. Purpose

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

2. Background

Since the last Board meeting in January, the Trust has peaked at 264 Covid-19 patients. The peak remained at this level for two weeks and has slowly reduced to 211 Covid-19 patients (as at 2nd February). The Trust has been under significant and relentless pressure. The surge has been managed via our Gold Command infrastructure and additional Covid-19 capacity has been put into place. Staff have been redeployed to support the Covid-19 plan and as a result some elective activity has been stood down. Whilst our people have been truly remarkable throughout the pandemic the last 11 months has undoubtedly had an impact upon staff. The national lockdown has been the major factor in the reduction of Covid-19 community infection rates and subsequent reduction in Covid-19 patient admissions into our Trust. The national lockdown arrangements will be reviewed mid-February.

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 399 staff absent due to Covid-19 which is 3.87% of the workforce. Total absence including maternity leave and all other reasons for absence is 9.50%. This is a slight reduction from 9.99% as at the last Board meeting in January.

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-January, 2021, we have tested 11,686 HUTH staff or family members, 1,743 (14.9%) of which were positive.

During January 1480 HUTH staff or family members were tested. 332 HUTH staff or family members tested positive. The positivity rate for January, 2021 was 22.4% (This includes staff referred to the drive through as a result of a positive lateral flow test). The positivity rate for December was 26.6%.

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 have received 25 test kits each, enough to last 12 weeks. Staff test themselves the night before their shift, allowing 30 minutes for

the result. Approximately 7,000 test kits have been distributed to staff and since implementation the Trust has received 30,052 test results back with 263 positive results. All these staff had a subsequent PCR test and 247 were confirmed as positive cases (approx. 0.82%)

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 895 762 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, 236 in November, 137 in December and 121 in January, 2021.

5. Staff Vacancies
The Trusts overall vacancy position as at 31st December 2020 is as follows:

Staff Group	Establishment WTE	Staff in Post WTE	Temp Workforce WTE	Vacancies WTE	Vacancy Rate %
Additional Clinical Services	1450.9	1318.9	69.2	62.8	4.3%
Add Prof Scientific and Technical	353.4	294.9	11.3	47.2	13.4%
Administrative and Clerical Staff	1567.9	1557.0	6.8	4.1	0.3%
Allied Health Professionals	503.1	459.1	19.7	24.3	4.8%
Estates and Ancillary	575.3	538.2	0.0	37.1	6.5%
Healthcare Scientists	303.3	296.1	3.1	4.1	1.4%
Medical & Dental - Consultant	497.5	441.9	27.0	28.6	5.8%
Medical & Dental - SAS	65.7	54.6	0.0	11.1	16.9%
Medical & Dental – Trainee Grades	650.6	680.9	16.4	0.0	0.0%
Nursing and Midwifery Registered	2397.7	2256.5	59.4	81.8	3.4%
Trust Total	8402.5	7935.1	212.9	254.5	3.0%

Overall the Trust vacancy position is 3%. The Consultant vacancy rate is 5.8%. Whilst our vacancy situation remains in a healthy position the Trusts recruitment plans during this financial year have been somewhat interrupted, but recruitment and retention remains a key priority.

The vacancy rate for Registered Nursing and Midwifery is currently 3.4% across the organisation.

There are currently 55 Trainee Nurse Associates (TNA) employed by the Trust in a range of specialities. 17 of these are currently awaiting results and to become a qualified Registered Nurse Associate (RNA) and obtain their PIN by April 2021. The Trust has successfully trained and developed 23 Registered Nurse Associates over the past 2 years who are now part of the registered nursing workforce. The Trust is currently commencing a further recruitment campaign for a further cohort of 25 TNA`s to commence their programme in May or September 2021.

The Trust has 33 Registered Nurse Degree Apprentices (RNDA previously called SNA) in training. In addition, the Trust has 22 Apprentice Health Care Support Worker (AHCSW). In partnership with Hull College and the University of Hull, the Trust has successfully recruited a further 6 Apprentice Health Care Support Workers who will commence their programme in February 2021.

From an international nurse perspective, the Trust has recruited 114 international registered nurses from the Philippines over the last 2 years. The cohort which arrived in October 2020 have all taken the OSCE in January 2021 and have passed, this means there are a further 13 RNs added to this figure, making a total of 127 internationally trained nurses. 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 arrived and have commenced employment with the Trust and are due to sit their OSCE exams on 2nd February 2021.

In addition, 10 theatre nurses have been recruited to support and improve the current 52-week position across surgical specialities, these are due to travel at the end of January and commence employment in the Trust from 2nd February 2021.

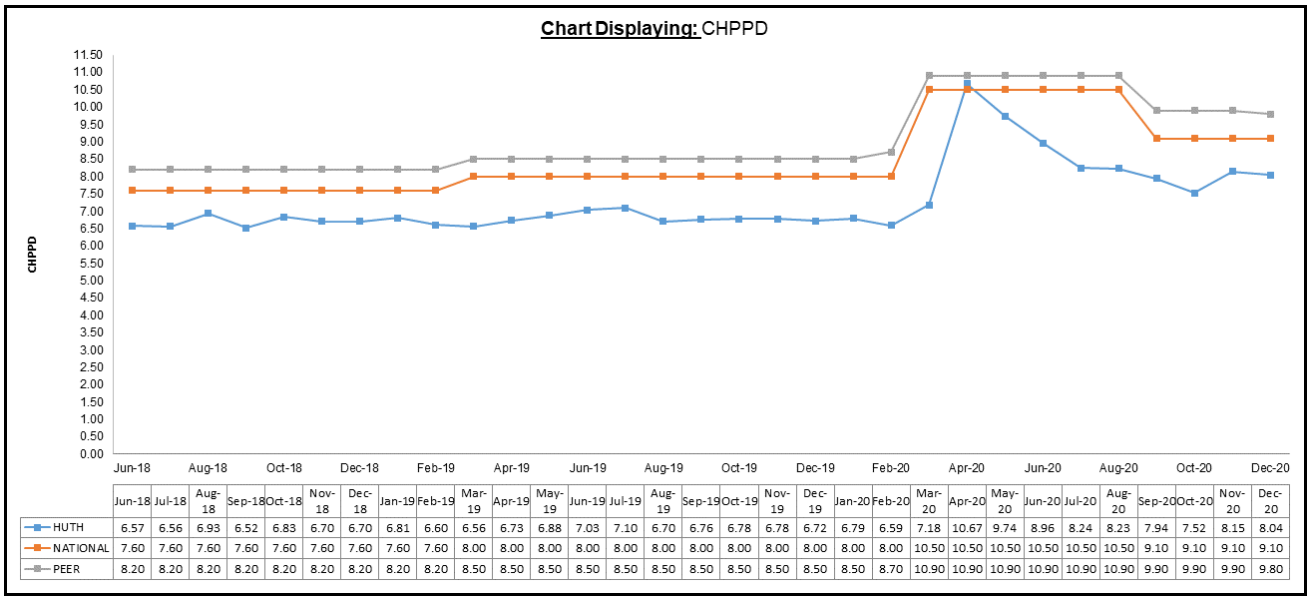
In response to the financial support offered by NHSI/E in relation to recruiting additional international nurses, the Trust was successful in securing the funding for an additional 45 international nurses. Interviews have been completed and the Trust has recruited 45 individuals who will commencement employment with the Trust throughout March and April 2021.

With regard to more local recruitment the Trust has interviewed and offered 103 student nurses (from the University of Hull) a post in adult nursing and 13 in paediatrics. We still have 27 nurse students to interview. All applicants to commence later in 2021.

6. Care Hours per Patient Days

Care Hours Per Patient Day (CHPPD)

As illustrated below the CHPPD for December 2020 is 8.04 this has reduced slightly from 8.15 from the previous month.



	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
HUTH	6.57	6.56	6.93	6.52	6.83	6.70	6.70	6.81	6.60	6.56	6.73	6.88	7.03	7.10	6.70	6.76	6.78	6.78	6.72	6.79	6.59	7.18	10.67	9.74	8.96	8.24	8.23	7.94	7.52	8.15	8.04
NATIONAL	7.60	7.60	7.60	7.60	7.60	7.60	7.60	7.60	7.60	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	10.50	10.50	10.50	10.50	10.50	10.50	9.10	9.10	9.10	9.10
PEER	8.20	8.20	8.20	8.20	8.20	8.20	8.20	8.20	8.20	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.70	10.90	10.90	10.90	10.90	10.90	10.90	9.90	9.90	9.90	9.80

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 Department and volunteer vaccinators have worked tirelessly to ensure staff are vaccinated. As at 31st December, the Trust has vaccinated 7,396 staff of which 87% are frontline healthcare staff. A number of the volunteer vaccinators that have been trained by the Occupational Health Team have the transferrable skills required for them to be ready to participate in the Covid-19 vaccination programme.

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 has been developed and is being implemented at pace. 7,724 staff have received their first vaccine dose. The 2nd dose, as per JCVI guidance will be administered after 10 weeks. The Castle Hill Hospital hub has administered a total of 18,613 vaccines to local residents over the age of 80, people in residential homes and health and care staff. (17,163 1st dose and 1,450 2nd dose).

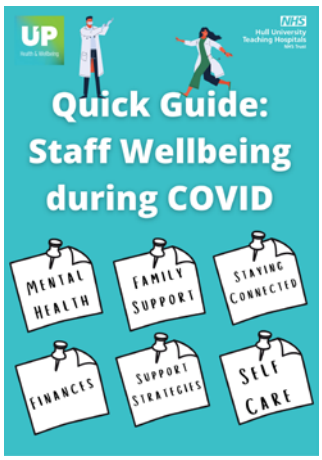
9. National Staff Survey
The National Staff Survey closed on 27th November 2020. The official publication date for the national 2020 NHS Staff Survey results has not yet been confirmed however we will receive our draft benchmark report, summary benchmark report and optional directorate report under embargo by 6pm on Friday 12th February.

Due to the Official Statistics Code of Practice, we must not share the reports, or any of the information contained within them, outside of the Trust prior to 9.30am on the official publication day.

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 continue 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. In the last 8 weeks there has been good uptake of both coaching and clinical psychology session with over 80 members of staff seen. This is addition to the usual services provided by our Occupational Health Team and the Pastoral and Spiritual Care Team. The new Staff Support Psychologist commences in role mid-April 2021.

The 24/7 staff support hotline continues to be available and is run by the Pastoral and Spiritual Care team. The OD team continue to monitor and signpost staff through the staff.support@hey.nhs.uk email address and on average get between 3-5 referrals a week since November 2020.

A new online Quick Guide to Staff Support during Covid-19 was launched and has now over 1000 staff that have accessed this information including local and national services.



The Trust has held its first Schwartz round steering group at the end of January 2021 and a number of clinical and non-clinical staff are now being trained as facilitators. The first teams and topic areas are now being identified to run Schwartz Rounds in their virtual shorter format called “Team Time”. We are expecting the first sessions to be up and running by March 2021 and funding has now been secured from the national wellbeing fund, (via the Humber Coast and Vale ICS) to convert the organisation to full Schwartz round accreditation.

The Trust continues its provision of 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. The Trust also has childcare provision on standby if our staff require it. However, Government advice is that children of ‘critical workers’ should continue to attend school. This will be kept under constant review.

11. Communication and engagement
Work is underway to go live with a new version of Pattie, the Trust’s intranet. The Manchester version brings additional functionality and an improved structure to the site. All 610 Pattie authors

will receive training to ensure they are familiar with the new version, and can advise colleagues in their areas on the updated aspects of the software. We anticipate that the new version will go live in April.

Between 1st February 2020 and 1st February 2021:

- Pattie received 1.43m visits from staff
- 11,230 unique staff visited Pattie, which is 95% of all users
- 100% of nurses have visited Pattie in that period
- 100% of nurse auxiliaries and clinical support workers accessed Pattie
- 100% of consultants accessed Pattie

During that period the top five content areas that were visited by staff were:

- Covid-19 Workforce Information
- News
- Covid-19 Clinical Information
- Policies and guidelines
- Employee Service Centre

12. National review of HR and OD

The Chief People Officer at NHSI/E has commissioned a national review of HR and OD at Trust, ICS, regional and national level. Inspired by the ambitions set out in the NHS People Plan, HR & OD professionals across the NHS are setting their sights on 2030 and working together with partners to create a vision for the future of the function and determine how HR & OD within the NHS will continue to make a positive impact upon our colleagues and patients.

As part of the programme, NHSI/E are partnering with the CIPD, the professional body for HR, L&D and OD to develop the HR & OD function across the country and to support continuous professional development.

The review will gather feedback from key stakeholders from this organisation and all other NHS providers to ensure there is a broad range of views on the current work of HR and OD, its impact, and any areas we need to prioritise for development. Stakeholders will be contacted to complete a 15 minute survey. The information collated will help shape the future vision and programme of transformation.

13. Conclusion

In the last month, the Trust has seen its highest peak of Covid-19 patients. The Workforce and OD Directorate have been focussed on recruiting more staff to support clinical services, assist clinical colleagues with redeployment ensuring e-rostering and clinical rota's are in place to support new Covid-19 wards, ensuring communications remain informative, timely and consistent, so staff feel informed and engaged and to support the health and wellbeing of our people. The Trust has tried to ensure 'staff experience' is also maintained which has been a challenge considering the pressure the Trust has been under. The Trust has achieved its highest ever rate for staff flu vaccinations and now our focus is on the Covid-19 vaccine and ensuring our staff receive their first dose. Our staff despite the relentless pressure and challenges continue to be remarkable working incredibly hard to care and treat our patients 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 9th FEBRUARY 2021

FINANCE UPDATE – MONTH 9

1. Purpose of Paper

To inform the Trust Board on the month 9 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. For the second six months the Trust submitted a plan with a deficit of £6.0m based on a shortfall in "other income" (eg Car parking, catering, private patients) totalling £3.3m, and the expected need to account for outstanding annual leave at year end resulting from Covid19 pressures totalling £2.7m.

3. Month 9 Reported Position

At month 9, the Trust has reported a deficit of £0.5m, which is £1.0m better than plan. This is due to additional income above the revised plan.

The position has improved from month 8 due to the inclusion of £0.8m of expected income from NHSEI to support the level of independent sector activity done in months 7 to 9. Previously NHSEI had told Trusts to exclude any potential income but has now told Trusts to include. The amount is still to be signed-off by NHSEI and therefore remains a risk.

"Other income" in several areas has fallen further than the planned shortfall. Injury Recovery Scheme (£0.11m), Catering income (£0.12m) and car parking (£0.03m) are all below the reduced planned levels due to the impact of the second wave of Covid19. Offsetting this, the Trust has received additional income from Health Education England, reversing previous shortfalls (£0.4m). In total, other income is £0.2m above the planned level.

In month 8 the Trust spent £0.8m in responding to Covid19, bringing the total spend for the 3 months (months 7-9) to £3.2m. This includes £0.6m on testing. The biggest areas of expenditure in month were ICU Capacity (£0.2m), Decontamination (£0.2m), Existing staff working overtime (£0.1m) and locally procured PPE (£0.1m). Other areas of expenditure included the cost of segregating pathways, remote management of patients and expansion of NHS workforce.

The Trust has spent £0.1m in month 9 on the vaccination programme with a year-end forecast of £6.1m. The costs of this will be fully funded through NHSEI. Funding will flow monthly in arrears. As lead provider for the ICS the contractual documentation is being developed and agreed with NHSEI, as well as the associated sub-contracts with other providers within the ICS.

4. Year End Forecast

The Trust is currently forecasting that it will have a year-end deficit of £8.2m, which is £2.2m worse than plan.

The increase is due to the Trust reviewing its provision for annual leave outstanding at year-end in line with guidance from NHSEI. The forecast provision has increased to £7m to include all clinical staff and to increase the potential number of days outstanding to 6 days. This is an increase of £4.3m. Further work continues to refine the calculation for year-end.

The increase in annual leave provision is partially offset by the assumption of the Trust receiving £1.6m income for reimbursement of expenditure relating to the independent sector. The Trust is also forecasting other income to be £0.5m above plan at year-end.

The forecast position also includes a £1.2m provision for an impairment relating to buildings that are to be demolished to accommodate improvements to the estate at HRI and the Virology move from CHH to HRI, which are schemes within the Trust's capital programme.

The Trust has flagged a potential risk of £3m relating to the Flowers case (a legal case revolving around the payment of additional annual leave based on overtime worked). It is expected that national guidance will be published shortly directing Trusts as to how they should account for this issue. Our latest assessments of value suggest a recurrent cost s of between £0.7m and £1.0m per year with £1.8m to £2.5m in back pay for previous years.

5. Capital

The reported capital position at month 9 shows gross capital expenditure of £23.6m. The main areas of expenditure relate to Capital Covid19 (£2.6m), Backlog maintenance (£2.8m); IM&T (£2.6m); Expansion of Acute bed base (£2.3m); Medical Equipment (£3.5m) and Robotic Scheme (£1.6m).

The forecast position for capital expenditure (incl PFI/IFRIC12 impact) is £61.5m; this includes assumptions on the Trust receiving PDC allocations relating to Backlog Maintenance (£4.9m); Capital Covid19 (£2.6m); ED UEC (£4.3m); Critical Infrastructure (£5.9m); ICU (£3m); Radiotherapy CTs (£1.2m); Adopt & Adapt (£1.4m) and Oxygen (£0.4m). In addition, the Trust is also anticipating additional PDC relating to Digital Aspirant (£2.5m) and HSLI (£0.8m). 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 Full Business Case, however due to delays in approval and to ensure an accurate forecast is included at M9, the Trust has slipped £8m into 21/22. It is expected the PDC funding will match this. The cash will be moved into next year with no loss of spending power.

As previously reported, the Trust has also increased the forecast depreciation figures resulting in an increase of £0.5m above plan. As a result the internal cash resources have been reduced by the same figure and will now be used in 21/22.

6. Cash

The Trust's liquidity position remains healthy with a cash balance of £86.2m, which now includes the top up funding outstanding from months 5 & 6. The forecast cash position assumes that there are 12 block payments in the year and that the current cash gain from an additional block payment is neutralised by year-end, now confirmed by NHSEI. Indicative forecasts suggest a cash balance of circa £35m by year-end. This is dependent on the timings of payments associated with the capital programme, the vaccination & testing programmes, as well as the activity levels/Covid19 admissions for the remainder of the year.

7. Summary

The Trust has reported a deficit of £0.5m at month 9, which is £1.0m better than the submitted plan. It is forecasting a deficit of £8.2m, which is £2.2m worse than the financial plan for the 6-month period to March 21. This is driven by the increase in the provision for annual leave at year-end.

Stephen Evans
Deputy Director of Finance
February 2021

Hull University Teaching Hospitals NHS Trust

Trust Board

9 February 2021

Title:	Digital Aspirant Programme
Responsible Director:	Lee Bond, Chief Financial Officer
Author:	Lee Bond, Chief Financial Officer

Purpose:	The purpose of this paper is to outline to the Board the Trust's Digital Aspirant Programme bid and provide an update on progress.	
BAF Risk:	BAF 7.3 Capital	
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 Key of Issues:	The Digital Aspirants Programme has been established to meet the following National investment objectives: • Advance the digital maturity of secondary care providers. • Allow ICS/STPs to harness technology to help realise their transformation goals. • Enable information to be shared across local healthcare systems, laying the foundations for integrated care. • Catalyse ICS/STP level leadership of the digital agenda at a local level.	

Recommendation:	The Board is asked to note the above report and note that authorise that the associated programmes of work will be included within the capital programme and budget setting for 2021/22.

HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST
TRUST BOARD 09/02/21

1. PURPOSE OF PAPER

The purpose of this paper is to outline to the Board the Trust's Digital Aspirant Programme bid and provide an update on progress.

2. BACKGROUND

The 2020/21 Operational Planning Guidance, referenced the Digital Aspirant Programme where funding would be made available to organisations to support them to become more digitally mature organisations through investment in technology, infrastructure and systems.

The Digital Aspirants Programme has been established to meet the following National investment objectives:

- Advance the digital maturity of secondary care providers.
- Allow ICS/STPs to harness technology to help realise their transformation goals.
- Enable information to be shared across local healthcare systems, laying the foundations for integrated care.
- Catalyse ICS/STP level leadership of the digital agenda at a local level.

NHSX, through NHS Digital, asked HUTH to participate in the Digital Aspirant Programme and submitted its bid in December 2020. The HUTH bid was submitted simultaneously with a bid from NLAG and although not a joint bid both had to demonstrate strategic alignment of investments, shared developments where possible and support HVC ICS and HASR clinical service developments.

3. HUTH ASPIRANT BID

The HUTH bid builds upon the digital objectives identified within the Trust's Digital Strategy and the transformational approach initiated through the Lorenzo Digital Exemplar Programme. It will facilitate collaboration in clinical practice through joint developments with NLAG including joint procurement, development and use of shared, interoperable digital tools.

It will accelerate the commitment to refresh the internal hardware, network and device infrastructure, including digital application capabilities and strengthen the Trust's cyber security and resilience capability.

HUTH were requested to submit a bid against a joint allocation with NLAG for £10million over 2 years with £5million being made available in 2020/21 and a further £5Million in 2021/22.

Each organisation's submissions had to be aligned, setting out a vision of collaborative digital enablement and integration of core systems (mainly PAS/EPR). The year 1 allocation for each organisation will purchase equipment and support upgraded infrastructure, along with other equipment (e.g. medical devices) that require upgrades because of Windows 10 and in readiness for year 2.

The year 2 (2021/22) funding will be pooled to support work on the joint PAS/EPR, integration, Robotic Process Automation and development of joint Data Warehousing and BI to support the development of the HASR programme.

The specific projects with the Aspirant Programme are as follows:

PROJECT A – Trust Network Upgrade
The Trust has commenced a 2-year plan to upgrade and replace the ageing network and active equipment across both its hospital sites (CHH and HRI). The updated infrastructure will provide increased resilience, support mobile clinical working and allow patients/carers to benefit from enhanced Wi-Fi coverage.

2020/21

- Upgrade ground floor tower block network at HRI to support LDE programme
- Complete tower block network upgrade
- Complete residual HRI estate network upgrade
- Complete residual CHH estate network

PROJECT B – Cyber Security and Resilience
Windows 7 (WIN7) is the predominant operating system used on desktop and laptop devices across the HUTH Trust IT network. This operating system is due to go end of life at the end of 2020 and there will be no centrally funded WIN7 extended support after this. Whilst WIN7 will still function, Microsoft will no longer provide technical support, software updates, security updates/fixes from January 2021

2020/21

- Commence WIN10 PC upgrade/replacement programme
- Procure replacement/upgrade of medical equipment which is non-compliant with WIN10 (Ophthalmology, Neurophysiology and Breast Screening)
- Upgrade the Nutanix farm server (end of life Dec 2021). The server provides the software that forms the basis of the Haematology and Oncology systems for HUTH and NLAG.

2021/22

- Complete the WIN10 PC upgrade/replacement programme

PROJECT C – Clinical Pathway Digitisation
The Trust commenced the LDE (Lorenzo Digital Exemplar) programme in 2018. The delivery of digital pathways is not only a fundamental element of this programme, but is also in line with key objectives in the Trust's Digital Strategy. Significant progress has already been achieved in implementing electronic prescribing (ePMA) and electronic nursing observations (eOBS), however; further hand-held devices and equipment are required to complete this project.

2020/21

- Procurement of mobile devices

2021/22

- Completion of ePMA beyond LDE scope (Theatres and ICU) and further Nervecentre eObservations project roll-out of Nursing Assessments, Hospital at Night, Clinical Escalations and Clinical Photography which are an addition to those implemented within the Lorenzo Exemplar programme

PROJECT D – COLLABORATIVE WORKING
In order to support the ongoing collaboration between HUTH and NLAG, a number of individual projects have been identified as essential. Both organisations are in the process of aligning their digital strategies, and have agreed to undertake a joint technical architecture review which will form the basis of future working.

2020/21

- Commission a joint HUTH/NLAG Technical Architecture review
- Commence replacement of the Radiology system
- Developing desk top integration (DTI) between Lorenzo and WebV

2021/22

- Commence detailed review and implement shared PAS provision across both organisations
    - Data migration and amalgamation of NLAG and HEY demographic and activity data into a single PAS
    - Review and development of joint integration and TIE transforms to reflect shared PAS demographic and activity information and sources
    - Development of Data Warehouse capability to ensure seamless reporting from shared PAS for both NLAG and HUTH
- Jointly procure, develop and share Robotics Process Automations
- Develop joint Command Centre between HUTH and NLAG to support the HASR

4. FINANCIAL IMPLICATIONS

The Financial agreement for HUTH is over 2 years and includes central allocations for both capital and revenue. The split of the central funding is summarised below:

	Capital £'000s	**Revenue £'000s**	**TOTAL £'000s**
2020/21	2290	95	2385
2021/22	1500	1115	2615
TOTAL	**3790**	**1210**	**5000**

The capital funding is included within our capital programme and the central revenue allocations will come through our lead commissioner, Hull CCG. One of the conditions associated with this programme of funding is that the Trust invests matched resources of £5m over the same time period.

As the Trust already has an extensive IT programme which is already included within the Trust's capital programme, the Trust is able to demonstrate the investment of £3.5m of capital across initiatives such as wifi/network upgrades, eObs, windows 10, ePMA and the Radiology Information System. The remaining £1.5m will be a revenue commitment from the Trust of which £1m is associated with contract renewal for Lorenzo and in addition there are the associated revenue implications of the Trust's capital investments. These revenue implications were already included within the Trust's financial planning for 21/22 as this investment is required regardless of the digital aspirant programme.

Board members should note that the Trusts contract with DXC for Lorenzo expires in 21/22 and it is expected that the Trust will pick up the cost of renewing that contract. This was a condition of the national Lorenzo deployment which the Trust took advantage of 5 years ago. This is a real cost pressure for the organisation and will need to be funded by Commissioners or through real cost savings generated internally. This will be included in the 2021/22 financial plan.

5. RECOMMENDATION

The Board is asked to note the above report and note that authorise that the associated programmes of work will be included within the capital programme and budget setting for 2021/22.

Lee Bond
Chief Financial Officer

2nd February 2021